



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 volunteers with the knowledge and skills needed to be anti-malaria advocates. Community mobilization strategies vary between and within program countries; volunteers 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, 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.



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.

COVID-19 RESPONSE



Isdell:Flowers staff members from Zambia meet with District Health Officials in Livingstone, Zambia to discuss reducing malaria and preventing COVID-19 in the communities.

COVID-19 continued to shape the work of the Isdell:Flowers Cross Border Malaria Initiative in 2021. Staff and volunteers persisted in delivering as many essential malaria interventions as possible, while following national COVID-19 protocols from the governments of Angola, Namibia, Zambia, and Zimbabwe. As necessary, the Initiative procured and distributed face coverings and soap for staff, community volunteers, and leaders. Because community malaria volunteers are the only regular health providers that exist in some communities, these stalwart activists continued to dispel problematic myths and educate community members about COVID-19 alongside their normal malaria teaching.

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.

OPPOSITE PAGE: Emmanuel, a community health worker in Kalabo District, Zambia, test residents of Salunda after a confirmed case of malaria in the community. TOP: School children gather for Zero Malaria Starts with Me campaign activities in Livingstone, Zambia.

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 ongoing challenges in 2021 due to the COVID-19 pandemic, such as 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:

- In Cuando Cubango, community malaria volunteers supervised by the Diocese of Angola tested 5,474 people with suspected malaria, of whom 597 tested positive and 586 received treatment, under the joint supervision of the Cuando Cubango Provincial Health Department.
- More than 40,000 households received malaria education from a community volunteer and more than 5,500 people attended community malaria meetings in churches and schools.

- 20 volunteers in Mapupu, Cuando Cubango and 34 in Santa Clara and Namacunde, Cunene received training on malaria prevention among pregnant women and now play a central role in mobilizing pregnant women to go to the health facility to take intermittent preventive treatment of malaria in pregnancy (IPTp).
- In Cunene, household survey data from 2020 showed that more than half of the mothers who took febrile children to trained health professionals waited more than 24 hours after fever onset to do so. In 2021, the Isdell:Flowers team facilitated many discussions on this with government and community leaders, and these discussions have prompted widespread teaching about the importance of prompt malaria treatment for good outcomes, with pregnant mothers as a particular target group.
- 28 faith leaders in Cuando Cubango received training on key principles of malaria and its prevention. They now incorporate malaria education into their weekly church sermons.
- In Cuando Cubango, Community Malaria Elimination Committees (Portuguese acronym: COCEMAs) collaborated with the MENTOR Initiative to ensure that indoor residual spraying (IRS) was conducted in all eligible households, resulting in an increase in IRS coverage in 2021 (to 85%).



OPPOSITE PAGE: Community Malaria Elimination Committee (COCEMA) members and community malaria volunteers gather for a meeting in Calai Municipality in Cuando Cubango Province, Angola. TOP: A woman receives an insecticide treated net during a malaria testing and treatment event in Calai Municipality of Cuando Cubango Province, Angola. BOTTOM: Local leaders participate in a training on the importance of malaria prevention for pregnant women in Cunene Province, Angola.

VOLUNTEER SPOTLIGHT



Velem Kassanga Community malaria volunteer, Mwanaye Village, Calai, Cuando Cubango Province, Angola

"I have been a community malaria volunteer since 2017. Before I became a volunteer, my sister became very ill while she was pregnant. My parents and I were very concerned about her, so we took her to the traditional healer for treatment. For several months she remained unwell, despite several visits to the traditional healer that cost my family five cattle. One day while listening to Kavango Radio Station, I learned about the signs and symptoms of malaria and the importance of prompt diagnosis and treatment from a health facility. That evening, I told my parents and sister what I learned about malaria from the radio and suggested we follow the advice. The next day we took my sister to the hospital where she tested positive for malaria and was given anti-malarial medication. After taking the full course of the medication, she made a full recovery, the baby was born healthy, and my family and I realized the importance of malaria education and health services. This experience was what motivated me to become a malaria volunteer to help educate others in my community. I have also been selected by the community to be an ADECOS (community health worker). In this role, I test for and treat malaria, as well as manage other health issues such as malnutrition. I am proud of my work to eliminate malaria in my community because I help ensure that we are living healthy, that we are not losing money on treatments that do not cure malaria, and that there is less absenteeism in schools and on farms. This is why I continue to fight malaria."

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. The Isdell:Flowers Cross Border Malaria Initiative remains a steadfast presence in communities within four constituencies (Etayi, Ongenga, Oshikango, and Outapi) in the Regions of Ohangwena and Omusati, which border Angola. In 2021, the Isdell:Flowers Cross Border Malaria Initiative expanded into communities within two additional constituencies (Okongo and Oshikunde) in Omusati Region.

Highlights of NACDO's work include:

- A team of 6 community health workers and 1 registered nurse was formed to serve the new program areas in Okongo and Oshikunde Constituencies. Together, they provide malaria education, malaria testing and treatment, and conduct reactive malaria surveillance following reports of positive malaria cases from health facilities.

- NACDO malaria field officers collaborated with 16 regional health clinics to improve follow-up of patients diagnosed with malaria by visiting them to ensure completion of their anti-malarial course and provide malaria education.
- 43 new malaria volunteers were recruited and trained on malaria prevention, elimination, and case management, and more than 200 existing malaria volunteers received refresher malaria trainings.
- Malaria volunteers visited 34,573 households to provide malaria education, generate demand for malaria prevention and treatment, and refer suspected malaria cases for testing, contributing to an increase in proper care-seeking behavior for children under five years old with fever in 2021 (to 70%).
- The NACDO team engaged 172 village headmen and supported them in developing and communicating messages aimed at increasing demand for and use of insecticide treated nets within their communities, resulting in an increase in ITN use among those who had access to a net in 2021 (to 80%).

VOLUNTEER SPOTLIGHT



Julia Shikufa
Teacher
Okongo Constituency, Namibia

Julia Shikufa is a teacher at Omawila Primary School in Ekokofi, a rural village in Okongo Constituency, Namibia. Prior to NACDO expanding the malaria program into communities within Okongo, Julia said that many people in her community did not know about malaria and believed that the symptoms of those infected were actually caused by eating unripe fruits, witchcraft, or demons. In 2021, Julia and several other teachers from surrounding schools received training from the NACDO team on malaria transmission, prevention, signs and symptoms, and proper care-seeking behavior for suspected malaria cases. Since then, she has taken it upon herself to find creative ways to teach about malaria in her lesson plans and educate students' parents about proper care-seeking behavior during parent-teacher meetings. She also helps facilitate malaria teachings during morning devotionals. At Omawila school, about 15-20 of the students sleep at the school since their households are very far away. "I'm a teacher, but I also play the role of a parent since some students board at the school due to long distances from their households," Julia said. "Many of these kids have tested positive for malaria and I have been taking care of them by administering their prescribed anti-malarial medicine and any other necessary care." Julia is motivated to continue advocating for malaria elimination in Okongo so that children can attend school healthy and ready to learn.



OPPOSITE PAGE: Isdell:Flowers staff members Helvi Kashuku and Ndakundana Hamukwaya with the Chief Environmental Health Officer of Ohangwena Region and community malaria volunteers. TOP: Community malaria volunteers, traditional and faith leaders, schoolchildren, and community members gather for 2021 World Malaria Day events. BOTTOM: Kuwilieni Namholo, a nurse on the newly formed NACDO malaria team, tests schoolchildren at Ekokofi Village in Okongo Constituency.

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). In addition to conducting field work, Isdell:Flowers members are part of the Social Behavioural Change Communication, Vector Control, and Case Management technical working groups of the NMEP, as well as the COVID-19 Risk Communication and Community Engagement committee of Zambia's National Public Health Institute. The Isdell:Flowers Cross Border Malaria Initiative works in 29 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:

- Community malaria volunteers made 190,857 household visits to give malaria education and refer symptomatic individuals to a community health worker (CHW) or health facility for malaria testing. CHWs tested 47,338 people with suspected malaria, of whom 16,686 tested positive for malaria and 16,464 received malaria treatment from a CHW or health facility.
- CHWs collaborated with local leaders to encourage households to accept indoor residual spraying (IRS) ahead of the government IRS campaign. Additionally, in Kazungula and Mongu Districts, 30 malaria volunteers received training to conduct IRS within their own community, contributing to a decrease in refusals of IRS in 2021.
- Local chiefs and CHWs jointly held community meetings to encourage men to support their partners in seeking antenatal care and accepting intermittent preventive treatment of malaria in pregnancy (IPTp). CHWs also collaborated with existing community Safe Motherhood Action Groups to encourage pregnant women to sleep under ITNs and take IPTp. These actions contributed to an increase in pregnant women who took 3+ doses of IPTp in 2021 (to 85%).
- CHWs supported the government's mass insecticide treated net (ITN) distribution by registering households, distributing ITNs, and ensuring they were properly hung and used, contributing to an increase in ITN access in 2021 (to 71%).
- 16 Malaria Task Force Committees were formed in Kalabo District to create a platform for community leaders to address malaria challenges in their communities.
- 14 malaria school clubs were formed in Sikongo and Mongu Districts to engage students in malaria elimination, and 80 school health coordinators received training on incorporating malaria into their lesson plans.
- 60 faith and traditional leaders received training on malaria transmission, prevention, and proper care-seeking behavior, equipping them to educate their communities on malaria.



OPPOSITE PAGE: Community health workers in Kazungula District, Zambia. TOP: Isdell:Flowers staff member Saviour Kasonde facilitates a meeting between community malaria volunteers and village elders in Salunda, Kalabo District, Zambia. BOTTOM: World Malaria Day awareness in Mongu District, Zambia.

VOLUNTEER SPOTLIGHT



George Sishengo Community Health Worker Chaba, Zambia

George Sishengo, a well-respected farmer and father of four children, was chosen by his community to be trained by the Ministry of Health of Zambia as a Community Health Worker for Chaba, a village outside of Livingstone, Zambia. Chaba is a densely populated community that has struggled with many malaria cases.

Most people in Chaba farm for a living, like George. George noticed that many of his farming peers were using insecticide treated nets (ITNs) as garden fencing, instead of sleeping under them. In addition to his other duties as a community health worker, such as testing for malaria and treating positive cases, George focused his efforts on educating his fellow farmers on the importance of sleeping under ITNs every night to protect themselves from malaria, instead of misusing the nets in their garden.

Because George was appointed to the role of community health worker by his community, they listened to his teaching. The number of ITNs being used as garden fencing decreased, the community became more engaged and knowledgeable about malaria, and the number of malaria cases decreased in Chaba village. George has become a role model amongst both village leaders and community members, with many referring to him as the "local village doctor." George's story reminds us that even one individual can bring about positive change to the whole community.

"If you misuse mosquito nets as fences for your gardens, then you are giving mosquitoes permission to feast on you at night during your sleep"
– George Sishengo

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 within Mudzi District of Mashonaland East Province.

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

- The program extended the reach of the NMCP's indoor residual spraying (IRS) campaign by mobilizing communities to accept IRS through community meetings and household visits, contributing to high household IRS coverage (94%).
- 174 village health workers (VHWs) across Mashonaland West and Matabeleland North received refresher training on malaria case management policies and procedures, in collaboration with the NMCP.
- 39 village headmen in Mashonaland West received training on malaria, enabling them to refer community members with symptoms to a health facility or VHW for malaria testing.
- 75 young mothers from the Anglican Church received malaria education and training, enabling them to become malaria educators within their own

communities and encourage other young women to take preventive medicine for malaria when pregnant.

- Bishop Cleophas Lunga of the Anglican Diocese of Matabeleland hosted a Football trophy event in Siachilaba, Binga District to raise awareness of malaria among the general population; 700 people were in attendance and received malaria education.
- VHWs and malaria control agents in Mashonaland West and Matabeleland North conducted 86,695 household visits to provide malaria education. VHWs tested 16,154 suspected malaria cases, of whom 2,903 tested positive and 2,898 received treatment from a VHW or a health facility.

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

- MCZ expanded the malaria program to two new wards within Mudzi District.
- 47 new malaria control agents were trained to provide malaria education in villages that were not previously reached by community health workers (CHWs) or malaria volunteers.
- CHWs reached 992 artisanal miners and nomadic farmers with malaria education and testing and treatment services. 175 tested positive and received malaria treatment.
- 6 community health clubs were formed, and members disseminated malaria information to their communities through poems, songs, and dramas.

- 275 church and community leaders received training on malaria transmission, prevention, and proper care-seeking, enabling them to identify barriers to malaria elimination activities within their own communities and develop solutions in response.
- The program extended the reach of the NMCP's IRS campaign by engaging communities ahead of the campaign and ensuring that remote households were reached, contributing to high household IRS coverage in 2021 (85%).
- CHWs and malaria control agents conducted 23,040 household visits to provide malaria education and case management services. CHWs tested 12,537 individuals, of whom 4,153 tested positive and received treatment from a CHW or health facility.

OPPOSITE PAGE: (RIGHT) A community health worker tests an artisanal miner for malaria near the Mazoe River in Mudzi District, Zimbabwe. (LEFT) A community malaria control agent educates community members on malaria prevention in Hwange District, Zimbabwe. TOP: Isdell:Flowers staff member Themba Sibanda leads a school health club meeting in Kamativi Ward of Hwange District, Zimbabwe in which schoolchildren learn how to prevent malaria.

VOLUNTEER SPOTLIGHT



Maxwell Nyangundu

**Community Malaria Volunteer
Chundu, Hurungwe District,
Mashonaland West Province**

Maxwell “Maxie” Nyangundu is 66 years old from Chundu in Hurungwe District. Beloved and trusted by all, Maxwell was selected by his community to become a malaria volunteer in 2005 and has spent the past nearly two decades working to improve the health and wellbeing of his fellow community members.

Mr. Nyangundu says, “There are so many challenges in this field especially when dealing with malaria patients. For example, some need me in the middle of the night when it is dark and storming.” He also described the challenges around COVID-19: “At first, in the Chundu community most people didn’t believe that COVID-19 was real, so I needed to convince them to get tested for COVID-19, especially if their malaria test was negative, since the symptoms for COVID-19 and malaria can be similar.”

Maxwell’s steady presence in the community over the years has helped increase acceptability of malaria testing, treatment, and preventive strategies, and has also helped to increase acceptance of COVID-19 prevention methods, such as wearing a mask, and COVID-19 testing.

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 study aims to measure use of and access to insecticide treated nets (ITNs), coverage of indoor residual spraying (IRS), acceptance and

availability of intermittent preventive treatment of malaria in pregnancy (IPTp), and care-seeking behavior of children under age five with fever. In 2021, trained Isdell:Flowers program staff and community malaria volunteers conducted 9,156 surveys and 18 focus group discussions. Select results are included in the country highlight pages of this report. To see a full results report, please email amaglor@jcflowersfoundation.org.

IN LOVING MEMORY OF EDITH MPANDAGUTA



Edith Mpandaguta, our wonderful colleague and friend, passed away in July of 2021. Edith was an extremely passionate, hardworking, and effective programme manager for the Methodist Church in Zimbabwe – Harare East District Malaria Initiative in

Mudzi District, Zimbabwe. Edith, responsible for starting and growing the Malaria Initiative in Mudzi District, had an incredible ability to engage communities, mentor staff and volunteers, and advocate for key malaria elimination activities in Mudzi. Under her guidance, more than 10,000 people were treated for malaria, and therefore, more than 10,000 people's lives were made better and perhaps saved. Edith was also responsible for motivating health center staff and reviving community health center

committees (community-led groups to support health centers in achieving health-related goals in their communities, including malaria elimination). In addition to her professional capabilities, Edith had a glowingly positive disposition, a joyful laugh, and loved her family, friends, and colleagues dearly. We will continue to honor Edith by working in service of her dream to eliminate malaria, with as much passion and commitment as she did.



FAITH LEADER ADVOCACY FOR MALARIA ELIMINATION (FLAME)



More than five hundred faith leaders in Zambia, Angola, and Namibia have joined together in national and subnational FLAME coalitions and are advocating for the acceleration of malaria elimination.

These interfaith coalitions have recognized that global progress against malaria has plateaued. They also see that, as faith leaders in countries where the vast majority of citizens describe themselves as people of faith, they have a moral responsibility to speak out.

The faith leaders are advocating for the increased adoption and implementation of increasingly effective national and subnational malaria policies and the funding to support those policies.

- In Namibia, where malaria cases are geographically focused and fewer than in neighboring countries, and where elimination is within reach, the FLAME coalition has worked to re-elevate malaria on the national agenda, including through the December 2021 launch of the Zero Malaria Starts with Me campaign.
- In Angola, the FLAME coalition has strategized with the National Malaria Control Program to involve faith leaders throughout the country in the fair distribution of nets in the upcoming universal distribution campaign and is influencing provincial budgets through involvement in Provincial CACS (Consultation and Social Conciliation Councils).
- In Zambia, the FLAME coalition (supported by the End Malaria Council, the National Malaria Elimination Centre and other partners) has contributed to the doubling of the budget allocation for malaria commodities and programming –from \$5.6 million USD in previous years to \$11.3 million USD in 2022.

THE ISDELL:FLOWERS CROSS BORDER MALARIA INITIATIVE ROUND TABLE

The Isdell:Flowers Cross Border Malaria Initiative Round Table was held virtually on 8-9 April 2021, bringing together community members, traditional leaders, faith leaders, scientists, and representatives from government and non-government organizations in 42 countries. The Round Table held four engaging sessions: “Overlooked Strategies and Techniques for Malaria Elimination,” “Community Engagement for Malaria Elimination,” “The Role of Faith in Malaria Elimination,” and “Using Community Data for Local Decision Making.” Overall, the event 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.





OPENING PLENARY: OVERLOOKED STRATEGIES AND TECHNIQUES FOR MALARIA ELIMINATION

Full meeting agenda available at jcflowersfoundation.org/roundtable

For questions, please email rebeccajc@jcflowersfoundation.org

OPPOSITE PAGE: (TOP) Traditional leaders, community malaria volunteers, and Isdell:Flowers staff members gather to discuss KAP survey results and develop action plans to address barriers to malaria elimination strategies in Lui River of Senanga District, Zambia. (MIDDLE) Edith presents on the malaria program in Mudzi District, Zimbabwe during the 2020 Isdell:Flowers Cross Border Malaria Initiative Round Table. (BOTTOM) Edith (center) and Isdell:Flowers MCZ staff members gather with community traditional leaders, local health facility staff, and newly trained malaria volunteers to celebrate the start of the malaria program in Mukota D Ward of Mudzi District, Zimbabwe. TOP: Faith leaders, alongside other key leaders, at Namibia's Zero Malaria Starts with Me Launch in December 2021. BOTTOM: Rebecca Vander Meulen, Executive Director of the J.C. Flowers Foundation, opens the virtual Round Table event.



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, 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 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 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.

Some photos in this report were taken before the COVID-19 pandemic.

FRONT COVER: Agnes, a community health worker in Kazungula District, Zambia, demonstrates how to properly hang an insecticide treated net during a household visit.