**Chimwemwe Mu’bereki Association**

**For communication write: Joyful Motherhood**

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**BABY CARE PROJECT 2O16**

**The Chief Executive Officer**

**Global giving international**

**USA**

**INTRODUCTION**

Chimwemwe mu'bereki Association (translated as Joyful Motherhood) is a woman and child focused nongovernmental organization. The work was started in 2005 and officially registered 2007. The organization was founded by an American nurse-midwife who noted that certain groups of newborns were more likely to die than their peers after being discharged from the hospital. She also noted that mothers who returned home after a difficult delivery in a critical state were unable to take up caring for their family and young children. As a result, the entire family would suffer. The organization is incorporated under the trustee act Number TR/INC: 4188 as well as registered with council for non-governmental organization in Malawi (CONGOMA) the organization office is based at Bwaila Hospital. Since 2007 the organization has managed to save many babies who lost their mother during delivery as well as treating women with various maternal complications. The organization has two projects: Baby Care and Mother Care.

In the Baby Care program our nurses identify newborns who have an increased risk of dying during their first year, this includes: orphans, low birth weight babies, and multiples (twins/triplets). Nurses then make a minimum of one visit per month to households caring for these babies during the first year. At each visit nurses conduct an assessment of the child, provide some supplies (i.e. formula for orphans and porridge for babies after 6 months), and provide health education to community members.

In the Mother Care Program women who are critically ill after delivery (e.g. women having seizures from eclampsia, women losing their uterus due to severe infection, women with fistulas, act.) receive up to 6 visits by nurses in their homes to support them and their families as they return to health. Nurses assess, educate, bring supplies, and when necessary serve as an advocate (for example, helping clients with fistulas get scheduled for repairs).

**Mission** to provide home based nursing care to vulnerable infants and critically ill women after delivery.

**Our Approach.** We strive to offer high quality support to families. We work on building relationships, with the goal not only of ensuring survival but of developing healthy family environments. Our approach is client individualized. We believe that mutual understanding, communication and trust are essential for support to have its greatest impact

**Organization Thematic Areas:**

* Vulnerable children
* Orphans
* Home based nursing care
* Community mobilization
* Health education
* Maternal morbidity

**Organization core goals:**

* Saving lives of babies who lost their mother during birth.
* Reducing deaths among low birth weight infants in the community
* Ensuring healthy infancy of twins and triplets
* Promotion and provision of community health care for women and children
* Mobilizing communities to support their most vulnerable women and children
* Supporting rapid return to health of women who are very ill after deliveries.

**Organization Operation Strategies**

* Community mobilization, through community leader involvement in monitoring and coordination of the child health care.
* Community health education, we provide health education on general hygiene, preventable disease, family planning, nutrition, HIV infection and prevention.
* Provision of home based nursing care, our beneficiaries require specialized care to ensure they survive their infancy.
* Provision of infant formula, and supervision in its use, to enrolled orphaned infants, we work with women in the context of their families and communities to support them during convalescence and in caring for their newborn babies.
* Monitoring and Evaluation, as a health organization our nurses maintain records and each beneficiary, monitoring growth, development and overall health. We are currently beginning a program of conducting exit interviews to assess the effectiveness of services offered from the perspective of the client.

**Project description**

**Chimwemwe mu’bereki association (Joyful motherhood)** typically enrolls 5 to 8 orphaned infants monthly into the Baby Care Program. The majority of enrolled infants are identified shortly after birth from either Ethel Munthalika maternity, the referral maternity hospital for the Central Region of Malawi, Bwaila Hospital and all communities around Lilongwe district. Combined these two hospitals handle 1000 deliveries each month. Other babies are identified from Kamuzu Central Hospital’s pediatric malnutrition ward. The mothers of these orphans frequently died either in the village or a few weeks after delivery. In their cases, after the mother’s death, relatives often tried to sustain the young infant on either porridge or cow’s milk and eventually as their condition deteriorated brought the baby to the malnutrition ward. Once the infant / baby is enrolled they receive infant formulas every month up 1 years at the age of 6 months we also provide complementary food in form of porridge flour among other as one way of increasing knowledge to the involved guardian / community members nurses provide various health education related to – signs of illness in infants, malaria prevention, hygiene and sanitation, sexual reproductive health, age appropriate nutrition for infants 0-12 months. To ensure child growth monitoring nurses provide homes visit and community assessment in order to asses’ infant growth and development

However, Our Nurses from regularly communicate with nurses working in these hospitals in order to ensure that proper referrals are made. While the babies are still hospitalized, either after delivery or in the malnutrition ward, Chimwemwe Mubereki association nurses approach the guardians, explain the program and enroll the infant. Within the first three days after hospital discharge the assigned organization nurse visits the family in their community, assesses the baby, assesses the home environment, observes the preparation of formula, meets the village leaders, and begins to educate both the family and the community on how to best care for the child. The nurse initially visits the child every two weeks and then, as the child ages and stabilizes she visits the child monthly. At six months of age the nurse instructs family members in the preparation of age appropriate food and begins weaning. Ideally the baby is weaned completely by eight months and as long as the child is healthy and exhibiting normal growth and development, is discharged from the program at one year.

**Project objective**

* To reduce under-five deaths, monitor normal growth and development of enrolled infants
* To increase survival of orphaned infants and support families / individual caring orphaned / vulnerable infants.
* To improve knowledge based among involved guardians, community members related signs of illness in infants and disease prevention age appropriate nutrition for infants 0­­-12 months.

**Project goals**

* To increase Survival of orphaned infants, normal growth and development of enrolled infants, support of families/individuals caring for orphaned infants, improved knowledge base among involved guardians and community members related to – danger signs of illness in infants, malaria prevention, hygiene and sanitation, age appropriate nutrition for infants 0-12 months.

**Project beneficiaries**

The project beneficiaries are vulnerable babies /infants who lost their mother after birth or those born to mothers with critically ill, failing to breast feed and psychiatric mothers enrolled by Chimwemwe mu’bereki association.

**Project activity**

* Enrolment of vulnerable infant babies / and community assessment.
* Distribution of infant’s formula and infant’s growth monitoring.
* Provision of essential drugs and infant’s nutrition assessment (INA).
* Provision of health education to the involved guardians and community members related support vulnerable infants /babies.
* Growth monitoring, home visits and community asses

Baby care is one of the project which seek to reduce maternal deaths among vulnerable / babies in the rural Malawi were they have been registered high cases deaths among vulnerable children. The project targeting 130 vulnerable babies drawn from all Lilongwe health facilities as well as communities among of the project use community support approach to minimize the number of street kids as it has been indicated that supporting vulnerable children in their community’s increase family bonding of which it helps the children to under community interest