

JONEHA

NEWSLETTER

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The rebuilding effort follows persistent monitoring and advocacy conducted under Community-Led Monitoring (CLM).....



From tents to hope: A restored maternity wing brings safer deliveries and renewed confidence to mothers in Nkhulambe.

••• Editorial

Welcome to JONEHA 2026 1st Quarter Newsletter. We value your readership and feedback.

In this edition we reflect on the power of community engagement through social accountability. Premised on the second guiding principle of the Malawi Health Sector Strategic Plan 3 (2023-2030); communities should be enabled to take greater control of their health outcomes. This includes decision making for service delivery and health systems that affect access as well as quality and efficiency of services provided. This stance is rooted in a democratic principle of power to the people and decentralised governance to enable realisation. The Malawi National Community Health Framework (2023-2030) thematic area 5 on community engagement and participation underscores this principle. While emphasising on strengthening community engagement for ownership, it also states rolling out of enhanced social accountability mechanisms at community level. This is the space that Community Led Monitoring is maximising on.

However; having articulate framework documents as is commonly known for Malawi is one thing and seeing them interpreted through measurable actions is another. It is for this reason that we commend Phalombe District Council. In March 2023 most of the health facilities in the district were badly damaged by floods and mud due to Cyclone Freddy. One of such facilities was Nkhulambe Health Centre whose structure had a 75% damage. Because of this the structure was rendered non-functional. Thereafter a tent at a nearby primary school

which became a new health centre was built. You can guess the extent to which the quality-of-service delivery was affected. Recipients of care and health workers had to endure long queues, limited operating space and lack of privacy. Among services most affected were maternal health and HIV. Through Community Led Monitoring; communities collected data and documented their experiences. They used that information to raise their voices before the authorities to seek address of the situation. The result is a new maternity wing being constructed at Nkhulambe.

The coming of a new maternity wing at Nkhulambe is a reflection of how a policy that empowers community through participation can be actualised. We echo the work of Phalombe District Council for many reasons. First for providing space to communities to organise around issues that affect their health. Secondly by giving a listening ear to community voices. Thirdly by organising for demonstrable action. Fourthly Nkhulambe like other health facilities affected by the Cyclone in the district is a show of resilience against negative effects for a fragile health service system. Phalombe District Council and Nkhulambe Community therefore provide many lessons for others in Malawi and beyond. The enabling health policies are there in the country. All that is needed is to allow Malawian communities space for participation and authorities to be responsive.



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FROM TENTS TO HOPE: REBUILDING NKHULAMBE HEALTH CENTRE AFTER CYCLONE FREDDY

By Starphel Sithole



Newly Built Marteny wing at Nkhulambe

Two years after devastating floods from Cyclone Freddy destroyed most of the infrastructure at Nkhulambe Health Centre in Phalombe District, signs of recovery are finally visible. A new maternity wing is now under construction, bringing renewed hope to communities that have struggled to access safe and dignified health services since the disaster.

When the cyclone struck in March 2023, about 75 percent of the facility was washed away by floodwaters and mud. Health services were forced to relocate to temporary tents at Nkhulambe Primary School, where recipients of care endured long queues, limited space, and lack of privacy.

Among the most affected services were HIV care and maternal health services, where privacy and proper infrastructure are critical.

But today, the sound of construction at the site of the health centre signals a turning point for the community.

COMMUNITY VOICES SPARK CHANGE

The rebuilding effort follows persistent monitoring and advocacy conducted under Community-Led Monitoring (CLM) initiative implemented by the Network of Journalists Living with HIV (JONEHA). Through community data collection, analysis and engagement with health authorities, the project documented challenges recipients of care faced and helped bring the situation to the attention of decision-makers.

Senior Medical Assistant at the facility, Dixy Khando, said the new maternity wing funded by Phalombe District Council will significantly improve maternal health services.

“For a long time we were operating from tents, which was very difficult for both health workers and recipients of care. Expectant women sometimes had to deliver in temporary shelters with very little space and privacy,” said Khando.

“The construction of this maternity wing is a big relief to the community. It means mothers will soon deliver in a safer and more dignifying environment.”

THE ROLE OF COMMUNITY-LED MONITORING

Community-Led Monitoring under JONEHA played a crucial role in documenting the realities at the facility soon after the disaster. Data collectors gathered feedback from recipients of care and health workers, highlighting issues such as lack of privacy for HIV services, limited space in tents, and challenges in providing maternal care.

According to Byton Matope, a CLM data collector representing JONEHA in the area, the advocacy generated through the monitoring process helped amplify community concerns.

“We shared these findings with health authorities and partners. Seeing construction begin now shows that when community voices are heard; it can lead to real change.”

RESTORING PRIVACY AND CONFIDENCE IN HEALTH SERVICES

For people living with HIV, privacy is essential for continued access to treatment. The temporary setup after the cyclone often forced recipients of care to wait outside the tents, raising fears of stigma and possible disclosure of their HIV status leading to treatment interruptions and spread of HIV.

The rebuilding process is expected to address many of these challenges by restoring proper service spaces.

Khando said the facility’s long-term goal is to fully reconstruct the health centre so that all services including HIV treatment, outpatient care, and maternal health—can be delivered in appropriate buildings.

“Our vision is to rebuild the entire facility so that recipients of care can access services with dignity and confidentiality,” he said.

A SYMBOL OF RESILIENCE

While much still needs to be done, the new maternity wing represents an important milestone in the recovery of Nkhulambe Health Centre.

For community members who endured months of accessing health services in temporary tents, the construction symbolizes resilience, partnership, and the power of community engagement.

For JONEHA and the CLM initiative, the development demonstrates how community-generated evidence can influence decisions and improve health services.

“As communities, we felt heard,” said Matope. “This maternity wing is proof that when communities speak through evidence, change is possible.”

As rebuilding continues, the people of Nkhulambe look forward to a future where health services are not only available but delivered with dignity, privacy, and confidentiality.

PARLIAMENTARY COMMITTEE ON HEALTH PROPOSES TOLL GATES TO BOOST MALAWI'S HIV RESPONSE.

By Meclina Chirwa

The Parliamentary Committee on Health is proposing toll gates at selected border districts as a homegrown way to shore up health financing, with priority for the HIV response.

Chairperson Anthony Masamba floated the idea during the 72nd meeting of the executive committee of the Malawi Partnership Forum for HIV and AIDS in Lilongwe.

He said, the move could address funding gaps in the HIV sector.

“We cannot keep watching the health budget shrink while our clinics face stock-outs. The HIV programme needs predictable funding so that people already on treatment stay on treatment and those newly diagnosed can start quickly,” he said

Masamba emphasized that the committee is still consulting stakeholders on where gates could work and how revenues would be ring-fenced.

“We are discussing with transporters, local government and civil society. The goal is sustainable resource mobilisation, not just another levy.”

Health activist Maziko Matemba backed the principle but pushed for broader architecture.

“A tollgate can help, but we need a National Health Fund that pools money transparently and protects it from diversion. Communities will support new charges if they see clinics with medicines and staff,” he said

According to the National AIDS Commission (NAC) in 2024, Malawi recorded 11,757 new HIV infections across all ages, 990,871 people living with HIV and 896,035 on life-prolonging ARVs.

“we need a National Health Fund that pools money transparently and protects it from diversion...”

VIRAL LOAD TESTING DISRUPTIONS RAISE CONCERNS IN THREE SOUTHERN REGION DISTRICTS IN MALAWI

By Starphel Sithole

Data validation on the findings conducted by the Network of Journalists Living with HIV (JONEHA) have revealed widespread concerns around access to viral load testing services across health facilities in Mulanje, Phalombe and Zomba districts.

The findings are part of monitoring activities conducted under the Community Monitoring and Engagement for Transformation (COMET) Project; a two-year initiative being implemented by JONEHA with financial support from the International Treatment Preparedness Coalition (ITPC). Running from July 2025 to July 2027, the project aims at strengthening community monitoring of HIV and Tuberculosis services while documenting the real-time effects of the 2025 United States funding freeze on essential health services. The project seeks to transform community-generated data into actionable evidence that can inform health decision-makers and strengthen accountability in the health system.

Data collected from 997 respondents across the three districts indicated that 489 respondents reported challenges accessing viral load services. Highlighting gaps in one of the most critical components of HIV treatment cascade Viral load testing measures the amount of HIV in a person's blood and helps determine whether treatment is effectively suppressing the virus. It is crucial in informing management of recipients of care on HIV treatment.

The challenges were particularly pronounced in Mulanje and Zomba districts, where a large proportion of respondents indicated difficulties accessing viral load testing services.

In Mulanje, about 66.9 percent of respondents reported viral load access challenges. Some facilities recorded even higher levels of concern. At Kambenje Health Centre, for example, more than 80 percent of respondents indicated problems accessing viral load testing services.

A similar pattern emerged in Zomba district, where nearly 60 percent of respondents reported difficulties accessing viral load services. Facilities such as Chingale Health Centre and Domasi Health Centre recorded some of the highest proportions of recipients of care reporting challenges.

Although Phalombe district reported fewer complaints, with just over 20 percent of respondents indicating challenges, validation meetings conducted in February 2026 revealed that research significant viral load testing disruptions had also occurred in the district.

Health experts note that viral load testing is critical in determining whether antiretroviral treatment is working effectively. When recipients of care achieve viral suppression, the virus becomes undetectable there by improving the quality of life and the risk of HIV transmission is significantly reduced.



Viral load testing services at a rural facility amid growing access challenges in southern Malawi.

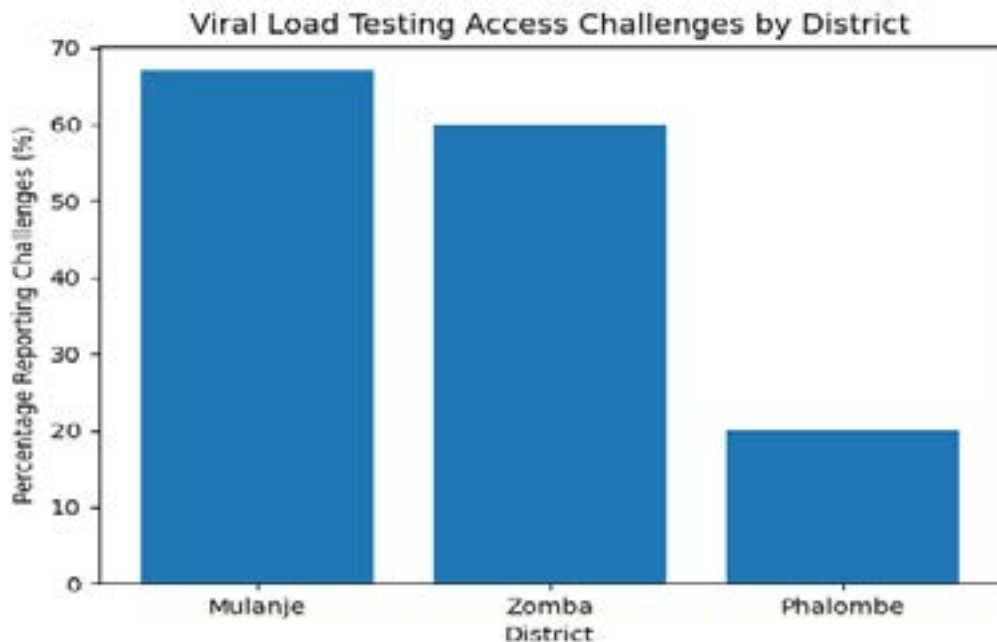
Interruptions in viral load testing services can therefore delay clinical decisions and make it difficult for health workers to identify recipients of care who may require additional adherence support or treatment adjustments.

Community monitors also reported that some recipients of care were unsure when their viral load tests would be conducted or when results would be available, suggesting possible communication gaps between facilities and recipients of care.

Through the COMET project, community-generated data is also being transformed into evidence for advocacy. The initiative plans to develop a public-facing data visualization dashboard, powered by a Shiny application, that will track health service trends and help advocates communicate community realities to policymakers and health managers.

The project further aims to strengthen the capacity of community advocates and local health structures so that community voices are better represented in health decision-making processes. By documenting service gaps and engaging authorities at both district and national levels, the initiative contributes to broader efforts to achieve the global HIV treatment targets championed by UNAIDS, particularly the 95-95-95 goals, which aim to ensure that most people living with HIV know their status, access treatment and achieve viral suppression.

As Malawi continues working toward ending AIDS as a public health threat, advocates say strengthening laboratory infrastructure, improving equipment maintenance and ensuring reliable viral load testing systems will be critical to maintaining treatment success and protecting the health of people living with HIV.



Total respondents: 997
 Reported challenges: 489
 Key affected districts: Mulanje (66.9%), Zomba (60%), Phalombe (~20%)

COMMUNITY STRUCTURES TAKE LEAD IN MONITORING HIV SERVICES

By Josophine Jiyani

Community leaders in Zomba district in Malawi are stepping up their role in safeguarding the quality and accessibility of HIV services, thanks to Community Monitoring and Engagement for Transformation (COMET) Project implemented by the Network of Journalists Living with HIV (JONEHA) with support from the International Treatment and Preparedness Coalition (ITPC).

The project is helping transform community members from passive recipients of health services into active participants through monitoring and advocating for better healthcare service delivery. Through a Community-Led Monitoring (CLM) approach, local structures such as Area Development Committees (ADCs), Village Development Committees (VDCs), and Health Centre Management Committees (HCMCs) are now equipped to play a central role in gathering evidence about how HIV services are delivered in their communities.

For many community leaders, this shift represents a powerful opportunity to ensure that the voices of people who need HIV services are heard and acted upon.

“Community structures like ADCs and VDCs are permanent within the community. Even when projects end, we remain here,” said an ADC Chairperson from Domasi. “If we are involved from the beginning, we can continue advocating for better services using the information generated through community monitoring.”

Through the COMET Project, community representatives are learning how to document service delivery challenges, collect feedback from recipients of care, and use real-time data to advocate for improvements within health facilities and district development planning processes.

The approach is already showing tangible results. At Chingale Health Centre, community structures collaborated with local residents to improve privacy for recipients of care accessing Antiretroviral Therapy (ART) services by constructing hedges around the ART area.

The simple but impactful intervention helped create a more dignified and confidential environment for people receiving treatment.

“Privacy is very important for people living with HIV,” explained a local community leader involved in the initiative. “When recipients of care feel protected and respected, they are more likely to come for their appointments and continue treatment.”

Beyond improving the physical environment at health facilities, the project is



Mpala Community Structures (ADC, VDC and HCMC) Representatives pose after the meeting

strengthening relationships between communities and the health system.

Community leaders are increasingly using evidence gathered through CLM to raise issues affecting health service delivery and to contribute to discussions within district planning platforms.

According to the ART Coordinator for Zomba, Fred Namalima this type of collaboration is essential for improving health systems and ensuring that services reflect the real needs of communities.

Evidence generated through community monitoring can also feed into broader development planning processes, including advocacy for health within the District Development Fund (DDF). By presenting documented evidence of community needs, local leaders are better positioned to influence resource allocation and development priorities.

Importantly, the initiative aligns with Malawi's Health Sector Strategic Plan III (HSSP III), which emphasizes community participation and data-driven decision-making as key pillars for strengthening the health system.

For JONEHA, empowering community structures is not only about monitoring services but also about

building long-term accountability systems that remain active even beyond the lifespan of donor-funded projects.

As the COMET Project continues to roll out, community leaders are expected to play an even greater role in ensuring that HIV services remain responsive, transparent, and accessible.

“We now understand that monitoring health services is not only the responsibility of health workers,” another community representative said. “As communities, we also have a role to ensure services are working for the people who need them.” Mercy Mpira, VDC secretary explained.

With strengthened community structures and growing confidence among local leaders, the COMET Project is demonstrating how grassroots engagement can drive meaningful improvements in HIV service delivery across Malawi.



Chingale ART Section fenced with hedges.

COMMUNITY-LED MONITORING HIGHLIGHTS FUNDING CHALLENGES AFFECTING HIV SERVICES IN PHALOMBE

By Ennoc Mvula

Data collection activity conducted in Phalombe District in February 2026 has revealed emerging concerns about the impact of external funding freezes and reductions on HIV service delivery.

The monitoring exercise was carried out under the Community Monitoring and Engagement for Transformation (COMET) Project, implemented by the Network of Journalists Living with HIV (JONEHA) with support from the International Treatment and Preparedness Coalition (ITPC). The project uses a Community-Led Monitoring approach to collect real-time feedback from communities and health facilities on the quality and accessibility of HIV services.

During the exercise, the ART Coordinator in the district Mr Harold Mwaleya explained that several community-based HIV interventions previously supported by partner organizations are beginning to slow down due to funding constraints.

“Many community prevention activities and defaulter tracing programs were supported by partner organizations,” the ART focal person said. “When some organizations reduce their support, these services become difficult to sustain.”

Community outreach programs and follow-ups for recipients of care who miss their Antiretroviral Therapy (ART) appointments are among the

services most affected. These activities play a critical role in supporting treatment adherence, preventing treatment interruptions, and reducing new HIV infections.

According to Mr. Mwaleya if the funding challenges continue for an extended period, health facilities could experience increased pressure as fewer partners support community outreach activities.

However, the Community-Led Monitoring initiative is helping to bring such issues to light early. Through CLM, communities and health workers are able to document challenges affecting service delivery and raise them through appropriate channels for action. “Community-Led Monitoring helps us identify challenges as they emerge,” the ART Coordinator added. It creates an opportunity for health workers and communities to discuss problems openly and look for solutions together.” Mwaleya said.

The COMET Project aims to strengthen accountability in HIV service delivery by ensuring that evidence generated at community level informs advocacy and decision-making. By capturing real-time experiences from both service providers and recipients of care, CLM provides valuable insights that can help guide responses to emerging health system challenges.

Health workers in Phalombe believe that insights generated through community monitoring also reinforce the need for stronger domestic investment in HIV programs to ensure essential services remain stable and accessible for communities across Malawi.

As the COMET Project continues, Community-Led Monitoring is expected to remain a key tool for identifying service delivery gaps early and promoting collaborative solutions that protect the continuity and quality of HIV care.



Community members and Data collectors during a data collection exercise

COMMUNITY STRUCTURES IN PHALOMBE AND MULANJE REALIZE THEIR POWER TO IMPROVE HEALTH SERVICES

By Wezzie Limba

Community leaders from Phalombe and Mulanje districts are beginning to recognize the important role they can play in improving the quality of health services in their communities.

During a meeting organized by the Network of Journalists Living with HIV (JONEHA), held from 18 to 20 February 2026, the organization introduced the Community Monitoring and Engagement for Transformation (COMET) Project to community structures including members of the Area Development Committees (ADCs), Health Centre Management Committees (HCMC), and Village Development Committees (VDCs).

The meeting created a platform for open discussion about challenges faced by communities when accessing health services and their role in strengthening accountability at local health facilities.

One key issue raised during the discussion was the long waiting time at health facilities. Community members explained that patients often arrive early in the morning, only to wait several hours before services begin. This delay is often linked to health workers reporting late for duty, which results in long queues and frustration among patients seeking care.

One community member shared their frustration about the situation

“We wake up very early and walk long distances to reach the health facility, but when we arrive we still have to wait for many hours before services start. Sometimes the health workers come late and the queue becomes very long. This is difficult especially for the elderly, pregnant women, and people who are sick,” the participant said.

Participants also highlighted that structures such as HCMC are mandated to support oversight and accountability within health systems. However, many community leaders admitted that they had not been fully exercising this power. Some felt they lacked the authority to question service providers, while others were simply unaware of the extent of their mandate.

Through the introduction of COMET Project, facilitators helped clarify the role and influence of these community structures. The discussion emphasized that ADCs, VDCs, and HCMCs are critical bridges between communities and service providers. They have the responsibility and the authority to raise concerns, engage facility management, and advocate for improvements in different service delivery areas.

An HCMC Chairperson who attended the meeting said the engagement helped community leaders understand their role more clearly.

“For a long time we thought monitoring the health facility was only the responsibility of health workers. This meeting has opened our eyes that as HCMC members we have the mandate to speak on behalf of the community and ensure that services start on time and that patients are treated with respect,” the Chairperson said.

By the end of the meeting, many participants described the session as an “eye-opener.” Community leaders expressed renewed confidence in their ability to engage health facilities constructively and to demand better service standards for the people they represent.

Participants committed to begin monitoring issues such as facility opening times, patient waiting periods, and responsiveness of service providers. They also agreed to strengthen communication with health facility management to ensure concerns raised by community members are addressed.

The meeting marked an important first step toward stronger community-led accountability. As the COMET Project rolls out in the districts, empowered community structures are expected to play a vital role in ensuring that health services are more responsive, accessible, and respectful to the communities they serve.

COMMUNITY STRUCTURES IN PHALOMBE AND MULANJE REALIZE THEIR POWER TO IMPROVE HEALTH SERVICES

Through informed and active community leadership, change at the local health facility level is not only possible — it is already beginning. Malawi's National Community Health Framework (2023-2030) thematic area 5 on community engagement and

participation while emphasising on strengthening community engagement for ownership, also states rolling out of enhanced social accountability mechanisms at community level. This is the space that Community Led Monitoring is maximising on.



VDC and ADC representatives pose after the meeting at Muloza Health Center

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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 Service for All.

OBJECTIVES

- (a) To build media practitioners' capacity on health care advocacy
- (b) To create an information resource hub for media practitioners
- (c) To engage media houses and practitioners for increased health advocacy
- (d) Advocating for health policy change
- (e) To promote positive health behaviours 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.