



2025

ANNUAL REPORT



MESSAGE FOR THE END OF 2025

This year, everyone working to decrease health disparities and improve the accessibility and quality of healthcare for the world's most vulnerable populations has experienced loss. We have heard the discourse on global health become subsumed by contractual language. What is owed? How much? From whom and by whom?

Meanwhile, the communities we serve persevere because they must. They cannot disengage from their realities. Families will eat less, walk farther, sacrifice more to access care. Their requests to those of us in supporting roles are humble: that we recognize their dignity, their strength, their resilience and honor their humanity by doing what we can as they find their paths forward.

To those of you who have invested in our work this year, Thank you. To those of you looking for an impactful investment, we welcome your interest and your questions. The following pages provide a window into the experiences of those we serve and an overview of the strategies we employ to improve the survival of high-risk infants and the health of postpartum women in Malawi.

The truth is that there is enough, humanity is brilliant enough, and our hearts are expansive enough to be inclusive.

Joanne Chiwaula
Founder & Director



“ We are grateful to work in partnership with Chimwemwe mu'berek. They have been a stable partner over many years. They bring hope to families caring for vulnerable infants and provide high quality care for sick postpartum women.

Dr. Wilson Ching'ani
Director of Health Services, Lilongwe District

OUR BABY CARE CLIENTS

We provide services to three groups of infants.

Maternal Orphans

Betina's mother died from complications of her pregnancy when Betina was 10 weeks old. Her mother's death was not counted as a maternal death since it happened after 42 days postpartum. But, all nursing infants who lose a mother face an increased risk of malnutrition and death.



Triplets

Over 4 percent of births in Malawi are twins or triplets. It's common to see triplet newborns, but uncommon to see triplet toddlers. Moms can't exclusively breastfeed triplets so these infants experience higher rates of malnutrition and death in infancy. Brave, Bright and Blessings are one set of triplets currently enrolled in our program.



There are different reasons why healthy infants cannot breastfeed even when they have a living mother. Christina's mom is in the ICU, she had severe anemia and a life-threatening infection after delivery. While she is fighting to survive, her family also needs support for Christina.

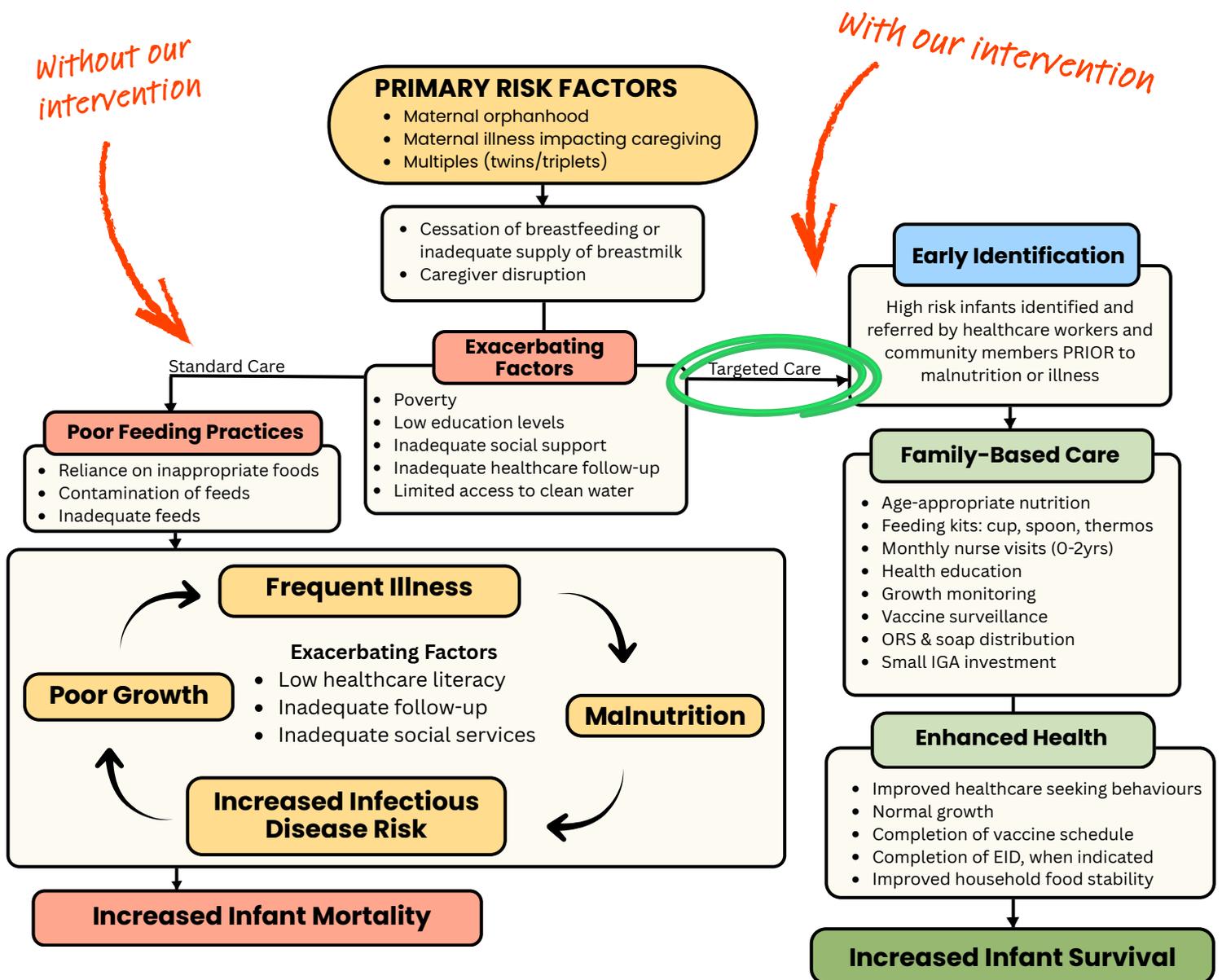
Babies with Sick Moms



FAQ: What is family-based care?

Family-based care means babies are raised by family members in a family home, but receive extra support from us to ensure they survive early childhood, including: monthly healthcare visits, growth monitoring, nutrition, health education for guardians/parents, and a small business stipend.

THE EXPERIENCE OF HIGH RISK INFANTS



“ Joyful Motherhood goes the extra mile to where the need is greatest, extending hope and life-saving care directly to the most vulnerable infants and mothers in hard-to-reach communities to break the deadly cycle of expected infant death.

Patrick Gwaza
Program Officer, Segal Family Foundation

A FEW WORDS ON FEEDING BABIES



Malnutrition is a major contributor to illness and death among infants in Malawi and breastmilk is the BEST food for infants.

When breastfeeding is possible, but not going great, our nurses support women to optimize their breastfeeding.

When breastfeeding is not possible or a mother's supply cannot meet the nutritional needs of her infant(s), we provide safe, age-appropriate foods (formula and porridge). We teach mothers and guardians how to safely prepare formula and feed their babies so that infants grow well and stay healthy.

“

I am grateful for their help, as of now the baby has started walking. They visit us at the start of every month and I am very grateful to this organization for helping me raise this baby, on my own I couldn't have managed to do it.

Grandmother of enrolled maternal orphan, 2025

FAQ: Why not promote wet-nursing?

Wet-nursing is when a breastfeeding mom nurses a second baby who is not her child. This is not commonly practiced for a few reasons:

- HIV and Hepatitis B may be transmitted via breastmilk.
- It is not always feasible. Women are having fewer children and there are not always multiple lactating women in close proximity.
- It might not be good for the donor mom. We don't know how this impacts her health or her baby's health, especially in low-resource settings, like Malawi, where many women are under-nourished.
- Breastfeeding a second baby is a lot of work. It often impacts a woman's ability to work and care for her own family.



A photograph of a woman with dark skin and a blue headwrap holding a baby. The baby is wearing a blue headwrap and a blue sweater. The woman is looking slightly to the right with a gentle expression. The background is a plain, light color. There are orange decorative bars: one at the top center and one on the right side of the image.

IMPACT

In 2025, Joyful Motherhood supported 406 infants. Without support we would anticipate that 52% of these infants would not survive.

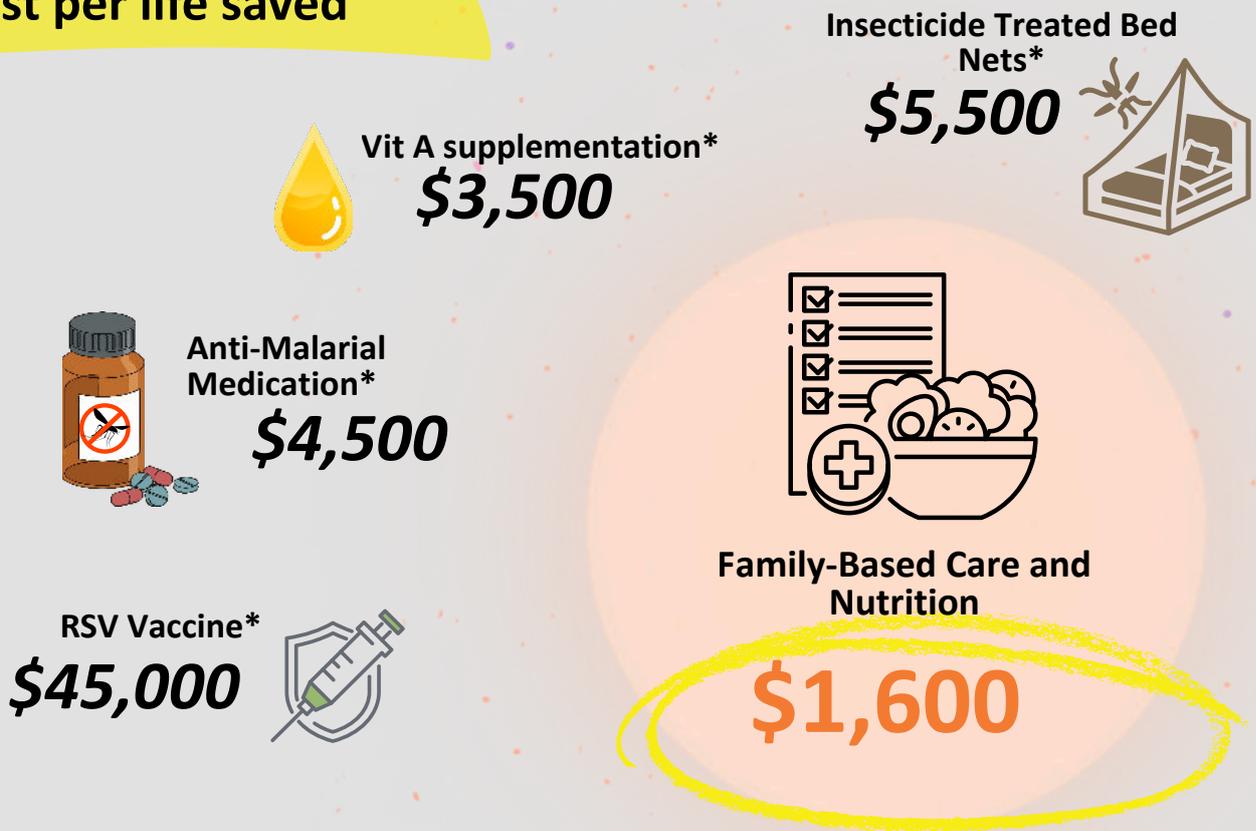
We lost 2 infants.

COST EFFECTIVENESS

Programs measure cost effectiveness in many ways. Many donors are used to hearing about the cost per beneficiary *served* and while these are often very small amounts, the associated cost per life *saved* is MUCH higher.

Here is how we measure up against some of the most cost-effective and well-established interventions in low-income countries.

Cost per life saved



www.GiveWell.org*

Because we are targeting the most at-risk individuals and we are not spending on population-wide interventions, our cost per life saved is very low.

OUR MOTHER CARE CLIENTS

Some women survive childbirth but are physically and emotionally devastated by their experiences, which often negatively impact them for months to years after.

Tessa delivered by c-section, her baby girl died shortly after birth, and she developed a terrible infection which eventually led doctors to remove her uterus to save her life. When she was discharged from the hospital, almost a month after the tragic birth, she still had an open wound. At that time she was depressed and she had difficulty walking and carrying out the simplest daily tasks, like bathing and dressing herself.

Our nurses visited her monthly, brought her high-protein foods to supplement her diet, educated her on how to care for herself and the healing wound, and reviewed basic principles of entrepreneurship with her before giving her a small stipend to start a home business.

Today Tessa is doing well. She is no longer depressed. She is able to care for herself and her eight-year-old daughter, and she started selling charcoal and cooking oil in her community. She uses the profits to pay for everyday household needs.

We enroll women like Tessa whose recovery is only beginning at the time they are discharged from the hospital. We continue to see them until six months postpartum.



“ We are benefiting [from this program]. In the past I was just waiting for my husband to provide for everything and if he didn't bring food home, that meant that day we would not eat. So, with the business funds, they have empowered us as ladies.

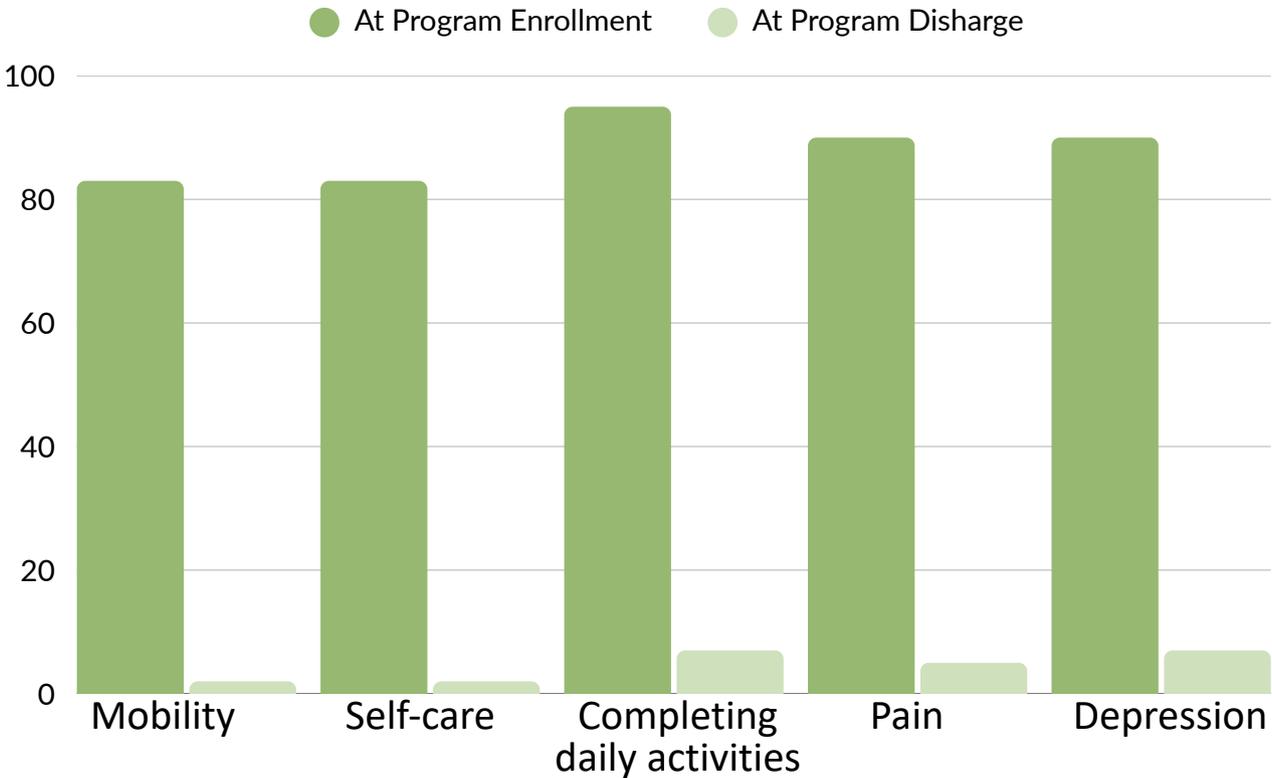
Former Mother Care Client, 2025

IMPACT



In 2025,
Joyful Motherhood
supported 59 postpartum
women.

Percentage of Enrolled Postpartum Women Experiencing Difficulties with.....



WHERE WE WORK

We currently cover all of **Lilongwe District**. We are partnering with Wandikweza to offer our services in **Dowa District** and we are expanding our services into **Mchinji District**. 

Because we are the only NGO in Malawi providing targeted family-based support to high-risk infants, families sometimes travel many hours to request our services.

Looking ahead we plan to partner with other maternal child health nonprofits, government facilities, and community health workers to continue to expand access in additional districts.



MILESTONES



BUILDING COMPLETED

We now have a space that matches the dignity of our clients and the care we offer. Most of our work happens in the community, but referrals come to our doorstep at the Lilongwe District Hospital.

MATERNAL CHILD HEALTH NGO NETWORK ACTIVITIES

We always seek collaborations to amplify the impact of the services we offer. In partnership with 4 other local MCH orgs we are doing the following:

- Participating in monthly network leadership meetings to support peer learning & capacity building.
- Cost sharing two new staff positions across 3 member orgs.
- Working collaboratively to support expansion in Dowa District.
- Co-designing a peer mental health group care model for women who experience perinatal loss at the Regional Hospital.

TRAININGS

Nitta Chakanika, our lead nurse completed an international **safeguarding** training.

Visiting Australian nurse and family violence specialist, Janelle Dymock, led a training on **family violence**.

All staff attended an **entrepreneurship** training by Chen Consultancy, to improve our capacity to prepare and support our clients as they launch their home businesses.

Our director, Joanne Chiwaula, completed a leadership fellowship with **Atlantic Fellows for Health Equity** this year.



2,000 BABIES

In January we enrolled, **Gift**, our 2000th baby ever.

Gift's mom died the day he was born. He is being raised by his loving grandma.

He was enrolled at 6 days old. He is growing well and will celebrate his 1st birthday on 15 January



INTERNS & VOLUNTEERS

We had a Malawian nutrition intern who provided continuing education for our staff; Comms interns, from Georgetown University & the University of San Francisco, as well as several local and international volunteers.

ROTARY CLOSETS

Lotus Rotary members set up two closets at our office with gently used donated clothes for moms and infants in need.

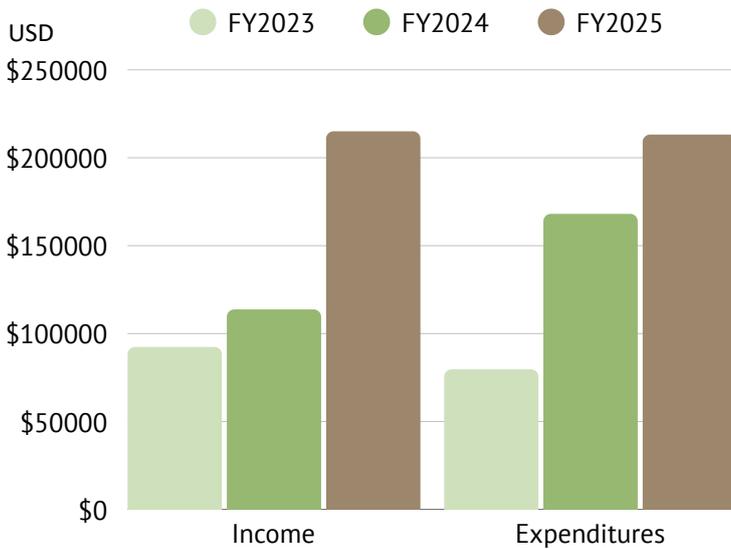
COMMUNICATIONS OFFICER

We have expanded our team to include a Comms officer. Follow us on Instagram & LinkedIn @joyfulmotherhoodmw.

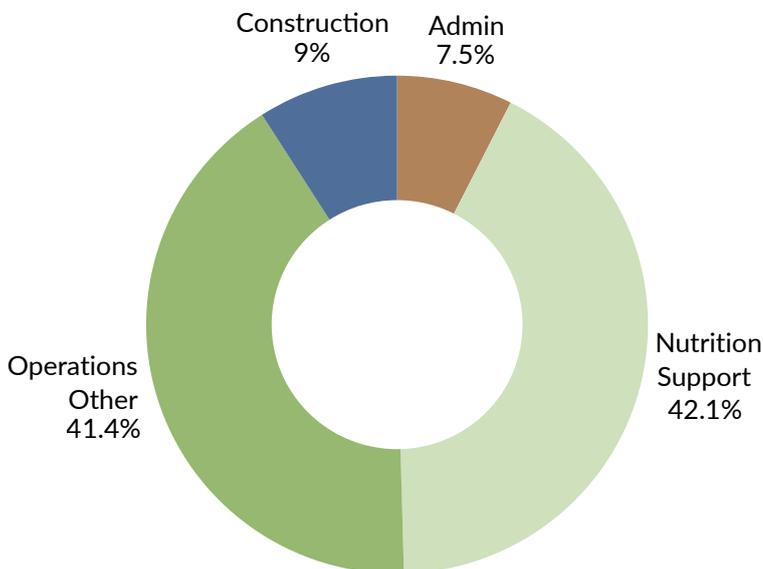
FINANCIAL SUMMARY

In FY2025 we had a 34% increase in the number of clients served over FY2024 (38% increase in Baby Care enrollments and 13% increase in Mother Care enrollments). This was matched by a 90% increase in donation income, totaling \$215,035.

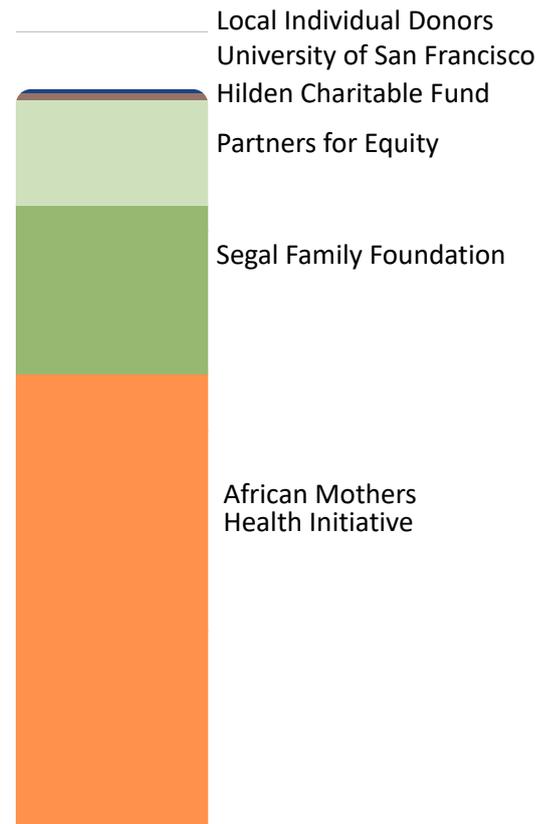
90% ↑ Income
27% ↑ Expenditures
34% ↑ Clients Served



Expenditure Breakdown



Funding Sources





LOOKING AHEAD TO 2026

Despite the contracting funding landscape, our strategic goals for the next three years remain unchanged. We aim to reduce infant mortality by expanding access to our services, enhance the quality of our care and care delivery systems, and foster strategic partnerships to build knowledge, awareness, and collaboration.

Increased Access

When infants qualify for our services, we never turn them away because we understand the risks they face. As we continue to expand into Mchinji and Dowa Districts we anticipate another 30% increase in clients in 2026.

Improved Quality Care

Continuous M&E is critical for program improvement. Our goal is a safe, effective, replicable model of care which provides inclusive nutritional support to high-risk babies and postpartum women.

As part of our commitment to excellence, we are supporting a member of our nursing team through international training to become a certified Lactation Consultant.

Increased Partnerships & Advocacy

The needs we are addressing remain largely unexamined in Malawi and sub-Saharan Africa. In Malawi alone there are potentially 19,000 infants annually who could benefit from family-based care, and 20% of delivering women who face significant complications. We are engaging with clinicians, data scientists, as well as donors and multilateral organizations to shine a light on these issues.

Increased Budgetary Needs

To meet our strategic goals for 2026, our budget is \$310,000. This represents a 45% increase over our 2025 budget. So far we have raised \$135,000 for 2026.

OUR TEAM



Team Members

Nitta Chakanika, Nurse
Elizabeth Muleso, Nurse
Sophie Gumbo, Nurse Counselor
Moses Kamzati, Data Manager
Maggie Jim Ngwira, Accountant
Matilda Zulu, Comms Officer
Trust Kachala, Secretary
Zuze Ritchie, Driver
Tony Bango, Office Aide

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