

JONEHA

Newsletter



CLM CONSIDERS AFFECTED COMMUNITIES AS EXPERTS

CLM acknowledges that people are experts of issues that affect them

— See Page 5



Editorial

Welcome to the 4th Quarter of JONEHA Newsletter for 2023; marking the end of twelve months of sharing experiences and lessons. This month therefore provides an opportunity to look back and reflect while focusing on 2024.

Our entry point for reflection are the gains the country has made against the 95:95:95 targets for ending AIDS. We join the nation in celebrating the achievement of 95:99:93. Further interesting is that according to the National AIDS Commission; Malawi has managed to reduce the number of AIDS-related deaths by 67% from 36,000 in 2010 to 12,000 in 2022 and new infections by 72% from 56,000 in 2010 to around 16,000 in 2022. In addition, the country has reduced adult HIV prevalence (15-49 years) from 10.6% to 7.1% between 2010 and 2022. This information as announced during the 2023 Joint World AIDS Day and Candlelight Memorial at Kanyangale in Nkhosha district is basis for our hope.

However; new infections influenced by some populations is cause for concern. For example; according to Spectrum Estimates 2022, Adolescent Girls and Young Women (AGYW) constitutes only 10% of the entire population but contributes up to 22% of all new HIV infections. Also poor retention in care for pregnant and breastfeeding women and their HIV exposed infants attribute to over 41% transmission of HIV from mother to their infants at breastfeeding. In addition; the National AIDS Commission observes that a 49.9% HIV prevalence among Female Sex Workers (FSW) and 12.8% among Men having Sex with Men (MSM) is still unacceptably high. This calls for concerted efforts in prevention programming including taking the condom to the last mile.

Accelerating HIV prevention programmes like Comprehensive Condom Programming by taking the condom to the last mile means increasing the level of investment in this area. Currently; spending under HIV prevention is pegged at 9%, which is way below the 2017 Political Declaration on HIV commitment to ensure member states apportion 25% of the HIV budget towards prevention. But in terms of domestic resources; what has been stated is the tip of the iceberg. The HIV and AIDS response in Malawi is largely funded by development partners,

who contribute around 80% of the total response budget. Although the Government of Malawi's funding has improved, it is mainly in the form of human resources for health and infrastructure development, accounting for about 18% of the total resources.

It is therefore pleasing to know that the Malawi Government has recognized that domestic resource mobilization is an important building block towards sustainable financing for HIV. To this end government has developed a Health Financing Strategy which includes resource mobilization objectives. It is further refreshing that government has developed instruments to support implementation of the Health Financing Strategy which includes the Operational Plan 2023-2025 and the Private Sector Engagement Framework 2023-2027. While we applaud government on these bold steps; Malawi needs to practically demonstrate sustainability of financing for HIV and AIDS. It means moving faster on implementation of the strategies proposed in Health Financing Strategy.

The theme for this year's joint World AIDS Day and Candlelight Memorial is "Let communities lead by spreading love and showing solidarity in ending AIDS". It's not first time communities and civil society organisations have been recognized for their role in mitigating against pandemics including HIV and AIDS. What may be new is the role of Community Led Monitoring in improving the performance of the national HIV response in different mitigation areas. We have picked on Community Led Monitoring not because it is relatively new in the national HIV response in Malawi but more importantly because it allows communities to do what is in the best interest of quality health service delivery; which is meeting the needs of targeted populations. Community Led Monitoring is also empowering for both service providers and communities as it allows for engagement and responsiveness. Our hope therefore is that policy and decision makers, funders, implementers and service providers will interpret the theme by taking interest in understanding Community Led Monitoring to create an enabling and supportive environment for communities to meaningfully lead



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Communities Empowered To Collect And Analyse Data
For CLM



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CLM CONSIDERS AFFECTED COMMUNITIES AS EXPERTS

By Joseph Ganthu



A Community Led Monitoring (CLM) project which works as a platform to gather qualitative and quantitative data that is used in assessing availability, accessibility, acceptability, equity, and quality of health services to hold providers and decision makers accountable; considers everyone affected by the issue as an expert, explained the Monitoring and Evaluation Officer (M&E) Felix Angasi.

The M&E Officer expressed the position at a two-day training of community members on CLM at Rufaro Lodge in Phalombe organized by the Network of Journalists Living with HIV (JONEHA) from 20th to 21st October 2023 with funding from the Bill and Melinda Gates Foundation under the Coalition to Build Momentum, Power, Activism, Strategy and Solidarity (COMPASS) Africa initiative.

“CLM acknowledges that people are experts of issues that affect them and moves away from the notion that academic research and analysis is the only legitimate knowledge creation method,”

explained Angasi adding that the CLM mechanism systematically collects and analyses qualitative and quantitative data.

The CLM goals are to allow communities to monitor Recipient of Care's satisfaction of HIV services, identify gaps in community health literacy or program awareness, assess barriers and enablers on accessibility and retention in HIV services, issues of stigma, discrimination and provide a platform for community-led analysis and solutions to improve health services. After being introduced to the CLM cycle which focuses on four principles –Education, Evidence, Engagement and Advocacy; the participants after they had learnt the science behind some diseases like AIDS, Tuberculosis, COVID, Malaria and standards for their optimal prevention, treatment, care and support interventions.

On evidence the participants in this group shared community experiences in accessing health services, compiled the information and identified trends and problems.

ROC TO ADVOCATE FOR CHANGE IN HIV RELATED CHALLENGES

By Starphel Sithole

Recipients of care in Kasungu and Dedza districts have embarked on advocating for change in the challenges that they face when receiving treatment. Citizen Science Life Maps (CS-LM) organized joint meetings between Citizen Science Community Led Monitoring and Advocacy (CS-CLMA) data collectors and CS-LM participants.

One of the agenda items at the meetings was to outline the challenges experienced and map the way forward. During these meetings recipients of care said some of the challenges faced include lack of privacy and delayed viral load results. One of the CS-LM participants, Natasha Phiri in Kasungu district said that communities need to take lead in addressing problems that they face.

“CS-CLMA and CS-LM has empowered us to take lead in matters that concern us and we have been empowered on how to tackle these issues.

As recipients of care, we are the ones whose lives are at risk and we cannot always wait for government to deal with our problems but rather we should be the solution to our problems.” Phiri said.

“We will organize meetings with Village Heads and other policy holders within our capacity to initiate change, like on the issue of privacy we will engage the village heads to help us organize the community members on how we can start making bricks to build a room for ART. We will also call a meeting with ART Coordinators to help us find partners that can help in building the ART infrastructure at the facilities.” She added.

In May 2021 CS-CLMA data collectors initiated an engagement meeting with service providers, recipients of care, religious leaders, chiefs and other implementing partners in the district aimed at understanding the gaps hindering access to quality



Natasha

ROC TO ADVOCATE FOR CHANGE...

“

CS-CLMA and CS-LM has empowered us to take lead in matters that concern us and we have been empowered on how to tackle these issues.

health services between recipients of care and service providers. Among the problems outlined and discussed, compromised privacy due to small ART infrastructure was one of them. The ART Coordinator convened a meeting with the Good Hope which later funded the ART building.

Let Communities Lead; an online journal published on 6 November 2023 states that the 2023-2024 World AIDS Day theme ‘Let Communities Lead’ is not just a catchphrase but an urgent call to action, urging communities to step up and take charge in the fight against HIV/AIDS. Communities, being at the center of this struggle possess insights and understanding of the specific challenges faced by the affected. Empowering them implies tailoring interventions to their unique contexts and needs thereby ensuring an effective response to the virus.

COMMUNITIES TO ADVOCATE FOR HEALTH RIGHTS

By Fortina Kazembe

Twelve members of communities around targeted health facilities in the Cyclone Freddy hit district of Phalombe pledged to strongly advocate for health rights after a two-day intensive training in Community Led Monitoring (CLM) which among other areas included human rights..

Hastings Mwanza; an Advocacy and Resource Mobilisation Officer at JONEHA took participants who were largely Expert Clients (EC) as representatives of Health Center Management Committees (HCMCs) through the topic on human rights with a focus on health rights. This was aimed at helping participants understand their entitlements as regards to accessing health services. Expert Clients are people living with HIV trained in providing peer support on HIV and AIDS services in a given locality. Expert Clients have over the years been providing a key linkage role between Health Providers and recipients of care.

Mwanza said there is a “Right to life, Right to participate on health issues which affect them, Right to demand equity or leaving no one behind in accessing health services, Right to privacy and confidentiality, Right to demand quality health services and related entitlements.”. Thereafter he pointed out some factors that affect access to quality health services such as stigma and discrimination, long distances, health worker attitude, privacy and confidentiality and low treatment literacy.

On the Right to Privacy and Confidentiality the 2018 HIV and AIDS (Prevention and Management) Act on Part 5 stipulates that a person living with HIV has the right to privacy and confidentiality with regard to information concerning his/her status. It adds that it shall be the duty of every health service provider to strictly observe confidentiality in handling all medical information concerning a person living with HIV.

The Advocacy and Resource Mobilization Officer explained that some recipients of care population groups like people with disabilities face double stigma for living with HIV and being a person with disabilities. Such population groups have limited access to information because of stigma and discrimination and limited spaces for their voices.



One of the tools to be used by Communities

In an interview after the training; some participants said they will ask relevant authorities to share copies of human rights tools to enable communities effectively advocate for health rights. The training was conducted from 20th to 21st October 2023 by the Network of Journalists Living with HIV (JONEHA) with funding from the Bill and Melinda Gates Foundation under the COMPASS Africa initiative.

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CLM CONSIDERS AFFECTED COMMUNITIES AS EXPERTS

They then proceeded to the Engagement group part where they presented and discussed their findings as if it was at a wider group of stakeholders such as Community Consultative Group (CCG) and arrived at solutions that led to advocacy targeting relevant different level authorities to improve health services.

The participants explained that through the training they had learnt that the CLM does not work in isolation but in collaboration with a bigger system of stakeholders that can help influence access to quality health services through engagements that enable members of the community to map out strategic partners they can collaborate with on specific issues. They further observed other strategic reasons for engaging a bigger r scale of partners at community level such as that of improving the ability to reach and persuade a wider set of

decision-makers and influencers at district and national levels. CLM also assists in mitigating the influence of the opposition, gaining additional expertise and filling an organization's gaps in advocacy.

The United Nations Joint Program on HIV and AIDS (UNAIDS) observes that there has been a growing recognition of the important role of CLM with decision makers and stakeholders acknowledging the importance of communities of affected persons leading in gathering, analyzing and using data from various sites and communities in order to inform targeted advocacy for the improvement of health outcomes. Since 2020 funders and technical partners have scaled up support to CLM with PEPFAR, CDC, USAID, the Global Fund and UNAIDS all explicitly doing so.

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COMMUNITIES TO ADVOCATE FOR HEALTH RIGHTS...

In promoting human rights; the Health Sector Strategic Plan (HSSP III) 2023-2030 has placed communities at the heart of service provision through the reform on integrated platforms of care which will aim to achieve holistic and client focused care.

The HSSP III also aims to empower communities to take charge of their health through the introduction of equitable and community led domestic financing mechanisms. It also emphasizes strengthened community oversight of local health care delivery as a strong component of the proposed governance mechanisms in the HSSP III.



CLM Training Session Underway

GOVT. CALLS UPON COMMUNITIES, CSOS, PARTNERS TO SUSTAIN THEIR COORDINATION TO END HIV and AIDS

By Joseph Ganthu

The Principal Secretary responsible for administration in Ministry of health, Mr. Bestone Chisamile while attributing Malawi's success in the fight against HIV/AIDS to coordinated efforts by communities, Civil Society Organizations (CSOs) and development partners has called upon the players to continue working together to successfully lead to end of the pandemic.

Mr. Chisamile made the sentiments at the joint 2023 World AIDS Day and International AIDS Candlelight Memorial held under the theme 'Let communities lead by spreading love and showing solidarity in ending AIDS' at Kanyangale village in the area of Traditional Authority Mwadzama in Nkhosachota.

"Let us strengthen this collective effort and ensure that government, non-governmental organizations, private sector, development partners, and most importantly, communities participate meaningfully," said the principal secretary who further explained that communities in Malawi have become the first line of defense reaching out to those most vulnerable to combat HIV and AIDS.

He observed that CSOs and community structures have been instrumental in raising awareness, delivering care and support to those living with HIV and most importantly advocating for policy change. Communities in Malawi through their advocacy have contributed to strengthening of health systems particularly health work force, new HIV prevention products, inclusion of optimal treatments including ARVS.

The Principal Secretary noted that the role of communities in Malawi has expanded beyond advocacy by including demand creation, service delivery and community led monitoring hence supporting and empowering communities can help to bridge gaps in prevention, treatment and care so that no one is left behind.

Chisamile pointed out that Malawians must continue to prioritize targeted HIV prevention interventions



Mr. Bestone Chisamile

with high impact to close the tap for new infections and that regardless of their background or circumstances should have access to accurate information and available services to protect themselves from contracting HIV and be able to access treatment services to enjoy quality lives.

"We must continue to fight stigma and discrimination associated with HIV which is among the biggest barriers to effective HIV prevention, care and treatment. It is our moral duty to create a society where every person is treated with dignity and respect, regardless of their HIV status," said. The PS added that the Government of Malawi together with development partners make ARVs accessible to all Malawians which has led to high viral suppression rates. Viral Suppression among people living with HIV is key to elimination of HIV.



After Lighting candles delegates observed a minute of silence while standing in respect to those who lost their lives to AIDS

PARTICIPANTS CALL FOR U=U AWARENESS

By Starphel Sithole

Citizen Science Life Maps (CS-LM) participants have called for stakeholders in HIV to continue advocating for U=U. The participants made these sentiments during the refresher training organized by the Life Maps at Lilongwe hotel on 8th December 2023.

CS-LM is a three-year qualitative, longitudinal research project being implemented in Malawi and South Africa under the guidance of the International Treatment Preparedness Coalition (ITPC). In collaboration with its community partners, Malawi Network of Religious Leaders Living with or personally affected with HIV and AIDS (MANERELA+) in Malawi and Networking HIV and AIDS Community of Southern Africa (NACOSA), ITPC recruited a group of 40 Life Maps participants who are recipients of care living with HIV or belong to key or vulnerable populations, including Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+) people and young people with funding from the Bill and Melinda Gates Foundation.

Undetectable equals Un-transmittable (U=U) global campaign locally contextualized as Tizirombo tochepe = Thanzi (T=T). is a vital public health message for the HIV response. T=T means that people living with HIV who achieve an undetectable viral load through consistent antiretroviral treatment and monitoring cannot transmit HIV. U=U or T=T as it is known in Malawi is a campaign that aims at reducing new infections and HIV related deaths by focusing on the three areas of treatment literacy, viral load monitoring and adherence to treatment for people living with HIV to achieve viral suppression to undetectable levels of HIV medically called viral suppression. T=T in Malawi is part of the global U=U campaign. It is based on the science that when an HIV positive person on treatment reaches viral suppression; he/she cannot transmit the virus sexually. So it is being promoted as an HIV prevention strategy but also to improve the quality of life for people living with HIV on treatment.

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U=U

Undetectable
Equals Untransmittable

PHALOMBE DHMT AND JONEHA MEET TO REFRESH ON CLM

By Joseph Ganthu

The District Health Management Team (DHMT) for Phalombe has warmly welcomed the re-alignment of the Community Led Monitoring (CLM) to global principles. This means the District Monitoring and Evaluation Committee (DMECs) has been replaced by affected communities for data collection, analysis and advocacy towards delivery of quality health services in the Cyclone Freddy affected district.

During an orientation on the new CLM arrangement held on 19th October 2023 at Phalombe District Hospital Conference Room the DHMT which is structurally chaired by the Director of Health and Social Services (DHSS) expressed gratitude to Network of Journalists Living with HIV (JONEHA) who are the implementors of the project targeting the Cyclone Freddy hit districts of Phalombe and Mulanje. The team pointed out that the impact of the storm has created numerous challenges that deserve mitigation. The DHMT observed further that the deadly storm has robbed the district of its

successes in the area of health service delivery.

The Advocacy and Resource Mobilization Officer at JONEHA Hastings Mwanza recalled that with funding from the Bill and Melinda Gates Foundation through AVAC, JONEHA commenced implementing the CLM Project in 5 President's Emergency Plan For AIDS Relief (PEPFAR) scale up districts of Phalombe, Mulanje, Mangochi, Chiradzulu and Mzimba south in 2019. He said then; JONEHA oriented DMECs in the targeted districts for data collection and analysis to ensure that PEPFAR program responds to CLM findings.

“Fronting DMEC in Community Led Monitoring did not make beneficiary community members implementers of CLM as DMEC is a multi-disciplinary structure coordinated by government.

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This did not promote principles of CLM which places affected communities at the center of its implementation and government as policy holder and service provider is expected to be providing support towards addressing advocacy issues from the CLM findings” said Mwanza during the DHMT orientation.

Presenting a report at a CLM stakeholders meeting organized by JONEHA in Salima on 24th February, 2022 the ART Coordinator for Phalombe District Harold Mwaleya reported that his district managed to decrease number of its defaulters on ART treatment from 1,773 in Quarter 3 to 1,025 in Quarter 4 of the year 2021 in response to earlier CLM findings on high defaulter rates.

The then Acting Director of Health and Social Services (DHSS) in Phalombe Dr. Sam Sibakwe reported that in response to the CLM project findings in September 2020 which highlighted the need for providing cervical cancer services; Phalombe with support

from Baylor Foundation opened up screening services in all the district health facilities.

Sibakwe shared the success story at another JONEHA organized consultative meeting on 2nd March 2021 in Salima. He said in the fourth quarter review report of October to December 2020 the district’s screening sites tremendously increased from 2 – 6; realizing saturation of cervical cancer service coverage in the district. The development translated into the district screening 4,998 recipients of care out of the annual target of 5,110. This represented a record 97.8% coverage and all those visually inspected with acetic acid (VIA) and found positive were timely treated.

There are fears that all these successes in the district might have been eroded with the Cyclone Freddy which caused numerous infrastructural damages hence the CLM will help thoroughly assess the impact of the storm as regards to delivering sustained quality of health service delivery.



Phalombe DHMT members attentively participating in the JONEHA new CLM approach in the district

MHANGO TIPS JONEHA MEMBERS TO REMAIN DEDICATED IN SERVING MALAWIANS

By John Folena

The Board Chairperson for the Network of Journalists Living with HIV (JONEHA), David Mhango has encouraged members of the organization to remain dedicated in the implementation of its projects that largely advocate for quality health services for all Malawians.

The Chairperson made the remarks on 3rd November, 2023 at the JONEHA 6th Annual General Meeting (AGM) that brought together more than 30 delegates drawn from the four regions of the country at Mponela in Dowa.

“JONEHA is a unique purpose organization and its advocacy role is very critical in the delivery of quality health services towards the Malawi 2063 aspirations,” observed Mhango.

He pointed out that it would be improper for someone to underestimate the role JONEHA is playing as evidently contributed to reduction of defaulter rate in targeted facilities among other achievements through its Community Led Monitoring (CLM) project.

JONEHA with funding from the Bill and Melinda Gates Foundation through AVAC under the COMPASS Project has been running the CLM project since 2020. Between March and May 2020 JONEHA through its District Monitoring and Evaluation Committees (DMECs) in five targeted districts of Mulanje, Mangochi, Chiradzulu, Mzimba South and Phalombe identified high defaulter rates and persistent drug stock outs among other issues affecting quality service delivery in the country.

Looking at how JONEHA has been growing in both membership and activities since its registration in 2013 the Board Chairperson expressed appreciation over its dedicated staff and members who have all along been working on voluntary basis to serve their lives as well as that of other Malawians through various interventions.



David Mhango

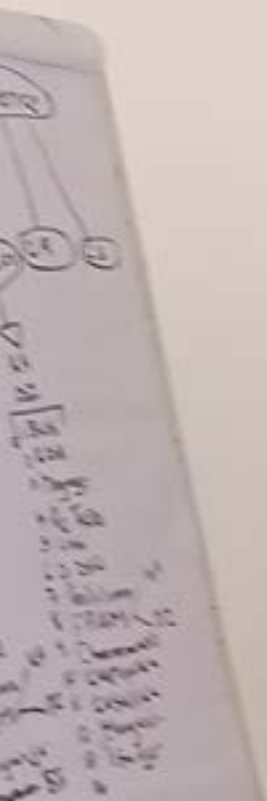
Rhoda Zulu a member of the board reporting on behalf of the Board Programs Committee indicated that COMPASS Africa Initiative Campaign has contributed to a reduction of defaulters from 49% to 5% in the five targeted districts.

She announced receipt of funds from the International Treatment Preparedness Coalition (ITPC) to incorporate Life Maps as part of the bigger CLM project. She expressed pleasure that Courts in Malawi have finally commenced utilization of the PMRA Act of 2019 when handling drug theft cases. PMRA Act 2019 has stiffer penalties to deter culprits of drug theft and pilferage. Production and dissemination of the Citizen Science-Community Led Monitoring and Advocacy (CS-CLMA) Newsletter which is well recognized by key stakeholders was also reported as one of the successes as an advocacy tool

JONEHA is a unique purpose organization and its advocacy role is very critical in the delivery of quality health services towards the Malawi 2063 aspirations..

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PARTICIPANTS CALL FOR U=U AWARENESS...



CS-LM Participant-Chapola

During the meeting, the participants called for organizations to implement more programs aiming at raising awareness on the importance of treatment adherence and maintaining undetectable viral load which can also help in reducing stigma and discrimination among people living with HIV.

‘Civil society organizations should focus on raising awareness on Antiretroviral Therapy (ART) adherence, the meaning of T=T and viral load suppression. I have encountered many people living with HIV who have interrupted treatment because they have tested negative after being on treatment and this is because they do not know the meaning of suppressed viral load. This is killing many and we need to hold hands in sensitizing the communities.’ Lamented Kondwani Chapola one of LM participants.

He added that Life Maps should consider including viral load and T=T themes in the 2024 study so that participants can explore more on the topics.

Life Maps research study report for 2022 notes that the process of posing the questions around

T=T enabled many participants to engage with the concepts of undetectable viral load in relation to HIV transmission and elicited conversations around the importance of ARV adherence in the context of HIV transmission to sexual partners. Posing questions around undetectable viral load and the implications thereof suggests that this was an important information-sharing exercise.

Another participant during the meeting said that sensitizing people and impacting knowledge on the T=T will also help discordant couples (a pair of long term sexual partners in which one is living with HIV and one is not) to stay together and reduce the stigma that often accompanies living, dating and loving a partner living with HIV.

A study called the PARTNERS, with peer-reviewed research results published in 2016, found zero transmission of virus between HIV sero-discordant couples in which the person living with HIV had undetectable levels of the virus. The study cohort included nearly 900 couples who had sex without condoms more than 58,000 times.

LIFE MAPS LINKS WITH CLMA

By Starphel Sithole

Citizen Science Life Maps (CS-LM) a three-year qualitative, longitudinal research project being implemented in Malawi and South Africa under the guidance of the International Treatment Preparedness Coalition (ITPC) conducted a meeting on 5th December 2023 in Kasungu district which brought together the Citizen Science Community Led Monitoring and Advocacy (CS-CLMA) data collectors and Life Maps (LM) participants to link the two projects.

Speaking during the meeting, CS-LM Manager Ruby Zolowe, said the two projects have the same goal hence there is need for the participants to work together to advocate for the challenges faced by recipients of care.

‘CS-CLMA and CS-LM are both funded by ITPC and are implemented in Kasungu and Dedza districts with an aim of making communities as beneficiaries lead in advocating for quality of health services in facilities. The two projects however differ in that CS-LM is a community based project that collects qualitative data through participatory activities to empower recipients of care to report directly on their experiences and needs which informs their seeking healthcare access and support. Whereas CS-CLMA collects qualitative and quantitative data

from Health facilities.’ Zolowe explained.

She added that linking the CS-LM participants with the CS-CLMA data collectors will unify the two projects and amplify community voices as both projects have an element of evidence based advocacy.

‘CS-LM requires participants to take videos, pictures and a narrative on a particular theme pertaining to their life experience. This personal assessment of the recipient of care on a monthly basis through Life Maps provide a true reflection of what an individual encounters on daily basis which when linked complements the quantitative data that CS-CLMA data collectors gather monthly’, she explained.

CS-CLMA Data Supervisor for Kasungu district, Joseph Nthondo commended the initiative saying for the two projects to work together will enhance bringing the desirable change in the community ‘CS-CLMA and CS-LM is a true reflection of evidence-based advocacy as there’s a combination of personal experiences and solicited views from the Health Care Workers and recipients of care.

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CS-CLMA data collectors and CS-LM participants meet

JONEHA TAKES CLM IN CYCLONE FREDDY HIT DISTRICTS WITH FRESHNESS.

By Thumbiko Nyirongo

Tropical Cyclone Freddy, which according to history is most intense cyclone ever to have been recorded in the southern hemisphere, devastated several southern region districts of Malawi in March 2023. The southern districts of Phalombe and Mulanje located at the bottom of Mulanje Mountain were among the districts which were hit hard by the Cyclone.

The Cyclone disrupted health service delivery in the mentioned districts due to damaged facility infrastructure, bridges and road networks which were disrupted. As if this was not enough, some health centers lost essential supplies including antiretroviral (ARV) drugs, leading to critical shortages.

In Phalombe district for example, nearly six health facilities including Phalombe Health Centre were still non-functional as of March 2023. This disruption disproportionately impacted people living with HIV on ARV, leading to a significant increase in ART defaulters. Harold Mwareya, ART Coordinator for Phalombe district, confirmed a sudden increase in defaulter rates.

“As a district we have been registering high ART defaulter rate due to Cyclone Freddy. For example, at Nkhulambe Health Centre the number of recipients of care on treatment has dropped from 7000 to 3000,” lamented Mwareya

Mwareya attributed this increase in the number of people defaulting due to drug stock out in facilities that had become hard to reach because they were hit hard; further causing displacement of recipients of care. This led to loss of their contacts.

In response to these challenges, the Network of Journalists Living with HIV (JONEHA) is planning to empower recipients of care in Phalombe and Mulanje districts through a Community Led Monitoring (CLM) initiative.

UNAIDS says CLM is an accountability mechanism for HIV responses at different levels, driven and implemented by local community-led organizations of people living with HIV, networks of key populations and other affected groups.

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LONG DISTANCE REMAINS AN OBSTACLE TO PREP UPTAKE

By Starphel Sithole

Geographical barriers are associated with poorer HIV-related health outcomes. Health facilities like Kaluluma, Mnyanja in Kasungu and Lobi, in Dedza district under the Citizen Science Community Led Monitoring and Advocacy (CS-CLMA) project experiences the long-distance challenge in the (Pre-exposure prophylaxis) PrEP uptake.

PrEP is for persons who are HIV negative and are at risk of being infected with HIV. Injectable PrEP with long-acting cabotegravir (CAB) is highly effective at protecting people from HIV acquisition and is for people who are at high risk including adolescents and breast-feeding mothers. To access injectable PrEP, you must at least weigh 35 kg.

Speaking during the Community Consultative Group (CCG), the District Supervisor for Dedza Clement Phiri said that people from hard-to-reach rural areas fail to access PrEP due to long distances to health facilities which is contributed by lack of outreach or mobile clinics in rural areas.

“The CS-CLMA research findings for the first quarter findings reveal that there is a low demand and uptake of PrEP among the priority population (Female sex workers, Men having Sex with Men) as Dedza District Hospital is the only one facility that offers PrEP because of lack of trained service providers in other facilities like Family Planning Association of Malawi (FPAM) in the district.”

LONG DISTANCE REMAINS AN OBSTACLE TO PREP UPTAKE

‘Among other factors, there are also knowledge gaps among Health care workers and recipients of care around PrEP issues and lack of community-based demand creation affect its uptake.’ Phiri lamented.

According to data from Dedza district, out of the 6030 who access services only 178 were newly initiated and 244 retained.

Kasungu District Supervisor, Joseph Nthondo said that only Bua and Kasungu District Hospital are the only 2 facilities that offer PrEP in Kasungu which requires people to travel long distances.

‘On the two facilities that offers PrEP, FPAM has a stock of PrEP but do not administer because ‘On the two facilities that offers PrEP, FPAM has a stock of PrEP but do not administer because

the service providers have not been trained on PrEP’ Nthondo said.

For Kasungu District data shows that out of the 12,000 only 493 people were newly enrolled whereas 215 were retained on PrEP.

The National CCG chairperson, Dr Damison Kathyola said that CLM should be seen to be driven by the communities who are key in the project hence the project should bring more community-based interventions to create demand and PrEP awareness.

A July 2021 journal by Benjamin R Bavinton and Andrew E Grulich states that health systems must be PrEP-friendly and allow PrEP to be prescribed in settings already attended by large numbers of HIV-negative individuals who are at risk.



Oral PrEP



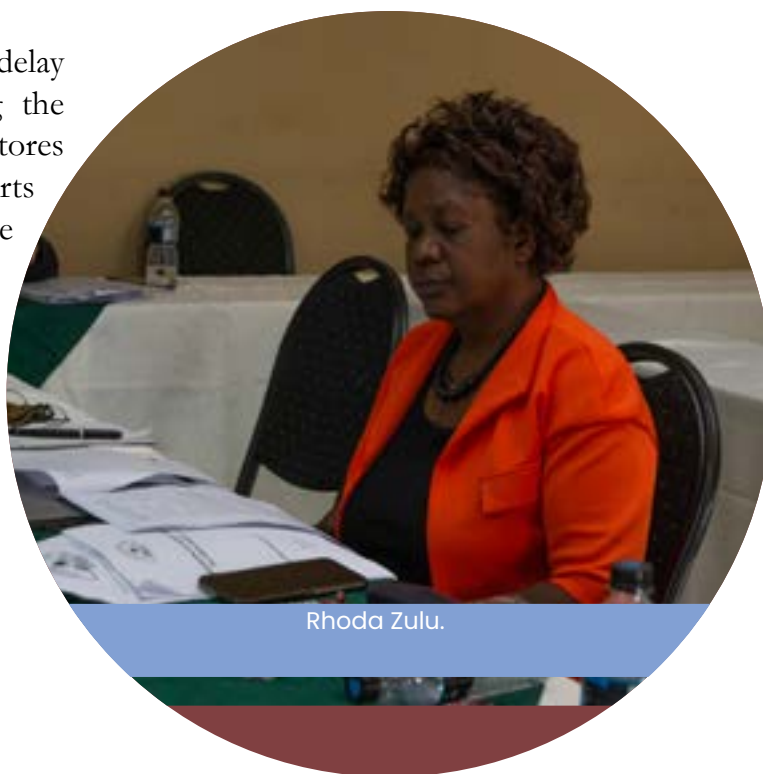
Injectable PrEP

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MHANGO TIPS JONEHA MEMBERS TO REMAIN DEDICATED IN SERVING MALAWIANS

On some of the challenges Zulu cited delay by the Malawi government in finalizing the recapitalization of the Central Medical Stores Trust (CMST) despite many advocacy efforts by JONEHA. Recapitalization of the CMST has through various consultative meetings organized by JONEHA with key stakeholders always been highlighted as part of solution to persistent drug stock outs in public health facilities in Malawi



Rhoda Zulu.



Deligates to JONEHA 2023 AGM

COMMUNITIES EMPOWERED TO COLLECT AND ANALYZE DATA FOR CLM

By Joseph Ganthu

The Network of Journalists Living with HIV (JONEHA) has shifted the task of collecting and analyzing data for Community Led Monitoring (CLM) from the government sponsored District Monitoring and Evaluation Committees (DMECs) to affected communities themselves; reported the Advocacy and Resource Mobilization Officer for JONEHA Hastings Mwanza at the CLM training for 12 community representatives from 20th to 21st October 2023 in Phalombe.

Fronting DMEC in Community Led Monitoring did not make beneficiary community members implementers of CLM as DMEC is a multi-disciplinary structure coordinated by government. This did not promote principles of CLM which places affected communities at the centre of its implementation and government as policy holder and service provider” said Mwanza.

Hence to align the project to CLM principles; JONEHA with funding from the Bill and Melinda Gates Foundation under the

Coalition to Build Momentum, Power, Activism, Strategy and Solidarity (COMPASS) Africa initiative organized trainings that empowered community members in Cyclone Freddy affected districts of Phalombe and Mulanje to conduct data collection and analysis exercises.

Mwanza recalled that in 2019 JONEHA commenced implementation of the CLM Project in 5 PEPFAR scale up districts: Phalombe, Mulanje, Mangochi, Chiradzulu and Mzimba south and that in 2020 JONEHA oriented DMECs in data collection and analysis in the targeted districts to ensure that the President's Emergency Plan For AIDS Response (PEPFAR) program responds to CLM findings. In the same year data was collected and analyzed by DMECs that identified issues that formed basis for advocacy. JONEHA has been tracking these issues since then.

In his introductory remarks on the project the Advocacy and Resource Mobilization Officer

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COMMUNITY-LED MONITORING

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explained that CLM is a mechanism that service users or affected communities apply to systematically gather qualitative and quantitative data and use it to assess availability, accessibility, acceptability, equity, and quality of services and use that information to generate solutions to identified problems and hold service providers and decision makers accountable.

“The main objective of CLM is to empower communities to carry out routine, ongoing monitoring of the availability, accessibility, acceptability, equity, and quality of specified disease prevention and treatment services and advocating for improvements on the same,” said Mwanza.

The JONEHA CLM project has two focus areas namely HIV and Drug supply. On HIV it is looking at access to prevention services such as lubricants, condoms and PrEP but also treatment, care and support. On Drug Supply the project is assessing the availability and accessibility of essential drugs and medicines at public health facilities. Either on drugs or HIV; identified issues lead to advocacy towards improvement.

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Life Maps Links with CS-CLMA...

Triangulating findings from the two projects and presenting these community voices to service providers and policy makers will have a great impact. For the two projects to be working together will make targeted communities fully understand that they are all working towards achieving the same goal. Nthondo narrated.

CS-CLMA and CS-LM is being implemented in Kasalika, Mnyanja, Bua, Family Planning Association of Malawi (FPAM), K2 Taso, Kaluluma Health Centers and Kasungu District Hospital in Kasungu district and FPAM, Lobi, Tsoyo, Mayani, Kaphuka and Dedza District hospital in Dedza district.



LM Manager, Ruby Zolowere

FROM PAGE 17 <<< **JONEHA TAKES CLM IN CYCLONE FREDDY HIT DISTRICTS WITH FRESHNESS.**

JONEHA Resource Mobilization and Advocacy Officer, Hastings Mwanza, explained that CLM will be implemented in health facilities with registered ART sites and high HIV cohorts. He further stated that this initiative will empower communities and healthcare workers in Cyclone Freddy-affected areas to engage and reach out to policy and decision makers at all levels; from district to national and or global

“JONEHA will empower communities through trainings in data collection, analysis and advocacy. JONEHA staff will facilitate analysis of the

collected data by communities. CLM findings will inform traditional leaders, policy and decision makers to drive action for improved health service delivery,” Mwanza emphasized

On his part, Stalin Zinkanda Director of Health and Social Services in Mulanje district commended JONEHA for the initiative. “It is encouraging to see local organisations such as JONEHA implementing lifesaving projects” said Zinkanda, who also urged stakeholders to support JONEHA in implementing the CLM project effectively.



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About Us

The registered trustees of Network of Journalists Living with HIV (JONEHA) is a media Non- governmental organization created by Malawian journalists to participate effectively in the national HIV and AIDS response by addressing individual and professional needs.

This is a result of an earlier PANOS Southern Africa observation that while the media was communicating HIV and AIDS interventions, it needed more targeting in HIV and AIDS rather than just being used as agents of information.

VISION

Effective media Advocate for quality health service delivery

MISSION

Ensure access of quality health care services for all.

OBJECTIVES

1. Build media practitioners' capacity on health care advocacy
2. Create an information resource hub for media practitioners
3. Engage media houses and practitioners for increased health advocacy
4. Advocate for health policy change
5. Promote positive health behaviors among media practitioners and their audiences at personal and occupational levels

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VALUES STATEMENT

- i. Respect: We treat all people with dignity and respect.
- ii. Stewardship: We honour our heritage by being socially, financially and environmentally responsible.
- iii. Ethics: We strive to meet the highest ethical standards
- iv. Learning: We challenge each other to strive for excellence and to continually learn.
- v. Innovation: We embrace continuous improvement, bold creativity and change.