GLOBAL TASK FORCE ON CHOLERA CONTROL

Building Bridges: A Community and Branch Based Cholera Preparedness Approach



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Based on 2017 IFRC Africa Cholera Framework and discussions with external partners.

Unique strengths of RCRC: Permanent presence of branches Reach of Community level volunteers

A preparedness approach based around branches and community volunteers with three elements.

Oral Rehydration Therapy (ORT) Access Transmission breaking (WASH) interventions Support of OCV Campaigns at community level

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What are the perceived gaps and issues that the approach aims to resolve ?

- lack of immediate access to ORT and trained personnel
- first cases go untreated or are treated late
- lack of preparedness capacity in hot spot areas
- where scale up is needed, it is often delayed
- interventions to break transmission routes are often not focused

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Need: National Society coordination with government; standardized kits and training; cooperation with external partners.

Achieved so far:

ORT Trainers trained in 19 National Societies;

Community Volunteers trained in 9 National Societies, 20 branches to function as both level 1 ORT Volunteer and level 2 ORP Operator

ORP kits and training have been standardized and trainings undertaken with government cooperation and participation

first standardized kits procured and sent.

C Ongoing: Prepositioning of kits;

NS country overviews of cholera preparedness, identifying capacities and gaps;

development of ORT and ORP manuals and online training resources; and transmission intervention training.

creation of modest mobilization contingency funds in-country;

To come: Consolidation and advocacy of the model; collection of evidence from responses and real time evaluations; development of OCV training for volunteers.

+C**IFRC** Malawi Two trainers have been trained

Volunteers in the branches of Salima and Mangochi have been trained L1 and L2

Trainings in Karonga, Blantyre and Chikwawa planned

Two standard ORP kits have been sent to Malawi and funds provided to upgrade the existing 15 kits

CDC programme will equip and train branch volunteers to implement transmission breaking interventions

Branch and community level chlorine production (Evidence Action) 18 September 2020

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How will this work in the Malawi Context

Occasional AWD cases (outside cholera season) ORT volunteers diagnose, treat and refer; awareness and preparedness work with community; chlorine dispenser management.

Approach of cholera season Increase frequency of messaging; check communications with District Health Authority (DHA), Health Surveillance Assistants and branch (simple simulation)

limited outbreak of AWD/cholera (cholera season) ORT volunteers diagnose, treat and refer; report case numbers to DHA and Branch

Significant increase in cases ORT volunteer and HSA request scale up. DHA and branch agree on operationalization of ORP. Transmission intervention teams move to affected households and neighbourhoods. **18 September 2020**

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Transmission breaking needs to be focused on case clusters

Branch Emergency WASH Teams will use line lists from health facilities, ORPs and ORTs to guide location of intervention.

Interventions will start from 'case households' with hygiene and disinfection support; then move into neighbourhoods through identifying common services or infrastructure.

+C IFRC Zambia Two trainers have been trained

Volunteers in the branches of Lusaka, Mpulungu and Nsama have been trained level 1 ORT Volunteer and level 2 ORP Operator.

Two trainings planned to cover 5 branches: Lusaka, Kapiri Mposhi, Kabwe, Kafue and Kitwe.

Two standard ORP kits have been sent to Zambia and funds provided to upgrade the existing kits

CDC programme will equip and train branch volunteers to implement transmission breaking interventions in 4 branches



Building Bridges: into communities and between sectors

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THANKS