MANUAL FOR COMMUNITY CHAMPIONS

Make Malaria History
Context and justification

Communities in Senegal have always played a significant role in the fight against malaria. Community systems have the capacities and unique responsibility for identifying, understanding and meeting the needs of vulnerable people within society. Moreover, community systems are a crucial platform for expanding equal access to healthcare. Their scope and field of action extend well beyond the provision of services and activities directly linked to health. Their flexibility and speed are key strengths, since they adapt quickly to the needs of key populations. Key populations are groups that suffer the worst epidemiological effects of a disease while receiving minimal healthcare services. They are also exposed to risks requiring specific efforts and strategic investments in order to extend coverage, strengthen equality and make services more accessible.

Eliminating malaria requires the commitment of everyone. To keep communities alert and engaged, we will refer to examples of success in community engagement to design a community awareness programme on malaria with actors from the community who have undergone prior training by healthcare experts.

This programme aims to be multisectoral and will strengthen initiatives already in place within the community. Unlike home healthcare providers or community health actors, the only aim of the community champions on whom the programme relies is to raise awareness through communication to achieve behavioural change. To support activities established by district authorities and their partners, the programme aims to reinforce the capacities and oversight of volunteers who wish to become involved or who already are, to improve the environment and health of their community and thus help to eliminate malaria in Senegal.

Finally, this guide follows on from the malaria training guide for community contact persons developed by the National Programme for the Fight Against Malaria (PNLP) in October 2015.
### Agenda for Community Champion Training

<table>
<thead>
<tr>
<th>Time</th>
<th>Description</th>
<th>Facilitator</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Day 1</strong></td>
<td></td>
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<tr>
<td>08:30 – 09:00</td>
<td>Registration</td>
<td>PNLP</td>
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<tr>
<td>09:00 – 09:30</td>
<td>SESSION 1: OPENING AND ASSESSMENT</td>
<td>PNLP</td>
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<tr>
<td>09:30 – 10:00</td>
<td>• Presentation of PATH</td>
<td>SUA, PATH</td>
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<tr>
<td>10:00 – 10:30</td>
<td>• Presentation of &quot;Zero Malaria! Count Me In!&quot; campaign</td>
<td>PNLP</td>
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<tr>
<td>10:30 – 10:45</td>
<td>Coffee break</td>
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<tr>
<td>10:45 – 12:15</td>
<td>SESSION 2: General overview of malaria</td>
<td>PNLP, District</td>
</tr>
<tr>
<td>12:15 – 13:15</td>
<td>Simulations and role plays for session 2</td>
<td>PNLP</td>
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<tr>
<td>13:15 – 14:15</td>
<td>Lunch break</td>
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<tr>
<td>14:15 – 16:15</td>
<td>SESSION 3: Management of malaria</td>
<td>PNLP, District</td>
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<tr>
<td>16:15 – 17:30</td>
<td>Simulations and role plays for session 3</td>
<td>PNLP</td>
</tr>
<tr>
<td>17:30</td>
<td>End of day</td>
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</table>

| **Day 2**     |                                                                              |             |
| 09:00 – 09:30 | Recap of Day 1                                                               | Spokesperson |
| 09:30 – 10:30 | SESSION 4: Prevention of malaria                                             | PNLP        |
| 10:30 – 10:45 | Coffee break                                                                 |             |
| 10:45 – 12:15 | Session 4 continued                                                          | PNLP        |
| 12:15 – 13:15 | Simulations and role plays for session 4                                     | PNLP        |
| 13:15 – 14:15 | Lunch break                                                                  |             |
| 14:15 – 16:30 | SESSION 5: Communication techniques                                          | PNLP        |
| 16:15 – 17:30 | Simulations and role plays for session 5                                     | PNLP        |
| 17:30         | End of day                                                                  |             |

| **Day 3**     |                                                                              |             |
| 09:00 – 09:30 | Recap of Day 2                                                               | Spokesperson |
| 09:30 – 10:30 | SESSION 6: Community champions programme                                     | PNLP        |
| 10:30 – 10:45 | Coffee break                                                                 |             |
| 10:45 – 12:15 | Session 6 continued                                                          | PNLP        |
| 12:15 – 13:15 | Simulations and role plays for session 6 (Part 1)                            | PNLP        |
| 13:15 – 14:15 | Lunch break                                                                  |             |
| 14:15 – 16:15 | Session 6 continued                                                          | PNLP        |
| 16:15 – 17:30 | Simulations and role plays for session 6 (Part 2)                            | PNLP        |
| 17:30         | End of day                                                                  |             |

| **Day 4**     |                                                                              |             |
| 09:30 – 10:00 | Recap of Day 3                                                               | Spokesperson |
| 10:00 – 12:30 | Field work                                                                  | District, PNLP |
| 12:30 – 13:30 | Lunch break                                                                 |             |
| 13:30 – 15:30 | Field work                                                                  | District, PNLP |
| 15:30 – 16:30 | Comments and questions on field work                                         | District, PNLP |
| 16:30 – 17:30 | Post-training assessment                                                     | PNLP        |
| 16:30         | End of day                                                                  |             |

| **Day 5**     |                                                                              |             |
| 09:00 – 11:00 | Field work                                                                  | District, PNLP |
| 11:00 – 12:00 | Comments and questions on field work                                         | District, PNLP |
| 12:00 – 12:30 | End of training and presentation of next steps                              | PNLP, District |
| 12:30         | End                                                                        |             |
The “Zero Malaria! Count Me In!” campaign

The “Zero Malaria! Count Me In!” campaign is a nationwide citizen’s movement in favour of eliminating malaria in Senegal. Launched on 22 April 2014 by Prof. Awa Marie Coll-Seck, the Senegalese Minister of Health and Social Action, it is implemented by the National Programme for the Fight Against Malaria (PNLP) and the NGOs PATH and Speak Up Africa.

It is part of an inclusive advocacy strategy to increase awareness, prioritisation and national commitment to achieve the elimination of malaria. The campaign’s specific objectives are as follows:

- To foster political commitment at the highest level of the Senegalese state to achieve the elimination of malaria.
- To mobilise the financial resources needed to make malaria history in Senegal.
- To make the most of progress and efforts by citizens and partners.

Between 2014 and 2016 the campaign mobilised:

- 38 celebrities and opinion leaders.
- 15 private sector companies.

1. Specific goals of the community champions programme

- To improve the availability and quality of information at a community level.
- To assess community knowledge and identify obstacles to behavioural change.
- To facilitate community adoption of preventive measures and the fight against malaria.
- To improve relations and cooperation between healthcare teams (region/district), civil society organisations and community actors.
- To pool resources to harmonise interventions by community actors.
- To promote community health in line with the Ministry of Health and Social Action’s national strategic plan for community health.

2. Role and responsibilities of the community champion

Making key populations aware of:

- Improving their knowledge, attitudes and practices on preventive measures and the fight against malaria.
- Drawing their attention to rapid diagnostics tests and malaria treatment, which are free.
- Establishing the “Zero Malaria! Count Me In!” certificate.
3. Tools for community champions

To carry out their activities, community champions will be given a number of tools:
- Backpack.
- Helmet.
- Number sign.
- Letter of introduction signed by the health authorities.
- Communication tools and materials.
- Smartphone.
- List of key contacts.

4. Activities for community champions

4.1. Home visits

Goals

Home visits are a key moment in making families aware of malaria and the importance of using LLINs and other preventive methods properly.

The aim of these visits is:
- To assess the real level of understanding by family members of malaria and preventive methods;
- To assess the actual level of use of mosquito nets;
- To determine factors that may make it difficult to hang mosquito nets in homes;
- To help family members to attach and maintain their LLIN;
- To pass on awareness messages from the National Programme for the Fight Against Malaria;
- To promote good behaviour;
- To issue the “Zero Malaria” certificate to households that have met the criteria.

Community champions will visit, under the supervision of the Chief Nurse, all households in their areas of responsibility, using the following process:

Checking key aspects of the household

- Availability of LLINs in the household.
- Attachment of LLINs.
- Use of LLINs by everyone in the family every night of every year.
- Maintenance of LLINs.

Determining causes of shortcomings in the management of LLINs within households

- LLINs issued under universal coverage are not all available in the home.
- Some LLINs are still not attached in bedrooms.
- Some family members do not sleep under LLINs.
- Maintenance conditions for LLINs are not respected.

Community champions must carry out 20 home visits per week in their areas.
Helping family members to attach and maintain LLINs

- Demonstration on attaching a LLIN.
- Demonstration on converting a rectangular mosquito net to a circular one, if necessary
- Demonstration on washing and drying a LLIN.
- Demonstration on repairing a torn LLIN.

Raising awareness among family members

After assessing the LLIN situation in the home, the community champion is expected to raise awareness among family members on the following points:

- The importance of the LLIN (use and maintenance).
- The importance of seeking early medical assistance.
- Free rapid diagnostics test and ACT to treat simple malaria.
- The importance of destroying larva nests.

The “Zero Malaria” certificate

For the home visits, the community champion will provide the most exemplary households in terms of malaria prevention with the “Zero Malaria” certificate. This aims to reward homes that fight actively against malaria every day. This certificate will be given to households that meet the following seven criteria:

- Family members know how malaria is transmitted.
- Family members know that malaria is a fatal disease.
- The head of the household is aware of the importance of protecting his/her family against malaria.
- The mosquito net over each bed or sleeping area is in good condition.
- All family members sleep under a LLIN net every day of every year.
- There is no waste on the property that could contain stagnant water.
- Cooking utensils are covered to avoid reproduction by mosquitos.

Following this survey/assessment, if the property meets all the criteria, the community champion issues:

- A “Zero Malaria” certificate to be placed at the entrance to the property.
- A “Zero Malaria” diploma for the head of the household and takes a photograph.

4.2. Conversations

Goals

The aim of conversations is to provide information on vector control and free care for simple malaria, to promote vector control actions, the early use of healthcare facilities if a fever appears and intermittent preventive treatment for pregnant women, and to ensure that people understand PNLP messages (early medical assistance, malaria and pregnancy, use of mosquito nets, etc.).

The community champion must organise:

- 1 awareness activity in a school establishment each week.
- 1 conversation with a women’s group each week.
- 1 conversation with community leaders and community members every two weeks.

Targets

Conversations are intended for women’s groups, community leaders and similar groups (girls, adults, etc.).

Themes

Conversations cover:

- Malaria: transmission, prevention, symptoms and behaviour if malaria develops.
- Hygiene and environmental sanitation.

4.3. Set Settal

Goals

The aim is to raise awareness among the community of the importance of hygiene and sanitation in the fight against malaria, and to encourage the involvement and investment of all layers of society to ensure a healthy environment. The community champion is expected to organise Set Settal activities with the community:

- 1 session per month in the dry season.
- 1 session every two weeks in the rainy season.

Targets

This activity is intended for all layers of the population capable of developing the situation in terms of improving the environment.

Themes

The activities cover vector control, especially hygiene and environmental sanitation, in order to eliminate larva nests.

Activities

The community champion’s mission is to be a catalyst for community involvement with Set Settal activities, the frequency of which depends on the season (dry or rainy season), in order to maintain a clean environment and slow down the proliferation of mosquitos. Community mobilisation must mean effective involvement in the planning, implementation and monitoring of Set Settal activities.
5. Key message

Key messages on LLINs:

Use:
- To avoid irritation and itching, spread your new mosquito net out in the shade for at least 24 hours before using it for the first time.
- My family’s health is my responsibility, and I’ll make sure they sleep under an impregnated net every night.
- The mosquito net must be used by Everyone in the family Every night of Every year* because mosquitoes are always there.
- In Senegal there is a constant risk of catching malaria, whatever the season.
- After the rainy season mosquitoes are always present and continue to bite, even if there are fewer of them and we don’t see them.
- Whether you sleep inside or outside, you must always use a LLIN.
- For better protection, tuck the edge of the mosquito net under the bed so that the mosquitoes don’t enter.
- Sleep peacefully under the impregnated mosquito net because the insecticide used is harmless for humans but kills or repels mosquitoes.
- I can easily convert my rectangular mosquito net into a circular one to suit my preferences and my environment.
- Impregnated mosquito nets protect us against malaria and should not be used for other purposes.

* The PNLP’s “3E” campaign on the importance for Everyone in the family sleeping Every night of Every year under an impregnated mosquito net.

Benefit:
- Correct use of the mosquito net by everyone in the family on every night of every year protects you against malaria, which leads to fewer expenses on prescriptions and transport to healthcare centres.
- If you protect yourself against malaria using the “3E” approach, you will lose fewer days of work or school.
- A properly maintained mosquito net can last four years at no cost.

Maintenance:
- Tie up or fold your impregnated mosquito net and protect it from sunlight after use, so that it protects you for a long time.
- Wash your LLIN with cold water and ordinary soap, rubbing gently, only when necessary. After 20 washes the insecticide used to repel the mosquitoes becomes less effective.
- Always dry the mosquito net in the shade, never in the sun, as sunlight destroys the insecticide.
- Do not dry the mosquito net over a fence. It will get torn.
- Repair ripped or torn nets as they can protect against malaria for longer.

Key messages on IPTp:
- Intermittent preventive treatment in pregnancy (IPTp) protects pregnant women and their unborn children from malaria.
- All pregnant women must attend a prenatal visit and go to appointments to receive at least three free doses of SP (sulfadoxine-pyrimethamine), which protects them and their children against malaria.
- Malaria can have serious effects on pregnancy.
- All pregnant women must attend a prenatal visit to receive free SP and an impregnated mosquito net to protect them against malaria.
Key messages on early medical assistance:

1. If you develop a fever, go to the nearest healthcare facility to receive rapid care by qualified staff and avoid complications.
2. Healthcare facilities have free rapid diagnostics tests that staff can use if necessary to know if a person has malaria or not.
3. Correctly taking the doses prescribed for the length of time decreases the risks of reinfection and reduces the transmission of malaria.
4. People must be aware that the treatment for simple malaria (ACT) is free for everyone.

Key messages on IRS:

1. Indoor residual spraying (IRS) is important in preventing and controlling malaria in the community.
2. IRS reduces the lifetime of mosquitoes that are vectors of malaria.
3. To be effective and protect populations throughout the transmission period, treated walls must not be washed, re-plastered or repainted for six months after spraying.
4. To benefit from IRS without any danger, keep windows and doors closed and remain outside of treated rooms for at least two hours after spraying.
5. To benefit from IRS without any danger, clean the floor to remove any insecticide before allowing children or animals in the house.
6. To benefit from IRS without any danger, throw all insects killed during treatment into latrine ditches far away from waters sources.

Key messages on SMC:

1. Seasonal Malaria Chemoprevention (SMC) is an effective method in preventing malaria in children in regions where the malaria transmission season lasts no more than four months.
2. SMC involves administering an anti-malaria drug for three months, at one-month intervals, for the three or four rainy months.
3. Hands need to be washed thoroughly with water and soap before giving the medicine.
4. SMC protects children for up to one month after each complete treatment cycle (three days).
5. Complete treatment lasts three days; the first dose is given by the healthcare provider and the next two are left with the mother to be given over the next two days, following the instructions that are provided.
6. The doses and administrations for each child must be respected so that the treatment is effective.
7. If the child vomits within 30 minutes of taking the medicine, it must be re-administered after ten minutes of rest.
8. Children must continue to sleep under an impregnated mosquito net after taking the SMC drugs in order to minimize the risk of contracting malaria.

Key messages on hygiene and sanitation:

The fight against malaria requires the involvement of the entire community. Mosquitoes lay their eggs in stagnant water and need about seven days for the eggs to hatch. By regularly getting rid of stagnant water in communities it is possible to break the reproductive cycle of mosquitoes and therefore reduce the transmission of malaria. The key messages are therefore as follows:

1. Mosquitoes that transmit malaria develop in stagnant water.
2. By removing stagnant water we can protect ourselves against malaria.
3. Immediately fill in holes after use to avoid creating reproduction sites for mosquitoes.
4. Cover cooking utensils containing water to avoid reproduction by mosquitoes.
5. Old abandoned tyres, empty jam jars and any other waste that may contain water are havens for mosquitoes.
6. Management, monitoring and evaluation

Action supported by the health system
The effective implementation of the programme to strengthen community health systems requires close cooperation between community champions and the district executive team and Chief Nurse in the neighbourhood. The involvement of the district authorities cements all action at a community level. This is why the district has been asked to take part in managing the implementation of the project by:

- Taking part in recruiting community champions.
- Facilitating the work of community champions with technical support during awareness activities.
- Supervising community champions’ activities.

In the context of coordinating and monitoring with a health system, the champion’s role is to present a monthly action plan to the Chief Nurse, which will be validated by the Chief Nurse and considered for the Health District’s monthly calendar, so that implementation can be ensured by the Chief Nurse and members of the district executive team (i.e. the malaria contact person or director of health education and information). Monthly meetings at healthcare facilities and quarterly meetings with the district will therefore be organised.

In this context the community champion must report all activities to the Chief Nurse at the facility or an agent at the facility/healthcare centre in order to:

- Report updated activities.
- Identify and resolve all problems arising during these activities.
- Establish the future progress plan and activity plan.

Monitoring and evaluation is an important component in the implementation of the programme. It makes it possible to guarantee the quality of activities, improve coordination, regularly monitor the progress rate of activities and assess the impact of the intervention. It offers various actors the opportunity to identify problems and suggest corrective strategies.

The goals of monitoring and evaluation are:

- To ensure the quality of communication and Set Settal activities.
- To support community champions and other actors in implementing the programme.
- To follow the rhythm of progress of activities at an operational level.
- To identify problems and help to solve them.
- To ensure the synthesis and analysis of collected data.

Process indicators

<table>
<thead>
<tr>
<th>Goals</th>
<th>Process indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carry out 20 home visits per week</td>
<td>No. of home visits carried out per month</td>
</tr>
<tr>
<td>Carry out one malaria awareness activity in a school establishment every week during the school year</td>
<td>No. of awareness sessions carried out in school establishments per month</td>
</tr>
<tr>
<td>Have one conversation with women’s groups every two weeks</td>
<td>No. of conversations with women’s groups per month</td>
</tr>
<tr>
<td>Have one conversation with community leaders and community members every month</td>
<td>No. of conversations organised with community leaders and community members per month</td>
</tr>
<tr>
<td>Organise one Set Settal session every month during the dry season</td>
<td>No. of Set Settal sessions organised every two weeks during the dry season</td>
</tr>
<tr>
<td>Organise one Set Settal session every two weeks during the wet season</td>
<td>No. of Set Settal sessions organised every week during the wet season</td>
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</table>

Documentation of activities
Communication is a key aspect of the work of community champions. However, this does not only mean communication for the local community, but also to the rest of the world. With a smartphone, community champions will be able to document themselves the implementation of their activities.
The “Zero Malaria! Count Me In!” community must exist not only on the ground but also on social media, which involve two-dimensional communication and make it possible to transfer information in real time. They also make it possible to send awareness messages and mobilise public opinion to remind governments of their commitments in the fight against malaria.

Community champions will therefore be asked to record their activities systematically by:
- Taking a photo when issuing a “Zero Malaria” certificate.
- Taking a photo at communication events in school establishments or during community activities.
- Taking a photo during Set Settal activities.
- Taking short videos during social mobilisation and Set Settal activities.

Each month community champions must transfer their photos and videos, along with the date and place of the activity, to the campaign director at the NGO PATH.

**Agents of change**
To continue and expand the “Zero Malaria! Count Me In!” community, champions will be required to recruit agents of change who will support them in carrying out their activities. In partnership with local health authorities, community champions will train three agents of change so that together they can extend the scope of messages to achieve the elimination of malaria in Senegal.

### Key contacts

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Telephone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Cheikh Sadibou Senghor</td>
<td>Chief Physician, Pikine District, and Public Health Specialist in Infectious and Tropical Diseases</td>
<td>77 650 01 76</td>
<td><a href="mailto:doczengos@yahoo.fr">doczengos@yahoo.fr</a></td>
</tr>
<tr>
<td>Fatoumata Binetou Sall Diaw</td>
<td>Health educator and malaria contact person, Pikine Health District</td>
<td>77 533 56 04</td>
<td><a href="mailto:faladilahaw@gmail.com">faladilahaw@gmail.com</a></td>
</tr>
<tr>
<td>70 703 0094</td>
<td></td>
<td></td>
<td><a href="mailto:fbsalldiaw@gmail.com">fbsalldiaw@gmail.com</a></td>
</tr>
<tr>
<td>Dr. Mamadou Lamine Diouf</td>
<td>Pharmacist, Director of supplies and universal coverage/LLINs, PNLP</td>
<td>77 366 63 97</td>
<td><a href="mailto:dioufdunga@yahoo.fr">dioufdunga@yahoo.fr</a></td>
</tr>
<tr>
<td>Ouleye Beye</td>
<td>Head, Prevention and Partnership Office, PNLP</td>
<td>77 431 65 35</td>
<td><a href="mailto:ouleye_beye@yahoo.fr">ouleye_beye@yahoo.fr</a></td>
</tr>
<tr>
<td>Yacine Wardini</td>
<td>Gender contact person, PNLP</td>
<td>77 554 70 81</td>
<td><a href="mailto:mayasathiam@yahoo.fr">mayasathiam@yahoo.fr</a></td>
</tr>
<tr>
<td>Fagueye Sonko</td>
<td>Director, “Zero Malaria” programme, PATH</td>
<td>70 895 34 30</td>
<td><a href="mailto:fsonko@path.org">fsonko@path.org</a></td>
</tr>
</tbody>
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**Annexes**
## Attendance sheet for home visits

### Themes discussed

<table>
<thead>
<tr>
<th>No.</th>
<th>Name of head of household</th>
<th>No. of beds</th>
<th>No. of LLNs in use</th>
<th>No. of persons aware</th>
<th>Problems identified</th>
<th>Zero Mal. cert.</th>
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</tbody>
</table>

**Notes:**

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## Attendance sheet for conversations, social mobilisation and school

### Type of activity

- Conversation
- Social mobilisation
- School

### Themes discussed

- Conversation
- Social mobilisation
- School

### Materials used

- Flyers
- Film projections
- Posters
- Theatre/Sketch
- Other

### Results (number of people made aware)

<table>
<thead>
<tr>
<th>Targets</th>
<th>No. made aware</th>
<th>Total referred</th>
<th>Notes</th>
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<tbody>
<tr>
<td>Adult men</td>
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<td></td>
<td></td>
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<tr>
<td>Adult women</td>
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<td></td>
<td></td>
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<tr>
<td>Young men</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Young women</td>
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<tr>
<td>Total</td>
<td></td>
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**Products distributed:**

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**Lessons learned:**

**Strengths of activity:**

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**Areas for improvement:**

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**Anecdotes:**

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### Community champion’s monthly report

<table>
<thead>
<tr>
<th>Health district</th>
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</thead>
<tbody>
<tr>
<td>Healthcare facility</td>
</tr>
<tr>
<td>Report for month/year</td>
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<tr>
<td>Community champion</td>
</tr>
</tbody>
</table>

#### Type of activities conducted

#### Themes discussed during awareness sessions

<table>
<thead>
<tr>
<th>No. of persons made aware</th>
<th>Home visit</th>
<th>Conversations social mobilisation</th>
<th>Set-Setal activities</th>
<th>School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Women</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>No. of Zero Malaria certificates issued at home visits</th>
</tr>
</thead>
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#### Strengths of activities

#### Areas for improvement

#### Other observations

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Malaria History