# Rapid Qualitative Assessments and RCCE Activities Zambia Cholera Outbreak January-February 2024

## ESAR RCCE TWG February 7, 2024

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# Rapid Qualitative Assessments: Zambia

## Round 1 (January 16-20):

- 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

## 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):

- CTC observations and KIIs with health workers, Environmental Health Officers, families and KIIs with with cholera survivors and families in Chawama, Matero.

## Round 4 (currently prioritising)


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Round 2 rolled out with additional support from UKHSA/LSHTM and US CDC.

Training and mentoring/supervision of University of Zambia (UNZA) School of Public Health Students

# Round 2 Key Findings: Access to 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 Cholera Treatment Center (CTC) do not reflect the experiences of patients who have been admitted. Multiple reports of extremely poor care at other CTCs

4. Persons living with disabilities (PWD) are even more likely to experience challenges accessing treatment and during treatment

***Recommended Actions (non-exhaustive)***

- Oral Rehydration Points (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

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
  - Prevention messaging, support for accessing treatment
  - Stigma reduction interventions through churches
  - Provide information on availability of spiritual leaders to support safe burial 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 IPC

8. Household-level spraying for cholera-affected homes (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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# RQA Round 3

Focus on:

1) Conducting survivor and family interviews in other hotspots around Lusaka and discharge interviews at Heroes' Stadium

Explore whether 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, patients/bedsiders, Environmental Health Technicians

3) Training and coaching of UNICEF, UNZA and ZNPHI to collect RQA data

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# Additional key findings from RQA Round 3

**Knowledge and practice of priority cholera preventive behaviours is mixed**

- Multiple RC messages shared, reduced focus on the 3Cs
- Liquid chlorine used inappropriately for multiple purposes

**Cholera risk & transmission pathway**

- Street food frequently identified as the cause of transmission
- Belief in cholera being caused by “bad wind”
    - Belief in airborne transmission or in fate/inevitability

**Treatment and health seeking**

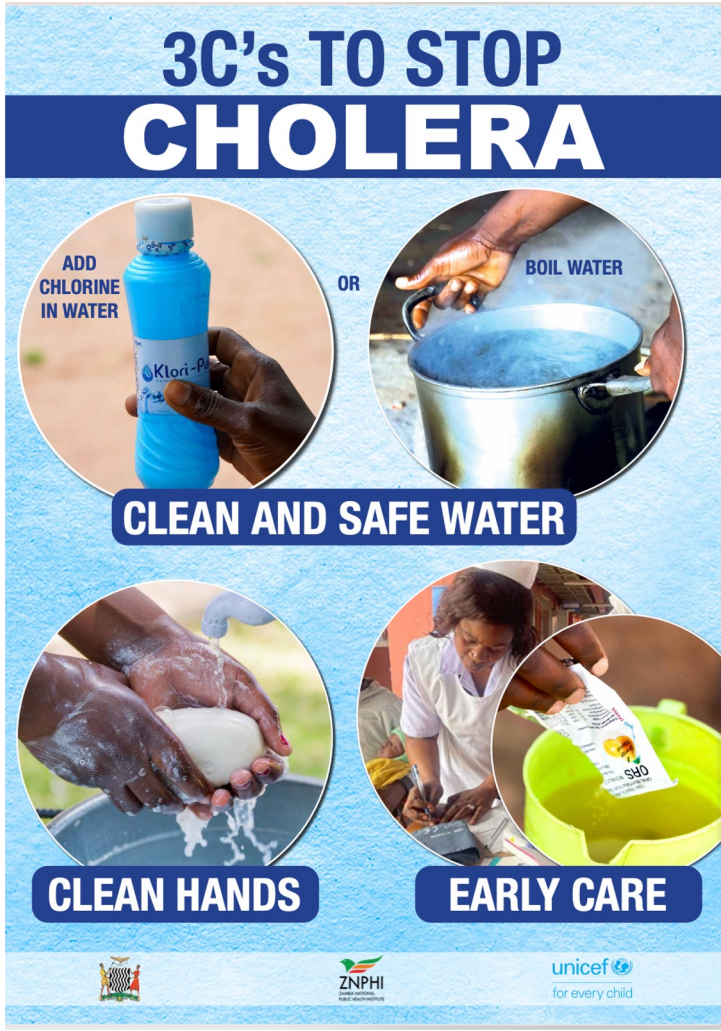
- Traditional treatment therapies including ash & soda, leaves, kachasu
- Use of antibiotics (metronidazole)
- Prayer

**Concerns about getting cholera at CTC**

- All diarrhoeas treated the same at CTC and high level of community concern around poor IPC at CTCs

**Oral cholera vaccine effectiveness**

- Unclear information about duration and level of effectiveness
- Belief that the vaccine is very effective and for 2-3 years



# Rapid Qualitative Assessments: CTU Observations

- Visits to different levels of CTC/U: Heroes' Stadium, Kanyama, Kamwala Clinic, Bauleni Mini Hospital, Bauleni Urban Clinic February 1-3.

- Observations conducted by RCCE specialists with clinical backgrounds (MD/RNs) from UNICEF and UNZA using CTU Observations Tool

- Observations of patient and caregiver journey from arrival and intake (where possible), health worker case load, interactions with health workers and other patients/bedsiders, facility.

Findings shared with WASH/IPC Cluster February 6 and Joint IPC/RCCE Assessment findings developed

# High risk of cross contamination for patients and bedsiders

- Lack of spraying of patient vehicles ie cars, wheelbarrows that patients arrive in
  - *Overuse of chlorine in CTU wards*
- Poor hand hygiene by health workers moving between patients
- Lack of soap at handwashing stations
- Lack of patient-facing IEC materials (all facilities)
- Bedsiders in paediatric wards doing most of the care ie managing vomiting, diarrhoea, soiled linens but without PPE or soap in many cases
- Patients kept in closely adjacent beds, despite mostly empty beds (Heroes, Bauleni)
  Lack of chairs in CTUs so bedsiders and health workers have to sit on patient beds
- Limited bed capacity in case of surge in patients (Kamwala, Kanyama)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# Health Worker-Patient Interactions

- Patients mostly treated as Plan C, regardless of hydration status ie IV cannulas inserted in patients reporting minimal episodes of diarrhoea and vomiting, drinking ORS (noted in all)
- Reluctance to refer very sick patients to higher level facilities in some CTCs
- Lack of orientation to CTC provided ie toilets for bedsiders/Plan A, protective practices in CTC (noted in Kanyama)
- Lack of interaction with patients and bedsiders-missed opportunities for health promotion, minimal monitoring of patients
- Limited understanding of OCV effectiveness amongst health workers
  - Concerns that vaccinated patients (and potentially health workers) do not understand and do not take needed precautions
- HCW fear of Heroes resulting in critical patients not being transferred (Kamwala, Bauleni)
  - Patients remain on wards

# Recommendations

**1. Bedsiders and patients should be provided with means to protect themselves from cholera**

-IEC materials, soap, chairs, distancing where possible
-Orientations/health education by health workers

**2. Refresher training and supportive supervision around patient management at CTCs**

-Refresher on interpersonal communication with nudges ie checklists
-Interventions to improve hand hygiene including supplies
-Information and support for appropriate chlorine preparation and usage
-Monitoring of accurate Plan A-B-C designation
    -Separation of Plan A patients to avoid potential cholera transmission
    -Reduction of unnecessary cannulations for patients
    -Referrals of Plan B/C patients as appropriate
    -Positive health worker and patients stories from Heroes'


**3. Readiness planning for patients surge and referral**

# RQA Round 4

## Priority Areas for Enquiry

- Drivers for under-5 cases and mortality
- Drivers for women and men 25-35 years
- Drivers and effects of stigma on health seeking behaviours
- Observations of RCCE activity implementation
- Cholera barriers and enablers in 4 priority provinces with higher caseloads
- Healthcare worker and patient experiences in different CTUs

## Other Key Activities

- Reactivation of Dynamic Listening and Research Subgroup

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

- Continued coaching and supervision of UNZA, UNICEF, ZNPHI data collectors, including in 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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