ABOUT WANDIKWEZA

Wandikweza is a community-led health program based in Traditional Authority Chakhaza, Dowa, district, Malawi.

The organisation works with community partners and community health workers in preventive, promotive and curative care using locally available resources.

Our vision is to create a world where community health workers can provide high quality care to everyone.

Our mission is to improve healthcare in underserved communities by empowering community health workers.
Dear friends and supporters,

I am very pleased to be bringing you this Quarterly Report for Q2 2020.

The quarter has been overshadowed by the COVID-19 pandemic that the world is facing. Here in Malawi, like everywhere in the world, we have been forced to deal with the reality of this health crisis.

Our greatest challenges in regards to the crisis has been debunking misinformation in the community to ensure that people are well equipped to properly deal with the threat.

With the restriction of movement, there was initial confusion around who was able to carry out vital health care in the community which lead to a lack of confidence among our Community Health Workers. We quickly had to adjust the way we do our work and train our staff so that we could regain their confidence and get back to our mission of providing health care, especially during such a crisis.

What I can happily and confidently report, is how quickly our staff and community has adapted. I have witnessed true resilience and innovation. From people making masks out of the materials they have, to families building small vegetable gardens to reduce their movement in and around markets, these acts of resilience and adaptability area a true testament to the community we live and work in.

I hope you enjoy reading through this Quarterly Report. My contact details can be found on page 10 if you would like to get in touch with me.

With gratitude,
Mercy Chikhosi Kafotokosa
### Community Outreach

- Conducted **36** outreach clinics.
  
  Due to COVID-19, we increased outreach clinics from once a month to three times a week to decongest two public health facilities in Dowa district.

- **We served 7,232 patients**
  - 65% (4,700) were children under the age of five. Of the children served, 52% had malaria, 25% had diarrhea, 20% had pneumonia and 3% had other conditions.

- **543 women** were served with family planning services and **153 children** (aged 1-12 years) were treated by our physiotherapist.

### Youth Centre

- **101 young people** accessed sexual reproductive health and rights services
  
  No unplanned teenage pregnancies or abortion.

- **155 young people** accessed the community library. With schools closed due to COVID-19 we have restricted access to the library however the space continues to be a conducive space for students to study as they do not have access to the internet.

- **22 young people** received HIV/AIDS tests and counselling.

- **45 children** (aged 1-12 years) were treated by our physiotherapist.
SERVICE MILESTONES continued

MATERNAL CHILD HEALTH

- Treated 98% of malaria cases. Only 2% were referred to public health facilities.
- 75% of pregnant women attend antenatal clinic during first trimester of pregnancy.
- 321 women received family planning methods (separate to those who received the service at the Youth Centre).
We established an SMS system at district level. Alerts are sent out for COVID-19 awareness, prevention and control to the Dowa district population.

All Community Health Workers have received COVID-19 related training, particularly in relation to prevention, detection, referrals, treatment and how to use resources available within our own community.

**COMMUNITY MISINFORMATION**

Community level: flyers, door to door home visits, working with community leaders.

District level: SMS system for public health announcements, what symptoms to look out for.

**MOVEMENT RESTRICTIONS**

We have been granted permission from NGO Board for movement. Use of face masks.

**PRICE INCREASE OF PPE**

Ensuring correct PPE is used in correct situations so resources are not wasted.

**HIGH PATIENT LOAD BECAUSE OF CONGESTION AT GOVERNMENT HEALTH FACILITIES**

Increased community outreach programs (from one per month to eight per month).
PROGRAM UPDATE

In the last quarter our program has expanded to cover one additional district, Ntchisi, targeting population 46,807.

The goal is to contribute to reduction of maternal and Neonatal Mortality Rate by 10% in TA CHILOOKO, Ntchisi District by 2021 through:

- Enhancing community based Maternal, Newborn and Child Health Services
- Strengthening Youth Friendly Health Services
- Strengthen Mental Health and Psychosocial Services

Health Outreach (Chipatala Pafupi)
Screening and treatment for illnesses in the villages using a mobile van (ambulance) and case referrals. Proactively searching for 1,000,000 patients in the next five years closer to where they are, reaching them more quickly, before illnesses can reach complicated stages. This will reduce burden on hospital staff and decongest public facilities. Hospital staff will have time to handle severe and complex illness.

COMMUNITY UPDATE

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The goal is to contribute to reduction of maternal and Neonatal Mortality Rate by 10% in TA CHILOOKO, Ntchisi District by 2021 through:

- Enhancing community based Maternal, Newborn and Child Health Services
- Strengthening Youth Friendly Health Services
- Strengthen Mental Health and Psychosocial Services

We also supported public health facilities with PPE provisions and trained 200 frontline health workers.

Due to language barriers and the continued rising of covid-19 cases in Malawi, mental health services at the refugee camp have been put on hold. This is to adhere to movement restrictions.

NEW PROGRAMS / SYSTEMS:

In partnership with the district health office, we have established an SMS system to our community. This has been vital in the communication with the people we serve. It has allowed us to disseminate vital COVID-19 information directly and quickly.

PARTNERSHIPS
OUR IMPACT:
SOLOMAN’S STORY

A team of nurses, clinicians and health surveillance assistants travelled 10kms to Chiwichiwi Village for health outreach. As soon as the vehicle parks, they are welcomed by baby Solomon’s mother. “Please help my baby, he is dying. He has convulsed four times just this morning” she said in distress.

For a mother, nothing can be more heartbreaking than to watch her child suffer. Upon examination, baby Solomon, 1 year and 5 months old, had a fever of 39.5 degrees Celsius and was in respiratory distress.

A malaria test came out positive. He was given emergency treatment and after an hour, baby Solomon’s fever was down and he gave a little smile to the nurse. The mother was given advice on how to take care of Solomon at home and the importance of finishing the malaria dose that was prescribed.

“Thank you so much for saving the life of my baby. I lost my first born child due to malaria on my way to the hospital three years ago. So when Solomon started convulsing, I was really afraid, thank you once again” Solomon’s mother said as she was leaving for her home.

Wandikweza has increased outreach clinics to occur four times a month from once a month since the COVID-19 pandemic started. We are reaching out to otherwise unreachable patient populations and connecting high-risk patients with primary and preventive care along with with a team of nurses and clinicians.

Like with Solomon, the team detects at-risk individuals and begin health interventions early, increasing the likelihood of recovery and reducing eventual health costs. 65% of all conditions we have seen this quarter in children are malaria cases.

In Malawi, malaria is the leading cause of morbidity and mortality in children under five. There are at least six million episodes of malaria per year. It is endemic in 95 percent of the country.

With support from its partners, Wandikweza outreach clinics are successfully reducing barriers in access to healthcare. They provide more opportunities for underserved populations to screen for various conditions and learn to properly manage their health.
Quarter 1 and Quarter 2 financials included due to no Q1 report given. In the future, we will just provide quarterly financial snapshots.

For the six months reported, ending 30 June 2020, income received was US$100,947.73 and total expenses were US$83,446.23

### INCOME

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<tr>
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<tr>
<td>Q1-Q2 INCOME</td>
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<td>TOTAL</td>
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### EXPENDITURE

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<td>Youth Centre</td>
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<td>Capital Expenses</td>
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<td>TOTAL EXPENDITURE</td>
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BALANCE (30 JUNE 2020) 29,810.65
On 14 August we are launching our “Chipatala Pafupi” program. Chipatala Pafu is aimed at serving remote, vulnerable populations with primary health services through a mobile health clinic (ambulance). Offering treatment of illnesses, care across reproductive health spectrum and case referrals.

UPCOMING EVENTS

On 14 August we are launching our “Chipatala Pafupi” program. Chipatala Pafu is aimed at serving remote, vulnerable populations with primary health services through a mobile health clinic (ambulance). Offering treatment of illnesses, care across reproductive health spectrum and case referrals.

AREAS OF NEED

Our greatest areas at this time are:

- Mental Health Training for our Community Health Workers so they can ensure the health and well-being of the community. We are noticing a decline in mental health at the moment due to COVID-19 and the economic downturn. We want to make sure we are well equipped to deal with this.  

- Recovery Package Payment for our Community Health Workers. Our CWHs are volunteers and rely on income generation strategies from Wandikweza. Due to the current situation, these income strategies have been very negatively impacted. We would like to give a one off cash payment of USD$100 to each of our 130 CHWs to ensure they can get through this period.  

CONNECT WITH WANDIKWEZA

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