



Situation Report

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



Country:	Nigeria
Emergency type:	Conflict
Date Issued:	April 5, 2025
Covering Period:	March 1, 2025 to March 31, 2025
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Key Figures



7,800,000

Total people affected¹



1,950,000

Women of reproductive age²



347,767

Estimated pregnant women²



375,880

People targeted with SRH services



281,000

People targeted with GBV programmes

Highlights

- Funding cuts deepen humanitarian crisis:** The reduction in funding has led to the scaling back of critical programmes, staff layoffs, and service delivery gaps. UNFPA may be forced to cut gender-based violence (GBV) response efforts, while healthcare services face shortages of supplies and personnel, weakening overall protection services for vulnerable populations. This necessitates urgent advocacy for alternative funding

¹ [2025 Humanitarian Need and Response Plan \(HNRP\)](#)

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

sources and greater government ownership of humanitarian efforts. The USAID funding cut specifically threatens family planning services, potentially increasing maternal mortality, unintended pregnancies, and unsafe abortions due to contraceptive shortages and compromised healthcare capacity.

- **Borno State Government (BSG) facilitates return of refugees:** The return of over 7,000 refugees from Chad has heightened GBV risks for women and girls due to insecurity, lack of shelter, and limited services in return areas, increasing their vulnerability to exploitation and sexual violence during transit and resettlement. While the BSG and partners are providing aid and working to improve security and infrastructure, sustainable reintegration and economic empowerment remain critical.

Situation Overview

- **Need for addressing the critical nutrition crisis:** Severe acute malnutrition in several local government areas, worsened by conflict and displacement, increases the risk of GBV for women and girls. Facing food shortages and limited livelihoods, they may resort to harmful coping mechanisms like transactional sex. Displacement and scarcity can also escalate domestic violence, while malnutrition itself complicates reproductive health and childbirth.
- **Record increased civilian casualties amid rising IED threats:** The dramatic rise in IED incidents has resulted in a significant increase in civilian casualties. The presence of explosive ordnance restricts safe movement, impedes humanitarian aid delivery, and creates an environment of fear. Efforts are underway to mitigate the impact through risk education, awareness campaigns, and capacity building in explosive ordnance disposal. However, the socio-economic consequences of explosive ordnance contamination are profound, disrupting healthcare institutions, education, and overall recovery.
- **Incidents of natural disasters:** On March 22 2025, two fires in Monguno Local Government Area (LGA), Borno State, displaced families and destroyed over 80 shelters at the Government Girls Secondary School Internally Displaced Person (IDP) camp and 15 houses in Gana Ali Ward, resulting in the loss of food and belongings. Separately, on the same day, a fire in Mirwa Ward, Nguru LGA, Yobe State, destroyed 51 houses and 85 livestock, affecting 301 people and leaving many homeless. Natural disasters in Nigeria have severe consequences across multiple sectors, including disrupting **healthcare access**, heightening risks during pregnancy and childbirth, limiting family planning services, and increasing vulnerability to sexually transmitted infections (STIs); loss of shelter and resources further compromises SRH. Disasters exacerbate **GBV**, including sexual assault and domestic violence, due to displacement and social disruption. In terms of **population and development**, social and economic activities are disrupted, leading to food insecurity and displacement. This hinders recovery efforts and strains available resources.

UNFPA Response

UNFPA, through its dedicated frontline workers, has implemented targeted interventions to support vulnerable individuals, achieving significant results in the following areas:

- **11,940** individuals received SRH services through UNFPA-supported facilities, including the clinical management of rape, antenatal and postnatal care, assisted births by skilled personnel, testing and treatment for sexually transmitted infections (STIs), and family planning.

- 17,784 individuals accessed protection and GBV services, including case management, mental health and psychosocial support, temporary safe shelter, psychological first aid, security and legal support, and referrals to specialized services.
- 4,920 individuals participated in skills acquisition training for women and girls, including tailoring, soap making, and local perfume production. These programmes aim to empower women and girls with economic opportunities and enhance their resilience.
- 7,147 community members were reached with GBV and SRH information and awareness campaigns. These sessions aim to educate communities on various forms of GBV, available services for GBV survivors and other vulnerable individuals, and SRH services and rights, including family planning and menstrual hygiene management.

Results Snapshots



11,940

People reached with **SRH services**
89% female, 11% male



70

Health facilities supported



17,784

People reached with **GBV prevention, mitigation, and response activities**
86% female, 14% male



31

Safe Spaces for Women and Girls supported



250

Dignity kits distributed to individuals



5

Youth spaces supported by UNFPA



2

Reproductive health kits were provided to service delivery points to meet the needs of 438 individuals

Coordination Mechanisms

Gender-Based Violence

GBV Sub-Sector, in collaboration with 33 partners, has achieved significant milestones in addressing GBV in the region during March 2025. These include:

- Providing essential GBV services to 3,756 women and girls in Borno (2,229), Adamawa (1,090), and Yobe (437) states.
- Mobile outreach programmes that successfully reached over 23,305 people with information about GBV.
- Distributing 4,768 dignity kits to survivors of GBV and vulnerable women and adolescent girls.
- The GBV Area of Responsibility (AoR) has submitted a plan for the 2025 Humanitarian Response Plan, targeting 1.8 million people in need, with 1 million as the focus group, and appealing for US\$ 21.44 million to support GBV prevention and response efforts. As of 18 March, 2.29 million (3.5%) has been funded from bi/multilateral funding agencies for the GBV 2025 response plan.

Sexual and Reproductive Health

- Training of Trainers on Clinical Management of Rape was organized during the week of 17th March, for key SRH partners, including the Government for all three States, to ensure UNFPA and SRH Working Group (WG) have a pool of trainers available in the States for subsequent training activities.
- UNFPA, representing the SRH WG, participated in the WHO-organized meeting to adjust the needs and targets for HNRP 2025, considering the USAID funding cuts.
- SRH WG meeting for Borno was postponed due to other conflicting programmes, but the meeting was held in Yobe State.
- The arrival of IARH kits is expected in April, and the distribution plan in the State will be discussed through the SRH WG coordination platform.

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. 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.

Funding Status

In 2025, UNFPA Nigeria requires US\$ 15,112,727 to fund its Humanitarian Needs Response Plan, which focuses on delivering critical SRH and GBV services to vulnerable populations. Of the US\$ 15,112,727 required, as of February 2025, only 6.6 percent had been mobilized, amounting to US\$ 1,000,000, received from Japan. This leaves a significant funding gap of 93.4 percent (US\$ 14,112,727) of UNFPA's humanitarian appeal, which jeopardizes UNFPA's ability to meet the needs of those most affected by ongoing humanitarian crises.

