

RCCE IN CASE MANAGEMENT & IPC

RCCE CROSS-BORDER TRAINING, MOMBASSA WORKSHOP

15-19 APRIL 2024





PRESENTATION OUTLINE



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- II. Burden of Health Emergencies
- III. Negative Outcomes on Response Efforts due to Inadequacy or Absence of RCCE Activities
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INTRODUCTION



Africa has the largest burden of public health events annually – 92% being infectious in nature



With the weakest emergency care systems



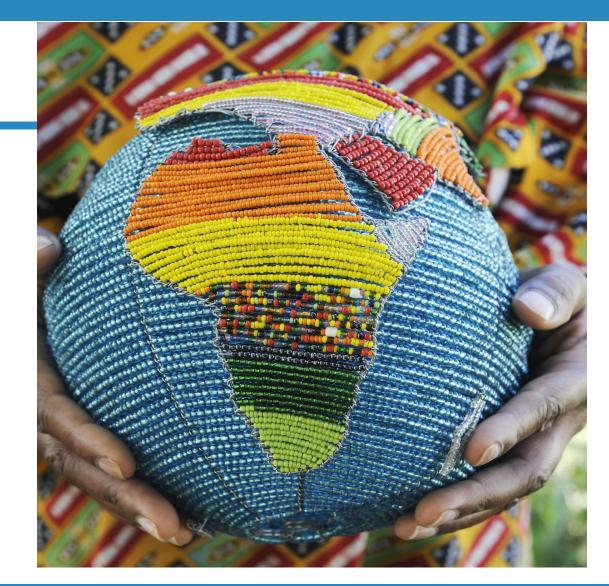
Majority of outbreaks occurring in complex situations



Communities play a major role in the effectiveness of response efforts



RCCE integration into case management and IPC is crucial for effective response



BURDEN OF HEALTH EMERGENCIES





NEGATIVE OUTCOMES ON RESPONSE EFFORTS DUE TO INADEQUACY OR ABSENCE OF RCCE ACTIVITIES







5 OUTBREAK RESPONSE CORNERSTONES





ROLE OF RCCE IN OUTBREAK CONTROL - COMMUNITY CASE MANAGEMENT

RCCE Address community Case Management & IPC through:

- Risk communication, community engagement (RCCE) on health systems trust
- Safe home remedy messaging
- Messaging of household IPC
 measures
- Healthcare system referrals (access to care)
- Early Symptoms and when to seek care

Factors associated with inadequate RCCE in Case management

- Late presentation to health facilities
- Poor health seeking behaviors
- Increased community deaths
- Disease spread through unsafe gatherings and unsupervised burials



HOME BASED CARE INITIATIVE (HBCI) IN COVID-19



- Increased numbers of COVID-19 cases overwhelmed the all health systems around the world
- Home based care was an initiative to management mild cases of the disease in the community
- RCCE integrated in case management & IPC provided crucial messages to communities to care for mild cases at household level
- Over 5,000 Community healthcare workers and medical students were trained in Zambia, Lesotho and South Africa to support the HBCI for COVID-19 mild cases



INTEGRATED COMMUNITY-BASED APPROACH IN CHOLERA RESPONSE



RCCE

- Provide IEC materials
- Assess household knowledge
- Map community influencers
- Liaise with EHT for organizing community meetings

Case Management

- Provide ORS to patients
 - Link cases to ORPs
 - Monitor mild cases for signs of deterioration
- Alert EHT for prompt referral

WaSH

- Identify communal water points
- Provide chlorine tablets and train households to prepare chlorine solutions
- Liaise with EHT for decontaminati on of water points



INTEGRATED COMMUNITY-BASED APPROACH IN CHOLERA RESPONSE - MALAWI



- 246 Oral Rehydration Points (ORPs) Established; with support from IFRC, UNICEF, WHO and Ministry of Health Malawi during the 2022 – 2023 Malawi cholera outbreak
- With over 26,000 mild cases seen at these ORPs
- Effective way of control of large outbreaks
- Saving resources and Lives



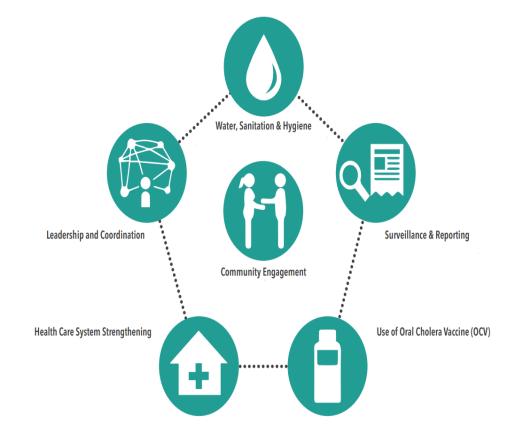
COMMUNITY HYGIENE KITS DISTRIBUTION IN CHOLERA OUTBREAK - SOUTH AFRICA



- WHO, UNICEF and MSF collaborated in hygiene kit distribution in South Africa
- 7,000 cholera hygiene kits distributed in Hammanskraal area of Tswane district in Gauteng province of south Africa to stop the spread of cholera
- RCCE, integrated with community IPC/ Case Management and WaSH to ensure community is protected, active case search and community household water treatment
- Initiative was effective in the control of a small cholera outbreak



CONCLUSION



 Community Engagement is at the center of an effective disease outbreak response; cross-cutting in management of mild cases, improved access to safe care and protection of communities through IPC measures at household level.

 Promotes adherence to PHM and builds trust in the health systems





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