



Malaria

Last update: 2024-05-23

Key facts

Transmission: Vector-borne (mosquito)

- Mosquito bite (mostly spread by night-time biting mosquitoes, from sunset to sunrise),
- During pregnancy and delivery, from mother to child
- Organ transplants and blood transfusions from infected donors (rarely)

Most vulnerable to severe consequences

- Infants and children under five years
- Pregnant women
- People living with HIV/AIDS

Most vulnerable to contracting the disease

- Mobile populations and transient people (those moving from low risk to high-risk areas)
- People living or working near mosquito-breeding sites (stagnant water)

General symptoms

- Fever
- Chills/shaking (usually)
- Muscle pain (sometimes)
- Tiredness (sometimes)
- Nausea, with or without vomiting (sometimes)
- Headache (sometimes)
- Back pain (sometimes)

Symptoms of severe malaria

- Any of the general symptoms, usually worsening
- Convulsions

- Loss of consciousness
- Yellowing of the skin and eyes (jaundice)
- Shortness of breath and/or difficulty breathing
- Bleeding
- Dark (or black) urine

What can you do to prevent and control an epidemic?

Vector control and prevention

- Prevent mosquito bites by advocating the use of:
 - Insecticide-treated curtains or screens on windows and doors
 - Personal protection (application of repellents, wearing long sleeved clothes)
 - Insecticide-treated bed nets
- Initiate elimination of mosquitos and breeding sites
 - Outside:
 - Promote removal of standing water and scrub around communities, application of larvicides
 - Promote community clean-up campaigns to remove rubbish and cover water containers
 - Indoors:
 - Support any ongoing indoor residual spraying (IRS)

Monitoring the community and identifying sick people

- Identify people in the community with suspected malaria according to the community case definition

Treatment and management

- Rapidly detect and refer suspected cases to health facilities
- Promote intermittent prevention therapy (IPT) for pregnant women and infants
- Promote chemoprophylaxis (anti-malaria medicine) for vulnerable populations (when applicable)
- Promote early treatment, especially for vulnerable groups and severe infections
- Provide psychosocial support to the sick person and their family members

Social mobilization and behaviour change

- Increase social mobilization and behaviour change communication
 - Promote the use of insecticide-treated bed nets and curtains, IPT, IRS and chemoprophylaxis

Immunization

- Support mass vaccination campaign (if available)

Mapping and community assessment

- Make a map of the community.
- Mark the following information on the map:
 - How many people have fallen sick with malaria? Where?
 - How many people have died? Where? When?
 - Who and where are the vulnerable people?
 - Where are the local health facilities and services? (include traditional healers)
- Record the following information on the back of the map:
 - When did people start to fall sick with malaria?
 - Who (which groups) are the most affected?
 - How many people are receiving antimalarial medicines?
 - How many people have become severely ill (see symptoms of severe malaria)? Where?
 - How many people live in the affected community?
 - How many are children under five years?
 - How many are pregnant women?
 - Do people generally cover their water containers (inside and outside)? Who is responsible for the maintenance of containers for household drinking water and for vessels to do laundry; is it women or men?
 - How does the community usually remove standing, stagnant water?
 - How common is it for people to live in houses with insect screens on windows and doors?
 - How common is it for people to sleep under insecticide-treated bed nets?
 - How many children and pregnant women sleep under a bed net at night?
 - Are nets hung up and maintained properly?
 - If people are not using nets, why not?
 - What are the community's habits, practices and beliefs regarding indoor spraying?
 - Are children badly affected by malaria? Are there other groups (specific ages, occupations, geographic areas, etc.) that are badly affected?
 - What are the community's habits, practices and beliefs regarding use of repellents, sprays, etc.?
 - Have the authorities established a vector control programme?
 - Is a social mobilization or health promotion programme in place?
 - Which sources do people use/trust the most for information?
 - Are there rumours or misinformation about malaria? What are the rumours?

Volunteer actions

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01. Community-based surveillance

Overview

- Community-based surveillance is the systematic detection and reporting of significant public health events (such as sudden illness or death in people or animals) within a community by community members and volunteers. It is a simple, adaptable, low-cost public health initiative designed to complement early warning systems for potential epidemic diseases.
- Volunteers use something called a “community-case definition” to detect and report signs and symptoms of potential diseases, health risks and events, and support in community actions and response of local health authorities. Community case definitions are designed to align with the local language and do not require medical training to report on.
- Information discovered during surveillance should be shared with the local branch and health authorities based on the agreed protocol.
- Community-based surveillance (CBS) can be done alongside other health, WASH or community engagement activities in your community, and therefore is not a stand-alone activity, but one that is useful to partner with other community-based activities.
- Community-based surveillance aids in
 - Early detection of public health risks within the community
 - Complementing early warning systems, extending them to the community
 - Linking early detection to early action within the community

What to do and how to do it

- Preparation activities
 - Work with supervisors in mapping community needs and human, animal and environmental disease priorities (see Action tool [Community mapping](#))
 - Familiarize yourself with the disease that may be present in your community including signs and symptoms
 - Establish who is vulnerable in the community. Doing this will help you to identify people who are more likely to fall sick
 - Ensure referral mechanisms are clear in case community members fall sick and require referrals to health facilities for care.
 - Engage in community engagement activities such as mobile cinema, house-to-house visits, etc. to remain active and a known resource in the community.
- Recognize
 - Detect signs and symptoms corresponding to human, animal or environmental health risks or events in your community aligned with community case definitions
 - When you detect people who are sick with the disease, assess how severely ill they are and whether they need to be referred to a health facility (see Action tool [Referral to health facilities](#)).
 - Record the health risk or event you detected to ensure it can be followed-up
- Report
 - Report on the detected health risks or event in your community to your supervisor based on the methodology you are trained on (for example, SMS, phone call, or mobile application). *Remember that reporting must be systematic. To avoid confusion, everyone who reports should follow the same methods agreed on in the protocol and in the training.*

- Your supervisor will then cross-check the report ensuring it meets the community case definition or unusual event requirements agreed on with health authorities. If matching, the supervisor will escalate the alert to the local health authorities for a response or investigation
- React
 - Begin community-level activities based on the health risk following proper safety precautions
 - Referral or care at home
 - Communicate specific health messages and information, and refer sick people promptly to health facilities
 - If sick people can be cared for at home, show their families what to do and provide them with information and supplies, where possible. Use corresponding “volunteer actions” in the ECV toolkit corresponding to the suspected epidemic risk.
 - Support health authorities in their investigation or response following-up on the alert

Additional resources on community-based surveillance: <https://cbs.ifrc.org/>

Community messages



24. Finding sick people

02. Community mapping

Overview

A map of the community enables you to connect issues or problems with particular places and makes information easy to see. Maps are often easier to understand than words.

Mapping aids in:

- Identifying risks and exposure to risk
 - Who and what are most exposed
 - What are they exposed to
- Show existing problems and vulnerabilities (some might make the current threat more serious)
- Understanding resources within the community that might be useful in managing the epidemic
- Obtaining information about other sectors (such as livelihoods, shelter, etc.) that might be influenced by the epidemic, or that might be useful in managing the epidemic
- Analysing links and patterns in the exposure and spread of the epidemic

It is important to create the map together with community members. This helps communities to be active and to be participating members in the care offered by the Red Cross Red Crescent and volunteers.

Community mapping is especially useful in epidemics because it helps to see where the biggest problems and needs are and helps to identify risks and resources such as health posts, emergency vehicles, access roads, shelters, water sources, and so on. Maps can be used to support prevention, preparedness and response to an epidemic.

How to make a community map

If possible, obtain or create a digital map of the community. If not available, it is possible to draw a simple spatial map that shows the community and all its key reference points. While keeping the fundamental principles of data protection, a community map should include the following:

- The whole community: concentrations of people, their houses, and who lives where
- The main shared/public locations in the community, such as schools, health centres, places of worship, water sources, markets, etc.
- The location of people who are most at risk [if you can identify them]
- Where the epidemic started and how it is spreading [if known and possible to identify]
- Health hazards and risks (e.g. improper rubbish disposal sites, large vector breeding sites)

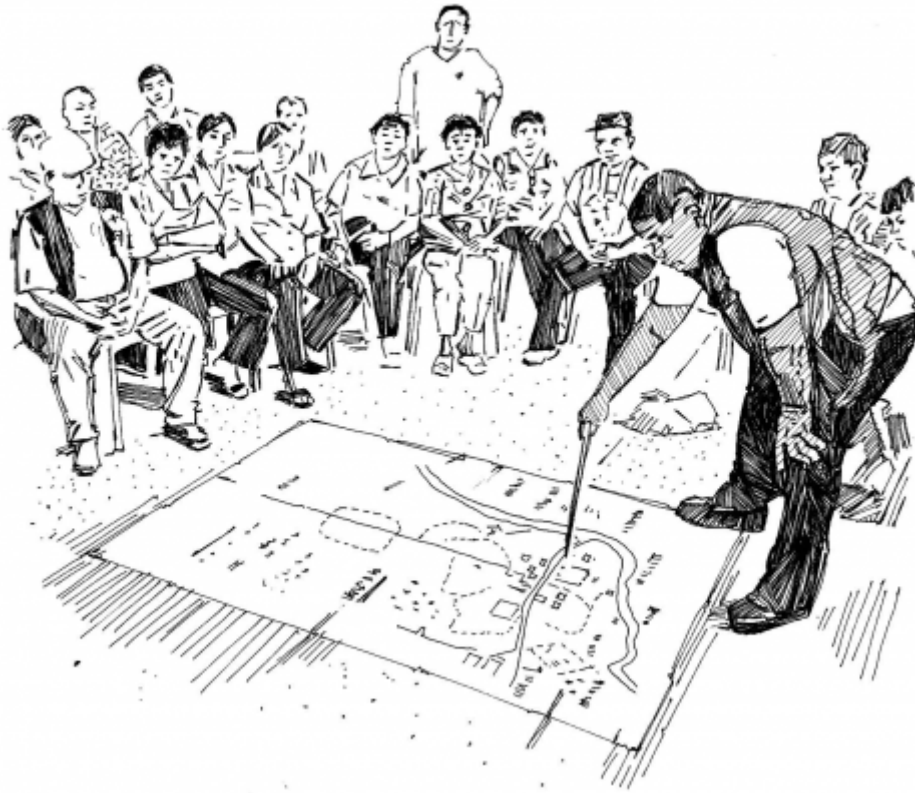
Using the community map

The map can be used to mark new cases and/or referred cases. Do as follows:

- Form teams to cover certain areas of the map.
 - Ensuring the participation of members from the community, each team should find out what it can about its area (how many people are sick, who is vulnerable, how many have been referred to health authorities, any other relevant information). Work with your manager to target and prioritize those who

are most at risk. This will require targeting geographically and, within those identified areas, targeting the most in need based on a vulnerability and capacity analysis that includes a gender and diversity analysis.

- Combine the maps of different teams. In doing this, you will be able to see:
 - Which areas of the epidemic you are covering, which areas you may not be covering, and details of each area. This will help you plan your actions. Some of these actions might include: environmental clean-up; distribution of bed nets; immunization campaigns; other activities associated with managing the epidemic.



Making a community map

03. Communicating with the community

Overview

Communicating during an epidemic can be difficult. Disease outbreaks, especially new ones, can cause uncertainty, fear and anxiety that can result in circulation of rumours, disinformation and misinformation. People may not trust the authorities, the health system or organizations including the Red Cross Red Crescent. They may not listen or may not believe the information they receive from people or organizations they do not trust. People may also be overcome with grief for those who are sick or who have died.

Sometimes, communities have strong beliefs that are different from the preventive and protective social measures promoted by the authorities and healthcare providers. They may believe strongly in their own cultural practices, traditional medicine, or other methods that might not prove effective against the disease. They may not accept certain treatments (including medicines and vaccines).

In many countries messages take the form of directives and one-way-communication. However, community engagement and participation have played a critical role in successful disease control and elimination campaigns in many countries

During a disease outbreak, trusted communication with the community is vital. To build trust, two-way communication is important. "Two-way" means volunteers should both *give messages to* AND *receive messages from* the community. Community members must feel respected and listened to and should have the opportunity to share their beliefs, fears and concerns. To accept volunteers' messages, community members must be able to trust you and have confidence in what you say. Once you understand the beliefs, fears and concerns of community members, you can provide them with truthful and accurate messages.

Providing health messages that are consistent, clear and easy to understand also helps to build trust. Giving accurate information to the community is critical, especially when it is necessary to persuade people to adopt safe practices (which might be different from what they would normally do). Some changes in behaviour that may be promoted are things such as:

- Accepting vaccinations or other medical treatments
- Washing hands with soap at crucial times
- Wearing personal protective equipment
- Burying loved ones in ways that are different from what they would normally do (safe and dignified burials)
- Practising social distancing
- Wearing insect repellent or sleeping under bed nets
- Agreeing to be isolated from others to avoid infecting them
- Preparing food and water differently (often by cleaning, boiling or cooking thoroughly)
- And other recommended public health measures

What to do and how to do it

Communicating in an epidemic

- Engage and involve community leaders and community members
 - Find out where the community obtains its information: Who do they trust to give them health information (for example: health authorities, community or religious leaders, doctors, traditional healers)
 - Work with communities to identify, choose and plan appropriate solutions for stopping the spread of

disease

- Talk to members of the community about their ideas, fears, beliefs and actions
 - Try to understand how much they know about the disease and its transmission
 - Try to understand beliefs and practices that might impact the spread of the epidemic
 - Try to understand what motivates or helps them to change behaviours
 - Try to understand what stops them from changing their behaviour
- Use different methods of communication
 - Use two-way communication when possible
 - When you understand the community's beliefs, fears and concerns, try to address these in your own messages
 - Sometimes, one-way communication methods are used to spread health messages to large numbers of people quickly
 - One-way communication methods should always be accompanied by two-way communication methods to ensure the community perspectives are known and listened to
 - People learn and retain information differently. It is important to use different methods
 - Communities are composed of different people and groups who may have different communication preferences or needs.
 - Think about how to target different groups, especially those who are hidden, stigmatized or considered "different" because of their religion, sexual orientation, age, disability, illness, or for any other reason:
 - Think about where you will go to reach them
 - Find out if they trust the same or different sources than other groups within the community
 - Discover if they have different access needs, such as language translation
 - When choosing methods of communication, consider what people prefer, trust and can access easily
 - Think about the characteristics of your target groups (for example, do they have access to media, such as radio or television? Can they read if they receive pamphlets of information? Are they accustomed to getting information from social media? Etc.)
 - Think about the resources you have access to (for example: do you have access to poster printing? Is there an appropriate location within the community where you can offer to answer questions or give out information? Etc.)
 - Consider the content of your message(s) and think about the most appropriate way to share that content in the specific context (for example: targeting men and women separately)
- Communication should be:
 - **Simple and short.** People should be able to understand messages easily and be able to remember and repeat them accurately and without difficulty.
 - **Trusted.** Delivered by people the community trusts, by a method the community trusts (for example: radio, television, posters, town-hall discussions, etc.).
 - **Accurate and specific.** Always provide correct and precise information. Messages should be consistent and should not be cause for confusion. *If* messages must change (due to new and advancing information about the epidemic), be honest and clear about what has changed and why.
 - **Focused on action.** Messages should be action-oriented and should advise members of the community about what they can do to protect themselves and others.
 - **Feasible and realistic.** Make sure that people have the capacity and resources to carry out the actionable advice you give.
 - **Context-specific.** Information should reflect the needs and situation of the specific community. In all your messages, take account of social and cultural factors that might encourage community members to adopt safer behaviours (such as accepting vaccines) or prevent them from doing so.

Different ways of communicating

There are many, many ways to communicate with communities. The following one and two-way methods of communication are some examples you might consider. Methods can (and should) be combined to ensure accessibility to as many community members as possible.

- One-way communication methods
 - Video, films, television commercials
 - Songs, poems, drama, role-play or theatre
 - Community announcements such as: loud-speaker announcements, SMS mass messaging, social media messages, radio broadcasts
 - Posters, billboards
- Two-way communication methods
- Door-to-door visits
- Meeting with key informants such as: community or religious leaders; traditional healers or midwives; teachers; elders, etc.
- Community discussions encouraging participatory methods such as: three pile sorting, voting charts, mapping, polling, barrier analysis, community planning

Pay attention to rumours

Rumours can cause panic and fear or can promote unsafe practices. Under the influence of the rumours, communities can lose trust in the health authorities, and they may lose belief in the ability to stop the epidemic. Rumours sometimes cause people to reject interventions that could prevent the spread of disease. Volunteers must:

- Listen for rumours or incorrect information.
 - Note when and where a rumour was heard and report it to your volunteer supervisor or National Society focal point immediately
- Correct the rumour
 - Give the community clear, simple facts about the disease
 - Reiterate and explain clearly what they can do to protect themselves and others

04. Community referral to health facilities

Overview

During an epidemic, sick people frequently cannot be treated at home or by volunteers or family. They require medical care and need to go for treatment to a health clinic or hospital.

When carrying out epidemic prevention and control activities in the community, always keep the idea of referral in mind.

A community referral is a recommendation (often made by a community volunteer) to seek services at a health facility or from a health care professional. This recommendation is usually based on the identification of signs of disease or the risk that a disease poses to a person, family or community. A community referral is not a confirmation of illness, nor is it a guarantee that any specific treatment will be given. A diagnosis, and any subsequent treatment, is determined by a health professional and not by the community volunteer.

What to do and how to do it

Identifying people who need to be referred

- Learn the symptoms of the disease that is causing the epidemic and the signs that indicate that affected people should be referred to health facilities
- Always keep your own safety and protection in mind
 - With the advice of your supervisor, find out how you can tell when a person is severely ill and needs to be referred

Map and visit referral facilities

1. Unless there is only one referral facility in the community, the selection of a health facility for volunteers to which to send community referrals should be done by a health professional supporting or working at the National Society and validated by the National Society leadership. Volunteers cannot decide alone to which facilities they can send referrals.
2. Once a health facility has been identified and validated by the National Society, with the support of your manager, visit health facilities and talk to doctors and nurses to coordinate referrals
 - Inform them about Red Cross Red Crescent branch activities in which you are involved and how this may lead to community referrals from branch volunteers trained in epidemic prevention and control
 - Discuss the best method for sending sick people from the community to the health facilities:
 - Public transport?
 - Can people access it? Pay for it?
 - Can sick people use it?
 - Is there a risk of disease transmission to other passengers?
 - Ambulance services?
 - Does the health facility have ambulances?
 - Does the Red Cross Red Crescent branch have ambulances?
 - Can people access them? Pay for them?
 - How do you contact the ambulance?
 - Is the disease highly infectious and requiring special transport?

- If the disease is highly infectious (like Ebola or Marburg), special transport must be arranged so that there is no risk that other people could not be infected
- Tell them about your activities and how you plan to do referrals. Take advice from them

Plan and prepare to make referrals

1. Plan how referrals will be made and facilitated
 - Can the National Society provide transport?
 - Do people have money to pay for transport?
 - Does the health facility require prior notification of the referral? If so, how will the health facility be informed of the referral?
2. Always carry the relevant disease tool with you when you are doing community-based referrals
 - This will help you remember what you should know about the disease and its symptoms.

Making a referral

1. Volunteers act on behalf of their National Society and must have the consent of the National Society before undertaking activities. They should be trained in the principles of the Red Cross Red Crescent Movement and should have appropriate training and supervision before making community referrals.
2. Volunteers should obtain the consent of the person to the referral, or of the guardian if it is a child.
3. Volunteers should work to uphold these principles:
 - Confidentiality – It is important to keep information about community members private and not to discuss people's health, healthcare or other private details with others in the community. Remember that breaches of confidentiality often happen unintentionally, for example, when discussing the day's work with friends or family members.
 - Respect – It is important to respect people's choices and decisions, even if you do not agree with their choices.
 - Safety – If you have concerns about the safety or security of a person (in relation to the community referral, or any other aspect of their situation), you should discuss it with your supervisor to find a safe solution if possible.
4. When you refer, always explain clearly to the family concerned what the disease may be, what its symptoms are, and why you think referral is necessary.
 - Give the family information about the health facilities available and how to reach them by different means of transport
 - Help the family if special transportation is needed



Community messages



24. Finding sick people

05. Volunteer protection and safety

Overview

Volunteers work in vulnerable situations and with people of many capacities. Working in epidemics can be risky because volunteers can also catch a disease and fall sick. In addition to physical risks, there may be risks to volunteers' emotional and mental well-being, due to the nature of the work they undertake. It is important to protect from and minimize the impacts of these risks.

Your National Society should provide proper protection for you and other volunteers who are working in epidemics. Your manager is a valuable resource for information and equipment to protect and preserve your physical, emotional and psychosocial wellbeing.

It is important to follow the guidance from your supervisor and National Society and use the level of protection that is appropriate for the situation you are in.

What to do and how to do it

Protecting yourself and others from disease

1. You must be familiar with and trained to use protective equipment before you wear it in an actual disease environment. Try the equipment out beforehand and learn how to use it properly.
 - In certain epidemics like Ebola, Marburg, Lassa fever and plague, full protection should be used whenever you undertake high risk activities. Full protection requires use of personal protective equipment (PPE). (See Action tool [Personal protection equipment \(PPE\) for highly infectious diseases](#))
 - In other epidemics, you should at least use masks and latex gloves and wash hands with soap after contact with an affected person. (See Action tool [Handwashing with soap](#) for instructions in good hand hygiene.)
2. Volunteers should be vaccinated according to country-specific vaccination guidelines (see Action tool [Routine vaccinations](#)).
 - Volunteers should be vaccinated according to the routine vaccination schedule in the country
 - Volunteers may be eligible for vaccination during mass vaccination if applicable
3. Volunteers should be alert to their own physical and psychosocial well-being during an epidemic
 - Volunteers should be alert to stressors in their personal and working lives, and should have a plan in place for how to cope with stress and trauma in a healthy and helpful way
 - This may include stress management techniques that you already use such as exercise, meditation, taking part in hobbies, etc.
 - Your manager is a useful resource for information and tools to use to help you achieve and maintain psychosocial well-being

Understanding common prevention and control measures

Volunteers should learn additional prevention measures for use in epidemics (and before them). These include:

- Vector control measures (see Action tool [Vector control](#))
- Safe handling of animals (Action tool [Handling and slaughtering animals](#))
- Chemoprophylaxis (Action tool [Chemoprophylaxis](#))

- Safe food and water (Action tools *Good food hygiene* and *Clean, safe household water*)
- Hand hygiene (Action tools *Handwashing with soap* and *Handwashing in a highly infectious epidemic*)

Protecting volunteers from harm and liability to others

1. **Volunteers should be protected** if they suffer damage or injury in the course of their work. Accidents can happen, and volunteers can be injured or even killed. Equally, volunteers can harm other people and their property, especially if they have not been properly trained or given the correct equipment.
 - National Societies therefore need to have appropriate insurance policies. Insurance may be needed to pay compensation to volunteers or their families if they are injured or killed; to pay compensation to others if they suffer harm as a result of volunteer actions; and to cover legal costs. The nature of the cover will depend on the legal system in your country. The Movement urges the National Societies to acknowledge and uphold their duty of care towards volunteers, especially if something should happen to them while carrying out their duties. Ask your manager about the type of insurance or coverage through a “safety net” you can receive.
 - Prior to asking volunteers to perform activities that are high-risk (e.g. safe and dignified burials), National Societies should also ensure volunteers have received the necessary vaccinations and protective equipment. What this includes will depend on the context in which you are working and the health policies for staff and volunteers of your National Society.
2. **Volunteers should be informed** of and understand the National Society’s security policy and follow the rules and regulations it sets out. You should also be informed of any changes in the policy and asked to report any incidents of concern.
 - Safety in the community depends on the personal attributes of volunteers, trainers and other team members – how they work together and how they collaborate with people in the community. Volunteers should be culturally sensitive. Your personal behaviour should never cause offence. You should show integrity and should never become a problem for the community. Correct, polite, impartial behaviour is always expected.
 - Volunteers should be proactive in managing and maintaining their own safety and security. This means you should not hesitate to ask your manager about safety and security risks and what you should do if you encounter any threats or have any problems. You should find out what protocols are in place if a safety or security incident occurs, including how and to whom you should report these events.



12. Managing fever

Overview

- Fever is the body's reaction to infection. It is a raised body temperature which can be very uncomfortable, causing chills and shivering. In babies and young children, fever may be a sign of serious illness. A high fever can cause convulsions (violent shaking of the body) in young children. Fever can also cause the body to lose liquids and become dehydrated.
- The only way to confirm a fever is by checking the person's temperature with a thermometer. Fever is a temperature over 38° Celsius. If you do not have a thermometer to confirm fever it is important to look for other signs of raised body temperature. If other signs are present, we call it "suspected fever".

What to do and how to do it

Assess the person

1. If possible, check the person's temperature:
 - Or, if the person or family has checked the temperature with a thermometer, ask them what the result was
2. Look for other signs of raised body temperature such as:
 - Feeling too hot
 - Flushing (redness) of the skin
 - Complaints of feeling cold
 - Chills, shivering
 - Sweating
 - Headache
 - Weakness
 - Lethargy/feeling tired and unwell
3. Check the person's condition:
 - Ask about other symptoms, such as rash, headache, vomiting, cough or pain

Manage the fever

1. If the fever is high or if the person has had convulsions, or if the person is a baby or small child, refer him or her to a health facility immediately.
2. If the person can drink, eat and move about:
 - Give him or her more fluids to drink than usual.
 - Encourage caregivers to breastfeed babies as much as possible.
 - Encourage carers to give nutritious food.
3. Cool the body down by:
 - Removing excess clothing.
 - Wiping a sponge or a cloth soaked in tepid (lukewarm) water over the body and forehead.
 - Bathing babies in tepid water. Observe them closely for convulsions
 - Encourage rest.

4. If the fever does not go away or becomes worse, seek the help of a health professional.

Report symptoms

In areas affected by an epidemic, fever can signal that a person has the disease in question.

- If fever is one of the symptoms of the disease (as in meningitis, malaria, or dengue), you should report cases as part of your community-based surveillance activities to the designated health authority. > Follow the actions indicated for prevention and management.
- If fever is one of the symptoms of the disease (as in meningitis, malaria, or dengue), but there is no community-based surveillance system in place, you should report cases to the nearest public health care facility. > If you are not sure where to report cases, discuss with your manager to find the best solution.



Community messages



02. Caring for a person with fever

19. Psychosocial support

Overview

Normal reactions to abnormal events

It is normal and expected to have strong reactions to abnormal and difficult events. People and communities who experience difficulties may be affected emotionally, mentally, physically and/or socially. Some of these effects may include:

Normal reactions to abnormal events

- **Emotional.** Anxiety, grief, guilt, anger, irritability, frustration, sadness, shame, numbness, loss of hope, loss of meaning, feeling of emptiness.
- **Mental.** Loss of concentration, memory loss, confusion, intrusive thoughts, difficulties in decision making, disorganized thought.
- **Physical.** Increased heartrate, sleeping problems, aches (stomach, head), back and neck pain, muscle tremors and tension, loss of energy, inability to rest and relax.
- **Social.** Risk taking, over- or under-eating, increased intake of alcohol or cigarettes, aggression, withdrawal, isolation.

Psychosocial support

- The term “psychosocial” refers to the dynamic relationship between the psychological and social dimensions of a person, where the dimensions influence each other. The psychological dimension includes emotional and thought processes, feelings and reactions. The social dimension includes relationships, family, community networks, social values and cultural practices.
- “Psychosocial support” refers to actions that meet the psychological and social needs of individuals, families and communities. Psychosocial support (PSS) requires training and supervision. Your supervisor can help you access the appropriate training before you begin to offer PSS to community members. They will also provide you with supervision and support while you provide PSS.
- We provide psychosocial support to help people who have been affected by a crisis. Volunteers should explain what psychosocial support is and if they are appropriately trained, they should offer to provide it to those who wish to receive it. Early and adequate psychosocial support can prevent distress and suffering from turning into more severe mental health problems.
- Psychosocial support during emergencies should ensure safety and promote calm, connectedness, personal and collective efficacy, and hope.

What to do and how to do it

Psychosocial support activities include:

- Psycho-education
 - Explain how to identify signs of psychosocial distress
 - Provide advice on how to cope during outbreaks (e.g. maintaining a daily routine as much as possible; calling friends and family to keep in touch and show care for each other; fact-checking information about

a disease against trustworthy sources)

- Share tips about relaxation
- Health education can have a positive psychosocial impact:
 - Health education can help community members to better understand their health status, regain a sense of control and cope with their situation
 - While being ill, and even after medical clearance, it can be difficult for people suspected of infection to resume normal life. Educating communities about the nature of the disease, how it spreads – and does not spread – and how to protect against it is an important tool against fear and stigma
- Active listening: Ensure the affected population can raise their concerns, provide suggestions and feedback. This information is used to reduce fear, address rumours and misinformation and increase sense of agency and dignity of the affected population.
- Life skills and vocational skills activities/lessons.
- Creative activities, sports and physical activities.
- Restoring family links.
- Child friendly spaces.
- Supporting memorials and traditional burials.
- Support and self-help groups
 - These include efforts to help people in isolation or quarantine maintain contact with their relatives and friends.
 - Community volunteers that respond to crises are also exposed to loss, devastation, injury and death. It is therefore important to seek support from managers when needed, and to create a supportive environment by showing concern for staff and other volunteers.
- Psychological first aid

23. Chemoprophylaxis

Overview

- Some diseases are very serious (can make people very ill or even kill them) and very infectious (they infect a lot of people, usually very quickly). People who have been in close contact with an infected person may be at risk of being infected. For some diseases (for example, plague and malaria), **chemoprophylaxis** exists.
- Chemoprophylaxis means taking medication as a preventive measure to stop a healthy, close contact (e.g. family member) of the infected person from falling sick. Before the close contact shows signs of a disease, they may be able to take medication that will prevent them from falling sick.

What to do and how to do it

Preparing for chemoprophylaxis administration

1. Find out from local health authorities if chemoprophylaxis exists and is available for the disease(s) present
2. Identify which facilities offer chemoprophylaxis and how to refer close contacts and others (for example, malaria chemoprophylaxis for pregnant women and infants) to those facilities for treatment

Management and referral to treatment

1. Identify close contacts of sick people and refer them to these health facilities for chemoprophylaxis.
 - Close contacts may include household members, partners, co-workers and children in the same class or dormitory.
 - Each disease will have its own definition of what makes a close contact. Take advice from health authorities during the outbreak.
 - Medications may be given to close contacts of a patient with plague, meningococcal meningitis, tuberculosis and possibly other diseases.
2. If you live in a community with moderate or severe malaria transmission, identify infants and pregnant women.
 - Get to know all the families with babies under one year of age. Visit them once a month.
 - Explain to pregnant women that they must visit the health worker for a check-up.
 - Refer pregnant women and infants to health facilities for chemoprophylaxis against malaria.

24. Routine vaccinations

Overview

- Vaccination against many common diseases is given as part of routine vaccination programmes in most countries. Some common, yet serious illnesses (for example, diphtheria, tetanus, pertussis (whooping cough), polio, measles, rubella, mumps, chicken pox, meningitis, hepatitis B, yellow fever and tuberculosis) can kill or cripple children or adults for life. Vaccines protect people from getting and developing severe forms of the diseases and from spreading disease to others. Promoting routine vaccination against these diseases is an important activity in prevention. For personal safety and protection, it is important that volunteers themselves receive routine vaccinations.
- Vaccines are usually given to infants in the first years of life. Additional doses may be given later in accordance with national immunization schedules (for example, pregnant women may receive additional doses of tetanus vaccine during pregnancy).
- To achieve optimal community protection, every child should be vaccinated as part of the routine vaccination programmes. Routine programmes and schedules vary from country to country.

What to do and how to do it

Preparing to promote routine vaccination

1. Speak with your local health authority about ages when children are vaccinated and familiarize yourself with the national immunization schedule.
 - Find out the specific vaccination schedule from health authorities in your area.
 - Find out where to go to obtain vaccinations.
 - Find out when vaccinations are given in your area
 - Vaccinations should sometimes be deferred for persons with a moderate or severe acute illness, but the person is usually recommended to be vaccinated when the illness has improved.

Promoting routine vaccination

1. Every child should be vaccinated. A child who has not been vaccinated is more likely to die of diseases or to get a severe form of disease. Parents and caregivers should be encouraged to keep their child's vaccination cards and to bring them to health centres if/when they bring their child for care or check-ups.
 - Get to know families with babies under one year of age and visit them once a month.
 - If caregivers do not bring their children to the vaccination clinics, find out why.
 - The vaccination status of older children should be checked and, if they have not been vaccinated, they should be considered for vaccination.
 - If caregivers do not bring their children to the vaccination clinics, find out why.
2. Pregnant women need at least two tetanus vaccinations before giving birth.
 - Promote that pregnant women should visit the health worker for check-ups and should receive two doses of tetanus vaccine before their children are born.

Social mobilization, messaging, and community engagement

1. Communicate clearly that vaccines are safe and effective
 - Correct rumours and misinformation about vaccinations (see Action Tool [*Dealing with Rumours*](#)).
2. Promote routine vaccination in communities
 - If some members of the community are afraid of vaccinations, try to understand the reasons, and work with community members and leaders to calm and remove the population's fears.



Community messages



14. Vaccinations for children

25. Mass vaccination campaigns

Overview

- Outside of routine immunization schedules, vaccines may be provided in response to an outbreak through mass vaccination campaigns.
- A mass vaccination campaign occurs when the authorities give vaccinations to as many (appropriate) people as possible in a short period. Mass vaccinations take place in addition to routine vaccinations (see Action Tool [Routine vaccinations](#)). They may be organized because routine vaccinations cannot be given or in order to help control an epidemic. If necessary, this is also a good opportunity for volunteers to get vaccinated if they are eligible. Some examples of mass vaccination campaigns are: targeting children during a measles outbreak, mass vaccination campaigns during an Ebola outbreak or mass vaccination during the COVID-19 pandemic.
- Other types of vaccination campaigns target only specific at-risk groups. For example, “ring vaccination” during Ebola Virus Disease outbreaks targeting contacts and contacts of contacts.

What to do and how to do it

Preparing to promote a mass vaccination campaign

- Use the National Society's network to publicize outbreak response vaccination campaigns.
- Make sure you have all the relevant information and know where and when the vaccination campaign is taking place and who is supposed to be vaccinated.
- Find out the reasons for vaccination and the basic facts about the disease that vaccination will prevent.
- Under the advice of health professionals, inform the community of any expected side effects (especially common side effects) of the vaccine. This will help the community to know what to expect and to understand a normal response to the vaccine.

Promoting mass vaccination

- Help health workers to ensure that all individuals at risk get vaccinated, including in hard-to-reach areas. Use simple and straightforward messages.
- Disseminate well in advance the location, vaccination site hours, number of vaccination days and age groups targeted.

Social mobilization, messaging and community engagement

- The most important task is SOCIAL MOBILIZATION (see Action Tool [Social mobilization and behaviour change](#)).
 - Coordinate with the health authorities.
- Familiarize yourself with the habits and beliefs of members of your community and how they normally deal with vaccinations.
 - Meet community leaders and tell them about the campaign; get them to help reach the community.
 - Talk to members of the community and explain how important vaccination is to protect their children.
- If some members of the community are afraid of vaccinations, assist community workers to calm and remove their fears.
 - Correct rumours and misinformation about vaccinations (see Action Tool, [Dealing with Rumours](#)).

- Use information, education and communication materials, such as the community message tools in this toolkit, because pictures always help people to understand messages better.
- If requested by health authorities and/or other actors responsible for administering the vaccines, support with: crowd control to manage the influx of people and the queue; assist in checking the target group age and characteristics; collaborate with community leaders to maintain order. Other tasks such as registering people, dispensing other items such as vitamins, or setting up vaccination spaces may be undertaken if requested by and in coordination with the health actor responsible for administering the vaccines.



Mass vaccination campaigns

Community messages



16. Attending vaccination campaigns



15. Using vaccination cards



23. Encouraging healthy behaviours in a community

36. Vector and reservoir control

Overview

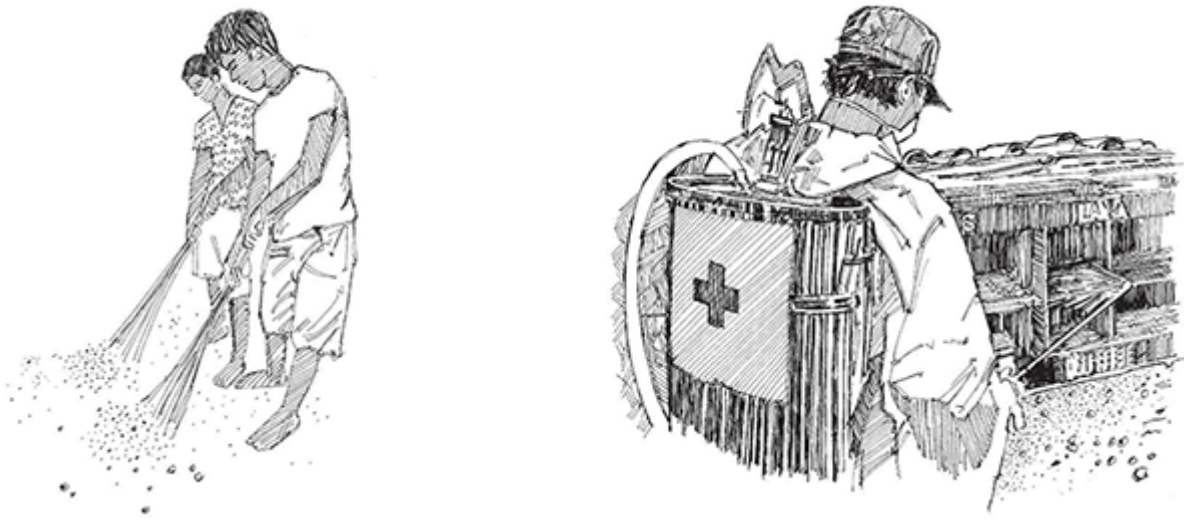
- Vectors are insects or animals that spread infectious diseases through a bite, or contact with their urine, faeces, blood, etc. Many diseases are spread by vectors. Some of these diseases include malaria, dengue fever, Zika, chikungunya, yellow fever, Rift Valley fever and plague.
- Vectors sometimes live and thrive on other host animals, called reservoirs, before they reach the human population. To protect people from disease, it is important to control both vectors and reservoirs. Vectors and reservoirs include animals and insects such as mosquitoes, ticks, rodents, fleas, etc.

What to do and how to do it

Vector and reservoir control in the community

- Promote hygiene, sanitation and protective practices (** the specific practices you will encourage are dependent on the type of vector or reservoir of concern **). Talk to people in the community about environmental protection strategies against mosquitoes:
 - Repair and close any holes in windows, walls, roofs
 - Use insecticide-treated screens on windows and doors, if available
 - Drain stagnant and standing water, cover water containers
 - Find professionals to spray or larvicide against vectors - spraying chemicals to get rid of vectors can be dangerous, especially if you do not have the proper equipment or materials and do not know how to spray safely. (Only help if you are trained or guided by a trained person.)
 - Outdoor spraying
 - Indoor-residual spraying
- Talk to people in the community about environmental protection strategies against rodents, other small animals and the ticks or fleas that live on them:
 - Store food and water properly, in rodent-proof containers
 - Keep shelters and houses clean
 - Repair and close any holes in windows, walls, roofs
 - Clean the environment of rubbish and waste
 - Keep livestock outside the household (to prevent humans and animals sharing living space)
- Talk to people in the community about personal protection strategies against mosquitoes:
 - Use insecticide-treated bed nets to prevent diseases like malaria (not for general use in diseases transmitted by *Aedes* mosquitoes)
 - Wear protective clothing (for example, with long sleeves)
 - Get vaccinated
 - Chemoprophylaxis (preventive treatment)
- Talk to people in the community about personal protection strategies against rodents, other small animals and the ticks or fleas that live on them:
 - Wear protective clothing (for example, with long sleeves)

- Chemoprophylaxis (preventive treatment)
- Sleep on raised platforms or beds



Community messages



04. Storing water properly



06. Using a clean latrine



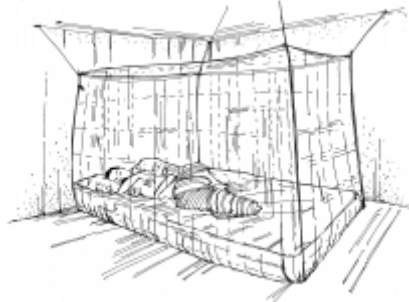
07. Protecting yourself against mosquitoes



11. Cleaning up places where mosquitoes breed



12. Good food hygiene



17. Sleeping under mosquito nets



20. Collecting and disposing of rubbish



27. Keeping rodents out

37. Mosquito nets / bed nets

Overview

- Bed nets help to prevent disease spread by mosquitoes, such as malaria. The most effective nets are insecticide-treated nets (ITNs) which are treated with long-lasting insecticides that kills mosquitoes and other insects. The insecticides on these nets are effective for three to five years.
- To be fully effective, nets must be installed and used properly.

What to do and how to do it

Facilitate the use of ITNs

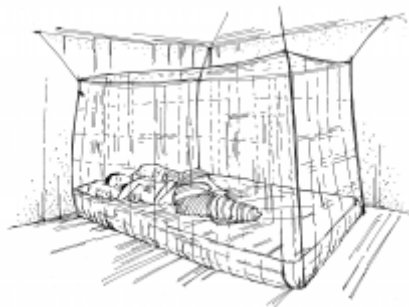
1. Make sure that as many people as possible have bed nets in your community.
- Find out where to obtain ITNs and help your local National Society branch to distribute them.
 - If the Red Cross or Red Crescent is able to distribute nets:
 - Provide a string or piece of rope for people to be able to hang the nets.
 - It is recommended that in each household there is at least one ITN for every two people.

Promote the correct and consistent use of ITNs

1. Encourage every member of the community to sleep under a mosquito net at night and during daytime naps (depending on the type of mosquito and the time of day it typically bites).
 - It is particularly important for children and pregnant women to do so.
2. Show people how to hang their nets properly: Visit households or organize community sessions to demonstrate how to hang nets and encourage their use.
 - Hang the net above the sleeping space.
 - Make sure the net is tucked under the mattress or mat to prevent mosquitoes from getting inside.
 - Keep the net closed while sleeping and during the day while away from the sleeping place.
3. Explain the use of new nets and their care
 - New nets should be hung outside and aired for one day.
 - Care for the net
 - Repair any rips or tears in the net by sewing them closed or using patches
 - Washing the net can remove insecticide. When you wash the net, follow the washing instructions provided with the net. Do not wash the net when it is new and do not wash it too often.
 - Replace the nets at regular intervals, as advised (every three to five years).
4. Follow up to ensure that households use their bed nets.
 - If people are not using their bed nets, find out why.
 - If you see Red Cross or Red Crescent-distributed nets being sold in a local market or used for other purposes (e.g. as construction material or fishing nets), inform your manager.



Community messages



17. Sleeping under mosquito nets

38. Waste disposal and clean-up campaigns

Overview

- Diseases can spread easily in environments where there is waste and lack of sanitation. Rubbish can attract rodents and create breeding and feeding sites for various animals and insects (including mosquitoes and flies). Human or animal faeces can also attract flies and other insects that carry germs, cause diseases and contaminate water sources.
- Human and animal waste infected with certain diseases (including animal carcasses, hospital waste, etc.) can also attract different animals and insects which may then spread the diseases to other animals and to humans.
- Standing and stagnant water provide breeding sites for various insects, including mosquitoes.

What to do and how to do it

Planning and preparing for clean-up

- Work with traditional and community leaders, the village health committee and other community partners to decide what needs to be cleaned up and how to go about it.
 - Help to organize activities on agreed “clean-up” days.
 - Ask community leaders to organize volunteer groups for each clean-up initiative.
- Speak with community members about the importance of keeping their community clean.
- Organize a community initiative to plan and create a central garbage disposal area.
- Make sure to have the cleaning tools and supplies available in advance to distribute among the community.

Facilitating community clean-up

- Organize special clean-up days in which all members of the community participate (twice a year or more often if possible).
- Motivate and support the community to work together to:
 - Keep the community free of animal faeces.
 - Keep the community free of puddles and other mosquito breeding sites.
 - Keep the community free of rubbish and garbage (by burning or burying it).
 - Clear vegetation from around riverbanks and ponds near the community
 - Clean the areas around water sources (such as pumps and wells).
 - Create and maintain water soak pits around water sources.



Tell community members how important it is to keep their community clean. Organize regular clean-up campaigns. Include houses and latrines, etc.

What you can do

- Work with traditional and political leaders, the village health committee and other community partners to decide what needs to be cleaned up and how to go about it.
- Help to organize activities on agreed “clean-up” days.
- Ask community leaders to organize volunteer groups for each clean-up initiative.
- Organize special clean-up days in which all members of the community participate (twice a year or more often if possible).
- Organize a community initiative to plan and create a central garbage disposal area.

Motivate and support the community to work together to:

- Keep the community free of animal faeces.
- Keep the community free of puddles and other mosquito breeding sites.
- Keep the community free of rubbish and garbage (by burning or burying it).
- Clean the areas around water sources (such as pumps and wells).
- Create and maintain water soak pits around water sources.



Make sure to dispose of waste properly. This will help to protect the community from germs.

Community messages



07. Protecting yourself against mosquitoes



17. Sleeping under mosquito nets



20. Collecting and disposing of rubbish

43. Social mobilization and behaviour change

Overview

There are many reasons why people practise unhealthy behaviours. People are affected by access to services or facilities, social norms and influences where they work, live or play. Behaviour change is the study of how and why people change some habit or action in their life. As volunteers, we need to understand WHY the behaviour is happening and WHAT actions will lead to change to create healthy behaviours. Examples of healthy behaviours include handwashing, breastfeeding, immunizations, consistent condom use and use of bed nets.

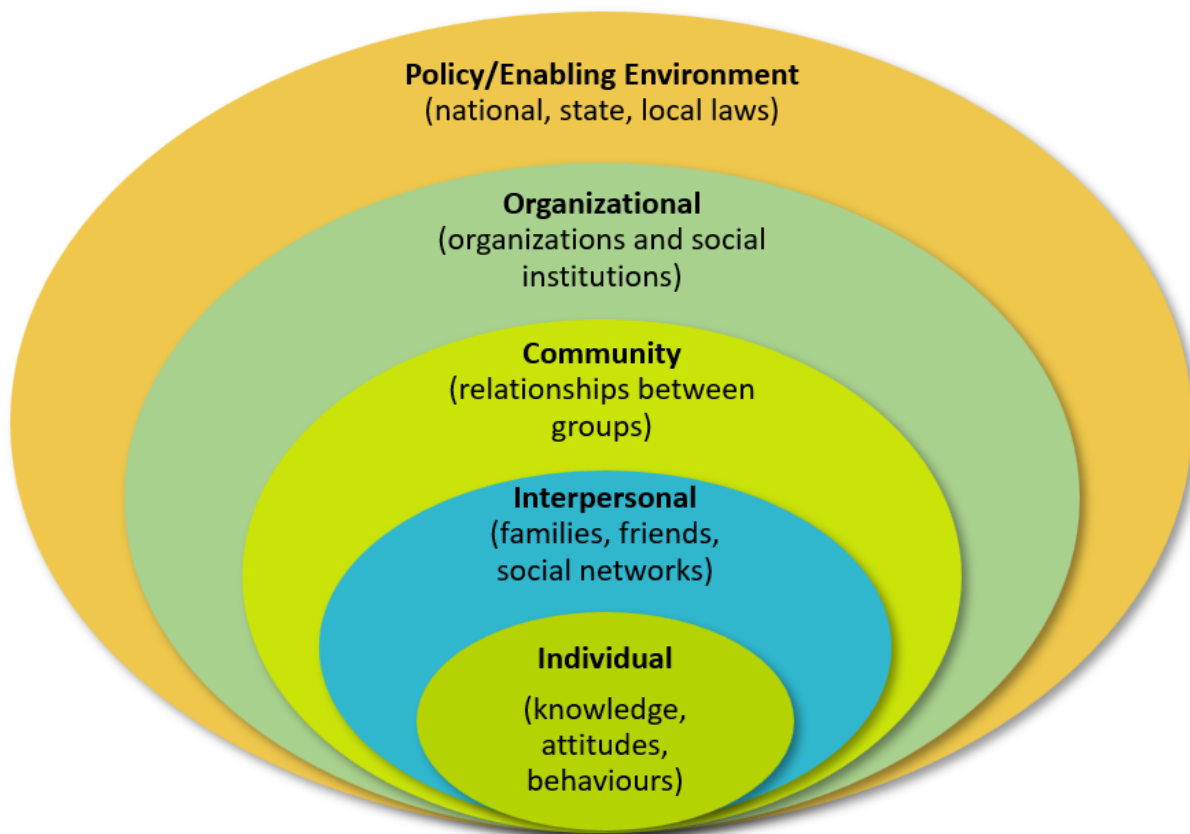
In any culture and context, behaviour change involves three elements. Before people will change their behaviour:

1. They need to know what, why and how they should change. They need knowledge.
2. They need to have the right equipment, access and capacity. They need an enabling environment.
3. They need to be motivated to change.



The social-ecological model below shows how each person's behaviours are affected by many different levels of influence including the individual level, the interpersonal level, the community level, the organizational level and the broader policy level which includes laws and policies that allow or restrict a behaviour. In order to promote health, it is important to consider and plan behaviour change activities across multiple levels at the

same time. This approach is more likely to result in successful behaviour change over time. As a volunteer, it is helpful to understand that behaviour change is difficult for many people because of these many levels and the complex interactions and expectations across the different levels. If you consider how each of the levels affects the behaviour of the person you want to help, you can try different interventions at each level that is specific to their needs.



Socio-ecological model

What do to and how to do it

The general process for developing a behaviour change intervention includes staff and volunteers working through the general steps of:

1. Sensitizing the community to the behaviour change process using the theory of change model.
2. Assessing the problem behaviour – why it is practised, who practises it, when it is practised and what factors in the environment or society encourage the behaviour. Assess this information at the different levels of the social-ecological model for each community you serve.
3. Identifying an appropriate behaviour goal based on your assessment.
4. Reviewing the causes or barriers at each level that allow the behaviour to continue. Identify interventions that align with each cause or barrier and that can be used at different levels.
5. Discussing the suggested interventions for each social-ecological model level with the community.
6. Identifying appropriate interventions for the context at each level. Interventions should be planned to address the stages of the theory of change by first giving knowledge and addressing environmental factors, motivating key people to gain approval and intentions, and ultimately inciting people to action that contributes to the overall goal.
7. Implementing the interventions at each level.

8. Monitoring to see if change is happening. Change takes time but it must be monitored to ensure that it is happening, even slowly. Additionally, as people go through the change process, their barriers and causes will change. The behaviour change interventions should adjust to these changes to ensure that change can continue.
9. Recognizing that when change is not happening as intended, further assessment and intervention tweaking is needed.
10. Continuing to implement, monitor, assess and adjust as the change process happens.

For more information, please consult the eCBHFA Manual for volunteers on [Behaviour Change](#), including:

1. Principles of behaviour change
2. The social ecological model
3. The stages of behaviour change
4. Activities for behaviour change

Community messages



23. Encouraging healthy behaviours in a community