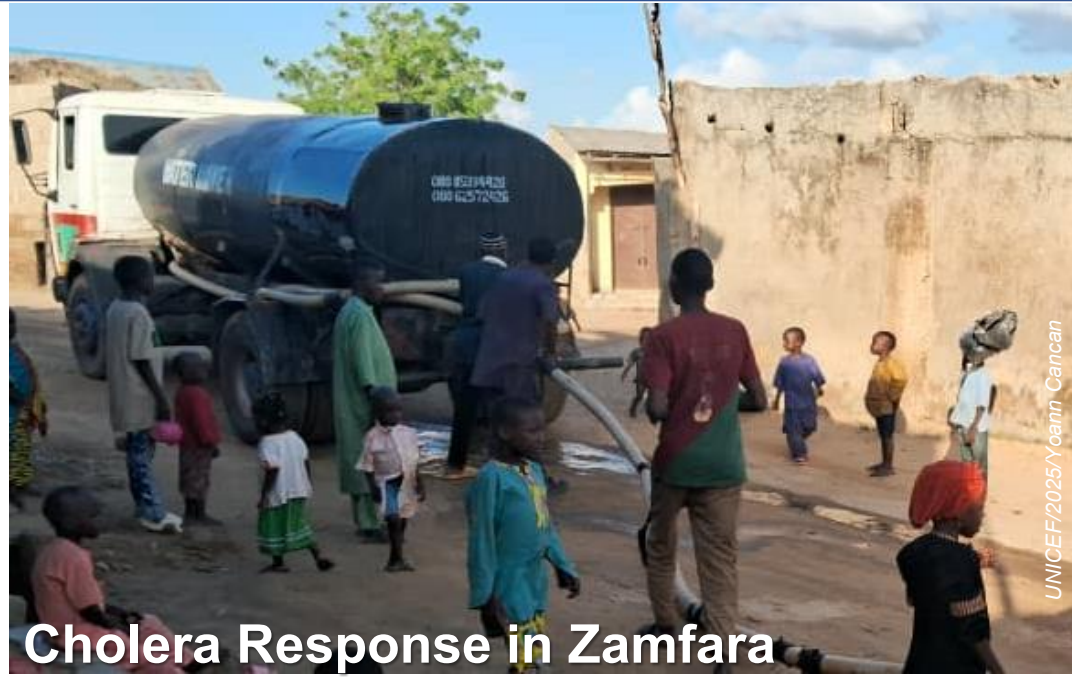




Nigeria Sitrep No 1

Reporting Period
3-8 July 2025



UNICEF/2025/Yoann Cancian

Cholera Response in Zamfara

SITUATION OVERVIEW

Following an increased number of cholera cases, Zamfara State activated its public health emergency operations center (EOC) for a cholera outbreak on 3 July 2025.

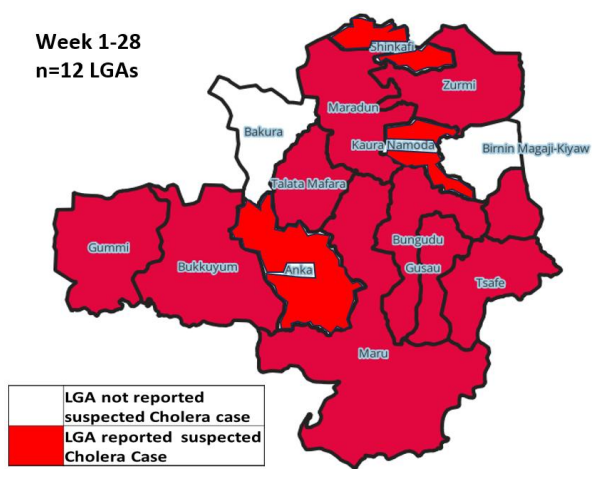
As of 9 July (week 28), Zamfara State has reported 1,619 suspected cases since January 2025, including six confirmed cases across 12 of its 14 LGAs, with 31 deaths, resulting in a Case Fatality Rate (CFR) of 1,9%.

Gusau is the most affected LGA, with 902 cases (56%), followed by Zurmi (248 cases, 15%), Bungudu (191 cases, 12%) and Tsafe (114 cases, 7%).

Compared to before 4 July, the outbreak is spreading rapidly, with 30% increase in one week, 449 new cases, 7 additional deaths and 2 newly affected LGAs: Anka (23 cases) and Kaura Namoda, 12 cases).

Most cases (62%) are between 0 and 19 years old, including 18% of children aged 0-5 years. Moreover, 56% of cases are females.

Week 1-28
n=12 LGAs



White	LGA not reported suspected Cholera case
Red	LGA reported suspected Cholera Case

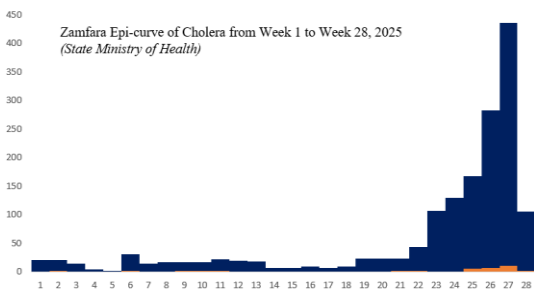
Situation in Numbers



1,619 cases of suspected cholera, inc. six confirmed ones (11 children below 1 with a total of 20 cases between 0-18 years)



31 people died of cholera (incl. 8 under-5 children)



UNICEF Response



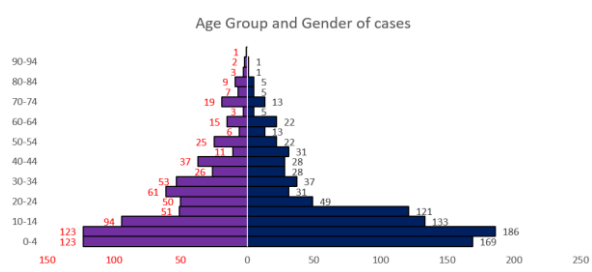
28 health staff refreshed on cholera response



80,000 litres daily drinking water supplied via water trucking



25,000 people received hygiene messages





Government Response

Since the activation of the emergency operation center (EOC) on July 3, regular coordination meetings are held. The EOC is chaired by the State Ministry of Health, and is composed of line ministries, UN agencies (UNICEF, WHO), and other non-government partners (Red Cross, Solidarites, IRC, MSF).

The 6 pillars (coordination, surveillance, risk communication, case management, WASH, Infection Prevention and Control (IPC), and laboratory) of the validated Incident Action Plan (IAP) have all been activated. Rapid Response Teams at State and LGA levels were deployed for case investigation, community sensitization, and case management. Isolation centers have been established, and Shagari Primary Health care Center is used as the main cholera treatment center, pending the relocation of patients to Infectious Disease Hospital (IDH).

Challenges include limited availability of drugs and consumables for cholera case management, inadequate infection prevention and control (IPC) measures, shortage of trained health personnel to support the response, and difficulty accessing hard-to-reach areas due to insecurity and poor infrastructure

UNICEF Response

UNICEF initiated a multi-sectoral response that covers health, water, sanitation, and hygiene (WASH) interventions, and risk communication and community engagement (RCCE) in Zamfara state.



WASH

UNICEF facilitated the activation of the WASH pillar led by RUWATSAN (rural water sanitation agency) and the implementation of a WASH assessment conducted in nine cholera-affected LGAs. This allowed to identify critical gaps in safe water supply, poor sanitation practices, and inadequate hygiene behaviors, and informed the development of a targeted Cholera Response Plan focusing on immediate life-saving WASH interventions.

Water testing materials (H₂S vials) were distributed and used for water sampling in all affected communities across nine LGAs, with over 180 water sources tested. To improve access to safe drinking water for communities with no functional water supply especially in communities where the water system was cut off by the water board due to suspicion that the water system was the course of the spread or with contaminated sources, daily trucking of 80,000 liters of drinking water is currently being provided, reaching over 5,300 people.

A training of trainers on case-area targeted Interventions (CATI) was organized for 15 SBC and one nutrition facilitators. The cascading training targeted over 250 Volunteer Community Mobilizers (VCMs), 50 nutrition volunteers, 100 WASHCOM members, and 50 Ward Development Committees (WDCs). A training of trainers of nine chlorinators was organized and will be cascaded to 150 community chlorinators.

To support the planned distribution of cholera kits to affected households and the disinfection of water sources, UNICEF also mobilized disaster response WASH items prepositioned in Sokoto: 1000 cholera kits, 750 dignity kits, as well as chlorine, aqua tabs and pool testers were transferred to RUWATSAN.



Risk Communication and Community Engagement

UNICEF has provided technical and financial support to the RCCE pillar, in collaboration with the Ministries of Health and Information. Weekly radio phone-in programs and jingles aired three times weekly on major stations have reached over 3 million people across 14 LGAs in Zamfara, with similar efforts ongoing in Sokoto and Kebbi states. Volunteer Community Mobilizers (VCMs) have integrated cholera prevention messaging into household visits, engaging over 25,000 people in more than 5,000 homes. Ward Development Committees (WDCs), trained by UNICEF, are actively driving community sanitation initiatives, leading to improved preventive practices and increased demand for health services. In Tudun Wada ward, WDCs mobilized households to clear drainages, disinfect water sources, and enforce sanitation norms through traditional leadership.

To strengthen accountability, community feedback systems have been activated. Joint training of UNICEF facilitators on RCCE, AAP, and case-area targeted interventions has reinforced local capacity. Tracking systems, including weekly VCM and WDC reports and real-time WhatsApp updates with photos, are now in place. Radio content is being monitored and feedback collected. Planned reflective dialogues will further assess community perspectives and enhance cross-pillar learning under the AAP framework.



Resource mobilization

In 2025, under its Nigeria Humanitarian Action for Children (HAC) Appeal, UNICEF budgeted US\$ 7.4 million—out of the total US\$ 255 million appeal—to support Rapid Response, Emergency Preparedness, Accountability to Affected Populations (AAP), and related critical interventions. To date, only US\$ 0.7 million has been received, resulting in a significant funding gap of 91%. This shortfall limits UNICEF's ability to scale up preparedness actions, pre-position emergency supplies, and respond rapidly to emerging crises.

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