



TKMI  
Trans-Karoo Malaria Initiative



ISDELL:FLOWERS CROSS BORDER MALARIA INITIATIVE

# ANNUAL REPORT

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# WHAT WE DO



## We strengthen networks of community malaria volunteers and community health workers

The Isdell:Flowers Cross Border Malaria Initiative facilitates community action against malaria by equipping community volunteers and community health workers with the knowledge and skills needed to be anti-malaria advocates. Though specific strategies vary between and within program countries, community volunteers and community health workers support malaria case management and facilitate community action for the local control and elimination of malaria by mobilizing local malaria elimination leadership committees, providing door-to-door household education, and, where government policy allows, testing for malaria and treating simple cases. Malaria education and case management become sustainable when communities have their own skills and knowledge.

## We equip faith leaders to be champions for malaria elimination

Faith organizations have leadership roles within the Isdell:Flowers Cross Border Malaria Initiative. Faith leaders are strategically placed to serve as a bridge between those giving technical guidance on how to eliminate malaria and local leaders who implement this technical guidance. At a community level, faith leaders are among the most influential and therefore can play a key role in ensuring that the whole community is engaged in efforts to prevent and eliminate malaria.



## We engage village headmen and other traditional leaders, schoolchildren and teachers, and existing community groups

Traditional leaders play a central role by leading their communities toward positive behavior changes and ownership of community-based efforts to achieve local malaria elimination. The Isdell:Flowers Cross Border Malaria Initiative facilitates trainings on malaria for village headmen and other community leaders, and partners with them to develop and implement community malaria action plans.

Teachers are also equipped with skills to organize students to form malaria clubs, host malaria-themed dramas and debates that are open to the public, and train student malaria ambassadors who can educate their parents, neighbors, and schoolmates in malaria elimination activities, leading by their good example.

Existing community groups who want to use their platforms in the community to address barriers to the uptake of malaria elimination interventions are also engaged and equipped with training and ongoing support.



## We implement community action planning that is data-driven

Malaria elimination activities are not “one size fits all,” but rather must be tailored and targeted to local contexts. The Isdell:Flowers Cross Border Malaria Initiative collects two types of data: 1) routine program monitoring data, gathered from community malaria volunteers and health facility records, and 2) household-level data collected in a year cross-sectional survey that measures malaria-related knowledge, attitudes, and practices (KAP). Community leaders and community malaria volunteers use these data to develop community malaria action plans, in coordination with the Isdell:Flowers Cross Border Malaria Initiative program staff and in alignment with national strategies.

OPPOSITE PAGE: Members of the Mothers' Union of St. Claire's Church in Zimbabwe perform a sketch using insecticide treated nets to prevent malaria.

TOP LEFT: Rita, a community health worker in Kazungula District, Zambia, tests a young child for malaria. TOP RIGHT: Maps of program area villages drawn by volunteers and program staff hang on the walls of the Anglican Diocese of Center and South Angola's malaria program office in Calai, Cuando Cubango Province, Angola.



# ANGOLA



The Anglican Diocese of Center and South Angola implements the Isdell:Flowers Cross Border Malaria Initiative as part of the cross border Trans Kunene Malaria Initiative (TKMI) in six municipalities within Cuando Cubango and Cunene Provinces, which border Namibia and Zambia. The Anglican Diocese of Center and South Angola's work focuses on community mobilization and is guided by the Ministry of Health of Angola's National Malaria Strategic Plan.

## Highlights of the Anglican Diocese of Center and South Angola's work include:

- In Cuando Cubango Province, 3,886 unique households received several household visits throughout the year where household members were educated on malaria transmission, prevention, and care-seeking behavior by a trained community malaria educator. In Cunene Province, over 15,000 household visits were conducted.
- Nearly 7,500 people attended community malaria meetings in churches and schools led by trained community leaders in Cuando Cubango Province.
- 277 community health workers (Portuguese acronym: ADECOS) in Cunene Province were trained on malaria transmission, prevention, and case management principles.
- In Cuando Cubango Province, ADECOS jointly supervised by the Anglican Diocese of Center and South Angola and the Cuando Cubango Provincial Health Department tested 6,832 people with suspected

malaria, of whom 571 tested positive and were treated for malaria (529) or were referred to a nearby health facility for treatment (42).

- 30 clergy members were trained on key malaria principles and given strategies for how to incorporate social and behavior change messaging for malaria elimination into their sermons. Throughout the year, the trained clergy held 49 malaria lectures in churches.
- A cross border meeting between Calai Municipality in Cuando Cubango Province and Rundu in the Kavango East Region of Namibia was held to address barriers of the mobile border populations in accessing malaria services on both sides of the border.
- 919 pregnant women were visited at their households throughout their pregnancies by community malaria educators to ensure they were receiving antenatal care and taking intermittent preventive treatment of malaria in pregnancy (IPTp).
- 36 coordination meetings with seven Municipal Health Departments and 9 coordination meetings with Provincial Health Departments were held to share data, ensure that program activities aligned with government policy, and to develop action plans to address barriers to continued progress toward malaria elimination in Cunene and Cuando Cubango Provinces.
- School learners from 12 schools in Cunene Province received education on malaria prevention and the importance of seeking care early at the first sign of malaria symptoms.

## VOLUNTEER SPOTLIGHT



### Manuel Horácio Community Malaria Educator Caila, Cuando Cubango, Angola

In April of 2018, Horácio attended a community meeting led by TKMI staff to address the issue of many malaria deaths. At the end of the meeting, Horácio eagerly signed up to be trained as a community malaria educator so that he could play a role in reducing malaria deaths in his community. Since being trained, Horácio is responsible for conducting quarterly household visits to 30 households where he provides education on the signs and symptoms of malaria, care-seeking behavior, accepting indoor residual spraying and the proper use of insecticide treated nets, and antenatal care and intermittent preventive treatment of malaria in pregnancy for pregnant women. He also is a data collector for TKMI's annual household malaria survey and meets regularly with the local Community Malaria Elimination Committee, comprised of community leaders, to share data, discuss issues within the community, and brainstorm solutions.

In 2020, Horácio visited a household where one man was very sick. The man had already been tested for malaria by rapid diagnostic test, but the test was negative, so the family intended to take him to a traditional healer since his symptoms were persisting. But Horácio advised them to instead travel to Cuangar for microscopy, which is a more sensitive malaria test. The family took Horácio's advice, the microscopy test came back positive for malaria, and the man received treatment and finally got well. Horácio feels that he helped to save a life and is proud to have contributed to the reduction of malaria deaths in his community.



OPPOSITE PAGE: Reverend Andreas Kativa Chintango, a member of a local community malaria elimination committee, speaks with community members about malaria prevention in Cuando Cubango Province, Angola.

TOP: A community malaria elimination committee meets under a shelter, for which they raised funds and community effort to build so that they would have a protected meeting place to discuss malaria and offer malaria services in the communities of Mucusso, Cuando Cubango Province, Angola. MIDDLE: Community malaria educators and staff pose for a picture after a training on preventing malaria in pregnancy in Cunene Province, Angola. BOTTOM: Staff of the Anglican Diocese of Center and South Angola train spray operators, in collaboration with the government, for the 2022 indoor residual spraying campaign in Dirico, Cuando Cubango Province, Angola.



# NAMIBIA



The Namibia Anglican Community Development Organization (NACDO) of the Anglican Diocese of Namibia implements the Isdell:Flowers Cross Border Malaria Initiative as part of the cross border Trans Kunene Malaria Initiative (TKMI). NACDO's work, which is guided by the National Vector-borne Diseases Control Programme's (NVDCP) National Malaria Strategic Plan, focuses on social and behavioral change (SBC) among communities in six constituencies (Etayi, Okongo, Ongenga, Oshikango, Oshikunde, and Outapi) with the additional focus of malaria case management (testing suspected cases and treating confirmed cases) in Okongo and Oshikunde Constituency program areas.

### Highlights of NACDO's work include:

- Across all NACDO malaria program areas, community malaria volunteers made 30,174 household visits to provide malaria education, generate demand for malaria prevention and treatment, refer suspected malaria cases to a health facility for testing, and, in Okongo and Oshikunde Constituency program areas, provide malaria testing and treatment services. In Okongo and Oshikunde program areas, community health workers tested 162 individuals and treated the six individuals who tested positive.

- In Okongo and Oshikunde Constituencies, the NACDO team supported the government protocol of reactive follow-up of malaria cases that are passively identified by health facilities. The team conducted follow-up for 37 people who tested positive for malaria by providing them with insecticide treated nets, conducting reactive indoor residual spraying in the households of the index cases, and testing those who live in close proximity to the index cases.
- 267 community malaria volunteers and 26 malaria field workers provided door-to-door education on malaria transmission and prevention practices to nearly 27,000 people within approximately 10,000 households as part of NACDO's social and behavior change (SBC) program. Annual survey data from NACDO program areas showed a statistically significant increase in ITN use, among those with access to one, between 2021-2022 (from 80% to 86%).
- A new initiative was introduced to encourage mothers and caregivers of young children with fever to seek care from a health facility or community health worker within 24 hours of the start of the child's fever. 89 mothers and caregivers were engaged in these trainings in Oshikango and Ongenga Constituencies.
- As part of the South African Development Community (SADC) malaria week, the NACDO team educated nearly 4,000 people along the Angola-Namibia border on malaria transmission and prevention concepts. They



also provided testing services to this mobile population and treated 10 individuals who tested positive for malaria.

- Across all NACDO program areas, over 200 village headmen were educated on malaria transmission and prevention concepts, including on the rationale of indoor residual spraying, and brainstormed ways in which they could address barriers to their community members accepting IRS.
- Malaria services were provided within schools in Okongo District; 3,000 school learners were educated on malaria transmission and prevention concepts and 20 learners with suspected malaria were tested for malaria (all of whom tested negative).

OPPOSITE PAGE: Community malaria volunteers gather in Ohangwena Region, Namibia.

TOP: NACDO staff with school learners at an event to educate them about malaria prevention and to provide testing and treatment services at a primary school in Okongo Constituency, Namibia. BOTTOM: A nurse provides malaria testing and treatment services at the Namibia-Angola border in Oshikango Constituency, Namibia.

## VOLUNTEER SPOTLIGHT



**Leonard Netto**  
*Community Malaria Volunteer*  
*Omboloka Village, Okongo District,*  
*Namibia*

Leonard was one of the first community malaria volunteers to be trained in NACDO's new program areas in Okongo District in 2021. He lives in Omboloka Village, a rural area near the Namibia-Angola border where the terrain is heavily forested and households are very far apart.

Prior to the start of the malaria program, most people in Leonard's community believed that malaria was a normal fever that could be acquired by eating unripe fruits. Many did not have access to vector control methods and preferred to seek care from a traditional healer. Many mobile populations exist, such as cattle herders and bushmen, who are at increased risk but are not educated about malaria symptoms or proper care-seeking behavior. To reduce the unnecessary suffering in his community from a preventable and treatable disease and to change the culture of beliefs around malaria, Leonard was inspired to become a community malaria volunteer and has worked tirelessly to provide education on malaria transmission, prevention, and case management. He works closely with the local community health committee and, through this platform, calls regular community meetings to talk about malaria. Leonard is proud that he has influenced his peers in the younger generation to show up to these meetings and get involved in health matters, when they typically do not attend. Leonard has witnessed a decrease in malaria cases in his community since he started as a community malaria volunteer, and this keeps him motivated to continue so that malaria can be completely eliminated in Namibia.



# ZAMBIA



Zambia's Isdell:Flowers Cross Border Malaria Initiative work is implemented by the Anglican Diocese of Lusaka. This work contributes to Zambia's National Malaria Strategic Plan, which was developed by the Ministry of Health's National Malaria Elimination Programme (NMEP). In addition to conducting field work, Isdell:Flowers members are part of the Social Behavioral Change, Vector Control, and Case Management technical working groups of the NMEP, as well as Zambia's End Malaria Council. The Isdell:Flowers Cross Border Malaria Initiative works in 29 Health Facility Catchment Areas in nine districts within Western and Southern Provinces.

## Highlights of the Anglican Diocese of Lusaka's work include:

- Community health workers (CHWs) and malaria control agents made 216,144 household visits where they provided malaria education and case management.
- CHWs tested 54,861 people, of whom 16,236 tested positive for malaria and 16,127 received malaria treatment from a CHW or a health facility.
- CHWs collaborated with Safe Motherhood Action Group (SMAG) members and trained couple's counselors to encourage more than 1,314 pregnant women, and many of their spouses, to seek antenatal care and to take 3+ doses of intermittent preventive treatment of malaria in pregnancy (IPTp). Annual survey data from Zambia program areas in 2022 showed that 87% of women who gave birth within the past 12 months took 3+ doses of IPTp during their pregnancy.
- Malaria Youth Clubs were trained on core malaria principles in Livingstone District, equipping school learners to be malaria advocates among their friends and family.

- In Kalabo District, Anglican Diocese of Lusaka staff used annual survey data to guide advocacy efforts. 2021-2022 survey results from Kalabo District program areas showed a decrease in access to insecticide treated nets (ITNs) and use of ITNs among pregnant women and children under five years. In response, local leaders held meetings with the District Health Office to advocate for better access to insecticide treated nets for these populations. This resulted in a prompt and positive response from the government with 2023 survey results expected to confirm the improvement.
- The Anglican Diocese of Lusaka supported the Ministry of Health's indoor residual spraying (IRS) campaign by disseminating targeted messaging promoting the acceptance of IRS ahead of the campaign and by training local community members to be spray operators to increase local trust in and acceptance of IRS. For the first time in Mongu District, three female community members were selected to be spray operators.
- 16 faith leaders of various denominations in Kazungula District received training on malaria transmission and prevention concepts and developed action plans for how their churches can engage their communities in malaria elimination efforts.
- The Anglican Diocese of Lusaka staff gathered government partners and local stakeholders to identify causes of stock outs of malaria tests and treatment. Partners are now working together to ensure consistent stocks of all necessary malaria commodities. Annual survey data from Zambia program areas showed an increase of the proportion of children <5 with fever who sought care from a health facility or CHW that received a malaria test (from 86% to 88%) and a statistically significant increase in the portion of children <5 who tested positive and then received Coartem for malaria treatment (from 88% to 95%) from 2021-2022.



OPPOSITE PAGE: Community health workers in Salunda, Kalabo District, Zambia.

TOP: Spray operators receive training, led by Anglican Diocese of Lusaka and Ministry of Health Staff, for the upcoming indoor residual spraying campaign in Mongu District, Zambia. MIDDLE: The District Health Officer gives remarks at a malaria training for faith leaders in Kazungula District, Zambia. BOTTOM: A Malaria Youth Club receives training on malaria transmission, led by the Malaria Elimination Officer in Livingstone District, Zambia.

## VOLUNTEER SPOTLIGHT



### Danny S. Kaumba Community Health Worker Lui River, Senanga District, Zambia

Danny has been a committed community health worker in Lui River since the beginning of the Isdell:Flowers Cross Border Malaria Initiative. He has reliably conducted household visits, where he provides general malaria education, testing and treatment services, and information on malaria prevention. Through his years of service, Danny has seen a lot of positive change in his community. He reflected on how his role in providing reliable education and case management services has helped to improve malaria knowledge amongst community members:

*“Some time ago, I met a woman who had a sick baby. The woman shared that she intended to seek care for the child from a traditional healer. I explained to her about malaria infection and that malaria can only be confirmed from a test and it can only be cured with anti-malarial medication. After this, she allowed me to test the baby. The test was positive, so I treated the child with Coartem and it made a full recovery. Now this woman understands that malaria can only be treated with Coartem, and she shares this information with her own friends and family.”*

Danny is also trained as a spray operator, which helps his community to accept IRS since they recognize Danny, one of their own, on the spray team. He also is a data collector for the program's yearly cross-sectional household malaria survey.



# ZIMBABWE



Zimbabwe's Isdell:Flowers Cross Border Malaria Initiative work is implemented by the Anglican Diocese of Matabeleland and the Methodist Church in Zimbabwe - Harare East District (MCZ), in partnership with the National Malaria Control Programme (NMCP) of the Ministry of Health and Child Care of Zimbabwe. The Diocese of Matabeleland facilitates malaria work in four districts within Matabeleland North and Mashonaland West Provinces and MCZ facilitates malaria work within Mudzi District of Mashonaland East Province.

## Highlights of the Anglican Cross Border Malaria Initiative's (ACBMI) work include:

- Community health workers (CHWs) and malaria control agents in Mashonaland West and Matabeleland North Provinces conducted 64,764 household visits to provide malaria education. VHWs tested 12,386 individuals with suspected malaria, of whom 3,209 tested positive and 3,193 received treatment for malaria from a VHW or a health facility.
- Hwange District transitioned to being in the elimination phase, meaning the primary form of vector control changed from indoor residual spraying to long lasting insecticidal nets (LLINs). ACBMI staff supported government distribution of LLINs and played a key role in social and behavioral change messaging to educate community members about the importance of sleeping under LLINs and how to properly hang and take care of LLINs.
- ACBMI staff in Mashonaland West Province conducted persistent outreach to leaders of apostolic white

garment churches, groups that have been reluctant to adopt intermittent preventive treatment of malaria in pregnancy (IPTp). At the agreement and invitation of church leadership, six meetings with different apostolic churches in Kariba and Hurungwe Districts were held where church leaders agreed to promote IPTp amongst their community members.

- ACBMI staff and Bishop Cleophas Lunga held a Bishop's Soccer Tournament with the theme of anti-malaria, in collaboration with the Ministries of Health and Child Care; Primary and Secondary Education; and Youth, Sports, Arts, and Recreation. Malaria education was delivered to the hundreds of participants in attendance.
- 25 traditional healers in Kariba District of Mashonaland West Province received training on malaria transmission concepts and the signs and symptoms of malaria infection, equipping them with the education and guidance necessary to refer their patients to the health facility for malaria testing.
- 40 school learners in Hwange District of Matabeleland North Province were trained to be malaria advocates within their schools' Health Clubs, enabling them to educate their peers on malaria and spread awareness at their school and in their homes.

## Highlights of the Methodist Church in Zimbabwe (MCZ) - Harare East District's work include:

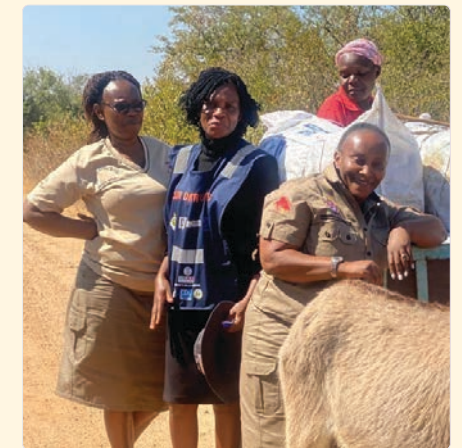
- CHWs and malaria control agents conducted 36,263 household visits to provide malaria education and case management services. CHWs tested 20,867 individuals, of whom 5,920 tested positive and 5,920 received treatment from a CHW or a health facility.



- MCZ staff and CHWs conducted several visits to remote, informal settlements of nomadic farmers and artisanal miners where malaria education, testing, and treatment were provided to 4,214 artisanal miners and 1,898 nomadic farmers.
- 14 malaria "road shows" were held by MCZ staff, CHWs, and malaria control agents across all six program area wards in Mudzi District, reaching hundreds of community members with education on malaria transmission, seeking care from a health facility or CHW within 24 hours of fever onset, and intermittent preventive treatment of malaria in pregnancy (IPTp).
- 77 CHWs received refresher training on malaria transmission, prevention, and case management concepts, facilitated collaboratively by MCZ staff and Ministry of Health and Child Care officials.

OPPOSITE PAGE: Staff of the Anglican Cross Border Malaria Initiative with Bishop Cleophas Lunga. TOP: Methodist Church in Zimbabwe staff and malaria control agents conduct a malaria "road show" in Mudzi District, Zimbabwe. BOTTOM: Staff of the Anglican Cross Border Malaria Initiative distribute LLINs to community members in Dete, Hwange District, Zimbabwe.

## VOLUNTEER SPOTLIGHT



### Vebina Munsaka Community Health Worker Hwange District, Matabeleland North Province

In 2022, Hwange District of Matabeleland North Province in Zimbabwe transitioned to the "elimination" phase, meaning the primary vector control method changed from indoor residual spraying (IRS) to long lasting insecticidal nets (LLINs), per the national malaria strategic plan. The Anglican Cross Border Malaria Initiative has supported the government's distribution of LLINs within their program areas, overcoming many logistical challenges to ensure all household received LLINs. Vebina Munsaka, a community health worker (pictured in blue above), displayed remarkable commitment to malaria elimination after the vehicle responsible for transporting LLINs to rural areas in Kamativi Ward failed to arrive, which would mean those communities would not receive their LLINs in a timely manner. Vebina discussed this issue with the village headman who loaned her an oxcart and driver, and Vebina herself coordinated the successful distribution of the LLINs to their intended destination. Vebina reminds us that anything is possible when community volunteers and local leaders are committed to malaria elimination.



# KNOWLEDGE, ATTITUDES, & PRACTICES (KAP) STUDY



**The Isdell:Flowers Cross Border Malaria Initiative** conducts a yearly cross-sectional household survey and focus group discussions within program areas. Results are used to guide strategic planning, develop community malaria action plans, set advocacy goals, and monitor progress on key indicators. The survey measures use of and access to insecticide treated nets (ITNs), household coverage of indoor residual spraying (IRS), uptake of intermittent preventive treatment of malaria in pregnancy (IPTp), and seeking care for children under age five with fever. In 2022, trained data collectors, including Isdell:Flowers program staff, community malaria volunteers, and local government partners, conducted

9881 surveys and 40 focus group discussions. After survey data are analyzed and interpreted, Isdell:Flowers staff share results with groups of community representatives (including traditional leaders, faith leaders, health center staff and community health workers, teachers, volunteers, and community members themselves) in “Community Action Planning Meetings.” In the meetings, the community representatives develop action plans in response to issues presented by the survey results, increasing community ownership of malaria elimination efforts. Isdell:Flowers staff provide support for the community action plans throughout the following program year.

## IN MEMORY OF BISHOP DAVID NJOVU



**We mourn the loss of Bishop David Njovu on April 26, 2022.** We have been fortunate to work alongside Bishop David as a partner in malaria elimination in the Diocese of Lusaka since the launch of the Isdell:Flowers Cross Border Malaria initiative in 2004. Throughout that time, he provided strong leadership in implementing community-driven malaria

elimination programming in partnership with the National Malaria Control Program. In March 2019, in recognition of his outsized role and passion for malaria elimination, Bishop David was appointed to sit on the End

Malaria Council of Zambia. He also led Faith Leader Advocacy for Malaria Elimination (FLAME) efforts to create interfaith partnerships between hundreds of Zambian faith leaders bound together by their common goal of malaria elimination. He did all of this from his sense of calling as a faith leader to work towards healing and wholeness for the world around him. His tireless work earned him the nickname of the “Malaria Bishop.” Bishop David was a fearless advocate for those most vulnerable, a seeker of justice and truth, a wise mentor, a dedicated father and husband, a kind friend, and a champion for malaria elimination. May we all honor his legacy by following his example and vigorously seeking the good of our neighbor while earnestly fighting toward zero malaria.



# FAITH LEADER ADVOCACY FOR MALARIA ELIMINATION (FLAME)



**More than 1,700 faith leaders in Zambia, Angola, and Namibia have joined together in FLAME coalitions** and are advocating for the acceleration of malaria elimination. In addition to 3 national level FLAME coalitions, there are 33 subnational FLAME coalitions, present in every province of Zambia (10) and of Angola (18) and in high prevalence regions of Namibia (5). The FLAME Secretariat has worked with Ministries of Health and other partners to facilitate capacity building to increase technical understanding of malaria and its elimination, malaria budget advocacy, and advocacy for malaria elimination. Each of the 36 FLAME coalitions is responsible for its own internal coordination and priority-setting. FLAME coalitions have successfully contributed to the increased adoption and implementation of policies that accelerate malaria elimination, and funding to support those policies in Angola, Namibia, Zambia.

- In Angola, FLAME has pushed nationally for the distribution of mosquito nets to every at-risk household in the country. Subnationally, FLAME has worked towards the just distribution of nets in provinces that have received nets, identifying



coverage gaps and working with local authorities to resolve them.

- In Namibia, FLAME has influenced the National Strategic Plan (2023-2027), which emphasizes the importance of community engagement, social behavior change, and community level vector control. It has encouraged the development of a fit-for-purpose End Malaria Council. Subnationally, FLAME leaders have actively engaged in community discussions, contributing to improved IRS coverage.
- In Zambia, FLAME has elevated the problem of the stock-outs of malaria diagnostics and treatment, and in response the Ministry of Health has transferred the management, procurement, storage, and distribution of medicines and medical supplies to the Zambia Medicines and Medical Supplies Agency (ZAMMSA). Subnationally, FLAME chapters are involved in influencing the use of Constituency Development Funds, encouraging that they be used for essential health needs in the local community.

OPPOSITE PAGE TOP: Community members participate in an Action Planning Meeting in Kuuli, Kalabo District, Zambia, where results of the 2022 KAP Survey were shared and a community action plan was developed. OPPOSITE PAGE, BOTTOM: Bishop David Njovu leads by action, receiving a malaria test in a community in Zambia.

TOP LEFT: Bishop André Soares of FLAME and the Secretary of State for Public Health, Dr. Franco Mufinda, at the national launch event for Angola's universal mosquito net distribution campaign. TOP RIGHT: The steering committee of the National FLAME Coalition in Namibia.





**We are the community malaria volunteers, leaders, clergy, and communities of:**  
**Calai, Cuangar, Curoca, Dirico, Namacunde, Ombadja, Rivungo, and Luanda in Angola;**  
**Etayi, Okongo, Ongenga, Oshikango, Oshikunde, Outapi, and Windhoek in Namibia;**  
**Livingstone, Kalabo, Kazungula, Mulobezi, Mongu, Sesheke, Senanga, Shangombo,**  
**Sikongo, and Lusaka in Zambia;**  
**Binga, Hurungwe, Hwange, Kariba, Mudzi, Bulawayo,**  
**and Harare in Zimbabwe.**

**We are the Anglican Diocese of Center and South Angola.**

**We are the Anglican Diocese of Namibia,**  
**and the Namibia Anglican Community Development Organization.**

**We are the Anglican Diocese of Lusaka.**

**We are the Anglican Diocese of Matabeleland.**

**We are the Methodist Church in Zimbabwe – Harare East District.**

**We are the J.C. Flowers Foundation.**

**TOGETHER, WE ARE THE ISDELL:FLOWERS CROSS BORDER MALARIA INITIATIVE.**

*If you want to go fast, go alone. If you want to go far, go together.*

For more information, please contact Alexandra Gordon, Program Director, at [agordon@jcflowersfoundation.org](mailto:agordon@jcflowersfoundation.org).

FRONT COVER: Sophie, a community malaria volunteer in Cunene Province, Angola, teaches about malaria transmission and prevention during a household visit.