

Update: 8th April 2024



UN Assistant Secretary General, Climate Crisis Coordinator for El Niño/La Niña Response Reena Ghelani, UNICEF Regional Director for Eastern and Southern Africa Etleva Kadilli accompanied by UNICEF Deputy Operations Representative Henri Heikura at an oral rehydration point in Matero, Lusaka.

Credit: UNICEF Zambia/2024/Adam

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## ZAMBIA CHOLERA FLASH UPDATE

### HIGHLIGHTS

#### Situation in Numbers (As of 8<sup>th</sup> April 2024)

- 22,720 cholera cases and 729 deaths cumulatively
- 3.21% Case Fatality Rate (CFR).
- 52 currently admitted.
- 21,846 cumulatively discharged.
- At least 4 Provinces now reporting Cholera cases.
- UNICEF Target across sectors: 2,100,000
- No. of Children targeted: 840,000.

#### Sources:

NATIONAL CHOLERA UPDATE  
DISEASE SURVEILLANCE UNIT- ZNPHI

- As of 8<sup>th</sup> April 2024, the number of cholera cases being recorded has reduced to 38 cases daily, which is at least half of the 70 cases that were reported as of 6<sup>th</sup> March 2024. However, while generally the numbers reported on cholera are reducing, mainly in Lusaka that was the epicenter, numbers of reported cases in selected districts of the Copperbelt province are increasing with fluctuating number of cases in Central and Eastern Provinces.

- Oral Cholera Vaccine (OCV) campaigns were completed for the first phase in high-burden areas reaching 99% (1,870,375/1,888,112) of the target population. Zambia has been approved to receive additional 2,246,140 million OCV doses with support from the International Coordinating Group (ICG).

- With support from UNICEF, over 450,000 learners in schools in 166 schools in Lusaka district benefited from cholera related WASH items and IEC materials. This contributed to safe drinking water and a safe protective school learning environment. Programme and end user monitoring generally revealed that WASH items were being appropriately

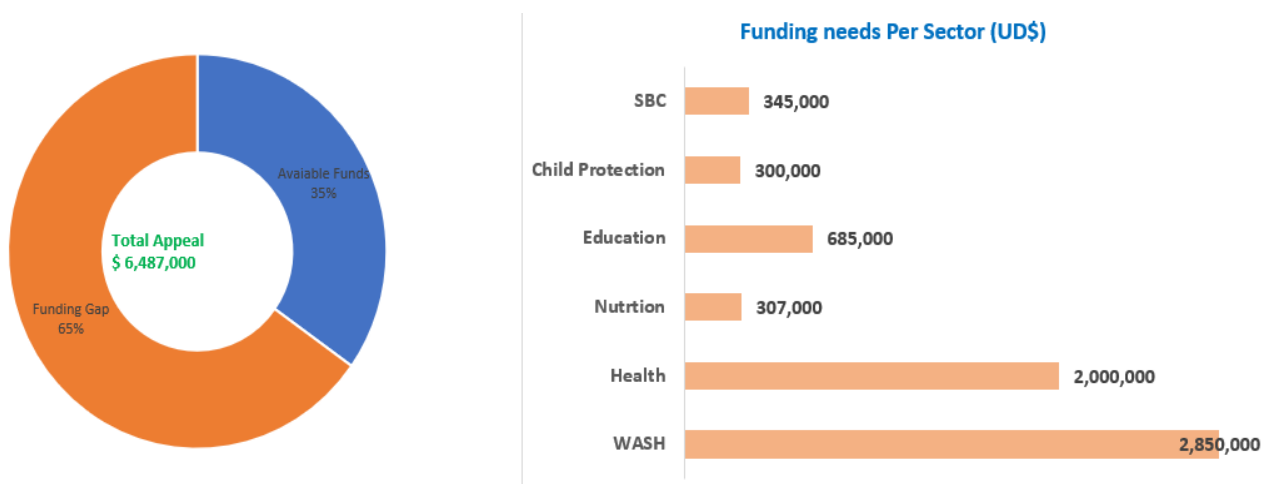
used in schools; it was evident that the items were in use by learners.

- 13,075 of children affected by cholera received protection support services through case management.
- 12,600 children out of 29,256 individuals have been sensitized to access a safe and accessible channel to report sexual exploitation and abuse (PSEA).
- 4,883 people, including 2,120 children, were referred from community volunteers and helplines for protection services including psychosocial support and gender-based services.
- UNICEF RCCE partnerships are underway reaching over 2 million community members in Lusaka through Zambia Red Cross Society (ZRCS) deploying 440 Community-based volunteers (CBVs) conducting community engagement activities; Zambia Interfaith Networking group (ZINGO),

mobilizing faith leaders in 380 faith congregations; and Support to Older People Zambia (STOP) deploying 240 trained older person champions and mobilizers.

- UNICEF supported training and deployment of 500 Community Welfare Assistant Committee Volunteers (CWACs) jointly with Ministry of Health (MoH) and Ministry of Community Development and Social Services (MCDSS) to strengthen community action in vulnerable households.
- On April 4, the UN Assistant Secretary General, Climate Crisis Coordinator for El Niño/La Niña Response, Reena Ghelani, and UNICEF Regional Director for Eastern and Southern Africa, Etleva Kadilli, accompanied by UNICEF Deputy Operations Representative, Henri Heikura, visited an oral rehydration point in Matero, Lusaka, to witness firsthand the role volunteers play as the crucial link between the community and health facilities.

## UNICEF Response and Funding Status



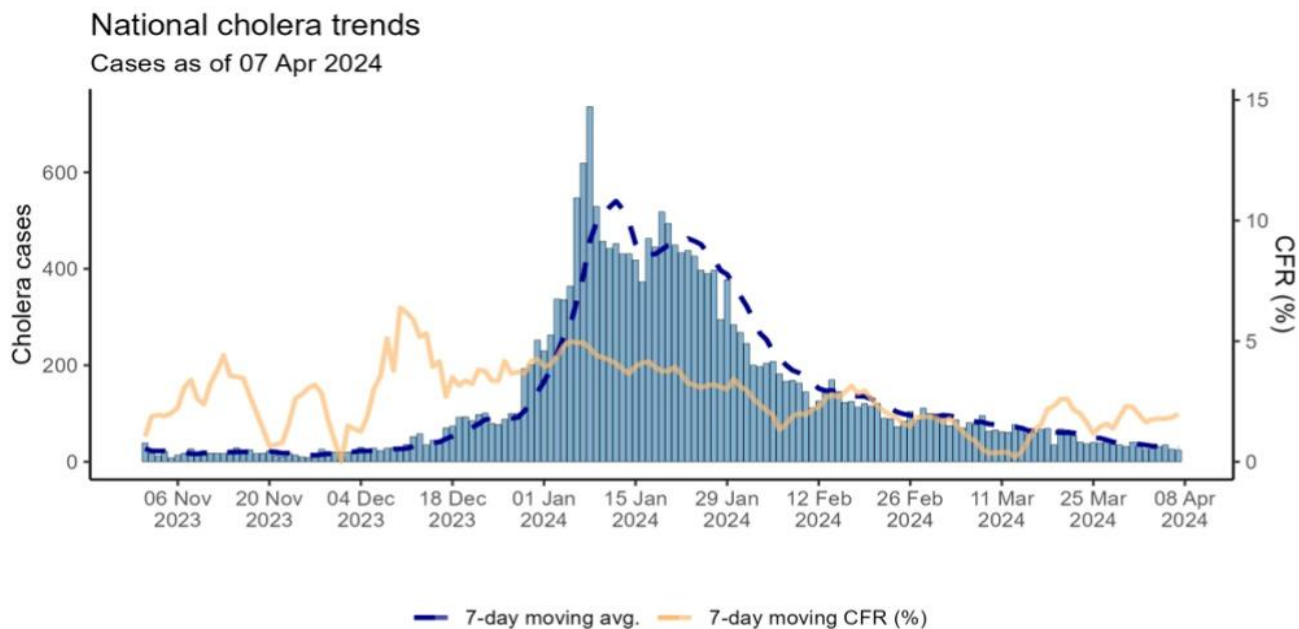
UNICEF is appealing for **US\$6,487,000** to sustain lifesaving services for people affected by cholera. UNICEF regional office and EMOPS have facilitated the office with a loan of **\$2.2m** to help cover immediate needs. Funding from CERF (US\$1,950,000) received at the end of February is supporting the response across the sectors of WASH, Health, Child Protection and RCCE. An agreement with ECHO for €550,000 was signed on 23 February 2024, with funding in the pipeline.

## SITUATION OVERVIEW, EPIDEMIOLOGICAL PICTURE AND HUMANITARIAN NEEDS

From October 2023 to date, ten provinces have reported cases of cholera with seven provinces confirming cholera outbreaks. Among these, 72 out of 116 districts have reported cases, with 13 districts reporting cases, currently. The cases are mainly occurring in the unplanned high-density areas of Lusaka, Central and Copperbelt provinces with high risks in the fishing camps/districts of Southern and Central provinces which are known hotspots.

Comparing epi weeks 7 and 8, Zambia saw a 28.5 % reduction in new cases, with Lusaka recording a 36% reduction. However, Lusaka, Copperbelt, Central and Southern provinces have continued reporting new cases consistently per day to date. The outbreaks in the Copperbelt province are concerning and require close monitoring, the province also requires additional support. Furthermore, there is continued need for actions that improve household access to clean water, promote and increase hand washing and early access to care in these four provinces.

Figure 1: Cholera Cases and CFR



## Weekly Cases and Deaths Epi Week 13

Province	Last reported	Cumulative cases	Cumulative deaths	Cumulative CFR%	Cumulative HF CFR%	Weekly cases	Weekly deaths	Weekly CFR%	Weekly cases % change	Weekly deaths % change
Lusaka	07 Apr 2024	17651	570	3.23	1.41	62	1	1.61	-35	-
Central	03 Apr 2024	1742	55	3.16	1.09	2	0	0	-92	-
Copperbelt	07 Apr 2024	1715	57	3.32	1.22	118	3	2.54	-10	-40
Southern	06 Apr 2024	916	21	2.29	0.44	1	0	0	-75	-
Eastern	07 Apr 2024	350	9	2.57	0.86	18	0	0	157	-
North-Western	28 Mar 2024	237	15	6.33	1.69	0	0	-	-	-
Western	06 Mar 2024	40	1	2.50	0.00	0	0	-	-	-
Northern	17 Jan 2024	23	0	0.00	0.00	0	0	-	-	-
Muchinga	09 Mar 2024	7	0	0.00	0.00	0	0	-	-	-
Luapula	22 Jan 2024	1	0	0.00	0.00	0	0	-	-	-
<b>Total</b>	-	<b>22682</b>	<b>728</b>	<b>3.21</b>	<b>1.32</b>	<b>201</b>	<b>4</b>	<b>1.99</b>	<b>-24</b>	<b>-33</b>

Figure 2 (Above): Weekly Cases and deaths as of Epi weeks



## SUMMARY ANALYSIS OF PROGRAMME RESPONSE

### WATER, SANITATION AND HYGIENE (WASH)

UNICEF continues to support the Government of the Republic of Zambia and WASH service providers in reducing the cholera risk factors through coordination, training, and supplying materials. UNICEF is supporting the population in target cholera-affected locations to have access to safely managed water, handwashing with soap, and early rehydration through WASH support to households and schools.

To date, over 1,663,000 people have been reached, including 1,323,000 in communities and 340,000 learners, through distribution of chlorine and other WASH cholera supplies to commercial utilities, water trusts, and schools.

As part of water quality monitoring support to the Ministry of Health, Environmental Health Technicians, Water Utility, Provincial Health Office, and district staff in Kabwe, Kapiri Mposhi, Mumbwa, and Chibombo districts of Central Provinces were equipped with skills for water quality monitoring (pictures 1 and 2 below). For ongoing monitoring following the training, parts of the Water Utility network in Kabwe were selected as sentinel points for routine Free Residual Chlorine testing.

Field monitoring to three cholera treatment centres that previously received 2,000 discharge kits confirmed that the kits were being given to patients that were discharged from the facilities to support the practice of cholera prevention behaviours. Towards ensuring sustainable WASH support, detailed WASH assessment of 15 targeted cholera treatment centres in Lusaka and Southern Provinces were conducted and designs developed for light repairs.



Picture 1 (left): participants at WQM training practice testing for free residual chlorine.

Picture 2 (right): Hand over of Pool testers to Central PHO.

Credit: @UNICEF/Chilanga/2024.

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

UNICEF has continued supporting the Community Feedback dashboard roll out to RCCE partners through support from the Interagency mechanism RCCE Collective Service: UNICEF Regional Office, International Federation of Red Cross (IFRC) and World Health Organization (WHO). Through this support 3,500 MOH and ZRCS CBVs were trained in Lusaka to collect community feedback which is regularly being updated on the dashboard. Additionally, UNICEF is in the process of adjusting the Community Feedback Mechanism tools to widen inclusion of more partners including existing feedback platforms such as Childline & Lifeline.

The 4th Rapid Qualitative Assessment in 3 districts of Copperbelt, Southern, and Central provinces was conducted from 27th February - 2nd March, 2024. The findings of the assessment were validated and presented to the Incidence Management System (IMS), RCCE, WASH, all provinces, and Partners coordination forums to integrate the findings in Cholera programming. The assessment was led by MoH, Zambia National Public Health Institute (ZNPHI) under the coordination of UNICEF in partnership with the University of Zambia (UNZA), and engagement of other partners including WHO and US-CDC.

UNICEF supported training and deployment of 500 Community Welfare Assistant Committee (CWACs) jointly with MOH and MCDSS to strengthen community action in vulnerable households. UNICEF RCCE partnerships continue, reaching over 2 million community members in Lusaka through Zambia Red Cross Society (ZRCS) deploying 440 CBVs conducting community engagement activities, Zambia Interfaith Networking group (ZINGO), mobilizing faith leaders in 380 faith congregations; and Support to Older People Zambia (STOP), deploying 240 trained older person champions and mobilizers.

UNICEF has continued to support the coordination of the National RCCE technical working groups co-led by the Ministry of Health (MoH) and Zambia National Public Health Institute (ZNPPI) through regular coordination meetings of the 4 subgroups (Coordination, Public Communication, Community Engagement and Dynamic Listening/Research subgroups).



*Focus Group Discussions with women and men community members from Chirundu and Ndola districts respectively.*



*Key informant interview with a Fisherman in Mazabuka district and Focus Group Discussion with adolescent schoolgirls in Mazabuka districts.*

*Photo Credit: UNICEF Zambia/2024*

## **HEALTH AND HIV**

UNICEF continues to support the Ministry of Health as an active partner for case management pillar with a specific focus on community case management. As of date, UNICEF has supported the Lusaka district health office to train 42 supervisors and 386 community-based volunteers (CBVs) who have been deployed to 91 Oral Rehydration Solution Corners (ORCs) in the various hotspot sub districts of Lusaka. In addition, funds have been provided to Copperbelt, Central and Southern Provinces to extend treatment at community level.



Through this support, an additional 30 ORCs have been established in the Southern Province. While in Copperbelt and Central Provinces across 5 districts (Kitwe, Ndola, Mumbwa, Chibombo and Ndola), 250 CBVs were trained to conduct community surveillance, health education and other tasks as defined by the district health team. As the cases continue to decline, UNICEF is providing support to the districts for intensification of monitoring and funds have been provided to the Lusaka district for the repair of 7 ambulances and reviewing the support to the CBVs with a view to adjust the interventions in line with the current context.

### **Oral Cholera Vaccination (OCV) campaigns**

The first Phase of OCV campaigns was successful with 99% (1,870,375/1,888,112) of the targeted population that included all individuals aged 1 year and above vaccinated as of 4 February 2024. The Ministry of Health got approval for additional 2,246,140 doses through the ICG. Currently, MOH is planning the phase 2 OCV campaigns targeting the areas with high burden but also keeping track of the evolution of the outbreak in the country.

### **NUTRITION**

UNICEF's contribution to the nutrition component of the cholera response has continued to positively impact the residents of Lusaka district. To date, 1,919 CBVs and Nutrition Support Group (NSG) volunteers have trained in active finding of acute malnutrition cases. In less than one week in March these volunteers screened 131,496 children aged 6 – 59 months in three subdistricts of Kanyama, Matero and Chilenje. Proper referral and treatment mechanism were put in place for identified cases.

Other interventions such as Infant and Young Child Feeding (IYCF) messaging, and behaviour change has also continued. Furthermore, Ready to Use Therapeutic Food (RUTF) and other supplies are also being provided to support the ongoing response.

### **EDUCATION**

Following the re-opening of schools on 12th February 2024, the Ministry of Education and partners worked towards monitoring school adherence to cholera prevention and mitigation measures prescribed by the Ministry of Health. As the school system is often vulnerable to multiple hazards, the closure of all schools in the country had a negative impact on the education continuity of around 6.5 million learners, and further exacerbated learning loss that Zambian children experienced during the COVID-19 epidemic. To complement the learning lost during the extended closure because of Cholera, UNICEF worked closely with the Ministry of Education (MoE) Directorate of Open and Distance Education (DODE) in partnership with Airtel on the Learning Passport Zambia (LPZ). The LPZ currently has 5,648 users (3,220 teachers, 1,738 learners, 339 policy makers, 226 ECE learners/caregivers and 125 guest users). To raise awareness about the LPZ, and have more learners subscribe, UNICEF section and MoE distributed 1,000 posters containing a QR code which allows learners and teachers to easily access content from ECE to 12th grade. UNICEF has continued 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.

In the quest to sustain the re-opening of schools especially in Lusaka district, which was a cholera hotspot district, UNICEF Education section in collaboration with WASH section supported MoE efforts with the procurement and distribution of WASH items and IEC materials to 166 schools in Lusaka district. WASH items included 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 and were aimed at promoting hygiene practices for safe and protective back to school. The WASH and IEC materials benefited over 450,000 learners, contributing to safe drinking water, and promoting handwashing. UNICEF working with UNHCR, also provided IEC materials which benefited over 16, 000 refugee pupils and their host communities in schools in the refugee settlements of Mantapala and Meheba.

In collaboration with partners, UNICEF worked to develop key Cholera messages that were shared through different social media platforms such as the Teacher WhatsApp groups: reaching over 15,000 teachers across Zambia and other Partner/MoE platforms. To ensure that schools chlorinate drinking water correctly, UNICEF further developed and shared a video with schools that explained how schools could use the Chlorine Comparator to measure the correct quantity of chlorine in drinking water. UNICEF through the Education, WASH and PME conducted a Programme Monitoring Visit and End User Monitoring (EUM) to two

schools in Lusaka district to monitor compliance to the utilization of various WASH items that were distributed to schools. General observation was that WASH items were used in accordance with the guided parameters, it was also evident that the items were being used by learners. However, the EUM revealed that schools should make use of the comparator daily to conduct chlorine residual testing.



Pupil at Chinika Secondary School Washing her hands.

UNICEF continues to support MoE to convene weekly Education in Emergency Working Group (EIE-WG) meetings focusing on upholding standards. UNICEF through the EWG 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) as well as monitoring of potential child protection issues faced by learners and provided onsite linkages to social welfare and psychosocial services through Child helplines and life lines toll –free lines 116 and 933 to school headteachers for learners to access support and referral services.

## **CHILD PROTECTION**

UNICEF has continued to strengthen the social welfare system through use of community structures and community case management to respond to the protection needs of affected families, including children. The 120 trained CWAC members in six hot spot sub-districts of Kanyama, Chipata, Chawama, Mandevu, Matero, and Chilenje continue to help disseminate information on cholera prevention and on GBV/PSEA. The CWACs conduct home visits to identify and assess affected children and families for protection needs and eligibility to be enrolled on in-kind support services. This in-kind support is paid cash benefits through the existing Government Public Welfare Assistance Scheme (PWAS). The use of community structures and case management approaches has so far reached 212 out of 400 targeted vulnerable households in Lusaka district who have benefited from in-kind support services.

Additionally, once assessed, affected individuals and households are referred to protection services provided through partnership with Lifeline/ChildLine Helpline and Access to Health Zambia. Moreover, the partnership with Access to Health Zambia, include response for migrant and refugee communities in Lusaka that are being supported through a UNICEF-UNHCR collaboration. So far, a total 2,144 people, including children, migrants and refugees have reached and assessed to benefit from protection and assistance services.



*(Photo – Mary a CWAC Member using community case management tools assessing needs of a survivor in Matero Community)*

CWAC Mary, above, using community case management tools to assess the needs of the most vulnerable families in Lusaka who have been impacted by the cholera outbreak, and further referring them for gender responsive protection services and identifying any additional assistance they might need. CWACs provide one-on-one support, starting at a community level to ensure families feel comfortable sharing their experiences. They support the larger Social Welfare Office and connect them with the district social offices for further support. From March 16-26, through door-to-door community case management in Matero CWACs assessed 150 cases and provided protection and in-kind support services to the families.

UNICEF trained 42 counsellors of the help line call centre who continue to remain critical in the provision of psychosocial support and referral services for children, parents and caregivers or families affected by the cholera outbreak. A cumulative total of 4,883 people, including 2,120 children have been referred to various gender responsive protection services. Additionally, a total of 13,075 children out of 30,341 individuals affected by cholera have received protection support that included family tracing, reunification, and case management services. Furthermore, using the Child help line and life help line platforms, a total of 12,600 children out of 29,256 individuals have been sensitized to access a safe and accessible channel to report GBV and Sexual Exploitation and Abuse (SEA).

### **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. During this reporting period, UNICEF has continued to support the Government of the Republic of Zambia in coordination of the cholera response pillar to strengthen response. 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\$ 795,000.



- Procured and delivered 24,700 liters of liquid chlorine and 108 liters of liquid hand soap.
- Airlifted 1,640,000 sachets of ORS, 60 AWD kits and 400 body bags from UNICEF Supply Division's emergency stocks.
- Procured and delivered 1,688 20-liter ORP buckets and 800 10-liter buckets.
- Procured and delivered 1,600 discharge kits containing ORS, liquid chlorine and soap in a bucket to CTCs in Lusaka province.
- 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 ZNPFI and Lusaka PHO based on the needs and MoH requests.
- Procured and distributed 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 were able to 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, delivery and distribution by implementing partners in support of chlorination in households and at point of collection, and to set up oral rehydration corners.

## EXTERNAL RELATIONS AND PUBLIC ADVOCACY

Throughout March and early April UNICEF Zambia continued to amplify the work of our programmes and funding partners responding to the cholera outbreak. In coordination with the regional office, a press release was released on the impact of the climate crisis in the region, including Zambia, which discusses the impact climate has had on both the cholera outbreak and the drought. [Press Release](#)

UNICEF Zambia created updated posters and infographics with new funding partners, including a 3C's poster and a child friendly poster for schools. Two new videos were published, one showcasing the materials within a Cholera Discharge Kit and another discussing the impact of drought and cholera on communities with a highlight of current nutrition programs.

Videos:

- [Discharge Kits](#)
- [Climate Change – Impact on Drought + Cholera](#)

For more information: [UNICEF Zambia Fighting the Cholera Outbreak in Zambia | UNICEF Zambia](#)



[Schools Reopen | Zambia #cholera response | Twashuka Primary School, Kanyama –](#)

Video: Arrival of supplies: <https://www.youtube.com/watch?v=FP8G2eKW-q0&t=5s>

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

**Who to  
contact for  
further  
information:**

**Dr Penelope Campbell**  
Representative  
UNICEF Zambia Country Office  
Email: [pcampbell@unicef.org](mailto:pcampbell@unicef.org)

**Henri Heikura**  
Deputy Representative  
Operations  
UNICEF Zambia CO  
Email: [hheikura@unicef.org](mailto:hheikura@unicef.org)

**Dr Nejmudin Kadir Bilal**  
Deputy Representative  
Programme  
UNICEF Zambia CO  
Email: [nkbilal@unicef.org](mailto:nkbilal@unicef.org)

## Annex A: Funding Requirements for Cholera Preparedness and Response

Appeal Sector	Requirements (US\$)	Funds available			Funding gap		Funds in pipeline (ECHO)
		Other resources used (US\$)	Humanitarian resources received (US\$)	Total	US\$	%	US\$
WASH	2,850,000	100,000	1,511,290	1,611,290	1,238,710	43%	347,231
Health	2,000,000	212,000	360,412	572,412	1,427,588	71%	209,451
Nutrition	307,000	0	199,979	199,979	107,000	35%	
Education	685,000	0	0	0	685,000	100%	
Child Protection, GBVIE & PSEA	300,000	10,000	222,188	232,188	67,812	23%	
SBC	345,000	168,000	0	168,000	177,000	51%	
<b>Total</b>	<b>6,487,000</b>	<b>490,000</b>	<b>2,293,869</b>	<b>2,783,869</b>	<b>3,703,131</b>	<b>57%</b>	<b>556,682</b>

## Annex B: Summary of Programme Results\*

	UNICEF Target	Achieved	%
<b>Health</b>			
# 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	91	45.5%
# People vaccinated with OCV	1,888,112	1,861,622	98.6
<b>WASH</b>			
Number of people benefitting from chlorination, water supply systems upgrade, and water quality monitoring	2,100,000	1,663,000	79
Number of people benefitting from distribution of WASH and IPC supplies	2,100,000	840000 <sup>1</sup>	40
<b>Nutrition</b>			
# Children aged 6-59 months with SAM who are admitted for treatment and recover	9,444	250	2.7
<b>Education</b>			
# Schools supported to implement safe school protocols (IPC) through the provision of soap and buckets	141	166	118
# Schools reached with hygiene awareness campaigns in schools and surrounding communities	141	166	118
# Schools provided with hygiene-related IEC materials and messages for schools	141	166	118
# Teachers trained on infection prevention, cholera response and management at the school level	204	0	0
<b>Child Protection</b>			
# of people accessing protection referral mechanisms and/or pathways	24,562	4,883	20
# of children affected by cholera receiving protection support (example family tracing, reunification, case management services)	21,412	30,341	142
# 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	29,256	4.8
<b>Social and Behaviour Change</b>			
# People who participate in engagement actions	1,800,000	2,000,000	111
# 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	2,843	118

<sup>1</sup>500000 people benefitted from distribution of household kits and 340000 learners, from distribution of WASH cholera kits in schools.