



## Report of the ELCA Malaria Campaign

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being made  
New.

25 YEARS TOGETHER IN CHRIST

### Background

The 2011 Churchwide Assembly of the Evangelical Lutheran Church in America (ELCA) acted [CA11.05.29] “to launch the ELCA Malaria Campaign under the auspices of ELCA World Hunger . . . [in order to] encompass the best efforts of this church to join companion churches in Africa to contain deaths related to malaria.” This authorizing action was based upon an enabling action of the 2009 Churchwide Assembly, an action to brand this effort under the name “ELCA Malaria Campaign” by the Church Council in October 2010, and further authorizing actions and recommendations by the Church Council in April 2012.

In summary these actions provided a call to:

- Launch a “major fundraising effort” to address malaria in Africa with a goal of \$15 million by 2015 with the name ELCA Malaria Campaign and to be implemented under the auspices of ELCA World Hunger;
- Invite participation by synods, congregations, and individuals in support of this effort;
- Develop the ELCA Malaria Campaign in ways that complement efforts of ELCA World Hunger, inviting support from new donors while deepening commitments by current donors;
- Join with companion churches in Africa, building upon the health ministries and community development programs of the churches in areas where malaria takes a high toll on the community, and work in cooperation with other global and domestic partners active in the efforts to overcome malaria; and
- Report to the 2013 and 2016 Churchwide Assemblies on progress and result.

### Actions and Results in Africa through January 2013

Even before any gifts were being received for the ELCA Malaria Campaign, companion churches and partner Lutheran organizations of the ELCA in Africa were addressing concerns for malaria through the ongoing health-related work of the church. As the campaign was being contemplated, new initiatives to expand education, prevention, and treatment of malaria were being planned in areas where malaria was most prevalent and the church has the capacity and commitment to make a significant impact.

As a result of the campaign, the ELCA is supporting church companions and partner organizations in the following countries as of January 2013: Angola, Malawi, Mozambique, Zambia, and Zimbabwe;<sup>1</sup> the Central African Republic, Liberia, and Nigeria;<sup>2</sup> South Sudan and Uganda;<sup>3</sup> and Tanzania.<sup>4</sup>

#### *The Approach in Africa*

The concerted efforts of companions and Lutheran partners build upon the malaria-related work already happening in each location. As the church is frequently one of several organizations addressing malaria in any specific location, efforts are concentrated where and how they will make the greatest difference. Often this means making sure that appropriate prevention and treatment tools are accessible and that communities gain an understanding that malaria (so long a part of daily life) is indeed preventable and treatable. The church is often better able to get supplies into rural areas and can assist people in learning about how these supplies should be used, how to prevent malaria, when to test, and how to seek or administer treatment. By concentrating on what the church does best, reaching people for transformative change, resources of the ELCA Malaria Campaign can help leverage support and supplies into communities that are paid for by other organizations and by government entities. In other locations, the church funds purchase nets, drugs for treatment, and testing material.

<sup>1</sup> In connection with the Lutheran Communion in Southern Africa

<sup>2</sup> In partnership with Global Health Ministries

<sup>3</sup> In connection with The Lutheran World Federation—Department of World Service

<sup>4</sup> In partnership with Lutheran World Relief

Actions to reduce the number of new cases of malaria and ultimately to reduce the presence and transmission of the parasite in communities (primarily rural communities) may be built on various strategies, including:

- 1) malaria prevention and control;
- 2) malaria testing and treatment;
- 3) capacity building in prevention, control, testing, treatment, and monitoring results; and
- 4) support to build up sustainable livelihoods in order to break the strong link between malaria and poverty and enable families to continue to meet their own needs for prevention, control, testing, and treatment.

The specific activities supported by the ELCA Malaria Campaign differ by design in individual country programs. In many locations the church provides a large portion of the health care in a region or district. Collaboration with national governments is also critical to the programs' success, allowing collaboration in testing and treatment at the community level, referring complicated cases to government health facilities, data collection for monitoring and evaluation, and filling in real gaps where real need exists.

In general, each country program has followed a progression of program development and implementation. A baseline assessment of malaria rates is made, which includes interventions already being taken up in communities and the potential ability of the church to intervene. Based on the assessment, program plans are designed, organizing begun (often building upon community development or hunger related work already being supported), and community meetings held. This planning process allows for programs that have a high likelihood for success and are less likely to duplicate what is available through other organizations.

Work is well underway in five of the six southern Africa nations where the campaign plans to provide support (Angola, Malawi, Mozambique, Zambia, and Zimbabwe) with the expectation that work in Namibia will launch later in 2013. In Tanzania, the ELCA has provided financial commitment to Lutheran World Relief for malaria work with the Evangelical Lutheran Church in Tanzania (ELCT) in 13 dioceses and has committed additional support to expand the work initiated in 2011 and 2012 to all 20 dioceses in the country over a period of two years (2014–2015). As of spring 2013, programs in five countries are in design or early stages of implementation, including in Uganda, Nigeria, Liberia, South Sudan, and the Central African Republic.

This staged approach has allowed for careful initiation and implementation of programs. It has also allowed time for congregations and synods to build up support for this vital work, pacing the initiation and expansion of programs in Africa to times when gifts have been made available for its support. Completion of the planned work assumes continued support resulting in total giving at or above the established goal of \$15 million.

### ***The Difference Being Made***

A review of initial activities includes a number of noteworthy changes:

In **Zimbabwe**, 100 church leaders have been sensitized on the role of their congregations in malaria prevention; 6,069 people have been trained on malaria transmission, prevention, and control; 25 bicycles have been distributed to Village Health Workers/malaria activists; five Self-Help Groups have been supported with sustainable livelihood projects; and Burure schools have reported no malaria deaths since the program began.

In **Malawi**, 176 community health talks on malaria prevention and control have been conducted; community advocacy resulted in government distribution of treatment and intermittent preventive therapy in pregnancy to Lutheran health centers and village health clinics; 159 micro-loans for sustainable livelihoods projects were disbursed in five communities; and Kapiri Health Center reported hospital referrals have dropped to two or three cases per month compared to 10 per week before the program began.

In **Zambia**, 1,099 church, community, and traditional leaders have been trained on malaria prevention and control; 6,300 behavior-change materials were distributed; four mobile clinics were held with 2,056 people tested and 1,501 positives correctly treated; and livelihood programs reached 509 individuals in 12 villages.

In **Mozambique**, 422 malaria activists were trained on the use and distribution of long-lasting insecticide treated bed nets and environmental sanitation and hygiene; bed nets were distributed to 300 pregnant mothers and children under five years of age; more than 400 pregnant women received medication for prevention of malaria during pregnancy; there was a 43 percent decline in malaria at Namina Clinic reported between first semester 2011 and first semester 2012; and animal husbandry and pottery began as sustainable livelihoods projects.

In **Angola**, a baseline survey was completed; and community training and awareness sessions were conducted with more than 150 participants in three provinces.

In **Tanzania**, more than 1,200 Parish Malaria Volunteers have been trained as Trainer of Trainers; more than 1 million adults and 400,000 Sunday school learners have been educated on malaria prevention and control; more than 75 ELCT healthcare providers have been trained in early diagnosis and treatment, supply chain management, financial management, and data collection, analysis, and reporting; and nearly 100 maternal and child health nurses and midwives have been trained in prevention of malaria during pregnancy.

In **Nigeria**, “Trainer of Trainers” workshops have been conducted on malaria prevention and control with 134 women of the Lutheran Church of Christ in Nigeria representing all but one diocese; collaborative partnerships for training, net distribution, testing, and treatment were established with the Ministry of Health, Christian Health Association of Nigeria, and Society for Family Health; and a program has been registered with the Ministry of Health, with eligibility to receive drugs and mosquito nets at no cost.

In **Uganda**, 14,544 community members were trained in malaria prevention and control; 120 health workers received intensive malaria training; 305 students were reached through school campaigns; 4,000 nets and 3,000 sets of educational materials were distributed; 9,630 people had been tested for malaria.

In **South Sudan**, a baseline community survey was completed; proposal and staff recruitment were in development; and extensive stakeholder meetings were being held.

In **Liberia**, a program concept note has been completed; collaboration with Ministry of Health was established; proposal, staff recruitment, and stakeholder meetings were in progress.

In the **Central African Republic**, program plans are on hold due to a devastating national political crisis.

### **Actions and Results in the ELCA Through January 2013**

Gifts in the following amounts have been received by this church for the ELCA Malaria Campaign:

\$ 0.60 million	Prior to January 2011
\$ 1.73 million	February 2011 – January 2012
\$ 4.23 million	February 2012 – January 2013
\$ 1.89 million	February 2013 – May 2013
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\$ 8.45 million	Total through May 2013

#### ***Synod Coordination and Congregational Participation***

Though transmission of malaria in the United States essentially ended by the middle of the past century, over the past three years thousands of congregations of the ELCA have been learning about how malaria is transmitted and the devastating impact it is still having on the lives of families around the world. Paper and pipe-cleaner constructed mosquitoes have been appearing in the rafters of church halls and disappearing again with every contribution to the ELCA Malaria Campaign. Synod Assemblies have been punctuated with buzzing sounds or a bell tolling in regular intervals, each representing another person in Africa who has died from malaria or the destruction it has brought.

The ELCA Malaria Campaign began in earnest with 11 synods that agreed to pilot the possibility of raising awareness and money toward the elimination of deaths from malaria in Africa. Building on the tools developed by these pilot synod efforts in 2009 and 2010, other synods began to join the effort in 2011 and 2012. Material has been developed for congregational action. A full list of resources is available at [www.ELCA.org/malaria](http://www.ELCA.org/malaria).

Gifts for the ELCA Malaria Campaign have been received from congregations in all 65 synods of this church. Sixty synods have named a coordinating volunteer who is promoting the campaign. At least 24 synods have set goals of a specific dollar amount and/or of 100 percent participation by congregations of the synods; seven of those synods have already surpassed their goals.

#### ***Individual Gifts***

As the ELCA Malaria Campaign was being launched, leadership gifts and commitments were made by synod bishops, Church Council members, executive staff of the ELCA churchwide organization, and more than 300 voting members of the 2011 Churchwide Assembly. Online giving, contributions around World Malaria Day, “Good Gifts” in amounts equivalent to the cost of mosquito nets or training community volunteers, and contributions through the mail

have accounted for 20 percent of giving. At least three households or family foundations have provided more than \$100,000 each to the campaign. The campaign has been built up primarily by broad participation of ELCA members and gifts and commitments of \$50 to \$250.

#### ***College Campus and Outdoor Ministries***

A generous gift has underwritten seed grants of \$500 or \$1,500 to 12 ELCA colleges, universities, and campus ministries. In turn, student leaders have committed to raising 10 times that amount for the ELCA Malaria Campaign. In the first academic year of this program, students raised more than \$80,000. Their fundraising through the end of academic year 2013–2014 will be matched, up to \$125,000. Outdoor ministries associated with the ELCA have also been active in supporting the ELCA Malaria Campaign through fundraising and educational programs.

#### ***Giving Impact upon ELCA World Hunger***

The 2011 Churchwide Assembly challenged this church to address malaria without reducing support for ELCA World Hunger. Giving to ELCA World Hunger has remained approximately the same as in previous years, and total income to ELCA World Hunger in both 2012 and 2013 exceeded the approved income goals as well as the 2011 giving level.

#### ***A Generous Church***

Season by season since August 2010, congregations and participants have brought a deepening commitment to the ELCA Malaria Campaign. Along with this has come even greater appreciation for the churches we are privileged to accompany in Africa. While the objectives of the campaign are to change what is happening in communities most impacted by malaria in Africa, this campaign is bringing changes to those who are participating in the United States as well. Among the most important insights revealed has been the generosity of spirit, prayer, and gifts that have been given by congregation, synods, and individuals to the campaign. Our deepest gratitude goes out to those ELCA members who have been involved in this generous response and to those who will be!

The Rev. Daniel O. Rift, *director for ELCA World Hunger and Disaster Appeal*