MALAWI CHILDREN'S VILLAGE (MCV)

Section 1

MCV BACKGROUND

Dr. Kevin Denny had been a Peace Corps Volunteer in the Mangochi District of Malawi working on a tuberculosis public health program from 1964-1966. During his Peace Corps service he met and became friends with Mr. Chakunja Sibale, who became a Malawi clinical officer in the Mangochi District after studying in Edinburgh and managing several international health projects. Their friendship deepened over time. Shortly after the HIV AIDS crisis became a worldwide horror in the mid 1980's, they began discussing what they could do to help the children of Malawi.

AIDS was devastating Malawi and resulted in more and more children growing up without one or both parents. But it was just one of many diseases, including the scourge of malaria, tuberculosis, bilharzia, and a host of other diseases, causing nearly 10% of children born in Malawi to become orphans before their first birthday. In the mid-1980s, Mr. Sibale and Dr. Denny began talking about what they might do to help the orphan children. They knew they could

not serve all the children of Malawi, but they were determined to make a difference to the orphan population in the 37 villages within a defined area of the Mangochi district.

These 37 villages had a total population of approximately 30,000 citizens. This included roughly 2,200 orphans and many otherwise vulnerable children (OVC's). There were often as many as 6-7 orphans living together with their grandparents. With the increasing AIDS crisis, the number of orphans in these villages would soon soar to about 3,000 within the next five years.

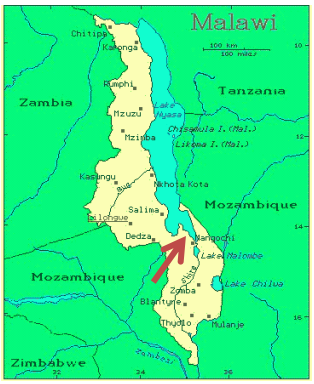
In the entire country of Malawi, the age population density shows that, in the MCV Catchment area, the age group 0-17 accounts for about 50% of the total population, roughly 15,000 children. Because we know that about 3,000 of these are orphans or otherwise vulnerable children, roughly 20%, one in five of all children in this MCV area population, are orphans being raised by grandparents, other relatives, or loving village neighbors. These are staggering numbers. [***NOTE:*** *comparative numbers in USA: 443,000 "orphans" (those in or seeking foster care) out of population of 360 million = 0.12% of population; % of all children in USA in or seeking foster care = 0.68%]*

THE BEGINNING

With these realities so shocking, Dr. Denny and Mr. Sibale decided something must be done. They dreamed of a program in this rural area that would give hope to the roughly 3,000 orphaned children. At best the program would evolve into a truly life-enriching program for these orphans. They envisioned a the kind of program for these children that would most likely to succeed – a program that is village centered, administered by Malawians, and would incorporate many facets of life in these 37 villages — a program that would truly give these children a good chance at a decent and healthy life. At a minimum, it would include free education for the children through secondary school and possibly university scholarships, health care in the villages specifically focused on the welfare of the children involved, food and clothing guarantees, and decent housing during the frequent drought or flood times.

They would call this project the Malawi Children's Village (MCV). Mr. Sibale would be the chief administrator, and Dr. Denny would contact a small group of returned Peace Corps Volunteers who had served in Malawi during the initial years of the Peace Corps, asking them for their financial and voluntary support. The volunteers responded, and the MCV dream began modestly but with great hope in 1996.

These two MCV pioneers began researching the local conditions around the Mangochi area. They secured property along the shores of Lake Malawi and began construction of the first two buildings for what would become known as the MCV Campus. They insisted from the beginning that all structures on campus would be for services rendered and NOT for a resident orphanage. The fundamental belief was that all orphans would remain in their village, be cared for by village families, and overseen by two adult volunteers, chosen by the village chief. These volunteers, coordinating with the MCV staff, would monitor the orphans health and wellbeing.



Funding, of course, was a priority. Dr. Denny recognized the need for an American organization that would generate funding for MCV. In 1997 he called a group of his late 60's Malawi Peace Corps friends to a meeting in Boston. It was the first meeting of what would become the US MCV Foundation Board. The initial Board included Garry Prime, a former volunteer school teacher, and Mike Hill, Terry Liercke, and Richard Glazer, all volunteers in the Tuberculosis/Public Health program. During the first six months of putting together and organizing the project, Garry Prime agreed to sponsor Mr. Sibale, who became the Project Director full-time in June 1997.

The program began with 36 villages identified in the Mangochi area. A survey at the time revealed that these villages had a combined number of approximately 30,000 residents. The survey also identified a minimum of 2,200 orphans, a number that would increase to 3,000 in the coming years.

Mr. Sibale met with the chiefs of these villages. With the assistance of the chiefs, they identified two volunteers from each village who agreed to look after the needs of the orphan children in their village. Once these 72 volunteers were chosen, they had a series of monthly training sessions with Mr. Sibale and his wife, Faith, who was a registered nurse and would later become the clinical provider for the MCV health clinic.

The top priority in 1997 was to address the needs of babies born to a parent or parents who had died from HIV AIDS. In Malawi, as in so many other developing nations, an infant becoming an orphan is a life-threatening event. The first major project at MCV, therefore, was to secure some land, which Mr. Sibale purchased for MCV. On this land in 1997 the first building was built as a nutritional rehab center that would house a small group of seriously malnourished infants whose mothers had died and who desperately needed nutritional support. It was a modest building including a kitchen, sleeping quarters, and a small office area for the project.

This infant nutritional center was completed in 1998 and soon began caring for 11 severely malnourished infants. A small staff of infant care workers were hired and trained and supervised by Faith Sibale. Not all the children survived, but many children did survive and would receive the benefits of MCV for the rest of their young lives.

THE EARLY YEARS

The next few years were a time of active physical development, always focusing on the support system for the orphans and OVCs. Thanks to the generosity of the MCV Foundation's fundraising results, construction began on the guesthouse and the library. The guesthouse would become a critical facility for housing overseas volunteers coming to assist for short time periods, and the library foresaw the need to nourish the minds of the orphans as well as their bodies. A soccer field and a netball field were built, and an American Rotary Club provided funding for a lake water system and a water storage tower for what was now becoming the MCV Campus.

Training continued for the 70 or so village volunteers, all receiving an MCV Volunteer shirt and a bicycle, with an agreement to replace the bike tubes when needed. None of the volunteers, of course, had automobiles, and transportation by reliable bicycle was considered a luxury. Monthly meetings were (and still are) held to continue training for the village volunteers and attendance is usually 100%. There was some question whether these volunteers would lose interest or not be active, but five years later more than 85% of the original volunteers were still doing important tasks. They were the important "cornerstones" of the village-based program.

In these early years, a small staff was formed: Felix Chirombo, who would become the MCV director when Mr. Sibale retired years later; Monica Msosa, a community health nurse, was hired to work with Faith Sibale; and Esnath Phiri was hired as an outreach field worker. It was a small but devoted staff.

Surveys showed the orphan population in MCV's defined area increasing from 2,200 orphans in 1997 to 2,910 in 1999.

[*During these first few years, in early July 1999, a group of a dozen medical students from the University of Wisconsin-Madison visited MCV on a study tour. For more than a week these students did whatever was needed to help the MCV staff and learn more about the project and the culture of Malawi. On July 4 they were en route to the airport in Blantyre when their van was hit by a speeding train. The collision killed the Malawian driver and one of the students, Michele Tracy. The other eleven students and the medical school professor and his wife (Craig and Cristel Gjerde) were all injured and sent to hospitals in South Africa. All survived, but Craig (Malawi Peace Corps Volunteer '65-66) and Cristel remained in serious condition until their return home several weeks later. A plaque was later put on the entrance to the MCV administration building reading "Michele Tracy, Amakonda Ana, She Loves the Children, July 4, 1999".]*

Section 2

VILLAGE OUTREACH

Village outreach is the cornerstone of MCV's program. The orphans live in the villages, and they are raised by relatives or villagers willing to incorporate them into their families. MCV's primary goal is to make sure these families receive as much healthy assistance that we can provide. Foremost among these needs are health care, access to education, good nutrition, and periodic visits by Malawian MCV staff to track the positive growth, both physical and emotional, of the orphans.

Soon after MCV was established, Florence Kondwani and Catherine Shabani were hired to focus on tracking the success and health of the roughly 3,000 orphans living in the villages, visit with the families caring for the orphans, keep in touch with each village chief, work closely with the village volunteers, and provide assistance to help whenever possible.

The most feared disease in Malawi, other than HIV/AIDS, is malaria. But there is an evil relationship between these two most frightening diseases in the developing world. They thrive together. HIV infected people are more susceptible to malaria, and malaria reduces defense against the HIV infection. This is true for people of all ages, but particularly for vulnerable children. An early and continuing priority of the outreach program carried out by Florence and Catherine has been the battle to control malaria, a constant evil that can kill a child by a single mosquito bite.

What Americans call "mosquito nets" most the rest of the world, including Malawi, call "bednets." The Gates Foundation initially subsidized a worldwide initial effort to begin a bednet distribution. Subsequently the Kansas City Rotary Club provided a substantial and life-saving grant for the purchase of a generous supply of bednets specifically for the MCV catchment area. Catherine and Florence distributed and explained the proper use of the bednets in each of the villages. They stressed the importance of using these nets only for nightly mosquito protection rather for any other purpose.

The results have been dramatic! In 2005, the early childhood death rate in Malawi was 4.5 deaths per 100 children ages 0-5. The 2004 MCV household survey, an important project for Florence with the assistance of Catherine, indicated that 40% of the deaths in children under 5 were from malaria. In 2004, the year before bednets were introduced, 210 children in the MCV catchment area developed malaria. The first distribution of 216 bednets were introduced in 2005, and the malaria cases of children decreased to 173. The following year, 2016, the use of bednets increased to 919, and the childhood malaria cases were reduced to 31, an 82% decline in the number of malaria cases in these children. It is planned and hoped that the program will continue forever.

Climate issues have a devastating effect on Malawi villagers. Droughts and flooding are becoming more and more frequent and unpredictable. The primary crop in Malawi is maize (corn), which is the most important food source throughout Malawi. A good maize crop requires sufficient rain and sunshine to flourish. When there is drought or flooding, the maize crop dies or is washed away. "Nsima" is the staple food across Malawi. It is the basis of nearly every meal. Nsima consists of large quantities of finely pounded maize mixed with boiled water. The nsima is then combined with "ndiwo", either vegetables, beans, fish, or other meat when available. Since nsima is consumed at least twice a day, a family of four will consume one or two 50 kg (110 pounds) bags of maize per

month. If the maize crop is either completely destroyed or severely damaged, the result is massive starvation in the villages. The MCV outreach program keeps a large store of 50kg nsima bags, and during these desperate times, the MCV outreach program provides the necessary maize to its 36 villages to diminish the starvation.

Flooding is also a constant threat to the village dwellings during the rainy season. A severe flood can destroy many of the homes in a village, and when this happens the outreach program does whatever it can to help rebuild homes, fix leaking roofs and walls, and provide temporary relief from the families affected.

AGRICULTURE AND IRRIGATION

Most Malawian villagers rely on subsistence farming, and this requires a reliable water supply. This can be challenging even when the rains are reliable but somewhat irregular. Traditionally, farmers rely on the five-month rainy season to produce enough maize and other produce to provide year-round family subsistence. While the rains may be adequate in a majority of years, there are often years when inadequate rains lead to hunger and famine.

Irrigation is an obvious solution, but it is not easy in Malawi. While Lake Malawi, the sixth largest fresh water lake in the world, traverses one side of the country, sources of water inland are scarce. In addition, there is a longstanding cultural aversion to irrigation practices.

From its inception, MCV has advocated for irrigation in its catchment area. As a demonstration, gardens were established at the MCV campus, using electric pumps donated by American Rotary Clubs to draw water from nearby Lake Malawi. While the advantages of irrigation were demonstrated, the practice remained impractical without easily available sources of water.

Mike Hill, a former Peace Corps Volunteer, and Jerry Turner, a former government agricultural consultant, spent several years in the catchment area providing education regarding irrigation. With donated gas pumps, they initiated several irrigation schemes in areas with access to small rivers and streams.

The introduction of treadle pumps (human-powered pumps working similarly to a stair-stepping exercise machine) allowed irrigation to expand. By digging shallow wells, inserting concrete cylinders, and topping them with treadle pumps, it became possible to use ground water to irrigate up to 200 yards. With a donation of 300 treadle pumps (from Rotary Clubs in upstate New York and Kansas City) the concept spread across the catchment area. Over the years, however, the use of treadle pumps has waned.

Another infusion of interest took place when the Seneca Falls NY Rotary Club undertook an educational initiative in the catchment area, including supporting a full-time MCV Agricultural Specialist. Dyson Magumbo, an MCV orphan "graduate" with an agricultural degree, was the first to

fill the position. A few gas pumps were donated for use in villages with access to rivers or streams. And finally, "farm festivals" were held to encourage better farming practices.

Despite all these efforts, the number of irrigation schemes in the catchment area has grown only to 19. And many of these include just a few farmers. Even though the future of irrigation is in doubt, MCV remains committed to expanding the concept wherever and whenever possible.

Another immediate need was to make sure the village families caring for the orphans could have seeds for their family gardens. A modest seed program was begun to provide hybrid maize (corn) and a small bag of fertilizer to each village household so that they could have small gardens that would provide food.

An important priority for any country is food security. Malawians are excellent farmers considering that the typical village farmer has no electricity, gas-powered equipment, little or no irrigation, unpredictable rainfall, or access to specialized seeds. As mentioned in the Outreach section, rains are fickle: sometimes there are no rains, even in the "rainy" months of November through February; sometimes sporadic; other times flooding or just too much rain. It's also clear that climate change, especially the frequent extreme heat in October, is making the growing season more and more unpredictable.

MCV hired Austin Khahauka, , a full-time agricultural specialist, to assist Dyson working with the villages to improve their agriculture practices. The MCV gardens were expanded, and several villages banded together and purchased a gasoline pump for making their gardens larger and more productive.

Climate issues are not the only enemy to Malawi village gardeners. A recent invasion of armyworms has attacked Malawi. This voracious caterpillar can destroy a complete crop of maize in a matter of hours.

Section 3

WOMEN'S EMPOWERMENT

The Women's Empowerment (WE Club) was started in 2015 by girls at Gracious Secondary School in an after-school program to enhance girls' confidence with debates, morals, and education. They subsequently asked for funds to purchase extra books plus a locked bookcase, and to provide tutors after regular school hours so they could increase their academic standings.

Ruth Nighswander held a small fund raising program for women in Alaska to provide the funding needed to begin the program. Mirror Lake Middle School in Chugiak, Alaska raised on-going funding by selling smoothies prior to the start of their school day. The next project was to obtain funding for T-shirts & sanitary pad bags (washable pads, soap, plastic bags, monthly calendar & outer bag) sewn by the MCV sewing project on campus.

Caroline Matkom, a current MCV Foundation board member, was able to obtain a series of large grants through her work as a member of the University of Wisconsin's Project Malawi Student Club that sustained and expanded the pad project & and included post-secondary scholarships for women graduating from Gracious Secondary School who qualified for entrance to university or professional schools.

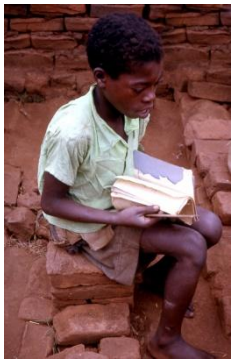
In 2021 what started as a modest program has now expanded to 90 girls in the Women's Empowerment program. The pad project now includes all of the 252 girls attending Gracious Secondary School.

EDUCATION AND TRAINING

Primary School Projects

Clearly, education is the ticket that breaks the chain of poverty. The earlier a child is exposed to quality education the better the future is likely to be. Though true for all children, those who are orphaned at an early age and those who are otherwise vulnerable through disease, handicaps, and those in extreme poverty are the most affected. From the early days of the Malawi Children's Village, education has been a top priority.

In Malawi, elementary school (the first 8) is free. All children can attend. Unfortunately, these elementary schools are often understaffed, oversubscribed, and poorly equipped. It is not unusual to have 100 first and second graders in one classroom with the two classes with their backs to each other. Many schools have neither desks nor benches for the children to work on. Typical critical teaching equipment and supplies, like paper, pencils, and blackboards are often either lacking or nonexistent. Some of the school buildings have no roofs. As a result, little learning occurs.



The school system in Malawi is parallel to that in the USA: 8 years of primary school (our grade school) followed by 4 years of secondary school (our high school). However, in Malawi only 35% of elementary school students complete their education on time and only approximately 16% of these children go on to secondary school. Thus for every 100 students who begin primary school only 35 complete all eight years. Of those 35 students, in Malawi only 17% enroll in secondary school. Thus, of the 35 student leaving primary school only about 6 will begin secondary school. In secondary school (our grades 9-12), there are two national exams, the MSCE exams. The first is administered to all secondary school students completing the first two years. Those who fail this exam, about half the students who take it, do not go on to the final two years – meaning only about 3 students who began elementary school will complete high school. But that is even optimistic. There is a further "leaving exam" after a student completes Form 4 (our senior year), and the national pass rate is around 50%. The stunning result is that only 1 or 2 of those beginning

elementary school will successfully complete all 12 years with what for us would be called a high school degree. This compares to the comparable 88% successful high school completion rate for the American students who enter Grade 1.

In the MCV "catchment" area (the area served by MCV) there are 8 primary schools. Ruth Nighswander, a former mid-1960s Peace Corps Volunteer with her husband Tom, began a program in her home city of Anchorage, Alaska, to pair 6 of these 8 village primary schools in Mangochi with grade schools in the Anchorage area, 9,192 miles distant. The children and parents of these Anchorage schools held a variety of fundraising events — bake sales, art bizarre, raffles — to raise money for the Mangochi schools. They also launched a pen pal project. The first money was sent over in 2006. The results of these American children have been impressive. Their first priority was to provide the building of latrines (there were none before). Soon they also funded the purchase of chairs and desks for the classrooms, bicycles for the teachers, and even modest housing for the elementary school teachers.

Success encourages more challenges. The village of Nasenga, adjacent to the MCV central campus, was desperate for its own school. The children of Nasenga had to walk miles, sometimes hours, to the nearest elementary school. The Nasenga school committee requested MCV to consider building a new school located nearer its village. The Nasenga community doubled down on their request by making enough handmade bricks for the classroom. Once again the Nighswanders and the people of Anchorage stepped forward. The Saint Mary's Episcopal Church, and their future sister school in Anchorage, Denali Montessori, provided initial funding for the first classrooms at Nasenga. The Malawi government then stepped forward and guaranteed to provide the teaching staff.

In 2010 the new school opened its doors and 200 students walked in. Today the Nasenga School has 700 students. Four teachers from the Denali Montessori School visited and provided training for the Malawi teachers while learning invaluable information about education in Malawi. With the remaining funding, a modest house was built for the school's headmaster. Since that time, this school has been named a "Model Primary School."

One other school in the MCV area has received the "Model Primary School" award. This school, the Mauni Primary School, has partnered with yet another Anchorage school, Chugach Optional School. Because of this partnership, Mauni Primary now has additional classrooms, desks and books, teacher bicycles, teaching supplies, and three teacher's houses.

The improvement of early education for the Mangochi area students has benefitted, of course, both the orphan population and the greater general population of children. It has been a critical component of MCV's vision and dreams.

Vocational Training

Just before MCV committed to building a secondary school, it decided the first project should be to establish a vocation training program so that orphans and others could be prepared for a profession. In 2001 the need for a vocational training school on the MCV campus was becoming more and more apparent. The first project was to raise the funds for the vocational training program. The fundraising efforts in 2002-2003 raised enough to build facilities for programs in carpentry, auto mechanics, bricklaying, and welding.

Enough funds were raised to send a large container of vo-tech equipment from Boston, including a table saw, a planer, drill press, hand carpentry tools, motor workshop tools, Gould water pumps, and, additionally, wheelchairs and shoes for orphans. By the end of 2006 the facilities were constructed and there were 20 students taking carpentry, 10 in bricklaying, and 12 in motor vehicle mechanics. The following year there were 36 students in these programs, 22 of whom were being funded by other nonprofit and governmental programs in the country.

In addition, a companion vocational program in sewing was established on the MCV campus. Nettie Graulich, who had spent time in Malawi in the 1960s, began teaching tailoring to orphans and other young villagers. This program was highly successful from the beginning. Not only did the program give employment and training to MCV's orphans, but it began successfully selling its high-quality products including Malawi aprons, hand bags, and personal clothing. In addition, the program contracted to provide school uniforms to primary schools and special smocks for the Malawi hotel industry. This program was successful enough to build its own tailoring program on the MCV campus, complementing the other vocational programs located nearby.

Gracious Secondary School

In Malawi, primary school is free but secondary school is not. In the early years of MCV (1996-2005) the program paid the secondary school fees for all the orphans who qualified to attend the few secondary schools in the Mangochi area. It became clear that there was a need for a secondary school on the MCV campus that would be available for no cost to orphans in the MCV area. The MCV Foundation would fund the fees for all orphans. Each year approximately 20-25 orphans in the MCV area successfully complete primary school. The school would also accept a limited number other students from other locations in Malawi on the normal fee basis.

The MCV Foundation had evolved to have the funding necessary for construction of the school, all done by local Mangochi village builders. The classrooms and labs were modest but reasonably well equipped. A teacher's prep room and headmaster office were included, and a small kitchen was added to serve lunches to the students. In addition, dormitories for men and for women, plus a soccer field were added. All of these buildings and facilities were modest, but by Malawi standards more than adequate.

Construction began in 2004 with funding provided from a variety of sources, including many Alaskan donors and the nonprofit Solace International, which had experience in building girls

schools in Afghanistan. The school opened on January 3, 2006. Fifty students enrolled this first year, but MCV still had 83 orphan students enrolled in other boarding schools. That changed rapidly when the early students received excellent passing scores on the mandatory National exams, taken at the end of Form 2 (sophomores) and Form 4 (seniors). One of MCV's original faculty members, Miss Eunice Zikiti, had been a sponsored orphan from the MCV program in boarding school at Malawi's Educational/Teaching College.

The first students from Gracious received excellent passing scores on the national MSCE exams. These results resulted in a rush of nearly all the orphans in the MCV catchment area transferring to Gracious. Word got around the country that Gracious produced high numbers of students passing the MSCE exams. Within the next few years the enrollments increased annually, and today the school's capacity is approximately 400 students, with about a quarter of the students in the "orphan or otherwise vulnerable children" categories.

One of the primary reasons for the Gracious Secondary School's success rate is the quality of the teachers. Excellent teachers produce high quality programs, and MCV did their best to recruit the best and keep them, especially with the continuing student success. In a country where the national pass rate on the national Form 4 MSCE exam system is about a 50% pass rate, Gracious has produced a rate of 90-95% success rate for the past decade.

Good secondary school teachers are difficult to retain in Malawi, and MCV leadership tries to make its good teaching staff content so they will stay. Periodic meetings are held on what the teachers feel is most important to them. Since 2010 the response always had "decent teacher housing" as a primary need on the teachers' "wish list". For the first years of Gracious most of the teachers lived miles away from the school and their transportation was the unpredictable bus/taxi system or bicycles or just walking. It was a real problem. The MCV Board in the USA undertook this need for good housing as a top priority for Gracious, and fundraising began in late 2018. The need is to have 8 duplexes constructed on the MCV property, where the teachers can easily walk to campus. As of November 2021, seven of these duplexes are completed and teacher families have moved in, and the final duplex is well on its ways to being funded. These duplexes are far and away more comfortable and convenient that the normal village home. Each duplex is made with proper cement brick, a metal roof, attached cooking area, comfortable bedrooms and living spaces, a bathroom and all have running water and electricity. Each duplex is adjacent to garden plots. There are few, if any, teacher housing units in rural Malawi that compare.

With this history and current activity in mind, it is clear why Gracious Secondary School is now recognized as one of the outstanding secondary schools in the country.

SECTION 4

NUTRITIONAL REHABILITATION PROGRAM AND OPEN ARMS

For the first few years at MCV the nutritional rehabilitation program continued to function in a small building, serving about a dozen infants and toddlers, with a small staff of committed trained Malawian women. By 2004, 78 infant orphans had been admitted to the program and 44 had died, mostly from being born with the HIV+ at birth. Open Arms, a well-funded British nonprofit in Malawi's largest city, Blantyre, served as a model for the MCV program, and in 2004 Open Arms provided the funding for MCV to add a dining room, kitchen, and new washroom to the original MCV building.

On Friday, July 13, 2007 at 10:30 p.m. a fire started in the kitchen of the rehab building while 21 babies were asleep. Fortunately, all were rescued unhurt as the fire raged, but the building, all of the equipment, and the program supplies were completely destroyed. It was one of the lowest points in MCV history.

Fortunately, Open Arms had plans to expand its operation beyond Blantyre. They stepped forward with MCV's blessing and purchased land from the local chief adjacent to the MCV campus. On this land, within steps from MCV's now destroyed building, they constructed a first-rate rehab center, larger and better-funded that could be done at MCV. They were able to expand the care for additional at-risk infants and provided continuous training to professional staff. Several of the original MCV rehab workers still work at Open Arms.

Open Arms continues its complementary services with MCV today. They normally have between 40-50 infants and toddlers in residence, and nearly all these children now survive. Open Arms has become an invaluable partner organization for MCV. In addition to their good work with the newly born children, they have established several pre-school programs for children in some of the area's primary schools.

MCV HEALTH CLINIC

From MCV's beginning in 1996 until 2012 MCV operated an onsite clinic staffed by Faith Sibale, a registered nurse. This clinic served both the orphans and the households caring for them. In 2004, the clinic registered 2,070 visits, which was a typical annual number.

Drugs for the clinic were purchased by individual donors and by US Rotary clubs. The Kansas City Plaza Rotary Club bought more than $3,000 worth of malaria treatment drugs and had them shipped to Malawi. But the clinic was a huge job for just one nurse, and when Faith retired in 2012, MCV needed find an alternative way of serving its orphan children and their families.

In anticipation of Faith's retirement, MCV negotiated a clinic contract with the nearby Catholic Khochi Clinic and later with the nearby Muslin Clinic, which had better resources — equipment, drugs, and a more experienced staff. Once again, the generosity of many American citizens enabled MCV to provide this outstanding health coverage for the orphan and OVC populations and their families.

THE SPECIAL NEEDS PROGRAM

Although originally MCV was focused on the large number of orphans born with little chance of a normal or hopeful life, one of our MCV Foundation Board members, Mary Pomeroy, was a strong advocate that we also needed to focus on the significant number of people in the MCV catchment area with special needs. These are vulnerable in the same sense that orphans are, so Mary, a registered pediatric physical therapist, helped MCV evolve from an orphan program to one that included the otherwise vulnerable children (OVC's). Her work and advocacy has enriched the overall program and has given a better life to otherwise near-hopeless lives.

Abilities, *not* disabilities, are the focus for each individual in the Special Needs Program. When Mary's family first visited MCV in 2008, Down's syndrome was not discussed. Children with motor impairments were carried on parent's backs until they were too big when they simply stayed at home. Few wheelchairs, walkers or even decent crutches were available.

Once MCV established its Special Needs Program, the lives of people with these needs have changed dramatically. A village educational program, run by the MCV Village Outreach Coordinators Florence and Catherine, under Mary's guidance, focused on the reality that a disability does NOT define a person. For example, the diagnosis of cerebral palsy (CP) in Malawi is frequently a result of cerebral malaria or malnutrition. Mary, being a pediatric physical therapist, taught that if parents spent attention to better nutrition and the use of bednets, it would reduce the scourge of CP.

Thus the bednet campaign ties well into the Special Needs Program. In addition, an emphasis of providing more nutrition in the staple food nsima, by adding pounded ground nuts to the ground maize, mixed with water and salt to make a porridge, could become a deterrent to much of the special needs causes. Programs like this, of course, will not eliminate special needs children, but it does help decrease the scourge.

Clearly, all special needs cannot be eliminated. But through the educational and training programs now in place in the MCV villages, parents now say "My child has abilities, not disabilities!"

In addition to these helpful preventative programs, over the past 13 years MCV's Special Needs Program has advanced into three areas:

- *Village-Based Care*: Catherine Shabani, one of our Village Outreach Coordinators, continues to travel to 39 villages to see and encourage children (and their families) with special needs
- *Cerebral Palsy (CP) Clinic at MCV*: A physical therapist (physio) from the nearby hospital provides weekly therapy since 2008 to children. On average this includes 12 children per week, thus about 50 per month and 600 annually
- *The Wheelchair Equipment Workshop*: This is also part of the Carpentry area within the Vocational Education Program at MCV. This workshop continuously makes wooden standers, chairs, walkers, and wheelchairs, plus accessibility ramps for homes and schools as well as cement washing areas for families.

The Covid-19 pandemic is affecting Malawi as it is in every nation in the world. As of now (October 2021), only about 3% of the total Malawi population has been fully vaccinated. The Special Needs Program has successfully encouraged villagers to wear masks, which are provided when available. All MCV outreach staff wear masks.

The Special Needs Program continues to thrive and expand, thanks to all the gifts and donations that are received. It is now a direct part of the MCV budget, mission, and goals.

Section 5

FINAL THOUGHTS

There are many wonderful projects around the developing world that are working hard to lift the hopes and dreams of people born into environments that make life difficult and challenging. When the Malawi Children's Village was the dream of Dr. Denny and Mr. Sibale in 1996, their hope was to improve the lives of the many children, more than 2,500, born as orphans because one or both of their parents had died from AIDS or other devastating diseases in a small strip of land with 30,000 citizens along the western shore of Lake Malawi.

Now, a quarter century later, their dream has blossomed into a program that has given thousands of these children a good chance of a productive life. The program is stable, in good leadership hands, and has every intention of continuing to increase its services to those most vulnerable. It's not easy to determine how many who may not have survived childhood without MCV have graduated from secondary school, how many have gone on to university or other specialized programs like nursing or education, and how many have become productive, thriving citizens of this small but beautiful strip of land called Malawi. But it is certain there would have been few of these who could have so thrived, or even survived, without the presence of the Malawi Children's Village.

Perhaps the most noteworthy indicator of project success is that it still exists and evolves after 25 years! It is an indication that the expectations of Malawi villagers, as well as donors, are being met. Here are a few measures that are most worthy of note:

- At project inception in 1996, surveys found that 6-7 orphans were together under the care of a single family member. For the past decade, annual surveys now indicate that this number has dropped to 2+ orphans within an individual household. This is the result of project efforts to spread the placement of orphans by convincing more households care for orphans with the additional support services offered.) Clearly, this gives orphans a better chance at life.
- The introduction of insecticide-treated bednets decreased cases and deaths from malaria in orphans under age 5 by more than 80%!
- A growth survey comparing orphans and non-orphans under age 5 showed no difference in weight gain between the groups.
- Similarly, a survey of orphans and non-orphans in secondary school also showed no difference in psychosocial outlook between the groups.

In summary, it appears that the goal of giving orphans the same chance at life as non-orphans is being reasonably met.

Those of us who have been involved believe strongly the success of MCV is for several reasons, including: a) the program has always been run by Malawians who care deeply about the orphans in the country; (b) the program must be multifaceted and include a focus on outreach, education, health, agriculture, vocational training, and provision of clean water and food security; (c) the orphan and OVC program must be village-based rather than concentrated on a central location (d) that so many good people have given of their time and their financial support in making so many of our dreams for MCV come true. From the beginning, our motto has revolved around the famous African saying that "It takes a village to raise a child." For orphans and other vulnerable children, sometimes that village needs to be expanded. To us, the Malawi Children's Village IS one of those special villages.

APPENDICES

ROTARY CONTRIBUTIONS

Every gift received from individuals, companies, foundations, churches, schools, etc. has combined with all the others to enable the Malawi Children's Village to develop and thrive for its first quarter century of work. We are, of course, grateful for every gift or volunteer effort that has helped enriched our program.

From the beginning Rotary has been a constant and significant partner. The first water elevated storage tank was funded by Rotary in 1999. Over the years Rotary clubs throughout the United State have partnered with Rotary International and worked with the Limbe Rotary Club in Malawi to fund various health and food security projects.

A number of clubs in the United States have independently sponsored programs and projects. To show the overall impact of this partnership, consider following successful projects that Rotary clubs have funded:

* The first backup generator for power to the MCV campus was purchased in 2002 by the Anchorage Downtown Rotary Club.
* The Seneca Falls Rotary Club annually funded the treadle pump project.
* Over the years, the Kansas City Plaza Rotary Club, under the leadership of MCV Foundation Board member Elizabeth Usovicz, has been a consistent, active and vital participant in numerous ways:

(a) they were the first to build latrines for the primary schools in the MCV catchment areas which dramatically improved attendance for the girls. In 2003 through a Rotary Discovery Grant they conducted a needs assessment for the gender-segregated latrines at village primary schools. Then, in 2005 they secured a matching grant for the first Latrine Project for primary schools. In 2007 they provided funding for the second and expanded latrine project

(b) in 2009, they supported the Malaria Bednet Program, which led to an 85% reduction in the child (0-5 years old) mortality rate in the villages involved

(c) in 2010, the purchased medicines for patients in the MCV health clinics

(d) they funded the 2016 Student Empowerment and Education Program, village primary school teachers on a 12-session after-school program to encourage students and especially girls to stay in school

(e) during this period, they also provided solar panels to primary schools and their students to provide a lighting source for studying in the evenings

(f) in 2021, through a Rotary Global Grant, they provided 100 treadle pumps, seeds and fertilizers to subsistence farmers and also provided training in green-belt farming and conservation.

In all, this single Rotary Club has contributed at least $150,000 for the combination of these critically important projects.

THE MALAWI CHILDREN'S VILLAGE BOARD OF DIRECTORS

Malawi non-government organizations, NGO's, operate under the same requirements as USA nonprofit organizations. They are required to be listed and under the guidance of the CONGOMA, the oversight agency in Malawi.

When MCV was established in 1996, the Malawi Board of Trustees was named by Mr. Sibale. He appointed his friends and the staff of MCV. He also appointed four members of the MCV Foundation Board (the USA board) to the trustees.

This was an active Board but it did not fulfill the requirement for a Malawi Non-Governmental Organization (NGO). It usually met when one of the USA Foundation Board members was visiting and volunteering at the MCV location in Malawi. These meetings were mostly informal.

That all changed in 2011 when a new, official Board of Trustees in Malawi was named, with leadership provided by the Limbe Malawi Rotary Club.

With local knowledge and excellent connections, this new Board took on lingering management and ownership issues that had plagued MCV from the beginning despite the developing services that were helping the orphan population.

The Chair of this new board was Peter Barratt, who had been the Rotary contact for MCV from the beginning in collaborating with the International Rotarian projects supporting MCV. Peter was the manager of the Leopard Match, LTD, one of the largest companies in Malawi.

The other members of the Board were:

*Nelson Banda (Manager of the lakeshore resort, Nkopola Lodge, and owner of Nyanja Eco Lodge, just down the road from MCV)

*Sam Tembenu (Lawyer, and president of the Malawi Lawyers Association, named Minister of Justice. He was replaced in 2014 by Karan Savani, also a lawyer)

*Paul Jones (Director of the well-funded Emmanual International, a faith-based NGO in Zomba, Malawi)

*Henry Kangunga (Medical director of the Anglican Clinic in Mangochi and a long-time friend of the project. He died in the spring of 2019)

*Mohamed Tayub (Past president of the Limbe Rotary Club, MSc in Humanitarian Assistance, University of Liverpool, School of Tropical Medicine – added in 2021)

Tragically, Peter Barratt died in 2021. He had been an outstanding leader and supporter of MCV. After he died, Karan Savjani became the Chair.

THE US MCV FOUNDATION BOARD

By 2001, the MCV Foundation Board had been expanded. In addition to the five original members, new members were added:

*Tom Vitaglione (Peace Corps, Malawi 65-67)

*Megan Schmidt (a student volunteer who did the original survey in 1996 and the daughter of a future Board member Bill Schmidt)

*Tereza Prime (wife of original board member Garry Prime) and

*Khami Chokani (MD).
*Tom Nighswander (Peace Corps, Malawi 1964-66, physician in Alaska)
*Ruth Nighswander (Peace Corps, Malawi 1964-66, nurse in Alaska)

By 2006, the Board had expanded to 11 members, the largest it has ever been. The additions included:

*Cindy and Bob Hunt (active Rotarian members from New York)
*Susan Denny (wife of Kevin)
*Ken Montgomery (a business consultant who had spent a year at MCV as a volunteer teacher)
*Frances Vitaglione (Peace Corps, Malawi 65-67)

All of these early Board members served their terms and helped develop the program. The only members from this initial group that currently remain on the Board are Tom and Ruth Nighswander, who have spearheaded many of the Alaskan projects that have positively transformed the MCV mission.

Other Board members who have been instrumental in advancing MCV but have now retired from the Board include:

*Jerry Turner (who lived in Malawi for 12 years and is our irrigation consultant)
*Conor Brady (a one-year volunteer teacher at Gracious Secondary School and who became our Newsletter editor)
*Adrienne Leach (an expert in grant writing and administration for the nonprofit sector)
*Michael Horne (a surveyor who mapped out the MCV land)
*Don Gray (Peace Corps, Malawi 1964-66 and Peace Corps, Lesotho 1972-76, Vice President for Principal Gifts for 24 years at the University of Wisconsin-Madison)
*Jack Allison (Peace Corps, Malawi 1965-67, became well-known in Malawi on radio for his Chichewa songs promoting breast feeding and food supplements)
*Marcus Stanfill (worked for Solace International, which contributed numerous capital projects at MCV)
*Dr. Jessie Kwiek (Peace Corps, Malawi 95-97, Professor and Researcher, The Ohio State University)
*Michael Horne (former Foundation treasurer, a surveyor who mapped out the MCV land usage)
*Bill Schmidt (Peace Corps, Malawi 1965-67; key figure in Rotary involvement, physician's assistant

The current MCV Foundation Board (2021) includes:

*James Miller (board president, who lived in Malawi for a number of his younger years and is fluent in Malawi's primary language Chichewa)

*Tom and Ruth Nighswander (treasurer) (see above for details)

* Mary Pomeroy (board secretary, physical therapist, started Special Needs Program at MCV)

* Madeline Turner (MD, physical therapist, granddaughter of Jerry Turner)

* Elizabeth Usovicz (board vice president, member of Rotary International Foundation)

* Wezzie Munthali (Malawian nurse practitioner, living in Anchorage, AK)

* Caroline Matkom (former leader of Project Malawi Club at University of Wisconsin-Madison, now a Google employee)

MCV Foundation Board Chairs:

- Kevin Denny, Founder, Board Chair from beginning to 2004
- Ken Montgomery, 2005-2007
- Tom Vitaglione, 2008-2018
- James Miller, 2018-present