Q3 2025 Impact Report

July - September

Wandikweza

HEALTH CARE CLOSER TO THE PEOPLE

Executive Director's Message

The third quarter of 2025 marked a period of remarkable growth, deep learning and strategic transition for Wandikweza. Our journey this quarter reaffirmed a truth that has guided us from the very beginning, that sustainable change in health outcomes begins at the doorstep. As we continue to expand our reach and strengthen integration with Malawi's health system, our work through the Proactive Doorstep Care (PDC) model is proving that community-driven solutions can indeed transform the landscape of maternal, newborn and child health.

Across our supported districts, over 42,000 household visits were conducted by our Community Health Workers (CHWs), who continue to serve as the backbone of our health system. Their dedication, supported by field supervision and partner investment, ensured that families in the most remote areas received timely care, health education and follow-up support. The transition from Nurses on Bikes to Midwives on Wheels represents another significant milestone in our journey toward system integration and sustainability. We aligned with government midwives and embedded skilled care within communities to strengthen local ownership and ensure that lifesaving maternal health services endure well beyond project timelines.

Our mobile outreach clinics continued to bridge access gaps, delivering care to over a hundred times this quarter. Through these clinics, families accessed essential services, from immunizations and family planning to nutrition and cervical cancer screening. The expansion of our Porridge Program also demonstrated the power of simple, community-based interventions: reaching over 4,000 under-five children and 2,000 lactating mothers, while improving immunization uptake and child nutrition outcomes.

At the Wandikweza Health Centre, we recorded 19,410 patients, reflecting a healthy balance between facility-based and community-level care. Most notably, 96% of all deliveries across Wandikweza-supported districts were attended by skilled health personnel, a profound testament to community trust, strong referral systems and the compassion of the midwives.

This quarter was not without challenges. Increased service demand placed pressure on facility space, staff and supplies, while the broader funding environment remained unpredictable. Yet, amidst these realities, the strength of our partnerships has carried us forward. I remain deeply grateful to our funding partners, District Health Offices, local leaders and communities for their unwavering commitment to our shared vision.

With hope and determination,

Mercy Chikhosi Kafotokoza
Founder & Executive Director

Our Target Population

Through doorstep care, Wandikweza is transforming access to maternal and child healthcare for women, children and families in Malawi, reaching those who are most underserved and isolated from care.

We serve households living below the national poverty line, families largely dependent on smallholder farming and seasonal labor, with limited education and access to essential health services.

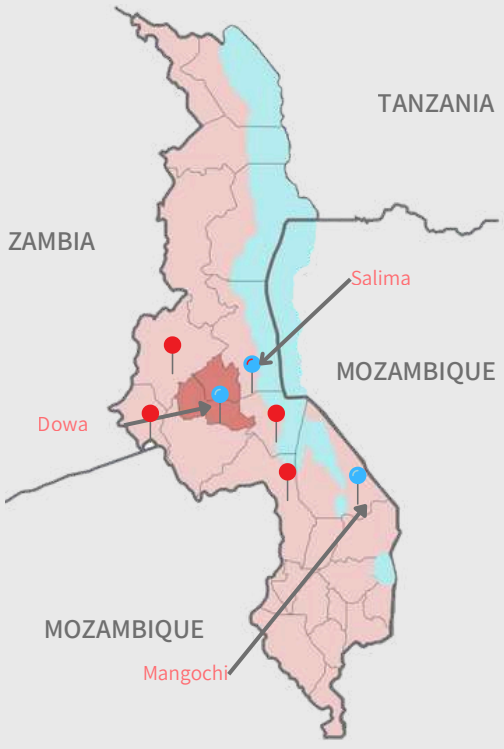
What Wandikweza does

Wandikweza is a community-driven health organization in Malawi transforming access to maternal and child healthcare for women, children and families through the Proactive Doorstep Care (PDC) model. This model integrates Community Health Workers (CHWs), mobile clinics, Midwives on Wheels (formerly Nurses on Bikes) and facility-based support to reach those who are most underserved and isolated from care.

We partner with public health facilities to scale maternal and child healthcare delivery across underserved communities in Malawi. We remove barriers of cost, distance and awareness to advance health equity and bring life-saving care to those who need it most.

We are committed to ending preventable maternal and child deaths by ensuring that every woman and newborn receives quality, continuous care, before pregnancy, throughout pregnancy, at childbirth and during the critical first five years of a child's life.

Transforming access to maternal and child health care



Our Goal:

To reach a cumulative total of 3 million individuals between 2016 - 2030, each benefiting from at least one meaningful service contact delivered through Wandikweza's Proactive Doorstep Care (PDC) platform across seven districts in Malawi.

Wandikweza Community Reach Tracker

Reporting Period	Individuals Reached	Cumulative Total
2016 – 2025 (Q2) Cumulative		1,183,238
Q3 2025	114,453	1,297.691

District	Year Reached	Status
Dowa	2016	Active
Mangochi	2023	Active
Salima	2025	Active
Mchinji	2026	Upcoming
Nkhotakota	2027	Upcoming
Kasungu	2028	Upcoming
Dedza	2029	Upcoming

The context

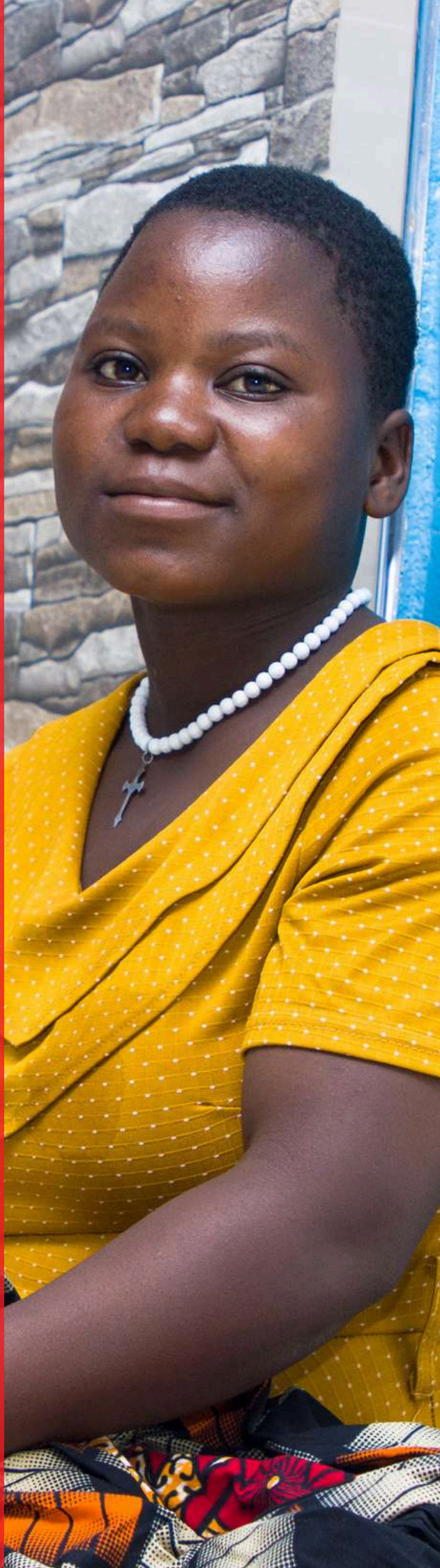
Access barriers to Maternal and Child Health in rural Malawi

Wandikweza operates in a context where access barriers continue to limit equitable health outcomes for women and children. In Malawi, more than 83% of the population lives in rural areas, where cost, distance and limited health awareness make it difficult to reach essential care. For many families, the nearest health facility is located more than five kilometers away and only one in three women attends the recommended four antenatal care visits during pregnancy. Early initiation of antenatal care, critical for preventing maternal and newborn complications, remains low, with just 24% of pregnant women beginning care in the first trimester.

These access barriers result in preventable maternal and child deaths, reflected in Malawi's maternal mortality rate of 349 per 100,000 live births and an under-five mortality rate of 42 per 1,000 live births. Health inequities are further intensified during disasters such as cyclones, floods and disease outbreaks, which disrupt health services and isolate vulnerable families from care.

The Proactive Doorstep Care (PDC) model is built on three strategic foundations: **Community Engagement**, which empowers families to take ownership of their health; **Capacity Building,** which equips community and facility teams to deliver consistent, high-quality care and **Health System Strengthening,** which connects households, CHWs and facilities for timely referrals and follow-ups. Together, these pillars close the last-mile gap, improve health outcomes and build a resilient, people-centered health system.

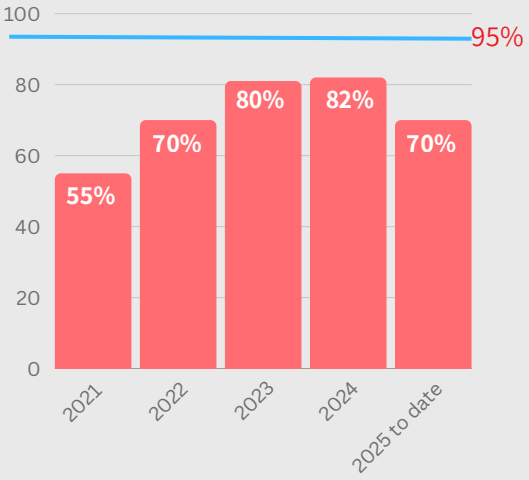
Wandikweza helps reduce maternal and child mortality, advance health equity and strengthen Malawi's progress toward Sustainable Development Goal 3 (Good Health and Well-being). Our work aligns closely with national priorities and is implemented in collaboration with government structures at all levels.



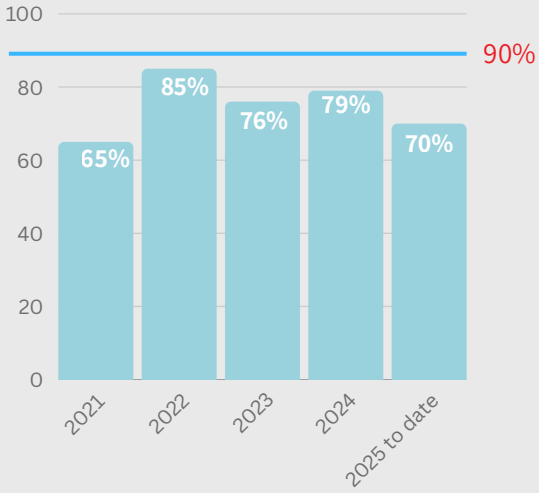
Our Impact

Target

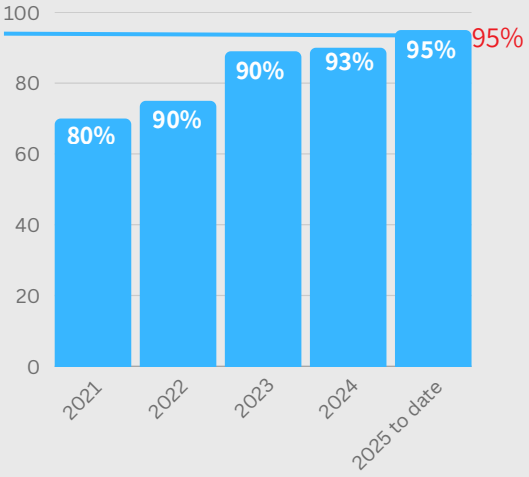
% of women of reproductive age (15-49 years) with access to modern contraceptive method



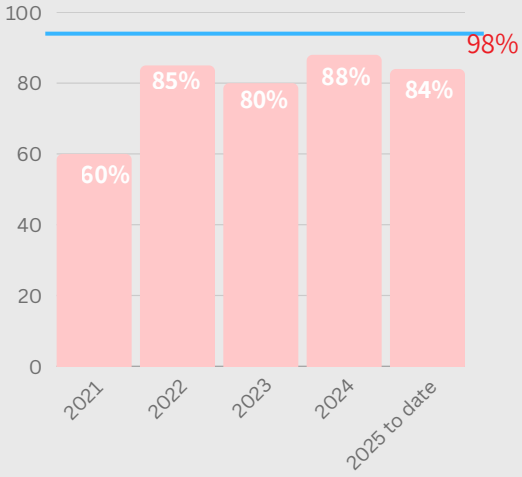
% of pregnant women registered in the first trimester and are tested for syphilis



% of births attended by skilled health professional



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



Explore our Q3 Highlights

Transition from Nurses on Bikes to Midwives on Wheels

During this reporting period, we undertook one of the most transformative shifts in its journey of delivering community-based healthcare, the official transition from Nurses on Bikes (NoBs) to Midwives on Wheels (MoWs). This evolution marks a strategic reorientation designed to align more closely with Malawi's national health system and to ensure the long-term sustainability of our model as we expand to new districts. The transition is both a reflection of our learning over the past four years and a bold step toward embedding our approach within existing public health structures for impact that endures.

Since its launch in 2021, Nurses on Bikes has been one of our most innovative and visible initiatives. The model was developed to bridge the vast gap between health facilities and rural communities by deploying qualified nurses on motorbikes to reach families in the most remote and underserved areas. These nurses provided essential health services, from antenatal and postnatal care to family planning and child health, directly at the doorstep. The results were transformative. Thousands of women received antenatal care without having to walk long distances. Sick children, who would otherwise have gone untreated, were seen promptly and referred appropriately. Most importantly, entire communities began to trust and engage with the health system in new ways. The NoBs initiative proved beyond doubt that proximity, presence and consistency save lives.

However, as we prepared to scale to other districts, it became increasingly clear that the standalone, organization-driven NoBs approach, while highly effective, could not deliver the scale or sustainability that Malawi's health system urgently needs. The departure of international health funders this year also reinforced the need to move from parallel service delivery to system integration.

We recognized that achieving true, lasting impact would require working hand-in-hand with the Government of Malawi, strengthening existing cadres rather than operating independently of them.

This realization led to the birth of Midwives on Wheels (MoWs), a natural evolution of the Nurses on Bikes concept and a cornerstone of Wandikweza's long-term strategy. The MoWs approach integrates directly with the government's cadre of Community Midwife Assistants (CMAs), who are already trained, certified and deployed by the Ministry of Health in most districts. These midwives are stationed within communities and focus on maternal and newborn care, ensuring that every pregnancy is monitored, every delivery is attended by a skilled professional and every mother receives postnatal support. Through this integration, Wandikweza strengthens local capacity, builds on national investments and ensures that the model will endure beyond our direct support while maintaining the same quality and compassion that defined the Nurses on Bikes initiative.

Through this shift, Midwives on Wheels is now anchored within the national health workforce, ensuring ownership by government and sustainability at scale. The approach reinforces continuity of care by connecting doorstep visits, antenatal care, safe delivery and postnatal follow-up into one seamless chain of support for mothers and newborns. We provide the logistical backbone, including motorbikes or bicycles, fuel support, supervision, data systems and mentorship, while the midwives deliver life-saving care under the leadership of District Health Offices. This partnership approach not only reduces duplication but also strengthens the health system's capacity to reach rural populations with skilled, professional care.

This evolution also reflects our core belief that the most effective and lasting change comes from system-aligned solutions, those that strengthen, rather than replace, government structures. In positioning MoWs within Malawi's health system, we are championing local ownership, government leadership and accountability, ensuring that communities receive consistent, high-quality care delivered by professionals they recognize and trust.

In making this transition, we are honoring the legacy of Nurses on Bikes while building on its success. The Midwives on Wheels approach takes this proven foundation and connects it to the national health system that will sustain it for generations to come. In working through government employed midwives, strengthening community to facility linkages and reinforcing data driven decision making, the model sets the stage for national replication and a future where no mother or newborn is left behind. Therefore, this transition is not an end but an evolution, one that carries forward the spirit of innovation, compassion and community that has defined Wandikweza since its beginning, while laying a strong foundation for an integrated, sustainable and scalable approach to healthcare for those that need it most.

Expanding access to Cervical Cancer screening in Mangochi

During this Q3 2025, two Nurses on Bikes (now Midwives on Wheels) in Mangochi successfully completed a 10-day intensive training on cervical cancer screening using Visual Inspection with Acetic Acid (VIA), facilitated by the Ministry of Health. Following this training, the nurses are now equipped to provide VIA screening services both at their attached health centres and in community settings and health posts located in hard-to-reach areas.

The deployment of VIA-trained nurses into the community marks a significant milestone in expanding access to early detection and prevention of cervical cancer among women living far from main health facilities. Early diagnosis greatly increases the likelihood of successful treatment, reducing mortality and easing the financial and emotional strain on families and the healthcare system. Importantly, by having trusted, locally based nurses deliver these services, Wandikweza is strengthening community confidence, encouraging greater participation in screening programs and fostering sustained demand for preventive care.

Integrating VIA screening into the Proactive Doorstep Care (PDC) model adds an essential layer of women's health services, aligning with national efforts to eliminate cervical cancer as a public health threat. It enables Wandikweza to reach women who might otherwise never access screening, linking them to treatment through the existing referral network. This community-led approach ensures that prevention, education and follow-up care are delivered closer to home, building a stronger, more inclusive foundation for women's health in the remote areas we serve.

Promoting HIV prevention through Voluntary Medical Male Circumcision (VMMC)

During this quarter, we facilitated a Voluntary Medical Male Circumcision (VMMC) campaign that combined community sensitization, health education and the provision of circumcision services. The campaign specifically targeted males aged 10 to 35 years, a key demographic in Malawi's HIV prevention strategy, with the aim of increasing awareness about the health benefits of VMMC and encouraging service uptake within communities.

Through collaboration with the District Health Office and trained medical personnel, the campaign delivered both outreach education and safe clinical procedures in compliance with national guidelines. VMMC is globally recognized as one of the most effective biomedical interventions for HIV prevention, reducing the risk of heterosexual transmission of HIV by approximately 60%. It also lowers the incidence of other sexually transmitted infections (STIs), including human papillomavirus (HPV) and syphilis, which in turn contributes to reduced cervical cancer risk among women through decreased HPV transmission.

As a result of the campaign, 172 males were safely circumcised under sterile clinical conditions by trained health professionals. Beyond the procedures themselves, the campaign generated significant community engagement and increased understanding of male sexual and reproductive health. This combination of awareness creation and service delivery strengthened community trust, encouraged open discussions about HIV prevention and supported broader efforts to reduce new infections. Through this initiative, Wandikweza continues to complement national HIV prevention strategies while promoting long-term public health outcomes.

Global Engagement: Wandikweza at Spotlight Africa

In September 2025, our Founder and Executive Director, Mercy C. Kafotokoza, represented the organization at Spotlight Africa, a high-level event held in the United States during the United Nations General Assembly (UNGA80) and Climate Week. The gathering convened African and global leaders, innovators and development partners to highlight African-led solutions advancing health equity, climate resilience and sustainable development.

Mercy joined a distinguished panel alongside Lauren Arrington of Georgetown University and Nafisa Jiddawi, Founder and CEO of WAJAMAMA, in a session titled “Empowered Motherhood: The Power of Community in Prenatal and Postnatal Care.” The session explored how community-based approaches are reshaping maternal and newborn health outcomes through local empowerment, collaboration and shared learning.

Drawing from our Proactive Doorstep Care (PDC) model, Mercy shared how an integrated network of Community Health Workers (CHWs), Midwives on Wheels, Mobile Outreach Clinics and Health Centre partnerships is transforming access to care in rural Malawi, linking households to health facilities and ensuring continuity from pregnancy through postnatal care. Her presentation highlighted the critical role of trust, proximity and community ownership in achieving sustainable improvements in maternal and child health outcomes.

Key outcomes and visibility gains

Wandikweza's participation in Spotlight Africa significantly enhanced the organization's global visibility and positioned it among African social innovators advancing community health transformation. In sharing the Proactive Doorstep Care (PDC) model at one of this platform, Wandikweza showcased how a community-driven, integrated approach can effectively improve maternal and newborn health outcomes in low-resource settings.

The engagement strengthened Wandikweza's strategic visibility with global partners, including philanthropic foundations, academic institutions and international networks committed to health equity and climate-resilient health systems. It opened new pathways for collaboration, with several partners expressing interest in joint research, technical exchange and co-funding opportunities aimed at scaling community-based models of care.

Importantly, the event elevated Wandikweza's voice as an advocate for women-led, community-driven health innovation in Africa. We demonstrated how local leadership and community ownership drive sustainable change, to reinforce our identity as both a practitioner and thought leader shaping the global conversation on equitable healthcare delivery.


Read our Q3
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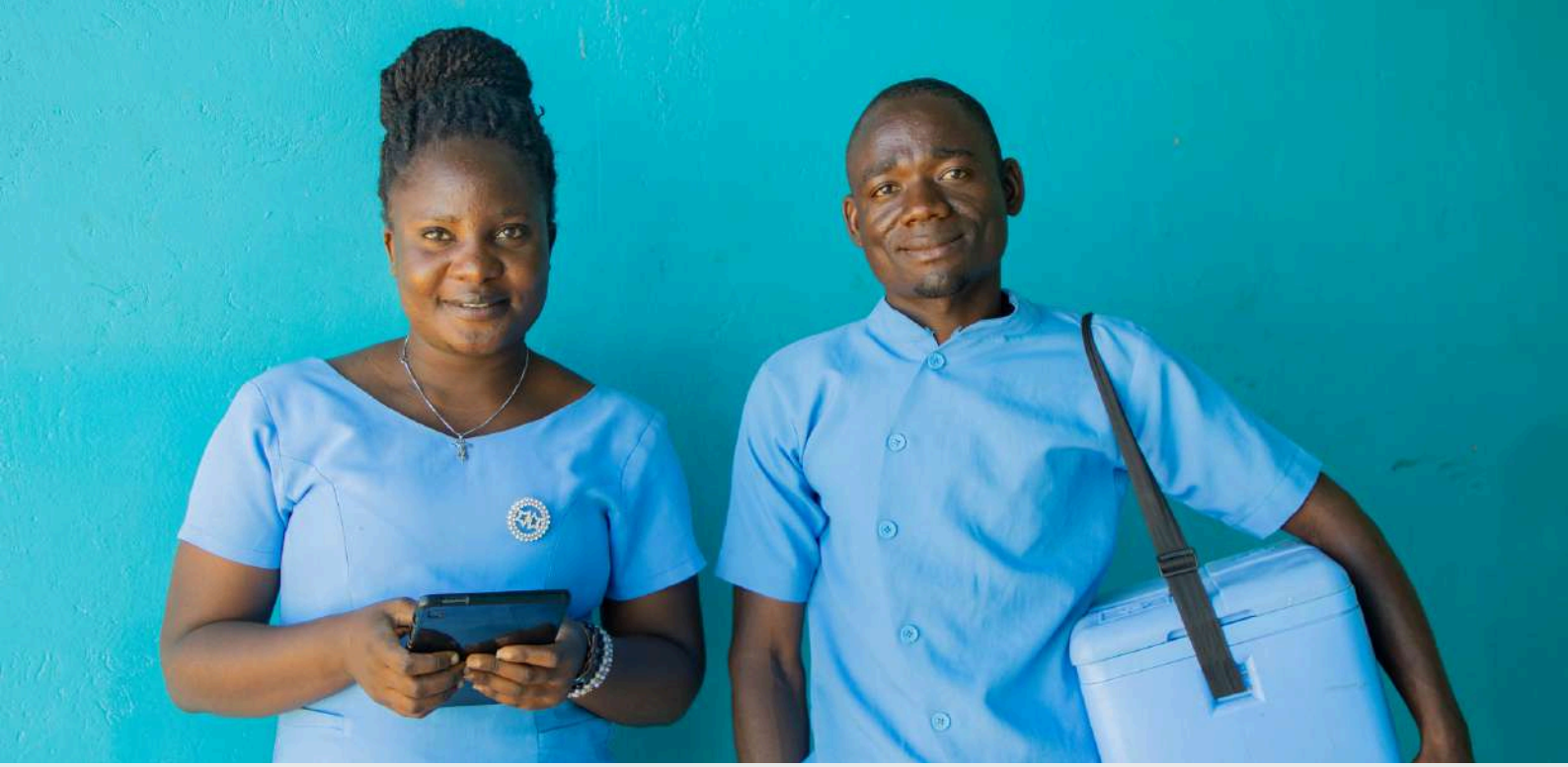

Community Health Workers: Sustaining impact through quality and integration

In Q3 2025, Wandikweza supported Community Health Workers (CHWs) conducted a total of 42,227 household visits, compared to 43,749 visits in Q3 2024, reflecting a modest decline of 1,522 visits (3.5%). This reduction does not indicate diminished performance but rather reflects a strategic shift toward more targeted, integrated and comprehensive household engagements under the Proactive Doorstep Care (PDC) model.

As the PDC model continues to evolve, CHWs are dedicating more time per household, delivering a broader package of preventive, promotive, curative, rehabilitative and surveillance health services anchored in community participation and ownership. Their responsibilities encompass a wide range of essential interventions, including child growth monitoring and immunization, health and nutrition education, family planning counseling and service provision, follow-up of tuberculosis (TB) and HIV patients, disease monitoring, malaria case management and prevention education, as well as community sensitization on sanitation and safe water practices. Through this integrated approach, CHWs continue to bridge the gap between households and health facilities, ensuring timely care and consistent follow-up.

With the sustained support of our funding partners, District Health Offices (DHOs) and other key stakeholders, CHWs have maintained a strong operational presence across all Wandikweza-supported districts. Continued partner investment in training, supplies and field supervision has enabled CHWs to uphold service quality, improve data accuracy and ensure uninterrupted outreach even in remote and hard-to-reach communities. Their professionalism, adaptability and embeddedness within the communities they serve remained central to the success of the PDC model.

In Q3, CHWs continued to play a critical role in community-based surveillance and early detection of health conditions, ensuring that mothers, children and families receive prompt care and appropriate referrals. Their work demonstrates the strength of a community-led primary healthcare system, one that emphasizes prevention, early intervention and sustained behavior change.


Wandikweza

Mobile outreach clinics: Expanding reach and strengthening primary healthcare access

Across Wandikweza's three operational districts, the number of mobile outreach clinics expanded significantly between Q3 2024 and Q3 2025, underscoring the organization's growing role in bridging last-mile healthcare gaps. In Dowa District, outreach clinics increased from 24 to 54, marking an impressive 125% growth. In Mangochi, clinics rose from 14 to 24, representing a 71.4% increase, while Salima District, where outreach operations were launched in 2025, recorded 30 clinics, accounting for more than one-third of all activities conducted during the reporting period. Overall, the total number of mobile outreach clinics rose from 24 in Q3 2024 to 118 in Q3 2025, a nearly fivefold increase that reflects both community demand and enhanced delivery capacity.

This substantial growth demonstrates our strengthened operational capacity, coordination and responsiveness in sustaining community-based healthcare amidst a shifting funding landscape. Following the scale-down of major international health programs in several districts, large service gaps emerged particularly in maternal, child health and family planning services. In response, Wandikweza supported mobile outreach teams rapidly expanded coverage, ensuring that communities previously reliant on these programs continued to access essential health services.

Each outreach clinic delivered a comprehensive package of primary healthcare interventions, including antenatal and postnatal care, family planning, immunization, growth monitoring, cervical cancer screening and treatment for minor ailments. The clinics also integrated nutrition counseling and health education, enabling a holistic approach that promotes prevention, early intervention and sustained behavior change. The integration of data systems and regular coordination with District Health Offices (DHOs) has further strengthened referral pathways and follow-up care, ensuring continuity between community-based and facility-level services.

Mobile outreach clinics have continued to demonstrate their effectiveness in reducing patient travel burdens, lowering indirect healthcare costs and improving health outcomes among rural populations. We brought essential health services directly into communities to eliminate the need for long and costly travel to distant facilities, an obstacle that often prevents timely care-seeking, especially for women and children. The proximity of services has led to increased utilization, particularly for preventive and chronic disease management interventions.

However, the rapid scale-up of outreach activities was not without challenges. The expansion to new sites placed increased pressure on available resources, particularly in medical supplies, transport logistics and clinical personnel, occasionally resulting in delayed deployments or rescheduled clinics. Additionally, high community turnout and growing demand for services at some outreach sites temporarily overstretched staff capacity and available supplies. In response, Wandikweza worked closely with District Health Offices to streamline clinic scheduling, prioritize high-need areas and strengthen supply chain and staffing coordination to sustain service continuity and quality.

Overall, these mobile outreach clinics have not only expanded healthcare access but also enhanced continuity of care and strengthened community trust in the health system. Despite operational challenges, the program remains a cost-effective and resilient model for delivering equitable healthcare, improving early diagnosis, supporting disease prevention and driving better health outcomes for Malawi's most underserved communities.

Porridge Program: Strengthening nutrition and immunization uptake in Dowa

In Q3 2025, Wandikweza's Porridge Program continued to play a central role in improving child nutrition and increasing immunization uptake across outreach sites. The program reached 4,002 under-five children, up from 1,450 in Q3 2024, representing a 175% increase in coverage. Similarly, participation among lactating mothers grew dramatically from 233 in Q3 2024 to 2,014 in Q3 2025, demonstrating the growing community confidence in and demand for the initiative. The program has become an effective entry point for delivering both nutritional support and preventive health services, particularly for mothers and children in remote areas.

Through the porridge serving sessions, CHWs and outreach teams identified 26 children under two years who had missed scheduled vaccinations and successfully referred them for catch-up immunizations. In total, 720 children were fully immunized in Q3 2025 compared to 426 in Q3 2024, marking a 69% increase. This integration of nutrition and health services has proven highly effective in reducing missed opportunities for immunization and promoting regular clinic attendance.

The program's success also reflects growing community ownership and engagement. Local families are increasingly contributing in-kind support, such as firewood, water and time for porridge preparation, which has helped sustain the initiative despite rising operational costs. This spirit of participation is reinforcing social cohesion and shared responsibility for child health and nutrition.

Nevertheless, the program faced challenges during the quarter. Rising inflation and the escalating cost of food and fuel increased implementation costs, particularly in transporting and sourcing ingredients for porridge preparation. Despite these economic pressures, Wandikweza maintained the program in all outreach clinics, ensuring consistent delivery to all target groups.

Looking ahead, we aim to strengthen the sustainability of the Porridge Program by integrating agricultural production within our community health framework. Plans are underway to expand community farming initiatives dedicated to cultivating and processing key porridge ingredients such as maize, soya and groundnuts. In producing these raw materials locally, we will reduce dependency on external suppliers, lower procurement costs and ensure a consistent supply of nutritious food throughout the year.

This approach will enhance the program's long-term resilience against market and price fluctuations and also empower local communities through participation in agricultural activities that support child nutrition. In the long term, the initiative is expected to create a self-sustaining cycle, where communities contribute directly to the nutritional wellbeing of their children while reinforcing local ownership, food security and economic stability.

Nurses on Bikes (now Midwives on Wheels) program performance: Sustaining impact through transition

In Q3 2025, a total of 9,726 patients and clients were served by the Nurses on Bikes (NoB) program, compared to 19,952 during the same period in Q3 2024, representing a 51.2% decrease in client volume. While this decline may appear significant at first glance, it reflects a strategic program transition rather than a reduction in service delivery. The decrease aligns with Wandikweza's ongoing phasing out of the NoB and the deliberate transition to the Midwives on Wheels (MoW) approach, an intentional restructuring aimed at integrating community-based services into Malawi's public health system and ensuring long-term sustainability.

This shift marks a major step in institutionalizing our Proactive Doorstep Care (PDC) model within existing government structures. Rather than operating a parallel service, Wandikweza is now leveraging government-trained and employed Community Midwife Assistants (CMAs) and Community Nurses based within districts. These midwives, supported to function as Midwives on Wheels, are assuming many of the responsibilities previously carried out by Nurses on Bikes, including antenatal and postnatal care, family planning, newborn follow-up and community health education. The new approach enhances focus on maternal and newborn outcomes, strengthens continuity of care and ensures closer alignment with Ministry of Health priorities.

The transition offers clear strategic advantages. It embeds skilled maternity care within the district health system, making services more accessible and integrated into District Health Office (DHO) supervision and planning. It also reduces operational costs through shared human resources and logistics, while promoting local ownership and sustainability. In positioning midwives as locally based providers within their catchment areas, Wandikweza is helping to anchor community-level maternity care into the national health infrastructure.

While the transition marked a major step forward, it was not without its challenges. The process of aligning roles and responsibilities required careful coordination, particularly as Nurses on Bikes (NoBs) continued to operate in Dowa and Mangochi, while full integration of Midwives on Wheels (MoWs) was established in Salima and will guide expansion into future districts. In Mangochi, NoBs and MoWs worked closely together during this period, refining joint service delivery and strengthening referral linkages as part of a blended implementation model.

Some capacity gaps emerged as newly engaged midwives required orientation on community-based approaches and mobile outreach protocols unique to the Proactive Doorstep Care (PDC) model. These were effectively addressed through joint planning meetings with District Health Offices (DHOs), targeted training sessions on community engagement and mobile service delivery and the establishment of supportive supervision structures that fostered collaboration between Wandikweza staff and government midwives. This adaptive approach allowed the teams to maintain service continuity while building a stronger, more integrated foundation for scale.

Although patient volumes under the NoB program declined during this transition period, the overall coverage, quality and integration of care have strengthened significantly. The Midwives on Wheels model now provides a scalable, government-aligned approach that ensures skilled maternity care reaches even the most remote villages, advancing Malawi’s efforts to reduce maternal and neonatal mortality and supporting progress toward Sustainable Development Goal 3 (Good Health and Well-being).

Together with Community Health Workers (CHWs) and Mobile Outreach Clinics, the Midwives on Wheels form an integrated continuum of care under the Proactive Doorstep Care (PDC) platform. CHWs identify and follow up with households at the community level, midwives deliver skilled maternal and newborn services, and outreach clinics extend access to essential facility-based care. This coordinated system ensures that every mother and child receives timely, quality, and compassionate care, from the doorstep to the health facility, while reinforcing government leadership and long-term sustainability of Malawi’s community health system.


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Lessons Learned

The transition from Nurses on Bikes (NoB) to Midwives on Wheels (MoW) has provided valuable insights into what it takes to successfully shift from a parallel, NGO-led delivery model to one that is fully integrated within Malawi's public health system. This process reaffirmed that such transitions require careful planning, deliberate collaboration and adaptive capacity-building at every level.

A key lesson was the importance of strong and continuous government engagement from the outset. Early consultations and ongoing coordination with District Health Offices (DHOs) ensured alignment with national human resource and maternal health strategies. This engagement fostered a sense of shared ownership and accountability, critical factors for institutionalizing the model within existing government systems. The active involvement of DHOs in planning, supervision and performance monitoring not only improved coordination but also built local commitment to sustaining the initiative.

Another important learning was the need for targeted capacity-building to prepare government midwives for community-based service delivery. Many of the midwives transitioning into the MoW role had extensive facility-based experience but limited exposure to mobile outreach and home-based care. Focused training and ongoing mentorship helped bridge this gap, enhancing their confidence, mobility and clinical decision-making in community settings. Regular joint supervision by Wandikweza and DHO teams proved effective in maintaining service quality, providing real-time feedback, and strengthening professional collaboration.

The transition also demonstrated the value of a phased implementation approach, which allowed for progressive learning, adaptation and troubleshooting across districts. In Dowa and Mangochi, maintaining NoBs alongside MoWs ensured service continuity while allowing teams to adapt to new roles and coordination systems. This collaborative arrangement fostered peer learning and demonstrated that a gradual, inclusive transition enhances both quality and community acceptance. In Salima, where full integration has been achieved, the experience underscored the importance of early stakeholder engagement, joint supervision and consistent communication with DHOs, essential elements for promoting ownership and alignment with government systems.

Finally, one of the most significant takeaways from this experience is that sustainability is best achieved through system integration, not duplication. In aligning with government structures and building local capacity rather than running parallel services, Wandikweza has strengthened both program resilience and national ownership. The lessons from this transition now provide a strong foundation for scaling the Midwives on Wheels approach within the Proactive Doorstep Care (PDC) model to additional districts in the coming year, continuing to enhance maternal and newborn health outcomes through a unified, community-based health system.


Every time I hold a baby in my hands, I am reminded why I ride. No distance is too far when it means bringing care and comfort to a mother and her child - Jane

Health Centre performance: Strengthening facility-based care within an integrated community health system

As community-based interventions continue to expand through Community Health Workers (CHWs), Midwives on Wheels and Mobile Outreach Clinics, the Wandikweza Health Centre, together with the public health facilities we partner with, remains a key referral point for cases that cannot be managed at the community level. These facilities provide comprehensive primary healthcare services, including maternal, child and outpatient care, ensuring that patients referred from the community receive timely, appropriate and coordinated treatment. This structure allows our Proactive Doorstep Care (PDC) model to function as an integrated system, linking household-level care with accessible, high-quality services at the primary care level.

In Q3 2025, Wandikweza Health Centre served a total of 19,410 patients, compared to 18,030 in Q3 2024, representing a 7.6% year-on-year increase of 1,380 patients. While this growth is moderate compared to the sharp rise in community and outreach services, it reflects a healthy balance in service utilization across Wandikweza's integrated health system. The Health Centre continues to function as intended, managing cases that cannot be handled at community level while ensuring that preventive and promotive services are delivered closer to households through CHWs and outreach clinics. This balance demonstrates a well-functioning, decentralized model of care where each service level reinforces the other, improving both access and efficiency.

This balanced utilization pattern highlights the effectiveness of the PDC model in streamlining care pathways and ensuring that patients receive the right level of care at the right place and time. The steady increase in facility visits signified improved referral coordination, trust in the quality of services and the success of community engagement in promoting timely health-seeking behavior. Patients arriving at the Health Centre are increasingly those requiring clinical assessment, minor emergency care or follow-up management, evidence that early interventions at the household level are reducing unnecessary facility visits and optimizing resource use.

A major highlight of Q3 2025 was the remarkable increase in skilled deliveries across Wandikweza-supported districts. A total of 351 deliveries were conducted during the quarter, 82 in Dowa, 101 in Mangochi and 168 in Salima, compared to 88 deliveries recorded in Q3 2024, marking a 298% increase. Of these, 337 deliveries (96%) were conducted by trained health personnel, up from 86 skilled deliveries in the same quarter of 2024, an impressive 292% year-on-year increase. Only 14 home deliveries (4%) occurred across all districts, with none in Dowa, 2 in Mangochi and 12 in Salima. Skilled delivery coverage was exceptional across all areas, with Dowa achieving 100%, Mangochi 98% and Salima 93%.

These results demonstrate significant and sustained improvement in maternal health service coverage and quality of care. The rise in facility-based deliveries is directly linked to the strengthened referral systems, enhanced community follow-ups and increased awareness fostered through the PDC model. Midwives on Wheels and Community Health Workers have been instrumental in identifying pregnant women early, conducting regular home visits and facilitating timely referrals to health facilities for safe deliveries. The near elimination of home births in Dowa and substantial gains in Mangochi and Salima illustrate both the trust that communities have placed in Wandikweza-supported services and the effectiveness of government-aligned, community-driven maternal care.

The distribution of deliveries also highlights our successful geographic scale-up and operational integration. Mangochi and Salima together accounted for 77% (269 of 351) of all deliveries during the quarter, reflecting rapid uptake of maternal health services in areas where we expanded operations in 2025. This demonstrates that while quality remains consistently high in long-established areas like Dowa, our growth is simultaneously driving measurable results in newly reached districts.

Overall, the steady rise in Health Centre utilization, combined with the increase in skilled deliveries, reaffirms that Wandikweza's integrated model is strengthening both community and facility-based healthcare delivery. Our capacity to balance prevention and early intervention at the doorstep with high-quality clinical care at the primary care level ensures that patients, especially women and children, receive timely, appropriate and safe services across the full continuum of care.

The 96% skilled delivery coverage achieved in Q3 2025 represents a major milestone toward safer motherhood and demonstrates the sustainability of Wandikweza's community-based, government-aligned maternal health services. This progress underscores our unwavering commitment to transforming maternal and child health outcomes and advancing Sustainable Development Goal 3 (Good Health and Well-being), ensuring that every woman and newborn in Malawi has access to skilled, compassionate and lifesaving care.

The increasing patient load during Q3 placed additional pressure on the Wandikweza Health Centre's physical capacity and staffing levels. Consultation rooms and maternity spaces often operated beyond their intended capacity, particularly during peak clinic days, which at times affected patient flow and waiting times. The rise in skilled deliveries also created greater demand for maternity beds, postnatal care space and infection-prevention materials, highlighting the need for continued investment in infrastructure and equipment.

Occasional shortages of essential drugs and medical supplies, caused by upstream procurement and distribution delays, also affected service delivery. However, through close coordination with District Health Offices (DHOs), temporary stock reallocations and strengthened supervision, service continuity was maintained. Additionally, as new midwives and clinical staff joined during the transition period, variations in documentation and data quality were observed, prompting refresher training and mentorship to improve consistency in reporting and case management.

These challenges underscored the need for ongoing capacity-building, infrastructure expansion, and tighter supply-chain collaboration to match the growing service demand. Wandikweza continues to address these areas proactively, ensuring that the health facilities remain a reliable, efficient and patient-centered point of care within the Proactive Doorstep Care (PDC) system.

STRENGTHENING PARTNERSHIPS: HIGHLIGHTS FROM THIS QUARTER'S ENGAGEMENTS

In Q3, we strengthened our strategic collaborations with global partners, advancing our shared commitment to building resilient community health systems

Welcoming Australian partners to Malawi

On 10th July, Wandikweza was honored to host representatives from the Australian International Development Network, Judith Neilson Foundation, Roberts Pike Foundation, The Life You Can Save, Segal Family Foundation and Just Peoples. The visit provided an important opportunity to showcase our Proactive Doorstep Care (PDC) model in action and to highlight the role of Community Health Workers and Nurses on Bikes in bridging the gap between households and the formal health system.

Through field visits and community interactions, our guests were able to see firsthand how doorstep health care is saving lives, restoring dignity and building trust in some of Malawi's most underserved communities. The engagement also created a platform for open dialogue on the challenges we face, such as growing demand, resource constraints and supply chain disruptions while underscoring the transformative potential of flexible, community-driven approaches to health.

Engagement with Partners for Equity

On 15th July, Wandikweza was delighted to host a team from Partners for Equity. The visit provided an opportunity to share progress on our Proactive Doorstep Care (PDC) model and demonstrate how locally embedded Community Health Workers and Midwives on Wheels are transforming access to care in underserved villages.

During the field engagement, the team observed how early interventions for maternal and child health, combined with strong community trust, are reducing preventable illness and improving health-seeking behaviors at household level. The discussions also centered on our growth trajectory, including how flexible partnerships can enable us to respond effectively to food insecurity, supply chain disruptions, and rising demand for services.

This exchange strengthened our relationship with Partners for Equity and underscored the value of long-term collaboration in building resilient, community-driven health systems. The visit also opened new dialogue on how to accelerate national expansion while maintaining high-quality, compassionate care at the doorstep.

Honored to host Sarah Jeffery of the Vitol Foundation in Salima

In the third quarter of 2025, Wandikweza was honored to host Ms. Sarah Jeffery from the Vitol Foundation for a field visit to Salima District, one of our key operational areas. The visit provided an opportunity for Ms. Jeffery to gain first-hand insight into the realities of delivering last-mile primary health care in rural Malawi, as well as to engage with our teams, local leadership structures, and the District Health Office (DHO).

The program itinerary included participation in Proactive Doorstep Care (PDC) rounds, where Ms. Jeffery observed our integrated service delivery model in action. She met Community Health Workers (CHWs) and Nurses on Bikes as they provided a comprehensive package of maternal and newborn care, child wellness checks, family planning services, and nutrition support directly at the household level. This approach is designed to address barriers such as distance, cost, and limited health awareness, which often delay or prevent access to essential care in Salima.

During the visit, Ms. Jeffery also had the opportunity to learn how field-collected community health data informs Wandikweza's program decisions. Through interactions with Community Health Workers and field supervisors, she saw how data gathered at the household and outreach levels is used to track key indicators such as early antenatal care attendance, immunization follow-ups, danger-sign referrals and service quality improvements. This practical, evidence-driven approach demonstrated how Wandikweza's commitment to data use at every level strengthens accountability, learning and impact in real time.

Accompaniment Journey – August 11–15

From 11–15 August, Wandikweza was honored to host William Harnden from Connected Development as we embarked on our Accompaniment Journey towards financial sustainability, generously supported by the Vitol Foundation.

During his visit, William facilitated in-depth sessions on strategies to strengthen organizational resilience and diversify resources. He also joined our team in the field, experiencing firsthand the four pillars of our Proactive Doorstep Care (PDC) model in action: Community Health Workers delivering household-level care, the Mobile Outreach Clinic extending services to hard-to-reach areas, Midwives on Wheels providing timely support within communities, and the Wandikweza Health Centre offering essential facility-based services.

This accompaniment is helping us not only to deliver impact today, but also to lay the foundations of a sustainable organization that will serve generations to come.

From the household to the health facility

In Kanjinga village, Dowa District, 26-year-old Agnes was seven months pregnant when she began feeling unusually weak and dizzy one evening. Living more than 10 kilometers from the nearest health facility, she worried about how she would manage if her condition worsened. But Agness lives in a community served by Wandikweza's Proactive Doorstep Care (PDC) model, where care begins at the doorstep.

In morning, Chifuniro, a Community Health Worker (CHW), visited Agnes' home during her routine household follow-ups. After checking her vital signs, Chifuniro noticed that Agnes' blood pressure was elevated, a possible sign of pre-eclampsia. Recognizing the risk, she immediately contacted a Nurse on a Bike (now Midwives on Wheels) assigned to their catchment area. Within 45 minutes, the midwife arrived on her motorbike, assessed Agnes, and determined that she needed closer medical attention at the Health Centre.

The midwife coordinated with the nearby mobile outreach clinic, which was operating in a neighbouring village that day, to arrange safe transport for Agnes. At the Health Centre, she received antenatal care, nutritional support and close monitoring from the clinical team until her condition stabilized. Before returning home, she was counseled on danger signs and together with her husband, developed a birth preparedness plan to ensure a safe delivery when the time came.

Over the next two months, Chifuniro and the midwife continued to monitor Agnes through home visits and follow-up during mobile outreach clinics, ensuring her blood pressure remained stable and that she was emotionally and physically prepared for delivery.

When labor began at nine months, Agnes and her husband followed the birth plan they had developed with the health team. Having been counseled on the signs of labor and the importance of timely facility delivery, they made their way to Wandikweza Health Centre immediately. Upon arrival, the nursing staff, already familiar with Agnes' case through prior referrals and communication, provided skilled, compassionate care and Agnes safely delivered a healthy baby girl.

Today, both mother and child are thriving. The midwife continues to visit Agnes at home for postnatal follow-up and breastfeeding support, ensuring continuity of care beyond delivery.

Agnes' story reflects the strength of our Proactive Doorstep Care (PDC) model, a system that connects every layer of healthcare into one coordinated network. From the Community Health Worker (CHW) who identifies and follows up at the household level, to the Midwife on Wheels who provides skilled assessment and counseling, to the Mobile Outreach Clinic that ensures access and continuity and finally to the Health Centre, where safe, high-quality care is delivered, each step builds on the other.

Through this seamless link from the household to the health facility, we are redefining healthcare access for rural communities in Malawi. The model ensures that every woman, child and family receives timely, compassionate and well-coordinated care, whether at home, in the community or at the primary care level. Together, these connected layers form a resilient and responsive health system, one that ensures no mother or child is left behind and that every family, no matter how remote, can access healthcare that is truly within reach.

Financial Update

Stewarding resources for sustainable impact

OVERVIEW

In Q3 2025, we demonstrated financial stewardship and adaptability amid an increasingly complex funding environment. Through the generous support of our partners, we successfully sustained all core activities under the Proactive Doorstep Care (PDC) model, including Community Health Workers (CHWs), Midwives on Wheels (MoW), Mobile Outreach Clinics, the Porridge Program and the Wandikweza Health Centre.

NEW FUNDING

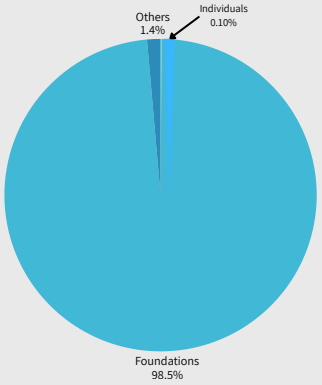
Wandikweza is deeply grateful to have received new funding support from the following foundations this quarter, strengthening our ability to reach more families with life-saving care.

Bell Family Foundation
Roberts Pike Foundation

For the nine months ended 30th September 2025, cash received was USD 1,695,928 and total expenses was USD 842,243

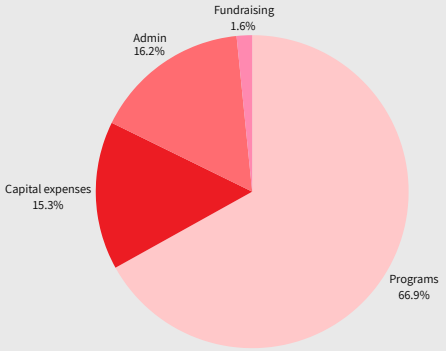
Revenue for the nine months ended September 30, 2025

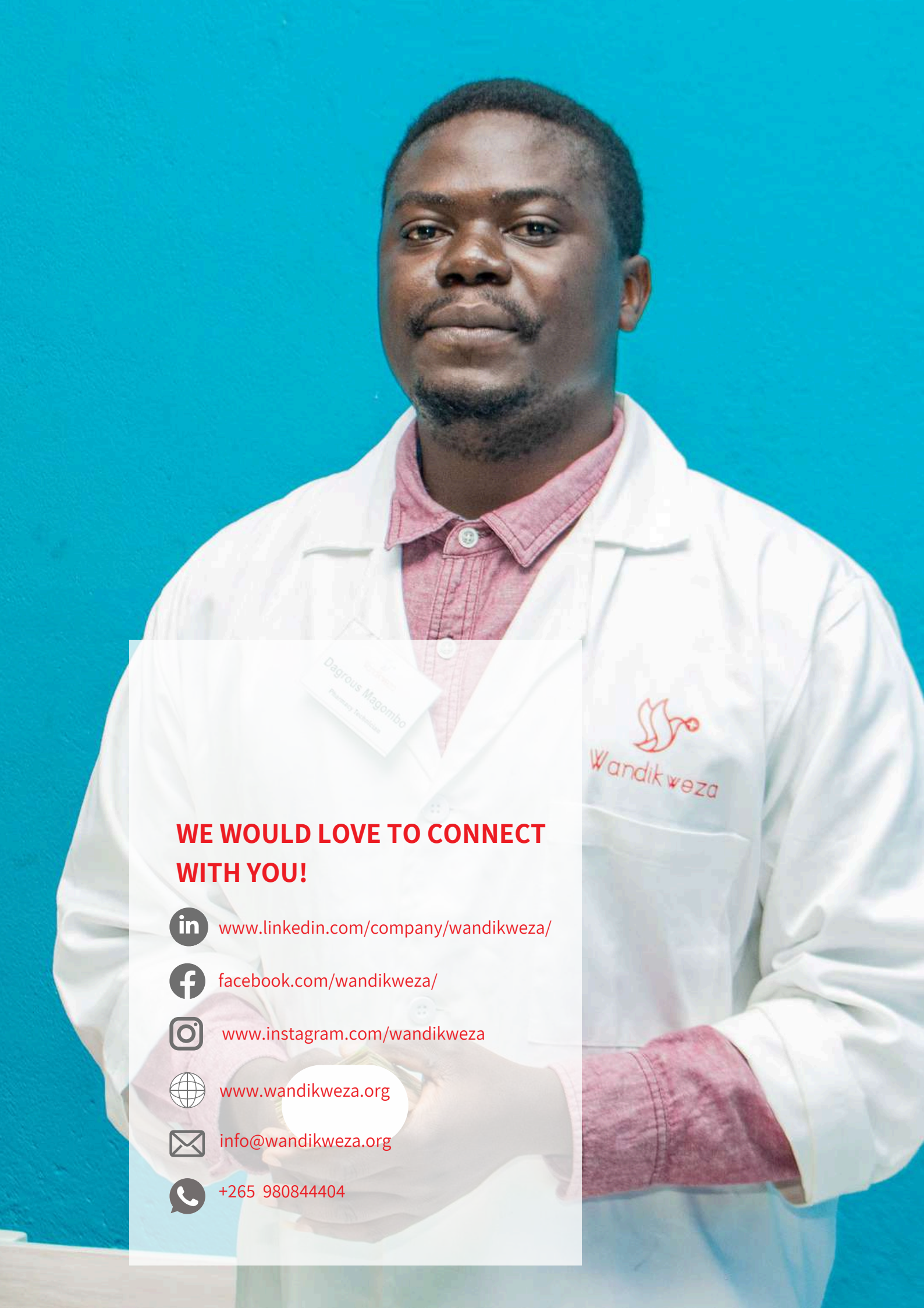
Individual donors	$1,854	0.10%
Foundations	$1,670,533	98.5%
Other	$23,541	1.4%
Total Revenue.	**$1,695,928**	**100%**



Expenses for the nine months ended September 30, 2025

Program Delivery	$563,659	66.9%
Capital Expenses	$129,096	15.3%
Health Centre upgrading		
Administration & Operations	$136,029	16.2%
Fundraising	$13,459	1.6%
Total Expenses	**$842,243**	**100%**





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