Community Case Management of Cholera (CCMC) in Malawi, 2023
Case study

INTRODUCTION
Cholera outbreaks are endemic in Malawi, with the country responding to seasonal outbreaks since 1998. In March 2022, a new cholera outbreak was reported. By December 2022, all districts in Malawi were reporting cases, with a case fatality rate of >3%. The outbreak was declared a Public Health Emergency by the government on December 5, 2022. In January 2023, a Public Health Emergency Response Unit (ERU) was deployed to support community case management of cholera (CCMC) through Oral Rehydration Points (ORPs) in affected communities. The ERU contributed to the reduction of mortality and morbidity by supporting early detection and treatment of cholera within communities.

SUCCESS FACTORS

1. Community-based strategic locations – making it easy for people to access and reach. This also ensured early detection and referral of severe cases through free transportation.

2. Well-trained volunteers – strong emphasis and focus on ensuring all volunteers were well trained. The volunteers came from affected communities which helped build trust.

3. Triaging – the ORPs were able to treat mild cases within communities, only referring severe cases, which reduced the burden on health facilities.

RECOMMENDATIONS

1. Deploy Household Water Treatment and Safe Storage and Water Supply Rehabilitation together with CCMC – the provision of safe and clean water in communities supports the management of cholera / acute watery diarrhea (AWD) outbreaks.

2. Strengthen community acceptance – ensure knowledge, attitudes, and practices of communities are integrated in the response for culturally acceptable response actions.

3. Enhance Data Analysis – integrate data analysis tools to provide insights on the impact of ORPs, outbreak trends, and referral pathways.

WHAT IS AN EMERGENCY RESPONSE UNIT (ERU) FOR COMMUNITY CASE MANAGEMENT OF CHOLERA (CCMC)?

Emergency Response Units (ERUs) are teams of specialized personnel and equipment that can deploy at short notice to sudden and slow on-set disasters. They can provide specific preventive as well as life-saving services when local facilities are destroyed, overwhelmed or non-existent.

The CCMC ERU module can be deployed to provide oral rehydration services at standalone Oral Rehydration Points (ORPs) in communities affected by outbreaks of cholera or acute watery diarrhea. They are made up of a Team Leader, a public health specialist/epidemiologist as well as personal trained in quality control/training, WASH, logistics & finance/admin. Visit the Catalogue of Surge Services on IFRC GO for more information.
“My son was extremely sick and without the ORP he would have died. They took good care of my son at the ORP. They organized transport to the health facility. Thanks to Malawi Red Cross Society, he survived,” – Mr Dixon (a Beneficiary)

**ADDITIONAL CONSIDERATIONS**

- **National Society Development** – Empowering National Societies to take the lead in ORP response activities builds capacity and linkages with other ongoing community health and WASH activities. Having community volunteers provide door to door health and hygiene promotion around ORPs has a higher impact on behaviour change than standalone ORPs.

- **WASH ERUs complement the CCMC module of the Public Health ERU** – WASH ERUs working in the same communities as the CCMC will ensure access to early treatment and referrals, as well as access to safe water, proper sanitation and improve the hygiene practices via WASH ERUs, contributing to the reduction of cholera.

- **Coordination** – ORPs must have a referral pathway for severe cases. This requires collaboration with the Ministry of Health (MoH) as well clinical ERUs (where they are deployed). Strong coordination is essential and will inform the implementation plan for the ORP activities.

- **Rapid and flexible response** – ORPs can easily be moved from one place to another as the epidemic evolves and cases shift geographically. The number of ORPs should be up and/or downscaled in accordance with epidemiological trends.

“Thanks to the training we are able to convey health and hygiene messages in a way the communities are able to understand and adopt, resulting in improved household hygiene.” - ORP Volunteer, Malawi Red Cross