



Situation Report

Nigeria Humanitarian Crisis

1-31 January 2026

Highlights

2026 Humanitarian Needs and Response Plan Appeal: Humanitarian partners finalized the [Humanitarian Needs and Response Plan \(HNRP\) for Nigeria](#), which was endorsed by the Government of Nigeria. The plan requires US\$516 million to provide life-saving support to 2.5 million of the most vulnerable people in the Borno, Adamawa, and Yobe (BAY) States in 2026, with women and adolescent girls accounting for eight out of every ten people in immediate need. An urgent appeal has been launched to mobilize the resources required to save lives, alleviate suffering, and prevent further deterioration of humanitarian conditions.

Repatriation of Refugees: The Borno State Government facilitated the voluntary repatriation of over 3,000 refugees from Cameroon. UNFPA supported the return process from Minawao Camp, providing dignity kits and case management services for women and girls at risk. Assistance was also extended to returnees arriving in Pulka and relocating to other communities within the Gwoza local government area, ensuring that they received essential support, immediate protection, and a safer pathway to reintegration.

High-Level Engagement: Nigeria's National Council on Humanitarian Affairs and Poverty Reduction convened its inaugural meeting in Calabar from 27–29 January to strengthen coordinated humanitarian action across Nigeria. A key priority was positioning sexual and reproductive health (SRH) and gender-based violence (GBV) as central pillars of the national humanitarian agenda. During the session, the Council adopted a memorandum sponsored by UNFPA aimed at enhancing the delivery, coordination, and integration of SRH and GBV services across humanitarian responses in all regions and states of Nigeria.



5,900,000

Total people affected¹



1,357,000

Women of reproductive age²



221,000

Estimated pregnant women



283,000

People targeted w/ SRH services.



212,000

People targeted w/ GBV programmes

¹ [2026 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

In January 2026, the humanitarian situation in the BAY States remained critical, prompting humanitarian partners and the Government of Nigeria to launch an urgent appeal for US\$516 million. The appeal comes amid escalating needs driven by the 16-year conflict, climate shocks, and economic hardship.

Violence proliferated by non-state armed groups (NSAGs) in Nigeria has displaced hundreds of thousands of people, particularly in the North-East. In many areas, attempts to relocate internally displaced persons (IDPs) to safer locations have been repeatedly disrupted by persistent insecurity. Relocation sites are frequently targeted or attacked, eroding protection gains, heightening vulnerability, and triggering renewed cycles of displacement. Key concerns include the immediate threat posed by multiple fire outbreaks in IDP camps that displaced hundreds and heightened protection risks for vulnerable households.

Women and girls face heightened risks of GBV, child and early marriage, and loss of livelihoods, particularly in conflict-affected states. As insecurity deepens and economic opportunities shrink, many are forced to adopt harmful coping strategies. Food insecurity and limited access to income often push women and girls to engage in high-risk activities to survive, including travelling long distances in search of work or food.

Provision of water, sanitation, and hygiene (WASH) services to nearly 900,000 people across the BAY States significantly improved public health by reducing the incidence of waterborne diseases such as cholera, diarrhea, and typhoid—illnesses that disproportionately affect pregnant women due to the risk of anemia, miscarriage, and preterm labour. Access to WASH services—including gender-segregated facilities—also strengthened protection outcomes for women and girls. Separate latrines and bathing spaces reduced the risk of sexual harassment and assault, while improved access to nearby water sources minimized the need to travel long distances, where women and girls face risks of sexual violence.

Nigeria has the largest population in Africa, and it continues to grow at an estimated annual rate of approximately 3 per cent. This rapid demographic expansion, coupled with declining funding levels, is placing increasing pressure on already overstretched systems across the country. Without additional resources, access to essential services—including critical health and protection services—is likely to deteriorate further.

UNFPA Response

Sexual and reproductive health:

Approximately 10,500 individuals received direct SRH services by UNFPA and its implementing partners, which included:

- **Maternal and neonatal care:** 305 deliveries were safely managed by skilled birth attendants. 4,000 pregnant women accessed antenatal care, and 1,370 women received postnatal care.
- **Family planning:** UNFPA supported 2,400 people with modern contraception (comprising 1,300 new users and 1,100 continuing users).
- **Sexually transmitted infections:** 2,500 people received STI/HIV testing and treatment services and information.

- Community engagement:** Approximately 8,000 people were reached through awareness and information campaigns focused on SRH, mental health and psychosocial support (MHPSS), and guidance on accessing available healthcare services.

Gender-based violence:

A total of 7,220 individuals received GBV services across the BAY states, including case management, mental health and psychosocial support (MHPSS), referrals to specialised services, security and legal assistance, and temporary shelter support. The majority of survivors (87%) received mental health and psychosocial support (MHPSS), while 7% accessed facility-based case management, and the remaining survivors received specialised interventions like the clinical management of rape (CMR), and security assistance.

Beyond direct care, 29,255 individuals were reached with GBV awareness information, while nearly 300 individuals utilised toll-free hotlines to access life-saving information and protection pathways.

Adolescents and youth:

Across the BAY states, 6,500 young people participated in peacekeeping, environmental, and vocational programmes at UNFPA-supported facilities. These initiatives—covering skills like tailoring, digital literacy, and hairdressing—targeted adolescents and GBV survivors to foster economic independence and reduce the risk of exploitation.

Results Snapshot



10,500

People reached with SRH services
92% female, 8% male



65

Health facilities supported



7,220

People reached with GBV prevention, mitigation, and response activities
89% female, 11% male



35

Safe spaces for women and girls supported



25

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



4

Youth spaces supported



115

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



6,500

Young people supported in peacekeeping, environmental, and vocational programmes

Coordination Mechanisms

GBV Sub-Sector: The GBV Sub-Sector significantly strengthened its operational framework by launching a monthly 5W response dashboard to monitor partner activities and finalizing an interactive referral pathway dashboard to streamline survivor access to care. The Sub-Sector convened its first 2026 coordination and Strategic Advisory Group meeting to define the year's strategic direction and initiate the annual workplan, ensuring a unified and data-driven approach.

GBVIMS+ Case Management Technical Working Group: The Gender-Based Violence Information Management System (GBVIMS+) Case Management Technical Working Group enhanced data integrity by providing advanced technical support on the Primero platform to partners. Additionally, the group revised and disseminated the 2026 Information Sharing Protocol for institutional endorsement and convened a technical session hosted by PUI to standardise case management and data quality across the sector.

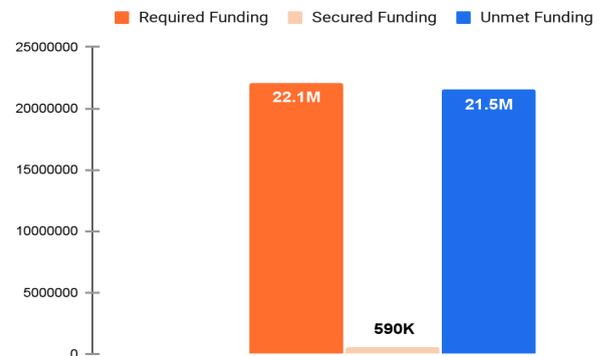
SRH Sub-Working Group: The SRH Sub-Working Group convened a joint meeting with the Maternal Mortality Reduction Innovation Initiative (MAMII), chaired by the State Primary Health Care Development Boards, to establish the 2026 strategic vision and finalize partner Terms of Reference. As a technical lead, UNFPA facilitated a progress review of MAMII's impact on maternal mortality and analysed the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Scorecard to evaluate SRH indicators across partner-supported facilities.

Call to Action on Prevention and Response to GBV in Emergencies (GBViE): The Call to Action (CtA) Secretariat launched a monthly newsletter in January to enhance information sharing. The Secretariat also initiated the reactivation of the Technical Task Team, ensuring inclusive representation from government institutions, UN agencies, and women- and youth-led organizations to drive the 2026 protection agenda.

Funding Status

For 2026, UNFPA requires \$22.1 million to deliver life-saving SRH and GBV services in Nigeria.

As of January, \$590,134 (2.7%) has been secured—primarily as a rollover from 2025—leaving a substantial funding gap of \$21.5 million (97.3%) that threatens the safety and health of women and girls.



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.

Current Donors

- Government of Japan

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