



Cholera outbreak sitrep No.2– 21 May 2014

# South Sudan Cholera Outbreak Situation Report



## SITUATION IN NUMBERS

## Highlights

- Overall, a cumulative of 266 cholera cases including 9 deaths have been reported since the onset of the outbreak on 25 April 2014. The majority of the reported cases have been treated in the Juba Teaching Hospital Cholera Treatment Centre (CTC).
- UNICEF has deployed a full time UNICEF doctor, medical, WASH and logistical staff to the Juba Teaching Hospital CTC to provide on-site technical support and case management, and guidance to the staff.
- UNICEF continued to support the Cholera Treatment Centre at Juba Teaching Hospital, by providing safe clean water, water quality monitoring and chlorination.
- UNICEF has directly trained over 400 community leaders, volunteers and health workers in Juba since 18 May, with a further 'rolling training' carried out to train more than 1,000 teachers, community leaders, health workers by 25 May.
- UNICEF is coordinating activities with partners, reinforcing Cholera prevention, prepositioning diarrheal disease kits in PoC sites and communities, implementing a multi-sectorial plan of action.
- UNICEF has also pre-positioned IEC materials for all states, and widely shared with all WASH, Education, Health and Child Protection cluster partners.

266

Suspected cholera cases in Juba

05

Laboratory confirmed cases

13

No. of cumulative deaths (6 in health facility, 7 in communities)

63

No. of patients currently admitted at the Cholera Treatments Centre, Juba Teaching Hospital

405

No. of volunteers, health workers and community leaders trained by UNICEF team since outbreak began

Over 161,000

People who have been fully vaccinated against cholera with 2 doses in IDP camps

## SITUATION OVERVIEW:

Juba has witnessed a Cholera outbreak declared by the Ministry of Health on 15 of May. As of 20 May, a cumulative of 266 cholera cases including 13 deaths (6 in health facility, and 7 in the communities) have been reported. The majority of the reported cases have been treated in the Juba Teaching Hospital Cholera Treatment Centre (CTC). Additional suspected cases have been reported in other parts of the country, mainly in Twic East County, Jongeli and Kaka, Upper Nile. At least six (6) alerts of acute watery diarrhoea (AWD) (suspect cholera) outside Juba County have been reported to the Ministry of Health through the national taskforce. One alert came from Kaka barracks in Upper Nile State, where at least 50 AWD cases including 9 deaths were reported on

## South Sudan Cholera - Response Update

19 May. A barracks outside Panyagor in Bor reported at least 27 AWD cases including three (3) deaths over the weekend. Assessment missions are currently taking place to investigate the reports and support the initial response. Intervention mechanisms will then be put in place.

### HUMANITARIAN NEEDS AND RESPONSE:

UNICEF has continued to work closely with key line Ministries, WHO and other partners to enhance the support towards the cholera prevention and response. Key activities as part of cholera prevention activities were undertaken in the 2 POCs in Juba, including camp cleaning campaigns and social mobilization activities. Additionally, UNICEF continued to support the water quality monitoring and chlorination, and provision of drinking water for Juba Teaching Hospital. Given the reporting of suspected cases in other parts of the country, UNICEF is working with partners to do assessments and ensure response plans are in place. UNICEF has provided key supplies to some of these locations.

### HEALTH AND NUTRITION RESPONSE:

1. **Surveillance and case management:** UNICEF continued to participate in the National Task Force meetings, where key decisions are taken in relation to cholera management and response. Community Surveillance system is being strengthened, and UNICEF Staff continue to participate in the joined missions for gathering data and verifying existing outbreak data, as well as identifying high risk areas in Juba to be targeted with cholera activities.
2. **Support to Children's Hospital:** The UNICEF Team also visited Al Sabbah Children hospital for a quick assessment to determine its cholera preparedness and response interventions. A transit location has now been identified, and 2 health workers and 5 community mobilizers have been trained to provide cholera awareness for patient family members, and for communities during outreach programmes. UNICEF will also be providing videos on cholera awareness in the wards as part of health education.
3. **Technical support to Cholera Treatment Centre (CTC):** Since 16 May, UNICEF has deployed full time UNICEF doctor and medical staff to the Juba Teaching Hospital CTC to provide on-site technical support and case management advice and guidance to medical staff. UNICEF health staff continued to support Juba Teaching Hospital CTC management, as well as caring for the patients, and ensuring overall compliance with protocols. As a second CTC to be operated by MEDAIR is being opened in another part of the town (Gurai), UNICEF provided a refresher training for 40 health cadres that will be working in the new CTC.
4. **Provision of Essential Drugs to CTC:** To date, UNICEF has provided two comprehensive Diarrhoeal disease kits to the CTC, 15 cartons of ORS, along with equipment and consumables to the facility, and these supplies have been used to treat the caseloads since the CTC was opened. Also, UNICEF provided LLINs to the hospital to protect patients from malaria.
5. **Provision of Tents for CTC:** Given the rapid increase in caseload, UNICEF has now provided four tents – two inside the CTC compound for patients, and the fourth for triage and ORS distribution outside the compound. All of these tents were installed with electricity and lighting to ensure continued care during hours of darkness.
6. **Oral cholera vaccination:** The OCV campaign in Bentiu is ongoing, with UNICEF having planned, prepared all social mobilisation, and guarantee of cold chain capacity at all PoC sites. So far this week, over 12,000 have been vaccinated with OCV.
7. **Strategic Pre-positioning:** UNICEF has also pre-positioned diarrhoeal disease kits (each weighing 1.4 MT) in Wau, Rumbek, Bentiu, Bor, and Malakal.

**WASH RESPONSE:**

1. **Preparedness & Response for Cholera:** UNICEF continued to work with partners on activities related to cholera preparedness in POC sites, and cholera response in Juba continued to be supported, at Juba Teaching Hospital, as well as with the Juba County Council. UNICEF and Partners organized a camp cleaning campaign in Topping POC as part of cholera prevention activities. Also, Medair and OXFAM started chlorination of water at several illegal water points, and more water points will receive this service in the next few days. WASH Cluster partners started setting up hand-washing places in different public places within the town, and other locations are currently being identified and will be supported this week. UNICEF also joined in the assessment mission to Twic East County, Jongeli for suspected cholera cases in the area. For the suspected cases in Kaka, Upper Nile, UNICEF dispatched supplies including chlorine, megaphones, pool tester kit, buckets, water purification tablets, Jerry cans, soap and protective items.
2. **Support Juba Teaching Hospital CTC:** UNICEF continued to support the Hospital on water quality monitoring, provision of water, and chlorination. UNICEF also assisted on waste water disposal management, provided 1,000 lt of bottled drinking water for ORS solution, and installed a 2,000 lt water tank in the compound to ensure continuous treated water supply availability at the CTC. As a result of UNICEF's interventions, the Council has agreed that they will reconnect water to ensure that the hospital has water through-out.
3. **Hygiene and Sanitation support to CTC:** UNICEF deployed one international Public Health Supervisor and 19 volunteers in Juba Teaching Hospital since Saturday and continued providing support to cleaning of sanitation facilities, disinfection water chlorination and waste collection at Juba Teaching Hospital CTC. UNICEF also provided on-site instructions to visitors, and health workers on essential hygiene practices at the CTC. UNICEF provided dozens of pairs of gum boots, masks, aprons and protective gear for health and sanitation workers.
4. **Provision of clean drinking water at 'Protection of Civilian' (POC) sites:** UNICEF continued to work with partners to provide safe clean water to the displaced populations in the POC sites – the two sites in Juba are receiving adequate water as per SPHERE standards, with UNICEF intensifying testing of water quality across all POC sites, and urban water supplies.
5. **Urban Water Supply in Juba:** UNICEF also is partnering with Juba town Water Corporation and agreed measures for further improving water quality monitoring and water supply treatment in Juba town. UNICEF has also provided chlorine to city council and urban water suppliers. 49 water quality monitors from Juba urban water corporation were trained on water quality monitoring.
6. **WASH in schools:** UNICEF will support a training of about 100 teachers and education officials from Juba on cholera prevention and control. An assessment of all schools in the affected locations commenced, to determine the gap in WASH services, so that support can be provided to them to enhance hygiene and sanitation.

**SOCIAL MOBILIZATION AND COMMUNICATION:**

1. **Coordination and Leadership:** UNICEF continued to support social mobilization activities with the Cholera National Task Force, working closely with the Ministry of Health, WHO, and other partners.
2. **Rapid training on Cholera prevention and control for community mobilization:** To date, UNICEF has supported the rapid training of 405 volunteers, health workers and community leaders, quarter councils-chairmen and secretaries on cholera prevention and control. Additional trainings are scheduled to ensure that a large mass of school teachers, community leaders and community workers can mobilize as many households as possible to promote cholera prevention and control practices.

3. **Community mobilization activities:** Community mobilization activities started by covering affected blocks through public address system supported by AIDS Resistance Trust (ART) and has now been up scaled to the entire Juba town. The trained South Sudan Red Cross volunteers and other partners have rolled-out house to house mobilization activities and has so far covered 837 HHs in two affected blocks in Juba town. Also, UNICEF will be partnering with the South Sudan Red Cross to facilitate training of Trainers for community engagement on cholera prevention and promotion, active surveillance, early detection and referrals for all states. Each volunteer will be conducting demonstration of ORS preparation, how to chlorinate water with tablets and how to wash hands with soap.
4. **Package of IEC Cholera Prevention messages:** IEC materials are being disseminated widely and shared with all WASH, Education, Health and Child Protection cluster partners. All health facilities in Juba and eating joints will also display cholera prevention materials. Medair and PSI are supporting UNICEF in this initiative.
5. **Media Outreach with Cholera Messaging:** Additionally, a multi-language Radio campaign has been initiated on all radio stations of Juba – rolling out to all states on 38 radio channels - and includes hand-washing jingles, infomercial on preventive practices and a radio spot on cholera signs and symptoms for early reporting in 7 languages. Also, radio talk shows, interviews with experts have been rolled out. Plans are currently under-way to roll these out to other parts of the country.

**IMMEDIATE FUNDING REQUIREMENTS:**

UNICEF will require approximately USD10 million to support the cholera prevention and response in Juba and in other parts of the Country.

Budget Line	Amount in US\$*
<b>Health</b> Programme Implementation, Technical support, monitoring, and coordination. Procurement, repositioning and distribution of diarrheal disease kits (52), and other essential drugs	2,000,000
<b>WASH</b> Programme Implementation, Technical support, monitoring, and coordination – hygiene and sanitation. Procurement, repositioning and distribution of core WASH supplies including chlorine, water purification tablets, WASH protective items, soap, buckets etc	5,000,000
<b>Social Mobilisation:</b> Support to production of IEC materials in order to prevent spread of cholera using materials, trainings, media outreach	2,000,000
<b>Logistics:</b> Cross-cutting support for the achievement of results (warehousing, logistics) -for air charter to bring in required diarrhoeal disease kits x 52	1,000,000
<b>TOTAL</b>	<b>10,000,000</b>
*The total includes the Indirect Programme Support Costs (Cost Recovery) of 8% as per UNICEF Executive Board decision	

**Who to contact for further information:**

Jonathan Veitch  
**Representative**  
 UNICEF South Sudan  
 Email: [jveitch@unicef.org](mailto:jveitch@unicef.org)

Ettie Higgins  
**Deputy Representative**  
 UNICEF South Sudan  
 Email: [ehiggins@unicef.org](mailto:ehiggins@unicef.org)

Dominic Stolarow  
**Emergency Specialist**  
 UNICEF South Sudan  
 Email: [dstolarow@unicef.org](mailto:dstolarow@unicef.org)