

# TRAINING MANUALS ON MALARIA

**TRAINEE GUIDE:** Community Caregivers (RMM, CBO, Peer Group, NGO, Village Health Worker, etc.)



Service  
Delivery  
Module

7

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# ACRONYMS

## ACRONYMS

ACT

ANC

CHEW

JCHEW

CHO

DOT

HIV

IPT

LLIN

RDT

SP

## MEANING

Artemisinin-based Combination Therapy

Antenatal Care / Clinic

Community Health Extension Worker

Junior Community Health Extension Worker

Community Health Officer

Directly Observed Therapy / Treatment

Human Immunodeficiency Virus

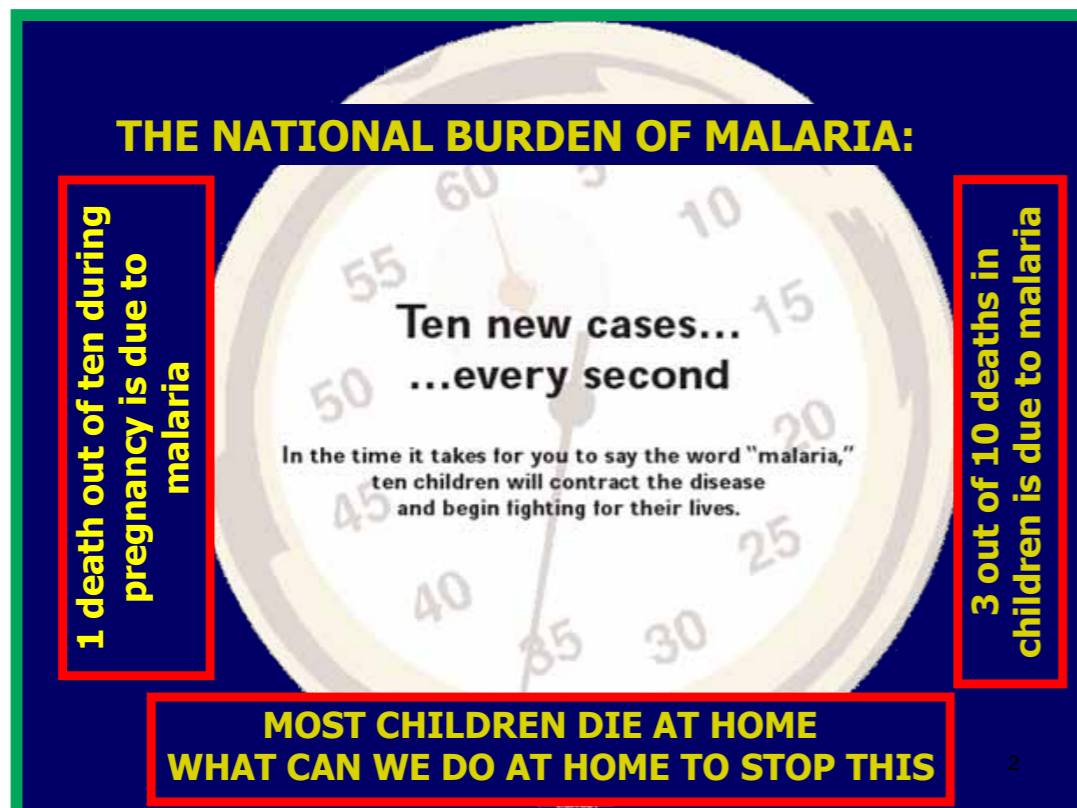
Intermittent Preventive Treatment

Long Lasting Insecticidal Net

Rapid Diagnostic Test

Sulphadoxine-Pyrimethamine

## BACKGROUND



This module is designed for the training of community caregivers, including the role model caregivers (RMC); members of civil society organizations, non-governmental organizations (NGOs) and village health committees; and those who are in direct contact with members of the community. These people are known as **community caregivers**, and need training on malaria control and management for their day to day interaction with community members so they can provide quality services.

### Why do Community Caregivers need training?

Community caregivers have a unique role to play in diagnosing, treating and preventing malaria that is different from that of other providers (doctors, nurses and JCHEWs) and one that requires a special set of skills. This training module will provide those skills.

### Key messages in this training

- *The role and responsibilities of a community caregiver are very important in the health education system of Nigeria*
- *It is essential that community caregivers know and understand the signs/symptoms of malaria*
- *Community caregivers must also know the proper prevention and treatment practices for reducing malaria infection in their community*
- *In order to empower others, community caregivers must be role models and have good communication skills – they need to practise what they preach*

### Learning objectives for this module:

By the end of this module trainees should be able to:

- *Understand their role in terms of diagnosing, treating and referring those sick with malaria.*
- *Identify the signs and symptoms of malaria, including those for severe malaria.*
- *Know how to treat malaria with the right medicine*
- *Practise good communication skills with community members.*
- *Explain proper prevention methods and behaviours to other community members.*
- *Understand their role in following up with community members, and if applicable, supervision of other community caregivers*
- *Know how to perform a Rapid Diagnostic Test for malaria, and/or know where to refer for one.*
- *Practise good record keeping skills*
- *Practise good stock management skills*

# SECTION 1

## BEING A COMMUNITY CAREGIVER

### 1.1. Who are Community Caregivers?

A community caregiver is a community member selected to:

- Be a role model for health issues
- Be a person who knows about preventing and treating common diseases in the community, such as malaria and can document it
- Provide community-based health services as defined by the health authorities in your area

### 1.2. What do Community Caregivers do?

**The main responsibilities of a community caregiver include:**

- Recognising disease – prompt and accurate diagnosis with the use of rapid diagnostic test (RDT)
  - Providing the correct treatment for malaria in the right dosage.
  - Providing correct information on drug use and prevention practices (including LLINs). This includes making sure that they:
    - ➞ *Recognise danger signs*
    - ➞ *Report adverse drug reaction*
  - Carrying out follow up to confirm that :
    - ➞ *Community member has been given the treatment in the right dose, at the right time*
    - ➞ *Is getting better and treatment should continue, or a community member is not getting better and should therefore be referred*
  - Making referrals to health clinics for those community members who are severely ill'
  - Storing drugs and RDTs in the right way especially ACTs that should be stored at temperatures below 30 c, away from sunlight, humidity and pests. Always store drugs out of the reach of children. (remove subbullet and change to main bullet)
- Additionally, community caregivers are responsible for community mobilisation.

**Also, you are responsible for community mobilization. This involves::**

- Being a resource person able to provide health information to the community, and assist in solving health problems in the community
- Identifying community structures: leaders, group leaders, key groups, existing community organisations, NGOs, partners, other stakeholders, etc., in the community
- Identifying a point of entry (authority), culture, language and specific health issues related to malaria to gather information about the community

- Mobilising the community toward changing behaviours to improve health in the community, e.g., using bed nets to prevent the spread of malaria
- Knowing about community activities, ceremonies, festivals, special meetings, etc., to guide health programme planning
- Organising the community in the form of sanitation campaigns, public lectures, sensitisation meetings, etc.
- Encouraging community support and ownership for malaria prevention activities and outreach.

*NOTE: This training will not talk about community mobilization responsibilities in detail, nor give training on how to do community mobilization most effectively. However, it is important to keep mobilization responsibilities in mind as you go through this training. As you do the training try and think about what will be the most effective ways to share the information you are learning with your community members.*

**What are the benefits of being a community caregiver?**

**There are several benefits to being a community caregiver. These include:**

- Being recognised and respected by your community for the job you are performing.
- Knowing that you are filling a key gap in your community by having correct information and providing it free of charge to other members of your community.
- Knowing you are improving the health of your community.
- Having the satisfaction of knowing you are contributing to the national effort to reduce malaria infection.

## SECTION 2

## CASE MANAGEMENT

## 2.1 Understanding Malaria

**What is malaria?**

Malaria is an illness caused by a parasite carried by mosquitoes and transmitted from one person to another when the mosquito is feeding on human blood. Not all mosquitoes carry malaria. In fact, it is the female *Anopheles* mosquito that is responsible for transmitting malaria. Malaria parasites, which are called *Plasmodia* (singular is *Plasmodium*), are present in the saliva of an infected mosquito. It is these parasites that cause the disease we call malaria.

Malaria can be uncomplicated or it can be severe. In uncomplicated malaria, the community member is sick but is very likely to recover and survive if given the right treatment. In severe malaria, the community member is in danger of dying soon if not given the right kind of treatment and care at a health facility.

*NOTE: You need to know the local names for malaria so that you will recognize the illness when community members use those names.*

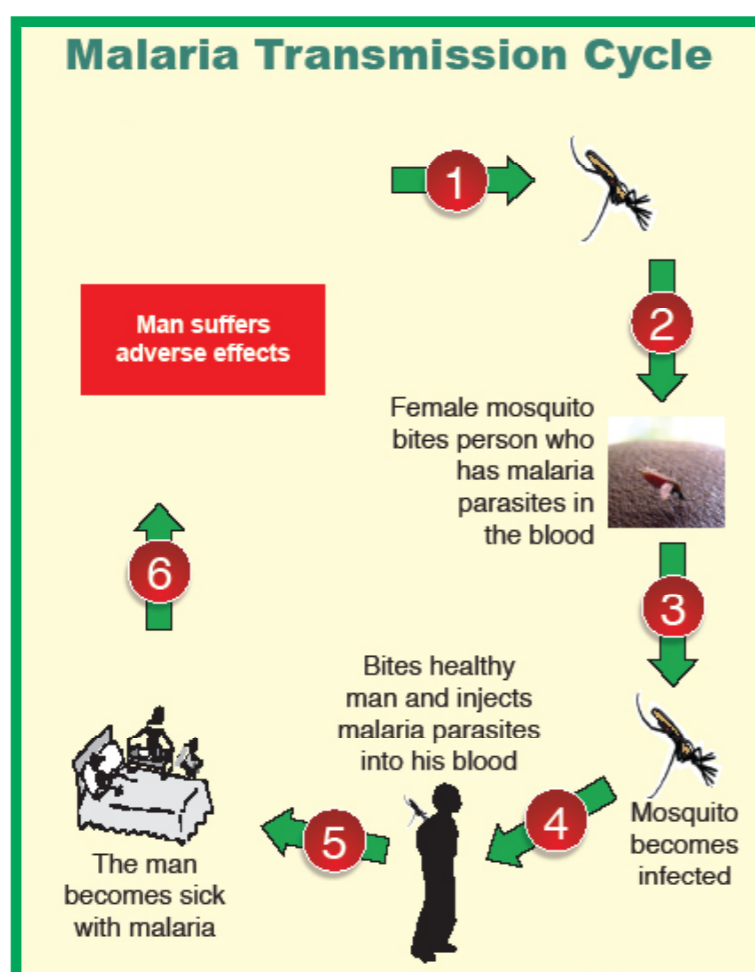


Figure 1: Malaria transmission cycle showing how malaria parasites are carried by a female *Anopheles* mosquito from an infected person to a healthy one, causing malaria.

**How do the parasites get into the blood?**

Only female mosquitoes feed on human blood because they need the nutrients from the red blood cells for their eggs to develop. When the mosquito sucks the blood of a person who has the malaria parasite in their blood, the parasite goes into the stomach of the mosquito. Inside the mosquito, the parasites develop and multiply for several days. The parasites eventually reach maturity and move to the salivary glands in the mouth of the mosquito. When the mosquito bites another person, she first injects saliva into the blood of the person to make the blood thin so it will be easy to suck. When she injects saliva, she also injects malaria parasites into the person's blood. The parasites will multiply and eventually cause the infected person to become ill. When another *Anopheles* mosquito bites the infected person, the parasites can be transmitted to the next person. In this way one person with malaria parasites can cause very many other people, especially young children and pregnant women, to get infected with malaria and fall sick as long as there is a female *Anopheles* mosquito to carry the parasites from one person to another. This transmission cycle is illustrated in Figure 1.

**How do malaria parasites cause disease in humans?**

When the malaria parasite enters the body of a person, the body of the infected person tries to kill the parasites by using immunity. In this process the temperature of the body rises causing a fever. The high body temperature can sometimes produce sweating and shivering. Apart from the fever, other symptoms that can occur include headache, body aches, vomiting and diarrhoea. In some cases, if the sick person does not get the right treatment, the parasites become so many that they destroy so many red blood cells that the blood cannot transport oxygen very well. The parasites may even block small blood vessels especially those that carry blood to the brain. This can cause the sick person to have convulsions or lose consciousness.

**Why do malaria parasites affect some people partially more than others?**

People who live in areas with a lot of malaria develop immunity as they grow up. That helps to stop them getting many episodes of malaria. It also stops them from getting the severe form of the disease. This is because each time your body is exposed to attacks of malaria and you survive, the body gets stronger and ready to fight the next attack. This is one reason why adults who live in an area where malaria is common are able to fight off a malaria attack more effectively than children. Children below the age of five years have not yet got enough immunity to fight off malaria parasites. Pregnant women, especially during the first pregnancy lose most of their capacity to fight off malaria. This can put a pregnant woman and her unborn child at risk of serious illness.

Anyone can get malaria and may become very sick because of malaria. Mostly it will be children who are brought to caregivers for help. Your role is to ASK about their symptoms, and LOOK and TOUCH /FEEL for signs to confirm the diagnosis.

## 2.2 Symptoms and Signs of Malaria

To diagnose malaria you need to know and be able to identify the *symptoms and signs* of malaria.

**Symptoms** of malaria are what people will tell you about their sickness or the sickness of their child and **signs** are the things you can see for yourself about that sickness.

**What are the symptoms of malaria?**

**Symptoms of malaria to ASK for when talking to community members who are sick:**

- Fever
- Shivering or feeling of coldness
- Headache
- General body weakness or tiredness
- Body pains especially in the joints or back
- Stomach pains
- Vomiting and diarrhoea
- Mild cough

*NOTE: Fever is a common symptom of malaria but it can also occur with other illness like pneumonia – make sure to remind trainees of this and the need to exclude other causes of fever by asking and looking for symptoms and signs of other diseases. Apart from fever, malaria can occur with other symptoms so one should ask about these.*

**What are the Signs of Malaria?**

Remember, a sign is a problem that you can find out by **LOOKing** and **TOUCHing** the person who is ill. In the case of malaria, the chief sign will be a high body temperature.

Sometimes malaria is more serious and other signs you may see when you examine someone suffering from malaria are danger signs, and these require urgent action.

- A danger sign is a problem which indicates that a person is very seriously sick.
- Danger signs are indications that the person has severe illness and their life is threatened.
- Danger signs will cause you to refer the person for treatment at a health facility.
- Severe malaria is one of the causes of danger signs.

**What is severe malaria?**

Malaria becomes severe when it is so serious that the life of the community member is threatened. This form of malaria requires urgent treatment and care in a facility with trained personnel to handle emergency care and with the necessary equipment and medicines.

Community members with severe malaria should not be treated at community level but should be referred immediately to a health facility with the special resources needed to do so.

**What are the symptoms of severe malaria?****Symptoms and signs you may be told about when you ask about the person's sickness:**

- **Loss of consciousness** – The child is very sleepy and does not respond to touch or pain.
- **Prostration** – The child may be awake but is too weak to stand or sit because of the illness.
- **Convulsions** – The child has more than 3 convulsions during this episode of illness
- **Failure to feed** – The child refuses to feed

- **Breathing difficulty** – The child may have very fast breathing
- **Yellowing of eyes** – This is not common in children
- **Spontaneous bleeding** – The child has unexplained bleeding
- **Passing of black or dark red urine** – This is not common in children.
- **Inability to pass urine** – This is not common in children

**What are the signs of severe malaria?**

Signs of severe malaria are:

- **Loss of consciousness** – The child is not awake and will not respond to touching or pain by pinching.
- **Pallor** – The eyelids, palm, or tongue are whitish instead of pinkish.
- **Prostration** – The child is awake but cannot sit or stand as he/she could before the illness.
- **Difficulty in breathing** – The child has flaring of the nostrils when breathing, indrawing of the chest or takes deep and labored breaths. This can also be a sign of pneumonia.
- Yellowing of the eyes.

**What are danger signs?**

- A **danger sign** is a problem which indicates that they are very seriously sick.
- Danger signs are indications that the person has **severe illness** and their life is threatened.
- Danger signs will cause you to refer the person for treatment at a health facility.
- **Severe malaria** is one of the causes of danger signs.

*Children who have danger signs need urgent treatment at a health facility with the medicines and equipment to handle the child's condition.*

The danger signs that you need to know are:

**a) General danger signs**

- Convulsions or fits within the last two days or at present
- Not able to drink or breastfeed
- Vomiting everything
- Prostration indicated by extreme weakness, unable to sit or stand
- Altered mental state such as lethargy, drowsiness, confusion or unconsciousness

**b) Danger signs related to diarrhoea, pneumonia, severe malaria or meningitis**

- Severe dehydration shown by sunken eyes or skin pinch which goes back slowly
- Chest indrawing or difficulty in breathing

- Severe anaemia or “lack of blood” shown by pale lips or palms
- Stiff neck

### More information about the danger signs

#### Convulsions

During a convulsion, a child suffers from a sudden, violent, irregular movement of the body, caused by uncontrollable contraction of muscles. The child’s arms and legs may stiffen. Sometimes the child stops breathing. The child may lose consciousness and for a short time cannot be woken up. When you ask about convulsions, use local words the community member understands to mean a convulsion.

#### Not able to Drink or Breastfeed

One of the first things that tells that you a child is very sick is that, he/she cannot suck, drink or swallow at all or as much as before. This is the case if the child has stopped drinking completely, rather than just reduced the amount that he or she drinks. Dehydration is a risk. Also, if the child is not able to drink or breastfeed, then the child cannot swallow the oral medicine you have in your medicine kit.

#### Vomiting Everything

If the child is vomiting, ask: “Is the child vomiting everything?” A child who is not able to hold anything down at all has the sign “vomits everything”. This child cannot hold down the medicine you have in your medicine kit.

#### Prostration (indicated by extreme weakness, unable to sit or stand)

A child that is very weak may not be able to sit or stand. If the child cannot do any of these actions as a result of an illness, then the child is said to have prostration.

#### Altered Mental State (such as lethargy, drowsiness, unconsciousness or confusion)

Altered mental state means the child is drowsy or very sleepy most of the time when he/she should be awake and alert. The child continues to sleep even when the attendant talks to him/her or claps his/her hands. It is also possible that the child stares blankly and appears not to see what is going on around him/her. An unconscious child cannot be awakened by touch or pain.

#### Severe dehydration (shown by sunken eyes or skin pinch which goes back slowly)

A child who has been vomiting, failed to take enough fluid or has many loose or watery stools is likely to develop this sign. It means that the child does not have enough fluid in the body and is gradually drying up. The mother may mention that the child is not able to drink and has been refusing fluids or feeds. The way to identify this sign is to look at the child carefully after exposing the face completely. A child with severe dehydration will have eyes that look as if they are sinking backwards into the head. These are called “sunken eyes”. If you are able to pinch the skin with your thumb and first finger, the skin will return back to position slowly taking more than 2 seconds.

*A child with severe dehydration needs to be treated at a hospital or health centre where the health worker will find a way to give the child fluids.*

#### Chest Indrawing and Difficulty in Breathing

Some children will have difficulty in breathing which shows as very fast breathing or struggling to take in air and breathe it out. Chest indrawing is a sign of severe pneumonia. This is the case if the lower chest wall goes in when the child breathes in. When children have severe chest infection, they require greater effort to breathe and the chest wall moves in when the child breathes in. If you listen to the child as he/she breathes you can sometimes hear a grunting noise or stridor when the child breathes in indicating that there is difficulty in breathing. ***This child will need oxygen and appropriate medicine for severe pneumonia and urgent attention from a trained health worker at the nearest hospital or health centre.***

#### Severe Anaemia or “Lack of Blood” (Shown by Pale Lips or Palms)

This sign occurs when a child does not have sufficient red blood cells. This reduces the capacity to utilise oxygen. The child with severe anaemia looks pale/whitish especially the lips and palms. The eyes look very white and if you examine the eyelids, you will find that they are white instead of pink. When this sign is present ***the child should be quickly taken to a hospital.***

#### Stiff Neck (A Sign of Meningitis)

While you talk with the mother during the assessment, look to see if the child moves and bends his neck easily as he looks around. If the child is moving and bending his neck, he does not have a stiff neck. If you did not see any movement, or if you are not sure, draw their attention to their umbilicus or toes. For example, you can tickle their toes to encourage children to look down. Look to see if the child can bend the neck. If you still have not seen the child bend the neck, ask the mother to help you lie the child on the back. Lean over the child, gently support the back and shoulders with one hand. With the other hand, hold the head. Then carefully bend the head forward towards the chest. If the neck bends easily, the child does not have stiff neck. If the neck feels stiff and there is resistance to bending, the child has a stiff neck. Often a child with a stiff neck will cry when you try to bend the neck.

*This sign signifies that the child may have meningitis, which is a bacterial infection that needs treatment with powerful antibiotics.*

#### What should you do with a child who has danger signs?

A child with one or more danger signs needs to be treated at a hospital or health centre.

To save this child, you need refer to the nearest facility that can manage very sick children.

Figure 1



Pale Eyelids

Figure 2



Palmar Pallor



Figure 3



Figure 5



Figure 6

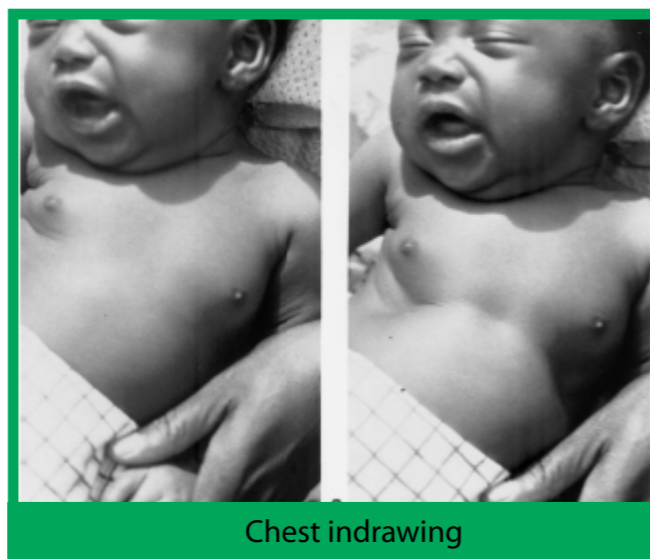


Figure 4

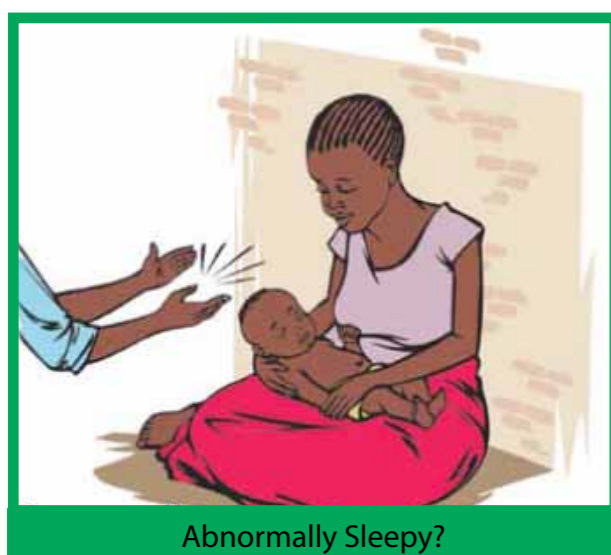
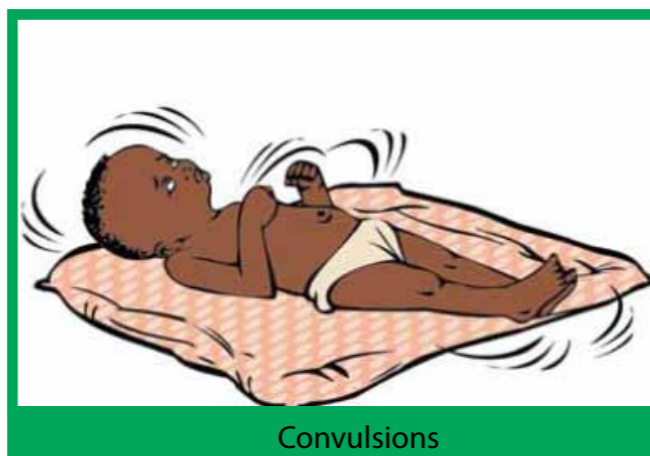


Figure 7



In addition to danger signs there are other reasons to refer a patient to the nearest hospital or health centre. The reasons you might need to refer a patient that comes to see you are described as indications for referral.

**Refer the patient to a hospital or health centre when:**

- There is one or more **danger signs** present
- The community member is a child of less than 6.5 kilogrammes, or is less than 4 months old (the child may have other causes of fever and not malaria)
- Symptoms and signs of other illnesses such as pneumonia, diarrhoea and ear infection are present
- You are unsure of the patient's illness or condition
- The child has had a fever for seven days or more
- The recommended treatment has been properly taken but there is no improvement after 48 hours (that is within the last two days)
- The child is not complying with treatment, because they are vomiting or otherwise unable to take drugs by mouth
- There are adverse drug reactions to the ACT medicine that prevent the patient from taking/ completing treatment
- The child has already had ACT in the last two weeks and has not improved.
- You suspect there are additional illnesses
- The community member is a pregnant woman with complaints of fever

**2.3 Making a Referral**

**How to Refer a Sick Child**

You need to refer a child when:

- *One or more **danger signs** are present*
- *The child is less than 6.5 kilogrammes or is less than 4 months old (the child may have other causes of fever and not malaria).*
- *There are symptoms and signs of other illnesses such as pneumonia, diarrhoea and ear infections*
- *You are unsure of the patient's illness or condition*
- *The patient has had a fever for seven days or more*
- *The patient has taken recommended treatment, but there is no improvement after 48 hours (that is within the last two days)*
- *The patient is not complying with treatment, because they are vomiting or otherwise unable to take drugs by mouth*

- *The patient has adverse drug reactions to the ACT medicine that prevents him/her from taking/completing treatment*
- *The patient has already had ACT in the last two weeks and has not improved.*
- *You suspect there are additional illnesses*

**How to Make a Local Referral**

Bednets can be obtained. etc.).They will also rely on community caregivers to know when/where to refer those who cannot be treated in the community. In particular, as a community caregiver, you need to:

- Find out how far community members have to go to reach you or another community caregiver.
- Know how far community members must go to reach a health facility if they are referred.
- Know about transport in your area and what costs will be involved in using public transport to get to the nearest health facility
- Find out where to refer your community members and, if possible, when you refer someone you should make a phone call to a health worker at the referral facility to tell them about the referral.
- When possible, arrangements for standby emergency transport should be made together with participation from community leaders and other members.
- If an adult, refer to health facility.

**Completing the Referral Form**

Community caregivers should complete a referral form as part of the referral process. They should keep a copy for their own records, and send a copy with the patient to the health facility. A sample of a referral form is given below

**Sample Referral Form**

From (CC name): \_\_\_\_\_ LGA: \_\_\_\_\_

Community \_\_\_\_\_ Ward \_\_\_\_\_

To (Health Facility): \_\_\_\_\_

Action Taken (by CC including medicines, quantity): \_\_\_\_\_

\_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Address: \_\_\_\_\_

Patient Age: \_\_\_\_\_ Patient Gender: \_\_\_\_\_

Reason for Referral (tick all that apply)

Convulsions/fits                       Severe dehydration

Yellow eyes                               Inability to pass urine

Dark urine (coca cola coloured)     Too weak to sit or stand or drink/breast feed

Difficulty breathing                       Unconsciousness/confusion/coma

Very drowsy, difficult to wake         Very pale around the eyes and tongue

Vomiting all food and medicines given (more than 4 times a day)

Unable to drink or breastfeed         Weight less than 6.5kg

Stiff neck

Fever for 7 days or longer

Age less than 4 months

Ear discharge

Treatment given: ACT1                       ACT 2  Others specify) \_\_\_\_\_

CC contact information: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

## 2.4 Dealing with Community Members who are Sick

### Handling a community member with a fever

Anyone can get sick with malaria but most often you will be seeing children with malaria. How should you handle any community member who comes to you complaining of a fever or other symptoms of malaria? These steps here will help you do this.

#### Step 1:

Welcome the community members

Politely welcome the parent or accompanying caregiver. Provide a place for the parent or accompanying caregiver to sit.

#### Step 2:

Ask about danger signs and look for them

Ask questions about the seriousness of the community member's illness. You need to find out about the following

#### ASK:

- Has the child had convulsions during this illness or in the past two days? If yes, how many and how long did each one last for?
- Has the child been able to drink or breast feed? If no, then determine for how long? If the child has refused all drink or breastfeeding then this is a danger sign.
- Has the child vomited? If the child vomits everything that is given, then this is a danger sign.
- Has the child been abnormally sleepy or drowsy? If yes, then this is a danger sign.

Expose the upper part of the child's body by gently taking away the shirt or dress, or any other covering, then look for other danger signs.

#### LOOK:

- Does the child have sunken eyes or is the skin slow to return to position after pinching it with your thumb and first finger? If yes this is a sign of severe dehydration and is a danger sign
- Does the child have rapid or difficult breathing? If yes, listen for noisy breathing and look for chest indrawing? If either noisy breathing or chest indrawing are present this is a danger sign
- Is the child very weak? If yes, can the child sit or stand? If no, then this is a danger sign.
- Do the child's eyelids or palm look pale? If yes, then this is a danger sign.
- Does the child have a stiff neck? If yes, this is a danger sign

Dress the child once you are done.

#### Step 3:

Refer immediately if danger signs are present or if the community member is not eligible for treatment by you. Remember the list of indications for referral.

If the child has one or more danger signs, you need to refer the community member by doing the following:

1. Explain to the parent or attendant in a reassuring manner that the child is very ill and needs to be managed at the nearest hospital or health centre.
2. Tell the parent the danger signs that you have identified.
3. Give pre-referral treatment, if this has been provided to you. Instructions on how to do this can be found in the poster provided. (indicate Job aid for pre-referral treatment in annex)
4. Let the parent know the directions to the nearest hospital and that the child should be taken there as soon as possible.
5. Complete a referral form and request the parent or attendant to present it to a health worker at the hospital or health centre.
6. Ask the parent or caregiver to let you know the outcome of the treatment at the hospital or health centre when they return to the community.

#### Step 4:

##### Ask questions to find out the complaints

If the child does not have danger signs, you can take some time to ask more questions about the illness.

#### ASK:

- Does the child have a fever or has the child had a fever? If yes, then consider malaria.
- Does the child have diarrhoea? If yes, and the child has passed many watery stools, consider that the child may also have a diarrhoeal illness. This child will also need oral rehydration salts and should be referred to a health centre to get some because malaria treatment may not be enough to cure the child.
- Ask if the child has been given malaria treatment in the past two weeks? If yes, find out whether the medicine given was ACT. If ACT was given in the last two weeks, refer the child to the hospital or health centre.

#### Step 5:

**LOOK and EXAMINE the child to identify the cause of the fever or other complaint.**

**Now undress the child so that you can look and feel for other signs of illness.**

#### LOOK and FEEL:

- Touch the forehead of the child with the back of your palm to find out if the child is abnormally hot. If the child is hot, this is a sign of fever.

- Check the ears of the child to find out if there is any discharge such as pus present? If, there is pus then this child needs to be referred to the hospital or health centre for proper treatment because this is probably the cause of the fever. The child may not be suffering from malaria.
- Check for a rash that is all over the body. If this is present, the child may have another illness and needs to be referred to the hospital or health centre. The child may not be suffering from malaria.

**Step 6:**

**Carry out a diagnostic test if available**

If there are no obvious causes of the child’s fever or other complaints, then you should consider that the child has malaria. To confirm this, you can perform a malaria Rapid Diagnostic Test if they have been provided to you. Document the result in the record book. The instructions to carry this test out can be found in the poster provided and in the booklet called ‘How to perform a rapid diagnostic test’, which you will be given during your training. If you do not have any diagnostic test, then refer to the nearest facility/outlet for a confirmatory test.

**Step 7:**

**Give treatment if you confirm that the illness is malaria**

Once you have confirmed that the child has malaria, you should decide the dose of the treatment to be given. The recommended treatment for malaria is ACT, also called Artemisinin-based Combination Therapy. This treatment is more effective than Chloroquine or SP. Chloroquine and SP are no longer strong enough to destroy all the malaria parasites in the body. The dose of ACT should be determined by the age or weight of the child. Refer to the job aid that shows the different doses of ACTs. Below is a table that summarises the information.

Table 1: Dosage schedule for AL (A: 20mg / L: 120mg) showing the four age categories

Age	ACT pack	Number of tablets and dosing times					
		Day 1		Day 2		Day 3	
		0 hours	8 hours	24 hours	36 hours	48 hours	60 hours
4 months – 3 years (5 - <15kg)	ACT1	1	1	1	1	1	1
>3 - <8 years (15 - <25kg)	ACT2	2	2	2	2	2	2
8 -11 years (25 - <35kg)	ACT3	3	3	3	3	3	3
>11 years (>35kg)	ACT4	4	4	4	4	4	4

WHO (2005, p12) ‘Guidelines for the management of common illnesses with limited resources’, WHO (2009, p21) ‘Malaria case management operations manual’ National guidelines for diagnosis and treatment of Malaria’

Table adapted to suit level of care

Table 2: Dosage regimen for co-formulated Artesunate-Amodiaquine showing the four age categories

Age	Tablet Strength	Number of tablets and dosing times		
		Day 1	Day 2	Day 3
2 - 11 months (4.5kg - <9kg)	25mg/67.5mg	1	1	1
>1 year - 5 years (>9kg - <18kg)	50mg/135mg	1	1	1
>6 years - 13 years (>18kg - <36kg)	100mg/270mg	1	1	1
14 years and above (36kg and above)	100mg/270mg	2	2	2

NOTE: Tablets should only be given to children in the absence of dispersible granules in sachets and syrup formulations of the required medicine.

It is important that you use good practice (**as indicated below**) when you give the medicine to the child. In this way the parent will learn how to give the rest of the medicine in the coming days. Make sure that while you give the first dose of the treatment to the child you also explain to the parent or attendant what they need to do when they return home. Do the following and describe what you are doing as you go along:

- **Ensure the child eats some food.** Children who are sick often refuse to eat. It is important with ACTs that the child eats something. This will make sure the medicine goes into the blood better. Encourage the child to drink some milk or a small portion of pap just before or after giving the medicine.
- **Crush the tablet** (if not the dispersible type) between two spoons making sure all the powder is collected in one spoon.
- **Dissolve the powder** with something sweet, such as breast milk, sugar water, jam, milk, juice, etc.
- **Sit the child on your lap** and make sure he/she is calm, **place the liquid in the mouth bit by bit** making sure the child has swallowed the portion you have given. If necessary give a drink of water to help the child swallow the medicine.
- **Do not try to give the medicine all at once.** Sometimes a small 2 ml syringe can be useful to gently squirt the medicine into the child’s mouth in small portions.
- **Ensure the child finishes the entire dose.** It is very important that all the medicine goes in and that the child does not vomit it out again.

Once the child has had the treatment, ask the parent or accompanying guardian **attendant** to observe the child for about **30minutes**. If the child vomits within half an hour of taking ACT, give another dose of the medicine. Before the patient goes home counsel the mother on how to give the treatment at home and ways of preventing malaria in future.

**Step 8:****Counsel the parent or attendant of the community member**

Things that you should explain to the parent or accompanying caregiver are:

**The importance of completing the dose of ACT**

- It is very important to take all the tablets in the packet to ensure that all the parasites are killed. The tablets should be taken over three (3) consecutive days for the treatment to be complete.
- If the patient vomits the medicine in the first 30 minutes after taking it they should be given a replacement dose. If they vomit after this time there is no need to give a replacement dose. If some tablets are vomited then the parent or caregiver should visit you to get more tablets in order for the full dose to be given within three days.

**The importance of looking out for changes in the child's condition**

- If the child shows any signs of getting worse, the parent or attendant should take the child to the hospital or health centre.
- The parent or attendant should watch out for reactions to the medicine even though this is not likely to happen. The reactions to look out for include rashes, headache, vomiting and diarrhoea, and abdominal pain. If the child reacts to the medicine, the parent or attendant should return to you for further advice. If you suspect that the child has reacted to a medicine, you should refer to hospital or health centre.

**The importance of preventing the child from getting malaria again**

- Ask if the child uses a long lasting insecticidal net (also called LLIN). If not, explain to the parent or attendant that LLINs are a very good way of preventing malaria. You can find more information about LLINs in the section in this pack on malaria prevention.

**Step 9:****Record information about the child and treatment given**

Record information about the child, their sickness and any treatment you have given him/her in the register that you have been provided. This information is important for many reasons. You can use it to keep track of the work load that you have and to know how much medicines you need to order. It will also allow the Ministry of Health to know how much malaria is in the country and whether this

is changing over time. When you do this you are contributing useful information for your State and Federal government to plan properly for your community.

**Step 10:****Arrange follow up visits**

As well as diagnosing and treating malaria, you have a very important role to play in following up with your patient to ensure their malaria has been properly treated. Ask the parent or attendant to bring the child back to you on the third day, the last day of treatment, so you can check if there is improvement. If the parent or attendant cannot make this follow-up visit, you should find time to visit the home and confirm the result of treatment. Check that the right dosage of treatment was given and that the child no longer has the complaints that you treated a few days ago. If the child has not recovered, refer the child to the hospital or health centre.

*NOTE: Depending on how experienced the trainees are they may need to practice the activities involved in some of these steps. It will be necessary for you to decide what needs to be practised. Remember the old English saying that states 'practice makes perfect' – better to have too much practice than not enough. Here are some suggestions for the steps that may need practice.*

Step 3	Will be practised in the next section of the course
Step 4 (and useful for other steps too)	Role plays where one person is asking the other person about symptoms. The person who is playing the role of the sick community member may also be asked to respond to the questions by indicating what signs they might look for in order to confirm the symptom being asked about. So, for example, if the community caregiver is asking if the sick person has vomited everything then the community caregiver playing the sick person might respond that they would look for signs of dehydration such as sunken eyes etc.
Step 6	Will be practised later in the course
Step 7	Can be practised with a simple card game. On one side of each of a stack of small plain cards write the physical details of a sick child e.g. one card might have 'Boy 20kgs'; another might have 'Girl 10 years etc. Each trainee must pick one card and then use the details on the card and the dosage table provided in order to prescribe the dosage of ACT.
Step 8	Is best practised by role play in pairs. Let one trainee specify who the sick person will be e.g. child, baby, old person etc. and the other in the pair will then role play counselling that character. The pair then swap roles.
Step 9	Practise this by making copies of the record sheet and providing trainees with details of supposed patients that they have treated. You may want to make up some fake case notes to give out to trainees so that they can use the details from them to complete the forms.
Step 10	Practise this by having trainees make up a check list for their follow-up visits. If they do this in pairs they can swap information to make sure no detail is missed.

**Diagnostic chart - Job Aid**

Use this as a checklist to revise the learning so far. EXPLAIN that this chart can be used in future for decision making

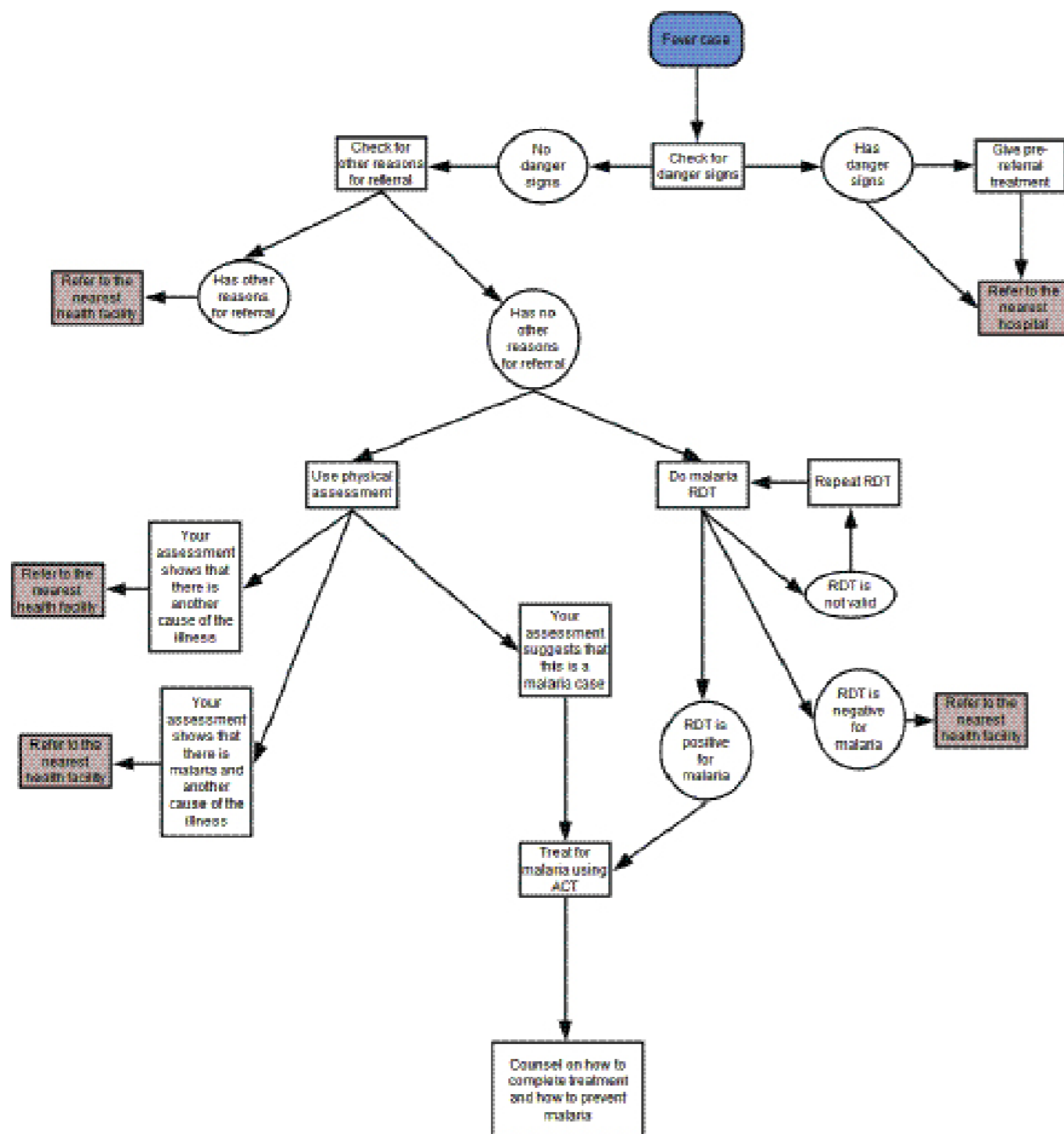


Figure 2: Diagnostic chart showing the actions to take in handling a patient with fever at community level

**2.5 Handling ACTs and RDTs**

**How to store ACTs**

ACTs should be kept in a dry, cool place away from direct sunlight and out of the reach of children. If you have been provided with a container such as a box, you should always keep the medicines in the container. When you touch the medicines ensure that your hands are dry. Any packets that are left open should not be used because the moisture in the atmosphere reduces the effectiveness of the medicine.

**FIRST TO EXPIRE, FIRST OUT (FEFO)**

Arrange medicine stock in such a way that stocks to expire are stacked in front or on top of stocks that will expire later. Use stocks from front to back or top to bottom so stocks with short or near expiry dates are used first. FEFO means FIRST TO EXPIRE, FIRST OUT. Use this to always dispense medicines that will expire first.

**How to order ACTs**

Use the registers that you have been provided to record information on each community member you see. Use this information to calculate the amount of medicine you need to order the next time you visit your health centre. Every month calculate the number of remaining treatments. When you have less than you need for the next month, you need to order more medicine before you run out. Avoid running out of medicine, but if you do, refer all patients to your nearest hospital or health centre.

**How to Handle RDTs**

This is similar to handling ACTs. Before use, check for the expiry date of RDT and colour change of the dessicant. Do not use RDT if it has expired or there is an abnormal colour change of the dessicant (CHECK manufacturer’s instruction).

**2.6 Adverse Drug Reactions (refer immediately if its reported)**

**What are adverse drug or medicine reactions?**

Medicines can sometimes make a patient to feel more uncomfortable rather than better. This kind of reaction is called an adverse drug or medicine reaction. Reactions like this can be mild or severe. Most will disappear when the medicine is completed or stopped. Examples of some adverse drug reactions include itchiness, nausea, vomiting, dizziness, fatigue and excessive sleepiness. Some reactions are similar to the symptoms of the illnesses they have. This means it can be difficult to know if the patient is feeling uncomfortable because of the reaction or because of the disease. As a community caregiver, make parents aware that they should report to you any changes in the patient that show the patient is getting worse or more uncomfortable, e.g., a skin rash.

**SUMMARISE as follows:**

**Why should community caregivers report medicine reactions?**

Monitoring of reactions to medicines is important to ensure that the medicines given are safe for patients. It is one method of detecting counterfeit and sub-standard products. Refer any patient that you suspect has an adverse medicine reaction.

## SECTION 3

### PREVENTION OF MALARIA

#### How does malaria affect our communities?

Malaria is one of the most serious diseases that affect people in our communities. It is particularly dangerous for young children and pregnant women and their unborn children, although others may be seriously affected in some circumstances, too. Malaria is a curable and preventable disease, but it still kills many people

#### The main reasons people in Nigeria die from malaria are:

- Some people do not come for treatment until they are very ill
- Some do not realize that malaria is very dangerous
- Many people live far away from health care facilities
- Many do not know what causes malaria or how it is spread, so they are not able to protect themselves from the disease.
- As a result of wrong treatment

#### What must you do to prevent malaria?

As a community caregiver you can:

- Provide health education to your community by providing community members with information on prevention methods that are available so that **they** can take steps to prevent malaria.
- Be a good example to the community by using the preventive methods you tell them about, especially LLINs.

Also, if you (or your wife) are pregnant, make sure to visit an antenatal clinic.

The most common methods used to prevent malaria are explained below. This information will be useful when you talk to community members or have to take part in health education activities.

#### How do we stop parasites getting into the blood?

The mosquitoes that spread malaria tend to bite at night between the hours of 10 p.m. and 4 a.m. They prefer to feed on human blood. After feeding, the mosquitoes rest inside the house, usually on the walls. The common ways of preventing malaria take advantage of these characteristics of mosquitoes:

#### There are three main ways of preventing malaria:

1. Environmental Methods that stop mosquitoes from breeding
2. Methods that stop the mosquitoes from biting a person

These involve using bed nets (LLINs) to prevent the mosquitoes from actually getting close enough to bite while a person is sleeping; wearing long-sleeved clothes is an added protection against mosquito bites.

3. Methods that kill the mosquitoes while they rest

Indoor residual spraying (IRS) with an insecticide is a way of doing this. A residual insecticide is sprayed on the wall every four or six months. After feeding on the person, the mosquito rests on the wall where it picks up some of the insecticide, which eventually kills it. In this way, any mosquito that has to rest on the wall will die. IRS is very effective way of preventing malaria.

One of the effective methods of preventing malaria is by regular (every night) and proper use of LLINs.

The Nigerian Government wants everybody to sleep under an LLIN so they are distributing free nets to all households on the basis of one net for two people. The nets are usually the large family size and can be conical or square. LLINs can also be obtained from:

- Health/ANC facilities
- General merchandise shops
- Markets
- Public and private health facilities
- Community health workers
- NGOs, community-based organizations
- Pharmacies/Drug stores
- Supermarkets

#### Why LLINs are very effective:

While you are sleeping under an LLIN, the mosquito is attracted to feed on your blood but because of the barrier (the LLIN) the mosquito cannot reach you. While it tries to get to bite you the mosquito is in contact with the LLIN, and the insecticide gets on to the mosquito and gradually kills it. This means that the mosquito cannot bite other people in the house or in the community. As more people use LLINs, the benefit to the community is greater because more female mosquitoes are dying and not producing younger mosquitoes. This is why the Ministry of Health is trying to increase the number of people that use LLINs in Nigeria. Using LLINs every night is very important for preventing malaria. Everyone in the house should use a net, especially children and pregnant women. LLINs should be provided to pregnant women as early in pregnancy as possible, and they should be encouraged to use them all through pregnancy and during the postpartum period. LLINs are available either through the antenatal clinic or through other places like pharmacies, supermarkets, etc.

**REMEMBER: The infant who sleeps under the net with the mother will be less likely to get malaria, less likely to get anaemia, less likely to die from sickness. This means they will be fitter and develop stronger and more resistant to other illnesses, too. Experience shows that using LLINs will reduce the number of children dying.**

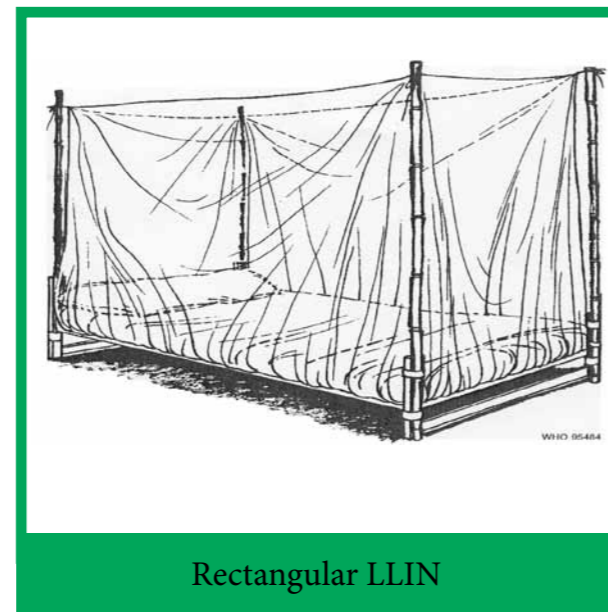
#### Using and caring for LLINs

LLINs should remain effective for 4 to 5 years if they are well cared for. You need to keep them folded away when they are not in use so there is no chance they will become damaged. They should be kept away from direct sunlight as this makes them wear out quickly. You should also check them regularly to make sure they have no holes in them.

## Hanging up your LLIN

- Air the LLIN in the shade outside the house for 24 hours before using it.
- Hang above your bed or sleeping mat
- Tuck under the mattress or mat - there should be no gaps or holes where mosquitoes can get through
- Use **every** night, all year round
- Use for everyone if possible, but if not, give priority to pregnant women, infants and children.

Picture 4: Examples of LLINs



Other *LESS EFFECTIVE* methods of preventing the mosquito from biting a person include:

- Repellents
- Wearing long clothes

**LLINs are MUCH more effective than these other methods.**

Pregnant women, especially during the first pregnancy, lose most of their capacity to fight off malaria. This can put a pregnant woman and her unborn child at risk of serious illness.

### How do we prevent malaria in women that are pregnant?

A method called Intermittent Preventive Treatment (IPT) is used to prevent pregnant women from suffering from malaria. ASK what they know about it and then draw their attention to the material in their trainee materials. TALK them through this material and REMIND them they can use the material in future when they need to talk to community members or have to take part in health education activities.

**How does IPT work?:** Intermittent preventive treatment (IPT) of malaria during pregnancy is based on the assumption that pregnant women living in areas of high malaria transmission have malaria parasites in her blood or placenta, whether or not they have symptoms of malaria. Giving pregnant women IPT 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.

IPT with Sulphadoxine/Pyrimethamine (medicines in the form of tablets) is given at antenatal care (ANC) clinics as Directly Observed Therapy (DOT) at health facilities. When a pregnant woman takes IPT she reduces her chances of giving birth to a small baby (Low Birth Weight), of having low blood (anaemia) and miscarriage and increases her chances of having a normal healthy delivery.

**Who should use IPT?** All pregnant women should attend ANC for at least 4 checkups. During these checkups they will receive 2 doses of IPT – Sulphadoxine-Pyrimethamine (SP). IPT should be used in every pregnancy but especially in first and second pregnancies. Community members should be referred to health facilities for the first dose at quickening (i.e., when the movements of the foetus begin to be felt), or when pregnancy is more than 16 weeks.

### What are the benefits of IPT?:

- Reduced number of malaria attacks in pregnancy
- Reduced malaria-related mortality in pregnancy
- Reduced low birth weight rate

Community caregivers should always refer pregnant community clients to go to the ANC so they can get IPT. Women who are pregnant should sleep under an LLIN. At the ANC the pregnant woman will also get other care for her pregnancy.



## SECTION 4

### COMMUNICATION<sup>1</sup>

#### What is Communication?

Any act by which one person gives to or receives from another person information about that person's needs, desires, perceptions, knowledge, or affective states. Communication may be intentional or unintentional, may involve conventional or unconventional signals, may take linguistic or nonlinguistic forms, and may occur through spoken or other mode from Latin "communis", meaning to share is the activity of conveying information through the exchange of thoughts, messages, or information, as by speech, visuals, signals, writing, or behavior.

Communication requires a sender, a message and a recipient, although the receiver need not be present or aware of the sender's intent to communicate at the time of communication; thus communication can occur across vast distances in time and space. Communication requires that the communicating parties share an area of communicative commonality. The communication process is complete once the receiver has understood the message of the sender.

#### Who is a Sender?

The individual who passes an information through the dispatcher.

#### Who is a Receiver?

The recipient of an information.

#### Medium?

A tool used to store and deliver information.

#### Message?

A message in its most general meaning is an object of communication. It can also be this information.

#### What is a Message Medium?

The vessel in which an information is carried .

#### 4.1 Why is Communication important?

**Key Point:** *Malaria is an issue that affects the whole community. It requires good communication between all in order to improve the health and wellbeing for everyone.*

Being a health worker means:

- You are a trusted member of the community
- People in the community know they can come to you for help and guidance because you are a role model and authority on health issues
- You are up-to-date on information that is important for the community's health and wellbeing

<sup>1</sup>This section on communication is modified from the stand-alone Communication module.

- You can assist people to make informed decisions about their health, and act as an advocate for them when necessary

To be an effective health worker you need to be able to talk to other community members about many things and convince them that you know what needs to be done.

You will need to:

- Respect others no matter their social status. Respect towards people often earns respect in return.
- Listen to others without judging or criticising.
- Have good habits that can inspire others to change and improve their lives. For example, if you use an LLIN every night to prevent malaria, you can say from experience and with authority that the nets are effective in preventing malaria. If you use only ACTs to treat malaria, you can speak from experience and with authority when you tell community members to use only ACTs and not other less effective drugs.

**REMEMBER:** **Changing attitudes about malaria prevention and treatment will positively alter the lives of community members by helping them stay healthy.**

#### 4.2 Understanding and Taking Notice of Community Culture and Traditions

It is important to understand the community culture and traditions. These are the basis of community members' values, which shape community members' attitudes on topics like malaria control. Often, these local beliefs influence community members' actions (or in-actions) more than any other source of information. Community members are likely to trust what they hear from family, friends and community leaders. Often they hear a mix of information, including local beliefs and messages that are passed down from health clinics. This mix of messages can be very confusing.

It is therefore important that the health worker be seen as a role model, someone who can be trusted to provide the correct information. Someone who is trusted, respected and seen as a role model will be more likely to dispel rumours and myths, and more likely to inspire confidence and successfully promote use/adoption of healthy behaviours.

#### 4.3 Barriers to Communication

There are three main kinds of barriers you may encounter in your work:

- **Physical Barriers:** Includes physical distance, being distracted, and physical disability, e.g., being visually or hearing impaired, sleepy, tired, stammering or ill.
- **Personal Barriers:** Includes social and psychological factors, which involve judgments, emotions, and values held by both sender and receiver. Also, suspicion, rumours, customs and taboos.

- **Language Barriers:** Can come from different meanings and uses of words, symbols, images, and gestures, also from the kinds of words used. Try to avoid medical jargons.

They Are Significant Because:

**Barriers may lead to:**

- Poor and wrong feedback
- Conflicts or misunderstanding
- Misinformation, misinterpretation and misconception

**But these can be overcome by:**

- Using simple language
- Knowing your audience
- Using appropriate messages
- Giving the audience your full attention
- Using an appropriate channel / medium for your messages

Good communication skills can encourage the person(s) you are talking with to think about their health behaviours, and how they might change them. Good communication also encourages the person(s) you are speaking with to open up to you and share their personal thoughts and feelings.

**A good communicator is someone who is:**

- Kind, understanding and supportive
- A good listener
- Responsible
- Easy to talk to
- Open and non-judgemental
- Always available
- Trustworthy
- Able to understand a community member's concerns and needs
- Helpful and caring
- Respectful of other people
- Able to exercise confidentiality
- Aware of when to speak and when to listen
- Keenly aware of the topics being discussed

## 4.4 Active Listening

Of course, communication is a two-way process. You need to be able to present information to the community as well hear a response. There are different ways of showing your listener that you are actively listening to them and hearing their point of view these include not just the words you use but also the gestures you make:

**Non-verbal (the gestures that you use):**

- Be attentive
- Concentrate on and look at the community member
- Don't interrupt
- Nod, smile, lean forward

**Verbal (the words that you say)**

- Make some sounds (prompts): .....mm hmm..... to indicate you are listening and following along.
- Ask questions for clarification if there's something you don't understand.
- Summarize to ensure the community member understands the information you are providing.

**What makes for good listening?**

Listening is a skill that requires constant practice. Paraphrasing, repeating back to people what you heard them say, in a short form, is important for making sure you understood them, to show them you are listening and to help them clarify their feelings. This is most needed when trying to get information from them, e.g., during history taking or when they seem concerned about an issue. Misunderstanding can happen very easily when two people discuss something. A community member may tell you something that you understand in quite a different way from the way he/she meant it. To prevent misunderstanding when listening to a community member's problem or when sharing information with a community member, it is useful to summarise or paraphrase what has been said.

Do you agree? Think about why. Are there local habits and customs that interfere with listening and hearing? Could any of this advice cause problems in your community? How would you deal with any such issues?

Getting communications right involves a number of skills and an awareness and understanding of how to communicate messages so that listeners will hear and understand them. There are tools available to help you. These include the set of cue cards you have been given.

## 4.5 Using Cue Cards<sup>2</sup> to Help Communication and Health Education

The cue cards you have received have been designed to help communication in your community. Each card has a picture on one side and writing on the other. Both the picture and the writing are related to the topic covered in that cue card. For example, cue card 1 is designed to help explain how you get malaria.

**Four key types of information are printed on the back of each card. These are:**

- Cue card number and title at the top
- Specific questions to ask community members, along with desired responses
- Key message to be communicated to community members
- Some cue cards also have other important information in a box at the bottom

These cue cards can be used by all of us, even if we find reading difficult, because the pictures on the cards are a helpful tool for communicating with community members. In pairs, have participants look at the cards and PRACTISE what they might say when using them in the facility.

### An example of using cue cards with community members for malaria prevention

- **Greet** the person(s) warmly and introduce yourself. Give them your full attention as soon as you meet them. Be polite, friendly, and respectful. Ask why they have come to the clinic, what concerns they have, and then explain what will happen during the visit.
- **Ask** the person(s) questions about themselves and their family. Ask them about their experience with malaria, its prevention, and treatment. Find out whether there is a pregnant woman or child under five years in their household, whether they have a bed net, what kind of bed net they have (treated or untreated?), who sleeps under it, etc.
- **Choose and use the cue card(s)** that best addresses their situation. For example, if the community member is a pregnant woman, you may want to use cue card 2 on prevention of malaria in high risk groups and also cue card 4 on use of IPT in pregnancy.
- **Hold** the cue card so the community member can see the picture on the front and you can see the writing on the back. **Focus on the dialogue** using the card and explain what the picture depicts in the context of malaria prevention or treatment.
- **Ask about current practices** related to malaria prevention and treatment in the household or community and determine whether there are behaviours that need to be changed.
- **Respond to these beliefs and concerns** as best as you can by providing correct information on, for example, the benefits of net use. Use the cue cards and your personal experiences with malaria as well as those of others you know to help you.
- **Recommend a doable action(s)**, such as using an insecticide-treated net to prevent malaria.
- **Encourage the community member to use medication correctly and set up a return visit if needed.**

<sup>2</sup>The discussion on cue cards, as well as the cue cards, are adapted from the IFRC manual, Towards a Malaria Free Community: IFRC Keep Up Programme Trainer's Guide, 2008

## 4.6 More about learning new things

Understanding how people learn new things also helps to get communication right and messages delivered. Empowering community members to change their behaviour and/or adopt healthier behaviours is not always easy and it is helpful to remember that adults learn in a different way from the way school children learn. Helping adults learn new behaviours involves also acknowledging and appreciating their previous experience. Thinking about the ways we like to learn new things may help us to guide others to learn new health behaviours and practices.

Generally adults learn best when the learning:

- **Shows respect for the person.** Mutual respect and trust between you and your community members will help the learning process. It is important to show appreciation of each other's feelings and thoughts without making a judgment or showing any bias.
- **Is relevant to them.** An adult learns best by building on what he or she already knows. Learning must meet their real-life needs.
- **Fills an immediate need.** People are most motivated to learn when they can make use of new information right away.
- **Involves two-way communication.** Learning activities must allow the learners to enter into a conversation with the teacher and with other people.
- **Engages them - adult learners need to be encouraged to take an active part in their own learning.** Get them involved through discussion, small groups, and learning from other adults.
- **Provides feedback and praise.** Give praise to learners even for small attempts. You need to correct ideas and behaviors that are not right but you also need to be supportive and encourage your learners as they get used to new ideas.
- **Uses visual materials and offer the chance to put into practice new skills.** Generally people remember more when visuals are used to support what is being said and they remember new skills best when they have the chance to practice them.
- **Is introduced in a safe atmosphere.** A cheerful, relaxed person learns more easily than one who is afraid, embarrassed or angry. Your learners need to feel that their ideas and contributions are valued—that they will not be made fun of or made to feel stupid.
- **Occurs in a comfortable environment.** Learners will learn best when they are physically comfortable and at ease.

## 4.7 Ways of Reaching Different Audiences

You need to provide or create the right environment for your clients. Consider, where would be the most appropriate place to talk to them? - in a private office, perhaps? - a private room in the home? Should it be a one-on-one discussion or is a group setting better? Choosing the right environment will help you ensure that your client is most comfortable and able to learn.

**Some final guidance:**

To ensure that community members understand the information they are receiving, it is important to use the simplest language possible, especially:

- Avoid medical terms where possible
- Use the local language, or the language the community member is using
- Stress key messages to summarise the discussion (e.g., you can protect yourself, use LLINs regularly, etc.)
- Use visual aids to emphasise the message
- Use an interpreter if necessary

**4.8 Communication Issues in Malaria**

It is important for the health staff to be able to communicate the need for

- Confirmatory malaria diagnosis before treatment
- Compliance with antimalarial treatment
- Use of long lasting insecticidal nets

Health staff need to have problem solving skills to effectively engage with patient and diagnose malaria.

**4.9. The Health Worker-Patient Relationship**

**REMEMBER the roleplay you did:**

**Cameo one:** Ask for a volunteer from the group to pretend to be a health worker. Ask another volunteer to pretend to be a caregiver with a child aged 8 months. Ask the health worker to take a history from the caregiver to find out the “child’s” symptoms. You are a health worker who sits across a desk and asks brisk questions, is impatient and cross, doesn’t listen well to what the patient is saying, doesn’t make eye contact and spends their time writing in a book.

**Cameo two:** Ask for a volunteer from the group to pretend to be a health worker. Ask another volunteer to pretend to be a caregiver with a child aged 8 months. Ask them to dialogue with the caregiver and find out the “child’s” symptoms. You are a health worker who sits near the patient and asks careful questions, listens intently and puts the patient and caregiver at ease.

**Discussion points:**

**What would the patient/caregiver be feeling in each of these situations?**

**Why is good communication between patient and provider important for quality care?**

**REFLECTION: Think about the topics you have just been discussing. How will you use the new knowledge you have gained when you go back to your workplace? Use the questions in the boxes to help you reflect on this. When you are ready, record your thoughts in the boxes below.**

What three important things can I do to improve the relationships I have with patients?  a)   b)   c)	What am I going to have to do to put this into practice when I get home?
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**Steps for dealing with a child having a convulsion:**

1. Turn the child on his/her side to prevent aspiration
2. Loosen all tight clothing
3. Disperse the crowd
4. Remove dangerous objects around
5. Take child immediately after fit episode to health facility

**Preventing convulsion:**

1. Recognise the fever early
2. Tepid sponge when temperature is high
3. Administer antipyretics like paracetamol
4. Administer the effective antimalarial medicine promptly
5. If child is not responding promptly refer to a health facility and ensure there is no delay
6. During convulsion never:
  - *Cut the child with sharp objects*
  - *Give concoction such as cow urine or herbs*
  - *Burn the child with fire*
  - *Loose sight of the child*
  - *Break his teeth while forcing objects into the mouth*

