

Unfold Stories



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Executive Director's Note

Dear Readers,

I am pleased to introduce this collection of stories that illuminate the significant challenges faced by marginalized communities in Malawi, particularly within the LGBTIQ+ population. These narratives not only highlight their struggles but also showcase the resilience of individuals who continue to champion their rights and dignity in the face of discrimination, violence, and systemic neglect.

As you delve into these accounts, you will witness the stark backdrop of funding cuts, the abrupt withdrawal of support from USAID, and the dismantling of critical health services. This includes the closure of essential facilities known as Drop-In Centers (DICs), which play a vital role in providing healthcare, support, and safe spaces for individuals, particularly those from LGBTIQ+ and key populations. The closure of DICs has left many without access to crucial health services, trapping them in a cycle of despair and increasing their vulnerability to violence and discrimination.

The experiences of Yamikani, Chisomo, Sarah, Thandi, and others serve as powerful reminders of the urgent need for compassion, understanding, and proactive engagement. Each story underscores the critical importance of support systems for those navigating health challenges amid societal stigma. Even in this darkness, there are individuals who embody hope and resilience, demonstrating the profound impact of compassion and community.

We must acknowledge that the struggle for health equity and human rights continues. These narratives compel us to listen, advocate, and take decisive action to foster an inclusive environment where everyone can live free from fear and discrimination.

As we look ahead, I urge all stakeholders—governments, NGOs, and community members—to unite in solidarity and support. Together, we can mend the gaps that have formed and ensure that no one is left behind.

Thank you for your dedication to this vital cause. I encourage you to engage with these stories and join us in advocating for a brighter and more equitable future for all.

Gift Trapence
Executive Director
CEDEP



A Beacon of Hope

Yamikani's Unyielding Journey

In the heart of a bustling community, where hope often flickers like a candle in the wind, Yamikani Samala, a dedicated peer educator for CEDEP, finds himself at a crossroads. Once, he was a beacon of support for over 200 clients, guiding them through the complexities of accessing vital health services. But the recent funding cuts have cast a long shadow over his work.

“Before the cuts, we had outreach clinics where my clients could easily access ART, PrEP, PEP, condoms, and lubricants,” Yamikani reflects, his voice tinged with despair. “Now, many of them are left in the dark, struggling to find the help they need.”

The distance between his clients and the services they require has grown insurmountable. For many, the

journey to the health facilities is not just physically taxing; it's a mental and emotional burden that weighs heavily on their hearts. “I can see the fear in their eyes,” he says, recalling the faces of those he has come to know intimately. “They worry about their health, about the stigma, and about the future.”

Despite the challenges, Yamikani refuses to abandon his clients. Every day, he walks the streets, checking in on them, collecting health passports, and making the arduous trip to the DIC to secure their treatments. “I do this because I care,” he states firmly. “It's not just about medications; it's about showing them they are not alone.”

Yet, the reality is grim. Many clients have fallen through the cracks, unable to access the

very services that once kept them healthy and hopeful. “I’ve heard stories of people going without their medications for weeks,” he laments. “It breaks my heart to think of the pain they endure because of a system that has let them down.”

In quiet moments, Yamikani reflects on the profound impact of his work. “These clients are more than just numbers; they are my friends, my family. Each one has a story, a dream, and a right to live without fear.” His eyes glisten as he recalls a young woman who once told him, “Yamikani, you are my lifeline. Without you, I don’t know where I would be.”

As he continues his fight for his clients, Yamikani holds onto hope. “I believe that one day, we will have the resources we need to help everyone. Until then, I will keep pushing forward, because giving up is not an option.”

In a world that often seems indifferent, Yamikani Samala stands as a testament to the power of compassion and resilience, a reminder that even in sorrow, the light of human connection can shine through.



Yamikani holding health passports for his clients to get them ART.



Chisomo Nkwanga

holding his empty ART bottle

“I am a living dead; I gave up.” These words echo in the mind of Chisomo Nkwanga, a young MSM living in Mzuzu, the so-called green city. But for Chisomo, the vibrant greens have faded into a bleak reality.

In 2020, Chisomo tested positive for HIV. Initially, he couldn’t believe the diagnosis. “I was not ready to start ART treatment,” he admits, his voice trembling with the weight of his experience. This reluctance led to a decline in his health, leaving him weak and vulnerable. It wasn’t until 2023, through the support of a dedicated peer educator from CEDEP, that he finally began his ART treatment. “He guided me all along,” Chisomo recalls, gratitude mingling with sorrow.

However, that support has now vanished. “My peer educator is nowhere to be found, and I can’t access my treatment anymore,” he says, his eyes reflecting despair. Chisomo bravely attempted to seek help in a public hospital, but what he encountered was not the support he desperately needed. “I went to the health facility, but instead of compassion, I was met with humiliation. The healthcare worker shouted at me in front of others, saying, ‘You gay, you are now starting to patronize our hospitals because the whites who supported your evil behavior have stopped supporting you?’”

The sting of those words cut deep, and in that moment, Chisomo felt utterly dejected. “I was so down that I immediately left the line and went home.” The humiliation was unbearable, and he found himself grappling with thoughts of hopelessness.

With the closure of the DIC, Chisomo has come to terms with a painful reality: “I feel like I am now a living dead, just waiting for my time as I cannot easily access my treatment.” The inability to access the critical services that once provided him with hope is suffocating.

Yet, beneath the layers of despair lies a flicker of resilience. “I know there are people who care, but the

system has failed us,” he reflects. “I just wish for a day when I can walk into a health-care facility without fear of judgment, where I can be treated with dignity.”

Chisomo’s story is a poignant reminder of the struggles faced by many in the community, highlighting the urgent need for empathy, understanding, and support in the fight against stigma and discrimination. In his journey, we are called to listen, to act, and to ensure that no one has to feel like a living dead.



A Heartbroken Guardian

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In the vibrant city of Mzuzu, where life once pulsed with hope and connection, the former CEDEP coordinator, Sarah, now faces an overwhelming sense of loss. Responsible for providing essential services to the key population (KP) community through the Mzuzu DIC, she feels like a parent who has abandoned her children.

“Every day, I woke up with a purpose,” Sarah reflects, her voice heavy with emotion. “I had a duty to support my clients—my family. But now, with the closure of the DIC, I feel powerless.”

The DIC was more than just a facility; it was a safe haven for many individuals seeking care and support. “When I walked through DIC doors, I saw hope in their eyes. I saw people who were ready to take charge of their health,” she recalls. But now, those

doors are shut, and with them, the dreams of countless individuals.

“It’s like watching your children grow up and then suddenly having to let them go,” Sarah continues, her heart aching. “I feel like I’ve abandoned them at a time when they needed me most.”

The closure has left many of her clients without access to vital services like ART, PrEP, and mental health support. Sarah remembers a young man who once came to her for help. “He said, ‘Sarah, you’re my last hope. Without you, I don’t know what I’ll do.’ Those words haunt me now,” she admits.

Despair has settled over the community, and Sarah finds herself wrestling with feelings of guilt and helplessness. “I’ve tried to reach out to them, but it’s not the same

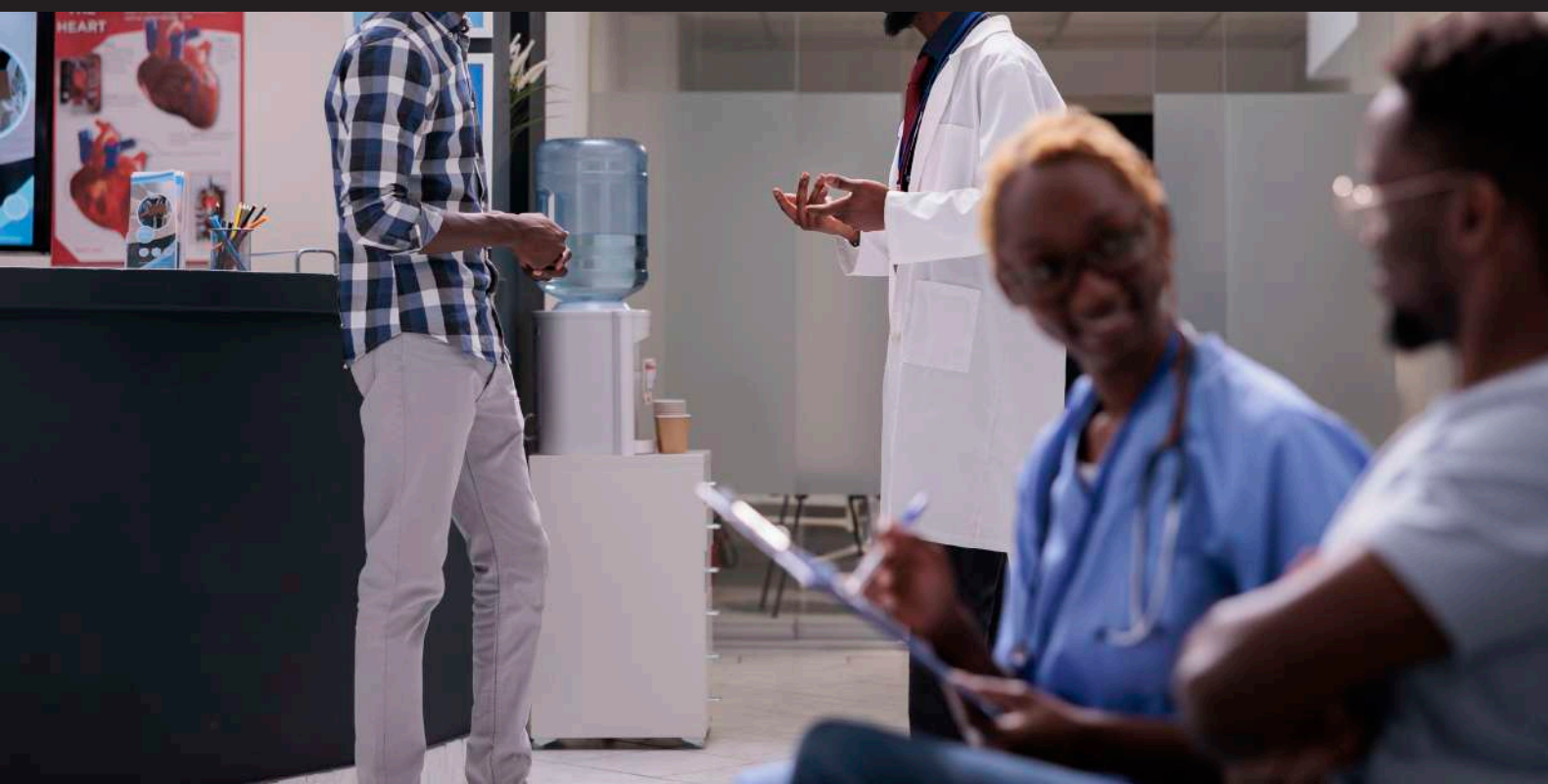
without the DIC. I can't provide the care they need," she says, her voice breaking.

As she walks the streets of Mzuzu, she encounters familiar faces—people who once relied on her guidance. "I see them struggling, and it hurts me deeply. I want to tell them that I'm still here, that I still care, but I know they feel abandoned," she says, tears welling in her eyes.

"Every single day, I think about what I can do to help them," Sarah reflects. "But I also know that I'm not a miracle worker. The system has failed us, and its heart-wrenching."

Despite the overwhelming challenges, Sarah remains determined to advocate for her community. "I refuse to give up on them," she asserts. "They deserve better, and I will find a way to make sure they know they are not alone."

In her heart, Sarah holds onto hope—a hope that the DIC will reopen and that she can once again be the guardian her clients need. "I may feel like I've abandoned them now, but I will fight for their future," she vows, embodying the spirit of resilience that defines her role as a leader and caregiver.





From Support to shame

The Betrayal of Trust

On June 26, a seemingly ordinary night at a bar in Maluluka took a devastating turn for a group of transgender women. Once vibrant members of their community, they now find themselves engulfed in shame and fear, thanks to the actions of a health service provider from Maluluka Community Hospital.

The service provider, who had previously worked with the Drop-in Center (DIC) during outreach activities, approached the bar and spotted three of his former clients enjoying a moment of respite. Instead of offering support, he chose to shout at them, unleashing a torrent of anger. “You’re left helpless because of the funding cuts!” he bellowed, drawing the attention of everyone in the bar. “You’re all just a bunch of gays!”

The words hung in the air like a heavy fog, and the impact was immediate and crushing. For the clients, humiliation washed over them like a cold wave. "In that instant, I felt like I was stripped of my dignity," one of the transgender women recalled. "He didn't just expose our identities; he turned us into targets."

As the service provider continued his tirade, patrons in the bar began to point fingers and whisper. "Look at them, they're gays and Satanists!" they jeered, further deepening the wounds inflicted by the health worker's thoughtless outburst. The laughter and ridicule echoed in the women's ears, reminding them of the stigma they face daily.

In the days that followed, the atmosphere in Maluluka shifted dramatically for these women. "I used to go out and enjoy life, but now I'm afraid to leave my home," one client shared. "I can't bear the thought of facing that humiliation again." The humiliation extended beyond the bar. One woman, whose family has known her

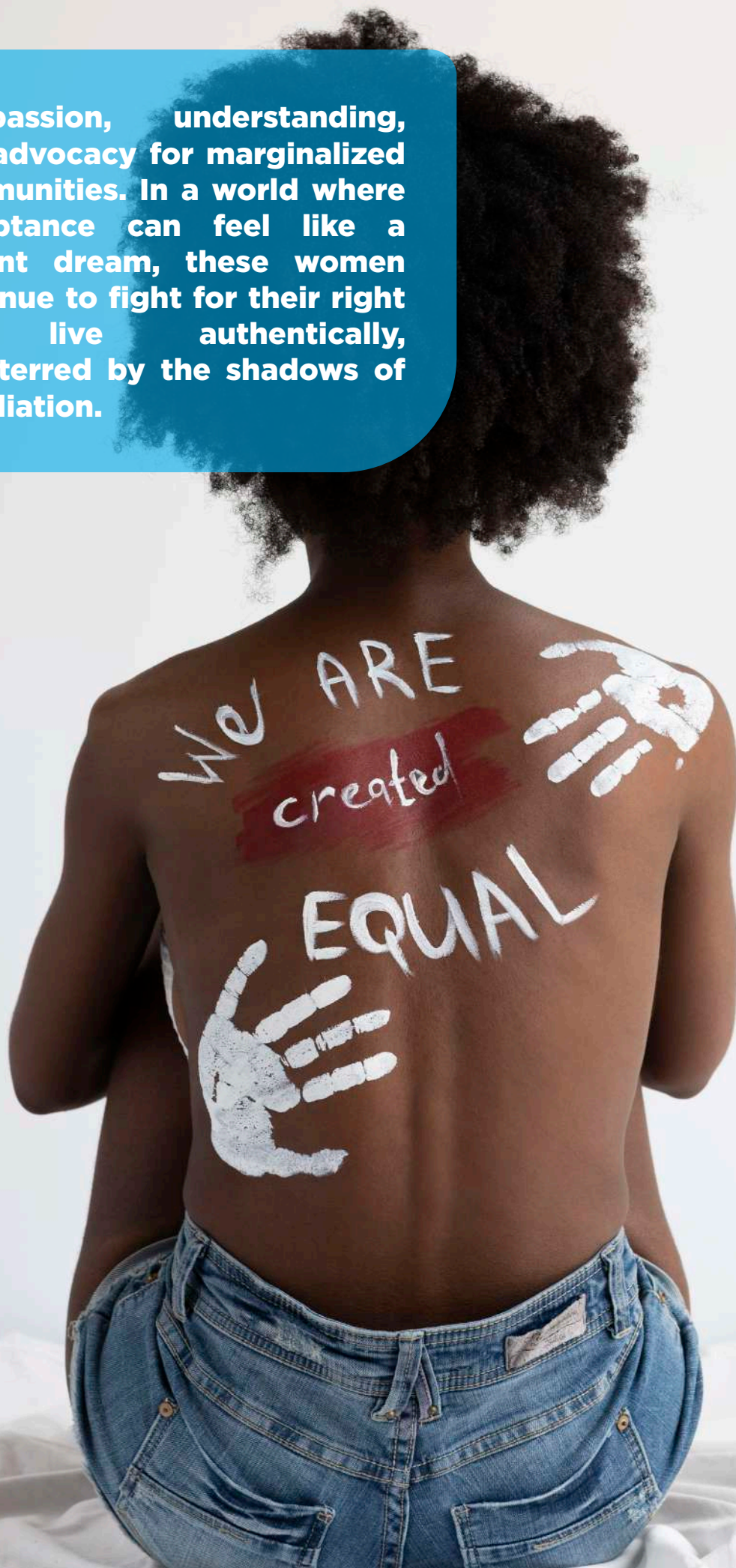
gender identity, now faces rejection from those she loves most. "My parents don't want to talk to me anymore," she said, tears welling in her eyes. "It's as if my existence is a shame to them because of who I am."

The closure of the DIC due to funding cuts had already left the community vulnerable, but this incident has compounded their suffering. The women feel abandoned, not only by the healthcare system but also by the very people who once promised to support them. "We trusted him to help us, not to hurt us," another client lamented.

In the aftermath, the once-tight-knit community of transgender women in Maluluka is left grappling with fear and isolation. They long for a safe space where they can be themselves without the threat of humiliation. "I just want to live my life freely, without fear of being outed or shamed," one woman expressed.

Their story is a powerful reminder of the urgent need for

compassion, understanding, and advocacy for marginalized communities. In a world where acceptance can feel like a distant dream, these women continue to fight for their right to live authentically, undeterred by the shadows of humiliation.



A Struggle for Care

Denied ART at Maluluka Community Hospital

In the bustling town of Maluluka, the journey to health-care can often feel like an uphill battle, especially for marginalized individuals like Chikondi, a dedicated client of CEDEP. Recently, Chikondi faced a distressing challenge when he sought his ART at Maluluka Community Hospital.

Having previously received his treatment at the now-closed Drop-in Center (DIC), Chikondi arrived at the hospital with hope. However, that hope quickly turned to despair when he was met with resistance from a service provider. “You gays have your own hospital; go there and don’t waste our resources,” the provider said dismissively, ignoring Chikondi’s attempts to explain the closure of the DIC.

Frustrated and feeling dehumanized, Chikondi left the hospital without the vital medication he desperately needed. “I felt like my identity was being used against me,” he recalled. “All I wanted was my ART, not to be treated like I’m less than anyone else.”

In search of support, Chikondi turned to a peer educator who had been a lifeline for many in the community. Understanding the urgency of his situation, she agreed to accompany him back to the hospital. Together, they approached the service provider again, with the peer educator advocating for Chikondi’s right to care.

“Please, he needs his medication,” she implored, explaining the circumstances surrounding the closure of the DIC and the lack of avail-

able alternatives. After some back-and-forth, the service provider reluctantly agreed to provide Chikondi with a month's supply of ART.

While grateful for the assistance, Chikondi's relief was short-lived. "I need three months' worth of medication," he explained, as he was preparing to travel to South Africa for work. "A month isn't enough; I can't keep coming back here every few weeks."

Despite his pleas, the provider remained unyielding. "This is all we can offer you," he insisted, leaving Chikondi feeling trapped and anxious about his health.

The experience left Chikondi disheartened but not defeated. "I shouldn't have to fight for my right to live," he said, reflecting on the challenges faced by the KP community. "We deserve respect and dignity, just like everyone else."

As he prepares for his journey, Chikondi continues to advocate for himself and others in similar situations. "I hope that one day, access to healthcare will be a right, not a privilege," he said, determined to raise awareness about the struggles faced by marginalized individuals seeking care.

His story serves as a poignant reminder of the barriers many encounter in the healthcare system and the urgent need for compassion and understanding within it.



A Constant Struggle

The Reality of a Transgender Sex Worker

In the heart of the bustling city, where vibrant energy meets stark realities, lives Thandi, a transgender woman navigating the complexities of life as a sex worker. Each day, she faces not only the challenges of her identity but also significant barriers in accessing basic health resources.

Thandi's work is both demanding and dangerous. "I see more than four clients a day," she shares, her voice tinged with both pride and frustration. But the challenges don't end there. When it comes to healthcare, Thandi finds herself in a precarious position.

Public hospitals, where many seek assistance, do not provide essential items like lubricants, which are crucial for safe sex practices. "Without proper lubrication, it's not just uncomfortable; it

can be harmful," Thandi explains. Yet, she faces another hurdle: the distribution of condoms. "We're only allowed to get ten condoms per month," she laments, clearly exasperated by the inadequacy of the system.

With her active lifestyle, Thandi knows that ten condoms are nowhere near enough. "I can't afford to risk my health or that of my clients," she says, reflecting on the constant pressure to manage her own safety. "I have to be creative, but it's not a sustainable solution."

The stigma surrounding her work adds another layer of complexity. "People often judge us without understanding our struggles," she notes. "We're not just sex workers; we're human beings who deserve respect and care."

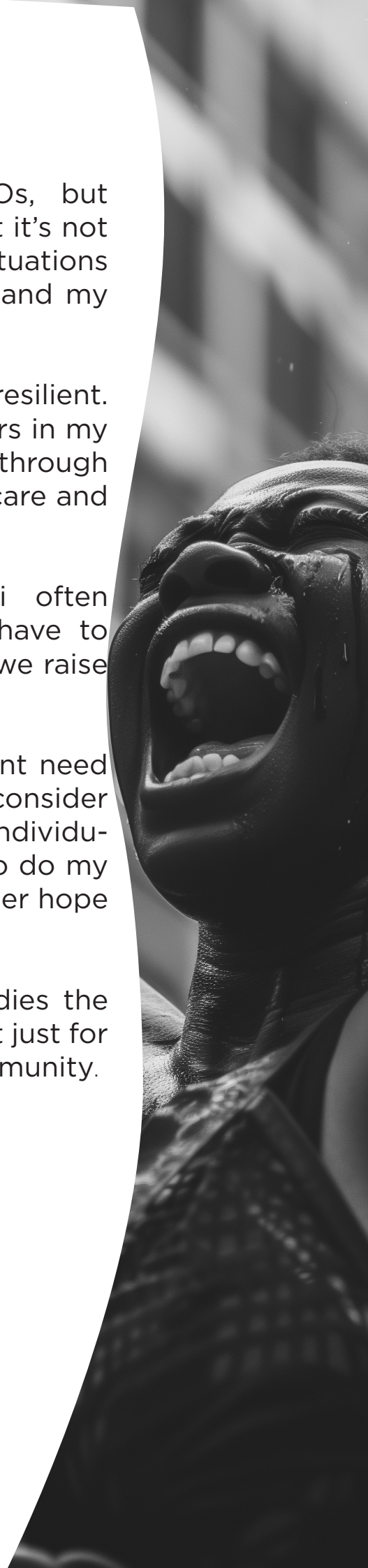
Thandi has sought help from local NGOs, but resources are limited. “They do their best, but it’s not enough,” she admits. “I often find myself in situations where I have to choose between my health and my livelihood.”

Despite the challenges, Thandi remains resilient. “I’ve learned to advocate for myself and others in my community,” she says, determination shining through her words. “We need better access to healthcare and resources that acknowledge our needs.”

In conversations with her peers, Thandi often emphasizes the importance of unity. “We have to support each other. Change will come when we raise our voices together,” she declares.

Her story is a powerful reminder of the urgent need for comprehensive healthcare policies that consider the unique challenges faced by transgender individuals and sex workers. “I just want to be able to do my job safely and without fear,” Thandi asserts, her hope for a better future unwavering.

As she continues her journey, Thandi embodies the spirit of resilience and the fight for dignity, not just for herself, but for all those in her community.



Public Hospitals Face Challenges in Taking Over DIC Services in Malawi

Mzuzu, Malawi — The Malawian government, through its Ministry of Health, is moving forward with plans to integrate the services previously offered by Drop-In Centers (DICs) into public hospitals. While the initiative aims to enhance healthcare accessibility for key populations (KPs), significant concerns have arisen regarding the readiness of public facilities to handle this transition.

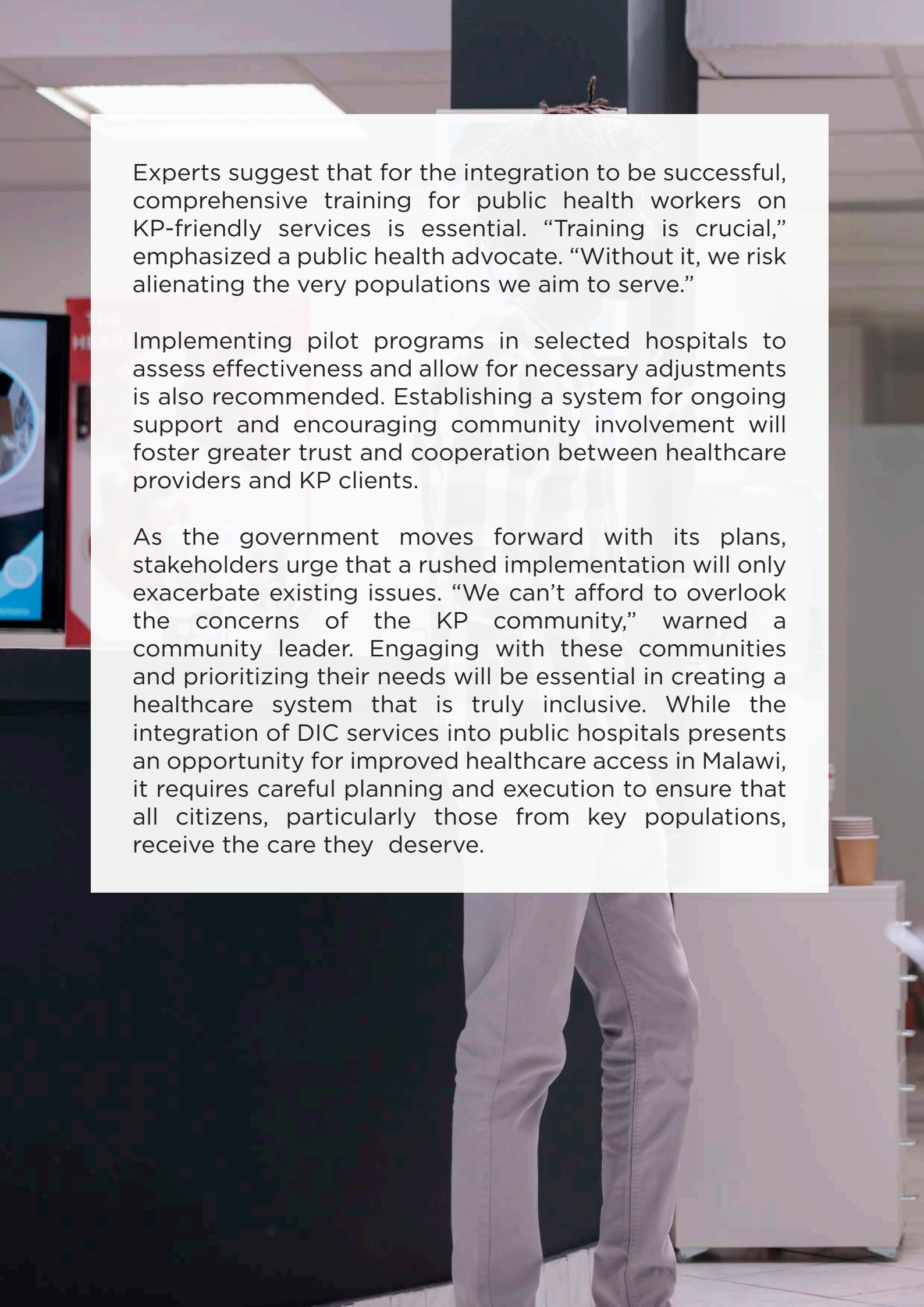
KP coordinators have voiced apprehensions about the capability of public hospitals to effectively provide these critical services. “The reality is that most health workers in public hospitals are not trained to provide KP-friendly services,” said one coordinator. “We fear that clients will face stigma and discrimination, pushing them away from seeking care.”

Many individuals feel safer in DICs, where they report feeling less judged and more secure about their identities. “In the DIC, I can be myself without

fear of judgment,” shared a client. “I worry that in a public hospital, my identity will be exposed, and I could become a target in my community.”

In Mzuzu, the closure of a DIC resulted in the transfer of over 200 clients to a public hospital. Alarming, only five out of more than a hundred service providers at this facility have undergone training on KP-friendly services. As a result, less than 10% of the transferred clients are currently receiving the support they need. “It’s disheartening to see so many people struggling to get the care they need,” noted a local health worker.

Clients have expressed deep concerns about transitioning to public hospitals, fearing that their identities could be exposed. “We need to be able to trust our healthcare providers,” said another client. “If we can’t feel safe, we won’t seek help.”



Experts suggest that for the integration to be successful, comprehensive training for public health workers on KP-friendly services is essential. “Training is crucial,” emphasized a public health advocate. “Without it, we risk alienating the very populations we aim to serve.”

Implementing pilot programs in selected hospitals to assess effectiveness and allow for necessary adjustments is also recommended. Establishing a system for ongoing support and encouraging community involvement will foster greater trust and cooperation between healthcare providers and KP clients.

As the government moves forward with its plans, stakeholders urge that a rushed implementation will only exacerbate existing issues. “We can’t afford to overlook the concerns of the KP community,” warned a community leader. Engaging with these communities and prioritizing their needs will be essential in creating a healthcare system that is truly inclusive. While the integration of DIC services into public hospitals presents an opportunity for improved healthcare access in Malawi, it requires careful planning and execution to ensure that all citizens, particularly those from key populations, receive the care they deserve.

Funding Cuts Lead to Alarming 80% Default Rate on Oral PrEP at Nyambadwe DIC

A staggering 80% of clients in Blantyre District have defaulted on their oral pre-exposure prophylaxis (PrEP) treatments, primarily due to significant funding cuts impacting outreach services. District Coordinator Due Fyness revealed that the reduction in resources has led to the suspension of mobile clinics, which were critical for delivering treatment to clients.

“Before the funding cuts, our mobile clinics reached many individuals who otherwise wouldn’t have access to care,” Fyness explained. “Now, with limited resources, we’re seeing only 20% of the 2,900 clients who need oral PrEP actually receiving it. This is a crisis waiting to happen.”

The decline in access to PrEP not only jeopardizes individual health but also poses a broader public health risk. “When people stop taking PrEP, we increase the

chances of new HIV infections in our community,” she warned. “An 80% default rate is unacceptable and indicates that many individuals are left vulnerable.”

Fyness emphasized the urgent need for renewed support from partners and stakeholders to reinstate outreach activities at the Nyambadwe Drop-In Center (DIC). “The mobile clinics were more than just a service; they were a lifeline for many. We need to bring them back to ensure that at-risk populations can access the preventive care they need.”

In her conclusion, Fyness called for immediate action: “We cannot stand by and watch as our progress in the fight against HIV is reversed. I urge all partners to invest in our outreach efforts. Together, we can turn this situation around and protect the health of our community.”

As Blantyre District grapples with this alarming default rate, the call for action is clear: without renewed funding and support, the fight against HIV and AIDS faces a serious setback.

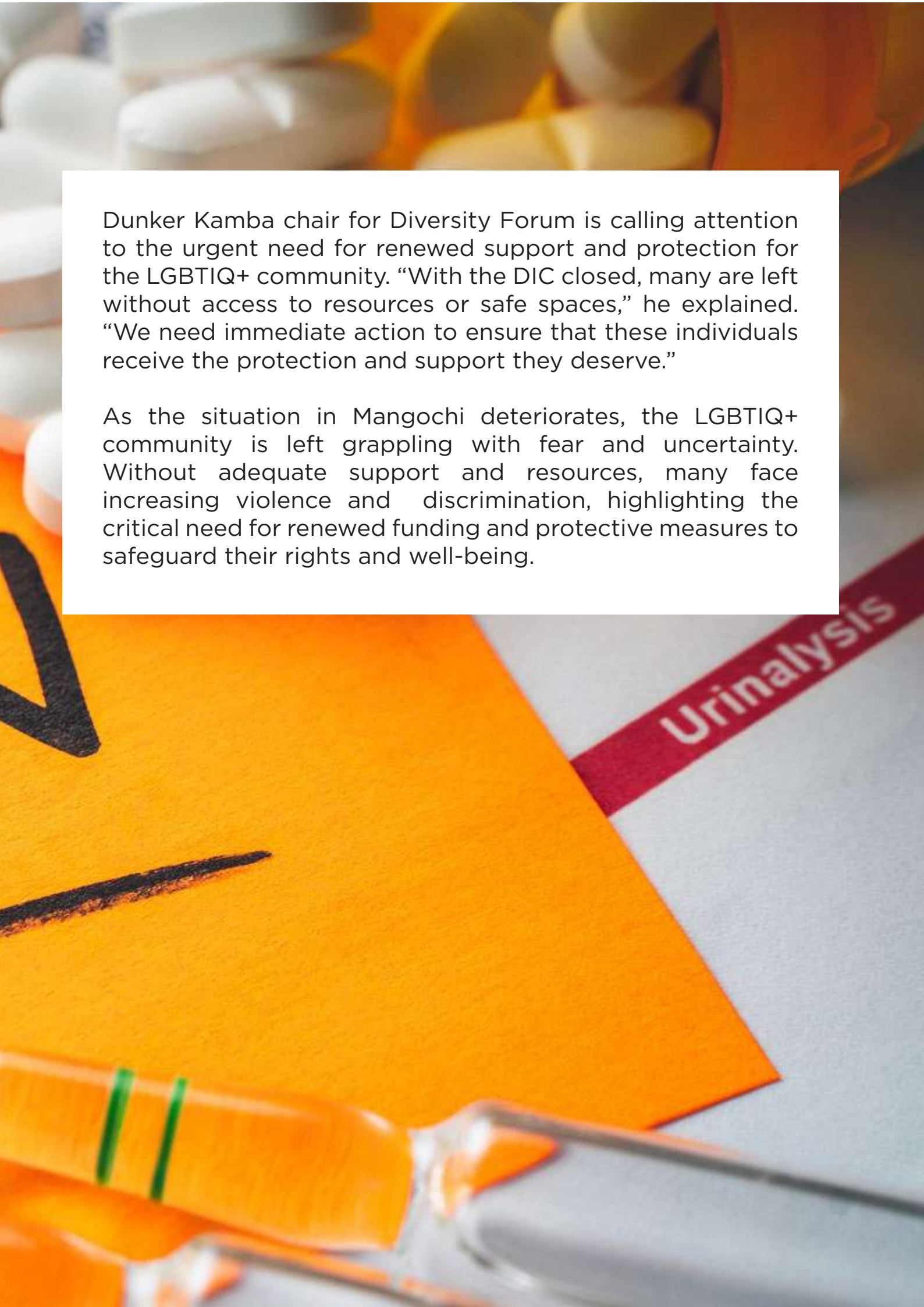
Closure of DIC Leaves LGBTIQ+ Community Vulnerable to Violence in Mangochi

The closure of the Drop-In Center (DIC) in Mangochi has led to a troubling surge in gender-based violence (GBV) against the LGBTIQ+ community. With funding for LGBTIQ+ initiatives reportedly exhausted, perpetrators feel emboldened, believing that victims have nowhere to turn for help.

“Since the DIC closed, we have seen a dramatic increase in violence and harassment,” said John Bongo a peer educator. “Many individuals feel unsafe and unprotected. The message from the community is clear: they believe they can act with impunity.”

One client shared a harrowing experience after reporting an assault to the police. “I thought I would be safe going to the authorities, but instead, I felt dismissed and ignored,” he recounted. “I left the station feeling more vulnerable than before.”

Another case highlights the alarming treatment faced by LGBTIQ+ individuals at the hands of law enforcement. A client was bullied by police officers who were doing patrols in Mangochi town simply for speaking in a manner perceived as feminine. “They mocked me and made me feel ashamed of who I am,” he said. “Instead of feeling protected, I felt targeted.”



Dunker Kamba chair for Diversity Forum is calling attention to the urgent need for renewed support and protection for the LGBTIQ+ community. “With the DIC closed, many are left without access to resources or safe spaces,” he explained. “We need immediate action to ensure that these individuals receive the protection and support they deserve.”

As the situation in Mangochi deteriorates, the LGBTIQ+ community is left grappling with fear and uncertainty. Without adequate support and resources, many face increasing violence and discrimination, highlighting the critical need for renewed funding and protective measures to safeguard their rights and well-being.

A Broken Promise

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Mercy Tenisi a qualified who started practicing in 1995. She was one of the pioneer nurses trained on Anti-retroviral drugs administration in 2006 in Mangochi when the regime was T20-T30. In 2015. She started working with key populations in 2015 serving both female sex workers, Men who have sex with men and transgenders. “What motivated me to work with key populations is that a nurse we take an oath to serve everyone regardless of gender, sexual orientation or nationality. To me I am just serving a person in need something a vowed to do” she explained after being asked why she serves the key populations.

Mercy narrated that though the services provided are the same like the hospital like testing, ART provision and STI treatment among other, working with key populations is different, they need more time to create a rapport for them to open up completely and disclose some of the health challenges they face which sometimes are not the normal ones. During examinations and health talk, Key populations need more privacy both visual and audial privacy which is highly needed and the drop-in centers were providing that. She also added that the health screening involved is more extensive that includes probing something that is hardly done in public hospitals because of the long lines.



With the closure of the Drop-in Centres things have changed a lot. Clients are back in their cocoons due to visible stigma and discrimination in the community “Just like today someone shouted at a Transgender woman saying Mpera wa kukongwe in the native Yao language meaning that he is speaking like a lady”. That already creates a very uncomfortable environment even if they are to seek services at the public facilities.

“To me the best situation is to have the Drop-in Centres back, functioning as they were before the funding cut” she said. Though the population we serve through the drop-in Centre is few, but it is very critical in both prevention and management of HIV/Aids in the area”. She continued saying that we need to continue the outreach clinics as they provide attention to viral load and STI screening among others. She also recommended continued outreach services as they reached to the hidden population and distanced population key in the fight against HIV. There is more work to do with the general community and the health care staff in general on Key population and how to integrate them in the fight against the virus.

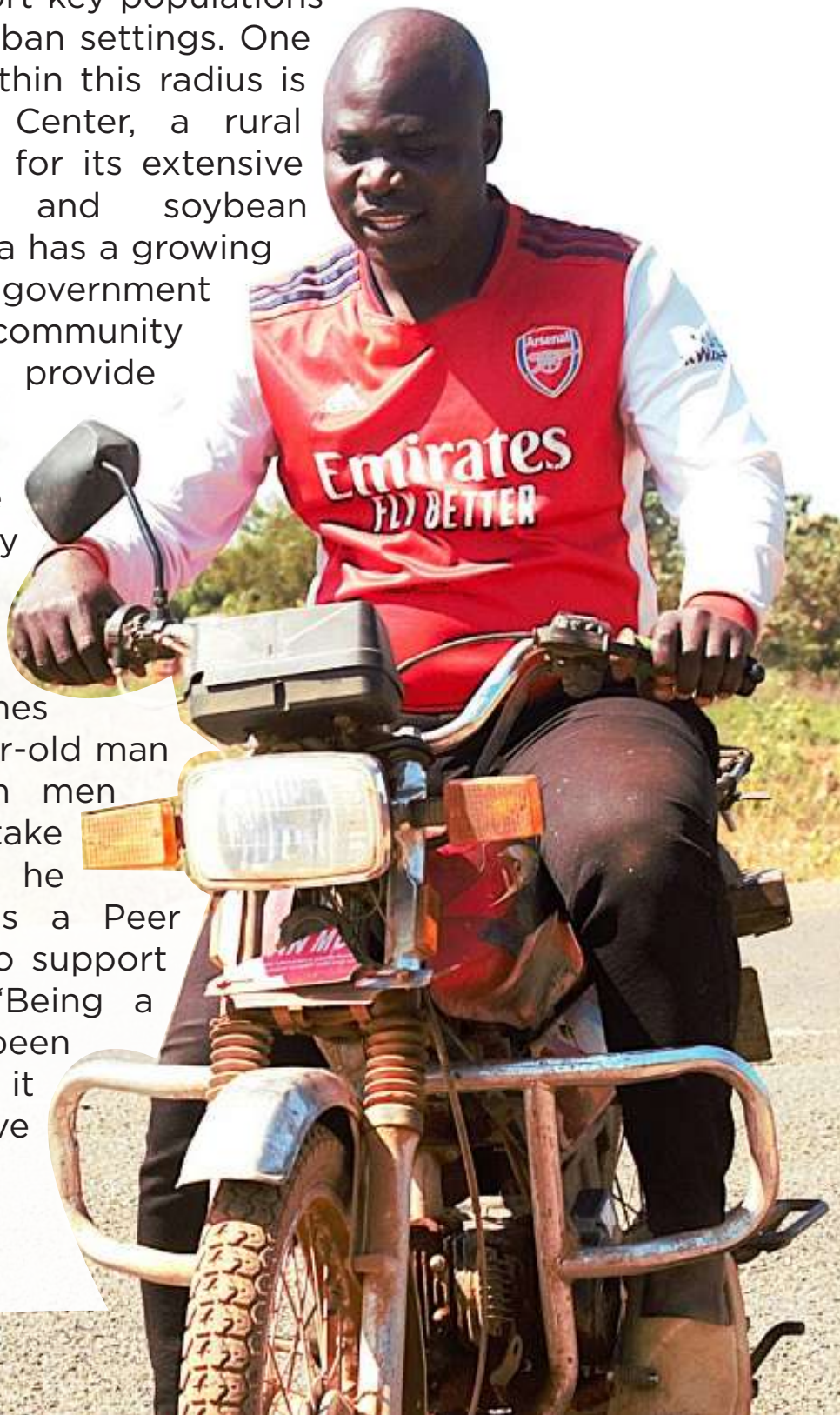


Hanging Hope

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The Lilongwe Drop-In Center serves a vast area, reaching over 100 kilometers to support key populations in both rural and urban settings. One notable location within this radius is Kabudula Trading Center, a rural growth hub known for its extensive tobacco, maize, and soybean production. The area has a growing population, and the government has established a community hospital to provide healthcare services.

Despite this, the LGBTQ+ community in Kabudula faces persistent stigma and discrimination. In response, James Chiwambo, a 31-year-old man who has sex with men (MSM), decided to take action. Since 2020, he has volunteered as a Peer Educator, helping to support his community. “Being a Peer Educator has been liberating for me, as it allows me to serve others,” he shared.



James expressed gratitude for the key population-friendly services previously available at the Drop-In Center (DIC), including easy access to condoms, lubricants, antiretroviral therapy (ART), and pre-exposure prophylaxis (PrEP) through outreach sessions. However, the recent funding cuts from USAID have had catastrophic effects. “I had 112 clients on PrEP, but now only 50 continue. The distance to the DIC has prevented many from accessing services since the outreach clinics have stopped,” he explained. The number of clients on injectable PrEP has also decreased from seven to three.

To combat these challenges, James has made significant efforts to ensure that clients on ART continue their treatment. He uses his motorbike to cover over 60 kilometers one way to the DIC for refills, personally supporting 32 clients despite the current difficulties. “I will do whatever it takes to help my clients access their treatment,” he stated.

Although there is a community hospital nearby, James noted that the staff are often unfriendly and that clients feel outed, which discourages them from seeking care. “During a church service, one of my clients was outed, creating a hostile environment. Additionally, the ART clinic’s isolation makes it obvious to others that you are HIV positive, which keeps people away,” he concluded. He expressed a strong desire for the DIC to resume operations, emphasizing its vital role in promoting the well-being of the LGBTQ+ community in the area.



YOUR MASTERS ARE GONE, WE CAN DO WHATEVER WE WANT ON YOU!

When Billy and his two friends walked into their usual drinking spot one evening, they never expected to face one of the most difficult evenings in their recent times.

“Just when we were sitting down, an old acquaintance started shouting”, said Billy. ‘He pointed at us, telling the whole club that we are gays and that they do not want to see us around’, recalls Billy.

The acquaintance was a health care worker from the nearest public facility. He was well known by the LGBTIQ+ community because he used to work with them, providing HIV testing services when CEDEP organised one. “CEDEP trained this guy in the provision of key populations friendly services and was frequently involved in provision of HIV services during outreach clinics around our area. That’s how he got to know us”, said Billy.

Billy stays at Malombe, a distance of about 20 Km from Mangochi Town. He used to be a peer educator for MSM and transgender persons in his area until the project that supported the district closed down due to USAID funding cuts.

“We quickly went out of that bar for our own safety”, continued Billy. “You know, our trading centre is small and there are only a few bars around here. So after two days, my friends and I went to another drinking joint, avoiding the earlier one for our own safety. Just an hour into the fun, the same health care worker showed up again in the company of his friends. They started showering all sorts of insults on us, saying that they can say or do whatever they want on us and that we can do nothing about it because our masters who protected us have gone”, concluded Billy. In his words, Billy felt betrayed because he thought this person was there to support his community all this time not knowing that he wasn’t doing it whole heartedly.

Billy says that things were better off a few months back when the only Drop-In-Centre (DIC) in the district was still running since they would seek refuge when they faced cases of gender based violence. “Now there is nowhere we can go to for support, we don’t feel safe”, he says.

Billy thinks that cases of violence on members of LGBTIQ+ community have increased since DICs closed down. Says Billy; “My peers visit me almost every day seeking guidance on how they can handle cases they have faced; I feel that we are more exposed now than when we had those structures to protect us”. The DIC had safe spaces where members of LGBTIQ+ could seek refuge whenever their safety was at risk. There were also committees that handled all GBV cases whose membership included members of the Malawi Police Services.

Asked whether he thinks the Police are doing enough to protect them, Billy says that he is not convinced that the police are doing their best. “I think the project made the Police more accountable. Now, they don’t care at all, and our community can’t go there to seek assistance for fear that they may be targeted by the very police that is meant to protect us”.

For now, my peers and I are doing all we can to ensure we are safe. We do not frequent our drinking joints. I also use my knowledge in safety and security to teach my friends how they can protect themselves.

Solid Foundation with No Hope

“I am not even sure if the lubricants we submitted at the end of the project have been used,” David said in a depressed tone. “We have been on the ground working with men who have sex with men and transgender individuals since 2015. I was one of the first people working on HIV projects for the LGBTQ+ community in Malawi.

Malawi is one of the countries where being part of the LGBTQ+ community is prohibited by law. Both religious and cultural norms reject this community. In 2024, various interested parties—including human rights organizations and legal advocates—sought a constitutional interpretation of the sodomy laws enshrined in the constitution. Unfortunately, the constitutional review ruling further strengthened the punishment of these laws, which fueled homophobia in the area.

“The USA funding cuts have hit us hard. There have been many negative stories about the community, suggesting that our

main supporters have abandoned us,” David explained. As an outreach worker in Mzuzu, he managed twelve peer educators and four peer navigators while being an MSM himself. He worked as an outreach worker for five years.

“The funding cuts have led to the closure of the Drop-In Center, a place where the LGBTQ+ community felt at home. The staff were friendly, and we felt comfortable discussing our mental health issues and clinical concerns, including STIs, without shame.” He noted that many clients have dropped out of PrEP due to fear of facing the stigma and discrimination prevalent in public facilities. “In terms of ART, it’s very sad because the flexibility that the Drop-In Center offered—through outreach and flexible hours—motivated many clients to come for both refills and viral load checks. With the closure of the DIC, we will see high rates of defaulting and interruptions in treatment.”

During the DIC's closure, David was responsible for commodity reallocation. He had to separate condoms from lubricants, raising questions about the accessibility of these essential items. "The assumption seems to be that the ministry will handle key populations, but we feel the ministry is not ready." This sentiment was echoed by the district key populations officer, who acknowledged that training on delivering services specific to key populations is still lacking.

"It is our wish to have the DIC reopened and restore outreach services as we once did, to continue reaching the hidden LGBTQ+ pockets with HIV and wellbeing services. We have already built a solid foundation; we cannot afford to lose hope now," concluded the downcast David.



Call to Action

In light of the stories shared, we urge all stakeholders to take immediate action to support marginalized communities facing unprecedented challenges. Below are key actions we can collectively pursue, divided into local/national and global initiatives:

Local/National Actions

Restore Funding for Essential Services

- 1 We call on government and funding agencies to reinstate and increase financial support for Drop-In Centers (DICs) and outreach programs. Access to vital health services, including condoms, lubricants, PrEP, PEP, ART, and STI treatment, must be prioritized to protect the well-being of those in need.

Train Healthcare Providers

- 2 Implement mandatory training for healthcare workers on LGBTIQ+-friendly practices to create a safe and supportive environment for all patients, free from stigma and discrimination.

Establish Peer Support Networks

- 3 : Community organizations should form peer support networks that empower individuals affected by the closure of DICs, providing essential emotional and practical assistance.

Create Safe Reporting Mechanisms

- 4 Establish confidential and safe channels for reporting incidents of gender-based violence (GBV) and safe houses where possible. Survivors must have access to support without fear of further victimization.

Monitor and Evaluate Impact

- 5 Develop a framework for monitoring and evaluating the effectiveness of interventions, ensuring that the needs of marginalized communities are met and holding service providers accountable.

Global Actions

Launch Awareness Campaigns

- 1 Advocate for comprehensive awareness campaigns to educate the public about the rights and health needs of marginalized communities, promoting understanding and acceptance.

Foster Partnerships

- 2 Urge NGOs, government bodies, and community organizations worldwide to collaborate in developing holistic support systems that address the diverse needs of marginalized populations.

Advocate for Policy Change

- 3 Encourage global policymakers to enact and uphold laws that protect the rights of LGBTIQ+ individuals and ensure their access to healthcare and social services.

Provide Mental Health Resources

- 4 Advocate for immediate action to offer mental health support to those affected by stigma and discrimination, making counseling services accessible to key populations.

Engage Communities

- 5 Encourage active participation from community members in the planning and implementation of health programs, as their insights are invaluable in creating effective services.

These stories are not just testimonies; they are a call to action. We urge the readers of this to speak out, challenge discriminatory laws and practices, and demand better services for marginalized communities. Share these stories, advocate for change, and help ensure that no one is denied the right to health and dignity.

A Call to Readers

We invite you, the readers of these stories, to advocate for these issues and the necessary actions. Share these narratives within your networks, raise awareness, and speak out against discrimination. Your voice is crucial in fostering a supportive environment for marginalized communities. Together, we can drive meaningful change.