

## ***MI-CARE***

# **Maternal & Infant Support Program**

### **A Towards a Better World Charities Initiative**

*MI-CARE – Maternal & Infant Support Program* aims to reduce infant mortality by strengthening systems of care for vulnerable infants and their mothers or primary caregivers through integrated nutritional, emotional, and community-based support.

The program is grounded in the belief that infant survival and long-term wellbeing depend not only on medical intervention, but on the stability, recovery, and support of the mother or caregiver. *MI-CARE* therefore invests in coordinated solutions that address early-life nutrition, maternal recovery, community participation, and sustainable funding as interdependent elements of care.

The *MI-CARE* framework is implemented through three pillars:

1. **Infant Nutrition & Breast Milk Access** – ensuring vulnerable infants receive safe, pasteurised donor breast milk through strengthened and expanded milk banking systems.
2. **Maternal Trauma & Postnatal Support** – supporting mothers through counselling, education, and recovery-focused interventions to protect both maternal and infant outcomes.
3. **Sustainability, Community Engagement & Capacity Development** – embedding long-term viability through community participation, ethical funding mechanisms, skills development, and local employment creation.

Together, these pillars form a unified model that prioritises early intervention, dignity, ethical governance, and long-term impact.

To implement these initiatives, *MI-CARE* operates through a coordinated approach with trusted partners to deliver critical maternal and infant interventions where and when they are most needed.

*MI-CARE* is structured for long-term viability under the governance of Towards a Better World Charities (TABWC), an incorporated Section 21 non-profit organisation, with ring-fenced financial management and clear accountability mechanisms.

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***At its core, MI-CARE exists to protect life at its most vulnerable stage while strengthening the systems and people who care for both mother and child.***

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## Background

Early-life nutrition and maternal stability are critical determinants of infant survival, childhood development, and long-term health outcomes. In Namibia, premature birth, low birth weight, and complications during labour continue to place significant pressure on neonatal care systems, particularly in urban referral centres.

Clinical evidence consistently demonstrates that access to safe, pasteurised donor breast milk:

- Reduces neonatal infections
- Improves survival rates of premature and low-birth-weight infants
- Supports long-term cognitive and physical development
- Reduces the length and cost of hospital stays

Namibia currently has operational breast milk banks in Swakopmund and Windhoek; however, access to donor milk remains geographically constrained. Walvis Bay, despite being a major population centre with a high demand for neonatal services, does not currently have a local breast milk bank, resulting in delays, logistical complexity, and inadequate supply.

In addition to nutritional constraints, health facilities report limited availability of structured postnatal support for mothers following traumatic or medically complex births. Premature delivery, emergency interventions, maternal illness, and infant complications place significant emotional strain on mothers and caregivers, often affecting breastfeeding outcomes, bonding, and post-discharge recovery.

*Key challenges identified within the current system include:*

- *Insufficient geographic coverage of donor breast milk services*
- *Demand for donor milk exceeding available supply*
- *Lack of structured trauma and postnatal support following high-risk births*
- *A lack of awareness of the need for donor milk and the importance of infant nutrition*
- *Fragmented funding mechanisms supporting maternal and infant services*
- *Constraints on local capacity development within specialised support services*

Addressing these challenges requires coordinated investment, strengthened partnerships, and sustainable funding mechanisms that support existing services while enabling responsible expansion.

*Gaps to be addressed include:*

- *Clinical nutrition*
- *Emotional recovery*
- *Community participation*
- *Corporate partnership*
- *Infrastructure development*

MI-CARE has been developed in response to these identified gaps within the maternal and infant care landscape, providing a structured framework through which resources, partnerships, and community support can be mobilised to strengthen systems of care.

## Core Pillars

*MI-CARE* is built on three interrelated pillars that guide funding, partnerships, and strategic investment. Each pillar addresses a critical area of maternal and infant care while reinforcing the other pillars.

### Pillar 1: Infant Nutrition & Breast Milk Access

This pillar focuses on improving access to safe, pasteurised donor breast milk for vulnerable infants, including premature and low-birth-weight babies, abandoned newborns, and infants whose mothers are medically unable to breastfeed.

Support under this pillar prioritises:

- Strengthening and expanding existing breast milk banks in Swakopmund and Windhoek
- Enabling the establishment of a breast milk bank in Walvis Bay
- Supporting screening, storage, and distribution systems
- Increasing donor awareness and participation

### Pillar 2: Maternal Trauma & Postnatal Support

This pillar supports access to structured postnatal and trauma-informed care for mothers following premature, complicated, or medically complex births.

Funding and partnership activities under this pillar may include:

- Counselling and emotional support delivered by qualified service providers
- Postnatal education and recovery-focused interventions
- Breastfeeding, bonding, and early caregiving guidance
- Support following infant illness, loss, or extended hospitalisation

Services may be delivered through public health facilities, private providers, neonatal units, or community-based settings.

### Pillar 3: Sustainability, Community Engagement & Capacity Development

This pillar ensures the long-term viability of *MI-CARE* by embedding ethical funding mechanisms, community participation, and local capacity development.

Priority focus areas include:

- Retail-linked micro-donation initiatives, including the Milk-4-Milk campaign
- Corporate sponsorships and structured fundraising initiatives
- Ring-fenced funding and transparent financial management
- Skills development and employment pathways within supported services, with priority given to women and youth
- Community engagement and awareness raising targeted at mothers and caregivers, health care professionals, local and regional Governments.
- A phased expansion model that allows the program to grow responsibly as capacity and partnerships strengthen.

## **Phased Implementation and Growth**

*MI-CARE* is implemented through a phased approach that allows support to expand in line with demonstrated need, partner capacity, and available funding. The long-term success of the program is ensured through a focus on sustainability and community engagement.

### **Phase 1 – Strengthening Existing Systems**

- Support to existing breast milk banks in Swakopmund and Windhoek
- Formalisation of partnerships with hospitals and service providers
- Launch of the Milk-4-Milk retail funding initiative
- Increased awareness and participation among breast milk donors

### **Phase 2 – Development of Walvis Bay Milk Bank**

- Establishment of a local donor network
- Support for infrastructure development and regulatory processes
- Funding for training and capacity development in milk bank support roles
- Enabling access to maternal trauma and postnatal support services through partner organisations

### **Phase 3 – Expansion & Replication**

- Extension of *MI-CARE* support to additional regions as capacity allows
- Strengthened engagement with baby homes and places of safety
- Expansion of national corporate and retail partnerships

## **Long-Term Impact**

*MI-CARE* seeks to establish a nationally recognised, scalable framework for maternal and infant support that strengthens existing services while enabling responsible expansion over time.

The program's long-term impact is centred on:

- Improved survival and health outcomes for vulnerable infants
- Strengthened maternal recovery, resilience, and postnatal support
- Increased access to safe donor breast milk
- Sustainable community participation in funding and support mechanisms
- Ethical governance and accountable use of resources
- Local capacity development and job creation

## The Milk-4-Milk Initiative

The Milk-4-Milk Initiative is the primary community-based funding mechanism supporting *MI-CARE* and contributes across all three program pillars.

Participating retailers designate selected milk products for promotional campaigns, with a small portion of each sale allocated to *MI-CARE*. Funds raised are used to strengthen maternal and infant support services through existing and emerging partner organisations.

Funds are allocated according to a structured model although allocation ratios may be adjusted over time in response to demonstrated need (any changes to be communicated transparently to participating partners).

Allocation	Purpose
50%	Walvis Bay maternal and infant support development
25%	Windhoek breast milk bank support
25%	Swakopmund breast milk bank support

The Milk-4-Milk benefits include:

- Ongoing community participation
- Transparent and traceable funding flows
- Corporate participation in socially impactful giving
- Scalable funding growth as retail participation expands

## **Governance, Accountability and Long-Sustainability**

*MI-CARE* operates on the principle that trust, integrity, and long-term sustainability are essential to lasting impact. As a defined program under TABWC, we adhere to a clear governance and accountability framework to ensure funds are managed responsibly and used for their intended purpose.

### **Financial Management and Sustainability**

To ensure audit compliance, donor confidence, and reputational protection for all partners, *MI-CARE* operates under the following structures:

- Ring-fenced account under TABWC
- Diversified funding streams including retail partnerships, corporate sponsorships, and grants
- Clear accountability and reporting structures to ensure compliance, integrity, and partner confidence

### **Social Responsibility**

To ensure that *MI-CARE* delivers lasting social value beyond immediate clinical outcomes, the program prioritises:

- Community education and engagement
- Empowerment of mothers and caregivers
- Strengthening local capacity through skills development and local employment pathways within supported services

### **Health System Integration**

To strengthen rather than duplicate existing services, *MI-CARE* aligns its investments with public and private health systems to support existing and emerging services to:

- Improve neonatal outcomes through strengthened nutrition and postnatal support
- Reduce complications and shortened hospital stays
- Reduce pressure on overstretched neonatal and maternal health systems through early intervention and targeted support.
- Decrease long-term burden on public health systems

*All MI-CARE funds are:*

- ✓ *Received by TABWC*
- ✓ *Allocated to a dedicated MI-CARE project account*
- ✓ *Used exclusively for approved program activities*
- ✓ *Subject to standard governance and financial reporting requirements*

## Conclusion

*MI-CARE – Maternal & Infant Support Program* provides a structured, sustainable, and ethically governed framework to address key gaps in maternal and infant care, and invest in the future of Namibia.

By mobilising funding, enabling partnerships, and supporting community participation, *MI-CARE* strengthens existing systems of care rather than duplicating them. The program offers partners a transparent, accountable, and scalable opportunity to invest in improved early-life outcomes under TABWC governance.

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*Protecting life at its most vulnerable stage while strengthening the mother who sustains it.*

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## Contact Information

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