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2026 1ST QUARTER

NEWSLETTER

JOINTED HANDS WELFARE ORGANISATION

Welcome to the JHWO 2026 1st quarter Newsletter!

Welcome to the 2026 edition of the Jointed Hands Welfare Organisation (JHWO) newsletter, where we proudly share stories of impact, resilience, and transformation from the communities we serve.

This issue highlights the power of community-driven approaches in improving health, education, and social well-being. From strengthening HIV care for children and adolescents, to supporting young women to make informed life choices, and amplifying community voices through accountability platforms, these stories reflect our continued commitment to leaving no one behind.

We are inspired by the courage of caregivers, the determination of young people, and the collective action of communities working together to overcome challenges. Whether it is a child gaining confidence through a school uniform, a young girl reclaiming her future, or communities advocating for better healthcare services, each story demonstrates that meaningful change is possible when communities are empowered and supported.

Our work would not be possible without the collaboration of the Ministry of Health and Child Care, community leaders, partners, and donors who continue to invest in sustainable, people-centered solutions.

As you read through this newsletter, we invite you to celebrate these successes with us and reflect on the important role each of us plays in building healthier, stronger, and more inclusive communities.
Happy reading!

Inside

MORE THAN MEDICINE: HOW COMMUNITY CARE IS TRANSFORMING CHILDREN'S LIVES

"We used to struggle to keep appointments. Now my child understands why the medicine matters," shared Mai Tadiwa, caregiver from Gweru.

Behind every suppressed viral load is a trusted relationship sustained by community investment.

In Q1 2026, Jointed Hands Welfare Organization (JHWO), with donor support, reached 1,334 children and adolescents living with HIV (CALHIV) in Gweru and Bulilima. Trained community workers conducted structured home visits, adherence counselling, viral load tracking, and psychosocial support, interventions proven to address barriers missed in facility-based care.

These investments have yielded 83% viral load coverage in Gweru and 80% in Bulilima, demonstrating effective case follow-up and strong clinic–community linkages. Beyond clinical outcomes, families reported increased confidence, reduced stigma, and strengthened caregiver engagement.
As a result, more children like Tadiwa are taking their medication correctly and attending clinic visits on time. Many caregivers now feel confident asking questions and supporting their children openly.

This shows that when communities support children living with HIV, healing goes beyond medicine. Communities play a vital role in keeping children healthy. JHWO continues to support communities because every child has the right to grow strong.

HOLDING HANDS TO HOPE: ENDING MOTHER-TO-CHILD TRANSMISSION TOGETHER

"The idea of not knowing whether the mother-to-child transmission efforts are working or not was weighing on me every day. I have never been afraid of my HIV status, but I never wished my baby to live her entire life on treatment, gave me sleepless nights," said Vimbai, a young mother from Gweru.

Eliminating mother-to-child transmission is achievable, with the right community systems.

JHWO works with community cadres to support mothers with HIV-exposed

infants, ensuring babies are tested on time and that caregivers understand each step. In the past three months, every infant followed by the program tested HIV-negative, including Vimbai's baby.

"I was afraid at first, but testing proved to be the only route towards my baby's health. Protecting her alone was not enough, and I am glad, Jointed Hands held my hand and walked with me throughout," shared Vimbai.

During Q1 2026, JHWO tracked 208 HIV-exposed infants in Gweru and Bulilima, ensuring timely testing at birth, six weeks, nine months, and post-weaning. Through donor-supported community follow-up, 100% of eligible infants were tested, and all tested HIV-negative.

Trained Community cadres reinforced ART adherence among mothers, educated caregivers, and coordinated closely with health facilities. This comprehensive approach is aligned with WHO EMTCT standards and demonstrates a strong return on investment in community-based prevention.

Sustaining EMTCT success requires ongoing investment in community follow-up and support initiatives.

HEARD AND HEEDED: HOW CLM IS REDEFINING HEALTHCARE ACCESS

For years, accessing healthcare at our local clinic was a struggle for people like me, who have disabilities. We knew what was missing. We faced the challenges every day. But many of us did not know who to speak to, or whether anyone would listen.

Things began to change when our community started participating in Community-Led Monitoring (CLM) surveys supported by Jointed Hands Welfare Organization. Through these surveys, we were finally able to openly share the barriers we faced when trying to access healthcare services.

One of the biggest issues we raised was the lack of proper access for people with disabilities at Makusha Clinic. Entering the clinic without assistance was difficult, dehumanizing, and sometimes impossible. For many of us, this affected our dignity and independence.

Community-Led Monitoring surveys gave us a solution; we now have somewhere to share our concerns, and we are seeing the changes from our feedback. Now people with disabilities can enter the clinic without help, and this is one of the things we raised in the surveys.

Health Centre Committees used the information collected through CLM surveys to engage clinics and local leaders in finding practical solutions. As a result, real improvements began to take place.

One of the most significant changes for our community was the construction of a disability access ramp at Makusha Clinic. The ramp was funded through local resource mobilisation following CLM advocacy efforts. Today, people with disabilities can access the clinic more safely, independently, and with dignity- an experience shared by Farai, from Mukusha Village.

During the first quarter of the year, through 4,544 Community-Led Monitoring surveys, communities supported by JHWO identified service delivery gaps and worked together with health authorities to address them constructively. In Mangwe and Shurugwi, more than half of the reported challenges were resolved, including improved accessibility, installation of signage, and more responsive services.

These changes show that when communities are heard and included in accountability processes, meaningful improvements can happen. Continued donor investment in accountability platforms like Community-Led Monitoring can help expand these successes to more districts and ensure that more people are able to access healthcare without barriers.

By Miners, For Miners: A Model of Trust in Health Education

"*We listen because the message comes from one of us,*" shared a miner from Shurugwi, reflecting the power of peer-led health education in reaching communities that are often underserved by traditional health systems.

Through peer-led outreach initiatives, Jointed Hands Welfare Organisation reached 875 artisanal and small-scale miners with vital education on HIV, Tuberculosis (TB), and Non-Communicable Diseases (NCDs) during the first quarter.

The sessions were facilitated by trained peer educators drawn from the mining communities themselves. Their shared experiences and understanding of the local environment helped reduce stigma, encourage open conversations, and improve referrals for health services and early disease detection.

By using trusted community voices, Jointed Hands Welfare Organisation strengthened access to essential health information among high-risk populations that are often difficult for conventional healthcare systems to reach.

The initiative highlights the importance of community-driven approaches in improving health outcomes and promoting timely access to care. Sustained investment in peer-led models remains critical to expanding outreach efforts and ensuring vulnerable populations continue to receive life-saving health education and support.

PLAY, SUPPORT, AND HOPE FOR YOUNG LIVES

Sports, games, and recreational activities play a vital role in strengthening communities by creating spaces for connection, inclusion, and personal growth. For children, adolescents, and their caregivers, these activities go beyond physical exercise; they build confidence, foster teamwork, and provide a welcome escape from daily challenges. In many communities, structured play has become a powerful entry point for engagement, helping young people develop life skills while forming meaningful relationships in a safe and supportive environment.

In collaboration with the Ministry of Health and Child Care (MoHCC) and Community Cadres, JHWO continues to transform the lives of children and adolescents living with HIV (CALHIV) through support groups in Bulilima and Gweru districts. Reaching 728 participants during the first quarter of 2026, in Gweru and 351 in Bulilima, all aged 19 years and below, these groups provide safe, inclusive spaces where young people feel valued and supported.

The support groups have significantly strengthened adherence to antiretroviral therapy (ART). Through open discussions, participants share experiences, challenges, and coping strategies, helping each other better understand and manage their treatment. This peer support has boosted confidence and improved overall health outcomes.

Equally important is the positive impact on psychosocial well-being. Many children who once felt isolated now enjoy a sense of belonging. Friendships built within these groups are reducing stigma and fostering acceptance within communities.

Games and social activities have become powerful tools for healing and growth. Football, netball, and handball sessions bring energy, joy, and teamwork, helping participants build social skills and self-esteem.

Caregivers have also witnessed remarkable changes. One caregiver shared, “My child used to be withdrawn and struggled with taking medication, but now looks forward to support group days and reminds me when it’s time for treatment.”

Through these support groups, JHWO is demonstrating that effective HIV care goes beyond medication. Adding emotional support, education, and recreation to the HIV programme is helping children and caregivers lead healthier, more hopeful, and empowered lives.

Finding My Voice: A Journey of Empowerment Through the Not in My Village Programme

I grew up in a community where many girls my age dropped out of school due to early marriages and unplanned pregnancies. There was little information about HIV, and many of us were afraid to ask questions. I almost followed the same path, as I lacked confidence and did not fully understand how to protect myself or plan for my future.

My name is *Tariro**, and I am proud to say that my life has changed because of the Not in My Village programme.

Everything began to change when I joined the Adolescent Girls and Young Women (AGYW) sessions facilitated by Jointed Hands, working together with community leaders and local health facilities. Through these sessions, I learned about HIV prevention, the importance of testing, and how to make informed decisions about my health. For the first time, I understood my rights and the power I have to shape my own future.

The programme also taught me about the risks of early marriage and early pregnancy. I now know how these can affect my education and long-term goals. Instead of feeling pressured, I feel empowered to say no and focus on my dreams.

What I value most is the support system. I have met other girls who share similar challenges, and together we encourage one another. Community leaders now speak openly against harmful practices, and health workers are more approachable and supportive.

Today, I am confident, informed, and hopeful. Back in school, I am now more determined to complete my education and pursue a career of my choice. I am now confident to share what I have learned with my peers so that they, too, can make better choices.

The **Not in My Village** programme has given me a voice, knowledge, and the courage to stand up for my future.

**Name changed to protect identity.*

HIDDEN RISKS: PROTECTING LUNG HEALTH AMONG ARTISANAL MINERS

Artisanal mining continues to provide livelihoods for many communities, but it also exposes miners to serious and often overlooked health risks, particularly those affecting the lungs. Prolonged exposure to dust, chemicals, and poorly ventilated environments increases the likelihood of developing respiratory conditions such as silicosis, tuberculosis (TB), and other chronic lung diseases.

A major contributing factor to this growing concern is the limited use of personal protective equipment (PPE). Many artisanal miners work without masks or appropriate protective gear, either due to lack of access, cost, or limited awareness of the risks involved. Without proper protection, miners inhale hazardous dust particles daily, putting their lung health at significant risk.

KNOW ABOUT SILICOSIS

Silicosis is a lung disease caused by breathing in tiny silica dust particles, commonly found in mining, quarrying, construction, and stone crushing. Common symptoms include persistent cough, shortness of breath, chest pain, fatigue, and weight loss. Silicosis cannot be cured, but it can be prevented. Workers should always use protective equipment such as masks, ensure proper ventilation, and follow workplace safety measures to reduce dust exposure. Early screening and regular health check-ups are important for early detection and treatment. Protecting workers from silica dust protects lives and livelihoods.

In addition, limited knowledge about occupational health and safety compounds the problem. Many miners are unaware of the long-term effects of dust exposure or the importance of early health-seeking behavior. As a result, symptoms such as persistent coughing or shortness of breath are often ignored until the condition becomes severe.

The nature of artisanal mining also leads to high levels of exposure. Working in confined spaces, breaking rocks, and handling materials without dust control measures all increase the concentration of harmful particles in the air. This continuous exposure significantly heightens the risk of respiratory illness.
Risky behaviors, such as smoking or failing to seek regular health check-ups, further worsen the situation. These practices increase vulnerability and delay diagnosis and treatment of emerging health issues.
Promoting lung health among artisanal miners requires a combined approach, improving access to PPE, strengthening health education, and encouraging safer work practices. Community awareness and regular screening can play a vital role in early detection and prevention.

Protecting lung health is essential for sustaining livelihoods and building healthier communities.

Strengthening Community Voices in Zimbabwe's DR-TB Response

Zimbabwe continues to strengthen its response to drug-resistant tuberculosis (DR-TB) through inclusive national-level engagements that promote evidence-based policy dialogue, multisectoral accountability, and meaningful community participation. During the quarter, three interlinked engagements brought together communities, civil society organisations, healthcare workers, policymakers, and other key stakeholders to address persistent gaps in the DR-TB care cascade.

A key milestone was the national dialogue on DR-TB care cascade gaps, which enhanced the capacity of communities and stakeholders to actively engage in technical discussions and advocacy. Participants identified critical challenges affecting DR-TB prevention, diagnosis, treatment continuity, and post-treatment care. The dialogue also generated priority policy and programmatic recommendations aimed at informing the National TB Strategic Plan and strengthening equitable access to patient-centered TB services across the country.

Building on these discussions, community consultations were conducted to validate the findings of the DR-TB gap analysis and ensure that proposed recommendations reflected the lived realities of affected individuals and communities. Community members highlighted several barriers contributing to poor DR-TB outcomes, including undiagnosed TB-related deaths, catastrophic treatment costs, stigma and discrimination, weak referral systems, and delays in treatment initiation.

The consultations provided an important platform for communities to voice their experiences and priorities, while also strengthening community-led accountability mechanisms. By integrating community perspectives into national review processes, the engagements reinforced collaboration between communities and the National TB Programme (NTP), ensuring that future interventions are more responsive, inclusive, and effective.

These engagements demonstrate the importance of placing communities at the center of Zimbabwe's DR-TB response and reaffirm the collective commitment to improving access to quality TB services and ending TB as a public health threat.

RESTORING CONFIDENCE AND OPPORTUNITY THROUGH SCHOOL UNIFORMS

For many children, a school uniform is more than just clothing; it is a symbol of belonging, dignity, and equal opportunity. In Insukamini, Lower Gweru, some children lack access to school uniforms, and in response, JHWO recently supported two vulnerable children by providing two complete school uniforms.

Before receiving the uniforms, the children faced challenges that affected their attendance and confidence. Without proper attire, they often felt out of place among their peers, which led to hesitation in attending school regularly. This situation is common among disadvantaged learners, where the lack of basic necessities becomes a barrier to education.

The provision of school uniforms made an immediate and visible impact. School attendance for both children has significantly improved, as they now feel comfortable and motivated to participate in daily learning activities. With the right attire, they blend in with their classmates, removing the sense of distinction that once held them back.

This intervention highlights the critical role that basic support, such as school uniforms, plays in promoting access to education and enhancing learner well-being. By addressing these seemingly small but essential needs, JHWO continues to break down barriers and create an enabling environment for children to thrive.

About Us

ADVOCACY AGAINST HARMFUL NORMS AND MITIGATING THE IMPACT THEREOF.

Jointed Hands Welfare Organization (JHWO) is a national Private Voluntary Organization (PVO23/2013) with over 20 years of experience advancing health and social well-being in Zimbabwe. Guided by WHO's holistic definition of health, JHWO works to eliminate harmful norms, practices, and behaviors while addressing critical public health challenges, including communicable diseases (TB, HIV), non-communicable diseases (NCDs), reproductive, maternal, newborn, adolescent, and child health (RMNACH), and pandemic preparedness.

As host of the Stop TB Partnership Zimbabwe and the Global TB Caucus, JHWO leads advocacy and coordination efforts such as the Multi-Sectoral Accountability Framework for TB (MAFTB), fostering collaboration among government, civil society, and communities. Its niche lies in evidence-based advocacy and community system strengthening through Health Centre Committees, Community Health Workers, TB Champions, and other grassroots structures.

JHWO combines advocacy with service delivery and innovative models like Leadership Training for Transformation (LTF), hybrid screening approaches, and gender equity analysis. These initiatives have driven impactful change, influencing policy and scaling up interventions such as waiting mothers' shelters, ECD play centers, and health facilities. Through inclusive, data-driven strategies, JHWO continues to champion sustainable health and socio-economic outcomes across Zimbabwe.

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