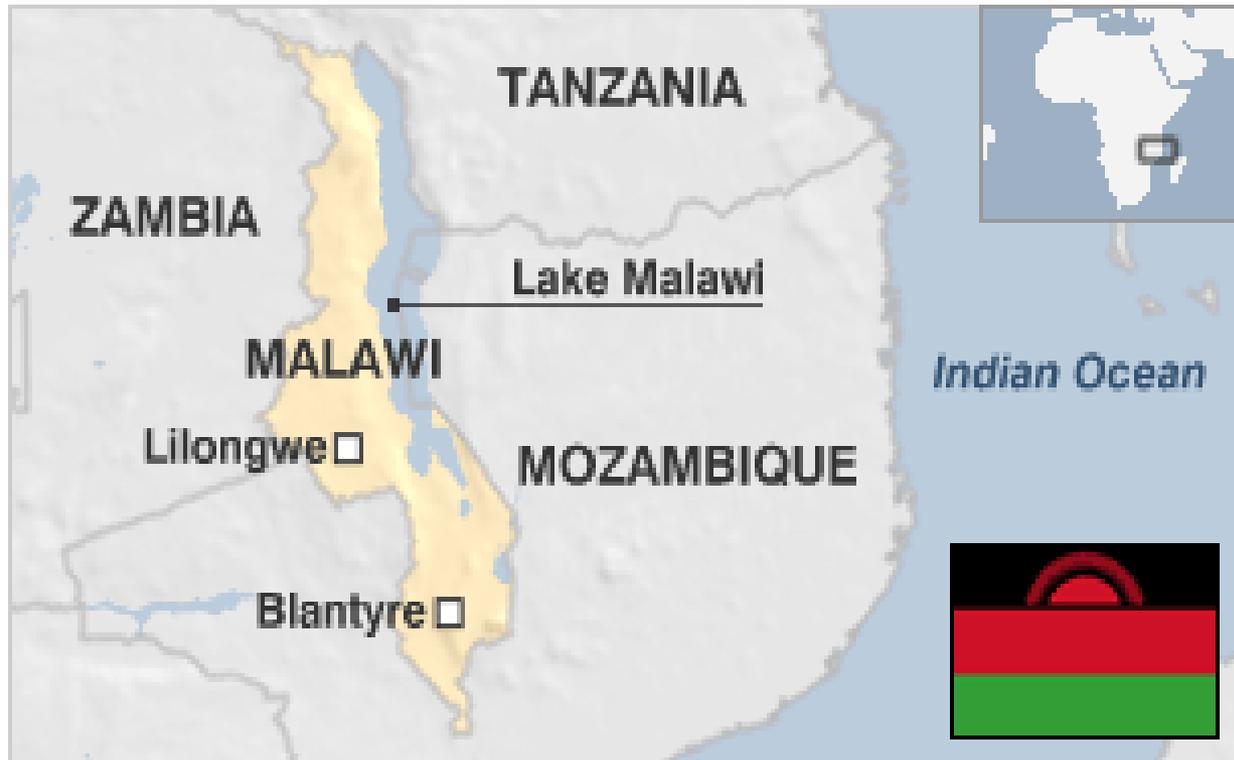# Malawi
and Mnjale

The Theresa Foundation

Mnjale, Malawi

Montreal, Canada

Sure I know where Malawi is...

Landlocked, bordered by Tanzania, Zambia & Mozambique

Malawi profile

- Capital: Lilongwe
- Population (2011): 15.4 million
- Area: 118,484 sq km (= NB + NS minus Cape Breton)
- Main exports: Tobacco, tea, sugar, cotton
- Official languages: English and ChiChewa

Comparative data

Human Density: pop/sq. km.

Malawi: 110   Mozambique: 30

Zambia: 17   Canada: 4

Human Development Index (UN, 2011)

Malawi, one of the world's poorest countries, ranks

171 out of 187 countries.

Canada: ranks 6th. Jamaica: 79th. Ghana: 135th.

Gross Domestic Product (GDP) per capita

Malawi: $680 Jamaica: $9,029 Ghana: $1,688

Canada: $50,436.

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Life Expectancy

- Malawi: female 55 yrs, male 55 years
- Jamaica: female 75.5, male 71.8
- Ghana: female 62.8, male 60.2
- Canada: female 84.2 yrs, male 78.8 yrs

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Percentage of population under 15 yrs old

Malawi: 46%

Ghana: 36.5%

Jamaica: 30%

Canada: 15.7%

Malawian family commuting

Lake Malawi

Life in Malawi

- Most Malawians are subsistence farmers – women produce 75% of the nation's food supply.
- Agricultural productivity is low: total dependence upon rainfall in a drought-prone region; severe land pressure - average size of smallholder farm is <1 hectare, and is all continuously cropped, depleting nutrients; high cost of seeds and fertilizers.
- In 2005, half of all child deaths were related to malnutrition. 47% of <5 children suffered from stunting.

Life in Malawi

- 80% of households rely on agriculture as their primary livelihood strategy.

- Only 55% of children who enter Grade 1 complete the 8 years of primary school.

- 22% of primary-school aged girls do not attend school, and 60% of those enrolled o not attend regularly.

HIV/AIDS in Malawi

- National AIDS Commission estimates that 12% of Malawians in the most productive age group (15-49) are infected.

- In urban areas: 20%.

- Households affected by HIV/AIDS (caring for orphans or ill relatives or neighbours) represent 64% of Malawi's population.

- Extremely poor and vulnerable households possess no excess capacity to survive additional burdens.

Thérèse Lambert

Thérèse Bourque Lambert: a force of life. A mid-80s grandmother from NDG with physical mobility limitations, but whose capacity to listen to and understand other humans had no limitations. Blessed with healthy, successful kids and grandkids of her own, Terry neverthless knew the universality of a parent's worry and struggle to ensure the best possible chances for her own kids. She couldn't get it out of her mind that in Southern Africa, grandmothers had buried their own children, and were now struggling again to ensure the survival of their grandchildren. She could not let it go, she just couldn't accept that women in that situation couldn't be helped.

Terry formed the West Hill granny group of the Stephen Lewis Foundation, and began raising funds for its granny groups in South Africa. She attended conferences, she went to Parliament Hill in a wheelchair to protest defunding of HIV/AIDS supports, she talked to anyone who would listen.

….why Mnjale?

In 2007 I was posted to the Canadian High Commission in Lilongwe, Malawi. Terry <u>taught me</u> the data on AIDS in Malawi, and since I would be there, she enquired with the Stephen Lewis Foundation for the NDG granny group to be linked to a group in Malawi, but was told that they had no links in Malawi yet.

Terry emailed me and said that since I was in Malawi and could follow up, she insisted to have a link with a Malawi granny group, and tasked me to find her one. I explained that I had a full time job managing CIDA projects but I would look. I could not advertize and I had to be very careful not to create the impression that it was CIDA and the Government of Canada seeking a group to assist.

Finally, after several months of screening organizations I settled upon a fledgling community group, in a village about 45 minute drive north of Lilongwe: Mnjale. A group of volunteers had formed to organize supports for the community's grannies (and a few grampas) who were raising their AIDS-orphaned grandchildren, and to provide discreet supports to families struggling with AIDS. The village head-man had granted land beside a stream for raising crops to feed these families, and a youth brigade had been organized to till, plant, water, weed and harvest, as well as carry out repairs to the grannies' huts. They were doing all this already, with no money, but the young woman who was organizing all this (Melissa Banda) was desperately seeking ways to raise funds to do more.

Mnjale, at first

I have worked in the development field for 25 years. I knew better than to rely solely on organizers. I went to the village with a friend to translate and asked to meet with the grannies and orphans. I explained that I was there to represent a handful of Canadian grannies who live on pensions themselves, who have a modest ability to help, and asked them what their most pressing needs were. The first list included a blanket for each of their huts (nights can drop to 6C in winter), a watering can for the garden, and some basics like soap, matches, tea and sugar.

We developed a system where I communicated the needs to Terry, she then flogged her contacts for funds, then she let me know how much she had raised. Sometimes it was just $231 and I had to go back to the Mnjale grannies and ask them to prioritise between what they needed now and what could wait til next time. Terry asked me to take photos of the grannies and kids, of the purchases, and send stories from my visits that she could pass on to her grannies.

Mostly to keep expectations low, on my visits to Mnjale, I told the grannies about Terry and how she would invite 10 grannies over, feed them tea and cakes, tell them about the grannies in Mnjale, and then asked them to contribute. I once taught intercultural communication, but believe me it was a challenge to depict to these grannies, that their counterparts in Canada, despite their comforts, also faced insecurity and worry and isolation. But they did grasp, they listened with wide eyes, they asked incredible questions, and howled with disbelief when I explained such exotic things as snow and cooking soup that was already prepared in a can, on an electric stove.

Transition

In 2009 the Harper government decided to close Canada's embassy in Malawi, and I was given 2 months to terminate staff, sell furniture, and move 2,000 km away to Mozambique. I explained to Terry that our link with Mnjale would have to end, I would not be there and I had no successor to ask to carry it on.

Terry just said: « no, we have come this far, we can't just abandon them, find someone ». I explained that oversight of a small NGO is not a small task, you can't just ask a stranger to take on work like that. And she said « find someone Roger ». I was aware of a group of Canadian nuns working in Malawi and requested an appointment with the head nun. Sœur Gisèle listened, then explained that they were down to a handful of Canadian nuns all over the age of 70, working hard to transfer skills to the younger Malawian nuns, and could not take on additional projects, but she was so inspired by the story, she did accept. Both for the project oversight and to continue to mentor Melissa in project management.

Theresa Foundation

By 2010 Melissa had successfully registered the Mnjale granny group as a recognized charity under Malawi law, and had legally registered it under the name: Theresa Foundation.

Sœur Gisèle picked up where I left off and began a weekly correspondence with Terry, reporting in both directions, and channelling funds to needs.

In early June 2011, Terry passed away, and her two children Ann and Brian, their respective spouses David and Myrlla, and their kids Alice, Isaac, Emma and Ben, decided that the Foundation had to go on. They have taken fundraising to a new level, and hold Skype board meetings. And it works.

I am honoured to have been a part of it, and am inspired at what singular will can accomplish.