



Scouting and Health Education

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This paper will present real-life experiences to prove how Scouting, in cooperation with other Non-Governmental Organisations (NGOs), is contributing to health education, and to the promotion of a healthy lifestyle by using its comparative advantage: the Scout Method and “peer-to-peer” education. Scouts are present at grass-root level in numerous developing countries, including my native country Sudan.

Here are only a few examples:

1. Roll Back Malaria:

Malaria continues to be one of the public health problems in about 100 endemic countries in the world, precipitating 300 to 500 million clinical cases, and 1.1 to 2.7 million deaths worldwide annually. In Sudan, Malaria is considered as one of the most serious public health problems. The burden of the disease is very high, accounting for about 7-7.5 million cases annually in the country. In terms of mortality it accounts for an estimated annual figure of 35,000 in Sudan.

I was responsible for an interventional study in the International University of Africa to measure the impact of the mobilisation of the Scout community in Roll Back Malaria in one of the Sudanese malaria endemic neighborhoods “Elfath Elmobin”, which aimed to protect the most vulnerable group “<5 years children and pregnant women”.

My research highlighted the role of Scouts in peer-to-peer health education and house-to-house community mobilisation to expedite actions in the community regarding malaria

control using environmental-friendly methods such as sleeping under insecticide treated bed-nets “ITN”, wearing protective clothes in the evening, the limitation of mosquito breeding sites and using biological larvicides and natural mosquito repellents: planting specific types of trees and rubbing the skins with natural oils.

Malaria exhausts physical abilities and depletes the financial resources of citizens seeking medicine. The research proves that prevention is better and more cost effective than a cure and this can be attained by improving the economical status of healthy families.

Various possible local techniques and skills for repelling and/or killing mosquitoes were pinpointed and implemented. The most cost effective method was simplified and improved by the Scouts to be affordable and accessible to most communities.

The research proved the possibility of changing local communities through Scouting and similar Community Based Organizations (CBOs) from Government and International NGO service recipients to self dependent and development contributors to society.

Some of the outcomes of the research were as follows:

1. Some Scout units were started in the communities. They mobilized their community and supported health education. Scout badges were developed for those who helped at least 10 children under 5 or pregnant women to sleep under ITN for one month, a practice that during the course of one year became a habit.
2. Only 3% of those receiving care knew about ITNs, but afterwards 95% understood them and 74% continued to use them.
3. The incidence of malaria dropped by 60%.
4. The community became proactive in draining mosquito breeding sites.
5. Scouts became the key informants and young community leaders, and they became the preferred messengers of the national authority leading the community mobilization and health education in Sudan.

2. AIDS prevention;

Scouts started AIDS prevention very early in the country at the time of denial in the early nineties. A project called “Scouting for life” was initiated in cooperation with UNICEF and WHO, which achieved the following results:

1. Scouts are the pioneers in involving HIV carrier in national AIDS prevention campaigns, at demonstrations, at Scout unit meetings and in public lectures which discuss how to live with carriers or patients.
2. Many volunteers who are HIV positive have started to join Scout campaigns under the umbrella of the national AIDS program.
3. No members of the Scout Movement in Sudan were reported as contracting HIV,

possibly as they know how to protect themselves and because AIDS prevention has become a cross cutting issue in the Scout programme .

4. Scout campaigns covered Scouts, children both in school and out of school, street children, tea sellers, military soldiers, displaced people, refugees and working children, etc.

5. Hundreds of materials were designed, produced and disseminated at grass roots level.

6. The Scouts are the only civilians who are allowed to provide health education for the military and rebel militia who join the comprehensive peace agreement in the country. They also cover the refugees who come from HIV/AIDS endemic countries to the south of Sudan.

3. Leprosy elimination;

Leprosy is one of the most stigmatic and ancient communicable diseases and is a serious public health problem in 10 countries including Sudan. WHO initiated an intensive programme in collaboration with the national authorities to eliminate leprosy. WOSM, WHO and the AHM leprosy relief Organization in Munich signed a Memorandum of Understanding to allow Scouts to contribute positively in leprosy elimination and the outcomes were as follows:

1. Sudanese Scouts initiated local units in leprosy endemic areas, including children of leprosy patients and children from healthy families in the community. They participated fully in their Scout programme for leprosy elimination and they started an intensive community mobilization.

2. Scout badges were developed for those who assisted 5 people to use the leprosy multiple drug therapy "MDT" and also sleep under ITN for one month. In one year, this led to the treatment of all leprosy cases and no sources of infection, and in addition, the use of ITNs became a habit.

3. The detection of new cases was started in schools by looking for the skin patches and early signs of the disease. All new cases detected were referred to the medical authorities for treatment protecting these children from the auto-amputation of fingers, loss of sensation and other complications of leprosy.

4. WHO and the Ministry of Health hit their targets 2 years before the deadline as a result of the Scout involvement, and working in hard-to-reach areas because of the support given by indigenous Scouts from the endemic areas.

5. The stigma no longer persists in the community; everybody knows that leprosy is curable and Scout can help to cure this.

6. Scouts have started to provide comprehensive integrated socioeconomic, cultural support to leprosy patients in collaboration with UN agencies and CBOs and civil defense, which covers the distribution of relief, improvement of lifestyle, provision of safe water supplies, solid waste and excreta disposal.

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