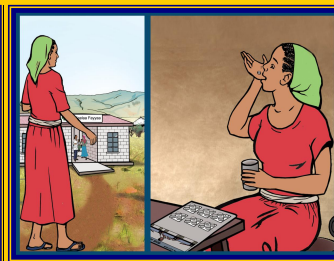
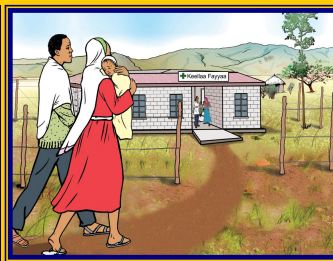


# Essential Malaria Actions For Ethiopian Families

## MESSAGE TOOL



Working Draft

# Acknowledgements

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## Preface

The value of communication is becoming increasingly an essential component in malaria control strategies; however, communication is only as effective as the consistency and universality of the message being conveyed. It is to the credit of the National Malaria Control Support Team (NMCST) that a Malaria Communication Taskforce was set up in 2008 to inject greater strategic coherence and harmonization of malaria treatment and control messages. I am honored to have overseen the Malaria Communication Taskforce, chaired by the Federal Ministry of Health with the participation of more than twenty partner organizations and representatives of Regional Health Bureaus, and to be part of the creation and harmonization of a series of essential communication messages, that will serve as the foundation for all behavioral change communication (BCC) activities and projects in Ethiopia.

There is an increasing wealth of experience and evidence, especially in Ethiopia, demonstrating the value of effective, evidence-based BCC approaches in mobilizing political support and leadership for malaria control at all levels; in empowering people affected by malaria to use Long-Lasting Insecticide Treated nets (LLINs); reducing treatment delay; improving treatment seeking behavior; and boosting adherence to treatment. Core to this increasing wealth of experience is the realization that for BCC to be effective, a common set of messages must be developed and universally-adopted by all implementing organizations.

This document sets out Eight Essential Malaria Actions (EMAs) that will be the foundation for all IEC/BCC activities and projects. These EMAs represents a historic change in communication policy through the unprecedented cooperation of partners in creating these messages and through the integration of these essential actions into all Information Education Communication / Behavior Change Communication (IEC/BCC) materials across all implementing organizations. We believe the Essential Malaria Actions set out in this message tool will play a critical role by increasing knowledge and motivating prevention and treatment behavior among those most at-risk and supporting the nationwide elimination of malaria, as a public health threat.

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## List of Acronyms

ACT	Artemisinin-based Combination Therapy
BCC	Behavior Change Communication
C-Change	Communication for Change
EMA	Essential Malaria Actions
FAQs	Frequently Asked Questions
FMOH	Federal Ministry of Health
HEEC	Health Extension and Education Centre
HEWs	Health Extension Workers
IEC	Information, Education and Communication
IRS	Indoor Residual Spray
ITN	Insecticide Treated Nets
LLINs	Long-Lasting Insecticide Treated Nets
MSH	Management Sciences for Health
NMCST	National Malaria Control Support Team
ORHB	Oromia Regional Health Bureau
PMI	President's Malaria Initiative
RDT	Rapid Diagnostic Test

## Introduction

In recent years, the Federal Ministry of Health (FMOH) has significantly scaled-up malaria-related interventions that promote long-lasting insecticide treated nets (LLINs), artemisinin-based combination therapy (ACTs) and rapid diagnostic tests (RDTs). These steps have increased access to preventive commodities and have resulted in tremendous progress in malaria prevention and control. However, as indicated in recent studies like the Malaria Indicator Survey (2007), lack of awareness and inadequate knowledge among rural populations on preventive, diagnostic and curative interventions were probable contributors to the under-utilization of mosquito nets and treatment services.

Although there are a number of important ongoing communication initiatives to raise awareness about malaria in Ethiopia, there were no active coordinating mechanisms, no overarching communication guidelines and lack of significant capacity to develop quality communication on malaria, within existing structures and systems. Cognizant of this, the National Malaria Control Support Team (NMCST) recommended that a Malaria Communication Taskforce be established to undertake the responsibility of establishing a coordinating mechanism. The Malaria Communication Taskforce is chaired by the FMOH and works closely with Regional Health Bureaus. Members of the taskforce are experts from various organizations working in malaria prevention. The Taskforce held workshops with key malaria prevention stakeholders to develop priority malaria health actions at the family and community levels. The Taskforce and key stakeholders identified and prioritized eight Essential Malaria Actions (EMAs), which are crucial to malaria prevention and control.

These eight EMAs, with draft illustrations were pre-tested in different areas of the country. Findings were analyzed and presented to the Malaria Communication Taskforce during a Message Finalization Workshop in April 2009. The final eight EMAs are presented in this guide. For further details on how the EMA messages were developed - See Annex 1

The goal of the “Essential Malaria Actions” Message Tool is to help health systems and organizations working in malaria prevention and control, to standardize messages in communication efforts at the national level. A unified communication approach will increase the effectiveness of communication efforts and systematically reinforce each other’s efforts.

## How to Use This Tool

This tool is intended to increase the effectiveness of behavior change communication (BCC) messages on malaria prevention, through harmonized message delivery across all implementing organizations. You can use this tool for malaria prevention messages, when developing your communication materials. As noted in the introduction, the eight EMAs have been developed, pre-tested and finalized, with the input of numerous stakeholders. The key to reinforcing malaria prevention messages across all implementing agencies is to use the same messages, with modifications based on locally appropriate language, regional and cultural contexts in all communication efforts. Messages in this tool are crafted in such a way that they can easily be adapted to different regions, cultures and languages.

## Analyzing Messages

Messages in this tool have been developed around small do-able actions – actions that Ethiopian families can easily understand and carry out.

Traditionally, BCC materials and programs have focused on increasing knowledge and awareness of health behaviors. However, increasing knowledge is not enough to influence people to change their behavior. People are more likely to change their behavior when they know specifically what they need to do and how their action will benefit either themselves or their families.

To successfully change behavior, do-able actions do not take much time or effort to carry out. They are not complicated or expensive. Messages in the “Essential Malaria Actions” specify the intended action (what?), target a specific audience (who?) and explain the health benefit of the action (why?).

### Example:

*All family members should sleep under long-lasting insecticide treated nets (LLINs) every night.*

An analysis of this message answers the following three basic questions.

- **What** is the action? Sleep under long lasting insecticide treated nets (LLINs).
- **Who** is the target audience? Family members.
- **Why** should I carry out this action? It is the easiest way to protect your family against malaria.

## The Eight Essential Malaria Actions

<b>Essential Malaria Actions</b>		
<b>What?</b>	<b>Who?</b>	<b>Why?</b>
All family members should sleep under LLINs, every night.	All Family Members	Sleeping under LLINs is the easiest way to protect your family against malaria.
Give priority to pregnant women and children under five (U5) to sleep under LLINs, every night.	Husband/Wife	Pregnant women and children under five are the most vulnerable to malaria. They have less resistance to fight off malaria.
Whenever a family member has a fever, take them to the nearest health facility, immediately.	Parents/Caretakers	Early treatment will prevent malaria from becoming more dangerous.
Take full dose of the anti-malaria drugs prescribed to you by health personnel, including HEWs.	Patients/Parents	It is important to finish all your anti-malaria drugs as prescribed by health personnel, to be completely cured from malaria.
Do not interrupt or share your anti-malaria drugs prescribed to you by health personnel.	Patient	If the prescribed anti-malaria drug is not taken appropriately, patients will not be cured and the disease could relapse.
Cooperate with sprayers during indoor residual spraying (IRS) period.	Family Members	IRS helps families keep their house free from malaria transmitting vector mosquitoes.
Do not re-plaster your home for six months after your house has been sprayed.	Family Members	Re-plastering reduces the effectiveness of the IRS.
Wash your LLIN with 'regular' soap and hang or lay to dry in the shade.	Husband/wife	Washing your LLIN will help to maintain the effectiveness of the insecticide.



## Frequently Asked Questions (FAQs)

**Q: Are the FAQs exhaustive?**

**A:** The FAQs outlined in this tool were proposed by representatives of the organizations that developed the message tool. The FAQs have been arranged around four thematic areas: LLINs, IRS, Early Treatment Seeking Behavior, and Adherence to Treatment.

**Q: Can my organization join the National Malaria Communication Taskforce?**

**A:** All agencies that implement malaria prevention activities are encouraged to join the National Malaria Communication Taskforce. Interested agencies may contact the Secretary of the National Malaria Communication Taskforce, located at Academy for Educational Development (AED)/Communication for Change (C-Change) Ethiopia offices, located on Meskel Flower Road. Please contact AED/C-Change by email at [sgirma@fhi360.org](mailto:sgirma@fhi360.org) or by calling (011) 840-0218 or contact the FMOH, for further details.

**Q: Can my organization benefit from print materials or training programs which have already been developed for malaria prevention?**

**A:** Using any communication material containing the eight EMAs is subject to individual agencies' discretion. For a list of agencies and materials, please contact the National Malaria Communication Taskforce at the address specified above.

**Q: Are the terminologies used in “Essential Malaria Actions” Message tool accurate?**

**A:** “Essential Malaria Actions” Message Tool has been developed with the assistance of the FMOH and key stakeholders and experts working in malaria prevention programs. Professional translators were employed to ensure all terms in Amharic and Oromiffa are accurate. All facts outlined in this tool are in compliance with the National Strategic Plan for Malaria Prevention, Control and Elimination (2010 – 2015), which are evidence based and in line with the current malaria situation in Ethiopia.

## FAQs on Malaria

**Q: What is Malaria?**

**A:** Malaria is caused by microscopic blood parasites known as plasmodium, which is transmitted through female anopheles mosquito bites.

The plasmodium organism infects the human red blood cells and disturbs the function of the brain. If early treatment is not effected, it can also make the human liver and kidneys fail and lead to death.

**Q: What are the signs and symptoms of Malaria?**

**A:** A person infected with malaria suffers from:

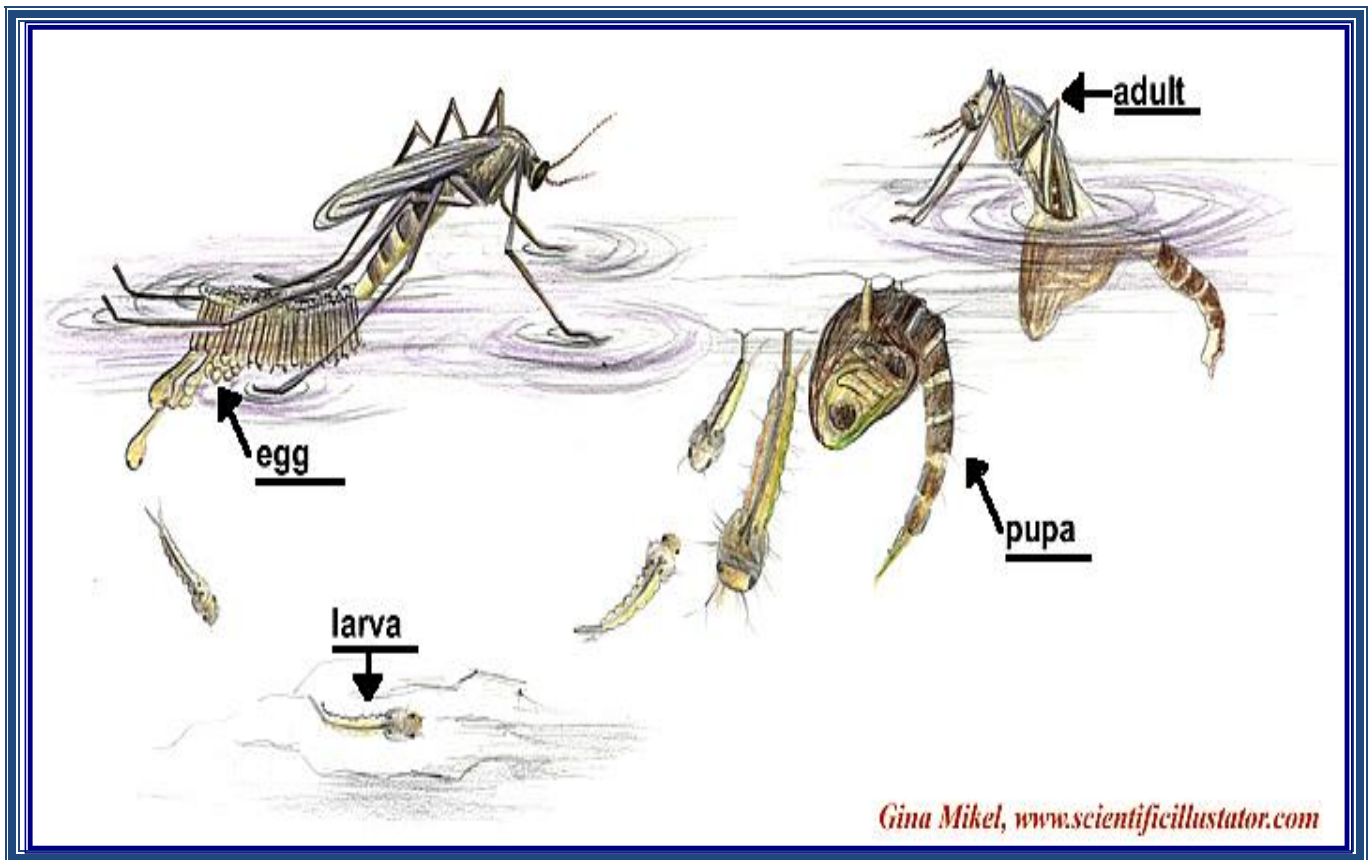
- Severe headache
- Fever (most common symptom)
- Lack of appetite
- Vomiting
- Shivering and chills
- Sweating
- Diarrhea
- Convulsions
- Backache and joint pain.



**Q: How is malaria transmitted?**

**A:** Malaria transmission from an infected person to a healthy person is through the bite of a female anopheles mosquito. Mosquitoes usually bite and suck on human blood in the evening and night time.

When the female anopheles mosquito bites a person infected with malaria, it draws blood infected with malaria parasite. The malaria vector mosquito often breeds and develops in an environment that is suitable for mosquito breeding such as, intermittent rivers, ponds, stagnant water, slow running irrigation water, small water collections, shallow dams, swampy and marshy areas, abandoned tires, broken clay pots and animal foot prints.



**Diagram of the mosquito life cycle**

**Q: How is malaria prevented?**

**A:** Families can protect themselves from the disease by always sleeping under LLINs, cooperating to have their houses sprayed with IRS, seeking early treatment, taking the full course of malaria medicine, as prescribed by health personnel and environmental management. Other preventive measures include, wearing clothes to cover legs and hands at night and using mosquito repellent ointment.

**Q: What is the malaria situation in Ethiopia?**

**A:** In Ethiopia, malaria is a major public health problem affecting a large number of the population. 68% of the country's land is malarious. Malaria severely impacts the health, socio-economic and agricultural sectors and impedes development. Following are a few facts on the current malaria situation:

- Estimated number of people living in malarious areas: - 50 million
- More than 3 million malaria cases are reported each year, in Ethiopia
- Number of LLINs distributed to families in Ethiopia since 2006: - 18 million

**Q: What is the economic impact of malaria?**

**A:** The main malaria season in Ethiopia corresponds with the annual harvest and as such, impacts the population engaged in agriculture, the most. Farmers and family members lose their precious time in the fields during the harvest, either because they or their children have malaria. People outside the agricultural sector also lose time away from work and children are frequently absent from school, as a result of malaria.

Secondary effects of malaria, such as anemia in pregnant women, also reduce a woman's ability to work, productively.

**Q: If a pregnant woman is infected with malaria, will it generally be more serious?**

**A:** Malaria has particular dangers for pregnant women. Pregnant women are particularly vulnerable to malaria, as pregnancy reduces a woman's immunity to malaria, making her more susceptible to malaria infection. Malaria may cause a miscarriage, severe anemia and intra-uterine death. Maternal malaria also increases the risk of spontaneous abortion, stillbirth, premature delivery, and low birth weight.

**Q: If a mother has malaria and she is breastfeeding, will her milk infect her baby?**

**A:** No. Malaria cannot be contracted through breastfeeding the child. Interrupting breastfeeding will make your baby weak and more vulnerable to sickness.



***Give priority to pregnant women and children U5 to sleep under LLINs, every night.***

**Q: Why are children under five at higher risk of malaria?**

**A:** Children under the age of five do not have fully developed immune systems and therefore have less resistance to fight off malaria. Children who survive an episode of severe malaria infection may suffer from learning impairments and or brain damage.

## FAQs on LLINs

**Q: What are LLINs?**

**A:** Long-Lasting Insecticide Treated Nets (LLINs) are mosquito nets treated with insecticide that will kill malaria vector mosquitoes on contact. The insecticide used on LLINs last for up to three years (or 20 washes).

**Q: Why is sleeping under an LLIN so important?**

**A:** Malaria is transmitted through mosquito bites late in the evening and early morning hours. Therefore, families can protect themselves from the disease by always sleeping under LLINs.



***All family members should sleep under LLINs, every night.***

**Q: What is the correct way to hang and use LLINs?**

**A:** LLINs come in two different shapes, conical or rectangular. A conical net has one loop and it is easier to hang, from the ceiling. A rectangular net has six loops. Tie the loops with additional ropes and secure the ropes onto nails, to hang on the wall or ceiling of the sleeping area.

Make sure that the LLINs are hung and spread over the sleeping area. The edges of the LLIN need to be tucked under the mattress or floor mat or by using logs on all corners of the sleeping area before sleeping, to prevent mosquitoes from entering. For more information, [please refer to the “How to Hang a LLIN” leaflet in Annex 2.](#)



**Q:** How many people can sleep under one mosquito net?

**A:** This depends on the size of the LLIN, but on average two or three people may sleep under one LLIN.

**Q:** What can we do if our LLIN gets old or damaged?

**A:** LLINs which are available in Ethiopia, last for up to three years or 20 washes. However, if the net is torn, burnt, or worn out it will no longer be effective and therefore must be replaced. Until families can replace their old nets, they should mend or maintain their LLINs, if it has small holes, by sewing it, with a needle and thread.

**Q:** **How should LLINs be washed?**

**A:** Wash your LLIN with regular soap and water, whenever it gets dirty. Detergents and bleach like *OMO* or *Barekina* should not be used on LLINs, because it will neutralize the insecticide on the LLIN and may make the net more prone to tear and wear. After washing, LLINs should always be hung or laid to dry, in the shade.



**Wash your LLIN with 'regular' soap and hang or lay to dry in the shade.**

**Q:** **When should LLINs be washed?**

**A:** LLINs may be washed whenever they get dirty or get stained. Most LLINs can be washed up to 20 times, as the insecticide on the LLIN will last for an average of three years.

**Q:** **If the LLIN is washed, will it lose its effectiveness in killing mosquitoes?**

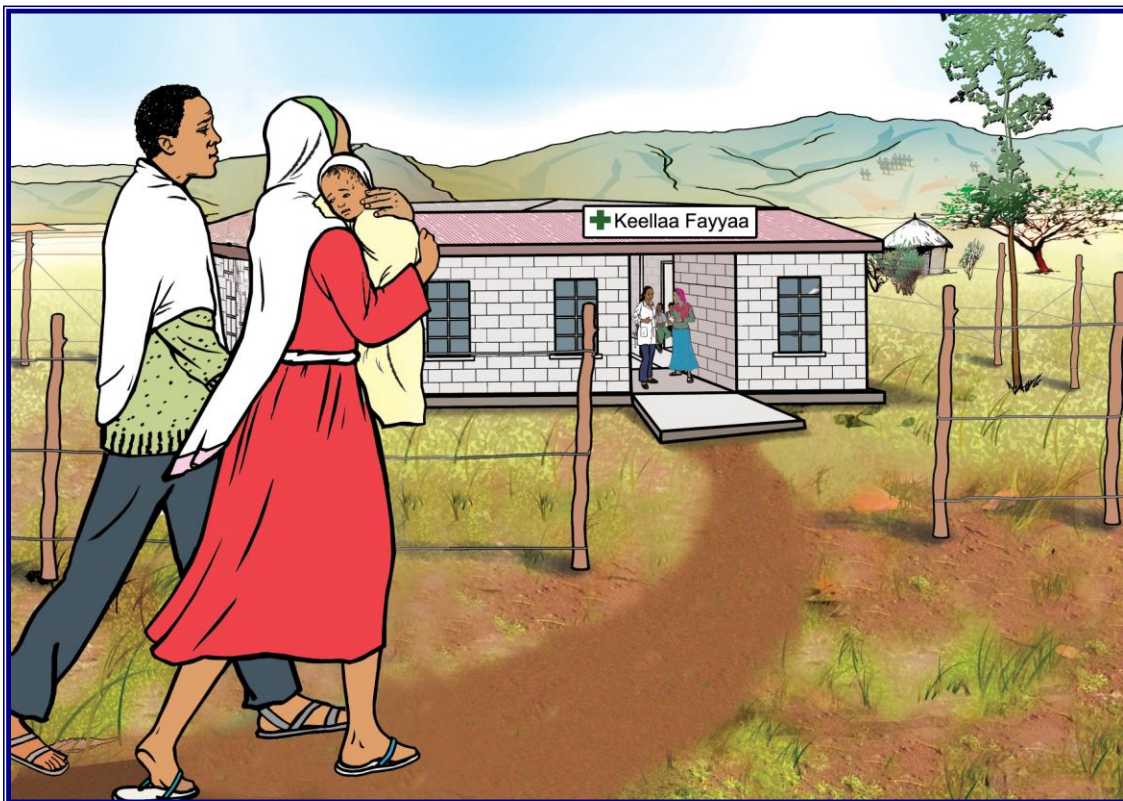
**A:** The LLINs distributed and sold in Ethiopia may be washed up to 20 times (over three years), without losing their effectiveness.

## **FAQs on Early Treatment Seeking Behavior**



**Q: Why is it necessary to take a family member with a fever to a health facility, immediately?**

**A:** Fever is a sign of a serious illness such as malaria, especially in children under the age of five. The easiest way to avoid the malaria from becoming dangerous is to seek immediate and accurate diagnosis and begin treatment. If medical treatment is not given quickly, the disease will become more severe and result in medical complications. For more information, please refer to the “Serious Malaria Symptoms” in Annex 3.



***Whenever a family member has a fever, take them to the nearest health facility, immediately.***

**Q: What is wrong with waiting a few days before taking a family member with a fever to the health facility?**

**A:** Delaying treatment gives the malaria a chance to develop into a dangerous form of the disease, especially for pregnant women and young children and may lead to severe complications and death. For more information on the repercussions of delaying treatment, please refer to the “Serious Malaria Symptoms” in Annex 3.

**Q: Are traditional medical healers suitable for malaria treatment?**

**A:** Traditional healers do not have the proper skills and diagnostic equipment to identify the cause of a fever, accurately. Thus, an incorrect diagnosis may result in delaying proper treatment at a health facility. As a result, a sick person may develop serious complications, which may lead to death.

**Q: What if a sick person is unable to leave the house to get treatment?**

**A:** In most communities, home based treatment for malaria is provided by Health Extension Workers (HEWs). If a sick person is unable to reach the health facility, because of serious illness, family members should contact a HEW to provide home care treatment or referral to a health facility. Unfortunately, if such an opportunity is not available, family members, neighbors or volunteers should cooperate to urgently take the patient to the nearest health facility for proper medical care.

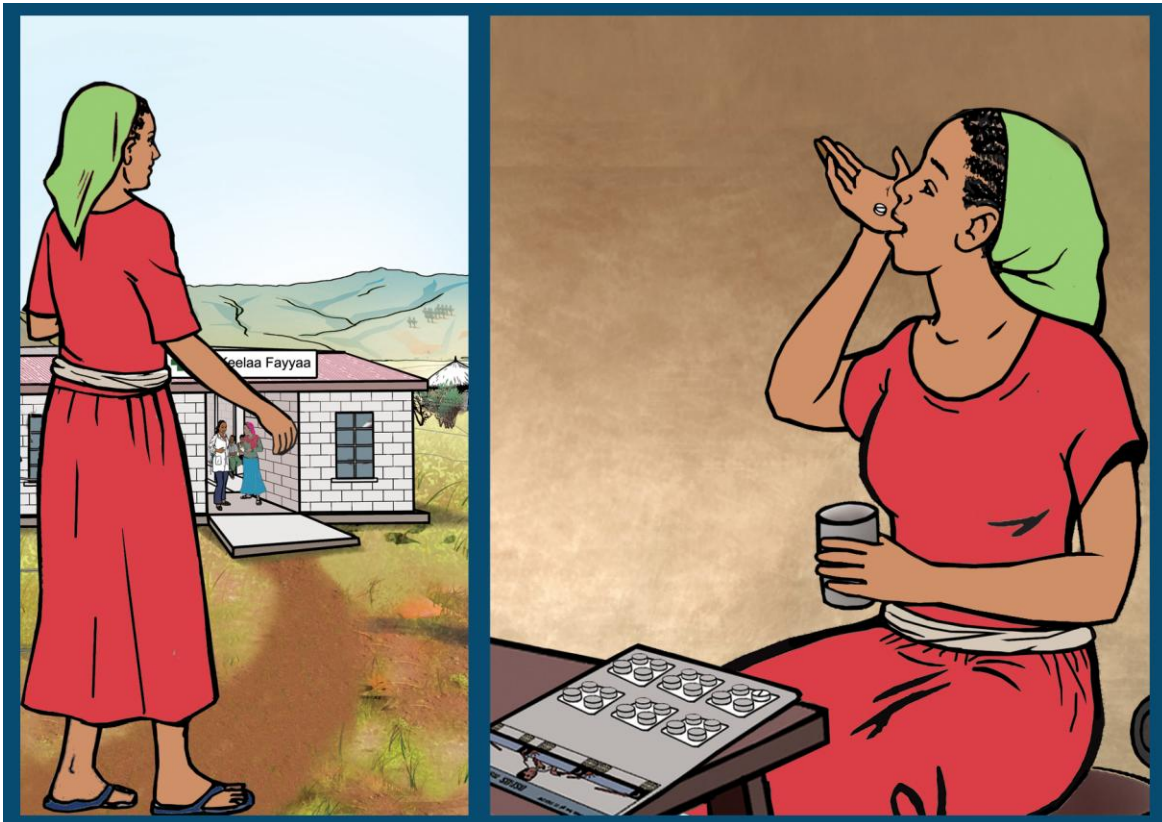
## FAQs on Adherence to Treatment

**Q: Is there a specific time to take anti-malaria drug?**

**A:** Yes. The first dose is taken immediately and the remaining doses should be taken in accordance with the prescription of health personnel, usually with a full glass of water. The patient or the care giver should ask health personnel to clarify the correct dosage and regiments of the prescribed anti-malaria drug.

**Q: Why is it important to take the full course of the anti-malaria drugs as prescribed?**

**A:** If the full course of anti-malaria drugs is not taken, some parasites will remain in a person's body and the disease will relapse. Therefore to get fully cured, the patient should complete the full course of the anti-malaria drugs, as prescribed by health personnel.



***Take full dose of the anti-malaria drugs prescribed to you by Health personnel, including Health Extension Workers (HEWs).***

**Q: What should be done if the anti-malaria drug prescribed does not cure a person?**

**A:** If the patient taking the prescribed anti-malaria drugs has not seen any improvement, he/she needs to go back to the health facility, for further consultation. Health personnel will prescribe different medication or give medical advice, as required.

**Q: Why is sharing the anti malaria drug with someone else not advisable?**

**A:** Sharing your medicine with someone else in your family is forbidden, due to the following reasons:

- The disease may relapse again, if the prescribed full dose of anti-malaria drugs is not taken.
- If the patient is not taking the full dose, the malaria parasite will create resistance in the body. In the future, even if the patient takes the full course of malaria treatment, the patient may not recover fully. The patient should take the right dose as prescribed by health personnel.



***Do not interrupt or share your anti-malaria drugs prescribed to you by health personnel.***

## FAQs on Indoor Residual Spraying (IRS)

**Q: What is the use of IRS?**

**A:** Indoor Residual Spraying (IRS) is the most widely and commonly used process, whereby an insecticide chemical for vector control is sprayed on the walls of residential houses. When mosquitoes rest on the sprayed walls, the chemical will intoxicate and kill them. Hence, the mosquitoes will not be able to live long, and therefore be unable to transmit the malaria parasite.

**Q: How do community members know about IRS and when sprayers are coming to the Kebele level?**

**A:** IRS times are officially announced by the respective woreda health offices and health posts, ahead of time, to allow IRS sprayers with enough time to reach several houses and families, in that community. This will help families to make the necessary preparations.



***Cooperate with sprayers during indoor residual spraying (IRS) period.***

**Q: How should residents cooperate with the IRS team?**

**A:** There are many ways you can cooperate with the IRS team:

- Agree to have your house sprayed
- Be available when sprayers come to your household
- Provide adequate water for the spray teams to help them mix the insecticide powder.

**Q: What can families do to prepare for their house before spraying?**

**A:** Families can prepare for the spraying team by following the directions provided by the spraying teams, before their visit, for example:

- Removing food, food preparation appliances and utensils from the home and taking them outside. Making sure all food items and utensils are covered with a clean cloth, to avoid contamination.
- Cleaning the house properly and disposing of any garbage.
- Covering beehives with plastic sheets, to protect the bees in the hive, from the chemical.
- Removing domestic animals, such as chicks or pets from the house, so they are not exposed to the chemical.

**Q: What if neighbors refuse IRS?**

**A:** Malaria is a common health problem. Everyone in the community should cooperate with sprayers during IRS. If neighbors do not have their houses sprayed, the malaria vector mosquitoes will get a chance to survive and there could be a chance of re-infection. It is important to cooperate with sprayers, by motivating friends and neighbors to have their homes prepared for spraying. They should teach community members and households about the benefits of IRS.

**Q: Why is re-plastering not advisable after spraying is complete?**

**A:** IRS is a process of spraying insecticide on the walls inside a house, to kill or repel malaria vector mosquitoes that transmit the malaria parasite. This prevents the transmission of the disease. If walls are re-plastered, washed or painted after spraying, the insecticide will become ineffective. If the insecticide loses its effectiveness, your family will be exposed to mosquito bites.

**Q: When is it possible to paint or re-plaster the walls?**

**A:** You can paint or re-plaster the walls of your house at least one week before the spraying operation starts. After spraying has been conducted, you must wait for at least six months before re-plastering your walls, in order to protect your family against malaria.



***Do not re-plaster your home for six months after your house has been sprayed.***

**Q: Will spraying houses with insecticide also kill other pests or insects in my house?**

**A:** Yes. Spraying might kill other pests or insects too, but, the main purpose of spraying is to kill the malaria vector mosquitoes. However, some pests do not die from the IRS, but the insecticide will induce insects to come out of cracks or corners of walls, as the chemical will irritate them. This often leads people to think that insects reproduce, as a direct result of spraying. This is not true.

# Annex 1

## How the EMA Messages Were Developed

On October, 2008, AED/C-Change organized a macro-planning workshop to streamline the process and maximize the impact of malaria communication activities. Workshop participants included members of the NMCP and key PMI-supported partners working in malaria prevention and control across Ethiopia. Following the workshop, C-Change assisted with the establishment of a National Communication Taskforce. The taskforce is chaired by the Federal Ministry of Health (FMOH) and works closely with the Oromia Regional Health Bureau. Members of the taskforce are organizations who work in malaria prevention and especially those involved in malaria communication activities.

In February, 2009, during the “Message Harmonization” workshop, taskforce members identified priority malaria health actions, at the family and community level. Twenty priority messages were identified based on the current malaria situation and findings of various studies. Using the VIPP method, the team voted and prioritized eight Essential Malaria Actions (EMAs), which are crucial to malaria prevention and control, at the community level.

Following the workshop, these eight EMA messages, with draft illustrations were pre-tested in different areas of the country. Findings were analyzed and presented to the Malaria Communication Taskforce, during a “Message Finalization” Workshop, in April 2009. During the workshop, participants reviewed messages and illustrations. The input and comments from team members on the EMA illustrations and messages were further improved and pre-tested and are carefully outlined and positioned in this message tool.

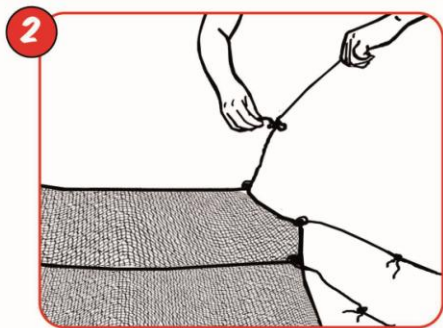


# Annex 2

## How to Hang a Mosquito Net Leaflet



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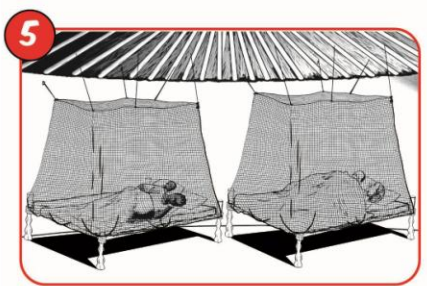
2 በአጎበሩ ዙሪያ በሚገኙት መቋቋሚያዎች ላይ ገመድ ይሰሩ።



3 ከመኝታ በላይ ሚስማር መተው አጎበሩን ይስቀሉ። አጎበሩ በአልጋው ዙሪያ የሚይደርስ ከሆነ ገመድ በመጠቀም ያርዝሙ።



4 ለቤተሰብ ሁሉ በቂ አጎበር ካለሉ ቅድሚያ ለንፍሰጡር ሴትና ዕድሜያቸው ከ5 ዓመት በታች ለሆኑ ህፃናት ይሰጡ።



5 በቂ አጎበር ካለ ቤተሰቡ በሙሉ በአጎበር ስር መሸፈንን ያረጋግጡ አጎበሩንም በፍራሹ ዙሪያ በደንብ ይወሽቁት።



6 የአጎበሩን ንጽህና ለመጠበቅ እንደሚገኘውም ልብስ በውሃና በላሙና ይጠቡ።



7 አጎበሩን ለማድረቅ ጥላ ስር ያስጡ።



## Annex 3

### Serious Malaria Symptoms.

Although fever is the most common malaria symptom, not seeking immediate medical treatment, can lead to serious complications. The disease will become more severe and may lead to the following:

- Altered consciousness (e.g. confusion, sleepiness, drowsiness, coma)
- Inability to eat or drink
- Frequent vomiting
- Convulsions or recent episode of convulsions
- Inability to sit or stand up
- Inability to urinate in the last 24 hours
- Jaundice
- Respiratory distress
- Severe dehydration
- Delirium
- Death

Not going to the health facility to seek treatment or delaying treatment will result in severe complications, including:

- Weight loss
- Splenomegally
- Delirium
- Unconsciousness
- Chills and sweating
- Pancreatic swelling
- Change in pigmentation of the skin (Jaundice)
- Anemia

## Annex 4

### Acknowledgements

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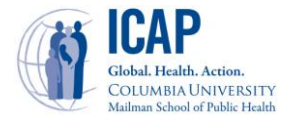
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