



Situation Report

Nigeria Humanitarian Crisis

1 - 31 December 2025

Highlights

Protection Risks: Non-state armed group (NSAG) activities are posing serious protection risks, particularly in Gwoza, Bama, and Damasak local government areas (LGAs) of Borno State. These threats raise concerns for livelihood disruption and civilian safety, particularly heightening risks of gender-based violence (GBV).

Insecurity and Access: The persistent and unpredictable threats of improvised explosive devices (IEDs), coupled with other NSAG activities like abductions and assaults on humanitarian facilities (especially in Monguno LGA), severely restrict civilian movement, essential service access, and aid delivery along key corridors.

Cholera Outbreak: The cholera outbreak in Borno State has reported 413 suspected cases, with most affected individuals aged 15 and above. This concentration among adults places many women of childbearing age at heightened risk. Cholera's severe diarrhea and vomiting can lead to preterm labor, miscarriage, or low birth weight, underscoring the urgent need for timely medical care, access to clean water, and proper hygiene to protect both mothers and their babies.

UNFPA Response: In December, UNFPA delivered critical sexual and reproductive health (SRH) services to 12,013 people and reached an additional 16,771 individuals through GBV prevention, mitigation, and response activities. However, UNFPA's humanitarian response in Nigeria was significantly constrained by a severe funding shortfall, with only a quarter of the US\$12 million required secured in 2025.



7,800,000

Total people affected¹



1,950,000

Women of reproductive age²



347,770

Estimated pregnant women



375,000

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

The humanitarian situation in Borno, Adamawa, and Yobe (BAY) States remained severe and volatile, primarily driven by escalating, more sophisticated insecurity from NSAGs, which included abductions, attacks, and a high volume of IEDs. Incidents in December 2025 include an IED detonation in the Wajari community (Banki, Bama LGAs) that killed four children and severely injured a fifth, and a roadside IED strike on a commercial convoy along the Maiduguri-Monguno route, injuring several passengers. This general environment of insecurity severely restricts humanitarian access, making some areas virtually inaccessible.

This complex security environment severely compounded a deepening hunger crisis, forcing farmers to abandon harvests. It is projected that without intervention, nearly six million people in the BAY States alone will face acute food insecurity during the 2026 lean season, which will exacerbate the vulnerability of women and adolescent girls.

Furthermore, a critical health emergency was marked by a cholera outbreak in Borno State, with 413 suspected cases and seven deaths.

UNFPA Response

Sexual and reproductive health: Over 12,000 individuals were supported with SRH services. This included:

- 4,500 pregnant women who received antenatal care.
- 1,200 women received postnatal care.
- 275 deliveries conducted by skilled birth attendants.
- 2,000 new users and 1,100 continuing users of modern family planning.
- 3,000 people were provided with education and services for sexually transmitted infections (STIs) and HIV.

Additionally, 9,500 people received education and information on SRH and mental health and psychosocial support (MHPSS) topics, including where to seek services.

UNFPA continued to collaborate with State Ministries of Health and Primary Health Care Development Boards to ensure access to modern contraception.

Gender-based violence: 85% of GBV survivors received MHPSS, while 7% utilized referral linkages for advanced specialized care. Facility-based case management was provided to 5% of survivors, with the remaining survivors accessing critical interventions, including legal aid, security services, the clinical management of rape, and temporary safe shelter. Furthermore, nearly 270 individuals accessed life-saving information via toll-free hotlines, ensuring that protection pathways remained accessible despite the regional crisis. Additionally, a total of 40,250 people received GBV information and awareness, including 300 reached through community-based protection groups across BAY States.

Adolescents and youth: 11,500 young people participated in peacekeeping and environmental protection initiatives, as well as various vocational skills programmes across UNFPA-supported facilities in the BAY States. These programmes, often linked to dedicated GBV facilities, include tailoring, hairdressing, soap making, and basic computer literacy. Furthermore, expanded skills and digital literacy programmes were also adapted to engage a greater number of adolescents, including those not currently enrolled in school. These initiatives aim to empower vulnerable youth and survivors of GBV with marketable and income-generating skills, fostering economic independence, accelerating resilience, and reducing their susceptibility to exploitation and abuse.

Results Snapshot



12,013
People reached with SRH services
93% female, 7% male



65
Health facilities supported



16,771
People reached with GBV prevention,
mitigation, and response activities
88% female, 12% male



35
Safe spaces for women and
girls are supported



1,100 Non-food items (such as dignity
kits) are distributed to individuals



4 Youth spaces supported



67 Reproductive health kits were
provided to service delivery points
to meet the needs of 1,197 people

Coordination Mechanisms

Sexual and reproductive health:

- The State Primary Healthcare Development Board, co-chaired by the State Ministry of Health, led an SRH partner meeting focused on the effective distribution and clinical utilization of Inter-Agency Reproductive Health (IARH) kits within targeted primary healthcare centres.
- SRH partners convened under government leadership to evaluate 2025 performance and refine intervention strategies for 2026, prioritizing gap resolution, despite ongoing funding constraints.

Gender-based violence:

- The GBV sub-sector has revived the 5W interactive dashboard for Northeast Nigeria. The updated tool tracks partner prevention and response activities and is now accessible via ReliefWeb.
- The Gender-Based Violence Information Management System / Case Management Task Technical Working Group (GBVIMS+/CMTWG) successfully facilitated the information-sharing protocol workshop, which reviewed the existing 2025 protocol and collaboratively developed the 2026 information-sharing protocol. The workshop was hosted by UNFPA, with participation from key data gathering organizations and coordinating partners.
- The GBVIMS/CMTWG supported the compilation of November 2025 GBVIMS data to assess monthly GBV trends and to inform programme design and resource mobilization efforts.

Call to Action on Prevention and Response to GBV in Emergencies

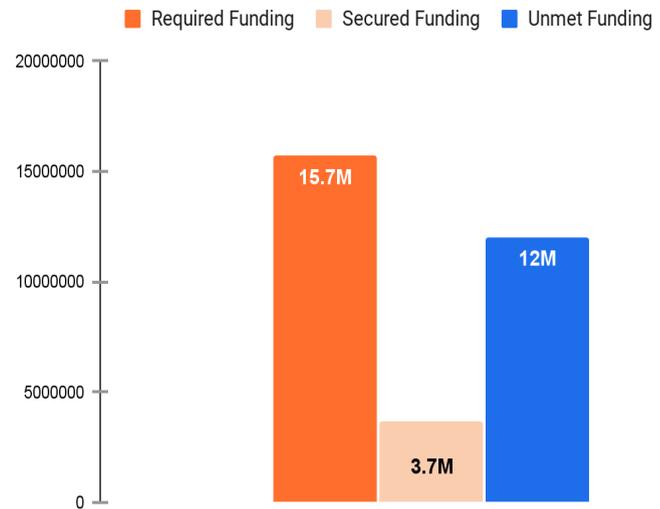
- On December 9, Norway officially succeeded Germany as global lead of the Call to Action on Protection from Gender Based Violence in Emergencies in Nigeria, alongside the Federal Ministry of Women Affairs and Social Development.

- On December 3, the Secretariat engaged the Nigeria INGO Forum (NIF) to strengthen partner participation, securing a commitment from NIF to advocate for and disseminate Call to Action priorities across its member networks.
- The Secretariat provided the Humanitarian Country Team with a critical analysis of GBV trends in Northeast Nigeria, emphasising local capacity building and UNFPA’s mandate as the provider of last resort.

Funding Status

The significant funding shortfall of US\$12 million—representing 76% of the required US\$15.7 million—critically jeopardizes the ability of UNFPA and its implementing partners to deliver life-saving SRH and GBV prevention and response services amid Nigeria’s ongoing humanitarian crisis.

The impact of this shortfall extends beyond immediate service delivery. Without sustained investment, progress made in strengthening local health systems, training frontline workers, and building community resilience could be reversed. Vulnerable populations—including internally displaced persons, adolescent girls, pregnant women, and survivors of violence—will bear the brunt of these setbacks.



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.

“Before coming here, I felt broken and silent. The safe space gave me back my voice. Now, I not only sew clothes to provide for my children, but I also help other women know their rights. We are no longer just victims; we are survivors supporting each other.”

- Aisha, a participant of the skills acquisition programme at UNFPA-supported Integrated Health Facility, Muna IDP camp, Maiduguri, Borno State.

Current Donors

- UNFPA Emergency Fund
- Government of Norway
- Government of Canada
- Government of Japan
- Government of the United States

For more information

Muriel Mafico
Representative
mafico@unfpa.org

Adewole Ajao (Media Enquiries)
Communications Analyst
ajao@unfpa.org