



# COMMUNITY BASED ORAL REHYDRATION THERAPY

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# The IFRC Africa Regional Approach to Cholera



The Africa Regional Approach to Cholera aims to localize response by training community-based volunteers and prepositioning equipment in branches located in cholera hotspots. The approach is flexible and will always be adjusted to fit with existing response modalities in a country. Three-pronged approach:

1. Oral Rehydration Therapy access, diagnosis of dehydration level and referral with the ability to scale up provision of ORT through the operationalization of Oral Rehydration Points.
2. Breaking of cholera transmission routes through WASH based interventions in households and communities using trained volunteers as part of a Branch Outbreak Response Team (BORT).
3. Support OCV campaigns organized by the government whether they are preventive or reactive.

# Oral rehydration therapy at community level

“Blue Flag Volunteers” in Sierra Leone



Blue flag volunteers (BFVs) are a type of community health worker (CHW).

BFVs are trained to **recognise, treat and advise on prevention of diarrhoea, cholera and other waterborne illnesses in their communities** and are identified by a blue flag flying from the roof of their residences.

They provide oral rehydration salts (ORS) and give advice on use of sugar/ salt solution.

BFVs are **identified and supervised by the District Health Team** (DHMT), with support of a wide range of NGOs and international organizations.

# Oral rehydration therapy at community level

## The “Blue Flag Volunteers” in Sierra Leone



### Blue Flag Volunteers history

Before the civil war (1991-2002)- BFVs were trained to promote hygiene and treat diarrhea with ORT.

During the conflict, ORS was pushed heavily on displaced populations in camps.

After the war, cholera outbreaks were managed with ORS and efforts made to maintain the supply chain at all levels, DHMTS overseeing ORS distribution and re-ordering in cooperation with communities

The Blue flag volunteer is a concept that has been supported by a wide range of organisations

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## Successes

Community engagement and social mobilisation led to **universal familiarity with ORS**

**Emergencies** provided an **opportunity for boosting confidence in the product**, and its purpose (rehydration, not symptom relief) became well understood.

Basic supply chain management kept **ORS widely available**

Affordability kept the product interesting- more affordable than sugar/salt solutions

National engagement in community case management through the “national reconstruction project” - with donor support

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### Challenges and Key Considerations

Blue Flag volunteers need to be trained and **re-trained on a regular basis** (change in volunteer engagement) and **supervised** (this needs maintenance)

Community needs to be made aware of the importance, use and exact role of ORS

Once universal familiarity with ORS is achieved, **availability is extremely important**

**Affordability** (free access in the public sector / subsidized price in the private sector) are likely to **increase sustained use** of ORS

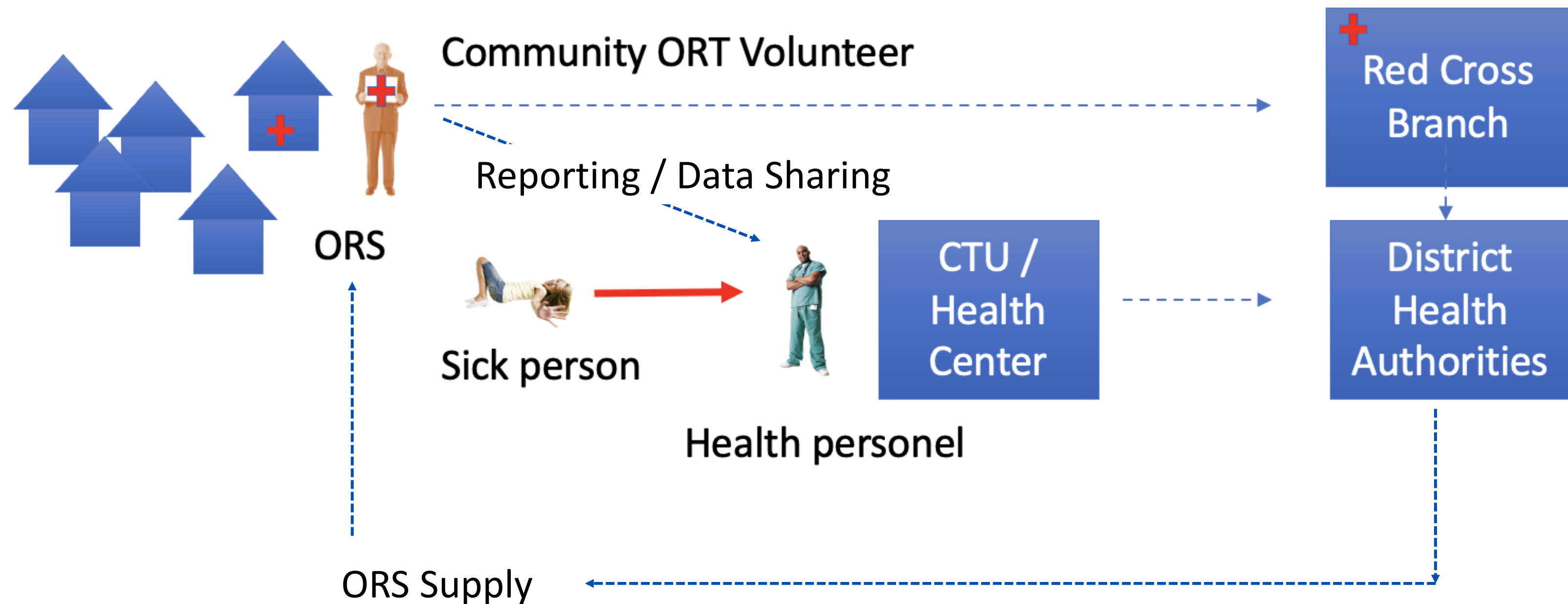
**Ambiguous messaging** about the relative value of ORS vs home-made sugar-salt solution can reduce ORS utilization

# Oral rehydration therapy at community level

## The Red Cross Community case management approach



### Community Oral Rehydration Therapy model - in cholera hotspots





# Oral rehydration therapy at community level

The Red Cross Community Case Management Approach



**Community Oral Rehydration Therapy model - in cholera hotspots**

## **OUTSIDE CHOLERA OUTBREAKS**

Community ORT volunteers always present in communities assisting them with **Oral Rehydration Therapy and/or Referral** for **anyone with diarrhea**

## **DURING CHOLERA OUTBREAKS**

Community ORT volunteers provide early access to dehydration assessment and ORT and serve as a monitoring and alert system – requesting response capacity where necessary.

## **CONTINUOUS ACTIVITIES**

Promote the use of ORS. Demonstrate ORS preparation, report diarrhoea case numbers to Health authorities and RCRC branch, deliver cholera awareness and diarrheal disease prevention messages and conduct health and hygiene promotion.



# Making it Work



**Fitting in** with Government system already in place  
Be clear on the level of service, voluntary status and what is provided.

**Formalization** – responsibilities of the volunteers, support received and reporting lines and logistics – supply chain

**Empowerment** of the volunteers (training/equipment/recognition/confidence – support. Retraining and testing on-line

Recognition as a form of **early warning system** – respond to diarrhoea cases NOT just suspected cholera cases

**Taking to scale** – Where to start (local hotspots in hotspot districts)

# Oral rehydration therapy at community level



## References

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