

UNITED NATIONS POPULATION FUND

SITUATION REPORT

Nigeria Humanitarian Crisis

1– 31 July 2025

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Highlights

- Floods claimed 25 lives and displaced thousands in Adamawa, Borno and Yobe states.
- Heightened risks as floods threaten access to essential services for women and girls, including protection from and response to gender-based violence (GBV), and sexual and reproductive health.
- Borno State Government resettled over 3,500 internally displaced persons (IDPs) in Bama LGA, of which 80% of the IDPs are women and children. The resettlement exercise could potentially expose women and girls to increased risks of GBV and limited access to vital services..
- Plateau State witnessed a significant surge in armed assaults, with the Jebbu community in Riyom Local Government Area alone experiencing two attacks that resulted in at least 42 fatalities and multiple injuries.



7,800,000

Total people affected¹



1,950,000

Women of reproductive age²



347,770

Estimated pregnant women²



375,880

People targeted w/ SRH services



281,000

People targeted w/ GBV programmes

¹ [2025 Humanitarian Need and Response Plan \(HNRP\)](#)

² Estimated figures are based on the Minimum Initial Services Package (MISP) for Sexual and Reproductive Health in Humanitarian Settings calculator.

Situation Overview

Floods claim 25 lives and displace thousands in Adamawa, Borno, and Yobe States: On 27 July 2025, heavy rains and flash floods caused widespread damage across north-east Nigeria, with Borno and Adamawa states hardest hit. In Adamawa, the floods claimed 25 lives and displaced more than 5,500 people, with entire neighborhoods in Yola South submerged and a temporary shelter established at Aliyu Musdafa College. The government provided cash and food relief to 617 households. In Borno, flash floods in Maiduguri caused building collapses and further displacement, while rising waters have left the town of Rann in Kala-Balge LGA completely cut off, preventing essential supplies from reaching affected populations. The overall humanitarian response remains constrained by poor infrastructure, limited transport, and severe funding cuts – deepening the impact of the crisis, particularly on women and girls.

Food shortage posed a risk of GBV for women and girls in Borno State: The lean season, which is characterized by food shortage and scarcity, is severely affecting vulnerable populations in Borno State. It is further compounded by the reduction in humanitarian assistance by the Borno State Government, coupled with severe funding cuts for aid organizations following the US Government's funding freeze. This significantly elevates the risk of gender-based violence (GBV). With 4.6 million people across Borno, Adamawa, and Yobe States estimated by OCHA to be facing acute food insecurity in the lean season, and with a significant number located in Borno State, the tendency to force women and girls into negative coping mechanisms, including transactional sex, which increases their vulnerability to exploitation and abuse, abounds.

Escalating violence in Plateau State: From July 11-17, 2025, Nigeria experienced a severe decline in security, marked by frequent armed assaults, abductions, and clashes. Plateau State, specifically the Jebbu community in Riyom LGA, was a major flashpoint with two attacks causing dozens of fatalities. Criminal activities like robbery and kidnapping were widespread. Escalating violence, particularly in Plateau State, and farming restrictions by ISWAP in Borno and Yobe, pose significant humanitarian concerns, threatening lives, increasing risks of GBV, and limiting access to essential services.

UNFPA Response

Sexual and reproductive health: In response to the Yola floods, UNFPA established a temporary health clinic in collaboration with the State Primary Health Care Development Agency. Thirteen health and social workers – including a doctor, midwives, nurses, MHPSS providers, and GBV caseworkers – were deployed in coordination with the Ministry of Health, the Primary Health Care Agency, and the Ministry of Women Affairs to deliver integrated SRH and GBV services. The team provided SRH services to more than 50 people, while 389 women and adolescent girls participated in MHPSS activities, including sensitization on GBV and SRH. In the BAY states, UNFPA reached 8,699 people with SRH services, including antenatal and postnatal care, family planning, STI/HIV education, skilled birth attendance, and other specialized health services.

Additionally, UNFPA conducted a series of capacity-building initiatives in July. In Adamawa and Yobe states, 60 frontline caseworkers were trained on life-saving GBV case management. Forty staff from the Guidance and Counseling units of two academic institutions received training on GBV fundamentals, case management, and mental health and psychosocial support (MHPSS). UNFPA also facilitated a technical session on the Minimum Service Package (MSP) for MHPSS, reaching 30 frontline responders across Borno, Adamawa, and Yobe (BAY) states.

Gender-based violence: 530 dignity kits were distributed; 400 for the ongoing flood response in Yola, Adamawa State, 100 for women of reproductive age displaced due to windstorms in Fika LGA of Yobe State, and 30 for support to sensitization and awareness sessions among women and girls in the host community in Maiduguri, Borno State. A total of 13,590 women and girls received GBV services across Borno, Adamawa, and Yobe States, including Case Management, MHPSS, Referrals, security and legal assistance, and temporary shelter support. Additionally, 5,900 individuals were reached with awareness and information dissemination on prevention and response to GBV.

Adolescents and youth: 5,470 adolescents and youth have participated in various skills acquisition programmes across the supported facilities in the BAY states. These programmes, often provided at or in conjunction with dedicated GBV facilities, include tailoring, hairdressing, soap making, and basic computer literacy. These initiatives aim to empower survivors and vulnerable youth with marketable and income-generating skills, fostering economic independence, accelerating resilience, and reducing their susceptibility to exploitation and abuse.

Results Snapshot



16,381

People reached with **SRH services**
89% female, 11% male



83

Health facilities supported



20,020

People reached with **GBV prevention, mitigation, and response** activities
92% female, 08% male



46

Safe spaces for women and girls supported



530

Dignity kits distributed to women and girls



5

Youth spaces supported by UNFPA



33

Reproductive health kits provided to service delivery points to meet the needs of 8,067 people



170

People reached with humanitarian cash and voucher assistance for GBV and SRH

Coordination Mechanisms

SRH SWG Coordination: UNFPA is supporting the state government through the State Primary Health Care Development Board (SPHCDB) with the distribution of the mama kits across the 13 priority MAMII LGAs in the selected 175 health facilities.

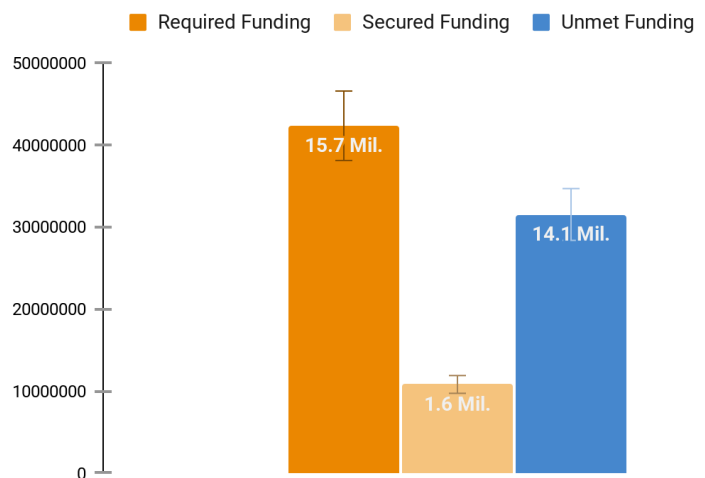
PSEA Network: UNFPA continues to coordinate victim assistance referrals. Disseminated the PSEA flood and cholera guidance note and action plan.

Disability Working Group (DWG): UNFPA, in collaboration with the DWG, jointly presented a paper on the Disability Inclusion Support Fund to donors (ECHO, FCDO, Ireland, Netherlands, and Belgium) as part of its resource mobilization efforts.

Gender Based Violence Information Management System (GBVIMS+)/Case Management Technical Working Group: In July, UNFPA supported the GBVIMS mid-year review in Yola, trained 45 WFP staff on GBV integration in food security and livelihoods, and advanced the Northwest GBVIMS scale-up with new data-gathering partners.

Funding Status

In 2025, UNFPA requires US \$15,712,727 to deliver critical SRH and GBV services to those most affected by ongoing humanitarian crises in Nigeria. As of July 2025, US \$2,185,406.73 has been received from Japan. This represents only 14 per cent of the total funding needed, leaving a significant funding gap of 86 per cent (US \$13,527,320.27), which jeopardizes UNFPA's ability to respond to SRH and GBV needs, and puts the lives of women and girls in Nigeria at risk



Disclaimer: Funding available is based on cash received during the current year as well as funding rolled over from previous years, and transfers from/to other UNFPA departments. It does not include funds from agreements that have been signed but not yet received.

“They came and helped us, especially those who are pregnant, encouraging us to come for antenatal care services. When we are in labour, if we call them they come with a UNFPA ambulance and bring us to give birth and take care of us afterwards.”

-Aisha Ali Umar, a Borno-based nursing mother who gave birth at a UNFPA-managed facility at the Bakassi IDP Camp. services, Borno State.

Current Donors

UNFPA Emergency Fund /
Humanitarian Thematic Fund
Government of Japan
Government of Canada
Government of Norway

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