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Situation Report

Floods and armed conflict are exacerbating humanitarian needs in Nigeria

Country:	Nigeria
Emergency type:	Conflict
Date Issued:	July 18, 2025
Covering Period:	June 1, 2025 to June 30, 2025
Contact Persons:	Dr. Gifty Addico, Resident Representative, gaddico@unfpa.org Mr Koessan Kuawu, Deputy Representative, kuawu@unfpa.org Mr Christian Sabum, Humanitarian Coordinator, sabum@unfpa.org Mr Adewole Ajao, Communication Analyst, ajao@unfpa.org

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

Highlights

- Massacres in Benue State:** At least 218 people were killed in devastating attacks by suspected herdsmen in Yelwata, Guma LGA of Benue State, with 4,786 displaced individuals, including 3,016 females, 128 pregnant women, 324 lactating mothers, and 198 elderly. The displaced are sheltering at the New International Market IDP camp in Makurdi, where the Benue State Government and humanitarian partners including UNFPA, coordinate daily to manage an influx of people from host and neighboring communities.

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.

- **Flash Floods in Mokwa:** On 29 May intense rainfall resulted in devastating flash floods in Mokwa, Niger State, causing a railway embankment to collapse. The floods destroyed 265 informal settlements and displaced over 3,000 people, resulting in over 200 deaths, including women, girls and children. Access to essential services, including sexual and reproductive health (SRH) and gender-based violence (GBV) services were severely impacted. UNFPA frontline workers (midwives and case workers) provided support until the state government health workers took over as part of the sustainability plan. The temporary displacement camp for flood victims will be closed on 30 June.

Situation Overview

- **Escalating insecurity is heightening the risks faced by women and girls:** The deteriorating security situation in Borno and Yobe States continues to expose women and girls to increased risks of violence, limited access to essential health and protection services, loss of livelihoods, and heightened psychological trauma and stress. The recent resurgence of suicide bombings included a Person-Borne Improvised Explosive Device attack carried out by a woman in Konduga Local Government Area, Borno State, underscores the persistent threat.

UNFPA Response

- **Benue Massacre Response:** UNFPA activated its response management team to address the urgent humanitarian needs of displaced persons, particularly women and girls. The attack resulted in significant loss of life and displacement, with critical gaps in healthcare, WASH, nutrition, and protection services. UNFPA, through its service providers and partners, is leading efforts to deliver SRH and GBV services, alongside other humanitarian interventions, and established a temporary health clinic, and a women and girls safe space (WGSS) at Yelwata IDP camp. During June, UNFPA and partners achieved the following:
 - 279 dignity kits³ were distributed to vulnerable women and girls.
 - 315 women and girls received information on SRH and GBV services, including prevention of sexual exploitation and abuse (PSEA) through community awareness sessions.
 - 12 cartons of Inter-Agency Reproductive Health (IARH) kits were delivered to the temporary clinic.
 - 4 deliveries were assisted, with positive outcomes for the mothers and babies.
 - 19 women received family planning services.
 - 41 pregnant women received clean delivery kits.
 - 51 people were provided with other medical consultations.
 - 112 people were referred to secondary facilities, of which 22 were pregnant women and adolescent girls needing specialist attention for comprehensive emergency care.
 - 236 women were provided with antenatal care (ANC).
- **8,745 individuals received SRH services through UNFPA supported facilities,** including the clinical management of rape (CMR), antenatal and postnatal care, safe births assisted by skilled midwives and nurses, testing and treatment for sexually transmitted infections (STIs), and family planning.

³ Dignity kits contain a three months' supply of essential items to maintain hygiene and health. It includes a backpack, reusable sanitary pads, underwear, cotton towel, soap, laundry detergent, toothpaste, toothbrush, vaseline, whistle, flashlight and pair of sandals.

- **8,892 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.
- **2,811 women and girls participated in vocational training**, including tailoring clothing, soap making, and perfume production. These programmes aim to empower women and adolescent girls with economic opportunities and enhance their resilience.
- **41,692 individuals 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.
- **30 GBV case workers were trained to provide specialized GBV case management services** across hard-to-reach areas in Borno State, focusing on a continuous, survivor-centered, trauma-informed approach and effective referral linkages. Similar training is planned for Yobe and Adamawa.
- **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 dispense cash and e-Vouchers.
- **UNFPA provided training to 170 women and adolescent girls on income-generating skills**. These sessions were held at women and girls' safe spaces in Potiskum, Bade, and Damaturu Local Government Areas of Yobe State, and each participant was provided with a start-up grant of ₦150,000 (US\$98).

Results Snapshots



8,745

People reached with **SRH services**



70

Health facilities supported



50,584

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



46

Safe spaces for women and girls supported



904

Dignity kits were distributed to women and girls.



5

Youth spaces supported by UNFPA.



25

Reproductive health kits were provided to service delivery points to meet the needs of 492 individuals.

Coordination Mechanisms

Gender-Based Violence

As of June 2025, the GBV Sub-Sector, in collaboration with 73 partners across Borno, Adamawa, and Yobe (BAY) states, achieved the following key milestones:

- Provision of essential GBV services to 21,473 women and girls, including 16,685 in Borno, 2,803 in Adamawa, and 1,985 in Yobe, covering case management, psychosocial support, and medical care.
- Access to safe livelihood and income-generating opportunities for 4,923 individuals, primarily women and girls, across BAY states.
- Distribution of 12,804 dignity kits to vulnerable women and girls, including 232 in Adamawa, 7,865 in Borno, and 4,707 in Yobe.
- Capacity building for 5,355 individuals, including local stakeholders and community-based organizations, on GBV prevention and response across BAY states.
- Community engagement and sensitization on GBV prevention for 211,795 individuals across Borno, Adamawa, and Yobe.
- Capacity building on Integrating GBV and SRH in emergencies for lecturers of the College of Nursing and Midwifery In Yobe State through the Call to Action.
- Developed advocacy materials for inclusion of adolescent girls needs in humanitarian response in Nigeria, building on the findings from a recently conducted [assessment in Northeast Nigeria](#).

Sexual and Reproductive Health

- UNFPA leads SRH Coordination Working Groups in Borno, Adamawa, and Yobe (BAY) states, in collaboration with the State Ministry of Health and State Primary Healthcare Development Board (SPHCDB), to strengthen SRH service delivery.
- In response to the Yelwata attack in Benue State, UNFPA facilitated the distribution of Inter-Agency Reproductive Health (IARH) kits from the Nigerian Red Cross Society (NRCS) Kaduna warehouse to Yelwata community, Gumi Local Government, to support SRH services for displaced populations.
- UNFPA led discussions with the State government across the BAY states, World Health Organization (WHO), and other partners to address inconsistent supplies of family planning commodities. Efforts focused on strengthening supply chains through improved forecasting and quantification, alongside planning coordinated advocacy visits to key government officials to ensure sustained support.

✂ 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.
- UNFPA is a 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.
- UNFPA, through the SRH Working Group, discussed with the State Primary Health Care Development Board (SPHCDB) on the reactivation of Maternal, Perinatal, Child Death Surveillance and Response (MPCDSR) committee in Borno state as part of MAMII strategic objective.

Funding Status

In 2025, UNFPA requires US\$ 15.7 million to deliver critical SRH and GBV services to those most affected by ongoing humanitarian crises in Nigeria. As of June 2025, US\$ 1.7 million has been received from Japan. This represents only 11 per cent of the total funding needed, leaving a **significant funding gap of 89 per cent (US\$ 14 million)**, which jeopardizes UNFPA's ability to respond to SRH and GBV needs, and puts the lives of women and girls in Nigeria at risk.

