Collective service | Risk Communication and Community Engagement

Social, behavioural and community dynamics related to the cholera outbreak in Malawi

28 November 2022

WHO UNICEF IFRC GOARN

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Background and situation update (14th November 2022)

- **Large geographical spread:** initially limited to the South, now 29 districts affected, upcoming rainy season poses additional threat.
- **Number of cases and deaths are continuously increasing:** total number of cumulative cases: 8,237 and 247 deaths, CFR: 2,9%. Most deaths occurring at community and health facility level due to late detection and treatment seeking.
- **Main risk factors:** use of unsafe water sources, open defecation / low latrine usage, poor food hygiene and contact with cholera cases.
- **Cross border transmission :** Nsanje district: 27,3%, Likoma district: 47,1%.
- **High risk groups:** fishing communities, male and young adults.
- **OCV supply:** 2,9 million doses arrived in April and additional 4,9 million doses were secured in November 2022.
- **Multiple and simultaneous public health emergencies supply** (COVID-19, polio and measles) affect funding, speed and scale of cholera response

Access to WASH services

- **Socio-economic, geographical and gender factors shape access to safe water**: most households have access to improved drinking water sources but 60% are at risk of faecal contamination.
- **Water collection plays a significant burden on women and children facing multiple barriers:** long distance, long waiting queues, cost of water, water being visibly “dirt”, firewood collection for boiling water.
- **Water treatment is less common in urban areas.** Enabling factors include: products distributed for free and/or at low-cost, frequent contact with health workers, behaviour modelled by community influencer, water storage availability.
- **Sanitation coverage has increased but access to improved facilities is uneven among urban and rural areas.** Zero-subsidy policy, lack of availability of sanitation facilities, religious beliefs, space limitation and high water tables compounded by sandy soils influence poor sanitation practices.
- **Knowledge about handwashing is generally good** but practice of HW at critical times varies according according to geographical locations and socio-economic levels. Barriers include: availability and affordability of soap (particularly in rural areas), lack of water and water storage.

Healthcare seeking behaviour

Majority would seek treatment if they experience cholera like symptoms.

Barriers:

- **Prior healthcare seeking behaviour:** using home remedies and seeking traditional healing.
- **Impact of COVID-19**: longer waiting times, difficulties in getting appointments, fear of contracting the disease, being forced to get the COVID-19 vaccine
- **Rural-urban disparity**: rural population have to travel long distance to travel to health facilities
- **Structural issues:** health facilities with inadequate staffing, lack of beds and limited supplies, electricity blackouts
- **Perception and experience with formal health care:** poor attitudes and abrasive behaviour from health centre staff, feeling of disrespect
- **Gender:** in some areas, women need to have the permission of male head of household
- **Religious beliefs**: delay in health seeking affecting high case fatality rate

Enablers

- **Clear health information**
- **Decision-makers present in the households**
- **Community leaders** instilling trust in formal health care
- **Managing the disease at community level:** contact with health workers

Knowledge, perception and trust in cholera treatment and vaccination

Trust and acceptance in OCV is generally high

Socio-demographic and religious beliefs influence vaccine acceptance. Respondents with higher educational levels, those above 50 years old, people residing in urban areas and those with no religious affiliation were less inclined to take the vaccine.

Proximity to vaccine administration can positively influence vaccine uptake.

Lack of trust in the vaccine, fear of side effects and lack of information can lower vaccine uptake. This was predominantly found among male and rural population. Low levels of risk perception and fear that it might be the COVID-19 vaccine were also cited as barriers

Concerns about sero-protection and need to attend two-dose vaccination session can negatively affect vaccine uptake. Vaccine administration by local health workers and traditional healers is generally acceptable with some scepticism if traditional healers would have the proper training to administer the vaccine.

Good knowledge about Thanzi ORS and where to access is

Females, elderly, urban residents and those with higher educational levels were more likely to know about Thanzi ORS.

Fishermen and young adults not usually the target of ORS promotion and distribution but disproportionally affected by the outbreak.

Information access, community's knowledge and communication approaches

Most of the people received cholera related information but knowledge about cholera prevention and management varies.

- **Disbelief in the existence of cholera:** "this isn't cholera because it isn't the rainy season"
- **Misconceptions:** Cholera is caused by wind or bad air
- **Traditional beliefs:** Cholera caused by angry ancestors
- **Rumors:** Cholera is made up to get funding
- **Stigmatizing narratives:** "Only unhygienic people" are at risk of cholera infections

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- **TV and radio are main information sources, elderly, urban residents and those with higher educational levels** followed by health workers and volunteers (more dominant in rural areas).
- **Access to cholera related information** is lower among uneducated groups and rural communities.
- **Smartphones appear to be widely used among some high risk groups** including fishermen boat owners and traders.
- **Risk communication uses a variety of channels:** communication used radio jingles and discussions, mobile vans, drama groups, cinema, road shows, distribution of leaflets etc.

Community Engagement

In Malawi, CE efforts about cholera involves working with existing community structures and networks, encouraging local leadership and solutions and integrating community feedback into outbreak response efforts.

Community Health Workers: conduct hygiene promotion sessions, distribute ORS, administer OCV, tracking cholera cases. Four main challenges the community health work face:

1. Competing priorities in the health sector
2. CHW training and supervision is limited
3. CHWs are often asked to perform duties outside of their scope of practice
4. CHWS are overutilized and underfunded

There are multiple community leadership structures in Malawi and current community engagement efforts includes the training and involvement of formal leadership structures but little is known how these structures are perceived and trusted by the local population.

Community actions plan are being developed however there is little evidence on what works well and what doesn't, are these plans standardised or localised?

Community-led solutions to halt the spread of cholera include bye-laws : Banning open defecation and food selling, restricting visitors such as fish traders. What is the impact on already precarious population groups such as fish traders and small business owners?

Community Feedback mechanisms have been established across the response including training of response partners and standardisation of community feedback data collection and use.

Recommendations

Use socio-behavioural evidence to support community led strategies

- Understand transmission dynamics and vulnerabilities
- Conduct risk analysis
- Prioritise qualitative data
- Increase collections and use of community feedback data
- Share data among response actors

Address barriers to formal health-seeking behaviour

- Understand barriers to health-seeking
- Engage influencers
- Engage traditional healers
- Increase collections and use of community feedback data
- Share data among response actors

Use a range of locally appropriate communication approaches

- Assess and address knowledge gaps
- Tailor information to the context
- Strengthen digital strategies
- Adapt communication strategies and channels to the context

Support meaningful community engagement

- Focus on community engagement
- Involve community actors
- Engage influencers

Work with local responders, structures and networks

- Increase staffing
- Support CHWs
- Improve recruitment of female CHWs
- Understand the role of local leadership structures

RCCE Coordination

- Promote the use of community level data
- Ensure cross-pillar coordination
- Maximise existing resources
- Strengthen cross-border coordination

Thank you!

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