Collective service

Anthrologica

The role of risk communication and community engagement in Zambia's cholera response: A retrospective qualitative study

September 2025

EXECUTIVE SUMMARY

Photo Credit: Rachel James, Zambia, February 2024

Background

Zambia experienced one of its largest cholera outbreaks in 2023-2024, resulting in thousands of cases and hundreds of deaths. The health emergency coincided with an anthrax outbreak and drought; the latter was declared a national emergency in February 2024. Concurrent outbreaks placed additional strain on the health system and communities. The drought impacted livelihoods, increased food insecurity, and created severe water shortages. Hygiene practices declined due to lack of water, and cholera spread rapidly. The Government of Zambia led the cholera response, supported by national and sub-national coordination structures. The national Risk Communication and Community Engagement (RCCE) Technical Working Group (TWG) was activated in October 2023, co-led by the Ministry of Health and Zambia National Public Health Institute (ZNPHI) with technical support from the UNICEF Zambia Country Office. The RCCE pillar was tasked with engaging communities to increase preventive behaviours, promoting use of oral rehydration solution, conducting rapid assessments of knowledge, attitudes and practices, and strengthening local structures for RCCE including the capacity of community health workers, leaders and influencers on risk communication. The Collective Service provided RCCE technical assistance, and RCCE subgroups were activated at national, provincial, and district levels.

This retrospective study was commissioned by Collective Service partners and undertaken by Anthrologica, with funding from the Rockefeller Foundation. It synthesises RCCE evidence from Rapid Qualitative Assessments (RQAs) and Community Feedback Mechanisms (CFMs) with epidemiological data and insights from consultations with government and partners active in the response.

The study explores how RCCE evidence was generated and used during the 2023-2024 cholera outbreak. It assesses the contribution of RCCE to response and health outcomes, identifies lessons for future emergencies and provides actionable recommendations for sustaining RCCE systems and capacity in Zambia. While grounded in the cholera response in Zambia, many of the recommendations have broader relevance and can inform advocacy for integrating RCCE into future emergency responses.

Key findings

Availability of RCCE evidence during the cholera response

- More than 200 data sources were compiled for this study – including five rounds of RQAs, over 17,000 items of community feedback, U-Report polls, hotline data and social listening outputs.
- These data sources provided timely insights into community perceptions, behaviours, barriers to treatment and prevention, which were shared with other response pillars. This allowed community voices to reach high level decision makers and findings to be swiftly integrated into decisions.
- Gaps resulted from the discontinuation of the national CFM dashboard and there was limited integration of RCCE data into routine health information systems (e.g., DHIS2).

RCCE evidence use during the response

Thirty-nine examples were documented where RCCE evidence directly informed response decisions, these included:

- **Risk communication:** Misconceptions were addressed (e.g., use of kachasu, home brew alcohol, as treatment), and Information Education Communication (IEC) materials tailored for children, displaced populations and people with disabilities.
- **Adaptation of RCCE activities:** Strategies adjusted to reach high-risk groups such as men and border communities.
- **Programming across pillars:** Feedback informed WASH measures including placement of Oral Rehydration Points (ORPs) and chlorine distribution. Evidence influenced case management solutions including improved transport options, cash transfers for accessing care and improved referral. RCCE evidence also guided the expansion of OCV access for those in border areas and men.
- **Policy influence:** RCCE evidence contributed to revisions of safe burial guidelines, and MoH directives on latrines and shallow wells.

Epidemiological trends and RCCE activities

- Epidemiological data mapped against RCCE activities showed that the decline in cholera cases from January 2024 coincided with the rollout of RQAs, CFM feedback, and intensified RCCE activities.
- Increased coverage of OCV matched social and behaviour change campaigns and expanded outreach, suggesting contribution of RCCE to the promotion of vaccination uptake.
- Operation of the national CFM dashboard, which provided real-time feedback that supported RCCE adaptations, overlapped with the decline in cholera cases.

Contribution pathways of RCCE evidence

- **RCCE coordination:** Investment in RCCE coordination, including recruitment of a national RCCE coordinator and activation of sub-groups, improved evidence sharing, community engagement, and more tailored interventions.
- **RCCE within multi-sectoral structures:** Embedding RCCE ensured that community insights influenced WASH and IPC (e.g., stronger community understanding of cholera prevention, increased uptake of preventive practices), case management (e.g., removal of financial and physical barriers to care), and vaccination (e.g., tailored RCCE mobilised uptake and helped overcome hesitancy).

- **Communication and engagement:** The 3Cs to Stop Cholera campaign that shifted away from generic to more specific messaging was developed based on RCCE evidence and recommendations. The campaign likely contributed to observed changes in preventive behaviours and therefore a decline in cholera cases.
- **Logistics and supply chain solutions:** Community feedback on transport availability and fuel shortages highlighted important constraints, prompting the transport funding scheme, and rehabilitation and fuelling of ambulances to address financial and physical barriers to care. Improved access to services via available transport options plausibly contributed to improved survival rates due to timely treatment, and a reduction in cholera cases and deaths.

Enablers of RCCE evidence use

RQAs enabled a rapid community-centred response

- RQAs amplified community voices - decision-makers gained better understanding of the challenges and barriers to cholera prevention and treatment, and reasons for behaviours.
- RCCE evidence enabled alignment of messages and actions with community realities - when sub-national bodies had the authority to respond.
- RQAs were described as a powerful mechanism - for sharing individual and family experiences, putting a human face to epidemiological data and reducing the distance between response actors and communities.

Strong coordination allowed an effective multi-sectoral response

- The RCCE coordination mechanism enabled RCCE evidence to be shared rapidly with pillars and partners - who then acted on sector-specific issues raised through the CFM.
- CFM dashboard was accessible to key response pillars - pillar meetings were used to share findings with WASH/ IPC, case management, MoH, and ZNPHI.
- There were notable gaps in coordination - insufficient harmonisation of RCCE messages and materials between partners, weak links between RCCE and WASH pillars, and limited clarity on who held responsibility for acting on specific feedback.

Positive perceptions of RCCE

- Government and response stakeholder's perceptions of qualitative RCCE evidence improved over time as its value was recognised.
- Initial hesitation among stakeholders used to quantitative data – but specific insights – e.g., understanding why people delayed seeking care - demonstrated the contribution of community insights and supported integration into the response across pillars.
- MoH representatives noted that RCCE data prompted more community-centred solutions.

> ***"The RQAs conducted offered us real-time, contextual insights that enabled us to quickly gather and analyse qualitative data from cholera affected communities, providing us with immediate insights into community perceptions and behaviours on cholera transmission, treatment and prevention. This information was quickly communicated to decision-makers, ensuring that emergency interventions were grounded in the actual needs and priorities of communities." (UNZA representative)***

Lessons learned for future emergency response planning

Evidence and learning – RCCE evidence is essential

- RQAs and CFMs generated rapid, contextual insights that helped adapt RCCE activities and improve timely decisions.
- Stakeholders became more confident in qualitative RCCE evidence over time, highlighting the need to institutionalise behavioural evidence generation and ensure findings are systematically documented and shared.
- RCCE lessons can often be applied from one province to another or shared across countries.
- Demonstrating RCCE impact on response outcomes is difficult without an evidence tracking framework and RCCE indicators in place.

Stakeholder engagement and partnerships – collaboration increases impact

- Impromptu collaborations between government and technical experts played a critical role in elevating the visibility and encouraged the use of RCCE evidence in decision making.
- Deliberate engagement of a wide range of actors (faith leaders, local NGOs, survivors, community volunteers) enhanced reach, trust, and relevance of RCCE activities.
- Trusted community-level actors have capacity to engage more deeply, for example in community-led surveillance.
- Vulnerable groups need to be engaged from the outset, and their insights used to develop accessible RCCE materials and activities.

Human and institutional capacity – investment drives adaptive response

- Pre-positioned networks of community-based volunteers, health promotion and communication teams at national, provincial, district and facility level enabled a rapid RCCE response.
- Strong surge support and technical assistance strengthened RCCE capacity nationally and sub-nationally.
- Drawing on national research expertise, such as through academic institutions like UNZA, can strengthen RCCE evidence generation, analysis and use during a response.

Photo Credit: Collective Service, Zambia, 2024

Leadership, coordination, and decision-making – feedback loops matter

- Deployment of a multi-sectoral and multi-disciplinary team at the onset of the outbreak, alongside government institutions helped to formalise the work of the RCCE pillar.
- While the coordination structures were in place for the RCCE pillar, collaboration between partners was slow and RCCE tools and training were often not harmonised leading to gaps and inconsistencies.
- Where leadership and accountability for acting on RCCE feedback was unclear, opportunities for timely sharing of findings and driving specific activities were missed.

Community needs and trust – addressing barriers builds confidence

- Adapting burial protocols, expanding Oral Cholera Vaccine (OCV) access, and tackling cost and transport barriers demonstrated responsiveness and improved community trust.
- Misconceptions and harmful practices were common, and once highlighted by RQAs and CFMs, were addressed effectively through tailored RCCE messages and materials.
- When RCCE messaging (on hygiene practices and preventive behaviours) was not linked to practical support (provision of soap, chlorine, sanitation infrastructure), communities were unable to act on the RCCE messages shared.

Photo Credit: Rachel James, Zambia, February 2024

Recommendations and key advocacy messages

A. STRENGTHEN RCCE SYSTEMS AND COORDINATION

Relevant pillars	Recommendation	Key message
Leadership & coordination	Continue to invest in RCCE coordination and avoid parallel RCCE structures	Ongoing investment in RCCE coordination will foster cross-pillar and government collaboration, and streamline structures across emergencies, ensuring cohesive action at all levels of the response.
Leadership & coordination	Maintain and strengthen RCCE systems and health promotion between emergencies	Sustained RCCE systems and health promotion between emergencies builds readiness and resilience and ongoing resource allocation and community engagement ensures faster, more effective responses when outbreaks occur.
Surveillance Points of entry	Strengthen RCCE linkages with surveillance and early warning systems	Closer integration between RCCE and surveillance ensures RCCE activities are activated as soon as outbreaks are detected, improving timeliness, anticipation, and overall response effectiveness.
RCCE pillar	Strengthen community-led RCCE and ensure sub-national and community-level actors participate in RCCE data collection, analysis and decision-making	Supporting community-led RCCE ensures local actors, influencers and survivors shape decisions, and share relatable experiences, building trust, relevance, and ownership of outbreak response.
RCCE pillar Leadership & coordination	Build on the partnerships that RCCE helped to establish and strengthen during the cholera response including new linkages between ZNPHI, MoH, sectoral ministries, academia, and humanitarian partners	Strong and trusted partnerships across government, humanitarian and academic actors are essential for effective RCCE. Investment is needed to maintain and institutionalise these relationships, ensuring that the collective capacity forged during this response is ready before the next emergency.
RCCE pillar Leadership & coordination	Review recommendations for priority actions put forward in the Joint External Evaluation (JEE) and identify improvements in RCCE capacity made during the cholera response	Carrying out an assessment of current RCCE capacity against the baseline presented in the JEE will elucidate gaps that can be targeted to strengthen national RCCE capacity.

**Pillars are those specified in the coordination structure put in place by the Office of the Vice-President through the Disaster Management and Mitigation Unit.*

B. STRENGTHEN RCCE EVIDENCE GENERATION AND USE

Relevant pillars	Recommendation	Key message
RCCE pillar	Invest in strengthening RQAs and CFMs as the primary sources of RCCE evidence by continuing to train response actors on the collection of RQA and community feedback data	Investing in RCCE data skills and embedding rapid behavioural assessments ensures community insights go beyond process tracking, are transformed into timely, evidence-based actions, and strengthen the effectiveness of outbreak response.
RCCE pillar	Provide ongoing support to trained response actors and ensure they are consistently supported and integrated into RCCE systems	Sustaining the skills of actors trained in RCCE and CFM ensures that investments in capacity building are maximised and contribute directly to stronger outbreak response.
RCCE pillar	Systematically track the uptake of community feedback and RQA data by partners using one centralised action tracker and ensure that accountability for longer-term and structural actions does not rest with the RCCE pillar alone	Systematically tracking the uptake of community feedback ensures RCCE evidence translates into concrete actions and provides a basis for evaluating the impact of RCCE interventions and policy adaptations. RCCE has demonstrated its value in generating and presenting evidence, but ownership and oversight of the action tracker by a higher-level coordination platform is key to ensuring accountability for actions assigned to other sectors, particularly those requiring structural or longer-term solutions.
RCCE pillar	Develop an approach to engage cholera survivors as community champions and role models.	Positioning cholera survivors as trusted messengers can help normalise timely care-seeking, counter misinformation, and foster community confidence in CTCs.

Relevant pillars	Recommendation	Key message
RCCE pillar Surveillance	Integrate RCCE data collection into national systems such as the DHIS2 and the Community Health Information Platform (CHiP)	Integrating CFM data into national information systems streamlines the flow of information, reduces duplication and ensures community feedback is available for routine decision-making. It is critical to sustaining and maximising the CFM.
Leadership & coordination RCCE pillar	Prioritise funding for RCCE evidence generation both before and at the outset of a response to ensure resources and capacity are in place	Prioritising early and pre-response funding for RCCE evidence generation ensures resources and capacity are in place for timely data-driven action from the outset of a response, preventing delays that can mean lives are lost.
Leadership & coordination RCCE pillar	Strengthen the capacity of multi-sectoral decision-makers and anticipatory action partners to understand, interpret, and use RCCE evidence	Strengthening decision-makers' capacity to interpret and apply RCCE evidence improves the likelihood it will inform policy and advocacy, prioritising community voices in outbreak response.
Leadership & coordination RCCE pillar	Routinely collate lessons on RCCE evidence use across emergencies using a mechanism such as an Evidence Tracking Framework (ETF)	Routinely collating lessons on RCCE evidence use and contribution to outcomes through an ETF ensures that RCCE partners not only learn from each response but also generate the types of evidence needed to demonstrate impact. Embedding the ETF into practice from the onset (or prior to) an outbreak will make it possible to conduct retrospective analyses regularly.
Leadership & coordination RCCE pillar	Ensure RCCE data collection is tailored and disaggregated to generate actionable insights	Tailoring and disaggregating RCCE data collection according to specific locations and population groups will ensure data can be translated into actionable and contextually specific recommendations for practical and localised actions.

C. ADDRESS STRUCTURAL BARRIERS AND PROMOTE INCLUSIVE RCCE

Relevant pillars	Recommendation	Key message
WASH & IPC	Apply a systems approach to RCCE interventions and ensure RCCE sensitisation is accompanied by solutions to structural barriers	RCCE must support decision makers to tackle the structural barriers articulated by communities, not just knowledge gaps. Focus on community sensitisation with practical solutions as well as long-term WASH improvements to sustain health outcomes beyond the immediate response.
Case management & health system	Use RCCE evidence to identify and reduce socio-economic barriers to care seeking	Reducing socio-economic barriers through RCCE-informed transport strategies and referral pathways enables timely care seeking and prevents avoidable deaths.
Operations, supply chain and logistics	Use RCCE evidence to identify and address bottlenecks in supplies and distribution	Community feedback is like an early warning system – helping detect and address supply bottlenecks for essentials like soap and chlorine.
RCCE pillar Points of entry	Continue to advocate for vulnerable groups in RCCE activities	Advocating for and engaging vulnerable groups in RCCE ensures outbreak responses are inclusive and responsive to the needs of those most at risk.
Vaccination	Sustain community engagement throughout vaccination campaigns to address hesitancy	Continuous community engagement and use of RCCE evidence to adapt strategies during vaccination campaigns can reduce hesitancy, drive uptake and reach those most at risk.

Conclusion

This retrospective analysis confirmed the central role of RCCE in the Zambia cholera response. Extensive RCCE evidence was generated during the response, and this improved risk communication, helped adapt RCCE activities and directly informed decisions across critical response pillars — including WASH, case management, vaccination and logistics. The analysis also showed that the decline in cholera cases from January 2024 coincided with the rollout of RQAs, CFM feedback and intensified RCCE activities.

By identifying and addressing community concerns, adapting interventions in real time and feeding evidence into national decision making, RCCE evidence likely contributed to increased trust, earlier care-seeking, and greater uptake of preventive practices and treatment services.

However, the analysis also revealed that slow collaboration, lack of harmonised tools and training and unclear leadership and accountability led to missed opportunities for sharing RCCE evidence and driving specific activities. The findings highlight the importance of building RCCE into preparedness, rather than just responding when outbreaks occur or emergencies are already underway. Sustained investment in RCCE systems, evidence generation, and inclusive approaches is essential to ensure communities receive information but can also be active partners in preventing and controlling outbreaks.

Based on the findings in this report, Collective Service partners strongly encourage policy makers to embed RCCE as a core component of preparedness and emergency response infrastructure. This requires the provision of adequate funding, the integration of RCCE into surveillance and health information systems, and investment in continuous capacity at national and sub-national levels. RCCE will then continue to support effective, community-led action across other public health emergencies.

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Collective Service

The Collective Service is an interagency initiative between the International Federation of Red Cross and Red Crescent Societies (IFRC), United Nations Children's Fund (UNICEF), World Health Organization (WHO), and the Global Outbreak Alert and Response Network (GOARN) that facilitates the coordinated delivery of Risk Communication and Community Engagement (RCCE) in public health emergencies at global, regional and country levels. Within the Eastern and Southern Africa Region (ESAR), these partners together with Ministries of Health and national partners across the region, have strengthened the delivery of RCCE during recent emergencies through coordination, operational social science, and information management. Community feedback collected during recent emergencies has enabled partners to identify drivers of community access to and uptake of health services, and to inform more effective communication, engagement, and health service delivery.

During the 2023-2024 cholera outbreak and concurrent drought in Zambia, both of which were significantly exacerbated by climate change factors and the El Niño event, the Collective Service and partners provided support to the Ministry of Health (MoH), Zambia National Public Health Institute (ZNPHI), and national partners to expand the deployment of a range of data collection approaches, including CFMs, RQAs, mass media and communications information messaging (one-way and two-way) and community dialogues.

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