



ISDELL:FLOWERS CROSS BORDER MALARIA INITIATIVE

2020 ANNUAL REPORT



WHAT WE DO



LEFT IMAGE: Community members watch a malaria drama performance by malaria volunteers in Kazungula District, Zambia
RIGHT IMAGE: Agnes, a community malaria volunteer, demonstrates how to hang an insecticide treated net during a household visit in Kazungula District, Zambia

We strengthen networks of community malaria volunteers and community health workers

Isdell:Flowers Cross Border Malaria Initiative partners facilitate community action against malaria by equipping volunteers with the knowledge and skills needed to be anti-malaria advocates. Community mobilization strategies vary from region to region: volunteers may facilitate local malaria elimination leadership committees; provide door-to-door household education; and, where government policy allows, test for malaria and treat simple cases. Though specific strategies vary from place to place, throughout all program areas community malaria volunteers and community health workers support malaria case management and facilitate community action for the local control—and ultimately elimination—of malaria. Malaria education and case management become sustainable when communities have their own malaria 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.

“2020 was a challenging year but it was encouraging to see the faith leaders unite during the malaria sensitization marches in Lusaka and to see the level of community engagement faith leaders exhibited. Religious leaders championed malaria and had notable success in high level coordination and in the use of the pulpit to share malaria messages.”

– DR. BUSIKU HAMAINZA
ACTING DEPUTY DIRECTOR
NATIONAL MALARIA ELIMINATION CENTRE, ZAMBIA

COVID-19 RESPONSE



The Isdell:Flowers Cross Border Malaria Initiative worked swiftly in the early days of the COVID-19 pandemic to establish guidance that prioritized the health and safety of staff, volunteers, and community members, following guidelines from the World Health Organization and the governments of Angola, Namibia, Zambia, and Zimbabwe.

Since the mosquito and malaria parasite are undeterred by COVID-19, our teams persisted in delivering as many essential malaria interventions as possible, as safely as possible. Nevertheless, some activities—particularly those that require gatherings of people—were cancelled.

We procured and distributed face coverings, soap, and hand sanitizer for staff, community volunteers and leaders, and those being tested for malaria.

In certain cases, when the COVID-19 pandemic disrupted normal global supply chains, we locally purchased malaria diagnostic and treatment commodities for remote communities.

Because community malaria volunteers are the only regular health providers that exist in some communities, they were equipped to dispel problematic myths and educate community members about COVID-19, alongside their normal malaria teaching.

“It is good that we now have COVID-19 work guidelines which allows us to continue working, implementing our program activities, as long as we follow the guidelines. I was worried because if we did not have these guidelines, we would not have continued working which would have put all our efforts in the fight against malaria in vain. Without these guidelines, there would have either been an upsurge in malaria cases, or we would have continued working but at the same time putting our lives at risk of COVID-19.”

– MUTAFELA MUTOYA, CHW FROM SALUNDA, ZAMBIA

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. Isdell:Flowers Cross Border Malaria Initiative partners facilitate trainings on malaria for village headmen and other community leaders, and partner 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, neighbours, 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. Two types of data are collected: 1) routine program monitoring data gathered from community malaria volunteer and health facility records, and 2) household data collected in a yearly malaria-related knowledge, attitudes, and practices (KAP) survey. 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.

ANGOLA



The Anglican Diocese of Angola implements Isdell:Flowers Cross Border Malaria Initiative work 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 Diocese of Angola's work focuses on community mobilization and is guided by Angola's National Malaria Strategic Plan.

The Anglican Diocese of Angola has continued to support community malaria volunteers, maintain community demand for malaria prevention and treatment services, and support the provision of these services despite many challenges in 2020. The diocese's community-based work was more important than ever: 2020 brought the planned end to several projects run by other partners that had previously provided malaria services, as well as COVID-19 pandemic lockdowns and border closures between Angola and Namibia which prevented families who traditionally travel cross border for malaria services from accessing that care.

Highlights of the Anglican Diocese of Angola's work include:

- 26,489 household teaching visits in Cuando Cubango and an estimated 12,500 household teaching visits in Cunene addressing the correct usage of insecticide treated nets (ITNs), the importance of early testing and treatment, and the importance of accepting indoor residual spraying (IRS)
- Interim financial support to keep three community health posts open that had previously been funded through other donors
- Collaboration with the Provincial Health Department of Cuando Cubango to equip 32 community malaria volunteers to test for malaria and treat simple cases in remote areas without access to health facilities or other community testing
- Facilitation of the Cunene Province chapter of the Forum of Malaria Partners
- Collaboration between Community Malaria Elimination Committees (COCEMAS) and the MENTOR Initiative in Cuando Cubango to ensure that IRS was conducted in all eligible households
- Strategic planning with the Provincial Health Department of Cunene to improve coverage of intermittent preventive treatment of malaria in pregnancy (IPTp), which contributed to a statistically significant increase in women taking IPTp from 2019 to 2020 in annual survey data
- 80 church-based teaching sessions on malaria, reaching nearly 3,000 congregants (after churches emerged from COVID-19 lockdowns)
- Training of 50 teachers to become malaria facilitators in Ombala-Yo-Mungo, Cunene



OPPOSITE PAGE: A community malaria volunteer conducts malaria training and collects information from a community member for a household survey in Cunene Province, Angola. TOP: Avirao, a community malaria volunteer in Cunene Province, Angola, describes malaria transmission and prevention methods with an illustrated pamphlet during his door-to-door visits. BOTTOM: Community malaria volunteers embark on a visit to rural villages in Cunene Province, Angola to provide malaria education and services.

VOLUNTEER SPOTLIGHT



Justina Mahongo
Community Malaria
Volunteer
Kangongo Village
in Cuando Cubango,
Angola

“There was a time when our community did not know about the dangers of malaria. Yet, many people in the community were dying from untreated malaria, especially children under five.

One day my own sister fell ill, so we took her to a traditional healer who said that she must be treated with goat's blood. For over a month her condition deteriorated, until we took her to a health facility in Namibia where she tested positive for malaria and received anti-malarial treatment. After completing the anti-malarial treatment, her symptoms resolved completely.

My sister's experience with malaria made my family realize that malaria was an extremely dangerous and fatal disease, but one that can be cured if treated properly.

Since then, I joined Isdell:Flowers as a community malaria volunteer and made it my mission to spread correct information about malaria to my community. Now, because of our work as community malaria volunteers, most of the community members can now recognize signs of malaria and know to go directly to the health facility for testing and proper treatment.”

NAMIBIA



The Namibia Anglican Community Development Organization (NACDO) of the Anglican Diocese of Namibia implements Isdell:Flowers Cross Border Malaria Initiative work as part of the cross border Trans Kunene Malaria Initiative (TKMI). NACDO's work focuses on community mobilization and is guided by the National Vector-borne Diseases Control Programme's (NVDCP) National Malaria Strategic Plan.

Namibia aims to eliminate malaria by 2022. Low levels of malaria transmission can lead to a low perceived risk of malaria, which makes it especially important to sustain the motivation to reduce malaria levels to zero. The Isdell:Flowers Cross Border Malaria Initiative remains a steadfast presence in communities within four constituencies in the Regions of Ohangwena and Omusati, which border Angola.

Highlights of NACDO's work include:

- 42 clergy committed to delivering malaria-focused sermons and malaria education to their congregations and communities
- Development of creative malaria education and coordinated solutions to challenges posed by the COVID-19 pandemic, such as malaria education to communities through radio talks and the formation of constituency-wide WhatsApp groups (used in lieu of in-person community meetings)
- Leadership support to 160 headmen to facilitate community malaria elimination efforts
- Support of the NVDCP's indoor residual spraying (IRS) campaign through community-level demand creation work to ensure high spraying coverage
- Nearly 20,000 household visits and several community meetings held by community malaria volunteers to educate community members on both malaria and COVID-19



OPPOSITE PAGE: Bishop Luke Pato of the Anglican Diocese of Namibia and Rebecca Vander Meulen, Executive Director of the J.C. Flowers Foundation, display an insecticide treated net. TOP: Isdell:Flowers Assistant Project Officer Jason Thomas (left) works to engage communities alongside the NVDCP's indoor residual spraying campaign to ensure high spraying coverage. BOTTOM: Community malaria volunteers in Ohangwena Region, Namibia.

VOLUNTEER SPOTLIGHT



Ms. Aikali Community Malaria Volunteer *Okuni village in Omusati Region, Namibia*

Ms. Aikali first joined TKMI Namibia in 2014 as a community malaria volunteer. After years of dedicating herself to conducting malaria education and community mobilization, Ms. Aikali was selected to become a community health worker (CHW) through an Elimination 8 (E8) sponsored program, through which she qualified to conduct malaria testing and treatment of simple cases. When the E8 program came to its natural end, Ms. Aikali continued her malaria activism as a self-motivated volunteer, finding purpose in motivating others to do the same so that Namibia will achieve malaria elimination.

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 Elimination Strategic Plan, which was developed by the Ministry of Health's National Malaria Elimination Programme (NMEP) and ambitiously strives to eliminate local malaria infection and disease in Zambia by 2021.

In addition to conducting field work, Isdell:Flowers team members are part of Zambia's End Malaria Council and several technical working groups, including the Social Behaviour Change Communication, Vector Control, and Case Management Technical Working Groups of the National Malaria Elimination Programme. They also participate in the Zambia National Public Health Institute's COVID-19 Risk Communication and Community Engagement sub-committee.

The Isdell:Flowers Cross Border Malaria Initiative works in 28 Health Facility Catchment Areas (HFCAs) in nine districts within Western and Southern provinces of Zambia.

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

- Training of 120 new community health workers with the NMEP
- Continuation of door-to-door malaria education, malaria case management (testing and treating of

positive cases), and community action planning and teaching meetings by 306 community malaria volunteers and community health workers

- Support of the NMEP's mass insecticide treated net (ITN) distribution, including through sensitization, registration of households, and the practical support of village leaders through the provision of transport (boats to reach houses in flooded areas and oxcarts and vehicles for ITN transport)
- Ongoing sensitization about indoor residual spraying (IRS) led by village headmen, encouraging acceptance of the NMEP's IRS campaign
- Community action planning, resulting in outputs such as the creation of new local bylaws in Sikongo and Kazungula Districts to prevent the misuse of ITNs
- In partnership with the End Malaria Council, the production of two short advertisements on the need to continue addressing malaria in the midst of COVID-19, broadcast at least daily for 26 weeks on Zambia National Broadcasting Corporation (ZNBC) TV 1 (5.3 million daily viewers), on private media stations Diamond TV and Muvi TV, on the Facebook pages of K-Star (40,000 views) and of the Zambian Ministry of Health (26,400 views), and for 22 weeks on ZNBC Radio 2 (2.7 million daily listeners) and ZNBC Radio 4 (1.9 million daily listeners)
- Partnership with African Parks in Liuwa Plains National Park to integrate community malaria responses with conservation efforts



OPPOSITE PAGE: Community malaria volunteers conduct a drama illustrating proper use of an insecticide treated net during a community meeting in Kazungula, Zambia. TOP: A community health worker tests a mother and her child for malaria in Kalabo District, Zambia BOTTOM: New community health workers undergo training in Sesheke District, Zambia

VOLUNTEER SPOTLIGHT



Ndibi Sangoma Community Malaria Volunteer Sesheke District, Zambia

Ndibi Sangoma is a community malaria volunteer in Maondo, Zambia and is held in high regard by his neighbours. He has 11 children, scores of grandchildren, and a large homestead. Ten years ago, fever, nausea, and muscle aches consigned Ndibi to his bed. Believing foul play by spirits, Ndibi's elderly parents enlisted a local witchdoctor to lift the curse. But the fever became more severe and Ndibi and his family resigned themselves to the chance that he might die.

Fortuitously, a friend of Ndibi's was passing through the village at this time. The friend told Ndibi that he thought he was suffering from malaria and insisted that Ndibi be taken to the hospital. Ndibi tested positive for malaria and was given anti-malarial medication. Within 3 days, Ndibi was well and returned home with a personal drive to share the lessons he learned about malaria.

Ndibi and 13 of his friends became community malaria volunteers through the Isdell:Flowers Cross Border Malaria Initiative. Their conviction was to tell their communities that malaria and its devastating effects must no longer be seen as an inevitability or a curse but as a preventable sickness and that with the right actions, malaria can be eliminated from their community and country.

Of the 14 who became volunteers 10 years ago, 12 of them remain as volunteers, 2 have passed away from old age, and 2 more have joined to fill the empty positions. The team goes out in all weather conditions, offering testing and malaria education to their communities. Ndibi has seen malaria cases drop in correlation with his and other volunteers' efforts, and they hope to see malaria eliminated in Zambia within their lifetimes.

"We were trained to fight against malaria, and our fight may lead to the elimination of that disease. And then development will come because our people will be free from diseases." – Ndibi Sangoma

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 the provinces of Matabeleland North and Mashonaland West, and MCZ facilitates malaria work in the Mudzi district of Mashonaland East province.

Highlights of the Anglican Diocese of Matabeleland's work include:

- Active community education, testing, and treatment by 200 community malaria volunteers
- Training of new malaria advocates, including 30 religious leaders, 50 headmen, and 10 community malaria volunteers
- Sensitization led by over 100 community leaders to engage their communities in the NMCP's indoor residual spraying (IRS) campaign
- Facilitation of activities for the South African Development Community (SADC) Malaria Week

in partnership with the Ministry of Youth, Sport, Arts, and Recreation, including a community-wide malaria walk to promote malaria prevention in pregnancy led by faith and traditional leaders.

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

- Refresher training for 71 community malaria volunteers on malaria case management and COVID-19
- Targeted malaria activities to high-risk populations: 269 artisanal miners and 395 nomadic farmers were reached with malaria education and testing services, and treatment was given to those who tested positive
- Mobilization in every village for acceptance of indoor residual spraying (IRS), contributing to 96% coverage in Mudzi district
- Local procurement and distribution of 1,050 rapid diagnostics tests (RDTs) and 908 doses of artemisinin-based combination therapy district during a malaria outbreak



OPPOSITE PAGE: Isdell:Flowers Program Manager Pulelo Bhebhe (center) and Field Officer Themba Sibanda (right) with health facility staff in Hwange District, Zimbabwe. TOP: Bishop Cleophas Lunga (center), Chief Siachilaba (right), Father Ngwenya, and Father Ndebele (both left) led community activities for SADC Malaria Week in Siachilaba Village in Binga District of Matabeleland North Province, Zimbabwe. BOTTOM: Rosemary meets with fellow community malaria volunteers in Hwange District of Matabeleland North Province, Zimbabwe

VOLUNTEER SPOTLIGHT

Edinah Karoti Village Health Worker Mudzi District in Zimbabwe

Edinah Karoti is a Village Health Worker (VHW) in Zimbabwe's Mudzi District. As a trained VHW, Edinah is responsible for providing malaria education, testing, and treatment to nearly 250 households in Botso Village. Before Edinah was trained as a VHW in 2019, families had to undertake a three-hour journey – often with children on their backs – to seek medical attention at the nearest health clinic. Now families have access to care right in their community.

Prior to the COVID-19 pandemic, Edinah was conducting at least 20 malaria tests a month in her home. Once the threat of COVID-19 arrived, Edinah became fearful about conducting malaria tests within her home, considering that close contact with others put her family at risk. Edinah felt that an outdoor shelter for malaria testing and treatment would be a safer environment for malaria testing and treatment, but she was not sure how to make this dream a reality.

During this time, the Isdell:Flowers Cross Border Malaria Initiative and Methodist Church of Zimbabwe staff provided a refresher training to Edinah and other VHWs working in the area. Isdell:Flowers worked with Edinah to engage the village headman regarding the building of a structure for malaria testing and treatment. The village headman liked this idea and proposed it to community members, who then mobilized material for the shelter and built it together with Edinah. Construction of the shelter was finished in April 2020.

Edinah received even greater respect and recognition for her important work in the community. Even more, community members felt a sense of ownership over the malaria elimination efforts since they played a key role in turning Edinah's dream into a reality. During the months of April, May, and June, Edinah treated a total of 108 patients for malaria.

"The shelter built by the community members is helpful because my family will not have to leave the house after a patient has come. I also feel safe, as there are fewer chances of my children and me catching disease because I will be working in the shelter with good ventilation. My medicines are also protected from sun and wind." – Edinah Karoti



Edinah Karoti (center), a village health worker in Mudzi District, Zimbabwe, providing malaria services in the shelter built by the community, with Isdell:Flowers Program Manager Edith Mpandaguta (left)

KNOWLEDGE, ATTITUDES, & PRACTICES (KAP) STUDY

We conducted a study to measure malaria-related knowledge, attitudes, and practices (key malaria prevention and treatment interventions) in program areas within Angola, Namibia, and Zambia.

Trained Isdell:Flowers program staff and community malaria volunteers conducted 10,142 surveys and 24 discussion groups in order to:

- understand the knowledge gaps, cultural beliefs, and behavioral patterns among community members
- identify barriers to and facilitators of essential malaria interventions
- obtain baseline data from a sample that is representative of Isdell:Flowers program areas

Reports containing key findings from the study were given to community leaders, community malaria volunteers, and community malaria elimination committees and were used to create community-led malaria action plans, in collaboration with Isdell:Flowers staff. The study results are helping to develop strategies to improve community engagement and participation, to set program priorities in a targeted manner, to set evidence-based advocacy goals to overcome operational challenges, and to synchronize activities and messaging across borders where appropriate.



TOP: A community malaria volunteer administers the KAP survey to a community member in Cuando Cubango, Angola. MIDDLE: Discussion group with male community members in Sesheke District, Zambia BOTTOM: Data collectors receive training on how to administer the KAP survey in Namibia



FAITH LEADER ADVOCACY FOR MALARIA ELIMINATION (FLAME)



Faith leaders in Zambia and Angola joined together as motivated malaria advocates and champions to solidify national FLAME coalitions. These are interfaith coalitions of faith leaders who work

together to advocate for policy changes and funding that accelerate malaria elimination.

Angola's FLAME coalition is led by the leaders of the Anglican Church, of the Christian Council of Churches, and of Caritas Angola (the social action arm of the Catholic Episcopal Conference of Angola and São Tomé). In addition to this national level leadership, faith leaders have come together in provincial level FLAME commissions in Namibe, Huíla, and Cunene to conduct provincial level advocacy and to provide the national-level

FLAME coalition with examples of the importance of sound policies, implementation, and adequate funding in rural areas. The Angolan FLAME coalition has worked to keep malaria on the forefront of the national agenda, even in the midst of COVID-19.

In Zambia, the FLAME coalition includes all ecumenical umbrella organizing bodies (each of which brings together various religious denominations) and major independent religious groups. In addition to a national chapter, a provincial commission has been formed in Western Province. In collaboration with the End Malaria Council and in consultation with the National Malaria Elimination Programme and the Country Coordinating Mechanism, it is working to advocate for the funding necessary to implement Zambia's National Malaria Elimination Strategy. Representatives of the FLAME coalition have kept malaria funding on both the government and popular agenda and have made the case for malaria elimination on dozens of nationally broadcast television and radio shows.

THE ISDELL:FLOWERS CROSS BORDER MALARIA INITIATIVE ROUND TABLE



The Isdell:Flowers Cross Border Malaria Initiative Round Table was held in Livingstone, Zambia on the 27th and 28th of February. The Round Table brought together community members, traditional leaders, faith leaders, scientists, and representatives from government and non-government organizations to discuss community engagement for malaria elimination.

The Round Table's theme, "Zero Malaria Starts with Me: Engaging My Community," emphasized the important role that all individuals have in mobilizing their own communities – whether those be faith communities, academic communities, or malaria-endemic communities – to be active participants in the fight against malaria.



ISDELL:FLOWERS CROSS BORDER MALARIA INITIATIVE

We are the community malaria volunteers, leaders, clergy, and communities of:
Calai, Cuangar, Curoca, Dirico, Namacunde, Ombadja, Rivungo, and Luanda in Angola;
Etayi, Ongenga, Oshikango, 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 Diocese of Angola.

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

We are the Diocese of Lusaka.

We are the Diocese of Matabeleland.

We are the Methodist Church of 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.

NOTE: most photographs in this report were taken before the COVID-19 pandemic.

FRONT COVER: Community malaria volunteers with Isdell:Flowers Senior Program Officer Saviour Kasonde in Salunda Village in Kalabo District, Zambia