

THE CITIZEN VOICE

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Newsletter

**SENSE OF OWNERSHIP
IGNITE COMMUNITIES
TO BUILD STAFF HOUSE**

5

The spirit of ownership of the facility was influenced by the 2021 Citizen Science Community Led Monitoring and Advocacy project...



FOREWORD



D. Mwen

EXECUTIVE DIRECTOR

Greetings and blessings from the Creator as you enjoy reading the Third Edition of Citizen Voice Newsletter from Malawi Network of Religious Leaders Living with or Personally Affected by HIV and AIDS (MANERELA+). The newsletter profiles Citizen Science Community Led Monitoring and Advocacy (CS-CLMA) project, which MANERELA+ has been implementing with financial and technical assistance from the International Treatment Preparedness Coalition (ITPC).

CS-CLMA was led and implemented by the community members in their diversity of Adolescent Girls and Young Women (AGYW) Young People Living with HIV (YPLHIV), Men and Women Living with HIV (MLHIV), (WLHIV), Female Sex Workers (FSWs), Male Sex Workers (MSWs), Men who have Sex Men (MSM), Transgender, Faith Leaders Living or Affected by HIV and Health Care Workers (HCWs). The project had four guiding principles in areas of Education, Evidence Building, Engagement and Advocacy.

Before we go further, I would like to share with you; our esteemed readers about MANERELA+'s profile. Malawi Network of Religious Leaders living with or Personally Affected by HIV and AIDS (MANERELA+) is a faith-based organization founded in 2001, with a network membership of over 15000 religious leaders and faith community members spread across the 28 districts in Malawi. The network works towards providing response and support to the HIV and AIDS pandemic through Community Mobilization, Education and Awareness, Capacity Building, Demand Creation, Evidence Based Research, Networking, Advocacy and Lobbying.

Our strategic areas of programme intervention is premised on HIV, TB, Malaria, Sexual Reproductive Health and Rights (SRHR), Gender and Human Rights, Maternal Health, Lesbian, Gay, Bisexual, Transgender, Queers and Intersex (LGBTIQ) programming from Human Rights perspective, Key Populations (KPs) programming from Public Health Approach, Nutrition, Food Security, Livelihoods and Emergency Response.

The Board of Directors govern MANERELA+ with its secretariat based in Lilongwe and headed by the Executive Director. The organization's values are principled on Sanctity of all human lives, transparency and accountability, integrity, commitment, inclusiveness, non-discrimination, equality and equity.

Having curtain raised about CS-CLMA and MANERELA+. It is my pleasure to highlight that this publication served as a platform for sharing our citizen science experiences, lessons, best practices as well as opportunities and challenges in line with the project objectives and goals. It is my sincere hope that you will find this edition valuable and worth sharing widely. To know more about MANERELA+ and CS-CLMA, visit our social media and online platforms: www.manerela.org and our Facebook page: MANERELA+ or visit our offices in Area 14/136, Lilongwe.

EDITORIAL

Publishing the third edition of the Citizen Voice Newsletter, make us thrilled to highlight the remarkable progress of the Citizen Science Community-Led Monitoring and Advocacy Project, funded by the International Treatment Preparedness Coalition (ITPC) and the Bill and Melinda Gates Foundation. This initiative implemented in Kasungu and Dedza districts across 14 health centres is a testament to the power of community led monitoring in driving health improvements and advocacy.

Since its inception, the project has empowered local communities to take an active role in monitoring and improving health services. Community members, trained in data collection and analysis, have been instrumental in identifying gaps in service delivery and advocating for necessary changes. Here are some of the key successes: **Enhanced Service Delivery:** Through diligent monitoring, the project has identified critical areas for improvement in the 14 health centers. This has led to better allocation of resources, improved patient care, and more efficient service delivery. **Increased Accountability:** By involving community members in the monitoring process, the project has fostered greater accountability among health service providers. This has resulted in more responsive and transparent healthcare systems. **Empowered Communities:** The training and involvement of community members have not only improved health services but also empowered individuals with the skills and knowledge to advocate for their rights and the rights of their neighbors. **Data-Driven Advocacy:** The reliable data collected has provided a strong foundation for advocacy efforts, leading to policy changes and increased support from local authorities.

The successes of the Citizen Science Community-Led Monitoring and Advocacy Project underscore the critical need for continued investment in community-led initiatives. Community involvement is not just beneficial; it is essential for sustainable health improvements because of the following reasons; community members have unique insights into the challenges and needs of their local health systems, enabling more targeted and effective interventions, projects driven by local communities are more likely to be sustainable in the long term, as they foster ownership and accountability and also that the model of community-led monitoring can be scaled up and adapted to other regions, amplifying its impact.

As we look to the future, it is imperative that we continue to support and expand community-led monitoring initiatives. The remarkable outcomes achieved in Kasungu and Dedza are just the beginning. With ongoing investment and collaboration, we can build healthier, more resilient communities across Malawi.

We extend our heartfelt gratitude to all our partners, funders, and community members who have contributed to the success of this project. Together, we are making a profound difference.

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SENSE OF OWNERSHIP IGNITE COMMUNITIES TO BUILD STAFF HOUSE

BY STARPHEL SITHOLE

Communities around Chulu Health Center in Kasungu constructed a staff house at the facility in 2022 to attract deployment of an additional service provider after realizing that the long and tedious waiting time experienced was due to shortage of staff.

A sense of ownership of the area's only public health facility with one medical staff serving a population of more than 40,000 ignited the communities to change the situation by building a staff house.

It was learnt that health care workers (HCWs) were rejecting transfers to facilities that had no staff houses like Chulu Health Center. The HCWs feared going to already known hard to reach and under privileged rural areas in the district where an individual had to cover costs for house rent.

"As a community we could not blame our doctor for the long waiting time because we were very much aware of the understaffing challenges due to unavailability of staff houses," said Sophie Phiri a recipient of care at Chulu Health Center.

She said appreciating the situation the community experienced decided to mold bricks for the construction of the needed staff house to change tedious experiences.

Phiri revealed that the spirit of ownership of the facility was influenced by the 2021 Citizen Science Community Led Monitoring and Advocacy (CS-CLMA) project ran by the Malawi



Network of Religious Leaders living with or Personally Affected by HIV and AIDS (MANERELA) in collaboration with the Network of Journalists Living with HIV (JONEHA) with funding from the Bill and Melinda Gates Foundation through the International Treatment Preparedness Coalition (ITPC).

Through community's advocacy the member of parliament of the constituency and a ward councilor supported the project with materials such as iron sheets, steels, timber, cement and electrical wires using funds drawn from the Constituency Development Fund (CDF) and Local Development Fund (LDF) respectively. Soon after completion of the housing project in 2022 a new medical staff arrived and the long waiting time and overworking of the medical staff became history at Chulu Health Centre. Now the facility clears its recipients of care as early as 1.00 pm unlike prior to the deployment of the additional HCW as they knocked off very

late. A similar development of building a staff house happened at Chamwabvi Health Center where CS-CLMA has also been working in the district. Here the community surrounding the facility completed construction of a staff house that stalled for years. The successfully completed staff house is now occupied by the facility in-charge.

According to Abatena (1995); community self-help programs tend to foster sustained community support in two ways. Firstly, such programs provide the people with an opportunity to manage and monitor the program in such a fashion that it continues to serve their interest and as a result attracts steady community support. Secondly such experience would help the development of community capability to manage its own affairs and deal with its problems more effectively on a sustained basis.

K2 TASO FIGHTS A LITANY OF HIV RELATED STIGMA IN SCHOOLS

BY GRACE DAVID

K2 Tigwiranemanja AIDS Support Organization popularly called K2 (TASO) in responding to the findings by Citizen Science Community Led Monitoring and Advocacy (CS-CLMA) project has successfully assisted in reduction of a litany of stigma and discrimination that afflict adolescents living with HIV in both primary and secondary schools.

From 2021 the Malawi Network of Religious Leaders living with or Personally Affected by HIV and AIDS (MANERELA) in collaboration with the Network of Journalists Living with HIV (JONEHA) have been implementing the CS-CLMA with funding from the Bill and Melinda Gates Foundation through the International Treatment Preparedness Coalition (ITP). The project being implemented in Kasungu and Dedza empowers recipients of care in leading advocacy for excellent services in health facilities.

The CS-CLMA identifies many forms of stigma and discrimination that had taken root in schools. The development poses a potential barrier to antiretroviral medicine access and adherence in schools. The situation is a threat to Malawi's future economy considering that youth and adolescents aged 10-24 account for about 50% of new HIV infections which is according to the study published in 2022 called Stigma and mental health challenges among adolescents living with HIV in Zomba.

Bullying, name calling, exclusion from activities, teachers' laxity by leniently punishing naughty learners among several acts of violence were part of life that traumatized adolescents living with HIV (ALHIV).

After thoroughly analyzing the data gathered by the CS-CLMA the K2 TASO and partners organized meetings that brought together parents, representatives, head teachers, Area Development Committees (ADC), Village Development Committees (VDC), traditional leaders as well as religious leaders to come up with solutions to the problem at various schools in the district.

Participants to the meetings went through the 2018 HIV and AIDS Prevention and Management Act



CS-CLMA project has successfully assisted in reduction of a litany of stigma and discrimination that afflict adolescents living with HIV in both primary and secondary schools...

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FINALLY KPS IN DEDZA SECURE SPACE IN HEALTH GOVERNANCE

BY STAR THOLE

In a commendable advancement for inclusive healthcare, Dedza District has demonstrated significant progress in securing a voice for key populations (KPs) in health facility management. Network of Journalists Living with HIV captures the essence of this groundbreaking achievement through the insights of Jabe, an Men having sex with Men (MSM) involved in the project.

Spearheaded by the Citizen Science Community-Led Monitoring and Advocacy (CS-CLMA) project, this initiative has been instrumental in reshaping the dynamics of health governance for marginalized groups, including men who have sex with men (MSM) and sex workers.

Historically, KPs have faced systemic exclusion from healthcare decision-making, compounded by stigma and discrimination. The CS-CLMA project, implemented by the Malawi Network of Religious Leaders Living with or Personally Affected by HIV and AIDS (MANERELA) alongside the Network of Journalists Living with HIV (JONEHA), aims to address these disparities through vigorous advocacy, education, and support. Funded by the Bill and Melinda Gates Foundation through the International Treatment Preparedness Coalition (ITPC), the initiative signifies a paradigm shift toward inclusive governance.



Inclusive healthcare is crucial-Jabe.

As Jabe poignantly articulates, “We’re no longer just recipients of care; we’re part of the management.” This transformation underscores the importance of representation within health facility management committees, empowering KPs to actively participate in shaping their healthcare experiences. With the implementation of KP-friendly services, the project has dismantled previous barriers that hindered access to care.

Prior to CS-CLMA’s intervention, health facilities in Dedza lacked services tailored to the needs of KPs, and pervasive stigma further obstructed their access to essential healthcare. By appointing a KP as a health service provider and creating designated focal person for the community, the project has fostered a more supportive and confidential health environment. This has led to the

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from which they learnt some of the stiffer penalties contained in the Act. For instance, an offender of PART IV on discrimination in relation to HIV and AIDS which states that a person who discriminates contrary to subsection (1) commits an offence liable upon conviction to a fine of K5 million; in the case of an individual a five year imprisonment but for a legal person the fine goes up to K10 million.

They also learnt that the Act further states that a person who discloses the HIV status of another person commits an offence that shall be liable upon conviction to fine of K5 million or 5 years imprisonment in the case of an individual but for a legal person it amounts to K10 million.

After the meetings held at the schools around the K2 TASO the

information shared was taken to respective communities such as schools, villages, families and religious institutions. The sharing of the information about the tough 2018 HIV and AIDS Prevention and Management Act has been a game changer resulting in a decline in stigma and discrimination in the schools.

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Finally KPs in Dedza secure space in Health Governance

the establishment of specialized care days for individuals living with HIV, enhancing the overall client experience and confidentiality.

Despite these advances, Jabe acknowledges that challenges persist, particularly in relation to stigma and ongoing discrimination. Nevertheless, the CS-CLMA initiative has amplified marginalized voices and promoted an inclusive healthcare framework that can serve as a model for other districts.

Dedza's achievements epitomize the need for inclusive healthcare systems. As Jabe asserts, "Inclusive healthcare is crucial. We must continue to break down barriers and ensure all communities have access to quality care." The positive impact of empowering marginalized populations reaches beyond Dedza; it paves the way for reduced health disparities and improved health outcomes across Malawi, aligning with the broader goal of universal health coverage.

In conclusion, the success of the CS-CLMA project in Dedza exemplifies the transformative power of community-led initiatives in healthcare. By ensuring that marginalized groups are represented and actively engaged in health governance, the project not only enhances individual health outcomes but also contributes to the establishment of a more equitable healthcare system.

RELATIONSHIP BETWEEN COMMUNITIES AND SERVICE PROVIDERS COMMENDED

BY OSMAN MOYO

Traditional leaders, recipients of care and health service providers have commended the cordial relationship existing between communities and health facilities in all Citizen Science Community Led Monitoring and Advocacy (CS-CLMA) project catchment areas in Kasungu and Dedza districts.

The Network of Journalists Living with HIV (JONEHA) conducted a series of interviews with communities that included traditional leaders, recipients of care

and service providers at Chulu, Mnyanja and Chamwavi health centers in Kasungu and at Tsoyo and Mayani health centers in Dedza on 18th and 20th June 2024 respectively to assess the impact of the CS-CLMA that started in 2021.

Prior to the project jointly run by the JONEHA and Malawi Network of Religious Leaders living with or Personally Affected by HIV and AIDS (MANERELA) funded by

the Bill and Melinda Gates Foundation recipients of care complained of negative attitude of health care workers such as: scolding at comers, throwing away health passports, punishing a recipient of care who interrupted medication by assisting him or her at the very end of the business, not responding to any question from a recipient of care and late opening of the facility but with very early closing hours.

“All these bad practices are gone and we are very



Community members during the interviews

grateful to the CS-CLMA for empowering us with advocacy skills that have enabled the health care workers accommodate our concerns,” said Senior Group Village headman Mnyanja.

The Facility In-charge at Mnyanja Health Center Ulemu Banda in a separate interview with JONEHA commended the good relationship between the facility and the community as noted by their understanding in appreciating the shortage of staff and drug stock outs that are often due to bottle necks at national level.

“Unlike in the past recipients of care nowadays do not just rush into grumbling because they walk together with us through an effective health center management committee that acts as a bridge between the facility and community,” said the facility in-charge.

According to the THERAEX website; nurses with negative attitudes may become unapproachable or dismissive thereby hindering effective communication with recipients of care. It adds that the situation can lead to misunderstandings and anxiety and create an environment where recipients of care feel hesitant to ask questions or express concerns that are crucial for their care and recovery.

It concludes that the atmosphere can discourage recipients of care from being open about their symptoms or the challenges they are facing thus potentially impacting their treatment plans. The article further points out that it is not just about the words said but how those words are delivered. The nurse’s approach can be the difference between a recipient of care feeling ignored or genuinely heard and understood.



CS-CLMA has bridged the gap between the facility and community-Banda

LIFEMAPS STRENGTHENS ADVOCACY SKILLS AMONG RECIPIENTS OF CARE

BY JOSHUA BANTU



Kasungu participants during the meeting

Citizen Science Life Maps (CS-LM) brought together Citizen Science Community Led Monitoring and Advocacy (CS-CLMA) data collectors and CS-LM participants to strengthen the relationship between them in Kasungu and Dedza districts.

During the meeting held at Chikho hotel in Kasungu district on 18th September 2024 Life Maps Manager Ruby Ng'ong'ola Zolowele said as the two projects were phasing out end of 2024, Life Maps Participants (LMP) and CLMA data collectors needed to create a working relationship to be able to continually advocate for quality HIV services in facilities.

'It is the project that is phasing out and not the work that the project has been implementing. Recipients of care from the two projects need to come together and strengthen the relationship between them to bring out a coordinated and powerful advocacy even after the project has phased out.

This is the more reason LM has brought together LMP and CS-CLMA data collectors to map the way forward on how to strengthen the relationship and sustain the works. What we want is that recipients of care (ROC) should think beyond International Treatment Preparedness Coalition (ITPC) and any other project that may come', Zolowele explained.

Participants during the meeting agreed to work hand in hand with other partners with the knowledge and capacity attained during.

'We have been well trained and groomed for four years, we have been empowered to impact others and bring the change we want. As part of sustaining this project after funding, we will be able to engage community leaders to have platforms where we can be able to sensitize and advocate for the issues in which we need change.' One participant at Kasungu explained.

Chifuniro Misomali a data collector for Malawi Network Of Religious Leaders Personally affected or infected with HIV (MANELERA+) in Dedza district commended the initiative saying this meeting will help to sustain the work the two projects have been working on for the past four years.

'The principles of the project clearly states that CS-CLMA 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, allowing us to lead in advocating for the issues that affect us. The establishment of Community Consultative Group (CCG) at district level will help us to sustain this project even after funding is gone. So this meeting has helped us as ROC to cement our relationship and reminded us that we are the game changers.' Misomali Explained.

CONFIDENTIALITY ENHANCED IN ANTIRETROVIRAL THERAPY SERVICES

BY PATRICK JAMASI

The importance of confidentiality in healthcare, particularly within Antiretroviral Therapy (ART) services, has gained significant prominence in recent years. Facilities such as Kasungu District Hospital, Kasalika, and Bua health centers, exemplify notable advancements in this crucial area.

These three facilities, part of a broader initiative implemented by the Citizen Science-Community Led Monitoring and Advocacy (CS-CLMA) project, under the Malawi Network of Religious Leaders Living with or Personally Affected by HIV and AIDS (MANERELA) and the Network of Journalists Living with HIV (JONEHA), have made substantial strides in enhancing confidentiality measures supported by funding from the Bill and Melinda Gates Foundation through the International Treatment Preparedness Coalition (ITPC).

Historically, these facilities displayed ART medications in a manner that risked breaching the privacy of those seeking treatment, consequently exacerbating stigma associated with HIV and AIDS. The overt visibility of ART services not only threatened the dignity of recipients of care but also deterred individuals from accessing essential medical care. The lack of privacy frequently resulted in



Kasalika Health Centre

ing queues, as seen at Kasungu District Hospital, where limited infrastructure compromised confidentiality and quality of service delivery.

In response to these challenges, various advocacy initiatives aimed at restructuring the ART service environments were launched. The Community Consultative Group (CCG) in Kasungu District, led by Chairperson Hannock Msokera, serves as a vital platform for community engagement, soliciting feedback, and addressing concerns regarding healthcare services. This active participation has been instrumental in advocating for more private and secure models of care, leading to innovations such as discreet medication storage and the creation of private consultation spaces.

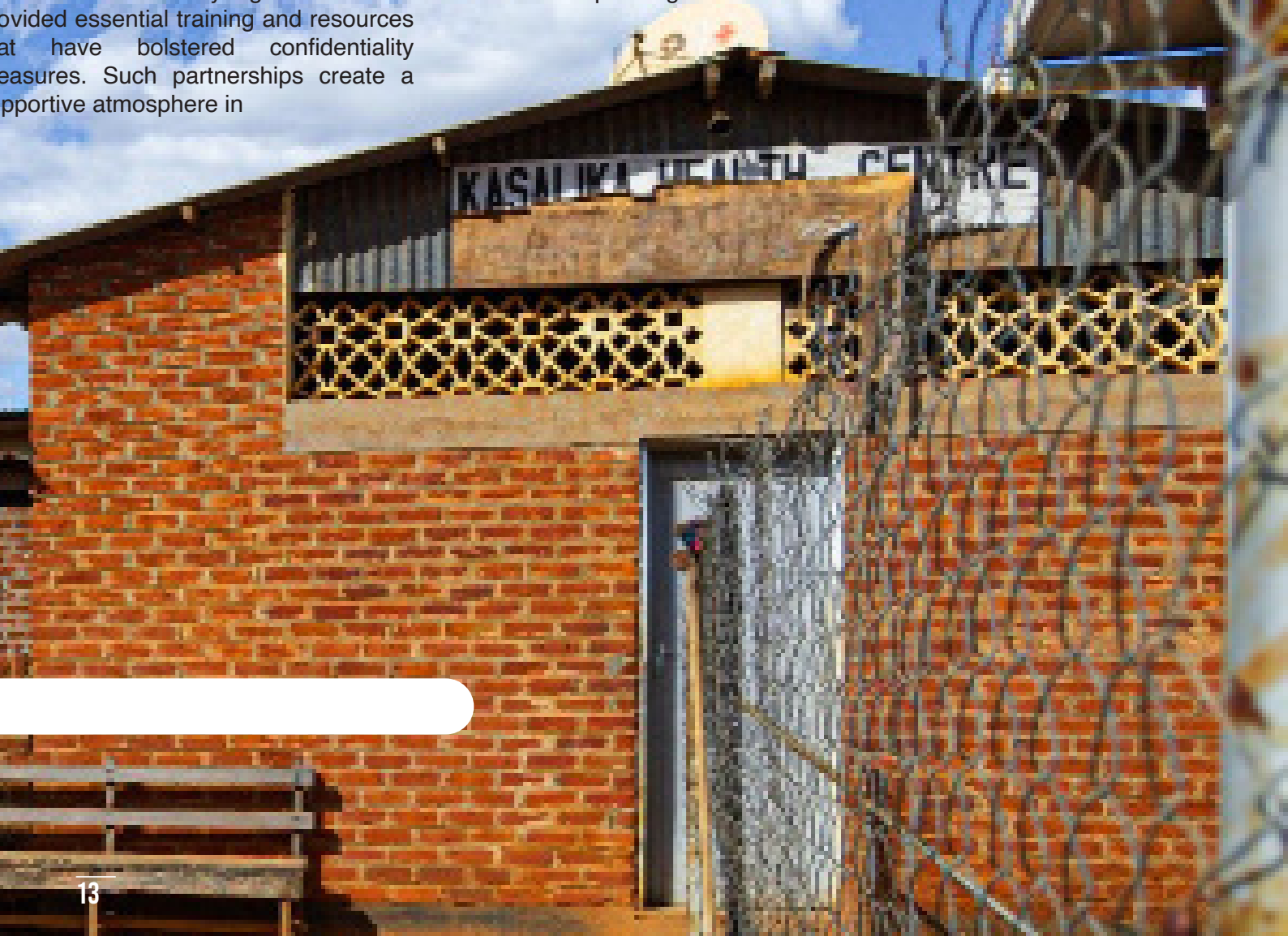
The role of Partners In Health (PIH) has also been pivotal in this transformative process. Their collaboration with local health officials and community organizations has provided essential training and resources that have bolstered confidentiality measures. Such partnerships create a supportive atmosphere in

which recipients of care feel safe and respected, thereby promoting increased utilization of ART services.

The enhanced confidentiality protocols at facilities like Kasungu District Hospital, Kasalika, and Bua health centers represent a significant advancement for individuals living with HIV and AIDS. The successful combination of advocacy, community engagement, and cooperation with organizations like PIH serves as an effective model for overcoming healthcare challenges. As these facilities continue to evolve, they offer a promising template for further improvements in privacy and respect within healthcare systems.

Pub Med of September 2016 indicates that in addition to aspects related to hospital organization

or infrastructure have shown that all healthcare personnel are involved in confidentiality breaches, especially physicians. While most are committed unintentionally, a non-negligible number are severe, repeated breaches (9.5 %), thus suggesting a carelessness, perhaps through ignorance about certain behaviors that can jeopardize client confidentiality.



KASUNGU DISTRICT SEEKS IMPROVEMENTS IN HIV TREATMENT LITERACY

BY FORTINA KAZEMBE

In recent developments within Kasungu District, Malawi, there has been a noteworthy enhancement in treatment literacy among People Living with HIV. This progress is fundamentally attributed to the dedicated efforts of Research Assistants engaged in the Citizen Science Community-Led Monitoring and Advocacy (CS-CLMA) project. These advancements signify a critical step forward in addressing the ongoing challenges associated with HIV management in the country.

Implemented by the Malawi Network of Religious Leaders Living with or Personally Affected by HIV and AIDS

(MANERELA) in collaboration with the Network of Journalists Living with HIV (JONEHA), this project seeks to address the HIV epidemic through a multifaceted approach that includes advocacy, education, and support. Funded by the Bill and Melinda Gates Foundation via the International Treatment Preparedness Coalition (ITPC), the initiative has proven to be transformative.

Joseph Nthondo, the District Supervisor for the CS-CLMA project in Kasungu, highlighted that the initiative has significantly bolstered the treatment literacy levels among People Living with HIV through structured support groups.

The Research Assistants have committed themselves to the dissemination of essential information, which is crucial for empowering individuals to take charge of their health. This initiative has not only informed but has also fostered a supportive community environment where individuals feel encouraged to engage with their treatment regimens.

Nthondo remarked on the project's impact, stating, "The CS-CLMA project has been instrumental in empowering People Living with HIV with the knowledge they need to manage their condition effectively."

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CCGs COLLABORATING WITH HIV IMPLEMENTING PARTNERS

BY STARPHEL SITHOLE

The collaborative framework established by the Citizen Science Community-Led Monitoring and Advocacy (CS-CLMA) project has transformed the landscape of HIV response efforts by facilitating greater interaction among implementing partners and stakeholders.

Central to this initiative are the Community Consultative Groups (CCGs) established in Kasungu and Dedza districts, which serve as key platforms for discussion, coordination, and collective action on HIV-related interventions; says the chairperson for Kasungu CCG Hannock Msokera. Msokera was speaking during the CCG meeting held at Thope lodge in Mponela on 10th May 2024.

Implemented by the Malawi Network of Religious Leaders Living with or Personally Affected by HIV and AIDS (MANERELA) in collaboration with the Network of Journalists Living with HIV (JONEHA), this project seeks to address HIV challenges through a multifaceted approach that includes advocacy, education and support. Funded by the Bill and Melinda Gates Foundation through International Treatment Preparedness Coalition (ITPC), the initiative has proven to be transformative.

The CCGs provide a structured platform where various stakeholders—including government representatives, non-governmental organizations (NGOs), community-based organizations, and affected populations—can meet to address various challenges posed by HIV.

By encouraging inclusive and participatory decision-making, the CCGs have fostered a sense of ownership among community members, enabling them to engage actively in the formulation and implementation of strategies tailored to their unique need.

Moreover, the CCGs facilitate the sharing of information, resources, and best practices among implementing partners. This enhanced communication channel not only mitigates duplication of efforts but also promotes synergy in program delivery.

“As a result, the impact of the diverse initiatives undertaken collectively by

various organizations is amplified, resulting in more effective and sustainable outcomes in the fight against HIV,” says the CCG chairperson.

Additionally, the collaborative nature of the CCGs strengthens advocacy efforts by uniting voices across communities. This collective advocacy enhances visibility and influence, ensuring that the needs and concerns of those affected by HIV are adequately heard and addressed at policy-making levels.

Msokera says “Such engagement is crucial in shaping responsive and equitable health policies that prioritize needs of the most vulnerable populations,”

He adds that through the establishment of the CCGs, CS-CLMA has significantly improved collaboration among HIV implementing partners and stakeholders. By fostering inclusive dialogue, facilitating resource sharing, and strengthening advocacy efforts, the CCG plays an indispensable role in enhancing the effectiveness of HIV interventions.

The CCG chairperson states that beyond addressing immediate challenges the collaborative approach also lays the foundation for a more resilient and responsive health system in the long term.

EMPOWERING HEALTHCARE HEROES IN RIGHTS INITIATIVE

BY TAONGA LIMBA

In the ongoing battle against HIV and other pressing health challenges, Malawi is making remarkable progress through various initiatives aimed at empowering both healthcare workers and recipients of care in the realm of human rights. Central to this development is the Citizen Science Community Led Monitoring and Advocacy (CS-CLMA) project, which is pioneering advocacy for healthcare rights.

Implemented by the Malawi Network of Religious Leaders Living with or Personally Affected by HIV and AIDS (MANERELA) in collaboration with the Network of Journalists Living with HIV (JONEHA), this project seeks to address the HIV epidemic through a multifaceted approach that includes advocacy, education, evidence and support. Funded by the Bill and Melinda Gates Foundation via the International Treatment Preparedness Coalition (ITPC), the initiative has proven to be transformative.

The project's impact is evident in the words of Clement Phiri, the CS-CLMA Project Supervisor for Dedza District,

who notes, "Healthcare workers are taking the lead in disseminating messages on HIV prevention, treatment, and care through support groups."

This initiative empowers healthcare workers to engage with support groups, providing critical interventions on HIV prevention and care. The educational component of the project has successfully trained recipients of care to understand their rights within healthcare facilities while simultaneously enlightening healthcare workers about the rights of their clients.

Phiri emphasizes the project's significance, stating, "The coming in of the project has been a game-changer." Previously, many recipients of care were unaware of their rights, and healthcare workers often lacked an understanding of their clients' needs.

However, the project has catalyzed a notable increase in knowledge and awareness, fostering a more respectful and collaborative relationship between healthcare providers and recipients of care. As Phiri observes, "Healthcare workers are no longer seen as authoritarian figures, but as partners in care."

The personal stories of individuals like Getrude, a 32-year-old HIV-positive woman, illustrate the project's profound impact. She shares, "I never knew I had rights as a recipient of ART care. But through the support group meetings, I have learned about my rights and how to advocate for myself."

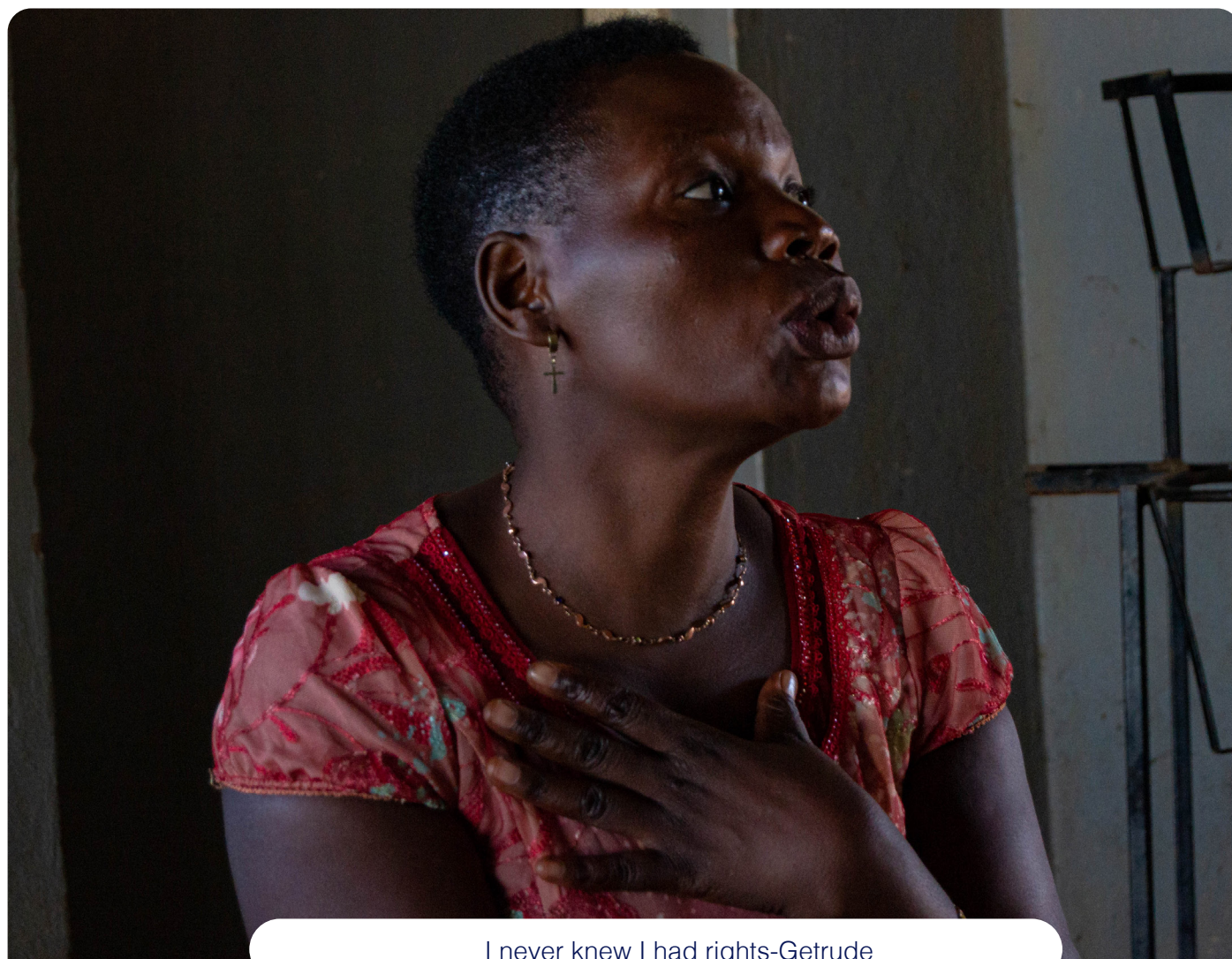
Similarly, healthcare worker Suzan Batala at Dedza district Hospital affirms, “The project has helped me understand my clients’ rights and needs. It has improved our relationship and patient outcomes.”

The Dedza CS-CLMA rights initiative serves as a model for other districts and countries grappling with similar health challenges. By empowering both healthcare workers and recipients of care, the project enhances healthcare access and quality, fosters client satisfaction and trust, and reduces stigma and discrimination, all while increasing awareness of healthcare rights.

Phiri encapsulates this sentiment by stating, “This project is not just about healthcare; it’s about human rights. By recognizing and respecting the rights of both healthcare workers and recipients of care, we’re building a stronger, more compassionate healthcare system.”

Looking ahead, the Dedza CS-CLMA initiative represents a beacon of hope for healthcare systems in Malawi. By prioritizing rights and empowerment, the project strengthens healthcare systems, improves client outcomes, and nurtures positive relationships between healthcare

workers and recipients of care. As the initiative continues to expand its reach and inspire change, it is evident that healthcare heroes are emerging in Malawi, empowered to deliver compassionate, rights-based care.



I never knew I had rights-Getrude

MNYANJA OFFERS SPECIAL ATTENTION TO ALHIV

BY FORTINA KAZEMBE

“To ensure continued retention in treatment and care of adolescents living with HIV (ALHIV) popularly called Y+ in the absence of a teen club; Mnyanja Health Centre in the area of Chief Mnyanja in Kasungu has resorted to paying special attention to any of them spotted at the facility for fast and efficient assistance” reported the facility in-charge Ulemu Banda.

The In-charge made the revelation on 20th June 2024 in responding to a question on what measures the facility was doing following the demise of a once vibrant teen club at the facility due to shortage of trained personnel in the administration of teen clubs. It was learnt that the teen club could not continue working because the only trained person was always overburdened with maternal services.

“The adolescents kept on coming here on the scheduled day but it was hard for our only trained sister to attend to them as she was so engaged in the maternity ward,” said Banda adding that in the long run the turn up kept dwindling and finally the teen club died out.

She expressed her optimism that if two or three members of staff are trained the teen club can get revived.

Since 2021 the Malawi Network of Religious Leaders living with or Personally Affected by HIV and AIDS (MANERELA) in collaboration with the Network of Journalists Living with HIV (JONEHA) has been implementing a project called Citizen Science Community Led Monitoring and Advocacy (CS-CLMA) with funding from the Bill and Melinda Gates Foundation through the International Treatment Preparedness Coalition (ITPC).

The project being implemented in Kasungu and Dedza empowers recipients of care in leading advocacy for quality services in health facilities such as the establishment of teen clubs. The visit to the facility by JONEHA aimed at assessing the project’s sustainability. The Malawi Country Operational Plan Strategic Direction Summary of 2022 says Teen Clubs are the standard that have been scaled up at national level. It further says from COP21 to COP22 PEPFAR Malawi aimed at strengthening this model further through incorporation of the empowering and motivational aspects of the Operation Triple Zero model.

However; the summary points out



that so far the programme has only provided the opportunity for interaction at the facility groups but moving forward it will also expand the work through adolescent community peer supporters.

A 2022 study titled ‘Impact of a teen club model on HIV outcomes among adolescents in rural Neno district, Malawi: a retrospective cohort’ concludes that a teen club model has the potential to improve treatment outcomes among adolescents in the district.

It also points out that in addition to retaining adolescents in HIV care, greater attention is needed to treatment adherence and viral suppression



Mnyanja has resorted to paying special attention to ALHIV-Banda

in this special population and that further understanding of the contextual factors and barriers that adolescents in rural areas face could further improve the teen club model to ensure high-quality HIV care and quality of life.

The District Health System Strengthening and Quality Improvement for Service delivery (DHSS) technical brief of January 2018 reports that a study conducted in Zomba, Blantyre and Thyolo indicates that Teen Clubs help retain adolescents in HIV care and treatment.

The report says the DHSS experience with the Baylor Teen Club model demonstrates that a teen club appeals to adolescents living with HIV and leads to high retention rates; a development particularly relevant in Malawi, where data indicates youth and adolescents are lagging behind in terms of those accessing HIV testing services and treatment.

It is further reported that an evaluation study conducted by Baylor at Zomba Central Hospital shows that teen club members were three times more likely to stay on ART

compared to non-members.

An evaluation report for Thyolo and Blantyre districts shows that teen clubs are meeting a need as noted by high number of adolescents participating in the program and good adherence to treatment with a viral load suppression being increasingly achieved overtime.

Life Maps strengthens advocacy skills among recipients of care

Citizen Science Life Maps (CS-LM) was a three-year qualitative, longitudinal research project being implemented in Malawi and South Africa under the guidance of the International Treatment Preparedness Coalition (ITPC)

which started in 2021 and phased out in December 2024. CS-CLMA project is Implemented by the Malawi Network of Religious Leaders Living with or Personally Affected by HIV and AIDS (MANERELA) in collaboration with t

he Network of Journalists Living with HIV (JONEHA).



ROC should think beyond ITPC and any other project that may come, Zolowele

MALE-FOCUSED ART CLINIC AT DEDZA HOSPITAL ATTRACTS MEN



communities are equipped to amplify their voices-Esnat

The Citizen Science Community-Led Monitoring and Advocacy (CS-CLMA) project, launched in 2021, has brought transformative advancements in data management across six health facilities in Dedza.

As highlighted by a volunteer data collector Dayiton Kamanga, the significance of robust data management cannot be overstated; it is essential for driving impact, enhancing healthcare delivery, and empowering local communities.

Prior to the implementation of the CS-CLMA project, accessing crucial data was a formidable challenge. Partners often encountered difficulties in retrieving essential information, such as historical data registers from early 2021. Many facilities faced the dilemma of outdated or missing records, marred by pages that ran out and registers that were often misplaced. Since the project's inception, however, the efficiency and reliability of data management have markedly improved.

The CS-CLMA initiative is implemented by the Malawi Network of Religious Leaders Living with or Personally Affected by HIV and AIDS (MANERELA) in collaboration with the Network of Journalists Living with HIV (JONEHA)

Funded by the Bill and Melinda Gates Foundation through the International Treatment Preparedness Coalition (ITPC), the project aims to combat the HIV epidemic through a concerted focus on advocacy, education, and support.

Effective data management is foundational to strategic decision-making, notes Kamanga. Accurate and reliable data ensures that interventions are both targeted and effective.

[TO PG. 24](#)



... the significance of robust data management cannot be overstated

MALE-FOCUSED ART CLINIC AT DEDZA HOSPITAL ATTRACTS MEN

BY JOHN FOLENA

In recent years, the urgent need for accessible and effective HIV treatment services has garnered heightened attention, particularly regarding male participation in Antiretroviral Therapy (ART).

The Dedza District Hospital's newly established male clinic is a commendable initiative fostering significant advancements in this area, made possible by the relentless efforts of the Citizen Science Community-Led Monitoring and Advocacy (CS-CLMA) project.

Funded by the Bill and Melinda Gates Foundation and executed by key organizations like the Malawi Network of Religious Leaders Living with or Personally Affected by HIV and AIDS (MANERELA) and the Network of Journalists Living with HIV (JONEHA), this project aims to combat the HIV epidemic through targeted advocacy, education, and community support.

Historically, men's engagement with ART services has been disconcertingly low, often hindered by stigma and a societal expectation of self-reliance that discourages health-seeking behavior. Many men resorted to seeking treatment covertly, resulting in non-adherence and treatment defaults.

However, the recent endeavors of the CS-CLMA project have reversed this trend, demonstrating a remarkable increase in male enrollment in ART services at Dedza

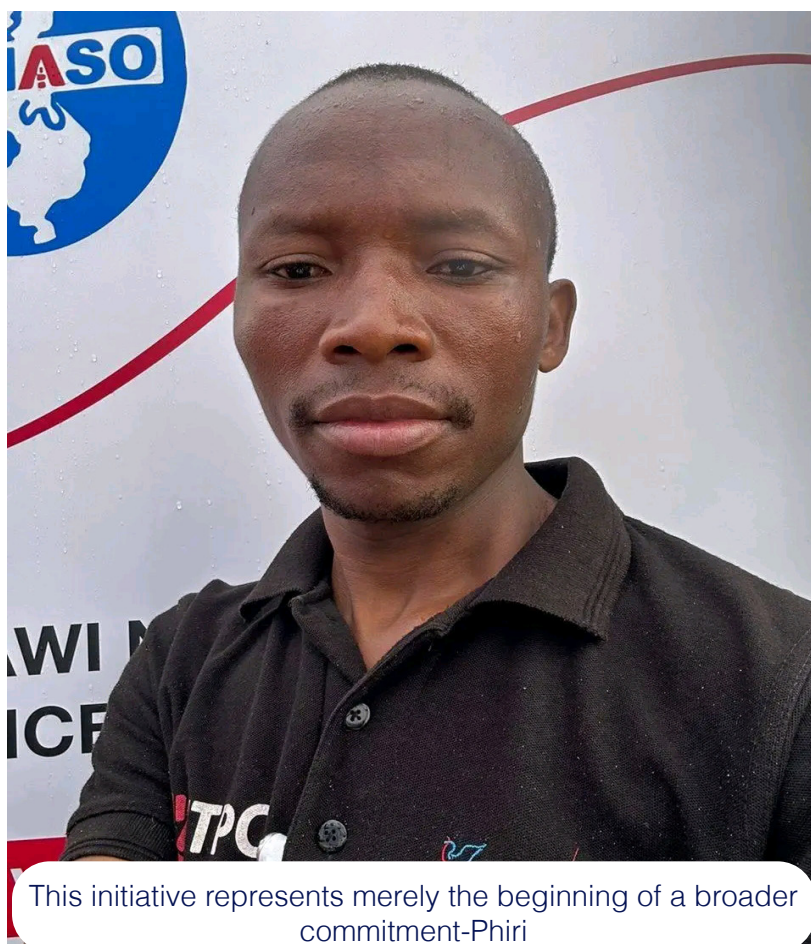
District Hospital. The Project Supervisor Clement Phiri articulated the success of this initiative, noting that the male clinic has led to a significant rise in men registering for ART treatment.

The male-focused ART clinic not only provides treatment but also cultivates a supportive and non-judgmental environment, encouraging men to seek care without fear of stigma. The positive outcomes are evident; early treatment and improved adherence have led to reduced

transmission rates and enhanced overall health in the community.

The CS-CLMA project continues to empower local communities to monitor and advocate for high-quality healthcare services, addressing existing gaps and promoting targeted interventions.

As Phiri emphasizes, this initiative represents merely the beginning of a broader commitment to making ART services accessible and free from stigma, particularly for



This initiative represents merely the beginning of a broader commitment-Phiri

men historically marginalized in HIV response efforts. The Dedza District Hospital's male ART clinic stands as a beacon of hope, exemplifying the transformative potential of community-led initiatives in addressing health disparities and fostering a more inclusive approach to healthcare. Such progress underscores the importance of tailoring health services to meet the unique needs of diverse populations, ultimately contributing to a more effective response to the HIV epidemic in Malawi and beyond.

Project revolutionizes health facility data management

The role of locally trained data collectors in community engagement is integral, empowering residents to monitor progress, identify gaps, and advocate for necessary changes and accountability.

Esnat James another key figure in the project, emphasizes that robust data management fosters accountability among stakeholders, including healthcare providers and policymakers. Through evidence-based and data-driven advocacy, communities are equipped to amplify their voices, thereby influencing policy and directing resources where they are most needed. Research underscores that enhanced healthcare data analysis not only identifies areas for improvement but also leads to better health outcomes, as well-managed data facilitates the replication and scaling of successful interventions.

The CS-CLMA project champions the rights of recipients of care, encouraging them to advocate for high-quality services in health institutions. By mobilizing religious leaders and engaging moral duty bearers as agents of change, the project addresses stigma and discrimination, enhancing prevention practices for marginalized groups.

Best practices established within the CS-CLMA framework include the utilization of standardized data collection tools, such as user-friendly tablets. Regular data validation is essential for maintaining accuracy, while the security of stored data is ensured through confidential codes managed by specially trained community members and healthcare workers. The project's commitment to ethics and confidentiality further underlines its

dedication to data protection.

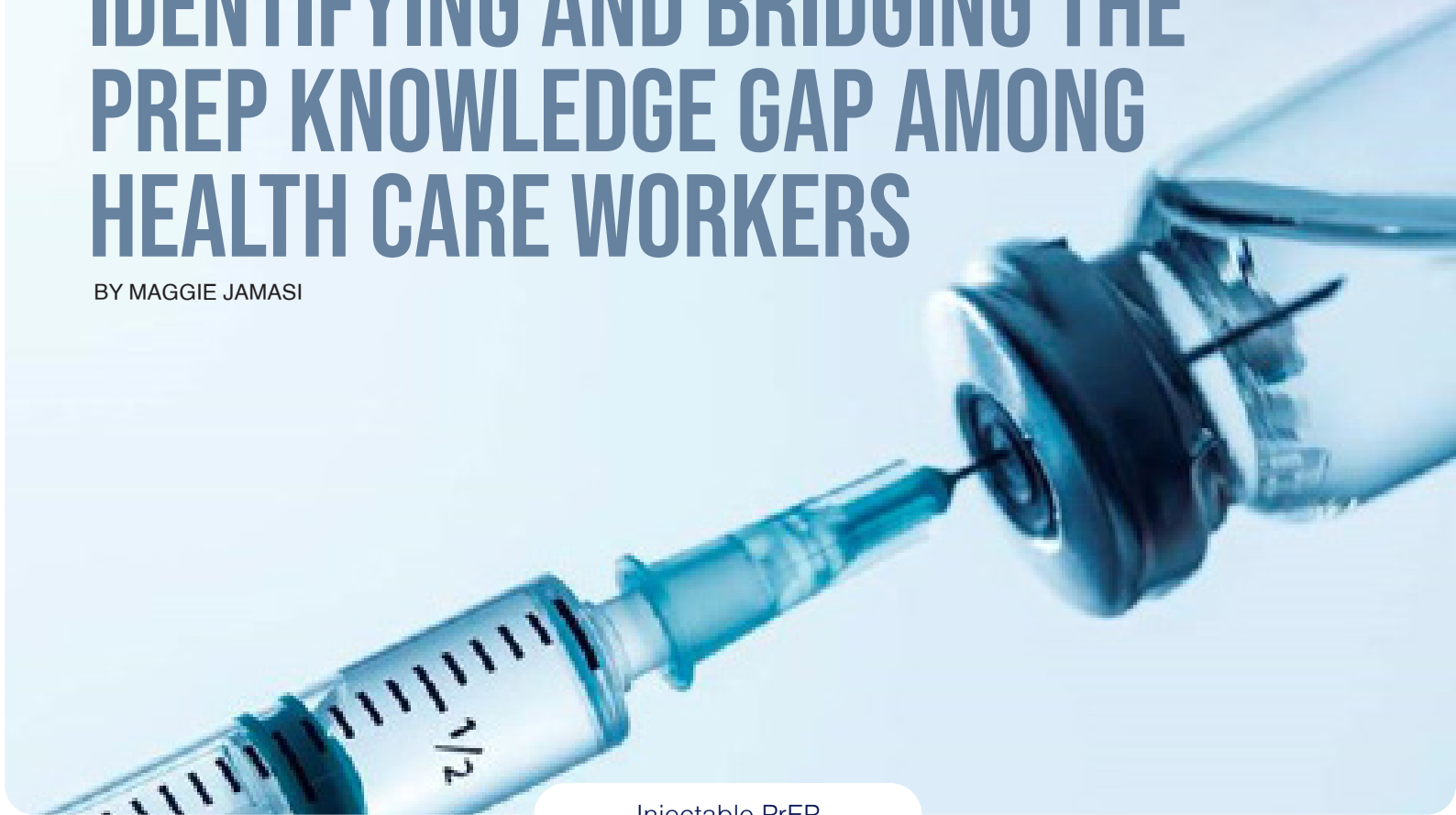
In conclusion, the CS-CLMA project stands as a model for effective health facility data management, showcasing the vital role of accurate data in shaping health interventions and fostering community empowerment. Through ongoing efforts, it not only addresses immediate healthcare concerns but also lays the groundwork for sustainable, long-term improvements in health outcomes.



Effective data management is foundational to strategic decision-making-Kamanga

IDENTIFYING AND BRIDGING THE PREP KNOWLEDGE GAP AMONG HEALTH CARE WORKERS

BY MAGGIE JAMASI



Injectable PrEP

The rising prevalence of HIV necessitates effective preventive measures such as Pre-Exposure Prophylaxis (PrEP). However, a significant knowledge gap regarding PrEP has been identified among healthcare workers (HCWs) in Malawi.

In response, the Citizen Science Community Led Monitoring and Advocacy (CS-CLMA) project initiated in-depth, one-on-one interviews to ascertain the level of understanding of PrEP among HCWs. The responses revealed considerable deficiencies in their knowledge, highlighting the urgent need for comprehensive training sessions.

To address this critical gap, the CS-CLMA implemented a capacity-building initiative targeting key personnel within healthcare facilities, specifically focusing on the facility-in-charge, ART-focused staff, community members and additional healthcare workers in 8 facilities in Kasungu and 6 facilities in Dedza district.

The project operates in selected health centres such as Tsoyo, Mayani, Kaphuka, Lobi, the Family Planning Association of Malawi (FPAM), and Dedza District Hospital, Kasalika, Kaluluma, FPAM, Mnyanja, Chamwavi, K2 Taso and Kasungu district Hospital. Spearheaded by the Malawi Network of Religious Leaders Living with or Personally Affected by HIV and AIDS

(MANERELA) in collaboration of Journalists Living with HIV (JONEHA), this initiative is supported by the Bill and Melinda Gates Foundation through the International Treatment Preparedness Coalition (ITPC). The overarching goal of this training was not merely to certify providers but to empower them with accurate information, enabling them to disseminate knowledge effectively within their communities.

Project Officer Yankho Banda noted that the orientation resulted in a marked increase in the demand for PrEP services, as trained HCWs began to communicate vital information that enhanced community awareness.

TO PG. 28

DATA COLLECTOR BECOMES CCG CHAIR

BY CHRISTER KALUKUSHA

Malawi Network of Religious Leaders Living with or personally Affected by HIV (MANERELA+) in partnership with Network of Journalists Living with HIV (JONEHA) was implementing a 5-year project (2020-2024): Citizen Science Community Led Monitoring and Advocacy (CS-CLMA) in 6 health facilities in Dedza and 8 in Kasungu district. The project had an inclusive advisory body of stakeholders which is known as Community Consultative Group (CCG), composed of population groups such as people living with HIV (recipients of care), Key populations, academicians, implementing Non-Governmental Organisations (NGOs) like Family Planning Association of Malawi (FPAM), national stakeholders like the department of HIV and AIDS (DHA), UNAIDS and National AIDS Commission (NAC). The CCG discusses data collected in health facilities where the project was being implemented, providing strategic guidance, prioritizing advocacy issues and pointing towards next steps to be taken to inform CS-CLMA implementation. One of the data collectors in Dedza was chosen as the CCG chair and let's get to know him.

May I know you?

I'm Daniel Namate, born on 19 March 1993, I've grown up in Dedza and my home village is Kapamula Traditional Authority (T/A) Kachere, Dedza. In Citizen Science Community Led Monitoring and Advocacy I am one of the Key Population (KP), a data collector at Lobi Health Centre and recently I was elected as Chairperson for Community Consultative Group (CCG).

What do you mean when you say KP's?

These are people who are most vulnerable to contracting HIV due to the nature of their work, for example Female Sex Workers (FSW), Men having sex with Men (MSM), just to mention a few. I belong to MSM as one of the KP's in this project.

When did you become a CCG chair and how were you chosen?

I became CCG Chair in April 2023, people saw it that I qualify for the position because for one to be Chair in CCG, you need to have a background knowledge about HIV which I have and must come from the community as one of the principles of CS-CLMA is that it targets and recognises citizens from the local community as experts on issues that affect them.

How did you take it being an MSM and data collector to be elected as CCG chair?

“I was excited because this means that MANERELA+ is indeed working on empowering those who are vulnerable and ensuring that they have the capacity to bring positive change by giving them a platform to voice out their needs as well as challenges. Being the chairperson gives me more power to work on advocating for the rights of KP’s when it comes to accessing health care at a larger scale because as a data collector, I had limitations but with this position I am able to do more.

As CCG chair how will you contribute to the success of CS-CLMA project?

I worked with support groups as recipients of care, enlightening them on the new person-centred ways of receiving treatments what we call Differentiated Service Delivery (DSD) which make them feel free to choose what is convenient for them to adhere to treatment. I also reached out to fellow KP’s and raised their awareness about HIV prevention, use of condoms and lubricants as well as advocating for the availability of Pre-Exposure Prophylaxis (PrEP) in a number of health centres since most of them do not offer PrEP services so that these vulnerable groups in communities should have access to them to achieve the project’s goal of making health services available to all who need them.

I also used this platform to get solutions on the challenges that the target population faced in communities from the CCG meetings as it involved different stakeholders with expertise in health services especially HIV.

How far would you wish the project to go?

There are many MSM out there who need assistance, so if resources are available, I would like to see the project expanded to include more health facilities than the current six. More MSM need to know that they too have the right to quality health services regardless of being MSM and I’m excited with the progress the project made in the facilities where it was being implemented. Based on the data that we collected it shows recipients of care are adhering to treatment and are following proper procedures when transferring to another health facilities. Therefore, this means that by 2030 we may be able to win the fight against HIV

FROM PG. 25

Identifying and bridging the prep knowledge gap among health care workers

The impact of bridging this knowledge gap was evident during an engagement meeting with the District Health Management Team (DHMT) on November 6, 2024, at Dedza District Hospital. The project officer highlighted that improved PrEP awareness among HCWs has led to increased community demand and enhanced preventive care measures. Feedback from community members, including a sex worker, further emphasized the critical role HCWs play in promoting the adoption of PrEP and thereby reducing HIV transmission.

The World Health Organization (WHO) advocates for PrEP as a vital preventive measure for populations at substantial risk of HIV infection, asserting that understanding PrEP

awareness and interest is essential for the development of effective PrEP programs.

Despite the introduction of oral PrEP in Malawi in 2018, analysis of the 2020 Malawi Population-based HIV Impact Assessment (MPHIA) indicated low prior knowledge and use of PrEP, though interest in its utilization remained high. The data suggested that high-risk sexual behavior correlates with a willingness to adopt PrEP, underscoring the necessity for strategies aimed at increasing awareness and facilitating universal access to this critical preventive intervention.

The concerted efforts of the CS-CLMA project to bridge the

the knowledge gap among healthcare workers have resulted in enhanced community awareness and increased demand for PrEP services.

By empowering HCWs with accurate knowledge, the project contributes to a broader public health initiative aimed at reducing HIV transmission rates in Malawi. The proactive stance taken in addressing these educational gaps not only equips HCWs but also supports the overall goal of combating the HIV epidemic.



Oral PrEP

LIFE MAPS ADVOCATES FOR COMBINED PREVENTION

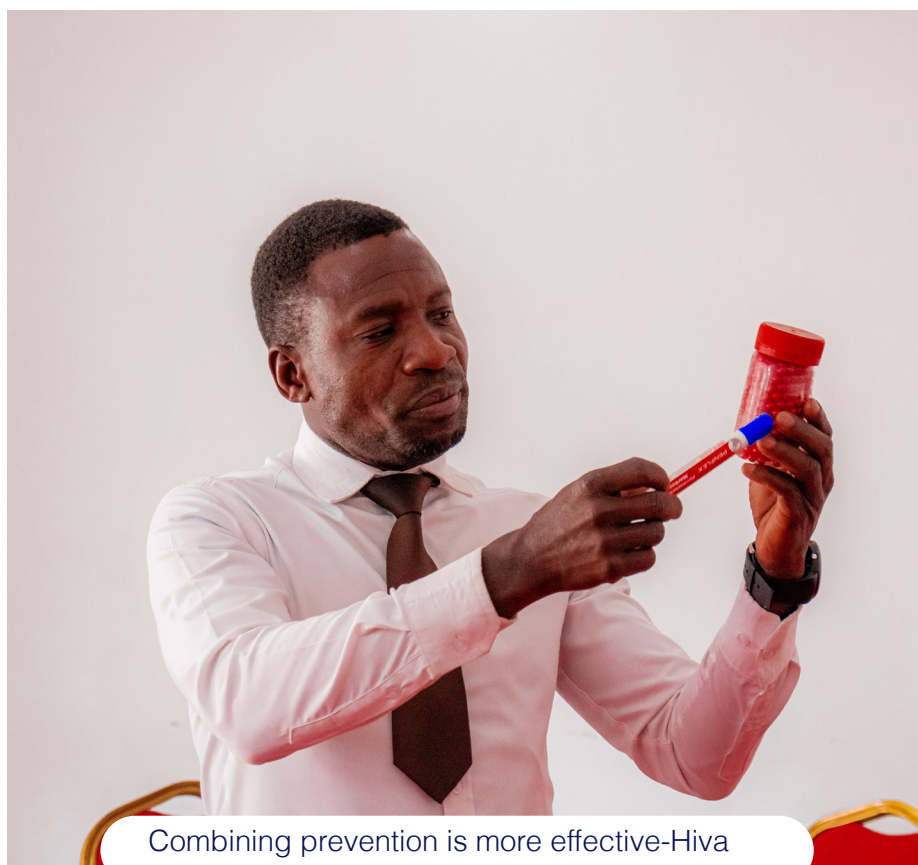
BY WEZZIE CHISI

Health service providers in Kasungu and Dedza districts have urged recipients of care to make use of combined HIV prevention measures which include biomedical, behavioral and structural interventions designed to achieve HIV prevention in order to reduce the number of new infections.

During the Literacy training organized by the International Treatment Preparedness Coalition (ITPC) under Citizen Science Life maps (CS-LM) project, ART Coordinator for Dedza DHO Hiva Mkheviwa called the community to embrace the biomedical products which includes Post Exposure Prophylaxis (PEP), Pre-Exposure Prophylaxis (PrEP), Condoms and Lubricants, Voluntary Medical Male Circumcision (VMMC) and Treatment as prevention. He further said structural interventions such as Key population programming should be promoted.

‘Combining several protective strategies is more effective in reducing HIV incidence on a population. So let us use all preventive measures available against HIV transmission’, Hiva explained.

UNAIDS (2010) defines Combination HIV prevention as “The strategic, simultaneous use of different classes of prevention activities (biomedical, behavioural, social/structural) that operate on multiple levels (individual, relationship) against modes of HIV transmission,



Combining prevention is more effective-Hiva

, and to make efficient use of resources through prioritizing, partnership, and engagement of affected communities”

The ART Coordinator for Kasungu DHO, Mirriam Mkangala urged discordant couples to adhere to treatment and sustain their suppressed viral load to avoid HIV transmission to their partners.

‘People Living with HIV should not interrupt treatment to avoid high viral load The term Undetectable=Untransmittable (U=U) locally known as Tizilombo Tochepa=Thanzi Labwino (T=T) means that people with HIV who

achieve and maintain an undetectable viral load; the amount of HIV in the blood—by taking antiretroviral therapy (ART) as prescribed; cannot sexually transmit HIV to others. So, treatment for HIV is a powerful tool in prevention . This also applies to those who are HIV negative; to always adhere to PrEP and also use condoms to avoid the transmission.’Mkangalaexplained.

TO PG. 31

TEEN CLUBS AT TSOYO AND MAYANI STILL VIBRANT

BY GRACE DAVID

Despite the Citizen Science Community Led Monitoring and Advocacy (CS-CLMA) project having worked from 2021 to 2024 whose activities among others included facilitating establishment of teen clubs at targeted hard to reach facilities in Kasungu and Dedza districts; teen clubs at Tsoyo and Mayani health centers in Dedza are still vibrant.

On 20th June 2024 the Network of Journalists Living with HIV (JONEHA) interacted with the young people living with HIV (YPLHIV) at the aforementioned facilities from which it was learnt that initially around 80 YPLHIV were participating in their monthly meetings. It was noted that the number of participants has declined to almost 50% due to graduation and marriages.

It was also observed that implementation of the Malawi Government's Elimination of Mother to Child Transmission (EMCT) and the popular Test and Treat programs have effectively reduced chances for new HIV infections hence very small entries into teen clubs.

EMTCT is a program that requires mothers and their babies to receive antenatal services and HIV services including testing and treatment during pregnancy. Test-and-treat is an intervention in which the population at risk is screened for HIV infection and HIV diagnosed individuals receive early treatment, aimed at eliminating HIV transmission.

The vibrant Tsoyo and Mayani teen clubs are a clear indication of the success of the CS-CLMA project in Dedza as evidenced by its members who proudly report that they enjoy their meetings amidst prolonged blackouts on funding their gatherings because it has proved to be an appropriate forum to socially interact with each other.

The Tsoyo and Mayani story is very unique as most of the teen clubs in Malawi have disappeared due to some bottle necks that include among others inadequate service provider trainings, lack of permanent funding and poor integration of the model into HIV programs at facility level.

A 2022 study titled 'Impact of a teen club model on HIV outcomes among adolescents in rural Neno district, Malawi: a retrospective cohort' concludes that a teen club model has the potential to improve treatment outcomes among adolescents in the district.

The study also points out that in addition to retaining adolescents in HIV care, greater attention is needed to treatment adherence and viral suppression in this special population and that further understanding of the contextual factors and barriers that adolescents in rural areas face could further improve the teen club model to ensure high-quality HIV care and quality of life.

FROM PG. 29

Life Maps Advocates for combined prevention

CS-LM manager, Ruby Zolowere further urged people living with HIV not to misuse their medicines or miss their appointments. She urged women living with HIV to participate in the Elimination of Mother-to-Child Transmission program.

Citizen Science Life Maps is a three-year qualitative, longitudinal research project that was implemented in South Africa and Malawi 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+) and Networking HIV and AIDS Community of Southern Africa (NACOSA), the International Treatment Preparedness Coalition (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 Queer (LGBTQ+) people and young people with funding from the Bill and Melinda Gates Foundation.



To always adhere to PrEP and also use condoms to avoid the transmission-
Mkangala

CS-CLMA FACILITATES CHANGE AT KASUNGU DISTRICT HOSPITAL

BY ALBERT ZIMEMA

There has been construction of a modern ART infrastructure at Kasungu District Hospital following demands of the community members and recipients of care as a result of community empowerment and engagement meetings with duty bearers facilitated by Citizen Science Community Led Monitoring and Advocacy (CS_CLMA) project.

Kasungu District Health Office is one of the health facilities in the central region of Malawi which had a small ART room resulting in extended queues for recipients of care waiting outside the facility. This led to lack of privacy, confidentiality and stigma hindering quality HIV services at the facility. Limited or poor infrastructure is one of the bottlenecks for accessing quality services in Malawian health facilities.

In May 2021 Malawi Network of Religious Leaders infected and affected by HIV (MANERELA) conducted 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 quality health services. Among the problems mentioned and discussed was privacy due to small ART infrastructure.

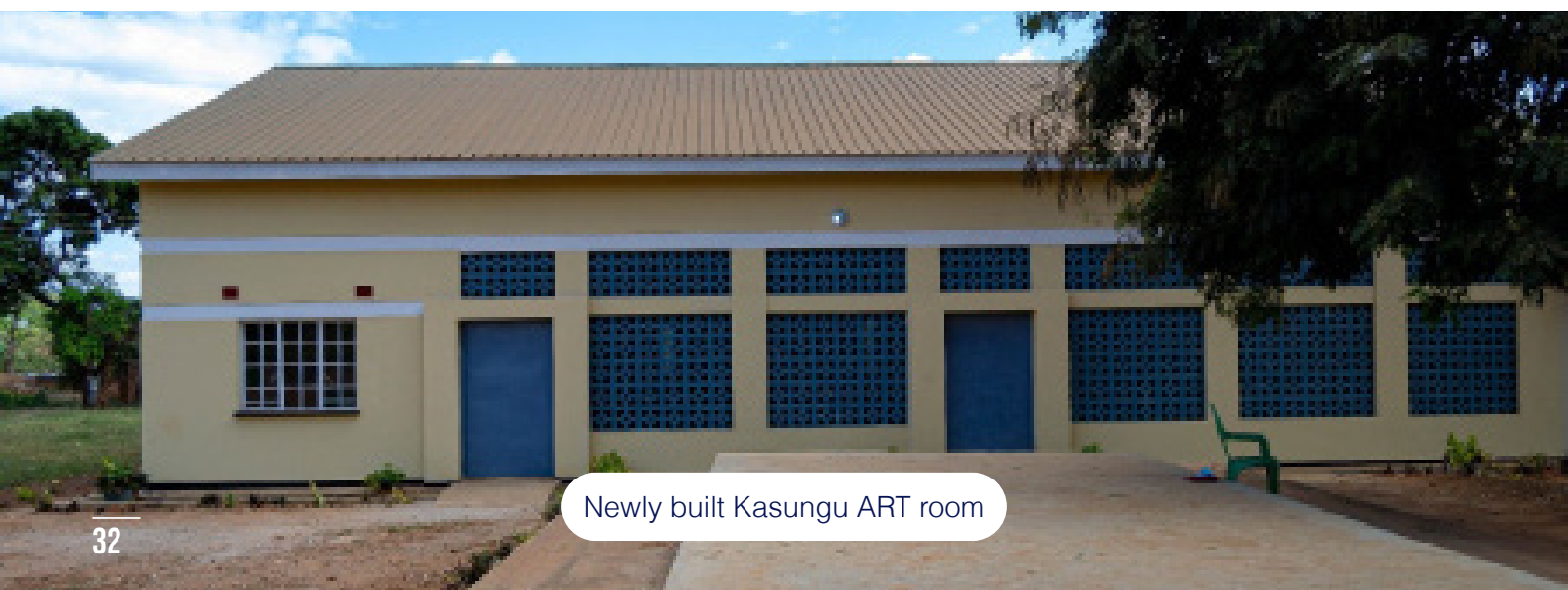
The ART Coordinator promised to convene a meeting and contact other implementing partners. This was after the meeting noted the need for enough space and rooms because the ART room was too small to carry out its intended service purpose properly. Kasungu ART Coordinator Mirriam Mkangala commended the coming of the CS-CLMA project which has empowered recipients of care to take the lead in raising issues they encounter during treatment for addressing by duty bearers

'At our facilities, this project has resulted in numerous improvements. For example; recipients of care now know their role at the facility and they are able to voice out their needs and concerns which leads to problems being addressed. Just after the project commenced in 2021, one of the recipients of care who is also a data collector in the project voiced out the need for a bigger room for ART; as many people living with HIV were interrupting treatment

due to lack of privacy and confidentiality. Through the project we noticed the need and acted accordingly by calling on other partners to render help. Fortunately, Partners in Hope with funding from USAID successfully constructed the modern structure.' Mkangala narrated.

Mkangala further said that the newly built structure will help in enrolling integrated service delivery which will also assist in solving privacy and confidentiality issues at the facility.

'The new modern building which is double the old ART will now provide enough space for one stop service for almost all HIV related services. We are planning to include TB, Cervical cancer screening and viral load testing which will make it easy for recipients of care. When recommended to go for viral load testing, which is done outside the ART room, many recipients of care choose to instead sneak out to their homes since they feel their privacy will be infringed upon by the clinic's obvious small size. A private and confidential atmosphere, essential for any healthcare institution, is anticipated to



Newly built Kasungu ART room

be created by the new, roomy infrastructure with several rooms.' Mkangala explained.

According to a 16 January 2019 PEPFAR Solutions Platform report, integrated tuberculosis and HIV services in Eswatini led to better and improved individual and population health outcomes.

Idah Katimba, 60, who has been on ART for 18 years and a beneficially

lof CS-CLMA project describes the new building as a life saver as it will reduce defaulter rate at the facility.

'There are some people who do not want to disclose their HIV status despite being on ART for so long, I was one of them. Due to the lengthy waiting time and overcrowded ART rooms that forced us to wait in an open area where people occasionally pointed fingers and made fun of us,

I once interrupted treatment and considered switching to a distant facility where no one would recognize me. However, this new building will prevent many in my situation from doing so because we are confident that our privacy will be protected hence reducing defaulting from ART'. Said Katimba.

CS-CLMA CONTRIBUTES TO INCREASED HEALTH SERVICES DEMAND

BY HASTINGS MWANZA

Citizen Science Community Led Monitoring and Advocacy (CS-CLMA) project is largely contributing to a growing demand of health services including pre-exposure prophylaxis (PrEP) by key populations in health facilities in Kasungu and Dedza districts.

CS-CLMA is a project being implemented in Kasungu and Dedza districts by Malawi Network of Religious Leaders Living with or Personally Affected by HIV and AIDS (MANERELA+) in partnership with the Network of Journalists Living with HIV (JONEHA). It is funded by the Bill and Melinda Gates Foundation through the International Treatment Preparedness Coalition (ITPC) with an aim of improving health service delivery and uptake of services by the target populations.

Clinical Officer at Kasungu District Hospital, Twaibu Chipwele said MANERELA+ through CLMA has been conducting community engagement meetings which is an eye opener for key populations

on the rights they have when it comes to accessing health services.

"People in communities never realized that they have the right to access health services because there was no platform for them to learn about these rights. But with CLMA they have been empowered to ask for a service at the hospital they feel they are in need of. For example, we have been having about hundred people asking for PrEP compared to when the year had just started when only twenty or thirty were asking for it," said Chipwele.

However, despite the growing demand for PrEP, some health facilities are unable to meet the demands due to unavailability of the commodity in their facilities and lack of training of the health care workers to start providing it.

Authorities at Kaluluma and Kasalika Health Centres in Kasungu, Mayani Health Centre in Dedza said they do not issue PrEP at their facilities because they have not yet been trained for it.

"The District Hospital offers PrEP but here at the Health Center we do not have it. So we are still waiting to be trained by the Ministry of Health (MoH) and have the drugs supplied at the facility because people are usually asking for it", said Gift Chilangiza, Clinician at Kaluluma Health Centre in Kasungu.

PrEP is the use of antiretroviral medication to reduce the risk of infection for people who are HIV negative. Especially for key populations like Female Sex Workers (FSWs) who face inequities to negotiate consistent condom use with clients. Therefore, the World Health Organisation (WHO) recommended the use of PrEP in 2015 to populations at substantial risk of HIV infection.

CLMA Data Supervisor in Kasungu, James Nthondo said not only do the communities go to ask for medication. They also request for appropriate health service structures where they see there's need.

CS-CLMA IMPROVES SERVICE DELIVERY FOR KEY POPULATIONS IN KASUNGU

BY MERCY GWAYI

Often times, people who are at high risk of HIV like key populations which includes men having sex with men (MSM), Female Sex Workers (FSW), Transgender (TG), are not properly assisted when it comes to health care in health facilities due to their sexual orientation. MANERELA+ through the Citizen Science Community Led Monitoring and Advocacy (CS-CLMA) project started addressing this challenge in 2021.

Jane Zanda, a FSW in Kasungu district, said, as sex workers they have been facing a lot of challenges to accessing health care, but things have changed with the coming of the project.

“We used to get harsh treatment when seeking health care and we sometimes shied away from seeking health care from the hospital, afraid of being called ‘hores’ by health care workers. But now through CS-CLMA we have a good relationship with service providers and no longer get insults,” said Zanda.

District Manager at Family Planning Association of Malawi (FPAM), Anthony Phiri described CS-CLMA as a game changer by bringing new initiatives for providing health care.

“The project has created a platform through engagements with targets; key populations, religious as well as traditional leaders for us to get feedback

on how we are providing services at the health facility and get insights on how we can improve on where we are not doing right,” He said. He further said FPAM provides a differentiated service delivery known as moonlight to FSW in their respective hot-spots.

“This service is provided at night in areas where FSW are found. We visit them and provide condoms, lubricants, treatment for Sexually Transmitted Infections (STI’s) as well as HIV testing,” he said.

According to the World Health Organisation (WHO), quality health services must be people-centered, which means providing care that responds to individual preferences. It must be safe; avoiding harm to people whom the care is intended, it must be equitable; providing care that does not vary in quality on account of age, sex, religion gender, race, ethnicity, geographical location, socioeconomic status or linguistic or political affiliation, it must also be effective; providing evidence-based health-care services to those who need them.

Joseph Nthondo, CS-CLMA Data Supervisor for the project, said MANERELA+ is working to bridge the gap between health care workers and recipients of care, which includes key populations, so that everybody should know their right to access health services and for health workers to know what services

to provide and how.

“We have data collectors in this project who are there to generate evidence through data collection from various health facilities where the project is being implemented on how services are being provided in those facilities and the type of services. Through this data, we conduct interface meetings between recipients of care, including key populations and duty bearers, so that identified problems are addressed.” said Nthondo.

Clinical officer at Kasungu district hospital, Twaibu Chipwele, commended MANERELA+ for the project as it has helped them to address problems that were presented by key populations and other recipients of care. So, there is hope that our country will win the fight against HIV through quality health service delivery.

Malawi is being guided by the UNAIDS fast track strategy of ending AIDS by 2030 through achieving 95:95:95 targets. This means 95% of people HIV-infected individuals to know their status, 95% of recipients of care who know their status to have started and adherent on ART and 95% of recipients on ART to be virally suppressed



Oral PrEP

by 2030 to win the HIV fight. CS-CLMA is one of the interventions fighting against HIV and it was being implemented by MANERELA+ in partnership with the Network of Journalists Living with HIV (JONEHA) in 8 facilities in Kasungu district namely

Kasungu District Hospital, FPAM, Kaluluma, Bua, Chamwabvi, Kasalika, Mnyanja and K2-TASO Health Centres with funding from the Bill and Melinda Gates Foundation through the International Treatment Preparedness Coalition (ITPC).

The project sought to assess and generate evidence on service access gaps and HIV service barriers for people living with HIV/ key populations in the context of COVID 19 and to improve HIV service delivery and service uptake by the target populations amidst the COVID 19 pandemic.

FROM PG. 33

CS-CLMA Contributes to Increased Health Services Demand

“In one of our engagements with these groups in 2021, a recipient of care requested for an ART structure which has now been built at the District Health Office because they felt privacy was being compromised at the district hospital due to having a small space where ART was offered,” said Nthondo.

CLM seeks to improve quality of health service delivery in facilities by engaging both target populations, health workers and other duty bearers in meetings to help address concerns between parties around health service delivery.

The demand for improved quality of services by different population groups demonstrates knowledge on health as a right for life to everybody irrespective of status, race, gender, religion etc. The right to health is well protected in international human rights instruments like Article 25 of the Universal Declaration of Human Rights (UDHR) and Article 12 of Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) protect health rights.

The Committee on Economic, Social and Cultural Rights (CESCR) interprets it as the right to have access to health care services with a corresponding state duty to make such services accessible to all. It also includes an entitlement to a system of health that provides “equality of opportunity for people to enjoy the highest attainable level of health.”

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