New outbreak

**New Fangak:** Cholera has been confirmed in New Fangak after three samples tested positive by culture on 4 October 2017. Since 25 September 2017, at least seven cholera cases (with deaths) have been reported from several neighborhoods Malakia, Hai Thurja; Kamil; Bel Thorin, Muska Pouk, and Fangat in New Fangak. All cases were treated at the MSF clinic and discharged on 29 September 2017. Community follow up revealed no additional cases at community level. WASH implementing partners are supporting WASH response. Cholera was first confirmed in Fangak on 10 August 2016 with transmission persisting till week 23 of 2017 during which period 257 cholera cases including 2 deaths (0.77%) were reported.

**General cholera trends**

Cholera transmission has continued to decline countrywide. In the last four weeks [weeks 37-40], cholera cases dropped from at least 40 cases in week 37 of 2017 to at least 15 cases in week 40 of 2017.

Three counties [Juba, Budi, and Fangak] have registered cholera transmission in the last four weeks [37-40]. A total of 135 cases have been reported from the three counties in the last four weeks [37-40]. Most of the cases have been reported from Juba [112 cases] while Budi and Fangak reported 16 cases and 7 cases respectively.

![Fig. 1 | Cholera cases in Juba and Budi from week 37 to 40, 2017](image)
In the corresponding period of 2016 [weeks 37-40, 2016], 575 cases including 9 deaths (CFR 1.6%) were reported from nine counties [Awerial, Bor, Pigi, Fangak, Juba, Leer, Rubkona, Mayendit, & Magwi].

Though Budi is currently one of the most affected counties, access to affected areas is limited due to the ongoing rains. Thus, response activities and data transmission have been constrained to a great extent. A cumulative of 465 cases including 52 deaths [CFR 11.2%] have been reported in Budi since week 29, 2017 with only two sites [Lorema and Parasika] reporting two cases each in week 40. At least 8 payams are affected in Budi with the most affected being Ngauro, Napak, Kimotong, and Loriyok. Children and females are more affected (Figure 3).

The outbreak in Budi started on 28 July 2017 with the initial transmission occurring among gold-miners in Ngauro.
Cordaid and the County Heath Department are supporting management in Ngauro CTU, Kimotong CTU, Kimotong PHCC, Vaka ORP, Nagishot PHCC, and Kakilai PHCC in Budi county. There are ample cholera case management kits and the cholera treatment facilities are adequately staffed for the current case-loads. In addition to case management, surveillance, and WASH interventions, a cholera vaccine campaign microplan has been developed and is currently being reviewed by the national OCV working group.

In Juba, 112 cases have been reported in the last four weeks [week 37-40]. Most of the cases seen in Juba in week 40 originated from Kor William block B. An oral cholera vaccine is currently underway in Juba targeting both high-risk locations and areas with active transmission.
Overall cholera trends
Since the start of the current outbreak on 18 June 2016, a total of 20,703 cases including 379 deaths (CFR 1.83%) have been reported from 26 counties. The most affected counties include Ayod, Tonj East, Yirol East, Fashoda, Kapoeta East, and Kapoeta South (Figure 5).

Cholera case fatality rates were highest in counties with poor access to health care especially in populations living in the islands and cattle camps (Figure 6). Children and males are more affected than their corresponding respective counterparts (Figure 7).
As seen in Table 1, cholera cases have been confirmed every year since the onset of the South Sudan crisis in 2013. The 2016/17 outbreak is the longest and largest in magnitude and geographical extent. Due to the protracted crisis, displacements, insecurity, and declining investment in WASH, access to safe drinking water and sanitation facilities has declined significantly. Access to improved sanitation facilities is less than 10% while access to safe drinking water from improved water sources is estimated at 60%.

<table>
<thead>
<tr>
<th>Summary measure</th>
<th>2014</th>
<th>2015</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. cases</td>
<td>6,421</td>
<td>1,818</td>
<td>20,703</td>
</tr>
<tr>
<td>No. deaths</td>
<td>167</td>
<td>47</td>
<td>379</td>
</tr>
<tr>
<td>CFR%</td>
<td>2.60%</td>
<td>2.59%</td>
<td>1.83%</td>
</tr>
<tr>
<td>No. counties affected</td>
<td>16</td>
<td>3</td>
<td>26</td>
</tr>
<tr>
<td>Duration (weeks)</td>
<td>29</td>
<td>19</td>
<td>(69) Ongoing</td>
</tr>
<tr>
<td>Outbreak start date</td>
<td>24/04/2016</td>
<td>18/05/2016</td>
<td>18/06/2016</td>
</tr>
<tr>
<td>Date of last case</td>
<td>13/11/2016</td>
<td>24/09/2016</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Attack rate [per 10,000]</td>
<td>27</td>
<td>17</td>
<td>44.5</td>
</tr>
</tbody>
</table>

**Coordination of cholera response**

The National cholera task force is coordinating the overall cholera response. The task force meetings convene weekly on Wednesdays from 2 pm in the WHO conference hall in Juba.

**Cholera response updates**

The overall response to cholera in South Sudan is coordinated by the national taskforce that is Chaired by MoH with support from WHO, Unicef, and partners (Health and WASH clusters).

The weekly cholera taskforce meetings are ongoing in Juba during which, the cholera situation
and the ongoing cholera prevention and response activities in the affected and high-risk areas are reviewed.

The oral cholera working group meeting was convened by the Ministry of Health in Juba on 6 October 2017. The discussions largely focused on the cholera situation and response activities in Budi county. The meeting agreed to dispatch a response team to Budi to assess and support the cholera response needs in Budi. The cholera vaccination microplan for Budi is currently under review.

A cholera vaccine campaign is currently underway in Juba. The vaccination campaign started on 19 September 2017 with MSF-CH as the lead implementing partner. As of 29 September 2017, at least 173,000 individuals aged one year and above were vaccinated in Juba. At least 200,000 individuals aged one year and above are targeted during this initial phase that prioritized high-risk neighborhoods based on current and past cholera transmission trends.

### Table 1: Doses of oral cholera vaccines deployed in 2017 by site

<table>
<thead>
<tr>
<th>No</th>
<th>Site</th>
<th>Target population</th>
<th>No vaccinated</th>
<th>% coverage</th>
<th>No vaccinated</th>
<th>% coverage</th>
<th>Dates</th>
<th>Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Leer (one round)</td>
<td>44731</td>
<td>30,772</td>
<td>69%</td>
<td>0%</td>
<td>22/02/2017</td>
<td>MedAir, WHO, UNICEF</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Malakal Town (pending 2nd round)</td>
<td>16500</td>
<td>10,499</td>
<td>64%</td>
<td>0%</td>
<td>18-24Mar2017</td>
<td>MSF-E, WHO, UNICEF</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Bor PoC</td>
<td>2265</td>
<td>1,926</td>
<td>85%</td>
<td>1,885</td>
<td>83%</td>
<td>1-4Apr2017; 2nd Rnd 26-29Apr2017</td>
<td>HLSS, WHO, UNICEF</td>
</tr>
<tr>
<td>5</td>
<td>Ayod Tar (one round)</td>
<td>19,400</td>
<td>15,649</td>
<td>81%</td>
<td>0%</td>
<td>9-22May</td>
<td>MedAir, WHO, UNICEF</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Ayod Pagil (one round)</td>
<td>4,850</td>
<td>3,943</td>
<td>81%</td>
<td>0%</td>
<td>9-22May2017</td>
<td>MedAir, WHO, UNICEF</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Bentiu PoC</td>
<td>112,924</td>
<td>72,514</td>
<td>64%</td>
<td>77,603</td>
<td>69%</td>
<td>5-10May2017</td>
<td>IOM, WHO, Unicef</td>
</tr>
<tr>
<td>9</td>
<td>Aburoc IDPs (pending 2nd round)</td>
<td>11,640</td>
<td>10,723</td>
<td>92%</td>
<td>0%</td>
<td>20-22May2017</td>
<td>MSF-E, WHO, UNICEF</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Ayod (Jiech, Karmun, Padek, Kandak)</td>
<td>18,550</td>
<td>13,756</td>
<td>74%</td>
<td>9,337</td>
<td>50%</td>
<td>20-26 Jun 2017 &amp; 18-23 Jul 2017</td>
<td>IOM, CMD, WHO, UNICEF</td>
</tr>
<tr>
<td>11</td>
<td>Juba Don Bosco IDPs</td>
<td>5,940</td>
<td>4,536</td>
<td>76%</td>
<td>3,309</td>
<td>56%</td>
<td>6-27 Jul 2017</td>
<td>MSF-CH; WHO, UNICEF, HLSS</td>
</tr>
<tr>
<td>12</td>
<td>Tonj East (pending 2nd round)</td>
<td>189,058</td>
<td>160,862</td>
<td>85%</td>
<td>140,603</td>
<td>75%</td>
<td>6-10 Aug 2017</td>
<td>IOM, WHO, Unicef</td>
</tr>
<tr>
<td>14</td>
<td>Kajo Kei South (pending 2nd round)</td>
<td>97,000</td>
<td>78,863</td>
<td>81%</td>
<td>3,337</td>
<td>56%</td>
<td>29 Jul-4Aug 2017</td>
<td>ARC, WHO, UNICEF</td>
</tr>
<tr>
<td>15</td>
<td>Kajo Kei East (pending 2nd round)</td>
<td>97,000</td>
<td>85,058</td>
<td>88%</td>
<td>71,406</td>
<td>50%</td>
<td>29 Jul-4Aug 2017</td>
<td>ARC, WHO, UNICEF</td>
</tr>
<tr>
<td>16</td>
<td>Juba (select locations)</td>
<td>200,000</td>
<td>173,000</td>
<td>87%</td>
<td>9 Sep - 6 Oct 2017</td>
<td>MSF-CH; WHO, UNICEF</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total doses deployed in 2017:** 1,107,860

### Oral cholera vaccination

As part of the ongoing cholera response, cholera vaccines have been deployed to complement cholera response in several high-risk populations and locations. These areas include Leer, Bor PoC, Malakal Town, Bentiu PoC, Mingkaman IDP settlement, Aburoc IDPs, Bentiu/Rubkona Town, Ayod (Pagil, Tar, Jiech, Karmun, Padek, and Kandak), Juba (Don Bosco IDPs and additional high-risk locations), Tonj East and Marial Lou payam, Kajo Kei North, Kajo Kei South, and Kajo Kei North. Out of the 1,440,105 doses secured by WHO in 2017, a total of 1,089,942 doses have been deployed (see Table 2).
Table 2: Cholera culture test results Jun 2016 - Sept 2017

<table>
<thead>
<tr>
<th>County</th>
<th>Week 40 Positive</th>
<th>Cumulative (2016-2017) Positive</th>
<th>Negative</th>
<th>Total tested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abyei</td>
<td>1</td>
<td>55</td>
<td>63</td>
<td>118</td>
</tr>
<tr>
<td>Akobo</td>
<td>2</td>
<td>6</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Awerial</td>
<td>4</td>
<td>2</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Bor</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Duk</td>
<td>11</td>
<td>6</td>
<td>2</td>
<td>17</td>
</tr>
<tr>
<td>Fangak</td>
<td>3</td>
<td>31</td>
<td>50</td>
<td>81</td>
</tr>
<tr>
<td>Fashoda</td>
<td>7</td>
<td>14</td>
<td>21</td>
<td>21</td>
</tr>
<tr>
<td>Juba</td>
<td>2</td>
<td>253</td>
<td>269</td>
<td>522</td>
</tr>
<tr>
<td>Kapoeta East</td>
<td>8</td>
<td>2</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Kodok</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Lankien</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Leer</td>
<td>9</td>
<td>13</td>
<td>22</td>
<td>22</td>
</tr>
<tr>
<td>Magwi</td>
<td>7</td>
<td>1</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Malakal</td>
<td>2</td>
<td>21</td>
<td>23</td>
<td>23</td>
</tr>
<tr>
<td>Mayendit</td>
<td>4</td>
<td>6</td>
<td>10</td>
<td>10</td>
</tr>
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<td>Mayom</td>
<td>4</td>
<td>7</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Panyijiar</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Pibor</td>
<td>2</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Pigi</td>
<td>2</td>
<td>4</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Renk</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Rubkona</td>
<td>30</td>
<td>91</td>
<td>121</td>
<td>121</td>
</tr>
<tr>
<td>Terekeka</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Tonj East</td>
<td>8</td>
<td>8</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>Torit</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Uror</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Wau</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Yirol East</td>
<td>10</td>
<td>12</td>
<td>23</td>
<td>23</td>
</tr>
<tr>
<td>Yirol West</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Kapoeta South</td>
<td>12</td>
<td>12</td>
<td>24</td>
<td>24</td>
</tr>
<tr>
<td>Nyirol</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total tested</strong></td>
<td><strong>5</strong></td>
<td><strong>479</strong></td>
<td><strong>611</strong></td>
<td><strong>1,084</strong></td>
</tr>
</tbody>
</table>
### WASH CLUSTER RESPONSE UPDATES

**Beneficiaries reached by WASH cluster partners in week 39**

#### Estimated number of reached beneficiaries

<table>
<thead>
<tr>
<th>County</th>
<th>Payam</th>
<th>Village/Neighborhood</th>
<th>Implementing Org.</th>
<th>Beneficiaries Reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Akobo</td>
<td>Buong</td>
<td>Wecjal</td>
<td>NH</td>
<td>100</td>
</tr>
<tr>
<td>Budi</td>
<td>Kimotong</td>
<td>Kudali, Chawa and…</td>
<td>INTERSOS</td>
<td>166</td>
</tr>
<tr>
<td></td>
<td>Nauro</td>
<td>Nauro + Vaka</td>
<td>Si</td>
<td>3,346</td>
</tr>
<tr>
<td>Duk</td>
<td>Ageer</td>
<td>Poktap</td>
<td>CRS</td>
<td>2,135</td>
</tr>
<tr>
<td></td>
<td>Dongchak</td>
<td>Papat, Bongjok, A…</td>
<td>CRS</td>
<td>221</td>
</tr>
<tr>
<td></td>
<td>Padiet</td>
<td>Padiet</td>
<td>CRS</td>
<td>905</td>
</tr>
<tr>
<td></td>
<td>Pagak</td>
<td>Pagak</td>
<td>CRS</td>
<td>184</td>
</tr>
<tr>
<td></td>
<td>Panyang</td>
<td>Pajut</td>
<td>CRS</td>
<td>857</td>
</tr>
<tr>
<td></td>
<td>Payuel</td>
<td>Payuel &amp; Patu enoi</td>
<td>CRS</td>
<td>498</td>
</tr>
<tr>
<td>Juba</td>
<td>Kator</td>
<td>Jebel Shukar</td>
<td>Medair</td>
<td>2,539</td>
</tr>
<tr>
<td></td>
<td>Rejef</td>
<td>Don Bosco</td>
<td>Medair</td>
<td>1,847</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gumbo</td>
<td>Medair</td>
<td>38,849</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Kasire</td>
<td>Medair</td>
<td>1,736</td>
</tr>
<tr>
<td>Kapoeta East</td>
<td>Natinga</td>
<td>Village</td>
<td>INTERSOS</td>
<td>203</td>
</tr>
<tr>
<td>Malakal</td>
<td>Central Mal..</td>
<td>Malakal</td>
<td>Si</td>
<td>3,756</td>
</tr>
<tr>
<td>Uror</td>
<td>Puolchual</td>
<td>Puolchual</td>
<td>NH</td>
<td>150</td>
</tr>
</tbody>
</table>
## Social Mobilisation, Communication and Hygiene Promotion Reporting Format (30 September - 7 October, 2017)

<table>
<thead>
<tr>
<th>Locations with ongoing outbreak and hot spots (Payam level)</th>
<th>Partners present</th>
<th>Ongoing Action with number of population reached with Cholera interventions</th>
<th>Gaps and recommended action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tonj East: Most affected Makuac, Paliang, Paweng Payam, Tonj South and Marial-Lou-Tonj North. (Warrap)</td>
<td>CCM, THESO, UNICEF, WHO and SMOH</td>
<td>UNICEF Implementing partner, The Support for Health Organization (THESO) has been carrying out on with integrated community engagement activities covering critical health and nutrition lifesaving messaging. The thematic areas include cholera intervention, WASH, immunization, Malaria and best feeding practices. The partner also engaged communities at household level with critical demonstrations, community meetings, water-point and market awareness, school and cattle camps intervention in cholera hotspots and all other Payams and Bomas of Tonj East, Tonj North, Tonj South and Gogrial. As of this week, 106 community mobilizers conducted household visits and reached 4865 households (about 20,000 people) with cholera and immunization messages. A total of 10 schools with 2891 school children were sensitized on cholera prevention and control and important of immunization. 3 community meetings were also conducted in which 150 community leaders participated. Two (2) market sessions were conducted educating 250 people including water vendors and six (6) round of public announcements have also been conducted in public places reaching an estimate of about 3000 people.</td>
<td></td>
</tr>
<tr>
<td>Torit, Nimule, Juba and Bor</td>
<td>Health Link, SSRC, Radio stations</td>
<td>No report shared</td>
<td></td>
</tr>
</tbody>
</table>

No report shared -
<table>
<thead>
<tr>
<th>Locations with ongoing outbreak and hot spots (Payam level)</th>
<th>Partners present</th>
<th>Ongoing Action with number of population reached with Cholera interventions</th>
<th>Gaps and recommended action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kapoeta South, Kapoeta North, Kapoeta East and Budi</td>
<td>ARC, SSRC, Cordaid and CHDs</td>
<td>No report shared</td>
<td>-</td>
</tr>
<tr>
<td>Bor, Twic East, Duk and Pibor</td>
<td>CDNF</td>
<td>UNICEF supported partner CDNF continue with community engagement activities which include household visits with critical demonstrations, community meetings, water-point and market awareness, school and cattle camps intervention in areas of Bor, Duk and Twic East.</td>
<td>- Insecurity in the whole of greater Jonglei state has made it difficult for social mobilizers move to those areas of Anyidi, Makuac, Lith, Duk, etc.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- <strong>House to House mobilization</strong>: From 28th Sept – 5th 2017, 70 trained mobilizers conducted house-to-house mobilization reaching the total 1,420 HHs (7,866 Individuals) with behavior change intervention on integrated cholera control diarrheal disease prevention and immunization</td>
<td>- Lack of rain coats and gumboots for social mobilizers as it is now rainy season.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- A total of 6 schools and 1,335 pupils benefited from school-based interventions on integrated cholera awareness and immunization session carryout by social mobilizers at different schools, Bor, Twic east and Duk counties</td>
<td>- Lack of mobility such as motorbikes, Bicycles for supervisors and social mobilizers to facilitate their movement to the field site.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- <strong>Community sensitization Meetings</strong>: In this period, the social mobilizers conducted community meetings at different payam of Bor, Twic East and Duk counties. A total of 8 meetings were held with over 500 community leaders which comprise of local chiefs,</td>
<td>-</td>
</tr>
<tr>
<td>Locations with ongoing outbreak and hot spots (Payam level)</td>
<td>Partners present</td>
<td>Ongoing Action with number of population reached with Cholera interventions</td>
<td>Gaps and recommended action</td>
</tr>
<tr>
<td>------------------------------------------------------------</td>
<td>------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>----------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>religious leaders and women and youth leaders participating.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• <strong>Markets awareness interventions</strong>: Social mobilizers market session reached 7 and 266 individuals through market sessions including food vendors in the mentioned counties of Jonglei.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• <strong>School Interventions</strong>: A total of 10 schools and 2,416 pupils benefited from school-based interventions on integrated cholera awareness and immunization session carryout by social mobilizers at different schools in Bor, Twic East and Duk counties.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• <strong>Intervention at water points</strong>: In hard to reach villages of Bor, Twic East and Duk counties, the social mobilizers conducted 5 water point sessions reached total of 234 people including water vendors with Cholera and diarrheal disease educative messages. The water vendors were oriented on Cholera and diarrheal disease messages including demonstration on hand washing, water treatment and proper water storage.</td>
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</tbody>
</table>
**Locations with ongoing outbreak and hot spots (Payam level)**

<table>
<thead>
<tr>
<th>Partners present</th>
<th>Ongoing Action with number of population reached with Cholera interventions</th>
<th>Gaps and recommended action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Mass media intervention: cholera key messages and radio spots are being broadcasted on Mingkaman100 FM, and Radio Jonglei 95.9FM, 6 times daily in Dinka, English and Arabic reaching population in remote locations and villages lifesaving messages on cholera prevention and control</td>
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</tbody>
</table>

**Religious engagement:** Social mobilizers reached people with effective cholera messages in over 7 churches during the last Sunday in the counties of Bor, Twic east, and Duk.

In Payam of Pibor county of Lekuangole, Verteth and Gumuruk, and Pochalla county of Akoye, Akila, Adongo and Burator from **28th Sept – 5th Oct 2017**, CDNФ conducted social mobilization activities and reached the total **436 HHs** and **4,236 individuals** through **23 trained volunteers** social mobilizers/home health promoters) educating community on social and behavior change intervention on integrated cholera control diarrheal disease prevention and immunization.

A total of **7 schools** and **1,249 pupils** benefited from school-based interventions on integrated cholera awareness and immunization session carryout by social mobilizers at different schools, Pibor, Lekuangole, Verteth and Gumuruk, Payams.
<table>
<thead>
<tr>
<th>Locations with ongoing outbreak and hot spots (Payam level)</th>
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</thead>
<tbody>
<tr>
<td>Jonglei (Akobo, Uror and Akobo)</td>
<td>Nile Hope and CHD</td>
<td>No updates shared</td>
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<tr>
<td>Awerial County (Payams: Alel, Dor, Puluk, Bunangok, Nile Magok, Abuyong)</td>
<td>CHADO and CHDs</td>
<td>CHADO continue with community interaction sessions such as household visits with critical demonstrations, community meetings, water-point and market awareness, school and cattle camps intervention in hot spots areas in Eastern Lakes In Awerial, total of 516 households and 1600 individuals have been reached with cholera messages by 28 trained social mobilizers. 32 schools with 2352 pupils benefited from school-based interventions on cholera awareness session carryout by social mobilizers at different schools in all the Payams this week.</td>
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<tr>
<td></td>
<td>CHADO and CHDs</td>
<td>The social mobilizers conducted 41 water point sessions reached total of 339 people including water vendors with Cholera and diarrheal disease educative messages including demonstration on water treatment and proper storage. Also, Social mobilizers conducted 34 market awareness sessions and reached 396 individuals including food vendors in the mentioned counties. Also during this week, the social mobilizers conducted 40 community meetings and attended by 471 people inclusive of community leaders which comprised of local chiefs, religious leaders and women and youth leaders at different payams of Awerial. Religious leaders’ engagement: During religious services, Social mobilizers reached people with effective cholera messages in over 10 churches/parishes in the counties of Eastern reaching population with lifesaving messages on cholera control and prevention. CHADO conducted social mobilization outreach activities in 15 cattle camps with total of 849 individuals.</td>
<td>- CHADO trained 27 Social mobilisers/health promoters have conducted a range of community engagement activities in all Payams of Yirol East, which include Adior, Malek, Lekakedu, Yali, Pagaru Tin-agau and Nyang. As of this week below were achievements; - 583 households (2652 people) with key messages on cholera prevention and control on the same note.</td>
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<tr>
<td>Yirol East (Payams: Adior, Malek, Lekakedu, Yali Pagaru Tin-agau and Nyang)</td>
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<tr>
<td>Yirol West (Payams: Abang, Anuol, Yirol Centre (Town), Geng-Geng, Geer, Aluak Luak, Mapuordit)</td>
<td>CHADO and CHD</td>
<td>In Yirol West, CHADO had 28 trained Social mobilisers/health promoters have reached 791 households 2134 people) with key messages on cholera prevention and control. 29 community meetings were conducted with (651 people participated)  The mobilizers also reached 345 individuals through 28 market awareness sessions, 30 schools with total of 3904 pupils through cholera school intervention and 334 individuals through 39 water points sessions.</td>
<td>In Anuol payam the health facility needs to be supported with some NFIs materials, and hand washing facilities, safe drinking water, and hygiene promotion</td>
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</table>

- they have managed to conduct, **24** community meetings *(821 people participated)*
- **46** market session with total of **592** individuals reached. **26** schools with over **3,000 pupils** sensitized on cholera prevention and control.
- There were also **45** water sessions conducted reaching a total of **635** individuals.
- The Religious leaders were also engaged during religious services mostly on Saturdays and Sunday mass this is to reach people with effective cholera messages in the churches/parishes with lifesaving messages on cholera control and prevention. and have reached **12** churches/parishes in the county.
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<td>Juba Gurei, Kator, Loloj, Gumbo, Nesitu</td>
<td>Health link, SMoH and CHD</td>
<td>The Religious leaders were also engaged during last Sunday services, to reach people with effective cholera messages in the churches/parishes with lifesaving messages on cholera control and prevention. About 11 churches/parishes in the county were reached by mobilizers. As of 30 September - 6 October, 2017, 980 times radio jingles have been broadcasted reaching over 2 million people across the country. This week, street announcement of cholera messages has been ongoing through Five (5) Public Address Systems (PAs) in five main areas of the City namely; Rejaf, Kator, Juba, Munuki and Nyar-kenyi/Northern Bari. The PAs conducts 5 hours’ announcements per day (3 hr. morning and 2hrs evening). Also as part of traditional media, UNICEF C4D through SMoH carried on Cholera roadshows which comprised of traditional dances, drama performances, critical demonstrations, quizzes and distribution of supplies. As of 18 September, 2017 to-date, a total of 3 roadshows were conducted in areas of Khor-William, Gurei and</td>
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<td>Upper Nile (Maban, Melut and Renk)</td>
<td>Mobile Theater Team and CHD</td>
<td>Lologo reaching an estimate of over 8,000 people with cholera key messages.</td>
<td>-</td>
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</tbody>
</table>

UNICEF supported partner, Community Development Network Forum (CDNF) carrying out series of community engagement activities in Bor, Twic East and Duk
The engagement of religious leaders:

During religious services, Social Market session intervention and food vendors on cholera prevention and water point intervention on cholera awareness.

Mothers meeting at Awerial primary health centre.
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