








# Situation Report

Armed conflict in North-East Nigeria continues to place lives at risk



Country:	Nigeria
Emergency type:	Conflict
Date Issued:	May 23, 2025
Covering Period:	April 1, 2025 to April 30, 2025
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## Key Figures

 <b>7,800,000</b> Total people affected <sup>1</sup>	 <b>1,950,000</b> Women of reproductive age <sup>2</sup>	 <b>347,770</b> Estimated pregnant women <sup>2</sup>	 <b>375,880</b> People targeted with SRH services	 <b>281,000</b> People targeted with GBV programmes
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## Highlights

- Funding cuts deepen humanitarian crisis:** Funding cuts have led to reduced inter-agency footprints, staff layoffs, and service delivery gaps; threatening UNFPA's response to gender-based violence (GBV) and delivery of sexual and reproductive health (SRH) services. The USAID funding cut specifically endangers

<sup>1</sup> [2025 Humanitarian Need and Response Plan \(HNRP\)](#)

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

family planning efforts; raising the risks of maternal mortality, unintended pregnancies, and unsafe abortions, underscoring the urgent need for alternative funding and stronger government ownership.

- **Rising insecurity is increasing risks for women and girls:** The worsening insecurity in Borno and Yobe are making life even harder for women and girls, who now face greater risk of violence, limited access to health and protection services, loss of livelihoods, and growing distress.

## Situation Overview

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- **Need for addressing the critical nutrition crisis:** The Federal Government of Nigeria and the United Nations jointly launched a US\$159 million lean season response plan for Borno, Adamawa, and Yobe States in the northeast to tackle severe acute malnutrition in several local government areas. The situation of food insecurity is compounded by conflict and displacement, leading to an increased risk of GBV for women and girls. Malnutrition also contributes to anemia, which can lead to several complications for both pregnant women and the developing baby.
- **Humanitarian needs are increasing in conflict-affected areas:** Armed insurgents have intensified attacks on military bases and imposed taxes on communities in Borno and Yobe, causing widespread displacement. A sharp increase in IED incidents has also led to higher civilian casualties, restricted movement, disrupted essential services, and impeded humanitarian aid.
- **Incidents of natural disasters:** In April 2025, an accidental fire broke out in an ammunition storage facility at Giwa Army Barracks in Maiduguri, Borno State. Two people were injured and hospitalized. The explosions caused panic and temporary displacement, and further exposed women and girls to protection risks as they fled the affected areas.

## UNFPA Response

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During April 2025, UNFPA, through its dedicated frontline workers, has implemented targeted interventions to support vulnerable individuals, achieving the following results:

- **6,504 individuals received SRH services** through UNFPA-supported facilities, including the clinical management of rape (CMR), antenatal and postnatal care, safebirths assisted by skilled personnel, testing and treatment for sexually transmitted infections (STIs), and family planning.
- **2,613 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 clinical management of rape.
- **1,107 women and girls participated in vocational training**, including tailoring clothing, soap making, and local perfume production. These programmes aim to empower women and adolescent girls with economic opportunities and enhance their resilience.

- **9,657 community members were reached with GBV and SRH information** and awareness activities. These sessions aim to 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.
- **UNFPA introduced a Cash and Voucher Assistance (CVA) intervention** in 2025, which gained momentum in April, to support and boost the uptake of SRH and GBV services. The implementing partners have been identified and discussions to optimize a safe beneficiary data platform is presently ongoing with NEC Japan. The CVA component will be integrated into the GBV and SRH services when the processes are completed for safe and ethical beneficiary data collection.

## Results Snapshots



**6,504**

People reached with **SRH services**  
95% female, 5% male



**70**

Health facilities supported






**2,613**

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



**31**

Safe spaces for women and girls supported

	<b>300</b>	Dignity kits were distributed to women and girls.
	<b>5</b>	Youth spaces supported by UNFPA.
	<b>185</b>	Reproductive health kits were provided to service delivery points to meet the needs of 355,751 individuals.

## Coordination Mechanisms

The Call to Action on Protection from Gender-Based Violence supported women-led and youth-led organizations with small grants to implement integrated SRH/GBV and peace-building interventions. A total of 70 local organizations (40 women-led and 30 youth-led) were successfully identified and are presently implementing grassroots activities in communities. The Call to Action also continued in its expansion of the Gender-Based Violence in Emergencies course to academic institutions for sustainability by collaborating with the Benue State University, where a training of trainers workshop was held for academic staff who would pioneer the introduction of the course in the University.

## Gender-Based Violence

As of April 2025, the GBV Sub-Sector, in collaboration with 62 partners across the BAY states, achieved the following key milestones to address GBV:

- Provision of essential GBV services to 14,006 women and girls in Borno (9,684), Adamawa (2,478), and Yobe (1,844).
- Access to safe socio-economic, livelihood, and income-generating opportunities for 8,422 individuals.
- Distribution of 9,703 dignity kits to GBV survivors and vulnerable women and adolescent girls in Adamawa (232), Borno (4,864), and Yobe (4,607).
- Capacity building for 4,620 individuals, including local stakeholders, community-based organizations, and relevant institutions.
- Community engagement and GBV-related sensitization and training on prevention and core principles reaching 155,270 individuals.
- Additionally, UNFPA coordinates and supports Justice Sector Reform Teams across Borno, Adamawa, and Yobe states, facilitating monthly coordination meetings aimed at improving access to justice for GBV survivors.

## Sexual and Reproductive Health

- UNFPA leads the SRH Working Group and held monthly meetings in Borno, Adamawa and Yobe State, which served as a platform for coordination among partners, review of the distribution plan for Inter-Agency Reproductive Health (IARH) kits across service delivery points, and discussions on minimizing duplication of efforts and filling critical gaps caused by funding cuts. The meetings also addressed stockout mitigation strategies, integration of GBV and mental health and psychosocial support (MHPSS) into SRH services.
- UNFPA collaborated with WHO and partners to adjust the needs and targets for 2025 Humanitarian Needs and Response Plan (HNRP) in line with the humanitarian reprioritization exercise and loss of funding.
- UNFPA distributed 185 cartons of IARH to 70 service delivery points in the northeast states of Borno, Adamawa and Yobe to support the provision of the Minimum Initial Service Package (MISP) for reproductive health in crisis, emergency obstetric and newborn healthcare, reaching 355,751 people.
- UNFPA participated in the Maternal, Neonatal, Mortality Reduction Innovation and Initiatives (MAMII) led by the State Ministry of Health, where UNFPA led discussions on best practices to scale up interventions to reduce maternal mortality.
- UNFPA participated in a joint monitoring visit to different health facilities (primary health facilities, secondary and tertiary hospitals) and assessed the healthcare workers and the emergency obstetric care referral system for addressing complicated labour.

## ✂ 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 also 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.

## Funding Status

In 2025, UNFPA requires US\$ 15,112,727 to deliver critical SRH and GBV services to those most affected by ongoing humanitarian crises in Nigeria. As of April 2025, US\$1 million has been received from Japan. This represents only 6.6 percent of the total funding needed, leaving a significant funding gap of 93.4 percent (US\$ 14,112,727), which jeopardizes UNFPA's ability to respond to SRH and GBV needs, and puts the lives of women and girls in Nigeria at risk.

