



ORT Preparedness

Gaps and RCRC Comparative Advantage

The Oral Rehydration Therapy (ORT) Preparedness Model

Vertical Integration with Surge Capacity

Elements included in the training

2019 and 2020 objectives



Why Change the Approach Of RCRC to Cholera ?

To identify areas of cholera response which can have a major impact on morbidity and mortality and allow RCRC to fully utilize its comparative advantages.

The chosen approach should fill a gap in response which currently exists and decrease the time needed for a response to be put in place.



Gaps and Comparative Advantage

Gaps

- Lack of organizations carrying out community case management CCM
- Lack of *immediate response* to outbreaks at community level
- RCRC case management set-up very focussed on kits and teams being flown into the country after an outbreak is announced

Comparative Advantage

- Large network of community volunteers who live in communities affected by cholera.
- Large branch network with physical structures and staff.
- Permanent presence in districts (not programme based)
- Government auxiliary role



The ORT Preparedness Model

Work with RCRC Community volunteers and branches in identified hotspots with training packages for 5 different levels:

1. Community volunteer
2. Oral Rehydration Point set-up and operationalization
3. Branch support for up to 10 ORPs in a district.
(3a) Branch level Case Area Transmission Interventions WASH.
4. HQ support to multi-district outbreak, cross-border dialogue and interagency coordination
5. Surge vertical integration with traditional surge capacity



ORT Model – Level 1 and Level 2 Training Development Completed

Level 1 - community volunteers

- living in the village act as 'go to'
- trained to recognize levels of dehydration and give relevant ORT
- treat **all** AWD cases whether suspected cholera or not.
- act as early warning through noting a spike in cases.
- Assist with and work with community to undertake safe referral

Level 2 – Volunteer team setting up ORPs in villages

- based on agreed triggers with MoH
- use of ORP kits pre-positioned at branches
- provide ORT, Zinc and safe referral at scale (up to 30 people per day)
- Strong and clear SOPs and guidance cards within the kits



ORT Model – Level 3 and Level 4 (trainings still being developed)

Level 3 – Branch Support for up to 8 ORPs in district

- safe referral facilitation, logistical support, data collection and volunteer management.
- in collaboration with MoH Public Health specialists or epidemiologists ensure ORPs can be set-up, moved and closed down in response epidemiological data.
- training on support to OCV campaigns

Level 4 – HQ support to multi-district outbreaks

- Volunteer management and logistics support (prepositioning strategy)
- cross-border National Society to National Society dialogue
- interagency coordination and support



Vertical Integration – Surge Capacity Level 5

The preparedness model and both existing and proposed ERUs should ‘dovetail’ into each other and avoid parallel response.

Swiss RCS – Emergency Response Unit Public Health in Emergencies CCM Cholera

- Follow same model, Standard Operating Procedures and treatment/diagnostic protocols
- Agreement on a 5-Level training plan
- Agreement that training of ERU personnel be done in Cholera Countries in Africa, thus adding to the preparedness of those countries
- Agreement to include African NS volunteers who have completed the 5 levels of training in the ERU roster for ERU PHE CCM (Cholera)
- Agreement on a common ORP Kit
- Agree that the ERU preposition kits in African Logistics Hubs and some countries of interest for Swiss RCS



Elements Included in the Trainings

Oral Rehydration Therapy

Community Engagement and Accountability

Rumour Management

Community Based Surveillance

Support to Oral Cholera Vaccine Campaigns

WASH



Cooperation

Government

- Include RCRC ORT Model in National Cholera Plans
- District Health Authorities attend and support training events
- District Health Authorities agree on triggers and SOPs with RCRC branches

Other Organizations

- Support training of volunteers
- Identify how organization's own modalities of response can work with RCRC Model in a complementary way
- Support the preparedness models sustainability through provision of stocks of consumables



2019 and 2020

East Africa – Uganda, Rwanda, Burundi, Tanzania, S.Sudan, Somalia and Kenya

Southern Africa – Malawi, Mozambique, Zambia and Zimbabwe

Lake Chad Basin – Cameroon, Niger and Nigeria

West Coast – Ghana, Cote D'Ivoire, Sierra Leone

Completed: ORP kit standardization; finalization of Level 1 and 2 Trainings; 8 L1 and L2 trainings in 7 countries;

Ongoing: identification and training of trainers; prepositioning and training roll-out strategies; SOP development; development of Level 3 and 5 training modules; development of operational documents and reference cards

Planned for 2020: scale up and roll out of L1 and L2 training and prepositioning strategy; development of training package for L4; first L5 training event; development of training package for Branch CATI (WASH) Team



THANKS

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