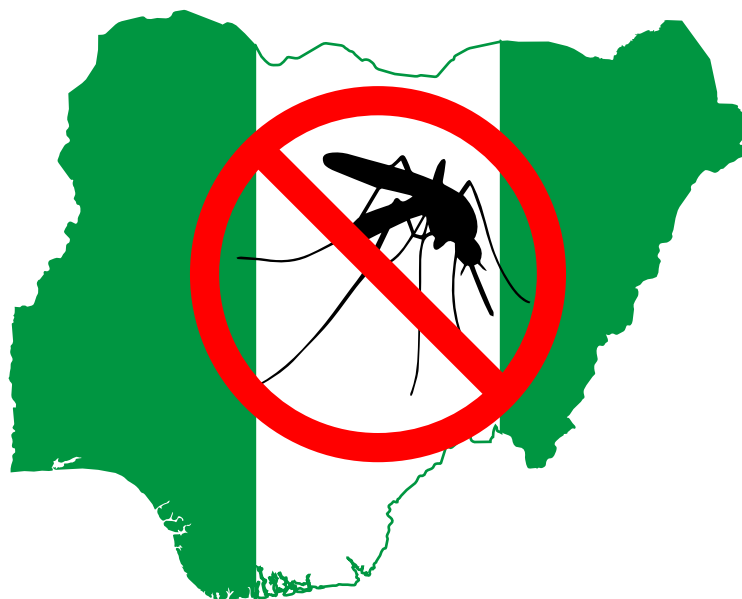


FEDERAL MINISTRY OF HEALTH,
NIGERIA

**NATIONAL MALARIA ELIMINATION
PROGRAMME**

**COMMUNITY BASED
SOCIAL MOBILIZATION**

**TRAINING MANUAL ON
MALARIA**



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PART THREE

FOREWORD

Malaria is endemic in Nigeria and has continued to have a disturbing impact on our people. It also remains one of the leading causes of childhood as well as maternal morbidity and mortality, poverty, low productivity, and reduced school attendance in the country. Nearly all Nigerians (97 percent) are at risk of contracting the disease, while about half of the population will have at least one malaria attack per year.

The current National Malaria Strategic Plan (NMSP) 2014-2020 aims at achieving the vision of a “malaria-free Nigeria.”

The National Malaria Elimination Programme (NMEP), in collaboration with its Roll Back Malaria (RBM) partners, has in the last five years, distributed about 58 million long-lasting insecticide-treated nets (LLINs) as part of the universal LLIN campaigns to protect an estimated 29 million households. Access to free and/or highly subsidized Artemisinin Combination-base Therapies (ACTs) also improved significantly both in the public and the private sectors, and newer tools for diagnosis and prevention of malaria were deployed in the country, guided by evidence from research.

Newer approaches have also been used to channel focused interventions through the health-system down to the community level, thereby increasing access to malaria commodities and services for all. In spite of this, the major challenges have been the low uptake and utilization of malaria interventions. The need to increase demand, uptake and utilization of these interventions has therefore become critical. There is a need for more scientific and evidence-driven approaches to malaria communication programming at all levels for this to happen.

This training document, which has come out of a rigorous process, is recommended for all our implementing partners, Community-Based Organizations (CBOs) and Faith Based Organizations (FBOs) in all the States to enhance effective, harmonized and re-oriented social mobilization activities in line with the National Malaria Strategic Plan (2014-2020).



Professor Isaac F. Adewole, FAS, FSPSP, FRCOG, DSc (Hons)
Honourable Minister of Health

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The Federal Ministry of Health extends its appreciation to the numerous persons and organizations that contributed to the production of the Malaria Community-Based Social Mobilization Manual. Special mention must be made of the dedication and commitment of the Advocacy, Communication and Social Mobilization (ACSM) Sub-Committee and partners who made this a success. The untiring efforts and technical support of members of the Social Mobilization Working Group and the contributions of the State Malaria Elimination Programme social mobilization officers/health educators are also highly acknowledged.

We are thankful to the UK Department for international Development (DFID)/ Support for National Malaria Programme (SuNMaP) project and the US Presidents Malaria Initiative/Health Communication Capacity Collaboration project (PMI/HC3) for their support to the process of development and printing of the document.

The Government of Nigeria sincerely hopes that all efforts put into the development and production of this training manual will bring about, amongst others, the much-needed improvement in malaria community social mobilization activities that will result in increased awareness and uptake of malaria interventions aimed at achieving a malaria-free Nigeria.



Dr. Evelyn Ngige

Director, Public Health

Federal Ministry Of Health, Nigeria

ACRONYMS

AA	Artesunate Amodiaquine
AL	Artemether Lumefantrine
ACSM	Advocacy, Communication and Social Mobilization
ACT	Artemisinin based Combination Therapy
ADR	Adverse Drug Reaction
ANC	Antenatal Care
BCC	Behaviour Change Communication
CBO	Community Based Organization
CHEW	Community Health Extension Worker
CHO	Community Health Officer
CV	Community Volunteer
DC	Demand Creation
DOT	Directly Observed Treatment
EPI	Expanded Programme on Immunization
FANC	Focused Antenatal Care
FBO	Faith-based Organization
FCT	Federal Capital Territory
FMOH	Federal Ministry of Health
HC3	Health Communication Capacity Collaboration
HMIS	Health Management Information System
HW	Health Worker
iCCM	Integrated Community Case Management

ICT	Information Communication Technology
IPC	Inter Personal Communication
IPT	Intermittent Preventive Treatment
IPTp	Intermittent Preventive Treatment in Pregnancy
IRS	Indoor Residual Spraying
ITN	Insecticide Treated Net
JCHEW	Junior Community Health Extension Worker
LGA	Local Government Area
LLIN	Long Lasting Insecticidal Net
M&E	Monitoring and Evaluation
MDCAN	Medical and Dental Consultants Association of Nigeria
MiP	Malaria in Pregnancy
MIS	Malaria Indicator Survey
MLSCN	Medical Laboratory Science Council of Nigeria
MOH	Ministry of Health
mRDT	Malaria Rapid Diagnostic Test
NAFDAC	National Agency for Food, Drug Administration and Control
NANNM	National Association of Nigeria Nurses and Midwives
NDHS	Nigeria Demographic and Health Survey
NGO	Non- Government Organization
NMA	Nigeria Medical Association
NMCP	National Malaria Control Programme
NMEP	National Malaria Elimination Programme
NMSP	National Malaria Strategic Plan
NPHCDA	National Primary Health Care Development Agency
RBM	Roll Back Malaria

RDT	Rapid Diagnostic Test
RH	Reproductive Health
RMC	Role Model Caregiver
PCN	Pharmacists Council of Nigeria
PHC	Primary Health Care
PHCC	Primary Health Care Centre
PMI	President's Malaria Initiative
PMV	Patent Medicine Vendor
PPMV	Proprietary Patent Medicine Vendor
PSN	Pharmaceutical Society of Nigeria
SBCC	Social and Behaviour Change Communication
SMAT	Social Mobilization Action Team
SMC	Seasonal Malaria Chemoprevention
SMEP	State Malaria Elimination Programme
SMOH	State Ministry of Health
SP	Sulfadoxine-Pyrimethamine
SPHCDA	State Primary Health Care Development Agency
SuNMaP	Support to National Malaria Programme
SWOC	Strengths Weaknesses Opportunities Challenges
TV	Television
TWG	Technical Working Group
USAID	United States Agency for International Development
VCHW	Village Community Health Worker
VHW	Village Health Worker
WHO	World Health Organization



PART
ONE



INTRODUCTION

Community Mobilization for Malaria Elimination is an approach that equips individuals and the community with the necessary motivation and skills to effectively adopt and maintain positive behaviours that would make their communities malaria-free.

Community mobilization approaches provide comprehensive information about malaria and encourages full participation of the community members in decision making about how to prevent and treat malaria promptly and adequately.

Encouraging individual and communal efforts, emphasizing protection from mosquito bites, promoting early and prompt treatment are measures for protection against malaria. It recognizes that there are malaria myths and misconceptions including the use of unsafe local remedies that endanger their health.

The manual is designed for Health Care Workers and NGOs/CBOs to train community volunteers who will in turn pass on the acquired information and skills to community members that they are in direct contact with.

The plan is to seize every opportunity of contact with community members to promote the National slogan and increase understanding around this reflective theme: “For a Malaria Free Nigeria, Play Your Part”. This will be used as a call out chorus to signal the start and end of community activities and events. The tools and the talking points developed are some of the materials required for effective community engagement. This manual is developed with a view to utilizing a trans-media approach where there is deliberate effort to create synergy amongst all the different channels, messages and materials still using Interpersonal Communication as the main thrust of the campaign.

Goal of Social Mobilization Training

The goal of the program is to build the capacity of Community Volunteers (CVs) in order to make referrals to health centres and cascade knowledge and skills on malaria prevention and prompt treatment down to community members.

Specific Training Objectives

It is expected that following participation in this training, participants will:

1. Become more knowledgeable about cause, prevention and treatment of malaria.
2. State the relationships between certain behaviours and malaria.
3. Understand the myths and misconceptions about malaria.
4. Become more knowledgeable about the benefits of using Long Lasting Insecticidal Nets (LLINs).
5. Become more knowledgeable about other ways of preventing malaria.
6. Understand the importance and advantages of testing before treatment of any fever case.
7. Acquire skills on how to conduct community mobilization for malaria project.

Overview of the Training Manual

The training manual is made up of 3 major parts:

Part 1:

Introduces the manual, its purpose, goal and specific objectives of the program by stating clearly the topical area and focus for implementation, which is community mobilization.

It provides a general description of the manual, how the manual should be used and whom the manual is meant for.

Part 2:

Presents a four module experiential learning program that will provide community volunteers with the knowledge and skills about malaria prevention and treatment.

Part 3:

Is made up of two modules, which provides the trainees with necessary information for effective planning and conduct of community mobilization. It also explains the concept of community volunteering, highlights the roles, responsibilities and desirable characteristics of a community volunteer as well as communication skills that will make the transfer of knowledge to community members more effective.

This manual guides trainers through steps necessary to conduct participatory learning sessions for community volunteers. Interactive approaches are used such as group discussions, brainstorming and group works to facilitate desired changes in knowledge, attitude as well as skill development.

How to use the Manual

This manual is designed to be easy to use.

Each module starts with a page that lists the sessions in the module.

Each session begins with **objectives, instructional materials needed, time allotted, methodology, activities/steps** to be adopted.

Each content section is provided to equip trainers with relevant information that is needed to answer community volunteers' questions.

Session Objectives explain what knowledge and skills participants are expected to have acquired at the end of the training session.

Instructional Materials list the resources required for each session, including those that need to be prepared in advance.

Time Allocation specifies the duration allowed for the session to be completed.

Methodology states the delivery approaches such as demonstration, brainstorming etc.

Activities/Steps describe in logical sequence, the activities for the session, encouraging participatory and experiential learning.

Content Section provides detailed information on the session objectives.

The background is a solid teal color. It features several horizontal bars of varying lengths and shades of teal. One bar is at the top left, another is below it and longer, a third is below that and spans the width of the page, and two more are at the bottom, one on the left and one on the right.

PART
TWO

MODULE 1:

SOCIAL MOBILIZATION/COMMUNITY MOBILIZATION IN MALARIA ELIMINATION

Introduction:

Social mobilization (SM) and Community mobilization are related terms usually used interchangeably. Social mobilization is a process that raises awareness and motivates people to demand change or a particular development. It is mostly used by social movements in grass-root groups, governments and political organizations to achieve a particular goal, and in most cases, the process of social mobilization takes place in large gatherings, such as processions, demonstrations, marches and mass meetings. Social mobilization is also used by organizations to facilitate change.

Community mobilization is also aimed at building community capacity to prioritize needs and take collective action towards solving a defined common problem. The process usually involves local community groups, community leaders and members.

The concept of SM/CM is an important component of community development. The success of Malaria elimination program will depend to a large extent on the full participation of community members and stakeholders. Program implementers need to be familiar with the concept of and approach to conducting effective social and community mobilization in order to enhance their capacity in organizing and implementing malaria projects.

This approach adopts non-conventional but innovative and appealing approaches in its community mobilization efforts. The approach emphasizes the use of highly visual materials, which serve as tools to elicit information from the audience and enrich the dialogue.

Provoking questions are encouraged to enhance active participation and deep reflection by the audience. Efforts are made to address audience concerns and allow in-depth understanding of the malaria issues being discussed.

Another unique approach to our community mobilization is where we amplify community voices on mass media after deepened community engagements. Opportunities are created to record community voices, opinions, perceptions and success stories, which would have an emotional appeal to the audience and aired over the radio as part of a radio magazine program. It is expected that listeners would learn from the satisfied users or benefactors and make informed decision to adopt positive behaviour towards malaria prevention.

In community mobilization efforts, effective supervision is encouraged to enhance the quality of implementation and data gathering.

Module 1: Community Mobilization

The purpose of this module is to promote participants' knowledge and skills in organizing social/community mobilization for malaria elimination.

Session 1: Importance of Community Mobilization

Session objectives:

At the end of the training, participants will be able to:

1. Define community mobilization
2. Describe the purpose of community mobilization and participation
3. Identify medium of community mobilization

Instructional materials: Flipchart board and paper, markers, handouts and job aids

Time allocation: 1 hour: 30mins.

Methodology: Brainstorming, discussions, questions and answers session

-Discussion: Ask participants what is community mobilization

- **Explanation:** Explain what community mobilization is

Activities/steps:

Step 1: Ask the participants to discuss community mobilization, write the responses on the flipchart. Discuss their responses and provide your own definitions as in the content.

Step 2: Ask participants to list purpose of social and community mobilization. Write the responses on the flipchart. Discuss their responses and guide towards expected outcomes.

- To raise awareness
- Motivate people to demand change for a particular development
- A medium for behavioural change.
- Reaching a larger community with key messages of development

Step 4: Ask the participants to mention medium of community mobilization. Write the responses on the flipchart. Discuss their responses and guide towards expected outcomes.

- Mass media
- Compound meeting
- Community dialogue
- Town hall meeting
- Focus group discussion
- Use of Town Announcers
- Interpersonal communication sessions

Content:

Definition of Community Mobilization

Community Mobilization is a process of pooling together, harnessing, actualizing and utilizing potential human resources in the community to actively and freely participate in discussions and decisions affecting their lives.

Community Mobilization is often used interchangeably as social mobilization which is defined as: A process of calling up, pooling and organ

izing all necessary human and materials resources to meet urgent needs and solve crucial problems in the society. It entails for instance, the engagement of a large number of people and materials in action to achieve common societal goals. Such societal goals may include eradication of illiteracy, universal child immunization, malaria elimination in Nigeria and changing certain negative attitudes and behaviour in the society.

The aim and purpose of social and Community Mobilization

The aim and purpose of social and community mobilization will depend on the prevailing problems and needs of the people and the societal goal that is being pursued. E.g. the need to prevent death due to malaria with the aim of encouraging people to use of Long Lasting Insecticide treated Nets (LLINs) to protect them from mosquito bites that cause malaria.

In this project, community mobilization efforts would focus on increasing the demand for, and utilization of, malaria services and commodities in communities. Social and behaviour change communication skills in program communication planning including materials development would support increased community awareness and demand for malaria services.

The community mobilization effort would seek to reduce barriers to accessing malaria services and empower community members to utilize the services in the selected LGAs and the whole state generally.

Partners and allies for Community Mobilization

In mobilizing the society or community, there are different groups and channels of communication that could be engaged. This implies that there is inter-sectorial collaboration in social mobilization. This collaboration makes it possible to involve both governmental and non-governmental bodies in planning and implementation of social and community mobilization activities.

These groups include:

- Decision and policy makers
- Government institutions and organs (e.g. States' Ministries of Health, States' Malaria Elimination Programme)

- Local government health departments
- Ward Development Committee s(WDCs)
- Service providers
- Non-governmental organizations including CBOs and FBOs
- Local associations (Men group, women group, social clubs, youth association, artisans, cooperative societies, sports societies).
- Health centres – Government or private centres
- Educational – private and public schools
- Mass media – print and electronic (radio, T.V. Newspapers, magazines etc.)
- The community
- Individuals
- Religious institutions – churches, mosques etc.
- Educational institutions – schools
- Families – parents, children
- National Youth Service Corps ‘ scheme
- Professional organizations – National Medical Association, National Union of Teachers, Nigerian Association of Nurses etc.

Definition of Partnership

Partnership refers to a conscious and mutual relationship between two or more individuals or organizations for the purpose of achieving a common goal.

Elements of partnership for Community Mobilization

- Recognition of shared vision
- Appreciation of individuals / group strengths and weaknesses
- Collective development of a working format/plan
- Implementation of plan
- Review and reconsideration

Challenges in Partnership

- Logistics and resources: correspondences, sundry expenses

- Variation in background and experiences
- Difference in mandate and focus
- Coordination

Despite challenges faced in Partnership, it is important to note that the input of those that are mobilized for certain actions or behaviour change is highly essential from planning stage. Those at the grass roots must be informed and educated on the project and must be given the opportunity to air their views on any issue.

Session 2: Conducting Community Mobilization

Organizing social or community mobilization requires good understanding of the methods and purpose for which the mobilization will be launched. Also, social mobilizers should be able to plan to achieve certain objectives at the end of the mobilization. To this end, this session is designed to strengthen participants' knowledge and skills in identifying the methods and to be able to achieve set objectives on the benefits of the mobilization. Creativity and innovation, diplomacy and tact are requisite skills required for effective community engagements.

Session Objectives:

At the end of the training, participants will be able to:

1. Describe ways of organizing community mobilization
2. Mention the problems that social or community mobilization encounters in its implementation.

Instructional materials: Flipchart board/paper, markers, handouts and job aids.

Time allocation: 2 hours

Methodology: Brainstorming, group-work, discussion, questions and answers session.

Activities/steps:

Step 1: Ask participants to describe how to organize community and social mobilization.

Step 3: Explain to the participants the strategies for Community Mobilization in malaria project.

Step 4: Discuss with the participants the importance of Social and Community mobilization as listed in the content.

Step 5: Ask participants to mention the problem facing social mobilization. List each point on flipchart and encourage discussion guided by the content of this session.

Content:

Ways of organizing Social or Community Mobilization.

Begin the topic by stating that organizing social or community mobilization is a task that must not be taken for granted or lightly. It is a task that commences with sound intellectual planning which must involve the grass-root people. The following are some of the considerations for organizing social or community mobilization.

- a. There has to be adequate study of the society/local government area whose people are to be mobilized.
- b. There must be accurate identification of existing issues which need to be addressed and for which the people are to be mobilized.
- c. There must be proper understanding of the meaning and importance of social and community mobilization.
- d. There must be adequate understanding of the purpose of which the people are to be mobilized e.g. promoting the use of LLIN, Achieving clean environment, encouraging the uptake of SP, Test before treatment etc.
- e. There must be the establishment of funds for the mobilization and provision of equipment needed e.g. vehicle, loudspeakers, etc.
- f. There must be an establishment of a body or agency that will coordinate the mobilization drive/activity.

Constituting a Community Social Mobilization Action Team

State that constituting a Community and Social Mobilization Action Team (SMAT) is crucial for successful project implementation. SMAT is a team of energetic highly respected and committed community members carefully selected through the guidance of community leaders to facilitate the participation of the entire community in any development programme, structure and plan of action.

Emphasize that putting in place a functional SMAT for malaria project

would involve the following processes:

- Pay advocacy visit to community leaders, describing the malaria project and the need for a SMAT.
- Work with community leaders to identify individuals in the community with high esteem, responsibility, integrity, credibility, commitment, resourcefulness and considerable acceptance who could be useful for malaria project.
- Constitute a team from the identified list with sensitivity to composite interest in the community including gender. In this programme the community volunteers (CVs) represent the SMAT.

Strategies for Community Mobilization in malaria project

There are different strategies to mobilize a community for action but not limited to the following:

1. Advocacy
2. Networking/Collaboration
3. Community dialogue
4. Compound meetings
5. House to House visit
6. Entertainment Education
7. Negotiation
8. Faith based meetings
9. Town hall meeting
10. Interpersonal communication

Advocacy

Advocacy is the effort made to gain commitment of opinion and political leaders on the project and to create enabling environment for the project implementation.

Networking

A network comprises of individuals, groups or organization that agree to collaborate or assist one another. It is a conscious coming together of people from diverse background and affiliation in pursuit of a common goal or interest.

Community Dialogue

Community Dialogue is a powerful tool use to help communities to identify existing cultural norms, practices and activities that have previously been used successfully in addressing community challenges. Using these methods communities can overcome the challenges to malaria prevention and create a functional structure and supportive environment for sustainability of malaria project.

House to House Visits

In the malaria project, house to house visits are designed to facilitate education on malaria at household level. It seeks to empower households with skills while referring them to health centres for additional information and services. Social Mobilization Task Teams such as the community volunteers (CVs) are selected, trained and encouraged to do these house to house visits in their communities.

Compound Meetings:

The compound meeting strategy is derived from the way of life of women in rural communities. Sometimes women spontaneously aggregate in an open space in the home or compound of one of them to chat and discuss issues that are important to them and their community, while assisting their host with some of her outdoor chores. The community mobiliser can leverage on this existing platform to discuss issues relating to malaria to women. These women can in turn enforce this information and messages in their homes and community.

Entertainment Education

Engaging community members through dramas, songs, music, road shows and comics help to drive home the intended message on malaria. Involving the community members in the design and presentation of packages ensures acceptability, ownership and sustainability of project by the people. Already available is a TV drama series “Newman Street” with focused messages on malaria. This product has the potential for use at community level to elicit discussions and address myths and misconceptions

Negotiation

This is process of arranging or bargaining for the purpose of achieving mutual agreement. It refers to the process of reconciliation of conflict

position on or about an issue.

Importance of Social and Community Mobilization

When social mobilization is planned well and effectively carried out, the following results are usually achieved:

- a. The people are encouraged for action (effective and collective action)
- b. It motivates people to accept new values, ideas and practices.
- c. Established goals and objectives are actualized (rapid result achieved)
- d. It brings about change in knowledge, attitudes and behavior
- e. Production of goods, services and security increases
- f. People become more aware, alert and more skilled
- g. Negative habits, attitudes are dropped for new positive ones.
- h. People are able to undertake self-help projects, which will ultimately promote development.

Challenges and problems of Community Mobilization

Start by stating that “although social mobilization is desirable, a number of problems are encountered during its implementation. These problems are; (List them on a flip-chart for discussion) Examples that could be cited includes but is not limited to the following: Equipment may be inadequate because funds may also be in short supply. It is possible that there are personality clashes and inter-agency conflicts due to different interests. These can slow down or even destroy a social mobilization drive. It is not easy for people to drop old habits or beliefs for new ones. Efforts should be made to encourage the adoption of new positive ways of life so long as it is clear to people that the new way of life is in their own interest.

If not already mentioned, ask participants to add the above to the list of problems for discussion. Conclude the topic by stating that:

“It becomes necessary to emphasize that social mobilization at the local level must enlist the full participation of the target population. The use of coercion and intimidation should be avoided.”

MODULE 2:

GETTING READY TO WORK AS A COMMUNITY VOLUNTEER

Introduction:

Interpersonal Communication is a skill we use every day, at work, with our families and friends. Whether you are discussing the use of LLINs to protect yourself from mosquito bites to prevent malaria or discussing your decision with your family. Good interpersonal communication is essential in our daily interaction with people. We also make use of Interpersonal Communication at the work place, interacting with colleagues and co-workers. A Community Volunteer should have excellent interpersonal Communication skills. It is also important for them to be clear of their roles and responsibilities as Community Volunteers.

**PART
2**

PAGE

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Session 1: Definition of Interpersonal Communication (IPC) Skills:

Session objectives:

At the end of this session, participants are expected to be able to:

1. Define communication and identify types of communication
2. Define Interpersonal Communication
3. Identify the basic skills and techniques of IPC

Instructional materials: Flipchart board/paper, markers & SBCC materials

Time allocation: 2 hours

Methodology: Brainstorming, group-work, discussion, question and answers.

Activities/steps:

Step 1: Ask participants to define communication. Write responses on flipchart and encourage discussions.

Step 2: Ask participants to mention types of communication they know. List responses on flipchart and compare with the content of the sessions.

Step 3: Ask participants to define what they understand by Interpersonal Communication. List their responses on flip-chart for discussion.

Step 4: State that Interpersonal Communication can be verbal or non-verbal in nature. Give detailed explanation as represented in the sessions' content. Focus on the importance of non-verbal communication.

Step 5: Encourage participants to list types of Interpersonal Communication skills they know. Write down responses on flipchart and facilitate discussion. Refer to the Interpersonal Communication skills listed in sessions' content for discussion.

Step 6: Explain to participants the different settings in which IPC can be used as listed below.

Step 7: Emphasize that:

- IPC complements, reinforces and elaborates messages presented in the mass media
- IPC is an influential means for the adoption of new health behaviour.
- Interpersonal Communication differs from other forms of communication (e.g. Mass communication.) because (or as) there are few participants involved.
- The participants are in close physical proximity to each other.
- It provides opportunity for immediate feedback.
- It creates opportunity for immediate decision and has personal touch.
- It includes exchange of feelings. This singular act makes IPC a turning point for effective decision making.

Content:***Definitions of Communication***

- Communication is a two-way process whereby a person or group of persons (sender) passes a message through a channel to another person or group (receiver) and gets a feedback that acknowledges the recipients understanding of the message.
- Communication is dialogue between two or more persons for the purposes of reaching a mutual understanding.
- Communication is making known one's ideas or feelings to another person or group of people and receiving feedback that leads to mutual understanding. It is a process.

Types of Communication:

1. ***Intra-personal communication:*** communication with oneself. It includes the justification we make for our actions.
2. ***Inter-personal communication:*** person-to-person communication, verbal and non-verbal exchange that involves sharing information, feelings between individuals or in small group. It is face-to-face and all parties involved are senders and receivers. It is possible that roles could be switched during IPC encounters.
3. ***Mass communication:*** transmitting messages to large audiences through the mass media, such as TV or radio.
4. ***Organizational communication:*** communication within a group or an organization, and among organizations. Members are aware of each other's existence; they have common interest and work together for the same goal.

Definition of Interpersonal Communication

Define Interpersonal Communication as “a person-to-person, two-way, verbal and non-verbal interaction that includes the sharing of information and feelings between individuals or in small groups that establishes trusting relationships.”

Verbal and Non-verbal communication

- a. ***Verbal communication*** is the use of word of mouth (spoken words). It includes storytelling, songs, dramas, town criers, group discussions, role-play and demonstrations.
- b. ***Non-verbal communication*** does not involve the use of spoken words; rather it involves behaviours such as nodding, gesticulation, drumming, dressing etc. In certain situations, where there might be conflict between verbal and non-verbal communication, the non-verbal is more important.

Emphasize that community volunteers should pay attention to how they use their non-verbal communication signs.

Interpersonal Communication skills:

- Skills in using verbal and non-verbal signs.
- Persuasive skills. Ability to encourage one to carry out an action.
- Questioning skills. While close-ended questions are useful and should be used appropriately, use more of open-ended questions as door openers. You can use expressions which encourages rich discussions and responses such as, “I would like to hear more about that?”. You can also ask probing questions to get more facts on information already provided. Avoid the use of leading questions.
- Skills in paraphrasing and summarizing. We can develop more in the area of paraphrasing the content of what you have just heard to confirm accuracy and understanding.
- Empathy and counseling skills.
- The ability to effectively use of support materials such as job aids and other tools.
- Observation skills.
- Use of simple, easy -to -understand language.
- Speaking skills. Keep It Short and Simple (KISS).
- Listening skills (Often we hear but we are not actively listening to the clients).

Examples of listening skills are:

- Attentive: e.g. encourage by nodding or saying something like ‘go on’ or ‘I am following’
- Concentrate on the client
- Summarize, reflect
- Avoid interruption
- Give non-verbal feedback(e.g. nod, smile)
- Ask for clarification
- Listen with all your senses, including your common sense
- Put aside your own opinion for the time being
- Don’t be impatient. Don’t jump ahead. Just listen

Where we use IPC:

- Interpersonal Communication applies in counseling, support groups, community meetings, small group discussions, telephone hot line, Home Based Care, during house visits, client- provider discussion and peer education.
- Interpersonal Communication has been found to be most effective for influencing behavioral outcomes. This is so because many people are greatly influenced by the opinions and behaviors of people to whom they feel close.

Session 2: Roles and responsibilities of a Community Volunteer

Session Objective: At the end of the session, participant will be able to:

1. Identify who a community volunteer is
2. Mention the roles of Community Volunteers (CVs)

Instructional materials: Flipchart board/paper, handouts and job aids.

Time allocation: 3 hours

Methodology: Brainstorming, group-work, discussion, role play & questions and answers.

Activities/steps:

Step 1: Ask participants to identify who is a community volunteer. Write responses on flipchart and encourages outcomes.

Step 2: Facilitator defines CV as “someone who is willing to offer his or her service without any monetary incentive for the benefit of their people”.

Step 3: Group work: Facilitator to break participants into smaller groups and ask them to identify the roles of community Volunteers (CVs). Each group should make presentation on flipchart.

Step 4: Facilitator to explain and itemize Community Volunteers roles and responsibilities as in the content

Content:

Roles and Responsibilities of a Community Volunteer

- Educates and informs household members on key malaria prevention and treatment services.
- Assists households in hanging LLINs and the maintenance of LLINs.
- Provides follow-up visits to households, to guide on LLINs use and its maintenance.
- Provides information to pregnant women within households on the importance of ANC attendance and IPTp
- Links households to health centres (referrals)
- Participates in community dialogue.
- Participates in monthly review meetings.
- Assists in documenting achievements.

Qualities of a Community Volunteer:

- Is a member of the community
- Has leadership skills
- Is acceptable and approachable by the target group
- Is enthusiastic and confident about the programme (willing to volunteer, available, committed and able to dedicate time to participate in Project activities)
- Is highly motivated and resourceful

- Is able to make and keep commitments
- Is a role model
- Is able to communicate well (Excellent Interpersonal Communication skills)
- Is open to new knowledge and willing to learn
- Is non-judgmental
- Is honest and loyal to the community
- Is willing to work without monetary incentives

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MODULE 1:

UNDERSTANDING MALARIA A ITS RISKS

Session 1: How and when malaria spreads

Session objectives:

At the end of the session, participants will be able to:

1. Define malaria
2. Describe how malaria spreads
3. List myths and misconceptions of malaria

Instructional materials: Flipchart, board/papers, markers, job aid and handouts.

Time allocation: 2 hours

Methodology: Brainstorming, discussions, questions and answers session.

Activities/steps:

Step 1. Ask participants to define malaria. List responses on a flipchart and provide factual information as in the content.

Step 2. Ask participants to explain how malaria is spread. List responses on a flipchart then encourage discussion addressing the myths and misconceptions of malaria.

Content:***What is Malaria?***

Malaria is a disease caused by little parasites in the body called plasmodium. These parasites are too small to be seen with the naked eye. When they are inside the body they cause fever, body pain, headache, sometimes vomiting, abdominal pain and even death especially among children and pregnant women.

How does malaria spread?

Malaria spreads when a mosquito carrying the malaria parasite bites a person. This mosquito carrying malaria is called the female anopheles mosquito. It is advisable to protect yourself from all mosquito bites at all times especially at night. The more times a person is bitten by malaria-carrying mosquitoes, the more likely they are to get malaria.

When do mosquitoes carrying malaria bite?

- Mosquitoes carrying malaria bite at night (from dusk to dawn, mostly late at night when people are sleeping)
- Mosquitoes carrying malaria like to bite when people are still, and not active. They mostly like to bite indoors (but can also bite outdoors too).
- Mosquitoes carrying malaria bite throughout the year.
- Where do mosquitoes carrying malaria breed?
- Mosquitoes carrying malaria breed in clean, still or slow moving waters, puddles, empty cans, used tyres, flower pots, coconut husks, ponds, rice fields, streams, etc. - Therefore, removing stagnant water in and around your house can help to reduce the number of mosquitoes.
- Mosquitoes carrying malaria **DO NOT** breed in dirty water or choked gutters.

Myths and Misconceptions about Malaria

There are many myths and misconceptions that hinder people from preventing and treating Malaria. These include beliefs that Malaria is caused by:

- Working or playing in the sun

- Work fatigue
- Witchcraft
- Excessive use of palm oil
- Drinking bad water
- Sleeping in the afternoon
- Living in areas that have high air pollution
- Stress

Other community misconceptions about the treatment of malaria include:

- Taking laxatives (medicines that purge)
- Taking Herbal mixtures
- Alcoholic drinks
- Taking nothing at all because malaria subsides after a while
- Taking pain killer tablets

Another major misconception is that Malaria can NEVER lead to death or disability which sometimes explains the nonchalant approach to malaria.

Session 2: Malaria Signs and Symptoms:

Session objectives:

At the end of this session, participants will be able to:

1. List the signs and symptoms of malaria
2. State the difference between uncomplicated and severe malaria
3. List the different signs and symptoms of uncomplicated and severe malaria
4. State what convulsion is
5. List what to do if convulsion presents

Instructional materials: Flipchart board/papers, markers, handouts, job aid, handkerchief and spoon

Time allocation: 3 hours

Methodology: Group work, presentations, role play and discussions

Activities/steps:

Step 1. Divide participants into 3 groups and assign each group one of the following questions;

- a. List the difference between uncomplicated and severe malaria.
- b. Outline the different signs and symptoms of uncomplicated and severe malaria.
- c. Define convulsion and list what to do if convulsion presents.

Step 2. Let each group present their work and encourage discussion after each group presentation.

Step 3. Provide detailed information as in the content

Content

Uncomplicated Versus Severe Malaria

Usually malaria begins with fever and pains, often called uncomplicated malaria which if left untreated, can progress to severe malaria.

- It needs to be treated early and completely with the FMOH-recommended medicines.
- If untreated early and completely, it can quickly turn into severe malaria.
- Severe malaria is a life-threatening condition and patient will need to be taken to the nearest health centre immediately.

Signs and Symptoms of Uncomplicated Malaria	Signs and Symptoms of Severe Malaria
Fever	Stomach pains
Headache	Diarrhea
Muscle pains	Pale eyes, palms or lips
Body weakness	Yellow eyes
Joint pains	Very high fever
Chills and rigors	Convulsions or fits (in children)
Dizziness	Extreme body weakness
Nausea	Difficult to awaken
Loss of appetite	Coma
Vomiting	Difficulty breathing
	Extreme vomiting
	Little or no urine
	Dark or “coca cola” coloured urine

Convulsion:

Convulsion is when the whole or part of the body of the child begins to make repeated jerky movement. It is usually caused by sudden rise in the body temperature in children.

What to do when a child is convulsing:

- Loosen all tight clothing
- Leave only light wears on
- Insert wooden or padded spatula to prevent biting the tongue (or use spoon padded with handkerchief)
- Disperse any crowd
- Leave child alone (lay child flat on the floor)
- Remove dangerous objects around the child
- Take child to health facility as soon as possible

Session 3: Serious Risks of Malaria

Session objectives:

At the end of the session, participants will be able to:

1. Mention people most at risk of malaria
2. State why malaria is a serious health problem

Instructional materials: Flipchart board/papers, markers, job aid and handouts.

Time allocation: 2 hours

Methodology: Brainstorming, discussions and presentation

Activities/steps:

Step 1. Start by telling participants that malaria can have very serious consequences. Severe malaria is deadly and also is one of the most frequent causes of permanent brain damage and physical disabilities in Nigeria.

Step 2. Ask participants to mention people most at risk of malaria, list responses on a flipchart, encourage discussion and provide factual information as we have in the content.

Content:

People Most at Risk of Malaria

Although malaria affects all age groups, there are some vulnerable groups that are most at risk for malaria. They are:

- Children under five years of age
- Pregnant women
- Foreigners visiting Nigeria or Nigerians returning after being abroad for a long period of time
- Those who have sickle cell disease (SS)
- Those living with HIV/AIDS

These groups are vulnerable because their immunity or body fighters are weak and a malaria attack can become severe within a short period.

Why Malaria elimination is important:

In Nigeria, 3 out of 10 deaths in children are due to malaria. 1 death out of ten during pregnancy is due to malaria. Malaria is the main reason why most people (more than 3 out of 10) go to hospital. Malaria causes absenteeism from work (farm, office) and increases absenteeism among school children. Three (3) times more money is spent on malaria than on health needs in the family.

Severe malaria is a:

- Number one killer of children under five years old in Nigeria.
- Contributor to death of pregnant women and their unborn babies.
- Major cause of miscarriages and still births.
- Killer of adults too.

Permanent disabilities and serious outcomes.

If not treated in time and properly, malaria can cause:

- Permanent brain damage leading to lifelong learning problems.
- Chronic convulsions.
- Crippling physical disabilities.
- Emotional problems.
- Low-birth weight (extremely small) newborn babies.
- Poor learning ability and school performance.

Malaria negatively affects a child's ability to learn by causing:

- Absenteeism from school because he/she is often sick.
- Low performance on tests and assignments due to the illness.
- Repeated malaria infection weakens the body and affects the development of a child's brain.

Malaria and Anaemia (Low blood).

There is a deadly cycle between malaria and anaemia. Repeated attacks of untreated malaria cause anaemia (low blood) and make the person weak. And existing anaemia can make simple malaria turn into severe malaria quickly. Someone who has anaemia (low blood) is at greater risk of death and disability from malaria because of their weakness.

MODULE 2:**PREVENTION OF MALARIA****Session1: Methods of Preventing Malaria*****Session Objectives:***

At the end of the session, participants will know the various methods of Malaria Prevention

Instructional materials: Flipchart board/papers, markers, SBCC materials

Time allocation: 2 hours

Methodology: Brainstorming, discussion and presentation

Activities/steps:

Step 1: Ask participants what they understand by prevention of malaria

Step 2: Ask participants to mention the different methods they use in their community to prevent Malaria

Step 3: Facilitator to define prevention of malaria and present the various acceptable methods of how to prevent Malaria

Content***Definition of malaria prevention missing***

- Sleeping inside a Long Lasting Insecticidal Net (LLIN)
- Wearing long sleeved clothes and applying insect repellent creams
- Spraying all rooms with NAFDAC approved insecticides

- Destroying breeding sites of mosquitoes.
- And other methods such as IPTp, IRS, Environmental Management, SMC and Larviciding etc.

Session 2: Prevention of malaria using LLIN.

Session Objectives:

At the end of the session, all the participants will be able to:

1. Mention how to prevent mosquito bites using LLINs
2. Say what LLIN means and does
3. List steps on how to use LLINs
4. Demonstrate how to hang LLINs
5. Mention how to care for LLINs
6. Mention where to get LLINs
7. Role play on how to sleep inside LLINs

Instructional materials:

- LLINs
- Mock Bed/Mattress/Mat
- Ropes
- Nails/Hammer/Paint Bucket with Sand/Poles
- Flip Charts
- Markers

Time allocation: 3 hours: 30 minutes

Methodology: Participatory approaches will be used to promote adult learning and guide discussions on prevention of malaria;

- ***Discuss,*** Explain and demonstrate how to hang, sleep inside, wash, dry and mend torn LLINs

- ***Role play:*** Organize role plays on how to overcome everyday barriers, confidently hang, sleep inside, wash, dry and mend torn LLINs

Activities/steps:

Step 1. Ask participants to explain how to hang, sleep inside, wash, dry and mend torn LLINs. List responses on a flipchart to guide discussion.

Step 2. Explain that mosquitoes that spread malaria tend to bite at night from late evening till the early hours of the morning. They feed on human blood. After feeding, mosquitoes rest in the house especially on the walls.

Step 3. Inform them that Malaria can be prevented by protecting people from mosquito bites using LLINs.

Step 4. Discuss how to hang, sleep inside, wash, dry and mend torn LLINs

Step 5. Inform them how to hang, sleep inside, wash, dry and mend torn LLINs

Step 6. Demonstrate how to hang, sleep inside, wash, dry and mend torn LLINs

Content:

Long Lasting Insecticidal Nets (LLINs)

1. Sleeping inside LLINs at night is useful because the mosquitoes that cause malaria bite more at night.
2. This reduces malaria episodes and saves money.
3. LLINs have insecticide in the fabric that repels and kills mosquitoes that land on it.
4. The insecticides in the nets are not harmful to anyone, even children, newborns, pregnant women and unborn babies.
5. They do not need to be re-treated.
6. LLINs are usually in various sizes and can be conical or rectangular in shape. They also come in different colours.

Who should use LLINs?

Everyone should use LLINs. However, it is particularly important for children under 5 and pregnant women because they are more vulnerable to malaria.

Where to get LLINs:

People can get LLINs from any of the following places:

- Primary Health Care Centers (PHC)/Secondary Health centres.
- Expanded Program on Immunization services (EPI) Pharmacies.
- Chemist (Proprietary Patent Medicine Vendor-PPMV).
- Markets/Shops.
- Community health workers.
- NGOs/Community Based Organizations.
- Occasional free distributions of LLINs may occur in your community during LLINs campaign.

Activity: Hanging and caring for your LLIN

Show participants pictures of hanging and caring for the net and let someone demonstrate how to hang a net

Steps to use LLIN:

- a. Open the packet.
- b. Remove the new LLIN from the package.
- c. Before hanging it where you sleep, spread LLIN under a shade for 24 hours, away from sunlight and rain.
- d. Hang the net over your bed or sleeping area using nails or hooks and strings.
- e. For the conical LLIN, hang from a point above the sleeping space.
- f. For the rectangular LLIN, fix the LLIN from four points and pull over sleeping space.
- g. During sleeping time, lower the net to cover the sleeping area. Tuck the edges under the sleeping space (mattress or mat) so mosquitoes cannot enter.
- h. Sleep inside
- i. When you wake up roll up the net to prevent it from being damaged or torn.

Care for LLIN:

There are several things that can be done to take care of your LLIN and prolong its effectiveness.

- When dirty, wash your mosquito net gently with plain water and use ONLY mild soap
- (e.g. bathing or bar soap), but never use powdered detergent.
- Rinse properly.
- Dry under the shade. Do not place it in direct sunlight.
- If your mosquito net is torn or has holes, sew the holes as you would any other fabric.
- Emphasizing that LLIN will last for more than 3 years. LLIN should be washed only when dirty and not more than 20 times within its life span

Session 3: Other methods of preventing malaria.**Session Objectives:**

At the end of the session, participants will be able to:

1. Mention other ways of preventing malaria

Instructional materials: Flip Charts, markers, handouts and job aids.

Time allocation: 2 hours 30 minutes

Methodology: Participatory approaches will be used to promote adult learning and guide discussions on other ways preventing malaria;

1. Discuss, Explain and Demonstrate other ways of preventing malaria such as:

- Wearing protective clothing.
- Screening of windows and doors.
- Use of Mosquito Repellents.
- Environmental management.
- Larviciding.
- Environment sanitation- getting rid of breeding sites.
- Indoor Residual Spraying [Killing of adult mosquitoes]

- Intermittent preventive therapy for malaria in pregnancy (IPTp).
- Seasonal Malaria Chemoprevention (SMC).

Activities/steps:

Step 1: Ask participants to list and explain other ways of preventing malaria they know.

Step 2. Discuss how these other ways of preventing malaria can be carried out e.g. covering of water containers, killing of mosquitoes, disposing empty containers/tyres etc.

Step 3. Explain that there are other ways of preventing malaria.

Step 4. Inform them that it is important to use all these ways to prevent Malaria

Step 5. Demonstrate how to prevent malaria e.g. killing mosquitoes, wearing protective clothing

Content:***Wearing protective clothing:***

This is necessary because wearing protective clothing prevents and reduces mosquito bites at night. Examples of such clothing are trousers, long sleeved shirts, long dresses, stockings and wrappers.

Screening of windows and doors:

Open windows and doors encourage the entry of mosquitoes into the house. It is therefore necessary to cover the windows and doors with wired nets to prevent mosquitoes from entering the house.

Use of mosquito repellents:

Mosquito repellents are also useful in preventing mosquito bites. These repellents can be bought at pharmacy stores/PPMVs. There are different types of repellents such as creams, sprays and coils.

Environmental management:

Environmental management in malaria control are actions geared towards reducing the population of mosquitoes in the community to reduce the rate of transmission.

Larviciding:

This is the use of approved chemicals to suffocate and kill the mosquito larvae while the biological organisms such as fish and bacteria feed on the mosquito eggs and larvae.

Environmental Sanitation:

This involves cleaning our environment and getting rid of breeding sites by sand-filling and grading of pot holes, managing water holding plants, covering water reservoirs, disposing old tyres, cans and coconut husks and pouring oil on pools of water that cannot be cleared.

Indoor Residual Spraying (IRS): Killing of Adult Mosquitoes:

IRS is the periodic spraying of the walls and ceilings of houses using approved insecticides to kill mosquitoes when they rest on the walls; this is usually done by trained personnel. IRS is effective and complements LLINs.

NOTE:

Long Lasting Insecticidal Nets(LLINs) do not need re-treatment with insecticides and can withstand about 18-20 washes. It can last for more than three years after opening and if properly taken care of.

Session 4. Benefits of preventing malaria***Session objectives:***

At the end of the session, participants will be able to mention benefits of prevention of malaria.

Instructional materials: Markers, flipchart paper and board.

Time allocation: 2 hour

Methodology: Group work, brainstorming, presentations and discussions

Activities/steps:

Step 1: Divide participant into four groups; ask them to list the benefits of preventing malaria on a sheet of paper.

Step 2: Each group to present its work

Step 3: Collate responses on a flipchart

Step 4: Compare harmonized responses with the content below and encourage discussions.

Content:

- **Healthy pregnancy and newborns** Pregnant women will be more likely to:
 - Carry pregnancy to full-term and avoid miscarriage
 - Have a safe delivery
 - Give birth to a healthy baby at normal weight.
- **Better child development** Children are more likely to grow and develop to their fullest potential.
- **Better school performance.** Children will be able to do better at school and will not miss school days due to malaria.
- **Healthy family, healthy children** Families do not suffer the pain and heartache of brain damaged children or death of children due to malaria.
- **Save money.** As a family, the money you would have spent on malaria medicines and transport to/from clinic can be spent on things like education, food, entertainment etc.
- **More productive.** Make more money, be more productive. You will not miss work days due to malaria, and you will be able to complete more work whether on your farm, fishery, workplace, office or home.
- **Healthy community.** Your community will be healthier and have stronger people that can support community development.
- **Healthy nation.** The nation will benefit as less money will be spent on malaria treatment, the health system will be able to commit resources to other diseases, and productivity will increase.

MODULE 3:**EARLY AND EFFECTIVE MALARIA DIAGNOSIS AND TREATMENT****Session 1: Malaria Diagnosis*****Session objectives:***

At the end of this session, participants will:

- Learn the concept and importance of malaria diagnosis
- Identify the different tests used to diagnose malaria

Instructional materials:

For proper training on malaria diagnosis, it is important to ensure that appropriate materials are put together. These materials include:

- Flip chart paper and stand, markers, writing materials
- SBCC materials such as posters, pictures, handbills
- RDT test kits for citing

Time allocation: 2 hours: 30 minutes

Methodology:

Role play, plenary discussions, presentations

Activity/ Steps:

Step 1. Facilitator asks a group of volunteers to prepare and present the following role play

Role play: Let the group act out a short play involving a 5-year old child with a fever who is being treated at home with herbs. Neighbours come

in with several suggestions on what the sickness is. Meanwhile, the child's condition only gets worse, the family eventually decides to take the child to the health centre. The health worker welcomes them and explains the need to carry out a test before administration of treatment. After diagnosis (microscopy/RDT), medicines are prescribed and the child is given treatment. Child starts getting better.

Step 2. Facilitator leads a discussion based on the role play around the major issues and explores the following areas:

- How can we know if someone has malaria?
- What did the parents do when the child was sick? What should be done when someone has fever?
- How was it determined that the child had malaria? What are the different ways to know if someone has malaria?
- What were the consequences for delay in seeking treatment for the child?
- What are some of the wrong things people do to treat malaria?
- What advice did the health worker give to the family about appropriate diagnosis and treatment of malaria?

Step 3. Facilitator clarifies the answers and provides the basic information (presentation) about malaria diagnosis as contained in the facilitator's notes below

Content:

What is Diagnosis?

This is the identification of the nature and cause of any sickness.

Introduction to diagnosis in fever cases:

Malaria is known to cause many signs and symptoms including fever, malaise, headache, loss of appetite, body pains, vomiting, nausea, bitter taste in the mouth, chills and rigor amongst many other symptoms. These symptoms can be seen in other disease conditions such as upper respiratory tract infections, stress, bacterial infections, viral infections, typhoid fever etc.; therefore, it is very important to test every fever case to ensure that the patient has malaria and not any other illness which could

resemble malaria symptoms.

Types of Malaria Diagnosis:

There are two ways of diagnosing malaria.

- Presumptive diagnosis based on signs and symptoms
- Confirmatory laboratory test;
- Rapid Diagnostic Tests (RDT)
- Microscopy

However, presumptive diagnosis allows for many people to be misdiagnosed and mistreated thus wasting the drugs, a confirmatory test is more advisable, even though both methods of lab tests are effective; RDT has become more popular because it is cost effective and easy to use.

The different types of Laboratory tests are:

- Rapid Diagnostic Tests (RDTs).
- Microscopy

Rapid Diagnostic Test (RDT):

- Rapid Diagnostic Test (RDT) detects specific malaria antigens in a small amount of whole blood.
- Blood for test is commonly obtained from a finger-prick
- Test gives result in 15-20 minutes
- Easy to perform and does not necessarily need an expert laboratory technician/scientist
- Does not require sophisticated laboratory equipment, electricity etc.
- Suitable for malaria diagnosis in most health centres where microscopy is not available.
- They are affordable

Microscopy:

- Microscopy is the testing for malaria by identifying the malaria parasite in the blood stream using a microscope.
- Microscopy remains the gold standard for malaria diagnosis.

- Requires expertise, reliable energy source, reagent, slides and takes time to get result
- Can be used to assess malaria severity in a patient and for investigating anti-malarial treatment failure.

Session 2: Malaria Treatment

Session Objectives:

At the end of the session, participants will be able to:

- State the importance of timely and appropriate treatment of malaria
- List ways of treating malaria among various groups of people

Instructional materials:

Training materials: writing pads, pencils, pens, markers, flip chart and stand, projector, laptop.

Materials for demonstration like different types of ACTs.

Time allocation: 2 hours: 30 hours

Methodology: This module would be delivered using a mix of methodologies including small group discussions, plenary discussions, ACT product demonstrations and presentations

Activity/Steps:

Step 1. Facilitator refers the participants to the role play in previous session which relates to the diagnosis of Malaria and treatment.

Step 2. Divide the participants into three groups to discuss the following;

- ***Group 1:***
 - What do they understand by “appropriate” treatment of malaria?
 - What are the consequences of inappropriate treatment?
 - When is the right time to begin treatment for malaria?
- ***Group 2:***
 - What are the various ways in which communities treat malaria?
 - What are ACTs?

- **Group 3:**
- What special precautions should be taken in treating malaria in pregnant women?
- What type of malaria drugs are no longer advisable for use in Nigeria and why?

Step 3. Let groups choose presenters to present their work in plenary.

Step 4. Invite comments, contributions and questions from the larger group on each group's presentation.

Step 5. Provide detailed information using the content below (X minutes):

Content:

What is Treatment?

This is the administration/ application of remedies to a patient for a disease or injury with the primary aim of achieving cure. Malaria treatment therefore means the use of appropriate medicines ACT- (Artemisinin-based Combination Therapy) for uncomplicated malaria; Injection Artesunate or Quinine for severe malaria according to national guidelines to achieve the relief of symptoms following confirmed malaria.

What is the best way to treat uncomplicated malaria?

- Start treatment early (to avoid severe malaria).
- As soon as you suspect malaria, take children under 5 years old and pregnant women to the health centre immediately.
- All others should seek care from a health centre when they have fever or any of the other signs and symptoms of simple malaria.
- At the health centre, it is important that they test for malaria. If the test is:
 - **Positive** - the health worker will give you the malaria medicines which is ACT
 - **Negative** - it may be another illness (not malaria) and the health worker will identify and treat the other illness (not all fevers are malaria).

What is “Appropriate Treatment”?

- Treatment based on appropriate diagnosis (RDT Positive or Microscopy Positive).
- Taking the right medicines e.g. ACTs at the right time and dosage.
- Completing the dosage as directed
- Once a diagnosis of malaria is made, it is important to initiate treatment with ACTs immediately. This would stop the progression of the malaria to severe malaria and ultimately prevent complications.
- ACTs are the only recommended medicines for uncomplicated malaria in Nigeria and it is important for us to use ONLY ACTs for malaria treatment.
- Other medicines such as Chloroquine or Mono-Therapies (one medicine only e.g. Artesunate, Fansidar etc.) are scientifically proven to be less effective for treatment of malaria in Nigeria and not recommended

Misconceptions about appropriate treatment of malaria

Take time to clarify the following myths:

Malaria can be treated by;

- Taking purge medicine
- Taking just any herbs like Dogon-yaro
- Taking nothing because it goes on its own
- Malaria can NEVER lead to death or disability

Emphasize that:

- Many people and cultures believe that certain drugs or herbs are the best treatment for malaria but this is not true.
- It is critical to emphasize that the BEST treatment for malaria as approved by WHO and in Nigeria are ACTs.

Effects of inappropriate treatment of malaria

If we use drugs or plants that are not ACTs to treat malaria, there could be:

- Persistence of the malaria even though some of the symptoms such as headaches and fevers may subside, this however, does not mean that the parasite causing malaria has been killed.
- More household expenditure on purchase of drugs.
- Absenteeism from work and school
- Deterioration of the disease to a more severe disease or even death.
- Resistance to treatment.

Malaria Treatment in Nigeria

In Nigeria, there are two types of ACTs recommended for treatment of uncomplicated malaria

These are:

- AL-Artemeter +Lumefantrine
- AA -Artesunate +Amodiaquine

Understanding drug packaging:

- ***Co – package*** –where two or more drugs are packed together in a blister (sachet)
- ***Co-formulated*** – where a combination of two or more drugs are packed in one Tablet (pill)

Complete the full dose of ACTs:

- It is very important that you complete the full dose of ACTs given to you. If you do not complete the treatment, the malaria will come back and could be more severe.
- DO NOT stop taking ACTs if you feel better after first use. Keep taking it each day until the dose is completed.
- DO NOT stop taking the ACT if it makes you feel mildly worse while you are taking it. Keep taking it until the dose is completed. (As with any medication, if you feel seriously worse while taking it, see a medical doctor immediately.)

MODULE 4:**EARLY AND EFFECTIVE MALARIA
DIAGNOSIS AND TREATMENT****Session 1: Malaria in children****Session Objectives:**

At the end of the training, participants will be able to;

1. State the ways to prevent malaria in children
2. Explain treatments and care for children with malaria

Instructional materials: Flipchart board/paper, markers/LLIN/samples of ACTs

Time allocation: 1: 45 minutes

Methodology: Brainstorming, discussion, question- and- answer sessions.

Activities/steps:

Step 1. Start by telling the participants that children are more likely to have malaria because their bodies are not yet as strong as adults and are still growing and developing. Malaria is the number one killer of children under five years old in Nigeria. Children can die or suffer lifelong health problems within 24 hours of developing malaria if not treated early. Malaria can cause permanent brain damage, epilepsy, crippling physical disabilities, emotional and learning problems in children.

Step 2. Ask participants the following questions and list responses on a flipchart.

1. Why is malaria more serious in children?
2. When is the right time to see a health worker when a child has fever?
3. What is the best way that uncomplicated malaria can be prevented in children? What about preventing severe malaria in children?

Content:

The best way to prevent malaria in children is by ensuring that children sleep inside Long lasting insecticidal Nets (LLINs) every night.

The following are the best ways to treat a child if he/she has malaria:

1. Start treatment early; As soon as a child has fever, take the child to the health centre immediately to test and confirm if it is malaria.
2. If confirmed malaria:
 - a. Use prescribed ACTs by the health worker; ACTs should be taken immediately you get the medicines. ACTs are the FMOH recommended malaria treatment. The health worker will give you directions on how your child should take the ACTs. Not every child gets the same amount of medicine. Do not use non recommended medicines e.g. chloroquine, it is no longer effective.
 - b. Complete the full dose. Make sure your child completes all the treatment given by the health worker, even when he/she begins to feel better. If you do not complete the treatment, the malaria will come back and could be more severe.
 - c. If a child vomits within 30 minutes of swallowing the medicine, please repeat the dose.

Emphasize that; In addition to treatment the following can be done:

- If a child has fever and the body is hot, sponge the child with water at room temperature (lukewarm) starting with the feet.
- Give fever reducers, such as Paracetamol, if available.
- Continue to breast feed or feed the child with his/her favorite foods.
- Give more fluids – breast milk or clean water, juices, coconut drink, soups, or porridges.
- After sickness, give the child an additional meal each day for 2 weeks to help him/her regain weight and strength.

4. Ensure that your child continues to sleep in LLIN every night
5. If fever recurs, rush the child to the nearest health centre immediately.

Session 2: Prevention of malaria in pregnancy

Training objectives:

By the end of the training, participants will be able to:

1. State ways malaria in pregnancy can be prevented
2. List the importance of LLIN use by pregnant women
3. Explain the effectiveness of intermittent preventive treatment (IPTp) of malaria in pregnancy
4. Enumerate the benefits of ANC and IPTp during pregnancy
5. List IPTp services provided at ANC for pregnant women

Instructional materials: Flipchart board/paper, markers/LLIN/SPs

Time allocation: 2 hours

Methodology: Presentation and discussion

Activity/steps:

Step 1. Start by informing the participants that though malaria is preventable, easily treated and curable, it assumes a deadly dimension when it occurs in pregnancy. To address this, Nigeria has adopted the WHO strategy for malaria prevention and control during pregnancy. Essentially, this consists of the use of long lasting insecticidal nets, intermittent preventive treatment with SP and prompt case management.

Step 2. Ask the participants if they remember why malaria is a problem in pregnancy

Step 3. Discuss the problems the pregnant woman and unborn child could have

Step 4. Explain that:

- A pregnant woman is more at risk from malaria because her body is working hard to grow the baby, making her more likely to have malaria

- Also, if the mother gets malaria it can negatively impact on the healthy growth and development of the baby. Malaria can put a pregnant woman and her unborn child at risk of serious illnesses such as:
 - Anaemia.
 - Miscarriage, spontaneous abortion and stillbirth (death of the unborn child before or at delivery).
 - Low-birth weight newborn babies (small, unhealthy babies).
 - Death of pregnant women.

Step 5. Ask participants to explain how malaria can be prevented during pregnancy

1. List responses on a flipchart and crosscheck with the following points:

Step 6. Explain that a pregnant woman can prevent malaria by;

1. Sleeping inside LLIN every night during pregnancy to avoid malaria, and continue to sleep inside the net with her baby even after delivery.
2. Going to the health centre for antenatal care as soon as she knows/feels that she is pregnant. Return for follow-up visits throughout the pregnancy.
3. Taking medicine (SP) in the presence of health worker to prevent malaria during pregnancy.

Step 7. Ask what they know about it.

Step 8. Explain that a method called Intermittent Preventive Treatment in pregnancy (IPTp) is used to prevent pregnant women and the unborn child from malaria.

Step 9. Discuss their experiences and the presentation (Refer to facilitator's note below)

Content:

How does IPTp work?

Intermittent Preventive Treatment (IPTp) of malaria during pregnancy is based on the assumption that pregnant women living in areas of high malaria transmission have malaria parasites in their blood or placenta,

whether or not they have symptoms of malaria. Giving pregnant women SP-IPTp reduces the chances that their baby will suffer the effects of malaria. It also reduces the chances that they will end up with maternal anaemia or malaria. SP is given at antenatal care (ANC) clinics as Directly Observed Therapy (DOT). When a pregnant woman takes SP, she reduces her chances of giving birth to a small baby (Low Birth Weight), or having low blood (anaemia), miscarriage and increases her chances of having a normal healthy delivery.

Who should use IPTp?

All pregnant women NEED IPTp. Every pregnant woman should go to the clinic as soon as she suspects she is pregnant. If the check-up confirms she is pregnant, she will be required to register for ANC. The health worker will tell the woman the time for her next visit and will guide her on when to take SP. During these check-ups, they will receive at least 3 doses of SP.

How should a pregnant woman take the SP?

- A pregnant woman should get at least 3 doses of SP from your health worker during antenatal care.
- She should take the first dose when you feel the baby start to move (first kick).
- The second dose should be taken 1 month after the first dose and the third dose 1 month after the second dose.
- She should only take SP that is given at the antenatal clinic. If possible, eat some food before taking SP and drink lots of water when taking it.

What are the benefits of SP?

- Prevent malaria attacks in pregnancy
- Reduced malaria-related mortality in pregnancy
- Reduced low birth weight rate for the child

Use of Nets in Pregnancy

The use of LLINs by pregnant women has the following benefits:

- Studies indicate that women who were protected by LLINs every night have healthier babies.

- Use of LLINs reduces the risk for Low Birth Weight and maternal anaemia.
- The infant who sleeps inside the net with the mother will also have marked benefits such as;
 - Reduced malaria exposure,
 - Decreased incidence of anaemia,
 - Decreased risk of death

It is for these reasons that:

- LLINs should be provided to pregnant women as early in pregnancy as possible LLIN use should be encouraged throughout pregnancy and after the delivery of the baby.
- The current national recommendation is for all Nigerians to sleep inside LLINs every night.
- Ask participants if they have any questions. Use your responses to improve the group's understanding of the information.

EXPLAIN that a pregnant woman can strengthen her body from malaria during pregnancy if she:

- Takes iron supplements and eats well during the pregnancy, including lots of vegetables, fruits, and proteins.

If you get malaria when pregnant, how can you treat it?

- Go to a health centre immediately as soon as you have fever.
- Get tested by a health worker for malaria and receive an appropriate treatment for her stage of pregnancy. She should take the full course of the medicines as prescribed.
- Continue to eat adequate quantities of variety of foods.
- Drink more fluids and rest adequately.

Key Messages in this module:

1. A pregnant woman should be prevented from getting malaria.
2. Prevention of malaria in pregnancy avoids the adverse consequences of malaria to both mother and her unborn baby.

3. The use of IPTp is strongly recommended for the prevention of malaria in pregnancy.
4. LLINs should also be used consistently during pregnancy and after delivery.

Session 3: The Role of ANC in the prevention of malaria in pregnancy

Session objective:

At end of the training, participants should be able to list IPTp services a pregnant woman can receive during ANC.

Instructional materials: Flipchart board/paper, markers/SP/LLINs

Time allocation: 1: 30 minutes

Methodology: Brainstorming, discussions, questions and answers session

Activities/Steps:

Activity 1

Step 1: Ask participants what services the ANC clinic offers.

Step 2. Summarize by explaining that, although it is possible to prevent people from being infected with malaria, as well as to treat and cure it completely, when it occurs in pregnant women, it can easily kill the pregnant woman and her unborn child. Nigeria has therefore, adopted the World Health Organization (WHO) strategy for malaria prevention and control during pregnancy. The antenatal clinic is a critical service delivery point through which control of malaria in pregnancy takes place.

Content:

Key services that are delivered through the ANC clinic are illustrated below:

- Check and ensure baby is growing well
- Test the woman for diseases (BP, Syphilis, Diabetes)
- Give medicines to prevent diseases (Anti-malaria – IPTp, Blood tonic and immunization)

- Diagnose and treat any problem identified before it gets serious (Cough, Palpations and diabetes)
- Receive health talks (foods to eat, rest, exercise, what to put together for her delivery date and the baby)

Explain that: in line with FMOH recommendations, Focused Antenatal Care (FANC) is the approach used to provide services at the ANC clinic. The FANC approach places attention on the pregnant woman personally and emphasizes her overall health, her preparation for childbirth and readiness for complications, if any.

Emphasize that: The main principles of Focused Antenatal Care are:

- Evidence-based goal-directed actions
- Family-centered care
- Quality, rather than quantity of visits
- Care by skilled health providers

Activity 2.

Step 1. Allow time for questions and discussions about what this means in day-to-day practice.

Step 2. Ask participants if they know when antenatal clinic visits should take place. Close the discussion by:

Step 3. Remind the group of the importance of antenatal visits.

Session 4: Treating malaria in pregnancy

Session objective:

By the end of the training, participants should be able to list different ways to treat malaria in pregnancy

Instructional materials: Flipchart board/paper, makers/samples of ACTs

Time allocation: 2 hours

Methodology: Brainstorming, questions and answers session, discussion

Activities/steps:

Explain that, if a pregnant woman is sick and has a fever, she must visit a health centre as soon as possible.

Content:

- Pregnant women who complain of any illness should have a thorough clinical assessment: her history will be taken and physical examination done.
- They should be tested for malaria among any other laboratory investigations that are relevant in order to make a definitive diagnosis.
- It is important to note that pregnant women are susceptible to malaria in addition to other infections such as urinary tract infections. Therefore, malaria parasite must be detected in the blood before treatment.
- **Emphasize that,** a pregnant woman with malaria that has been confirmed with microscopy or RDT, should be treated in line with the national treatment guideline.

For a Malaria free Nigeria, Play your part.



Value your Long Lasting Insecticidal Net



SLEEP

INSIDE THE NET EVERY NIGHT,
IT PREVENTS MALARIA

when everyone sleeps inside the net
everybody is protected

