Q2 2026
Impact Report

April - June

Early. Continuously. In Time.

Wandikweza
HEALTH CARE CLOSER TO THE PEOPLE

Executive Director's Message

Q2 2026 marked an important milestone in our journey to transform maternal and child healthcare in rural Malawi. After nine years of building Proactive Doorstep Care, we completed its sixth and final layer with the launch of the Maternity Rapid Response System (MRRS) in Salima and Mchinji. For the first time, every layer of the system, from household identification and routine home visits to emergency referral, is now connected, ensuring women and newborns experiencing life-threatening complications can reach lifesaving care in time.

This quarter also marked another significant achievement. Wandikweza Health Centre in Dowa was accredited to provide Basic Emergency Obstetric and Newborn Care (BEmONC), strengthening our ability to manage obstetric emergencies closer to where families live. Together, these milestones demonstrate our commitment to expanding access to care and to improving the quality and continuity of that care across the entire health system.

These achievements were realised while reaching 117,515 people, our highest quarterly reach since Wandikweza was founded. Across four districts, Community Health Workers, Midwives on Wheels and mobile outreach teams identified pregnancies earlier, connected more families to routine care and strengthened the pathway between households, health facilities and emergency services.

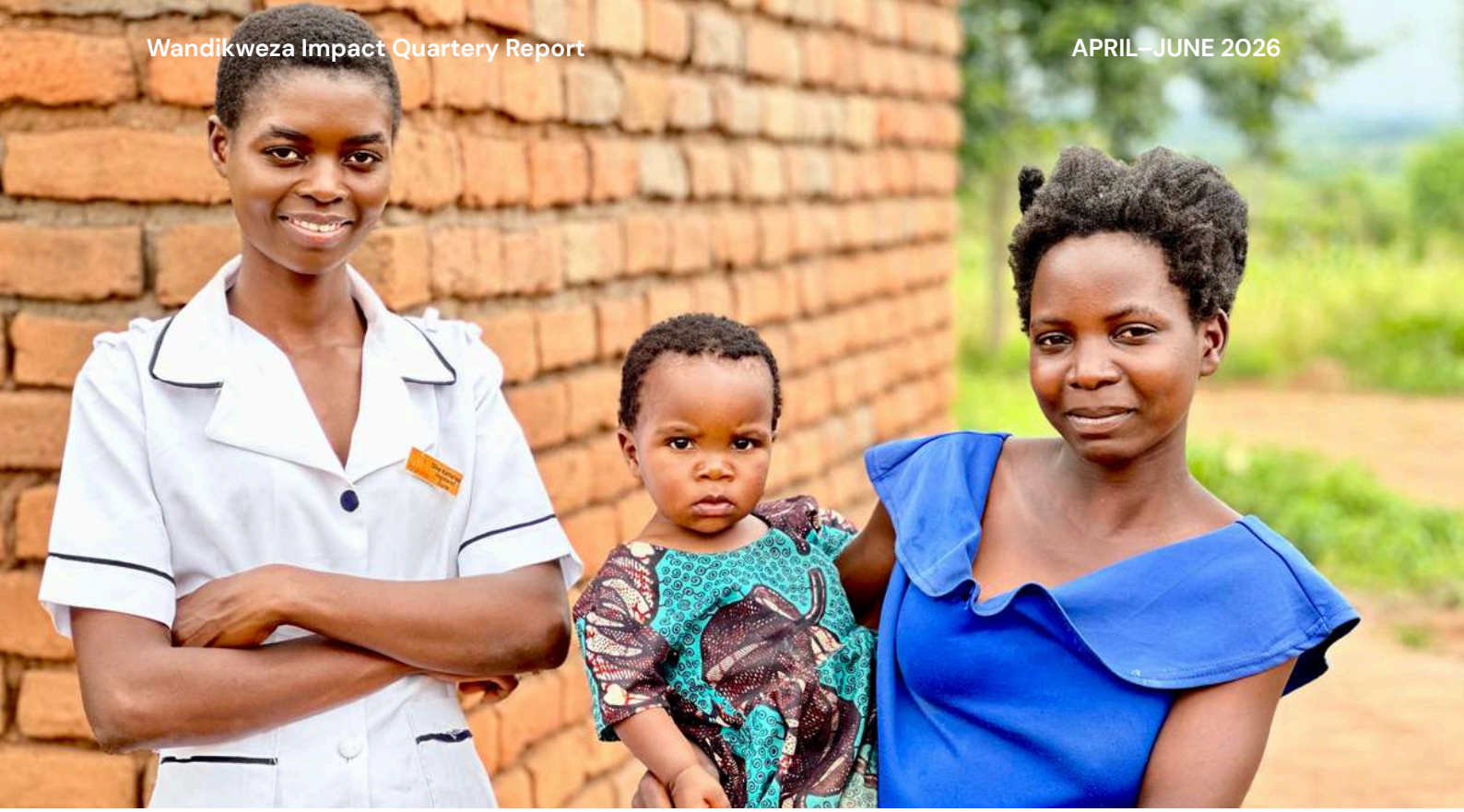
Our data also reminds us that scale brings new responsibilities. Home deliveries remain a concern in Salima and Mangochi, while rising adolescent pregnancies reinforce the need to strengthen youth-friendly sexual and reproductive health services. These are signals that help us adapt, improve and ensure that no family is left behind as the system grows.

In the coming quarter, we will continue strengthening the Maternal Rapid Response System, supporting our frontline workforce and deepening government ownership so that Proactive Doorstep Care becomes an enduring part of Malawi's public health system.

To our communities, the Government of Malawi, our dedicated staff, volunteers and every partner who continues to invest in this vision, thank you. Together, we are proving that healthcare does not have to wait behind the walls of a facility. It can reach every family early, continuously and in time.

With gratitude,

Mercy Chikhosi Kafotokoza
Founder & Executive Director



Q2 2026 Highlights

- **117,515** people reached across four districts.
- **1,593** pregnant women identified and supported through proactive home visits.
- **95%** of recorded births attended by a skilled health professional.
- **141** maternal and newborn emergencies referred through the newly launched Maternal Rapid Response System.
- **20,881** children under five received essential health services.
- Wandikweza Health Centre achieved **BEmONC accreditation,** strengthening emergency obstetric and newborn care.
- Government ownership expanded through joint planning, supervision and referral coordination across all implementing districts.

Q2 2026 was Wandikweza's strongest quarter to date. Across four districts, Proactive Doorstep Care reached 117,515 people, bringing **cumulative reach since 2016 to 1,617,781.** Community Health Workers and Midwives on Wheels identified 1,593 pregnant women through proactive home visits, while 95% of recorded births were attended by a skilled health professional. The newly launched Maternal Rapid Response System coordinated 141 emergency maternal and newborn referrals, ensuring women and newborns experiencing complications reached appropriate care in time. Meanwhile, 20,881 children under five received essential health services, demonstrating how a system designed around maternal health is strengthening primary healthcare for entire families.

What changed this Quarter

Building a more complete Health System

Q2 2026 was defined by two milestones that significantly strengthened Proactive Doorstep Care. The launch of the Maternity Rapid Response System (MRRS) completed the sixth and final layer of the model, while Wandikweza Health Centre achieved Basic Emergency Obstetric and Newborn Care (BEmONC) accreditation. Together, these milestones transformed the pathway from household identification to emergency treatment, ensuring women and newborns experiencing life-threatening complications can receive timely, coordinated care closer to home.

A complete Continuum of Care

Before this quarter, emergency obstetric referral depended largely on informal transport arrangements. With the introduction of MRRS in Salima and Mchinji, maternal and newborn emergencies are now supported through an organised referral pathway linking communities, health centres, ambulances and district hospitals. During its first weeks of operation, MRRS completed 141 emergency referrals, reducing delays in accessing lifesaving care and strengthening coordination between frontline providers and receiving facilities.

Strengthening the Quality of Care

The accreditation of Wandikweza Health Centre as a BEmONC facility further strengthened this continuum by increasing the capacity to manage obstetric emergencies locally. Women experiencing severe bleeding, obstructed labour and other complications can now receive essential emergency interventions without unnecessary delays. This milestone demonstrates that improving maternal outcomes requires both bringing care closer to families and strengthening the quality of care available when emergencies occur.

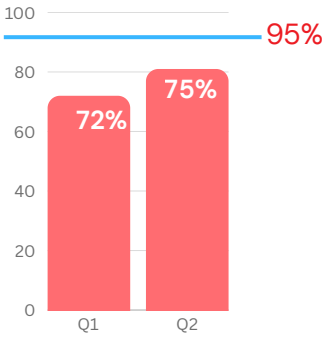
Reaching more families

Alongside these systems milestones, Proactive Doorstep Care reached more families than ever before. Community Health Workers, Midwives on Wheels and mobile outreach teams expanded household coverage across four districts, identifying pregnancies earlier, strengthening birth preparedness and connecting families to routine preventive care. These results reinforce that when healthcare proactively reaches communities, utilisation increases and continuity of care improves.

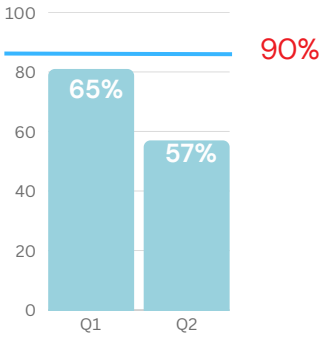
System Perfomance Dashboard

The performance of Proactive Doorstep Care is measured through five core indicators that assess whether women and children are receiving care early, continuously and in time. During Q2, three indicators improved while two declined, providing important insights into where the system is performing well and where further strengthening is required.

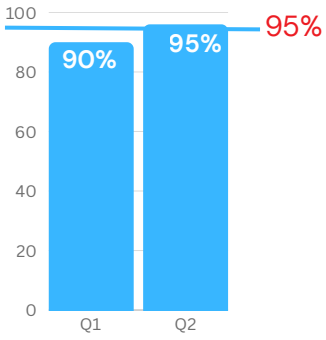
% of women of reproductive age (15-49 years) with access to modern contraceptive method



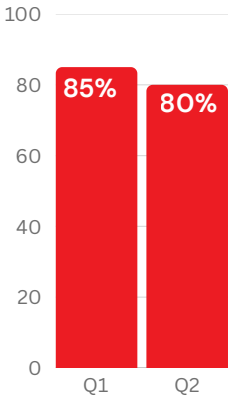
% of pregnant women registered in the first trimester and are tested for syphilis



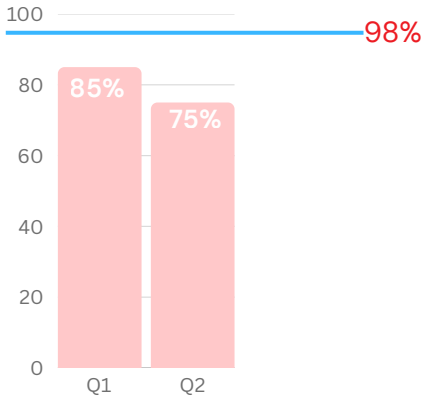
% of births attended by skilled health professional



% of women who receive a postnatal check-up by a CHW/MoW within 48 hours of returning home.



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



The data demonstrates that service quality is improving where systems are well established, particularly in Dowa. However, newer districts continue to require investment in household identification, behaviour change and routine follow-up before performance reaches the same level. These findings are expected during scale-up and reinforce the importance of adapting implementation to district maturity.

What the Performance Data tells us

The five core performance indicators provide insight into how effectively Proactive Doorstep Care is reaching women (15 - 49 years), newborns and children early, continuously and in time. Together, they highlight areas of strong performance while identifying priorities for improvement as the system continues to scale.

Family Planning services continue to expand

Access to modern contraceptive methods improved during the quarter, reflecting growing demand when services are delivered closer to communities through home visits and outreach clinics. This progress reinforces the importance of community-based family planning in helping women and families make informed reproductive health decisions. Wandikweza will continue expanding access through Community Health Workers, Midwives on Wheels and integrated outreach services.

Earlier Antenatal Care remains a priority

Performance in first-trimester antenatal registration and syphilis testing requires further improvement, particularly in newer implementation districts. Late entry into antenatal care reduces opportunities to detect pregnancy risks early and provide essential preventive services. In the coming quarter, Wandikweza will strengthen household pregnancy identification, community engagement and early referral to ensure more women begin antenatal care in the first trimester.

Skilled Birth Attendance remains strong

Skilled birth attendance remained consistently high during the quarter, demonstrating that birth preparedness, community follow-up and referral systems are successfully connecting most women to skilled delivery services. Sustaining this performance will require continued support to Community Health Workers and Midwives on Wheels, who play a critical role in preparing families for safe delivery and ensuring women reach appropriate care in time.

Early Postnatal Care is improving

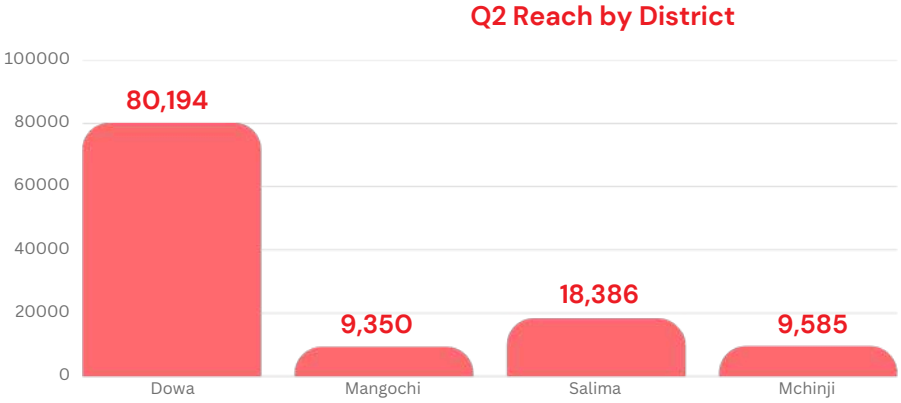
More mothers and newborns received postnatal follow-up within the critical first 48 hours after returning home. Early postnatal care improves the timely identification of complications, strengthens breastfeeding support and promotes healthy newborn care. The next priority is to strengthen continuity between health facilities and household follow-up so that every mother and newborn receives the care they need during this vulnerable period.

Timely Care for sick children needs strengthening

The timely assessment of childhood illnesses declined during the quarter, indicating that some children continue to receive care later than recommended. Early treatment is essential to prevent common childhood illnesses such as malaria, diarrhoea and pneumonia from becoming severe. Wandikweza will strengthen caregiver awareness, Community Health Worker follow-up and referral systems to improve timely care-seeking for sick children.

District Performance

Four Districts. One System. Different Stages of Growth.



District	Q2 reach	Share	Scale stage
Dowa	80,194	68%	Model development and proof of concept
Mangochi	9,350	8%	Early replication and adaptation
Salima	18,386	16%	Standardized system delivery. MRRS launched
Mchinji	9,585	8%	Multi-district rollout. MRRS launched
Total	117,515	100%	Four districts; one connected system

Dowa

130
CHWs

6,014
Number of outreach patients

118
births, 3 home deliveries

1,650
clients served by Midwives on Wheels

Dowa continues to demonstrate what Proactive Doorstep Care looks like after nine years of implementation. Strong Community Health Worker networks, integrated outreach services and improved facility readiness enabled the district to contribute more than two-thirds of total programme reach during the quarter. The accreditation of Wandikweza Health Centre as a BEmONC facility represents another important milestone in strengthening the quality of maternal and newborn care. Although three home deliveries occurred, these involved women from outside the routine catchment area, reinforcing the importance of early household identification and continuous follow-up.

Mangochi

24
CHWs

7,882
Number of outreach patients

201
births, 12 home deliveries

1,328
clients served by Midwives on Wheels

Mangochi continued to expand access to healthcare beyond health facilities, with strong growth in outreach services and a 40% increase in family planning uptake, demonstrating growing demand when services are brought closer to communities. However, the rise in home deliveries and a 51% increase in adolescent pregnancies (from 51 to 77) show that improved service availability alone is not enough. These trends highlight the need to strengthen youth-friendly sexual and reproductive health services, birth preparedness, and household engagement to ensure more adolescents and pregnant women access skilled care throughout pregnancy and childbirth.

Salima

71	10,104	180	7,967
CHWs	Number of outreach patients	births, 17 home deliveries	clients served by Midwives on Wheels

Salima continued to gain momentum as Proactive Doorstep Care became more established. Home visits, outreach services and Midwives on Wheels all expanded, while the launch of the Maternity Rapid Response System (MRRS) strengthened emergency referral and completed a more connected continuum of care. However, 17 of 180 births still occurred at home, highlighting the need to strengthen birth preparedness, community engagement and timely referral to ensure more women deliver safely in health facilities.

Mchinji

68	8,381	318	614
CHWs	Number of outreach patients	births, 8 home deliveries	clients served by Midwives on Wheels

Mchinji continued to make encouraging progress during its first year of implementation. Antenatal care in the first trimester improved from 12% to 18%, outreach services expanded and the launch of the Maternity Rapid Response System (MRRS) strengthened the pathway from household identification to emergency care. Immunisation coverage also increased, demonstrating the broader benefits of a stronger community health system. However, the district continues to record low early ANC and syphilis testing coverage, making earlier pregnancy identification and continuity of care key priorities as the system matures.

Care should not depend on people reaching the health system. The health system should reach people early, continuously and in time.

Government Co-Ownership

Q2 marked a shift from government participation in Proactive Doorstep Care toward government co-ownership of specific pieces of the system. The clearest evidence is the Maternity Rapid Response System itself. The ambulance and referral pathway launched in Mchinji and Salima this quarter, it operates through a coordinated pathway co-owned with District Health Management Teams, who are involved in dispatch coordination and receiving facilities. This matters because it means the referral system does not depend on Wandikweza's continued presence to function; it is built into how the district health system already operates.

Wandikweza Health Centre's BEmONC accreditation works the same way. Accreditation is a government-assessed and government-recognized status, meaning Wandikweza's capacity to manage obstetric emergencies is now formally part of the public health system's own service map.

This co-ownership was also active at the planning level. District Health Management Teams participated in joint planning, supervision and performance review this quarter, helping identify service gaps and coordinate outreach, referrals and follow-up alongside Wandikweza's frontline teams. Community Health Workers and Midwives on Wheels functioned as an extension of the formal health system in identifying pregnancies early, flagging household-level risk and feeding that information into referral and follow-up processes that district teams could act on.

The area where this integration is least mature is data. Household and service data is informing follow-up and referral monitoring and alignment with government reporting systems is helping district teams see where families are being missed. But completeness and timeliness still vary by district, which limits how quickly that data can be turned into district-led action. Strengthening this means making the existing data system reliable enough for district teams to run performance reviews from it directly.

Adolescent Health Spotlight

Responding to a growing need

While overall maternal and child health indicators remained strong, the quarter highlighted the continuing vulnerability of adolescents, particularly in Mangochi. The district recorded an increase in teenage pregnancies compared with the same period last year, signalling that many young people continue to face barriers in accessing timely sexual and reproductive health information and services.

Adolescent pregnancy affects more than maternal health. It increases the risk of pregnancy complications, school dropout, poor newborn outcomes and long-term economic vulnerability for young mothers and their families. The findings reinforce the importance of reaching adolescents before pregnancy through trusted, community-based services.

During the next quarter, Wandikweza will strengthen youth-friendly sexual and reproductive health services by working more closely with Community Health Workers, Midwives on Wheels, parents and traditional leaders. Greater emphasis will be placed on early health education, confidential counselling, access to contraception and timely referral, ensuring adolescents receive the information and support they need before pregnancy occurs.

Improving adolescent health is essential to achieving better maternal and newborn outcomes. Proactive Doorstep Care strengthens the health and wellbeing of future mothers, children and communities by identifying risks early and supporting young people before complications arise.

Learning, Challenges & Adaptation

Home deliveries rose in both newer districts even as overall reach grew, from 13 to 17 in Salima and from 4 to 12 in Mangochi, despite skilled attendance holding at 95% overall. This points to a last-mile problem: families are being identified and engaged, but too many mothers still can not get to a facility once labour begins. Cultural beliefs, long distances, poor roads and limited transport were the main drivers identified this quarter, which is why the Maternity Rapid Response System's launch in Mchinji and Salima is a direct response to this gap.

Early pregnancy detection also weakened: first-trimester ANC registration with syphilis testing fell from 65% to 57% across the programme and even Mchinji's improvement (12% to 18%) leaves it the lowest-performing district on this indicator. Community-level demand generation and birth preparedness will need to be reinforced alongside the MRRS rollout, since a fast referral system only helps if risk is flagged early enough to act on.

Mangochi's rise in teenage pregnancies (51 to 77) points to an emerging need alongside the programme's core maternal health work: reaching adolescents earlier, before pregnancy occurs, not only once they are already expecting. As PDC matures in Mangochi, this is an opportunity worth exploring for Q3, how adolescent services might complement the existing home-visit model.

In Q3, priority will go to: reducing home deliveries in Salima and Mchinji through community engagement and birth preparedness; recovering the syphilis-testing and postnatal check-up indicators; scoping adolescent friendly service response to teenage pregnancy in Mangochi and closing district-level gaps in data completeness and timeliness so issues like these surface sooner.

The story behind the system

From Pregnancy to Childhood: A Health System that stays with families

When Thandiwe discovered she was pregnant, she did not have to wait until labour began before receiving care. Through Proactive Doorstep Care, her pregnancy was identified early by her Community Health Worker, who introduced her to Hamis, a Midwife on Wheels providing skilled antenatal care in her community.

Throughout her pregnancy, Hamis visited Thandiwe at home, monitored her health, identified potential risks and worked with the family to prepare for delivery. Instead of travelling long distances for every routine visit, care came closer to where she lived, giving her confidence and ensuring that any concerns could be addressed before they became emergencies.

When labour began, Thandiwe was already connected to the health system. She delivered safely at Wandikweza Health Centre and welcomed a healthy baby girl.

The care did not end there. Within 48 hours after discharge, Hamis returned to provide postnatal care for both mother and baby. Their Community Health Worker continues to visit the household, supporting immunisation, growth monitoring, nutrition counselling, danger-sign recognition and timely referral whenever needed.

Thandiwe's story reflects the purpose of Proactive Doorstep Care. It is about ensuring that women and children are supported through every stage of pregnancy and early childhood by one connected health system that reaches families early, stays with them continuously and responds in time when complications arise.

Financial Update

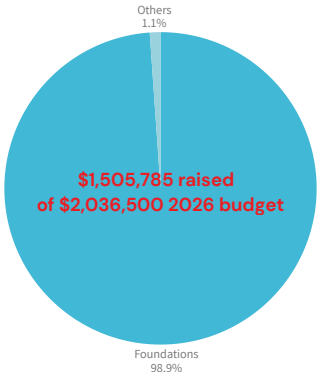
New Funding

Wagner Foundation

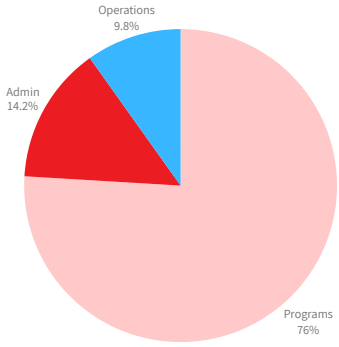
This quarter, Wandikweza received a new grant from the Wagner Foundation. We are deeply grateful for their support and trust in our work.

For the six months ended 30th June 2026, cash received was USD $1,489.158 and total expenses was USD 1,057,141

Revenue for the six months ended June 30, 2026



Expenses for the Six months ended June 30, 2026



Statement of Activities Q2 Consolidated (in USD)

Program Expenses + Capex	802,900	76%
Adminstration	150,141	14.2%
Operations	104,100	9.8%
Total	1,057,141	100%

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