



2025 Annual Report

January - December

Strengthening Last-Mile
Health Systems in
Malawi





Who We Are

Closing the Last-Mile Gap

In rural Malawi, distance is not just measured in kilometers. It is measured in missed antenatal visits. In delayed treatment. In home deliveries without skilled support. In children arriving at facilities too late.

Wandikweza exists for families who live far from main roads, health facilities and public services.

We are a last-mile health systems builder transforming maternal, newborn, child and adolescent health through Proactive Doorstep Care, shifting preventive, routine and follow up services from overcrowded facilities to household and community levels, at scale, in partnership with government.

We work in farming villages spread across vast landscapes. Most families depend on small plots of maize or groundnuts. Income is seasonal. Savings are rare. A medical emergency can mean choosing between food and transport.

For these families, distance, cost and limited awareness delay life-saving care.

We are changing that.

Executive Summary

2025 was a turning point for Wandikweza.

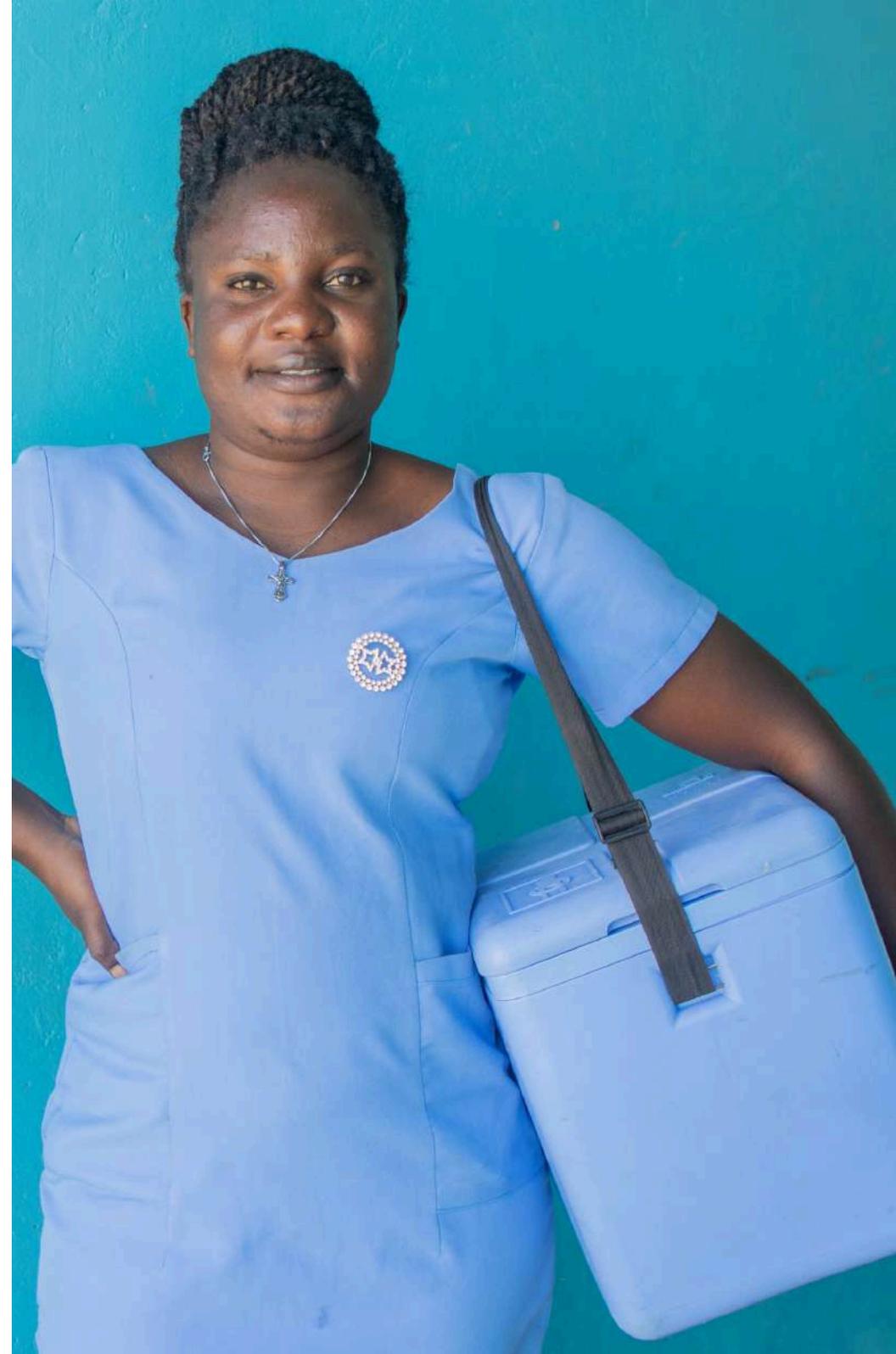
It was a year of reflection, adaptation and strengthening. Much like a child's journey of growth, taking steps, learning, stumbling and rising stronger, our organization evolved in response to a shifting national landscape.

Food insecurity deepened. Inflation increased service delivery costs. Essential maternal and reproductive health commodities became scarce. The scale-back of major externally funded programs widened service gaps. Cyclone Jude displaced 502 households in Mangochi, affecting approximately 3,600 people.

In this environment, demand for Proactive Doorstep Care increased sharply.

We maintained uninterrupted maternal, newborn, child and adolescent health services across all operating districts. Community Health Workers intensified household follow-up. Mobile outreach clinics expanded dramatically. Skilled delivery coverage rose to 96%. The transition from Nurses on Bikes to Midwives on Wheels strengthened long-term sustainability and government alignment.

When systems strained, care at the doorstep stabilized communities. The pressures of 2025 validated it.



Message from the Executive Director

This year reminded us that scale is not linear.

Like a child learning to walk, progress requires steady steps, adaptation and resilience. Wandikweza has evolved from a bold idea into a district-level health systems partner, not simply expanding reach, but deepening integration, strengthening coordination and reinforcing public systems. At every stage, we are guided by one question: How do we reach families who are consistently left behind by the health system?

This year, we undertook one of the most important strategic evolutions in Wandikweza's journey, transitioning from Nurses on Bikes to Midwives on Wheels, which was a deliberate commitment to long-term sustainability, deeper system integration and responsible scale.

The Nurses on Bikes model proved that bringing skilled care closer to households saves lives. It demonstrated that proximity, consistency and community trust can dramatically improve maternal and child health outcomes. However, as we prepared to scale across additional districts, we recognized that parallel, organization-driven service delivery, no matter how effective, would not achieve the durability Malawi's health system requires.

Midwives on Wheels represents the next phase of that evolution: strengthening and working through government structures.

We aligned with government-employed Community Midwife Assistants and district health leadership to embed skilled maternal and newborn care within the public health workforce itself. Wandikweza continues to provide logistical support, supervision, mentorship, training, data systems and coordination, but care delivery is increasingly anchored within nationally recognized cadres. This transition reduces duplication of roles and ensures that Proactive Doorstep Care is woven into the fabric of the national health system.

As we look ahead to 2026 and beyond, our priorities include expanding Midwives on Wheels integration, strengthening referral and emergency coordination, deepening maternal and child nutrition support, enhancing data-informed decision-making and diversifying funding to protect essential services from future shocks.

We are deeply grateful to our partners, District Health Offices and communities for walking this journey with us.

Care begins at the doorstep and together, we are building a system that endures.

With deepest appreciation,



Mercy Chikhosi Kafotokoza



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2025 at a glance



PROGRAMS

- Community Health Workers
- Mobile Outreach Clinics
- Midwives on Wheels
- Health Centre Support
- Adolescent & Reproductive Health
- Emergency & Climate Resilience



GEOGRAPHICAL PRESENCE

- Dowa
- Mangochi
- Salima



2025 POPULATION COVERAGE

- 415,730 reached in 2025
- 1,713,421 Individuals Reached Since Inception

The Context: Why care remains out of reach

Malawi's maternal mortality ratio remains high. Under-five mortality persists, especially in rural communities.

More than 80% of the population lives in rural areas. Many families must travel over five kilometers to reach a facility. Only a fraction of pregnant women begin antenatal care in the first trimester.

In 2025:

- Inflation increased the cost of care delivery.
- Commodity shortages disrupted supply chains.
- Donor scale-downs created service gaps.
- Cyclone Jude disrupted health access in Mangochi.

The access gap is lived daily.



The Proactive Doorstep Care (PDC)

Proactive Doorstep Care is a system.

- Community Health Workers identify pregnancies early and respond to child illness within 24 hours.
- Midwives on Wheels deliver skilled maternal care within communities.
- Mobile outreach clinics bridge preventive and facility-level services.
- Health facilities manage complications with strengthened referral coordination.

Each layer reinforces the next.

When a woman like Agnes (see Stories from the filed page) develops elevated blood pressure during pregnancy, she is not alone. A CHW identifies the risk. A midwife arrives. A referral is coordinated. A facility is prepared. A safe delivery follows.

It is system design.



Proactive Doorstep Care: A Last-Mile Health System

Wandikweza strengthens how the health system functions by moving prevention and routine care into communities, reserving facilities for complex cases, and ensuring continuity from home to facility and back.



Geographic Presence – 2025

In 2025, Wandikweza operated across three rural districts in Malawi, Dowa, Mangochi and Salima, strengthening last-mile maternal, newborn, child and adolescent health systems in partnership with District Health Offices.

We focus on districts where geography and infrastructure influence continuity of care, especially across remote agricultural communities.

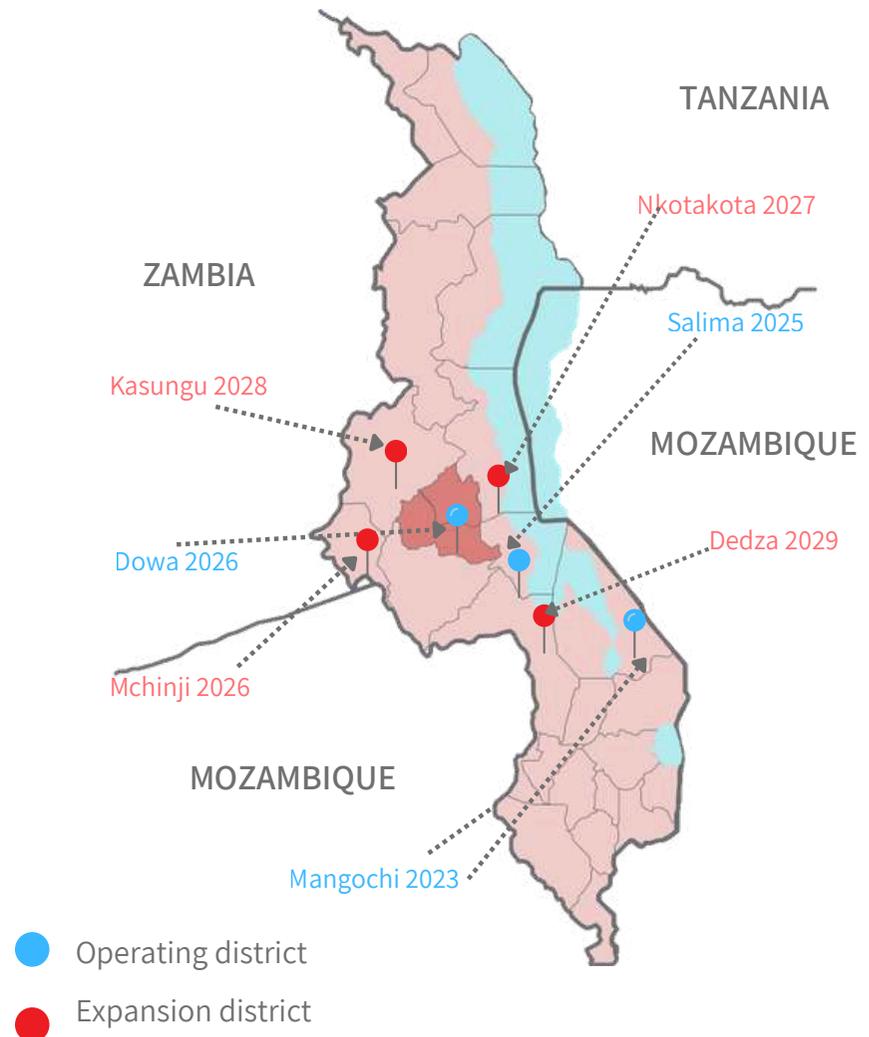
Dowa - Operational since 2016

Dowa is Wandikweza's innovation hub and the birthplace of Proactive Doorstep Care. As our longest-standing district, it has served as the testing ground for new approaches, systems integration and community-driven delivery models that now guide expansion into other districts. In Dowa, we refined household-level preventive care, strengthened referral coordination and achieved sustained improvements in skilled delivery coverage. The lessons, data and partnerships developed here continue to shape how we scale responsibly and sustainably across Malawi.

With every district we enter, we:

- Align with District Health Office leadership
- Strengthen community-to-facility referral pathways
- Integrate PDC into government systems
- Build data visibility from household to facility and back
- Ensure continuity of care across the maternal and child health continuum

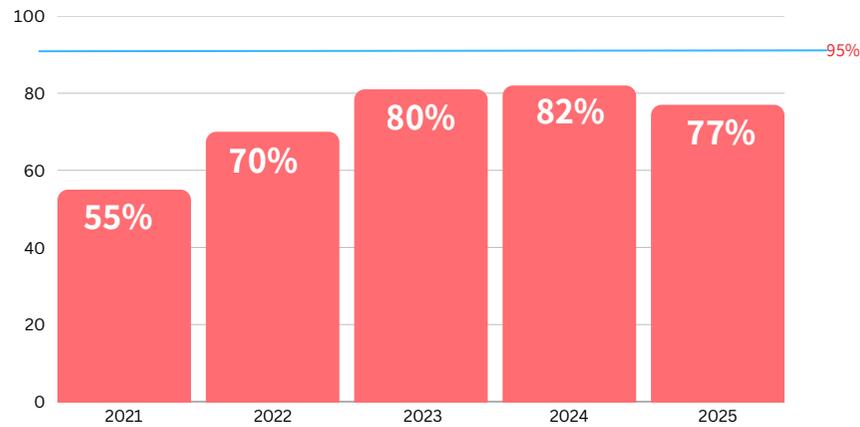
Delivering Last-Mile Health Systems across rural Malawi



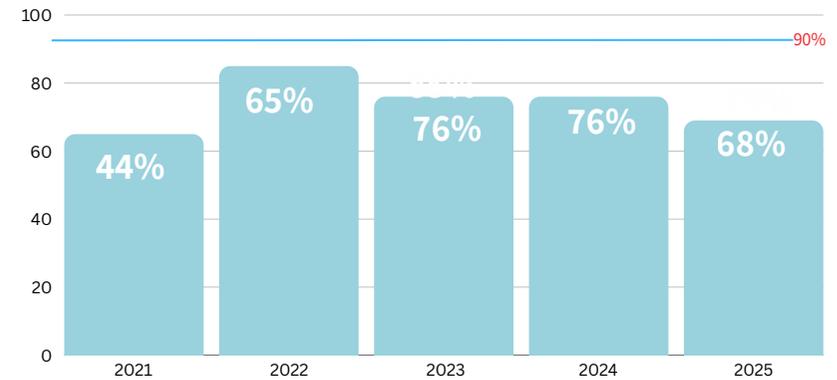
Strategic milestones in 2025

Target

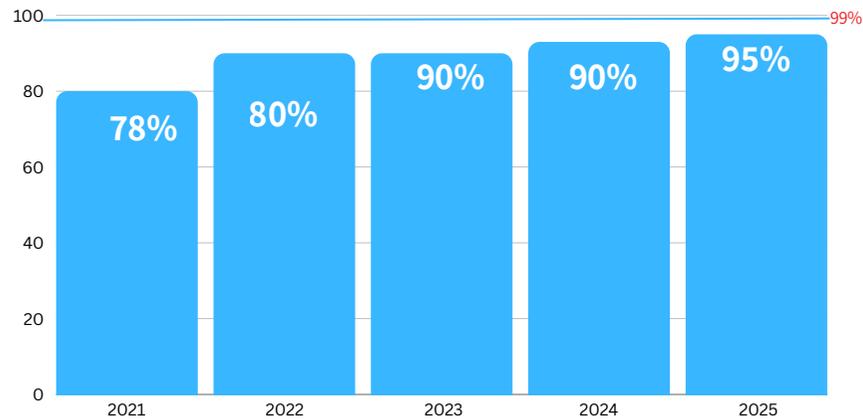
% of women of reproductive age (15-49 years) with access to modern contraceptive method



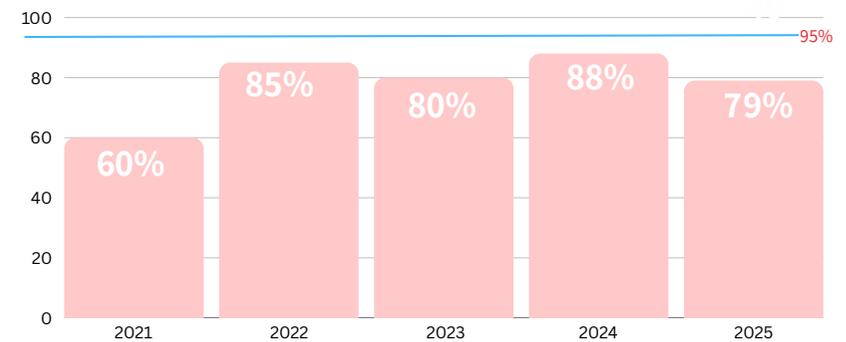
% of pregnant women registered in the first trimester and are tested for syphilis



% of births attended by skilled health professional



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







Maternal & Newborn Health

Maternal and newborn survival remains one of Malawi's most urgent public health priorities. Despite national progress, preventable complications during pregnancy, childbirth and the immediate postnatal period continue to contribute significantly to maternal and neonatal morbidity and mortality particularly in rural communities.

Wandikweza's approach recognizes that maternal survival is shaped by the strength of the entire continuum of care, from early pregnancy identification to skilled birth attendance and postnatal follow-up.

In 2025, Proactive Doorstep Care strengthened this continuum across Dowa, Mangochi and Salima districts. The maternal pathway begins at the doorstep.

Early Antenatal Care engagement: Strengthening First-Trimester registration

Early initiation of antenatal care (ANC) remains a critical determinant of maternal and newborn outcomes. Beginning ANC in the first trimester enables timely risk identification, nutritional support, preventive interventions and structured birth preparedness planning.

In 2025, 68% of pregnant women within Wandikweza-supported catchment areas initiated antenatal care during the first trimester, compared to 76% in 2024.

Performance in long-established catchment areas remains strong. However, the cumulative first-trimester ANC rate of 68% in 2025 was influenced by lower early initiation in Salima-supported areas, where first-trimester registration stands at 55%. As a newer scale-up district, Salima is still undergoing structured integration of pregnancy tracking systems, strengthened Community Health Worker, Community Midwife Assistants (Midwives on Wheels) supervision and deeper community engagement. Early pregnancy disclosure patterns and the time required for families to build confidence in newly introduced community health structures may also influence first-trimester uptake during the initial phases of scale. Importantly, this year's data reflects expanded reach into communities where baseline early ANC engagement has historically been lower. As integration continues and systems stabilize, performance is expected to progressively align with more established districts.

However, the 68% cumulative rate demonstrates that the majority of pregnant women in Wandikweza-supported catchment areas are accessing care within the critical first trimester window. At the same time, the 2025 results underscore that early ANC engagement is highly sensitive to the strength of pregnancy surveillance, community awareness and disclosure norms, timeliness of referrals, trust in service continuity and the integration of Midwives on Wheels within newly scaled districts. For this reason, early ANC initiation remains a priority performance indicator for 2026.

First-trimester ANC is clinically significant. It allows for early identification and management of hypertensive disorders, detection and treatment of anemia, malaria prevention, HIV testing and linkage, nutritional counseling and structured birth preparedness planning. Delayed initiation narrows the window for preventive intervention and risk mitigation. Early ANC registration is therefore a marker of system maturity. As new districts continue to stabilize and deepen integration, we anticipate stronger alignment and continued improvement across all supported catchment areas.

Advancing safe delivery

In 2025, across the catchment areas where Wandikweza implements Proactive Doorstep Care in partnership with District Health Offices, 1,296 deliveries were recorded, of which 1,231 were attended by skilled personnel, reflecting an overall skilled birth attendance rate of 95% within supported areas. In Dowa catchments, 522 deliveries were recorded, with 509 attended by skilled personnel (97.5%) and 13 home deliveries. In Mangochi-supported areas, 293 deliveries were recorded, 280 of which were skilled (95.6%), with 13 home births. In Salima-supported areas, 481 deliveries were recorded, including 442 skilled deliveries (91.9%) and 39 home births.

These figures represent outcomes within Wandikweza-supported communities and contribute to broader district-level maternal health efforts led by District Health Offices. The results reflect strengthened coordination between Community Health Workers, Midwives on Wheels and public health facilities, reinforcing skilled care access within the areas we jointly serve.

These outcomes are not driven by awareness efforts alone; they reflect coordinated system design. Early pregnancy identification at the household level, structured birth preparedness planning, the proximity of Midwives on Wheels, pre-arranged referral pathways, active District Health Office supervision and strengthened facility readiness together create a continuum that supports safe delivery. Where home births occur, 65 home deliveries this year, they often reflect sudden labor onset, transport constraints or social circumstances. Continued follow-up, transport planning and community dialogue remain essential to further reduction.

Skilled attendance at birth remains one of the strongest predictors of maternal and neonatal survival. Each increase in coverage reduces the risk of postpartum hemorrhage, obstructed labor complications, neonatal asphyxia and infection-related mortality. The 1,231 skilled deliveries supported in 2025 therefore represent reduced preventable risk and strengthened protection for mothers and newborns.





Child Health & Immunization

In rural communities, child survival depends on how quickly illness is recognized and how reliably care is delivered. In 2025, Wandikweza strengthened its child health platform across supported catchment areas through integrated household surveillance, village-based clinics, immunization coordination and structured referral systems.

Wandikweza supported 219 Community Health Workers who conducted 169,211 home visits across all districts during the year, underscoring the intensity of community engagement required to sustain prevention. These visits form the backbone of early detection. Through routine household engagement, CHWs identify fever, cough, diarrheal disease and nutritional risk before conditions escalate. The scale of household contact reflects continuous presence. It is this proximity that enables rapid response and reduces delay in care-seeking.

Village clinics operated by CHWs further strengthened accessibility. In 2025, 5,082 children were served through village clinics across supported areas. These clinics function as first-line care points within communities, allowing families to seek assessment and treatment close to home. Uncomplicated malaria cases are tested and treated promptly, diarrhea is managed early and pneumonia symptoms are identified before progression. In resolving mild cases locally and referring severe cases appropriately, village clinics reduced both travel burden for families and congestion at health facilities. The result is a layered system where care begins at the village level but remains connected to facility-based services when needed.



Immunization performance also strengthened significantly. Across all supported catchment areas, 17,734 doses of immunization were administered in 2025, with cumulative immunization coverage reaching 80%. The vaccination services are integrated into mobile outreach clinics, systematic identification of defaulters during household visits and coordination with District Health Offices. The immunization coverage signals preventive protection across entire communities. Each dose administered reduces the likelihood of outbreaks of vaccine-preventable diseases that disproportionately affect rural children.

The integration of household visits, village clinics, immunization services and referral coordination created a cohesive child health system. Early illness detection reduced the risk of severe malaria, untreated pneumonia and dehydration-related complications. Routine growth monitoring during household and clinic engagements allowed for structured follow-up of under-five children at risk of undernutrition or recurrent illness. This continuity of care ensured that children are not lost between visits or services.

Child health gains are cumulative. Each early fever treated, each child monitored for growth and each immunization administered contributes to reducing preventable under-five mortality. In 2025, Wandikweza's child health system continued to operate as a continuous, community-rooted platform.

As we look ahead, strengthening supervision of village clinics, increasing immunization coverage beyond 80% and enhancing real-time tracking of under-five outcomes remain priorities. Sustained investment in community-based child health remains one of the highest-impact strategies for improving survival in rural Malawi.

Nutrition

Integrated support for pregnant women and under children

In Dowa District, Wandikweza's innovation hub, the Porridge Feeding Program continues to serve as an integrated platform for strengthening child nutrition and preventive health engagement. The program was designed to address three interrelated challenges observed in supported communities: incomplete immunization coverage, risk of undernutrition among under-five children and limited caregiver engagement in routine preventive services.

Delivered during outreach clinics and structured community sessions in Dowa, the program provides a warm, nutrient-rich meal for under-five children and pregnant while creating a consistent entry point for health education and service integration.



Community Health Workers use these gatherings to counsel caregivers on feeding practices, growth monitoring, illness recognition, vaccination schedules and hygiene behaviors. What began as a nutrition support initiative has evolved into a coordinated preventive health platform rooted in community participation.

In 2025, the Porridge Program served 21,603 meals to under-five children, compared to 28,409 meals in 2024. The difference reflects, in part, the natural transition of children who benefited from the program in 2024 and subsequently aged beyond the under-five eligibility window in 2025. As cohorts mature out of the target age group, the program continues to enrol younger children entering the eligible age range, ensuring that support remains focused on those in the most critical developmental years.

The CHWs identified 37 children under two years of age who had missed scheduled vaccinations during porridge sessions and successfully followed them for catch-up immunizations. While the number may appear modest, each follow up represents a gap in protection that was identified and closed through community-level surveillance. The program therefore reduces missed opportunities for immunization by linking nutrition engagement with active follow-up.

A notable development in 2025 was increased community ownership of the program in Dowa. Families and local leaders contributed in-kind support, including firewood, water, cooking utensils and volunteer time for preparation and distribution. This participation has helped sustain the program despite rising operational costs. The Porridge Program therefore reinforces both nutritional protection and social cohesion.

Participation among pregnant women and lactating mothers remained stable, with 2,145 mothers engaged in 2025, compared to 2,187 the previous year. The consistent participation rate among mothers indicates sustained community trust and continued relevance of the platform.

Although total meals served declined compared to 2024, the program maintained strong maternal participation and continued to function as a preventive health anchor within Dowa's supported areas. Nutrition remains foundational to child survival. Adequate nourishment enhances immune response, supports healthy development and strengthens resilience against infection. When paired with immunization and structured follow-up, its impact multiplies.



Adolescent & Reproductive Health

Adolescence is a critical period that shapes lifelong health outcomes. In rural Malawi, young people face heightened vulnerability to early pregnancy, HIV infection, stigma surrounding sexual and reproductive health, and limited access to youth-friendly services. Strengthening adolescent knowledge, confidence, and access to care is therefore essential to building resilient and future-ready health systems.

In 2025, Wandikweza reached 8,729 adolescents and strengthened health programming across supported catchment areas in Dowa District through a structured peer-led model. Forty Youth Peer Educators, representing 20 community-based youth clubs, completed an intensive four-day training covering Sexual and Reproductive Health and Rights (SRHR), HIV prevention, Voluntary Medical Male Circumcision (VMMC), HPV awareness, post-abortion care referral and adolescent mental health. The training integrated technical knowledge with leadership development, equipping participants with facilitation skills, referral awareness and the confidence to engage peers in informed discussions on sensitive topics.

Following the training, peer educators returned to their communities and began facilitating structured dialogues within youth clubs and informal gatherings. Because information was shared by trusted peers rather than authority figures, adolescents engaged more openly in conversations about HIV prevention, reproductive health, mental wellbeing and available services.

Stigma surrounding these issues began to decline and confidence in accessing Youth-Friendly Health Services increased.

The shift from awareness to measurable health action was evident. In collaboration with District Health Offices, Wandikweza conducted a one-week Voluntary Medical Male Circumcision (VMMC) initiative at Wandikweza Health Centre, during which 172 adolescent males underwent the circumcision. This uptake reflects effective linkage between peer-led demand generation and accessible, youth-responsive clinical services.

Beyond service utilization, the program strengthened adolescent agency. Young people demonstrated greater willingness to ask questions, challenge misinformation and guide peers toward safe, informed health decisions. Peer educators now function as ongoing connectors between adolescents and the formal health system, extending the reach of services into everyday community spaces and reinforcing continuity of care.

The adolescent health initiative operates within the broader Proactive Doorstep Care framework. Youth engagement is integrated with Community Health Worker outreach, facility-based reproductive health services, structured referral pathways and District Health Office oversight. This alignment ensures sustainability and government partnership, embedding adolescent services within district health systems rather than delivering them as parallel interventions. The peer education model therefore strengthens long-term prevention capacity while maintaining cost-effective delivery relative to stand-alone clinical campaigns.

Guiding concepts for planning for adolescent health and development

- Adolescence is a time of risk and opportunity
- Not all adolescents are equally vulnerable
- Adolescent development underlies prevention of health problems
- Problems have common roots and are interrelated
- The social environment influences adolescent behaviour
- Gender relations are fundamental



System Integration

From Nurses on Bikes to Midwives on Wheels

In 2025, Wandikweza undertook a strategic evolution in its community-based skilled care platform, transitioning from the Nurses on Bikes model to Midwives on Wheels (MoWs). This shift is a deliberate move toward specialization, strengthened government alignment and enhanced sustainability within Malawi's public health system.

Under the broader Nurses on Bikes approach expanded access to a wide range of primary care services and successfully demonstrated that bringing skilled providers closer to households reduces delays in care-seeking.

As we scaled, however, evidence and operational experience pointed toward the need for deeper concentration on the most time-sensitive window of risk: early pregnancy identification, late pregnancy, childbirth and the first 28 days of life. In response, Wandikweza introduced the Midwives on Wheels approach in 2025.

Under this refined platform, 43,829 clients were served in 2025 compared to 72,097 in 2024. While total client volume decreased compared to 2024, this change reflects intentional prioritization.

The Midwives on Wheels approach narrows its focus to pregnant women and newborns within the first 28 days, the period when both maternal and neonatal mortality risk is highest.

Why the first 28 Days

The neonatal period accounts for the majority of under-five mortality in Malawi. Complications such as birth asphyxia, prematurity, infection, and feeding challenges occur most frequently within the first 28 days of life. Maternal complications, including postpartum hemorrhage and hypertensive disorders, also peak during delivery and the immediate postpartum phase.

The transition sharpened our community level focus, intentionally narrowing service delivery to pregnant women and newborns within the first 28 days of life, the period of highest survival risk. While the Nurses on Bikes approach previously delivered a broad package of services that included children up to five years of age, the scope often extended across multiple population groups, stretching capacity.



Wandir

The Midwives on Wheels approach now just concentrates on skilled antenatal care, birth preparedness, delivery linkage and intensive postnatal follow-up during the first days and weeks after birth. This focused approach allows midwives to dedicate more time to high-risk pregnancies, conduct structured postnatal visits within 48 hours and closely monitor newborns during the most vulnerable window.

Children under five who were previously served by the Nurses on Bikes platform are now primarily supported at community level through Community Health Workers and village clinics. This redistribution of responsibilities strengthens the tiered system: Midwives on Wheels concentrate on maternal and neonatal survival during the critical first month, while Community Health Workers provide ongoing illness management, immunization follow-up and growth monitoring for older infants and young children.

The result is a more deliberate, layered continuum of care, one that prioritizes depth of maternal and newborn health care attention during the highest-risk period while ensuring sustained support for children beyond the neonatal stage.



Leveraging Community Midwife Assistants as Midwives on Wheels

As Wandikweza scales Proactive Doorstep Care across districts, system integration has become a central strategic priority. In 2025, this commitment was reinforced through the deliberate alignment of the Midwives on Wheels (MoWs) approach with Malawi's government-employed Community Midwife Assistants (CMAs).

Community Midwife Assistants are a nationally recognized cadre trained to provide essential maternal and newborn services at community level. We leverage on this existing workforce rather than deploying parallel Nurses on Bikes community teams, to strengthen service delivery within public system structures while enhancing sustainability and clinical governance.

Under the Midwives on Wheels approach, Community Midwife Assistants, just as Nurses on Bikes could do, conduct antenatal assessments, birth preparedness planning, postnatal follow-up within 48 hours and newborn surveillance during the first 28 days of life. Wandikweza provides logistical coordination, mentorship, supervision support, data tracking tools and structured performance monitoring, ensuring that CMAs are supported to deliver high-quality care in hard-to-reach communities.

This integration is important for several reasons.

For Wandikweza, leveraging Community Midwife Assistants enhances sustainability and scalability. In aligning with an existing government cadre, the organization avoids creating parallel service structures that depend entirely on external funding. As services expand into new districts, the model can be replicated through partnership with District Health Offices rather than requiring full independent staffing. This strengthens institutional durability and reduces long-term operational risk.

For communities, the integration builds trust and continuity. When midwives are recognized as part of the public health system, families experience greater confidence in referral pathways and facility linkages. Services provided at community level are directly connected to district supervision, supply systems and clinical oversight. This continuity improves care quality and ensures that high-risk cases are managed within coordinated referral structures.

For the national health system, the approach reinforces workforce optimization. Community Midwife Assistants represent an important investment by the Government of Malawi in decentralizing maternal and newborn care. By strengthening supervision, improving logistics, and enhancing data visibility around CMA performance, Wandikweza contributes to improved system functionality without duplicating roles. The PDC model supports national goals of reducing maternal and neonatal mortality through integrated, community-based care.

Importantly, this alignment reduces fragmentation. Instead of operating as an independent delivery arm, Wandikweza functions as a system builder, strengthening coordination between Community Health Workers, Community Midwife Assistants, mobile outreach clinics and health facilities in partnership with District Health Offices. Data collected at community level feeds into district reporting systems, reinforcing accountability and shared performance ownership.

As Wandikweza moves toward its 2030 scale roadmap, leveraging Community Midwife Assistants as Midwives on Wheels ensures that growth remains embedded within national structures. This approach transforms scaling from organizational expansion into system strengthening. This integration is a strategic commitment to durability, legitimacy and long-term impact for maternal and newborn survival in Malawi.







Mobile Outreach Clinics

Bringing integrated care closer to communities

Mobile outreach clinics remain a central delivery mechanism within Wandikweza's Proactive Doorstep Care model, extending integrated maternal, child, adolescent and primary health services into rural communities where consistent facility access remains constrained by distance and cost.

In 2024, Wandikweza conducted 96 mobile outreach clinics, serving 53,960 clients across supported catchment areas. In 2025, outreach operations expanded significantly, with 356 clinics conducted and 85,842 clients served. This represents a 271% increase in clinic sessions and a 59% increase in service utilization year-on-year.

The expansion reflects strengthened operational coordination with District Health Offices, improved scheduling efficiency, increased community trust and enhanced demand generation through Community Health Worker surveillance.

Delivering a comprehensive service package

Wandikweza's outreach clinics are designed as integrated service platforms rather than single-focus campaigns.

Services provided in 2025 included antenatal care, postnatal follow-up, family planning counseling and provision, cervical cancer screening, immunization coordination, general outpatient consultations, and adolescent health services.

In delivering this comprehensive package in a single visit, outreach clinics reduce fragmentation of care and lower the indirect costs faced by families. Women are able to receive antenatal services and cervical cancer screening during the same session. Children receive immunization support and illness assessment. Adolescents access reproductive health information and referrals. This integrated approach strengthens continuity along the care pathway.

Cervical cancer screening remains particularly impactful. In many rural areas, women face substantial barriers to preventive screening. Delivering screening at community level increases early detection and supports national prevention goals.

Family planning services delivered during outreach reduce missed opportunities for contraception counseling and spacing support, contributing to improved maternal health outcomes.

Strengthening system efficiency

The growth in outreach volume in 2025 also reflects strategic redistribution of services. As Community Health Workers strengthened household-level surveillance and Midwives on Wheels focused on high-risk maternal and neonatal care, outreach clinics became a critical bridge between community and facility services.

In shifting routine and preventive services closer to households, outreach clinics reduce congestion at fixed facilities. This enables health centres to concentrate on complicated cases and emergency management while maintaining service continuity in remote areas. The outreach approach therefore serves dual system functions: improving geographic equity in access and enhancing facility efficiency.

Operational maturity and coordination

The expansion from 96 clinics in 2024 to 356 in 2025 demonstrates improved logistical capacity, stronger district coordination and enhanced resource mobilization. Outreach scheduling was aligned with Community Health Worker pregnancy tracking, immunization defaulter identification, and adolescent peer engagement activities.

All outreach activities were conducted in collaboration with District Health Offices, ensuring adherence to national guidelines, proper reporting and integrated supervision.

The significant increase in service volume was due to operational scale, strengthened community confidence and responsiveness to a shifting donor landscape. As several externally funded programs scaled back or concluded in 2025, service gaps emerged across supported districts. In response, Wandikweza intensified mobile outreach operations to ensure continuity of essential maternal, child and preventive health services. The increase also reflects system backfilling to protect access during funding transitions. As reliability and consistency were maintained, attendance rose accordingly, reinforcing the role of outreach clinics as a stabilizing platform within the local health system. They remain one of the most effective mechanisms for translating system design into equitable access at scale.





Health Facility Strengthening

Wandikweza Health Centre as a clinical referral Hub

Wandikweza Health Centre remains a central component of the Proactive Doorstep Care ecosystem, functioning as a referral, stabilization, and integrated service delivery hub within supported catchment areas.

In 2024, Wandikweza Health Centre recorded 86,998 client visits. In 2025, total visits were 77,772, reflecting a 10.6% reduction in overall service volume. This is due to the evolving service design and strengthened community-based platforms. As preventive, routine and follow up services were increasingly delivered through Community Health Workers, village clinics, Midwives on Wheels and expanded mobile outreach clinics, fewer uncomplicated cases required unnecessary facility visits. The shift therefore reflects intentional redistribution of services within a maturing, tiered health system and not reduced access or demand.

Shifting from volume to clinical focus

The Health Centre's role has progressively transitioned from a high-volume outpatient site to a more focused primary care hub within a tiered health system.

As community platforms absorbed more routine services, the Health Centre increasingly focused on management of higher-risk pregnancies identified through community surveillance, skilled delivery services and basic emergency obstetric and newborn care, initial stabilization and referral of newborns requiring advanced care, adolescent-friendly reproductive health services, and comprehensive primary outpatient consultations. This alignment strengthens the facility's role as a primary care hub that manages complexity within its scope while ensuring timely referral for cases requiring higher-level intervention.

Strengthened Maternal and Newborn Services

The Health Centre continues to serve as a critical referral point for pregnant women identified through Community Health Workers and Midwives on Wheels. Skilled delivery services remain central to its function, supported by strengthened birth preparedness planning and structured referral pathways.

Integration between facility-based care and early postnatal follow-up ensures continuity during the first 28 days of life, the period of highest neonatal risk. Facility readiness for maternal and newborn complications has been reinforced through closer coordination with District Health Offices and improved data monitoring. General outpatient services continued in alignment with national standards.

Operational resilience in a complex environment

The operating environment in 2025 was marked by inflationary pressures, commodity fluctuations and the scaling back of certain externally funded programs. Despite these challenges, Wandikweza Health Centre maintained uninterrupted service delivery.

The facility strengthened:

- Supply chain coordination
- Clinical supervision
- Data reporting integration
- Referral feedback mechanisms
- Government alignment

These improvements ensure that the facility functions as part of a coordinated district health structure.

Therefore, Wandikweza Health Centre's significance lies in its role as a stabilizing clinical anchor within a broader integrated health system, ensuring that when complications arise, skilled care is available, coordinated and responsive.

As community platforms strengthen, the facility becomes sharper in purpose, managing complexity while supporting prevention across the continuum of care.



Stories from the Field

“I thought it was just pregnancy”

Agnes remembers the headaches first.

“They would not go away,” she says quietly. “My feet were swelling. I thought it was just pregnancy.”

Agnes lives in Yobe village about 11 kilometers from Wandikweza Health Centre. Travel requires time, money and someone to accompany her. Like many women, she tried to endure the discomfort, telling herself it would pass.

During a routine household visit, her Community Health Worker stopped by her home. The visit was not prompted by emergency, it was part of structured pregnancy tracking under Proactive Doorstep Care. When the CHW asked about symptoms, Agnes mentioned the headaches almost casually.

The CHW checked her blood pressure. It was high. Agnes did not fully understand what that meant, but the CHW did. Elevated blood pressure during pregnancy can escalate quickly and silently. Within minutes, the CHW contacted the Midwife on Wheels assigned to the area. Later that day, the midwife arrived.

She reassessed Agnes, explained the risks in simple terms, and developed a clear plan. Agnes and her family were counseled on danger signs. A referral pathway was mapped out in advance.





Transport options were discussed before labor began. Wandikweza Health Centre as a receiving facility was alerted to her risk status.

When labor started several weeks later, the plan moved into action. Agnes did not wait for complications. She traveled early. The facility team was expecting her. Her blood pressure was monitored closely. Skilled providers managed her delivery safely. Her baby cried immediately after birth.

“I was afraid,” Agnes admits. “But they were ready for me.” She returned home holding a healthy newborn.

What stands out in Agnes’ story is how small, steady steps came together around her. A routine visit at her home. A careful check. A midwife who came when called. A plan made early. A facility that was ready. A delivery handled with calm hands. There was no last-minute rush.

Instead, there were people paying attention at the right time.

Agnes was seen. She was listened to. She was followed up. She was expected.

For women like Agnes, safety does not happen by chance. It grows from a chain of care, from CHW to midwife to facility, each person doing their part so that a mother can hold her baby and return home well.

And when that chain holds, two lives are protected and given a safe beginning because a community, a system and a set of quiet commitments were already in place long before the moment of need.

Governance & Leadership

Wandikweza's governance framework ensures that growth, innovation and service delivery are anchored in strong oversight, transparency and ethical leadership.

The organization is governed by an independent Board of Directors composed of professionals with expertise in health systems, finance, governance and community development. The Board provides strategic direction, oversight and policy guidance, ensuring that Wandikweza remains aligned with its mission and compliant with statutory and donor requirements.

The Board meets regularly to review financial performance, program outcomes, risk exposure and strategic priorities, including district expansion and system integration. Clear separation between governance and management functions reinforces accountability, with the Executive Director responsible for operational leadership and implementation of Board-approved strategy.

To strengthen specialized oversight, Wandikweza maintains structured Finance and Program review functions. Financial oversight includes quarterly review of budgets, internal controls and expenditure tracking, while program oversight focuses on performance indicators, service quality and alignment with national health priorities.

Wandikweza upholds a formal Conflict of Interest policy requiring annual disclosure by Board members, leadership and staff. All procurement, partnership and financial decisions are subject to documented review processes to safeguard transparency.

Safeguarding remains a core institutional commitment. The organization maintains a safeguarding policy aligned with international standards, provides staff training on prevention of exploitation and abuse and operates confidential reporting channels for community and staff concerns. Safeguarding oversight is monitored at governance level to ensure protection of the dignity and rights of the communities served.

In 2025, governance structures supported key strategic transitions, including the evolution to Midwives on Wheels, expansion of mobile outreach services, financial surplus management and preparation for district scale into Mchinji.

Strong governance enables sustainable impact. As Wandikweza advances toward its 2030 vision, institutional maturity, accountability and responsible leadership remain foundational to long-term health system transformation.

Monitoring, Evaluation & Learning

Wandikweza's Proactive Doorstep Care model is grounded in data-driven decision-making. Monitoring, Evaluation & Learning (MEL) systems ensure that service delivery is continuously assessed, refined, and aligned with measurable health outcomes.

Key Indicators tracked in 2025

In 2025, Wandikweza systematically tracked indicators across the maternal, newborn, child, adolescent, and community health continuum. Core indicators included:

- Skilled birth attendance rates within supported catchment areas
- First-trimester antenatal care initiation
- Postnatal follow-up within 48 hours
- Neonatal danger sign identification and referral
- Under-five illness response within 24 hours
- Immunization coverage
- Adolescent service uptake, including Voluntary Medical Male Circumcision
- Outreach service utilization and facility attendance trends

These indicators allow for real-time assessment of service reach, timeliness, and quality.

Strengthening Data Systems

In 2025, Wandikweza strengthened integration between community-level reporting tools and district health information systems. Community Health Workers, Midwives on Wheels and facility teams collected structured data aligned with national reporting frameworks. Regular coordination with District Health Offices ensured consistency with public health indicators and reduced parallel reporting systems. Data consolidation across household visits, village clinics, mobile outreach clinic and facility services improved visibility across the full continuum of care.

Data Quality Assurance

Routine data verification processes were conducted throughout the year. These included supervisory reviews, spot checks during outreach sessions, reconciliation of referral records, and cross-verification between community registers and facility reports. Performance review meetings were held with district stakeholders to examine trends, identify data discrepancies, and validate service outputs.

These quality assurance mechanisms strengthen confidence in reported results and support evidence-informed program management.

Learning and adaptive management

Monitoring findings informed several operational adaptations in 2025. Early antenatal care trends prompted intensified pregnancy tracking in scale-up districts. Outreach scheduling was refined in response to shifting donor landscapes and service gaps. The transition from Nurses on Bikes to Midwives on Wheels was supported by analysis of service utilization patterns and neonatal risk indicators.

Learning is embedded within program design. Data is not collected for compliance alone but also informs real-time adjustments to improve effectiveness.

2026 Outcome Evaluation

To further strengthen accountability and evidence generation, Wandikweza will conduct a comprehensive Outcome Evaluation in 2026. The evaluation will assess maternal, neonatal, child and adolescent health outcomes across supported districts, measure system-level performance and identify areas for refinement as the organization scales.

Findings will inform strategic planning, contribute to district and national learning and strengthen the case for replication of the Proactive Doorstep Care model.



Partnerships & Government alignment

Strengthening public systems through collaboration

Wandikweza's model is built on partnership. Proactive Doorstep Care is not designed to operate as a parallel delivery mechanism, but as a system-strengthening approach embedded within Malawi's public health structures.

As we expand across districts, alignment with government, community leadership and funding partners remains central to sustainability and legitimacy.

District Health Office Collaboration

At district level, Wandikweza works in close partnership with District Health Offices (DHOs) across supported areas. All major programmatic decisions, including service scope, outreach scheduling, Midwives on Wheels integration and referral coordination are implemented in alignment with district priorities and national guidelines.

Community Midwife Assistants leveraged under the Midwives on Wheels approach are government-employed cadres operating under DHO supervision. Wandikweza strengthens their reach through logistical coordination, mentorship support and structured performance monitoring.

Mobile outreach clinics are conducted in coordination with district health teams, ensuring that service delivery aligns with government planning and reporting systems. Data collected through community and outreach platforms feeds into district-level reporting frameworks, reinforcing shared accountability.

Ministry alignment and national priorities

Wandikweza's program design aligns with Malawi's national strategies for maternal, newborn, child and adolescent health. The transition from Nurses on Bikes to Midwives on Wheels reflects deliberate alignment with government-recognized cadres and workforce structures.

In reinforcing Community Health Workers, Community Midwife Assistants and facility-based care within national frameworks, Wandikweza contributes to long-term system strengthening and not creating parallel staffing models.

All clinical services delivered through outreach and facility platforms adhere to Ministry of Health protocols and guidelines.

Foundation Partners

Wandikweza's growth in 2025 was made possible through the trust and support of foundation partners. These partnerships enable the organization to respond to emerging service gaps, scale responsibly and maintain continuity during shifts in the donor landscape.

Importantly, foundation support is leveraged to strengthen government systems and not substitute them. Funding supports integration, capacity building, supervision and innovation within public structures.

As some externally funded programs scaled back during 2025, Wandikweza worked with partners to intensify outreach services and protect continuity of care across supported districts. This collaborative approach reinforced resilience during funding transitions.

Community structures and local leadership

Community engagement is foundational to Wandikweza's model. Traditional leaders, village health committees, youth clubs, and caregiver groups play an active role in program rollout and accountability.

Community Health Workers serve as connectors between households and formal health services. Peer educators extend

adolescent engagement into everyday social spaces. Community participation in initiatives such as the Porridge Program strengthens local ownership and sustainability.

By grounding services in community structures, Wandikweza ensures that interventions are culturally responsive and locally trusted.

Strengthened referral coordination

Effective partnerships are most visible in referral pathways. Structured communication between Community Health Workers, Midwives on Wheels, mobile outreach teams and the Health Centre ensures that high-risk pregnancies, neonatal complications and complex cases are transferred promptly.

District Health Offices are engaged in oversight of referral performance and coordination mechanisms. This integration reduces fragmentation and strengthens continuity across levels of care.

The forthcoming Maternity Rapid Response System will further reinforce emergency referral coordination in collaboration with district authorities.

Safeguarding, Ethics & Accountability

Protecting dignity, strengthening trust

Wandikweza recognizes that delivering health services carries a responsibility beyond clinical care. Safeguarding, ethical conduct and accountability are integral to maintaining the trust of communities, and partners.

In 2025, safeguarding remained a core institutional priority as the organization expanded outreach operations, strengthened adolescent programming and integrated Midwives on Wheels within district systems.

Safeguarding Policy implementation

Wandikweza maintains a formal Safeguarding Policy aligned with international standards and national regulations. The policy outlines zero tolerance for exploitation, abuse, harassment, discrimination and misconduct by staff, volunteers or partners.

Safeguarding principles are embedded across all service platforms, including community household visits, mobile outreach clinics, facility-based care and adolescent programming. Particular attention is given to protecting vulnerable populations, including pregnant women, newborns, adolescents and children under five.

All staff and field teams operate under clear codes of conduct, and safeguarding responsibilities are incorporated into employment contracts and supervision structures.

Staff training and awareness

In 2025, safeguarding orientation and refresher training were conducted for staff and key community-based cadres. Training covered:

- Prevention of sexual exploitation and abuse
- Confidential handling of sensitive information
- Respectful engagement with adolescents
- Reporting procedures for suspected misconduct
- Power dynamics in community-level service delivery

These trainings reinforce a culture of responsibility and awareness across all levels of the organization.

Complaint & feedback mechanisms

Wandikweza maintains accessible and confidential channels through which community members, clients and staff can raise concerns or provide feedback. Mechanisms include:

- Direct reporting to designated safeguarding focal persons
- Community engagement meetings
- Facility-based reporting pathways
- Confidential complaint handling processes

All complaints are documented, reviewed and investigated according to established procedures, with appropriate corrective action taken where necessary. Clear separation between program delivery and complaint review strengthens impartiality and accountability.

Community accountability structures

Community accountability is reinforced through structured engagement with traditional leaders, village health committees, youth groups and caregiver forums. These structures provide platforms for dialogue, feedback and shared problem-solving.

Routine outreach sessions and household visits create opportunities for informal feedback, allowing concerns to surface early.

Community participation in initiatives such as nutrition sessions and adolescent clubs strengthens transparency and shared ownership.

We ground services within local leadership structures to enhance cultural sensitivity and community trust.

Ethical Governance and Oversight

Safeguarding oversight is monitored at governance level. The Board reviews institutional risk exposure and ensures policies remain current and aligned with best practice standards.

Conflict of Interest declarations are required annually for Board members and senior leadership, reinforcing transparency in procurement, recruitment and partnership decisions.

Ethical oversight ensures that program growth does not compromise integrity.

Risk Management & Operating Context

The 2025 operating environment presented significant macroeconomic, funding and humanitarian pressures. Wandikweza's ability to maintain uninterrupted service delivery across supported districts reflects proactive risk management and adaptive strategy.

Wandikweza did not react to crises as they emerged, we strengthened forward planning, scenario analysis and coordination mechanisms to protect essential maternal, newborn, child and adolescent health services.

Inflation and currency pressures

Malawi's economic environment in 2025 remained characterized by inflationary pressures and currency volatility. Rising fuel prices increased transport costs for mobile outreach clinics and supervision visits. Fluctuating exchange rates affected procurement of medical supplies and capital assets.

These pressures increased the real cost of delivering community-based services, particularly in geographically dispersed rural areas.

Mitigation strategies included strengthened procurement planning, staggered purchasing of non-perishable commodities, tighter budget forecasting, and disciplined expenditure monitoring. Cost controls were implemented without compromising frontline service delivery. Strategic capital investments were carefully sequenced to protect liquidity while maintaining operational continuity.

Shifts in the donor landscape

In 2025, several externally funded health programs operating within supported districts scaled back or concluded, creating service gaps in maternal and child health delivery. While Wandikweza was not directly impacted by these reductions, the contraction of parallel programs increased pressure on district health systems and on communities that had relied on those services.

Recognizing the emerging gaps, Wandikweza adapted proactively. Mobile outreach operations were intensified and coordination with District Health Offices was strengthened to protect continuity of essential services. The expansion from 96 outreach clinics in 2024 to 356 in 2025 reflects both increased community demand and a deliberate effort to stabilize access during funding transitions within the broader health landscape.

At the same time, Wandikweza maintained financial discipline, strengthened reserves and advanced revenue diversification planning to safeguard long-term resilience. This balanced approach allowed us to remain steady while contributing to system stability during a period of sector-wide adjustment.

Commodity Shortages

Intermittent shortages of essential maternal and reproductive health commodities affected both community-level and facility-based service platforms. These disruptions posed risks to continuity of antenatal care, family planning services and emergency preparedness.

Mitigation measures included proactive stock monitoring, coordination with District Health Offices for redistribution, buffer stock planning where feasible and flexible outreach scheduling to align with available supplies.

Strengthened communication between community platforms and facilities reduced the likelihood of service interruption due to stock-outs.

Climate Shocks and Humanitarian Disruption

In March 2025, Cyclone Jude displaced 502 households and affected approximately 3,600 individuals in Mangochi District.

Flooding and road inaccessibility disrupted access to routine services and heightened vulnerability among pregnant women, lactating mothers and young children.

Wandikweza adapted rapidly by delivering emergency nutrition support for pregnant and breastfeeding women and under-five children, while maintaining routine maternal and child health services within displacement settings. Mobile outreach clinics were adjusted to reach affected communities and referral coordination was strengthened to ensure continuity of care during displacement.

The response reinforced the importance of flexible, community-anchored delivery models in climate-affected regions.

Institutional Resilience

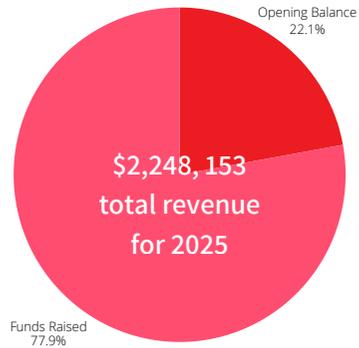
Despite economic pressures, donor shifts, commodity constraints and climate disruption, Wandikweza maintained uninterrupted service delivery across supported districts in 2025.

Maternal, newborn, child and adolescent health services continued without suspension. Outreach volumes increased. Skilled birth attendance remained high. Community trust strengthened.

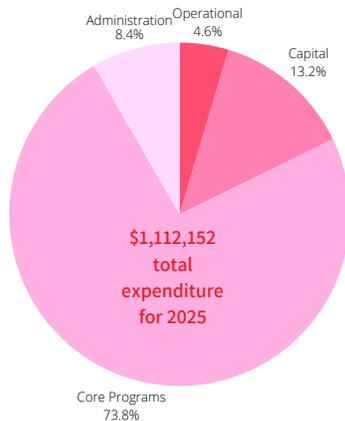
The risks in 2025 sharpened our strategy.

Our 2025 Financials

Revenue



Expenses



New Funding

We extend our sincere appreciation to the foundations that entrusted Wandikweza with new funding this year. Their partnership has enabled continued expansion of last-mile health services and strengthened our ability to deliver equitable, community-based care where it is needed most.

Bell Family Foundation
Teri & Robert Sandlin

Roberts Pike Foundation
Linda & Derrick Kitchens



Revenue for the twelve months ended December 31, 2025

Individual donors	\$10,800	0.48%
Foundations	\$2,206,988	98.17%
Other	\$30,365	1.35%
Total Revenue	\$2,248,153	100%

Expenses for the twelve months ended December 31, 2025

Program Delivery	\$859,192	77.25%
Capital Expenses	\$140,362	12.62%
Admin & Operations	\$95,616	8.60%
Fundraising	\$16,982	1.53%
Total Expenses	\$1,112,152	100%



With Thanks



Steve & Susan
Campbell



Roberts Pike
Foundation



Mosso Foundation



Hibou Holdings
Foundation



Bell Family
Foundation

TOPPLE FAMILY



Teri & Robert Sandlin

Linda & Derrick Kitchens



Ashley Dale Kessler



Looking Ahead

In 2026 we plan to:

- Expand PDC services to Mchinji district
- Conduct Outcome Evaluation
- Launch & Operationalize MRRS (Maternity Rapid Response System)
- Roll out the Adolescent Strategy
- Build financial resilience through diversified funding streams.

Continued partnership will enable Wandikweza to expand reach, strengthen survival outcomes and ensure that families living where consistent access to care remains limited are protected by durable, community-rooted health systems.



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Wandikweza
HEALTH CARE CLOSER TO THE PEOPLE

