

JHWO 2nd Quarter Newsletter



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Foreword

It is my pleasure to present the Jointed Hands Welfare Organization (JHWO) Second Quarter Newsletter for 2026, highlighting our progress in advancing community health, dignity, and resilience.

During the quarter, JHWO worked with communities, government institutions, and partners to expand services and strengthen accountability. Achievements included reaching over 1,000 miners with health education, conducting 3,417 Community-Led Monitoring surveys, screening 281 people for noncommunicable diseases, and tracking 268 HIV-exposed infants, with no seroconversions among those tested. We also supported vulnerable households and contributed evidence to national TB policy processes.

As we enter the third quarter of 2026, JHWO remains committed to empowering communities, strengthening accountability, and expanding access to services. We thank our staff, partners, donors, volunteers, stakeholders, and communities for making these achievements possible.

Together, we continue to advance health, dignity, resilience, and opportunity for all.

Donald Denis Tobaiwa
Executive Director
Jointed Hands Welfare Organization (JHWO)

From the Mine to Better Health: Bringing Care Closer to Artisanal Miners

When Tendai* began feeling constantly tired and unwell, seeking medical attention was not a priority. Like many artisanal miners in Kwekwe District, taking time away from work meant losing income, and traveling to a health facility was both costly and time-consuming.

Everything changed when a health outreach team visited his mining site. During a routine screening offered at the mine, Tendai learned that his blood sugar levels were elevated. He was referred for further assessment and now has the information and support he needs to manage his health before complications develop.

His story reflects the reality faced by many miners across Zimbabwe, where distance, demanding work schedules, and limited access to information and healthcare often delay diagnosis and treatment.

To help address these challenges, Jointed Hands Welfare Organization (JHWO), together with partners, brought integrated health services directly to mining communities in Zvishavane, Shurugwi, and Kwekwe during the second quarter of 2026. Through peer-led health education, screening services, and referrals, miners were able to access information and care in the places where they live and work.



An artisanal miner and peer educator conducting random blood sugar at Toox mine in Kwekwe district.

“When you work at a mine, every day away from work means less money for your family. Going to the clinic was always something I planned to do later.”
Tendai*, a young artisanal miner from Kwekwe District



Miners getting ready for an X-ray for Silicosis at Toox mine. Miners screened for TB at Greens mine.

A three-day outreach campaign at BD Mine and Nemhuri (Greens) Mine in Kwekwe offered HIV testing, TB screening, STI awareness, family planning referrals, blood sugar screening, and mobile X-ray services for silicosis screening. For many miners, like Tendai, it was the first opportunity to access several health services in one place.

The outreach was especially effective because of the involvement of peer educators. Fellow miners and community members created safe spaces for conversations about health, helping to reduce stigma and encouraging others to seek care.

For miners, like Tendai, a health outreach can be much more than a screening event. It can be the difference between living with an undiagnosed condition and accessing treatment early. When services are brought closer to communities, healthcare becomes more accessible, affordable, and responsive to people's needs.

As JHWO continues expanding integrated, community-based health services, more miners like Tendai are gaining the opportunity to protect their health without leaving their livelihoods behind.

**Name changed to protect privacy.*

“I thought the tiredness was just part of the job. I never imagined it could be a sign that something was wrong with my health.”

Tendai



Miners getting ready for an X-ray for Silicosis at Toox mine. Miners screened for TB at Greens mine.

Impact at a Glance



1,000 miners reached through peer-led health education



133 miners screened for blood sugar levels



11 miners identified with elevated blood sugar and referred for follow-up care



166+ miners screened for tuberculosis (TB)



4 miners diagnosed with TB and linked to treatment



90+ referrals facilitated for HIV testing

Young People Shaping Health Services

"Instead of talking about us, they allowed us to speak for ourselves." Thandeka*, 19, was one of many young women who participated in a quarterly district feedback meeting designed to give communities a voice in the health services they rely on. During the meeting, she and other participants spoke candidly about the barriers they face, from contraceptive shortages to concerns about confidentiality.

Like many young women, she had seen her peers turned away when contraceptives were unavailable and heard concerns about confidentiality at local health facilities. For many young people, these challenges made accessing sexual and reproductive health services difficult, even when the need was urgent.

But this time, young people were not just being consulted. They were telling their story.

During the second quarter of 2026, Thandeka joined other young women in raising concerns about shortages of trained family planning personnel, stock-outs of PrEP and contraceptives, and breaches of confidentiality at health facilities. Rather than remaining unresolved complaints, the issues were documented, discussed with health authorities, and used to inform practical solutions.

One immediate outcome was the redistribution of non-expired contraceptives to facilities experiencing shortages, while longer-term recommendations focused on strengthening supply chains, increasing staffing levels, and engaging parents and traditional leaders in supporting adolescent health.

For Thandeka and many others, the experience demonstrated that community voices can play an important role in shaping better health services.



HRO presenting during a meeting with community members



Remember!

Community feedback mechanisms create opportunities for young people, especially adolescent girls and young women, to directly influence the quality and accessibility of health services.

Turning Community Experiences into Evidence

What happens when communities are not only asked about the health services they receive, but are given a platform to identify problems, present evidence and demand solutions?

For JHWO, Community-Led Monitoring (CLM) is helping to make that possible.

Community-Led Monitoring (CLM) is transforming communities' role in healthcare. Where communities were once primarily recipients of care, CLM is enabling them to become co-designers of the services they receive. By sharing their lived experiences and generating evidence on what is working and what needs to change, communities are helping health providers and decision-makers better understand and respond to their needs.

Community voices are most powerful when they are transformed into evidence, dialogue, and action.

Across Umzingwane, Mangwe, Shurugwi and Chirumhanzu districts, communities are taking an increasingly active role in shaping the health services they rely on.

During the third quarter, community members completed more than 3,500 Community-Led Monitoring (CLM) surveys, sharing their experiences of accessing health services. They highlighted issues that affect their everyday experiences of care, including medicine availability, waiting times, staff attitudes, stigma and discrimination, infrastructure, accessibility for people with disabilities, privacy and confidentiality, and youth-friendly services.



CLM Feedback meeting at Empandeni clinic Mangwe.

The value of CLM goes beyond collecting information. It creates an opportunity for community experiences to be heard, considered, and translated into action.

The evidence generated through CLM was shared with health facilities, Health Centre Committees (HCCs), and district health authorities. During the quarter, 47 facility-Feedback meetings brought together healthcare workers, community representatives and HCC members to review findings, discuss challenges and identify priorities for improvement.

The issues raised through CLM (from medicine stock-outs and staff shortages to privacy concerns and long waiting times) represent real experiences of healthcare.

For JHWO, the third quarter demonstrated that meaningful accountability begins with listening. When communities are empowered to speak about the services they use, their experiences can become evidence; evidence can create dialogue; and dialogue can lead to action.

Meet the Community Champions: Jestinah Is Bringing Health Conversations Closer to Miners

At Sibanda Mine in Shurugwi, Jestinah Magwendere is a familiar face.

As a community peer educator, she spends time talking with fellow miners and community members about their health, answering questions, sharing information, and helping people access services when they need them. For many miners, these conversations feel easier because they are speaking to someone who understands their daily realities.

“People are often more comfortable asking questions when they are talking to someone they know,” says Jestinah. “A simple conversation can encourage someone to get screened or seek help early.”

During the quarter, Jestinah and other peer educators supported health outreach activities that included screening for non-communicable diseases, HIV, TB, and sexual and reproductive health services. By taking information and services directly into mining communities, they helped create opportunities for people to learn about their health and act before small concerns became bigger problems.



NCD screening by Peer Educator Jestinah Magwendere at Sibanda mine in Shurugwi

The figures recorded during the quarter tell only part of the story.

Behind every referral, screening and health education session are community volunteers who are helping make health services more accessible.

Peer educators like Jestinah demonstrate the value of community ownership in health: bringing knowledge closer to people, encouraging early action and helping communities connect with the services they need.



By the Numbers

281

281 miners and community members received blood pressure and diabetes screening.

133



11

133 miners were screened for blood sugar levels during an integrated outreach in Kwekwe, with 11 people referred for further follow-up after elevated results were identified.

 Peer educators also supported:



90+ referrals for HIV testing



108 family planning referrals



166+ miners screened for TB



4 people diagnosed with TB and linked to treatment



Small Support, Big Difference: A Phone That Helped Keep a Child on Treatment

"Sometimes the biggest challenges are not medical. Sometimes they are simply about staying connected." Fellistus, JHWO, Social Worker

For Sipho's family in Bulilima District, a simple mobile phone became an important tool in helping Sipho stay on track with HIV treatment.

Sipho had been experiencing recurring high viral load results, raising concerns about treatment adherence and long-term health outcomes. Through regular home visits and follow-up, Jointed Hands Welfare Organization (JHWO) identified a challenge

that was making consistent support difficult: his mother had limited means of communicating with healthcare workers and community support structures. Recognising this barrier, JHWO provided his mother with a mobile phone.

While modest in cost, the intervention had a meaningful impact. The phone enabled easier communication with case care workers, improved treatment follow-up, and strengthened adherence monitoring. It became easier to provide reminders, address concerns promptly, and ensure the child remained connected to the support needed to stay on treatment.

The intervention was implemented as part of JHWO's HIV-sensitive case management programme, which recognizes that

"The phone helped me stay in touch with the people supporting my child. Whenever I had concerns, I could reach out for help, and it became easier to make sure my child never missed treatment." Sipho's mother



Fellistus (JHWO Social Worker)

treatment outcomes are often influenced by factors beyond the health facility. Working closely with families and communities, the programme is identifying practical barriers to care and developing solutions that respond to each household's unique circumstances.

In addition to the phone support, the family received ongoing follow-up through home visits, treatment adherence support, and linkage to peer-led support services. Together, these interventions helped create an environment where the child could receive consistent care and support.

This experience underscores an important lesson: improving health outcomes is not always about large-scale interventions. Sometimes, addressing a simple challenge can make a significant difference in a child's treatment journey.

For JHWO, the phone was never just a communication device. It was a tool that strengthened connections, improved coordination of care, and helped a family remain engaged in the support system surrounding their child.

As JHWO continues to support children living with HIV across Zimbabwe, this story serves as a reminder that listening to families and responding to their practical needs can often be the key to achieving better health outcomes.

"The phone helped me stay in touch with the people supporting my child. Whenever I had concerns, I could reach out for help, and it became easier to make sure my child never missed treatment."

"The phone helped me stay in touch with the people supporting my child. Whenever I had concerns, I could reach out for help, and it became easier to make sure my child never missed treatment." Sipho's mother

Turning Experience into Evidence

Not only are policies shaped in meetings, offices and high level places, their realities are shaped in homes, communities, communities, workplaces and health facilities.

For JHWO, the voices of people who have experienced tuberculosis (TB) are an important source of evidence for strengthening Zimbabwe's TB response.

During the third quarter of 2026, JHWO continued to support the participation of TB survivors, civil society organisations and community representatives in national discussions on TB, helping ensure that the



TB survivors and TB affected communities actively participating during the Tb National Strategic Plan development

experiences of people affected by TB were reflected in policy and programme priorities.

As part of the COMBAT DR-TB initiative, JHWO participated in activities designed to strengthen community-led advocacy and generate evidence for improving the DR-TB response.

A key moment was the KELIN support and monitoring visit, which included a field visit to Rujeko Clinic in Dzivarasekwa. JHWO and the Kenya Legal and Ethical Issues Network (KELIN) engaged TB survivors to document their lived experiences and strengthen community-led advocacy.

The purpose was not simply to collect stories.

It was to understand what people experience while navigating TB services and to use those experiences to identify areas where systems can do better.

People who have experienced TB bring a perspectives that cannot be replaced by statistics alone.

They understand what it means to navigate diagnosis and treatment, experience stigma, deal with service barriers, and seek support while trying to continue with everyday life.

When these experiences are documented and brought into policy discussions, they can help decision-makers see how policies and health systems are experienced at community level.

Listening Changed Everything



Community Dialogue in Umzingwane

"Before my child was diagnosed, I did not know that children could get TB." Polite's mother

For Polite's mother, the journey to finding treatment for her two-year-old child, Polite, began when healthcare workers took the time to listen to her concerns. Her experience is a powerful reminder that communities hold valuable knowledge about the barriers, fears, and realities families face when seeking care.

At JHWO, listening to people affected by TB is more than collecting stories. It is about turning lived experiences into evidence that can inform better services and policies. Creating platforms where Survivors and affected families can share their voices, JHWO is helping ensure that community perspectives are heard in conversations that shape Zimbabwe's TB response.

Every story shared helps identify gaps, improve services, and strengthen patient-centred care. When communities are listened to, programmes become more responsive. When decision-makers hear these experiences, change becomes possible.

Every voice matters, and every story has the power to improve the TB response for others.



TB survivors in Dzivarasekwa posing for a photo with visitors from Kelin, Kenya

“I Thought I Was Fine Until the Test”

"I went to the Outreach to learn more about health, not because I thought I had a problem. When they offered a blood sugar test, I agreed. I was surprised when they told me my results were high and that I needed further follow-up," Richard, 33, Kwekwe

This was the experience of one artisanal miner reached during JHWO's integrated health outreach in Kwekwe. Like many miners, he had no obvious symptoms and did not think he was at risk of diabetes.

Through JHWO's peer-led outreach programme, miners were not only receiving information on HIV, tuberculosis (TB), and sexual and reproductive health, but also access to blood pressure and blood sugar screening. During the three-day campaign, 133 miners were screened for blood sugar, and 11 individuals were found to have elevated results and were referred for further assessment and care.



Community Outreach at Pitt Mine

Many people living with hypertension or diabetes may not experience symptoms in the early stages. A simple health check can be the first step towards prevention, treatment, and better long-term health outcomes.

For the miner, the screening was a reminder that some health conditions can develop silently.

"If I had not been tested, I would never have known that I needed to get checked properly," he reflected.

Richard's experience highlights the value of integrating non-communicable disease (NCD) screening into existing community health services. JHWO is bringing multiple health services closer to miners, helping people identify potential health concerns early and connect to the care they need.



At A Glance



281

clients received blood pressure and diabetes screening during the quarter.



133

miners were screened for blood sugar during the Kwekwe outreach.



11

individuals were identified with elevated blood sugar results and referred for further management.

Did You Know? Understanding Non-Communicable Diseases (NCDs)

Non-communicable diseases (NCDs) are illnesses that **cannot** be passed from one person to another. They often develop gradually and may not cause noticeable symptoms in their early stages.



Some of the most common NCDs include:

♥ Hypertension (High Blood Pressure)



Often called the “silent killer” because many people do not know they have it until complications occur.

♥ Diabetes



A condition that affects how the body regulates blood sugar. If left unmanaged, it can damage the heart, kidneys, eyes, and other organs.

Chronic Respiratory Diseases



Long-term conditions that affect breathing and lung function.

♥ Heart Disease and Stroke



Conditions that can result from uncontrolled blood pressure, diabetes, smoking, poor diet, and lack of physical activity.



Why Should You Be Concerned?

Many people with NCDs feel healthy and may not experience symptoms for years. Regular health checks can help identify problems early, allowing treatment and lifestyle changes before serious complications develop.



What Can You Do?



Check your blood pressure regularly



Know your blood sugar levels



Eat a healthy, balanced diet



Stay physically active

Avoid tobacco and harmful alcohol use

Seek medical attention when advised

The Bigger Lesson

Taking care of your health is more than treating illness. It is about prevention, early detection, and healthy living. Remember: You can feel well and still have an underlying health condition.

Knowing your numbers today could help protect your health tomorrow.

Saving Together, Growing Together: How an ISAL Group Helped Strengthen Household Resilience

"Before joining the savings group, it was difficult to find money when an emergency arose. Now, I know I have people I can save and grow with." Mama Rita, ISAL Group Member

For a household facing unexpected expenses, a small amount of savings can make a big difference.

For many families, managing unexpected expenses can be a challenge. Whether it is transport to a health facility, school needs, food purchases, or starting a small business, access to savings can make all the difference.

Economic shocks rarely affect only one part of a family's life.

A financial setback can affect food security, children's needs, transport, education and access to healthcare.

Through Jointed Hands Welfare Organization (JHWO)'s Internal Savings and Lending (ISAL) groups, community members are building financial resilience and creating opportunities for a better future. During the third quarter of 2026, 410 community members participated in ISAL groups, making regular savings, accessing small loans, and supporting one another through community-owned networks.

For many members, the groups have become more than a place to save money. They provide a source of affordable loans, financial literacy, and peer support that



Community members putting their hands together as a sign of unity and togetherness

helps households meet everyday needs and respond to unexpected challenges. These are important foundations for resilient households and communities.

Members have used loans to support small income-generating activities, manage household expenses, and invest in opportunities that strengthen family wellbeing. As household resilience grows, families are better able to cope with financial shocks and meet important needs, including health-related costs such as transport to clinics and nutritious food.

The success of the ISAL groups demonstrates how communities can build solutions from within. By saving together, members are reducing dependence on informal lenders, strengthening self-reliance, and creating a safety net for times of need.

"The group has taught us that even small savings can create big opportunities when we work together." Mama Rita, ISAL Group Member

The CLM Journey: From Community Voices to Real Change

Every day, community members visit health facilities seeking care, treatment, advice, and support. Along the way, they experience things that statistics alone cannot capture: long waits, positive encounters with healthcare workers, stock shortages, concerns about privacy, or barriers that make accessing services difficult.

Through Community-Led Monitoring (CLM), these experiences are transformed into evidence that can drive action.

During the third quarter of 2026, JHWO conducted more than **3,500** CLM surveys across Umzingwane, Mangwe, Shurugwi, and Chirumhanzu districts. But the real story is not the number of surveys completed. It is what happened afterwards.

"The people who use health services every day are the ones best placed to improve them" Rachel, JHWO Officer

The journey begins with ordinary community members sharing their experiences of health services. Their feedback is collected through structured surveys, helping to identify recurring issues such as medicine availability, waiting times, privacy concerns, stigma, accessibility challenges, and the availability of youth-friendly services.

Rather than ending with data collection, the findings are taken back to communities and health facilities for discussion. Throughout the quarter, 47 feedback meetings brought together community representatives, Health Centre Committees, and healthcare workers to review the results and explore practical solutions.

These conversations created an important bridge between communities and the health system. Community members had the opportunity to explain the challenges they face, while health workers provided insight into the realities affecting service delivery. Together, they developed improvement plans and identified areas requiring further attention.



Community members during a community meeting at Hanke, Shurugwi.

One memorable example came from an Adolescent Girls and Young Women (AGYW)-led district review meeting. Young women openly raised concerns about contraceptive and PrEP stock-outs, shortages of trained family planning personnel, and breaches of confidentiality. Their voices did not stop at identifying problems. The discussions led to immediate action, including the redistribution of available contraceptives, as well as recommendations to strengthen supply chains and improve service delivery.

This is what makes CLM different. It is not simply about collecting information. It is about creating a pathway from community experiences to evidence, from evidence to dialogue, and from dialogue to action.

Not every challenge can be solved at facility level. Issues such as medicine stock-outs, staffing shortages, transport barriers, and infrastructure challenges were escalated to district health authorities for follow-up and resource allocation. In this way, community feedback continued its journey beyond the clinic, helping to inform decision-making at higher levels of the health system.

Behind every survey completed, every meeting held, and every action taken is a shared commitment to improving health services for everyone.

Community-Led Monitoring is more than a monitoring tool. It is a platform that empowers communities to participate in shaping the services they use, strengthens accountability, and helps ensure that health systems remain responsive to the needs of the people they serve.

That is how JHWO perceives the CLM journey. And with every voice heard, the journey moves one step closer to better, more responsive health services for all.

ONEIMPACT ZIMBABWE: HEALTH INFORMATION AND SUPPORT AT YOUR FINGERTIPS



OneImpact Zimbabwe is a free mobile application designed to empower communities, especially people affected by tuberculosis (TB), with accurate information, support, and a platform to raise concerns about barriers to accessing healthcare.

The app helps users access reliable TB information, learn about their rights, connect with others affected by TB, locate health facilities offering TB services, and report challenges such as stigma, discrimination, or service delivery gaps.

The app is easy to use. After downloading and registering, users can browse TB education resources, participate in discussion forums, receive important TB updates, find nearby treatment centers, and submit reports on challenges they encounter while seeking care.

These reports help strengthen accountability and improve TB services in communities.

Why use OneImpact Zimbabwe?

- Access trusted TB information anytime.
- Learn about your rights and available services.
- Connect with peers and share experiences.
- Locate nearby TB service delivery points.
- Report barriers to care and contribute to improving health services.
- Receive updates and notifications on TB-related issues.

