

Update: 12 February 2024



The President of the Government of the Republic of Zambia, Hakainde Hichilema, along with the UN family and partners pay a visit to Heroes Stadium Cholera Treatment Centre.
Credit: UNICEF Zambia/2024/Adam

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ZAMBIA CHOLERA FLASH UPDATE

HIGHLIGHTS

Situation in Numbers

(As of 12 February 2024) *

- 18,519 cholera cases and 652 deaths cumulatively, 59% (383) in the community.
- 3.5% Case Fatality Rate (CFR).
- 188 currently admitted.
- 17,679 cumulatively discharged.
- 71/116 districts across all 10 provinces with Outbreaks
- UNICEF Target across sectors: 2,100,000
- No. of Children targeted: 840,000.

Sources:

• Ministry of Health's Zambia Cholera Situational Report No. 40

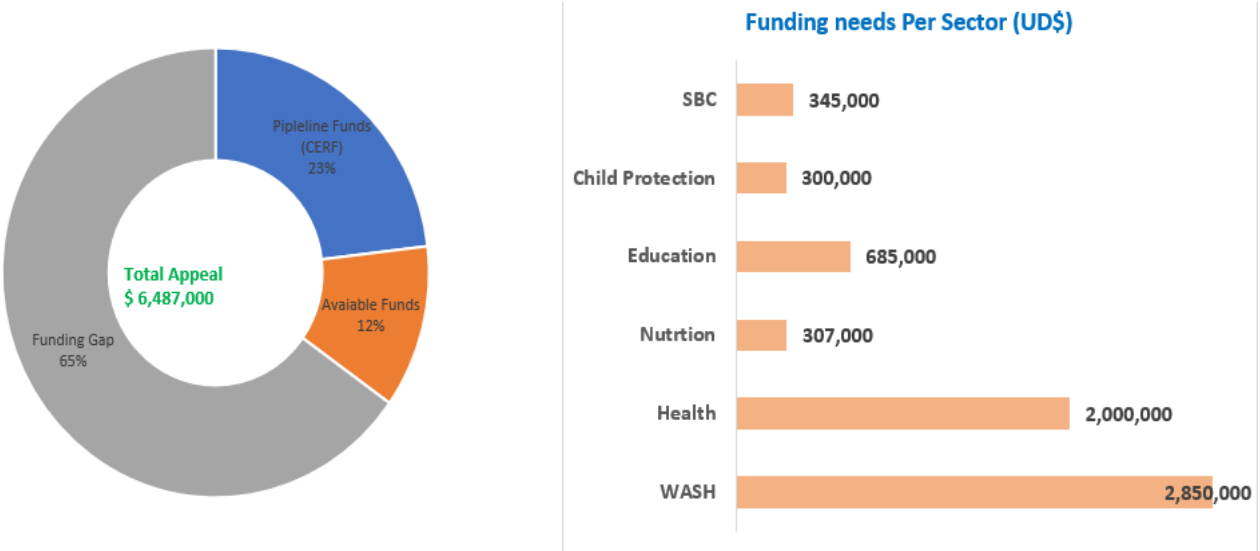
- In the past two weeks, the number of new cases of cholera recorded reduced by over 50%, from over 400 cases reported daily on 22 January 2024 to less than 150 on 12 February 2024.
- Oral Cholera Vaccine (OCV) campaigns were completed in high-burden areas accounting for 99% (1,870,375/1,888,112) of the target population.
- Schools reopened on Monday 12 February as 84% (13,005/13,421) of those targeted for inspection are found to be compliant with recommended conditions for reopening (range 75-92%).
- IEC materials distributed to 141 schools (including combined schools) in Lusaka district to contribute to the safe return to school for over 400,000 learners.
- 11,366 persons, including 4,543 children, received psychosocial support services provided through child helpline 116. Another 6,911 women, girls, and boys (including 2,826 children) were sensitized on gender-based violence prevention and risk mitigation measure.
- 17,296 persons have received awareness on safe and accessible channels to report sexual exploitation and abuse (PSEA), of which 6,968 are children.
- A rapid assessment in four drop-in centers for children in street situation indicate that 38% (66 out of 172) of children who are among the most vulnerable have been vaccinated against cholera.
- UNICEF air charter with lifesavings supplies including 15 peripheral

drug kits and 45 renewable supplies, 1.3 million 1-liter Oral Rehydration Sachets (ORS), and 400 body bags arrived on Friday 9 February, to enhance cholera case management.

- With support from UNICEF, a Training of Trainers session was completed, with the ToTs set to train 400 community-based volunteers (CBVs) and to be deployed to the initial 100 community-based oral rehydration corners (ORCs) in selected subdistricts of Lusaka.
- Over 1.4 million community members in the hot spots are reached through UNICEF partnership with Zambia Red Cross Society (ZRCS), and over 5 million are reached through ongoing mass media PSA messages.
- Over 700 CBVs were trained on community feedback gathering and coding in collaboration with District Health offices and health facilities in Lusaka; and a community feedback dashboard was launched. Meanwhile, sensitization of PSEA to 200 community health volunteers was carried out through partnership with the ZRCS.

- Over 400,000 copies of IEC material on the 3Cs (clean hand, clean water, and early care) have been printed and distributed to health facilities, community members and schools to support safe school reopening efforts.
- UNICEF Representative, the Resident Coordinator, WHO and other partners joined the President (Global/SADC Cholera Champion) for the visit to the national cholera treatment center (CTC) at Heroes Stadium¹ on Sunday, 4 February, to witness and complement milestones in response to the worst ever cholera outbreak in Zambia.

UNICEF Response and Funding Status



UNICEF is appealing for **US\$ 6,487,000** to sustain lifesaving services for people affected by cholera. UNICEF regional office and EMOPS have facilitated the office with a loan of \$2.2m to cover immediate needs. UNICEF has submitted a proposal to CERF for **US\$1,950,000** to support the response across the sectors of WASH, Health, Child Protection and RCCE; the funding is expected before the end of February. A proposal is also ongoing with ECHO for **€550,000**.

SITUATION OVERVIEW, EPIDEMIOLOGICAL PICTURE AND HUMANITARIAN NEEDS

The current cholera season extends through to June. In the epicenter, cholera is in the unplanned high-density areas of Lusaka, Central and Copperbelt provinces with high risks in the fishing camps/districts of Northern, Luapula, Southern and Central provinces which are known hotspots.

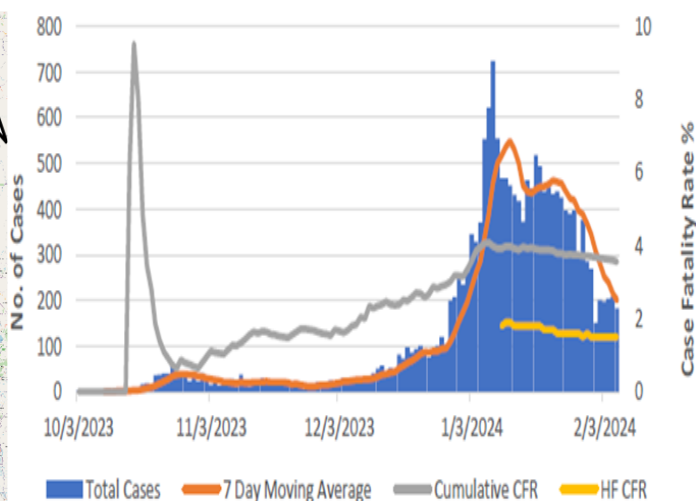
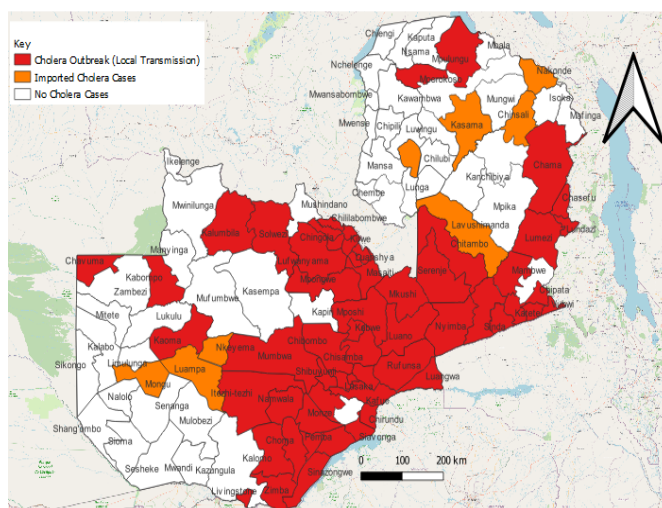
From October 2023 to date, ten provinces have reported cases of cholera with seven provinces confirming cholera outbreaks. 71 out of 116 districts have confirmed local cholera transmission. Currently, Lusaka province and its districts (including all its sub-districts) remains the main epicentre accounting for 85% of all reported cases in the country.

Mortality audits are ongoing, with over 59% of deaths occurring in the community. Scale up of access to early rehydration is ongoing through community-based ORC/ORPs. Children under 15 years continue to account for many cases and deaths (see Sitrep #1).

¹ Heroes Stadium, the largest CTC with capacity has over 1200 beds for severely ill cholera patients while Levy Mwanawasa Referral Hospital has 200 dedicated beds for children, pregnant women and cholera cases with co-morbidities.

Figure 1: Cholera affected districts in Zambia, 6 February 2024

Figure 2: Cholera cases and CFR



SUMMARY ANALYSIS OF PROGRAMME RESPONSE

WATER, SANITATION AND HYGIENE (WASH)

UNICEF is supporting the Government of the Republic of Zambia (GRZ) and WASH service providers in reducing the cholera risk factors with the aim of stopping the transmission, with a geographical priority in the cholera hotspots of Lusaka, and in other hotspots of the country as a second priority. UNICEF will focus on ensuring the population in locations with clusters of cases has access to safely managed water. Key UNICEF on-going supported interventions include enabling access to clean drinking water and handwashing with soap for the most vulnerable people affected by cholera outbreaks and helping to improve early rehydration in the highest risk communities through WASH support to community oral rehydration points.

As a temporary measure and for the duration of the outbreak, UNICEF will support water treatment interventions at the household level to ensure consumption of safe water through chlorination to 200, 000 households. through targeting priority areas in cholera hotspots with house-to-house guidance, community engagement, and provision of chlorine products, soap for handwashing and oral rehydration sachets. Where cases are more sporadic, UNICEF supports the ‘CATI’ approach (case area targeted interventions) and when the cases increase -as is the current situation in Lusaka- a ‘Clusti’ approach is adopted where whole neighbourhoods at risk of up to 500 households are targeted. 50,000 vulnerable households in cholera hotspots targeted by the nutrition program for stunting reduction are also assisted by UNICEF.

Lusaka Water & Sanitation Company (LWSC) and the smaller Water Trusts that work in many low-income areas of Lusaka were supported to improve water quality monitoring and chlorination through the provision of 10.75 tonnes of granular chlorine and water quality monitoring equipment - 300 boxes x 250 tablets of DPD1 and nine colour wheels for monitoring free residual chlorine. These interventions benefit an estimated 675,035 people². In addition to the point of use chlorination mentioned, School ‘cholera’ kits have been provided to 141 schools in high-risk areas, with guidance and follow up to improve infection prevention and control and reduce cholera transmission.

2,000 Cholera treatment ‘discharge kits’ with risk communication and hygiene guidance will be provided by UNICEF to the families and carers of patients discharged from treatment centres to enable them to reduce cholera transmission risks in their own households as well as influence neighbours and friends in their surrounding area. The kit included WASH related items such as a chlorine treatment product, soap, a water container, ORS, and cholera guidance.

100 Community Oral Rehydration Points/Corners (ORC/Ps) are to be supported by UNICEF to fill the gap between the affected households and the larger (and more distant) ORPs and CTCs. They are particularly important during this period of high mortality in the community and, with the support of local community-based volunteers, enable early rehydration, early detection, early referrals, and early transmission prevention. WASH items such as chlorine treatment products,

² The beneficiary population has been estimated at five people per connection based on NWASCO 2022 report that shows LWSC has 134,807 connections. Actual beneficiary numbers are being validated for subsequent reporting.

soap, ORS containers and hygiene materials are provided with support to the ORCs/Ps and to the community volunteers doing household follow up visits.

SOCIAL AND BEHAVIOUR CHANGE (SBC)/ Risk Communication & Community Engagement (RCCE)

UNICEF continues to support coordination of RCCE co-led by the Ministry of Health (MoH) and Zambia National Public Health Institute (ZNPPI) through regular coordination meetings, 4Ws mapping and development of an interagency community feedback platform. The 3 subgroup mechanisms (Public Communication, Community Engagement and Dynamic Listening/Research subgroups) are activated with UNICEF providing technical co-leadership role.

UNICEF is also supporting the generation of behavioural insights through social listening and rapid qualitative assessments (RQAs) in covering major hotspots in Lusaka. Three rounds of RQAs were conducted focusing on multiple themes including knowledge, perception and practices related to Cholera prevention, willingness to take OCV and barriers to early care: patient journey, experience of care, and stigma among community members survivors and families of the deceased. The assessments were also accompanied with observations of CTCs discharge shelters OCV sites, ORPs and community water points, to understand integration of Community Engagement interventions and supply side barriers to adopting prevention practices.

The Social Behaviour Change/ Human Center for Development (SBC/HCD) Center of Excellence, which is established through UNICEF support with University of Zambia, School of Public Health/Health Education (as part of the wider effort to institutionalize SBC capacity building), is mobilized to enhance evidence generation for the ongoing Cholera response. Eight graduate students and faculty members were trained and deployed during the second round of assessment, along with UNICEF team of SBC Consultants based in 9 provinces.

As part of the effort to strengthen community feedback and accountability, UNICEF facilitated deployment of two Technical Assistants (TAs) through the Regional RCCE Collective Service facilitated by Regional Office (RO) supporting the establishment of community feedback systems. In partnership with the Zambian Red Cross Society, UNICEF supported training and deployment of 440 CBVs in Lusaka through transect walks, door-to-door promotion, community engagement, and mobile Public Address (PA) system. Through this support over 1.4 million community members in the hot spots are reached. Moreover, UNICEF is supporting the Ministry of Health with dissemination of mass-media messages aired on national TV and radio stations reaching over 8 million nationally. Multi-language MOH radio messages are integrated on the UNICEF supported Viamo hotline (667) platform reaching 1,000 listeners weekly. Over 400,000 3C's posters and flyers developed based on the top 3 priority behaviours identified (Clean water, Clean Hands, and early Care) were distributed to facilities, CTCs and schools. UNICEF hosted a consultative meeting with representatives of Community-Based Inclusive Development Network and eight Organizations of PWDs to better understand the specific issues that people with disability face during a cholera response. A task team is established working on adapt the messages to persons with disabilities.



Picture 1: A mother helps her child to wash hands correctly during a community sensitization with the CBVs in George township in Lusaka district.

Credit: UNICEF Zambia/2024/Adam

HEALTH AND HIV

UNICEF has galvanised a partnership that includes WHO, IFRC, JICA, Zambia Red Cross Society and MSF in conjunction with the Ministry of Health and ZNPHI, to improve patient access to care at community level through harmonizing the job aids for community-based volunteers (CBVs) and their supervisors. A two-tier model contextualised to the peri-urban areas of Lusaka, has been adopted, whereby ORS corners manned by CBVs deep in the community will be set-up and these will be linked to Oral Rehydration Points (ORPs) where management of mild dehydration (Plan A) will occur. The model also addresses transportation from the community to the ORPs and through to the CTUs and CTCS. UNICEF has funded the Lusaka District Health Office (DHO) to set-up 100 ORS corners, wherein is included 42 supervisors, 400 CBVs, equipment for ORS corners, transport and talk time for easy communication. UNICEF has provided 8 tents to the Lusaka DHO to contribute to the setting-up of ORPs by MSF in Kanyama and Chawama sub-districts of Lusaka. On the 9th of February 2024, UNICEF brought into Zambia by charter plane; 60 AWD kits (15 peripheral 45 drug and renewable), 1.5 million by 1 litre Oral Rehydration Salts (ORS) sachets, and 400 body bags.

Oral Cholera Vaccination (OCV) campaigns

The OVC campaign has been successful with 99% (1,870,375/1,888,112) of the targeted population that included individuals aged 1 – 60 years old vaccinated as of 4 February 2024. These included 56% and 44% children aged 1 -14 years and individuals aged 15 years and above respectively. Women and girls accounted for 53% of all cases vaccinated (Table 1. Hygiene promotion messages were disseminated during the vaccination period. Although not fully attributable to OCV, areas that were targeted accounted for over 85% of all cases and in the past two weeks, over 50% reduction in the number of cases has been observed.

Table 1: Summary of OCV campaign results as of 4 February 2024

District	Target	Aged 12 to 59 months			Aged 5 years to 14 years			> 15 years			Total by gender			Coverage
		M	F	Total	M	F	Total	M	F	Total	M	F	Total	
Matero	313,467	34,665	38,562	73,227	46,353	54,125	100,478	62,356	77,526	139,882	143,374	170,213	313,587	100.04%
Chawama	440,881	41,331	45,563	86,894	54,203	61,223	115,426	86,363	89,574	175,937	181,897	196,360	378,257	85.80%
Kanyama	376,329	55,397	57,668	113,065	65,356	68,613	133,969	73,978	86,537	160,515	194,731	212,818	407,549	108.30%
Chipata	458,467	56,178	63,344	119,522	73,982	85,650	159,632	80,424	101,794	182,218	210,584	250,788	461,372	100.63%
Rufunsa	40,000	3,552	3,960	7,512	4,805	5,522	10,327	10,406	11,754	22,160	18,763	21,236	39,999	100.00%
Chilanga	100,000	10,813	13,300	24,113	17,467	18,423	35,890	25,213	29,689	54,902	53,493	61,412	114,905	114.91%
Luangwa	36,005	2,189	2,409	4,598	4,649	4,973	9,622	7,533	9,990	17,523	14,371	17,372	31,743	88.16%
Chongwe	122,963	11,248	12,700	23,948	17,964	20,030	37,994	28,381	32,640	61,021	57,593	65,370	122,963	100.00%
Total	1,888,112	215,373	237,506	452,879	284,779	318,559	603,338	374,654	439,504	814,158	874,806	995,569	1,870,375	98.90%
		47%			47%			46%			47%			

NUTRITION

In the hotspot areas, UNICEF is supporting treatment of children with severe wasting, specifically through strengthening:

- Adapting the scope and skills of Nutrition Support Groups to include:
 - Intensive water treatment, hygiene promotion and early care seeking messaging: IEC materials have been printed and distributed to health facilities for orientation and further distribution through 3000 Nutrition Support Group volunteers.
 - Active case finding.
 - Emergency IYCF counselling.
- Procurement and pre-positioning of treatment commodities.
- Capacity building of Community Health Assistants for community nutrition support supervision and quality assurance.
- SMART survey to estimate caseload.

EDUCATION

Schools are set to reopen on Monday 12 February 2024, which brings an end to five weeks of learning disruption for almost 4.3 million children countrywide. The directive to delay re-opening of schools was pronounced by the Government on 4th January 2024. School inspection activities have been ongoing, reaching 97% of the 13,421 schools across the 10 provinces, with an average compliance of 84% (range 75 – 92%) for the 10,831 inspected meeting all requirements to re-open.

The Ministry of Education (MoE) issued a directive in preparation for safe school re-opening, prioritizing schools to be thoroughly cleaned up, equipping schools with clean/safe water and sanitation facilities and adequate hand washing points. UNICEF Education section in collaboration with WASH section is supporting MoE efforts with the procurement and distribution of WASH items and IEC materials to 141 schools (including combined schools) in Lusaka district to contribute to safe return to school for over 400,000, learners. In the period being reported, UNICEF distributed Hygenix 6x1.5L, Boom 20x500Gm, Chlorine 12x 250M, Buckets for hand washing and drinking, 3 C's brochures (A4), 3 C's posters (A1) with cholera messages, Liquid chlorine, and Chlorine comparator to 6 schools in Kanyama sub-district which will benefit 26,861 learners.



Picture 2: Twashuka primary and secondary school Head teachers accepting WASH and IEC materials donation from UNICEF Lusaka district, Lusaka province, Zambia.

Photo Credits: UNICEF Zambia/2024/Misheck Mwanza

UNICEF is also working with two organisations to share key Cholera messages through different platforms i.e., through Teacher WhatsApp groups and other Partner/MoE platforms, the messages are currently reaching over 15,000 teachers across Zambia.

To support continued learning for learners, UNICEF is working closely with MoE Directorate of Open and Distance Education (DODE) in partnership with Airtel on the Learning Passport Zambia (LPZ). The LPZ currently has 5004 users i.e., 2,843 teachers, 1,525 learners, 321 policy makers, 200 ECE learners/caregivers and 115 guest users. UNICEF Education section and MoE has embarked on awareness raising for more learners to subscribe to the LPZ and one step taken has been the printing of 1,000 LPZ posters with a QR code. These posters were distributed to over 141 schools in Lusaka. UNICEF continues to work with HQ and RO colleagues to enhance the quality of educational content and improving user experience of the LPZ with the support of volunteers with specialization in digital content creation and design.

UNICEF continues to support MoE to convene weekly Education in Emergency Working Group (EIE-WG) meetings focusing on preparation and school readiness for re-opening. UNICEF through the Eie-WG is also advocating for the delivery of continued multisectoral activities including improvement of WASH in schools, risk communication and community engagement for school-based social behaviour change, and vaccination of school aged children).

CHILD PROTECTION

Since the outbreak of the current outbreak in October 2024, there has been an increase in the utilization of the child help line by communities expressing fear and uncertainty about their safety and well-being and relating the outbreak to the experience they had during the COVID-19 outbreak. UNICEF continues to strengthen partnership with the Government's Lifeline/ChildLine Helpline, resulting in a refresher orientation of 31 Childline call centre counsellors on PSEA/ GBV reporting and referral channels and pathways; and providing information on Cholera and referral support to health facilities. A total of 120 Community welfare Assistant committee members in four hot spot sub-districts have been trained to help disseminate cholera information, GBV/PSEA and case management, including home visits. The continued capacity of the call centre, i.e., counsellors who provide psychosocial support and referral services is a crucial support system for children affected by the cholera outbreak. Moreover, a total of 11,366 persons including 4,543 children received psychosocial support services provided through the ChildLine helpline 116. Another 6,911 women, girls, and boys (including 2,826 children) were sensitized on gender-based violence prevention and risk mitigation measures. A total of 17,296 persons, of which 6,968 are children, have received awareness on safe and accessible channels to report sexual exploitation and abuse (PSEA). A rapid assessment conducted in four drop-in centres for children in street situations (all in Lusaka district and within the cholera hotspots) indicate 38% (66 out of 172) of children have been vaccinated against cholera. One child was affected for cholera and admitted at Heroes and all the facilities monitored had WASH facilities. UNICEF provided the IEC materials on cholera in the centres that did not have these.

The Social Welfare Department is responding to the stigmatization of people recovering from cholera who are not allowed back to their communities through psychosocial support to affected families. To strengthen the protection of children in the communities most affected by the cholera outbreak, UNICEF continues to advocate for the deployment of additional social workers in the cholera treatment centres hence, positioning social workers to provide quality services including counselling, facilitate alternative care for children in need of care and support in treatment centres with their ailing caregivers and timely reunification of children with their caregivers through the involvement of social workers at the CTCs. In addition, increased mobilization of community volunteers to support community outreach and referral of vulnerable children and families' members for treatment and other social services is ongoing. Child Protection with support from Social Policy is also finalising modalities on social protection assistance to most vulnerable affected children and their families based in kind benefits through the Government public welfare assistance scheme (PWAS).

Figure 3: Number of calls to the ChildLine help line.



HUMANITARIAN LEADERSHIP, COORDINATION, AND STRATEGY

In Zambia, UNICEF has been working closely with the Department of Disaster Management and Mitigation Unit (DMMU) that leads the humanitarian coordination and response at the national level, under the Disaster Management Act No. 13 of 2010. DMMU exercises its responsibilities through the National Disaster Management Council. Underneath this is the National Disaster Technical Committee/Forum (NDMCF), comprised of sectoral Ministries, CSO partners and UN agencies. At the provincial and district levels are Provincial Management Committees and District Coordination Committees, respectively.

UNICEF provides an integrated and coordinated response to the Cholera Response, supporting the government across the sectors of WASH, health, Child protection, Education, Nutrition and Risk communication and community engagement, Supply and logistics - providing leadership and technical support. UNICEF is supporting the WASH coordination platforms at both national and sub-national levels to help address the WASH related challenges which is directly a contributing factor to Cholera.

UNICEF will use a holistic approach by strengthening emergency preparedness, building local and national capacities, and providing technical expertise for child-sensitive, gender-informed, innovative, and disability-inclusive humanitarian action. Priority will be for life saving interventions in districts affected by multiple emergencies.

SUPPLIES

During the reporting period, UNICEF provided health, WASH, and education supplies equivalent to US\$ 291,000. The following are the details.

- Procured and delivered 2,500 liters of liquid chlorine and 108 liters of liquid hand soap.
- Airlifted 320,000 sachets of ORS from UNICEF Supply Division's emergency stocks.
- Procured and delivered 1,688 20-liter ORP buckets, 800 10-liter buckets and 3000 kgs bars of soap.
- Procured and delivered 11,245 kgs of Granular Chlorine and 400 kgs of sodium hypochlorite.
- Procured and delivered 30 Acute Watery Diarrhea (AWD) kits (renewable) which the MoH has been accessing from the ZAMMSA warehouse in Lusaka and currently distributing to health facilities.
- Procured and pre-positioned Tents (48 and 72 sqm), dispatched to ZNPHI based on the needs and MoH requests.
- Procured and currently distributing 1,200 buckets with taps, 4,680 liters of household bleach, 26,000 bars of soap and 39,000 bottles of liquid chlorine, to ensure all schools in Lusaka can safely re-open on 12 February.
- Printed 12,420 posters (A1) and 282,000 leaflets (A4) for IEC
- Procured 800 chlorine comparators and sufficient DPD1 tablets to monitor residual chlorine in drinking water.
- More liquid chlorine, soap, buckets, IPC, and other materials are at various stages of procurement and delivery in support of chlorination in households and at point of collection, to set up oral rehydration corners, and to make discharge kits.

EXTERNAL RELATIONS AND PUBLIC ADVOCACY

During the reporting period, UNICEF Zambia produced and disseminated multimedia content including posters, infographics and videos using different channels, including social media at national, regional, and global levels, to raise awareness about the 3Cs: Clean Hands, Clean Water and Early Care. Human interest stories on the work of the Community-Based Volunteers and cholera discharged patients were disseminated and a landing page on the website created. Content shared on UNICEF Zambia channels reached about 90,000 organic viewers, indicating greater appreciation of messaging during the reporting period. Advocacy on the safe reopening of schools included the dissemination of a press release coinciding with the International Day of Education and a series of videos. UNICEF Zambia built the capacity of 100 digital influencers and 30 youth advocates on cholera prevention measures and co-created communication materials which were then shared on social media.

For more information: [UNICEF Zambia](#) ; [Video Heroes](#); [Video OCV](#).

For more information: [UNICEF Zambia](#) <https://www.unicef.org/zambia/>; [Video Heroes](#); [Video OCV](#)..

For more information on UNICEF's Eastern and Southern Africa Region Humanitarian Action for Children Appeal, please visit: <https://www.unicef.org/appeals/esa>

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Annex A: Funding Requirements for Cholera Preparedness and Response

Appeal Sector	Requirements (US\$)	Funds available			Funding gap		Funds in pipeline (CERF)
		Other resources used (US\$)	Humanitarian resources received (US\$)	Total	US\$	%	US\$
WASH	2,850,000	100,000	500,000	600,000	2,250,000	79%	1,100,000
Health	2,000,000	212,000	0	212,000	1,788,000	89%	250,000
Nutrition	307,000	0	0	0	307,000	100%	200,000
Education	685,000	0	0	0	685,000	100%	-
Child Protection, GBViE & PSEA	300,000	10,000	0	10,000	290,000	97%	250,000
SBC	345,000	168,000	0	168,000	177,000	51%	250,000
Total	6,487,000	490,000	500,000	990,000	5,497,000	85%	1,950,000

Annex B: Summary of Programme Results*

	UNICEF Target	Achieved	%
Health			
# Health facilities that received UNICEF supplied AWD kits to manage Cholera cases.	60	30	50
# of Oral Rehydration Corners/Points (ORC/Ps) set up with UNICEF Support	200	0	0
# People vaccinated with OCV	1,888,112	1,861,622	98.6
WASH			
Number of people benefitting from chlorination, water supply systems upgrade, and water quality monitoring	2,100,000	674,035	32
Number of people benefitting from distribution of WASH and IPC supplies	2,100,000	112,300 ³	5.3
Nutrition			
# Children aged 6-59 months with SAM who are admitted for treatment and recover	9,444	199	2.1
Education			
# Schools supported to implement safe school protocols (IPC) through the provision of soap and buckets	141	141	100
# Schools reached with hygiene awareness campaigns in schools and surrounding communities	141	141	100
# Schools provided with hygiene-related IEC materials and messages for schools	141	141	100
# Teachers trained on infection prevention, cholera response and management at the school level	204	0	0
Child Protection			
# of frontline officials trained in MHPSS	50	31	62
# of children, adolescents, parents, and caregivers provided with community-based mental health and psychosocial support services	30,000	11,366	37.9
# of children and adults who have access to a safe and accessible channel to report sexual exploitation and abuse by humanitarian, development, protection and/or other personnel who aid affected populations	600,000	17,296	2.9
# of UNICEF-targeted women, girls and boys in humanitarian contexts provided with risk mitigation, prevention and/or response interventions to address gender-based violence	13,500	6,911	51.2
Social and Behaviour Change			
# People who participate in engagement actions	1,800,000	1,400,000	77.8
# People reached with messaging on prevention and access to services through multi-media platforms	8,000,000	5,000,000	62.5
# People sharing their concerns and asking questions/clarifications for available support services to address their needs through established feedback mechanisms	2,400	2,000	83.3

³ 70,000 people benefitted from distribution of liquid chlorine and 42,300 from distribution of WASH cholera kits in schools. The data is being validated for subsequent reporting.