

ESARO Guidance Note to Support Safe School Operations during Cholera Outbreaks

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I. Context

After years of steady decline, cholera has made a devastating comeback. Since 2021, there has been an increase in cholera cases and their geographical distribution globally. In 2021, 23 countries globally reported cholera outbreaks. This trend has continued into 2022 with over 29 countries reporting cholera cases or outbreaks¹; and into 2023 with at least 30 countries reporting cases.² A deadly combination of climate change, underinvestment in water, sanitation, and hygiene (WASH) services, and in some cases armed conflict, has put over 1.1 billion people globally at risk, with children under five particularly vulnerable.³

The cholera epidemic that affected multiple countries in Eastern and Southern Africa in 2023 persists and continues to impact the region, placing additional strain on communities and healthcare facilities. Since 2023, 13 countries in the region have battled one of the worst cholera outbreaks to hit the region in years, and as of 15 January 2024, more than 200,000 cases, including over 3,000 deaths, have been reported. The outbreak has rapidly gained momentum in the region, placing an immense strain on healthcare systems and exposing vulnerabilities in sanitation and hygiene infrastructure. Inadequate access to clean water and sanitation facilities, and overcrowded living conditions, prevalent in many urban areas, exacerbate the risk of transmission.⁴

There are many challenges to controlling cholera. Most cholera-affected countries have limited resources to respond due to the competing high burden of other infectious diseases and other ongoing emergencies. In non-endemic countries experiencing resurgence of cholera health-care workers have limited experience or knowledge of cholera case management.

II. General facts about cholera

- Cholera is an acute diarrhoeal disease that can kill within hours if left untreated.
- Cholera primarily affects people with inadequate access to safe water, basic sanitation and hygiene.
- Conflict, unplanned urbanization and climate induced disasters all increase the risk of cholera.
- Researchers have estimated that each year there are 1.3 to 4.0 million cases of cholera, and 21,000 to 143,000 deaths worldwide due to cholera.
- Most of those infected have no or mild symptoms and can be successfully treated with oral rehydration solution (ORS).
- Severe cases need rapid treatment with intravenous fluids and antibiotics.
- Provision of safe water and basic sanitation, and hygiene practices is critical to prevent and control the transmission of cholera and other waterborne diseases.
- Oral cholera vaccines should be used in conjunction with improvements in water and sanitation to control cholera outbreaks and for prevention in areas known to be high risk for cholera.⁵

¹ <https://reliefweb.int/report/world/cholera-global-situation-16-december-2022>

² <https://reliefweb.int/report/malawi/multi-country-outbreak-cholera-external-situation-report-10-published-11-january-2024>

³ <https://www.unicef.org/media/140336/file/Cholera>

⁴ <https://www.unicef.org/press-releases/cholera-cases-continue-rise-parts-southern-africa-unicef-calls-increased-focus>

⁵ <https://www.who.int/news-room/fact-sheets/detail/cholera>

What is cholera?

Cholera is an acute diarrhoeal infection caused by ingestion of food or water contaminated with the bacterium *Vibrio cholerae*. Cholera remains a global threat to public health and an indicator of inequity and lack of social development.⁶

What are the symptoms of cholera?

Cholera infection is often mild or without symptoms but can be severe. Approximately 1 in 10 people who get sick with cholera will develop severe symptoms such as watery diarrhoea, vomiting, and leg cramps. In these people, rapid loss of body fluids leads to dehydration and shock. Without treatment, death can occur within hours.⁷

How does a person get cholera?

A person can get cholera by drinking water or eating food contaminated with cholera bacteria. In an epidemic, the source of the contamination is usually the faeces of an infected person that contaminates water or food. The disease can spread rapidly in areas with inadequate treatment of sewage and drinking water. The infection is not likely to spread directly from one person to another; therefore, casual contact with an infected person is not a risk factor for becoming ill.⁸

What is the impact of cholera outbreaks on children?

Cholera can affect people of all ages, but young children are particularly vulnerable to the disease, as they have weaker immune systems and are more likely to become dehydrated quickly. Between 20 and 50 per cent of cases in all recent major cholera outbreaks have been reported in children under 15 years of age.⁹ For example, children under 15 years of age have represented 34 per cent of all reported cases and 37 per cent of deaths during the 2023-2024 cholera outbreak in Zambia.

Multiple factors contribute to the high burden of cholera including: late treatment seeking; sub-optimal case management and infection control practices in the context of overstretched health systems and infrastructure; underlying malnutrition; loss of or illness of guardians; closure of schools leaving children unattended, hence increasing the risk of children being out of school and highly exposed to infection, etc. WHO and UNICEF are conducting further investigations to determine other factors.

Not being able to play with peers who are sick, or death of peers, siblings or parents disrupts growth and may have negative effects on cognitive abilities during or after cholera outbreaks. Institutional care of affected known guardians or parents increases the risk of protection issues and demand for psychosocial support.

How can the spread of cholera be limited?

Cholera is a preventable disease.

- Use safe drinking water (boiled, chlorinated).
- Always wash hands with soap and water after defecation, after contact with faeces, before touching or preparing food, before eating and before feeding children.

⁶ <https://www.who.int/news-room/fact-sheets/detail/cholera>

⁷ <https://www.cdc.gov/cholera/general>

⁸ <https://www.cdc.gov/cholera/general>

⁹ <https://www.ecdc.europa.eu/en/all-topics-z/cholera/surveillance-and-disease-data/cholera-monthly>

- Dispose of all faeces, including those of infants and young children, in a latrine or toilet, or bury them. Disinfect the places touched by the faeces.
- Wash, peel or cook all foods.

Prevention: A multifaceted approach is key to control cholera, and to reduce deaths. A combination of surveillance, water, sanitation and hygiene, social mobilization, treatment, and oral cholera vaccines are used.¹⁰

Treatment: Severe cases need rapid treatment with intravenous fluids and antibiotics.

III. Impact of school closures on children

In response to cholera outbreaks, there is an increasing tendency for Governments to close schools or postpone the re-opening of schools. In Zambia, the cholera escalation has led to the postponement of the start of schools – first until January 29, and then again until at least mid-February 2024. Approximately 4.3 million learners are affected.¹¹ In Malawi, in January 2023, the authorities postponed primary and secondary schools re-opening in Lilongwe and Blantyre for two weeks, as part of the response to the cholera outbreak.¹² Additionally, national level school closures are often imposed, instead of in areas experiencing a cholera outbreak. More often than not, such decisions are not underpinned by scientific evidence of students being more vulnerable to cholera transmission in schools, when compared to not being in school.

Much evidence confirms that school closures have significant negative effects on the safety, learning, mental health and overall well-being of children and adolescents. School closures have also been associated with high rates of anxiety and depression among children and young people, with some studies finding that girls, adolescents, and those living in rural areas are the most likely to experience these problems.

Prolonged school closures exacerbate these impacts, especially for the most vulnerable and marginalized who are less likely to access remote learning opportunities and can face increases in violence against children, gender-based violence, child marriage, and teenage pregnancy - all of which increase the probability of missing further education and/or drop out.

For many children, schools do not just provide an opportunity to learn, but also for social interaction in a place where they can be supported by their peers and teachers. Schools also provide a protective environment that reduces the risk of children, particularly girls, becoming victims of violence or exploitation. School closures result in loss of access to a wide range of school-provided services such as school meals, health, nutrition, water, sanitation, and hygiene (WASH), mental health and psychosocial support (MHPSS) and services targeted to children with special needs such as learning support, speech therapy and social skills training.¹³

To ensure education settings continue to be welcoming, respectful, inclusive, and supportive environments to all, care must be taken to avoid stigmatizing students and staff who may have been exposed to or have recovered from cholera.

¹⁰ <https://www.who.int/news-room/fact-sheets/detail/cholera>

¹¹ <https://www.unicef.org/press-releases/cholera-cases-continue-rise-parts-southern-africa-unicef-calls-increased-focus> (Jan 15, 2024)

¹² <https://www.voanews.com/a/experts-criticize-malawi-government-for-closing-schools-over-cholera-outbreak-6902503.html>

¹³ UNICEF, IFRC, UNESCO « Updated interim guidance for COVID-19 Prevention and Control in Schools V2 », August 2022

IV. Priority actions to support schools/education during a cholera outbreak

To note the below list is not exhaustive. It highlights the importance of inter-sectoral coordination in a response.

Cholera is a preventable disease that can be more easily prevented in education facilities (with sustained communication on the outbreak and preventive measures) than in settlements with sub-optimal WASH services. Therefore, *schools should not be closed*.

The priority actions described hereunder should be considered when writing *Standard Operating Procedures (SOPs)* for safe school operations during cholera outbreaks. SOPs are critical in public health emergencies, as they establish guidelines for Governments and other actors to know what to do in specific situations.

UNICEF country offices employ a multisectoral approach to public health emergencies (preparedness and response) and relevant technical specialists should support country Governments (Ministry of Education (MOE), Ministry of Health (MOH)), to develop or revise SOPs related to cholera prevention in schools.

Sector	Priority actions
Education	<p data-bbox="427 237 1205 272">Advocate, coordinate and support the Government</p> <ul data-bbox="479 280 2033 884" style="list-style-type: none"> • Advocate for national risk reduction and preparedness planning that prioritises keeping schools open and children healthy to learn in a safe and protective environment; • Support the MOE and MOH to develop guidelines for safe school operations during a cholera outbreak (e.g., promotion of hand hygiene, sanitation, access to adequate quantity and quality of safe water, screening and referral of suspected cases, as appropriate), and education about cholera prevention; • Support the MOE and MOH to set-up a monitoring and surveillance mechanism to ensure that guidelines for safe school operations are in place and being implemented; • Support the MOE to collaborate with the MOH (preparedness, surveillance/monitoring, case notification, case management, referrals, etc.); • Advocate for continued and safe delivery of education during a cholera outbreak; • Support the MOE in developing guidelines that could guide the re-opening of schools (if schools close); • If schools close, support the MOE with school readiness to re-open and multiple modalities for continued learning (including remote learning, using radio, TV, digital platforms/ Learning Passport etc.); • Provide technical support and leadership to the education cluster as Cluster Lead/Co-lead; • Strengthen coordination with other relevant stakeholders or clusters at national and district level (WASH, Health etc.). <p data-bbox="427 911 591 946">In schools</p> <ul data-bbox="479 954 2033 1396" style="list-style-type: none"> • Data / epidemiology should drive interventions in schools; • Advocate for and support schools to have preparedness / response plans in place (so that everyone, including staff and users of the schools, know what to do to prevent and prepare for cholera, and what to do if someone becomes sick); • Advocate for cholera prevention materials in schools, training of teachers, and incentives to teachers and learners for cholera prevention measures (WASH and Infection Prevention and Control supplies – WASH IPC); • Make sure everyone understands the basics of cholera: Educate children, school staff, caregivers: (a) What is cholera and what are the symptoms? (b) How can you get it? (c) How can you prevent it? (d) What to do if you get it?; • Encourage children to share information on cholera with their families, friends and neighbours and to encourage people who become sick to go to a health facility;

	<ul style="list-style-type: none"> • Procure and distribute handwashing soap, water filters or liquid chlorine in schools (including contingency stock – prepositioning and replenishing essential cholera supplies for schools); • Conduct targeted hygiene awareness campaigns in schools and surrounding communities; • Display cholera messages (symptoms, transmission and prevention) in all strategic places at the school/learning space; • Print and distribute hygiene-related IEC materials and messages for schools; • Promote early health-seeking behaviour among learners and all stakeholders at the school; • Enhance teachers' capacities in basic infection prevention, cholera response and management at the school level, and ensure that all school staff are aware of their responsibilities relating to cholera prevention and preparedness (can be helpful for one school staff member to be responsible for co-ordinating and ensuring the school is prepared and for ensuring that effective responses are co-ordinated); • Monitor learner attendance regularly support the most marginalized children; • If schools have been closed or children have missed school, focus on learning continuity and learning recovery/remedial/catch up learning and support teachers • Sensitize students to treat everybody with respect, no teasing about cholera, and avoid stigmatizing; • Inform community members (mainly Parents and Teachers' Associations) how school is keeping children safe, what key steps are being taken by schools to ensure the health and safety of students, teachers and staff (measures could include: not allowing children, teachers or staff to attend when sick or showing symptoms, information about referral systems in place, regular cleaning and disinfection and WASH measures in place); • Inform caregivers that it is best to keep their child in school – unless they are sick or unless a public health advisory or other relevant warning or official advice has been issued; • Parents should remind their children every day before going to school - to not share food, drinking cups and bottles with classmates, to prevent contamination.
Health	<ul style="list-style-type: none"> • Support the collaboration of the MOE and MOH to develop procedures for keeping schools open during a cholera outbreak; • Procedures in place for responding to a student or education staff that becomes unwell including access to care and notification.
WASH	Before the (re)opening of schools during a cholera outbreak (preparation phase):

	<p>Technical and coordination support to MOEs and MOHs for school assessment and most urgent and rapid Infection Prevention and Control (IPC)/WASH improvements prior to (re)opening schools:</p> <ul style="list-style-type: none"> • Presence of enough handwashing stations with water and soap (even basic low-cost low-tech models such as tippy taps made of reused items); • Availability of functional and clean toilets, segregated by sex and age (do not mix young children and adolescents); • Presence of drinking water points with chlorinated water (provide an emergency tank if there is no tank); • Trained cleaners with equipment for cleaning and disinfection. School IPC focal point and cleaners trained to manage a cholera case identified at school, supported by job aides with simple and clear instructions. <p>Safe school operations during cholera outbreaks:</p> <ul style="list-style-type: none"> • All learners and school staff to drink safe water from a source that is chlorinated at appropriate level of Free Residual Chlorine (FRC): 0.5 mg/litre < FRC < 1 mg/litre; • Promotion of supervised handwashing with soap (HWWS) at key moments of the day: entrance; after playing; after using the toilet; before eating; before leaving; • Food hygiene: all learners and students to eat cooked food. Raw food should be disinfected: wash fruit and raw vegetables thoroughly with clean water, then disinfect for 30 minutes in a basin with 3 litres of water and 1 teaspoon of normal bleach (normal bleach, not perfumed); • Refresher trainings for teachers, IPC/WASH focal points, and cleaners assigned to apply cholera IPC protocols; • Refill of consumables (detergent; bulk chlorine for disinfection; chlorine for drinking water; water supply if supplied by trucks; soap; ORS) before they run out of stock; • On the mid and long term: gradual WASH improvements to meet national standards.
RCCE/SBC¹⁴	<ul style="list-style-type: none"> • Conduct behavior drivers and barriers rapid assessment, capture insights, opinions and perceptions of school communities on their knowledge of cholera; • Encourage the participation and co-creation of students, teachers, and other stakeholders in the planning, implementation, and monitoring of WASH activities;

¹⁴ Risk Communication and Community Engagement/ Social and Behaviour Change

	<ul style="list-style-type: none"> • Distribute educational and information materials explaining cholera symptoms, prevention and encouraging early help seeking; • Conduct training sessions for teachers, students, and parents on 3C behaviors; • Use school assemblies to communicate important information about cholera prevention and encourage a collective effort to maintain a hygienic environment; • Organize community meetings involving school staff, parents, and local authorities to discuss cholera prevention strategies and address concerns; • Engage students as peer educators to promote hygiene practices among their peers, fostering a sense of responsibility for personal and collective health; • Integrate cholera prevention topics into the curriculum to ensure that students receive ongoing education on maintaining good hygiene practices in edutainment format; • Collect feedback on established practices to correct RCCE efforts.
Child protection	<p>Before the (re)opening of schools during a cholera outbreak (preparation phase):</p> <ul style="list-style-type: none"> • Support the Ministry of Social Affairs and the Ministry of Education to discuss measures to facilitate the return to school of the most vulnerable children, in particular children who have been affected by the loss of one of their caregivers; • Support the training of school personnel in psychological first aid; • Support community outreach activities to identify the most vulnerable cases and ensure their effective return to school. <p>Safe school operations during cholera outbreaks:</p> <ul style="list-style-type: none"> • Provide case management support to children identified by teachers as being the most vulnerable, particularly those who have lost a parent to cholera; • Support the strengthening of systems for identifying child victims of violence and exploitation in schools.
Nutrition	<p>Overall response</p> <ul style="list-style-type: none"> • Support the National government to adopt and develop the relevant national protocols on nutrition management in the context of cholera. The key focus should be on coordination, and continuity of essential services;

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- Support national leadership in coordinating nutrition actions for the cholera response and ensure linkage with case management and RCCE;
 - Ensure appropriate referral for children with cholera and severe acute malnutrition once they have undergone cholera treatment - in line with the global guidance.

In schools

- The main aim is to support healthy diets and good nutrition for children while at school and achieving this requires cross-sectoral cooperation between the food, education, and health sectors;
- Ensure continued support to (a) the provision of school meals (b) school nutrition services (iron supplementation, deworming, screening etc.) (c) school nutrition education (d) school food environment - in line with the national and global guidance and IPC measures.

If schools have been closed and then reopened

- Resuming school meal services that meet nutritional standards will be critical as an incentive to encourage children to return to school and to enhance education outcomes and ensure good nutrition.

If food is provided on site, the following should be considered.

- Provision of personal protective equipment and material;
- Conduct education sessions with food handlers on proper hygiene and food safety practices in line with the modality for delivery that has been selected;
- Enforce compliance of proper hygiene and food safety practices by food handlers and children;
- Implement approaches that reduce congestion (e.g. staggered school lunch breaks).

V. Advocacy messages

Donors

- Across the region, to mitigate the impact of multiple public health emergencies, UNICEF continues to work towards and advocate for sustained investments in resilient healthcare systems, water and sanitation infrastructure (including in schools), and in the promotion of safe hygiene practices and community engagement. UNICEF also supports and advocates for greater investment in education to ensure the continuity of safe learning for all, in the event of public health emergencies. UNICEF's programmes for children in the region have been made possible thanks to dedicated donors and partners, and donors are urged to **continue prioritizing funding to protect children in the region and ensure continued safe learning**.

Government – Ministry of Education, Ministry of Health etc.

- **Schools must remain open.** Knowing what we do about the impact of school closures based on evidence generated from the school closures during the COVID-19 pandemic, it's clear that it's in the best interests of children to be in the classroom. The benefits of school closures during a cholera outbreak as a control measure are not demonstrated. (Why? Cholera is a preventable disease that can be more easily prevented in education facilities - with sustained communication on the outbreak and preventive measures - than in settlements with sub-optimal WASH services).
- **School closures have devastating impacts on learning.** Extended, nation-wide, school closures during the COVID-19 pandemic had a devastating impact on learning outcomes of children, exacerbating learning poverty worldwide. Sub-Saharan Africa is at the epicentre of the learning crisis: the region is facing the highest learning poverty¹⁵ rates globally, with 90% of children (9 in 10 children) considered learning poor (post-COVID), up from 86% pre-COVID¹⁶. School closures will further exacerbate poor learning outcomes.
- In addition to providing learning, schools also **protect the wellbeing of vulnerable children** and provide **access to many other critical services** on which they depend. We have clear evidence that school closures cause declining mental health in children and increase the threat of violence, as well as child exploitation including child marriage and child labour for the most marginalized. For many children, school meals are children's only nutritious meal of the day.

¹⁵ The inability to read or understand a simple story by the age of 10.

¹⁶ <https://www.unicef.org/media/122921/file/StateofLearningPoverty2022.pdf>

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- Experience shows that infection prevention and control and other measures in schools can help improve the overall health and well-being of students and the school workforce while equipping schools to mitigate infection risks and helping to keep schools open.
 - When schools reopen (if they have been closed/opening postponed), they must focus on these priorities:
 - **Ensuring schools, teachers and students are equipped** to maintain safe school operations
 - **Ensuring all children are back in school** – particularly the most vulnerable – and receive the tailored support they need for their health, psychosocial wellbeing and more; as well as ensure that all measures are in place to keep students safe and healthy (for example, through the setting-up of a monitoring and surveillance mechanisms by the MOE and MOH decentralized entities);
 - **Assessing learning loss and providing remedial/catch up learning** to help students catch up on any lost learning.
 - **Identifying the different barriers that are now preventing many of the most vulnerable children from returning to the classroom**, including socio-economic barriers, and finding ways to overcome them.

UNICEF (internal)

- It is critical that **education is part of the cholera response planning and any response plans/appeals from the start**, both internally (within the UNICEF response/cholera cell) and among government platforms/decision making groups (e.g. that cholera coordination groups are inclusive of education)
- Schools should focus on:
 - **Ensuring schools, teachers and students are equipped** to maintain safe school operations.
 - **Continuity of learning** if schools are closed.

VI. Resources

A selection of key resource documents for those engaged in school reopening and safe school operations are presented in the below chart.

Resource and link	Brief description
<ul style="list-style-type: none">• WHO website• CDC website• Global taskforce on cholera control	Cholera - General Information
Malawi, Ministry of Education: <i>“Cholera Prevention Standard Operating Procedures For Schools And All Education Institutions”</i> , October 2022 https://www.scotland-malawipartnership.org/assets/documents/MoE_-Cholera-Prevention-SOPs.pdf	An example of a Ministry of Education Cholera SOP for procedures in schools
UNICEF Zambia, <i>“Flood, Cholera & Drought (El Niño) Emergency Preparedness and Response Plan October 2023 – March 2024”</i> , updated January 2024 Zambia Country Office Preparedness and Response Plan 2023-24 as of 10 Jan 2024 clean .docx	An example of a UNICEF country office response plan
UNICEF, <i>“Cholera: A global call to action”</i> , May 2023 https://www.unicef.org/media/140336/file/Cholera:%20A%20global%20call%20to%20action.pdf	Overview of the Cholera situation, UNICEF’s Strategy, Call to Action, Funding Requirements

<p>UNICEF, “<i>Cholera Toolkit</i>”, 2013</p> <p>https://www.washcluster.net/node/29581</p>	<p>The UNICEF Cholera Toolkit provides practical resources to implement an integrated approach to cholera prevention, preparedness and response. It addresses water, hygiene and sanitation, health and communication for development (C4D) as well as specific content linked to education, nutrition, child protection and other relevant sectors.</p> <p>For specific information related to schools - refer to Annex 9E</p>
<p>UNICEF, “<i>Cholera Program Guidance</i>”, May 2021</p> <p>UNICEF Programme guidance - CHOLERA - May 2021 FINAL DRAFT.pdf</p>	<p>UNICEF Priority Areas By Objective UNICEF Response – Scenarios And Priority Countries UNICEF Actions for Preparedness Against Cholera UNICEF Actions For Response Against Cholera</p>
<p>Investment Case for WASH infrastructure to combat Cholera in Zimbabwe</p> <p>Investment Case for WASH Infrastructure to combat Cholera in Zimbabwe.docx</p>	<p>Investment Case for WASH infrastructure to combat Cholera in Zimbabwe</p>
<p>Posters, UNICEF Sudan, October 2023</p> <p>https://www.unicef.org/sudan/reports/prevent-cholera</p>	<p>Download the posters in English and Arabic for basic tips on how to prevent Cholera.</p>
<p>IEC materials, Malawi</p> <p>IEC materials Malawi.zip</p>	<p>To note, materials are in local language</p>
<p>KITCHEN and COOKING Recommendations for Schools and Children Centres for Cholera Response Somalia</p> <p>Cholera/ Watery Diarrhea Preparedness and Response in Schools, Daycares and Child Friendly Spaces Somalia</p>	<p>IEC materials/guides for school staff</p>

<p>WASH Cluster, Whole of Syria Education Sector</p> <p><i>“Guidance Note, IPC in Schools during AWD/Cholera Outbreaks”</i></p> <p>IPC in schools during cholera outbreaks</p>	<p>From MENA on IPC in schools</p>
<p>KOICA, UNICEF, 2020</p> <p><i>“ZANZIBAR CHOLERA ELIMINATION SOCIAL BEHAVIOURAL CHANGE COMMUNICATION STRATEGY”</i></p> <p>Zanzibar social and behavioral change communication strategy</p>	<p>From Zanzibar – SBC communication strategy</p>
<p>Needs assessments questionnaire Schools cholera.docx</p>	<p>From Kenya CO: School WASH and SBC needs assessment survey - April 2023</p>

Annex 1: Examples of UNICEF’s education specific interventions in schools during a cholera outbreak in the Eastern and Southern African (ESAR) Region (January 2024)

Country	Interventions
Ethiopia	<ul style="list-style-type: none"> • Dissemination of key messages related to cholera prevention • Provision of health education at religious, community and public institutions, including schools • Social mobilisation
Malawi	<ul style="list-style-type: none"> • Assessment of WASH/IPC in school • Provision of WASH supplies to schools in cholera-affected areas • Monitoring/provision of treatment for water quality in schools • Reconnection of schools to the water grid • Hygiene awareness campaigns in schools and surrounding communities, including provision of IEC materials • Advocacy for school reopening

Mozambique	<ul style="list-style-type: none"> • Planned provision of hygiene/cleaning materials • Planned distribution of IEC materials
Somalia	<ul style="list-style-type: none"> • Planned distribution of IEC materials to all Temporary Learning Spaces (TLS) and schools in cholera affected communities. • Rehabilitation/new WASH facilities in schools, as needed • Hygiene promotion
Tanzania	<ul style="list-style-type: none"> • If schools close, UNICEF will support access to digital learning – lessons have been recorded and are ready to be aired through television and radios • Procurement of education in a box kits to support children to learn at home, if schools close
Zambia	<ul style="list-style-type: none"> • Distribution of soap, water filters and liquid chlorine for schools • Supporting with continued learning through Learning Passport and Note Master • Targeted hygiene awareness campaigns in schools and surrounding communities • Distribution of hygiene-related IEC materials and messages to schools • Enhancing teachers' capacities related to basic infection prevention, cholera response and management at the school level • Strengthen coordination with other relevant stakeholders or clusters at national and district level (WASH, Health etc.)
Zimbabwe	<ul style="list-style-type: none"> • Distribution of hygiene supplies to schools • Distribution of a Disaster Risk Management and Resilience (DRMR) Plan and Manual to all 10,517 primary and secondary schools, to promote schools to develop context based DRMR plans • Rapid-Pro messages shared with school heads containing cholera prevention messages and DRMR reminders • Planned DRMR training of 61 school heads • Planned distribution of IEC materials to schools and developing additional materials – songs, games and video animations • Establishing school roving teams – to provide child friendly awareness raising, support in developing and implementing DRMR plans, MHPSS etc.

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