

JONEHA

Newsletter



IAS CONNECTS COMMUNITY LED MONITORING TO RESEARCH

It is an opportunity to enhance our CLM programs through this platform created by IAS

— See Page 5



Editorial

Welcome to the second quarter JONEHA Newsletter. In this edition; we are encouraged by the International AIDS Society (IAS) initiative to enhance the authenticity and visibility of Community Led Monitoring (CLM).

According to the Joint United Nations Program on HIV/AIDS (UNAIDS) CLM is a cycle of processes in which people affected by health inequities; particularly in HIV, Tuberculosis and Malaria systematically monitor services, analyses the data they collect and conduct evidence driven advocacy to improve service delivery, generate solutions and create an enabling environment for their wellbeing. This is done in collaboration with key partners as part of the community led response. UNAIDS observes that as part of community led response; community led monitoring is playing a significant role in bridging the 'last mile' gaps by providing good quality services to the right people, in the right ways, in the right places; thereby contributing to ending AIDS as a public health threat, addressing other health issues such as Tuberculosis and Malaria and minimizing health inequalities.

Evidence shows that CLM improves effectiveness, quality and accessibility of health programmes. CLM empowers communities affected by HIV, Tuberculosis and Malaria, strengthens community based and community led networks and organisations and builds local leadership. CLM also enables people

to demand high quality services and fulfilment of their human rights, while contributing to a country's disease programmes and strengthening the health system.

And yet while CLM has existed in different forms with impact over decades; it has been overlooked by global health actors. This is so among other reasons; because of questions raised on its validity and visibility. To address these challenges; the International AIDS Society which unites the global HIV response through linkages between science, policy and activism has initiated a process of promoting collaboration between CLM implementers, academicians and researchers in the East and Southern Africa region. The ultimate goal of the initiative is to make CLM more authentic and visible through manuscript development and publication in various journals.

It is for the above reasons that we applaud the International AIDS Society for initiating a call for practical collaboration between experienced CLM implementers, academicians and researchers to work together in demonstrating authenticity, impact and visibility of CLM. We further believe that East and Southern Africa is a good starting point given the magnitude of the three diseases in the region. It is further encouraging that the International AIDS Society has taken the initiative to a global audience during the International AIDS 2024 conference in Munich, Germany.



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Editorial Team

Editor

David Kamkwamba

Writers

Chikowa Kamwatonga

Hope Nyondo

Fortina Kazembe

Kennedy Kathumba

Joseph Ganthu

Getrude Katete

Page Designer

Starphel Sithole



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By Chikowa Kamwatonga

Community Led Monitoring (CLM) audiences have been asking for its scientific relevance. This has often raised questions on the credibility of CLM. The situation has been emphasized with CLM hardly being visible in science platforms like publications. To address this problem; the International AIDS Society (IAS) which unites the global HIV response through linkages between science, policy and activism has initiated a process of promoting collaboration between CLM implementers and Researchers in the East and Southern Africa region. Speaking on the sidelines of a workshop for CLM implementers, researchers and academics which took place in Johannesburg; South Africa from 20th to 23rd May 2024; Emily Bass who is leading the process said “this initiative emerged from a recognition that CLM is a strong and impactful intervention within the HIV space that is not well known in other fields of relevance such as universal health coverage, maternal child health, vaccination and pandemic response. But also that within HIV circles it is still treated with skepticism and viewed as data that is not important to drive programming.

“So first CLM is not well known within and outside



Emily Bass-CLM not viewed as credible



Chanda Mwamba-a lot of work done in CLM is untold

HIV programming. But within HIV programming it is not viewed as credible. This workshop looked at CLM programs that are fairly established that they are thinking about what they could do with their data. So researchers coming from countries where such CLM programs exists were key participants. These are researchers who had immensely published, are involved in national research ethics committees or are from the academics. So the workshop provided a platform for either implementers or researchers to learn from each other. The learnings provided a basis for setting priorities for collaboration between the two sides. It's expected to be an ongoing process of collaboration between researchers and CLM implementers from within their countries of origin”

Explaining her reflections; Chanda Mwamba a Social Behavioural Researcher in Zambia said “am happy to be part of the group brought by IAS seeking to bring together CLM implementers and researchers to foster synergies and exchange of ideas, insights and to see how the two fields can be merged for more impact and visibility as there is a lot of work that has been done which is untold. This collaboration is very important to

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merge the skills, the insights and the experiences from these different fields which are also similar in some ways in terms of the methods that are used.

So it will be interesting for me as a researcher who has published to see how these can work together for publishing and to get all this data, lessons learnt, methods used, the experiences and the impacts. CLM stories need to be told widely. CLM implementers have a lot of knowledge data, experience and impact through the work they have been doing for years while the research context is coming in on how we can weave and fuse these stories for telling. This collaboration is very important”.

Speaking as an implementer; Morgen Chinoona from Zimbabwe said “it is an opportunity to enhance our CLM programs through this platform created by IAS.



Morgen Chinoona-Networks and relationships created here will help us get the results we want

There are a number of things that we can learn from research experts which can strengthen how we can do our analysis, and communicate our findings for impact. We have a lot of data that has potential to making a difference towards supporting our advocacy asks, policy contributions and contributing to the knowledge around how we can enhance community participation in public health especially in the HIV response.

Collaboration with the research institutions will also help us to amplify the voice and the issues that we identify from our CLM. Am looking forward to collaborating with the researchers so we can make our findings more impactful as we present them to the duty bearers, policy makers, donors and academia so that people can learn. Also things can change for better among communities. The networks and relationships that we have created here will help us get the results that we want”



Professor Alistair Munthali-We have identified manuscripts we can work together

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This workshop is very important as it is driving towards standardizing our work across CLM programs and countries.

David Kaawa Mafigiri a Medical Anthropologist who attended the workshop representing academics from Uganda's Makerere University School of Social Science and spoke from the experience of supporting a CLM program in South Sudan had this to say: "I have been working with South Sudan as a data analyst. I came in the space because of the increased need for CLM program to streamline their data collection activities to make them more authentic in view of those who want to read data. I advise the process of data collection and how to train local/lay community members to collect data, ensure data quality, qualitative and quantitative data entry. And how to use KOBO software for collecting and analyzing data. Over the years I have seen improvement in the quality of data used in the CLM program. Because the data collected was being used for community advocacy they were not concerned about what they publish but when they wanted to start publishing in Journals they became handicapped as to what data, tools, language were being used.

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Ndivhuwo Rambau-Grow in CLM before you bring in researchers

HEALTH CARE WORKERS IGNORANT OF 2019 PMRA ACT

By Fortina Kazembe

Health care workers (HCWs) including pharmacists at 6 health centers namely Sukasanje, Nkhulambe and Mpsa in Phalombe, Kambenje, Muloza and Namulenga in Mulanje expressed ignorance of the new pharmaceutical law called Pharmacy and Medicines Regulatory Authority (PMRA) Act which was assented to way back on 22nd February 2019 to curb drug theft and pilferage in public health facilities with its stiffer penalties.

Members of the local community working on voluntary basis as data collectors under the Community Led Monitoring (CLM) project run by the Network of Journalists Living with HIV (JONEHA) with funding from the Bill and Melinda Gates Foundation conducted monitoring visits at their respective facilities between 19th and 26th February from which they learnt that pharmacists as well as HCWs had no knowledge of the new pharmaceutical law.

Between 29th April and 2nd May 2024, they made follow up meetings at the facilities where they engaged respective Health Centre Management Committees to deliberate possible solutions on lack of knowledge on the 2019 PMRA Act which has replaced the weaker 1988 Pharmacy Medicines and Poisons Board (PMPB) Act.

All consultative meetings at the facilities called for a copy of the law and an orientation targeting pharmacists and others. They learnt that meanwhile the simplest way to access the soft copy was by downloading from the internet. The 2019 PMRA Act provides stiffer penalties on Section 82 (1) on theft of medicines from a public

health facility as it leads to a conviction that attracts a fine of K20 million and imprisonment for 20 years. The Act on Section 83 which looks at 'Failure to Keep Proper Records to Indicate Source of the Medicines' attracts a fine of K1 million and imprisonment for 12 months.

During JONEHA engagement meetings with Police officers and magistrates in Mulanje, Machinga and Mangochi held respectively on 19th, 20th and 21st September 2023 it was

also learnt that most of the law enforcers had no knowledge of the 2019 PMRA Act and had no access to its soft or hard copy.

The law enforcers admitted of having comfortably and innocently kept on applying the repealed 1988 Pharmacy Medicines and Poisons Board (PMPB) Act. They too asked for distribution of copies and an orientation on the Act. Malawians who have been experiencing persistent drug stock outs due to drug theft and pilferage among other factors in public health facilities breathed a sigh of relief when the 1988 PMPB Act which had soft sentences was repealed and replaced with the 2019 PMRA Act which has hefty penalties to deter would be offenders.

A 2021 report by the Drug Theft Investigations Unit (DTIU) in the Ministry of Health reveals that the oversight department handled 49 drug theft cases in which 8 of them involved health workers such as pharmacy, technicians, clinical officers, health surveillance assistants and other lower cadres.



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This workshop is very important as it is driving towards standardizing our work across CLM programs and countries. We are able to see how others are working, lessons and how to handle challenges. These kind of workshops enables people to have a common language. My role as an academic but also somebody who sits in the ethical approval committee is to give confidence to the CLM implementers, encouraging them on the good work they are doing and how to modify when addressing target audiences including policy makers and academics. They should not be intimidated by those who say your work is not scientific. Working as a team can help peer reviews with academics helping implementers progress the data for publications based on a mix of expertise. While CLM is not research but it uses research approaches through tools and methods to generate evidence. So there are similarities between research and CLM which calls for the collaboration we are talking about. So this is a very good beginning of this collaboration.”

Representing Ritshidze; a highly impactful CLM program in South Africa was Ndivhuwo Rambau who expressed these reflections about the workshop: “It has been eye opening as we are seating on a lot of data that we monitor quarterly which we have been using for advocacy specifically. But now it’s time to grow and publish the data so that the voices of CLM can be heard more. Collaborations can work going forward but we just have to put measures in place. We have worked with academics and researchers like Georgetown University and amfAR which is a USA based organisation dedicated to supporting HIV research and learnt that these collaborations have really helped us to get to where we are.

There are different components of CLM and in all processes partners have been very vital in ensuring that we get activities and messaging we want to send across various target audiences. These collaborations have worked and can work much better if everyone knows their value. It’s also important to first grow in a CLM program before you bring in researchers as partners for publishing. In all this; communities must take lead. So this meeting will help us grow the network of relationships we have had as we have in country researchers which will help to push our collaboration nationally and later to the world.”

Professor Jephias Matunhu Executive Director at Tugwi Mukosi MultiDisciplinary Research Institute at Midlands State University in Zimbabwe said the workshop was valuable because it built on his previous understanding of working with communities as a researcher. “I find collaboration very important that we should leave no one behind; research institutes, policy makers and CLM implementers should work together. As a researcher I am ready to take this task ahead to make sure I collaborate with whoever wants to see desired results in the objectives of CLM. It would really be good for us to adopt this collaboration as a standard for CLM at whatever level.

In terms of convergence; there are many areas of commonalities between CLM and research such as data gathering, data curation and having to involve communities. I find it very necessary to use collaboration as one of the key pillars of getting the work done in the best interest of communities and all other stakeholders”.

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Professor Jephias Matunhu-I collaborate with whoever wants to see desired results

HUNGER IN CYCLONE FREDDY HIT PHALOMBE AFFLICTS PEOPLE LIVING WITH HIV

By Joseph Ganthu

The Malawi National HIV Prevention Framework 2023-2027 says that food insecurity and malnutrition remain daunting challenges for people infected and affected by HIV and AIDS since the population depends on subsistence farming that normally produces low or no income at all. This situation has worsened in the Cyclone Freddy hit district of Phalombe.

Recipients of ART in Phalombe told community consultative meetings held at Nkhulambe and Mpasa Health centres on 29th and 30th April 2024 respectively that despite food insecurity being traditionally part of their life the situation has this year worsened because all their belongings such as livestock, crops, houses, markets, shops and health facilities to mention a few were washed away by the monstrous Cyclone Freddy.

The sad development has demoralised some of the recipients of care who are taking the medication on irregular basis depending on availability of food as they are always hesitant to take the medication on an empty stomach. Expert Clients around the facilities expressed fears that interruption in ART could be a stumbling block to ending AIDS as a public health threat by 2030.

The meetings facilitated under a Community Led Monitoring (CLM) project by the Network of Journalists Living with HIV with funding from the Bill and Melinda Gates Foundation through Pangea Zimbabwe under Compass Africa Initiative appealed to government, development partners and non-governmental organisations (NGOs) to urgently intervene in the situation through distribution of food supplements and free farm inputs.

The National HIV Prevention Framework stresses that HIV exacerbates under-nutrition through lack of food intake, increased energy needs and reduced absorption of nutrients. It adds that under-nutrition in turn can hasten the progression of HIV and worsen its impact by weakening the immune system, increasing susceptibility to opportunistic infections (OIs), and reducing the effectiveness of treatment.



The prevention strategy also explains that food security and adequate nutrition is especially important to People Living with HIV and orphaned and vulnerable children (OVC) when weight loss and malnutrition are likely to accelerate disease progression and the likelihood for increased mortality.

According to a journal titled Cyclone Freddy in Malawi published in 2023, the monstrous storm that struck hard Malawi's southern region districts on 11th March 2023 killed over 1,000 people, displaced over half a million, affected over two million people and washed away their homes, health facilities, roads, bridges, crops, livestock and many other belongings.

The Malawi situation can effectively be dealt with the implementation of the country's 2023 Health Sector Strategic Plan 3 as it aligns with Sustainable Development Goals. These include goal number 1 which aims at ending poverty in all its forms everywhere and goal number 2 which focusses on ending hunger, achieving food security, improving nutrition and promoting sustainable agriculture.

On the commemoration of Labour Day on 1st May 2024, President Dr. Lazarus Chakwera bemoaned the impact of the deadly tropical Cyclone Freddy as having led many Malawians into unemployment, poverty, food insecurity and malnutrition. He also observed that the situation has affected access to health facilities, education and sanitation services.

EMPOWERING COMMUNITIES AND ENHANCING HEALTH SERVICES THROUGH COMMUNITY LED MONITORING

By Hope Nyondo

The Network of Journalists living with HIV (JONEHA) held a meeting at Rufalo Lodge to empower health facility in-charge officers from Sukasanje, Nkhulambe and Mpsa health centers in Phalombe District. The meeting which took place on 8 April 2024 aimed at bridging the gap between healthcare providers and the communities they serve, fostering a collaborative approach to addressing health service delivery challenges.

Evance Songwe, Monitoring and Evaluation Officer for JONEHA, delved into the project's objectives, emphasizing the importance of training, supporting, and engaging community members to monitor and improve the quality and accessibility of health services.

Bonface Banda, Hospital In-Charge at Mpsa Health Centre, expressed his gratitude for the training, revealing that it has shed light on the significance of community-led monitoring and the crucial role health authorities play in addressing community concerns.

"This training has been an eye-opener, enabling me to understand the intricacies of the Community Led Monitoring (CLM) Project and its potential to transform health service delivery," he remarked.

Sister Dorothy Chidam'modzi, Sister In-Charge at Sukasanje Health Centre, commended JONEHA for the training, highlighting the vital role expert clients will play in improving health service delivery through data collection and documentation.

"This initiative will enable us to identify and address gaps in our services, ultimately enhancing the quality of care we provide to our patients," she noted.

Richard Muluzi, Project Officer for River of Life Organisation, praised the JONEHA CLM project's approach, citing its potential to empower communities and fill knowledge gaps in accessing HIV services.

"By engaging communities in the monitoring

process, we can identify and address systemic issues, leading to improved health outcomes and better access to essential services," he emphasized.

The training marked a significant milestone in JONEHA's efforts to promote community-led monitoring to improve health service delivery in Phalombe District, demonstrating the organization's commitment to strengthening healthcare systems and enhancing the well-being of marginalized communities.

According to the World Health Organization (WHO), CLM is a community-based initiative that empowers individuals and communities to take an active role in monitoring and improving the quality of health services.

CLM aligns with the principles of the Joint United Nations Programme on HIV and AIDS (UNAIDS), which emphasizes the importance of community engagement and participation in the response to HIV and other health issues.



Bonface Banda-Mpsa facility incharge

MALAWIANS TO BRING BACK TO CARE THEIR BROTHERS & SISTERS IN MOZAMBIQUE

By Getrude Katete

While migration to neighboring Mozambique emerges as one of the contributing factors to treatment interruption by recipients of Antiretroviral Therapy (ART) at Sukasanje, Nkhulambe and Mpasa in Phalombe, Muloza and Kambenje in Mulanje, communities around the health facilities want to help bring back to care their fellow Malawians who have been lost to follow up.

Community consultative meetings facilitated by a Community Led Monitoring (CLM) project at respective health facilities in the Cyclone Freddy hit districts of Phalombe and Mulanje resolved that Malawi should collaborate with Mozambique to establish a policy that permits ART clerks to travel there and locate individuals who have interrupted their treatment.

It is for the good health of their brothers and sisters in Mozambique and for the knowledge that People Living with HIV who take ART as prescribed keep

their viral load undetectable which means having a very low level of HIV in the blood, live productively long, healthy lives and cannot transmit HIV to their partners through sex. Noting that there are no cross-border referral systems for tracking and monitoring people living with HIV who have crossed the border, communities plan to bring back to care those lost to follow up. This follows their lesson from Mpala Health Centre in Mulanje which experienced a similar cross border negative effect on treatment adherence.

It has been reported that communities around Mpala through engagements with Health Center Management Committee and the Mulanje District Health Management Team (DHMT) successfully collaborated with their counterparts across the border. Their engagement meetings in 2021 bore some fruits as defaulter rate at the facility dropped from 49% to below 1%



Validation Meeting at Mpasa Health Center

The Network of Journalists Living with HIV (JONEHA) with funding from the Bill and Melinda Gates Foundation through Pangea Zimbabwe under the COMPASS Africa initiative is implementing the CLM project in the Cyclone Freddy hit districts of Phalombe and Mulanje. The project has identified and empowered communities to collect, analyze data and advocate for quality health services.

According to data collected by the organized communities and validated at health centres such as Nkhulambe had 210, Sukasanje 85, Mpasa 82, Namulenga 88, Muloza 88 and Kambenje 12 recipients of care who interrupted treatment.

Christina Lakatika an Expert Client at Sukasanje Health Centre proposed that such cross border bilateral meetings should also include traditional leaders such as Traditional Authorities Phwelemu from Malawi and Mwambucha from Mozambique in liaison with health officials on borders of the two countries.

The PEPFAR Country Operational Plan of 2023 (COP 23) mentions long distance to health facilities, poverty, community-level stigma, ART side effects, perceived good health after taking ART and adoption of other alternative HIV treatment options as among reasons for treatment interruption.

The COP 23 reports that 29% of those who experienced interruptions in treatment were still not retained and adds that the CLM findings for Jul-Sep 2022 depict that 32% missed their appointment because they were busy, 20% forgot their appointment which shows that there is a lack of knowledge or value on the importance of treatment.



YOUTHS' ACCESS TO CONDOMS: A CHALLENGE AT NAMULENGA AND MULOZA

By John Folena

While the 2023-27 Malawi National HIV and AIDS Policy clearly explains that for Malawi to achieve HIV epidemic control, it requires a significant reduction in new infections through scaling-up of high-impact cost effective primary and combination prevention interventions such as condoms, access to such commodities remains a challenge for youths at Namulenga and Muloza health centres in Mulanje.

Between 29th April and 2nd May 2024 communities around the facilities through Community Led Monitoring (CLM) project run by the Network of Journalists Living with HIV with funding from the Bill and Melinda Gates Foundation through Pangea Zimbabwe under the Compass Africa Initiative learnt that young people who are among the high risky groups have difficulties to access condoms.

The unavailability of the condoms totally contradicts the HIV policy which regards prevention of HIV infections as a Policy Priority Area number one in which prevention of new HIV infections is a key to ending the pandemic. The primary prevention intervention is targeting uninfected high-risk populations especially Key Populations (KP), Adolescent Girls and Young Women (AGYW), and their partners through differentiated service delivery (DSD).

Responding to the complaint from the community, representatives of the Health Centre Management Committee (HCMC) admitted to have denied students access to condoms after noting the majority of those who collected condoms were performing poorly in class since their focus diverted from education to sexual pleasures.

In resolving the issue, the meeting proposed that by end of June this year the facility will have reinvigorated youth clubs through which they will have an access to all available prevention tools during their free days like weekends.



Male Condom

It was learnt during the community consultative meeting at Muloza that condoms were already at the youth's disposal but there was lack of Information, Education and Communication (IEC) materials such as posters for direction to their location at the facility. The health center management representatives at the facility promised to improve communication as soon as possible to make the condoms easily accessible.

The HIV policy points out that though Malawi is making a steady progress in the reduction of new HIV infections, it still needs to accelerate its pace to end AIDS as a public health threat by 2030. According to the 2024 HIV epidemiological estimates annual new infections are 13,875.

PILES OF EXPIRED ESSENTIAL MEDICINES AT FACILITIES WITH PERSISTENT DRUG STOCK-OUTS



Expired Medicines

Monitoring visits conducted between 19th and 26th February 2024 to six health centres namely Sukasanje, Nkhulambe and Mpsa in Phalombe, Namulenga, Kambenje and Muloza in Mulanje by organized local community groups discovered piles of expired drugs at the facilities that have persistently been experiencing drug stock outs.

The community groups working on voluntary basis as data collectors under the Community Led Monitoring (CLM) project run by the Network of Journalists Living with HIV (JONEHA) with funding from the Bill and Melinda Gates Foundation through Pangea Zimbabwe under the COMPASS Africa initiative made a follow up by organizing engagement meetings with respective Health Centre Management Committees (HCMC) between 29th April and 2nd May 2024.

All Health Center Management Committees cooperatively reported to the members of the community that the drug stock outs were largely due to underfunding right from national level and emphasized that the situation was beyond their authority.

The HCMC at all the six facilities explained that the stock piles of expired medicines were due to delays in delivery of supplies that were already closer to expiry dates hence could not practically be consumed within a short period. Prolonged delays by District Health Offices (DHOs) in collecting the expired drugs from the facilities for disposal has created stock piles of expired drugs at the facilities. It was also revealed that DHOs have been facing challenges to dispose expired drugs due to financial challenges.

The community's consultative meetings concluded with further approaching the District Health Management Team (DHMT) for an increase on drug allocation and to deal with supply chain logistical challenges right from the Central Medical Stores Trust (CMST) to ensure availability of essential medicines and avoid ongoing accumulation of expired medicines.

CLM is a mechanism that service users or local communities apply to systematically gather qualitative and quantitative data to assess availability, accessibility, acceptability, equity, and quality of the services.

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HSA NOT CONVERSANT WITH HIV PREVENTION PROGRAMMING

By Alinafe Kaphaizi

The Health Surveillance Assistants (HSAs) a cadre working directly with community leaders around Muloza Health Centre in Mulanje and whose primary roles include among others providing health promotion and disease prevention information have scanty knowledge on available HIV prevention services in the country.

The revelation emerged at a community consultative meeting convened at Muloza Health Centre on 2nd May 2024 under a Community Led Monitoring (CLM) project run by the Network Of Journalists Living with HIV (JONEHA) with funding from the Bill and Melinda Gates Foundation through Pangea Zimbabwe (PZ) under the COMPASS Africa initiative.

It was learnt at the meeting that while Malawi is according to the National Strategic Plan for HIV and AIDS for 2023-27 determined to meet the prevention goals required to end the pandemic as a public health threat in the next decade the HSAs can hardly explain to communities about Pre-Exposure Prophylaxis (PrEP), HIV PEP or Post-Exposure Prophylaxis among others.

The consultative meeting comprising representatives of Health Center Management Committee (HCMC), Area Development Committee (ADC), Village Development Committees (VDC), Support groups,

Implementing Partners (IP), traditional leaders and community based JONEHA trained data collectors proposed a training for HSAs to fill up the knowledge gap in HIV prevention programming.

HIV PEP or Post-Exposure Prophylaxis is a short course of HIV medicine taken very soon (within 72 hours) after possible exposure to HIV to prevent the virus from taking hold in the body. Whereas HIV self-test (or rapid self-test) is an antibody test that can be used at home or in a private location and time convenient to the user..

HIV PEP or Post-Exposure Prophylaxis, is a short course of HIV medicines taken very soon after a possible exposure to HIV to prevent the virus from taking hold in the body and an HIV self-test (or rapid self-test) is an antibody test that can be used at home or in a private location.

On voluntary medical male circumcision (VMMC) the MPF 2023-27 explains that it reduces the risk of female-to-male sexual transmission of HIV by approximately 60% and that in contrast with any other available intervention, VMMC provides lifelong partial protection against HIV and other sexually transmitted infections (STIs) Based on this evidence, in 2007, WHO recommended VMMC as a high-impact cost-effective method for HIV prevention, particularly in settings with high HIV prevalence and low levels of male circumcision.



Injectable PrEP

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PILES OF EXPIRED ESSENTIAL MEDICINES AT FACILITIES WITH PERSISTENT DRUG STOCK-OUTS

It uses that information to generate solutions to identified problems and hold service providers and decision makers accountable.

The Chairperson of the Budget and Finance Committee in the National Assembly Hon. Gladys Ganda on 30th August, 2021 assured Malawians that amidst the country's economic challenges, parliamentarians will continue negotiating for an increase on health budget as one way of addressing persistent drug stock outs in public health facilities. Ganda made the remarks at a consultative meeting that aimed at sustaining the national forum for solutions towards persistent drug stock outs organized by JONEHA.

The Malawi Government has in the 2024-2025 tremendously increased its annual allocation to Health to K729.47 billion representing the historic 12.2% from K328 billion which was 8.7% of the total 2023-2024 annual budget. The development has won praises from a wide range of stakeholders as Malawi has now come closer to the minimum requirement of 15% Abuja Declaration demand.

The 2023-2030 Health Sector Strategic Plan (HSSP III) is the over-arching service delivery blue print in Malawi. In its objective number 2.5; the guiding document talks about improving the availability, quality and utilization of medicines and medical supplies. This objective focusses on improving the efficiency of the supply chain for medicines and medical supplies to ensure Malawi's domestication of the United Nations declaration of Universal Health Coverage also as endorsed and encouraged by the World Health Organisation.

Universal Health Coverage demands that all people should have access to needed health services in sufficient quality to be effective while also ensuring that the use of these services does not expose the user to financial hardship. The HSSP3 is premised on the aspiration of Universal Health Coverage through essential health package (EHP).

DELIVERY OF MEDICAL SUPPLIES AT FACILITIES WITHOUT HCMC RAISES QUESTIONS

By Kennedy Kathumba

Local communities under a Community Led Monitoring (CLM) project around Mpsa Health Centre in Phalombe and Kambenje Health Centre in Mulanje were stunned to learn that deliveries of medical supplies at the facilities in the last quarter were done without the presence of the Health Centre Management Committee (HCMC) representative..

It is advisable for accountability and transparency between the community and health centers that at least one member should be present when medical supplies are being delivered at the facility to avoid misuse of the commodities.

The HCMC is a formal component of national health which strengthens transparency and trust

and is in agreement with the National Community Health Framework (NCHF) 2023– 2030 under a theme Integrating Health Services and Engaging Communities for the next generation. The 2023-30 NCHF clearly explains that participation of people who live there is essential to improving health and livelihoods in Malawi.

Basing on the evidence gathered, the CLM team under the Network of Journalists Living with HIV (JONEHA) with funding from the Bill and Melinda Gates Foundation through Pangea Zimbabwe (PZ) under the Compass Africa Initiative on 29th April and 2nd May 2024 organized engagement meetings that brought together HCMC, Area Development Committee (ADC),

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MULOZA HEALTH CENTRE SEES SIGNIFICANT IMPROVEMENT IN ART ADHERENCE

By Hope Nyondo

Muloza Health Center in Phalombe district has registered remarkable strides in improving access and adherence to Antiretroviral Therapy (ART). This was discovered during the Community Led monitoring (CLM) data validation meetings held by the Network of Journalists Living with HIV (JONEHA).

This achievement is attributed to the introduction of a Men's Clinic and Community ART Dispensing (CAD) initiatives, which have effectively addressed privacy and confidentiality concerns and stigma issues.

Prior to this intervention, 88 out of 2,871 People Living with HIV had interrupted treatment due to limited privacy and fear of discrimination, highlighting the urgent need for innovative solutions. In response to the rising numbers of defaulters, Muloza Health Centre, in collaboration with JONEHA community data collectors, established a Men's Clinic, which operates once a month, providing a safe and confidential space for men to receive ART treatment.

According to a journal published in June


2023 called provider-led community ART distribution in Malawi describes CADs as an initiative where provider-led ART teams deliver integrated HIV services at health posts in communities. It further states that CADs help good retention in care and viral load suppression. CADs also reduced costs for recipients of care.

Statistical Clerk Lawrence Gwembere noted that the Men's Clinic has significantly improved the situation, with many recipients of care, including men who had defaulted treatment, returning to care. Additionally, the CAD program, which reaches out to communities with drug dispensing services, has also contributed to the reduction of defaulters on ART.

However, to further improve access and reduce discrimination and stigma for people living with HIV, Community Midwife Assistant Veronica Umedi emphasized the need for infrastructure development, specifically an ART room.

Muloza Health Centre, which serves over five villages, including Maliyera, Mtambalika, Lupiya, Matimati, and Namwera, has demonstrated commitment to addressing challenges related to treatment interruption.

By introducing the Men's Clinic and CAD initiatives, Muloza Health Centre has not only improved ART adherence but also promoted a culture of confidentiality, privacy, and inclusivity, ultimately contributing to the well-being of people living with HIV in the area.



Men's Clinic has significantly improved the situation, with many recipients of care, including men who had defaulted treatment, returning to care...

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YOUTHS' ACCESS TO CONDOMS: A CHALLENGE AT NAMULENGA AND MULOZA

The Malawi National Strategic Plan for HIV and AIDS under a theme 'Sustaining gains and accelerating progress towards epidemic control (NSP 2023-27) explains that in order to achieve incidence reduction goals, condom programming must further increase community knowledge, access and acceptability.

According to the NSP Malawi wants by 2027 to have achieved a wider coverage of condoms and lubricants such as 80% of all sexual acts are condomized, 735.5 million male condoms are distributed annually, 8.6 Million female condoms are distributed, 16.1 million lubricants are distributed and that 85% of women and 90% of men aged 15-49 know that consistent and correct use of condoms reduces the risk of HIV acquisition.



Female Condom.

NAMULENGA HEALTH CENTRE

SERVICES OFFERED ARE:

- V.C.T. →
- O.P.D.
- MATERNITY.
- ANTE-NATAL CARE
- T.B. MICROSCOPY & TREATMENT
- UNDER FIVE CLINIC
- P.M.T.C.T.
- A.R.T.
- BEMOC SITE

SUKASANJE HEALTH CENTRE COMMITS TO BRINGING BACK TREATMENT INTERRUPTERS

By Hope Nyondo

Health service providers at Sukasanje Health Centre in Phalombe District have committed to bringing back ART treatment interrupters who defaulted after relocating to Mozambique, for social-economic activities especially during the farming season.

Phalombe District, which was heavily hit by Cyclone Freddy in 2023, borders Mozambique to the north and has seen many community members, including those on ART treatment, migrate to Mozambique for farming due to destruction of their gardens by the cyclone.

According to the 2023 UNICEF journal, Cyclone Freddy brought widespread destruction and displacement, affecting over 500,000 people, including those living with HIV. The cyclone damaged health facilities, disrupted supply chain, and left many without access to essential health services, including ART treatment.

The impact of Cyclone Freddy on ART treatment has been significant, with many recipients of care interrupting treatment due to displacement, lack of access to health facilities, and stockouts of antiretroviral drugs.

ART Coordinator for Sukasanje Health Centre, Andrew Chikwapula, told Network of Journalists Living with HIV (JONEHA) who were on Data Validation exercise for the Community Led Monitoring Project on 11 April 2024, that 85 out of 3,208 recipients of care interrupted treatment between October and December 2023.

Chikwapula said, “Some recipients of care stay in Mozambique for up to two years. To curb the situation the facility introduced a ‘Welcome Back’ initiative, or locally known as Takulandirani, where we follow-up on people who interrupted treatment to come back to care.”

As part of the initiative, health workers at the

facility welcome back those who have interrupted treatment and conduct a medication history check to determine if they were taking medication while away. The facility also ensures to offer counselling and viral load testing to those brought back to care.

Additionally, health workers provide health talks to individuals on ART treatment who plan to be away for an extended period, ensuring they are on 6 months refills to avoid treatment interruption. One of the recipients of care at the facility commended the intervention as recipients of care now inform health workers when they plan to leave for Mozambique, allowing the facility to advise them on the appropriate quantity of drugs to collect for the duration of their absence.

“This initiative is crucial in addressing the challenge of treatment interruption, especially among migrant populations.” One of the recipients of care commended.

By bringing back treatment interrupters, the health center aims at ensuring that individuals living with HIV receive continuous care and treatment, reducing the risk of drug resistance, poor health outcomes, and transmission.

According to the World Health Organization (2022), Antiretroviral Therapy (ART) is a life-saving treatment for individuals living with HIV, and interrupting treatment can lead to drug resistance, poor health outcomes, and increased risk of transmission.

The “Welcome Back” initiative is a testament to the commitment of health authorities at Sukasanje Health Centre to ensure that individuals living with HIV receive continuous care and treatment, despite the challenges posed by Cyclone Freddy and other factors. By addressing the root causes of treatment interruption and providing support to those who have interrupted treatment, the health center aims at improving health outcomes and reduce the transmission of HIV in Phalombe District.

FROM PAGE 9



IAS CONNECTS COMMUNITY LED MONITORING TO RESEARCH

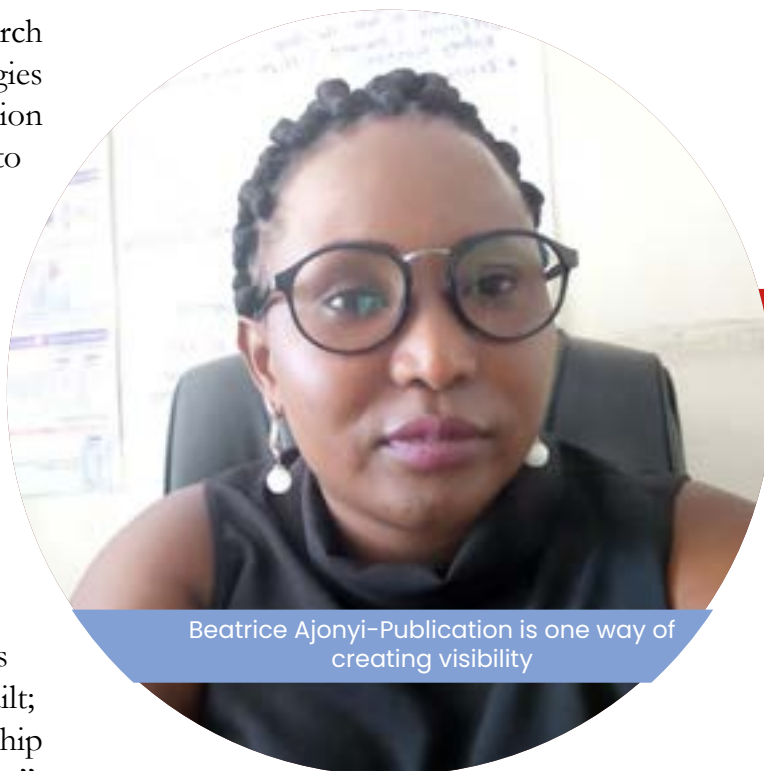
On her part Beatrice Ajonyi; an implementer working as National Coordinator for International Community of Women Living with HIV in Eastern Africa based in Uganda said “CLM work in terms of documentation of results, outcomes and putting it out for people to know what we are doing, visibility is not really being systematic and I look at publication as one way of creating visibility of the work we do. The objective of this workshop is giving us the opportunity to systematically document where we are looking at the gap that has been there over the years where some of the stakeholders perceived CLM as watchdog or policing intervention. Through documentation we can be able to demonstrate to stakeholders, policy and decision makers and researchers to look at it as another way of getting credible body of knowledge from a community perspective.

So collaboration is already evident through the methodologies used between CLM and research. For example; in Uganda CLM we are using both qualitative and quantitative which are methodologies used in research. For me it all relates to how do we as CLM implementers collaborate with research institutions to ensure that these methodologies produce something that policy and decision makers cannot discredit. In addition; for one to do work that needs to be published, we need ethical approvals and already the researchers we want to collaborate with in this process is a starting point for a relationship that promotes understanding and support for CLM because they already know what is required. In addition, bringing them on board is an opportunity for us to navigate through those processes of getting approval. We now have created linkages. We are able to write these pieces of work together that if I decide to be the first author as a community person with the relationship built; the researchers will bring in the skills, mentorship and capacity building needed for publication”.

From Malawi; Professor Alistair Munthali was among participants representing researchers. His reflections on the workshop were “in this workshop we have discussed on how researchers

and CLM implementers can work together. We have been able to identify the manuscripts that we can develop together. As researchers we provide our expertise to the implementers in the development of the manuscripts and publishing.

This has never been done before but this is one way of telling the world that it is possible for researchers and implementers to work together on CLM for its credibility and visibility. While CLM is not research; but it is all about data collection, monitoring the delivery and uptake of services. As researchers we also collect a lot of data on different issues and in this way we converge. This forms the basis of the need to collaborate by developing a manuscript on the data collected.”



Beatrice Ajonyi-Publication is one way of creating visibility

FROM PAGE 17

DELIVERY OF MEDICAL SUPPLIES AT FACILITIES WITHOUT HCMC RAISES QUESTIONS

representatives of support groups and district Implementing Partners (IP) at the two facilities to identify a solution to the problem.

Representatives of facilities reported that the absence of the HCMC happened due to long distance as HCMC members were residing far and it was difficult to make themselves available at short notice. Again; on some occasions deliveries were done outside the expected schedule.

The meetings at both facilities agreed on actions to avoid a repeat of the scenario that could easily lose the trust of communities in the facilities. They agreed that at least one member near a facility should be identified to timely make himself or herself available during the delivery of the medical supplies. Also that there must be a constant communication between the facility and the delivery unit.

Speaking at a consultative meeting convened by JONEHA in Salima on 25th February 2022 the Program Manager for the Malawi Health

Equity Network (MHEN) Davies Mwachumu recommended capacity building for HCMCs as a strategic intervention towards curbing drug theft and pilferage at public health facilities. He said by capacitating HCMCs as promoters of transparency and accountability they can effectively monitor the drug supply chain at facility level while on the other hand combating drug theft and pilferage and holding health workers accountable at all levels. He thus expressed dismay that the structure is underutilized due to lack of capacity and that their availability at health facilities is usually not functional.

Citing as an example from a MHEN project in Balaka Mwachumu concluded that normally there is no accountability on essential drugs at health facilities recalling cases between January- May 2021 where 4,000 tablets of Glibenclamide at Chiyendausiku health centre were not utilized or traced and at Nandumbo Health Centre where 1,000 tablets of Amnophilline received could not as well be traced.



Engagement meeting with ADC and HCMC Kambenje Health Center

Get In Touch



director@joneha.com
www.jonehamw.org

Mobile

+265 993 193 471
+265 882 029 906

Address

Executive Director, JONEHA
Wayekha House, Plot 14/40 P/Bag B377, Capital City, Lilongwe 3
Malawi.





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.