



Newsletter #14 April 2019

In this issue we discuss the impact of Cyclone Idai which hit the coast of Southern Africa on March 14, the recent Scout against Malaria campaigns in Malawi, Uganda and Ghana and the advent of World Malaria Day on April 25.

Impact of Cyclone Idai

Cyclone Idai hit the coast of Mozambique on March 14 and subsequently moved inland affecting parts of Zimbabwe and Malawi and drenching these areas with rain causing extreme

flooding and affecting some millions of people. In the short term, Scouts in these Countries have helped survivors to move to higher ground and render other assistance where ever possible to avoid the danger of water borne diseases like cholera and typhoid. The longer term effect of such downpours will be pools of stagnant water, which make ideal breeding grounds for the Anopheles Mosquitoes which carry the malaria parasite.

Since 90% of malaria cases occur in 15 African countries, this is simply an additional burden which could result in more people being bitten and more deaths occurring

World Malaria Day, April 25

The theme for World Malaria Day 2019 - 'Zero Malaria Starts with Me' – will empower individuals across the world to make a personal commitment to saving millions more lives, and help communities and economies to thrive by ending malaria. Decades of significant progress against the disease have slowed as cases of malaria increased in 2016 and 2017, after more than a decade of steep decline. This global movement *Roll Back Malaria* seeks to re-energise the fight to eliminate the disease, which still threatens half of the global population and kills one child every two minutes.

Globally, the world has made incredible progress against malaria. But we are still too far from the end point we seek: a world free of malaria. Every year, the global tally of new malaria cases exceeds 200 million. The damage inflicted extends far beyond loss of life: malaria takes a heavy toll on health systems, sapping productivity and eroding economic growth. Ultimately, investing in universal health care is the best way to ensure that all communities have access to the services they need to beat malaria. Individual and community empowerment through grassroots initiatives can also play a critical role in driving progress [Dr Tedros Adhanom Ghebreyesus, WHO Director General]

Insecticide- treated mosquito nets

Plasmodium falciparum is the most prevalent malaria parasite in the WHO African Region, accounting for almost all malaria cases. This parasite is carried by the *anopheles* mosquito which is only active at night and so the most effective vector control is to sleep under an insecticide-treated mosquito net (ITN). However the continued emergence of parasite resistance to antimalarial medicines and mosquito resistance to insecticides poses threats to progress and re-emergence of the disease so there is extreme urgency in protecting more of the local population quickly.

4th Malaria campaign, Salima, Malawi

The financial support has been used to help disadvantaged families and individuals that include widows, children with physical challenges, orphans from the spread of Malaria and the project has reached out to three districts namely; Lilongwe, Mzuzu and Salima. Such projects are always implemented with the technical support from District Health Officers, especially the office coordinating Malaria Programs in the respective districts. The guidance and technical support includes identification of households and participation of Health Surveillance Assistance stationed in these respective districts.



Howie Maujo writes 'Salima district was targeted in this phase for the following factors – it is hub for the fishing industry, registers many more malaria cases than other districts and people of Salima misuse impregnated mosquito nets by using them for fishing. It has been a challenge for the government to reduce cases of malaria where individual recipients sell nets to fishermen hence increase case of malaria where people have no safety measure to protect themselves from mosquito bites.

It is from this background that SAM chose Salima to civic educate vulnerable target groups on the benefits of IMN. Health Surveillance Assistant, community policing and local chiefs made an agreement to monitor the recipients and fishing area and if one of the nets distributed will be used for fishing then that individual be taken to justice. Outcomes included 200 households benefited from impregnated mosquito nets, enhanced scout social responsibility in communities and new scouts' recruited through one primary school used as a place for distribution '

5th Malaria campaign, Mbale, Uganda



Following UK Scouts representatives visit to Mbale Town, Uganda Scouts Association and Gidds Bambaga from Mercy Scouts, went into the local community to educate the people regarding mosquitoes and the dangers of Malaria. They were able to donate 200 treated nets to those in most need.

5th Malaria campaign, Apam, Ghana



Join the fight against malaria

If your Section/Group is willing to join the global partnership to fight malaria, visit our website www.scoutsagainstmalaria.org.uk or email us at info@scoutsagainstmalaria.org.uk. Any Scout who learns about malaria and helps to limit its impact by raising funds, distributing nets or educating families about its symptoms and where help can be sought if bitten, is entitled to wear the SAM badge. Editor: Rayner Mayer