



Situation Report

Floods and armed conflict are exacerbating humanitarian needs in Nigeria



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Country:	Nigeria
Emergency type:	Conflict
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Key Figures



7,800,000

Total people affected¹



1,950,000

Women of reproductive age²



347,770

Estimated pregnant women²



375,880

People targeted with SRH services



281,000

People targeted with GBV programmes

Situation Overview

- Flash Floods in Mokwa cause devastation and destruction:** On May 29, 2025, intense rainfall caused devastating flash floods in Mokwa, Niger State, causing a railway embankment to collapse, destroying 265 informal settlements and displacing over 3,000 people, and resulting in over 200 deaths, including women, girls and children. The floods have disrupted livelihoods, and access to essential services, including sexual and reproductive health (SRH) and gender-based violence (GBV) services.

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

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

- **Escalating insecurity is heightening the risks faced by women and girls:** The deteriorating security situation in Borno and Yobe States exposes women and girls to increased violence, restricted access to health and protection services, loss of livelihoods, and heightened psychological trauma and stress.

UNFPA Response

- **In response to the Mokwa flood crisis,** UNFPA activated its crisis management team and deployed staff members, including midwives, and GBV case workers to Mokwa to support flood-affected populations. During May, UNFPA and implementing partners:
 - Supported the establishment of two women and girls' safe spaces through its frontline responders and local partner, Royal Health Heritage Foundation (RHHF), and provided psychosocial support to 327 individuals, as well as GBV case management for survivors.
 - Conducted awareness-raising on GBV, SRH and Protection from Sexual Exploitation and Abuse (PSEA), including information about available services, to 875 displaced people.
 - Established two mobile clinics to deliver SRH services, including antenatal care (333 pregnant women), STI treatment (169 individuals), and general medical care (204 individuals) with 86 referrals to a secondary healthcare centre.
 - Supported service delivery by frontline responders with 29 Inter-Agency Reproductive Health (IARH) kits (1-12) to implement the Minimum Initial Service Package (MISP) objectives and achieve safe deliveries, prevent and treat STIs, prevent and respond to reports of sexual violence, address obstetric complications, and enable referral hospital to conduct caesarian sections and provide blood transfusions as required.
 - Distributed 1,000 dignity kits to women and girls in need.
- **4,900 individuals received SRH services** through UNFPA supported facilities, including the clinical management of rape (CMR), antenatal and postnatal care, safebirths assisted by skilled midwives and nurses, testing and treatment for sexually transmitted infections (STIs), and family planning.
- **3,352 individuals and their families accessed protection and GBV services,** including case management, mental health and psychosocial support, psychiatric care, temporary safe shelter, security and legal support, and referrals to specialized services such as CMR.
- **985 women and girls participated in vocational training,** including tailoring clothing, soap making, and local perfume production. These programmes aim to empower women and adolescent girls with economic opportunities and enhance their resilience.
- **9,692 community members were reached with GBV and SRH information** and awareness activities. These sessions educate communities on various forms of GBV, available services for GBV survivors and at-risk individuals, and SRH services and rights - including family planning and menstrual hygiene management.
- **UNFPA introduced a Cash and Voucher Assistance (CVA) intervention** to support and boost the uptake of SRH and GBV services. UNFPA implementing partners have completed the training for healthcare and case workers and will soon enrol CVA recipients and dispensing cash and e-Vouchers.

Results Snapshots



4,900
People reached with **SRH services**






70
Health facilities supported



13,044
People reached with **GBV prevention, mitigation, and response activities**



31
Safe spaces for women and girls supported

	1,000	Dignity kits were distributed to women and girls.
	5	Youth spaces supported by UNFPA.
	29	Reproductive health kits were provided to service delivery points to meet the needs of 55,766 individuals.

Coordination Mechanisms

Gender-Based Violence

As of May 2025, the GBV Sub-Sector, in collaboration with 67 partners across the BAY states, achieved the following key milestones:

- Provision of essential GBV specialized services to 17,807 women and girls; which included 13,261 in Borno, 2,603 in Adamawa, and 1,943 in Yobe.
- Access to safe socio-economic, livelihood, and income-generating opportunities for 10,543 individuals.
- Distribution of 10,059 dignity kits to GBV survivors and vulnerable women and adolescent girls; which consisted of 232 in Adamawa, 5,120 in Borno, and 4,707 in Yobe.
- Supported 5,163 people from community-based organizations, national NGOs, women-led organizations, and other local stakeholders with capacity building on GBV prevention and response.
- Conducted community engagement and GBV-related sensitization and training on prevention and core principles, reaching 181,676 people.
- Updated referral pathways due to the reduction in the number and coverage of service providers due to funding cuts.
- Contributed to the Lean Season Multisector Plan 2025 for the BAY States, and the Anticipatory Action plan for flood response in Adamawa for Nigeria Humanitarian Fund funding.
- Published a comprehensive [review of adolescent girls' needs within the humanitarian response in Northeast Nigeria](#), conducted in collaboration with UNICEF, to guide programming and advocacy. The report highlights that despite awareness among humanitarian actors of the challenges faced by adolescent girls, including GBV, limited access to sexual and reproductive healthcare, and barriers to education, there remains a significant gap in effectively addressing these needs.

Sexual and Reproductive Health

- UNFPA leads the SRH Working Group and holds monthly meetings in Adamawa, Borno and Yobe States, which serve as a platform for coordination among partners, review the distribution plan for IARH kits across service delivery points, and discuss how to fill critical gaps caused by funding cuts. The meetings also addressed stockout mitigation strategies for family planning commodities, and integration of GBV and mental health and psychosocial support (MHPSS) into SRH services.
- UNFPA participated in the Maternal, Neonatal, Mortality Reduction Innovation and Initiatives (MAMII) led by the State Ministry of Health, where UNFPA led discussions on best practices to scale up interventions to reduce maternal mortality. UNFPA worked closely with the State Primary Health Care Development Board (SPHCDB) to map SRH partners for analysis of the MAMII project across the high burden local government areas that have been identified to have high maternal mortality.
- UNFPA worked with the World Health Organization (WHO) under the Health sector and discussed the gaps identified at the recent [Comprehensive Emergency Obstetric and Newborn Care \(CEmONC\)](#) facilities assessment in order to address them as part of the MAMII project strategic objective.

✂ Other working groups led by UNFPA

- UNFPA remains an active member of the Dignity Kit Task Force, leading and supporting the group's activities to address the needs of vulnerable populations.
- It is also an active member of the PSEA interagency network, supporting the implementation of international commitments on PSEA, including the Secretary-General's Bulletin.
- UNFPA coordinates the CMR Task Force through the SRH Working Group, under the leadership of the State Ministry of Health, to ensure effective and timely support for GBV survivors.

Funding Status

In 2025, UNFPA requires US\$ 15,112,727 to deliver critical SRH and GBV services to those most affected by ongoing humanitarian crises in Nigeria. As of May 2025, US\$1 million has been received from Japan. This represents only 6.6 per cent of the total funding needed, leaving a significant funding gap of 93.4 per cent (US\$ 14,112,727), which jeopardizes UNFPA's ability to respond to SRH and GBV needs, and puts the lives of women and girls in Nigeria at risk.

