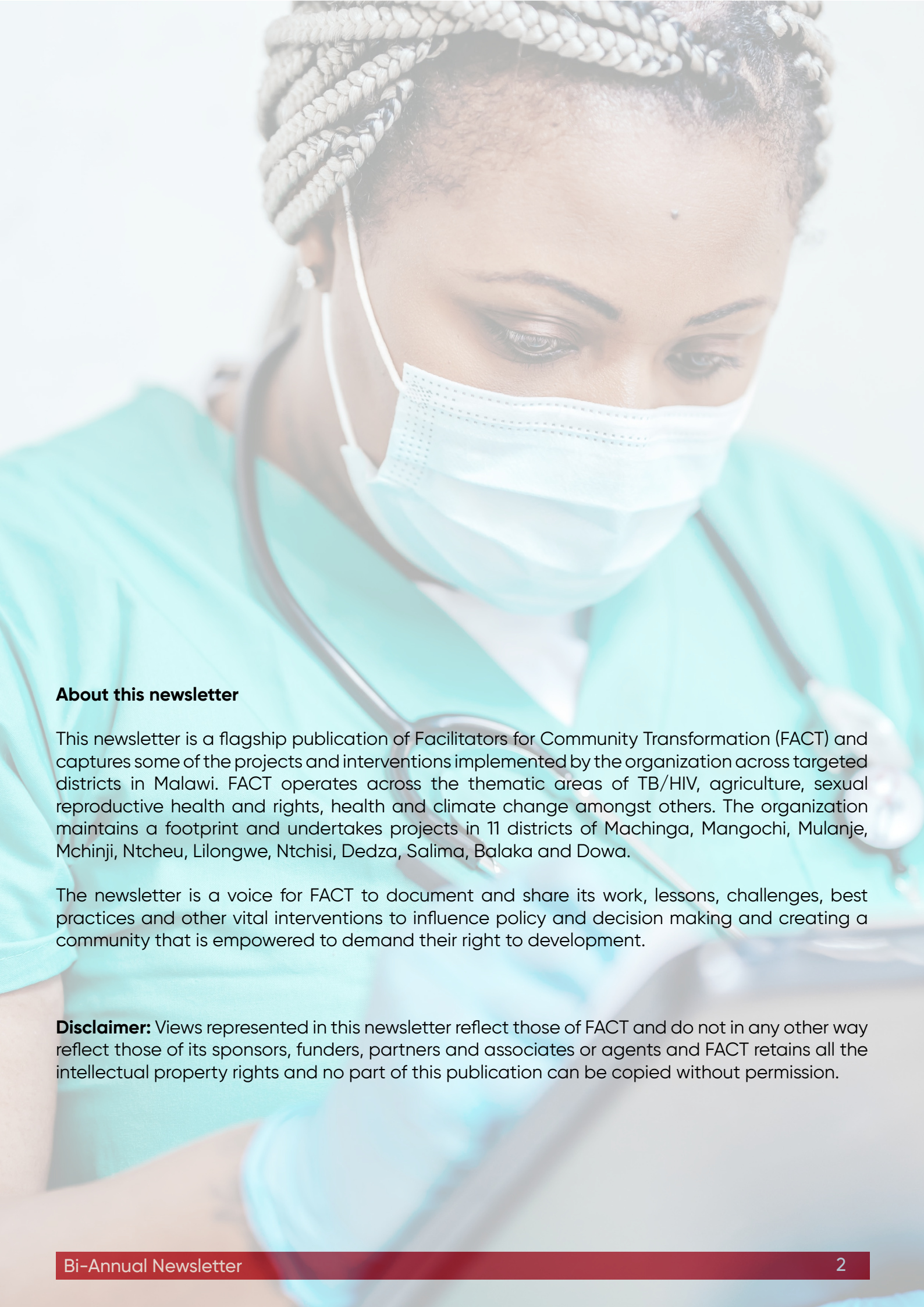




Bi-Annual Newsletter



About this newsletter

This newsletter is a flagship publication of Facilitators for Community Transformation (FACT) and captures some of the projects and interventions implemented by the organization across targeted districts in Malawi. FACT operates across the thematic areas of TB/HIV, agriculture, sexual reproductive health and rights, health and climate change amongst others. The organization maintains a footprint and undertakes projects in 11 districts of Machinga, Mangochi, Mulanje, Mchinji, Ntcheu, Lilongwe, Ntchisi, Dedza, Salima, Balaka and Dowa.

The newsletter is a voice for FACT to document and share its work, lessons, challenges, best practices and other vital interventions to influence policy and decision making and creating a community that is empowered to demand their right to development.

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Exclusive Interview with the Executive Director, Thokozire Phiri Nkhoma **Excerpts;**

WHAT CAN YOU SAY ARE THE SUCCESSES ACROSS PROGRAMS OF FACT FOR THE PAST SIX MONTHS?

Launch of the community led communication strategy (CLM), the strategy was launched in Machinga, it was a successful big event that called for the media houses, National TB network members, civil society (Paradiso), representatives from the ministry of health (DHO), local leaders (counselors and chiefs), implementing partners from Christian AID, DAPP AND KNCV. The Management of the Global Fund Consortium in the implementation of the TB Related Interventions Under the Global Fund HIV/TB Epidemic Control Program (2021 – 2023) which comprises of MANASO, MANET+, and PARADISO where FACT is the leading organization. FACT has been given Land by the Ministry of Home land Security to build and Office at Dzaleka Refugee Camp which will ease the implementation of Sexually Gender Based Violence case finding project at Dzaleka. The establishment of Women Action groups at Dzaleka refugee Camp which has helped women to come together

and learn issues regarding human rights and gender. Increased level of knowledge among communities regarding TB. In all projects, our focus is based on TB awareness, this has helped communities to know more about TB and access health services. We have also seen an increase in TB case notification, this is as a result of interventions carried out in different communities. People easily go to health facilities and submit samples making it easy for us to identify the patients. There is also strengthened level of collaboration and coordination among stakeholders.

What can you comment on the key best practices in the global fund and the QSS project?

There is good collaboration among key stakeholders such as the lead volunteers, TB focal persons and the DHMT (district healthy management teams) has helped in the implementation of the project activities thereby attaining the project targets. The utilization of community sputum collection volunteers has helped revamp the CSP in the community TB management.

What can you say has been the impact of COVID-19 on FACT's programs?

Covid-19 has affected the way programs operate in both positive and negative ways; for instance, poor project performance, currently, the projects being implemented are focused on TB, of which the signs and symptoms are similar to those of COVID-19 and there have been a confusion to understand and differentiate the two. Been rejected by communities and they have been unable to submit samples as a result of misconceptions related to TB and COVID-19. In addition, communities have been unable to go to health facilities for fear of being affected with the pandemic thereby leading to an increase in the number of people affected with TB. Fact has to adhere to the limitations set by the government such as; setting a limit of a number of people to attend a meeting, thus leading to virtual meetings, wearing of masks, using hand sanitizers, washing hand, avoiding handshakes and social distancing, just to mention a few.

As FACT, how do you look at the next six months of planned work and future Challenges?

The organization is looking forward to establish well implementation models for the workplan in place to achieve the intended goal and objectives of the organization. Facilitators of Community Transformation (FACT) is a well-recognized, women led non-Governmental organization established to promote sustainable national development by ensuring that Marginalized populations (the elderly, Women, Girls, Children, Youths, Prisoners, refugees, people with disabilities, key populations, and people in displacements) are accorded their fundamentals rights and equitable access to Health, Education, Agricultural and Public Development services. FACT therefore is looking forward to provide evidence through research, capacity building, social mobilization, networking and advocacy on how the marginalized populations are accorded to their fundamentals rights and equitable access to Health, Education, Agricultural and Public Development services Currently FACT implements its projects under donor support and in six months to come the organization envisions to widen up its capacity to establish a self-reliant resource mobilization mechanisms to sustain its operations.

Currently FACT implements projects under health and it envisions to have also projects under education, agriculture economics and development in the next six months period. Most importantly, we want to see FACT growing in terms of staff, as we currently have 13 staff members and we still have some positions which are vacant. Currently FACT is in 13 districts implementing various projects. We also plan to scale up projects in other districts.

Commentary

Welcome to this exciting edition of the bi-annual newsletter for Facilitators for Community Transformation (FACT) which gives an insight of packed stories. For the past months, we have been very busy in the field to provide access to TB screening, TB prevention and also advocating for a rights-based approach in tackling TB, one of the oldest diseases the world has ever seen. This newsletter comes at a time when the Covid 19 pandemic has slowed down, a scenario attribute to the vaccines which have lowered deaths among people with co-morbidities, the elderly and others.

We are talking about Covid 19 because evidence tells us that the pandemic has displaced and derailed TB services across the globe and Malawi is not an exception. Because of the inherent links of TB and Covid 19, it is vital to point out for any successful TB response, we have always to remember that the pandemic is still amongst us. At FACT we pay serious attention to an integrated approach towards TB and HIV and other health conditions.

Taking into account that TB still poses a threat to public health, Facilitators of Community Transformation (FACT) is currently implementing a Global Fund HIV/TB NFM III with other partners that include; Paradiso TB Trust, Malawi Network of AIDS Service Organizations (MANASO) and MANET+ in 10 districts namely Lilongwe, Machinga, Ntcheu, Balaka, Mchinji, Dowa, Ntchisi, Mangochi, Dedza and Salima. We are very determined that with greater collaborative partnerships, TB can be tackled effectively, hence FACT is highly indebted to the support from Global Fund for HIV, TB and Malaria and we are committed towards meeting commitments set by leaders at the 2018 UN TB High Level Meeting.

Across all our work on TB in Malawi as reflected in this newsletter, we are affirming support to The End TB Strategy adopted by the World Health Assembly in 2014. This is a 20-year strategy to end the global TB epidemic. The strategy draws on the opportunities presented by the SDGs, especially those goals aimed at achieving UHC and social protection from disease. The End TB Strategy has established targets to reduce TB deaths by 95% and reduce the number of people who develop TB every year by 90% by 2035 (compared to 2015 levels), and to ensure that no family is burdened with catastrophic expenses due to TB.

In the period, FACT implemented interventions at Dzaleka Refugee Camp to address gender-based violence through a UN Trust Fund grant. The camp initially designed for 10,000 people, is heavily congested with over 46,000 posing a serious health risk to refugees. Our work at Dzaleka has also seen FACT commemorating the World Refugee Day which falls on 20th June of every year.

Now, enjoy, relax and read this newsletter with pleasure!

Special report

FACT rallies with civil society organizations through networking in national TB response

The Facilitators for Community Transformation (FACT) is one of the well-known organizations working in the response in tackling Tuberculosis at both national and district level, with financing from the Global Fund and recipients Christian Aid, World Vision and FACT, communities are now benefiting from interventions aimed at case finding and treatment adherence.

One of FACT's implementing partners, Malawi Network of AIDS Service Organizations (MANASO) has been working in three districts of Salima, Dowa and Ntchisi in enhancing and improving TB case finding. In addition, increasing the number of notifiable cases enrolled on treatment and providing treatment adherence support to TB patients across the communities in those districts.

MANASO has managed to conduct mentorships for community sputum collection volunteers and expert clients in Dowa, Ntchisi and Salima through mentorship sessions focused on how to fill the data collection tool, completion of monthly reports and ways of strengthening community and facility linkages in the communities.

"The mentors were drawn from District Health Office especially from TB office alongside the lead volunteers from MANASO. HSAs who were part of the volunteer training were also used as mentors for the volunteers. In Salima, mentorship sessions were conducted among volunteers and expert clients covering 18 health facilities of Ngodzi, Lifeline Chipoka, Mchoka, Chagunda, Pemba, old hospital, Kaphatenga,

Chosamba, Katawa, Baptist Clinic, Lifuwu, Maganga, Chinguluwe, Chitala, Khombedza, Thavite and Makion" reads in part of a progress from MANASO

Looking at the progress in the targeted districts, it should be pointed out that community sputum collection volunteers, expert clients and Health Surveillance Assistants plays a huge role in accelerating sputum collection, informing people on TB symptoms, promoting TB treatment adherence and ensuring that there is better data collection.

The project has also facilitated TB Community Mass mobilization campaign in Dowa, Salima and Ntchisi districts. The campaign aimed to make the communities aware about TB signs,



Progress from the field

MANASO received 1,740 T-shirts and 87 cartons of hand washing soap from FACT to be distributed among CSC volunteers in Ntchisi, Dowa and Salima. 34 cartons of handwashing soap and 700 T-shirts were sent to Salima where 612 T-shirts and 33 cartons of hand washing soap had been distributed to 306 active volunteers by 30th June 2022. The remaining T-shirts would be distributed in July. Dowa got 660 T-shirts and 33 boxes of handwashing soap. Out of the 660 T-shirts, 492 had been distributed to 246 volunteers in 26 out of 33 CSCPs by 30th June. The remaining will be distributed in July 2022. Further to that, 20 out of 33 boxes of hand washing soap were distributed in the same period.

symptoms and treatment; and mobilize them for mass TB screening. Door to door campaign was also used so as to try to reach everyone in the target community.

In Salima district, a door-to-door screening campaign was conducted targeting three health facilities of Chagunda, Pemba and Maganga.



In action in the field, a TB Officer from Salima district and an officer from MANASO carry TB supplies in boxes for distribution across health facilities in the district during one of the enabler distribution exercises. Photo Credit: MANASO staff

In terms of presumptive TB cases, MANASO worked with partners to track down TB presumptive cases and a total of 119 presumptive TB cases were identified in Salima and some 503 cases in Dowa district.

TB treatment and prevention is vital to achieve the targets

The 2018-2022 Global TB report of World Health Organization sets a target to reach 90% of people in need of TB treatment and prevention. By improving the rates at which people are diagnosed and treated, countries can reduce the spread of the disease and drive down incidence. This requires early detection and prompt treatment of 90% of people with T (both DS-and DR-TB) and 90% of people who require preventive therapy. Proactively reaching out to people who are at risk of TB and providing systematic screening, diagnosis and appropriate care – an approach commonly known as active case finding – is essential to reaching the millions of people who go without access to TB services. While the best approaches to active case finding will be determined by local contexts, emerging best practices include supporting community-based outreach efforts; strengthening health systems to be able to better provide TB services; integrating TB screening with other health interventions (e.g., HIV, diabetes, nutrition); optimizing the use of existing tools and resources; scaling up successful active case finding pilots; and ensuring government financing and support for active case finding

Some of the key recommendations in the project includes on the need for District TB Officers and MANASO lead volunteers to regularly supervise follow-up of TB patients by volunteers and Health Surveillance Assistants (HSAs). Additionally allocate enough fuel for follow ups and report collection from SCPs. Unfortunately, fuel allocation was not adequate sparked by skyrocketing fuel costs that have affected a lot of public health interventions across Malawi and this project is not an exception. There is also a need to introduce a star performance award for best performing groups or individuals so as to promote health competition and good performance among the groups in the TB responses.

As seen in the work by FACT, MANASO and other partners in the Global Fund TB work, adequate resourcing is vital alongside a stronger community health system backed with well-trained cadres of frontline health workers and community-based volunteers in building a stronger TB response.

ENDS



Global Fund investment helps spur the response against Tuberculosis in local vulnerable communities

As a way of reducing TB disease and deaths across Malawi's selected districts, a local organization, Facilitators for Community Transformation (FACT) with financing from the Global Fund for HIV, TB and Malaria through Christian Aid and World Vision is working towards ensuring that communities are free from Tuberculosis, the collaboration is showing good fruits and the work in the field is rolling.

FACT has teamed up with organizations in a consortium consisting of Paradiso TB Trust, MANASO and MANET+ in 10 districts namely Lilongwe, Machinga, Ntcheu, Balaka, Mchinji, Dowa, Ntchisi, Mangochi, Dedza and Salima, the three-year project, running between April, 2021 to December, 2023 is called TB/HIV Epidemic Control Program.

In Quarter 2, 2022, FACT, MANET+, PARADISO TB Patients Trust and MANASO have managed to carry out the following activities; data collection in Mangochi and Machinga, data verification in all 10 districts, TB screening at Maula prison, CSCP mentorships and distribution of enablers (t-shirts and soap), door to door TB screening.

Some key strategies in the project include; Active TB case finding (ACF) through household TB screening and passive TB case finding. Both strategies results into one indicator on Number of notified TB cases (all forms) contributed by non-national TB program providers – community referrals. FACT utilizes lead volunteers to enter data that has been collected by the volunteers and also to perform data verification at both health facility and sputum collection points. The lead volunteer is also responsible for supervision and mentorship of volunteers at the CSCP.

TB mass screening yields results in prisons

FACT carried out TB mass screening at Maula Prison in Lilongwe from 4th to 25th April 2022. 1561 people were screened whereby the majority were inmates. 10 cases were confirmed to have TB and initiated on treatment. The main goal of the activity was to increase the number of notified TB cases in prisons and increase TB awareness in prisons (Key Population) thereby reducing further spread of the disease.

Malawi's prisons are overcrowded making it a breeding ground of TB due to poor ventilation as the design of prison infrastructure is not conducive to creating a TB free environment, hence FACT have singled out prisons as a key area of concern. In addition, nutrition in Malawi's prisons does not meet international standards as a country report on right to food by former UN Rapporteur, Oliver De Schutter found out right to food violations in prisons that has a bearing on TB drug adherence.

Data from the field; tackling TB in action

FACT managed to identify 784 presumptives and 22 TB cases in Lilongwe for the second quarter, these 22 cases identified represents 48% achievement from the targeted 48 Notified TB Cases. Data collected for Lilongwe for the second quarter is 73% hence poor case identification. FACT is yet to receive data for the remaining SCP. FACT also conducted mass screenings at Maula prison in Lilongwe where 10 TB cases were identified. Mchinji had 9 cases as the target for the second quarter, PARADISO managed to identify 19 cases of TB representing 211% achievement mainly due to good collaboration between the lead volunteers and TB focal persons. Total presumptives identified in the second quarter were 583. FACT is yet to receive the remaining 8% data from Mchinji.

Dowa district identified 376 presumptives from which 4 TB cases were identified. The target for Dowa was 9 TB cases and from the targeted 9 TB cases, MANASO managed to identify 4 TB cases representing 44% achievement. In Dedza the target was to identify 7 cases of TB in the second quarter, PARADISO managed to identify 225 presumptives and 6 TB cases representing 86% from the targeted 7 cases. Manet + managed to identify 32 presumptives in April and May but did not identify any TB case in these months. However, FACT is yet

to receive data from Ntcheu for the month of June as it is remaining with 39% of data to be entered. FACT managed to identify 235 presumptives and 3 TB cases in Machinga district representing 14% from the targeted 22 Cases. FACT is yet to receive to finish data entry for the May and June respectively. In Ntchisi the target was to identify 7 TB cases in the second quarter, however MANASO did not identify any case as they managed to only identified 70 presumptives. Some 118 presumptives and 9 TB cases were identified from Balaka CSCPs in the second quarter, 9 TB cases that were identified represents 25% of the targeted 36 TB Cases.

Salima District targeted 9 cases for the second quarter, Salima managed to identify 146 presumptives and 9 TB cases from those presumptives, this translates to 100% of the targeted cases 9 cases. FACT is yet to receive more data from Manaso as they have collected 86% of data for the second quarter. The target for Mangochi was 28 for the second quarter and FACT managed to identify 12 cases from 303 presumptives that were screened. 12 TB cases identified represents 43% of the achieved target.

Lessons from the field

In the project reports, FACT notes that frequent supervisions and mentorships to Community Sputum Collection Point volunteers is vital to motivate them to work hard in the targeted communities. In addition, stronger collaboration among lead volunteers, TB focals and HSAs is paramount in as far as achieving community TB management targets is concerned. The door-to-door screening campaign provides more opportunity for individuals to voluntarily get screened. Data collection done on monthly basis plays a crucial role in strengthening partnerships between the HSAs, sputum collection volunteers and lead volunteers. On the other hand, the supply of T-Shirts and other enablers have become a motivation to CSCP volunteers to work extra hard, including TB Mass screenings which have greatly helped in finding TB cases easily and disseminate TB messages widely to communities and target groups.



Some of the community sputum collection volunteers in smiles pictured here Kanyama Health Centre in Dedza District, central region of Malawi after receiving T-shirts which are vital enablers in TB sputum collection. Photo credit: FACT staff



Trained community sputum collection volunteers at a health center in Lilongwe, central region of Malawi. Photo Credit: FACT staff

Fact Box

At a glance; Some quick facts and statistics

Country population: 19,465,149 (Based on 2018 population census)

Income status: Low-income country (\$580 Gross National Income) per capita

HIV prevalence: HIV prevalence, at 5.1% overall and 8.2% among adults. An estimated 982,470 Malawians are living with HIV, of which, 62% are women, 38% men, and 5% are children under 15 years old

Estimated number of people who developed TB: 27,000

People who died due to TB: 2,600

Number of people who developed TB and were HIV co-infected: 12,000

Contraceptive prevalence: Uptake of modern contraceptive prevalence rate is at 58%

HIV and TB mortality: Mortality from HIV has decreased by greater than 50% since 2010 with a stable TB death rate of 14 cases per 100,000 people in 2020.

Non-communicable diseases: non-communicable disease and injury mortality has been on an increase over the last decade now accounting for over 40% of mortality in Malawi

Out of pocket health expenditure: In 2018, Malawi had a low share of out-of-pocket expenditures at 12.7% of total health expenditure as compared to an average of 41% for other low-income countries

Largest refugee camp: Dzaleka Refugee Camp in Dowa district set up in 1994 and hosts around 46,000 refugees mainly from the Great Lakes region, Democratic Republic of Congo, Burundi, Rwanda, Somalia and others

What is FACT? FACT stands for Facilitators for Community Transformation, FACT is a well-recognized, women-led non-Governmental organization established in 2012 to promote sustainable national development by ensuring that marginalized populations (the elderly, Women, Girls, Children, Youths, Prisoners, refugees, people with disabilities, key populations, and people in displacements) are accorded their fundamental rights and equitable access to Health, Education, Agricultural and Public Development services through research, capacity building, social mobilization, networking and advocacy. FACT envisions a developed gender sensitive, just society free from poverty and human sufferings.

Some challenges in TB work across communities;

- Long Turn Around Time for Sputum results in most health centers
- Some volunteers still have problems on clearly elaborating the four cardinal questions, they end up including symptoms that are not relevant like back pain and loss of breath
- Volunteers do not follow up on patients with a negative test result but still show signs of TB.
- Poor collaboration between lead volunteers and TB Focals in some districts
- Little or no engagement of HSAs in the project which also affects data collection
- There has been a challenge of visiting the CSCP's because of lack of transport
- Lack of airtime used to communicate with TB stakeholders (TB focal person)
- No refresher and initial trainings to some volunteers

Building TB proof communities; Advancing TB prevention through collaborative partnerships

Building TB free communities starts with better collaboration, as one way of preventing TB and reducing deaths, the Facilitators for Community Transformation (FACT) a local NGO is working to tackle stigma and discrimination, raising awareness on TB and strengthening capacity of local leaders in the districts of Mangochi, Mulanje and Machinga, the partnership has already borne good fruits in the communities.

FACT in partnership with Development Aid from People to People (DAPP), KNCV Tuberculosis Foundation and Ministry of Health with funding from United States Agency for International Development (USAID) is implementing a project dubbed Mobilizing Local Entities to Improve the Quality, Scale and Sustainability of the TB Response in Malawi (Project QSS).

As part of this work, FACT has been working across three targeted districts of Mangochi, Mulanje and Machinga to launch and roll out a TB stigma and discrimination, human rights and gender communication campaign. In addition, six interactive community radio programs on TB awareness and stigma reductions have been broadcast.

Taking into account the role faith leaders play in public health, FACT has also conducted two district faith-based message seminars on TB stigma, discrimination and human rights messages reaching 100 faith leaders to ensure that the leaders use their religious platforms across communities to help reduce stigma and discrimination and promote a rights-based approach towards TB.

FACT Head of Programs, Aggrey Munthali says the QSS project is vital to enhance TB case notification and improve treatment outcomes and hails USAID for funding the project.



Part of the discussions in the USAID funded QSS TB project, the project is making a greater contribution towards addressing stigma and discrimination in the fight against TB in vulnerable communities.

Across targeted districts, FACT and partners are working to reduce stigma and discrimination among TB patients by increasing TB and HIV awareness using campaigns targeting high burden communities to improve understanding of TB symptoms, transmission, prevention, diagnosis leading to increased service demand across health facilities.

“There is a general indisputable perception that gender, cultural beliefs, stigma and discrimination affects access to quality TB services among people affected by TB. In a bid to streamline and harmonize critical information and skills were highlighted and disseminated to groups of faith leaders across three districts during a one-day seminar” explains one of the field reports. The report also adds “It is anticipated that this will narrow the communication gap created by misconceptions, and negative myths surrounding TB”

In areas of Mangochi such as Malombe which is located on the shores of lake Malawi, FACT has been conducting awareness campaigns to engage people on issues of gender, stigma and human

rights. The organization conducted three community sensitization campaigns across Mangochi, Mulanje and Machinga district, drawing together faith and traditional leaders.

Community TB outreach ambassadors were unveiled at awareness campaign events to increase community awareness on TB, stigma, human rights and gender, this is vital to increase demand for comprehensive TB services, including encouraging earlier presentation at facilities when TB symptoms develop. FACT has reached over 3000 community members across the targeted three QSS project target districts.



Community members in the lake shore district of Mangochi in the area of Malombe follow a talk on TB Stigma, Human Rights & Gender messaging. Photo Credit: FACT staff

FACT boosts engagement with TB district forums

As a way of enhancing district engagement on the TB response, FACT has facilitated the formation of TB district forums in Mangochi, Mulanje and Machinga with an aim of strengthening implementation and following up on the progress of a roadmap of TB interventions across these high TB burdened districts. By engaging forum members, it provided a platform for feedback on the activities conducted by each representative of the forum and share the issues documented that would be crucial for the district to take charge and address them effectively.

“This forum is mandated to provide feedback to the district on the issues presented by the community themselves that affect them in one way or the other” reads FACT’s progress report.

Using a communication strategy to enhance district-level TB interventions

In the implementation of the QSS project, FACT and its collaborating partners launched a TB Stigma, Human Rights and Gender Communication Strategy. In pursuit of outcomes in the QSS project design in output 1.5, a consultant was engaged to develop a communication strategy to increase case notification and TB treatment coverage through active case finding (ACF) in health facilities across Mangochi, Machinga and Mulanje. The strategy further seeks to build a more sustainable approach to TB response in the targeted districts through strengthening of the health care system and community-based responses, such as capacity building among healthcare providers and community volunteers, improvements in data quality for strategic decision making, and de-stigmatization, especially among health care providers, for TB clients.

Director of Health and Social Services for Machinga district, Dr. Arnold Kapachika expressed his excitement for the long-awaited strategy at the launch.

At the strategy’s launch, the Ministry of Health through District Health Management Services from the three implementing Districts, National TB and Leprosy Elimination Programme, (NTLP), DAPP, KNCV, Christian Aid, World Vision Malawi, PARADISO TB Patients Trust, MANET+, MANASO, Civil Society TB Network, the District Council, the electronic and print media, faith and community leaders, volunteers and ex-TB patients were all present.

Another vital constituency, the media were all represented, including some of Malawi’s popular media houses such as Zodiak TV and Radio, Times TV and Radio, MBC TV and Radio, Nation News Paper and Daily Times among others. **ENDS**

Best practices for knowledge and learning

Best Practice 1: Mass screening of TB in prisons

Screening for TB in prisons is a huge innovation and a best practice and needs to be expanded across the prisons of Malawi, considering high levels of congestion in the country's prisons, poor ventilation and inadequate intake of nutritive foods across prisons, it makes inmates at high risk of developing TB and dropping out of treatment. Treatment adherence and completion is also dependent on better nutrition and access to treatment literacy. Unfortunately, most prisons are not reached with mass screening campaigns for TB. Now that the World Health Organization promotes TB preventive therapy using shorter drug regimens such as 3HP, prison inmates can be initiated to reduce TB spread in the congested prisons.

FACT has been using mass TB screenings in prisons such as Maula and 1,561 inmates were screened for TB and 10 were found with active TB disease. The 10 inmates were immediately initiated on TB treatment. Some techniques used in the mass screenings;

- Mobile Van Unit (Chest X-ray Machine)
- Sputum collection from presumptives
- 4 Cardinal questions for TB screening (Are you having fever? night sweats? Weight loss? cough for more than 2 weeks?)

Best Practice 2: Community led monitoring in TB interventions

FACT has engaged TB volunteers in community led monitoring in a USAID funded QSS project across the targeted districts of Mulanje, Mangochi and Machinga. The process is that trained volunteer will pass on skills, train, support, equip, and pay members of affected communities to themselves carry out routine, ongoing monitoring of the quality and accessibility of TB management, treatment and prevention services. Monitoring focuses on collecting quantitative and qualitative data through a wide variety of methods that reveal insights from communities about the problems and solutions to health service. These variety of methods include direct observation of the conditions of services by community monitors, interviewing clients at facilities, interviewing staff and managers at facilities, conducting focus groups and door-to-door surveys in areas served by clinics. These efforts are systematic and rigorous, but would focus on the key outcome of creating change.

Priority is placed on generating actionable information over scientifically collected data that may be of less use in the short term. Community-led monitoring instead would bring the insights gathered by communities to a wide public audience based on the believe that pressure is needed to affect change and that transparency can lead to accountability, particularly in response to problems that have been unresponsive to traditional approaches.

By Staff Writer

Intervening in Dzaleka refugee camp to combat gender-based violence

Located a few kilometers away from Malawi's capital, Lilongwe lies one of the largest refugee camps in Southern Africa, Dzaleka refugee camp which according to data from the United Nations High Commissioner for Refugees (UNHCR) hosts over 46,000 refugees, taking into account the need to tackle gender-based violence in the camp, Facilitators for Community Transformation (FACT) is now helping women refugees to put back their lives to normalcy.

In the refugee camp, FACT has been implementing indirect activities such as Know Your Rights and Responsibilities. The target group are Women Action Groups (9 groups comprising 15 women and girls in each group who are Trainers of Trainees [TOTs]) who received further training on life skills such as briquet making, backyard gardens, hair dressing and Village Savings and Loans (VSL) to enhance self-reliance.

FACT also intends to conduct the Amodzi -We Are One Campaign which aims at promoting peaceful interactions. The campaign will target women, men, boys and girls within the Refugee Camp, FACT also intends to launch a Hotline Service in the camp as part of the response to gender based violence.

Commemorating the world refugee day in style at Dzaleka

The World refugee day is an international day designated by the United Nations to honor refugees around the globe. The day falls on June 20 each year and celebrates their strengths and also encourages people who have been forced to flee their home countries to escape from conflict or persecution. Implementing partners including FACT, invited guests, refugees, surrounding communities, local leaders, chiefs, government gathered together in commemoration of the day which took place at Mbalame school playground on 20th June 2022 in Dzaleka refugee camp with the theme "Together we heal, learn and shine".

Before the event started, all invited guests, stakeholders and natives marched from Nsenga primary school to the event ground with songs carrying a message of safety, rights, peace, love and unity dedicated to all refugees worldwide while holding a banner written, the right to seek safety, whoever they are, wherever they come from and wherever they are forced to flee.

FACT works in Dzaleka Refugee Camp with financing from the UN Trust Fund to End Violence Against Women and Girls (UNTF) and builds engagement with Community Action Groups to enhance sensitization on the rights of women and girls including through know your rights community campaigns which have created demand for services on VAWG and SGBV prevention, as such tailored monitoring of the advocacy activities that had been implemented is being carried by the trained community action groups with a total number of 580 women and girls involved to date. **ENDS**



Part of the launch of a hotline 3034 that is helping to provide a platform for women, girls and other vulnerable groups at Dzaleka Refugee Camp to report human rights abuses. Photo Credit: FACT Staff

A plea to address and tackle theft in the refugee camp

During the 2022 world refugee day commemoration, one of the refugees, Niyihiragi Goreth asked Malawi government to consider sending more police officers to Dzaleka Refugee Camp in order to address the problem of theft at the camp.

Niyihiragi who is a refugee community leader, stressed on the need to deploy more police officers to the camp because people are living in fear and are failing to conduct their day-to-day activities. Goreth added that the officers should be provided with a vehicle which will be used mostly especially at night for patrols.

She also complained that 680 families at the camp were removed from World Food Program (WFP) system as such they are finding it difficult to feed their families considering that they only rely on WFP food rations to survive. She also appealed for better water and sanitation in the camp. "We have one hospital in this camp which is not enough for everyone here. We don't have

enough boreholes as well as such that we have problem of water. We are therefore asking government through the minister to consider our concerns," she said.



Refugees in a march at Dzaleka during the commemoration of the World Refugee Day and FACT were instrumental in organizing events during this important day. Photo credit: FACT staff



Staff of FACT interact at Dzaleka Refugee camp, second from (right) in a headgear is Cecile Pango who heads the Women Forum for Action, a local NGO working towards safeguarding and protecting women's rights and commends FACT for the project

Management of the camp and current situation

Malawi Government implements an encampment policy where refugees and asylum seekers are expected to reside only in the camp. Initially designed to accommodate just about 10, 000 to 12,000 refugees, the camp now hosts more than triple of its intended capacity to about 46,000 refugees. This camp has been in operation since 1998 and continues to increase in population. Using Japanese funding, a new camp site is being developed in Katubza and Dzaleka Hill, of which if completed will host approximately 500 families each. Though this is not enough to address the congestion in Dzaleka camp, FACT continues to engage policy makers and CSOs to increase advocacy with the Government for the allocation of additional land to host more refugees and decongest the current camp capacity. FACT has joined several partners including UNHCR is pushing for a settlement approach to push away from the encampment policy, to promote peaceful coexistence between refugee and nationals as well as boost self-reliance for refugees. **ENDS**



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