Communities along the Nile remain at high risk, especially those in conflict-affected states. Suspected cases have been reported in several locations down the river.

UNICEF needs:

**US$15.5 MILLION**

to continue providing frontline services and lifesaving supplies, as well as to ramp up prevention activities to stop the outbreak from spreading further.

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Situation Overview:
As of 22 July 2014, WHO has confirmed a total of 4,765 cholera cases including 109 deaths affecting five states: Central Equatoria, Eastern Equatoria, Western Equatoria, Jonglei and Upper Nile. The case fatality rate for the confirmed cases is 2.3 per cent, above the 1 per cent target.

Cholera cases from Wau Shiluk were officially confirmed by WHO on 15 July, with 829 cases confirmed to date, including 17 deaths. However, the rate of new admissions in Wau Shiluk have declined. Cholera has also been confirmed in the Malakal Protection of Civilian (PoC) site, where 54 cases and 2 deaths have been reported. Suspected cases have also appeared in the military base in Malakal.

Suspected cholera cases continue to spread in Eastern Equatoria, where WHO has reported 1,685 cases including 46 deaths. New suspected cases appearing in Eastern Equatoria include five in Isohe hospital, Ikotos county.

UNICEF Response:
UNICEF and partners have staff on the ground responding in affected locations providing technical guidance and training; delivering supplies; supporting Cholera Treatment Centres (CTCs); establishing Oral Rehydration Points and improving the water, sanitation and hygiene in affected areas. UNICEF is also ensuring the core pipeline of WASH supplies essential to the overall response, including household water treatment and soap.

UNICEF has deployed health, WASH and behaviour change communication staff to Torit, Wau Shiluk, Bentiu, Lopa, Magwi and Nimule to provide technical support. This week, additional diarrhoeal disease kits (DDKs) were provided for camps in Yida, Ajourng Thok and Gendrassa (Unity and Jonglei states) each to cover 100 mild and 400 mild-to-moderate cases. Thirty of these kits have been dispatched in total, along with additional oral rehydration solution (ORS). Fifty-two oral rehydration points (ORPs) have been established in Juba, Bentiu, Wau Shiluk and Eastern Equatoria complementing case management at CTCs. ORPs provide safe water and ORS for people suffering from acute watery diarrhoea at the community level, and act as a referral for severe cases to CTCs.

To date, UNICEF, WHO and partners have vaccinated nearly 90,000 people over one year old in PoC and IDP sites with Oral Cholera Vaccines (OCV) to limit the spread of the disease. UNICEF supported storage and distribution of the vaccines to Awerial, Bentiu, Malakal, Juba PoCs and Bor; supported on the orientation of vaccinators and monitoring of the OCV activities.

<table>
<thead>
<tr>
<th>PoC/IDP site</th>
<th>People over one year old vaccinated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awerial (Minkaman)</td>
<td>38,196</td>
</tr>
<tr>
<td>Juba Tong Ping</td>
<td>12,695</td>
</tr>
<tr>
<td>Juba UN House</td>
<td>6,123</td>
</tr>
<tr>
<td>Malakal PoC</td>
<td>11,879</td>
</tr>
<tr>
<td>Bentiu PoC</td>
<td>21,001</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>89,894</td>
</tr>
</tbody>
</table>

*Note that the above does not include those vaccinated in Bor*

Upper Nile

**Situation Overview (as of 22 July)**
- **Wau Shiluk**: 829 total cases, including 17 deaths.
- **Malakal PoC**: 54 suspected cases, with two deaths.

**UNICEF Response**
UNICEF supported the establishment of the CTC in Wau Shiluk with three 72m² tents, along with medical and WASH supplies. Latrines in the CTC were constructed by a WASH cluster partner. UNICEF provided 500 bed nets to protect recovering patients. UNICEF partners have set up 26 ORPs in the area which have been equipped with handheld solar lamps to provide increased safety and protection for those seeking treatment. Eighteen UNICEF-trained chlorinators...
are chlorinating 5,000L of water daily at the jerry can filling stations along the Nile River which is benefiting 1,000 people.

As the risk of cholera remains high in communities near Wau Shiluk along the Nile, other WASH cluster partners are involved in hygiene promotion and cholera preparedness activities, including UNICEF implementing partners working in Malakal PoC and Detang.

The cholera outbreak poses an additional concern for nutrition partners due to increased vulnerability and mortality risk from the disease. Cholera prevention and response activities need to be urgently scaled up in all areas, especially in Malakal PoCs. The Nutrition Cluster is working with partners in Wau Shiluk to scale-up outpatient therapeutic centre (OTP) capacities. An Acute Watery Diarrhoea contingency plan for Upper Nile State has been developed related to the increased pattern of cholera outbreaks in the country. The plan focuses on supporting bi-monthly active screening in communities for children under 5 and pregnant and lactating women, by community nutrition volunteers from the South Sudan Red Cross in collaboration with partners; training or refreshers on screening activity; support of infant and young child feeding activities; and the inclusion of WASH in Nutrition activities such as the establishment of adequate water and sanitation facilities at nutrition centres and training of staff on key sensitization messages for beneficiaries and their caretakers.

UNICEF also provided a diarrhoeal disease kit to CTC which has been established in Malakal PoC. Cholera treatment is also on-going at the hospital in Malakal town. In Malakal POC, house to house social mobilization and sessions in temporary learning spaces to increase cholera prevention awareness. In Malakal Town, 800 people participated in an awareness session run in the market.

**Eastern Equatoria State**

*Situation (confirmed cases as of 14 July)*
- 1,357 confirmed cases in Eastern Equatoria including 37 deaths
- Cholera continues to spread throughout the state, with the latest suspected cases appearing in Obira, Ikotos County

**UNICEF Response**

Health, WASH and behaviour change communication staff have deployed in response to outbreak in Eastern Equatoria. Nine ORPs are now functional in the state. Five diarrhoeal disease kits have been provided to support CTCs in the state, including in Torit and Kapoeta North. In order to minimize the spread of the disease, safe sanitation facilities were constructed in 20 ORPs in the state as well as for the CTCs in Torit, Iddali/Lopa and Owing Kibul. Additionally, UNICEF and implementing partners rehabilitated 12 hand pumps benefiting over 6,000 people, distributed water purification tablets for 3,000 families and implemented hygiene promotion activities. In Torit Municipality, 12 boreholes have been repaired by the State Ministry of Physical Infrastructure with support from UNICEF.

In Eastern Equatoria State, a radio campaign continues on hand-washing, early reporting of symptoms and cholera prevention and control practices. To date, 7,099 households have been directly reached, and 16,890 chlorine tablets, 1,330 bars of soap and 10,762 sachets of PUR have been distributed by 242 social mobilizers.

**Juba & Central Equatoria State**

While the rate of new cases in Juba has slowed, UNICEF continues cholera prevention and response activities including improving water sources and behaviour change communication. With few new cases in Juba, the CTC at Juba Teaching Hospital has been handed over to the Ministry of Health and the Gumbo CTC has been closed. Nyakuron and Gurei CTCs are expected to close but MSF-Belgium is maintaining the site as an ORP, in preparation for a potential second cholera wave in Juba. This week, 136 patients suffering acute watery diarrhoea were treated at Juba county ORPs supported by UNICEF.
Since the beginning of the outbreak, UNICEF supported Juba Teaching Hospital on CTC management, deploying a doctor and medical staff to provide on-site technical support, case management and guidance. UNICEF provided 11 diarrhoeal disease kits and established 6 ORPs in Juba. The Teaching Hospital was also supported in terms of safe water and sanitation, as well as hygiene promotion for patients discharged from the CTC and their families.

The cholera response also continues in Juba city with the chlorination of water supplied to an estimated 400,000 residents, with on-going monitoring of water quality in all truck filling stations along the Nile.

The State Ministry of Health has been working with 106 social mobilizers to reach households in the payams of Juba county. UNICEF trained social mobilizers have conducted house to house activities and reached 19,317 households and participated in 49 community meetings. Activities in schools in the state and street announcements are continuing in high risk areas. To date, across Central Equatoria State, State Ministry of Health and partners such as SSRC, Medair and ACF with the support from UNICEF have conducted 155 community meetings and reached 116,251 households and 146 schools, including in Juba town.

**Other Areas**

- In Jonglei, 50 religious leaders were sensitized and information, education and communication materials are on display in the Marol market of Bor town as well as at the hospital, primary health care centre and school. Bor county health department has conducted six meetings with village health committees at Baidit, Jalle, Akuai Deng primary health care units attended by community leaders and members of village health committees. Radio spots continued to be broadcasted eight times daily on Radio Jonglei.
- In Mingkamen, UNICEF partners AWODA and RUWASSA continue to engage families and communities on cholera prevention and control, reaching 678 households to date.

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**UNICEF & implementing partner results**  

<table>
<thead>
<tr>
<th></th>
<th>Target</th>
<th>Results</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td># households in Outbreak States reached directly with messages on cholera prevention and control practices; and hygiene and health supplies$^1$</td>
<td>300,000</td>
<td>123,350</td>
<td>19,554</td>
</tr>
<tr>
<td># of schools reached with cholera awareness campaigns</td>
<td>300</td>
<td>131</td>
<td>-</td>
</tr>
<tr>
<td># of community volunteers, leaders, teachers, social mobilizers promoting cholera prevention and control at the community and HH levels</td>
<td>1,500</td>
<td>661</td>
<td>294</td>
</tr>
<tr>
<td># of operational Oral Rehydration Points supported by UNICEF</td>
<td>55</td>
<td>52</td>
<td>7</td>
</tr>
</tbody>
</table>

$^1$ Supplies include chlorine tablets, PUR, and ORS
**Funding:** UNICEF will require approximately USD 17.6 million to support the cholera prevention and response in Juba and in other parts of the Country. **To date, USD 2,096,070 or 22 per cent of requirements, have been received.**

<table>
<thead>
<tr>
<th>Category</th>
<th>Immediate Funding required in USD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Programme Implementation, covering Technical support, monitoring, and coordination, Procurement, prepositioning and distribution of diarrheal disease kits (52), and other essential drugs. This also include budget estimates for Leadership &amp; Coordination, Case Management &amp; Infection Control, and Surveillance &amp; Laboratory.</td>
<td>6,050,680</td>
</tr>
<tr>
<td>WASH Programme Implementation, Technical support, monitoring, and coordination – hygiene and sanitation. Procurement, prepositioning and distribution of core WASH supplies including chlorine, water purification tablets, WASH protective items, soap, buckets etc.</td>
<td>8,550,000</td>
</tr>
<tr>
<td>Social Mobilization: Support to production of IEC materials in order to prevent spread of cholera using materials, trainings, media outreach</td>
<td>2,330,000</td>
</tr>
<tr>
<td>Logistics: Cross-cutting support for the achievement of results (warehousing, logistics) - for air charter to bring in required diarrhoeal disease kits x 52</td>
<td>700,000</td>
</tr>
<tr>
<td>TOTAL</td>
<td>17,630,680</td>
</tr>
</tbody>
</table>

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