HEALTHCARE PROGRAM ROAD MAP 2022-2026

TABLE OF CONTENTS

ACRONYMS AND ABBREVIATIONS

ANC	Antenatal Care
ART	Antiretroviral Therapy
BEmONC	Basic emergency obstetric and newborn care
CEmONC	Comprehensive emergency obstetric and newborn care
CONGOMA	Nongovernmental Organization of Malawi
CD	County Director
C/S	Caesarian Section
EC	Executive Director
EHP	Essential Health Package
EmONC	Emergency obstetric and newborn care
EPI	Expanded Program of Immunization
FAO	Food and Agriculture Organization
GoM	Government of Malawi
HIV	Human Immunodeficiency Virus
HPM	Healthcare Program Manager
KHC	Kasese Health Centre
KHCM	Kasese Health Centre Manager
MGDS	Malawi Growth and Development Strategy
MMR	Maternal Mortality Rate
MOC	Mobile Outreach Clinic
MOCM	Mobile Outreach Clinic Manager
MoH	Ministry of Health
M&E	Monitoring and Evaluation
NCD	Non Communicable Diseases
NGO	Non-Governmental Organization
NSO	National Statistics Office
OCA	Orant Charities Africa
OPD	Outpatient Department
PCA	Patient Care Attendant
SDG	Sustainable Development Goals
SWOT	Strength, Weakness, Opportunity, and Threat
TA	Traditional Authority
TB	Tuberculosis
TFR	Total Fertility Rate
UHC	Universal Health Coverage
UNDP	United Nations Development Program
WASH	Water, Sanitation, and Hygiene

PREFACE

Orant Charities Africa was established in 2014 by a group of committed Americans and Malawians of goodwill, to address the most common preventable and treatable health problems in Malawi. It manages three healthcare programs: Kasese Health Centre program; mobile outreach integrated health clinic program; and maternal, newborn, child and adolescent health program. Orant Charities Africa has become one of the largest health service providers in Malawi.

A hardworking spirit that is enshrined in our staff plus the spirit to give (charity), forms the base of Orant Charities Africa and this is evidenced by the way our programs deliver quality health services to marginalized populations such as women and the poor in the hard to reach areas.

This roadmap is the flagship that will guide our program to reach new milestones. With the advocacy of the primary health care approach, we know that community members are supposed to be engaged, informed, and involved in their care. Therefore, this roadmap challenges us to think strategically by empowering the community to become an important partner in the design and delivery of care.

We know that change is a constant thing in nature and we are ready for a transformation. We see significant changes to our program in the next five years. As growth continues, we must subject ourselves to real change; the way we work, the way we think, the way we interact with others, and above all, we must be open to cultural diversity as this will provide a platform for new and innovative ideas of improving patient care.

This roadmap also provides an opportunity for renewal in our program focus, decision-making, and staff development. This is very critical as it improves efficiency, effectiveness, and sustainability. It will also help us to take focused and thoughtful actions to shape the future of healthcare and leave a legacy in Malawi for the generations to come.

We are happy to share our roadmap with you and we look forward to your support so that no one is left behind.

Mr. John Tenny

Executive Director

Mr. Gabriel Kapanda

Country Director

ACKNOWLEDGEMENT

The development of this roadmap has brought teamwork and unity among our staff across the entire organization. It has been developed through a participative and consultative process involving staff and leadership of the programs. For this, I am very delighted and, I extend my sincere appreciation to all those that contributed to the process of developing this roadmap.

For this to be possible, I wish to acknowledge in a special way, the leadership teams of Orant Charities Africa and Orant Charities US; Mr. Tom Brennan (the board member), Mr. John Tenny (the executive director), Mr. Gabriel Kapanda (the country director), Mr. Wilson Bett (the health center manager), Mr. George Matapandeu (the mobile outreach clinic manager), Ms. Linda Phiri (maternal, newborn, child and adolescent health manager), Ms. Tango Phiri (financial empowering microloan program manager), Lonjezo Chauya (education program manager), Gracious Msimuko (agriculture program Manager), and Ronald Makamba (Data Officer) for their significant input and commitment to this process.

I am so grateful to be part of the amazing team of Orant Charities Africa at this point to start and complete the development of this roadmap.

I am confident that this roadmap will be a useful guidepost for Orant Charites Africa to achieve its goals for the next five years.

Mr. James Blessings Mwambene

Director of Healthcare Programs

1. EXECUTIVE SUMMARY

Orant Charities Africa (OCA) is a local NGO registered under the nongovernmental organization of Malawi (CONGOMA) and NGO Board. It exists to make a sustainable impact on Malawians especially women and children in areas of healthcare, education, agriculture & microfinance, and water & sanitation. The health program started its operations in Malawi with Kasese Health Centre in 2014, mobile outreach integrated clinics in 2019 and maternal, newborn, child and adolescent health program in 2022. OCA has become one of the largest health providers in the Dowa and Kasungu districts. With these expansions, it is time for new ideas and innovations for the program to serve Malawians better. Therefore, this roadmap will help the health program to achieve its goal of improving the delivery of quality, equitable and sustainable health services to Malawians in Dowa, Kasungu, and the neighboring districts. The government will also benefit from the diversification and expansion of the healthcare services, which are the key components to the government's quest of achieving universal health coverage (UHC).

Mission Statement – Healthcare Program

The OCA health program exists to empower Malawians especially women and children through the provision of quality, equitable and sustainable healthcare

Vision Statement – Healthcare Program

All Malawians especially women and children have access to quality, equitable and sustainable health services that meet their basic human needs.

Statement of Roadmap Intent

In the next five years, the OCA health program will be recognized for providing quality, equitable and suitable health services (especially maternal and child health) in Malawi. The program will achieve this by creating a differentiated model of service delivery for women (adding one mobile outreach clinic team specialized in providing maternal and child health services, strengthening maternal and child health community structures, accrediting KHC as a BEmONC site, then upgrading KHC into CEmONC center), formalizing oral health and non-communicable disease clinics, building staff capacity, improving management system, and engaging new partners and strengthening the relationship of existing partners.

We believe that the chosen approach will help Malawi, particularly in Dowa and Kasungu districts to achieve universal health coverage before 2030. The proposed innovations are sustainable too because of the concept of comprehensive primary health care that we have chosen which has both system and community-based approaches. Improving local human capacity and leadership at all levels is an important element for the sustainability of the program. Again, our services are heavily subsidized and this too is another important element for the sustainability of the program.

Goals for OCA Health Program

These goals are built on the quest for the program to deliver quality, equitable and sustainable primary health care to Malawians as a way of achieving our vision.

Goal 1: To strengthen program development and governance

OCA will strengthen its health program development and governance by consolidating its organizational structure, harmonizing both KHC and MOC, improving data management reporting, improving the mechanism of user fee collection, and strengthening maternal and child health leadership.

Goal 2: To expand and diversify the health services provided

The program intends to expand and diversify the type of services provided by assessing areas of program expansion and diversification; expanding service delivery points and diversifying services to treat 100,000 patients per year; creating a differentiated model of service delivery for women (adding one mobile outreach clinic team specialized in providing maternal and child health services, strengthening maternal and child health community structures, accrediting KHC as BEmONC site, then upgrading KHC into CEmONC center); formalizing oral health clinic (dental) and Non-Communicable Disease clinics (diabetes, hypertension, mental health, etc.); expanding and improving diagnostic capacity and capability, and supporting more patients with nutrients supplementation.

Goal 3: To improve human resource development and management systems

OCA will ensure that the health program has adequate staff establishment and build staff capabilities by recruiting and deploying staff according to vacancies and competencies, inducting, training and creating job descriptions for them.

Goal 4: To build and implement test methods to measure the impact and improvement of the program

We will build and implement test methods to measure the impact and improvement of the program by developing an M&E framework that includes the M&E team, key performance indicators, and reporting template.

Goal 5: To establish and strengthen partnerships

OCA intends to continue building a relationship with existing partners as well as exploring and engaging new partners.

Conclusion

We foresee the health program of 2026 as a decentralized and expanded program capable of treating more than 100,000 patients per year. We also envision it as a full BEmONC and CEmONC center for supporting rural women to access lifesaving services such as the Caesarian section right in their communities. Therefore, OCA is an important implementing partner of the Malawi government because it contributes enormously to the 2030 vision of the Malawi government of achieving UHC.

2. INTRODUCTION

Malawi is a small country in sub-Saharan Africa. It is bordered by Tanzania in the north, Zambia in the west, and Mozambique in the east. It is classified as a low human development country with a Human Development Index value of 0.483 and ranked 174 out of 189 countries (UNDP Human Development Report, 2020). Malawi has a total population of 18.3m (2019) with 83% of them living in rural areas; relying on small-scale farming for their livelihoods. The 2021 Malawi Poverty Report compiled by the National Statistics Office (NSO) shows that 2 in every 10 people in Malawi are basking in extreme poverty. The report also shows that Central Region has the highest proportion of the population that is poor at 55.8%, followed by the Southern region at 51% and the Northern region at 32.9%. At the district level, Mchinji is the poorest district (68.2%) followed by Kasungu (67%) in second and Dowa (65.1%) in third. In the household, the report shows that 56.8 percent of people in female-headed households are poor compared to 48.5 percent in male-headed households. The report also shows that 56.6% of poor people are rural dwellers as compared to urban dwellers at 19.2%.

Malawi was on the right track to achieving SDG 2 by 2030 but Covid-19 and the war in Ukraine, are likely to slow down the speed of progress. The 2021 Global Hunger Index shows that Malawi scored 21.3, a level of hunger that is serious. Nonetheless, this is an improvement from 26.2 in 2012, 33.5 in 2006, and 43.1 in 2000. Malawi has also made tremendous strides in the fight against stunted growth among under-five children. As of 2021, the prevalence of stunted growth was 0.6% from 6.8% in 2000. Likewise, the prevalence of wasting among under-five children was 40.9% in 2021 from 54.7% in 2000. But the proportion of undernourished in the general population in 2021 was 17.3% higher than 15.9% in 2012. This implies that the problem of hunger is worsening in Malawi.

The term hunger is complex and difficult to define and measure. It refers to the distress associated with a lack of sufficient calories. It is presented in the form of food deprivation or undernourishment. According to the Food and Agriculture Organization (FAO), food deprivation, or undernourishment is defined as the consumption of too few calories to provide the minimum amount of dietary energy that each individual requires to live a healthy and productive life. The Global Hunger Index (GHI) is a tool designed to measure and track hunger at national levels and it is classified as low (≤ 9.9), moderate (10.0–19.9), serous (20.0–34.9), alarming (35.0–49.9), and extremely alarming (≥ 50.0).

Undernutrition and malnutrition are terms that are used interchangeably with the term hunger. However, undernutrition goes beyond calories and signifies deficiencies in energy, protein, and/ or essential vitamins and minerals. It is caused by inadequate intake of food in terms of either quantity or quality, poor utilization of nutrients due to infections or other illnesses, or a combination of these factors which are further caused by household food insecurity; inadequate maternal health or childcare practices; or inadequate access to health services, safe water, and sanitation. Malnutrition refers to both undernutrition (problems caused by deficiencies) and overnutrition (problems caused by unbalanced diets, such as consuming too many calories to requirements with or without a low intake of micronutrient-rich foods).

Malawi has also made some progress on SDGs 3, 4, and 6. Access to education has improved in Malawi, especially at the primary level due to free primary education. But, there is a slow pace of progression from primary to secondary to tertiary education. There is also a significant disparity in quality of education between males and females, rural and urban, as well as learners of poor and rich households in Malawi.

Maternal and Child Health has improved in Malawi in recent years. but, the progress is uneven and skewed towards the high-income households, urban districts, and educated people with much less significant gains for poor people. Long distance to health facilities, frequent stock outs of essential medicines, lack of equipment and infrastructure, poor health workers' attitudes, cultural barriers, and lack of decision-making power within households are some of the determinants of poor health among rural masses. While Malawi has made strides in increasing access to clean water and sanitation services, a significant proportion of poor households especially in rural and slums still face challenges to access clean drinking water and sanitation and hygiene services. We know that poor access to safe water, sanitation, and hygiene services; poses significant health risks to individuals and communities especially women who spend most of the time fetching water from the streams or rivers.

In recent years, we noted a reduction in both HIV incidence and prevalence in the general population. This is mainly due to significant progress made toward the achievement of universal access to antiretroviral therapy(ART) for HIV/AIDS in Malawi. Over 95% of people living with HIV have access to ART in Malawi. However, most Malawians are still struggling with a high burden of other communicable diseases (Malaria, Covid-19, TB, etc.), non-communicable diseases (hypertension, diabetes, mental health, etc.), injuries

(road traffic accident, suicide, etc.), and a growing population with a growth rate of 2.8% per year and a Total Fertility Rate (TFR) of 4.4 children per woman. Surprisingly, the family planning coverage is below 50% in Malawi. This means that if the low coverage of family planning, high rates of child marriage, teenage pregnancies as well as cultural myths that encourage large families remain the same or are not corrected, then the population will double by 2038 as estimated by demographic studies.

To ensure that all children, adolescents, and women have access to equitable and quality health services necessary to fulfill their rights for their survival, development, protection, and participation, there is a need for government to join hands with all stakeholders to strengthen the implementation of essential health package (EHP) to achieve universal health coverage (UHC) by 2030. The 2000 world health report indicates that healthy citizens actively participate in economic activities, and improved health outcomes have significant trickle-down socio-economic effects on other key areas of development including population, education, agriculture, and other social sectors.

3. ORANT CHARITIES AFRICA HEALTHCARE PROGRAM PROFILE

Orant Charities Africa (OCA) is a local NGO registered under the nongovernmental organization of Malawi (CONGOMA) and NGO Board. OCA programs are in four thematic areas; Healthcare, Education, Agriculture & Microfinance, and Water & Sanitation. The healthcare program is the largest and was established first in 2014 by a group of committed Americans and Malawians dedicated to making a sustainable impact on communities and empowering Malawians especially women and children through the provision of quality, equitable and sustainable quality health services. It has three sub-programs, Kasese Health Centre (KHC) program, an Integrated Mobile Outreach Clinic (MOC) program, and maternal, newborn, child and adolescent health program that deliver services in Dowa, Kasungu and neighboring districts.

KHC has gained a reputation in Malawi for providing high-quality primary care services: pediatric observational inpatient services, maternal and child health services, HIV and TB services, eye services, family planning and cervical cancer screening, OPD general services, and EPI. KHC is one of the few health centers that provide comprehensive laboratory services for common diseases in Malawi: Malaria, Typhoid Fever, Peptic Ulcer Disease, HIV, TB, and Urinary Tract Infection. It is also the only primary health center in Dowa with a full blood count machine. It is the designated and preferred Covid-19 Testing Centre for most international and local organizations in Dowa. Above all, it offers ultrasound services mainly for pregnancy complications.

OCA-MOC is one of the largest outreach clinic programs in Malawi, recognized by the ministry of health (MoH) for delivering integrated health services closer to people's homes in Dowa and Kasungu. Mobile Outreach Clinic is one of the differentiated models of service delivery approved by MoH for the delivery of health services in hard-to-reach areas. It is also used for decongesting health facilities to minimize the spread of the Covid-

19 pandemic. Our MOC team conducts 20 outreach clinics in 2 districts (4 in Dowa and 16 in Kasungu) in a month.

For maternal, newborn, child and adolescent health (MNCAH) program; see the attached appendix 1.

Our comparative advantage among others includes taking services closer to people's homes, community participation, and multi-sectoral approaches; setting ourselves apart from other partners.

4. SWOT ANALYSIS

Strength	**Weakness**
▪ Established and operational KHC and MOC ▪ 24-hour inpatient services for children ▪ A dedicated fundraising team in the US ▪ Excellent medical expertise, hardworking, and strategically located to support rural masses ▪ Own infrastructure and land where the OCA secretariat and KHC operate ▪ Experienced executive leadership and health management team ▪ Provision of good treatment and care ▪ Very good lab and stocked pharmacy ▪ Very practical core values ▪ Eye, ART, ANC, and Cervical Cancer Clinic established ▪ Robust referral services – ambulances ▪ Electronic data systems established and functional for both static and outreach	▪ Lack of control systems ▪ Dependence on single or few donors ▪ The lack of clear achievable annual goals causes difficulties to measure the impact of the services provided by OCA. ▪ Lack of M&E plan ▪ Limited services – no theatre to conduct C/S to reduce maternal death ▪ Operating like two programs in one is confusing ▪ Lack of publicity of what is being offered by OCA (low participation at national technical working groups)
Opportunity	**Threat**

▪ Free medicines and supplies for HIV, Malaria, TB, and STI-related conditions ▪ Serving large population - easy to upgrade to a community hospital ▪ Dental and NCD clinics by a visiting physician can be introduced ▪ Community health system already in place - many health posts, CBOs, churches, and schools though, dilapidated which can be used for an outreach clinic ▪ Potential to expand beyond two districts in Malawi ▪ Education, Agriculture, and Water & Sanitation programs in place in our catchment areas ▪ Good working relationship with traditional leaders and government leadership ▪ We have other Service providers just like us within Dowa	▪ Low attendance of women at prenatal and Cervical Cancer screening clinics ▪ High burden of disease, poverty, and illiteracy in the community ▪ Covid-19 pandemic coming wave after wave ▪ High inflation - the cost of living, medicines, and other operating costs is rising daily ▪ Lack of innovation hence failure to develop new programs that bring helpful services to the community ▪ Lack of an up-to-date strategic plan ▪ Hot working environment, dusty and bumpy roads

5. VISION, MISSION, AND CORE VALUES OF OCA

The following are the vision, mission statement, and core values for Orant Charities Africa.

Vision Statement

All people in Malawi, including women, will have independent opportunities to learn, grow, and flourish in stable communities that meet their basic human needs.

Mission Statement

Orant uses holistic, local, and data-driven approaches to supporting women and communities in Malawi through programs including Healthcare, Education, Water & Sanitation, and Agriculture & Business.

Brand Statement

OCA is a Malawian NGO that empowers women and builds a more stable community by providing reliable holistic services through data-driven approaches.

Core Values

Founded upon a desire to serve and inspire hope in people, we at Orant Charities Africa uphold and promote the following core values:

- **Community** – We live and work in the community we serve and we call upon a global community to work together to tackle complex challenges.
- **Respect** – We respect all people regardless of their situation in life, their race, religion, or ideals.
- **Collaboration** – Collaboration inside our team, with stakeholders, and with other organizations empowers everyone.
- **Service** – We are on this Earth to serve one another and we are in our community to serve tirelessly.
- **Sustainability** – All our programs and activities are designed to be long-lasting and self-sustaining.

6. GUIDING PRINCIPLE AND APPROACH

The Central Region of Malawi has the highest proportion of people that are poor at 55.8%, followed by the Southern region at 51% and the Northern region at 32.9%. Mchinji is the poorest district (68.2%) followed by Kasungu (67%) in second and Dowa (65.1%) in third. We know that poverty is associated with health illiteracy; malnutrition; poor water, hygiene, and sanitation. This implies that people in Dowa and Kasungu districts are vulnerable to diseases that are preventable or treatable by existing health services.

We have a health program (static, outreach clinic and MNCAH) that focuses on improving health-seeking behavior, improving water, hygiene, and sanitation facilities; improving geographical accessibility and quality of primary health services; reducing the cost of health services; improving referral services, etc. We have opted for a comprehensive primary health care approach that provides prevention and care to the whole population with much attention to maternal, newborn, child and adolescent health.

We are convinced that a comprehensive primary health care approach represents the best option to tackle the numerous challenges faced by people in our program areas. In all our program activities, government authorities (system-based approach) and community representatives (community-based approach) are involved. We also focus on low-cost technology and the involvement of other sectors such as education, agriculture, microfinance, and WASH.

We know that the health system-based approach ensures the technical feasibility of program interventions and helps to link them with the activities of other organizations and is a precondition for the sustainability of the program as a whole. The community-based approach helps the program to become culturally and socially acceptable and fulfilling thereby another prerequisite for the program's effectiveness and sustainability.

7. STRATEGIC AND OPERATIONAL OBJECTIVES

Strategic

- To strengthen health program development and governance
- To expand and diversify the health services provided
- To improve human resource development and management systems
- To build and implement test methods to measure the impact and improvement of the program
- To establish and strengthen partnerships

Operational

Objective 1: To strengthen healthcare program development and governance

- Consolidate organizational structure
- Harmonize KHC and MOC
- Improve data management and reporting for both clinics
- Improve mechanism of user fees collection
- Strengthen maternal. newborn, child and adolescent health leadership

Objective 2: To expand and diversify the health services provided

- Assess areas of program expansion and diversification
- Expand service delivery points and diversify services to treat 100,000 patients per year
- Create a differentiated model of service delivery for women
- Expand and improve diagnostic capacity and capability
- Expand nutrients supplementation
- Strengthen public health education/social marketing

Objective 3: To improve human resource development and management system

- Adequate staff establishment and retention
- Build capacity for all medical staff in all areas

Objective 4: To build and implement test methods to measure the impact and improvement of the program

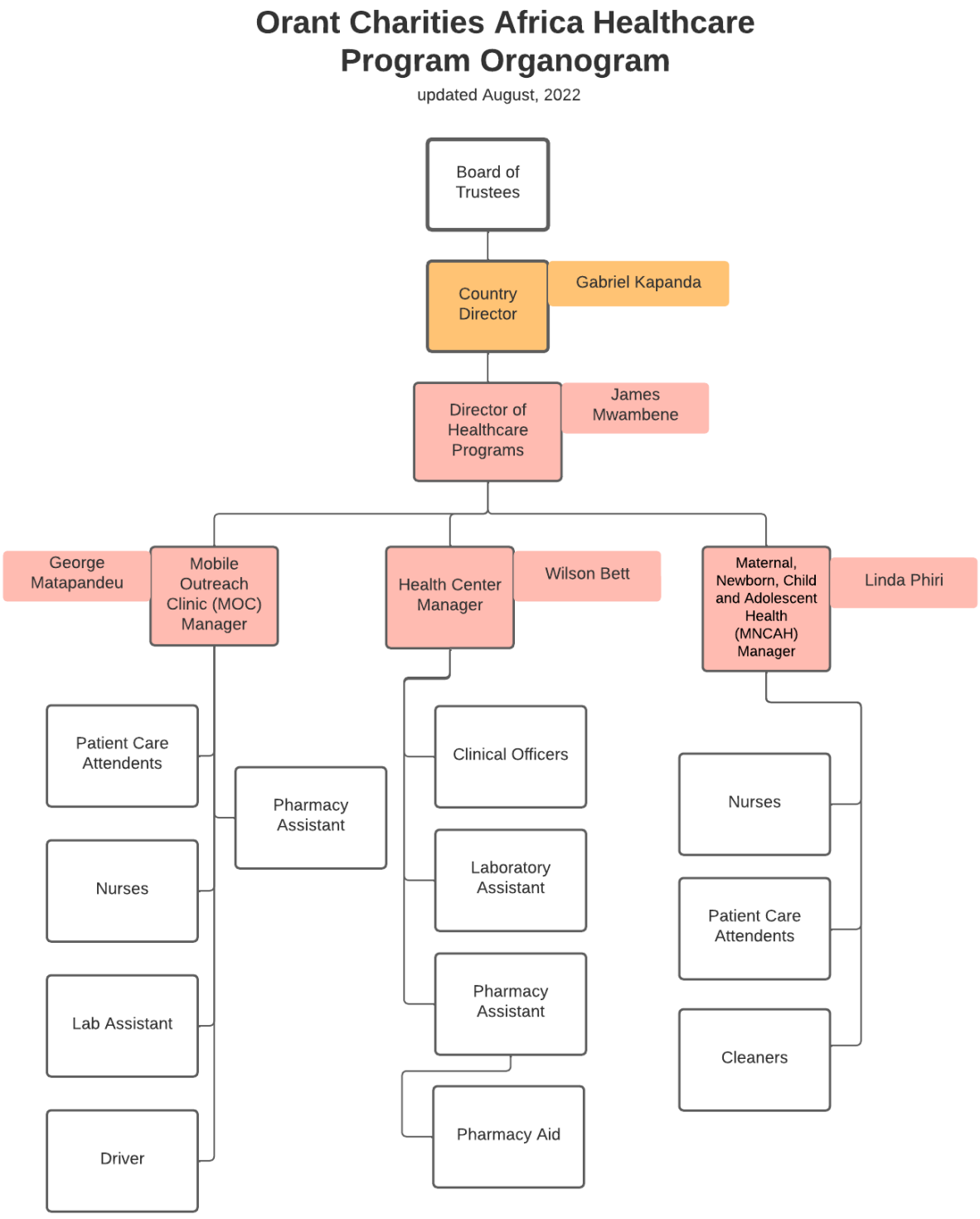
- Develop M&E plan – KPIs and reporting template
- Share program work with stakeholders at local and national level
- Collaborate with partners to share program work at international level

Objective 5: To establish and strengthen partnerships

- Strengthen relationships with existing partners
- Explore and engage new partners

8. HEALTHCARE PROGRAM STRUCTURE

Our organogram is designed to respond to the principle of good governance by ensuring that everyone is accountable and responsible in our daily endeavors.



9. MONITORING AND EVALUATION

A monitoring and evaluation (M&E) plan is crucial for tracking and measuring program interventions. OCA makes decisions based on verified information. During the implementation of this road map, OCA has developed an M&E plan to track the progress made by the health program. The M&E plan will ensure that the right data is being collected and the roadmap is being implemented on time. The following are key outputs for our road map.

Strategic Objective	Operational Objective	Action	Output	Target Date	Responsible
To strengthen health program development and governance	Consolidate program structure	Modify the organogram to align KHC and MOC	Modified organogram in place	31 August 2022	CD/ED
		Develop clear reporting lines that align with the new organogram	New organogram developed with reporting lines	31 August 2022	CD/ED
		Disseminate the new organogram and reporting lines to all staff	New reporting lines communicated to staff	31 August 2022	CD
		Evaluate implementation of new structure's operation	Evaluation Report available	31 December 2022	CD
	Harmonize KHC & MOC	Hire a Director of Healthcare Programs	DHP hired	31 May 2022	CD
		Review and harmonize grading of staff positions across OCA	Harmonized grading structure in place	31 August 2022	CD
		Review and harmonize remuneration to align with staffing grades	New remuneration structure in place	31 August 2022	CD

		Develop a schedule that shows staff rotating between KHC and MOH	A rotational schedule developed	31 October 2022	DHP
		Appoint focal person/Lead for each subsection such as Lab, MCH, Pharmacy, TB, ART, Malaria, etc.	Focal person/Lead appointed	31 August 2022	DHP
		Conduct a joint monthly review meeting for both KHC and MOC	A joint monthly review meeting was conducted.	31 July 2022	DHP
	Improve data management and reporting for both clinics	Train and supervise the clinic teams on the utilization of Mizu	Teams trained and supervised	Ongoing	Data Officer
		Monitor generation of reports from Mizu	Report generated	Ongoing	Data Officer
		Monitor use of Mizu for inventory	Use of Mizu for inventory monitored	Ongoing	HCM and MOCM
		Develop ANC and Maternity Mizu module	Mizu module for ANC and Maternity developed	31 January 2023	Data Officer/ CD
		Ensure that implemented Mizu systems at OCA-SDP are connected	Mizu systems are always connected and functional	31 August 2022	Data Officer/ CD
		Follow up on the usage of	Usage of Mizu		

		Mizu and communicate to Baobab about the challenges	followed and communication to Baobab done regularly	Ongoing	Data Officer
		Have standard operating procedures written for all programs including the use of Mizu	SOP written	31 January 2023	DHP
		Ensures all monthly reports are submitted to the donor in time	Reports are submitted by the 15th of every month.	31 October 2023	CD
	Improve mechanism of user fees collection	Review User Fee policy and monitor its application	User fee policy reviewed and its application monitored	31 May 2023	CD
	Strengthen maternal, newborn, child and adolescent health leadership	Engage the MNCAH manager and monitor the performance	MNCAH manager engaged	31 December 2022	CD
	Assess areas of program expansion and diversification	Construct mapping system for malaria case	Mapping system constructed	31 March 2023	DHP/ED
		Undertake impact study of medical programs in operating areas	Impact study underway	31 July 2023	DHP/CD/ED
		Schedule efficiently and scout the	Scheduling and scouting done	Ongoing	MOCM/HCM/DHP

To expand and diversify health services provided	Expand service delivery points and diversify services to treat 100,000 patients per year	location of impact			
		Establish one more outreach team	Additional team established	31 January 2023	DHP
		Formalize oral health and NCD clinic	Oral health and NCD clinics formalized	31 January 2023	KHCM
	Creating a differentiated model of service delivery for women	Upgrade KHC into BEmONC centre	KHC is accredited as a BEmONC site	31 January 2023	MCHM
		Upgrade KHC into CEmONC	KHC is accredited as a CEmONC site	31 January 2024	MCHM/HCM
		Establish mobile outreach clinic special for MNCAH services	MCH-MOC established	31 January 2023	MCHM
		Strengthening maternal and child health community structures	Mobilizing medical supplies &equipment, rehabilitating structures, and mentoring community midwife assistants at Mtambalika and Kachigamba health posts	31 January 2023	MNCAHM/DHP
		Procure bicycles and uniforms for	bicycles and uniforms for HSAs		

		HSAs to conduct their duties effectively in program areas	procured and in use	31 March 2023	MNCAHM/DHP
	Expand and improve diagnostic capacity and capability	Have blood bank at Kasese Health Centre	Blood transfusion services available at KHC	31 January 2024	KHCM
	Expand nutrients supplementation	Ensure RUTF are distributed to all deserving clients	RUTF are distributed to all eligible people	Ongoing	MOCM
	Strengthen public health education/social marketing	Information, education, and communication strategy in place	Information, education, and communication are conducted in all SDPs	Ongoing	Healthcare Communication Officer (TBD) / MOCM/ Communications Officer
To improve human resource development and management systems	Adequate staff establishment and retention	Determine appropriate staff establishment for the program	Appropriate staff establishment determined	31 July 2022	CD
		Recruit and deploy staff according to vacancies and competencies	Staff recruited according to vacancy and competency	31 January 2023	CD
	Build capacity for all staff in all areas	Develop Job descriptions for all positions	Job descriptions for all positions developed	31 August 2022	CD
		Organize induction sessions for new staff	Induction a session for new staff organized	Ongoing	MOCM/HCM/MCHM

		Train staff in their specific areas	Staff trained	Ongoing	DHP
To build and implement test methods to measure the impact and improvement of the program	Develop M&E Framework	Recruit M&E team	M&E team recruited	31 October 2022	CD
		Identify and develop key performance indicators and reporting template	Key performance indicators and reporting template identified	31 August 2022	DHP/CD/ED
	Share program work with stakeholders at local and national levels	Organize and present program work at local, district and national review meeting	Organization and presentation of review meeting done regularly	Ongoing	DHP/HCM/MOCM/MCHM
	Collaborate with partners to share program work at international level	Conduct operational research	Operational research conducted and disseminated	31 October 2023	ED/CD/DHP
To establish and strengthen partnerships	Strengthen relationship with existing partners	Participate in meetings with other partners	Number of partner meetings conducted	Ongoing	CD/ED/DHP
		Sharing of OCA accomplishments through various media sources	Media briefings	Ongoing	CD/Communications Officer/OCUS
		Application to new grants openings	Number of the proposal submitted	Ongoing	CD/ED/Grants Officer (TBD)

	Exploring and engaging new partners	Identify and contact potential partners	Number of new partners identified	Ongoing	CD/ED
		Development of MOUs for new Partners	MOUs for partners developed	Ongoing	CD

RISKS AND ASSUMPTIONS

For any program implementation, risks and uncertainties are inevitable. There are several risks associated with this road map implementation. People are resistant to change. If this change is not well managed, our program may not fulfill the transformative agenda which we have embarked on. In most cases, lack of advocacy by internal stakeholders is the main cause of the resistance to change. Therefore, change management is key to the implementation of our roadmap.

Some risks such as natural disasters, macroeconomic changes, and government policies are beyond our control. To mitigate these risks, OCA needs a contingency plan such as building enough reserve to run core operations for three to six months.

Appendix 1

Maternal, Newborn, Child and Adolescent Health Program

Maternal, Newborn, Child and Adolescent Health (MNCAH) is the most important health problem in sub-Saharan Africa, where more than 50% of all maternal and child death worldwide occurs. The recent data shows that 295,000 maternal deaths occurred in 2017, 2.5 million newborns died in 2018, and 2.6 million stillbirths were reported in 2015. Likewise, the risk of a woman in Africa dying during childbirth is 49 times higher than a woman in Europe/America (maternal mortality ratio (MMR) of 534 vs. 11 per 100,000 live births). Furthermore, women in remote areas are the most miniature receivers of adequate health care and they carry the most burden of maternal and neonatal morbidity and mortality related to complications of childbirth. These variations highlight the gaps between women with high and low incomes and those living in rural and urban areas.

To narrow the gap that exists between women living in rural and urban areas, the global community is working towards achieving universal health coverage for comprehensive reproductive, maternal, and newborn health care by 2030. This is part of Sustainable Development Goal 3 which is aimed at ensuring good health and well-being for everyone. Among other things, the goal emphasizes the reduction of the maternal mortality ratio to less than 70 per 100,000 live births, and to have no country with a maternal mortality rate of more than twice the global average.

Family planning(FP), antenatal care (ANC), and Emergency obstetric and newborn care (EmONC) are essential lifesaving interventions that are capable of averting the death of women of reproductive age group and their children. EmONC is classified into two categories: *Basic emergency obstetric and newborn care (BEmONC)* and *comprehensive emergency obstetric and newborn care (CEmONC).*

BEmONC is capable of preventing up to 40% of intrapartum neonatal and maternal mortality. It consists of seven signal functions: *administering parenteral antibiotics, uterotonic drugs, anticonvulsants, manual removal of the placenta, removal of products of retained tissue, performing assisted vaginal delivery, and performing neonatal resuscitation.* WHO has approved the provision of BEmONC at the primary health facility level such as Kasese Health Centre. CEmONC services support two additional signal functions to BEmONC services: cesarean section and blood transfusion. This one as per WHO guidelines is provided at community or district hospitals.

In Malawi, access to and quality of FP, ANC, BEmONC, and CEmONC are lower than the recommended levels, especially in rural districts with high maternal and neonatal mortality levels. Therefore, to support the government to achieve universal health coverage for comprehensive reproductive, maternal, and newborn health care by 2030, OCA with support from Orant Charities US, runs Kasese Health Centre in Dowa where it offers FP, ANC, and some elements of BEmONC services. Kasese is not yet accredited as a BEmONC site. This implies that KHC is underserving women with maternal and child

health services because they cannot receive a full package of BEmONC services at the facility. Likewise, women are referred to Madisi for CEmONC services where they pay a lot of money to access CEmONC services. As a result, OCA is expanding maternal and child health services to support many women in the program area through:

1. Use of Health Post and Community Midwife Assistants

To ensure that all women have equal access to maternal and child health services, OCA will strengthen the community health structure by operationalizing Kachigamba and Mtambalika health posts through the deployment of community midwife assistants and medical supplies to support MCH services. Evidence from Kenya, Sri Lanka, and Bangladeshi has shown that community midwives improve ANC coverage, intrapartum care, and reproductive health, family planning, maternal and neonatal health care for the poor and disadvantaged women. WHO emphasizes the role of community midwives and other community health workers in promoting safe motherhood, particularly in rural settings with low access to health services. This program will commence in 2023 and Linda will lead it together with George. The community midwife assistants will do the following tasks at the health post.

Antenatal Care

- Conducting health talks on danger signs in pregnancy, birth planning, and emergency preparedness to support safe pregnancy and delivery of a healthy newborn and early childhood care
- Monitoring and assessment of pregnancy through antenatal care model
- Providing intermittent preventive treatment for malaria in pregnant women (IPT)
- Providing Tetanus toxoid vaccination
- Referral of complicated cases for antenatal care at the health center
- Ensure that counseling and testing for HIV are done for all pregnant women

Childbirth Care

- Assist childbirth care in uncomplicated labor and delivery (Emergencies only)
- Provision of EmONC signal functions before referral
- Stabilizing women and/or their newborns who have complications before referral

Newborn Care:

- Provision of essential newborn care – warmth, resuscitation, early initiation of breastfeeding, nutritional counseling, and hygiene (for emergency cases only).

Postnatal Care

- Targeted health education/information on danger signs, early detection, and treatment of problems, care of breasts, advice on caring for the newborn

- Ensure that immunization is done as per the Malawi Expanded Program on the Immunization schedule,
- Ensure that counseling and testing for HIV for all the pregnant and postnatal mothers

Family planning

- Provision of family planning counseling and methods – pills, injectable, implants, etc.

2. Use of Mobile Outreach Clinic

Since most of our program areas are hard-to-reach areas, OCA is intending to establish an outreach clinic special for maternal and child health services in 2023. **Linda** will lead the process together with **George**. At an outreach clinic, the following services will be offered:

- Family planning
- Antenatal care
- Under-five services
- Cervical Cancer screening
- Cervical cancer immunization for 9 years of age girls who are out of school.

3. Basic emergency obstetric and newborn care (BEmONC)

The first step is to ensure that Kasese Health center is accredited and registered as a BEmONC site. The MCH coordinator will assess our facility and prescribe the needed requirements. This process should be done by March 2023. **Linda** will lead this process together with **Bett**.

4. Comprehensive emergency obstetric and newborn care (CEmONC)

We know that FP, ANC, and BEmONC services at a primary health facility are not enough to adequately deal with maternal and child mortality. The WHO recommends the provision of CEmONC on top of BEmONC at a community hospital. Therefore, OCA is planning to implement CEmONC (cesarean section and blood transfusion) services at Kasese Health Centre. This requires upgrading the status of the health center to a community hospital by having an operating theatre with modern equipment, an anesthetist, and a well-stocked laboratory with blood grouping and cross matching kits plus a blood bank for blood transfusion. Provision of CEmONC also demands Pre-natal and postnatal wards. This process should be done by 2025. **Bett** will lead the process together with **Linda**.