

COVID19 in Malawi: Interview & Lessons

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Frequently Asked Questions (with Donna Power)

How did you get started in helping kindergartens in Malawi?

A friend of mine, Sr Mel Dwyer, was in Malawi as a missionary with the Canossian Sisters. In 2011 she told me about their kindergarten needing funds in order to serve the children with life-saving food and life-changing 'school-readiness'. **The parents couldn't (and still can't) afford the \$4/month or \$36/year (9 month school year) kindergarten fee because they are subsistence farming families.** There were 40 children at the time and I thought supporting the kindy would be very achievable. I had a direct link to the Canossian Sisters and knew their work was vital for the poor and that they are highly trustworthy.

Friends and family cheerfully gave towards our fundraising efforts with many inviting their friends and family members to also be involved in our Project Kindy Village. Because of the generosity of our donors, within a few years the Canossian Sisters reopened 6 more village-based and run kindergartens. In time, a further 4 rural communities recognised the value of this kindergarten model and initiated their own kindies in partnership with the Canossian Sisters. **That original kindergarten now has 177 children in attendance and we currently support 11 kindergartens with a total of 847 children attending.**

Parents send their children for two reasons. **The first is because each child receives a bowl of 'nsima' (like polenta) each day, which meets their immediate need for food security.** This meal relieves some of the burden on parents to provide food for their children and provides a vital safety net for many children whose families have run out of their annual stores. There is only one harvest in Malawi, so the families keep stores of grain for 12 months without a second chance to obtain new food.

The second is because education is the doorway to hope and school readiness raises the standard of living for the child, the community and the country. Our kindergartens empower the children through basic numeracy and literacy in both the national language, Chichewa, and English. The children learn to behave in an educational setting through games, songs, call and response activities, simple behaviour management strategies and play. There is much evidence from research regarding the cost-effectiveness and efficiency of early years education for raising the standard of living in poor communities.

How is COVID19 affecting Africa? (At time of writing: May 5 2020)

Globally, there have been 3 530 000 reported cases of COVID19 with nearly 250 000 deaths. **The official statistics from Africa indicate that there have only been 44 437 reported cases of COVID19 in their total population of 1.2 billion, 1759 deaths and 14 129 recoveries in Africa with 53 of the 54 countries affected by the virus.** This seems to be only a small number of cases in comparison to Asia's 553 544, America's 1 475 942 and Europe's 1 384 499.

So why do African officials, the African Union, the UN, the WHO, human rights advocacy groups and NGOs hold grave concerns for the people in Africa? It's not the current total number of cases, but the daily rate of their increase in Africa that is worrying the authorities. African nations lack proper healthcare, capacity for testing and the population suffers from serious comorbidities across all age groups. The authorities are also very concerned about the parallel humanitarian crisis the responses to COVID19 will impose on the poor. Many people live 'hand to mouth' day-to-day in a subsistence economy so the virus crisis could easily force them into extreme hardship.

The COVID-19 pandemic will likely kill at least 300,000 Africans and risks pushing 29 million into extreme poverty, the [U.N. Economic Commission for Africa](#) (UNECA) said recently, calling for a \$100 billion safety net for the continent. This is more than the total deaths of all other countries at this point. The World Health Organization warned that Africa could see as many as 10 million cases in three to six months. The continent has very few protections against the spread of the virus and the majority of people live day to day in a 'hand to mouth' economy. Hence, both the health and the economic crises will affect the African nations profoundly for a very long time.

[Dr. John Nkengasong](#), director of the [Africa Centres for Disease Control and Prevention](#) (Africa CDC), issued calls for the tools the continent of Africa needs in order to bolster their responses to pandemic-related challenges like low amounts of testing, limited medical supplies and personal protective equipment (PPE), and the spread of misinformation. "We really need effective partnerships," said Nkengasong, eventually outlining agreements with the United States, multilateral institutions, communities, and the media that are improving the continent's performance in the pandemic. ([source](#))

Our Project Kindy Village is playing our part as a grassroots community-to-community partnership to provide the support we can. We are so grateful for the advocacy of the ABC, the Catholic Leader and 96five Radio for the African people's story.

What is happening in Malawi regarding COVID19?

Almost 6 million school-going children and youth have been home since the government closed all kindergartens, schools and universities March 23. For our kindergarten children, that means they have gone without our daily lunch provisions for 6 weeks at a time when their family stocks are very low, leading up to the annual harvest time. Public gatherings of 100 or more have been banned, international flights cancelled, and land borders closed which means the presence and work of many international NGOs have also decreased significantly.

Testing for COVID19 is severely limited which inhibits accurate reporting of statistics and the health care system is very weak. The first round of tests were faulty. Due to the small number of tests available, there have been strict eligibility criteria set for people before they are tested. There have been strikes from medical staff as they refuse to work without any personal protective equipment. The health outcomes for patients in hospitals and clinics are significantly hampered by the lack of consistent electricity, especially in rural areas, e.g. life-saving machines can't function and refrigeration for medicines fails. Consistent and updated messaging from health and government authorities to communities is very difficult due to lack of mass media and devices, except mobile phones.

The World Bank committed \$37million USD to help Malawi fight the coronavirus and the President announced this would fund an emergency cash transfer programme for some of their poorest people. 172 000 of the most poverty-stricken households will receive \$50/month through mobile transfer until the end of August. This seems to be a very small number of households in a population of 19 million, especially when compared to the 1.3 million Australians on JobSeeker and the 3 million Australian employees currently on JobKeeper payments. The Malawi government had planned a 21-day national lockdown but this was blocked by the Malawi High Court because there were no preparations made for the poor and vulnerable people who would likely be forced into a humanitarian crisis as a consequence of the lockdown.



What are your main concerns with the COVID19 crisis in Malawi?

Our primary concern is the safety, hygiene and health of our communities and our Sisters. We are worried that the virus is already spreading in Malawi, that the current official statistics may be inaccurate due to lack of testing and that there will be many people killed or disabled by this virus due to poor healthcare and preventative measures. The poor are especially vulnerable to COVID19 due to the extent of pre-existing comorbidities already suffered by the people across all age groups, including HIV, lung disease, malnutrition and diabetes. The poverty of the country makes personal and communal hygiene and social distancing difficult. People living in extreme poverty also have extreme risks associated with the economic crisis imposed by the responses to the virus. Reduced or blocked access to food, water and income, would result in the people suffering unimaginable poverty causing a parallel crisis of death and disability.

Recently, Sr Joanita told me about Evance Faluka, a 6-year-old boy, who lives with his mum in Katundu village and attends Holy Family Kindergarten. His father abandoned them and left them destitute. The mother sells small amounts of bananas to sustain her family which will be much harder during the spread of and people's response to COVID19. Sr Joanita said Evance's family suffers an unimaginable level of poverty and without his daily lunch at kindy Evance is very vulnerable.

Comparing Australia's and Malawi's capacity to respond to COVID19 is like comparing a grand mansion with many fully furnished rooms to a fragile hut. Australia has countless advantages to respond to any health and economic crisis whereas Malawi has countless disadvantages. For instance, in Malawi 82% of the population live in rural areas. It is already a struggle to access food, water, healthcare and financial relief – not to mention capacity for social distancing. Higher education levels, multiple communication channels and a healthy physical state free of malnutrition and disease is not the case in Malawi. Malawians are effectively left with only one main strength, the people themselves. Even though our kindergarten communities already show an incredible capacity to transcend hardship, we see that they are in an extremely vulnerable environment and need advocacy and practical help.

See our comparison table at the bottom of this page for more information.

What do you see are the main, achievable priorities for your kindergarten communities?

Our [Project Kindy Partnership Plan with the Canossian Sisters](#) identifies that our first two primary objectives are meeting the children's immediate need for life-saving food security and empowering the children for the long-term through life-changing school readiness. **We see that our children's return to kindergarten is paramount for their immediate wellbeing and long term outcomes.**

Our secondary, long-term priority is to build infrastructures such as local wells and permanent, brick classrooms that support the work of the communities and build their capacity for resilience and independence. **The COVID19 crisis urges us to focus on the drilling of borehole wells so our families have access to clean water in their local area.**

Without strong healthcare systems to rely on, prevention of the spread of disease is absolutely critical for protecting vulnerable people. For instance, 80% or more of the population in rural Malawi do not have access to local, clean water due to lack and breakdown of wells even though Lake Malawi is one of the biggest sources of freshwater on the planet. Of our 11 kindergartens, 6 do not have a well which means our Malawi mums and kids have to walk up to 3 hours each way each day to collect water elsewhere and carry it home in plastic tubs on their heads.

The provision of access to local, clean water creates capacity for effective handwashing, bathing and healthy cooking which all go a very long way to preventing the spread of disease. The community's ability for social distancing is enhanced and our mums are protected from attack or the threat of punishment for leaving their area. Clearly, water is a basic necessity of life and accessing it is an urgent need for our communities. The provision of local water will also improve our primary kindergarten outcomes by reducing time and energy of mums and children walking for water, empowering the children to learn hygiene practices, improving the health of the children and families and increasing their safety.

The drilling of simple hand pump wells is an achievable goal and we will work closely with the reputable organisation, [BASEflow](#). It is important to ensure the wells are built and set up correctly and are able to be monitored and repaired. The cost of a simple borehole, hand-pumped well is about \$10 000AUD.

There are no funds in our budget for the drilling of wells. We estimate it will cost around \$60 000 to build 6 wells and that is beyond our scope at present. We are asking Aussies to dig deep (no pun intended) make a donation to this worthy cause. It only takes \$33 to give our families access to water and to significantly help prevent the spread of COVID19.

It's been nearly 10 years since you started in 2011, what keeps you going?

When every person shares their small gifts to empower the poor, we will heal the world. We don't do huge things, we do small, consistent things and that's achievable for us.

What keeps me going is the direct link I have with the Canossian Sisters in Malawi; the enthusiasm of the community volunteers; the eagerness of the children and mothers and their heartfelt appreciation for what we do for them; the heartfelt collaboration with Aussie donors; the research into the power of early years education and my own sense of social justice and faith.

I am very regularly in contact with the Sisters via Whatsapp and they keep me updated with photos, videos, spreadsheets, phone calls, texts and emails so the people's story is always on my mind. The kindergartens are enthusiastically run by the community's own network of volunteers who are trained and mentored by the Canossian Sisters and teachers at the original kindy. It is a very empowering and hope-giving model for the community. The children and mothers transcend their poverty and walk up to 3 hours from neighbouring villages to reach the kindergartens each day and the kids participate with gusto and the mums cheer them on.

The Aussie donors find deep meaning in the direct connection we have to our communities and the opportunity to give to and empower others in extreme poverty. There is much research on the power of 'school readiness' which indicates that kindergarten education is one of the most cost-effective and efficient ways of improving the lives of the individual students, their local communities and country at large. Personally, I find a strong sense of purpose in social justice action from my Catholic faith's worldview. For me, this is an ever-evolving adventure, a source of inspiration and perspective and a deeply formational experience.

The Grand Mansion and Fragile Hut Comparison

Indicator	Australia	Malawi
Population	25.5 million	19 million
Population Density	3.3 persons/ km ²	203 persons/ km ²
Median Age	38	18
Life Expectancy	84	65
Infant Mortality Rate	2.7/1000	32.6/1000
Deaths Under 5 Years of Age	3.2/1000	43.7/1000
Rural Population	14%	82%
Leading Causes of Death and Age Group	Heart Disease, Dementia, Brain Disease, Cancer, Lung Disease, Diabetes. Age 40+ years	HIV, Malnutrition, Lung Disease, Malaria, Diabetes. Age: All ages
Access to Clean Water	99% of population	10% of population in rural areas
Access to Electricity (this especially affects hospitals and clinics)	100% of population	12% of population
Number of Doctors	70 200	600
Rate of Food Insecurity	5% of population	84% of rural households
GDP per person 2019	\$85 000AUD	\$600AUD
Expected Number of Schooling Years	20 years (includes non-school qualification)	10 years
Average Number of Schooling Years	13 years	5 years
Position in United Nation's Educational Index	Ranked Number 1 out of 188 countries	Ranked Number 157 out of 188 countries

Lesson Ideas

Reflection Questions

(Use for personal writing, small group or class discussion, group presentations etc)

1. **What concerns you most about COVID19** in poorer countries such as Malawi and other African nations?
2. **People in Malawi are now saying**, ‘We would rather die from the coronavirus than hunger!’ Should the Malawi High Court allow the Government to impose more social distancing measures to control the spread of COVID19? Why or why not?
3. **Pick the 3 pairs of indicators** in ‘The Grand Mansion and Fragile Hut Comparison’ that you believe show the greatest difference in resources between Australia and Malawi for responding to either or both the health and economic crises caused by COVID19.
4. **The Catholic Social Justice Principle, “Human Dignity”**, inspires Donna and the Project Kindy Village to support what may seem like a very small number of people in the scheme of things. How does the work of Project Kindy uphold the value of Human Dignity and why is that important?

Activities (for videos and photos go to www.projectkindy.com)

1. **Draw or create a crafty representation of “The Grand Mansion and Fragile Hut Comparison”** to show the difference between the capacities of Australia and Malawi to respond to a crisis such as COVID19. e.g. Build a Diorama, Design a Canva Infographic, Draw the Two Scenes of an Australian city and a Malawian Village, Compile a collage of images from the internet.
2. **Role-play the two scenes** of an Australian family washing their hands and having dinner in Brisbane and a Malawian family washing their hands and having dinner in their rural village near Nsanama.

Prayers

1. **Create laminated Prayer Posters to put up at the bubblers and bathroom sinks around the school or home** to prompt a quiet prayer of compassion for the poor during the day when people have a drink or wash their hands. Some ideas to start you off: include a prayer that could be read over the 20 seconds it should take to wash hands properly; highlight some statistics and a simple “Let us pray for the poor” statement; and/or bring attention to a photo with a gentle reminder to think of those without water.

2. **Write daily prayers for the poor**, lonely, isolated, at risk for morning prayer.
3. **Design and Install a special, communal Prayer Station** in a shared space in the school or home. Create a way for people to contribute to the prayer station with written prayers, or in a ritual way. Some ideas: Have a font with Blessed Water (and hand sanitiser) in a thoroughfare where people can quickly sign themselves with the Sign of the Cross and pray for an increased love for the poor as they feel the water on their skin; Set up a Prayer Tree where people write their prayers on cardboard leaves and tie them to the branches.
4. **Create Prayer Beads** to attach to your pencil case, laptop bag, school bag or mobile phone out of string and beads. These serve as a reminder to pray for the poor.

Fundraisers

Raise funds to help Project Kindy provide wells for 6 of their 11 rural kindergarten communities so the families can access clean water locally. Fresh, local water will help the kids and families reduce the spread of infection through handwashing and bathing and will help them avoid the 1-3 hour walk to obtain water elsewhere. Each well costs \$10 000AUD and they do not have those funds in their budget and need help. 100% of funds raised will reach the grassroots where it is most needed.

- **Host a 'Water Walkathon'** where each person or team finds supporters to sponsor them to walk for 3 hours over the space of a school week or weekend. Individuals or teams log their walking on their sponsor sheet, indicating the date, start and finish times of each walk. They then report back to their supporters and hand in their donation to the organisers when they have completed 3 hours of walking. 3 hours represents how long it takes some Malawian families to reach water from places far from their homes. The financial goal per student could be \$30 or \$10/hour. You could have incentive prizes for the student, staff or family teams who raise the most. To donate the funds to Project Kindy, simply deposit the total into the Project Kindy bank account. Details are found at www.projectkindy.com/donate
- **Simply share the [Project Kindy COVID19 Wells Appeal](https://bit.ly/2Kf9dSC) webpage** (<https://bit.ly/2Kf9dSC>) via email with the school families and staff and encourage them to give generously as a way of showing solidarity with some of the poorest families in the world.

Thank YOU for Loving the Poor