



THE SIX LAYERS OF PROACTIVE DOORSTEP CARE (PDC)

Wandikweza's Last-Mile Maternal, Newborn, Child and Adolescent Health System

1. Introduction

Proactive Doorstep Care (PDC) is Wandikweza's integrated service delivery model designed to ensure that mothers, newborns, children and adolescents receive health services early, regularly and in time during emergencies.

The model is built as a six-layer system, where each layer plays a specific role in the continuum of care, from the household to emergency care.

The system is designed so that:

- care starts at the household
- risks are identified early
- routine services are delivered close to communities
- facilities focus on skilled and complicated care
- emergencies reach care in time

This creates a complete last-mile health system.

2. Overview of the Six Layers

Layer	Name	Role
Layer 1	Households, Families & Caregivers	Where health decisions are made
Layer 2	Community Health Workers	First line of care
Layer 3	Midwives on Wheels	Skilled maternal & newborn care
Layer 4	Mobile Outreach Clinics	Primary health services
Layer 5	Health Facilities	Skilled & advanced care
Layer 6	MRRS	Emergency referral & transport

Together, these six layers form a the PDC continuum of care system.

3. Layer 1 - Households, Families and Caregivers

Foundation of the Proactive Doorstep Care (PDC) System

1.1 Why Households, Families and Caregivers are the Foundation

In rural communities, most health decisions are made at home.

At the household level:

- Families decide when a pregnant woman goes for ANC
- Families decide where a woman delivers
- Families decide when a sick child is taken for treatment
- Families decide what a child eats
- Families decide whether a referral is completed
- Families decide whether an ambulance is called
- Families care for newborns, children, adolescents, elderly, and sick family members

This means caregivers and families are the first health system. If the household does not recognize risk, seek care early, or follow advice, the rest of the health system comes too late.

1.2. Who are Caregivers in Layer 1

Caregivers include:

- Mothers
- Fathers
- Grandmothers
- Grandfathers
- Older siblings
- Guardians
- Adolescent mothers
- Family members caring for sick children
- Family members caring for pregnant women
- Family members caring for elderly people
- Family members responsible for nutrition and food
- Family members responsible for health decisions and transport decisions

In many rural communities, grandmothers and fathers are key decision-makers, especially for:

- where a woman delivers
- when to seek care
- how money is used for transport
- feeding practices for children

- newborn care practices

The PDC model engages caregivers, not just patients.

1.3. Role of Households, Families and Caregivers in the PDC Model

Layer 1 is responsible for:

Responsibility	Reason
Reporting pregnancy early	Enables early ANC
Supporting ANC visits	Improves maternal health
Preparing for facility delivery	Reduces home deliveries
Recognizing danger signs	Enables early referral
Calling CHW or MoW	Speeds up response
Accepting referral	Saves lives
Supporting PNC visits	Protects newborn
Seeking care when child is sick	Reduces under-five deaths
Following nutrition advice	Prevents malnutrition
Supporting adolescents	Prevents early pregnancy and health risks
Supporting elderly and sick	Improves overall household health

Layer 1 is where health-seeking behavior is built.

1.4. Services and Support Provided at Household Level

Through CHWs and Midwives on Wheels, households and caregivers receive:

Service	Purpose
Health education	Improve health knowledge
Pregnancy identification	Start care early
Birth preparedness counseling	Plan for delivery
Newborn care education	Protect newborn
Danger sign education	Recognize emergencies
Child health education	Early treatment

Service	Purpose
Nutrition counseling	Prevent malnutrition
Breastfeeding counseling	Improve child survival
Family planning education	Birth spacing
Adolescent health education	Prevent early pregnancy
Hygiene and sanitation education	Prevent disease
Referral education	Improve referral completion

Layer 1 is **an active care layer**.

1.5. Key outcomes expected from Layer 1

A functioning Layer 1 means:

Indicator	Result
Pregnancies identified early	More early ANC
Families support facility delivery	Fewer home deliveries
Families recognize danger signs	Faster referrals
Families allow PNC visits	More newborn checks
Families seek care early for sick children	Treatment within 24 hrs
Families follow nutrition advice	Reduced malnutrition
Adolescents receive guidance	Reduced adolescent pregnancy
Referrals completed	Reduced maternal & newborn deaths

Layer 1 determines whether the rest of the system works.

1.6. Key Message of Layer 1

Health outcomes are determined by decisions made at household level, which is why caregivers and families are the foundation of the Proactive Doorstep Care system.

4. Layer 2 - Community Health Workers (CHWs)

Trusted Neighbors and First Line of Care

Role

CHWs are the link between households and the health system. They ensure that households are not isolated from care.

CHW Responsibilities

- Household visits
- Pregnancy identification and registration
- Early ANC referral
- Postnatal follow-up
- Child illness screening (malaria, diarrhea, pneumonia)
- Growth monitoring
- Nutrition counseling
- Immunization defaulter tracing
- Family planning education
- Adolescent health education
- Disease surveillance
- Referrals to MoWs, outreach clinics, or facilities
- Village clinics for under-five children

Why CHWs are important

CHWs ensure:

- early identification of problems
- early referral
- follow-up after referral
- continuous household contact
- community trust

CHWs move the health system from the facility to the community.

5. Layer 3 - Midwives on Wheels (MoWs)

Skilled Maternal and Newborn Care at Community Level

Role

Midwives on Wheels provide skilled maternal and newborn care closer to where women live, especially during pregnancy and immediately after birth.

They focus on the most critical period:

- pregnancy
- childbirth preparation
- first 48 hours after birth

- first 7 days after birth
- first 28 days of newborn life

Services Provided

- Preventive ANC
- Postnatal care (especially within 48 hours)
- Newborn assessments
- Identification of high-risk pregnancies
- Identification of neonatal danger signs
- Referral to facility for delivery
- Referral of complications
- Follow-up of mothers and newborns
- Support CHWs on maternal and newborn cases

Important Note

Midwives on Wheels do not conduct community deliveries. They ensure women deliver at health facilities.

Why MoWs are important

Most maternal and newborn deaths occur:

- during pregnancy complications
- during delivery
- within the first 48 hours after birth

MoWs ensure early detection and early referral. MoWs bring skilled care closer to the household.

6. Layer 4 - Mobile Outreach Clinics

Bringing integrated health services closer to communities

Role

Mobile Outreach Clinics bring integrated primary health services closer to communities that live far from health facilities. Outreach clinics reduce distance barriers and decongest facilities.

Services Provided

- ANC services

- Immunization
- Child health services
- Family planning
- HIV testing
- Syphilis testing
- Nutrition screening
- Basic outpatient services
- Commodity distribution
- Follow-up of referred patients

Why outreach is important

Outreach:

- reduces distance to care
- increases immunization coverage
- increases ANC access
- increases family planning access
- reduces facility congestion
- brings services to hard-to-reach areas

Outreach clinics bring the clinic closer to the people.

7. Layer 5 - Health Facilities

Skilled delivery and complications management

Role

Health facilities provide:

- Skilled deliveries
- Management of maternal complications
- Management of newborn complications
- Advanced care
- Laboratory services
- Admission services
- Referral confirmation
- Post-referral follow-up
- Supervision and quality improvement support

Role of PDC in supporting facilities

PDC helps facilities by:

- Sending women early for ANC
- Sending women for facility delivery

- Referring high-risk pregnancies
- Reducing unnecessary outpatient visits
- Following up patients at home
- Ensuring early treatment at community level

This allows facilities to focus on complicated cases. Facilities are the center for skilled and advanced care.

8. Layer 6 - MRRS (Maternity Rapid Response System)

Emergency referral and transport system

Role

The MRRS ensures that when a maternal or newborn emergency happens, the patient reaches a health facility in time. This layer addresses the second delay: delay in reaching care

MRRS Functions

- Emergency call system
- Ambulance coordination
- Referral communication
- Facility preparation before arrival
- Tracking emergency referrals
- Monitoring referral time
- Follow-up after referral

Emergencies Covered

- Obstructed labor
- Severe bleeding
- Eclampsia
- Premature labor
- Newborn complications
- Severe child illness

Why MRRS is important

Many maternal and newborn deaths happen because:

- transport is not available
- referral is delayed
- facility is not prepared

MRRS reduces delay in reaching care. MRRS saves lives during emergencies.

9. How the six layers work together

The six layers are one connected system.

If this happens...	This layer responds
Pregnancy starts	Household + CHW
Pregnancy identified	CHW
ANC needed	MoWs + Outreach
High-risk pregnancy	MoWs → Facility
Delivery	Facility
Postnatal care	MoWs
Child sick	CHW → Outreach
Severe illness	Referral
Emergency	MRRS

This creates a continuum of care:

Household → CHW → MoWs → Outreach → Facility → MRRS → Household

10. What the Six-Layer System Achieves

When all six layers function together, the system achieves:

Outcome	How
Early pregnancy identification	CHWs
Early ANC	CHWs + MoWs
Facility delivery	MoWs + Facilities
PNC within 48 hours	MoWs
Child treated within 24 hours	CHWs + Outreach
High immunization	Outreach
Reduced home deliveries	CHWs + MoWs
Faster emergency response	MRRS
Reduced maternal deaths	All layers
Reduced newborn deaths	All layers
Reduced under-five deaths	All layers

11. The most important principle of the six layers

The PDC model works because care starts at home, problems are identified early, routine services are delivered close to communities and emergencies reach facilities in time.

12. Summary Table

Layer	Who	Main Job
1	Caregivers	Seek care early
2	CHWs	Identify, educate, refer
3	MoWs	Maternal & newborn care
4	Outreach	Primary health services
5	Facility	Skilled & advanced care
6	MRRS	Emergency transport

Together, they form a district health system that reaches the last mile.

Therefore, the Proactive Doorstep Care model is built on six interconnected service layers that ensure mothers and children receive care from the household to emergency services. Wandikweza strengthens each layer and the links between them, to build a last-mile health system that ensures distance, cost and lack of awareness no longer determine whether a mother or child survives.

Strategic insight

Most health systems are built like this: Facility → Community → Household

But the PDC model is built like this: Household → Community → Outreach → Facility → Emergency → Household

This is a reversal of the traditional system and that is why it works in rural areas.

Conclusion

The foundation of the Proactive Doorstep Care model is the household, where caregivers and families make decisions about pregnancy, childbirth, child care, nutrition, and when to seek health services. Wandikweza works closely with caregivers through Community Health Workers and Midwives on Wheels to ensure that pregnancies are identified early, danger signs are recognized, children receive treatment quickly, and families are prepared for facility delivery and emergency referral. Through strengthening health knowledge and decision-making at household level, the PDC model ensures that the health system begins where people live, not only where facilities are located.

