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VOICES from the field

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Integrated Cholera Preparedness and Response – Wau and Greater Gogrial, South Sudan

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In February 2025, South Sudan recorded its first cholera case at Tharkueng, Wau—near the border of Warrap and Northern Bahr el Ghazal. The case originated from a Warrap resident who had crossed to Wau for medical attention. This triggered coordinated emergency responses across both Wau and Greater Gogrial. By 14 March 2025, a cumulative 253 cases and 11 deaths (2 facility-based, 9 community-based) had been reported in Warrap State. The Ministries of Health in Western Bahr el Ghazal and Warrap, in collaboration with WHO, UNICEF, and directly implementing partners, launched cholera response interventions, focusing on case management, WASH, risk communication, and rapid deployment of surge teams.

RESPONSE ACTIVITIES

1. Coordination and Planning
Cholera task force meetings were reactivated in both states, chaired by respective health ministries, and attended by national and international stakeholders.

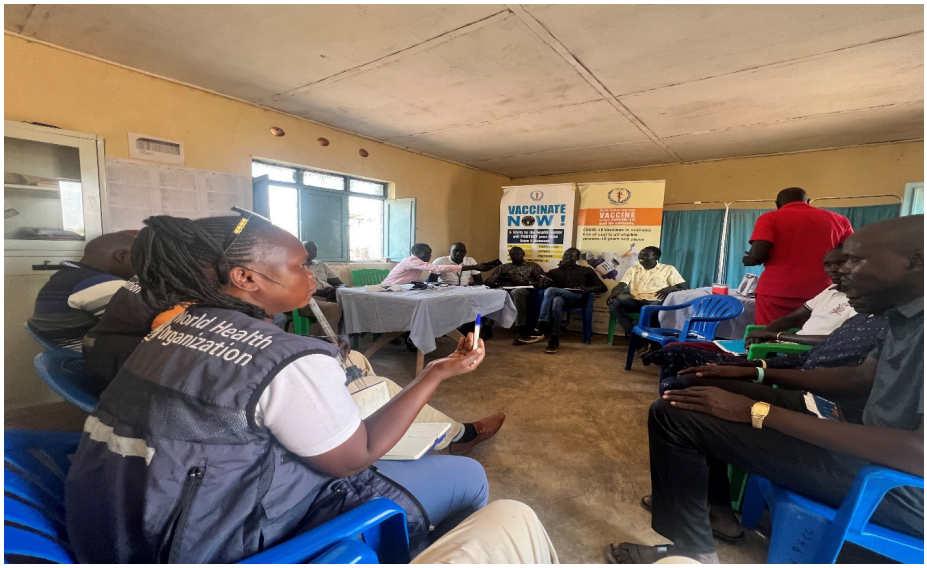
Pillar-specific action plans were developed and coordinated across surveillance, case management, WASH, RCCE, and logistics.

Joint assessments were conducted by WHO and Rapid Response Teams (RRT) at national, state, and county levels in both Wau and Gogrial West.

Surge team from National MoH, State MoH and WHO at the JUR-RIVER during situation analysis visit

2. Field Assessments and Site Visits
Sites assessed included Wau IDU, Tharkueng PHCC, Mobier Abiem, Nyinakonko, Magai PHCU, and Tungnyor PHCU.

Improvised Cholera Treatment Units (CTUs) were established at remote PHCUs in Gogrial West, while limited facilities were expanded in Wau and Jur River counties.



Coordination meeting at the CHD Gogrial East during situation analysis for preparedness

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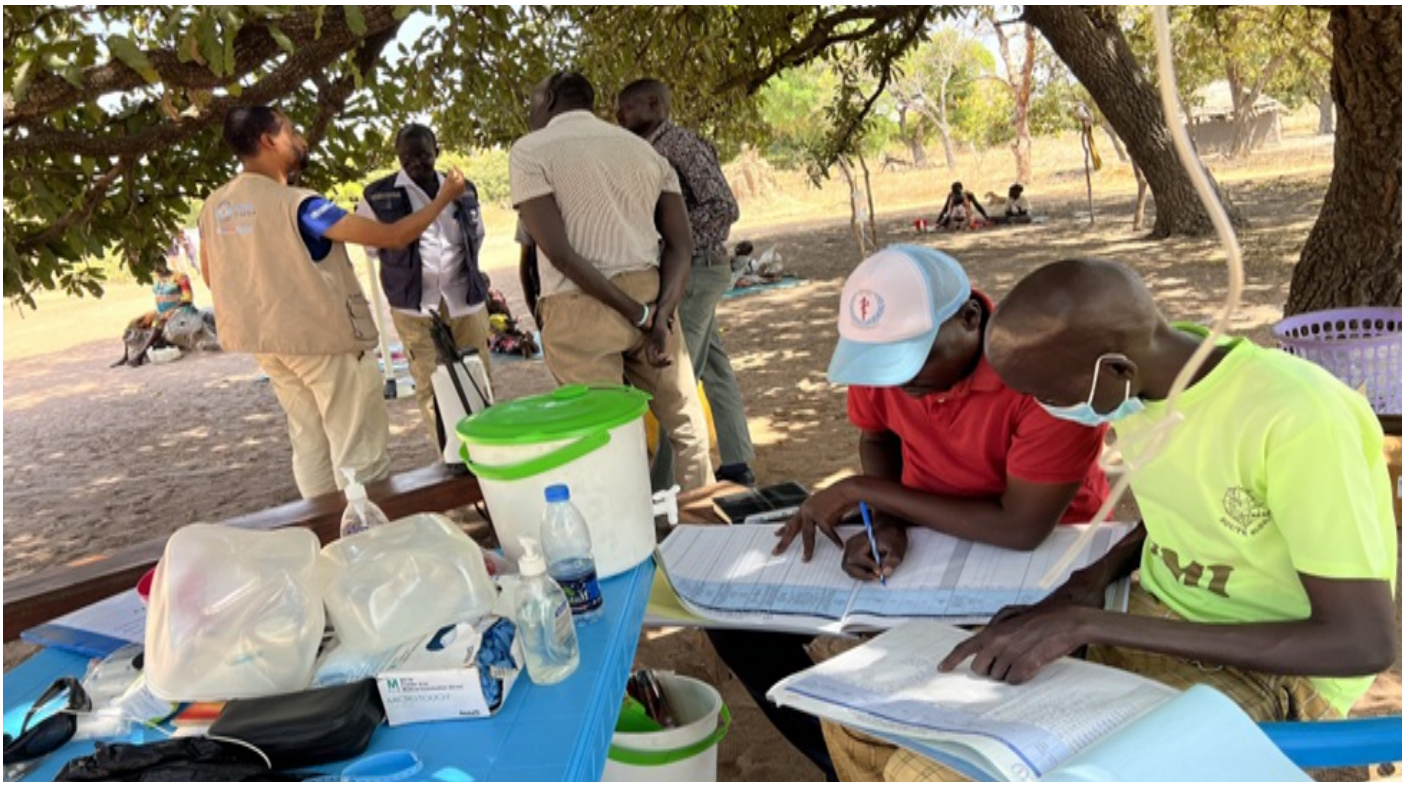

Photo of surge teams from National MoH, State MoH and WHO at Thungnyor CTU analyzing the line-list.

3. Training and Technical Support
On-site trainings in cholera case management and infection prevention and control (IPC) were delivered to health workers in Wau CTUs including Wau IDU, Tharkueng PHCC, and Gogrial CTUs including Tungnyor and Magai CTUs.

Clinical audits and IPC assessments were conducted to identify priority gaps.

On-job training to case management team at Magai CTU

Risk communication and community awareness on cholera to communities at Gogrial East by surge team from WHO, national MoH, State MoH

4. Community Engagement
Community sensitization meetings were conducted in high-risk zones to raise awareness about cholera transmission, prevention measures, early signs of dehydration, and the importance of timely care-seeking.

These sessions targeted community leaders, caregivers, and other influential members to promote behavior change, improve hygiene practices, and strengthen local ownership of the response.

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5. Water, Sanitation, and Hygiene (WASH)

Water quality testing revealed significant contamination across 13 of 15 tested sources in Wau and widespread contamination in Gogrial West.

Borehole rehabilitation and shock chlorination activities were initiated.

Hygiene materials, including Aquatabs and jerry cans, were partially distributed, though stocks remain limited.

6. Logistics

Cholera supplies were ordered and dispatched from Juba, though logistical gaps delayed restocking at remote sites in Gogrial. No clear logistics partner was available to facilitate consistent resupply and staff support in remote treatment units.

KEY FINDINGS

Wau Teaching Hospital (IDU)

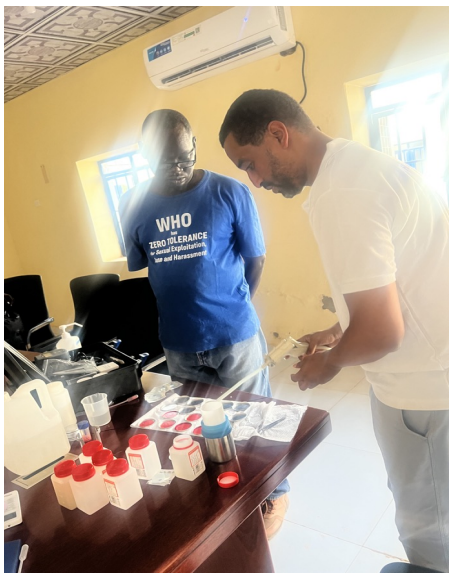
Readiness for cholera remains limited despite prior experience with Hepatitis E.Gaps noted in sanitation infrastructure, IPC compliance, power supply, and staff rotation.

Tharkueng PHCC (Wau)

- Reported 188 cases and 4 deaths by two weeks after the initial incident
- Severe space constraints, with cholera patients treated in tents or general OPD areas.
- Lack of electricity, inadequate sanitation facilities, poor hygiene materials, and no designated hand hygiene points.
- Staffing is inadequate in number hence overstretched and no patient tracking system in place
- The staffs were initially engaged with no cholera-specific training
- Waste management and morgue support are critically lacking.

Improvised CTUs in Gogrial West including at Magai PHCU, Tungnyor PHCU and Kuajok Hospial

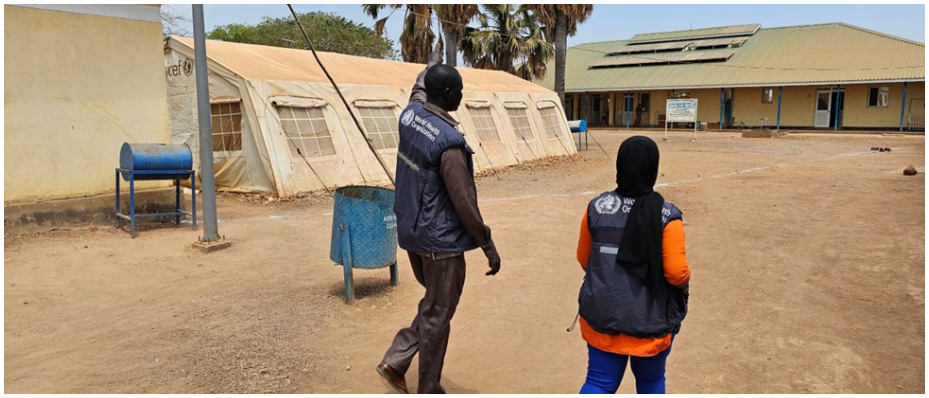
- No shelter for patients; admissions occur under trees during the day and in makeshift rooms at night.
- Lacked basic IPC infrastructure, beds, and patient movement zoning.



Water sample collection and quality testing

Admission at Magai improvised CTU at the start of the response

- The case management staff for the improvised CTUs in Magai and Tungnyor were deployed from Kuajok thus face challenges due to transport and absence of food or allowances.
- Cultural taboos further complicate sanitation practices, especially toilet use.
- Kuajok Hospital's CTU setup does not meet cholera response standards.



Improvised tent for a CTU at Kuajok hospital that was advised to be dismantled because of inappropriate location following technical assessment

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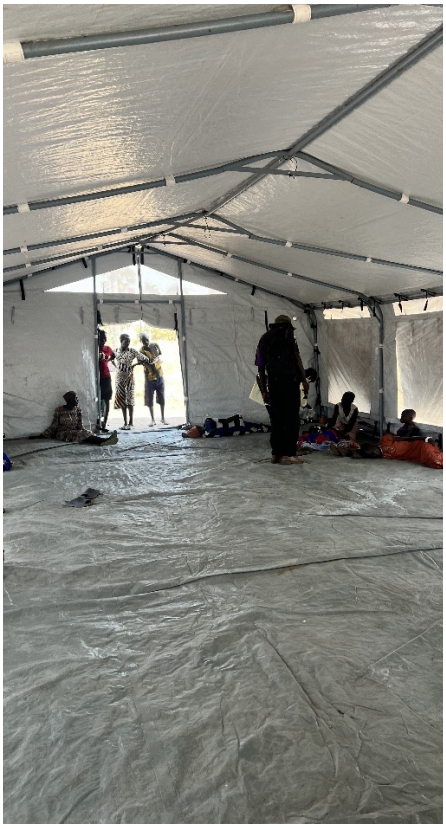
Wau Water Treatment Plant
- Limited operation hours and inconsistent disinfection.
- High operational costs, poor backwashing systems, and fuel shortages compromise functionality.

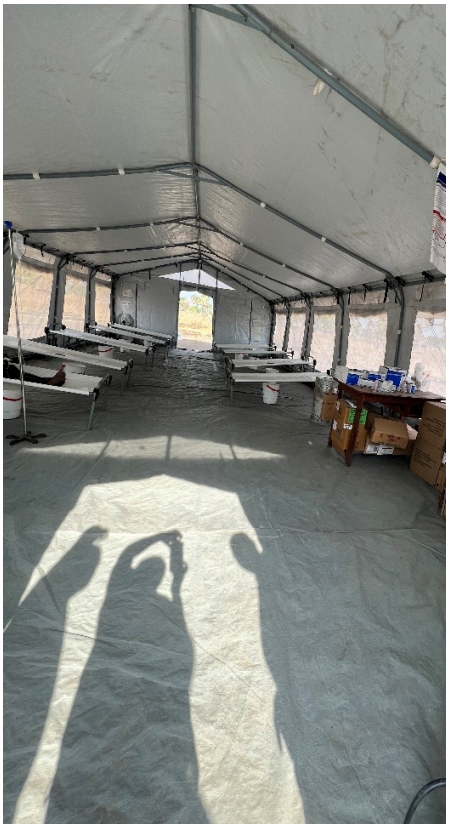
ACHIEVEMENTS

- Reactivation of cholera coordination platforms in both regions.
- Delivery of training in IPC and case management at all identified health facilities.
- Community-level engagement initiated in hotspot areas with support for ORPs.
- Technical guidance provided to local health authorities in surveillance, WASH, and RCCE.
- Water quality testing conducted, leading to targeted borehole rehabilitation.
- Expansion and equipping of Tharkueng and Wau CTUs with tents, beds among other supplies from WHO
- Proposal for vaccination of at-risk communities

RECOMMENDATIONS

- Provide regular supportive supervisions and on- the – job training for for all health workers managing the CTUs.
- Construct standardized CTUs with sufficient tents, beds, and medical supplies.
- Improve waste management systems and sanitation zones.
- Install shaded, gender-segregated toilet facilities and designated patient movement paths.
- Ensure staff welfare support, including transport and meal allowances.
- Vaccinate at-risk population to minimize risk and break transmission chain





Initial Improvised CTU tent set up at Tharkueng PHCC versus post response set up

Cross-Cutting
Strengthen RCCE strategies with structured community outreach.
Train burial teams in safe and dignified dead body handling.

Identify partners to support WASH infrastructure, hygiene promotion, and supply chain logistics.

Enhance facilitation with transport allowances to the case management team deployed away from their residences especially those in remote PHCUs in Gogriel west.

Collaborate with other health partners for easy task re-distribution.

Conclusion
The cholera outbreak response in Wau and Gogrial West has achieved important early milestones but continues to face substantial challenges. With inadequate facility infrastructure, water contamination, and overburdened health workers, urgent coordinated action is needed to prevent further transmission.

Prioritizing staff support, community engagement, and robust WASH improvements will be critical in containing the outbreak and restoring public health standards across both regions.

Acknowledgement
We express our sincere gratitude to all partners, stakeholders, and the local community for their dedicated efforts in managing the cholera outbreak in Greater Gogrial. Special thanks go to the Ministry of Health South Sudan , WHO, UNICEF, and other implementing partners for their continuous support and collaboration during this response.

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