RCCE Insights and Priorities for Cholera Response in Zambia

Global CS Call, 30 January 2024

Collective service | Risk Communication and Community Engagement

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Overview of RQA Methodology

- Series of rapid qualitative data collection exercises including observations, focus group discussions and key informant interviews in cholera hotspots in Zambia
    - Iterative process where data collection tools are adapted to focus on key enquiries each round, using Cholera Questions Bank.

- **Round 1 (January 16-20):** Field visits to Lusaka hotspots in Kanyama, Matero (George), Mutendere and Bauleni UNICEF, ZRCS and CRS
    - Observations of CTCs (Kanyama and George), OCV site in George, ORP in Kanyama, community water points
    - KIIs and 8 FGDs with health workers, Red Cross volunteers (RCVs), OCV clients, families that have and have not had cholera and Yango drivers

Overview of RQA Methodology

- **Round 2 (January 25-27):** 31 KIIs with cholera survivors and families of the deceased in Kanyama (Garden House) and Matero (Lilanda) with UNICEF, ZRCS, UNZA, UKHSA, US CDC

- **Round 3 (February 1-3):** Planning CTC observations and KIIs with health workers, EHO, families and KIIs with with cholera survivors and families in Chawama, Matero.

Round 1 Key Findings: Cholera Knowledge and Behaviours

- Overall high levels of knowledge of symptoms and transmission
  - High level of concern around cholera outbreak-aware of severity

- High level of knowledge on prevention (boiling water, chlorine, HWWS, food hygiene)
  - High reported willingness to practice safe behaviours-unable due to cost
  - Some misinformation around use of Kachazu for prevention and treatment

- Low knowledge of effectiveness of OCV (even amongst those vaccinated), especially men

- High levels of trust in information from the MOH and expectation of support from government

Recommended Actions

- Address issues around increased Kachazu usage
  - RCCE messaging around not using Kachazu as prevention or treatment
  - Discussion on control measures for local breweries and distribution
- Focus RCCE activities on the most critical messages
  - Development of 3Cs campaign
- Provide life-saving supplies (chlorine, soap, ORS) in hotspot communities
  - Blanket distribution
- Provide information about OCV effectiveness and availability
  - Provide OCV where men are: door-to-door, outside churches, workplaces

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Round 1 Key Findings: Treatment

- Lower levels of knowledge about and barriers to accessing treatment
  - Low knowledge on how to make homemade ORS (more likely to plan to use homemade ORS)
  - Most report planning to go to health facility: issues in getting there due to lack of transport (cost, access), safety concerns at night, delay as taking ORS
  - Fear of health service experience-low understanding of what would happen in CTC, being taking to Heroes CTU, poor family access and communication
  - Stigma*: some communities report no stigma while others report that people would laugh/tease someone who had/died of cholera

Recommended Actions

- Improve access and uptake of ORS
  - ORPs, training of CBVs including jobaids with information on sugar-salt solution
- Urgently assess distance/transportation as a key barrier to health seeking
  - Consider vouchers, mobile transfers for taxi drivers at CTCs, ambulance/patient transfers
  - Open more ORPs in hotspot communities with the capacity to transfer patients
- Further on role of stigma and fear in health seeking behaviours

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Round 2 Key Findings

Round 2 rolled out with additional support from UKHSA and US CDC.
Training and mentoring/supervision of UNZA School of Public Health Students

Access to cholera prevention and treatment

1. People with cholera symptoms face large physical and financial barriers to seeking care

2. The financial burden of cholera is well beyond the means of most of those at risk in Lusaka

3. High levels of concern about being admitted at Heroes CTC do not reflect the experiences of patients who have been admitted. Multiple reports of extremely poor care at other CTCs

4. PWD are even more likely to experience challenges accessing treatment and during treatment

Recommended Actions (non-exhaustive)

- ORPs in communities with capacity to provide transportation to health facilities
- Increase vehicles available for patients transfer
- Explore transport reimbursement at CTCs
- Develop social protection/cash transfer package to support families that have had cholera
- Working PWD organisations to collect more data on PWD experiences
- Positive survivor stories about admissions at Heroes

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Round 2 Key Findings

Psychosocial Impact of Cholera

5. The burial process is costly and traumatic for families

6. High levels of stigma are reported by some cholera survivors and the families of those who died

7. There is limited, if any, psychosocial support (PSS) provided to families

Recommended Actions (non-exhaustive)

- Engage churches to see how they can support families through the cholera journey
  - Prevention messaging, support for accessing treatment
  - Stigma reduction interventions through churches
  - Provide information on availability of spiritual leaders to support SDB processes

- Promote positive survivor stories to reduce stigma

- Roll out MHPSS package for survivors and families to address traumatic experiences and stigma experienced after returning to community

- Further data collection on stigma and CTC experiences

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Round 2 Key Findings

WASH and Infection Prevention and Control

8. Household level spraying (CATI) is implemented variably.

9. ORPs are not well known and could be harmful if not well staffed and monitored

10. Communities are concerned that schools represent a high risk for cholera transmission and support the continued closure of schools.

Recommended Actions (non-exhaustive)

- Consider psychological benefits (or cost) of household spraying (de/stigmatising?)
- Roll out an ORP strategy with appropriate staffing/capacity, monitoring, transport capacity
- Urgently support schools to meet the minimum standard for cholera prevention
  - Develop child-friendly messaging, IEC materials, jingles around cholera prevention in schools

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Round 3 Data Collection Plan

Focus on:
1) Conducting survivor and family interviews in other hotspots around Lusaka
Confirm if the issues identified in Garden House and Lilanda are seen in other hotspots or if there are additional issues

2) Observation visits to CTUs, KIIs with health workers, EHTs,

3) Training and coaching of UNICEF and ZNPHI to collect RQAs

Other Key Activities

- Reactivation of Dynamic Listening and Research Subgroup

- Community Feedback System: Training on data coding (Lusaka and other provinces)

- Development of action tracking system for RQA and community feedback data
    - Continue to share updates with other pillars
    - Evolve/adapt data collection tools to the key challenges of the outbreak in Lusaka and beyond

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THANK YOU!

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