Background and Context

• While cholera cases have decreased in and around Juba, new cases have been reported in Mingkamen. The situation in Mingkamen IDP site is of concern given crowded areas and lack of sanitation facilities.

• UNICEF has scaled up preparedness and response activities and is using a twofold approach to contain the disease in the areas of active transmission and control spread, while simultaneously preventing the occurrence of outbreaks in other areas at high risk.

• Unimpeded humanitarian access is needed to enable UNICEF and partners to respond to cholera outbreaks and prevent further spread of the disease.

Current Epidemiology

Cholera remains endemic in South Sudan as evidenced by recurrent outbreaks during the main rainy seasons. Factors that promote recurrence of these outbreaks are poor sanitary conditions and sub-optimal hygiene practices. While the annual caseload of cholera in South Sudan has progressively decreased in the past several years, Case Fatality Rates have consistently been above the threshold of 1%. Above-threshold case fatality rates are due to health service access challenges, including inability to access health services in a timely manner, and poor case management at the health service delivery points.

As of 26 August, the total number of cholera cases that have been officially reported was 1,484 with 25 deaths. The overall CFR has decreased from 7.4% to 1.7%. CFR in Juba has in fact been below the threshold of 1% since 10 August. This trend reflects considerable improvement in community awareness that leads to timely access to health services and better case management. A gradual decline in the community transmission is also apparent with the progressive decrease in the number of cases reported daily in Juba, Duk, and Terekeka.

Despite the apparent stabilisation of transmission in the initially affected locations, the outbreak appears to be spreading beyond the cholera hotspots to areas that were not initially targeted by preparedness activities, with a number of cases reported in Mingkamen and alerts in Kajo-Keji and Nimule. The situation in Mingkamen IDP site is particularly concerning. Thirty-one cases and two deaths have been reported between 14-28 August, with a CFR of 6.5%. Given the high population density, it is estimated that, should an outbreak occur, the anticipated total cholera cases would be around 5,750\(^1\), of which 1,150 would present severe symptoms needing in-patient care.

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\(^1\) With an attack rate of 5%.
Humanitarian Strategy
UNICEF is employing a twofold approach aiming to contain the disease in the areas of active transmission and control spread to adjacent areas, while simultaneously preventing the occurrence of outbreaks in other areas at high risk. For a more effective response, UNICEF is employing an integrated approach from three core UNICEF sections: WASH, Health, and Communication for Development.

Summary Analysis of Programme Response

PREPAREDNESS ACTIVITIES: Robust preparedness activities are crucial across all relevant sectors to prevent further outbreaks, in particular given the recent alerts beyond cholera hotspots. Preparedness activities include:

- Mapping of specific high risk areas using existing data from previous outbreaks and active collection of relevant data on risk factors using existing tools;
- Procurement and prepositioning of supplies and commodities at the lowest possible administrative level near the hotspot communities;
- Maintaining a critical bulk of capacitated staff at the facility and community health workers trained by qualified Trainers of Training at different levels;
- Establishment of standby partnerships that can be activated at the earliest possible indication of cholera in the targeted areas (i.e. when alerts are reported);
- Collaboration with relevant partners including civil society organisations (CSOs) and Government agencies to come up with a robust and realistic preparedness and response plan that can guide the response in an event of an outbreak.

Following alerts in Kajo-Keji and Nimule, initial UNICEF preparedness activities have taken place through partner Health Link; supplies have been prepositioned, and a pool of health workers have been trained to enable rapid response in those areas should outbreaks occur.

UNICEF RESPONSE: In order to contain the disease within the areas that are already affected, aggressive integrated interventions are being implemented to ensure that the whole “continuum of care” is addressed at the household, community, and facility levels.

Overall, over 1,400 patients have been supported by UNICEF, accounting for nearly all reported cases. Cumulatively, 663 cases have been treated in the UNICEF-supported oral rehydration points (ORPs), while more than 800 cases have been supported as in-patients in the Cholera Treatment Centre (CTC) and Cholera Treatment Units (CTUs) in Juba Teaching Hospital, UN House, and Mingkamen; patients and relatives are being sensitised on cholera prevention and provided with a package of hygiene and sanitary items at CTC/U's after treatment. In Mingkamen, a UNICEF Health officer is on the ground to support and monitor the response; supplies are being provided for the management of cases, notably to establish ORPs and support the Health Link facility which is currently serving as CTU. Eight patients were receiving treatment at the facility as of 28 August.

WASH efforts continue alongside case management to contain and control the disease in affected areas. In Juba, more than 23,000 households (over 150,000 individuals) have been reached since the beginning of the response; as of 29 August, 27,741 chlorine tablets (aquatabs), 43,389 oral rehydration salts, 9,694 bars of soap, and 19,142 water purification tablets (PuR) have been distributed. Home hygiene promoters continue to visit affected communities, disseminating cholera prevention messages, demonstrating appropriate household water treatment, and providing relevant WASH items for use at the household level.

Construction of additional latrines in UN House Protection of Civilian sites is ongoing, and existing latrines are being cleaned and disinfected while garbage and sewage is being disposed of safely outside the POC. The
displaced population in UN House is also being supplied with adequate quantities of clean water with enhanced chlorination. Foot spraying and hand washing with chlorinated water are ongoing in all entry and exit point of POC1 and POC2, as well as at the CTC and ORPs – in addition, active disinfection is being carried out in the households where suspected cases have been reported. In Mingkamen, a WASH officer has been deployed, alongside 26 community hygiene promoters. UNICEF partners have scaled up community engagement on five cholera hygiene promotion messages, and a video show on cholera awareness and prevention was conducted on 28 August.

Countrywide, 16 radio channels continue to air cholera messages, reaching up to 2 million people per day.

**FUNDING:** A total of US$2,491,134 is required to respond to the cholera outbreak, with US$1.8 million allocated to WASH, and US$691,134 for Health. This is in addition to the initial Humanitarian Action for Children (HAC) appeal, and the additional Wau and Juba response appeals. The current HAC appeal is being revised to include these additional requirements.

**UNICEF South Sudan Crisis:** [www.unicef.org/southsudan](http://www.unicef.org/southsudan); [http://www.childrenofsouthsudan.info/](http://www.childrenofsouthsudan.info/)

**UNICEF South Sudan Facebook:** [www.facebook.com/unicefsouthsudan](http://www.facebook.com/unicefsouthsudan)

**UNICEF South Sudan Appeal:** [http://www.unicef.org/appeals/](http://www.unicef.org/appeals/)

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2 UNICEF’s original 2016 HAC appeal for South Sudan amounted to US$ 154.5 million. The HAC is currently being revised to reflect the latest funding requirements for the response. [http://www2.unicef.org/60090/appeals/south_sudan.html](http://www2.unicef.org/60090/appeals/south_sudan.html)