

## ORANT CHARITIES AFRICA MONTHLY REPORT



GABRIEL KAPANDA

Orant Charities Africa, P/bag

365, Lilongwe

MAY,2022

## Table of Contents

<b>Executive Summary</b> .....	2
<b>Healthcare Program</b> .....	2
Kasese Health Centre Monthly Highlights .....	3
Monthly patient attendance for both KHC and MOC in 2022.....	4
COVID 19 Situation Updates .....	6
Reproductive and Family Planning Health .....	9
Maternal and New-born Health Care .....	9
Cervical Cancer Control Clinic Report .....	12
Malaria Report.....	13
Laboratory Services .....	17
Healthcare Finance and Administration .....	19
Achievements and Challenges .....	20
<b>Water and Sanitation Program</b> .....	21
Water point repairs and rehabilitations .....	21
Borehole drilling and construction .....	22
Community mobilization meeting for School Latrine construction .....	23
Water needs assessment .....	23
<b>Agriculture and Business</b> .....	25
Agriculture .....	25
Irrigation/Watering Equipment.....	25
Planting in Irrigation Clubs.....	26
OCA Farm .....	28
Business and Financial Empowerment Microloans.....	29
Loan repayment .....	29
Data management.....	30
Monitoring of businesses.....	31
<b>Education Support Program</b> .....	32
School Visits .....	32
Students and Donor communication.....	32
Assessment on performance of students .....	33
Orant Ulemu Scholarship.....	34

## Executive Summary

Orant Charities Africa (OCA) is an NGO registered in Malawi with the NGO Board of Malawi and Council for Non-Governmental Organizations in Malawi (CONGOMA). Orant primarily serves the Kasese Catchment in Dowa District, Central Malawi. The Kasese catchment area is in Traditional Authority Chakhaza and has about 36,000 people. As Orant continues to expand, it now implements projects in parts of Kasungu District, especially the Mobile Outreach Clinics. The mission of OCA is *to build stable local communities by empowering women and the poor with holistic and data-driven programs*. Orant Charities Africa (OCA) works in four thematic areas namely; Healthcare, Education, Water, Sanitation and Hygiene (WASH), Agriculture and Business. OCA envisions that *'All people in Malawi, including women, will have independent opportunities to learn, grow, and flourish in stable communities that meet their basic human needs'*. Founded upon a desire to serve and inspire hope in people, we at Orant Charities Africa uphold and promote the following core five values: **community, respect, sustainability, collaboration, and service.**

## Healthcare Program

The health program started its operation at Kasese Health Centre in 2014 and by 2022, we have become one of the best health providers in the Dowa and Kasungu districts. The Health Program has Kasese Health Center (KHC) in Dowa and Mobile Outreach Clinics (MOC) around Bowe Catholic Mission (Kasungu) and Kasese hard-to-reach areas under the guidance of the Ministry of Health (MoH). KHC is one of the largest health centers in Dowa. It has gained a reputation 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 Expanded Program of Immunization. It has a laboratory that makes diagnoses for all common diseases such as Malaria, Typhoid Fever, Peptic Ulcer Disease, HIV, TB, Urinary Tract Infection as well as full blood count. It is designated and preferred Covid-19 Testing Centre and It has ultrasound services, especially for pregnant women.

MOC is one of the largest outreach clinics in Malawi and it brings integrated health services to people's homes (decentralization) in Dowa and Kasungu. It is a differentiated model of service delivery approved by MoH for the delivery of health services in hard-to-reach areas. MOC is also used for decongesting health facilities to minimize the spread of the Covid-19 pandemic. Our MOC team conducts at least 20 outreach clinics in 2 districts (4 in Dowa and 16 in Kasungu) in a month.

## Kasese Health Centre Monthly Highlights

We operate a busy Outpatients Department (OPD), a **10**-bed capacity 24 hours children observation ward, and a **7**-bed capacity maternity ward, twice a week Antenatal program, weekly Cervical Cancer screenings, Under-Five Clinics (immunization and child growth monitoring), among others. For the month of May, 2022, through Kasese Health Center (KHC),



we saw **1921** clients at (OPD), Children Ward admitted **35**, **41** patients were seen during weekends and night, making a total of **1997** clients. MOC in Kasese catchment areas saw **495**, while in Kasungu (Bowe) Outreach clinic saw **2773**, making a total of **3268**. Total patients seen in the month of May 2022 by the Healthcare program is **5265** (KHC: **1997** (**38%**) & MOC **3268** (**62%**)).

The Laboratory department tested **1023** for Malaria, out of which **237** were positive, representing a 23% positivity rate. At the same time, there was **one** suspected case of COVID-19 which came out negative using the Antigen Rapid Test.

The Maternity department admitted **24** mothers and referred **13**. A total of **24** babies were born, **one** had a complication. Refer to table 7 below for details.

The Public Health department with the help of Health Surveillance Assistance (HSA) administered **380** doses of Astra-Zeneca and **30** doses of Johnson & Johnson (J & J), making a total of **140** Vaccine Doses administered in May 2022. Cumulatively, **1211** vaccines were administered (Astra-Zeneca **895**, Pfizer: **103** & J&J: **213**).

The HTS department tested **173** clients out of which **3** were positive, representing **1.7%**. The Eye Clinic saw 37 patients in the month. **Five** women were screened for cancer and all were **negative** when Visual Inspection with Acetic Acid (VIA) was done.

Table 1 Below shows monthly patients seen in both KHC and MOC.

<b>Months (2021)</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Total</b>
OPD Static Clinic	2138	2484	3178	1892	1921	<b>11613</b>
Bowe Outreach	2174	4242	4661	4091	2773	<b>17941</b>
Kasese Outreach	618	589	686	550	495	<b>2938</b>
Children Ward	16	85	79	70	35	<b>285</b>
Nights/Holidays	30	44	46	49	41	<b>210</b>
<b>Total</b>	<b>4976</b>	<b>7444</b>	<b>8650</b>	<b>6652</b>	<b>5265</b>	<b>32987</b>

Table 1 : Total monthly patients seen at KHC and MOC (2022).

### Monthly patient attendance for both KHC and MOC in 2022

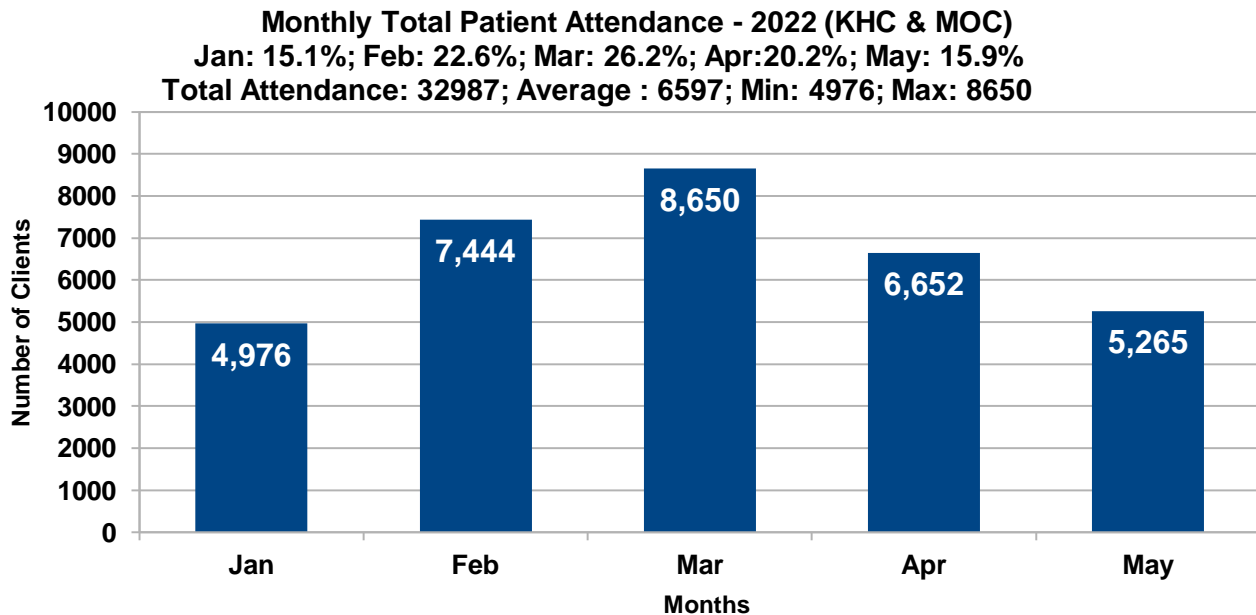
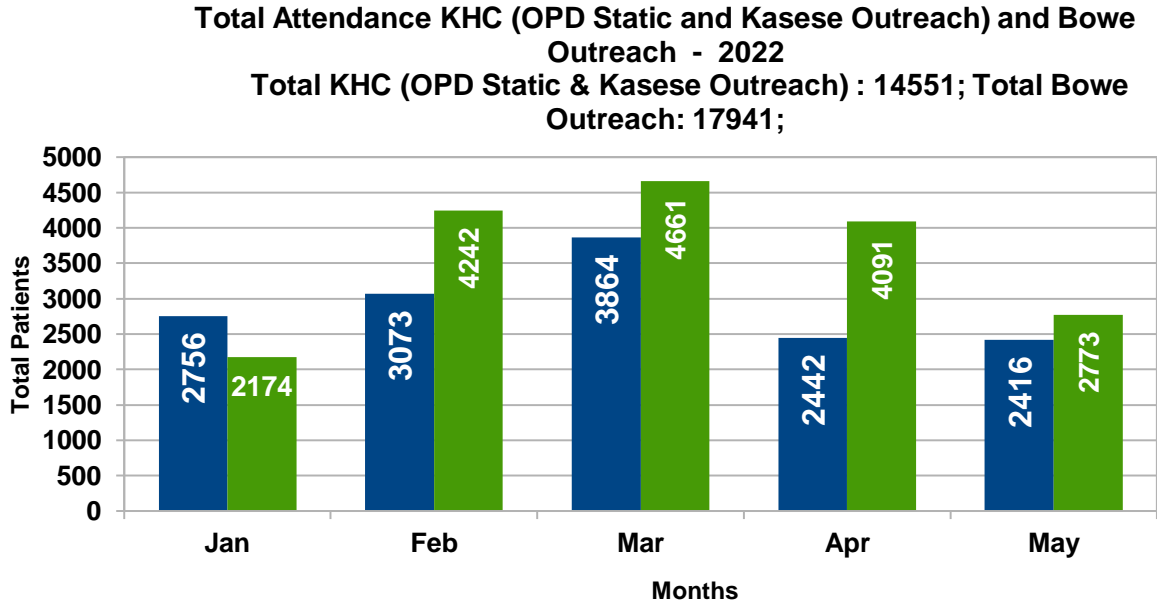


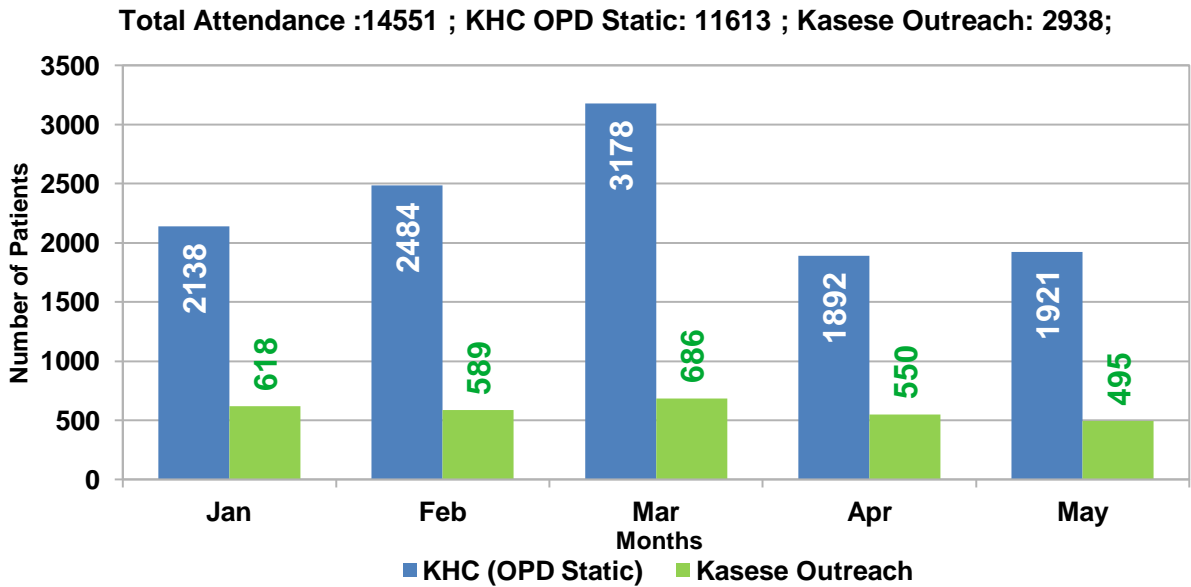
Figure 1 : Total monthly patient attendance – KHC & MOC (2022).

**Figure 2 below shows the total number of patients seen at KHC (OPD Static and Kasese Outreach) and Bowe Outreach.**



*Figure 2: Total patients seen at KHC (OPD Static & Kasese Outreach) and Bowe Outreach – 2022.*

Figure 3 below shows the total number of patients seen at KHC (OPD Static) and Kasese Outreach.



*Figure 3: Total Attendance KHC (OPD Static) and Kasese Outreach – 2022.*

Figure 4 below shows the total number of patients seen at KHC (OPD Static) and MOC (Bowe & Kasese Outreaches).

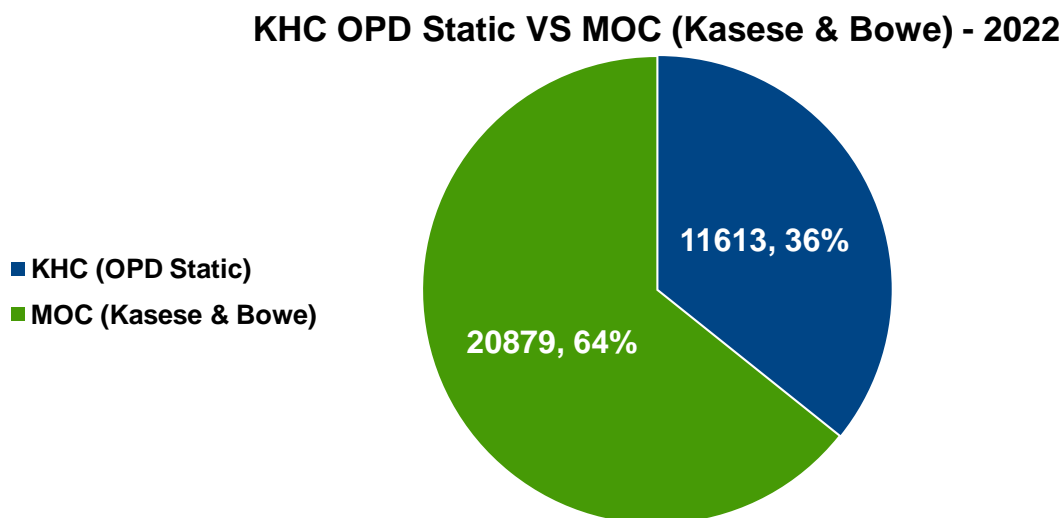


Figure 4: Cumulative patients seen at KHC (OPD Static) and MOC (Kasese & Bowe).

### COVID 19 Situation Updates

There is a slight rise in COVID-19 cases in the country, highest being **16** cases. However, we continue to observe the prevention, and any person who is a suspect, or probable case, who meets the clinical and epidemiological criteria are screened and tested to confirm. There is **no** case so far at our Health Center.

#### Cumulative COVID 19 Data – KHC Static.

Table 2 below shows Cumulative COVID 19 Data.

	Staff (OCA/HSA)	Others	Total
<b>Cumulative Tests</b>	2	35	<b>37</b>
<b>Cumulative Positives</b>	0	12	<b>12</b>
<b>Cumulative Deaths</b>	0	0	<b>0</b>
<b>May Tests</b>	1	0	<b>1</b>
<b>May Positives</b>	0	0	<b>0</b>

Table 2: COVID 19 Cumulative Data.

### **COVID 19 Vaccine (Pfizer) – KHC Static.**

Table 3 below shows Vaccine Doses Administered in 2022

<b>Dose</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
<b>1<sup>st</sup> Dose</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Balance Brought Forward</b>	<b>43</b>	<b>60</b>	<b>103</b>
<b>Cumulative</b>	<b>43</b>	<b>60</b>	<b>103</b>

*Table 3: Pfizer Administered at KHC Static (2022)*

### **COVID 19 Vaccine (Johnson & Johnson – J&J) – KHC Static**

Table 4 below shows Vaccine Doses Administered in 2022

<b>Vaccine Type</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
<b>Johnson &amp; Johnson (J &amp; J)</b>	<b>11</b>	<b>19</b>	<b>30</b>
<b>Balance Brought Forward</b>	<b>105</b>	<b>78</b>	<b>183</b>
<b>Cumulative</b>	<b>116</b>	<b>97</b>	<b>213</b>

*Table 4: J & J Administered at KHC Static (2022)*

### **COVID 19 Vaccine (Astra-Zeneca) – KHC Static.**

Table 5 below shows Vaccine Doses Administered in 2022

<b>Dose</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
<b>1<sup>st</sup> Dose</b>	<b>36</b>	<b>46</b>	<b>82</b>
<b>2<sup>nd</sup> Dose</b>	<b>101</b>	<b>197</b>	<b>298</b>
<b>Balance Brought Forward</b>	<b>227</b>	<b>288</b>	<b>515</b>
<b>Cumulative</b>	<b>364</b>	<b>531</b>	<b>895</b>

*Table 5: J & J Administered at KHC Static (2022)*



**COVID 19 Vaccine Status – KHC Static.**

Table 6 below shows Vaccine Status in the month of May 2022

Vaccine Type	Beginning Balance	End Balance
Astra-Zeneca	180	0
J & J	30	0

Table 6: Astra-Zeneca Status at KHC Static (May 2022)

Figure 5 below shows cumulative vaccines administered at KHC in the year 2022.

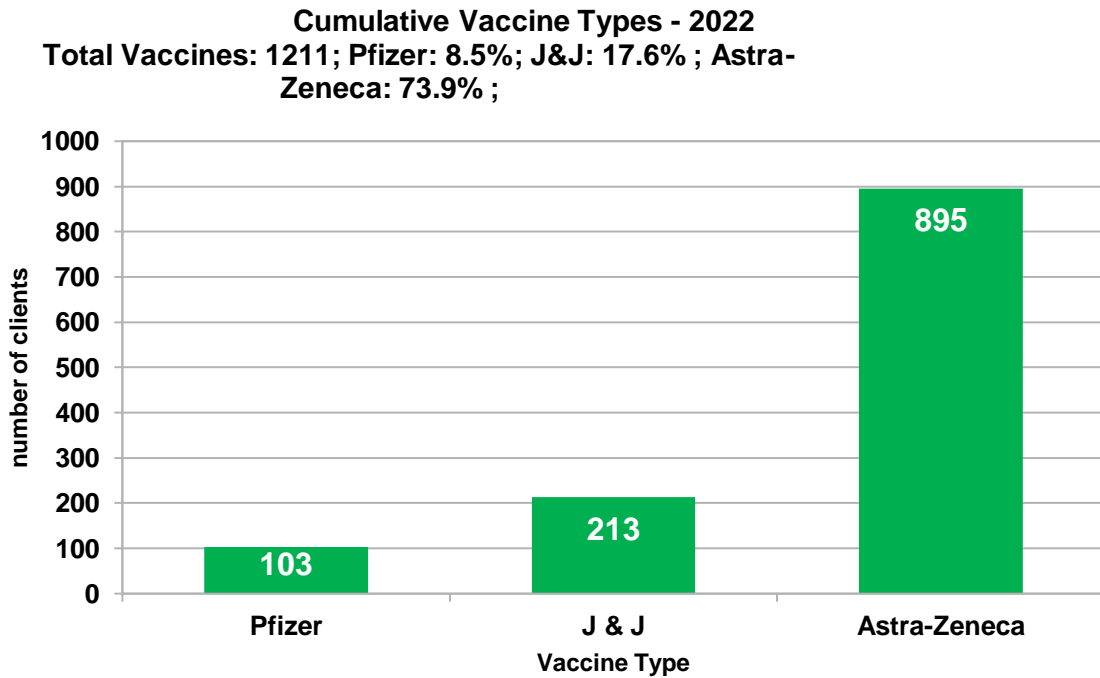


Figure 5: Cumulative Vaccine Doses Administered at KHC (2022)

Figure 6 below shows cumulative COVID 19 tests done in the year 2022.

**Cummulative COVID 19 Tests - 2022**  
**Cumulative Tests: 37**

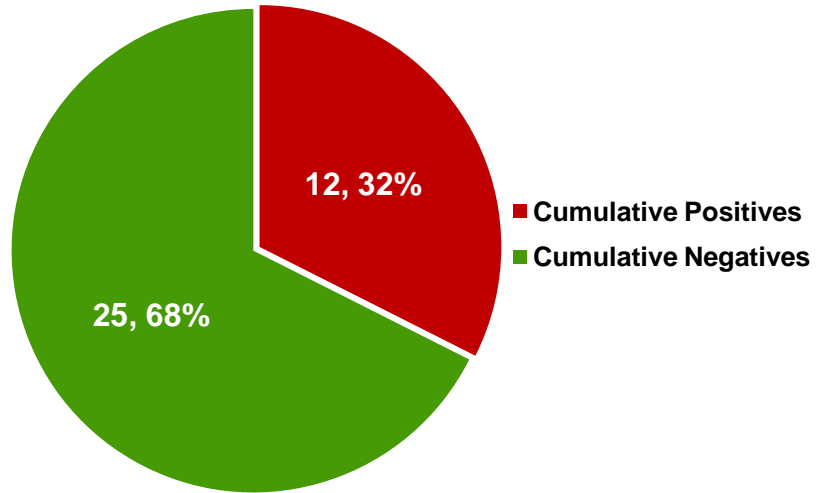


Figure 7: cumulative COVID 19 Tests (2022).

**Reproductive and Family Planning Health**

**Maternal and New-born Health Care**

<b>Months (2022)</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Total</b>
<b>Admissions</b>	21	26	29	29	24	<b>129</b>
<b>Referrals</b>	2	5	2	14	13	<b>36</b>
<b>New Babies</b>	22	26	29	29	24	<b>130</b>
<b>Alive Babies</b>	22	26	27	29	24	<b>128</b>

Table 6: Maternity Data - 2022

Table 7 below shows Maternity Data of new babies with complications for the year 2022.

<b>Months (2022)</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Total</b>
<b>Weight &lt;2500 grams</b>	1	1	1	0	1	<b>4</b>
<b>Prematurity</b>	2	1	2	0	0	<b>5</b>
<b>Asphyxia</b>	1	0	5	0	0	<b>6</b>
<b>Sepsis</b>	0	0	0	0	0	<b>0</b>
<b>Stillbirth Fresh</b>	0	0	1	0	0	<b>1</b>
<b>Stillbirth Macerated</b>	0	0	0	0	0	<b>0</b>
<b>Neonatal Death</b>	0	0	1	0	0	<b>1</b>
<b>Total</b>	<b>4</b>	<b>2</b>	<b>10</b>	<b>0</b>	<b>1</b>	<b>17</b>

Table 7: Newborns with complications – 2022

Figure 8 below shows total Cumulative Maternity Complications for the year 2022.

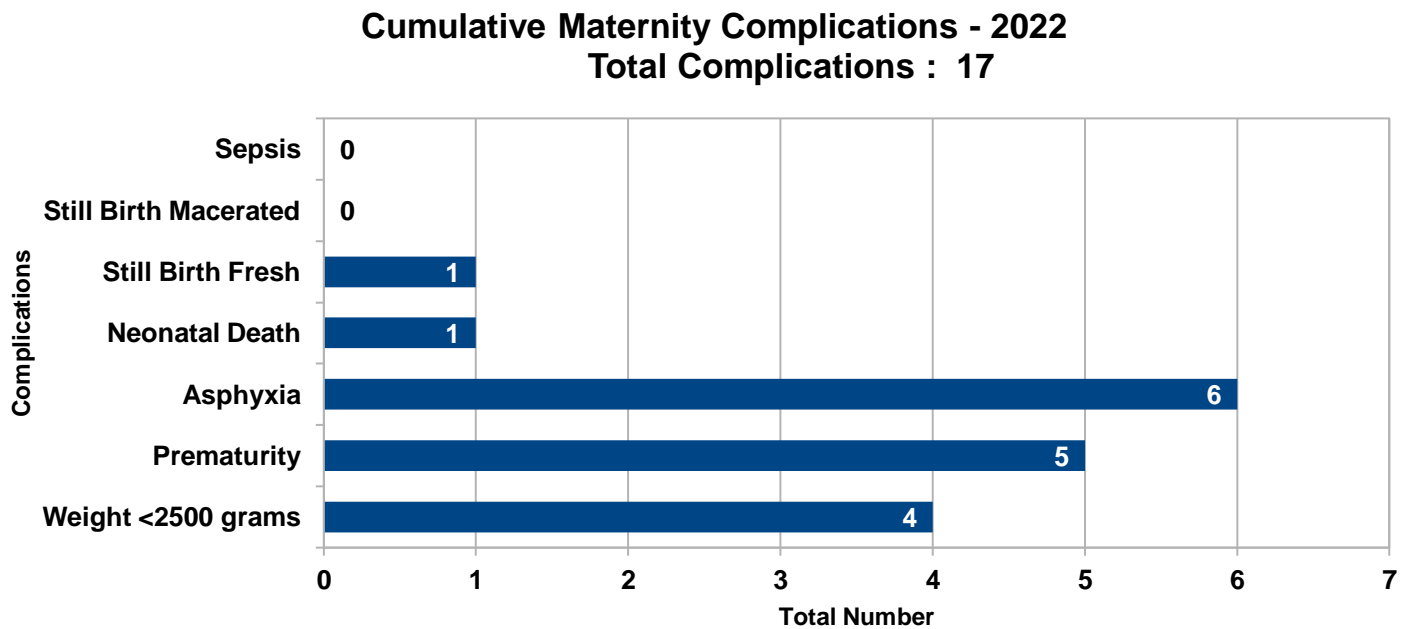


Figure 8: Cumulative Maternity Complications – 2022

Figure 9 below shows total monthly Maternity attendance.

**Maternity Attendance - April 2022**  
**Total Attendance: 37**

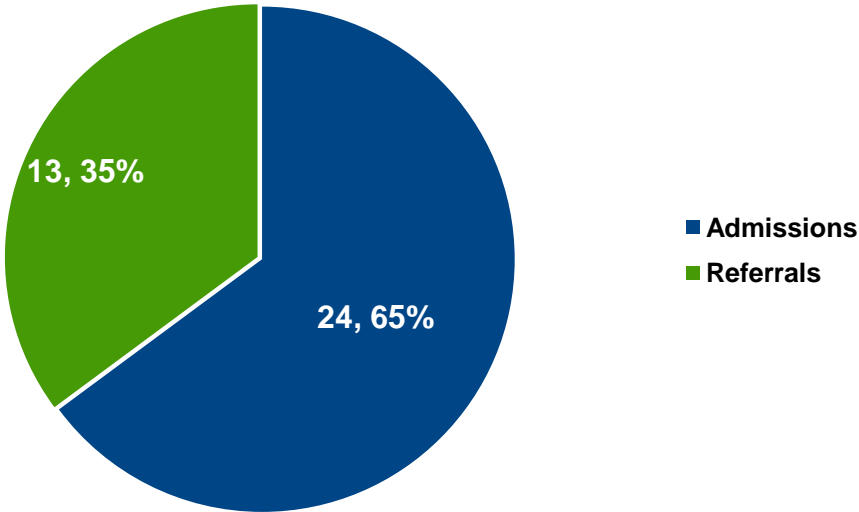


Figure 9: number of Admissions and Referrals (May 2022)

Table 8 below shows the reason for the referrals

<b>Referral Reason</b>	<b>Number of Clients</b>
Fetal Distress	4
Young Prim	1
Retained Placenta	1
Anaemia	1
CPD	3
Previous Scar	1
Breech	1

Table 8: Referral Reasons - May 2022

Figure 10 below shows ANC New attendances.

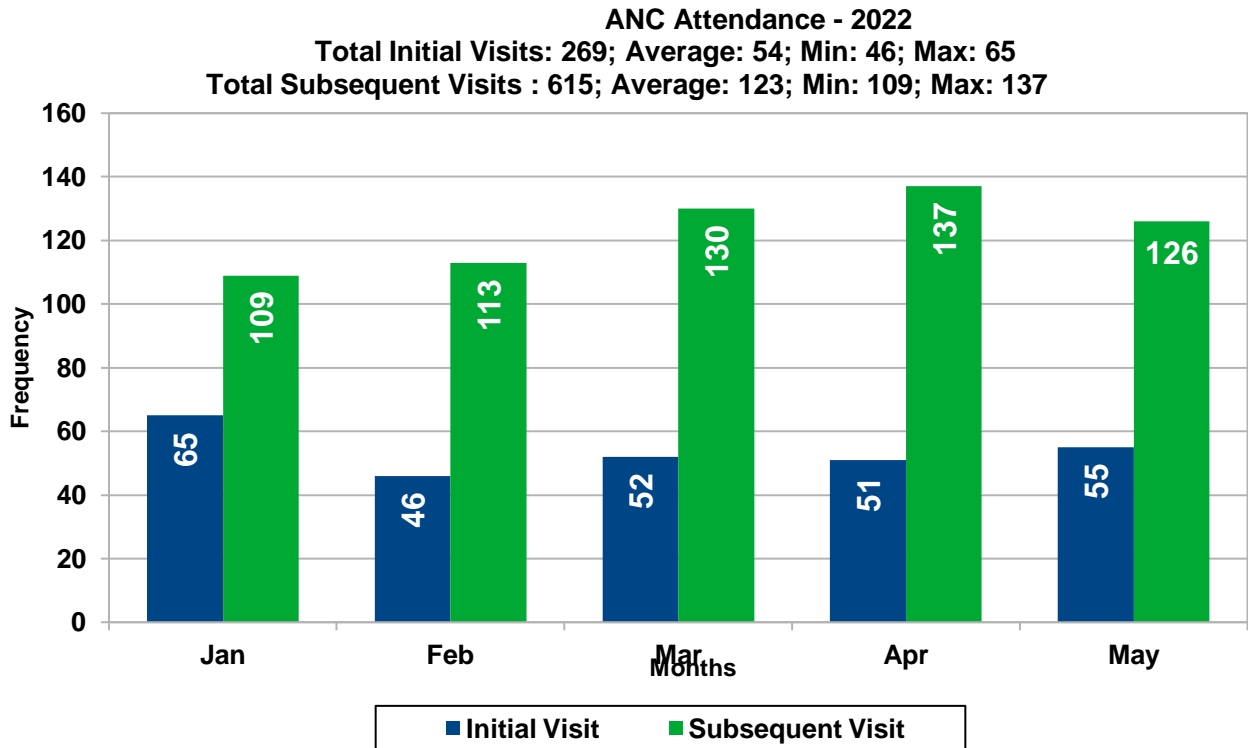


Figure 10: ANC New Attendances (2022).

### Cervical Cancer Control Clinic Report

Table 9 below shows 2022 Monthly Cervical Cancer Screening.

Month (2022)	Jan	Feb	Mar	Apr	May
<b>Total</b>	15	22	22	15	5
<b>VIA Positive</b>	1	2	1	0	0

Table 9: Monthly Cervical Cancer Screening 2022 Table.

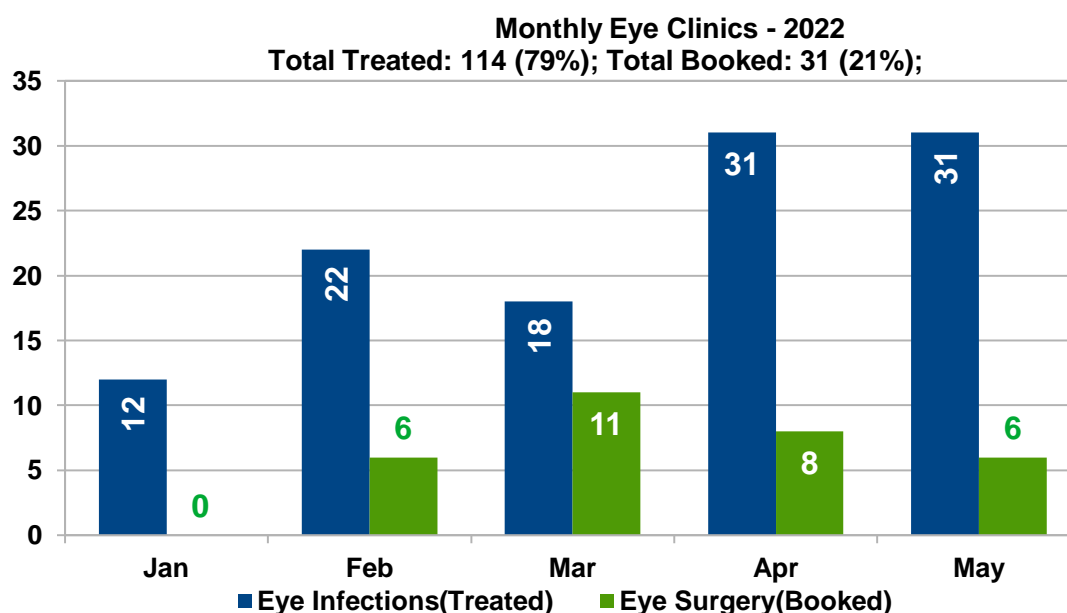
## Eye Clinic

Table 10 below shows the total number of clients treated for eye infections and those booked for surgery.

Month (2022)	Jan	Feb	Mar	Apr	May
<b>Eye Infections (Treated)</b>	12	22	18	31	31
<b>Eye Surgery (Booked)</b>	0	6	11	8	6
<b>Total Seen</b>	<b>12</b>	<b>28</b>	<b>29</b>	<b>39</b>	<b>37</b>

*Table 10: Monthly Eye Clinic Table - 2022.*

Figure 11 below shows Monthly Eye Clinic in the year 2022.



*Figure 11 : Monthly Eye Clinic – 2022*

## Malaria Report

Table 11 below shows Malaria tests for May 2022

	Total Tested	Positives	Negatives
<b>Under 5</b>	490	71	419
<b>5 Years and Over</b>	533	166	367
<b>Total</b>	<b>1023</b>	<b>237</b>	<b>786</b>

*Table 11: Total Malaria Tests (May 2022).*

Table 12 below shows total Malaria Cases (MRDT's Positive), LA Issued and Dispensed

2022	January	February	March	April	May
<b>Suspected Malaria Cases</b>	1535	1722	1707	988	1023
<b>Suspected Cases Tested MRDT</b>	1528	1714	1698	988	1023
<b>Confirmed Malaria Cases</b>	250	322	162	168	237
<b>New Malaria Cases Registered</b>	257	330	171	168	237
<b>LA Dispensed</b>	257	330	171	168	237
<b>LA Issued</b>	690	300	600	270	2470

Table 12: Total Malaria Cases, LA Issued and Dispensed Table.

Figure 12 shows Suspected Malaria Cases Tested against Confirmed Malaria Cases in the year 2022

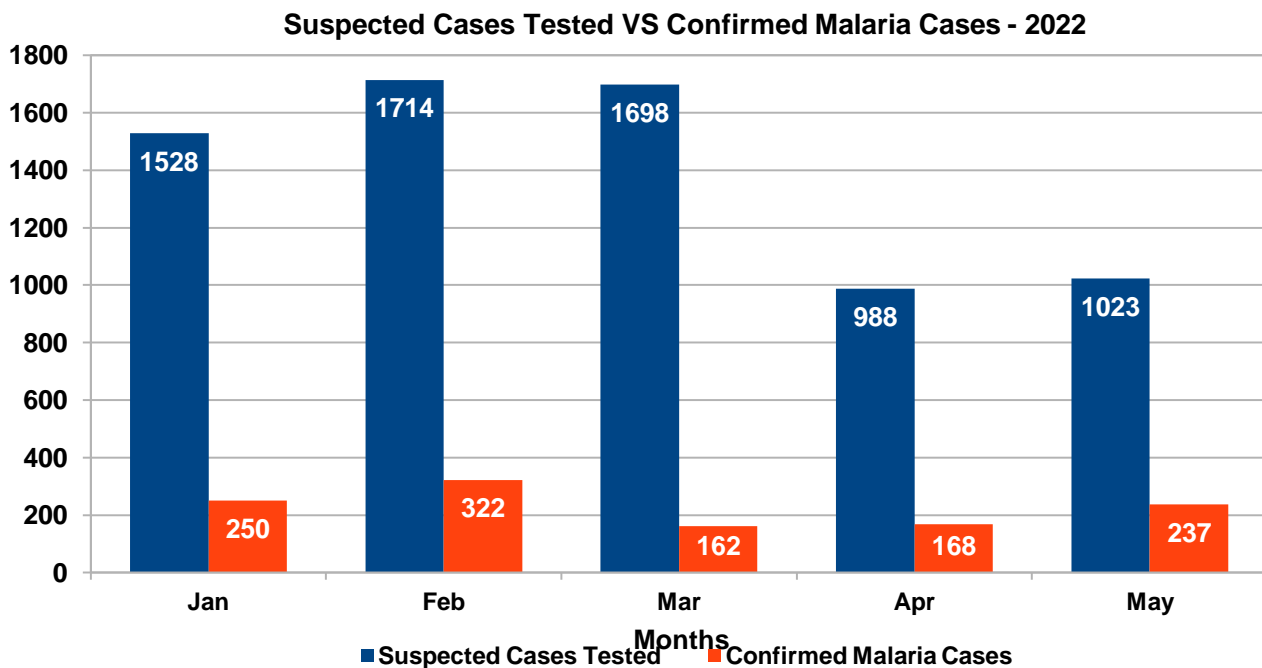


Figure 12: Malaria Suspected Cases Against Confirmed Cases - 2022

Figure 13 shows total KHC (Static and Kasese Outreach) Malaria tests (May 2022)

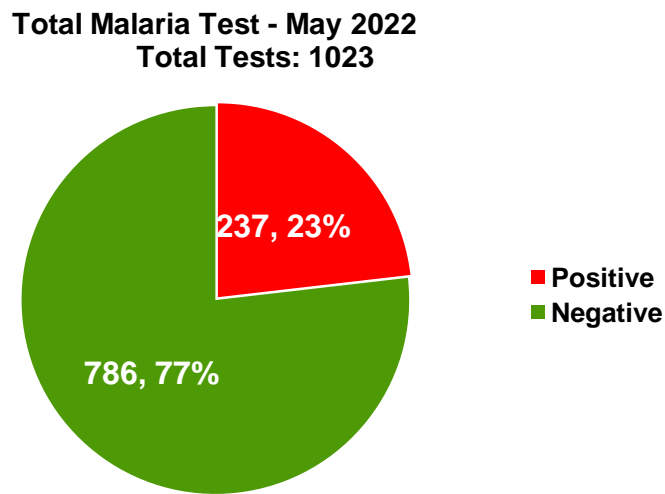


Figure 13: Total KHC (Static and Kasese Outreach) Malaria tests (May, 2022).

Figure 14 shows total KHC (Static and Kasese Outreach) Under 5 Years Malaria tests

**Under 5 Years Malaria Tests - KHC (Static & Kasese Outreach - May 2022)**  
**Total Tests: 490**

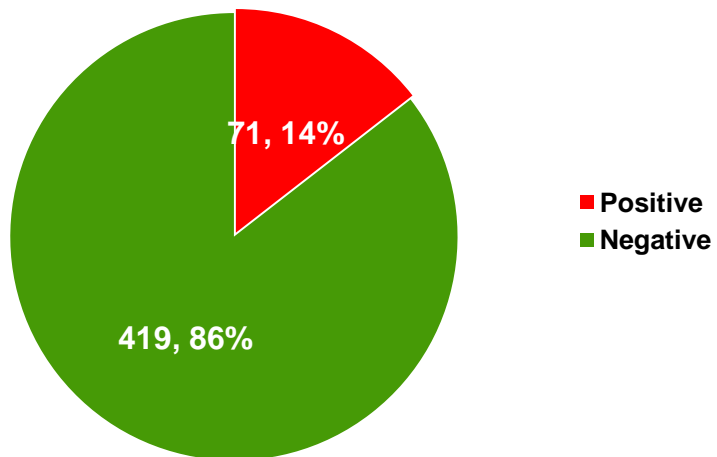


Figure 14: Static and Kasese Outreach, Under 5 Years Malaria tests (May, 2022).



Figure 15 shows total KHC (Static and Kasese Outreach) 5 Years and Over Malaria tests

**5 Years and Over Malaria Tests - KHC (Static & Kasese Outreach - May 2022)**  
**Total Tests: 533**

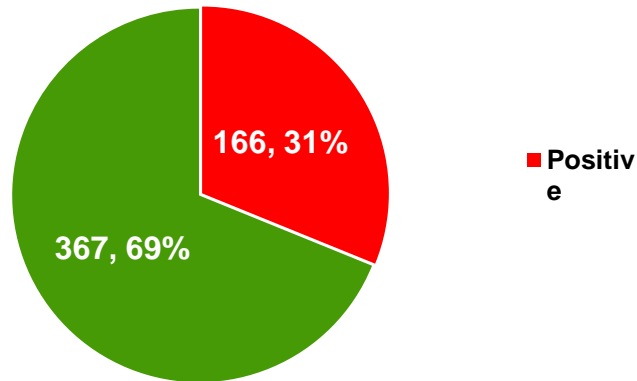


Figure 15 : Static and Kasese Outreach, 5 Years and Over Malaria tests (May, 2022).

With reference to the figures, 14 and 15 above, more tests were conducted in 5 Years and Over and had more positivity rate (31%) than Under 5 (14%).

### HIV Testing Services (HTS)

**HTC Monthly Attendance - 2022**  
**Total Tests : 853 ; Total Positives : 18; Total Negatives: 835 ;**

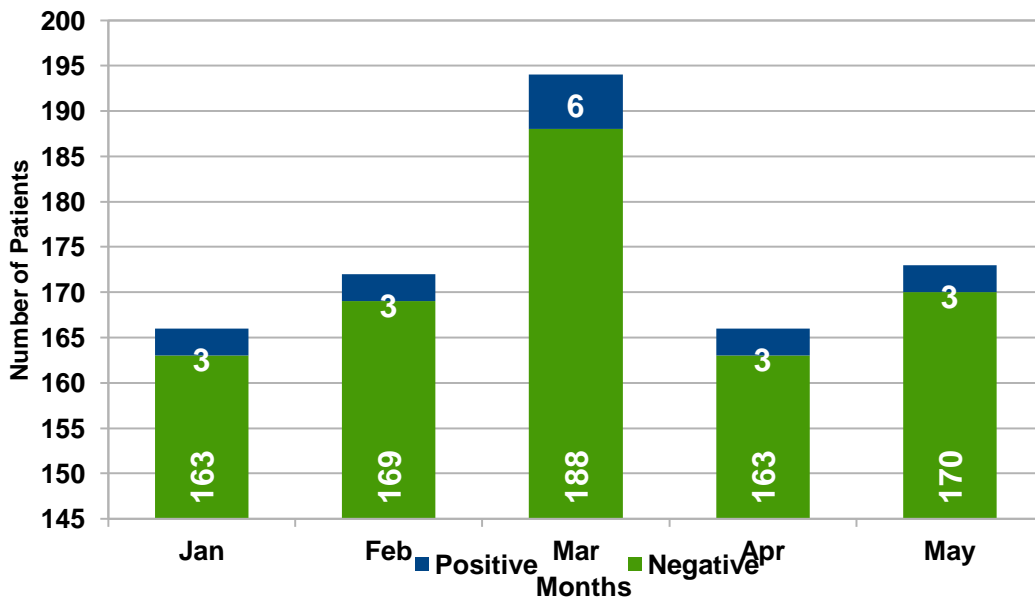


Figure 16 below shows HTC Monthly Data (2022).

Figure 16: HTC Monthly Data 2022

Kasese catchment area positivity rate remains to be low, this could indicate that people adhere to HIV/AIDS preventive measures.

## Laboratory Services

Table 13 Below shows qualitative Laboratory tests conducted in the year 2022 (KHC Static and Kasese Outreach).

	H. Pyloris		Salmonella		Hep B		HCG		COVID 19	
	Total	Pos	Total	Pos	Total	Pos	Total	Pos	Total	Pos
<b>Jan</b>	69	26	6	2	2	2	30	8	30	12
<b>Feb</b>	88	24	16	0	1	0	41	17	3	0
<b>Mar</b>	79	21	17	0	2	0	43	15	2	0
<b>Apr</b>	80	25	7	0	4	1	19	0	1	0
<b>May</b>	85	25	5	0	1	0	41	17	1	0
<b>Tota l</b>	<b>401</b>	<b>121</b>	<b>51</b>	<b>2</b>	<b>10</b>	<b>3</b>	<b>174</b>	<b>57</b>	<b>37</b>	<b>12</b>

Table 13: Qualitative Lab Tests Data Table for KHC Static - 2022.

Figure 17 below shows qualitative lab tests 2022

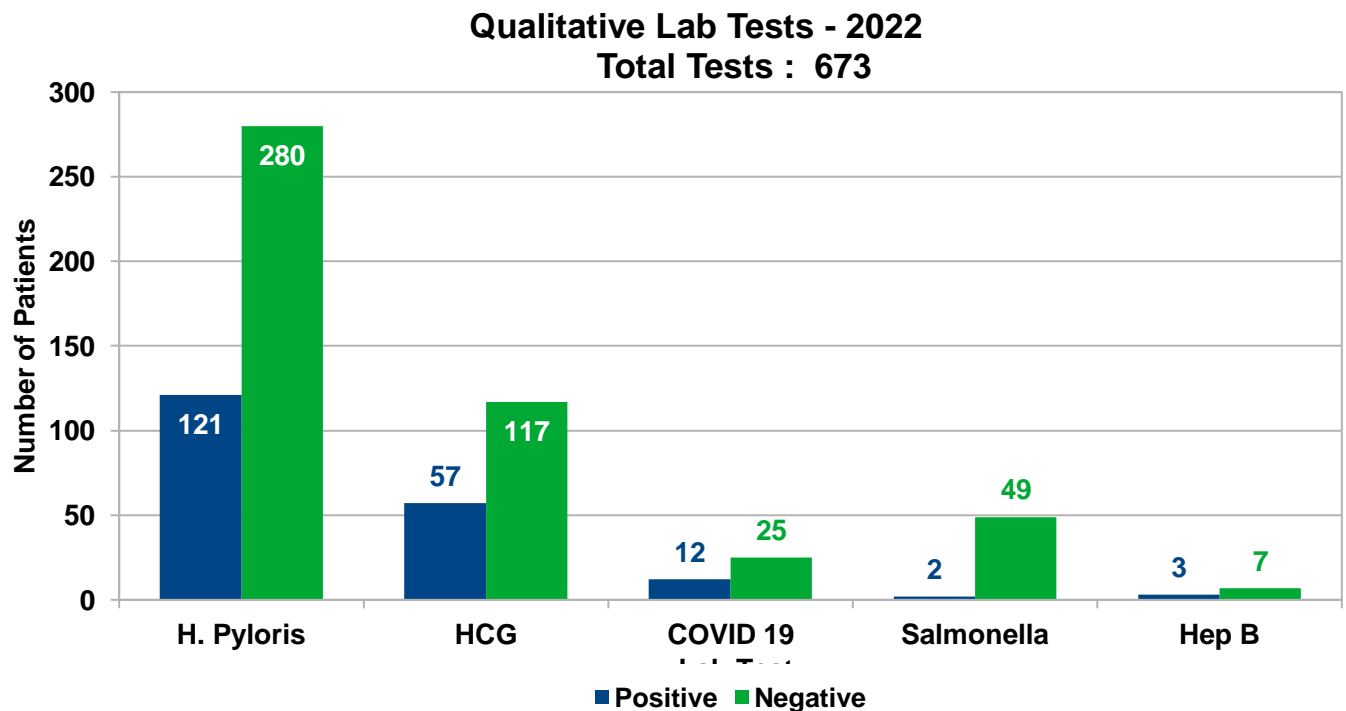


Figure 17: Qualitative Lab Tests – 2022.

Table 14 Below shows quantitative Laboratory tests conducted in the year 2022 (KHC Static and Kasese Outreach).

	<b>Glucose</b>	<b>HB</b>	<b>Urinalysis</b>	<b>FBC</b>
<b>Jan</b>	47	93	4	102
<b>Feb</b>	30	84	2	98
<b>Mar</b>	36	82	4	109
<b>Apr</b>	33	81	1	84
<b>May</b>	30	48	11	113
<b>Total</b>	<b>176</b>	<b>388</b>	<b>22</b>	<b>506</b>

Table 14: Quantitative Lab Tests Data Table for KHC Static.

Figure 18 shows quantitative lab tests for the year 2022

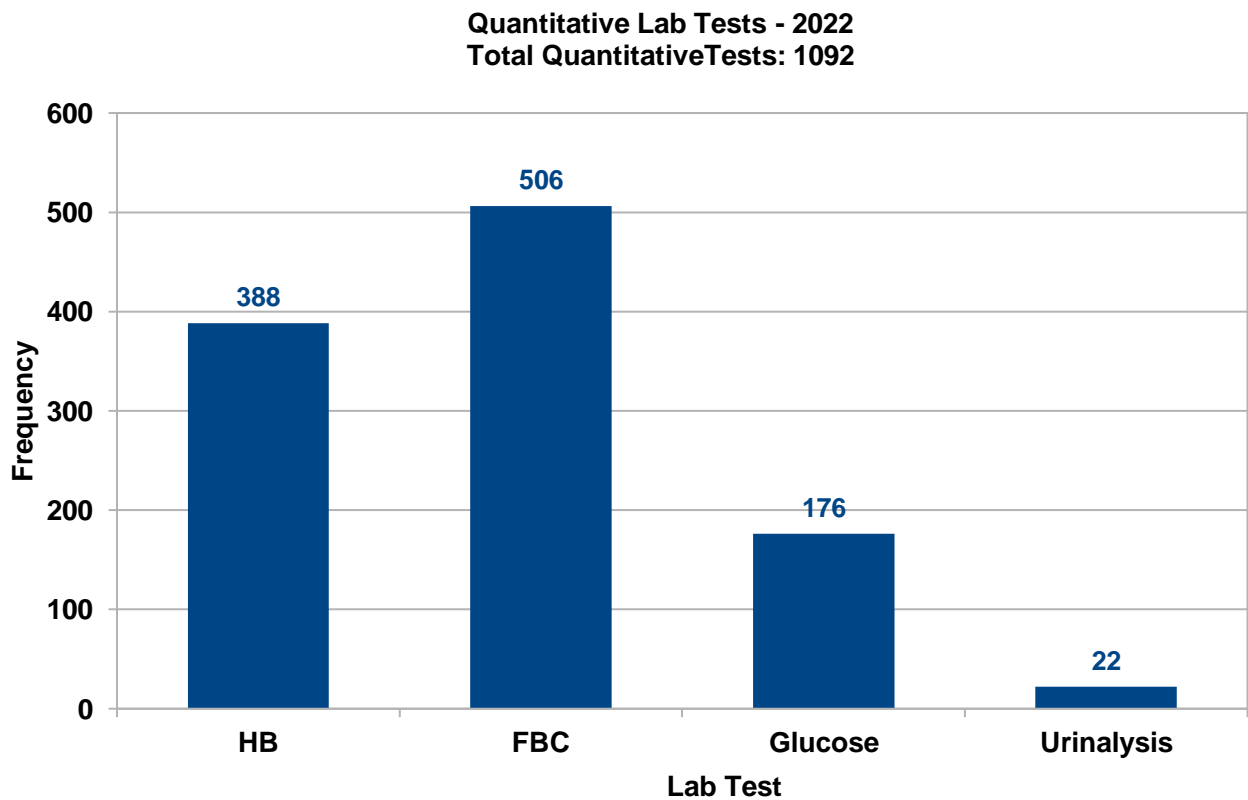


Figure 18: Quantitative Lab Tests – 2022.

## Healthcare Finance and Administration

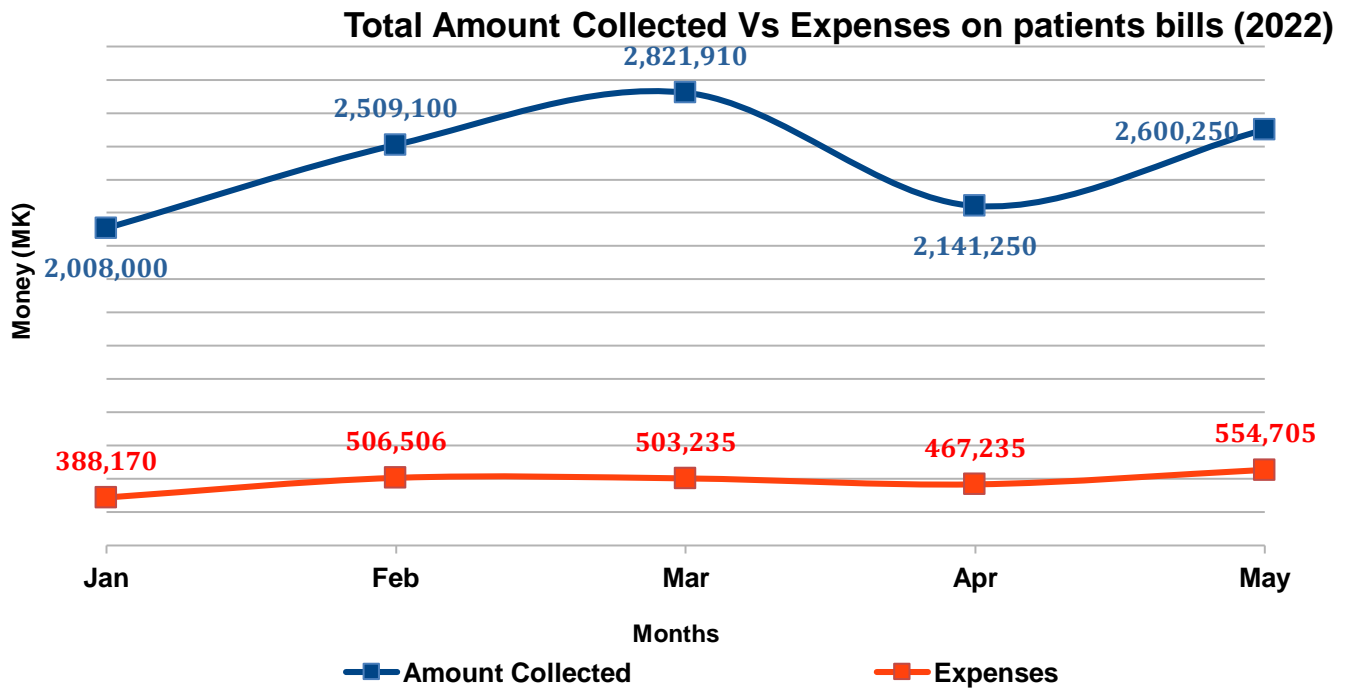
Table 15 shows the clinic finance table for 2022.

2022	Amount Collected	Amount Spent on Hospital Bills
January	MK 2,008,000	MK 388,170
February	MK 2,509,100	MK 506,506
March	MK 2,821,910	MK 503,235
April	MK 2,141,250	MK 467,235
May	MK 2,600,250	MK 554,705

Table 15: Clinic Finances – 2022.

Figure 19 below shows Expenses on patients Bills and Amount Collected (2022).

**Figure 19: Expenses and Amount Collected (2022).**



## **Achievements and Challenges**

### **Success Highlights**

**User fee funds** - The Health Center continues to assist the most destitute patients in terms of bills and bus fare payments upon referral to Madisi hospital or Kamuzu Central Hospital (KCH) using the user fee funds.

**Pharmacy** - The Health Center did not run short of essential medicine and medical supplies. All medicines were procured on time. Monthly stock taking was done, and cleaning was carried out in pharmacy stores.

**World Health Organization delegate visit** - The Health Center received supervisors from World Health Organization (WHO) and Ministry of Health (MoH). They came to check on the Health Center Quality Improvement (QI). Overall, the Health Center scored **49%** on quality improvement, they recommended a number of things to be improved which includes: Formation of Work Improvement Teams (WIT), Training of staff on Quality Improvements, to put in place direction board at the Health Center entrance e.g. showing the maternity and other departments, tools for 5s and visual controls, to have evidence of self-discipline among visitors at the facility (car park direction), they also conducted infrastructures situation analysis, they inspected floors, walls, desk and shelves, ceiling, among others.

**Training** – Four staff (Nurses and a Clinician) underwent refresher training organized by the Ministry of Health with the support from the Global Fund, on the new guidelines for the treatments and care of HIV/AIDS.

**Maternal and Newborn** - A copy of standards guidelines in improving quality of maternal and newborn care in Malawi was placed in maternity for staff to read and follow.

**Malaria infections**- malaria laboratory tests positivity rate continues to be very low (23%), which is a good achievement in comparison with the same period previous years.

**Continuous Professional Development (CPD)** - The Health Center has resumed the weekly staff education program.

### **Key Challenge**

- As per WHO delegates recommendation, there is a need for Health Center Ombudsman who will manage complaints, feedback from patients/clients. We are working on identifying or choosing such personnel.

## Water and Sanitation Program

The month of May was another exciting month for the water program due to the onset of the borehole drilling season. Apart from borehole drilling, the water program also conducted other activities in line with the program goal of reducing morbidity and mortality of people of Kasese through improved access to water supply, sanitation facilities and good hygiene practices. The following activities were conducted during the month;



- Water point repairs and rehabilitations (1 rehabilitation, 5 repairs, 14 services)
- Borehole drilling (Kuliyani & Madembo village)
- Community mobilization meeting for School Latrine construction (Nambola school)
- Water needs assessment (ADC proposed villages)
- Assessment of schools for latrine construction (Kalikulu & Kamongo schools)

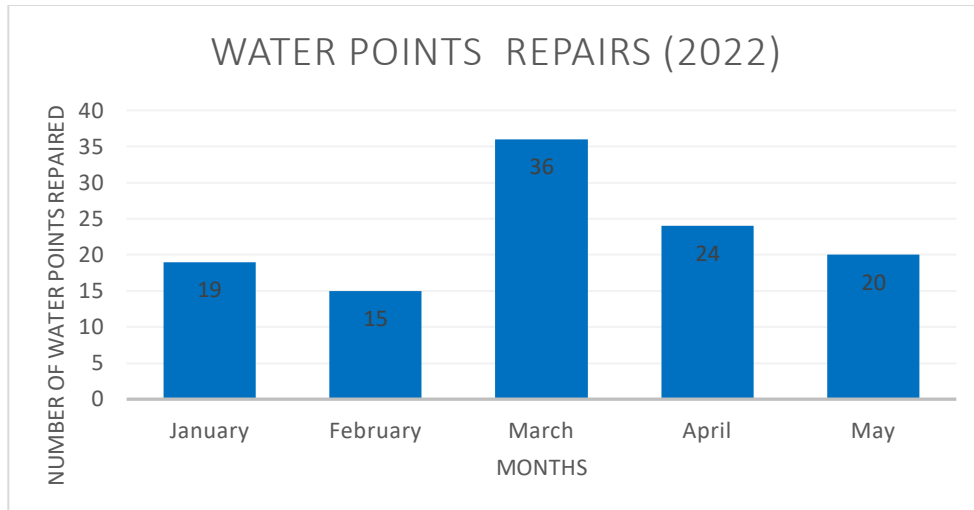
### Water point repairs and rehabilitations



#### *Pump repair session at borehole during the month*

To ensure sustainable functionality of water points and access to safe water within the OCA catchment. The water and sanitation program supports repairs, services, and rehabilitation of broken Afridev pumps with spares and technical expertise in collaboration with Afridev pump Area Mechanics. In April 2022, the water program repaired and serviced **20** boreholes (Rehabilitation: **1**; Service: **14**;

Repairs: **5**). During the month of the water program also rehabilitated a water point in Kasese village which had a faulty installation.



*A graph showing the number of repairs conducted between January to May 2022*

### **Borehole drilling and construction**

In line with Sustainable Development Goal 6 aimed at ensuring universal access to sustainable water and sanitation services, the OCA water program drills boreholes in communities within the Kasese catchment. Under this initiative, the water program has set an annual target of **15** boreholes to be drilled within the Kasese catchment in 2022. The following villages have been identified as potential beneficiaries for 2022 boreholes; *Kuliyani, Madembo, James, Timothy, Fumbi, Zindo 2, Mdaunda, Chazinga trading centre, Kasinja, Saka, Mateke, Mshangula, Nambela, Mvulayakata, Kam'phika*. The month of May marked the onset of the borehole drilling season. The water program drilled 2 boreholes in Kuliyani and Madembo villages. The borehole in kuliyani village is expected to benefit approximately **300** people while the one in Madembo village will support **250** people. The borehole in Kuliyani village has been donated by **Mr Steve Sellinger** from the USA. Currently the two new boreholes are currently working properly and the people are very grateful for the gift of water from OCA.



**Left** - Kuliyani village's old water source; a shallow well which usually dries up during the summer months between August -November. **Right** - New water point constructed by OCA with support from Steve Sellinger

## Community mobilization meeting for School Latrine construction



**Left** - Chairman of the water program chief's committee addressing the community members from Nambola primary school during the mobilization meeting. **Right** – OCA staff, Teachers and chiefs during the community mobilization meeting at Nambola school

Among its many initiatives, the OCA water program also promotes sanitation in schools. This is done through the provision of sanitation infrastructure and sensitization campaigns on sanitation. This is done to create a good learning environment for school going children free of sanitation-related diseases such as cholera and dysentery.

In 2022 the water program plans to construct latrines for boys and girls in two primary schools. During the month the water program visited Nambola primary school which is one of the schools expected to benefit from the latrine construction initiative. The visit aimed to mobilize the school community (management and surrounding community) towards the modalities of the impending latrine construction exercise. Under this initiative the school community is expected to provide bricks, sand and quarry stone. On the other hand, OCA provides all other building materials, payment for the building contractor, technical expertise and quality assurance. Construction of the latrines at Nambola is expected to begin in mid-June, 2022. During the month the water program also visited Kalikulu and Kamongo schools to conduct a school sanitation needs assessment.

### Water needs assessment

Earlier in the year, executive members of the Chakhadza Area Development Committee (ADC) wrote a letter to OCA asking for an extension of the water program initiatives to other areas outside the Kasese catchment considering the urgent water need in those areas. The letter from the ADC included a list of 10 villages from TA Chakhadza that are in dire need of boreholes. In response to this request, the water program organized field water needs assessment visits to these villages. Following the visit, it was confirmed that these villages are in great need of water services. Therefore, the water program plans to share the findings from the field assessment with OCA management for decision making.



### **Planned Activities for next months**

- Borehole repairs and rehabilitations
- Borehole drilling (2 boreholes)
- Review meeting with HSAs and Area Mechanics
- Begin construction of latrines at Nambola school
- Train water point committees for Kulyani and Madembo boreholes

### **Conclusion**

The water program is very grateful to OCA-US and all donors for supporting its initiatives. The water program is very excited about the upcoming activities, which promises to be another step towards the attainment of sustainable development goals related to water and sanitation.

## Agriculture and Business

### Agriculture



In the month of May 2022, the agriculture program performed several activities in supporting smallholder farmers in the communities to be have food and be financially stable. The activities performed during the reporting month focused on irrigation farming of Maize, Tomatoes and beans. It also focused on proper postharvest handling of rainfed crops to reduce losses which occurs during harvesting period. Below are details of activities which were

carried out during the reporting period.

### **Irrigation/Watering Equipment**

OCA has supported 5 irrigation clubs with Solar water pumps in the past years which have reduced problems of watering in these irrigation clubs. Chigona irrigation club also received support of solar pumps last year which have helped them to date. Club members to show ownership of the work as they were planning to increase the land for production, have managed to buy another water pump to increase power for water supply to crops. In the past years Chigona club was cultivating only 3 acres but now with the added pump, they have cultivated up to 7 acres of tomato with an average of 60,000 plants. The club has been able to buy new water pump through the profits which they made from last year's production season.



*Newly bought pump by club members to increase power on water supply to crop*

## **Planting in Irrigation Clubs**

As smallholder farmers are harvesting their crops from rainfed farming which was affected by short rain season, some have already gone for irrigation farming with the aim of covering the challenges which they went through during rainfed farming. The main challenge among farmers during the last rainfed farming was poor harvest due to the short rain season hence farmers have harvested small quantities not enough to their families. Irrigation farming has been considered as the best way of reducing problems of hunger. Irrigation clubs of Tchale and Madula have already gone for Maize production. A total of 36 farmers are taking part in Maize production. Farmers were trained and encouraged to practice the Sasakawa system of Maize production where planting spacing of 25cm between planting spacing and 75cm between rows was encouraged. Tchale and Madula irrigation clubs are in their first year working with OCA and club members have already put more effort to have bumper harvest as has been the case with other OCA clubs which have inspired them.



### **Transplanting**

Kasangadzi irrigation was involved in transplanting and club members were advised to conduct transplanting activity during afternoon hours or cloudy days to reduce the transplanting shock. Transplanted seedlings produce bumper harvest in tomato production. The process starts with sowing of seeds which is transplanted after 3 to 6 weeks depending on the variety. The advantages of transplanting the seedlings include planting only good and healthy plant seedlings and more even distance between plants and rows than planting seeds directly in the main field. Seedlings to be transplanted should be hardened off one week before transplanting. Hardening off is done by reducing the quantity of water application which is done as per day or week. The seedlings should be thoroughly applied with water during the time of transplanting to avoid excessive damage to the roots.

### **Manure and fertilizer application**

Chigona and Mvunguti have applied Manure and fertilizer to their plants. Manure application to the crops is more important as it improves soil structure and nutrient levels in the soil. During the time of transplanting tomato seedlings with these irrigation clubs, members were encouraged to apply manure into their field before or immediately after transplanting. The activity was followed by little application of fertilizer after 5 days from

the day of transplanting. The activity of fertilizer application is being done to boost up the nutrient content in the soil. The club members were also taught about the recommended rate of fertilizer application whereby 5 grams of fertilizer was applied per planting station. Members of the club are also advised to use the dollop method for D-compound fertilizer application for high yield.

### **Pruning of Tomatoes**

Ndalusa and Madzimayela Irrigation clubs are producing tomatoes and pruning activity took place. Pruning helps to reduce surface area for chemical application and area for pests and disease attack. Pruning is more helpful in penetration of light and air circulation. Pruned tomato plants produce good size and quality tomato fruits. Pruning is done by removal of any yellow or decaying foliage as soon as possible to avoid spread of disease. Pruning is also done by removing some side branches of the plant. Side branches, if they are allowed to grow, will produce masses of foliage but few tomato fruits hence pruning is necessary. Pruning is done with proper care to avoid spread of disease via hands or any



tools used for pruning. Proper care is done by cleaning tools used for pruning regularly and burning or burying all pruned leaves to avoid disease infections. Farmers are also advised to do pruning activity during morning hours on a sunny day so that the wounds can dry quickly.

*Removal of overgrown leaves and suckers in progress*

### **Staking of Tomatoes**

A tomato fruit has to be controlled from going off the ground or soil and has to be hoarded up the ground to avoid pests and disease from penetrating into tomato fruits. Madzimayela irrigation club was involved in the activity of staking to ensure cleaner and healthier tomato fruits are harvested. The materials used for staking include steaks which are readily available to the community and cheaper. Strings were used for tying up tomato trees to the stick. Staked tomato has some advantages as it can be easily sprayed with chemicals to prevent the fruits from pests and diseases attack. Staked tomatoes are also easier to be harvested than those sprawling in the ground.



*Staking in progress to control tomato from going off to the ground*

## **OCA Farm**

It is harvesting time where threshing in Soya crops is in progress for the crops cultivated on OCA farm by Mwayiwanthu farm club. Threshing is the process of loosening the edible part of the grain from the straw to which it is attached. Threshing is the major post-harvest operation which is carried out after all crops have been gathered from the field. The process is done using a local method which involves simple tools which are locally available such as sticks. The threshing process was advised to be done with care to prevent breakage of the seeds. The process also includes winnowing to remove some remaining husks so that it can be taken into a storage room ready for marketing.



*Threshing and winnowing of Soya in progress*

## Business and Financial Empowerment Microloans

The Business and the Financial Empowering Microloan (FEM) program had conducted a number of activities that contributed to the achievement of its overall goal of improving livelihoods through provision of microloans and capacity building. The activities carried out included; Monitoring of businesses to ensure good business practices and loan repayment verification, weekly village savings and loans meetings to create platforms where women entrepreneurs may explore investment opportunities as well as develop saving plans and data management meetings to ensure that beneficiaries' data is well documented and backed up for future reference.

### Loan repayment

The month of May marks the end of the loan repayment period which began in December, 2021. Loans amounting to MWK 2,750,000 and MWK 1,795,000 were disbursed to Tikondane and Tiyanjane FEM groups respectively. As of May 31<sup>st</sup>, 2022, five women from Tiyanjane still had balances of MWK 345, 500 in total for the just ended loan period. The balance for [Tiyanjane Fem Group](#) represents nineteen percent default rate whereas [Tikondane FEM group](#) had a zero percent default rate. To avoid putting pressure on them, an extension period has been given to them to be able to settle their balances at their own opportune time. However, the women entrepreneurs with balances are committed to setting off their balances so that they may have access to other loans in the near future hence they agreed that 18<sup>th</sup> June, 2022 should be the last due date for repayment.

### Tikondane Loan Repayment Schedule

Loan No.	NAME	Loan Amount	4th Instament	Trans ID	Loan Balance
P-05	TAMALE KACHINGWE	150,000	35,000	CI220526.01541.I48293	40,000
P-10	MALITA BANDA	250,000	125,000	PP220510.1445.I60896	-
P-11	PATRICIA BANDA	125,000	35,500	CI220518.1158.I79477	-
P-12	IREEN HENDELESONI	100,000	13,000	C220530.2123.I55498	37,000
P-13	STELLA KALIMBAKATHA	100,000	30,000	CI220513.1455.H49770	-
P-16	NDAZIONA TESHAR MCHONJO	250,000	82,000	PP220601.1902.D14525	-
P-22	EDITTA MTSITSA	150,000	75,500	CI220518.1155.I79193	-
P-23	MANESS NKHOMA	100,000	25,000	CI220513.1507.D50412	-
P-24	GLADYS CHIODZALO	70,000	8,000	CI220510.1634.I22486	21,500
P-25	SOFELETI MANJAWIRA	100,000	62,000	CI1220518.1458.G97687	-
P-26	DOROTHY MAKUTA	100,000	-		45,000
P-27	EMILY DAMBULENI	300,000	76,000	CI220527.0821.I97522	200,000
		1,795,000	567,000		343,500

## Tikondane FEM group repayment schedule

Loan No.	NAME	Loan Amount	4th Instament	Trans ID	Loan Balance
P-02	ALINET MACHISAWO	250,000	112,500	CI220601.0956.I80665	-
P-03	RABECA YOHANE	250,000	95,500	CI220530.1629.G22138	-
P-04	MARY MNDOLO	150,000	82,500	CI220601.1229.G99811	-
P-17	MALIGELITA JOSOFATI	170,000	42,500	CI220530.1504.D11004	-
P-19	PATRICIA SIMBI	250,000	85,000	CI220601.1529.I21801	-
P-09	EDILINA JONATHAN	250,000	62,500	CI220519.0810.D44920	-
P-15	GLORIA CHIDZANJA	250,000	65,000	CI220520.1149.D57780	-
P-07	DOROTHY JELAO	200,000	50,000	CI220520.1204.D80844	-
P-28	LIZINE'I THOKOZANI	100,000	28,500	CI220525.0951G18625	-
P-08	DEBORAH MAUAGULE	100,000	36,000	CI220526.1126.D30449	-
P-01	OLIPA MALIZANI	50,000	12,500	CI220519.0811.I44266	-
P-14	MARY LEVISON	250,000	87,700	CI220611.0809.D09320	-
P-18	RACHEAL PHIRI	100,000	50,000	CI220518.1204.D80371	-
P-16	MIGUEL BRIGHT	300,000	95,000	CI220524.1149.G31179	-
P-06	LONILY LAMECK	80,000	30,000	CI220530.1506.112010	-
		2,750,000	935,200		-

## Data management

In an effort to improve the data collection mechanism for new FEM applicants and compilation of existing data, meetings were conducted in collaboration with the data officer to design and come up with a questionnaire in the KoboToolBox application. The online questionnaire has been designed in a way that it captures the information of applicants as well as geographical coordinates. The data may be collected using a mobile phone and saved or uploaded to our drive in the format of our liking. The questionnaire will be piloted in June to correct omissions and errors where need be. The pilot testing will be done with the existing beneficiaries and later if successful will be used during targeting and selection phase.

The image shows two screenshots of the FEM Application Form. The left screenshot displays the input fields for the form, including:

- Physical Address
- District (Select Answer)
- Traditional Authority (Select Answer)
- Village (Select Answer)
- Home GPS (Start GeoPoint button)
- Marital Status (Select Answer)

The right screenshot shows a summary of the form sections:

- Applicants Information Group
- Family Background Group
- Business Information Group
- Financial Status Group

Navigation buttons for BACK, NEXT, and Exit are also visible.

## Monitoring of businesses

A new dawn has come in the business environment as businesses have started to bloom again after a series of unforeseen events ranging from dry spell and inflation which resulted in price fluctuations and low purchasing patterns. In the month of May, the business world had improved giving hope to the women entrepreneurs as witnessed by their ability to settle their outstanding loan balances. The women had also attested to the fact that the price for consumable commodities such as fish and tomatoes have slightly gone down due to the opening of the season. For instance, a five-litre bucket of fish which was previously at MWK 17,000 had been reduced to MWK 13,000.



*Gloria Sorting fish on her bench*



*Maligelita washing tomatoes to be displayed*

## Weekly VS&L meetings

During the month, the women entrepreneurs continued to meet on a weekly basis to make deposits as well as small loans from their investments. The women entrepreneurs also used this forum to discuss and encourage one another to settle their outstanding loan balances for the period in time so that they may access another loan to invest into their businesses as many investment opportunities have opened up in the agribusiness sector.

## Conclusion

The Month of May has been a rebirth of most collapsing businesses of most women entrepreneurs despite the 25% devaluation that hit the country towards the end of the month. This has been a result of the harvesting season that has just started hence most farmers have income to spend on commodities. This development has had a positive outcome on businesses including those of the women entrepreneurs OCA is sponsoring.



## Education Support Program

OCA supports impoverished and low-income girls and boys in Malawi through educational sponsorship for primary, secondary and University. The areas of focus include; educational sponsorship, supporting girls' and young women's health and basic needs, providing sanitary pads and soap to more sanitary cleanse, helping girls at school to stay in school, working to reduce violence against girls and women and promoting the rights of girl children in schools. The following activities were conducted by OCA education program in the month of May, 2022;

### School Visits

The month of May was a busy month for the students since they were writing the end of second term exams. To avoid disturbing them OCA only managed to visit two schools; Likuni girls secondary school and Tchawale Community Day Secondary School (CDSS). The aim of the visits was to encourage the students to study hard in preparation of the exams and to provide them with school basic needs in order to keep them in school and that they are able to do better in class because their basic needs are met. OCA is committed to empower girls and to removing any barriers that prevent full participation of girls in their life. The students showed gratitude for the good work OCA is doing to them and they promise to work hard in class and achieve their goals.



*Students from Tchawale CDSS (right) and Likuni girls sec. school (left)*

### Students and Donor communication

Students from Likuni girls secondary school communicated with their donors through letters. The donors from the USA wrote letters to the students through the education program personnel and the students responded back. Students are encouraged to communicate with their sponsors frequently because hearing from sponsors is very meaningful to them; it boosts their self-esteem and builds a life- changing relationship. And for the sponsors, communication is an important aspect of their sponsorship.

## **Assessment on performance of students**

The education program conducted an assessment on factors that affect performance of students. The assessment was conducted in four schools within Dowa and one school in Kasungu. Previous statistics had indicated that most of OCA sponsored students who do not perform well are from Community Day Secondary Schools (CDSS). The following were the assessed CDSSs; Ngala, Natola, Chamkango and Tchawale. Chayamba Secondary school was considered as a control variable for the assessment.

OCA noted that one of the factors that affect the performance of students is the shortage of teaching/learning books in most of the schools. The schools have enough science books which they received from Equity with Quality and Learning in Secondary (EQUALS) project. EQUALS is a government project with funding from the World Bank which was established to improve quality of science and mathematics instruction in Community Day Secondary Schools (CDSSs) and increase access to secondary education in selected remote areas.

Still more, these schools have shortages of books in other subjects like Languages, Humanities and Agriculture. Another factor is the lack of laboratory materials in some schools. The laboratory materials are used for practical lessons in subjects like Chemistry, physics, Biology and Agriculture and without the materials it means practical lessons cannot be taught since laboratory experimentations are required. This leads to failure of exams since the practical's are part of the exams especially in MSCE.

It was also noted that the performance of students at Chayamba Secondary school is also affected by lack of resources such as Braille machines and papers for the blind students. Chayamba is a school which accommodates everyone including blind students. OCA is supporting the education of four students who uses braille at this school.

From the assessment, OCA understands the situation of both the students and the schools and is working in consideration of them.

### **Challenge of Drop out student**



It is on a sad note to report the drop out of one OCA sponsored student. The student was being sponsored by Geoshack donors. She was in form four at Ngala Community Day Secondary School (CDSS) and was expected to graduate this year (2022). OCA found out that the student is pregnant and has moved out of her parents' house, she is staying with her Aunt in another village. This is a sad development for our education program because OCA instils a hard-working spirit in students, encourages them to stay in school and expects them to be future leaders

and this behaviour was not expected. OCA is now supporting the education of 134 students since the drop out of this one student. However, the student is expected to write MSCE exams in August, 2022. In Malawi, the national policy implements a mandatory withdrawal from school once a pregnancy is discovered but does not restrict one from writing National exams (JCE & MSCE) if they registered.

## **Orant Ulemu Scholarship**

Since the introduction of Orant Ulemu scholarship in January 2022, five out of the six Ulemu scholarship students reported for school and OCA has paid for their tuition and other school costs. The remaining student will register in August, 2022. These students are from different Universities across Malawi and their academic calendar differs. Two students (first year) from Malawi University of Business and Applied Sciences (MUBAS)



finished their first semester during the reporting period and they are on a one-month holiday; one student each from MWIMBA college of Agriculture, Lilongwe University of Agriculture and Natural resources (LUANAR) and Kamuzu University of Health Sciences (KUHES) are now in school and their semester started in the month of May 2022 and are expected to close in August 2022.

*Orant Ulemu Scholarship student (Esther Maupa) studying in the Library at Mwimba College of Agriculture*

## **Conclusion**

Education is not only a fundamental right for the youth of today, but it is now seen as one of the many solutions to ending global poverty. Through the empowerment of young women in Malawi, OCA is able to break through cultural walls that keep the girls from receiving the education they need and deserve.