**Situation**

- In the midst of ongoing conflict and violence, economic decline, and increased food insecurity and malnutrition, South Sudan is once again facing a cholera outbreak.

- As of 2 August, a total of 719 cases have been reported, with 21 deaths. The majority of cases have been reported in Juba capital. The Case Fatality (CFR) is at 2.9%, above the emergency threshold of < 1%.

- The response has been hampered by the recent drawdown of partners as violence broke out in Juba on 8 July, lack of access to affected populations, and limited funding.

- Nevertheless, UNICEF and partners are responding, drawing on supplies prepositioned during the dry season, expanding partnerships where possible, and scaling up water, sanitation and hygiene (WASH) and social mobilisation activities.

- Given the lack of adequate control and prevention of the disease, and widespread displacement caused by ongoing insecurity, the cholera outbreak has the potential to spread to other parts of South Sudan and to neighbouring countries. Efforts continue to support prevention activities in areas identified as at risk.

**Challenges**

The areas most affected by the cholera outbreak have been in Jubek State, including Gorom, Khor William, Juba Na Bari, and Giada. The breakdown of number of cases and deaths is as follow:

- **Juba**: 653 cases have been reported in Juba Teaching Hospital with 9 deaths;
- **Duk County (Jonglei State)**: 52 cases have been reported in Duk islands with 7 deaths;
- **Terrakaka (Central Equatoria State)**: 14 cases from with 5 deaths.

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, which facilitate the transmission of the bacteria from one person to another. Drinking dirty and untreated water and the unsafe handling of food are also main risk factors for transmission. High case fatality rates related to cholera in
South Sudan are mainly due to the inability of affected populations to access quality health services in a timely manner.

Today, the cholera situation in South Sudan is further compounded by the recent fighting in Juba, and displacement of large populations. There are limited facilities to curb the outbreak as partners have been forced to drawdown due to insecurity. Access to affected populations, both in terms of physical access and in terms of communication, is severely affected; in Duk Island, there is no network or radio communication by which to deliver messages.

Figure 1: Number of new and cumulative cases since 3 July 2016, WHO

UNICEF Strategy and Actions to Date

Since May 2016, UNICEF through the Health and WASH clusters, and in coordination with the South Sudan Ministry of Health (MoH), has identified hotspots and counties at highest risk of cholera as a first line focus. UNICEF preparedness activities have been essential to mounting an early response in the management of cases at the Juba Teaching Hospital and hotspot locations.

Preparedness activities have included:
- **Expansion of partnerships**: As a result of the geographic expansion of the outbreak, UNICEF is now working with new partners to support social mobilization in five counties. UNICEF is also collaborating with the International Committe for the Red Cross (ICRC), who is best placed to respond in the military camp in Juba and its surroundings.
- **Provision of assistance including distribution of supplies**, particularly health, WASH and Communication for Development (C4D) supplies, is taking place in cholera hotspots to

---

1 While the annual case load has progressively decreased in the last 9 years (13,731 in 2007; 17,241 in 2008; 13,681 in 2009; 6,421 in 2014, and 1,818 in 2015), case fatality rates have consistently been above the threshold of 1% (2015 = 2.67%).
support over 100,000 people. Reportedly, 114,360 people have already been reached with Cholera Response activities by WASH partners.

- **Prepositioning of supplies** such as chlorine tabs and information, education, and communication (IEC) material via social mobilisation groups and other partners, has been taking place at the state level in areas identified as high risk. Cholera treatment centre (CTC) tents and beds have been prepositioned for Juba Teaching Hospital, and Bor, Bentiu and Malakal CTCs.

- **Capacity building and training of health workers** has been conducted on cholera case management in Juba Teaching Hospital and Al Shabaa Children’s hospital; as well as in Oral Rehydration Points (ORP) for health workers, social mobilisers and hygiene promoters. Community awareness promoting cholera preparedness and response have so far reached 65,000 people, including school children in high risk areas of Juba City.

Building on existing and new partnerships and strategies, preparedness and response efforts are underway. The focus is on reducing the number of deaths by increasing access to safe water, health facilities and raising awareness in vulnerable communities about prevention and early detection.

**Key response interventions have included:**

- **Operationalized Oral Rehydration Points (ORP):**
  - 5 new partners to expand ORP sites and community based activities.
  - 11 ORPs have been established in partnership with Health Link South Sudan (HLSS), benefiting 6,923 people (849 Households).
  - Communities are being mobilised on hygiene promotion and sanitation both at health facility level and community levels.

- **Scaled-up WASH Activities:**
  - 1,203 households have been reached with hygiene promotion messages and supplies such as chlorine tablets and soaps. Hygiene promoters are also targeting school children and teachers in high risk areas.
  - WASH facilities are now functioning in Juba Teaching Hospital CTC. Water is available at 10,000 litres per day for drinking and sanitary purposes. Standard operating procedures are in place for disinfection of CTC’s and hand washing demonstration are being established.
  - 54,000 people in the UN House camp have access to safe water, in addition to up to 4,500 people remaining in Tomping Protection of Civilians (POC) Site.
  - 100,000 litres of sewage are collected from the POC daily.

- **Intensified Communication and Social Mobilization Activities:**
  - Briefing kits and messages on cholera treatment and prevention have been developed and shared via public addresses in hotspot locations.
  - 30 main churches and 3 mosques have been reached with key cholera messages and 16 radio stations broadcast 5 different messages.
  - All cholera treatment facilities provide patients with health education.
  - Oral cholera vaccination campaign commenced in the UNMISS Tomping site, Giada and Gorom in Juba County, by WHO, targeting 14,000 people with UNICEF supporting social mobilization activities.

**UNICEF Funding Requirements**

UNICEF is grateful for contributions received to date which supported the early prepositioning of supplies and preventive activities in cholera hotspots. However, with the ongoing insecurity
and displacement, additional support is urgently required to prevent a further spread of the disease among already vulnerable populations. UNICEF’s Humanitarian Action for Children (HAC) revised requirements, following the crisis in Wau and Juba, is US$162.8 million. Specifically for the cholera response, UNICEF requires US$4.75 million.²

UNICEF South Sudan Crisis: www.unicef.org/southsudan; http://www.childrenofsouthsudan.info/
UNICEF South Sudan Facebook: www.facebook.com/unicefsouthsudan
UNICEF South Sudan Appeal: http://www.unicef.org/appeals/

Who to contact for further information:

Mahimbo Mdoe
Representative
UNICEF South Sudan
Email: mmdoe@unicef.org

Shaya Ibrahim Asindua
Deputy Representative
UNICEF South Sudan
Email: sasindua@unicef.org

² UNICEF’s 2016 HAC appeal for South Sudan is US$ 154.5 million. UNICEF requires an additional US$ 5.4 million to urgently scale up to respond to the ongoing crisis in Juba and $2.9 million for the ongoing response in Wau. The current HAC appeal is being revised to approximately US$ 162.8m to include these provisional requirements and will be reflected in the forthcoming revised HAC appeal.