



Abwenzi

Pa Za Umoyo

Partners In Health

PIH MALAWI

QUARTERLY Newsletter

October - December, 2025 | Read more on www.pihmw.org



Investing In Potential:

How Strategic & Timely Support Transformed Alex's life

Dear Leader

Welcome to the Partners In Health (PIH) Malawi Quarterly newsletter for October - December 2025. We are pleased to share the remarkable progress and impactful initiatives undertaken in these months.

Our collective efforts continued to strengthen health systems, enhance community engagement, and promote equitable access to quality healthcare across Malawi.

During this quarter, PIH successfully handed over non-communicable disease (NCD) clinics in Mangochi, Ntchisi, and Rumphi, marking a significant milestone in decentralizing NCD care and ensuring sustainable health service delivery at the district level. Additionally, we intensified cervical and breast cancer screening campaigns in Balaka and Neno districts to contribute to early detection and improved outcomes for women at risk.

In this edition, you will also notice that in our commitment to maternal and child health, we launched a pioneering Point-of-Care Ultrasound (POCUS) training program in Neno. This initiative aims to empower health workers with vital skills to facilitate early detection of obstetric complications, saving lives and enhancing the quality of maternal health services.

Amidst these achievements, we share many other stories including an inspiring story of Alex, a resilient young boy who has defied the odds. Living with paraplegia, Alex lost his parents in 2024 but has



continued to excel academically, embodying hope and resilience. His journey underscores the importance of holistic support and unwavering dedication to our vulnerable populations.

Finally, you will appreciate how PIH reaffirms its zero-tolerance policy towards sexual exploitation, abuse, and harassment. This explains how we remain committed to maintaining a safe, respectful, and ethical work environment for all staff, partners, and community members.

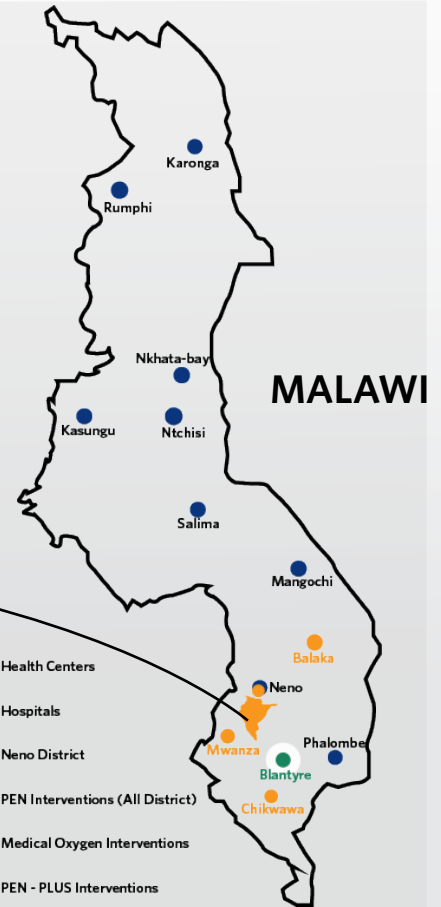
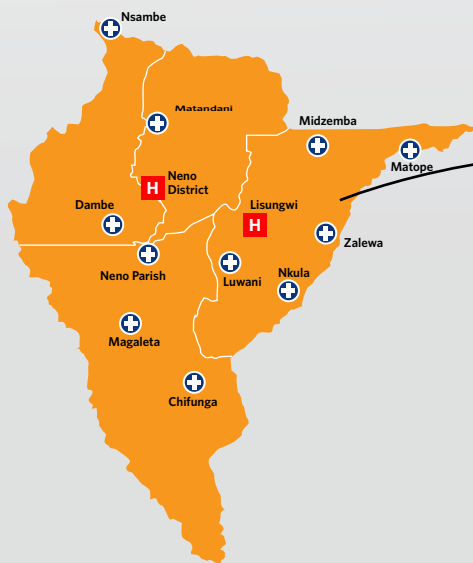
Read more on our website and 5 Social media pages to learn more about how we are making strides towards a healthier and more equitable Malawi. Just search Partners In Health Malawi

Enjoy the read



Communications **Manager**
Janet Mbwadzulu

NENO DISTRICT



PIH’s mission is to create a preferential option for the poor in health care by accompanying the public sector in strengthening the provision of essential health services through;

About Us

Partners In Health Malawi (PIH Malawi), known locally as Abwenzi Pa Za Umoyo (APZU), is a local non-governmental organization (NGO) that has accompanied the Ministry of Health (MoH) since 2007 in Malawi. The partnership is aimed at strengthening health services in Neno, a rural district in the southern part of Malawi, and other districts where PIH Malawi provides targeted services in Malawi. PIH Malawi is a sister organization to Partners In Health (PIH), an international organization working in other countries across the world. PIH has a coordinating site in Boston, Massachusetts, USA.

1. Strengthening human resources for health by providing essential staff and providing high quality capacity building to health care workers;
2. Supporting the provision of essential health infrastructure to allow comprehensive provision of care;
3. Supporting essential equipment, supplies and medication;
4. Working with MoH to create and strengthen systems that will improve the quality of care; and
5. Providing social support to vulnerable patients.

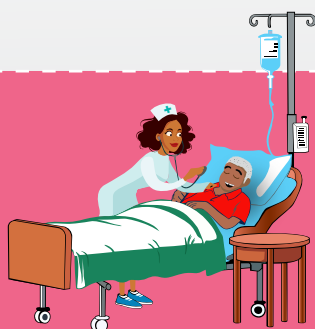
Our Mission

To accompany the Malawian Government in advocating, designing, and implementing a universal health system centered in community empowerment, equity and social justice.

Our Vision

We strive to create communities that are socially and economically empowered and have access to modern, high-quality health care.

Our Core Values



Umunthu: We interact with kindness, compassion and humility. We acknowledge that we are because of the communities we serve. We treat all people the way we would like ourselves or our loved ones to be treated. We imagine ourselves in the shoes of our patients and clients and do whatever it takes to meet their needs.



Daring and Bold: We challenge conventions until the innovation is the status quo. We set high standards guided by evidence. We are focused on improving long-term outcomes in building the health system. We are tenacious, flexible and nimble in our partnership with those we serve.



Positive Intent: We approach all people with trust and respect. We are not afraid to acknowledge and learn from our mistakes and transparent with those we serve.



Solidarity: We accompany our patients, colleagues and partners with humbleness and care. We seek guidance from most vulnerable to break the cycle of poverty and disease.



Dignity: We work in mutual respect, integrity and humility to serve our communities through inclusion, honoring and amplifying their voice.



Investing In Potential:

How Strategic & Timely Support Transformed Alex's life

Alex Captain is a 19-year-old from Matope Catchment Area in Neno District, Malawi. Born into a family of four, he is the third-born and has defied the odds by overcoming poverty and a disability. Born with paraplegia, Alex faced even greater challenges after losing his parents in 2014. He and his siblings now live with their aunt, who cares for several children, and the family relies on seasonal farming for survival.

During his primary education, Alex often missed school when his aunt or brother was unavailable to carry him, especially when they lacked a bicycle. Despite these challenges, he remained an exemplary student, impressing his teachers with his discipline, intelligence and consistently achieving strong academic results.

In 2021, Alex joined the Matope Teen Club, a PIH initiative supported by the ASPIRE Project that brings together adolescents across the district to learn life skills, self-care, and healthy living. Through his participation in the Teen Club and continued program support, Alex began to thrive and envision a future beyond his immediate challenges. In 2022, PIH provided him with a wheelchair to improve his mobility and enable easier access to care, education, and Teen Club activities.

After completing his primary education at Kasupe Primary School in 2024, Alex was selected to attend Matope Community Secondary School in August of the same year. While this was a major milestone, accessibility at the school, and just like many other schools across the country

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remained a challenge due to limited facilities for people living with disabilities. Later that year, Alex sat for entrance exams to church-run institutions and was accepted into the Henry Henderson School of Excellence (HHS), a prestigious school in Blantyre, marking a major opportunity for his academic and personal growth.

Concerned about the cost of over USD 500 per term in tuition, he applied for a school bursary and was awarded full tuition support. However, the family still struggled to meet basic needs such as groceries, clothing, transportation, and upkeep. According to the PIH Malawi HIV and TB Manager, Doctor Dimitri Suffrin, Alex approached PIH.

“When he reached out to PIH for assistance, we stepped in to provide this support including school materials, to enable him to report for school at HHS in September 2024. We were obliged to assist after looking at the background of Alex, his ambition and courage with education. We hope he will continue working hard in his academic journey,” he said.

Before Alex left for school in the same year, 2024, PIH had also supported him with disability friendly house for him and his family so that he can be able to get in and out without difficulties. Additionally, his family received five goats through the Pass-On Goat Seed Program under PIH’s POSER program to promote economic empowerment at household level.

Today, Alex is fully focused on his



George Muhone, POSER officer at PIH Malawi, visited Alex Captain (19) on 29 January 2026 at his school in Blantyre to check on his well-being - Picture by Joseph Mizere

earned a place at HHI and ranked 18th out of 117 students in Form 2 last term. His journey is more than a story of hardship, it is a powerful testament to what is possible when timely and meaningful support is provided. Alex’s success demonstrates that even the most deeply rooted barriers of injustice and inequality can be overcome, and that investing in young people like him creates lasting change for individuals, families, and communities alike.

“I am grateful to PIH for stepping in to support my education. I am determined to achieve my dream of becoming either a doctor or a journalist. I will continue working hard at school for myself but also as a token of thanks to all those supporting me,” said Alex.

PIH Malawi is implementing the ASPIRE Project under its Program on Social and Economic Rights (POSER). Through POSER, PIH Malawi is responding to people’s needs beyond disease treatment based on the premise that medicine and medical interventions alone are not adequate for resolving complex issues that patients and their households face in settings of poverty. It strives on a daily basis, to interrupt the cycle of poverty and the burden of diseases by addressing the social inequalities that place vulnerable clients at increased risk of illness in Neno District.



Websta's Journey Through Life-Threatening Hernia

Twelve - year-old Websta Chiphaka arrived at Lisungwi Community Hospital in the company of his mother, Zione Nkhoma, after being referred from Matope Health Centre. What had begun as a complaint of abdominal pain had quickly escalated. By the time he reached Lisungwi, Websta was vomiting, unable to pass stool, and in severe abdominal distress. He also had noticeable swelling in his right inguinal region, a condition that had been slowly worsening for an entire month. For his mother, the transfer to a larger facility confirmed her worst fear: her son's illness was far more serious than a simple stomach ache.

At the hospital, doctors diagnosed Websta with an irreducible inguinal hernia.

Part of his intestine had pushed through a weak spot in the abdominal wall and become trapped, unable to be pushed back. Without immediate surgery, the trapped tissue could lose its blood supply, leading to tissue death, infection, and death. Surgery was the only remedy. But for a frightened mother, consenting to an operation on her child was a heavy decision. "I thought I would lose him," Zione later recalled. "My heart was so heavy. I did not know if he would survive."

That is when direct assistance began for Websta. Partners In Health (PIH) Clinical Officer, Hassan Willies, stepped in to ensure that both Websta and his mother were fully supported.

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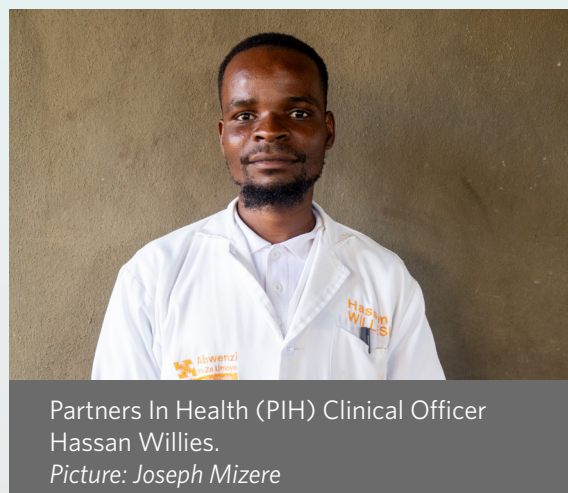
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Willies took time to carefully explain the surgical procedure to Zione in clear and compassionate language. He walked her through every step of what would happen during the operation and, just as importantly, what to expect afterward including pain management, wound care, signs of infection, and the recovery timeline. This clarity transformed Zione's dread into confidence, and she signed the consent forms knowing that her son would be in capable hands.

The surgery, led by Willies together with the Ministry of Health team, took about an hour. The medical team successfully reduced the hernia and repaired the abdominal wall. Websta's irreducible inguinal hernia, which had been causing him unrelenting pain, vomiting, and inability to pass stool, was finally corrected.

The very next day, Websta was stable enough to be discharged. But the assistance did not end there. He was scheduled for a follow up review, and his mother received clear instructions on post operative care at home. Weeks later, during his review, Websta had made a full recovery. His mother reported that he had returned to all his normal activities and he was able to play with his peers, eat, and attending school without pain or fear. "I am so happy," Zione said. "My son is alive. He is running again. I will never forget what the medical team at Lisungwi Hospital did for us."

In his remarks, Willies disclosed that PIH's support and the corroboration with the MoH has been instrumental in handling emergency medical conditions like Websta's.



Partners In Health (PIH) Clinical Officer
Hassan Willies.
Picture: Joseph Mizere

"Partners In Health is assisting the health facilities in Neno including Lisungwi with essential medical supplies, theatre equipment, and ensures that we receive ongoing training," he explained. "Without that, a child like Websta might have suffered for weeks longer or worse. But because we had what we needed, he went from being unable to eat or walk to running and playing like any other 12-year-old. That is the impact of this operation, not just saving a life, but giving a child his childhood back," said Willies.

Today, thanks to PIH's support, Lisungwi Community Hospital handles nearly twelve similar hernia cases every month, saving young patients like Websta from what could otherwise become a preventable death. For Websta, assistance came in the form of a correct diagnosis, a compassionate explanation, a life saving operation, and careful following up every step of the way. His story is a powerful reminder that with the right resources and trained personnel, a child can go from severe pain and uncertainty to full health in just days.



From Worry to Recovery

Imagine navigating the transition into womanhood while carrying a private, silent worry: at eighteen years old, you have never experienced a menstrual cycle. For Elube (a pseudonym), this was not a hypothetical fear but her daily reality, a source of profound anxiety and unanswered questions about her own body, her health, and her future.

Her search for answers led her, accompanied by a steadfast aunt, to Dambe Health Centre in Neno. Elube presented with a primary concern of delayed menarche, the medical term for the absence of menstruation. The condition had already taken a significant emotional toll, creating deep-seated fear and uncertainty for both Elube and her family. Recognizing the need for specialized expertise, a clinician at Dambe made a pivotal decision and secured a referral to the gynecology clinic at Neno District Hospital.

What happened next was a step closer to understanding her condition, not just for Elube, but for what it represents in a resource-limited setting like Neno. In most parts of Malawi, a condition like Elube's would require travel to a tertiary-level hospital in a major city, often hours or days away. That journey is expensive, exhausting and for many families, simply impossible. But at Neno District Hospital, a secondary-level facility, a rare combination of specialized personnel and partnership made the difference.

At the facility, a multidisciplinary team composed of an Obstetrics and Gynecology Clinical Officer and a Radiographer conducted a comprehensive assessment. Given the clinical complexity, the team consulted Partners In Health (PIH) Malawi's Obstetrician/Gynecologist, Dr. Thokozani Kaliati, for a definitive review.

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This level of expertise advanced diagnostic imaging and coordinated gynecologic care is almost unheard of at a district hospital. But because of PIH's support in training, staffing, and clinical mentorship, Neno District Hospital has become an exception: a secondary-level facility capable of diagnosing complex reproductive health conditions that would otherwise be missed or delayed for months or years.

The diagnosis was life-altering. Elube was found to have Müllerian agenesis, a congenital condition affecting the development of the reproductive system. The team carefully explained that her path forward would involve a series of specialized investigations and likely reconstructive surgeries. They also discussed the difficult reality that her chances of biological fertility were significantly diminished. In that moment of devastating news, Elube's aunt became her anchor. She immediately enveloped Elube in an embrace of unwavering support, reassuring her that her worth was not defined by her diagnosis and vowing that the family would walk alongside her through every step of the journey ahead.

Through stories like that of Elube, Partners In Health reaffirms its commitment in health equity. For Elube it was bringing specialized care closer to where people live. For too long, marginalized groups especially young women in rural communities have been forced to travel enormous distances to tertiary hospitals, only to face long queues, lost referrals, and weeks or months of waiting. Many simply

give up. But PIH believes that geography should not determine whether a person receives a diagnosis or dies without answers.

By incorporating specialized personnel like gynecologists, and trained clinical officers at district hospitals, PIH is proving that complex care can be delivered at the secondary level. Elube received a definitive diagnosis without ever leaving her district. She now has a name for her condition, a care plan, and a team that will continue to support her all because expert care was brought to her community, not the other way around. That is the future PIH is building: one where no woman, no child, and no family has to choose between impossible travel and unanswered suffering.



Partners In Health (PIH) Malawi's Obstetrician/
Gynecologist, Dr. Thokozani Kaliati.

Picture: Joseph Mizere

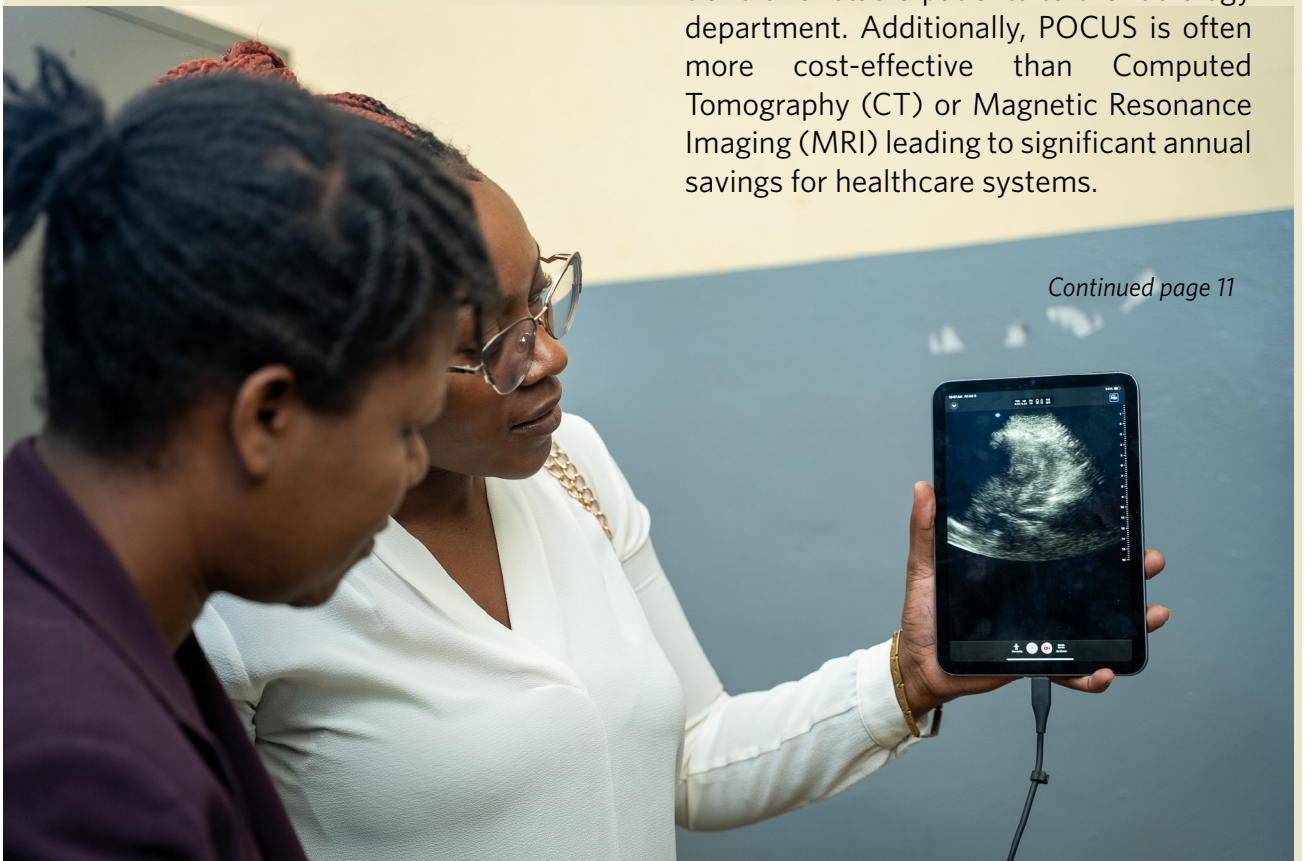
Strengthening Maternal Care Through Ultrasound Training

Partners In Health (PIH) Malawi, in collaboration with the Neno District Health Office and with funding from Takeda Pharmaceutical, launched a training program in Point-of-Care Ultrasound (POCUS) aimed at strengthening maternal health services.

A total of 32 participants from health facilities in Neno District took part in the training, which has been designed to equip nurses and clinicians with essential skills in obstetric ultrasound. These skills will help health providers correctly date pregnancies, detect complications early, and improve the quality of care provided to mothers and newborns.

Portable POCUS enables immediate bedside imaging, eliminating the need to transfer unstable patients to the radiology department. Additionally, POCUS is often more cost-effective than Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) leading to significant annual savings for healthcare systems.

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During the exercise, PIH Malawi's Obstetrician/ Gynaecologist, Dr. Thokozani Kaliati, emphasized the importance of this initiative, saying "Access to ultrasound at the point of care is a game changer for maternal health in rural areas like Neno. It empowers our frontline providers to make accurate diagnosis, timely decisions, prevent complications, and ultimately save the lives of mothers and babies."

'One of the participants during the training acknowledged PIH's effort in transforming the maternal care services through the ultrasound training

"I am grateful to PIH and MoH for facilitating this training because it will help me and my colleagues use the latest ultrasound technology for diagnosis. This is crucial in managing and treating women during different stages of pregnancy. It will

also strengthen how we counsel mothers to ensure they receive the right care," said Lisungwi Community Hospital Nurse Midwife, Gerson Chiyabwe.

Through this initiative, PIH Malawi seeks to improve maternal and neonatal outcomes in Neno District, thereby reflecting PIH Malawi's ongoing commitment to providing preferential option for the poor in health care by ensuring that even rural and hard-to-reach communities have access to quality maternal health services.



Dr. Thokozani Kaliati, Obstetrician/Gynaecologist during the training session.
Picture: Joseph Mizere



Health workers participating in an ultrasound training in Blantyre, enhancing their skills for better patient care.
Picture: Joseph Mizere



Three NCD Clinics Handed Over To MoH - Rumphi, Ntchisi and Mangochi

Partners In Health (PIH) Malawi officially handed over 3 Non-Communicable Disease (NCD) Clinics to the Ministry Of Health (MoH) in Ntchisi, Rumphi and Mangochi District Hospitals which were constructed with support from UNICEF.

The new facilities operating under the PEN-Plus model, will decentralize care for complex chronic diseases such as type 1 diabetes, sickle cell disease, heart failure, and rheumatic heart disease from tertiary hospitals to district and community facilities. This will significantly improve access to specialized care for people living with chronic and complex NCDs in these districts.

Speaking during one of the handover ceremonies in Ntchisi, the PIH Malawi's Chief Medical Officer, Dr. Henry Ndindi, highlighted the growing burden of NCDs in the country and the importance of partnerships in strengthening the health system.

"Malawi has a predominantly young population, with over 50% under 18 years, and the burden of NCDs among children and adolescents is rising. However resources, infrastructure, and training for NCD care remain scarce, particularly in rural areas, hence the need for the PEN-Plus initiative," he said.

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Dr. Ndindi reaffirmed PIH's commitment to working with the government of Malawi and other partners to strengthen pediatric and chronic NCD services through policy guidance, technical support, training, and mentorship. So far, the clinics are reducing overcrowding in tertiary facilities, and gives families renewed hope by providing care closer to their communities.

Vingeli Kaphinzira attests to this as his eight-year-old daughter, Trinity, received life-changing care for Type 1 diabetes at the NCD facility in Ntchisi, enabling her to manage her condition effectively and attend school. Through the clinic, she was provided with a glucometer for self-monitoring at home, and she is able to give herself insulin with ongoing health education.

On the other end, UNICEF Malawi Health Manager, Dr. Charles Nwosisi, highlighted their commitment to improving health services in Malawi, including support for programmes that advance universal health coverage and primary health care. He noted that the establishment of NCD clinics aligns with the goal of ensuring people receive the health care they need without suffering financial hardship, especially those with chronic conditions.

Overall, development aligns with Malawi's efforts to address the growing burden of NCDs, which account for 35% of the country's disease burden. By expanding access to essential healthcare services, the clinics will contribute to the country's progress toward universal health coverage.

In his remarks, the Principal Secretary in the Ministry of Health, Dr. Dan Namarika, commended PIH for its continued role in strengthening Malawi's health system. He encouraged other stakeholders to follow suit and help the ministry to strengthen health care system and ensure that no one is left behind in accessing essential healthcare.



A cross section of the delegates being briefed on at a handed over clinic in Rumphi.

Picture: Joseph Mizere



Principal Secretary in the Ministry of Health, Dr. Dan Namarika, cuts a ribbon to symbolise the opening of the clinic in Rumphi.

Picture: Joseph Mizere



One of the clinics that was handed over to the Ministry of Health in Mangochi.

Picture: Joseph Mizere



PIH Intensifies cancer and NCDs Screening in Neno, Balaka and Mzuzu:

A Unified Effort to Expand Access and Save Lives

Partners In Health (PIH) Malawi is dedicated to transforming healthcare access for populations through innovative and comprehensive community outreach initiatives. In the reporting period, PIH Malawi demonstrate a steadfast commitment to ensuring that vital health services, especially those targeting cancer prevention and management, reach those most in need.

In Neno District, PIH Malawi hosted a Screening for Health and Referral in the Community (SHARC) event at Magaletta. This initiative aimed to enable women to seek early care for illnesses like breast and cervical cancer, with the goal of detecting these diseases before they reach advanced

stages. The event provided essential services, including visual inspection with acetic acid (VIA) for cervical cancer, clinical breast examinations, and health education on risk factors and self-awareness practices.

PIH Malawi's Primary Health Care Manager, Chisomo Kondowe, emphasized the importance of community-driven interventions: "The fight against breast and cervical cancer is a race against time. Community-based programs like SHARC shift focus from treating advanced disease to detecting precancerous lesions or early tumors. Early detection increases

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treatment options and, most importantly, boosts survival rates from a coin flip to near certainty. In resource-limited areas like Neno, bringing screening to the community is not just good medicine; it's an act of justice that saves lives."

This collaborative model ensures that services align with national health protocols, with women who screen positive seamlessly referred into Malawi's public health system for further diagnosis and treatment. Beyond immediate screenings, the initiative empowers community members with knowledge, fostering a proactive culture of health that contributes to the long-term goal of reducing cancer-related morbidity and mortality in Neno District.

Recognizing the success of these efforts, PIH, with funding from Pfizer, is expanding screening services beyond Neno to Balaka and Mzuzu central, reaffirming its commitment to equitable healthcare access for all.

Building on this momentum, PIH Malawi launched a transformative health campaign in Balaka District titled "Scaling Up Cervical and Breast Cancer Services in Malawi." This initiative delivers a broad spectrum of health services directly to communities, including breast and cervical cancer screenings, family planning, screening for non-communicable diseases (NCDs) like hypertension and diabetes, nutritional assessments, HIV testing and counseling, and outpatient consultations for common illnesses.

PIH Malawi's National NCD Manager, Felix Magwira, highlighted the holistic approach: "The campaign integrates health care for different illnesses. In collaboration with Balaka District Health Office, we've built a model that brings comprehensive services directly to the community."

Pfizer's support has been instrumental in these efforts. In a context where donor fatigue poses ongoing challenges, this

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A setup for the campaign, which showcases villagers discussing the importance and impact of the initiative within their community.

Picture: Tyson Katundu



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partnership enables PIH and the Ministry of Health to expand integrated services and strengthen sustainable health systems. The campaign particularly targets women's health, promoting early detection of cancers that remain among the leading causes of death among women in Malawi. Offering free screening and health education raises awareness about preventive care and encourages regular medical check-ups, ultimately saving lives and empowering individuals to take control of their health.

Cedrick Mayenda, a Technician at Balaka District Hospital, underscored the importance of bringing services closer to those in need: "This campaign has come at the right time, especially for older women who often find it difficult to walk to health facilities.

Early screening helps identify precancerous cells that can be easily treated, preventing the disease from progressing. Early detection means more effective, less complicated, and affordable treatment, giving women peace of mind and enabling them to stay productive and caring for their families."

Malia Byson, a 27-year-old mother from Mbatamila Village in Balaka, shared her experience: "My family has many children, and resources are limited. The family planning services here will help me and other parents give each child a fair chance to grow strong and healthy."

Since early 2023, PIH, the MoH, and Pfizer have worked together in phased efforts to improve cancer care across Malawi. The first phase focused on developing national cancer care guidelines, laying the groundwork for comprehensive treatment. The current phase, "Scaling Up Breast Cancer Services," aims to expand access across districts, bringing early detection and treatment closer to the people who need it most.

This collaboration exemplifies how partnerships between the private sector and local organizations can create lasting change, ensuring that every Malawian, regardless of income or location, has access to quality healthcare.

Through these concerted efforts, community outreach, integrated health services, and strategic partnerships, Malawi is making significant strides toward a future where early detection, preventive care, and comprehensive treatment are the norm. These initiatives are not just saving lives, they are building a healthier, more resilient nation.



PIH Malawi Executive Director, Basimenye Nhlema, speaking to the PIH Malawi Partnership and Grant Acquisition Director, Makhumbo Munthali at the event. Picture : Madock Masina

Advocating for Equitable Health Systems

Partners In Health (PIH) Malawi joined the annual commemoration of Universal Health Coverage (UHC) Day in Lilongwe on 12 December, 2026. The event provided a unified platform for health stakeholders and advocates to work together in advocacy, communication, sensitization, and lobbying efforts aimed at influencing government policies and investment decisions that advance Malawi's progress towards universal health coverage.

Every year, advocates across the world mobilize on this day to call for strong, equitable health systems that leave no one behind.

"We Are Sick of It", was a call to action for countries to address the affordability, accessibility, and quality of health services, especially for the most vulnerable populations.

In Malawi, it is well known that many citizens still struggle to access or afford basic health services, despite the constitutional guarantees of this right. Frequent drug stockouts in public facilities force many poor patients to buy medicines

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from private pharmacies or forgo treatment altogether, placing them at even greater physical and socio-economic risk. Additionally, treatment for non-communicable diseases such as cancer and diabetes remains prohibitively expensive, pushing already vulnerable households deeper into poverty.

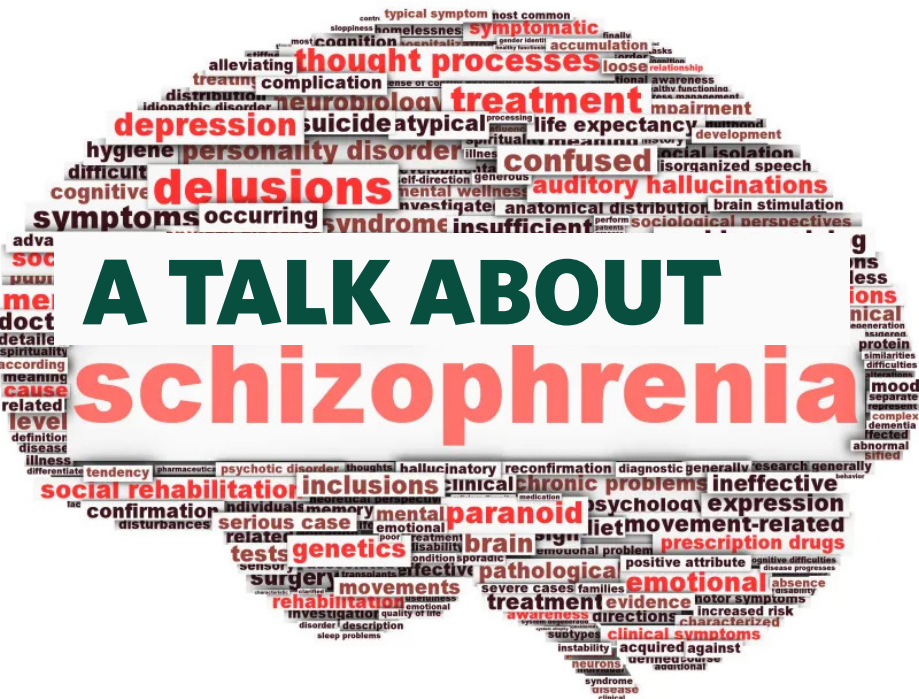
At PIH Malawi, we believe that denying a patient their right to health is an injustice, and that injustice has a cure. Our work supports the Ministry of Health to ensure that every patient we serve, regardless of their social or economic status, can access essential health services. This includes strengthening the availability of essential drugs for non-communicable diseases and other conditions in public facilities,

so that no patient is forced to choose between buying medicines they cannot afford and abandoning their prescribed treatment.

The UHC Day also came at a critical time, as the future of sustainable health financing globally and nationally, faces uncertainty following U.S. government funding cuts and reduced budgets from other donors. In response, the Coalition has called on the Government of Malawi to engage multilateral institutions and other creditors to negotiate debt restructuring and more reasonable conditionality. Such measures are essential to addressing challenges such as inadequate drug budgets, limited health worker recruitment, and low investment in health services, and to move the country closer to achieving universal health coverage.



Chairperson of Universal Health Coverage Coalition, George Jobe, delivering a speech at the event.
Picture: Madoc Masina



With PIH Site Programs Lead, Owen Mwale (who is also a Public Mental Health Specialist)

What is Schizophrenia?

Schizophrenia is classified as a psychotic disorder, characterized by severe disturbances in thinking, emotions, and behavior. Individuals with schizophrenia often appear disconnected from reality, causing significant distress for both themselves and their loved ones.

Most people often misunderstand mental illness, often equating it with schizophrenia due to how individuals with the condition present. In Chichewa, the term "misala" is commonly used to refer to mental illness, specifically portraying conditions like schizophrenia, which is one of the severe psychotic disorders.

How does a person who suffers from schizophrenia present?

Schizophrenia affects thinking, perceptions, emotions, and behavior. Symptoms include delusions (false, often bizarre or paranoid beliefs) and disorganized thinking (fragmented, hard to follow). Hallucinations (e.g., hearing voices)

distort perception. Motor behaviors may be disorganized, repetitive, or odd. Negative symptoms include reduced motivation, flat affect, and difficulty starting activities.

Cognitive issues affect memory, attention, and planning. Social withdrawal is common. Symptoms vary widely and can fluctuate over time.

What causes schizophrenia?

To this day, research has not identified a single cause of schizophrenia. Instead, it is believed to result from a combination of genetic and environmental factors.

1. **Psychosocial factors**, such as stress from poverty, gender-based violence, and abuse, may also influence the onset and progression of the disorder. Additionally, heavy use of cannabis (locally referred to as "chamba") is associated with an increased risk of developing schizophrenia.

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2. Genetics: Schizophrenia tends to run in families, but no single gene is responsible for the disorder.

3. Pregnancy and Birth Complications: Studies have shown a significant relationship between complications during pregnancy and birth and an increased risk of schizophrenia, making these complications a notable risk factor.

Is schizophrenia treatable?

Yes, schizophrenia is treatable using a combination of talk therapy [especially Cognitive Behavioral Therapy (CBT)], antipsychotic medication (e.g., chlorpromazine, haloperidol, risperidone), and social support. CBT helps patients cope with psychotic symptoms, reduce stress, manage medication side effects, and address related issues like anxiety or depression, without needing to convince them that their beliefs are false. Medication effectiveness varies: some see significant symptom reduction, while others may not.

Patients taking antipsychotics might:

- Experience side effects
- Need time for the medication to take effect, or have their medication adjusted if it isn't effective
- Need to continue taking medication long-term, often for two years or more, even after symptoms have improved

It's important to note that even with successful treatment, outcomes can vary:

- About one-third of patients may recover completely and live symptom-free
- Another third may recover but experience occasional relapses
- The final third may have residual symptoms but can still lead a normal life

Are patients suffering from schizophrenia dangerous?

A common myth is that all people with schizophrenia are violent, a belief fueled by media bias and public stigma. In reality, most are not violent. A small minority may become aggressive during acute psychotic episodes (e.g., paranoid delusions or voices), but individuals with mental illness are far more often victims of violence than perpetrators.

If you suspect that someone may have schizophrenia in neon, what can you?

If you see someone experiencing symptoms of mental illness in the community or on the street, you can help by taking the following steps:

1. Contact their Relatives: Reach out to their family members and encourage them to take the person to the nearest health center or hospital in the area.
2. Understand Legal Limits: Mental health care professionals cannot forcibly take patients from the streets to the hospital. However, if there are risks to the patient (such as violence, self-harm, suicide, exploitation, or neglect) or to the community (such as property damage, violence, or threats), the police and other professionals (including social workers, protection officers, and health personnel) can intervene. They may take the person to the hospital to ensure the safety of the patient and the community and that the patient receives appropriate treatment.

For more information and questions call the following number: 0881058686 or email: omwale@pih.org



Living APZU's Core Values: No Exploitation, Abuse, or Harassment

At PIH Malawi, we do not just provide health care but ensure that the care we provide is just, safe, and rooted in who we are. For us, avoiding sexual exploitation, abuse, and harassment (SEAH) is not a foreign agenda or an extra burden.

Prevention of Sexual Exploitation, Abuse and Harassment (PSEAH) is not an imposition but part and parcel of our 'DNA' in provision of health care. PSEAH is an ethical extension of our mission and a reflection of our five core values as you will see in the discussion below. The five core values are part of the foundation for how we treat our patients, those most

vulnerable, and our health workers. They are not just slogans that we mount on the wall or highlight in our policy documents.

1. Umunthu: I Am Because We Are

Umunthu calls us to recognize the humanity in every person and prohibits us from exploiting, abusing or harassing them as that would be a clear violation of our shared humanity. When we protect others from harm, especially in their most vulnerable moments, we live out Umunthu in its deepest form. Anyone of you who believes in Umunthu takes PSEAH as their personal responsibility, not as a mere policy to be adhered to.

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2. Dignity

At PIH Malawi, health care is more than medicine. It is demonstrated in the way we speak or treat both our patients and their guardians, and in the way we respect professional boundaries. For us, dignity means never turning a patient into an object, never using our power to demand favors, and never abusing our position. If you also believe in dignity and you want to truly deliver dignified care, you must ensure everyone is safe from abuse; be it physical, emotional, or sexual abuse.

3. Solidarity

At PIH Malawi, we do not behave like bystanders because the value of solidarity dictates to us to stand with the oppressed, the unheard, and the vulnerable. We do not ignore inappropriate jokes nor dismiss 'minor' violations. We act, speak up, support survivors, and internalize safeguarding by making safety of all who interact with us as our concern.

4. Positive Intent

When we act with positive intent, we intervene not to shame but to protect others and improve the situation. Our safeguarding policies exist not as a policing tool but to promote a culture of care. We, therefore, hold ourselves and others accountable because we believe that, together, we can do better and that avoiding SEAH is not about fear of punishment but about believing that we can do better as we care more.

5. Daring and Bold

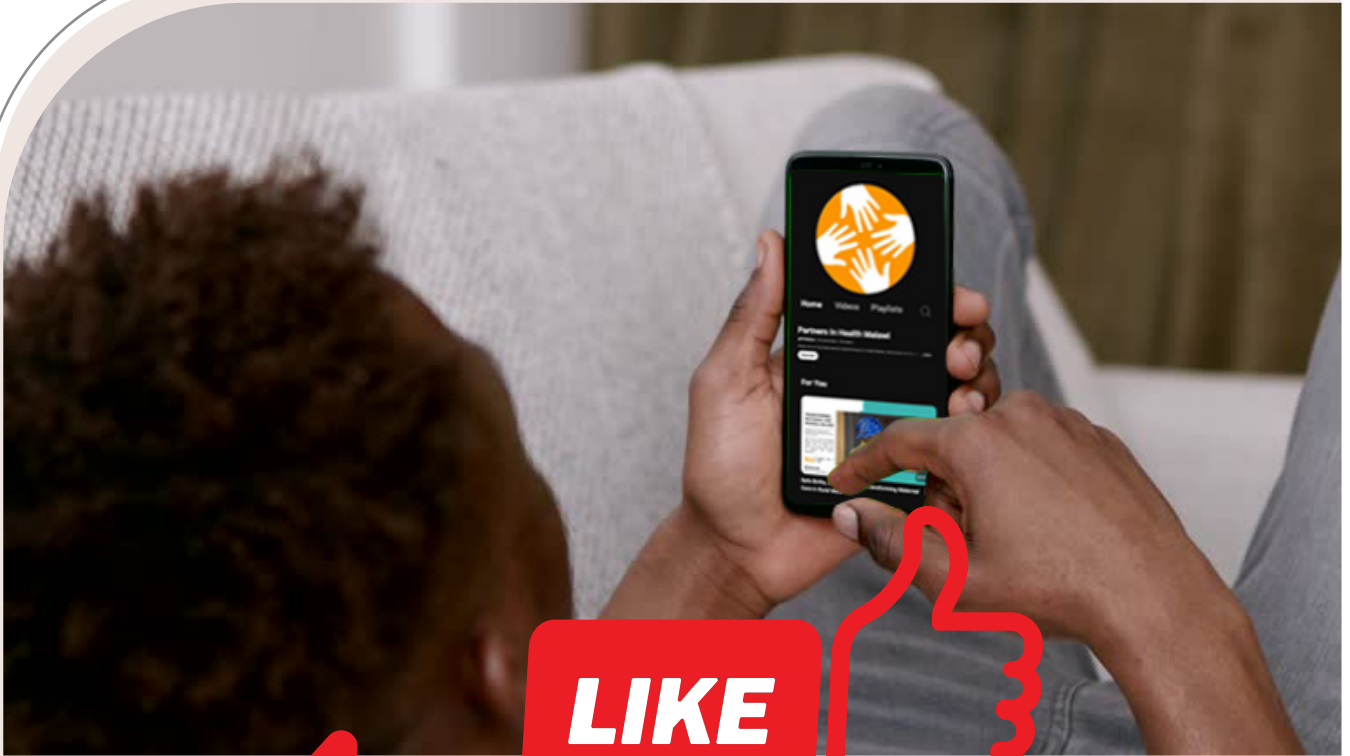
We know the challenging realities on the ground that SEAH thrives in silence and in

some situations even normalized. But our values call us to be courageous and challenge such structural injustices even when it looks dangerous and uncomfortable. We dare to question a colleague with unbecoming behavior that endangers patients, guardians, and health workers. We are bold to report a colleague even if they are in power because that is what being bold means and that is what would bring transformative care at PIH Malawi. Being bold means choosing integrity, even when we feel it is hard. We cannot be called daring and bold in healthcare if all we deal with are normal or ordinary circumstances that require no extra courage that enables us to swim against the current when justice demands or dictates.

Safeguarding and PSEAH as Not Optional but Foundational

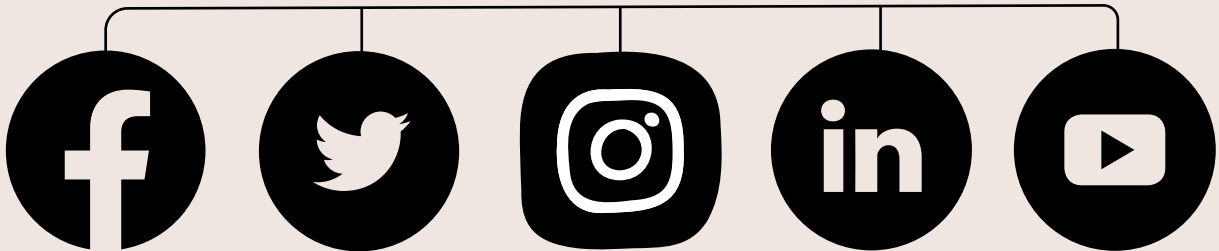
The work we do at PIH Malawi is deeply intimate as we tend to deal with people who are at their most vulnerable times; they may be in pain, in crisis, in need. Such work demands both our clinical and moral excellence. Therefore, for us, internalizing PSEAH is not a sideline issue but central to how we provide care. If we fail to protect the patients, guardians and health workers, we fail to care.

So, you see, safeguarding or PSEAH is not an extra task for us or a Western imposed concept or a 'donor checkbox'. It is our way of living Umunthu, our way of delivering dignity, and our collective commitment to safe care. Therefore, we do not treat safeguarding or PSEAH as peripheral but as core to our identity because that is what it really is. Living our values means acting when it matters most. We let safeguarding and PSEAH be a reflection of the care, courage, and compassion that defines us at PIH Malawi.



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Partners In Health Malawi

PIH Trains Healthcare Providers in I-CHIS to Strengthen Health Systems

PIH Malawi supported the facilitation of an Integrated Community Health Information System (I-CHIS) piloting training for different healthcare providers including Health Surveillance Assistants (HSAs) surrounding four health facilities in Neno District, in October, 2025.

data, ultimately leading to better health outcomes for their communities. The training is significant step forward considering that previously, health workers relied on paper records and manual reporting, which often led to delays and inaccuracies that hampered effective health interventions.

The training aimed at empowering them with the skills needed to accurately record, manage, and analyze health

One HSA from Midzemba Health Centre, Rodrick Masanje, says: "I now feel equipped with modern tools that will enhance my work since the I-CHIS training is providing us with a user-friendly digital platform that is accessible on mobile devices."

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According to the PIH Malawi Community Health Associate Director, Jimmy Harare, this technology enables real-time data collection and reporting, giving the health workers immediate insights into disease trends, immunization coverage, and other vital health indicators.

“The impact on the community will be profound. With improved data management, the HSAs can better track outbreaks of diseases like cholera or measles, allowing for quicker responses that save lives. The result will be a more responsive and efficient health system that will swiftly address emerging health issues,” he said.

In her closing remarks, Neno District Environmental Health Officer, Margaret Mikwamba, appreciated PIH for the support and encouraged the participants to utilize the skills saying the DHO will expect more proactive health interventions, improved disease prevention, and a healthier population which is crucial for sustainable development. “Your success will attract other donors to support us again so that we can train the remaining HSAs in the district,” she explained.

The training involved 61 HSAs, 4 Data Clerks, 4 Health Facility In-charges (clinicians), 7 Assistant Environmental Health Officers, 1 Health Promotion Officer, 3 Community Health Nurses, and 3 Environmental Health Officers from Lisungwi Community Hospital, Chifunga, Zalewa, and Midzemba Health Centres.



Participants of the training in a group photo.
Picture: Janet Mbwadzulu



Neno District Implementation Plan Coordinator, Jonas Matope, speaking during the training.
Picture: Janet Mbwadzulu



Neno District Environmental Officer, Margaret Mikwamba, making closing remarks during the training.
Picture: Janet Mbwadzulu



Abwenzi
Pa Za Umoyo

Partners In Health

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