Organisation of an ORT corner

Based on preliminary findings from experience of setting up and managing ORT corners in Kopano and Tshepo Districts, the following recommendations are made:

- an assessment should be made of the level of need for the service at the facility *eg a facility that sees at least 3 children/day with diarrhoeal illness may be suitable for an ORT corner;*
- an intensive training workshop for facility staff is carried out to review the case management of diarrhoeal illness, including clinical assessment for underlying conditions *eg children presenting with diarrhoea and broncho-pneumonia;*
- training should also cover the organisation and use of an ORT corner, and if possible, should review participatory health education methods;
- any space in a clinic or OPD might be converted into an ORT corner, though at some very small urban and rural clinics where there is little space available, a specific shelter might need to be constructed outside;
- privacy of the ORT corner and easy access to a WC and washbasin are important aspects to consider when planning;
- health promotion and Soul City posters should decorate the walls, and other relevant pamphlets be available for mothers/caregivers to take home with them;
- facility staff should be committed to giving practical demonstrations to complement other education materials and methods *eg how to make and give ORT at home;*

> ORT solution may be made at home by mixing 1/2 teaspoon of salt and 8 teaspoons of sugar into 1 litre of clean drinking water

- health care workers liaise with other community health educators to ensure consistency of messages *eg at local schools, creches and churches;*
- a few simple and meaningful indicators should be chosen to monitor the effectiveness of the ORT corner *eg reductions in number of referrals with diarrhoea and number of medicines prescribed for treatment of diarrhoea;*
- review of ORT corner statistics should be coordinated between facilities to allow for follow-up and evaluation *eg. changes in referral patterns or self-referrals to hospital*

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With gratitude to the Child Health Co-ordinator and health workers in the various clinics of Region C, in the Free State.

Comments or criticism?

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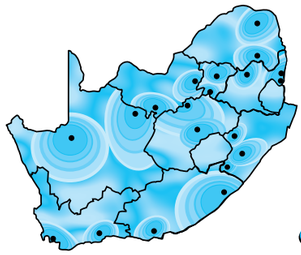

Initiative for Sub-District Support

Kwik-Skwiz #23

Oral Rehydration Therapy Corners and the Management of Diarrhoeal illness in children

File for quick reference

The Issue

In June 1995, South Africa ratified the United Nations Convention on the Rights of the Child. In doing so, the country committed itself to implementing the principle of a "first call for children" whereby the needs of children are considered paramount throughout the government's programmes, services and development strategies.

In South Africa, 4,000 deaths caused by diarrhoeal illness were reported in 1994, in children aged below 5 years and 6,000 in 1995 [1]. However experts believe that, based on other sources of information, these represents about a third of the actual deaths related to diarrhoeal illnesses. Diarrhoea is also responsible for a significant proportion of morbidity and malnutrition in this age group.

> *One child dies every two hours as a result of diarrhoeal illness*

The management of diarrhoea involves mainly the **prevention and treatment of dehydration** by **correct rehydration**. When this is done orally, it is called **oral rehydration therapy (ORT)**, which is a scientific, inexpensive and effective process. With appropriate information and education given to caregivers, this simple and cost-effective measure can reduce both morbidity and mortality amongst children with diarrhoeal illness.

In Region C of the Free State, the effective management of diarrhoeal illness in children is considered a priority. Therefore, the Regional Child Health Coordinator, with the support of the Interim District Management Team (IDMT) is responsible for the planning and implementation of child health programmes, and in particular, the ORT corner project.

Defining the problem

Internationally, studies show that while knowledge of ORT is widespread, its effective use for children is limited due to misunderstandings or misconceptions on the part of caregivers. In addition, simple and effective management of diarrhoeal illness is often not carried out in clinic or hospital settings.

Common reasons for the non-use of ORT
Lack of time to explain, prepare or administer ORT
Belief in superiority of "medical treatment"
Belief that giving fluids makes diarrhoea worse
Pressure from caregiver to prescribe
Poor clinical assessment of condition
Misguided belief that all dehydrated children need a drip

For example, some health care workers are not convinced about the effectiveness of ORT in the management of diarrhoeal illness, and continue to inappropriately prescribe antidiarrhoeal drugs and intravenous rehydration for moderate dehydration. The child's health may be further compromised when incorrect advice is given to caregivers to stop breastfeeding during an episode of diarrhoea. Breast feeding should be continued and if breast feeding has already ceased the child should be given soft fluids.

Unnecessary and expensive referrals to higher levels of health care could be avoided by commitment to the promotion and practice of ORT at primary level. The costs of hospitalisation incurred by families, working mothers and those with other children at home to care for should also not be forgotten.

1 *Statistics South Africa-Report on deaths - Medical Research Council - 1995*

WHO "case management" for diarrhoeal illness in children

Policy guidelines for the diagnosis and management of diarrhoea and vomiting in children form part of the Integrated Management of Childhood Illnesses (IMCI) protocols. These protocols for the case management of diarrhoea and vomiting include an assessment of the presence and degree of dehydration in the patient. Based on this assessment, ORT may be considered the most appropriate intervention for the management of the patient. The concept of the 'ORT corner' has been successfully tested and implemented both in parts of South Africa, and in other countries. By following this approach to diarrhoeal illness, health care workers will be able to resolve most cases at primary level, with benefit to both family and health service.

Case management of diarrhoea and vomiting in children

CLINICAL CONDITION	CLINICAL SIGNS	ACTION
Diarrhoea and/or vomiting **without dehydration**	Well alert child Mouth and tongue moist Drinks normally	The child will be discharged with correct advice given to themother/caregiver on: • how to give ORT • how to prepare ORT solution at home with water, sugar and salt • appropriate feeding, in particular breastfeeding, during illness • the danger signs of dehydration • what to do if the child deteriorates or does not improve • when to stop giving ORT
Diarrhoea and/or Vomiting **with moderate dehydration**	Restless, irritable child Sunken eyes and fontanelle Dry mouth and tongue Thirsty Skin goes slowly when pinched	Keep the child at the clinic for 4 - 6 hours and: • sit the mother/caregiver and child in ORT corner • show the mother/caregiver how to give ORT first line (use spoon if vomiting) • explain how to prepare ORT solution at home with water, sugar and salt • **reassess child every 2 - 3 hours** and decide: - if condition has improved, discharge for treatment at home with advice to return if not better in 3 days - if child has not improved or has deteriorated, refer to higher level
Diarrhoea/and vomiting **with severe dehydration**	Floppy or unconscious Very sunken eyes and fontanelle Dry mouth and tongue, not tears Skin falls back very slowly when pinched Shock	**Always refer**, if possible with NGT or IV fluid replacement in place If NGT or IV (bolus) not possible, always ensure that ORT is given during referral

The above guidelines are consistent with the IMCI protocols

The ORT corner

An ORT corner is a designated area in a clinic or outpatient department (OPD) where children with diarrhoea and vomiting sit with their mothers/caregivers. The children receive ORT from their mothers/caregivers under the supervision of a nurse for at least four hours. At the end of the period, an assessment of the child's condition is made by the nurse, and a decision is made about further management. The child might be well enough to go home to continue treatment, or if not improved, might require referral to a higher level of care/ hospital for further treatment. Experience has shown that after treatment in an ORT corner, the overwhelming majority of children will recover sufficiently to be sent home.

The equipment required for starting an ORT corner will depend on what materials are available to the facility,

but should ideally consist of:

- 1 x plastic table
- 4 x plastic chairs
- 1 x wooden bench
- 1 x plastic dustbin
- 2 x Press-sticks
- 2 x plastic buckets (*)
- 10 x plastic containers (*)
- 100 x plastic jugs (*)
- 100 x teaspoons (*)
- 10 x soup spoons (*)
- 10 x packs of 12 cloths (*)
- 50 x packs of tissues (*)

(*) denotes items with reserve stock included

The benefits of an ORT corner

- ➢ it is easier to handle cases which require similar management when they are all located in the same place
- ➢ the presence of other mothers/caregivers and children with the same problem develops a feeling of sharing as well as support
- ➢ mothers/caregivers learn from each other during the time that they sit together *eg those who are reluctant to give ORT to their children may see others administering it correctly, while some children are not successfully rehydrated and are referred to hospital*
- ➢ having all mothers/caregivers together in the same place provides an excellent opportunity to give health education

Relevant topics for health education
The importance of starting ORT at home
Different types of fluid used for ORT
Recognising the danger signs of dehydration
The continuation of breastfeeding and feeding during diarrhoeal illness
Hygiene in the home during and after an episode of diarrhoeal illness
Nutrition after an episode of diarrhoeal illness
Care of drinking water

- ➢ it is more likely that mothers/caregivers with a positive experience of an ORT corner would start to give ORT at home on subsequent occasions
- ➢ such mothers/caregivers may feel empowered to deal with diarrhoeal illness and become spokespeople within their communities, conveying what they have learnt in the ORT corner to promote the use of ORT
- ➢ the principles of ORT are applicable to diarrhoeal illness in both children and adults

Community involvement in health education

The importance of the effective and efficient management of diarrhoeal illness in children is recognised in other spheres of South African life:

Soul City, well known to TV fans, has developed a package on the management of diarrhoea, which includes concepts similar to those described above. The success of their 'edutainment' approach has encouraged collaboration with health care workers in Kopano and Tshepo and incorporation of their materials in the ORT project. While the bright and colourful materials make ORT corners more attractive to both adults and children, they also provide useful starting points for teaching and learning about the prevention and treatment of diarrhoeal illness and dehydration. The Soul City Mother and Child Care handbooks are available for mothers/caregivers to obtain further information. The use of such educational materials by health care workers and mothers/caregivers will be followed up by the Tshepo District Child Health Coordinator.

Description of the ORT corner project in Tshepo and Kopano districts

Within the Free State, there are some clinics that have already implemented their own ORT corners, but the concept and practice are not yet widespread. The ORT Corner Project is about providing clinics with the understanding and resources required to set up the service in an effective and user-friendly way. The pilot project started in 8 sub-district clinics, to run for a period of 12 months. The following phases have been identified:

1st phase: a situation analysis at each clinic to review the organisation of existing services for children with diarrhoeal illness and the willingness of staff to start an ORT corner

2nd phase: a training workshop for staff and the provision of packages for the implementation of the project

3rd phase: monitoring by means of easy-to-use tools and evaluation, including a competition for the most user-friendly ORT corner

4th phase: review of the concept and its implementation in preparation for extension of the project to other sub-districts of Tshepo and Kopano Districts (Region C)