



Building Malawi's Last-Mile Health System

**Q1 2026**

**System  
Performance  
Report**

**January - March**



**Wandikweza**  
HEALTH CARE CLOSER TO THE PEOPLE

# Executive Summary

## Q1 2026 Overview

Q1 2026 demonstrates that Proactive Doorstep Care (PDC) is functioning as a scalable last-mile health system, one that reaches people early, maintains continuous engagement and connects families to care in time.

Now operating across four districts, including expansion into Mchinji, Wandikweza continues to scale a system designed to address a fundamental gap: care is too far and often accessed too late in rural settings. By shifting preventive, routine and follow-up care to the household and linking it to community, outreach, facility and emergency response levels, PDC is redesigning how care is delivered and accessed.

This progress was achieved during Malawi's peak rainy season, a period characterized by flooding, increased disease burden and reduced access to health services. Despite these pressures, the system maintained continuity of care across districts. A total of 108,338 people were reached, 869 deliveries were supported, 4,217 people received emergency support during flooding and 7,162 children were vaccinated through the national polio campaign.

These results confirm a central insight: when people are reached early and supported continuously, care is more likely to be delivered in time.

As the model scales, remaining gaps are primarily driven by access constraints, particularly delays in referral and emergency response during seasonal disruptions. Strengthening these components will be critical to improving system performance across all districts.

Overall, Q1 shows that Proactive Doorstep Care is operating as designed: extending reach to households, maintaining continuity and enabling timely access to care. This provides a strong foundation for scaling a reliable, integrated health system in last-mile settings.

**When care reaches people early, continuously and in time, outcomes improve.**

# Executive Director's Message

Dear Partners, Supporters and Friends of Wandikweza,

Q1 2026 marks an important step in our journey to build a health system that reaches people before it is too late. This quarter, Proactive Doorstep Care is operating across four districts, including our expansion into Mchinji, our most ambitious step toward multi-district scale.

We implemented this work during Malawi's most demanding season. Flooding disrupted access to care, disease burden increased and many communities faced heightened risk. In Mchinji, we entered areas where outreach services had not functioned for years. These are the conditions that define last-mile health systems and the reason this model exists.

What stands out this quarter is how the system performed. Across districts, our teams maintained presence at the household level, continued follow-up with families and coordinated care even as conditions became more difficult. This consistency is what allows care to happen before complications escalate.

We are also deepening how we learn. This quarter, we initiated our first independent Outcome Evaluation, an important step in strengthening our evidence and ensuring accountability as we scale.

As we continue to grow, our focus is clear. We are building a system that does not wait for people to reach care, but reaches them where they are, early, continuously and in time. This quarter demonstrates that Proactive Doorstep Care can operate reliably under pressure while maintaining continuity of care.

Thank you for your continued partnership in this work.

With gratitude and commitment



**Mercy Chikhosi Kafotokoza**  
Founder & Executive Director



# Operational Context: Q1 2026

## Seasonal and environmental factors

The January–March period coincides with Malawi's peak rainy season, characterised by elevated burdens of malaria and waterborne disease, reduced road accessibility and seasonal displacement. These conditions disproportionately affect pregnant women and children under five and create compounding barriers to accessing facility-based care. The risk of delayed treatment escalating into life-threatening complications is highest during this season.

## District-Level Constraints

- Dowa: Stable operations; seasonal disease burden managed through proactive Integrated Community Case Management (ICCM).
- Mangochi: Severe flooding (March) displaced 6,421 households across T.A. Nankumba and T.A. Chamba, causing four deaths, 13 injuries and a 29% decrease in outreach clinic attendance.
- Salima: Moderate flood disruption; 13 home deliveries partly attributable to facility access barriers during labour.
- Mchinji (new): First-quarter implementation challenges including incomplete data systems, active traditional birth attendants (TBAs) in the Chiosya catchment, extreme outreach distances (up to 73 km one-way) and communities where organised outreach services had not been operational for over two years.

## Macroeconomic Pressures

Rising fuel prices during Q1 2026 substantially increased operational costs. Outreach travel expenses nearly doubled in some districts, with Mchinji most severely affected due to long travel distances. Wandikweza responded by consolidating travel routes, renegotiating quarterly fuel procurement contracts and escalating requests for supplementary partner support.

## Emergency Response Context

In addition to its core PDC mandate, Wandikweza activated disaster response operations in Nkhotakota District (January) following Dwangwa River overflow affecting 10,700+ households and in Mangochi District (March). Both responses were conducted in coordination with district authorities, the Department of Disaster Management Affairs (DoDMA) and local humanitarian partners.

# Model – Proactive Doorstep Care

Shifting care from facilities to households.



## How Proactive Doorstep Care works

Wandikweza builds a last-mile health system through Proactive Doorstep Care (PDC), a coordinated approach that ensures care reaches people early, continuously and in time. PDC addresses a fundamental gap: health systems are often centered around facilities, while many families live far from them. As a result, care is frequently delayed until complications arise. PDC shifts this dynamic by starting care at the household and connecting families to services across all levels of the health system.

The model operates through a connected continuum. Community Health Workers provide routine care, early identification and follow-up at the household level. Midwives on Wheels extend skilled maternal care closer to communities. Mobile outreach clinics expand access to clinical services and diagnostics. Health facilities provide delivery and higher-level care, while the Maternity Rapid Response System ensures timely referral and emergency transport when needed.

Across these layers, the system is designed to identify individuals early, maintain continuous engagement and ensure timely connection to care. This reduces delays, strengthens continuity and improves outcomes for women and children.

Implemented in partnership with government, Proactive Doorstep Care is designed for scale, building a system that can operate reliably in complex, last-mile settings.

**Care starts at the household and flows through the system, ensuring it is delivered early, continuously and in time.**

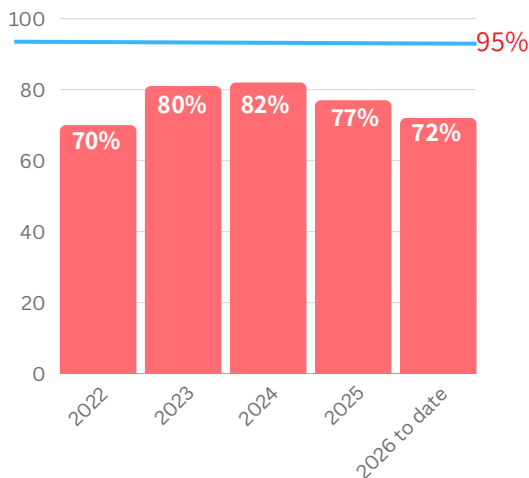
Proactive Doorstep Care is delivering services and redesigning how last-mile health systems function.



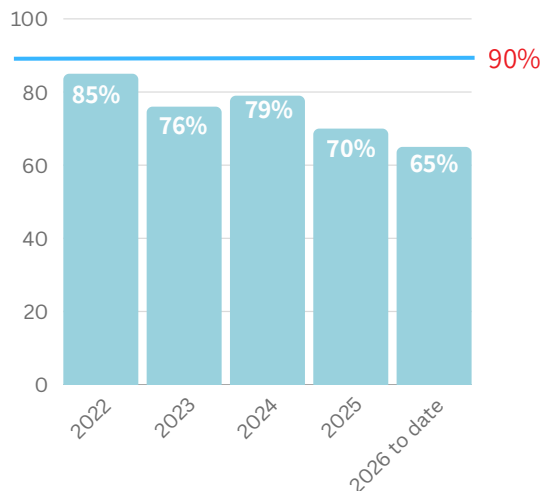
# System Performance and Impact

— Target

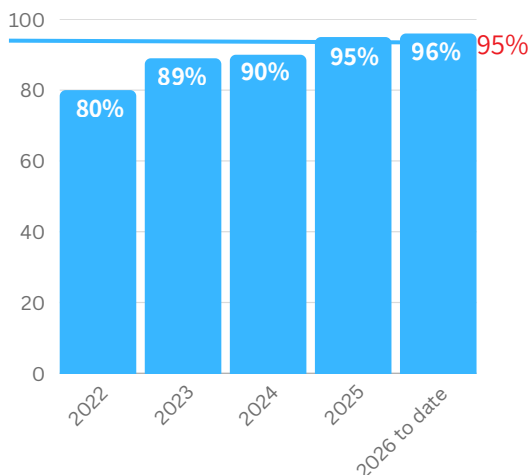
% of women of reproductive age (15-49 years) with access to modern contraceptive method



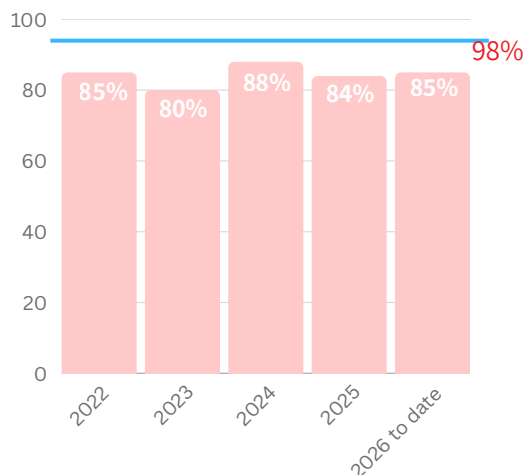
% of pregnant women registered in the first trimester and are tested for syphilis



% of births attended by skilled health professional



% of children assessed, with a symptom of malaria, diarrhea, or pneumonia, within 24-hours of symptom onset



Improvements across key indicators reflect earlier engagement with care and stronger continuity across the system, reducing delays that often lead to complications.

**Health outcomes improve when care reaches people early, continuously and in time.**



## Scale Pathway

Wandikweza's expansion reflects a structured scale pathway:

- Dowa (Flagship): Model development and proof of concept
- Mangochi (Expansion): Early replication and adaptation
- Salima (Scale): Standardized system delivery
- Mchinji (New Scale): Multi-district rollout

This progression is being extended toward a seven-district system by 2030, where Proactive Doorstep Care operates as a coordinated, district-level platform in partnership with government.

It demonstrates that the model is scalable and repeatable, capable of strengthening last-mile health systems across diverse settings.



# Reach and coverage

Increased reach reflects expanded system coverage, strengthening early access to care for communities facing the greatest barriers.

<p><b>108,338</b>  <b>People Reached</b>          Q1 2026 Total</p>	<p><b>4</b>  <b>Districts</b>          Dowa · Mangochi ·          Salima · Mchinji</p>	<p><b>35,540</b>  <b>People reached through Outreach</b>          134 mobile Outreach Sessions</p>	<p><b>869</b>  <b>Deliveries</b>          96.5% by Skilled Personnel</p>	<p><b>280</b>  <b>CHWs Active</b>          Across all Districts</p>
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<p><b>9,194</b>  <b>People reached by Midwives on Wheels</b>          25 Midwives on Wheels</p>	<p><b>41,314</b>  <b>CHW Home Visits</b>          Led by 280 CHWs</p>	<p><b>65%</b>  <b>ANC 4+ Coverage</b>          95% in Dowa</p>	<p><b>4,217</b>  <b>People affected by flooding</b>          Emergency Response</p>	<p><b>16%</b>  <b>Annual Target</b>          108K of 668K goal</p>
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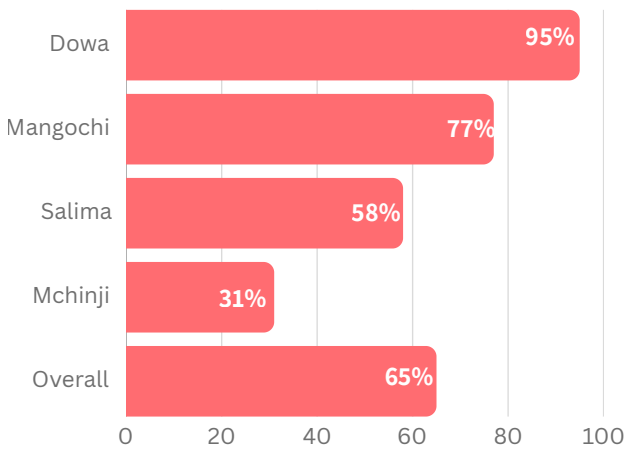
**Cumulative Impact (2016 - 2026)**  
**1,500,266 people reached**  
**On track to reach 3 million people by 2030**  
 People reached with at least one meaningful service contact in Dowa, Mangochi, Salima and Mchinji through Proactive Doorstep Care.

# District-Level Results

## ANC 4+ Visit Coverage

Antenatal care attendance (4+ visits) is a leading indicator of maternal health engagement and a predictor of safe delivery outcomes.

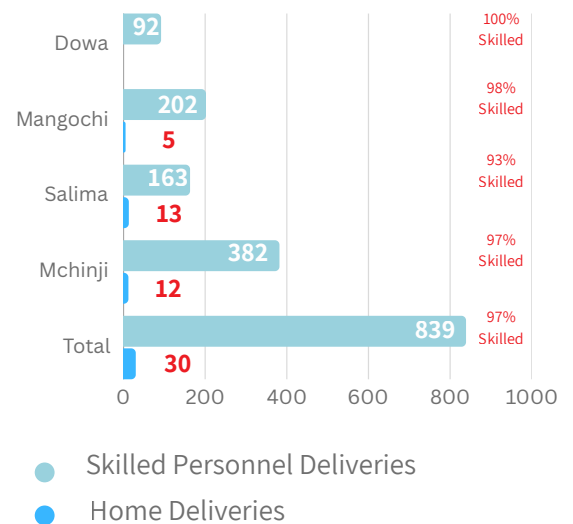
ANC 4+ visit coverage by district. Proportion of pregnant women completing 4+ antenatal visits.



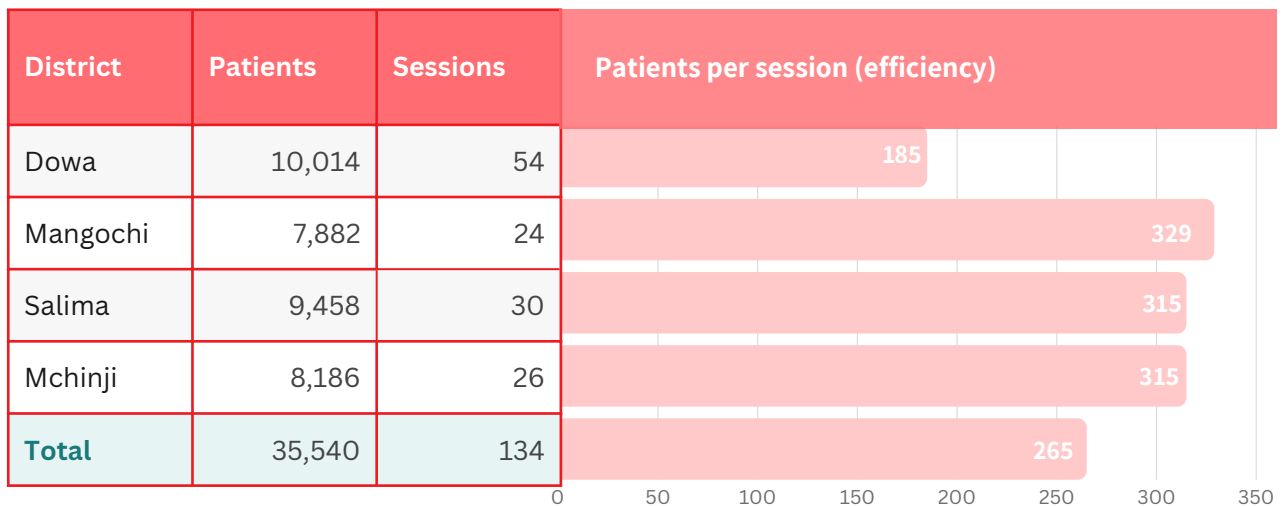
National avg. 51% - national benchmark

## Delivery Safety - Skilled Personnel vs. Home Deliveries

96.5% of all deliveries across the Wandikweza catchment areas were conducted by trained health personnel. Reducing home deliveries, particularly in Salima and Mchinji, remains a Q2 priority.



## Mobile Outreach Clinic efficiency - Patients per Session



Mangochi has the highest patient load per session (329), demonstrating high community demand relative to available outreach frequency. Increased ANC coverage and skilled deliveries indicate earlier engagement with care and reduced reliance on late, emergency-based access.

Variations across districts reflect differences in system maturity, with stronger performance in established districts and expected gaps in early-stage rollout areas.

The table below presents key programme indicators across all four implementing districts. Data is sourced from Wandikweza's programme monitoring systems and verified through M&E review in March 2026.

Indicator	Dowa	Mangochi	Salima	Mchinji	Q1 Total
<b>Outreach Patients</b>	10,014	7,882	9,458	8,186	<b>35,540</b>
<b>Mobile Outreach</b>	54	24	30	26	<b>134</b>
<b>Total Deliveries</b>	92	207	176	394	<b>869</b>
<b>Deliveries by Skilled Personnel</b>	92	202	163	382	<b>839</b>
<b>Home Deliveries</b>	0	5	13	12	<b>30</b>
<b>ANC 4+ Visit Coverage</b>	95%	77%	58%	31%	<b>65%</b>
<b>CHWs Active</b>	130	23	66	61	<b>280</b>

Mchinji entered its first quarter of PDC implementation in Q1 2026. Several indicators reflect first-quarter establishment challenges, particularly around data systems and community sensitisation.



# District Programme Highlights

District performance reflects a system scaling across stages, from early rollout to mature, integrated care.



Dowa demonstrates how a mature PDC system shifts preventive and routine care to the community while strengthening linkage to facility-based services, improving continuity, reducing unnecessary facility burden and ensuring care is delivered in time.

Care is reaching people earlier and more consistently.



## Dowa - Flagship District

Established since 2016 · Catchment population: 23,081 · T.A. Chakhaza. Serving over 50,500 people per year from outside the catchment area.

Dowa remains Wandikweza's most established district, demonstrating how Proactive Doorstep Care (PDC) functions as a mature, integrated health system. Anchored by the Wandikweza Health Centre and supported by 130 Community Health Workers, the largest network across all districts, the system shows strong continuity of care and early engagement. ANC 4+ coverage reached 95%, reflecting sustained community trust and consistent follow-up.

Facility utilization trends indicate a shift in how care is accessed. Outpatient attendance declined by 29% compared to Q1 2025, consistent with increased management of cases at the community level and reduced reliance on facility-based care for routine conditions. At the same time, 78 deliveries were conducted at the Health Centre (up from 75 in Q1 2025), with zero home deliveries recorded, indicating strong linkage to skilled care.

Service delivery data further reflects system strengthening. Integrated Community Case Management cases increased by 36%, supported by improved availability of essential commodities. During the national polio campaign, 7,162 children were vaccinated by CHWs, demonstrating effective alignment with government priorities and the ability to deliver large-scale preventive services at the community level.

Additional services continue to strengthen continuity across the care pathway. A total of 1,866 family planning clients were served at the facility, with strong adolescent engagement through youth-friendly services. Community-level activities identified 22 children under two who had missed vaccinations, successfully linking them to catch-up services, while 3,245 adolescents were reached with sexual and reproductive health information through youth engagement platforms.



## Mangochi - Expansion district

**Operating since 2023 · Catchment population: 41,051 · T.A. Nkope**

Mangochi reflects how Proactive Doorstep Care (PDC) performs in a context of environmental and access-related shocks. During Q1, flooding affected several communities, increasing barriers to care and raising the risk of delayed treatment. Despite these conditions, the system maintained reach and continuity through sustained household engagement and coordinated service delivery.

Community-level care remained central to system performance. Community Health Workers continued regular follow-up and early identification, ensuring that families remained connected to care even when access to facilities was constrained. Outreach services played a critical role in extending clinical care closer to affected communities, helping to sustain service availability during disruption.

Service data indicates stable utilization across key areas, with continued uptake of maternal and child health services despite environmental pressures. This reflects the system's ability to adapt to changing conditions while maintaining core functions, early identification, continuous engagement and timely connection to care.

Mangochi demonstrates the resilience of Proactive Doorstep Care, showing that when care is anchored at the household and community level, the system can sustain continuity and responsiveness even under significant disruption.

**Care is reaching people earlier and more consistently.**



## Salima - Scale District

**Operating since 2025 • Catchment populations: Pemba (30,631) + Mchoka (41,339) • T.A. Pemba & Ndindi**

Salima reflects growing system adoption as Proactive Doorstep Care (PDC) is delivered at scale. In Q1, the district recorded increasing demand for services, particularly in outreach and maternal health, indicating improved access to care in areas where services were previously limited.

Early antenatal engagement and service uptake trends suggest that more women are being reached earlier in pregnancy, while expanded outreach services are improving access to clinical care closer to communities. This combination is strengthening continuity across the care pathway and reducing reliance on delayed, facility-based access.

At the same time, seasonal pressures, including flooding and increased disease burden, continue to affect access in some areas. These conditions highlight the importance of strengthening referral coordination and ensuring timely connection to higher-level care as demand increases.

Salima demonstrates how Proactive Doorstep Care drives system uptake at scale, expanding access, increasing early engagement and strengthening continuity, while highlighting the need to further improve timeliness as the system grows.

**Care is reaching people earlier and more consistently.**



## Mchinji - New Scale District

**NEW - First Quarter Q1 2026 · Catchment populations: 66,095 (Mikundi) + 39,087 (Chioshya) T/A Mduwa and Simphasi**

Mchinji represents the newest stage of Proactive Doorstep Care (PDC) implementation, marking the transition to multi-district scale. Q1 focused on establishing core system functions, including household identification, workforce deployment and initial service delivery in a district where outreach services had been limited.

Early data reflects both significant unmet need and rapid expansion of system reach. Community Health Workers began identifying and enrolling households into care, laying the foundation for continuous engagement. Initial service delivery through outreach and facility linkages has started to connect families to care pathways that were previously inaccessible or inconsistent.

As expected in early-stage implementation, continuity of care and referral coordination are still developing. Strengthening these functions will be critical in moving the district from initial rollout to stable system performance.

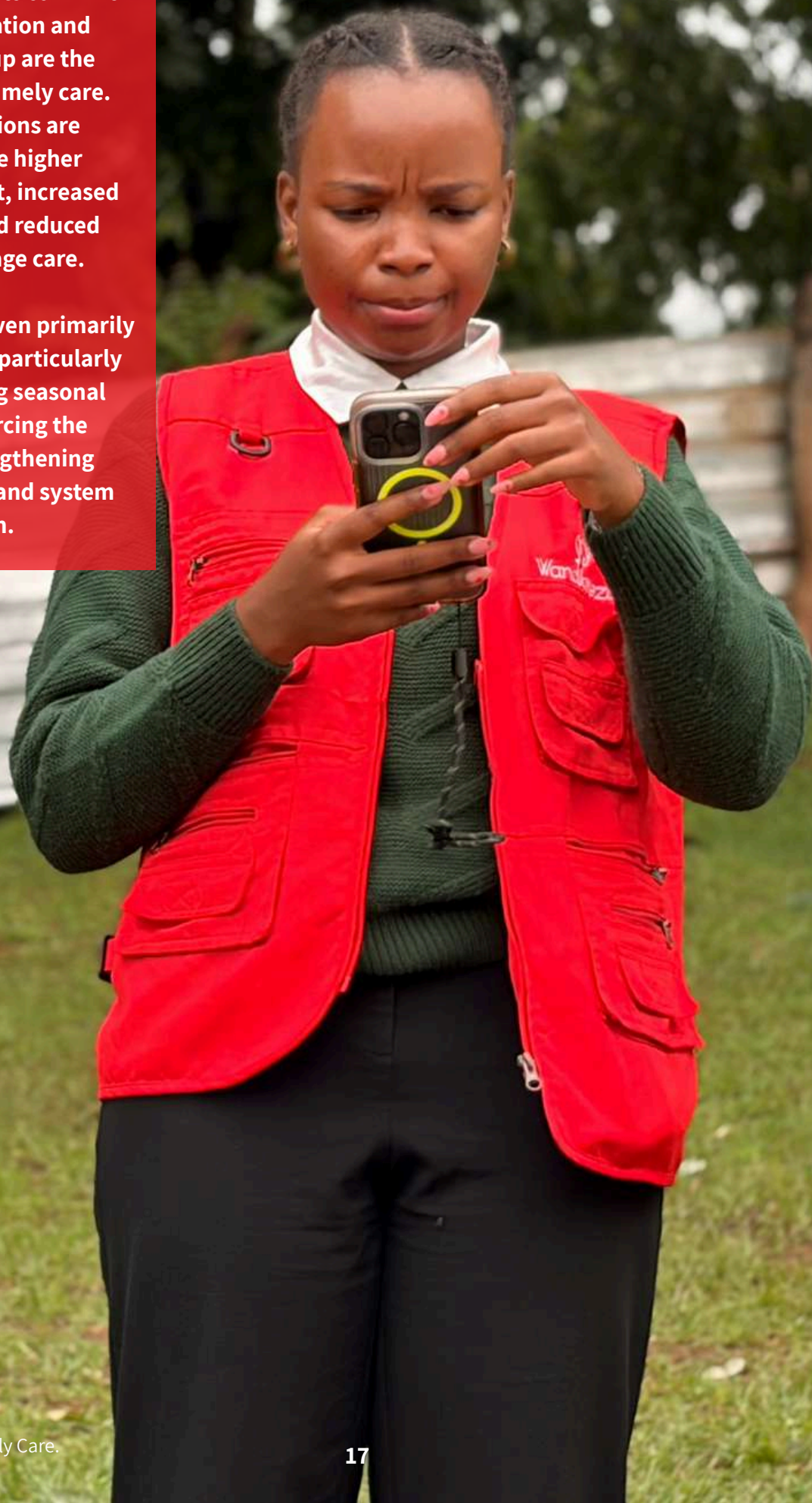
Mchinji highlights the early phase of system establishment, where expanding reach and building household-level engagement are critical first steps toward creating a continuous, integrated care system.

**Care is reaching people earlier and more consistently.**

**The data across districts confirms that early identification and continuous follow-up are the strongest drivers of timely care.**

**Where these functions are established, we see higher antenatal engagement, increased skilled deliveries and reduced reliance on late-stage care.**

**Remaining gaps are driven primarily by access constraints, particularly referral delays during seasonal disruptions, reinforcing the importance of strengthening emergency response and system coordination.**





# System Performance Analysis

## How the System is performing

Q1 2026 demonstrates that Proactive Doorstep Care (PDC) is operating as a functional last-mile health system under pressure. Despite seasonal challenges, the system maintained reach, continuity and responsiveness across districts.

### What is improving

The system is demonstrating increasing effectiveness in early reach and continuity of care. Expansion into Mchinji has extended coverage, while established districts continue to show stable performance in household engagement and linkage to care. Emergency response during flooding further reflects improved coordination across system levels.

### Where delays remain

Timely access to higher-level care remains a challenge, particularly during the rainy season when distance, flooding and transport barriers affect referrals. In Mchinji, early-stage implementation is still focused on identifying and integrating households into continuous care.

### District differences

Performance reflects system maturity, Dowa and Mangochi show more stable continuity, Salima continues to face access pressures and Mchinji reflects early-stage system development.

### What the data tells us

When individuals are reached early and followed continuously, care is more likely to be delivered in time. Remaining gaps are driven primarily by access constraints, reinforcing the need to strengthen referral coordination and emergency response as the system scales.

# Partnerships and Engagements

In Q1 2026, we strengthened partnerships with global collaborators, advancing a shared commitment to resilient health systems that reach communities where care is needed most. These engagements reinforce the role of strategic partnerships in supporting scalable, system-level change.

## Schooner Foundation field visit

Wandikweza hosted Julia Pettengill, Executive Director of the Schooner Foundation, for a field visit across Mchinji, Dowa and Salima. The visit provided an opportunity to observe the Proactive Doorstep Care (PDC) model in action, including engagements with Community Health Workers, Midwives on Wheels, families and community leaders.

Discussions with District Health Offices reinforced how PDC is strengthening public health systems by shifting preventive, routine and follow-up care from facilities to households, while allowing health facilities to focus on complex cases.

The visit highlighted the value of close partnership and shared learning. Wandikweza remains grateful for Schooner Foundation's continued support and commitment to community-rooted, data-driven health systems that reach families facing the greatest barriers to care.



## Bell Foundation Field Visit

During this quarter, we also hosted Leonie Bell from the Bell Foundation during a visit to Wandikweza Health Centre in Madisi, Dowa. The visit provided an opportunity to explore the realities of healthcare delivery in rural Malawi and to reflect on how the Proactive Doorstep Care (PDC) model is addressing both immediate and long-term health challenges.

Through discussions with frontline teams and observations at the facility, the visit highlighted how Wandikweza's integrated approach is improving access to care, strengthening continuity between community and facility services and supporting better maternal and child health outcomes.

The engagement reinforced the importance of sustained, system-focused investment and the value of partnerships that are grounded in a deep understanding of context and implementation realities.

## Government Partnership

Wandikweza continues to implement PDC in close alignment with District Health Offices across all four districts. Government-employed midwives are integrated into the MoW component and government CHWs are central to delivery in Mangochi, Salima and Mchinji. Quarterly joint supervision sessions were completed in all active districts. Engagement with the Department of Disaster Management Affairs (DoDMA) was maintained through both emergency responses.





## Disaster and Emergency Response

**This period tested the system’s ability to operate under crisis conditions.**

Q1 2026 underscored the critical role of responsive, integrated health systems in times of crisis. Seasonal flooding across parts of Malawi disrupted access to care, displaced families and increased the risk of maternal and child health complications. In these conditions, delays in reaching care can have immediate and life-threatening consequences. Proactive Doorstep Care is designed to function in precisely these contexts, maintaining household-level contact, coordinating referral and enabling rapid response when risks escalate. The system’s performance during this period demonstrates its capacity to sustain continuity of care and adapt to shocks, ensuring that families continue to be reached, supported and connected to care in time.



### Response 1: Nkhotakota District - January Flash Floods

In January 2026, severe flooding caused by the overflow of the Dwangwa River affected more than 10,700 households across Nkhotakota District, displacing over 2,100 families into temporary shelters. Although Nkhotakota is not yet part of Wandikweza’s Proactive Doorstep Care (PDC) platform, the scale and urgency of need triggered a rapid system response.

Led by the Disaster Response Team and coordinated with the Department of Disaster Management Affairs (DoDMA), district authorities and local partners, Wandikweza mobilized support to the most affected sites, including Kalimanjira Camp and Chididi School Evacuation Camp. Across the response, 4,217 people were supported with essential supplies.

The response focused on stabilizing immediate risks, improving access to food, strengthening shelter coverage and supporting hygiene and sanitation, while prioritizing the needs of pregnant women, breastfeeding mothers and young children. Timely delivery was critical, with support reaching families at a point when many had exhausted basic household resources.

**This response demonstrates the adaptability of the PDC model, extending beyond routine service delivery to provide rapid, coordinated support during crises, while maintaining a focus on protecting maternal and child health in high-risk conditions.**

## **Response 2: Mangochi District - March Flash Floods**

Between 16 - 20 March 2026, prolonged heavy rainfall led to severe flooding across Mangochi District, affecting 6,421 households, resulting in loss of life and injuries, and displacing families across multiple sites. The floods primarily impacted communities under Traditional Authorities Nankumba and Chamba, placing significant strain on access to care and basic services.

In coordination with the Department of Disaster Management Affairs (DoDMA) and district authorities, Wandikweza activated its disaster response to support affected families in Chantulo Camp, Chamba Charismatic Camp and Binali Health Post Camp. A total of 250 households were supported with targeted assistance designed to stabilize immediate risks and protect health.

The response combined essential food support (maize flour, soya pieces and salt), health and dignity supplies (including deworming treatment, household water purification and sanitary materials) and basic shelter and household items to improve living conditions in displacement settings. Particular attention was given to the needs of pregnant women, breastfeeding mothers, and young children, who face heightened risk during such crises.

**Mangochi demonstrates how Proactive Doorstep Care extends into emergency contexts, enabling a coordinated, targeted response that protects health, preserves dignity, and maintains continuity of care for those facing the greatest barriers during crisis conditions.**

## Lessons learned during the Disaster Response

### Rapid, locally anchored response is critical

Both activations were initiated through district-level alerts and responded to within hours. This was made possible by existing community presence and trusted relationships, underscoring the importance of locally embedded systems for timely emergency response.

### Pre-positioning supplies will strengthen responsiveness

Supply logistics emerged as the primary constraint in both responses. Establishing pre-positioned stocks of essential items, including food, hygiene, and shelter materials, will be critical to reducing response time during future emergencies.

### Prioritisation of high-risk groups must remain central

Pregnant women, breastfeeding mothers, young children and adolescent girls face heightened vulnerability during crises. Maintaining a clear prioritisation framework ensures that support reaches those most at risk.

### Coordination improves efficiency and coverage

Collaboration with DoDMA, district authorities, and humanitarian partners enabled more targeted and efficient response, reducing duplication and strengthening overall coverage.

**These responses reinforce that Proactive Doorstep Care is a service delivery model and a resilient system, capable of adapting rapidly while maintaining a focus on those at greatest risk.**



# Learning

## 1. Early reach drives system performance

Across districts, the data continues to show that early identification and continuous follow-up are critical to improving timeliness of care. Where households are reached early, engagement is stronger and linkage to services is more consistent. This reinforces the central role of household-level entry points in system effectiveness.

## 2. Timeliness remains the defining constraint

Seasonal conditions highlighted that delays in accessing higher-level care remain a key risk, particularly during the rainy season. While the system is effective in maintaining contact at the household level, strengthening referral coordination and emergency response remains essential to ensuring care is delivered in time.

## 3. System maturity shapes performance

Differences across districts reflect the expected trajectory of system development. Established districts demonstrate more stable continuity and referral pathways, while newer areas such as Mchinji are still building household coverage and service familiarity. This underscores the importance of phased scale and sustained system strengthening over time.

## 4. Integrated systems improve resilience

The system's ability to maintain service delivery during flooding, and to extend support beyond operating districts when needed, highlights the value of an integrated approach. Coordination across community, outreach, facility and emergency response levels is critical to sustaining care under pressure.

## 5. Strengthening the evidence base

The launch of Wandikweza's first independent Outcome Evaluation marks an important step in building rigorous evidence on the effectiveness of the model. This will support continuous learning, inform system improvements and strengthen accountability for results as the model scales.

**These insights will directly inform system strengthening in Q2 and beyond.**



# Organizational Strengthening

## Building for Scale

Q1 2026 marked continued progress in strengthening Wandikweza’s capacity to deliver Proactive Doorstep Care (PDC) as a scalable, last-mile health system.

### 1. Expansion into Mchinji

The launch of PDC in Mchinji represents a key step in extending the model to new geographies. This quarter focused on establishing core system functions—household identification, workforce deployment, and initial service delivery—within a new district context. This expansion reflects a shift from replication to standardization, as the model is applied consistently across districts.

### 2. Strengthening the Workforce Model

Wandikweza continues to build a coordinated workforce across all system levels. Community Health Workers remain the foundation of household-level care, while the integration of government-employed midwives strengthens the delivery of skilled maternal services. This approach reinforces alignment with public systems and supports long-term sustainability.

### 3. Deepening Government Partnership

Implementation remains closely aligned with District Health Offices and national health priorities. By working within existing structures and strengthening coordination across levels of care, Wandikweza is contributing to a model that can be sustained and scaled through public systems over time.

### 4. Systems and Data Strengthening

Ongoing improvements in data systems are supporting better tracking of households, service delivery, and referral pathways. This strengthens the organization's ability to monitor performance, identify gaps and respond in real time, ensuring that care remains continuous and coordinated.

### 5. Building for Scale and Consistency

As the model expands, Wandikweza continues to focus on maintaining consistency in how PDC is delivered across districts. This includes standardizing system components, strengthening supervision and ensuring that core functions, early identification, continuous follow-up and timely referral are implemented reliably at scale.

These efforts are focused on ensuring that PDC can be delivered consistently across districts at scale.



# System Constraints and Adaptive Responses

## Flooding in Mangochi and Nkhotakota

Severe flooding affected 6,421 households in Mangochi and over 10,700 households in Nkhotakota, displacing families and disrupting access to care. In Mangochi, outreach clinic activity declined by 29% in Q1, reflecting reduced mobility and access constraints.

Wandikweza activated two coordinated emergency responses. Support was delivered to 250 households across three camps in Mangochi and to approximately 2,132 displaced families in Nkhotakota. Assistance included food, hygiene, shelter and essential health items. Where conditions allowed, Midwives on Wheels maintained household visits to ensure continuity of maternal care.

## Rising Fuel Costs

Increased fuel prices placed pressure on operational budgets, with outreach travel costs rising significantly across districts. This was particularly acute in Mchinji, where some outreach sites are located up to 73 km one-way, affecting the frequency of follow-up visits.

Travel routes were consolidated to improve efficiency, fuel procurement terms were renegotiated and the issue was escalated for budget revision in Q2. Additional support requirements have been communicated to funding partners.

## Mchinji: Early-Stage System and Data gaps

As a new district, Mchinji experienced expected early-stage challenges, including incomplete data flow and parallel community practices. In some areas, traditional birth attendants continue to facilitate a number of home deliveries per month, indicating gaps in early system uptake.

Targeted community sensitisation was initiated to strengthen demand for skilled care. Data systems training was completed to improve reporting, and collaboration with the District Health Office has begun to formally engage and transition traditional birth attendants into the broader system. Progress will be assessed in Q2.

**These challenges reflect the realities of last-mile health systems. The focus remains on strengthening system resilience, ensuring continuity of care, improving efficiency and accelerating integration as the model scales.**



## What we will do differently in Q2

### Strengthening System Performance

Building on insights from Q1, Wandikweza will focus on targeted adjustments to strengthen the performance of Proactive Doorstep Care (PDC), particularly around timeliness, system consistency and early-stage scale. These actions reflect targeted adjustments to strengthen system performance based on Q1 learning.

#### 1. Strengthen Referral and Emergency Response

Delays in accessing higher-level care remain the primary system constraint, particularly during seasonal disruptions.

Q2 Focus:

- Strengthen coordination within the Maternity Rapid Response System (MRRS)
- Improve tracking and follow-up of referrals
- Enhance readiness for emergency response in high-risk areas

#### 2. Accelerate household coverage in New Districts

Early-stage implementation in Mchinji highlighted the importance of rapid household identification and system onboarding.

Q2 Focus:

- Expand household mapping and registration
- Increase frequency of initial visits and follow-up
- Strengthen community engagement to build early uptake

### **3. Improve continuity and follow-up**

Maintaining consistent engagement across all households remains critical to system performance.

Q2 Focus:

- Strengthen defaulter tracking and follow-up systems
- Improve supervision and support for CHWs
- Ensure continuity of care across all service levels

### **4. Optimize system efficiency under cost pressure**

Rising operational costs require continued focus on efficiency and sustainability.

Q2 Focus:

- Optimize outreach planning and supervision structures
- Strengthen integration with government resources
- Prioritize high-impact activities that improve timeliness and reach

### **5. Strengthen Data use for Real-Time Decision-Making**

As the system scales, timely data becomes increasingly important for performance management.

Q2 Focus:

- Improve data quality and completeness
- Strengthen real-time monitoring of key indicators
- Use data more actively to guide operational decisions at district level



# Financial Update

## New Funding

GreenWood Place



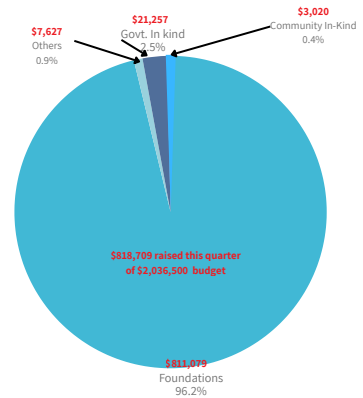
(Posettes Foundation)

Investment in PDC supports a shift toward earlier, lower-cost care, reducing reliance on emergency treatment over time.

For the Three months ended 31st March 2026, cash received was USD \$818,706.27 and total expenses was USD 610,558.13

### Revenue for the Three months ended March 31, 2026

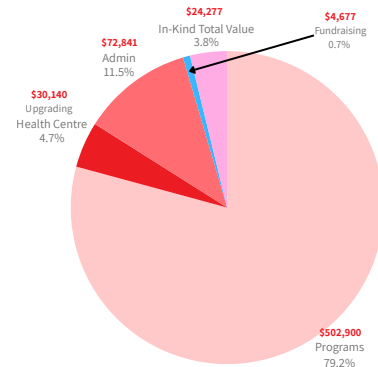
Individual donors	-	-
Foundations	\$811,079	96.22%
Other	\$7,627	0.91%
Government in-Kind	\$21,257	2.52%
Community in-Kind	\$3,020	0.36%



**Total Revenue \$842,983 100%**

### Expenses for the Three months ended March 31, 2026

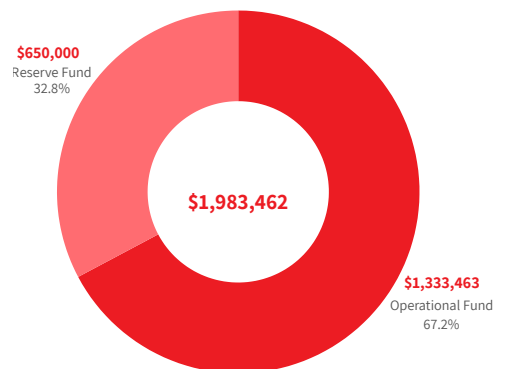
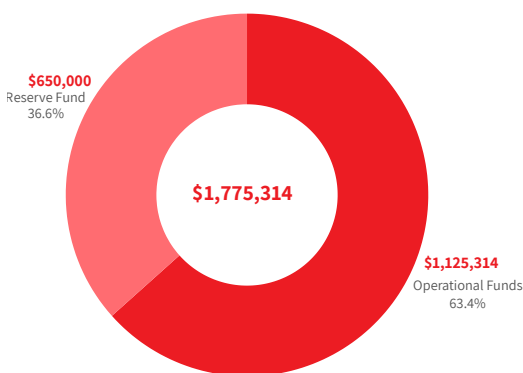
Program Delivery	\$502,900	79.22%
Administration & Operations	\$72,841	11.47%
Fundraising	\$4,677	0.74%
Health Centre upgrading	\$30,140	4.75%
Govt. & Community in-kind	\$24,277	3.82%
Equivalent value	-	-
<b>Total Expenses</b>	<b>\$634,835</b>	<b>100%</b>



### Fund Balances

Opening Balance 1 January, 2026 - **\$1,775,314**

Closing Balance 31 March, 2026 - **\$1,983,462**



Wandikweza is building a health system where access to care no longer depends on proximity to a facility, but on the system's ability to reach people where they are.

As this model scales, it offers a pathway for transforming maternal and child health in last-mile settings, ensuring that care is delivered early, continuously and in time.

This is how systems change saves lives.





**WE WOULD LOVE TO CONNECT WITH YOU!**



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