



World Health  
Organization  
South Sudan

# VOICES

from the field

Issue #09

## WHO Scales Up Integrated Cholera outbreak response in Greater Kapoeta

By Pamela Angeth Buol, Augusta Mattia, Dominic Franco Oye and Oluwaseun Egbinola

**Kapoeta** - On 15th April, Kapoeta South County of Eastern Equatoria State, reported its first suspected Cholera case. Within one week, the outbreak spread to the neighboring counties in Kapoeta North and East.

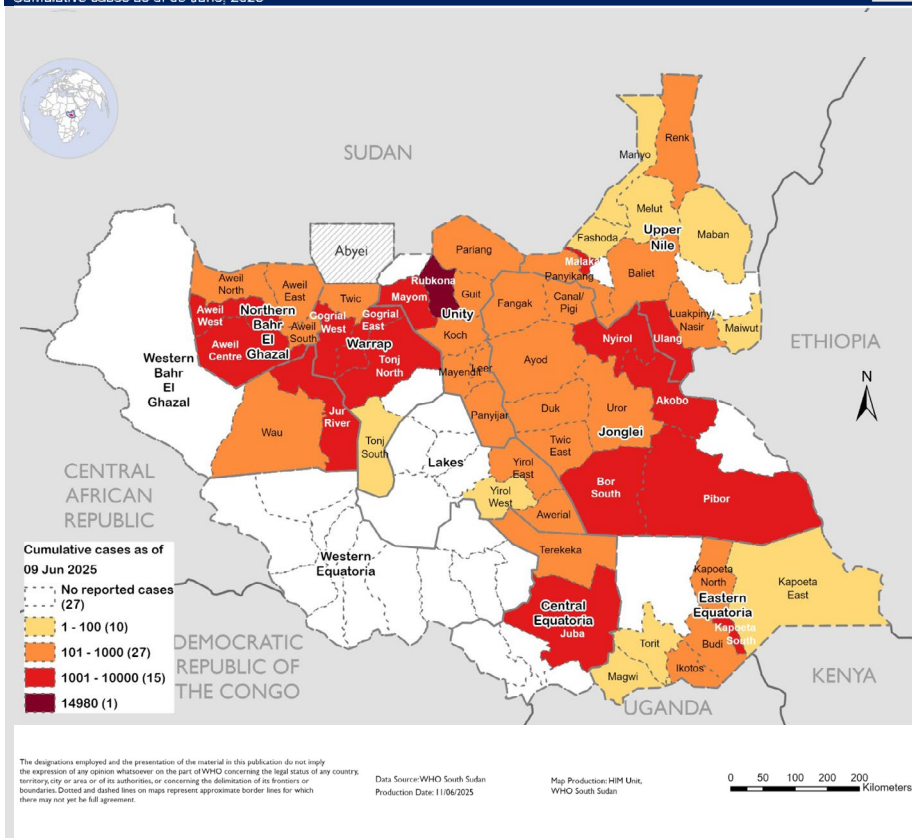
All three counties are the latest addition to the long list of 53 counties currently reporting Cholera cases in South Sudan. These counties also form the Greater Kapoeta which borders Uganda, Kenya and Ethiopia.

In light of this rapid spread and the risk of cross border contamination, the Ministry of Health in collaboration with the World Health Organization (WHO) deployed response teams in Greater Kapoeta Region.

### Water Safety and Community Practices

Cholera being a bacterial disease which spreads through contaminated food and water, WHO included Water, Sanitation and Hygiene (WASH) officers to the deployed team. WHO's team hit the ground running and immediately

**SOUTH SUDAN: Reported Cholera Cases by County**  
Cumulative cases as of 09 June, 2025



started to assess the quality of water and encourage the use of safe water by the community. The intervention was welcomed by government counterparts in Kapoeta.

*“Nine States out of ten have cases. We knew we were at risk and had been conducting community awareness,*

*but some Cholera conducive practices and beliefs are hard to deconstruct once anchored into a community's way of life.”* Said William Jenaro State Surveillance Officer Eastern Equatoria State.

### Escherichia coli in the Water

Many households get water from the Singaita River which flows through Kapoeta. Health facilities on the other hand get their water from boreholes. Unfortunately, the water quality tests performed by WHO WASH team revealed significant contamination in 9 of 15 samples collected from different water sources. The water contamination detected in Kapoeta, is unfortunately not an isolated case.

*“As brutal as it may sound, we are literally consuming fecal matter. The water tests done by WHO team prove it and there are many factors that contribute to this situation including the lack of basic infrastructure and mindsets at community level.”* Said Pamela Angeth Buol, one of the WASH officers deployed by WHO in Kapoeta.



E-coli found in Kapoeta Primary Health Care Centre water

Of these, Borehole samples were relatively safer but showed presence of other coliform bacteria. However, samples from surface water sources - particularly the Singaita River - were heavily contaminated with *Escherichia coli* (*E. coli*) which indicates significant fecal pollution, likely due to open defecation. This practice has been a driving factor of the Cholera outbreak

and is mostly attributed to the lack of proper sanitary infrastructure. The practice is also believed to be a sign of wealth demonstrated by those who have the luxury of enjoying regular meals. Community engagement activities are integrated into WASH interventions to promote healthier behaviors and bust myths and rumors using media, local leaders and influencers.

*“Communities are at the heart of WHO’s interventions. It is important to keep reminding our communities of the risks we are facing with this Cholera outbreak, what causes the spread and how to protect ourselves and loved ones.”* said Augusta Mattia Public Health Officer at WHO.

### Integrated Response Interventions

The cholera outbreak response in Kapoeta addressed major challenges in the region. However, Kapoeta counties continue to face substantial challenges. With water contamination and overburdened health workers, urgent coordinated action is needed to prevent further transmission.

Prioritizing community engagement, and emphasis on the use of borehole water rather than river water, proper latrine construction and use will be critical in containing the outbreak and restoring public health standards across both regions.

A strong collaboration between the Ministry of Health South Sudan, WHO, UNICEF, Adventist Development and Relief Agency (ADRA), United Networks for Health (UNH), Vereniging van Nederlandse Gemeenten (VNG), other implementing partners, and the local community has so far kept the cholera outbreak in Greater Kapoeta from overwhelming the region.

### The Kapoeta Response at Glance

- Borehole rehabilitation and distribution of water treatment items (aqua tabs, PuR, filter cloths) and hygiene kits (buckets, soap) to hotspot areas.
- Cholera Task force activation in Kapoeta Town chaired by County Commissioner and the CHD director, attended by national and international partners on ground.
- Health facility assessments conducted to guide decision making and improvement of facilities.
- Delivery of on-job training on all pillars to health workers in all 4 health facilities i.e case management, surveillance, IPC, RCCE and Laboratory management

- Community sensitization sessions conducted in schools, water points, markets and gold mines, in various high-risk areas such as Pwata payam the hotspot location.
- Establishment of Oral rehydration points through Boma Health Workers (BHWs) in hotspot locations.

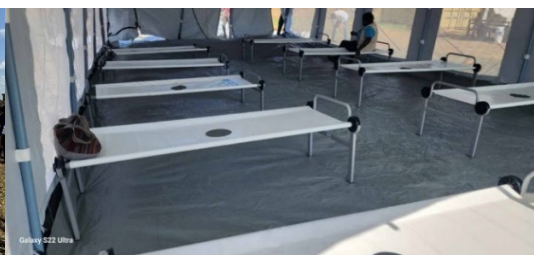
- Set up of tents for Cholera Treatment Units (CTUs) in Napetai and Kapoeta Civil hospital
- Distribution of cholera kits and IPC supplies in 4 CTUs.
- Technical guidance provided to local health authorities in surveillance, WASH, and RCCE.



Group photo after the first taskforce meeting



Practical session for staff on how to mix different chlorine concentrations at Napetai PHCC CTU



Set up of tent at KCH CTU with beds



RCCE session at Kotome Primary School



Setting up an ORP at a mining point



Delivery of IPC and case management supplies to Napetait CTU



BEFORE



AFTER  
(footbath, handwash facility with shade)