

# World Malaria Day

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### World Malaria Day Activities for Schools

Save the Children

The following classroom projects can be kicked off on World Malaria Day to educate and engage students on this global killer of children. These activities can be implemented in one day, or over the course of the week surrounding World Malaria Day, to benefit Save the Children's Good Goes campaign.

### Suggested Resources

- Saving Children's Lives in Mozambique: Baby Joyce's Story (see below)
- Survival Solutions: Malaria <http://blogs.savethechildren.org.uk/2013/04/world-malaria-day-invest-in-the-future-defeat-malaria/>

### *Education/Awareness*

Teachers can present the following success story (Baby Joyce's Story) to students to provide a real-life example of how local health workers can treat and save children with malaria. Based on this story, teachers can ask reading comprehension questions and have a discussion about the differences between getting sick in the U.S. and getting sick in a country like Mozambique. Present all or parts of the story, depending on the age of the students.

### *Optional Educational Activity: Malaria Trivia Game*

Each classroom will spend a week learning about the dangers of malaria relating to geography, math, and cultural information. Additional trivia questions can be based on Baby Joyce's Story. At the end of the week, students can compete in a "Malaria Trivia" game.

### *Optional Advocacy Activity*

Students can write letters to the president or one of their legislators presenting key facts or statistics they learned in the success story or Malaria Trivia game.

### *Optional Fundraising Activity*

Students can have a bake sale, basketball competition or other fundraiser to raise funds to provide mosquito nets for children in Mali. For \$40, Save the Children can provide 4 children



with mosquito nets. Go to Save the Children's [gift catalogue](#) to learn more and make a contribution.

### **Saving Children's Lives in Mozambique: Baby Joyce's Story**

When Alfredo Timane entered the small mud house on a home visit in March 2008, his training through a Save the Children –supported health program had prepared him to help save a baby's life. Alfredo was making weekly home visits as a Health Activista in Bugane Village of Xai Xai District of Mozambique. He saw that 9-month-old baby Joyce was sick and contacted Marianna, a community mobilizer, for her help and guidance.

"Joyce had a fever, a common symptom of malaria," said Marianna, age 45, a community mobilizer for the past 10 years in this remote community in sub-Saharan Africa. Marianna knew what could happen if baby Joyce did not receive quick help. Five children in her village had died from the disease in 2007. She told Joyce's mother, Artimiza, that she needed to go to the nearest health clinic to get proper treatment.

Artimiza took her advice, walking hours with baby Joyce to the Xai Xai District Health Clinic. There, she received lifesaving medicine to treat Joyce's malaria. "Joyce is much better today," said Artimiza while holding baby Joyce on her lap at home, five days after she was referred to the health clinic. "She will take her last medicine today."

### **Creating Teams to Connect Health Clinics to Homes**

Malaria – contracted from a simple mosquito bite – is the most common cause of death for children under age 5 in Mozambique. Baby Joyce got the help she needed through an innovative health care approach started 20 years ago. In the late 1980s, Mozambique was recovering from a prolonged civil war. Children and families in remote, marginalized communities were not getting even the most basic health care services, putting young lives at risk. Facing a shortage of health care professionals and a lack of funding to expand the health care system, the government enlisted the help of its citizens to create teams that would connect the health clinics to homes, where children first get sick. The teams include a nurse at a district health clinic, a "community mobilizer" and several "activistas" in a village. Until 2008, all participants were trained through a Save the Children program funded by U.S. government investments. Today, the government of Mozambique runs and finances the community-based health program.

Community mobilizers are men or women like Mariana with at least a 10th grade education. After completing a rigorous training, they are dispatched to their community to



educate families on basic health care practices, diagnose and treat illnesses like diarrhea, and refer severe cases to the health clinic to get proper medicines and treatments. For her work, Marianna earns a minor stipend of just \$60 a month. Every week, Marianna meets with a nurse from the Xai Xai District Health Clinic to review her cases. (The nurse, named Alda, manages a community mobilizer for each of the villages served by the clinic.)

With hundreds of families in each village, it's difficult for a community mobilizer to reach out to and monitor the health of all the families. Activistas, like Alfredo, offer additional support. Armed with at least a 5th grade education, they are assigned 20 to 25 families. Each day, they visit around five families, educating them on basic health care practices. They also report any issues needing follow-up – like baby Joyce's case – to their community mobilizer. For his time, Alfredo receives no financial reward. He works voluntarily.

### **Overcoming Challenges to Produce Change**

The program, well-established today, faced challenges early on. People said they were too busy taking care of their own family or farming their land, the main source of income, to get involved. Health advice was met with resistance. Cultural traditions and taboos were hard to change, like taking a child with severe diarrhea to a traditional healer instead of the health center for treatment. "Some of the challenges were easily overcome by working with community leaders, reaching out to families and providing health education," said Nurse Alda, sitting in a home in Bugane Village. "We were persistent."

"I see a lot of change," said Alda. "The statistics show a drop in child mortality rates. But the biggest change is in the way people think. Twenty years ago, it was common for people to stay at home with their sick children and not seek out [health] services. Now, almost everyone knows where to go to get help from an activista or a mobilizer." The results of the program lead happy moms like Artimiza to provide free word-of-mouth advertising. "This is the first time I've used them," said Artimiza. "Now, I would tell other mothers to use their services. They helped me a lot."

