

Oral Rehydration Points (ORPs)

BY GIFT DOMBOLA

Community Health Specialist

What is an Oral Rehydration point (ORP)?

An ORP is a point of entry, at community level, to treat and refer acute watery diarrhea (AWD)/ cholera

Able to handle a significant number of suspected cholera / AWD patients

Able to treat simple cholera cases such as plan A

Able to stabilize severely dehydrated cases before referring to CTU-CTC

What is an Oral Rehydration point (ORP)?

Definition

- It is a visible structure open for at least 8 hours or 24 hours a day
- Have access to treated water, sanitation/latrine and a strong Infection Prevention and Control (IPC) element
- It is manned by a community nurse, and volunteers
- It should be incorporated at the beginning of the outbreak to the end

ORP in Malawi 2023



Photo: G. Dombola

Staff capacity at an ORP?

Staff must be able to apply case definition

Staff must be able to assess dehydration

Staff must be able to identify patients who should be transferred

Staff must be able to initiate / give ORS as per treatment protocol

Additional staff support the functioning of the ORP

Whenever possible, staff in ORPs should be from the community

Setting Up ORPs

MUST INCLUDE

- Multisectoral approach such as risk communication and community engagement (RCCE), IPC/WASH, Surveillance, case management and community leaders)
- Functional SOPs/guidelines
- Assessment tool
- Functional referral pathways
- Supervisory committee at a national level
- National and district trainers on ORPs
- Contingency budget
- Exit Strategy

Setting up an ORP involves community leaders and influential groups/people



Elements that make ORP successful in the communities

Engage	Community Participation: Engage community leaders from designing to implementation
Choice	Accessibility: Let community leaders choose location of ORP (CBO, church, marketplaces)
Local	Acceptability: Do not use volunteers from a different village/ it should be culturally accepted
Integration	Integration with Healthcare Systems: make it part of existing routine service
Intensify	Intensify information, education and communication (IEC): involve RCCE before setting up/ trained staff and orient them
Ensure	Availability of supplies: ensure stock are available all the time
Provide	Provide supportive supervision: motivate staff at ORP and appreciate their effort

Key Lessons Learnt

Success stories

Utilization of ORPs

Follow up visits by Community Based Volunteers (CBVs)

Door to door sensitization

Community leaders were involved in running the ORPs

Community leaders had by-laws for ORP like paying a goat if a cholera patient does not go to ORP/facility

Challenges

ORPs were considered as health facilities: the emphasis of `ORP` is a stage where you are not supposed to spent more that 4 hours helped

Ownership: Paid volunteers versus unpaid volunteers due to different implementing partners

Location of ORPs: every community wanted ORPs to be very close to the village

SUMMARY

ORPs are crucial for treatment of dehydration caused by conditions like diarrhea including cholera at a community level

It assists in replenishing lost fluids and electrolytes, preventing serious complications like organ failure

ORPs are cost-effective, easy to manage and administration of ORS, and can be lifesaving, particularly in low resource areas and limited access to health facilities due distances and poor road network

It's easy-to-use tool yet powerful in combating dehydration-related illnesses and saving lives particularly in children and vulnerable populations