

# African Mothers Health Initiative

## Dear Friends,

When I was pregnant for the first time I purchased a CD of international lullabies. I would sit quietly listening to the songs, aware of the weight and stirring of my son within, and envision women all over the world singing tenderly to their babies. Emotion would wash over and through me as I simultaneously experienced the profundity of my love for my child and recognized the universality of that love. What a powerful hopeful force of nature, present across the planet and multiplied through millions of hearts. We know children thrive when raised in the center of this love.



Of course improved survival of women and children demands that specific physical needs are met and health care is available. But, rather than succumbing to the temptation to approach maternal and child health as though scaling a hierarchy of needs and launching compartmentalized programs, we view needs and strengths within a household or a community as an interlocking web. We value mothers, fathers, and grandparents not merely for their role as caretakers but for their love of our beneficiaries. They are the individuals who selflessly and tirelessly sacrifice for the life of one sick woman or one fragile newborn. And, when supported adequately they are the key to the best outcomes. Even in the face of deep poverty, wellness is not achieved merely by filling a belly or treating illness. The best care is that which happens within the embrace of loving supportive community.

Nurses from Joyful Motherhood (our Malawian sister nonprofit) travel out to rural communities five days a week to visit vulnerable infants and critically ill women after deliveries. Visits are done one by one, month after month. We want to see women and children where they live, meet their families and communities, assess them, listen to them and get to know them in their familiar spaces.

This year we held our first reunion for program graduates; we gathered, ate, and interviewed women and grandmothers to obtain feedback on our programs and here are some of their comments.

*They have strengthened the family relationships, whenever they came to visit our neighbors could also congregate with us. They supported us with infant's milk and the home visits were good as they always encouraged us to care for the children and ourselves. -Zilemeka (grandmother of orphaned baby)*

*I have faced a lot of challenges in caring for this child. I thank JM for they really supported the family. My husband is also very grateful for the support they gave. -Esnart (grandmother of orphaned baby)*



Orphaned Goliati twins, 19 year old mother died from hemorrhage

*At first I had a lot of concerns due to my condition, how would my child be cared for if I died?*

*Because every child needs a mother for care. I was unable to feed my baby due to sickness and doctors referred my mother and the baby to JM.*

*There was no other program in our community.*

*The program really helped. My child is growing well now. They also gave me some money which I used to start a small business which also has greatly improved our life at home. We are able to support ourselves with soap and some clothing.*

*-23yr old Belita (became septic after c-section delivery and had uterus removed to save her life)*

*In October 2018 after giving birth by c-section, I became seriously ill and stayed for a month without eating. I was unable to feed my baby. I was really stressed because I couldn't breastfeed and I felt that [in the hospital] they gave up on my life and my baby's life. JM staff found me there, advocated for my care, and then the care I received improved. My life and my baby's life was saved. JM nurses still visit me at my home and provide me with porridge and formula and they encourage me - Eness*

## **A Farewell and An Introduction**

Beatrice Namaleu has been the program manager in Malawi since the inception of Chimwemwe mu'berekwi in 2008. Beatrice did the initial work of visiting moms and babies, she helped hire great nurses, helped build the project, and helped keep it going for 11 years. We thank Beatrice for her years of service as we say farewell.

We joyfully welcome Annette Namangale as the new project manager. Annette comes to us with a Bachelors in Business Administration, a Master's in Public Health, extensive project management experience and a heart for serving Malawian women and babies

You donated \$93,995 this year. We admitted 115 babies into our program, we provided care to 247 babies, and 81 sick postpartum women. We currently have 199 infants and 20 women in our care.

## **Goals for 2020**

In the same group of interviews, we also heard from the women about their ongoing needs and their suggestions for our programs. As we look towards the coming year we are committed to strengthening our programs. We are seeking partnerships to improve the income generation projects, which in turn improve the financial resilience of the families we serve. We will continue to interview women in order to assess our current impact as well as to continuously adapt and respond to those we serve. Life for many is incredibly hard, even so there remains much inherent beauty and joy. We are strongly committed to preventing death and illness. We are also committed to protecting the space for the cultivation of relationships and joy.

## **Happy Holidays and thank you for your continued support**

from Joanne Jorissen Chiwaula, the Board of AMHI (Genevieve Grabman, Apur Shah, Dehli Ramos Gonzalez, Marcianna Nosek, and Shelly Broussard) and from Annette Namangale, the staff and board of Joyful Motherhood in Malawi.



Nurse Verina and Miracle Yokonia, whose mother died from eye cancer