**Roll out of Training: 1 Week Schedule**

**Pre-Arrival**

**Interview / Questionnaire between training team and NS**

* Identify the cholera response experience and knowledge / experience with ORT and community response to cholera outbreaks.

- List the years when you have been implementing a cholera response

- List the activities that have been implemented during previous cholera responses

- Previous experience with case management or ORT? Yes or No. If yes please give details.

- Response activities of the Red Cross already agreed with the MoH? Is there a MoU or a written agreement of any kind?

* Collate documents from past responses and share with training team.

**NS discussions with MoH**

* Presentation of the ORT model with the MoH and seek consent to move forward
* Identify if there is a “Community Health Volunteers” National Policy – if diarrhea is included in the community case management and if Oral rehydration Salts / Zinc are promoted and can be distributed by non-health professionals such as Community Health Volunteers.
* Find existing national ORS/Zinc protocols
* Collect all official documents as well as official training material (in order to align Red Cross CHV training on national wording and protocols).

**NS preparatory work**

* Identify the key national RC staff that could be part of the training schedule and a NS Cholera Focal Point who will be the link with MoH, other agencies and the incoming training team.
* Present and discuss model with in-country partners (UNICEF, WHO and other agencies) in order to look at collaboration possibilities or ways they can support (especially with regards to supplies of ORS / Zinc)
* Identify the branch for the training week, which must be in a hotspot area; ensure that the branch is motivated to undertake the model; identify key trainees/experienced volunteers at the branch and hotspot communities.
* Branch should discuss model with Local Health Authority and how it can fit in existing systems and also identify other agencies working in the district – communicate this info to the cholera coordinator in Nairobi with contact details.
* Full ORP kits are procured (see attached kit list). If it is not possible to get 10, have at least 2 kits in full for training purposes. Ensure the kits for the level 1 volunteers are ready to be taken away after the training.

**Day 0:** Arrival in country.

**Day 1:** Meet with RC officials and RC Health / WASH people involved in cholera. Meet with people from WHO, UNICEF, MoH Give an ORT concept presentation to the officials.

**Day 2:** Inland travel to the pre-identified RC branch which should have capacity to take on model branch in an already identified hotspot. Have a first 1 day Identifying the cholera response experience and knowledge / experience with ORT and community response to cholera outbreaks. Have a first training presentation with the branch officials / staff or most experienced volunteers (10 of them, maybe) to try to identify potential trainers amongst them – and meet with the district health authorities. If possible, identify the most affected communities - if not already done - through discussions with RCRC and health authorities. Prepare the 1st training.

**Day 3:** Carry out the training with Level 1 ORT community volunteers from the most affected villages (training level 1). If possible 2 trainees / village. 20 trainees maximum. See how the training goes and identify the RC volunteers/ staff who can facilitate some of the training sessions when this training is rolled out. Identify those RC volunteers that can be ORT volunteers in their community and those RC volunteers that can be emergency ORP operators, level 2. At this point Level 1 volunteers return to communities with kits.

**Day 4-5**: Organize a second training – training level 2 Emergency operator training. Expectation is that only half of those attending the first training will be able to follow the second training, plus some experienced volunteers and volunteers based around the branch. (maybe 15 people). Identify the people that will be able to attend level 3 training.

**Day 6:** Level 3 training (branch staff, experienced and local volunteers, successful level 2 training volunteers). The people participating in the Level 3 must have followed the level 2 and level 1 training. But not all the initial group of volunteers will attend all 3 trainings.

**Persons included at each level of training**

Level 1: 5-6 expert branch staff/volunteers + 20 community volunteers from the most affected areas. (around 25 people)

Level 2: 5-6 expert branch staff/volunteers + 10 community ORT level 1 volunteers (around 15 people)

Level 3: 5-6 people amongst the best staff/volunteers (around 5-6 people).

Level 3 ORT RC staff/volunteers, as supervisors / managers - should be able to train Level 2 and Level 1 volunteers. Level 2 volunteers cannot be considered as trainers.

**HQ staff**

During the training week 1 or 2 persons from National level would accompany the training team and their potential for duplicating the training together with the 5-6 Level 3 people from the 1st branch would be evaluated. They would then work with the training team to make a roll out plan to duplicate the training in the district where the training has taken place, as well as other districts.