Overview

South Sudan is currently experiencing one of the most protracted, widespread cholera outbreaks in recent history. Whereas previous outbreaks lasted an average of six months and occurred during the rainy season, the current cholera outbreak has for the first time lasted through the entire dry season and is projected to worsen as the new rainy season progresses. About 6,870 cases have been reported so far this year, the highest figure since 2014. The reported number of cases within the first six months of 2017 already constitute a 73 per cent increase from the total number of cases reported in 2016.

Figure 1: Trend of Cholera cases, 2014 to 2017

*Situations in numbers

Cumulative cases from 18 June 2016 to 11 June 2017

- 10,832 Reported cases of cholera
- 248 Reported cholera deaths
- 2.3% Case fatality rate (CFR)

Source: MoH/WHO IDSR Epidemiological Update week 23 (5-11 June) 2017

Situation update

Cumulatively, as of 11 June 2017, about 6,870 cholera cases including 174 deaths (case fatality rate 2.6 per cent) have been reported in South Sudan since the beginning of 2017. The current outbreak has lasted for one year, compared to four months for the 2015 outbreak and seven months for the 2014 outbreak. The case fatality rate for 2017 is higher than those of the previous three years, with at least 69 per cent of deaths occurring at the community level. Factors contributing to the high number of community deaths include poor treatment seeking behaviour, including the use of traditional medicine before seeking healthcare; low awareness about cholera; geographical inaccessibility of affected areas, where communities are also dispersed; poor communication in affected areas; and limited humanitarian partner presence.

The recent resurgence of cholera in the Juba Protection of Civilians (PoC) site and suburbs of Juba constitutes a cause for great concern, as congestion in urban areas typically leads to a high rate of transmission. This risk is exacerbated by the current lack of access to safe water in Juba and Wau towns; due to the lack of fuel, a result of the ongoing economic
crisis, the Juba urban water system is currently operating at minimal capacity while the Wau urban water system has been non-functional for nearly two months. In Juba, many water trucks are filling unsafe water directly from the river Nile. Should the cholera outbreak spread to Wau, it is estimated that as many as 35,000 people could be at risk due to the high number of internally displaced persons (IDPs) residing in overcrowded camps within the town.

Further, the cholera outbreaks are no longer just concentrated along the river Nile or in PoC/IPD sites, as was the case in 2016, but are spreading inland. Nomadic pastoralists moving from cattle camps to villages have become a notable risk factor for spread of the disease in two new hotspots – Tonj East (Warrap) and Kapinga (Eastern Equatoria).

By 11 June 2017, the 2016 – 2017 cholera outbreak had affected a total of 23 counties (nearly 30 per cent of the total number of counties in South Sudan) across nine states. Active transmission is ongoing in nine counties: Yirol East and Yirol West in Lakes State; Tonj East in Warrap; Nyril (Lankien) and Urol in Jonglei; Fashoda (Aburoc) in Upper Nile; Kapinga South, Kapinga North and Kapinga East in Eastern Equatoria; and Juba in Central Equatoria. The most recent laboratory tests on 9 and 12 June confirmed the presence of cholera in Lankien, PoC site 3 in UN House (Juba) and Aburoc. Suspected cholera cases from Gumbo, Atlabara B, Rock City and Jonglei West in Juba are being treated at Juba Teaching Hospital cholera treatment centre (CTC), where at least other 46 suspected cases have been treated from February 2017 to date. Karam in Jonglei and Mayom in Unity have also reported alerts of cholera cases, which are currently under investigation.

**UNICEF strategy and response**

UNICEF continues to make significant contributions to the current outbreak response, and is leveraging cross-sectoral synergies among health, child protection, communication for development (C4D), and water, sanitation and hygiene (WASH). The support is mainly channelled through integrated community level interventions (both preventive and curative) while bridging supply gaps at the referral facility level to address the whole continuum of care.

The strategic areas of focus for strengthening the response are:

- Coordination (through the Cholera Task Force as well as Health and WASH Clusters);
- Social mobilization and health education;
- Capacity building for improved case management, infection prevention and control;
- Support for strengthening of laboratory surveillance and use of oral cholera vaccines; and
- Prepositioning of emergency supplies for the cholera response.

**HEALTH:** UNICEF continues to provide most of the supplies required for medical management of cholera cases at both community and facility levels in the affected areas. Since the beginning of 2017, more than 5,209 cases (nearly 76 per cent of the total caseload) have received treatment using supplies provided by UNICEF to CTCs/CTUs (cholera treatment units/centres) and oral rehydration points (ORPs) in affected communities. Preventive oral cholera vaccination campaigns have been conducted at IDP settlements, PoC sites and in high-risk towns, with UNICEF supporting cold chain management, social mobilization and transportation of vaccines. As part of the two-year oral cholera vaccine (OCV) plan, additional sites for vaccination have been identified and partners are being engaged to conduct planning and implementation of the campaign. UNICEF together with WFP and the Health Cluster is exploring the feasibility of conducting OCV vaccinations during Rapid Response Mechanism (RRM) missions in selected hard-to-reach areas that are at high risk of cholera outbreaks.

Following a significant surge in cholera cases in Kapinga, Eastern Equatoria, where 405 cases were reported between 5 and 10 June, UNICEF deployed a six-person team to the area from 15 to 20 June, as part of a joint mission with WHO. Experts within health, WASH and C4D sectors assessed the situation on the ground and provided support to the response on the ground by assisting with the redesign of the CTC as well as conducting trainings for implementing partner personnel on infection prevention measures. UNICEF also provided nearly four metric tons of health and WASH supplies to support the response in Kapinga.

As part of the ongoing cholera response, cholera vaccines have been dispatched by the national cholera taskforce to Leer (southern Unity), Bentiu PoC site (northern Unity), Bor PoC site (Jonglei), Malakal town (Upper Nile), Mingkaman IDP settlement (Lakes) and Aburoc IDP site (Upper Nile). In 2017, a total of 331,894 doses of OCV have been provided to individuals aged one year and above. UNICEF has provided support in cold chain and social mobilization for the campaigns. A schedule has been drawn for the next round of OCV vaccinations and the process is ongoing to identify partners and other mechanisms of deployment along with the respective vaccination micro-plans.
Table 1: Case management with UNICEF support

<table>
<thead>
<tr>
<th>Location</th>
<th>UNICEF partner</th>
<th>Activity scope*</th>
<th>Cases recorded</th>
<th>Deaths recorded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Juba</td>
<td>Juba Teaching Hospital</td>
<td>1 diarrhoeal disease kit (DDK), 1 tent, support to 1 CTC</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Kapoeta South</td>
<td>American Refugee Committee</td>
<td>1 CTU, 1 DDK</td>
<td>179</td>
<td>1 (around 4 unverified community deaths in Mogos)</td>
</tr>
<tr>
<td>Kapoeta North</td>
<td>Save the Children International</td>
<td>2 CTUs, 1 DDK</td>
<td>705</td>
<td>13</td>
</tr>
<tr>
<td>Kapoeta East</td>
<td>American Refugee Committee</td>
<td>3 CTUs, 1 DDK</td>
<td>631</td>
<td>7 (unverifiable number of community deaths in Napopot)</td>
</tr>
<tr>
<td>Ayod</td>
<td>Real Medicine Foundation</td>
<td>3 ORPs, 1 CTU</td>
<td>308</td>
<td>42</td>
</tr>
<tr>
<td>Mayom</td>
<td>State Ministry of Health</td>
<td>Supplies</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Mayendit</td>
<td>World Relief</td>
<td>1 CTU, 2 ORPs</td>
<td>226</td>
<td>5</td>
</tr>
<tr>
<td>Awerial</td>
<td>HLSS, ARUDA</td>
<td>1 CTC, 5 ORPs</td>
<td>1,148</td>
<td>13</td>
</tr>
<tr>
<td>Yirol East</td>
<td>CUAMM (Doctors with Africa)</td>
<td>3 CTUs, 1 ORP</td>
<td>981</td>
<td>58</td>
</tr>
<tr>
<td>Yirol West</td>
<td>CUAMM</td>
<td>3 CTUs, 1 ORP</td>
<td>111</td>
<td>0</td>
</tr>
<tr>
<td>Tonj East</td>
<td>CCM and State Ministry of Health</td>
<td>2 tents, 2 DDKs, 10 cartons of ORS</td>
<td>907</td>
<td>38</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td>2 CTUs - 15 CTUs - 12 ORPs</td>
<td>5,209</td>
<td>160</td>
</tr>
</tbody>
</table>

*DDK (Diarrhoeal Disease Kit to treat 500 cholera patients); CTU (Cholera Treatment Unit); ORP (Oral Rehydration Point); ORS (Oral Rehydration Salt).

**COMMUNICATION FOR DEVELOPMENT (C4D):** UNICEF is the co-chair of the Social Mobilization and Communication technical working group, and provides technical support and guidance in ensuring all key cholera and hygiene promotion messages, information, education and communication (IEC) materials and training packages are harmonized and standardized for a coordinated response.

Five radio jingles and 22 talk shows and interviews are being broadcast on 16 radio channels across the country, reaching approximately 1.4 million people with cholera prevention messages. All UNICEF field offices have been equipped with sufficient communication materials on cholera, which are being distributed to partners for display. The Ministry of Health (MoH) with support from UNICEF has established a hotline in collaboration with Vivacell, a telecommunications company, to ensure communities in need receive necessary information on outbreak response; around 1,920 calls have been received so far, with most requesting information on cholera prevention and some providing alerts about suspected cases.

In response to the increase in the number of cholera cases reported among pastoralist communities, UNICEF and partners have developed a ‘Cattle Camp Mobilization Strategy’ to guide social mobilization for cholera among nomadic groups. UNICEF has conducted capacity building of health, nutrition and WASH partners in community engagement and social mobilization methods for outbreak response. UNICEF has ensured the presence of at least one C4D partner to support all UNICEF field offices and State Ministries of Health in the response. Their work is focused on community engagement activities, including house-to-house mobilization, community theatre and meetings with community and religious leaders. Social mobilizers and hygiene promoters continue to provide health education messages on personal hygiene and environmental hygiene through house-to-house visits, church announcements, messaging at PoC site entrance gates and in other strategic locations. Linkages have also been established between case management and hygiene promotion were social mobilizers do case tracing, household messaging, and referral of diarrhoea cases to the nearest health facility.

**WATER, SANITATION AND HYGIENE (WASH):** UNICEF has been providing country leadership through the WASH Cluster in order to coordinate the cholera prevention and response efforts by partners in South Sudan. Since January 2017, WASH partners, including UNICEF, have been responding to the outbreak by providing safe drinking water, focusing on household water treatment. In the cholera hotspots, safe drinking water has been provided to an estimated 199,160 people by rehabilitating 116 borehole hand pumps, drilling 18 new boreholes, and supplying 9,857 households with water purification tablets. In addition, 16,752 households have benefited from the distribution of WASH items, including jerry cans, buckets and soap. Partners have also been raising awareness on cholera symptoms, causes, prevention and control, reaching approximately 149,840 people with hygiene promotion messages. There is a continued need to strengthen hygiene promotion by enhancing good practices at household level, support to
outpatients from CTCs/CTUs in communities and harmonizing the response strategy among all WASH stakeholders at state level.

In response to the closure of the urban water system in Juba due to challenges in accessing fuel, UNICEF has procured and provided an emergency 10-day supply of fuel to one of the main water treatment stations, and is working with other treatment stations to review how the supply of safe water may be maintained. A mapping has been conducted of all current and planned water treatment facilities in Juba. Meanwhile, in Wau, UNICEF is providing a one-month supply of fuel, which is expected to reach Wau in the first week of July. Efforts are ongoing to explore more sustainable solutions for maintaining a safe water supply in urban areas. In addition, UNICEF is advocating with various branches of the Government of South Sudan for the release of fuel to critical service providers and budget allocations to be made towards this.

UNICEF is also working with seven national non-governmental organization (NGO) partners, two international NGOs and the Government of South Sudan to provide emergency WASH cholera prevention and response interventions in hotspots. The WASH technical working group of the cholera taskforce meets every week to review progress and adjust the response, and to reflect on ways to address the challenges of implementation. UNICEF has prepositioned WASH cholera supplies in most affected areas and is supplying all WASH partners through the core pipeline to support the ongoing response.

**Gaps and challenges**

Overall gaps in and challenges facing the current response include:

- Lack of adherence to case management protocols by health workers in CTUs. Ongoing capacity building of health workers will improve adherence to treatment protocols.
- Poor infection control practices within cholera treatment centres/units.
- Limited capacity of many implementing partners to conduct outbreak response activities.
- Poor hygiene practices (as evidenced by people drinking water from unsafe sources, including the river Nile, as they cannot afford safe water, poor latrine use and hand washing).
- Low awareness of cholera among certain communities, including harmful cultural practices that increase the risk of cholera spread.

UNICEF continues to engage with the National Cholera Task Force, World Health Organization and implementing partners across the country to ensure a concerted effort towards controlling and containing the disease in areas of outbreak while preventing the outbreak from spreading to new areas.