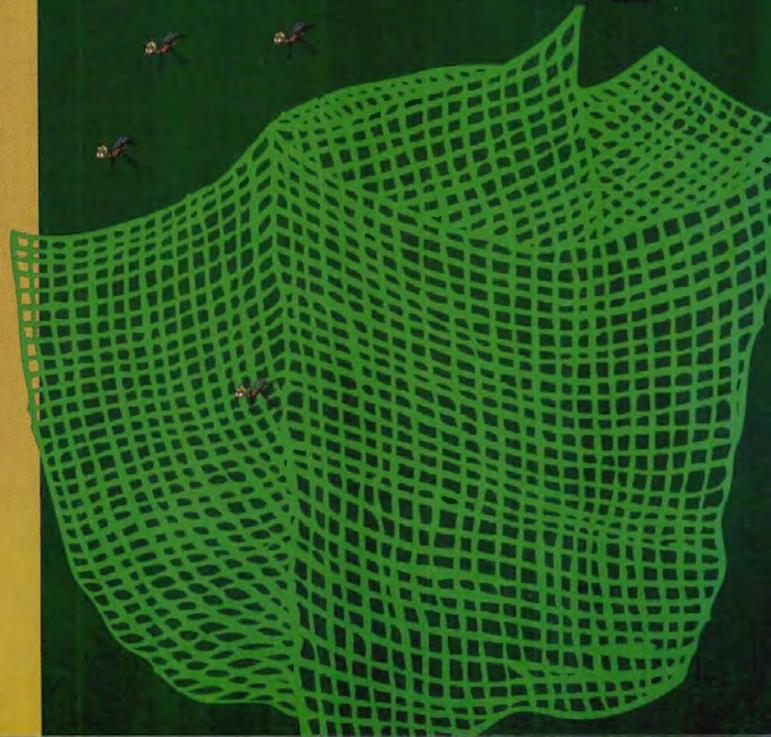


# Malaria Toolkit

Communication for Prevention and Treatment of Malaria



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# Introduction

Malaria is a leading cause of illness and death in Zambia with 4.4 million cases in 2007 and over 6,000 deaths. Of the 6,000 deaths, 3,700 were children under 5. Also, 40% of all under five deaths in Zambia are caused by malaria. There is a saying we all know: "prevention is better than cure" and malaria is preventable. There are different ways to prevent malaria and this toolkit will look at all of them:

- Insecticide-treated Mosquito Nets (ITNs)
- Indoor Residual Spraying (IRS)
- Intermittent Preventive Treatment for Pregnant Women (IPTp)
- Treatment of malaria (when malaria cannot be avoided, correct testing and treatment is most important)

This toolkit was created to help Neighbourhood Health Committees (NHCs), community health workers, other community volunteers, and leaders perform behaviour change activities in their communities that will lead to the prevention of malaria. All the activities can be done using people's time, materials and support available in our own communities and with little to no outside funding.

The toolkit includes:

- 5 malaria posters, for each topic:
  - Insecticide-treated Bed Nets (ITNs)
  - Indoor Residual Spraying (IRS)
  - Intermittent Preventive Treatment for Pregnant Women (IPTp)
  - Malaria Treatment
  - Child Treatment
- 1 CD with 2 Action for Health with Sister Evelina radio programmes and 5 malaria radio spots in English and the seven official Zambian local languages
- Malaria prevention and treatment activity ideas
- 4 malaria sample drama scripts on:
  - Insecticide-Treated Nets (ITNs)
  - Indoor Residual Spraying (IRS)
  - Intermittent Preventive Treatment for Pregnant Women (IPTp)
  - Malaria Treatment
- Positive behaviours for malaria prevention and treatment card
- Malaria quiz and answers
- HCP community fund application and guidelines



## **Who Can Use the Malaria Toolkit?**

The Malaria Toolkit can be used by many different people:

Health workers, teachers, neighbourhood health committees (NHCs), district malaria task force, community-based organisations (CBOs), peer educators

Or anyone else who has:

- An open mind
- Basic facilitation skills
- Knowledge of basic malaria facts, its transmission and prevention
- Ability to speak and explain in a language that participants are comfortable using
- Courage to address difficult issues in an honest and open way

## **Where Can it be Used and With Whom?**

You can use the Malaria Toolkit activities in many different situations with persons of different ages, cultural backgrounds, religions, characters, and lifestyles. The activities are designed so that they can work for people who cannot read. You can use it with a wide range of groups and communities, both in formal teaching and informally with friends and family.

The Malaria Toolkit activities can be used:

- During community meetings
- With religious groups, for example during or after church services
- At antenatal and under 5 clinics
- With people living with HIV and AIDS (PLHAs)
- With traditional leaders
- In schools
- At the market
- At world health days, for example World Malaria Day, SADC Malaria Week or World AIDS Day
- At halftime or after a football match
- Anywhere!



## Using the Activities in this Toolkit – Finding the Right Tool

A carpenter whose job is to maintain and mend things normally carries a toolkit with him (or her). When he finds out what the problem or issue is, he picks out the best tools from his toolkit for addressing the issue and fixing the problem.

It is the same with this toolkit. Once you understand the particular needs of your participants, you can pick out and use the best tools for addressing these issues.

There are two types of activities communities can do to address malaria:

1. Prevention activities
2. Malaria treatment activities



Find out what your participants already know and what they need to learn. Do they know the correct information about malaria transmission, diagnosis, treatment, insecticide-treated nets (ITNs), indoor residual spraying (IRS), and intermittent preventive treatment (IPTp) for pregnant women? Identify and use activities that will address the needs of those attending your session. Be sure you have enough time for each activity.

## Malaria Activities for Malaria Prevention and Treatment

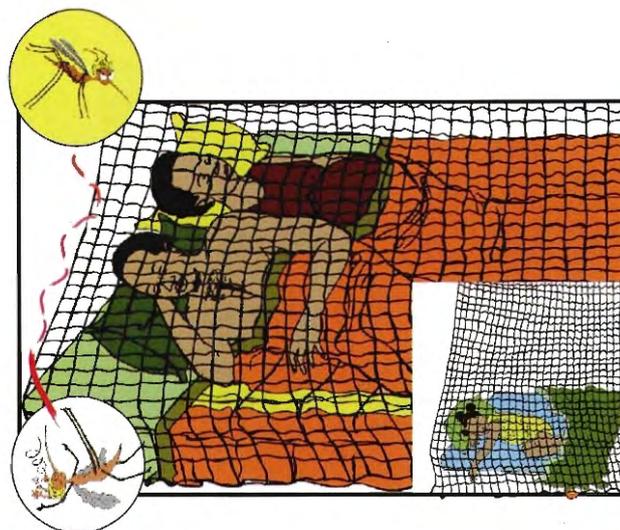
When using these activities, you will be a facilitator. A facilitator is a person responsible for leading the work of a group, as someone who leads a group discussion. Your role is to make it easier for participants to work out and develop their own understanding of malaria issues and how to address them. For more tools on how to be a facilitator, go to the “How to be a good facilitator” on page 9.

Remember, when talking about **malaria prevention** to your communities, you will be talking about ITNs, IPTp, IRS (if available in your area) and malaria treatment.

### Insecticide-Treated Nets (ITNs)

To prevent malaria using an ITN, the behaviours people need to practice are:

- Sleep under an ITN every night of every season of the year – especially pregnant women and children under 5.
- Hang the ITN properly so it is tucked completely under the mattress or mat.
- Sleep with the whole body inside the net, nothing hanging out.
- The net should not touch the skin of those sleeping under it.
- Replace or repair an ITN with holes.



## Intermittent Preventive Treatment for Pregnant Women (IPTp)

To prevent malaria using IPTp, the behaviours pregnant women need to practice are:

- Go to the antenatal clinics and take Fansidar beginning after the first four months of pregnancy and then 2 more times at least one month apart.



## Indoor Residual Spraying (IRS) (where available)

To prevent malaria with IRS, the behaviours people need to practice are:

- Have their houses sprayed once a year.
- Encourage their neighbours to have their houses sprayed.



## Malaria Treatment

When talking about **malaria treatment** you will be addressing diagnosis, prompt and complete treatment of all malaria cases.

For prompt malaria treatment, the behaviours people need to practice are:

- Go to a health centre or health worker as soon as malaria symptoms begin.
- Most of the time patients will have a finger stick blood test to check for malaria.
- Take ALL of the medicine given, until it is finished, even if feeling better.
- Drink lots of water and continue eating.

Many of the same activities that you use for malaria prevention can be used for malaria treatment activities; all you need to do is change the topic. Be sure your malaria activities address the behaviour you would like your community to practice.

### 1. Community Health Talks

Community health talks are a great way to get malaria information to the people in the communities and talk about what behaviours should be practiced. Use the Malaria Community Health Information Cards to help lead your discussions. Do not tell the participants what they should be doing; try to have them come up with the correct behaviours on their own. Every member of a community can benefit from malaria prevention and malaria treatment talks; it is important to hold health talks in various places throughout your community. For example:

- At community meetings
- At churches with religious groups, during or after services
- At antenatal clinics and under 5s
- At support group meetings for people living with HIV and AIDS (PLHAs)



- At meetings with traditional leaders
- At schools
- At the market
- At world health days, for example World Malaria Day, SADC Malaria Week, Child Health Week or World AIDS Day
- At a football match, during halftime or after the game

The more people you can reach, the more likely you are to achieve change in your community's behaviours. Plan out your talks in advance and practice your facilitation skills. Make sure your health talk has a purpose that will lead to the behaviour you want people to practice.

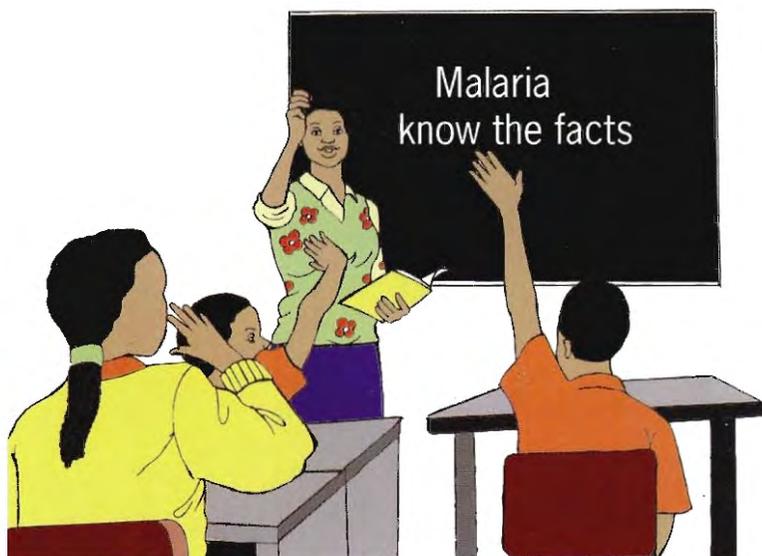
## 2. Under Five and Antenatal Health Talks

Pregnant women and children under five years are most at risk for malaria. Under five and antenatal clinics are a great place to do malaria activities. Because they happen regularly, you do not have to worry about getting a lot of information into one activity; instead you can focus on one topic each time. Remember to plan out your activities in advance and practice your facilitation skills.

## 3. Malaria Lessons for Children

Behaviour change can be difficult for adults, but if children begin to learn about malaria prevention and treatment at a young age, they will be more likely to practice it as an adult. Remember that your audience is young, so your talks and activities need to be age appropriate, short and with only one main point each time.

- Young children don't need to know the technical information about malaria; keep it simple and basic.
  - Have a guessing game about malaria transmission; see what they believe causes malaria. Is it caused by spider bites, eating too many mangoes, walking barefoot, mosquito bites?
  - Once they agree that mosquito bites cause malaria, ask them when mosquitoes bite the most and what ideas they have to prevent mosquito bites.
  - Ask if they sleep under a net at night and how do nets prevent mosquito bites? If you bring an ITN with you, have the children practice tucking the net, sleeping under the net and getting in and out of it.
- With older children you can be a bit more detailed and specific.
  - Give a malaria quiz
  - Act out a drama



When addressing treatment, it is not as important that children know which medicine they have been given; that's for health workers and their parents to monitor, but they should learn about the symptoms of malaria and the importance of going to the clinic. That way when they become sick they can tell their parents how they are feeling.

- Start by asking if any of them have ever had malaria and what it felt like.
- Expand on what they have told you; briefly and simply explain any symptoms they may have left out.
- Then ask how they got better.
- Ask why they went to the clinic and what happened there.
- Ask if they know why medicine is given.
- Try to ensure the children understand they shouldn't fear the clinic because at the clinic they will be given medicine to fight malaria and make them feel better.

#### **4. ITN Hanging Demonstrations**

ITNs are often given without explaining why they are important and how to properly use them. Just because someone is given a net, doesn't mean they will use it. Take the time to hold a health talk explaining why ITNs should be used, who should use them, when they should be used, how they should be cared for and properly hung. Using an ITN and a bed/mattress/mat, demonstrate how to hang the net properly. Help them understand that the net needs to be completely tucked under and around the mattress or mat. Demonstrate how to get in the net making sure it is securely closed once inside. Explain that the whole body must be inside the net while sleeping - feet, arms and head, with no skin touching the net.



## 5. Door-to-Door Visits

If people in your community can't find the time to attend malaria activities, you can bring the information to them. Go door to door in your communities to see if people are using their ITNs correctly, sleeping under the ITNs every night, or accepting IRS. These visits allow for information exchanges that target a family's needs and beliefs. Having an informal conversation or question and answer session with a family at their home, may be enough to get them to start using their ITN every night, or consider the benefits of IRS.

## 6. Action for Health with Sister Evelina Listening Groups

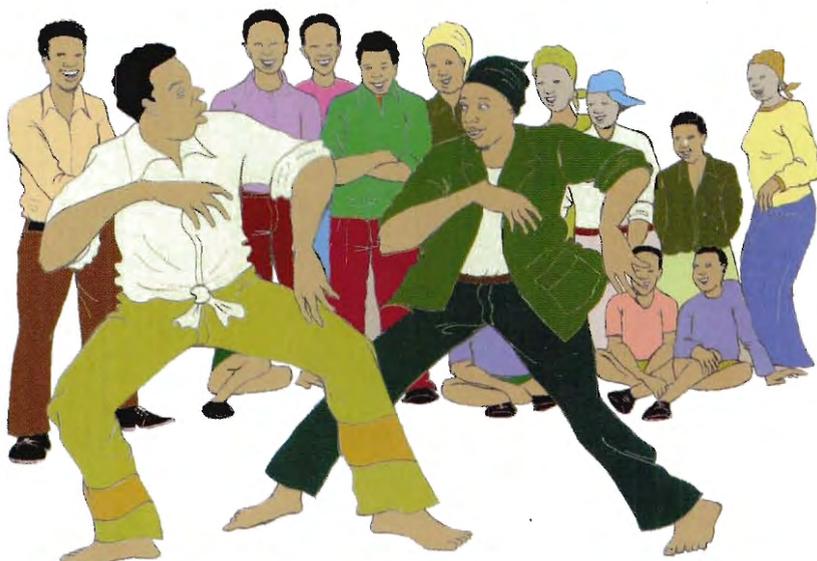
Schedule a time for people to gather and listen to the two *Action for Health with Sister Evelina* programmes on malaria. Before the group listens to the programme, have a discussion about what they already know. Ask questions about where they learned the information, whether they practice what



they know, and ask for any personal stories. Listen to the programme and afterwards discuss what was learned and how it compares to what they already know. Ask the participants if they were able to relate to the personal stories told in the programme and if they have any similar stories to share. Personal stories are a great way for people to realise they, their families and communities are all affected by malaria.

## 7. Community Theatre

Dramas are an excellent and entertaining way to communicate malaria prevention information. [Go to page 12 for the "Community Theatre" section and page 15 for drama scripts.](#)



## Other Malaria Activities

### 1. Malaria Fair

A malaria fair is an organized event to gather many people and hold different malaria activities. Fairs do not require a large budget because all of these activities can be done with local resources. This event will attract lots of people; choose activities that are suitable for large groups, like community theatre and ITN demonstrations. Malaria fairs are a great event to do during national health days like World Malaria Day on **April 25**.

### 2. Art Contest at Local Schools

An art contest is a way to get youths thinking about malaria. Ask the students to create a work of art representing one of the malaria behaviours.

It could be (for example) a painting, drawing, or mud sculpture; don't give too many suggestions or restrictions; you want the students to be creative and come up with their own ideas. Have them present their pieces to their peers, teachers, parents, or community, and explain why they chose that behaviour and the importance of it. Vote on the winner and present a prize. This is a good activity to do during School Health Week or SADC Malaria Week; unfortunately World Malaria Day is during the school break.



### 3. Local Community Radio Stations

Local community radio stations have the ability to reach many people; use them to get malaria behaviour messages out into the communities. Invite the station to come to activities you are holding and report on them; ask them to air personal success stories relating to malaria prevention and malaria treatment, or ask them to allow you to give an on air weekly malaria health talk.

### 4. Malaria Talks and Demonstrations at Events That Are Already Happening

Use the community education cards, drama, or any of the other tools at events that are already happening where a large number of people could gather:

- Church events or after sermons
- Football matches or other sports events (during halftime or before/after match)
- Traditional ceremonies
- World TB Day, World AIDS Day, World Health Day, etc.
- Other events

Getting religious, community and traditional leaders to talk about the importance of preventing, diagnosing and treating malaria will support the work you are trying to do.

## How to be a Good Facilitator

When using the Malaria Toolkit activities, your role is to **facilitate** a learning process in which your participants work out and develop their own understanding of malaria issues and how to address them.

Facilitating is different from teaching. Teaching involves passing on “expert” knowledge to others. You may do a little teaching, when you know something that none of the participants know. However, the learning from these activities is much greater if you let your participants do most of the talking and come up with their own answers to different issues.

The role of the facilitator is to:

- **Listen** carefully at all times.
- **Guide** the group and keep the discussions focused – do not let it go too far from the subject of the session.
- **Control** those who talk too much.
- Ensure that everyone has a chance to **participate** – make sure quiet participants have an opportunity to speak and get involved too.
- **Summarise** the discussion from time to time and at the end of a session.
- **Share leadership** – a session often works better if there are two facilitators, supporting each other and taking turns to lead.
- Be ready to **translate** – in meetings, use the language(s) that your group feels most comfortable with. This way, everyone can join in the discussion.



Facilitation skills are something you can learn and practice; you do not need to be an expert. Here are some suggestions and ideas to help you be a very good facilitator:

### Before the Session

#### Prepare yourself

- Find out what you can about the needs and issues of the participants? Who are they and how many will be attending? What do they already know about malaria? What particular issues and needs do they have? What do they want or expect from you and the activities? Try to get some of the answers to these questions before the sessions, so that you can prepare.
- Read through the activities and **plan** which activities you will use. Think how you might adapt them to make them more relevant to the needs and issues of your participants.
- **Practice** what you will say, on your own or with a friend.
- Be clear in your own mind what you want to achieve by the end of the session.



## Prepare materials and the training area

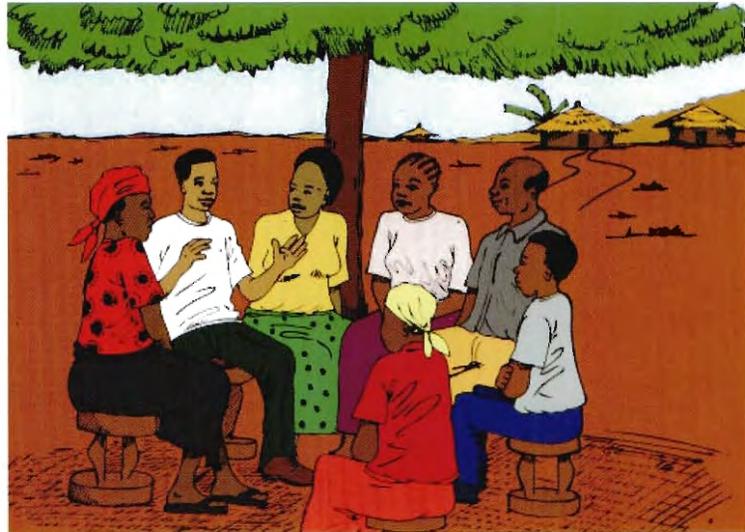
- Make sure you have all the materials needed for a session, for example malaria health information cards, radio program CDs, or props for the dramas.
- Go to the meeting place at least 15 minutes before the session is due to start.
- Set up the area where the activities will take place. Push desks or tables to the side of the room. Arrange seating if needed.
- Any activity should start on time or as close as possible to the scheduled time, otherwise you risk losing participants.

## At the Beginning of the Session

- Greet the participants.
- Be friendly. Smile!
- Welcome participants and introduce yourself.
- Explain the purpose of the session, and what participants can expect to get from it.
- If this is a follow up session, do a recap/summary of the last meeting. This is necessary because people may forget what was shared/discussed, and some may have missed the last meeting.
- Check that everyone understands the language you are using. If not, find someone to translate.
- If you think it will help, use an icebreaker or energiser to get participants relaxed and engaged.

## During the Session

- **Listen** carefully to what participants say.
- **Observe body language** and understand the meanings.
- Help each participant to feel that his/her contribution is important. Get participants to listen to and appreciate each other's contributions.
- **Encourage** the members of the group, by helping them to talk about ideas, feelings, experiences, rather than telling them what is right and wrong, or criticising.
- Allow people to "think aloud" and find out what they believe.
- **Show interest and respect** for the views other people have.
- If participants start to lose enthusiasm, use an energiser.
- **Be honest and open** in answering questions from participants. Remember, you are the facilitator, not the teacher, if you do not know something, say so, and then find out so that you can give correct information the next time you meet. You can also throw the question back to the group, by asking: "Can anyone else answer this question?"
- Understand that the way an answer is reached is often as important as the answer itself. If your participants work out an answer themselves, they learn much more than if you just tell them.



- **Ask open-ended questions** that encourage the group to talk in detail. Avoid **closed questions** that only produce “Yes” or “No” answers. For example:
  - Instead of asking “Can malaria be prevented?” (a closed question), ask “What are some of the ways malaria can be prevented?” (an open question).
  - Instead of asking “Is malaria treatable?” Ask, “How is malaria treated?”

### ***At the End of the Session***

- **Summarise** the major points and results of the discussion.
- **Ask** participants if they have any additional questions or comments.
- **Ask for verbal feedback** to such questions, from individuals or small groups of participants:
  1. What was, for you, the most valuable thing you learnt this session?
  2. Which activities did you like, and why?
  3. Which activities did you not like?
- Explain what will happen next (e.g. will there be another/follow up session).
- Let participants know who they can contact to get further information or to discuss particular issues they have.

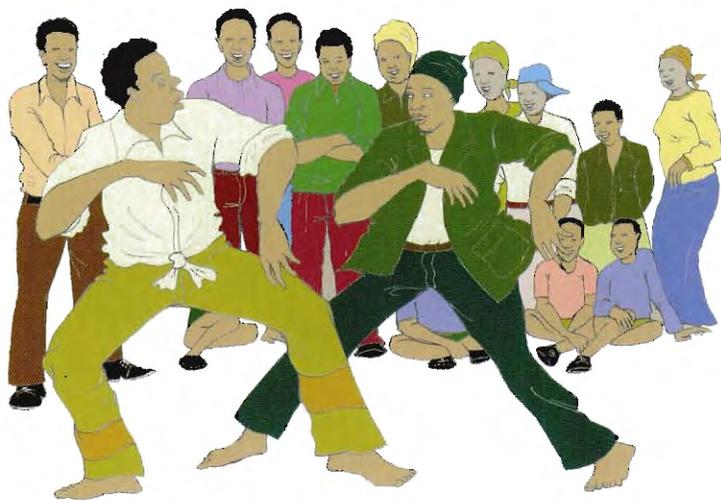
### ***After the Session***

- Review and evaluate the session with others who observed or facilitated with you. Reflect on the feedback from participants. Discuss what worked well, and what you could do to make it even better next time.
- **Follow** up after the session, for example:
  - Find out information you did not know when asked during the session.
  - If any of your participants seemed confused about particular malaria issues, contact them during the following few days to see if they want to discuss their issues on a one-to-one basis.
- Plan with the group to meet again a few weeks or months after your programme with them has finished in order to review and evaluate how they have applied the training you delivered and identify any new issues.
- Write a brief report of the activity that took place and submit it to the Malaria Task Force (MATF) for their records.

## Introduction

Theatre is live and human: it uses voice, speech, language, the body and emotion. It makes people think and respond.

Moreover theatre groups can create space for storytelling and discussing because theatre can give information and still remain popular and entertaining too. It is easy to create a drama for most communities, since there is no need for complicated or expensive technology or equipment. Theatre performed live can deliver a message that the audience will remember because the audience is involved, but also because it is rooted in many peoples' culture.



## The Positive Impact of Theatre

When theatre is well used, it can:

1. Grab attention and interest of a great number of people. This is because theatre is performed live and based on real life. It combines speech, physical expression, dance, image, music and song, which work together to maintain peoples' interest over time.
2. Bring people together to discuss a problem.
3. Create strong emotions. The whole person is involved when participating in a drama – the mind, emotions, prejudices, and passions; therefore, the experience and learning is not easily forgotten.
4. Be adaptable to local realities, because plays can be performed anywhere, at anytime and in local languages presenting real life situations.
5. Sensitise the community on priority issues and create collective ownership of individual stories.
6. Promote understanding by allowing the audience or actors to experience a different point of view or a role. In facing the problem one faces, someone who was previously seen as the other becomes familiar and the actors/audience gains empathy.
7. Encourage participation and self-expression, especially from those who often go unheard.
8. Provide entertainment! Many people learn best while enjoying themselves.

## Using Theatre to Raise Awareness about Malaria

People typically learn more by doing than by merely receiving information. Participatory activities (such as games, arts, activities and role plays) help people see things from a fresh perspective by sharing opinions, experiences, ideas, concerns and analyzing issues.

Community theatre that is done well gets the audiences to talk about issues relating to their own lives that would otherwise not be easy to discuss honestly. After talking about the challenges and identifying some problem behaviours the actors showed, people will often avoid similar behaviour of their own.

For example after a malaria drama someone might stop using their ITN for fishing or a pregnant mother may go for IPTp. Some may leave and have their houses sprayed. Hopefully many people will leave with a greater commitment to support the fight against malaria.

## **Making a Difference: Community Theatre Intervention**

### **Educational Theatre Can:**

1. Engage the audience and communicate correct information.
2. Present stories the audience can identify with.
3. Show appropriate attitudes and ways of behaving.
4. Challenge attitudes and behaviour patterns.
5. Explore difficult issues in an acceptable way.
6. Challenge the audience.

### **Making a Difference: Impact**

1. Giving the audience the information, skills and confidence to make positive choices.
2. In order to make a difference, the audience must relate to the story being told, and the information being told must be correct.

Behaviour change is a process with many different steps:

1. Person is unaware of the problem: mosquitoes carry the malaria germ and bite at night.
2. Person is given the message (through a drama, health talk, etc.) and understands it: sleeping under an insecticide-treated net kills the malaria mosquitoes and keeps them from biting you at night.
3. Person thinks about the message and agrees with it: Person understands that if the mosquitoes bite late at night sleeping under a net will keep the mosquitoes away from him or her at night.
4. Person wants to practice the new behaviour at some time and talks to a health worker about it: He or she goes to a health facility to talk to a health worker and get an ITN.
5. Person sees the practice is helping and encourages others to do the same: The person or the family has not gotten malaria in four months and encourages others in the community to sleep under an ITN.

## **Results**

1. Audiences learn about malaria, transmission, ITN use, IPTp, treatment, IRS, care and symptoms.
2. Skills necessary to make informed choices.
3. Fewer misunderstandings and myths.
4. Understanding of situations and options.
5. Knowledge about where to get malaria services.

## Facilitation Techniques

Use the facilitation techniques at the beginning of this section to help you lead discussions before and after the dramas.

### Professionalism

1. Avoid discussions and arguments on stage.
2. No team member may leave the stage or pack up during a facilitation session.
3. Ensure that your cell phones are switched off for the duration of the show and the facilitation, and do not take calls at any time while on stage.

## Drama Scripts

1. ITN use
2. Malaria treatment
3. IPTp
4. IRS

### Drama: ITN Use

This play focuses on the importance of ITN use, in particular for pregnant mothers and children under 5. This play has five characters that help tell the story. Please feel free to change the play to work with your own community. Look at the key messages at the end of the play; make sure they come out in the play and during your facilitation at the end.

#### Cast

Mr. Chishala (Mrs. Chishala's husband)

Mrs. Chishala (Mr. Chishala's wife)

Robert (under 5 son to the Chishala's)

Mrs. Tembo (Mrs. Chishala's friend)

Mr. Tembo (Mrs. Tembo's husband)

#### Scene 1

*Opens with Mrs. Chishala who is pregnant. She has just arrived from the clinic; she is preparing water to bathe her son Robert who has been found with malaria. Her husband enters.*

**Mrs. Chishala:**

Welcome back.

**Mr. Chishala:**

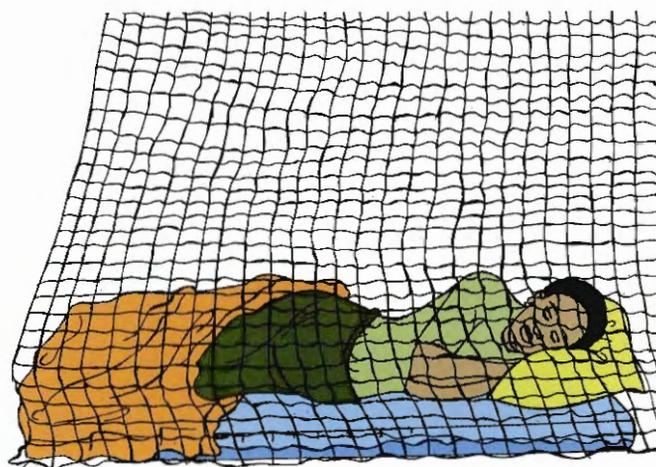
Thank you, how is Robert doing?

**Mrs. Chishala:**

I took him to the clinic and he has been found with malaria.

**Mr. Chishala:**

Malaria! How? Oh that day he was eating unripe mangoes. I have told you time and time again that you shouldn't be giving the child any of those mangoes you eat. Now see what you have done to the poor child.



**Mrs. Chishala:**

That is not the cause of his malaria. You know for sure that you're the one who has led to this.

**Mr. Chishala:**

Why me? Who gave the child those unripe mangoes? Didn't I warn you?

**Mrs. Chishala:**

I didn't give him any of those mangoes; besides malaria is not caused by unripe mangoes. That's what they said at the clinic. It is caused by a bite, from a mosquito that is carrying the malaria germ.

**Mr. Chishala:**

Now, what is the connection between me and the mosquito?

**Mrs. Chishala:**

I told you not to sell the mosquito net and what did you do? You went ahead and sold it.

**Mr. Chishala:**

Don't be forgetful. Didn't you see the fish I brought the other day? Mr. Mubanga is making a lot of money from those nets. One net at the river is equivalent to 3 big bundles of fish. But here, what do you achieve by sleeping under them?...nothing only getting choked at night from those chemicals they have put on the net.

**Mrs. Chishala:**

The clinic said those chemicals only kill mosquitoes that no one has gotten sick from them. They are safe for people including children. These nets are not meant for fish, but for combating malaria. Now see what has happened here instead of the net protecting us, it is the malaria which is killing us.

**Mr. Chishala:**

Who told you that malaria kills? The child will be fine. Didn't they give you any medication at the hospital? Just continue giving him the medicine he will be fine.

*Exits Mr. Chishala and enters Mrs. Tembo. (She is also pregnant)*

**Mrs. Tembo:**

Neighbour, how is the patient now? What did they say at the clinic?

**Mrs. Chishala:**

They said it is malaria. That's why he had a fever and the vomiting. They said it is malaria plus, plus. Anyway, good enough for me, they gave me another insecticide-treated net.

**Mrs. Tembo:**

Malaria? At this time of year? That is strange, I thought malaria was only in the rainy season.

**Mrs. Chishala:**

That's what I thought as well, but when I went to the hospital the health care provider told us that one can get malaria in any season. She also told me that the kind of mosquitoes that carry the malaria germ bite late at night and early in the morning. She taught me how to tuck in the mosquito net so that there are no spaces the mosquitoes can find to enter.

*(She shows Mrs. Tembo how to hang and tuck the net.)*

They also insisted that especially us women who are pregnant and children who are under 5 years of age have to sleep under insecticide-treated nets to prevent us from catching malaria. They even said that people who are already sick, like those living with HIV should also sleep under insecticide-treated nets, as their bodies cannot fight malaria as easily.

**Mrs. Tembo:**

That's not true. I hear sleeping under a mosquito net can cause you to have breathing complications, especially if you are pregnant because of the chemicals they use to kill mosquitoes.

**Mrs. Chishala:**

Don't be cheated Bana Lillian. Those chemicals are put on the nets to chase away mosquitoes and to kill them. They are not harmful to human beings. They are even very safe for children. They also told me that pregnant women and children under 5 years are more likely to get very bad malaria because they are not as strong as other people. This includes people living with HIV and TB.

**Mrs. Tembo:**

This all sounds encouraging. I didn't have all this information. You see that net I collected from the clinic is just packed away.

**Mrs. Chishala:**

That's the problem I have in this house, the net I collected was sold by Bashi Mubanga and what has happened? The child is now sick.

**Mrs. Tembo:**

The health care worker also emphasized that priority should be given to:

1. Us pregnant women because malaria can cause complications to our health and that of the unborn child if it is not prevented or treated.
2. Children under 5 because their immune systems are not fully developed to fight the malaria germ.
3. People living with HIV or suffering from TB.
4. The elderly.

After that, everyone should use nets.

*Enters Mr. Chishala shaking and looking very sick*

**Mrs. Tembo:**

Bana Mubanga hurry, bring him something warm he is looking very sick. See he is shaking. (*Feels his temperature*) He has a high fever.

**Mr. Chishala:**

Bana Mubanga, I'm going to die, bring me some water and a mat. I want to lie down.

**Mrs. Chishala:**

Hang on Bashi Mubanga, how are you feeling?

**Mr. Chishala:**

I am feeling bad. I need to sleep. I think it is from the beer I was drinking last night. Bring me a blanket.

**Mrs. Chishala:**

(*Feeling his temperature*)

You are too hot my husband. Just tell me how you are feeling.

**Mr. Chishala:**

My body feels hot but the weather is cold, see how I am shivering? My joints are painful. And I have diarrhoea, vomiting and my head aches a lot.

**Mrs. Chishala:**

These are signs of malaria. Let me give you some food, you haven't eaten anything.

**Mr. Chishala:**

(*Shivering*)

No, I only need to sleep. I don't have an appetite. Just give me some water.

**Mrs. Chishala:**

Mrs. Tembo these are signs of malaria, let me take him to the clinic. When I went to the clinic, these are the signs they said a person suffering from malaria shows. Help me, let's take him to the clinic.

*All exit*



## Scene 2

*Enter Mr. and Mrs. Chishala from the clinic.*

**Mrs. Chishala:**

Be strong, at least they have given us some medication, you will be better soon.

**Mr. Chishala:**

Don't say that, show heart, I am sick.

**Mrs. Chishala:**

This is your problem, you are the one who was selling the mosquito nets. You heard what the health care worker said, "malaria is a leading cause of death in this country."

**Mr. Chishala:**

I heard, no need to remind me. If anything give me that net so that I cover myself.

*Enter Mr. and Mrs. Tembo*

**Mr. Tembo:**

Neighbour, I came as soon as I heard. How are you feeling now?

**Mr. Chishala:**

I will be better, neighbour; the people at the clinic assured me.

**Mr. Tembo:**

What is the sickness?

**Mr. Chishala:**

It is malaria neighbour. I was very foolish, neighbour; instead of sleeping under the insecticide-treated net, I exchanged the nets for fish at the river and sold some at the tavern for beer.

**Mr. Tembo:**

I think that sounds like a very good idea neighbour.

**Mr. Chishala:**

I was foolish neighbour. See, now I am sick and I won't be able to finish my field on time because I will be down in bed for a few days now.

**Mr. Tembo:**

But what benefits are there in sleeping under a treated net?

**Mrs. Chishala:**

The ITNs are one of the cheaper ways of preventing malaria. If properly used, they prevent malaria by reducing bites from the malaria carrying mosquitoes. Look at your friend. If he hadn't sold the nets I got from the clinic, he wouldn't be sick now.



**Mrs. Tembo:**

The nets also reduce the number of visits to the clinic; we spend less time and money being sick from malaria. Our children will be healthy and be able to attend school regularly.

**Mrs. Chishala:**

Adults like you will have fewer malaria attacks and be able to work and provide for the family. Look at him, he is now tired, he can't afford to provide for the family, so we need him to be well.

**Mr. Tembo:**

Where did you get all this information from?

**Mrs. Tembo:**

At the clinic of course.

**Mr. Chishala:**

Give me the net, I need to cover myself before anymore mosquitoes bite me.

*All burst into laughter, they all exit.*

**END**

### **Discussion Questions:**

1. What are your first thoughts about this play?
2. How did you feel about Mr. Chishala selling the ITNs?
3. Do people misuse the ITNs in this community? How?

4. What can your community do to solve this problem?
5. How does a person get malaria?
6. What are the signs of malaria?
7. Who is at the greatest risk of getting malaria? Why are they at risk?
8. What do ITNs do? Are they safe to use?
9. How do families benefit from preventing malaria?
10. How will you encourage people in this community to sleep under an ITN every night?
11. Was there anything in the play that wasn't clear, or do you have any questions about what you saw in the play?



### Key Messages

1. Malaria is one of the leading cause of illness and deaths in Zambia, especially among children under five.
2. Malaria is preventable by avoiding mosquito bites, for example, sleeping under an insecticide-treated net every night.
3. Pregnant women and children under 5 are most vulnerable to malaria.
4. Mosquito nets should be hung properly to cover the sleeping area and low enough to ensure the net is tucked under the mattress or mat to prevent mosquitoes from getting in.

## Drama: Malaria Treatment

This play focuses on how to correctly drink malaria medicine, how a person needs to finish all the medicine he or she is given, and the importance of children under 5 getting early treatment. This play has three characters that help tell the story. Please feel free to change the play to work with your own community. Look at the key messages at the end of the play; make sure they come out in the play and during your facilitation at the end.



### Cast

Bashi Esnati (Father to Mary)

Ba Sister (Clinic Nurse)

Mary (Under 5 daughter to Bashi Esnati)

### Scene 1

*Opens with Bashi Esnati and Mary sick with malaria, seeing Ba Sister at the health Clinic.*

#### **Ba Sister:**

Bashi Esnati, the stick test shows that Mary has malaria. You did well to bring her to the health centre for malaria testing as soon as her body hotness started.

#### **Bashi Esnati:**

Thank you Ba Sister!

#### **Ba Sister:**

She has been bitten by a mosquito. Is she sleeping under your insecticide-treated mosquito net? Or was your house sprayed?



**Bashi Esnati:**

Ah, no Ba Sister. The mosquitoes don't bother the children like they do Bana Esnati and me. We sleep under the net, and the children cover themselves with a blanket or chitenge.

**Ba Sister:**

Shaking her head.

Oh no Bashi Esnati. It is important that young children, especially those under 5 sleep under an ITN because their bodies are not strong enough yet to fight the malaria germ. So when they get sick with malaria it is even worse than when you or I get it.

**Bashi Esnati:**

But Ba Sister, it may not have even been a mosquito. Maybe it was the sugar cane she ate last Friday. Oh – my friend Bashi Chola says he once got malaria after eating unripe mango. Mary is always eating them even though we tell her not to. Ah! Or, this could be witchcraft Ba Sister!

**Ba Sister:**

I hear what you are saying Bashi Esnati, but malaria cannot come from any of those things. The only way to get malaria is to be bitten by a mosquito carrying the malaria germ. Now, please, Mary drink these pills and drink them as instructed.

**Bashi Esnati:**

Wait, no injection? Pills?

**Ba Sister:**

No injection. Pills.

**Bashi Esnati:**

But injection is power Ba Sister! How will she get stronger?

**Ba Sister:**

Some people believe that, but it is not true. Pills are powerful too, especially these.

**Bashi Esnati:**

But these small malaria pills, what power do they have?

**Ba Sister:**

These small malaria pills, Bashi Esnati, have the power to save lives. These pills are not only powerful for children but for adults too. They will even save your life if you fall sick with malaria. But they must be taken as I tell you. Now please, listen very carefully.

**Bashi Esnati:**

Ok Ba Sister.

**Ba Sister:**

You must follow the instructions when she drinks these pills. She must NOT stop taking them once she feels better. She must always finish all the pills because the malaria germs will still be in her body until all the pills are finished. The germs take a long time to die. Also, you must NOT share these pills with any other person.

**Bashi Esnati:**

But my other children –

**Bashi Esnati:**

Can't I share the pills with the other children if they get malaria and if Mary is feeling better?

**Ba Sister:**

Bashi Esnati, no one should EVER share any medicine with another person. I give you medicine for Mary only and Mary must finish it all. Okay? If you suspect your other children have malaria, bring them to the clinic immediately. The sooner they come, the sooner they will be cured.

**Bashi Esnati:**

I will share this with Bana Esnati. "The sooner they come, the sooner they will be cured." Okay?

**Ba Sister:**

So for Mary, the sooner she completes her treatment, the sooner she will be cured. But, if she doesn't feel better after finishing all her pills or if she gets worse and can't swallow the pills, come back and see me again. Okay?

**Bashi Esnati:**

Okay Ba Sister. I understand, thank you.

**END**

**Discussion Questions:**

1. What are your first thoughts about this play?
2. Do parents sleep under ITNs while their children do not?
3. Why is it important for children to go for early testing and treatment of malaria?
4. How will you teach people in your community the importance of taking children to the clinic at the first signs of malaria?

5. How does a person get malaria?
6. What does not cause malaria?
7. If you suspect your child has malaria, when should you take the child to the clinic?
8. Why must your child continue taking malaria pills when he or she is feeling better?
9. Was there anything in the play that wasn't clear, or do you have any questions about what you saw in the play?

**Key Messages:**

1. Malaria is only caused by the bite of a mosquito that is carrying the malaria germ.
2. Children should be taken to a health centre as soon as they have body hotness, or feel that they may have malaria.
3. At the health centre the child should be tested for malaria. If he or she tests positive then malaria pills should be given.
4. A child must take all the malaria pills he or she is given as instructed by a health worker, and must not stop when he or she is feeling better because the germ will still be in the body and the child could get sick again.

## Drama: Intermittent Preventive Treatment for Pregnant Women (IPTp)

This play focuses on malaria in pregnancy, in particular how to prevent malaria while pregnant. This play has three characters that help tell the story. Please feel free to change the play to work with your own community. Look at the key messages at the end of the play; make sure they come out in the play and during your facilitation at the end.



### Cast

Bashi Mulenga (Husband to Bana Mulenga)

Bana Mulenga (Wife to Bashi Mulenga)

Auntie Ambuya (Chairwoman of the Mother Support Group)

### Scene 1

*Opens with a pregnant Bana Mulenga sweeping as Bashi Mulenga urgently enters.*

**Bashi Mulenga:**

Bana Mulenga! Stop sweeping!

**Bana Mulenga:**

Why? What's wrong?

**Bashi Mulenga:**

You must not visit the clinic any more.

**Bana Mulenga:**

But Bashi Mulenga, I have to see Ba Nurse from time to time about my pregnancy, to make sure everything is okay.

**Bashi Mulenga:**

It is your pregnancy that worries me. Let me feel the baby. Hey! It is kicking me. Hey! Hey! Now, listen to me. My good friend –

**Bana Mulenga:**

Ba Kaputo?

**Bashi Mulenga:**

Ba Kaputo says that they give you pills to stop the baby from growing properly.

**Bana Mulenga:**

What?! Ah, that one, he fills your head with such foolishness.

**Bashi Mulenga:**

I'm very concerned for our baby. Has Ba Nurse given you any pills?

**Bana Mulenga:**

Yes, she has.

**Bashi Mulenga:**

Maiwe!

**Bana Mulenga:**

Please, don't get so upset! Why would she give me pills to hurt the baby? I have also been talking and learning a lot from Auntie Ambuya. She is the chair of the Mothers' Support Group. Let us go talk to her so you won't be worrying anymore.

*Bana and Bashi Mulenga exit to go see Auntie Ambuya.*

## **Scene 2**

*Auntie Ambuya is cleaning up from lunch as Bana and Bashi Mulenga come calling.*

**Bana Mulenga & Bashi Mulenga:**

Odi! Odi!

**Auntie Ambuya:**

Kalibu! Ah, Bana and Bashi Mulenga, it is good to see you both! My, Bana Mulenga, you are looking very fat, this is a day for seeing big bellies! So tell me, what has been happening with you two?

**Bana Mulenga:**

Bashi Mulenga is concerned for the baby. Ba Kaputo told him the pills Ba Nurse is giving me will keep the baby from growing. He is very worried.

**Bashi Mulenga:**

It is true Auntie, those pills, they are no good.

**Aunite Ambuya:**

Oh, Bashi Mulenga, Ba Kaputo is a good friend to you but he is not been trained as a health worker, he doesn't know about such things. Pregnant women must protect themselves from malaria and keep themselves from getting it.

**Bashi Mulenga:**

But Auntie, we are protecting ourselves, we sleep under an insecticide-treated mosquito net every night. Why does she need the pills?

**Aunite Ambuya:**

Because malaria is very dangerous to pregnant women; they need more protection than just the net. If a pregnant woman is bitten at night by a mosquito that is carrying malaria, it may cause her to lose the pregnancy. Or she may give birth to a baby that is very small, smaller than normal, which not safe. Sometimes the baby may die before it is born. Malaria is also harmful to the pregnant woman, not just the child. Malaria can make a woman "anaemic", which means her blood becomes very weak. This weak blood increases her chances of bleeding too much during childbirth which is very dangerous.

**Bashi Mulenga:**

This malaria is bad news for pregnant women. But, I am still worried. What about this: she doesn't take the pills, sleeps under the net every night, and if she gets bit is rushed to the clinic as soon as she feels sick and is treated quickly like other people?

**Aunite Ambuya:**

Bashi Mulenga, it is good that you are so worried for your wife and baby; I can see that you are thinking. The thing is, a pregnant woman may not even know that she has malaria, even though the germs are in her body. She may have no signs at all, no body hotness, no shivering, no sweating, no body pains, nothing!

**Bana Mulenga:**

So Bashi Mulenga, do you see? The germs maybe in my body and I may not even know it. They'll be hurting the baby, I may lose the baby, or it may be born very small.

**Aunite Ambuya:**

That's right. To prevent this from happening, Ba Nurse gives every pregnant woman pills, called Fansidar, at three different antenatal visits. It is the Ministry of Health who has said that it is important to give malaria pills to every pregnant woman who comes for antenatal. It is called IPTp, Intermittent Preventive Treatment for Pregnant Women, it prevents malaria from harming pregnant women and their baby.

**Bashi Mulenga:**

And the pills are not harming Bana Mulenga or the baby?

**Auntie Ambuya:**

No, not at all. These pills will NOT stop the baby from growing, or make the baby to be born early. They are also NOT for treating sexually transmitted infections. They are keeping both mother and baby healthy by killing any malaria germs that Bana Mulenga may have. Bana Mulenga may feel sick after taking the pills if she does not eat something with them. It is a good idea for her to bring some groundnuts or cassava when she goes for IPTp.

**Bashi Mulenga:**

Ah, Auntie Ambuya – I am very cross with Ba Kaputo for making me worry like this. What does he know, eh? Nothing....

**Bana Mulenga:**

I agree with you Bashi Mulenga. And I thank you for your concern for me and our baby. Maybe it is better you always listen to Ba Nurse or Auntie Ambuya when it comes to such matters.

**Auntie Ambuya:**

Bashi Mulenga, you may even find it helpful to go to the antenatal visits with Bana Mulenga, and then you won't have anything to worry about.

**END**

**Discussion Questions:**

1. What are your first thoughts about this play?
2. Are these beliefs about IPTp common in your community?
3. Why is it so dangerous for a pregnant woman to get malaria?
4. What does malaria do to a pregnant woman and her baby?
5. Bana Mulenga sleeps under an ITN, why does she also need to take malaria pills?
6. How often does a woman need to take Fansidar during her pregnancy?
7. What does Fansidar do?
8. How can you encourage pregnant women in your community to go for IPTp?
9. What can husbands in your community do to support their pregnant wives?
10. Was there anything in the play that wasn't clear, or do you have any questions about what you saw in the play?

**Key Messages:**

1. Pregnant women must protect themselves from malaria by sleeping under an ITN every night and by taking Fansidar three times during their pregnancy.
2. A pregnant woman may have malaria and not even know it.
3. Malaria may cause the woman to lose the pregnancy, cause the baby to be born early or very small, or the baby and mother may die.

## Drama: Indoor Residual Spraying

This play focuses on the importance of indoor residual spraying, why it works and its safety. This play has three characters that help tell the story. Please feel free to change the play to work with your own community. Look at the key messages at the end of the play; make sure they come out in the play and during your facilitation at the end.

### Cast

Mr. Banda (Neighbour to Mr. Sampa)

Mr. Sampa (Neighbour to Mr. Banda)

Ba Sir (IRS sprayer)

### Scene 1

*Opens with Mr. Banda and Mr. Sampa greeting each other outside their homes.*

**Mr. Banda:**

Neighbour! Good morning. How did you wake?

**Mr. Sampa:**

Neighbour, good morning. I am well. How are the wife and children?

**Mr. Banda:**

We are all well today. Have you heard that the IRS sprayers are coming round to spray the walls of our houses today? Bana Sara is preparing the house, moving the furniture to the centre of the rooms and taking things off the walls. It's free Ba neighbour.

**Mr. Sampa:**

Ah, Ba Banda, you are very foolish. That stuff they spray will only make the pests come out and run around your home, and it is dangerous; it will choke you in your sleep. You will see.

**Mr. Banda:**

The government would not be paying for such a service. Bana Sara and I talked about it, we are having it done. Because we were getting bit at night before we went to bed, the whole family fell sick with malaria at least once last year, even though we slept under ITNs. It's not good for the kids to miss so much school and me missing work. IRS will protect us at night from the malaria carrying mosquitoes when we are not sleeping under the protection of the ITNs.

**Mr. Sampa:**

Neighbour, you will see. You will just become sick and pests will be everywhere.



**Mr. Banda:**

Here comes the sprayer now. He will tell you.

*The sprayer enters and greets Mr. Sampa and Mr. Banda.*

**Ba Sir:**

Hello my friends, how are you?

**Mr. Sampa and Mr. Banda:**

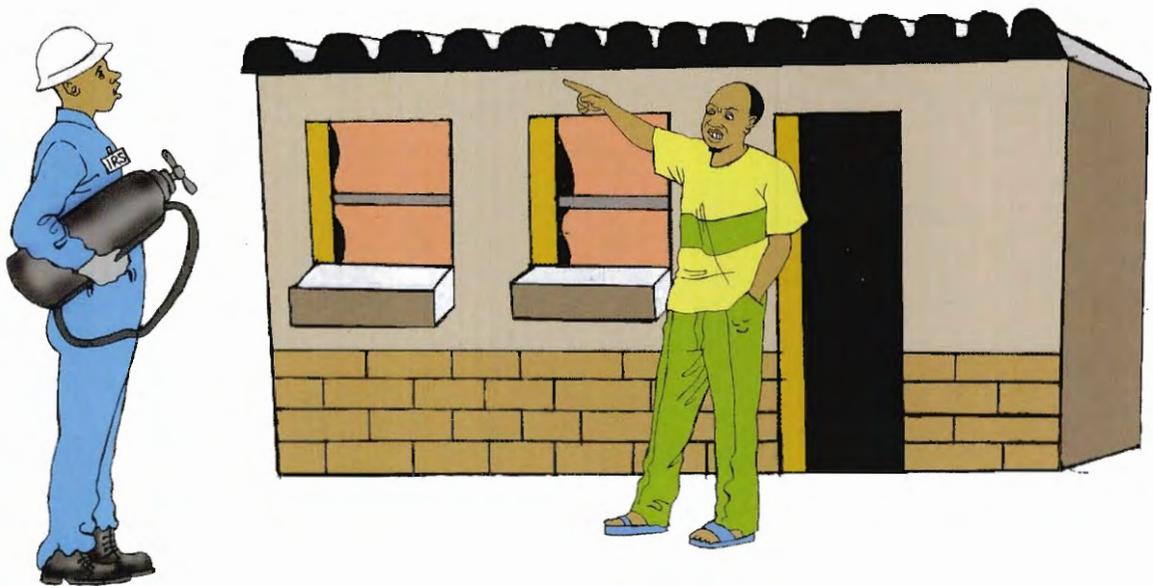
We are well, thank you Ba Sir.

**Ba Sir:**

So, I will be spraying the walls of your homes today? It is a very good decision you have made to have this service done.

**Mr. Sampa:**

Awe. You will not be entering my home. I don't want that poison or the pests it will bring.



**Ba Sir:**

My friend, people have been telling you lies. This spray will protect you and your family from malaria by killing the mosquitoes that land on your walls; that is where they like to rest. It is very safe.

**Mr. Sampa:**

No, I don't think so. It doesn't sound good. Spray my friend's house and we will see what happens.

*Mr. Sampa exits one side. Mr. Banda and Ba Sir exit the other side and Ba Sir begins to "spray" Mr. Banda's house.*

## Scene 2

Enter Mr. Sampa and Mr. Banda.

**Mr. Banda:**

Mr. Sampa, how are you? You are looking tired.

**Mr. Sampa:**

Ah, Ba Neighbour. I am tired. My son Josphat was awake all night, sick with body hotness and vomiting. We think it is malaria. He will miss school and I will miss work to take him to the clinic. My boss will not be happy; I missed work last month when I got malaria.

**Mr. Banda:**

Ba Sampa, I am sorry to hear that. You should have had your house sprayed three months ago. The Madame and the children, we've never been healthier. The rains have come and not one case of malaria. I haven't missed any work and the kids haven't missed any school.

**Mr. Sampa:**

Ah, but what about the pests and the choking?

**Mr. Banda:**

I tried telling you, the spray repels and kills malaria carrying mosquitoes. It is completely safe for humans, just like sleeping under an insecticide-treated net. It saves money on treatment, and keeps you and your family healthy my neighbour. When the IRS man came all we had to do was leave our house for two hours while the walls dried and then it was safe to go back into it. There was no choking, no trouble breathing. And the pests –

**Mr. Sampa:**

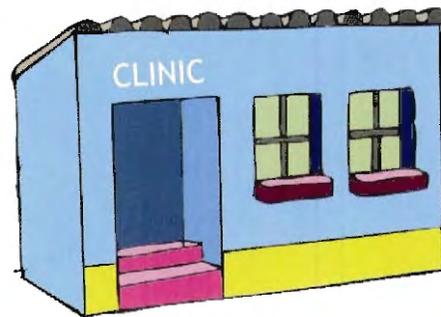
Yes! The pests, they are bad, no?

**Mr. Banda:**

No my friend. It is true the spray does bother the pests. They will run around for a short bit, but eventually the mosquitoes and cockroaches will die or go back to their hiding places. It is a short nuisance to bear for such protection from malaria.

**Mr. Sampa:**

I am hearing what you are saying neighbour. But, isn't it enough to sleep under the ITN?



**Mr. Banda:**

It is good that you use an ITN, but if you do not use it properly and leave any part of your body exposed, or if you are up late at night inside your home, IRS will provide extra protection. IRS keeps your house from being a safe place for malaria mosquitoes to hide in our community. By spraying you not only protect you and your family, but the whole neighbourhood too!

**Mr. Sampa:**

I believe I was misled in thinking that IRS was bad for me. I was so foolish. I could have prevented Josphat from getting malaria. When is the next time I can have my house sprayed?

**Mr. Banda:**

Houses are sprayed for free once a year by the Ministry of Health; our local health facility will be able to tell you when the next spraying is.

**Mr. Sampa:**

I will ask first thing when I take Josphat to the clinic. Thank you Mr. Banda.

*The two men shake hands and exit.*

**END**

**Discussion Questions:**

1. What are your first thoughts about this play?
2. Do people in your community believe IRS is unsafe?
3. How can you help convince people in your community to have their houses sprayed?
4. What are the benefits of IRS?
5. Mr. Sampa sleeps under an ITN. Why does he also need to have his house sprayed?
6. Was there anything in the play that wasn't clear, or do you have any questions about what you saw in the play?

**Key Messages:**

1. IRS prevents malaria by gradually killing the malaria causing mosquitoes when they land on the walls of the house.
2. IRS only harms mosquitoes, not humans.
3. Two hours after the house has been sprayed, people may re-enter.
4. Houses should be sprayed at least once a year before the rains come.

## Malaria Quiz

1. Malaria can be transmitted by the following ways:  
(Check ALL that are correct)
  - a. Bite from a mosquito
  - b. Bite from a flea
  - c. Being rained on
  - d. Not wearing enough warm clothes
  - e. Drinking too much Chibuku
2. Malaria is one of the leading causes of death and illness in Zambia.
  - a. True
  - b. False
3. Male mosquitoes are the ones that transmit malaria.
  - a. True
  - b. False
4. After a mosquito bite how soon will symptoms of malaria appear?
  - a. After 6-12 hours
  - b. After one day
  - c. After two months
  - d. After nine days
5. What time of day is most malaria transmitted from mosquitoes to humans?
  - a. Noon to 1800 hrs
  - b. 1800 hrs to 2200
  - c. 2200 to 0600 hrs
  - d. In the morning after sunrise
6. What is the best drug available to treat uncomplicated malaria in Zambia?
  - a. Fansidar
  - b. Chloroquine
  - c. Coartem
  - d. Proquanil
7. Where do mosquitoes typically lay their eggs?
  - a. In soil
  - b. In bird nests
  - c. In standing water
  - d. Inside homes
8. Who are the most vulnerable to severe malaria?  
(Check ALL that apply)
  - a. Women
  - b. Children under 5 years old
  - c. Teenagers
  - d. Men
  - e. Pregnant women
  - f. HIV positive persons
9. Insecticide-treated bed nets should only be used during the rainy season.
  - a. True
  - b. False

10. Pregnant women should take a drug three times during their pregnancy. Which one?
  - a. Chloroquine
  - b. Quinine
  - c. Fansidar
  - d. Coartem
  - e. Malarone
  - f. Proquanil
  
11. After the inside of a house is sprayed with insecticide, the family can go back inside within:
  - a. 5 minutes
  - b. 30 minutes
  - c. 2 days
  - d. When it is dry (usually about 2 hours)
  - e. 1 hour
  
12. Indoor spraying of insecticides does the following:  
(Check ALL that are correct)
  - a. Kills mosquitoes
  - b. Acts as a repellent so mosquitoes don't want to enter the house
  - c. Kills all other insects in the house
  - d. Upsets cockroaches but doesn't keep them away
  - e. Requires specialized training to do
  
13. Bed nets protect persons who sleep under them by: (Check ALL that are correct)
  - a. Repelling mosquitoes because of insecticides in the net
  - b. Providing a barrier to keep mosquitoes from landing on the people sleeping under it
  - c. Killing mosquitoes
  - d. Increasing the temperature of the room
  
14. Bed nets should be kept in a plastic bag and not used until the rainy season.
  - a. True
  - b. False
  
15. How many ITNs has the Zambian Government distributed since 2005?
  - a. 500,000
  - b. 1,000,000
  - c. 2,500,000
  - d. Over 5,000,000

## Malaria Quiz Answers

1. Malaria can be transmitted by the following ways  
*a. Bite from a mosquito*
2. Malaria is one of the leading causes of mortality and morbidity in Zambia.  
*a. True*
3. Male mosquitoes are the ones that transmit malaria.  
*b. False*
4. After a mosquito bite how soon will symptoms of malaria usually appear?  
*d. Usually 9 days or more after a bite.*
5. What time of day is most malaria transmitted from mosquitoes to humans?  
*c. 2200 to 0600 hrs*
6. What is the best drug available to treat uncomplicated malaria in Zambia?  
*c. Coartem*
7. Where do mosquitoes typically lay their eggs?  
*c. In standing water*
8. Who are the most vulnerable to severe malaria?  
*b. Children under 5 years old*  
*e. Pregnant women*  
*f. HIV positive persons*
9. Insecticide treated bed nets should only be used during the rainy season.  
*b. False*
10. Pregnant women should take which drug three times during their pregnancy?  
*c. Fansidar*
11. After the inside of a house is sprayed with insecticide the family can go back inside within:  
*d. When it is dry (usually about 2 hours)*
12. Indoor spraying of insecticides does the following:  
*a. Kills mosquitoes*  
*b. Acts as a repellent so mosquitoes don't want to enter the house*  
*d. Upsets cockroaches but doesn't keep them away*  
*e. Requires specialized training to do*
13. Bed nets protect persons who sleep under them by:  
*a. Repelling mosquitoes because of insecticides in the net*  
*b. Providing a barrier to keep mosquitoes from landing on the people sleeping under it*  
*c. Killing mosquitoes*
14. Bed nets should be kept in a plastic bag and not used until the rainy season.  
*b. False*
15. How many ITNs has the Zambian Government distributed since 2005?  
*d. Over 5,000,000*





