Current Situation

According to WHO, as of 1 August 2015, a total of 1,411 cholera cases including 42 deaths have been reported in Juba County and in Bor, Jonglei State in the outbreak was declared on 23 June, for an overall case fatality rate (CFR) of 2.98 per cent:

- In Juba County, 1,293 cases including 41 deaths (CFR 3.17 per cent) from seven payams, with cases currently in decline.
- In Bor, 118 cases including one death (CFR 0.85 per cent) reported from Malou in Makuach payam and the rest from other areas around Bor. Cases in Bor are consistent with declining community transmission.

Case fatality rates have decreased from ten per cent at the initial declaration of outbreak to less than three per cent as of 1 August, however, this remains well above the emergency threshold of one per cent. Continued behaviour change communication efforts are required to ensure immediate health-seeking behaviour. Cholera remains particularly deadly for young children. Twenty-one per cent of deaths have been children under 5.

So far all alerts outside of Juba and Bor have tested negative, though preventative activities continue in high risk areas, especially areas along the Nile and in crowded Protection of Civilian (PoC) sites such as Bentiu PoC.

In addition to mass displacement caused by on-going fighting, the cholera outbreak is closely tied to the current economic crisis. An increase of 50 – 200 per cent in the cost of water has reduced the level of safe water available leading to poor sanitation and hygiene practices and making the communities more vulnerable to the spread of waterborne diseases such as cholera.

Cases reported to date

<table>
<thead>
<tr>
<th>Reporting Sites</th>
<th>Total cases currently admitted</th>
<th>Left Against Medical Advice</th>
<th>Total facility deaths</th>
<th>Total community deaths</th>
<th>Total deaths</th>
<th>Total cases discharged</th>
<th>Total cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Juba (Central Equatoria)</td>
<td>40</td>
<td>207</td>
<td>25</td>
<td>16</td>
<td>41</td>
<td>1,026</td>
<td>1,314</td>
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<td>UN House PoC Clinic</td>
<td>0</td>
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<td>0</td>
<td>1</td>
<td>1</td>
<td>71</td>
<td>72</td>
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<tr>
<td>Juba Teaching Hospital</td>
<td>35</td>
<td>203</td>
<td>21</td>
<td>7</td>
<td>28</td>
<td>698</td>
<td>964</td>
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<td>Gumbo ORP</td>
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<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>75</td>
<td>77</td>
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<tr>
<td>Gudele ORP</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>8</td>
<td>8</td>
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<tr>
<td>Nyakuron ORP</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>43</td>
<td>43</td>
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<tr>
<td>Kator ORP</td>
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<td>0</td>
<td>0</td>
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<td>0</td>
<td>6</td>
<td>6</td>
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<tr>
<td>Gurei ORP</td>
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<td>0</td>
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<td>0</td>
<td>42</td>
<td>42</td>
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<tr>
<td>Munuki ORP</td>
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<td>5</td>
<td>5</td>
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<tr>
<td>Al Sabbah ORP</td>
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<td>1</td>
<td>8</td>
<td>1</td>
<td>12</td>
<td>13</td>
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<td>0</td>
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<td>11</td>
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<td>MSF Munuki CTC</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>35</td>
<td>43</td>
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<tr>
<td>Other sites in Juba</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>8</td>
<td>10</td>
<td>20</td>
<td>30</td>
</tr>
<tr>
<td>Bor (Jonglei)</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>110</td>
<td>115</td>
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<tr>
<td>Bor State Hospital</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>110</td>
<td>115</td>
</tr>
<tr>
<td>Total</td>
<td>41</td>
<td>207</td>
<td>26</td>
<td>16</td>
<td>42</td>
<td>1,136</td>
<td>1,429</td>
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</table>
UNICEF began its 2015 cholera in late 2014 with the prepositioning of essential medical, WASH and social mobilization materials in cholera hotspots throughout the country, including Juba, Malakal, Bentiu, Rumbek, Wau and Eastern Equatoria. This meant that UNICEF was able to respond immediately when its partner IMC sent an alert about suspected cholera cases in Juba Protection of Civilians (PoC) site on 26 May.

The National Cholera Epidemic Preparedness and Response Task Force was reactivated by the Ministry of Health on 3 June. There are four main sub committees:

- **Health** (Co-Chaired by WHO with support from UNICEF)
- **Social Mobilization and Communication** (co-Chaired UNICEF)
- **WASH** (Co-Chaired by WASH Cluster and supported by UNICEF)
- **Resource Mobilization and Logistics** (Chaired by MOH).

In addition to the Health, WASH and social mobilization response detailed below, UNICEF has mainstreamed cholera prevention across its programming, including training of adolescents from Child Friendly Spaces in Juba to deliver cholera prevention messages in Peace Clubs; mainstreaming best practices for infant and young child feeding for cholera patients into hygiene promotion trainings; and rolling out awareness campaigns in schools and temporary learning spaces.

### UNICEF & PARTNER RESPONSE: HEALTH

**Support to Health Facilities:**
Since the onset of the cholera outbreak, UNICEF has distributed 20 diarrhoeal disease kits, 15 tents and 15,000 sachets of ORS to support the cholera response in Bor and Juba. UNICEF supported the establishment of the Cholera Treatment Centres (CTCs) at Juba Teaching Hospital and Bor Hospital as well as ones in Bor PoC and Torit (Eastern Equatoria) which are at a high risk of outbreak.

**Oral Rehydration Points (ORPs):**
UNICEF and its partner Health Link have now established seven ORPs in Juba to ensure effective and prompt treatment of the cholera cases at the community and facility levels. An additional 19 Oral Rehydration Corners have been established in partnership with the Ministry of Health. Each site has received a minimum package of health and WASH supplies along with community engagement materials.

The establishment of these sites has been slowed by insecurity. Twenty-six additional primary health care centres (PHCCs) targeted for the minimum package of supplies are currently not accessible by UNICEF or its contractors. UNICEF Security is continuing to work with partners and contacts on the ground to gain access to these sites. For all accessible sites, regular technical assistance and supportive supervision are on-going by a mobile team of UNICEF Health, WASH and Communications for Development staff. These ORPs have now seen 142 suspected cases.

**Case Management Training:**
In order to improve the quality of case at CTCs and ORPs, 80 health providers from Juba County Health department were trained from 15 to 16 July 2015 by UNICEF, WHO and MoH, for a cumulative total of 190 trained in Juba so far this year. In addition, UNICEF has provided regular on-site technical support at Juba Teaching Hospital as well as Al Sabbah Children’s Hospital and other ORPs.

**Oral Cholera Vaccination (OCV):**
In order to protect people living in congested PoCs, UNICEF, WHO, UNMISS, IOM and partners including IMC undertook OCV campaigns in Bentiu and Juba PoCs. In 2014, OCV was provided to 120,176 IDPs in PoCs4, contributing to the relatively small number of cholera cases in the PoCs.

The second round of Juba PoC OCV campaign reached 24,024 people (85 per cent) against the target of 25,500 (90 per cent of the total population) coverage. The first round in Juba PoC reached 26,642 people. The second round in Bentiu PoC reached 71,214 people, with 69,757 people vaccinated during the first round.

OCV campaigns planned for Malakal PoC and Wau Shilluk have not been possible due to access issues. UNICEF and partners are urgently working to secure flight safety assurances for Malakal as well as humanitarian access to Wau Shilluk, where WASH partners are no longer able to provide safe water due to a lack of critical supplies. In 2014, 906 cases including 17 deaths were reported in Wau Shilluk.

### UNICEF & PARTNER RESPONSE: WATER, SANITATION & HYGIENE

From the identification of the first suspected cholera cases in Juba, UNICEF responded by conducting, and following up on recommendations from, rapid WASH needs assessments at Juba PoC, Juba Teaching Hospital and Al Sabbah Children’s Hospital. UNICEF also leads the WASH Cluster, which chairs the WASH Sub-Committee of the National Taskforce, identifying and filling gaps in the response.
Support to Health Facilities:
UNICEF provided WASH chlorella supplies, including chlorine, buckets, sprayers, soap, water purification chemicals and protective gear to Juba Teaching Hospital and all UNICEF-supported ORPs, as well as training staff at accessible centres on disinfection and chlorella waste handling. UNICEF is supporting waste disposal at Juba Teaching Hospital and Al Sabbah Children’s Hospital.

UNICEF continues to provide safe drinking water to Bor Hospital CTC, for cleaning, disinfection, ORS solution and cleaning the CTC. Chlorella waste disposal is also underway. A CTC has been set up at Bor PoC, though no cases have yet been reported in the site. UNICEF and IAS have established hand washing and disinfection spraying stations at the entry and exit gates of the POC. Solid waste is being collected and disinfected before disposal outside the PoC. UNICEF and IAS have covered 2,272 IDPs from the PoC (UNMISS estimated 2,289 people live in Bor PoC) with chlorella prevention interventions and water treatment supplies.

WASH Response in Juba PoC:
Immediately following the first suspected cases of chlorella in Juba PoC, UNICEF increased water quality monitoring and sanitation services in Juba PoC including desludging of latrines and solid waste management. Subsequent visits to the PoC showed marked improvement in solid waste management. Water trucking was maintained at 108 trucks (6,000L each) of safe water per day which was providing well over Sphere Standards of safe water for each IDP.

A WASH monitoring assessment to Juba PoC site in late July reported poor solid waste disposal, irregular disinfection spraying at entry/exit gates and increasing open defecation. UNICEF and partners Solidarites International and ACTED are ensuring chlorellation, spraying and handwashing are now on-going, with Oxfam planning to construct children’s latrines to reduce open defecation.

Ensuring Access to Safe Water:
UNICEF, Juba City Council and national Public Health Inspectors continue to support chlorination stations at eight water collection points along the River Nile with an average of over 10,000m³ of water chlorinated daily, reaching up to 100,000 people. On 27 June, UNICEF, ACF and Oxfam monitored chlorination activities in 15 chlorination stations along Nile. All chlorination stations visited are functioning with chlorinators distributing chlorella solutions to water tankers and bicycle water vendors. Random spot checks of water quality of water tankers in Juba began on 1 July.

Training:
UNICEF WASH staff provide two types of training: hygiene promotion together with Communications for Development colleagues (covered below) and on technical aspects of chlorellaion and disinfection control. Training in chlorellaion and disinfection control has been provided at Juba Teaching Hospital and all accessible ORPs as well as for 20 staff of partner agencies. A key challenge for WASH in the 2015 outbreak response has been the high turnover of both government and NGO staff, requiring additional training as well as regular technical assistance.

**UNICEF & PARTNER RESPONSE: SOCIAL MOBILIZATION**

While cases continue to decline, it is essential to continue the momentum on social mobilization activities. UNICEF and partners are working through three main channels: mass media; interpersonal communication; and the use of targeted information, education and communication (IEC) materials. Thousands of pieces of IEC materials have been displayed in health facilities, schools, PoCs, markets and communities in Juba and Bor, and in hotspots across the country.

**Mass Media:**
Through UNICEF support there has been intensive chlorella awareness campaigns through 24 radio stations in Central Equatoria, Eastern Equatoria, Jonglei, Lakes and Upper Nile States. Messages are broadcast in eight languages: English, Arabic, Bari, Dinka, Madi, Acholi, Lotuko and Nuer. In Central Equatoria alone, a total of 4,625 chlorella jingles and over 20 talk-shows have been broadcasted, including ones focused on funeral management after 55 cases were traced back to one funeral in Juba County. This has reached an estimated 70 per cent of state’s population with key messages on how to prevent and control chlorella.

UNICEF, WHO, MoH and Zain South Sudan continue to broadcast key messages on chlorella prevention and control through Short Message Service (SMS) to Zain users countrywide information on the locations of CTCs and ORPs, as well as the ambulance hotline, have been transmitted by radio and SMS.

**Interpersonal Communication:**
Fifty UNICEF-trained volunteers from South Sudan Red Cross have reached 6,566 households (over 39,300 individuals) with chlorella prevention and control key messages through house-to-house social mobilization. The volunteers conducted demonstrations on essential lifesaving practices such as handwashing with soap, water chlorellation and preparation of ORS. Similar activities are now being rolled out by 365 master trainers that include health workers, teachers, city councilors, religious leaders and public health officers. 340 hygiene promoters/social mobilizers were also trained. The trainers and hygiene promoters are now cascading chlorella sensitization activities to their communities targeting 300,000 people.
Hygiene promotion activities focusing on cholera prevention are also being undertaken in Bentiu PoC, Malakal PoC and Eastern Equatoria.

Social Mobilization in Bor:
With UNICEF support, Radio Jonglei and Mingkaman FM have reached 60 per cent of population with cholera preventive and control messages. Additionally, through house-to-house mobilization, 45 UNICEF-trained social mobilizers (11 mobilizers in Bor PoC and 34 from outside PoC) provided cholera household awareness reaching to a total of 3,290 households with over 19,000 people.

<table>
<thead>
<tr>
<th>Funding Needs</th>
<th>Requirements (USD)</th>
<th>Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
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<td>$0</td>
</tr>
<tr>
<td>WASH</td>
<td>$2,500,000</td>
<td>$0</td>
</tr>
<tr>
<td>Social Mobilization</td>
<td>$855,000</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$4,580,914</strong></td>
<td><strong>$0</strong></td>
</tr>
</tbody>
</table>

*UNICEF continues to respond by redirecting other flexible and internal resources while undertaking resource mobilization efforts with public and private donors.

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