Current Situation

According to WHO, as of 17 August 2015, a total of 1,607 cholera cases including 45 deaths, have been reported in Juba County and Bor since the outbreak was declared on 23 June, for an overall case fatality rate (CFR) of 2.8 per cent:

- In Juba County, 1,477 cases including 44 deaths (CFR 2.97 per cent) from seven payams, with cases currently in decline.
- In Bor, 130 cases including one death (CFR 0.77 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.

Cases of cholera had been in decline in Juba for almost a month starting on 20 July. However, this downwards trend was interrupted last week as cases began to increase again. This included 11 cases reported from Gondokoro military barracks, raising the threat of wider transmission due to military movements. These soldiers will be vaccinated and provided hygiene promotion training.

Weekly case fatality rates had decreased from 17.9 per cent in week 24 to 1.2 per cent in week 32 and rose again to 2.3 per cent last week. Twenty-four per cent of deaths have been children under 5. The new increase in cases demonstrates that vigilance in prevention efforts remains vital, both in Juba and in other hot spot areas in the country.

On 15 August, one woman from Teneth village near Pibor Town tested positive for cholera by rapid diagnostic test (RDT); three other suspected cases were negative. Samples have been sent to the laboratory in Juba for confirmation. While no new cases have been reported since 15 August, UNICEF and partners mobilized a rapid health and hygiene education campaign in the area. MSF is providing case management.

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>24</td>
<td>216</td>
<td>26</td>
<td>18</td>
<td>44</td>
<td>1,195</td>
<td>1,477</td>
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<tr>
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<td>1</td>
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<td>0</td>
<td>1</td>
<td>1</td>
<td>73</td>
<td>75</td>
</tr>
<tr>
<td>Juba Teaching Hospital</td>
<td>23</td>
<td>210</td>
<td>22</td>
<td>7</td>
<td>29</td>
<td>802</td>
<td>1,064</td>
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<tr>
<td>Gumbo ORP</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Gudele ORP</td>
<td>0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>37</td>
<td>37</td>
</tr>
<tr>
<td>Nyakuron ORP</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Kator ORP</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>62</td>
<td>62</td>
</tr>
<tr>
<td>Gurei ORP</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Munuki ORP</td>
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<td>3</td>
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<td>Al Sabbath ORP</td>
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<td>0</td>
<td>1</td>
<td>20</td>
<td>21</td>
</tr>
<tr>
<td>Lologo ORP</td>
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<td>1</td>
<td>10</td>
<td>11</td>
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<tr>
<td>MSF Munuki CTC</td>
<td>2</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>60</td>
<td>64</td>
</tr>
<tr>
<td>Other sites in Juba</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>9</td>
<td>11</td>
<td>18</td>
<td>29</td>
</tr>
<tr>
<td>Bor (Jonglei)</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>122</td>
<td>130</td>
</tr>
<tr>
<td>Bor State Hospital</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>122</td>
<td>130</td>
</tr>
<tr>
<td>Total</td>
<td>28</td>
<td>217</td>
<td>27</td>
<td>18</td>
<td>45</td>
<td>1,317</td>
<td>1,607</td>
</tr>
</tbody>
</table>
UNICEF began its 2015 cholera response 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, with UNICEF providing leadership in Health; Social Mobilization and Communication; and WASH:

- **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. On 14 August, 30 Nutrition Cluster partners were trained on nutrition in cholera, including best practices for infant and young child feeding when a mother or child suffers from cholera.

### UNICEF & PARTNER RESPONSE: HEALTH

#### Cholera Cases and Case Fatality Rate by Week

![Cholera Cases and Case Fatality Rate by Week](image)

<table>
<thead>
<tr>
<th>Week</th>
<th>Cases in Bor</th>
<th>Cases in Juba</th>
<th>Case Fatality Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>0</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>22</td>
<td>2</td>
<td>5</td>
<td>1.6%</td>
</tr>
<tr>
<td>23</td>
<td>7</td>
<td>131</td>
<td>3.8%</td>
</tr>
<tr>
<td>24</td>
<td>6</td>
<td>131</td>
<td>6.2%</td>
</tr>
<tr>
<td>25</td>
<td>56</td>
<td>238</td>
<td>14.3%</td>
</tr>
<tr>
<td>26</td>
<td>131</td>
<td>238</td>
<td>56%</td>
</tr>
<tr>
<td>27</td>
<td>33</td>
<td>164</td>
<td>11%</td>
</tr>
<tr>
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<td>29</td>
<td>5</td>
<td>131</td>
<td>0%</td>
</tr>
<tr>
<td>30</td>
<td>0</td>
<td>11</td>
<td>1.4%</td>
</tr>
<tr>
<td>31</td>
<td>2</td>
<td>23</td>
<td>1.6%</td>
</tr>
<tr>
<td>32</td>
<td>0</td>
<td>84</td>
<td>1.2%</td>
</tr>
<tr>
<td>33</td>
<td>0</td>
<td>2</td>
<td>2.3%</td>
</tr>
</tbody>
</table>

#### Juba Teaching Hospital
- 3 Diarrheal Disease Kits
- 2 tents
- 200 mosquito nets
- 50 cholera beds
- Regular on-site technical support

#### Bor Hospital
- 2 Diarrheal Disease Kits
- 2 tents
- Regular on-site technical support

#### WASH
- WASH supplies (chlorine, buckets, sprayers, soap, water purification supplies and protection gear).
- Cholera waste disposal
- Training on chlorination and disinfection.
- Desludging of latrines
- Garbage disposal services
- Supply of fuel to power of back-up generator for pumping water and for use in the incinerator

#### Social Mobilization
- Information, Education and Communication materials (posters, etc.)

### 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 35 Oral Rehydration Corners have been established in partnership with the Ministry of Health. These ORPs have now seen 201 suspected cases. Regular technical assistance and supportive supervision visits to ORPs are on-going by a mobile team of UNICEF Health, WASH and Communications for Development staff. An additional 5 sites are being prepared in Bor and 12 in Eastern Equatoria as part of prevention and preparedness measures. Each
site has received a minimum package of health and WASH supplies along with community engagement materials, with 6,387 cartons of ORS distributed to date. The full package consists of:

- Buckets
- Soap
- Calcium Hypochlorite
- Sprayers
- Masks
- Gloves
- Gumboots
- Water Floc
- Brooms
- Garbage bags
- Tarpaulins
- Oral Rehydration Salts
- Information materials/posters

To improve the quality of case at CTCs and ORPs, 190 health providers have been trained on case management so far this year.

**Oral Cholera Vaccination (OCV):**

In order to protect people living in congested PoCs, UNICEF, WHO, UNMISS, IOM and partners including IMC undertook two rounds of OCV campaign in Bentiu and Juba 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.

The first round of OCV campaign in Malakal PoC started ran 13-16 August with 37,718 individuals vaccinated. The second round is planned for 1 September. UNICEF supported the vaccination in Malakal with cold chain, supervision and social mobilization.

**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 immediately provided essential supplies for infection control, including chlorine, buckets and cleaning materials as well as refresher training on disinfection, cholera waste management and hygiene promotion. As the first cases were reported from Juba PoC, UNICEF responded immediately by increasing water quality monitoring, latrine desludging and solid waste management for the site.

UNICEF continues to support safe water and sanitation in Bentiu, Bor, Juba and Malakal PoC as well as Mingkamen IDP camps, where on-going hygiene promotion campaign are now including cholera prevention messaging. WASH supplies were also provided through a rapid response mechanism mission to Wau Shilluk, including soap, water purification tablets, chlorine, buckets and collapsible jerry cans.

**Distribution of WASH Supplies:**

Last week, UNICEF supported the MSF OCV campaign in hot spot areas of Juba with soap and water purification supplies as part of a targeted comprehensive cholera prevention package (OCV, hygiene promotion and social mobilisation). A total of 7,058 people were reached with OCV, soap, Aquatabs® and hygiene promotion leaflets in the Lockwilili, Khoe Williams, Munuki Block B and Bodiyi areas of Juba. Support with WASH Supplies will continue this week.

Supplies were also distributed to 4,000 households in Mang Tain IDP camp, including soap, collapsible jerry cans and water purification chemicals. Distribution of soap and water tanks is now starting for schools in Juba, with the majority of cases continuing to be children, focusing first on the school from which 275 teachers have been trained who are now rolling out cholera prevention activities for their students.

**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 chlorine solutions to water tankers and bicycle water vendors. Random spot checks of water quality of water tankers in Juba began on 1 July.
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. As cases once again begin to increase, UNICEF and partners are focusing on scaling up prevention activities. Prevention will be key to stopping the increased spread of cholera in Juba as well as ensuring that it does not spread to other areas of the country.

**Mass Media:**
Through UNICEF support there has been intensive cholera 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 messaging has reached an estimated 70 per cent of state’s population with key messages on how to prevent and control cholera.

Also as part of cholera awareness in schools, the Central Equatoria SMoH in collaboration with UNICEF conducted cholera video shows in five primary schools with 2,495 students and 17 teachers reached with key messages on cholera prevention and control.

UNICEF, WHO, MoH and Zain South Sudan continue to broadcast key messages on cholera 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.

Through UNICEF support, the Central Equatoria State Ministry of Health conducted 7 days intensive cholera awareness through Street Announcements covering main streets in the city along with residential areas and market places. The street announcements educate the public on cholera prevention and control reaching over 50,000 people with key messages.

**Interpersonal Communication:**
Fifty UNICEF-trained volunteers from South Sudan Red Cross have reached 15,586 households (over 93,500 individuals) reached with cholera 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 chlorination and preparation of ORS.

**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 45 trained social mobilizers, 2,630 households (15,780 Individuals) have been reached with cholera messages in Bor town and PoC. One hundred religious institutions allowed UNICEF-trained social mobilizers the opportunity by religious leaders to deliver cholera messages to the congregation; reaching over 30,000 people.

**Social Mobilization in Bentiu**
In Bentiu PoC, Community Volunteers continued with cholera awareness as part of integrated lifesaving activities covering the entire camp. On August 17, the volunteers reached 2,500 households (15,000 people) with keys messages on cholera and hepatitis E prevention. It is noticed that hand washing with soap or ash and clean water has improved and use of dirty water in trenches by children and adults has reduced.

<table>
<thead>
<tr>
<th>Funding Needs</th>
<th>Requirements (USD)</th>
<th>Received</th>
<th>Funding Gap</th>
<th>% Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>$1,225,914</td>
<td>$667,552</td>
<td>$558,362</td>
<td>46%</td>
</tr>
<tr>
<td>WASH</td>
<td>$2,500,000</td>
<td>$1,163,674</td>
<td>$1,336,326</td>
<td>53%</td>
</tr>
<tr>
<td>Social Mobilization</td>
<td>$855,000</td>
<td>$39,111</td>
<td>$815,889</td>
<td>95%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$4,580,914</strong></td>
<td><strong>$1,831,226</strong></td>
<td><strong>$2,749,688</strong></td>
<td><strong>60%</strong></td>
</tr>
</tbody>
</table>

**Who to contact for further information:**

**Ettie Higgins**
Deputy Representative
UNICEF South Sudan
+211 912 151 837
ehiggins@unicef.org

**Faika Farzana**
Resource Mobilization Specialist
UNICEF South Sudan
+211 956 731 610
ffarzana@unicef.org

**David Sharrock**
Chief of Communication
UNICEF South Sudan
+211 912 167 938
dsharrock@unicef.org