Situation Report

Nigeria Humanitarian Crisis

1-30 June 2026

Highlights.

- **Internally displaced person camp closures and relocation (Borno State):** Borno State Governor Babagana Zulum officially ordered the immediate closure of the Bama internally displaced person (IDP) camp, the largest displacement facility outside Maiduguri, citing restored peace in liberated communities, security risks, and the need to mitigate camp dependency. The state government has commenced the profiling of IDPs for safe relocation and resettlement. Furthermore, the Governor announced that the Gwoza Government Secondary School IDP camp is slated to close within weeks, among other camps set to close, signaling an accelerated transition toward durable solutions in the state.
- **Severe cholera outbreak in Borno:** A multifaceted emergency in Borno State was compounded by a severe cholera epidemic. Overcrowded treatment centres, critical supply shortages, and unsafe water have exacerbated the situation, leaving vulnerable women and girls at risk.
- **Regional policy integration (Kano State):** UNFPA participated in the North-West Governors' Advocacy Workshop to strategically integrate gender-based violence (GBV), maternal health, and sexual and reproductive health (SRH) priorities into the region's broader child welfare, nutrition, and education agendas. This engagement successfully secured renewed political commitments and identified new pathways for sustained advocacy and regional resource mobilization.

5,900,000	1,357,000	221,000	283,000	212,000
Total people affected[1]	Women of reproductive age[2]	Estimated pregnant women[2]	People targeted with SRH services	People targeted with GBV programmes

[1] 2026 Humanitarian Need and Response Plan (HNRP)
[2] Estimated figures are based on the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health in Humanitarian Settings calculator.

Situation Overview

Nigeria faces a severe, multifaceted humanitarian crisis driven by protracted conflict, macroeconomic inflation, escalating conflict, disease outbreaks, and the peak of the lean season, leaving an estimated 36.3 million people food insecure. In the north-east epicenter, non-state armed violence, a severe malnutrition crisis, and a massive cholera outbreak exceeding 16,300 cases are heavily straining local capacities. Simultaneously, Borno State has initiated the abrupt closure of major IDP camps, including Bama and Gwoza, triggering mass displacement, profiling, and relocation of vulnerable populations, including women and girls.

Concurrently, the north-west and north-central regions are suffering from separate, worsening crises fueled by banditry and intercommunal violence, exemplified by a mid-June attack in Gummi Local Government Area (LGA), Zamfara State, that caused dozens of casualties and displaced nearly 8,800 individuals into constrained communal spaces.

These compounding instabilities, mass camp closures, and early seasonal flooding exacerbate protection risks for women and girls. In overcrowded shelters and unsafe transit routes, women and girls face heightened exposure to GBV, sexual exploitation, and abuse. Furthermore, the conflict-driven collapse of health infrastructure, exacerbated by the cholera epidemic, has severely disrupted critical SRH services. This leaves pregnant women and GBV survivors with limited access to essential maternal healthcare, safe delivery services, and family planning options.

UNFPA Response

Sexual and Reproductive Health:

SRH services were delivered through a network of 60 health facilities and 30 safe spaces; services included, but were not limited to:

- **359** deliveries safely managed by skilled birth attendants.
- **1,918** individuals provided with education on sexually transmitted infections (STIs) and HIV.
- **4,751** pregnant women accessed focused antenatal care, while
- **974** women received postnatal care services.
- **2,996** people were supported with modern contraception (comprising new and continuing users).
- **613** persons accessed treatment for other medical conditions, while **160** persons were referred for access to specialized health services.
- **160** individuals were safely referred to secondary or tertiary health institutions for access to advanced specialized health care.
- 100% of survivors of sexual violence who sought care were provided with medical services within the critical 72-hour window. Of these survivors, 7% also received comprehensive case management, and 4% were referred to specialized services.

In addition, 12,119 individuals were reached with awareness-raising messages on maternal health, the importance of skilled facility deliveries, family planning, and STI/HIV prevention, as well as other infectious disease awareness and education, including cholera prevention and mitigation.

Gender-Based Violence:

GBV response activities reached **12,624** people with prevention, mitigation, and response services through 34 women and girls' safe spaces, youth spaces, and one-stop centres, which included:

- **9,873** individuals received mental health and psychosocial support through individual and group counselling.
- **1,183** individuals were supported through multisectoral referral linkages.
- **89** individuals were provided with specialized support, including safe shelter, security enforcement, legal assistance, and justice services.
- **1,449** individuals were provided with dedicated facility-level case tracking and management.
- **30** participants (70% female) from the Kwara State Ministry of Women Affairs and partner organizations were trained on GBV prevention, response, case management, referral pathways, coordination, and mental health and psychosocial support.

In addition, 32,588 were reached with GBV and rights-based information through community-level outreach and protection groups.

Adolescent and Youth Programming:

Youth-focused empowerment initiatives engaged 7,372 young individuals through a network of four dedicated youth-friendly spaces, focusing on three foundational pillars:

- **2,218** young people completed structured life-skills and empowerment sessions to enhance decision-making and self-esteem.
- **3,996** individuals took part in vocational training and mentoring programmes — including digital literacy, tailoring, and cosmetology — to foster economic autonomy.
- **1,158** youth were actively involved in civic engagement through development, peacebuilding, and environmental protection projects.

Results Snapshot

11,837
People reached with SRH services
94% female, 6% male

60
Health facilities supported

12,624
People reached with GBV prevention, mitigation, and response activities
88% female, 12% male

30
Safe spaces for women and girls supported

NFI	150	Non-food items (such as dignity kits) distributed to individuals		4	Youth spaces supported
	189	Inter-Agency Reproductive Health kits provided to service delivery points to meet the needs of 110,000 people		7,372	Young people supported in peacebuilding, environmental, and vocational programmes

Coordination Mechanisms

Sexual and reproductive health

Through the SRH Working Group, UNFPA contributed to the following activities in June:

- Donated 189 Inter-Agency Reproductive Health (IARH) kits to the Benue State Ministry of Health to support life-saving care for 110,000 people.
- Rehabilitated a Primary Healthcare Centre in Agan Makurdi LGA, Benue State.
- Established integrated health facilities and safe spaces in Benue State IDP camps and communities, supporting 24,000 people with GBV and SRH services.
- Coordinated the recall of defective Guedel airways from service points and warehouses.
- Held performance reviews with family planning supervisors across three states to assess supply chains and determine follow-up actions.
- Monitored last-mile distribution of IARH kits to improve accountability and reduce stock loss.
- Strengthened systems by training family planning supervisors on supply chain and data management, and coaching coordinators on data validation and reporting.

Gender-based violence

GBV Sub-Sector: As lead of the GBV Sub-Sector, UNFPA was involved in the following activities:

- Finalized a harmonized GBV Service Mapping Tool to strengthen coordination, monitor service availability amid funding changes, and support transition planning across Borno, Adamawa, and Yobe (BAY) states.
- Conducted rapid assessments on protection risks linked to Borno IDP camp closures to inform joint advocacy for maintaining survivor-centred services.
- Developed a cholera response reporting tool and guidance on GBV risk mitigation to improve systematic coordination across affected LGAs.
- Finalized revised GBV standard operating procedures for BAY states, which are now in the final editorial stage following government endorsement.
- In Benue State, UNFPA has supported the creation of a government-led GBV technical working group (TWG) and the standardization of referral pathways to improve service coordination and delivery for survivors.

GBV Information Management Systems+ (GBVIMS+) Case Management Technical Working Group:

UNFPA trained 10 staff (7 female, 3 male) from the implementing partner, the Royal Heritage Health Foundation (22-26 June) on GBV case management, strengthening their skills in survivor-centred response, confidentiality, and “do no harm” principles.

UNFPA also trained 44 personnel (41 female, 3 male) from four partner organizations, Future Resilience and Development Foundation (FRAD), Street Child, International Medical Corps (IMC), and Life at Best Development Initiative (LABDI), on GBVIMS+, enhancing data compliance, case management protocols, and staff skills in quality assurance and system administration.

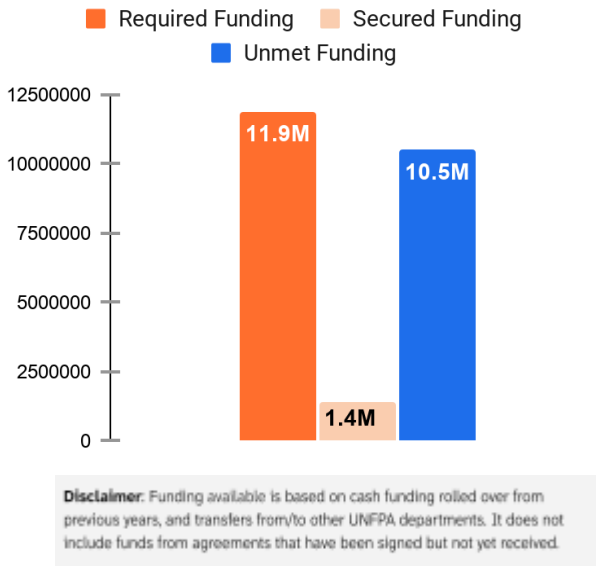
Call to Action on Prevention and Response to GBV in Emergencies:

The Call to Action secretariat advanced advocacy and accountability by publishing new communication materials, including an interactive dashboard on ReliefWeb that tracks Roadmap 2026-2030 commitments, and sharing case stories and funding opportunities via newsletters.

The Secretariat supported Nigeria's participation in UNFPA's global Risk Sharing Pilot on Gendered Risks. By convening women-led organizations to document the impact of funding and transition risks, these findings will refine UNFPA's Gendered Risk Library and guide future localization and risk-sharing strategies.

Funding Status

To deliver the required SRH and GBV humanitarian response, a total of US $11,900,000 is required. In June 2026, UNFPA approved $495,000 in emergency funding for the crisis in Nigeria. Combined with the US $883,467 previously secured (comprising carry-over funds from Japan, Norway, and the UNFPA Emergency Fund). UNFPA's total secured funding is now $1,378,467. This leaves a critical funding gap of 88.4%.



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
- UNFPA Emergency Fund

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