



# Situation Report

## Nigeria Humanitarian Crisis

1-28 February 2026

### Highlights

**Elevated GBV risk across Borno, Adamawa, and Yobe (BAY) States:** The crisis in Nigeria is exacerbated by escalating insecurity, mass displacement, and dwindling humanitarian aid, all of which have significantly heightened the risk of gender-based violence (GBV). Women and children represent 80 per cent of those in immediate need of life-saving assistance across the BAY States, highlighting a staggering and disproportionate vulnerability. Specifically, severe food shortages are increasingly forcing women and girls into desperate coping mechanisms, including transactional sex, as they struggle to survive.

**Mass casualties, displacement, destruction, and looting in Kwara State attack:** A violent attack in Kwara State left 176 people dead (predominantly women, including three health workers) and dozens abducted. 650 households were displaced—the majority of whom are women and girls—to Tunga Maji, Woro Makato, Nuku, and Kaiama. Beyond the looting of health facilities, essential sexual and reproductive health (SRH) services remain paralysed as the Woro Primary Health Centre (PHC) is closed due to insecurity, cutting off access to healthcare. Furthermore, a 9 PM–5 AM curfew and critical fuel shortages for the region’s sole ambulance continue to block emergency medical transport, creating life-threatening risks for women with emergency obstetric complications.

**Targeted Appeal for women’s and girls’ interventions:** As part of the overall US \$516 million appeal for the Nigeria Humanitarian Needs and Response Plan (HNRP), UNFPA requires \$11.9 million to deliver essential SRH and GBV prevention and response services to the most vulnerable populations.



**5,900,000**

Total people affected<sup>1</sup>



**1,357,000**

Women of reproductive age<sup>2</sup>



**221,000**

Estimated pregnant women<sup>2</sup>



**283,000**

People targeted with SRH services.



**212,000**

People targeted with GBV programmes

<sup>1</sup> [2026 Humanitarian Need and Response Plan \(HNRP\)](#)

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

## Situation Overview

Since early February 2026, the humanitarian context in the north-eastern BAY States has remained critical and volatile, driven by a protracted, complex conflict, compounded by severe economic hardship and climate shocks. This environment has resulted in widespread internal displacement and a heightened protection crisis, particularly for women and adolescent girls who are disproportionately affected by intensified risks of GBV, child and early marriage, and sexual exploitation.

In north-central Kwara State, an armed attack on 9 February 2026 severely worsened the humanitarian situation in Woro and neighbouring communities in Kaiama Local Government Area (LGA), resulting in mass casualties and displacement, with 176 people killed, including three healthcare workers. Overall, 650 households were displaced to neighbouring villages (Tunga Maji, Woro Makato, Nuku, and Kaiama LGA headquarters), leading to kidnappings of dozens of women and girls. The attack involved looting primary healthcare facilities and burning down around 10 houses and shops.

The lack of basic services—including adequate water, sanitation, and hygiene (WASH) and SRH services—forces vulnerable populations to adopt harmful coping mechanisms, increasing their exposure to danger, and contributing to high rates of maternal and adolescent morbidity in the north-eastern region.

In the Kwara region, access to clean water is critically limited, with only one functional borehole serving the entire population. This severe shortage compels women and girls to undertake long, high-risk journeys and endure extended waiting periods in isolated areas. As a result, their vulnerability to sexual assault, harassment, and exploitative practices—such as “sex-for-water” arrangements imposed by those controlling access—has significantly increased.

The crisis is further driving the deterioration of SRH standards and maternal care. Without adequate water for hygiene and sterilization, safe deliveries become nearly impossible. Moreover, the absence of essential items such as mosquito nets leaves pregnant women highly susceptible to malaria, increasing the risk of severe maternal anemia, miscarriage, and premature birth.

These interrelated challenges create a dangerous nexus in which environmental scarcity intensifies systemic violence and health risks. The situation is further compounded by the urgent need to sustain life-saving services amid a significant decline in funding.

## UNFPA Response

### Sexual and Reproductive Health:

In February, 13,700 individuals received direct SRH services by UNFPA and its implementing partners, which included:

- 1,141 deliveries that were safely managed by skilled birth attendants.
- 4,230 pregnant women accessed antenatal care services, and 1,222 women received postnatal care services.
- 2,629 people were supported with modern contraception (comprising 726 new users and 1,903 continuing users).
- 2,897 people received testing and treatment services as well as information about sexually-transmitted infections (STIs) and HIV.
- 421 individuals accessed treatment for other medical conditions, such as fever, headache, nausea, vomiting, etc.

- 100% of survivors of sexual violence who sought care received clinical management of rape (CMR) care at health facilities.
- 1,099 SRH cases were referred for access to specialised health services.
- Approximately 9,000 people were reached through awareness and information campaigns focused on SRH, mental health and psychosocial support, and guidance on accessing available healthcare services.

In response to the Kwara crisis, UNFPA deployed specialists to assess critical gaps in GBV and SRH services. Key findings revealed a lack of specialised training in the Minimum Initial Service Package (MISP) for SRH, CRM, and emergency obstetric and newborn care (EmONC), as well as a deficit in functional facilities equipped for responding to GBV cases.

To address these needs, UNFPA distributed Inter-Agency Reproductive Health (IARH) and dignity kits to Nuku PHC, Woro PHC, and Kaiama General Hospital, while completing a three-day orientation for 30 government and partner officials to strengthen coordination and the integration of life-saving services.

### Gender-based violence:

Across the BAY States, around 10,000 individuals accessed various GBV services, including mental health and psychosocial support, case management, referrals, legal aid, access to safe shelters, security interventions, and forensic services. Beyond direct service delivery, outreach efforts reached over 26,900 people with awareness information, while 155 individuals utilised toll-free hotlines to access life-saving protection pathways.

### Adolescents and Youth Programming:

Through UNFPA's implementing partners, supported facilities in the BAY States implemented robust adolescent and youth programmes, engaging 7,400 young people. These multi-faceted programmes focus on three key pillars: 1) life skills and empowerment sessions for building self-esteem and decision-making; 2) mentoring and vocational skills training (including tailoring, digital literacy, and cosmetology) aimed at fostering economic independence and reducing the risk of exploitation for adolescent girls, women, and GBV survivors; and 3) peacebuilding and environmental protection programmes to promote social cohesion and civic participation. This holistic approach supports the transition of young people from vulnerability to self-reliance.



## Results Snapshot



13,700

People reached with SRH services  
88% female, 12% male



65

Health facilities supported



9,960

People reached with GBV prevention,  
mitigation, and response activities  
90% female, 10% male



35

Safe spaces for women and  
girls supported



150

Non-food items (such as  
dignity kits) distributed to  
individuals



4

Youth spaces supported



20

IARH kits provided to service  
delivery points to meet the  
needs of 1,197 people



7,400

Young people supported  
in peacebuilding,  
environmental, and  
vocational programmes

## Coordination Mechanisms

### GBV Sub-Sector:

- In response to the Kwara State crisis, UNFPA conducted an assessment of coordination structures and strategies with the Ministry of Women's Affairs, aiming to support capacity-building and partnership activities with local organisations such as the Olive Community Initiative Development.
- The UNFPA Representative led a hybrid coordination meeting for BAY State partners to discuss the GBV Sub-Sector strategy, funding, and transition planning, emphasising the Centrality of Protection and commending partners for their continued commitment and engagement.
- The GBV Sub-Sector coordination team developed a technical guidance note for GBV Sub-Sector partners on the updated GBV indicators for 2026 in line with the HNRP 2026 and harmonised with the Protection Sector. This note also includes general guidance on reporting 5W data.

**GBVIMS+ Case Management Technical Working Group:** The GBVIMS+ Technical Working Group led the February meeting at Malteser International to address system functionality and data quality. Following participation in the GBV Area of Responsibility (AoR) and Strategic Advisory Group meetings, site assessments were conducted for the Foundation for Resilient and Adaptive Development (FRAD), Life At Best Development Initiative (LABDI), and Grassroots Initiative for Strengthening Community Resilience (GISCOR). These visits verified service delivery standards, case management tools, and data security at women and girls' safe spaces.

**SRH Sub-Working Group:** UNFPA participated in bi-weekly health sector meetings focused on emergency resilience, sexual and reproductive health and rights (SRHR) transformation, and

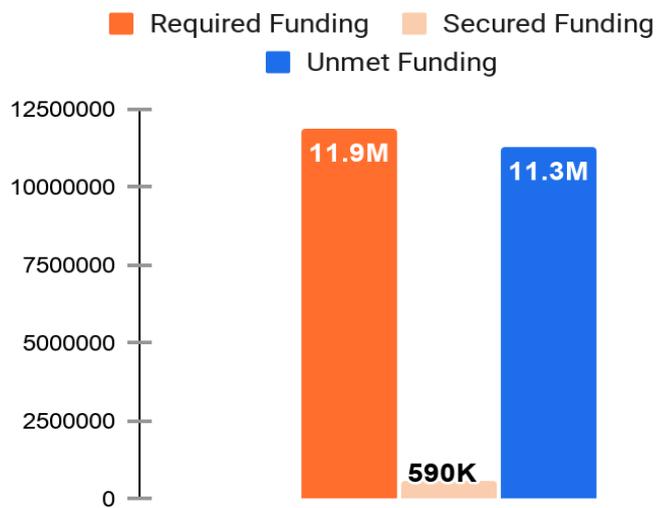
localisation strategies. The agency also led a workshop on the health sector transition action plan, aligning implementation timelines and partner capacity with core SRH mandates.

Additionally, a joint SRH and Maternal Mortality Reduction Innovation Initiative (MAMII) meeting, chaired by the State Primary Health Care Development Board (SPHCDB), reviewed the 2026 strategic vision and the last quarter of 2025 reproductive, maternal, newborn, child and adolescent health scorecard. This session allowed partners to evaluate maternal health indicators and assess MAMII's ongoing impact on reducing maternal mortality across supported facilities.

**Call to Action on Prevention and Response to GBV in Emergencies (GBViE):** The Call to Action Secretariat conducted workshops in Borno and Yobe to evaluate the 2022–2025 Roadmap and inform the 2026–2030 strategy. Based on a desk review of 2023–2025 reports and direct partner feedback, these sessions captured key achievements and recommendations to guide the development of the upcoming Roadmap.

## Funding Status

The initial January appeal of US \$22.1 million was revised to reflect the current funding climate and Humanitarian Reset principles. Therefore, as of February, UNFPA requires US \$11.9 million to deliver life-saving SRH and GBV services in Nigeria in 2026. To date, US \$590,134 has been secured—primarily from 2025 rollover funds—leaving a current funding gap of US \$11.31 million (95%). Without urgent funding, women and girls face significant threats to their safety, health and wellbeing.



**Disclaimer:** Funding available is based on cash 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.

### Current Donors

- Government of Japan
- Kingdom of Norway
- Emergency Fund

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