



ISDELL:FLOWERS

CROSS BORDER MALARIA INITIATIVE

# ANNUAL REPORT

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**The Isdell:Flowers Cross Border Malaria Initiative** is committed to malaria elimination through community mobilization along the shared borders of Angola, Mozambique, Namibia, Zambia, and Zimbabwe. We believe that malaria can be eliminated only if those most affected have the knowledge, skills, and resources to prevent and treat the disease and to advocate for its elimination.

Since 2004, Isdell:Flowers Cross Border Malaria Initiative partners have worked with networks of local faith organizations and community volunteers, in collaboration with Ministries of Health, using strategies that are:

- **Community-based**, because people living in endemic communities are experts in local realities, and ultimately determine the success of malaria elimination efforts
- **Cross border**, because parasites and mosquitoes do not respect national boundaries, and many families live on both sides and cross frequently
- **In partnership**, because all are stronger when bringing out the best in each other and walking together as a community of scientists, local leaders, national governments, religious bodies, and multilateral and non-profit organizations
- **Focused in “last mile” communities**, which are often remote and economically poor, but where malaria elimination is essential

## WHERE WE ARE

**We are active in Angola, Mozambique, Namibia, Zambia, and Zimbabwe.** Malaria transmission varies widely between these countries and within each country. This variation underscores the importance of geographically specific tailored strategies. Because the mosquito and the malaria parasite do not respect national borders, malaria elimination also requires cross border collaboration.



OPPOSITE PAGE TOP: Community health worker Agnes Inkiya administering a malaria test to a truck driver at the busy Kazungula border crossing in Zambia.  
OPPOSITE PAGE BOTTOM: Isdell:Flowers staff Fred Ncube and community health worker and spray operator Mary Mujere speak with a community member about accepting indoor residual spraying, a key malaria prevention intervention, in her household in Kazangarare, Zimbabwe.



# 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.

LEFT: Community health workers in Kazungula, Zambia lead a community meeting on malaria elimination.  
RIGHT: Bishop Luke Pato (the previous Bishop of the Anglican Diocese of Namibia, now retired) advocates for malaria elimination in addition to his clergy duties.



## 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 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 yearly 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.

LEFT: Admire (center), a traditional leader in Kariba District, Zimbabwe, leads a demonstration on mosquito net use for community members in collaboration with Isdell:Flowers staff.  
RIGHT: A community malaria volunteer, Mary (right), conducts a tablet-based household survey with the female head of household to collect program monitoring and evaluation data in Libuyu, Zambia.



# ANGOLA



The Anglican Missionary 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 Missionary Diocese of Center and South Angola's work focuses on community mobilization and case management and is guided by the Ministry of Health of Angola's National Malaria Strategic Plan.

## Highlights of the Anglican Missionary Diocese of Center and South Angola's work in 2024 include:

- Trained community malaria educators conducted 37,863 household visits in Cuando Cubango and 2,083 community group discussions, where community members received education on malaria transmission, prevention, and care-seeking.
- Community health workers (Portuguese acronym: ADECOS), jointly supervised by the Anglican Missionary Diocese of Center and South Angola and the Provincial Health Departments of Cuando Cubango and Cunene, tested 17,052 people, of whom 6,921 tested positive and 6,147 received malaria treatment (and those who were not treated were referred for treatment at a health facility).
- 1,414 pregnant women in Cunene Province participated in dialogue sessions on the importance of seeking antenatal care early and taking intermittent preventive treatment of malaria in pregnancy (IPTp).
- 47 health technicians from border health posts in Cuando Cubango and Cunene Provinces were trained in the management of malaria cases during pregnancy, increasing access to malaria prevention and treatment for pregnant women in remote border communities.
- 35 new community educators and 14 new members of Community Malaria Elimination Committees (Portuguese acronym: COCEMA) received training on malaria transmission, prevention, case management principles, and strategies for educating fellow community members about malaria. Additionally, 213 existing community educators and 77 existing COCEMA members received a malaria refresher training and continuing support.
- Malaria education in schools was prioritized by training 23 new youth members of "malaria health clubs" on social and behavior change messaging for malaria elimination. Additionally, 72 lectures on early care-seeking at the first sign of malaria symptoms were held in schools across Cuando Cubango and Cunene Provinces, benefiting 5,375 students.
- Key malaria messages were translated from Portuguese into the four local languages of the program areas so that community members can better understand and take ownership of malaria elimination in their communities.

TOP: A community malaria volunteer in Cuando Cubango Province surveys a family on malaria prevention measures in their household.



TOP: Health providers working in border health posts in Cunene Province pose with their certificates after completing training on malaria prevention and case management in pregnancy. MIDDLE: Isdell:Flowers staff gather at their office in Calai municipality to translate key malaria social and behavior change messaging into local languages for educational materials. BOTTOM: School learners in Cuando Cubango Province participate in malaria health clubs.

## VOLUNTEER SPOTLIGHT



### Laurinda Kassova

Community malaria volunteer  
Mucuso, Cuando Cubango, Angola

I joined the Anglican Missionary Diocese of Center and South Angola's Isdell:Flowers Cross Border Malaria Initiative in 2017 as a community malaria volunteer, and I have been working with the program ever since - for eight years.

On my first day of work in 2017, I came across a situation in which I found a kimbandeiro (herbalist) performing his rituals with a patient who had a fever. At the time, I had just completed training on the malaria signs and symptoms, and how it can only be treated by taking anti-malarial medication. A bit later I went to visit that patient and their family and advised them to seek care at a formal health facility, since I thought the fever could be caused by malaria. I had to educate them that malaria can only be cured by anti-malarial medication, not by traditional remedies. The family listened to my advice - they went to a hospital and the patient did test positive for malaria, received the proper treatment, and recovered well.

I want to see my community free from disease and deaths due to malaria. The great mission of continuing to educate people to change their behavior regarding malaria prevention is my motivation to keep doing this work for the past 8 years.



# 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 (NVDPCP) National Malaria Strategic Plan, focuses on social and behavior change among communities in five constituencies (Ondobe, Omundaungilo, Ongenga, Oshikango, and Oshikunde), with an added focus of malaria case management – tracing index cases, testing suspected cases, and treating confirmed cases (TTT) in Okongo and Oshikunde Constituencies.

## Highlights of NACDO's work in 2024 include:

- Isdell:Flowers staff engaged the high-risk nomadic group of the San communities, establishing relationships with their leaders and holding group discussions / community meetings about malaria prevention and treatment seeking behavior. A total of 5 meetings were held with their leaders and facilitating group discussions with over 230 community members about malaria transmission, prevention and treatment, and care-seeking behavior.
- In higher-burden program areas, Isdell:Flowers staff conducts "tracing, testing, and treatment" reactively to a confirmed reported malaria index case. In 2024, Isdell:Flowers staff traced 350 malaria index cases, performing reactive testing and treatment to individuals

living within a given radius of the index case and providing malaria prevention measures (such as insecticide treated nets and reactive indoor residual spraying) to index case households.

- At the community level, community health workers tested 629 suspected malaria cases; among those 36 tested positive and were given malaria treatment.
- 76 community leaders gathered for a meeting (such as village headmen) gathered for a meeting, facilitated by Isdell:Flowers staff, with representatives from Ministries of Agriculture, Gender, Home Affairs, and the local radio station to generate multisectoral ideas and collaborations towards malaria elimination in northern Namibia.
- 2,865 school pupils across 5 schools within Ohangwena region program areas received training on malaria prevention and social and behavior change messaging to adopt preventive practices and prompt care-seeking behavior from a young age.
- Community "malaria fighting committees" were formed in 14 villages that experienced a malaria outbreak, with the members representing the community widely (such as clergy, cattle herders, youth leaders, farmers, teachers, and headmen), resulting in quick sharing of malaria data and community-wide action planning in response to outbreaks.
- Across all program areas, CHWs and community malaria volunteers (CMVs) conducted 33,177 household visits where malaria education and case management services were provided.



OPPOSITE PAGE: Community malaria volunteers assist a government distribution of insecticide treated nets within program area communities. TOP: The headman of Oluvanda village in Okongo Constituency speaks to community members about the creation of community "malaria fighting committees", supported by Isdell:Flowers staff. MIDDLE: 2024 World Malaria Day Commemorations in Ondobe Constituency. BOTTOM LEFT: Isdell:Flowers staff registered nurse, Kuwilileni Namolo, tests individuals for malaria during the reactive "tracing, testing, treating" activity in Okongo Constituency. BOTTOM RIGHT: Isdell:Flowers staff member, Isak Uukongo, speaks to members of the San community about malaria signs/symptoms, prevention, treatment, and care-seeking behavior.

## VOLUNTEER SPOTLIGHT



### Klementine Timoteus

Community malaria volunteer  
Ongenga Constituency, Namibia

Klementine became a community malaria volunteer in 2014 when Isdell:Flowers expanded to Ongenga Constituency. She conducts regular household visits with people in her community to provide education and awareness on malaria transmission, signs/symptoms, and care-seeking behavior. She is also trained to identify and refer suspected cases to local health facilities for malaria testing and treatment.

In 2017, Klementine also began working as a spray operator for the government indoor residual spraying (IRS) campaign and continues to do this work annually. She has encountered the challenge of households refusing to receive spraying and responds by thoroughly explaining why IRS is a crucial vector control measure that prevents malaria transmission, which in most cases, she says, leads to the household accepting IRS.

Klementine remains committed to her work because she remembers a time when there was little knowledge in the community about malaria, and little services available. She is proud that her work as a malaria volunteer, chosen by her fellow community members, with Isdell:Flowers / TKMI is contributing to the goal of malaria elimination 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 and Behavior 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 (HFCAs) in nine districts within Western and Southern Provinces.

## Highlights of the Anglican Diocese of Lusaka's work in 2024 include:

- Isdell:Flowers Zambia staff collaborated with Safe Motherhood Action Groups (SMAGs), existing community health platforms, to incorporate malaria prevention in pregnancy into their program, resulting in more pregnant women receiving education and increased access to malaria and antenatal services.
- Across all program areas, community health workers (CHWs) and malaria control agents (MCAs) tested 46,315 suspected malaria cases. Of those, 15,543 were positive and 15,319 received malaria treatment.
- Cross-border collaboration was established between Sikongo, Zambia and Mbundas, Angola. Two meetings with delegates from each country were held, resulting in co-creation of cross-border action plans.
- 70 male individuals across Livingstone, Shangombo, Sikongo, and Kalabo districts received training to become "male motivators" who can advocate to and educate their male peers to better support pregnant women in seeking early antenatal care and to take intermittent preventive treatment of malaria in pregnancy (IPTp).
- 253 CHWs were trained in integrated community case management (iCCM), equipping them with essential skills to test and treat malaria, along with addressing other common community health issues.
- In Mongu and Senanga districts, 16 dialogue sessions were conducted with community members and other key stakeholders to discuss results of the annual "malaria knowledge, attitudes, and practices" survey and to develop community points of action to address problem areas as outlined by survey results.
- Archbishop Albert Chama visited Sikongo and Sesheke district program sites and ceremoniously handed over 55 new bicycles for CHWs.
- Malaria health clubs within five schools in Sesheke District organized three drama performances for the public to sensitize school peers and parents/adults about malaria elimination through skits, songs, and poems on topics such as net usage and early care-seeking, supported by local health center staff.

TOP: CHW and SMAG member, Dorothy Mubiana, conducts a household visit with a pregnant woman in Libuyu, Zambia to discuss malaria prevention in pregnancy and seeking early antenatal care.



TOP: Community health workers perform a song about malaria to welcome the community to a community malaria meeting in Lui River, Senanga, Zambia. SECOND: Provincial and District health officials from both Angola and Zambia, as well as Isdell:Flowers staff from both countries, meet to start an official cross-border collaboration for malaria elimination. THIRD: Boyd Mukuka, Environmental Health Officer, and Isdell:Flowers staff lead a training in Shangombo, Zambia for a new group of "male motivators" who are equipped to educate their male peers to better support pregnant women in receiving early antenatal care and IPTp for malaria prevention in pregnancy. FOURTH: Archbishop Albert Chama presents 35 new bicycles to community health workers in Sikongo, Zambia.

## VOLUNTEER SPOTLIGHT



**Rhoda Sebitwani**  
Community health worker  
Kazungula District, Zambia

Rhoda's motivation to become a community health worker was to fill an essential health services gap in her community: "I saw a need within my community, from my own neighbors. They would get bitten from mosquitoes and get sick with malaria, but there was not always good education or adequate health services." Rhoda decided to take action and received training to become a community health worker. Since then, she has worked in her community to provide education about malaria, to test suspected cases, and treat positive cases.

Rhoda feels that, in general, community-wide knowledge about malaria and proper care-seeking behavior has improved since the program has been committed to her communities. However, she does note that there are still some subgroups within her community that continue to hold myths about malaria, such as transmission through eating certain foods or by getting soaked in the rain. This motivates her to continue her work educating people on the signs and symptoms of malaria, and on proper care-seeking behavior.



# ZIMBABWE



Zimbabwe's Isdell:Flowers Cross Border Malaria Initiative work is implemented by the Anglican Diocese of Harare, 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 (MoHCC). The Diocese of Harare facilitates malaria work in Kariba and Hurungwe Districts within Mashonaland West Province, the Diocese of Matabeleland facilitates malaria work in Binga and Hwange Districts within Matabeleland North Province, and MCZ facilitates malaria work within Mudzi District within Mashonaland East Province.

## Highlights of the Anglican Diocese of Matabeleland's work in 2024 include:

- Isdell:Flowers staff collaborated with the Ministry of Health to provide malaria testing, treatment, and education to more than 560 truck drivers, a high-risk population due to the nature of their work, who were crossing the busy Zimbabwe-Zambia border.
- 6 community dialogue sessions with 72 individuals were held at health facilities ahead of the government indoor residual spraying campaign, to help ensure that community members were prepared for the upcoming campaign, to answer any questions, and to discuss the importance of indoor residual spraying in preventing malaria.
- Isdell:Flowers staff launched a Malaria Radio Talk show, which aired once per week for 12 weeks, reaching an estimated audience of 150,000 across three districts.

- Community health workers (CHWs) in Jambezi, Zimbabwe developed their own educational and training tools and posters to educate schoolchildren about malaria prevention.

## Highlights of the Anglican Diocese of Harare's work in 2024 include:

- In Hurungwe district, 80 new CHWs received malaria case management training.
- To raise awareness and community action for malaria elimination, Chief Nebiri of Kariba, in collaboration with Isdell:Flowers staff and district Ministry of Health staff, hosted a soccer tournament where malaria education was shared with over 2,000 individuals from over 30 villages.
- Isdell:Flowers staff co-facilitated (along with the government partners) cross border meetings between Hurungwe and Kariba districts in Zimbabwe (Anglican Diocese of Harare's program areas) and Chirundu and Siavonga districts in Zambia, resulting in translation of malaria educational materials into all local languages for harmonization of messaging across borders.
- To prepare communities ahead of the government indoor residual spraying (IRS) campaign, several "road shows" were conducted where Isdell:Flowers staff led dramas, community dialogues, and educational sessions to encourage people to accept IRS, reaching approximately 2,000 people across 20 villages in Hurungwe District.

TOP: Isdell:Flowers staff Fred Ncube (far left) and Philmar Mutowo (far right) and community health workers from program areas in Kazangarare ward in Hurungwe District, Zimbabwe.



## Highlights of the Methodist Church in Zimbabwe - Harare East District's work in 2024 include:

- CHWs, malaria control agents (MCAs), and "male mobilizers" (male community members who received training to educate their fellow male peers to better support pregnant women in receiving antenatal care) visited 11,909 households offering malaria education and health services.
- With support and supervision from Isdell:Flowers staff, CHWs and MCAs across program areas held over 1,600 community dialogue sessions about barriers to malaria elimination in their communities and developed points of community action to address those barriers.
- Across all program areas, 12,536 suspected malaria cases were tested for malaria; of those, 1,095 tested positive for malaria and received treatment.
- 76 new MCAs received training on malaria transmission and prevention, and strategies to educate community members and improve malaria prevention and care-seeking behaviors.

TOP: Isdell:Flowers staff pose with newly trained malaria control agents (MCAs) after their malaria training in Chikwizo Ward in Mudzi District, Zimbabwe. BOTTOM LEFT: CHWs from Jambezi Ward in Hwange District, Zimbabwe developed their own malaria elimination educational materials for conducting malaria education in schools. BOTTOM RIGHT: Isdell:Flowers staff, Newton Mudenda, hosts an educational radio talk show on malaria, focusing on positive social and behavior change and sharing essential information that complements other malaria interventions, such as the government indoor residual spraying campaign and malaria prevention for pregnant women.

## VOLUNTEER SPOTLIGHT



### Maria Nyamukakara

Community health worker  
Mudzi District, Zimbabwe

My name is Maria Nyamukakara, and I come from Mututa Village in Goronga B Ward of Mudzi District. As a dedicated community health worker with 25 years of service, I have been trained to provide essential healthcare services to my community since 2001. I am also a nomadic farmer in the area bordering Zimbabwe and Mozambique. This unique position allows me to offer testing and treatment services as a CHW to fellow nomadic farmers, including those from Mozambique. My goal is to reduce the risk of malaria transmission and spread among this vulnerable population.

I also collaborate with various health clubs, such as community care groups and school health clubs. Through these platforms, we engage in discussions on signs and symptoms of malaria and prevention and control strategies.

I work closely with the village heads and church leaders to disseminate malaria knowledge during community gatherings. Together, we have successfully built a treatment shelter that serves as a community health facility for treating malaria patients.

I take pride in being a community health worker and remain committed to working with my community to fight against malaria. I firmly believe that together we can end malaria in Mudzi District.



# ISDELL:FLOWERS IN MOZAMBIQUE



The Anglican Diocese of Tete has solidified its relationship with the Mozambican Ministry of Health in the Province of Tete and the District of Changara. It has begun to support a community network of citizens working to end malaria, focused around the Dzunga Health Center, the health facility that serves the Mozambican population that lives near the Nyamapanda border post with Zimbabwe. Given the significant traffic across the border, the Dzunga locality within the Administrative Post of Luenha is a key starting point in the reduction of cross-border transmission of malaria. 2024 has also included the preparations for the growth and strengthening of the local

community health worker network, which will amplify the work of the Dzunga Health Center.

Community education has focused on the importance of using medications well (completing the full treatment course and avoiding self-diagnosis of malaria), as well as on continued efforts to prevent malaria through consistent use of existing mosquito nets. Most of this community mobilization has been through door-to-door visits and through at-large teaching in community meeting places, such as community wells, where people gather.

## KNOWLEDGE, ATTITUDES, & PRACTICES (KAP) SURVEY

The Isdell:Flowers Cross Border Malaria Initiative conducts a yearly cross-sectional household survey 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 2024, trained data collectors conducted 11,844 surveys. After survey data were analyzed and interpreted, Isdell:Flowers staff shared 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, community representatives developed action plans in response to issues illustrated in the survey results, increasing community ownership of malaria elimination efforts. Isdell:Flowers staff provided support for the community action plans throughout the program year.



# FAITH LEADER ADVOCACY FOR MALARIA ELIMINATION (FLAME)



FLAME coalitions in Angola, Namibia, and Zambia are successfully contributing to the adoption and implementation of policies that accelerate malaria elimination and to the mobilization of funding to support those policies. More than 4,100 faith leaders in Angola, Namibia, and Zambia have joined together in FLAME coalitions and are advocating for the acceleration of malaria elimination. In addition to 3 national level FLAME coalitions, 135 subnational FLAME coalitions (provincial and district) are advocating at the local level to increase the prioritization of malaria in local decision-making forums involving government and civil society.

Angola’s expanding FLAME movement has been gaining widespread credibility at both the national and subnational levels. FLAME Angola convened an in-person round table gathering of all the government’s Provincial Health Department malaria heads and also of faith leaders from every province. This gathering, which served to identify advocacy needs and strategies at the national and subnational levels, culminated in a meeting directly with the Minister of Health, in which FLAME again appealed to its government to prioritize the implementation of the planned provision of insecticide-treated nets to every household in Angola. FLAME Angola has also taken the lead to prepare the country for the planned rollout of malaria vaccines. Noting misinformation campaigns around vaccines in other countries, FLAME Angola is working to promote true facts about the vaccine before misinformation takes hold. FLAME launched its work on promoting the truth about malaria vaccines by hosting an international webinar with expert panelists from several countries.

Namibia’s FLAME coalitions have worked closely with regional multi-sectoral Malaria Elimination Task Forces in Namibia’s regions that are most affected by malaria, keeping malaria high on the political agenda. Their work has centered around indoor residual spraying (IRS), to mobilize both local resources to facilitate the work and full acceptance of IRS at the household level. FLAME Namibia has also helped the government respond to Namibia’s malaria outbreak, by mobilizing civil society action in regions prioritized by the government. FLAME Namibia’s credibility has grown to such an extent that it now has a standing meeting in the calendar of the Executive Director of the Ministry of Health and Social Services, to whom FLAME continues to advocate for improved IRS, procurement of malaria commodities, the establishment of End Malaria Council and End Malaria Fund and sustainable resources to achieve malaria elimination.

Zambia’s FLAME movement covers the entire country and includes representatives from all major religious organizations in Zambia. In 2024, FLAME leveraged its influence among subnational decision makers to convene a meeting of Members of Parliament to discuss the strategic allocation of the Constituency Development Fund (CDF) toward malaria programs, and now, under the advocacy influence of FLAME faith leaders, many CDFs have now begun to allocate some of their discretionary funds to malaria. Faith leaders within FLAME Zambia have also begun serving as watchdogs at the health facility level, making spot-checks to confirm steady stocks of malaria commodities. FLAME Zambia also hosts a weekly nation-wide FLAME radio hour on Zambian National Broadcasting Corporation (ZNBC) Radio 2, in which a ZNBC journalist interviews a faith leader about malaria.

OPPOSITE PAGE TOP: Bishop Sergio Bambo (center right) of the Diocese of Tete meets with the Provincial Health Department’s Director, Public Health Head, and Malaria Head to strategize malaria control work near the Mozambique-Zimbabwe border. OPPOSITE PAGE BOTTOM: A community volunteer and data collector administers the annual malaria KAP Survey in Kazangarare, Zimbabwe. TOP: FLAME Angola National Coalition meeting with the Angolan Minister of Health. In the meeting, FLAME expressed its willingness to support the government in advocating and mobilizing efforts to acquire mosquito nets and intends to be a champion partner of the Angolan government in the introduction of the malaria vaccine.





**We are the community malaria volunteers, leaders, clergy, and communities of:**

**Calai, Cuangar, Dirico, Namacunde, Ombadja, Rivungo, and Luanda in Angola;**

**Changara and Maputo in Mozambique;**

**Ondobe, Omundaungilo, Ongenga, Oshikango, Oshikunde, 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 Missionary Diocese of Center and South Angola.**

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

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

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

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

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

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

**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: Community health workers (Dorothy Mubiana - front, Vela Likando - middle left, George Sishengo - middle right, Chiwisa Luciano - back left) with Carol Kahembi (back center), the Environmental Health Officer of Livingstone District, and Isdell:Flowers staff Noel Kapata (back right) in Libuyu, Zambia.