



Situation Report

Nigeria Humanitarian Crisis

1-30 April 2026

Highlights

Escalating food insecurity exacerbates GBV risks: Nigeria is currently facing an unprecedented hunger and malnutrition crisis, with nearly 35 million people experiencing acute food insecurity.¹ Escalating food and water scarcity compel women and adolescent girls into desperate coping mechanisms, including transactional sex or "sex-for-water" arrangements.

Insecurity intensifies across Borno, Adamawa, Yobe (BAY) and other states: In April 2026, Nigeria faced heightened insecurity from non-state armed groups (NSAG) activity in Borno, communal clashes in Cross River, and banditry in Zamfara and Benue. These conflicts, including a notable attack in Adamawa, caused significant casualties and the abductions of women and girls.

Overcrowding and funding cuts leave over 900,000 displaced people in BAY States at risk: The persistent funding deficit has forced reductions in vital protection services in displacement camps, and left more than 900,000 individuals across BAY states in precarious, congested conditions. In camps like Banki and Monguno, populations exceed design capacity threefold, intensifying protection risks, disease outbreaks, and fire hazards.

UNFPA's humanitarian appeal for Nigeria remains 93% unfunded: Amidst the growing needs in Nigeria, UNFPA has redirected focus toward localization, yet a severe funding predicament remains. Of the \$11.9 million UNFPA requires, only 7% has been funded, stalling the comprehensive delivery of critical reproductive health and protection services.



5,900,000

Total people affected²



1,357,000

Women of reproductive age³



221,000

Estimated pregnant women²



283,000

People targeted w/ SRH services



212,000

People targeted w/ GBV programmes

¹ [World Food Programme](#)

² [2026 Humanitarian Need and Response Plan \(HNRP\)](#)

³ Estimated figures are based on the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health in Humanitarian Settings calculator.

Situation Overview

In April, insecurity continued to escalate across the north-eastern BAY States, with intensified attacks by NSAGs. On 25 April 2026, NSAGs carried out coordinated attacks in Kati, Sévaré, Gao, Mopti, and Kidal. In Gao, a community health centre was targeted, while in Kidal, the offices of the regional health directorate were also attacked. These incidents severely disrupted access to essential sexual and reproductive health (SRH) services. This volatile security environment has triggered widespread internal displacement and intensified protection risks, particularly for women and adolescent girls who are disproportionately affected by gender-based violence (GBV), child and early marriage, and sexual exploitation.

Nearly 35 million Nigerians are facing food insecurity, driven by conflict, climate shocks, displacement, and the collapse of local food systems. Escalating insurgent attacks are intensifying the hunger crisis, forcing mass displacement and destroying livelihoods. The crisis is further compounded by declining humanitarian food assistance due to critical funding shortfalls. The BAY States remain the epicentre of the crisis, with nearly 5.8 million people projected to face severe food insecurity in 2026. Among them, 15,000 people are expected to experience catastrophic hunger and famine-like conditions.⁴ Women and children are the most vulnerable, facing the highest rates of malnutrition. Malnutrition during pregnancy poses severe threats to both mother and baby. It significantly increases the risk of maternal anaemia, pre-eclampsia, and postpartum complications, while causing poor fetal development, low birth weight, and premature birth.

Fire outbreaks remained a persistent and destabilizing hazard across internally displaced persons (IDP) camps and host communities in the BAY states, driven by severe overcrowding and the widespread use of highly combustible makeshift shelter materials, particularly in camps such as Banki and Monguno. On 20 April 2026, a fire outbreak at Kamcheji IDP camp in Dikwa Local Government Area (LGA), Borno State, destroyed multiple shelters, food supplies, and household belongings, leaving several families displaced and without essential items. Similarly, on 28 April 2026, a devastating fire at Bulabulin New Settlement in Damasak, Mobbar LGA, Borno State, destroyed more than 200 houses and tragically resulted in two fatalities.

At the same time, Nigeria continues to grapple with one of its most severe diphtheria epidemics in history, which has now been ongoing for almost four years. Adamawa and Borno are facing persistent outbreaks, with over 1,500 combined cases between January-March 2026.⁵ Critical shortages of antitoxins and laboratory delays stall life-saving interventions. Diphtheria presents serious risks to pregnant women, as infection during pregnancy can lead to severe complications, including miscarriage, stillbirth, and premature birth.

These interrelated challenges create a dangerous nexus in which environmental scarcity intensifies systemic violence and health risks. The situation is further compounded by the urgent need to sustain life-saving services, particularly for women and adolescent girls, amid a significant decline in funding.

⁴ [World Food Programme](#).

⁵ [OCHA, Nigeria: Borno, Adamawa, and Yobe \(BAY\) states - Situation Report, 3 April 2026](#).

UNFPA Response

Sexual and Reproductive Health:

SRH programming reached **18,888 individuals** through a network of 65 health facilities and specialized safe spaces, which included:

- **385 deliveries** safely managed by skilled birth attendants.
- **6,215 individuals** provided with education on sexually transmitted infections (STIs) and HIV.
- **4,892 pregnant women** accessed focused antenatal care, while **1,911 women** received postnatal care services.
- **3,110 people** were supported with modern contraception (comprising new and continuing users).
- **62% of GBV survivors** who sought care received clinical management of rape services within the critical initial 72-hour timeframe.
- **4,286 individuals** were reached with SRH and infectious disease awareness and education.

Significant contributions were made by the Centre for Comprehensive Promotion of Reproductive Health and all the BAY State Ministries of Women Affairs, utilizing integrated health facilities and one-stop centres in high-density areas such as Muna Camp and Damaturu Central.

Gender-Based Violence:

GBV response activities reached **8,478 people** with prevention, mitigation, and response services through 35 women and girls' safe spaces and one-stop centres, which included:

- **5,890 individuals** received mental health and psychosocial support through individual and group counselling.
- **100% of survivors** of sexual violence who sought care were provided with medical services within the critical 72 hour window. Of these survivors, 11.3% also received comprehensive case management and 16.6% were referred to specialized services.
- **1,412 individuals** supported through multisectoral referral linkages.
- **955 individuals** were provided with specialized support, including safe shelter, legal assistance, and justice services.
- **18,367 people** were reached with GBV and rights-based information through community-level outreach and protection groups.

Adolescents and Youth Programming:

Youth-focused empowerment initiatives engaged **6,109 young individuals** through a network of four dedicated youth-friendly spaces, focusing on three foundational pillars:

- **1,939 women and adolescent girls** completed structured life skills and empowerment sessions to enhance decision-making and self-esteem.
- **3,846 individuals** took part in vocational training and mentoring programmes—including digital literacy, tailoring, and cosmetology—to foster economic autonomy.
- **324 youth** were actively involved in civic engagement through development, peacebuilding, and environmental protection projects.

Results Snapshot



18,888
People reached with SRH services
91% female, 9% male



65
Health facilities supported



8,478
People reached with GBV prevention,
mitigation, and response activities
87% female, 13% male



35
Safe spaces for women and
girls supported



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



4
Youth spaces supported



44
IARH kits provided to service
delivery points to meet the
needs of 440,000 people



6,300
Young people supported
in peacebuilding,
environmental, and
vocational programmes

Coordination Mechanisms

Sexual and reproductive health

SRH Sub-Working Group:

- In April 2026, the Borno State SRH Sub-Working Group strengthened evidence-based planning and coordination through the Maternal Mortality Reduction Innovation Initiative Technical Working Group, where UNFPA serves as a lead partner. The initiative aligned the distribution of family planning commodities and equipment with service delivery needs and population vulnerabilities across LGAs, improving facility readiness and operational capacity for maternal and newborn care. It also established a replicable, data-driven distribution model to guide future allocation of SRH commodities, equipment, and humanitarian health resources. Through UNFPA's leadership, these efforts enhanced accountability, streamlined operational planning, and expanded equitable access to life-saving maternal and reproductive health services to reduce preventable maternal mortality for vulnerable women and adolescent girls.

Gender-based violence

GBV Sub-Sector:

- Alongside 35 key partners, the GBV coordination supported the finalization of the 2026–2029 GBV and localization strategies, established a clear strategic framework for future programming, and drafted state-level Standard Operating Procedures for BAY States, enhancing operational readiness and quality services delivery.

GBV Information Management Systems+ Case Management Technical Working Group:

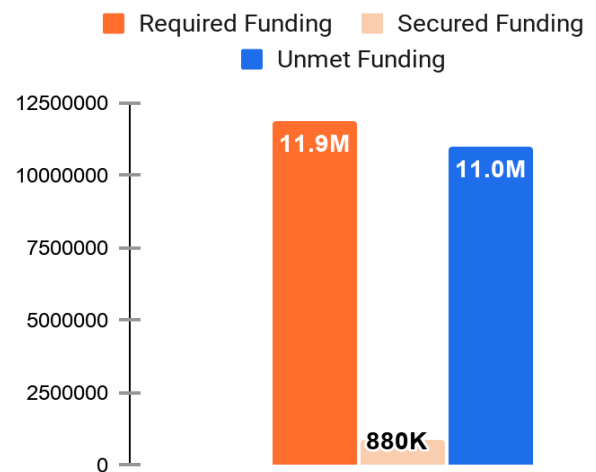
- The Working Group produced and presented information management products, with the key outcome of driving evidence-based programming, resource mobilization, and anticipatory action coordination.

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

- The new **Strategic Roadmap (2026-2030)** was validated through a multi-stakeholder workshop, consolidating technical inputs from BAY State partners and federal agencies, including the Federal Ministry of Women Affairs, Federal Ministry of Justice, National Agency for the Prohibition of Trafficking in Persons, the National Human Rights Commission, the National Police Force, UNFPA, women-led organizations (WLOs), youth-led organizations, and non-governmental organizations.
- **Geographic expansion:** Initiated geographic scaling beyond the North-East, completing partner mapping and assessments of GBV coordination structures in the North-West to broaden the call-to-action footprint.

Funding Status

To deliver the necessary SRH and GBV response, a total of US \$11.9 million is required. Currently, only US\$883,467 has been secured, representing just 7% of the total funding needs. These available funds consist of a \$590,134 roll-over from 2025 from the Government of Japan, the Kingdom of Norway, and the UNFPA Emergency Fund, as well as an additional \$293,333 grant from the Government of Japan in 2026.



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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