MINISTRY OF HEALTH

NDOLA DISTRICT HEALTH OFFICE

YOUTHS AGAISNT MALARIA TRAINING REPORT

9TH SEPTEMBER 2026 TO 11TH SEPTEMBER 2026,NDOLA

Participants: 30 Participants from 3 Schools:

1. Mapalo Primary School

2. Itawa Combined School

3. Chipulukusu Secondary School

Organized By: Rotary Club of Ndola Central and Rotaract Club of Ndola

In Partnership With: Ndola District Health Office & Ministry of Education - Ndola District

Funded By: Malaria Partners International

INTRODUCTION

The Rotary Club of Ndola Central and Rotaract Club of Ndola, with funding from Malaria Partners International, in partnership with Ndola District Health Office and Ministry of Education (Ndola District), conducted a 3-day Integrated Peer Educators Training at Lowenthal Theater, Ndola from 9th to 11th September 2026. The training drew 30 learners from Mapalo Primary, Itawa Combined and Chipulukusu Secondary Schools.

TRAINING OBJECTIVES

1. To train peer educators and mentors so as to increase awareness and sensitisation on malaria prevention
2. To strengthen knowledge on community participation in malaria prevention
3. Support teacher and pupil led school-based malaria programmes
4. To explain puberty, teach menstrual and personal hygiene, outline SRHR services at all health facilities, discuss substance abuse and its link to SRHR, and define roles of peer educators.

OPENING REMARKS

The opening remarks for the training were delivered by the Ndola district health office public health specialist Dr Naomi Kasanda. The key notes include

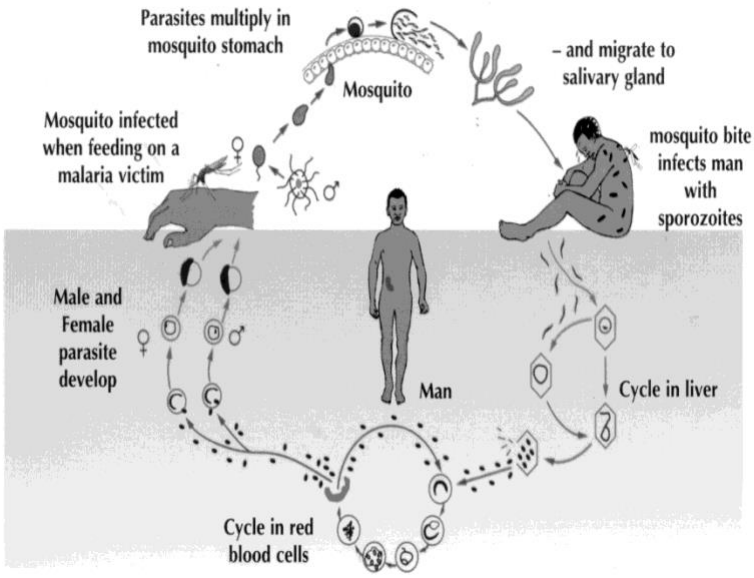
- Thanked all the youths and teachers present for the training and emphasized that malaria prevention is everyone's responsibility to prevent malaria in the community
- She emphasised that they need to take part in the deliberation during the training
- She further requested that whatever knowledge will be acquired should be shared with others
- Malaria remains one of the diseases with high morbidity and mortality in some cases and that is why every has a role to play in the malaria elimination agenda

MALARIA LIFE CYCLE , SIGNS AND SYMPTOMS

Background

- Malaria is a life threatening disease caused by a tiny parasite
- Transmitted through an infected bite of a female anopheles mosquito
- The malaria parasites enter and leave the body through mosquito bites
- An adult female anopheles mosquito will only have parasites if it has bitten a person infected with malaria
- The parasites have a life cycle in humans as well as in a mosquito

TRANSMISSION CYCLE



The bursting of red blood cells causes the waves of body hotness and chills as the body detects the invader and tries to fight

SIGNS AND SYMPTOMS OF MALARIA

- A person who is infected with the malaria parasite can appear normal and have no signs of illness.
- However, when disease develops the common signs and symptoms of the disease include:

Simple/Uncomplicated Malaria

- Fever
- Chills

- Headache
- Sweats
- Fatigue
- Nausea & vomiting
- Body aches

It should be remembered that:

- These signs and symptoms are not unique to malaria.
- Other bacterial and viral diseases can show similar symptoms

A person presenting with symptoms should be tested before treatment

Severe/Complicated malaria

- is life threatening
- In people with low immunity simple malaria can develop into severe malaria within 24 hours if not treated,
  - this includes children under five years and people from areas where malaria is not common.
- Severe malaria is generally defined as acute malaria with high levels of parasitemia
- The commonly developed conditions in severe malaria are:
- cerebral malaria (coma due to malaria),
- severe anemia (less than 8g/dl hemoglobin)
- respiratory distress (in relation to metabolic acidosis).
- All these are life threatening with significant case fatality rates

  The common danger signs are:

  - Confusion or behaviour change
  - Unconsciousness
  - Abnormal breathing pattern
  - Persistent or continuous vomiting
  - Severe diarrhoea
  - Bleeding
  - Dark urine
  - Convulsions

- Delayed capillary refill
- Intense pallor
- Very high fever (more than 38°C)
- In additions to the signs given, look out for these signs in children under five years of age
- Fever,
- Laziness/tiredness, unable to play, inactive
- Failure to feed or breast feed
- Vomiting
- Palm pallor
- Behaviour change, convulsions, unconsciousness

DETECTION AND TREATMENT

- Encourage peers with suspected malaria to seek testing as soon as possible.
- Explain that early diagnosis helps prevent severe illness.
- Once malaria is confirmed, treatment should be taken exactly as prescribed by the health worker.
- Encourage completing the prescribed course.
- Avoid sharing medicines with other people.
- Encourage people to return to the health facility if there is no improvement.

MALARIA PREVENTION

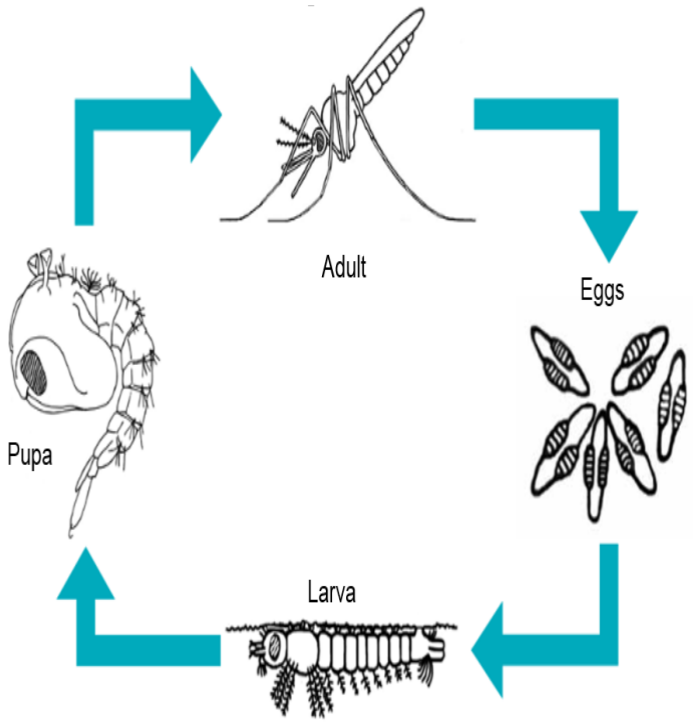
i. **Prevention** is the process or action taken to decrease the chance of getting a disease.

ii. Therefore, malaria prevention is all **those actions taken** to decrease the chances of getting the disease of malaria.

iii. Before knowing methods of preventing malaria, it is important to have a basic understanding of the **behavior of a mosquito**

iv. One of the most important aspect in prevention malaria is to know the life **cycle of the mosquito**

Life Cycle of a Mosquito



- **Females must take a blood meal every 2-3 days.**
- Blood needed to develop eggs
- Females will lay a batch of eggs before taking the next meal
- Eggs are laid singly onto stagnant of slow-flowing water in batches of 50 – 200 eggs
- If eggs dry out, the mosquito will not develop
- The length of the egg take to hatch into larva depends on the temperature; typically, they hatch within 2-3 days
- However, in colder regions it may 2-3 weeks

MALARIA PREVENTION STRATEGIES

1.PERSONAL PROTECTION

- **Methods of preventing mosquitoes from biting people**
  - Sleep under mosquito nets (Ordinary or insecticide-treated – ITNs)
  - Screen all windows and doors in the house or at least in rooms where people sleep
  - Apply mosquito repellant to the skin
  - Burn mosquito coils
  - Wear personal protection; wearing protective clothing, e.g. scarf, long pants, and sleeves to shield the neck, legs, and arms from mosquito bites

2.VECTOR CONTROL

- Spraying homes with long-lasting insecticides to potential resting surfaces of mosquitoes.

  Done at least once or twice a year.

- For IRS to be effectiveness, there must be high coverage of not less 85 percent of all the eligible structures in order to obtain the **"mass effect"** on the vector population.
- This is the utilization of insecticide treated bed nets to prevent mosquito bites.
- LLINs work in two ways:
  - ✓ By creating a physical barrier between a mosquito and a person.
  - ✓ By killing or repelling mosquitoes that get in contact with the LLINs.
  - ✓ When utilized correctly and consistently, LLINs reduce the mosquito vector-human contact and mosquito vector populations.
  - ✓ Hence, reduces the transmission of malaria, incidence and death rates.

3.ENVIRONMENTAL MANAGEMENT

- Communities can help reduce mosquitoes breeding by:

- removing unnecessary containers that hold stagnant water.
- properly disposing of water
- keeping surroundings clean.
- supporting community activities aimed at reducing mosquitoes breeding sites ie keep Zambia clean campaign.
- Larval Source Management is the targeted treatment of water bodies where mosquitoes breed by **disrupting the laying of mosquito eggs, killing larvae**

and **pupae** in order to prevent the immature stages of mosquitoes to develop into adult mosquitoes.

4.EARLY DIAGNOSIS & TREATMENT

- ❑ This involves identifying cases promptly as this reduces the duration and severity of infection and help prevent further transmission in the community.
- ❑ Mass Drug Administration is an intervention where anti-malarial medicines are given to an entire target population or defined group, regardless of whether individuals have symptoms or have tested positive for malaria. The main purpose is to reduce the amount of malaria parasites in the community, thereby reducing malaria transmission.

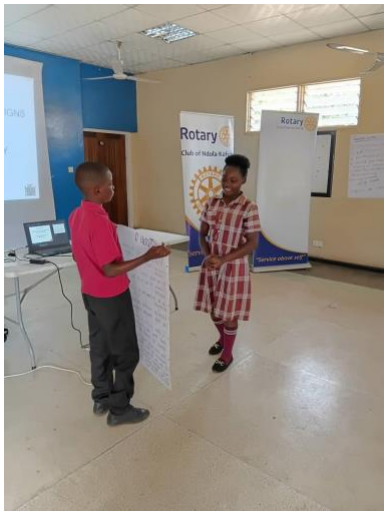
The role of Peer Educators is to:

- must encourage their peers and family members to seek care early
- share correct malaria information for informed decisions.
- address myths and misconceptions.

PEER EDUCATORS' ROLE IN MALARIA PREVENTION

- ❑ Health education and sensitization
- Educate peers and community members about malaria, its transmission, signs & symptoms.
- share correct information and address myths and misconceptions about malaria.
- Explain the importance of early testing and treatment
- ❑ Encourage community participation in malaria interventions.
- Promote use of mosquitoes' nets
- ❑ Promote early care-seeking behaviors
- Encourage anyone with signs and symptoms to seek treatment promptly.
- Educate the peers and the community about danger signs requiring urgent medical attention.

ADOLESCENT SEXUAL REPRODUCTIVE HEALTH AND RIGHT (SRHR) INCLUDING
SUBSTANCE AND ALCOHOL ABUSE



3.0 METHODOLOGY

Group work (girls wrote changes in boys and vice versa), brainstorming, flip chart ticking, demonstrations, role plays, Question Box.

PROCEEDINGS

Puberty

Divided by sex. Girls wrote changes in boys, boys wrote changes in girls.

Girls on Boys: Deep voice/cracking, beard, chest/armpit/pubic hair, broad shoulders/muscles, penis/testes enlarge, wet dreams, pimples/sweating.

Boys on Girls: Breast growth, hips widen, armpit/private hair, monthly periods, white discharge, pimples, moodiness.

Facilitator clarified hormones and normalcy.

Hygiene

a) Girls: Myths corrected, pad use 4-6 hourly, cotton dried in sun, wash with clean water only, dispose in bin/pit latrine wrapped, track cycle, refer severe pain.

b) Boys: Daily bathing, wash penis pulling foreskin gently, clean pants daily, never share blades, wet dreams normal.

Sexual Reproductive Health Rights Services

Available at all health facilities via Youth-Friendly Spaces/Corners - FREE, Confidential, Non-Judgmental:

1. Health education on puberty/relationships/life skills

2. HIV Testing and Counselling

3. STI screening and treatment

4. Pregnancy testing and ANC linkage

5. Family planning info and condoms for sexually active youth

6. Menstrual hygiene counselling

7. Substance and alcohol abuse counselling

8. Mental health support

9. GBV support - Childline 116, Lifeline 933, Police VSU

Substance and Alcohol Abuse

Learners Listed Reasons:

1. Peer pressure 2. Stress/depression 3. Unemployment/idleness 4. Copying parents/siblings 5. Heartbreaks 6. To gain courage 7. Curiosity 8. Social media/movies/music 9. Lack of parental guidance 10. Low self-esteem 11. Easy availability to minors

Flip Chart Activity: "Is alcohol abuse highly practiced, rarely practiced, or not practiced at all in your community?"

- Highly practiced: Majority ticked - Highest

- Rarely practiced: Few ticks

- Not practiced at all: Zero

Interpretation: Alcohol abuse is highly practiced in Ndola communities.

Link to SRHR: Impairs judgment leading to unprotected sex, pregnancy, STIs/HIV, abuse, GBV, dropout.

Roles of peer educator

LINK persons, NOT clinicians. Do's: Role model, educator, listener, referrer, recorder, advocate, confidentiality. Don'ts: No diagnosis/prescription, no methods provision, no sexual relationships with peers, no gossip, always REFER.

Conclusion

Malaria prevention key messages and SRHR component successfully completed. Alcohol abuse confirmed as highly practiced amongst young ones and key messages emphasised. All participants were given certificates for attendance.

Recommendation

Deployment of trained peer educators to schools will bring a significant change in issues affecting young ones including malaria.therefore the provision of IEC materials referral slips and monthly monthly review at the schools will be key in this project

Acknowledgement

Sincere thanks to Rotary Club of Ndola Central and Rotaract Club of Ndola for organizing, Malaria Partners International for funding, and Ndola District Health Office and Ministry of Education for partnership and technical support.

Facilitators

1. Chipampe Chishimba - Adolescent Health Trainer / Peer Educators Trainer
2. Bwalya Kapapa -Adolescent coordinator (Ndola District Health Office)
3. Lucy Banda -Malaria elimination officer (Ndola District Health Office)
4. Namakau K Mwala-Environmental health technologist (Ndola District Health Office)