JULY 2025 |

JOINTED HANDS WELFARE ORGANISATION

NEWSLETTER

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WELCOME TO OUR JULY 2025 NEWSLETTER EDITION!

From The JHWO Team

This month, we spotlight the transformative work happening across the communities we serve, from empowering Peer Educators in mining areas to advancing lung health, strengthening TB and HIV services, and promoting resilience through economic strengthening.

Through collaboration, innovation, and grassroots engagement, we continue to bring life-saving health services and hope to the most vulnerable.

Thank you for journeying with us as we build healthier, stronger communities!

TOPIC	IMPACT
Early TB Detection Saves Lives	921 screened, 2 confirmed cases treated. (p.12)
Rural Clinic Excellence	Riverdale Clinic delivers TB, HIV, and reproductive health care. (p.13–14)
Standing Against GBV	Survivors supported, leaders mobilized for change. (p.15–16)
Community Voices Matter	CLM surveys & OneImpact app driving service improvements. (p.17–18)
Resilient Communities	Disaster preparedness & income generation projects launched. (p.19–20)
Nurturing Tomorrow's Leaders	462 children monitored for developmental milestones. (p.21)
Protecting HIV-Exposed Infants	122 mothers supported, safeguarding the next generation. (p.22)

PHARM D RESIDENCY INTRODUCTORY VISIT.

We had a PharmD Resident Introductory Visit by the Bristol Myers Squibb Foundation Senior Director. BMSF is the funding partner of the Hope for Lungs Project. The visit -part of the Multinational Lung Cancer Control Programme, focused on strengthening lung cancer care in low- and medium-income countries. Dr. Jodi-Ann Haynes, the PharmD Resident, is currently embedded within the HFL Project as part of her global oncology pharmacy residency program supported by BMSF.

Among other things, Dr. Haynes will be supporting the consortium with the quantification processes of essential cancer medicines, a critical process that informs national planning, procurement and availability of life-saving treatments. This work will help identify priority medicines, forecast demand and strengthen supply chain systems ultimately contributing to more equitable access to oncology care across the country.

The visit also showcased the consortium's central role in advancing integrated lung health services in Zimbabwe, demonstrating how multidisciplinary approaches can be practically implemented in a low-resource setting. By facilitating dialogue and shared learning between local clinicians, policymakers, and international oncology experts, the consortium positioned itself as a bridge between global innovations and local realities.

This effort reinforces JHWO's mandate to pioneer innovative, community-based solutions that strengthen the full continuum of cancer care i.e., prevention, screening, diagnosis, treatment and survivorship particularly for high-risk populations with overlapping TB/HIV vulnerabilities.

These engagements further highlighted the importance of sustained investment in capacity building, evidence-driven planning, and international partnerships to effectively address complex health challenges like lung cancer. By leveraging such collaborations, the consortium is ensuring that Zimbabwe's response remains aligned with global standards of care while remaining responsive to the unique needs of its health system and communities.

BMSF TECHNICAL VISIT SHOWCASES ZIMBABWE'S LUNG CANCER MDT MODEL

The visit by Bristol Myers Squibb Foundation, Senior Director – Christabel Semondile and Dr. Jodi-Ann Haynes, the PharmD Resident provided an opportunity for us to showcase the Hope for Lungs Project supported Lung Cancer Multidisciplinary Team (MDT) model.

This visit formed part of our ongoing collaboration with BMSF under the Multinational Lung Cancer Control Programme (MLCCP), which aims to strengthen lung cancer care in low-resource settings.

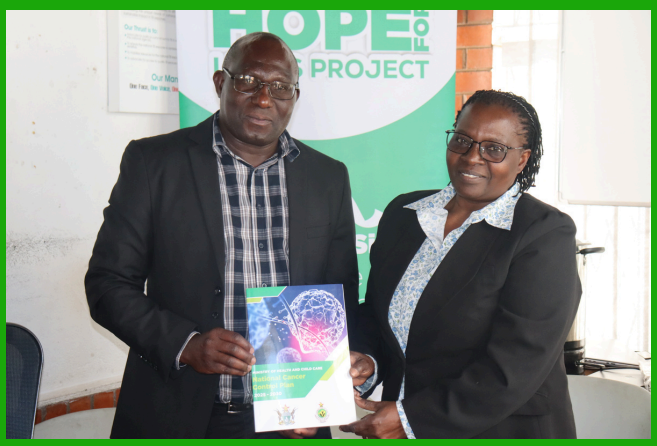
A key objective of the meeting was to provide both BMSF and Dr. Haynes with a live, practical demonstration of Zimbabwe's MDT model for lung cancer complex case management within the public health sector.

The meeting underscored the progress being made in operationalizing integrated lung health services, creating valuable opportunities for knowledge exchange between local health professionals and global oncology experts. It also offered Dr. Haynes a unique chance to witness how integrated care is being successfully delivered, even in a resource-constrained setting.

"We see a remarkable improvement in the way lung cases are being discussed and handled during and after MDT meetings. These meetings are not just about sharing knowledge and case management; they are also about strengthening systems that work within our country and resource setting," said Makomborero Nzwatu, HFL Project Coordinator at JHWO.

The BMSF technical visit reaffirmed the importance of global partnerships in advancing equitable access to lung cancer care and highlighted our country's potential to lead in decentralized, integrated lung health service delivery.

POLICY IN ACTION – NATIONAL CANCER CONTROL PLANS REACH FRONTLINE IMPLEMENTERS NATIONWIDE.



Through JHWO's interventions for Health Systems Strengthening, strengthening cancer care across Zimbabwe has been a priority. We collaborated with the Ministry of Health and Child Care (MoHCC) to print and facilitate distribution of the National Cancer Control Plans2025-2030 to key stakeholders at national, provincial and district levels.

This activity was focused on enabling the translation of policy into action by ensuring frontline implementers, health facility staff and community-level actors have access to the recently launched Plans.

Distribution of these Plans supported our broader mission to drive access to early and quality lung cancer prevention, screening, diagnosis, treatment and care, especially among high-risk populations such as those with overlapping TB/HIV vulnerabilities.

Our efforts remain aligned with national priorities as we continue to play our role in operationalizing integrated lung health services and advancing equitable access to cancer care in our country.

JHWO HONORED AT KWEKWE DISTRICT NDS1 EXPO.


KWEKWE DISTRICT
NDS1 EXPO

CERTIFICATE
OF BEST EXHIBIT DEVELOPMENT PARTNERS

THE FOLLOWING AWARD IS GIVEN TO

JOINTED HANDS WELFARE ORGANISATION (BRONZE AWARD)

This certificate is awarded to the Best Exhibit Development Partners category on the 25th of July 2025

Fortune Mupungu
District Development Coordinator

We are proud to announce that we were awarded the Bronze Award for Best Exhibit, Development Partner at the Kwekwe District NDS1 Expo, held on 25 July 2025.

This prestigious recognition, presented by District Coordinator Fortune Nyapungu, highlights the impactful work and dedication of development partners in driving innovation and sustainable growth within the Midlands Province.

Our exhibit stood out for its creativity, relevance to the National Development Strategy 1 (NDS1), and our commitment to community empowerment through agricultural development.

The award is a testament to ourorganisation's tireless efforts and theentire JHWO team, whose workcontinues to inspire and uplift localcommunities.

MAPPING LUNG CANCER RISKS – 9 DISTRICTS ASSESSED FOR PREVENTION, DIAGNOSIS, AND TREATMENT READINESS.

To strengthen lung health services in Zimbabwe, we collaborated with the Ministry of Health and Child Care (MoHCC) to conduct a comprehensive situational analysis of lung cancer, a facility readiness assessment, and community risk mapping across nine implementation districts. These initiatives were conducted through the generous support of the **Bristol Myers Squibb Foundation.**

Led by a team of two MoHCC officers from the NCDs and ICT departments and five JHWO staff, the field mission aimed to evaluate the availability, accessibility, and functionality of lung cancer services, from prevention and early detection to diagnosis, treatment, and palliative care.

The team gathered data through structured key informant interviews with specialists, traditional and faith-based healers, and focus group discussions with representatives from EMA, DDCs, local authorities, and District Health Executives (DHEs). This inclusive approach ensured that both formal and informal health systems were represented, providing a holistic view of lung health challenges and opportunities.

The data collected is now being collated, and results will be widely shared to inform service delivery planning, resource allocation, and strategic alignment with the National Cancer Control Plan and the broader Non-Communicable Diseases (NCDs) framework.

LEARNING IN THE DUST: BRINGING KNOWLEDGE AND HEALTH TO THE FRONTLINES OF MINING COMMUNITIES!

Blessing, a peer educator in one of Zimbabwe's mining zones, knows firsthand how hard it is to prioritize health in the daily grind of artisanal mining.

> ***"We used to think health was for clinics. Now we know it starts with us in the communities. We are happy to do our part, and we have seen how our work is changing lives here in the mining communities" Blessing, a Peer Educator.***

Zimbabwe's rich mineral deposits have made artisanal mining a source of livelihood, drawing people from across the country into fast-paced, high-risk environments. But with limited access to health services, many miners face serious threats, from TB and silicosis to HIV and poor sanitation.

We work hard, but we rarely think about ourhealth until it's too late," said one miner during arecent outreach session.

To change this narrative, we are embedding health awareness and resilience into the very fabric of mining communities. Through peer education, mobile outreach, and simplified health literature, miners are learning how to protect themselves and their peers.

Our approach includes:

- TB and HIV screening and referrals
- Education on lung health, silicosis, andcancer
- Distribution of protective equipment
- Support for early health-seeking behavior
- Treatment adherence monitoring
-

By empowering miners like Blessing to lead thecharge, we are building a community-drivenhealth-seeking movement. One thatcombines science, support, and solidarity,proving that even in the dust and danger ofmining life, health knowledge can thrive, andlives can change.

HEALTH AT THE MARGINS.

REACHING ARTISANAL MINING COMMUNITIES WITH LIFE-SAVING SERVICES

One miner from Chirumanzu paused during a community outreach session and reflected:

"We work hard, but we rarely think about our health until it's too late."

Artisanal and small-scale mining (ASM) is expanding rapidly across Zimbabwe, offering livelihoods to thousands. But for miners like him, the promise of quick returns often comes with hidden costs (exposure to TB, silicosis, and HIV), worsened by poor working conditions and limited access to health services.

Recognizing these challenges, we stepped in, not to take over, but to walk alongside miners in some of the country's most remote communities.

Using mobile clinics, peer educator programs, and community outreach, miners are now accessing critical health services directly at their work sites.

These services include:

- TB and HIV screening and referrals
- Education on lung cancer and silicosis
- Distribution of protective equipment
- Support for early health-seeking behavior
- Treatment adherence monitoring

One miner from Chirumanzu shared his experience:

"JHWO is the reason I got tested and started treatment. They come to us, they listen, and they care."

By meeting miners where they are, this initiative is restoring dignity, building resilience, and empowering people to take control of their health. As ASM continues to grow, so does the need for sustained, localized health interventions that are led by communities, supported by partnerships.

EXPANDING HEALTH HORIZONS FOR HIV/TB EDUCATION AND AWARENESS.

Tendai, a youth from Chirumhanzu, sat in a peer-led health session unsure of what to expect. But as the conversation unfolded, something changed.

"Talking to someone my age made it easier to ask questions. I learned a lot about how to protect myself and my future," he shared, after engaging in an open dialogue about HIV, TB, and sexual health.

In July, our outreach teams conducted five HIV/TB education and awareness campaigns across Kwekwe, Shurugwi, Chirumanzu, and Zvishavane, reaching **560** community members. These sessions provided information on HIV, TB, STIs, and non-communicable diseases (NCDs). Of those reached, **193** people were referred for comprehensive health services, and **179** accessed them, marking a **93%** service uptake rate.

To deepen engagement, we facilitated peer-led health sessions in five districts, reaching **1,095** people. These interactive discussions helped demystify health topics and encouraged open, relatable conversations. **28** participants were referred, with **18** accessing HIV testing, STI screening, and family planning services.

In Mangwe, Umzingwane, and Shurugwi, Community Health Workers (CHWs) reached **1,616** people with HIV/TB education.

"The CHWs are doing a great job. They come to us, explain things in our language, and make sure we understand," said Mrs. Sibanda, a caregiver from Mangwe.

In Umzingwane, Adolescent Girls and Young Women (AGYW) led a feedback meeting focused awareness on cervical and breast cancer, reaching **40** people.

To promote safer sexual behavior, **1,010** condoms were distributed during these activities, reinforcing the message that health education is not just about information, but about empowerment, access, and action.

TRANSFORMING LIVES IN ARTISANAL MINING COMMUNITIES.

The Story of Sithandazile Ncube

Meet Sithandazile, one of the passionate Peer Educators we are working with to provide health education in artisanal mining communities.

Through our capacity-building programs, Peer Educators like Sithandazile have become a trusted source of knowledge and support for miners, many of whom face daily exposure to dust, chemicals, and other hazards that increase their risk of TB, Silicosis, and lung cancer. The training we provide equips them with the tools to educate, refer, and support people in these high-risk environments.

> ***"We used to take coughing lightly, but Sithandazile helped us understand it could be something more serious like TB, Silicosis, or lung cancer, especially given the risk associated with our work," artisanal miner.***

"*We used to take coughing lightly, but Sithandazile helped us understand it could be something more serious like TB, Silicosis, or lung cancer, especially given the risk associated with our work,*" shared *John, a miner who works at one of the mining zones where Sithandazile conducts health sessions.

In these communities, peer educators like Sithandazile are providing health education, encouraging early health-seeking behavior, connecting miners to screening and treatment services, and following up to ensure adherence to care plans. Their presence in the mining communities is helping to build a resilient community, one where health is prioritized and support is always within reach.

"Our work is helping to build trust, change habits, and save lives among miners," Sithandazile said during a community outreach session.

Thanks to Peer Educators like Sithandazile, who are acting as our arms in the communities to transform artisanal mining communities. Their efforts are bringing health education to the frontlines and empowering individuals to take control of their well-being.

COMMUNITY TB SCREENING PROMOTES EARLY DETECTION.

F*arai*, a resident of Umzingwane, had been coughing for weeks but didn't think much of it until a community outreach team encouraged him to get screened.

"I had been coughing for weeks, but didn't think it was serious. Thanks to the JHWO team, I got tested and started treatment early," he shared, now on the path to recovery.

Farai is one of 921 people we screened for TB symptoms in July across seven districts: Kwekwe, Mangwe, Shurugwi, Umzingwane, Chirumanzu, Zvishavane, and Riverdale Clinic. The screenings led to the identification of **112** presumed TB cases, with **2** confirmed and immediately linked to treatment and support services.

This work is part of our Community Active TB Finding initiative, which focuses on early detection, timely referrals, and breaking down barriers to care. By meeting people where they live and work, we're helping communities take charge of their health.

We're not just screening people for TB; we are connecting people to care. That's what makes community active TB finding so powerful," said Donald Denis Tobaiwa, JHWO Executive Director.

Through this proactive approach, we're strengthening public health outcomes, reducing TB transmission, and improving treatment success rates. Early diagnosis means fewer complications, better recovery, and healthier communities.

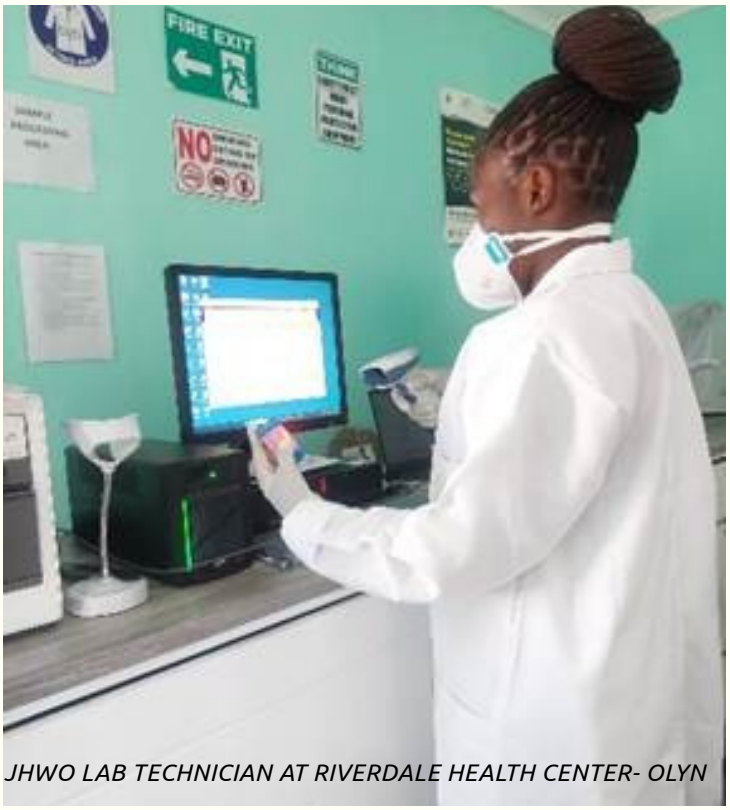
RIVERDALE CLINIC STRENGTHENS TB AND HIV DIAGNOSTICS AND PRIMARY CARE.

Situated in a rural resettlement community located in Ward 9 of Vungu, Gweru Rural, in the Midlands Province, the Riverdale Clinic is strengthening TB and HIV diagnostics and primary care.

According to the 2012 census, the Riverdale area has a population of **5,455** people, composed of **2,802** males and **2,653** females. Although characterized by recurrent droughts and poor rainfall patterns, the primary economic activity in the area is subsistence farming. Additionally, Riverdale is surrounded by a growing population of artisanal miners, whose activities are often unregulated and risky. These mining operations have brought with them several social and public health concerns, including increased transactional sex, rising HIV transmission risk, and a growing risk of TB.

As a result, the Riverdale Clinic plays an important role in delivering essential healthcare services to the community, with a strong focus on TB diagnostics, HIV care, and reproductive health. In July, the clinic processed **15** TB samples. Of the **15** samples, **13** were tested using the GeneXpert platform. Of these,**1** sample returned a "low MTB detected" result with no rifampicin resistance, while the remaining **12** showed no presence of Mycobacterium tuberculosis (MTB).

JHWO LAB TECHNICIAN- OLYN



JHWO LAB TECHNICIAN AT RIVERDALE HEALTH CENTER- OLYN

In addition, 3 samples were examined using microscopy. Of these, **2** tested negative, where one was from a male client at the end of the continuation phase and another from a female client over 60 years old. The third sample, from a patient still undergoing treatment, tested positive with 1–2 acid-fast bacilli (AFB) per field, confirming active TB. These clients remain under clinical follow-up, ensuring continuity of care.

Beyond TB services, the clinic also screened **196** outpatient clients for TB symptoms, reinforcing its proactive approach to case finding. Under HIV services, **25** people received HIV testing, with **1** new positive case successfully initiated on antiretroviral therapy (ART).

Additionally, **1** ART client was transferred out, and another transferred in, ensuring uninterrupted treatment.

Family planning services also saw strong uptake, with **60** clients accessing reproductive health support.

The Riverdale Clinic's presence within the Riverdale resettlement community is promoting the community's access to health services without having to travel long distances.

PROTECTING THE VULNERABLE.

Community leaders in Umzingwane

In the Dula community of Umzingwane, a survivor of sexual and gender-based violence (SGBV) found the courage to speak out and seek help.

"I didn't know where to go or who to talk to. JHWO helped me find the support I needed," she shared, her identity protected for safety and confidentiality.

Her case was swiftly documented and referred through a coordinated pathway, connecting her to the minimum clinical package, legal aid, and psychosocial support, a lifeline made possible through our collaboration with ZACH.

This response is part of our broader commitment to targeted social protection initiatives, ensuring survivors are not alone and that systems are in place to support healing and justice.

In a second activity, **25** traditional and religious leaders in Umzingwane came together for a community dialogue hosted in partnership with the National AIDS Council (NAC). The session introduced the "***Not in My Village***" initiative, sparking conversations around HIV and AIDS, teenage pregnancy, early and forced marriages, and unsafe home deliveries.

Leaders voiced their commitment to challenging harmful cultural norms. This initiative is promoting collective action and building momentum for safer, more inclusive communities where survivors are supported, and harmful practices are no longer tolerated.

"I didn't know where to go or who to talk to. JHWO helped me find the support I needed," shared the survivor, whose identity is protected for confidentiality.

ONEIMPACT ZIMBABWE APP CONNECTS COMMUNITIES TO HEALTH SOLUTIONS.

The OneImpact Zimbabwe application is a digital platform designed to amplify community voices and improve access to health services. In July, a total of **62** people were engaged through the app, with **27** successfully registered, marking a growing embrace of technology in community health monitoring.

The OneImpact Zimbabwe app enables users to report challenges, access health information, and participate in decision-making processes. In July, **2** issues were raised, which are stigma at the community level and lack of treatment counselling at a health facility. While both remain unresolved, their documentation through the app ensures they are now visible and actionable.

"*I didn't know I could report my experience. Using the app made me feel heard,*" said one participant from Shurugwi.

The OneImpact platform is more than a reporting tool; it's a bridge between communities and health systems. The tool fosters transparency, accountability, and inclusion, helping to reduce stigma, promote social support, and encourage sustained commitment to healthy behaviors.

"*This app is helping us understand what people are going through and how we can respond better*," noted Anesu Silver, a JHWO project officer in Chirumhanzu.

As digital tools become more integrated into health programming, the OneImpact Zimbabwe App is setting a precedent for community-driven, tech-enabled health advocacy in Zimbabwe.

LISTENING TO COMMUNITIES THROUGH CLM SURVEYS.

In July, community members across Mangwe, Umzingwane, Shurugwi, and Chirumanzu took the lead in shaping how services are delivered in their areas. Through Community-Led Monitoring (CLM), **1,136** surveys were conducted by the community themselves, capturing their lived experiences and urgent concerns.

"*We finally feel heard. Our feedback is shaping how services are delivered,*" said a resident from Umzingwane, reflecting on the power of collective voice.

The surveys revealed six pressing issues, including:

- Water leakages and shortages,
- Full Blair toilets and poor waste disposal,
- Damaged infrastructure and lack of disability access,
- Gaps in PrEP continuation services.

While only one issue has been resolved so far, every concern was escalated to district authorities, a 100% escalation rate that signals a growing culture of accountability.

In Mangwe, community members have already completed full dissemination of the findings, while other districts are preparing to report in August. Apart from providing data, these efforts are also about ownership, transparency, and action.

CLM is helping communities move from being passive recipients to active agents of change. By amplifying their voices and supporting their leadership, we're working together to build responsive and sustainable health systems.

EMPOWERING COMMUNITIES THROUGH DISASTER PREPAREDNESS AND ECONOMIC STRENGTHENING.

Tawanda, a miner at Athens Mine in Chirumhanzu, recalls how safety was never a priority to him until recently.

"We've never had anyone talk to us about safety like this. Now we know what to look out for and how to protect ourselves," he shared after attending a disaster preparedness training we facilitated.

"The training, part of our Disaster Risk Management and Economic Empowerment pillar, was held at Athens Mine and Chikutu Mine. It reached 106 artisanal miners, equipping them with practical strategies to prevent tunnel collapses, explosions, and environmental hazards.

Rather than imposing solutions, our outreach campaigns integrated local voices and experiences, ensuring the training was relevant and empowering. Tawanda and his peers are now taking proactive steps to safeguard themselves and their communities.

In Shurugwi, *Ruth*, a caregiver and peer mentee, found new hope through savings.
"*Saving together has helped us plan better and support each other in tough times*," she said, reflecting on her journey with an Internal Savings and Lending (ISAL) group.

After mentorship sessions with Peer Educators, Ruth and 24 others began contributing **USD 14** per month, demonstrating strong financial discipline and a shared commitment to self-reliance.

These savings groups are more than financial tools; they are spaces of solidarity, learning, and empowerment. Under our Economic Strengthening pillar, we are helping caregivers like Ruth build resilience and take control of their futures.

Under the same initiative, *Nomsa*, a trained community-based volunteer in Umzingwane, recently launched a poultry and pig farming project with two peers.

"*We've started small, but with the right support, we can grow and help others too," she said,* standing beside her newly built chicken coop.

Their initiative is part of our support for Income-Generating Activities (IGAs), aimed at boosting household incomes and promoting entrepreneurship. Encouraged by their success, the district officer is now engaging the Ministry of Women Affairs, Small and Medium Enterprises, to connect them with loan opportunities for expansion.

These three stories are a testament to what happens when communities lead, and organizations support community-led initiatives.

A LIFELINE FOR CALHIV AND THEIR CAREGIVERS.

In July, caregivers and children across Gweru and surrounding districts took active steps in managing HIV through coordinated viral load monitoring. Among them was a mother who shared her relief: *"Knowing my child's viral load is under control gives me peace of mind,"* she said, after receiving clinical support and adherence counseling.

This month, we reached **663** Children and Adolescents Living with HIV (CALHIV) and **443** caregivers. With the support of Community Cadres, families received tailored counseling, helping them understand their health status and stay on track with medication.

These efforts are not only improving viral suppression rates but also strengthening psychosocial well-being and community resilience. Stigma is being challenged, awareness is growing, and families are finding hope together.

Through this initiative of placing caregivers and children at the center, we're building a health system that listens, responds, and empowers.

TRACKING DEVELOPMENTAL MILESTONES IN YOUNG CHILDREN.

Early childhood development is a cornerstone of lifelong health. In July, we monitored the developmental milestones of **462** children under six, helping caregivers identify delays and adopt better caregiving practices.

This initiative is improving outcomes for children and empowering caregivers with knowledge and confidence. We are shaping a healthier future for the youngest members of our communities through our commitment to early intervention.

SAFEGUARDING THE NEXT GENERATION: MONITORING HIV-EXPOSED INFANTS

Chido, a young mother from Mangwe, held her baby close as tears streamed down her face. But this time, they weren't tears of fear or uncertainty; they were tears of pure joy and relief.

"I was scared at first, but the support I received helped me stay strong and protect my baby," she shared, after receiving confirmation that her child remains HIV-negative.

Chido is one of **122** mothers we supported through our Early Infant Diagnosis (EID) monitoring program in July. This initiative, part of our broader Prevention of Mother-to-Child Transmission (PMTCT) efforts, focuses on safe weaning, timely testing, and emotional support for mothers navigating the challenges of HIV.

Thanks to the dedication of health workers and community cadres, mothers like Chido are not only receiving care, but they are also gaining confidence, knowledge, and hope. The results of these combined efforts are: **Healthier babies, stronger bonds, and empowered families.**

Through EID monitoring, we are walking along side mothers as they lead the way.

All names in italics are not real names.