

African Mothers Health Initiative

Dear Friends,

Every year during this season we wish for peace and strive to focus on gratitude. But no matter who we are, we each live with a seductive affirming pressure to strengthen our separate identities and stay in our siloes. A wish for peace often equates to a wish that others would be more like us. And when we stand strongly centered in our identity, we look across the expanse of humanity through a lens of fear and judgement. Even with our generosity it is challenging to relinquish our layers of self-protection and focus on our shared humanity. I recognize in myself the fear of being consumed by desperate need mixed with the weight of my own guilt and sense of responsibility. The families served by



African Mothers Health Initiative in Malawi live in circumstances that contrast starkly to ours and face obstacles in their daily lives that often seem insurmountable. When we stay here with these observations – focused on our differences – it’s hard to imagine how we might help. Frankly, it feels overwhelming and maybe easier to turn away. However, when we have the courage to focus on our shared experiences – parenthood, love of our children, love of our families – we find hope and connection. Through the work of AMHI, I continue to learn that life transforming acts of generosity are often small intimate extensions of kindness, which are always within reach. Most of us might not need to be saved as much as to be seen.

Program Graduate. I love this picture of Emma. In her expression I see resilience, pride, and gratitude. At 34 she was healthy and pregnant with her second child. On April 27th she delivered him by c-section. Within 24hours Emma’s abdomen began to swell and when clinicians reopened her surgical wound, they discovered a perforated bowel. Part of her treatment involved the creation a temporary colostomy. After this surgery Emma remained hospitalized for a month. In Malawi hospitals provide occasional meals to patients depending on availability of funds, but generally patients rely on family members to bring food. Emma’s mother and her husband were her only support. To lessen the financial stress on Emma’s husband, her mother took their toddler back to her village several hours away. Emma’s husband was left to cook and bring meals, wash Emma’s clothes by hand, care for the baby, and search for day labor to keep them going. Her husband was attentive, but Emma was often alone. Sometimes there was no food. Emma’s appetite diminished with her hope. Over the month Emma became emaciated. Her milk stopped flowing. This is how and where our nurses found her. While still in the hospital they began visiting Emma and enrolled her baby in our program. Once she was discharged, Emma returned to the one room home she shared with her husband. In her condition she could no longer care for her baby or even herself. During the early visits the nurses found her despondent, lying on a grass mat. In response to their questions about her health, she would talk about dying. At each visit the nurses brought enriched porridge and beans, they would assess her baby and educate her husband on how to care for the baby and for Emma. They met with her neighbors and encouraged them to sit with Emma while her husband was out. The nurses returned monthly and slowly Emma regained her health. Eventually she had a final surgery to anastomose her bowel. Before she was discharged from our program, she received the equivalent of \$10 to start a small business. Emma began selling vegetables, her profits now provide the couple enough on a weekly basis to supplement their diet. Recently Emma told the nurses that she had been sure she would die, but their visits gave her hope. At times the beans and porridge supplied by the nurses were the only food items in the home and that nutrition enabled her body to recover. Emma’s story illustrates the

impact of severe maternal morbidities, which often are unseen and uncounted. Her unexpected health crisis during delivery led to financial strain, depression, threatened the survival of her healthy newborn and almost resulted her own death. In the end Emma credits her survival to the compassion offered during brief monthly visits, several kilograms of beans and porridge, and \$10. We can do this.

Achievements of 2022.

- Our team in Malawi cared for 311 moms and babies during the year, 61% of the babies were nursing infants whose mothers had died.
- Nurses made 2,249 visits in our single vehicle, covering hundreds of miles weekly.
- We launched an electronic charting system.
- Staff in Malawi now have health insurance.
- In collaboration with RECAPO Solar, the homes of 40 beneficiaries have received solar home lighting systems. We will continue to work with RECAPO to provide an additional 20 homes with lighting systems as well as phone charging systems, which may be used to generate additional income.

Our Pledge to You.

A Meaningful Cause. We support moms and babies. Specifically, we support critically ill postpartum mothers and infants who face an increased risk of dying within early childhood. Without support nursing infants whose mothers die in sub-Saharan Africa face between a 50-80% mortality rate, twins and triplets face a mortality rate of approximately 20%. We also enroll infants like Emma's son whose mothers are alive but unable to nurse or care for them.

Transparency. We appreciate your partnership with us. We believe it is important that you know where your money is going and how it is working. AMHI has a volunteer board but no staff in the US. The work is implemented by our Malawian sister non-profit *Chimwemwe mu'bereki* (Joyful Motherhood). In 2022 we sent \$112K to Malawi. The largest expenditures included: \$45.5K salaries, \$30.7K formula, \$9.5K fuel and vehicle maintenance, and \$7K for the solar project.

Impact. Our approach is simple. We provide nursing care to postpartum moms and babies who need it most. We support husbands, fathers, aunts, sisters, mothers and grandmothers who are already caring for loved ones in their



Nurse Verina speaking with a grandmother caring for orphaned grandchild



communities. We do this by teaching them how to avoid illness, how to feed and support babies, when to seek medical care, by providing supplemental food items and formula, and offering modest stipends for income generating projects. Our approach works. For every \$1500 donated, we are able to avert one death.

Thank you. Without your involvement this work would not happen. The immediate caretakers, like Emma's husband, are the ones doing the hardest work, the nurses offer them basic support, and your partnership makes everything possible.

Many Thanks and Happy Holidays from Joanne Jorissen Chiwaula, the Board of AMHI (Genevieve Grabman, Sabrina Tom, Dehlia Ramos Gonzalez, Marcianna Nosek, Shelly Broussard, and Abiba Matengula) and from the staff, Board, and beneficiaries of Joyful Motherhood in Malawi

To Donate: Mail us a check in the enclosed envelope or donate at www.africanmothers.org/donate. If you choose to donate online, please consider a monthly recurring donation. All donations are tax deductible