

Drive **MALARIA** away for Goodlife



Let's come together and drive  malaria away for Goodlife



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How to Use this Flip Chart

Principles of a good message

- **Look:** make eye contact and observe your audience's behaviour.
- **Listen:** to what people say and don't be judgmental.
- **Learn:** why your audience is having a problem with the health issue.
- **Share:** invite your audience to share their experiences with the topic.
- **Care:** show compassion and empathy.

Before the session.

1. Choose no more than 2-3 cards to use in a session to allow time for discussion.
2. Be familiar with the content and prepare any materials you may need.

Use the GAP IT* method (1. Greet—Ask—Praise: 2. Inform—Talk)

The GAP IT method is a two-step process that: 1) Finds the gaps in knowledge of your audience on a given topic; and, 2) Fills the gaps with correct information and engages them in guided discussion on it.

1. Find the gaps.

- **GREET** warmly. Make the individual(s) feel comfortable. Introduce the topic(s) you will cover in the session.
- **ASK:** Ask the start-up questions on each card to get discussion started before showing the images. Encourage the audience to participate and ask questions.
- **PRAISE:** Always be respectful and praise the person or people for their responses and participation.

2. Inform and discuss

- **INFORM:** Show the flipchart image. Explain all the key messages on the back of the card. Find a way to respectfully correct any wrong information they provided earlier. Give advice regarding knowledge, attitudes and behaviours that need improvement.
- **TALK:** Use discussion questions (and/or your own questions) to generate discussion among the group about the issue. Focus on issues specific to their community or situation.

3. Closing

- **REVIEW/RECOMMEND:** Review 2 or 3 key points from the session. Recommend one or two small, do-able action(s) they can take.
- **THANK** them for their time and participation and lead call and response:

“GoodLife. Live It Well. Good life goes with good health”.

* Adaptation of WHO concept adapted from presentation in the Facilitator guide, Volume 2 for Community-based health and first aid in action (CBHFA), International Federation of Red Cross and Red Crescent Societies, March 2009.

How to Use this Flip Chart



Community Volunteer using the Malaria Flip Chart in a group session



Health worker using the Malaria Flip Chart for a counseling session

How and When Malaria Spreads

Start-up Question: What do people in this community understand about how malaria spreads?

How does malaria spread?

- Malaria spreads when a mosquito carrying the malaria parasite bites a person.
- One type of mosquito transmits malaria to people. This malaria-carrying mosquito is called the female anopheles mosquito.
- The more times a person is bitten by malaria-carrying mosquitoes, the more likely they will get malaria.

When do malaria-carrying mosquitoes bite?

- Malaria-carrying mosquitoes bite at night, from dusk to dawn, mostly late at night when people are sleeping.
- Malaria-carrying mosquitoes like to bite when people are still, and not active. They also mostly like to bite indoors (but also will bite outdoors).
- Malaria-carrying mosquitoes bite throughout the year.

Where do malaria-carrying mosquitoes breed?

- Malaria-carrying mosquitoes breed in clean, still or slow moving water, such as in puddles, empty cans, used tyres, flower pots, ponds, rice fields, streams, etc.
 - Therefore, removing standing water in and around your house can help to reduce the number of mosquitoes, but will have little effect on reducing malaria.
- Malaria-carrying mosquitoes DO NOT breed in dirty water or choked gutters.
 - Therefore, cleaning gutters, while useful in other ways, will not reduce malaria.

Treated Nets (LLIN) are the best way to prevent malaria because they protect you and your family when the malaria-carrying mosquitoes are most likely to bite, as you sleep.

Discussion Questions

- Are people in this community aware that there are different types of mosquitoes?
- Where do most people sleep at night? How can they be protected?

How and When Malaria Spreads



Malaria - carrying mosquitoes (Female Anopheles Mosquito)



Malaria - carrying mosquitoes bite mostly at night

Malaria Signs and Symptoms: Uncomplicated Versus Severe Malaria

Start-up Questions:

How do you tell when someone has malaria in this community?
 Why do you think some cases of malaria are more serious than others?

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

Uncomplicated malaria is the normal malaria fever and pains.

- It needs to be treated early and completely with the MOH-recommended medicines.
- If not treated early and completely, it can quickly turn into severe malaria.

Severe malaria is a life-threatening condition.

- It is an emergency and you need to rush the patient to a health facility immediately. Do not delay!

Signs and Symptoms of:	
Uncomplicated Malaria	Severe Malaria
<ul style="list-style-type: none"> • Fever • Headache • Muscle pains • Body weakness • Joint weakness • Chills • Stomach pains • Diarrhea • Vomiting and nausea • Loss of appetite 	<ul style="list-style-type: none"> • Very high fever • Convulsions or fits (in children) • Extreme body weakness • Difficult to awaken • Coma • Difficulty breathing • Extreme vomiting • Little or no urine • Dark or “coca cola” coloured urine • Pale eyes, palms or lips • Yellow eyes

Anyone can get malaria. But pay special attention to:

- Children less than 5 years old
- Pregnant women
- People with sickle cell disease or HIV/AIDS

For appropriate diagnosis and treatment of malaria (see Flip 7)

MEDICAL ALERT! Severe Malaria is an emergency and you need to rush the patient to a health facility immediately. Do not delay! It is life-threatening.

Discussion Questions

- Do you know someone who has had severe malaria? How were you able to recognize that the person had severe malaria? Has anyone died from malaria in this community? What signs/symptoms did the person have?
- About how many cases of severe malaria do you think there are in this community every year? What can we do to reduce the number of cases of severe malaria in our community?

Malaria Signs and Symptoms: Uncomplicated Versus Severe Malaria



Headache



Extreme vomiting



Fever



Convulsion

Serious Risks of Malaria

Start-up Questions:

Do people think that malaria is a serious problem in this community? Why or why not?
What do people in this community believe is the cause of convulsions?

Risks of Malaria: 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 Ghana.

Children and Pregnant Women Most at Risk. Anyone can get malaria and have serious risk of death or permanent disability. But those most at risk and need special attention are:

- Children less than 5 years old, and;
- Pregnant women.

Death. In Ghana, one person dies of malaria about every 3 hours, most of them children. Severe Malaria is:

- The number one killer of children under five years old in Ghana.
- A contributor to death in pregnant women and their unborn children.
- A major cause of miscarriages and still births.
- A killer of adults.

Permanent Disabilities and Serious Outcomes. Malaria can cause:

- Permanent brain damage leading to lifelong learning problems.
- Epilepsy (chronic convulsions)
- Crippling physical disabilities.
- Emotional problems.
- Low-birthweight (extremely small) newborn babies

Poor Learning Ability and School Performance. Malaria negatively impacts the child's ability to learn by causing:

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

Anaemia (Low Blood). Repeated attacks of untreated malaria cause anaemia (low blood) and make the person weak. Someone who has anaemia (low blood) is at greater risk of death and disability from malaria because of their weakness.

MEDICAL ALERT! Severe Malaria is an emergency and you need to rush the patient to a health facility immediately. Do not delay! It is life-threatening.

Discussion Questions

- Are there people in your community who have permanent disabilities? Do you think it may have been caused by severe malaria?
- Have pregnant women lost or miscarried in this community? Do you think malaria could have caused it?
- How do you think malaria might affect a child's ability to learn in school?

Serious Risks of Malaria



Physical Disability



Lifelong Learning Problems

Malaria and Anaemia (Low Blood)

Start-up Questions:

How can you tell when someone has anaemia (low blood)?

Is anaemia (low blood) common in this community?

What is anaemia (low blood)?

- Anaemia (low blood) or “thin blood” is a reduction in the amount of red blood cells that carry nutrients and oxygen to the body.
- Anaemia is a major health problem in Ghana and affects almost everyone.
 - 8 out of every 10 children below the age of 5 years has anaemia.
 - 7 out of every 10 women of child-bearing age has anaemia.

What causes anaemia? It is caused by a combination of things including:

- **Poor nutrition:** lack of balanced diet and iron-rich foods weakens the blood
- **Malaria:** malaria parasites kill red blood cells. Repeated episodes of malaria that are not completely treated makes anaemia more severe.
- **Worms:** worms prevent nutrition from getting to the body
- **Infections:** diarrhea and pneumonia weaken the person, preventing them from eating properly and getting nutrition to strengthen the blood

What are the effects of anaemia?

- Poor learning ability, developmental and growth problems in children and unborn babies including brain damage and weak physical development.
- Weak, tired feeling all the time no matter how much sleep you get

What happens if a person has both anaemia and malaria?

There is a deadly cycle between malaria and anaemia. Malaria can help cause anaemia. And existing anaemia can make simple malaria turn into severe malaria quickly, because the patient is already weakened.

How can anaemia be prevented and blood strengthened?

Everyone	
<ul style="list-style-type: none"> • Sleep under a Treated Net everynight to prevent malaria. (See Flip 6) • Treat malaria early and completely. (See Flip 7) • Eat more iron-rich foods –meat, chicken, fish and dark green vegetables—and fruits. For young children mash or cut the food so they can eat it easily. • Wash hands with soap and water: before preparing food, eating or feeding a baby, and after going to the toilet and cleaning a child. 	
Children (All of the above <i>plus</i>):	Pregnant Women (All of the above <i>plus</i>):
<ul style="list-style-type: none"> • De-worm once every 6 months, for children 2 years and above. • If less than 6 months, <u>exclusively breastfeed</u> as many times as the child wants night and day. Do not provide any other foods or liquids. 	<ul style="list-style-type: none"> • Visit the ante-natal clinic early, as soon as you feel you are pregnant. • Take all medicines given to you at antenatal clinic, including iron supplements and SP to prevent malaria in pregnant women.

Discussion Questions

- How would you tell someone else in your community about the cycle between malaria and anaemia?
- How do you think anaemia (low blood) is affecting people in this community?

Malaria and Anaemia (Low Blood)



Sleep under a treated bed net



Treat malaria early and completely



Eat iron-rich foods



Visit the ante-natal clinic

Benefits of Prevention

Start-up Questions:

Do you know anyone who has been sick with malaria lately?
How did it affect the person and their family?

Benefits of Prevention of Malaria

- **Healthy pregnancy and newborns. Pregnant women will be more likely to:**
 - Carry the 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.
- **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 go to things like education, food, entertainment and the like.
- **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.
- **Your community** will be healthier and have stronger people that can support community development.
- **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.

Review Questions:

- What other benefits of preventing malaria can you think of that has not been mentioned or discussed?
- Why is prevention better than cure for malaria?
- Do you think it's possible to prevent malaria and reduce the number of people that get malaria in your community? Why or why not?

Benefits of Prevention



Better school performance



Healthy pregnancy



Healthy babies



Save money

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Use and Care of Treated Nets (LLINS)

Start-up Questions:

Where do people in this community get Treated Nets from?
Do you think it is difficult to hang a Treated Net? Why or why not?

Why should you and your family always sleep under a Treated Net?

- Sleeping under a Treated Net every night is the best way to prevent malaria.
- It protects you from the malaria-carrying mosquitoes while you and your family sleep.
- Remember, malaria-carrying mosquitoes mostly bite late at night, when people are sleeping. **(See Flip 1).**

What are Treated Nets (LLINs)?

- LLIN is Long-Lasting Insecticide-Treated Net. It will last more than three years if properly taken care of.
- LLINs have insecticide in the fabric that repel and kill mosquitoes that land on it. They do not need to be re-treated.
- Treated nets are safe for you and your family. They are not harmful to anyone, even children, newborns, pregnant women and unborn babies.
- Treated nets come in different shapes, sizes and colors.

Who should use a Treated Net?

- Everyone! It is especially important for children under 5 and pregnant women because they are more vulnerable to malaria.

How to use your Treated Net (LLIN)

1. Remove the new LLIN from the package. Before hanging it where you sleep, hang it for one day to air in a shady place away from sunlight.
2. Hang the net over your bed or sleeping area using nails or hooks and strings.
3. At bed time, lower the net to cover the sleeping area. Tuck the edges under the mattress or mat so mosquitoes cannot enter.
4. At day, tie up the net to prevent it from being damaged or torn.

How to care for your Treated Net (LLIN)

There are several things you can do to take care of your net and prolong its effectiveness.

- Gently wash your dirty net with plain water. You may use some mild bar soap if necessary, but never use powdered detergent. Dry in the shade. Do not place it in direct sunlight.
- If the net is torn or has holes, sew the holes shut as you would any other fabric.
- LLINs can be gently washed up to 20 times. It will last for 4 years if you wash it 5 times per year.

Discussion Questions:

- Why are Treated Nets the best way to prevent malaria?
- How do you hang your Treated Net when you want to sleep outside?
- Why do some people not use Treated Nets in your community? How can we get more people to sleep under a Treated Net every night?

Use and Care of Treated Nets (LLINS)

Shapes of Treated Nets (LLIN) available



Tie up net to prevent damage.



Sew holes shut if net tears

Early and Complete Malaria Treatment

Start-up Questions:

How do people in this community typically treat uncomplicated malaria?
When do they decide to go see a health worker?

What is the best way to treat uncomplicated malaria?

1. 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 clinic immediately.
- All others should seek care from a health clinic within the first 24 hours (one day) of having fever or any of the other signs and symptoms of simple malaria (**see Flip 2**).
- At the health clinic, it is important that they test for malaria. If the test is:
 - Positive- the health worker will give you the malaria medicines
 - Negative- it may be another illness (not malaria) and the health worker will identify and treat the other illness.

2. Use ACTs

- ACTs are the best way to treat malaria.
- In Ghana, AA is the first line ACT malaria treatment recommended by the MOH. (AL and DP are other ACTs that are also available)
- DO NOT use chloroquine. It is no longer effective for malaria treatment.

3. Complete the Full Dose

- 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 the ACT if you feel better. 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 doctor immediately).

MEDICAL ALERT! Severe Malaria is an emergency and you need to rush the patient to a health facility immediately. Do not delay! It is life-threatening.

Discussion Questions:

- Why should you start treatment early, when you have malaria?
- Where can you get ACTs in your community?
- Why is it important to complete your malaria treatment?

* ACT stands for Artemisinin-based Combined Therapy.

Early and Complete Malaria Treatment

1



See the health worker immediately

2



MOH recommended ACTs

Artesunate - Amodiaquine (AA)

3



Complete the full dose

Malaria in Children

Start-up Questions:

Why do you think children are more at risk from malaria?

What can be done in this community to better protect children from malaria?

Why are children more at risk from malaria?

- Children are not yet as strong as adults and are still growing and developing. Their bodies have a hard time fighting the malaria parasite.

What are the risks to children?

- Malaria is the number one killer of children under five years old in Ghana.
- 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, and emotional and learning problems.

What's the best way to prevent malaria in children?

- Children should sleep under a Treated Net (LLIN) every night. **(See Flip 6).**

If your child gets malaria, how should you treat it?

1. Start Treatment Early. As soon as you suspect malaria, take children under 5 years old to the health clinic immediately.

2. Use ACTs prescribed by the health worker. ACTs are the MOH 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 chloroquine, it is no longer effective.

3. Complete the Full Dose. Make sure your child completes all of the treatment given by the health worker, even if feeling better. If you do not complete the treatment, the malaria will come back and could be more severe.

What else can you do to care for a child with malaria? In addition to treatment you can do the following:

- If your child has fever and the body is hot, sponge the child with water at room temperature (lukewarm) starting at the feet.
- **Give** fever reducers, such as paracetamol, if available.
- **Continue** to breast feed or feed the child with his/her favourite 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.
- If fever recurs, rush the child to the nearest health facility.

MEDICAL ALERT! Severe Malaria is an emergency and you need to rush the patient to a health facility immediately. Do not delay! It is life-threatening.

Discussion Questions:

- Why is malaria more serious in children?
- What is the best way that simple malaria can be prevented in children? What about preventing severe malaria in children?
- When is the right time to see a health worker when a child has malaria?

Malaria in Children



Rush the child to the health facility immediately



Complete the full dose of ACTs



Sponge the child from feet upwards



Give additional meal and fluids

Malaria in Pregnant Women

Start-up Questions:

Why do you think pregnant women are more at risk from malaria?

What can you do in this community to protect pregnant women from malaria?

Why are pregnant women more at risk from malaria?

- A pregnant woman is more at risk from malaria because her body is working hard to grow the baby, making her more vulnerable to malaria
- Also, if the mother gets malaria it can negatively impact on the healthy growth and development of the baby.

What are the risks to pregnant women and their babies? Malaria is a major cause of:

- 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.

How can you prevent malaria when you are pregnant?

1. Sleep under a treated net every night during pregnancy to avoid malaria, and still sleep under the net with your baby after delivery.
2. Go to the health facility for antenatal care as soon as you know/feel you are pregnant. Return for follow-up visits throughout the pregnancy.
3. Take the medicine (SP) the health worker gives you to prevent malaria during pregnancy.

How should you take the SP?

- You will get 3 doses of SP from your health worker during antenatal care.
- Take the first dose after the first 4 months or when you feel the baby start to move.
- Take the second dose 1 month after the first dose, and the third dose 1 month after the second dose.
- 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 can you do to strengthen your body from malaria during pregnancy?

- Take iron supplements and eat 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 facility immediately as soon as you think you have malaria.
- The health worker will test you for malaria and give an appropriate treatment for your stage of pregnancy. Take the full course of the medicines as prescribed.
- Continue to eat adequate quantities of variety of foods
- Drink more fluids and rest adequately

Discussion Questions:

- Why should you only take SP that is given to you at the antenatal clinic?
- Why is it important for a pregnant woman to go to the health facility immediately, if she thinks she has malaria?
- How does eating lots of vegetables, fruits and proteins help strengthen the pregnant woman and her unborn baby?

Malaria in Pregnant Women



Pregnant woman more at risk



Sleep under a treated net every night during pregnancy



Get 3 doses of SP from your health worker



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