



Ummakulsam Lawal with her daughter Sahar at Kanti Maternal and Child Health Clinic during the immunization campaign in Daura LGA, Katsina State.5/5/2025, Kanti MCHC, Daura katsina state, Nigeria.



Humanitarian Situation Report No. 3

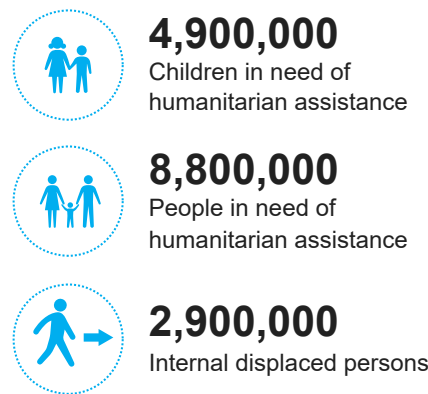
Reporting Period
1 January to 31 December 2025

Nigeria

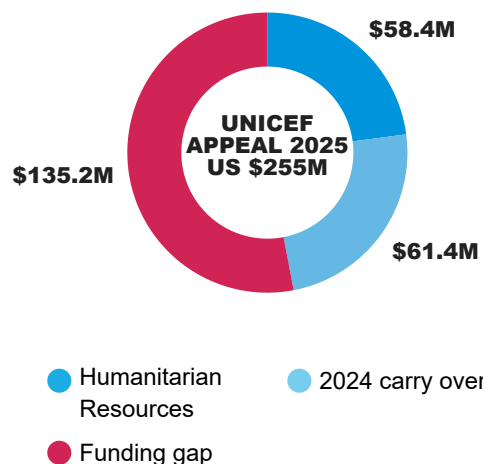
HIGHLIGHTS

- In 2025, Nigeria’s humanitarian crisis deepened as conflict, displacement, flooding and disease outbreaks converged with economic strain and reduced funding. An estimated 4.9 million children required humanitarian assistance, including over 2.5 million projected to suffer acute malnutrition. During the lean season, 400,000 children in the North-East and North-West were at imminent risk of death due to nutrition stockouts. Donors mobilized additional resources, enabling UNICEF and partners to secure supplies and avert a catastrophic interruption in treatment.
- With donor support, UNICEF delivered multisectoral results. Over 441,000 severely malnourished children were treated in the Northeast, and more than 500,000 children received nutrition services in the Northwest. Health partners supported 3.1 million outpatient consultations, while 700,000 people accessed safe water, 700,000 children received education support, and 900,000 children and caregivers benefited from protection services.
- By December, UNICEF had received US\$120 million of the US\$255 million required, leaving a 53 per cent funding gap.

SITUATION IN NUMBERS



FUNDING STATUS (IN US\$)**



UNICEF RESPONSE AND FUNDING STATUS*

Health	measles vaccination	94%
	Funding status	73%
Nutrition	SAM	77%
	Funding status	51%
Child protection, GBVIE and PSEA	MNHPSS	133%
	Funding status	34%
Education	Access to education	117%
	Funding status	30%
WASH	Access to safe water	46%
	Funding status	37%
Emergency preparedness and response coordinatic	RRM	84%
	Funding status	100%

* UNICEF response % is only for the indicator, the funding status is for the entire sector.

FUNDING OVERVIEW AND PARTNERSHIPS

Thanks to donors' generous contributions, the Nigeria Humanitarian Action for Children (HAC) was 53 per cent funded in 2025. UNICEF received US\$120 million (including US\$61 million carry-forward) of the planned US\$255 million, leaving critical shortfalls across sectors. This reflects the sharp contraction in global humanitarian financing which befall emergency contexts in 2025, alongside the humanitarian reset, which has intensified prioritization amid reduced resources.

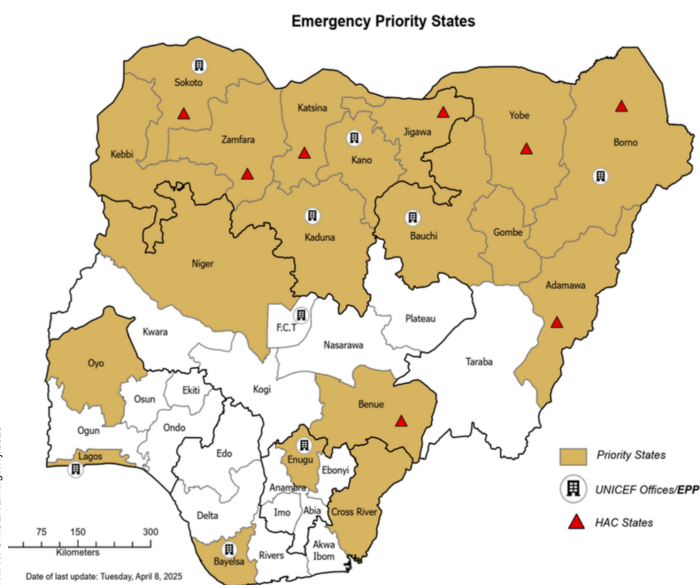
For UNICEF Nigeria, the funding received in 2025 includes humanitarian resilience and development funding sources, based on which humanitarian activities towards the outlined HAC indicators were implemented. Contributions towards humanitarian activities in 2025 have been from Canada, the Central Emergency Response Fund (CERF), European Commission / ECHO, Education Cannot Wait, Gavi, Global Partnership for Education, Norway, Sweden, Switzerland, the United Kingdom, UN Multi-Donor Trust Fund, USAID Bureau for Humanitarian Assistance, the National Committees of UNICEF (NatCom), and UNICEF's Global Humanitarian Thematic Fund.

Moreover, in 2025, UNICEF Nigeria also received an internal loan from the Emergency Programme Fund (EPF) to support the humanitarian response to cholera as well as to cover nutrition response ahead of the lean season amidst stop-work orders and funding cuts experienced in early 2025.

UNICEF collaborations with international NGOs (INGOs) and national NGOs (NNGOs) continued in 2025 where UNICEF partnered with 29 NGOs (including 23 National NGOs and 6 International NGOs) – with a throughput of close to US\$16.6 million. This is in addition to government actors which UNICEF supports in humanitarian work implementation.

Additionally, UNICEF continued to co-lead the WASH, Nutrition, and Education Sectors, as well as the Child Protection Area of Responsibility (AOR), in collaboration with government and NGO co-leads.

SITUATION OVERVIEW AND HUMANITARIAN NEEDS



Map of Nigeria showing the HAC (emergency priority) states and UNICEF Field Offices

Country-Wide

In 2025, Nigeria faced overlapping humanitarian crises across the country, driven by conflict, communal violence, environmental shocks, and disease outbreaks - compounded by economic instability. Per the Cadre Harmonise for Identification of Risk Areas and Vulnerable Population in the Sahel and West Africa, an estimated 33.1 million people were projected to experience food insecurity in Nigeria during the June/August lean season, worsened by insecurity, price shocks, and large-scale displacement.¹ Moreover, 1.8 million children under five were projected to suffer from acute malnutrition, with the highest burden in the northern states.² By September, critical nutrition supply gaps threatened access to treatment for over 400,000 severely malnourished children. The nutrition supply pipeline was only 44 per cent funded in the North-East (US\$30 million gap) and 32 per cent in the North-West (US\$45 million gap). However, following joint UN advocacy and government engagement, donors mobilized funding that helped close urgent gaps and enabled thousands of children to access lifesaving treatment.

Significant humanitarian needs were assessed and responded to in northern states. IOM's 2025 Displacement Tracking Matrix (DTM) for the North-West, North-Central and North-East, reported close to 3.6 million Internally Displaced People (IDPs),³ including 3.3 million in UNICEF priority states⁴ - highlighting the scale and persistence of forced displacement in 2025.

Flooding during the 2025 rainy season affected more than 25 states and 252,878 people including the Federal Capital Territory (FCT), displacing over 105,849 communities and damaging 35,157 homes, 41,657 farmland, roads and water systems. In anticipation of these seasonal shocks, humanitarian actors scaled up anticipatory action frameworks and early response measures, helping pre-position supplies, strengthen community warning systems and reduce the worst impacts of the floods.⁵

The education sector remained under strain, with over 10.2 million school-age children out of school - mainly in the North-West (45 per cent) and North-East (28 per cent). The situation was further exacerbated when, in mid-November 2025, armed attackers abducted 25 schoolgirls from a secondary school in Kebbi State and, days later, over 300 students and 12 teachers from a school in Niger State, one of the largest known mass school kidnappings in recent years. These incidents, alongside ongoing attacks on education facilities and personnel, further disrupted safe access to schooling and deepened barriers for children already out of school.

Public health systems struggled to respond to multiple disease outbreaks. Throughout 2025, Nigeria reported over 23,000 suspected cholera cases and hundreds of deaths across 37 states, disproportionately affecting children under five. In addition, outbreaks of measles and other epidemic-prone diseases were confirmed in numerous states, while facilities in conflict-affected and underserved northern areas remained under severe strain. The combined pressure of conflict, displacement and weakened routine immunization further challenged disease control and health service delivery across the country.

Protection risks escalated, including abductions, child recruitment, and targeted violence against health and education facilities - raising concerns on the persistent grave violations against children in Nigeria.

North-East: Borno, Adamawa, and Yobe (BAY) States

In the North-East, conflict continued to drive humanitarian needs, with over 2.3 million people internally displaced across Borno, Adamawa and Yobe states⁶ as at October 2025, due to ongoing violence linked to non-state armed groups, with persistent protection risks and constrained access to essential services. The broader violence environment also contributed to one of the highest annual

civilian fatality counts in recent years, as documented by humanitarian monitoring (2025 civilian deaths in North-East Nigeria exceeded several thousand according to multi-agency estimates). Fatalities linked to armed conflict in BAY states remained significant, particularly in Borno State which, according to ACLED, recorded 3,897 conflict-related deaths (from 2,136 fatalities in 2024), the highest in the country. Adamawa State reported 116 fatalities (143 fatalities in 2024), while Yobe State recorded 150 (37 fatalities in 2024).⁷

Nutrition assessments in 2025 documented a sharply deteriorating situation across BAY states amid conflict and food insecurity. According to global food security analysis, approximately 5.4 million children under five and nearly 800,000 pregnant and breastfeeding women nationwide were at risk of acute malnutrition, including an estimated 1.8 million children projected to experience severe acute malnutrition requiring urgent treatment, many of whom resided in Borno, Adamawa and Yobe where food access remained fragile. UNICEF-cluster reporting through April 2025 (pre-peak of the lean season) also noted that several LGAs in the North-East were experiencing critical Global Acute Malnutrition (GAM) levels above emergency thresholds, with some IDP populations showing GAM rates exceeding 18 percent - causing a mobilization of stakeholders for concern that these numbers would increase during the lean season.

The 2025 lean season floods affected approximately 64,649 people across BAY states, displacing 13,847 individuals, causing 53 deaths and sustaining around 354 injuries.⁸ Destroyed homes and infrastructure further impeded humanitarian access and livelihood activities in flood-affected communities. National emergency management data noted that flood risk in 2025 was widespread, affecting hundreds of thousands of people across Nigeria's states. By quarter three 2025, at least 25 confirmed deaths and several thousand were displaced in Adamawa State due to isolated flood events, illustrating the repeated nature of climate shocks.

The health situation in the BAY states remained critical, with continued deterioration in access to essential healthcare services. Health system capacity remained strained by insecurity, increased demand - notably in areas hosting IDPs or in return or relocation sites - and limited functionality of health facilities in hard-to-reach and resettlement areas. Seasonal flooding and heavy rainfall, further exacerbated public health risks. Flood-related damage to water and sanitation infrastructure resulted in water contamination and deteriorating hygiene conditions in several affected locations heightening the risk of cholera, acute watery diarrhoea, malaria, and other water or vector-borne diseases, while simultaneously constraining physical access to health services due to damaged infrastructure and impassable roads.

Moreover, overlapping disease outbreaks, including circulating variant poliovirus (cVPPV), diphtheria, measles and cerebrospinal meningitis (CSM) persisted and were compounded by gaps in disease surveillance, weak routine immunization performance, and reduced access to preventive and curative services, notably in conflict-affected locations.

North-West: Katsina, Sokoto, and Zamfara States

In 2025, Katsina, Sokoto and Zamfara remained key hotspots of armed banditry, kidnappings, farmer - herder clashes and rural violence, driving protection concerns and displacement across Northwest Nigeria. What began as localized farmer-herder disputes has evolved into organized banditry and criminal networks, increasingly expanding into North-Central states. The presence of non-state armed groups (NSAGs) such as Lakurawa, operating across borders into Niger and Mali, and factions linked to Ansaru, has further complicated the security environment. Criminal activity and abductions continued to rise, including a July attack in Kairu

community in Zamfara, where armed men reportedly killed six people and abducted more than 100, including women and children.

As of mid-2025, IOM's Displacement Tracking Matrix reported 529,000 IDPs for the aforementioned states, a 10 per cent decrease compared to the previous round conducted in February 2025.⁹ The majority continued to reside in host communities or camp-like conditions with no possibility to return home, reflecting continued attacks on rural communities and limited security. Violence has disrupted agricultural activities, restricted market access and eroded livelihoods, sustaining high levels of vulnerability. Zamfara recorded 1,915 deaths, followed by Katsina with 1,398 fatalities, Sokoto with 645, and Kebbi with 253.

The North-West was particularly hard hit by cholera outbreaks, notably in Zamfara state which reported over 14,000 suspected cases - the highest caseload for 2025 - and Sokoto state which came in second with over 3,000 cases.

Food insecurity also remained severe. According to the 2025 IPC analysis, millions faced Crisis (IPC Phase 3) and Emergency (IPC Phase 4) food insecurity during the lean season, while UNICEF-supported SMART surveys confirmed emergency levels of acute malnutrition in several LGAs.

Children continued to face grave protection risks, including mass kidnappings from schools and communities, which caused trauma, disrupted education and deepened the protection crisis across the region.

North-Central

In North-Central Nigeria, major humanitarian concerns stem from displacement caused by communal and farmer-herder violence; with over 712,000 IDPs across Kogi, Nasarawa, Niger, Plateau and Benue - which hosts the highest number.¹⁰ Official figures from December 2024 report over 400,000 IDPs in Benue State, by mid July 2025 figures increased to 480,000 due to ongoing clashes including the mid-2025 attack on Yelewata community which left more than 200 people dead; displaced populations sought refuge in spontaneous sites and host communities. Additional attacks occurred in Daudu and Udei communities in Guma LGA. According to ACLED, Benue recorded 848 deaths in 2025, followed by Niger State (579) and Kwara State (307). These incidents reflect escalating intercommunal tensions, competition over land and resources, and the growing overlap between communal conflict and organized violence. Benue ranks fourth nationally for conflict-related fatalities, after Borno, Zamfara and Katsina.

A UNICEF and Benue State Emergency Management Agency (SEMA) humanitarian-needs assessment across 15 camps in Benue identified significant gaps in basic services, highlighting urgent needs for 97,000 people from 28,400 households.

In May 2025, severe flooding in Mokwa LGA, Niger State, killed over 500 people, left 600 missing, destroyed over 4,000 homes, and displaced thousands. Damage to roads, bridges, markets and farmland further disrupted livelihoods and food security.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health (including public health emergencies)



UNICEF/2025/Fashina
Khadija, 6 months, being carried by her mother, Safiya, at Myetti Allah Primary Health Care facility, Rigasa in Kaduna State

Country-Wide

In 2025 UNICEF support government and partners to reach over 3.1 million children and women (78 per cent) with health care in UNICEF-supported facilities. In the BAY states, UNICEF-supported services delivered over 1.7 million outpatient consultations and expanded vaccination efforts, including measles-rubella campaigns and outreach to zero-dose children. In the North-West, integrated outreach and mobile health services reached hundreds of thousands of women and children, responding to cholera and measles outbreaks while supporting immunization, maternal care, and Primary Health Care (PHC) referrals. Lastly in Benue, health services for displaced populations included nearly 60,000 consultations, expanded vaccination, and integrated support linking health, nutrition, WASH, and protection services. Across all regions, service delivery remain was constrained by insecurity, health worker shortages, supply gaps, infrastructure damage, and increasing demand linked to displacement.

North-East: Borno, Adamawa and Yobe (BAY) States

In Adamawa State, sustained cholera transmission continued throughout 2025, with a cumulative total of 2,163 cases and 57 deaths across eight LGAs (case fatality rate (CFR): 2.6 per cent) – the largest number of cases across the BAY states. Through coordinated response measures, including case management, WASH interventions, and risk communication, the epidemic has been brought under control. A total of 464,867 people were reached with oral cholera vaccination, achieving 99.5 per cent coverage with UNICEF and WHO support. Field monitoring and coordination with state health authorities indicate that transmission was driven by population displacement, flooding-related damage to health and WASH infrastructure, and gaps in routine immunization coverage. Meanwhile, in Borno State, the last cholera alert was recorded on 7 December 2025, with the first Rapid Diagnostics Test (RDT) - positive cholera case confirmed on 12 December 2025 in Maiduguri Metropolitan Council putting an estimated 6,000 people at risk. By the end of the year a total of 550 suspected cholera cases were reported, with children under 15 years accounting for 55 per cent (330) of cases. Laboratory testing confirmed *Vibrio cholerae* O1

Ogawa in 3 of 17 samples, with a CFR of 1.3 per cent.

To address recurrent measles outbreaks, UNICEF supported the introduction of the combined measles-rubella vaccine through integrated campaigns alongside polio vaccination. High coverage was achieved with routine and supplementary immunization activities reaching 350,913 children, (100 per cent of target); however, coverage for other antigens remained below expected levels specially for children living in security compromised areas.

In addition to response to outbreaks, UNICEF supported essential health services for IDPs, returnees, and host communities through fixed, outreach, and mobile modalities. Over 1.7 million (90 per cent of annual target) outpatient consultations were delivered, with integrated PHC intensification targeting zero-dose children in hard-to-reach areas reached over 260,000 women and children, including 16,000 previously unvaccinated children.

North-West: Katsina, Sokoto, and Zamfara States

In 2025, Zamfara State experienced one of the largest cholera outbreaks in Nigeria this year, with cases reported across all 14 LGAs. By the peak of the outbreak, over 15,000 suspected cases and around 192 deaths had been recorded, driven by poor access to safe water, inadequate sanitation, and insecurity affecting health service access. The State declared the outbreak which led to a coordinated government-led response, supported by UNICEF partners, included surveillance, treatment centres, vaccination, and WASH interventions, which helped bring the outbreak under control by the end of the year.

Rapid emergency responses to cholera and measles outbreaks in Zamfara and Sokoto ensured containment, with approximately 14,000 cholera cases treated and 5,000 children vaccinated against measles. This response was supported through the provision of critical supplies, including 36 Acute Watery Diarrhea (AWD) kits, of which 30 were deployed to Zamfara State and six to Sokoto State. In addition, 28 laboratory technicians from Zamfara State were trained on proper sample collection and handling to strengthen surveillance and diagnostic capacity. To further support case management, oral rehydration salts (50 packs), urinary catheters, and IV cannulas were also supplied to Sokoto State. In addition, a total of 16 Case Area Targeted Intervention (CATI) teams were deployed in Zamfara State, where 2,000 household cholera kits were distributed to support rapid response and outbreak containment activities. In Sokoto State, 15 CATI teams were also deployed, alongside the distribution of 880 cholera kits to strengthen case management and community-level response efforts.

UNICEF also supported the delivery of essential health services to IDPs and affected host communities across Sokoto, Zamfara, and Katsina States through fixed, outreach, and mobile modalities.

In the North-West, UNICEF supported 830 integrated outreach sessions involving 380 health workers, reaching 595,872 women, children, and adolescents, including vaccinating 147,911 children under five against measles. In both Sokoto and Zamfara a total of 5,100 mama kits were distributed to pregnant women to support safe delivery and boost skilled birth attendance. While, 92 PHC facilities in Katsina served as referral centres for displaced populations, supported by weekly data harmonization, monthly LGA-level review meetings, and quarterly state-level reviews to monitor performance and address service gaps.

North-Central: Benue State

In Benue, UNICEF prioritized case management and vaccination for IDPs across 10 IDP sites, and 2 host communities establishing a clinic in the Mbayongo (Mega) and Ultramodern International Market IDP camps both in Makurdi LGA which hosts IDPs with medical supplies, essential medicines, and delivery kits for ANC clients.

Essential services reached displaced populations across 10 IDP camps and 2 host communities in Benue State, including over 44,000 medical consultations and 16,000 immunizations to children. Additionally, 700 vulnerable individuals in Benue were enrolled into health insurance, expanding equitable access, reducing financial barriers, while strengthening social protection.

Advocacy with SEMA and State Ministry of Health (SMOH) secured additional medicines and commitment to facilitate service delivery. A total of 59,859 medical consultations were provided, including antenatal (ANC), deliveries, referrals, and consultations for people with disabilities. Routine and campaign immunization reached 343 children, while over 1,000 children vaccinated against polio, and 10,004 children aged 6 months–15 years immunized against measles. A key challenge however remains the consistent provision of essential medicines due to shortages in supplies and funding.

Furthermore, since June 2025 when armed attackers raided Yelewata community in Guma LGA, IDPs have been unable to return to their homes due to persistent insecurity; it has also delayed renovation of Yelewata Primary Health Centre.

UNICEF also strengthened school health interventions in learning spaces, including conducting screening for zero-dose identification, promoting HPV vaccinations, deworming, and treatment of skin infections. Service delivery was enhanced through additional consulting rooms and triage areas, with a multidisciplinary team from UNICEF and UNFPA, reducing ANC waiting times by 50 per cent. Malnourished children were referred for nutrition support, while WASH and GBV services reinforced infection prevention and psychosocial care.

Nutrition



Country-Wide

The 2025 lean season placed significant pressure on vulnerable households, particularly in the Northeast and Northwest, where rising food insecurity and funding constraints threatened the continuity of lifesaving nutrition services. At the peak of the period, nearly 400,000 children were at imminent risk of severe acute malnutrition treatment interruptions due to pipeline gaps. However, rapid mobilization of donor support and coordinated partner action helped avert the worst-case scenario, enabling the continuation of critical nutrition and food assistance during the most critical months.

According to the IPC acute malnutrition analysis published in November 2024, the nearly 5.4 million children aged 0-59 months in North-West and North-East Nigeria suffering from acute malnutrition were likely to continue suffering through 2025. This included some 1.8 million cases of Severe Acute Malnutrition (SAM) and 3.6 million

cases of Moderate Acute Malnutrition (MAM). Additionally, approximately 787,000 pregnant and breastfeeding women were acutely malnourished.¹¹ Across six states in the north and Benue, over 945,000 children were admitted for treatment of severe wasting (77 per cent of target) with UNICEF support.

North-East: Borno, Adamawa and Yobe (BAY) States

By December 2025, 441,000 severely malnourished children had been admitted for treatment in the North-East, below 2024 levels (503,000) and short of the 2025 Humanitarian Needs and Response Plan (HNRP) target of 630,000 children, reflecting a decline in treatment coverage. A total of 593 Outpatient Therapeutic Program (OTP) centres and 42 Stabilization Centres (SC) operated across priority LGAs, slightly increased from 590 OTPs and 43 SCs in 2024.

Preventive interventions reached over 415,000 children aged 6–23 months with Micronutrient Powders (MNPs) or Small-Quantity Lipid-Based Nutrient Supplements (SQ-LNS), compared to 283,000 in 2024. Furthermore, over 378,000 caregivers were trained on Family Mid-Upper Arm Circumference (MUAC) screening, supporting early detection and home-based monitoring as facility-based coverage declined.

Borno and Yobe State Governments procured deworming tablets for the Maternal, Newborn, and Child Health Week (MNCHW), integrated with UNICEF-supported Vitamin A supplementation.

In 2025, nutrition programme implementation challenges included: insecurity, limited access to hard-to-reach areas, resource constraints, and workforce shortages. Strengthening community-based screening, expanding OTP coverage, and sustaining government engagement were essential to mitigate risks.

North-West: Katsina, Sokoto, and Zamfara States

In 2025, UNICEF and partners delivered lifesaving nutrition interventions across Katsina, Sokoto, and Zamfara States, targeting children under five years and pregnant and lactating women in humanitarian-affected areas. Notably, across the three states over half a million (504,706) children were treated for SAM.

In Katsina, 180,702 severely malnourished children were admitted for treatment, surpassing the planned target of 153,946. Of these, 175,510 children were enrolled in the OTP, while 5,192 were admitted to Stabilization Centres (SCs) for medical complications. Treatment outcomes reflected quality services, with 116,881 children cured, 17,491 defaulted, 543 deaths, and 2,488 non-responders. Preventive interventions reached 76,328 children aged 6 - 23 months with Micronutrient Powders (MNPs), 781,069 children aged 6 - 59 months with vitamin A supplementation, 94,441 children with deworming, 140,220 women and caregivers counselled on Maternal, Infant and Young Child Nutrition (MIYCN), and 187,313 pregnant women receiving Multiple Micronutrient Supplements (MMS).

In Sokoto and Zamfara States, 324,004 children were treated for severe acute malnutrition, achieving 74 per cent of the annual target. Preventive interventions included 79,000 children aged 0–23 months receiving MNPs or Small-Quantity Lipid-Based Nutrient Supplements (SQ-LNS), 211,470 caregivers with MIYCN counselling, and 821,857 pregnant women receiving MMS. A total of 504,706 children with severe acute malnutrition were reached across the three states.

Programme delivery faced access limitations due to insecurity, disruptions from the United States (US) Stop Work Order, and donor funding shifts, which affected coverage and continuity. UNICEF and partners mitigated these constraints through community-based screening using Family MUAC, active case finding, targeted outreach in hard-to-reach local government areas and strengthened integration of maternal and child nutrition services within the health system. Facility-based services were reinforced with additional OTPs, SCs, and strong community mobilization, while supply

continuity and workforce deployment were adjusted to maintain service delivery, ensuring early detection, treatment, and prevention of acute malnutrition.

North-central: Benue State

In July 2025, UNICEF initiated humanitarian nutrition support in Guma Local Government Area (LGA) IDP camps following the 2025 Round 1 Maternal, Newborn and Child Health Week (MNCHW), which identified 1,040 children with MAM. A high-level mission with the State Primary Health Care Development Board (SPHCDB), State Emergency Management Agency (SEMA), and camp management assessed nutrition practices, mapped service gaps, and guided a targeted response.

Under the First 1,000 Days Initiative, UNICEF combined emergency nutrition interventions with policy advocacy, and multisectoral coordination. Throughout June–December 2025, 2,856 children aged 6–59 months were screened, 406 children identified with MAM, and 298 with SAM, of which 241 received OTP treatment and 8 were referred to SCs. While, 6,794 mothers/caregivers received MIYCN counselling and 489 pregnant women received MMS.

UNICEF's response integrated emergency treatment, prevention, and system strengthening, linking health, WASH, education, social behaviour change, and social policy sectors, achieving substantial coverage and treatment outcomes, while reinforcing government ownership and capacity to respond to shocks.

Child protection, GBViE and PSEA

Country-Wide

In 2025, UNICEF and partners sustained a protection-centred response across conflict- and displacement-affected areas in Nigeria, prioritizing the safe release, civilian handover, and reintegration of children associated with armed groups. A total of 4,154 children exited armed groups (surpassing target), all receiving interim care, case management, Mental Health and Psychosocial Support (MHPSS), and reintegration support; including 1,055 adolescents completing vocational training. In addition, 436 unaccompanied children, due to conflict and/or due to family separation during displacement, were reunified with their families. UNICEF-supported capacity building strengthened government child-protection in emergencies (CPiE) systems, with 1,861 frontline protection actors trained across Borno, Adamawa, and Yobe states.

In displacement-affected areas of Benue and Niger States, UNICEF expanded child protection and Sexual and Gender-Based Violence (SGBV) services through safe spaces, psychosocial support, case management, and community-based protection mechanisms, reaching tens of thousands of children and caregivers while strengthening local social welfare systems. Through these types of activities, across the country, 340,271 people received community based mental health and psychosocial support (exceeding target). Despite these efforts, ongoing displacement, insecurity, and limited-service capacity continue to place pressure on protection systems – only 30 per cent of our disabilities target for children receiving comprehensive case management was reached for example.

North-East: Borno, Adamawa and Yobe (BAY) States

During the reporting period, 4,154 children (2,084 girls; 2,070 boys) exited armed groups, while 60 children were transferred from Nigerian military custody to civilian authorities in line with the Handover Protocol. Since its signing in September 2022, 956 children (490 girls; 466 boys) have been handed over within the stipulated timeframe. The Protocol reinforces the principle that children formerly associated with armed actors are victims of grave violations and must be addressed through protection and rehabilitation frameworks.

All released children accessed interim care, child protection case management, MHPSS, and reintegration services. Durable reintegration remained central to preventing re-recruitment and mitigating stigma. In 2025, 1,055 adolescents completed Technical and Vocational Education and Training (TVET) linked to individualized reintegration plans, combining psychosocial follow-up, caregiver engagement, community-based protection mechanisms, and livelihood pathways. Among 671 unaccompanied and separated children identified, 436 were reunified with families; 235 were placed in alternative care pending reunification through government-led and UNICEF-supported case management systems.

To strengthen sustainability, 1,861 frontline actors (790 female; 1,071 male) across Borno, Adamawa, and Yobe states were trained to enhance government-led case management, reintegration standards, and safeguarding practices. Since July 2021, 37,473 individuals have passed through transit centres in Maiduguri following large-scale exits from armed groups, with children accounting for 66 per cent of exits in 2025. Continued displacement, community fragility, and limited-service absorption capacity place sustained pressure on protection systems, underscoring the need for predictable support to prevent renewed cycles of recruitment, exploitation, and social exclusion.

North-West: Sokoto and Zamfara States

The humanitarian situation in Sokoto and Zamfara States continues to expose children and families to multiple protection risks, including violence, abuse, exploitation, harmful practices, and psychosocial distress. IDPs and vulnerable host communities face limited access to essential child protection services, gender-based violence (GBV) response, MHPSS, and birth registration services. UNICEF continues to support integrated child protection and GBV prevention and response interventions through local partners to address these vulnerabilities.

During the reporting period, 15,195 adolescent girls were reached through the establishment of safe spaces across targeted communities. These safe spaces provided structured platforms for life-skills education, psychosocial support, empowerment activities, and referrals to specialized protection and GBV response services. The interventions contributed to strengthening protective environments and improving access to support services for adolescent girls at risk of child marriage and other forms of gender-based violence.

In addition, 5,131 individuals, including community and traditional leaders, participated in community-based dialogue platforms and reflective sessions aimed at challenging discriminatory social and gender norms and promoting collective action to eliminate harmful practices affecting children and women.

Furthermore, 20,177 community members (15,195 female and 4,982 male) were reached with GBV risk mitigation, prevention, and response interventions. These activities included awareness-raising, community engagement sessions, and dissemination of information on available GBV services, contributing to improved knowledge of prevention mechanisms and enhanced access to referral pathways for survivors within targeted communities.

North-Central: Benue and Niger States

In 2025, UNICEF strengthened and expanded interventions addressing sexual and gender-based violence (SGBV) and child protection among displaced populations in Benue State. Working with local partners and government agencies, UNICEF implemented a six-month project across 13 IDP camps in Guma, Gwer West, and Makurdi Local Government Areas (LGAs), establishing and strengthening safe spaces where women and children accessed psychosocial support (PSS) services. SGBV focal points in the camps were trained on SGBV response, mental health, violence

against children, and prevention of sexual exploitation and abuse.

Through these interventions, 39,540 children and adults received information and access to safe reporting channels for sexual exploitation and abuse, while 15,399 targeted women, girls, and boys benefited from risk mitigation, prevention, or response services. 357 SGBV survivors were documented and referred for healthcare, counselling, and legal support. Additionally, 24,067 children, adolescents, and caregivers received comprehensive psychosocial support, including 18,212 children engaged in structured play and learning. Life skills and peer-to-peer sessions reached 1,300 adolescents, while 135 adolescents received vocational training and start-up kits. 234 children with disabilities accessed multi-sectoral case management.

To ensure sustainability, UNICEF facilitated government and community ownership. A tripartite Memorandum of Understanding (MoU) among the Ministry of Women Affairs and Social Welfare, Akawe Torkula Polytechnic Makurdi, and the Bureau of Local Government and Chieftaincy Affairs institutionalized social welfare workforce strengthening. Over 660 community-based child protection structure (CBCPS) representatives across the 13 camps and 53 host communities were trained, while 60 Auxiliary Social Workers (ASWs) received formal certification and were deployed to deliver preventive and responsive child protection services under government supervision.

This integrated approach effectively combined immediate protection and SGBV interventions with system strengthening, enhancing government capacity, and ensuring durable child protection services for IDPs and host communities.

In Niger state, following the 29 May, 2025 flash floods in Mokwa and Mashegu LGAs, which affected and displaced over 3,000 people, UNICEF, in partnership with the Niger State Ministry of Women Affairs, the National Orientation Agency, SARC, and the National Population Commission, implemented an integrated CPIE and MHPSS response. Interventions reached 6,010 children through safe spaces, play and art therapy, and structured football activities. Psychosocial support and GBV awareness reached 3,112 people across two IDP camps, while 24 vulnerable households received livelihood support. Birth registration services documented 3,174 children without birth certificates. Capacity-building strengthened 83 social workers and 70 community-based protection structures.

Education



Jamila back to school after the armed violence attack in her community in Bokkos LGA

Country-Wide

In 2025, UNICEF and partners sustained education services for crisis-affected children despite reduced funding compared to 2024 and persistent insecurity. In the North-West, persistent insecurity, notably the abduction of 25 schoolgirls in Kebbi State and over 300 students with 12 teachers in Niger State, limiting access to safe learning environments - led several states such as Katsina, Zamfara, Kebbi and Sokoto to temporarily close schools as a preventive measure, further limiting access to safe learning environments. Despite these disruptions and challenges, UNICEF was able to ensure over 794,000 children accessed learning (exceeding target), with over 591,000 receiving individual learning materials (95 per cent of target).

North-East: Borno, Adamawa and Yobe (BAY) States

In 2025, UNICEF and partners sustained substantial progress in delivering education to children affected by crises across BAY states. Leveraging community-based interventions, blended learning approaches, and digital platforms, including the Nigerian Learning Passport (NLP), UNICEF reached 674,165 children (404,499 boys; 269,666 girls), both in and out of school, including those in remote and hard-to-reach areas where insecurity and population displacement limited access.

Foundational learning initiatives, such as Teaching at the Right Level (TaRL), Kanuri Arithmetic and Reading Initiative (KARI), Accelerated Basic Education Programme (ABEP), and early childhood education (ECE), were scaled to enhance literacy and numeracy outcomes. A total of 498,640 learning materials were distributed despite logistical delays, and 5,075 teachers (3,045 male; 2,030 female) were trained in inclusive pedagogy and psychosocial support, addressing gaps in teacher availability. 721 teachers and facilitators (370 male; 351 female) were trained on blended learning, enrolling 76,391 learners on NLP, including over 400 out-of-school children in Borno's Sangaya and Islamiyah centres, navigating challenges of limited devices and inconsistent connectivity.

To strengthen school governance and safety, 3,479 School-Based Management Committee members (2,087 male; 1,392 female) received training on safe school monitoring and resource mobilization. Overall, through collaboration with 45 partners (31 national NGOs, one UN agency, 10 international NGOs, and three government agencies), 718,086 children (410,990 girls) were reached, representing 70 per cent of the target. Continued support is essential to maintain and scale interventions, address persistent gaps in access, digital learning, and teacher availability, and ensure quality education for vulnerable children in BAY states.

North-west: Katsina, Sokoto, and Zamfara States

In Northwest Nigeria UNICEF supported 92,400 learners (44,352 girls), including internally displaced children in host communities, to access formal and non-formal education, including early childhood education, across Sokoto and Zamfara states. Teaching and learning continuity were enhanced through the distribution of 140 school-in-a-box kits to reach 5,600 students, while 5,000 teachers and Early Childhood Development (ECD) caregivers were trained in psychosocial support to address impacts of insecurity and climate-related hazards such as flooding.

Additionally, 4,282 School- and Centre-Based Management Committee members (728 females) were trained on safe school management and climate-resilient approaches, supported by school safety handbooks and early warning guides distributed across Sokoto, Kebbi, and Zamfara. These initiatives strengthened community participation, reinforced school safety, and ensured continuity of learning for vulnerable children in emergency-affected areas.

A total of 430 teachers (including 69 female teachers) from the 10

frontline LGAs in Katsina State were trained on Mental Health and Psychosocial Support (MHPSS). The training equipped them with practical skills and tools to identify, manage, and refer cases related to mental health concerns and incidents of violence or abuse among students.

In addition, a draft School Emergency Response Plan was developed for each participating school. The trained teachers now serve as designated focal points for reporting and responding to cases of violence within their respective schools.

North-central: Benue State

As part of the integrated response to the Yelewata crisis in Benue State, UNICEF established temporary learning spaces and provided school-in-a-box kits to reach at least 200 displaced students and ensure materials for the continuity of learning. In collaboration with the Ministry of Education and the State Universal Basic Education Board (SUBEB), teachers were trained in learning-in-emergencies methodologies and child-centred pedagogies, enabling over 500 preschool-aged children to engage in daily learning through play.

For primary school-aged children, Foundational Literacy and Numeracy (FLN) programmes using the Teaching at the Right Level (TaRL) approach were delivered. Over 1,000 children benefitted from tailored literacy and numeracy support and received learning materials, including school bags, exercise books, and sportswear. Specifically, 300 children in primary classes 4–6 received after-school literacy and numeracy support to bridge learning gaps and improve age-appropriate competencies.

Water, sanitation and hygiene

Country-Wide

In 2025, UNICEF strengthened WASH services across Northeast, Northwest, and North Central Nigeria to respond to flooding, cholera outbreaks, and displacement-related needs reaching over 649,000 children and their families with safe water (46 per cent of target), including 121,327 with critical WASH supplies (65 per cent of target). While the flood season affected fewer people in 2025 compared to 2024, flash floods in Adamawa displaced thousands and contaminated water sources and activating the CERF Anticipatory Action mechanism to respond across WASH and behaviour change actions. UNICEF's anticipatory action and multi-sectoral interventions mitigated immediate public health risks, strengthened flood resilience, and laid the foundation for sustained cholera preparedness and WASH improvements across Adamawa State.

North-East: Borno, Adamawa and Yobe (BAY) States

In the last quarter of 2025, intense rainfall caused severe flash floods across Yola North, Yola South, and Fufore Local Government Areas (LGAs), displacing over 550 households (approximately 5,560 people) and exposing an additional 15,000 residents to heightened risks. Women and children under five represented nearly 70 per cent of those affected. Rapid assessments revealed that over 50 per cent of water sources were contaminated, increasing vulnerability to cholera and diarrheal diseases, while new IDP sites emerged with urgent WASH and protection needs.

UNICEF, in collaboration with the Ministry of Water Resources, Health, and Social Behaviour Change (SBC) teams, scaled interventions to restore access to safe water, sanitation, and hygiene. By December, 727,609 people regularly accessed clean latrines in 115 IDP camps; 148,978 benefitted from new water facilities; and 203,500 accessed repaired water systems. Sanitation reached 42,700 people via latrine construction in schools and health centres, while 36,520 accessed emergency gender- and disability-sensitive facilities. Cholera prevention included disinfecting 4,715 households, chlorinating 750 water sources, and reaching 849,801

people with hygiene messages.

Community engagement reached 350,000 people through door-to-door visits, focus group discussions, and 70 community dialogues, while 158 frontline workers and 440 volunteers were trained on water quality monitoring, hygiene promotion, and complaint-response mechanisms. CSOs, including Northeast Youth Initiative for Development, mobilized 40 flood-affected communities in Numan and Lamurde LGAs. Capacity-building included 90 community mobilizers, 12 hygiene officers, and 60 state and LGA officials, enhancing coordination, referral pathways, and community ownership.

Despite these gains, access constraints, limited WASH infrastructure in overcrowded garrison towns, and security challenges continued to restrict coverage.

North-West: Katsina, Sokoto, and Zamfara States

In 2025, UNICEF strengthened WASH interventions across Sokoto and Zamfara States, targeting cholera outbreaks and supporting displaced populations. WASH services extended to Nutrition Outpatient Therapeutic Program (OTP) centres and high Severe Acute Malnutrition (SAM) communities, including Danbedi and Farin Ruwa slum settlements in Gusau LGA, Zamfara. By year-end, 94,556 people accessed safe water through repairs and maintenance of existing systems, with 41,139 benefiting from gender- and disability-sensitive sanitation facilities. Emergency water trucking reached 31,224 people, and WASH non-food items (NFIs) were distributed to 42,854 individuals. Cholera interventions included disinfection of 5,800 households in Zamfara and chlorination of 3,500 water points, benefiting 35,000 people, alongside hygiene promotion to 40,000 individuals. Over 18,800 people (10,502 Sokoto; 7,730 Zamfara) accessed disinfected latrines in 36 health facilities, while 142,600 people (85,569 Sokoto; 57,040 Zamfara) accessed safe water through new systems, and 113,800 benefitted from system repairs. Sanitation in 54 OTPs and health centers served 13,000 people, with 15,102 gaining access to emergency gender- and disability-sensitive latrines in Sokoto IDP camps.

In Katsina, 30,000 people accessed sustainable water, 80 latrine compartments were desludged across eight LGAs, and 2,000 WASH kits reached 14,000 people. Hygiene campaigns reached 12,000 in six LGAs.

Despite these gains, rising displacement, depleted WASH supplies—especially dignity kits in Sokoto—and limited coordination constrained coverage. UNICEF, in collaboration with government and community partners, emphasized targeted replenishment, multi-sectoral coordination, and sustained hygiene promotion to address evolving humanitarian needs.

North-Central: Benue State

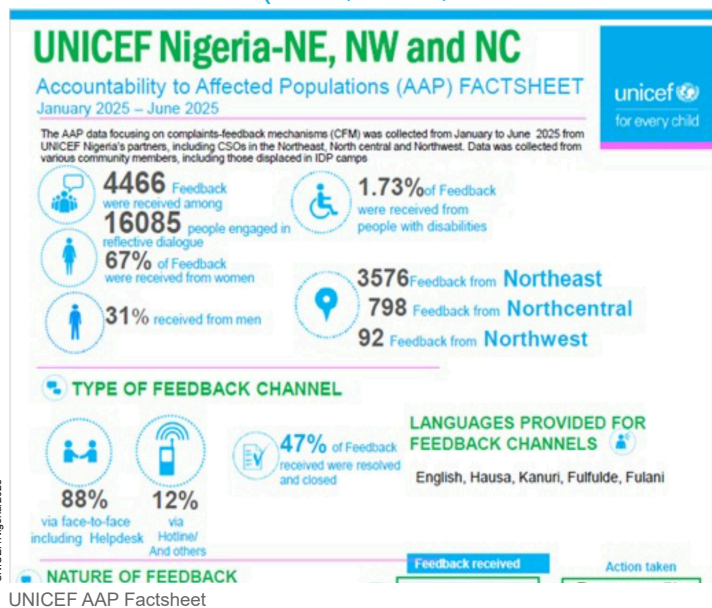
Following alerts of Acute Watery Diarrhea (AWD) in the first quarter of 2025, UNICEF supported the Benue State Rural Water and Sanitation Agency (BERWASSA) to deliver 518 WASH Dignity Kits, reaching 2,783 people. As well as delivering 50 handwashing stations and eight cartons of Aquatabs across four IDP camps in Gwer West (Agagbe, Naka) and Logo (Anyiin, Ugba) LGAs, providing one month of basic WASH support for 120 people. Hygiene promotion messages reached 16,758 individuals, while 80 latrine compartments were cleaned, disinfected, and desludged in collaboration with the Benue State Environmental Sanitation Authority (BENSESA), ensuring safe faecal sludge management and reducing disease risk. Security constraints, however, prevented desludging and chlorination in Agagbe camp.

In response to the Yelewata attacks in June 2025, UNICEF facilitated access to 85,000 litres of safe water daily for 4,733 people through

repairs of two handpump boreholes, upgrade of one borehole, and construction of a new borehole at Makurdi Ultramodern International Market IDP Camp. The new borehole also served the adjacent health clinic, supporting patient care and hygiene. Thirty-six existing toilet compartments were rehabilitated, while nine new blocks (36 units) of gender- and disability-sensitive VIP latrines expanded access for 720 additional people. Hygiene promotion reached over 4,500 people, and 2,990 received essential hygiene supplies, including soap, water containers, and Aquatabs.

UNICEF also supported recovery in Yelewata community by repairing one handpump borehole and rehabilitating four school latrine compartments. Despite operational and security constraints, these interventions mitigated immediate health risks, improved WASH access, and strengthened community resilience, highlighting the need for sustained support to fully meet the growing humanitarian needs.

Cross-sectoral (HCT, C4D, RCCE and AAP)



Accountability to Affected Populations (AAP)

In 2025, UNICEF AAP across North-East, North-Central, and North-West Nigeria, integrating system-wide approaches to ensure communities actively shaped humanitarian interventions. In the North-East, through the Inter-Sector Working Group (ISWG) led by OCHA and co-led by UN agencies and line ministries, UNICEF contributed to harmonizing AAP standards under the Community Engagement, Accountability, and Localization (CEAL) Working Group. Over 22,700 feedback cases were received with mostly across help desk in Borno and Yobe states; 57 per cent of the feedback was received from women and 40 per cent from men, 6 per cent from people with disability. Additionally, in Adamawa, UNICEF supported emergency responses to floods and cholera outbreaks, reaching approximately 5,560 displaced people across nine IDP camps and supported two rounds of rapid community assessments guided the provision of water, sanitation, hygiene, and protection services for women, children, and vulnerable groups. Over 60 traditional leaders were trained on engagement with IDPs, strengthening their capacity to address local needs.

In North-Central, emergency responses in Mokwa, Niger State, and Benue highlighted the critical role of feedback in shaping interventions. In Mokwa, assessments revealed that 70 per cent of flood-affected households received no early warnings and only 55 per cent knew how to submit complaints. UNICEF strengthened risk communication, expanded community engagement platforms, and diversified reporting channels. In Benue, 713 feedback cases were recorded, predominantly from women (74.5 per cent) and people

with disabilities (3.1 per cent). The majority (78 per cent) requested assistance on camp overcrowding, food shortages, sanitation, and health services. These findings informed targeted interventions, including the expansion of help desks, drop boxes, SMS, WhatsApp, and QR-code reporting, coupled with real-time monitoring dashboards to enhance responsiveness.

Across targeted LGAs in Sokoto, Zamfara, and Katsina states, UNICEF supported the institutionalization of community feedback mechanisms (CFM) and AAP through capacity-building and community engagement. In Sokoto, 1,114 participants (181 female, 933 male) were trained, and in Zamfara, 834 participants (154 female, 680 male) received similar training. Community accountability mechanisms—help desks and drop boxes—were established in 265 wards across 27 LGAs, receiving 7,807 feedback submissions, 30 per cent of which were resolved within the year. Interface meetings between WDCs and LGA authorities in Sokoto (15 LGAs) and Zamfara (12 LGAs) created formal platforms for policy dialogue and citizen participation. In Katsina, local leaders, CSOs, and government officials were trained to institutionalize AAP, complemented by social and behaviour change materials in local languages.

At the local level across all states, community engagement and accountability (CEA) forums were strengthened, fostering the integration of AAP principles into community action plans, Ward Development Committees (WDCs), and other local structures, enhancing transparency, trust, and ownership. By December 2025, a total of 27,743 feedback cases were collected across eight HAC states, with 18,648 submissions from women, 8,488 from men, and 102 from people with disabilities. Overall, 11,869 requests for assistance were documented, with 67 per cent resolved. Despite achievements, challenges persisted, including limited awareness of feedback channels, infrastructure constraints, and high demand for support in emergency contexts. Future actions will prioritize scaling up CFMs, diversifying reporting platforms, strengthening real-time monitoring, and expanding community capacity to ensure inclusive, accountable, and responsive humanitarian interventions across Nigeria.

Risk Communication, Community Engagement, and Feedback (RCCE)

In 2025, UNICEF strengthened Risk Communication, Community Engagement, and Feedback across North-West, North-Central, and North-East Nigeria, prioritizing WASH behaviours, disease prevention, and emergency preparedness. Over 630 community volunteers were recruited and trained to work with WASH hygiene promoters, conducting door-to-door visits, focus group discussions, and 63 ward-level dialogues. Combined with broader community engagement, these activities reached over 350,000 people, providing guidance on water treatment, sanitation, handwashing, and flood preparedness.

Engagement of traditional and religious leaders, schools, Parent-Teacher Associations, and community opinion leaders was pivotal in mobilizing communities. Over 70 community dialogues were conducted, capturing feedback on WASH practices, service gaps, and social norms. Feedback highlighted persistent challenges, including insufficient household and communal latrines, gaps in hygiene promotion, limited oral rehydration therapy (ORT) supplies/services and cholera kits, and flood-related access constraints.

RCCE interventions were reinforced through mass media campaigns, including 15 radio and television jingles, talk shows, and phone-in programs in local languages, reaching over 3 million people. School-based sessions and motorized community campaigns further extended outreach, improving knowledge and adoption of preventive practices, particularly for cholera and other

waterborne diseases.

Community feedback was systematically analyzed and used to inform response planning, strengthen early warning systems, and accelerate case resolution. Mitigation measures include dry-season follow-up, seasonal access mapping, coordinated WASH hardware and medical supply mobilization, and sustained community partnerships, reinforcing resilience, inclusivity, and accountability in emergency preparedness and response.

Social and Behaviour Change (SBC)

In 2025, UNICEF strengthened Social and Behaviour Change (SBC) systems across North-West, North-Central, and North-East Nigeria to enhance emergency preparedness, accountability to affected populations, and integrated humanitarian-development outcomes. Capacity-building initiatives targeted state, LGA, and community actors, including Ward Development Committees (WDCs) and civil society organizations, with over 1,948 participants trained across Sokoto, Zamfara, Katsina, and Benue States. Training focused on accountability to affected populations (AAP), evidence-driven planning, data collection, and community engagement.

In Sokoto and Zamfara, 391 WDCs (244 Sokoto; 147 Zamfara) were reactivated and capacitated to lead reflective dialogues, early warning, and community action planning. Over 80 per cent of WDCs implemented their plans, reaching 874,880 people (460,363 male; 414,517 female) and achieving measurable outcomes: 86,037 children returned to school, 134,396 unimmunized children referred for vaccination, 48,030 children with severe acute malnutrition linked to treatment, 84,002 pregnant women accessed antenatal care, and 31,958 women delivered with skilled attendants. WDCs also mobilized local resources to support cholera treatment in 273 PHCs, construct toilets in 281 schools and 251 PHCs, and organize monthly sanitation days in 135 communities.

In Benue State, SBC interventions in Makurdi International Market IDP Camp leveraged Camp Youth Volunteers (CYVs) drawn from the community to reach all 350 rooms and 678 households. CYVs delivered interpersonal communication (IPC), referred 728 unvaccinated children, 103 malnourished children, and 132 pregnant women for services, and facilitated psychosocial support for 92 bereaved IDPs. Ten reflective dialogue sessions engaged over 150 IDPs, producing consensus on key collective actions, including accessing service points, maintaining hygiene, fostering peaceful co-existence, and preventing abuse and violence. Mass audience interventions using music, dance, and drama effectively reached the entire camp, reinforcing messages on WASH, health, protection, and GBV.

These efforts demonstrate the critical role of community-led SBC in promoting healthy behaviors, improving service uptake, and empowering communities to actively shape humanitarian and development outcomes, fostering sustainable resilience and social cohesion.

Emergency preparedness

Emergency preparedness

UNICEF's preparedness investments enabled rapid, coordinated responses to the Mokwa floods (29 May 2025), the Yelwata attack in Benue State (8 June 2025), and the Niger armed violence attacks as well as the abduction of over 250 children, reaching approximately 83,000 people with cross-sectoral life-saving assistance. Through contingency stockpiling, and simplified SOPs for sudden-onset emergencies, UNICEF and partners deployed within 24 - 72 hours, delivering WASH, health, nutrition, education, and child protection services. Coordination with National Emergency Management Agency, SEMAs, and state MDAs, UN partners and NGOs enabled rapid assessments, water system repairs, medical deployments,

psychosocial support, and temporary learning centres, mitigating disease risks and restoring essential services.

Preparedness actions included updated multi-hazard risk analyses for Sokoto, Kebbi, and Zamfara; SOP development; assessment tool reviews; simulations engaging 50–65 responders per state; and signed contingency plans in Borno and Yobe. UNICEF strengthened LGA-level coordination (LEMCs), build the capacity of emergency focal points in the LGAs of focus states, improved information flows, and built technical capacity of over 245 responders across MDAs, UN agencies, and NGOs. Inclusive contingency plans were developed for 18 LGAs, alongside advocacy for contingency funding in Borno and Yobe.

Key challenges persist, including predominantly reactive government approaches to emergency management, inadequate and inconsistent financing for preparedness, limited technical and operational capacity within key institutions, weak inter-agency coordination at state and LGA levels, and significant gaps in the transmission of early-warning information from communities to responders. Addressing these systemic constraints will require sustained investment, stronger political commitment, institutional reforms, and deliberate efforts to strengthen coordination, financing, and community-based early-warning and response mechanisms.

Rapid Response Mechanism

Rapid Response Mechanism (RRM)

The RRM remains critical to UNICEF's ability to deliver timely, life-saving assistance in sudden-onset emergencies. By enabling rapid needs assessments, flexible resource mobilization, and coordinated multi-sectoral interventions, the mechanism ensures that vulnerable children and families receive immediate support. Its activation across conflict- and climate-affected states has significantly strengthened preparedness, speed, and impact of UNICEF's humanitarian response.

North-East: Borno, Adamawa and Yobe (BAY) States

Between 1 January and 31 December 2025, the RRM was activated in 18 Local Government Areas (LGAs) across Borno, Adamawa, and Yobe States of North-East Nigeria. During this period, seven Rapid Needs Assessments (RNAs) were conducted to identify immediate humanitarian needs following sudden-onset shocks. The responses primarily addressed flooding, conflict-related incidents, and cholera outbreaks, which were the most frequently reported shocks. A total of 186,169 people—predominantly host community members and internally dis-placed persons (IDPs) residing in camps—received life-saving assistance through 15 RRM, partners. Women and girls accounted for approximately 56.6 per cent of the total population reached, reflecting a strong focus on gender-responsive humanitarian assistance. Humanitarian interventions focused mainly on Water, Sanitation and Hygiene (WASH), Shelter and Non-Food Items (NFI), Nutrition, and Multi-Purpose Cash Assistance (MPCA), food distribution alongside other critical sectoral support.

North-Central: Benue and Niger States

On 29 May 2025, intense overnight rainfall triggered catastrophic flash floods in Mokwa LGA, Niger State, after the collapse of a railway embankment holding back River Dingi. The disaster destroyed 265 informal settlements, killed 161 people, and displaced 3,018 individuals, including hundreds of children. At least 2,140 schoolchildren were affected, 820 remain missing, and three primary schools were damaged. Floodwaters contaminated water sources, increasing risks of cholera and other waterborne diseases. The Government, led by State Emergency Management Agency (SEMA) and the National Emergency Management Agency (NEMA), deployed search and rescue teams and dispatched 20 trucks of food. Federal authorities approved ₦2 billion (US\$1.3 million) for

reconstruction and ordered emergency infrastructure rehabilitation. UNICEF, in coordination with NEMA and SEMA, reached 1,000 people with cholera kits (309 distributed to date) and 259 people with hygiene supplies. It screened 365 children for malnutrition, treating 73 for SAM and 134 for MAM, and targeted 1,240 schoolchildren with education support

Also in June 2025, armed attackers stormed Yelwata community in Guma LGA, Benue State, killing over 200 people, including women and children, and displacing more than 3,000 residents—over 500 of them children. Homes, crops and food stores were destroyed, leaving families without shelter or livelihoods. UNICEF led rapid inter-agency assessment of 269 households found 90 per cent food insecurity, 76 per cent limited access to safe water, widespread open defecation, high malaria and diarrhoea cases, and 83 per cent of children out of school. The response was coordinated with state authorities and humanitarian partners across food security, WASH, health, nutrition, education and protection sectors. UNICEF supported the provision of safe water to over 2,500 people through water trucking and rehabilitation of 3 boreholes and reached 1,800 people with hygiene kits and promotion activities. More than 1,200 children under five were screened for acute malnutrition, with identified cases referred for treatment. UNICEF also supported primary healthcare outreach services for 2,000 people, provided psychosocial support to over 600 children and caregivers, and established 5 temporary learning spaces benefiting approximately 800 children.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

In 2025 North-East Nigeria, humanitarian coordination continued to operate under the IASC system, with sectoral groups and the Inter-Sector Working Group (ISWG) led by OCHA and co-led by UN agencies and line ministries. The Humanitarian Country Team (HCT) provides strategic direction at the national level, supported by the Operational Humanitarian Country Team (OHCT) in Maiduguri, which ensures field-level coordination and response alignment across Borno, Adamawa and Yobe (BAY states). Coordination remains well-established, with robust information management systems, multi-sectoral needs assessments, and strategic response planning through the Humanitarian Programme Cycle (HPC). A Government–UN–NGO tripartite structure enables joint prioritization, with increasing emphasis on localization, nexus approaches, and durable solutions for IDPs and returnees.

On public health emergencies, Nigeria's cholera response is coordinated through a national, multisectoral framework led by the NCDC and the Federal Ministry of Health (FMoH). The National Cholera Technical Working Group (TWG) oversees strategy, preparedness, and surveillance, guided by the National Cholera Response Plan, which outlines key pillars including case management, WASH, surveillance, risk communication, and vaccination. Coordination is supported by United Nations agencies (UNICEF, WHO), non-governmental organizations (NGOs), and donors through both technical and operational working groups. At the subnational level, coordination is activated through the Emergency Operations Centre (EOC), chaired by the State Ministry of Health. The EOC brings together line ministries, UN agencies (UNICEF, WHO), and other partners such as the Red Cross, Solidarités International, International Rescue Committee (IRC), and Médecins Sans Frontières (MSF).

In March 2025, the UN Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator (ERC) announced the Humanitarian Reset, responding to sharp global reductions in

humanitarian and ODA financing. Under the reset, eight countries, including Nigeria, are being encouraged to accelerate transition toward nationally-led emergency responses, with tighter severity-based targeting and lower planning ceilings. With the phasing out of IASC coordination architecture the transition presents both risks and opportunities. Sector-specific transition strategies are being developed, ensuring continuity of coordination, data systems, and financing for ongoing humanitarian needs, while progressively shifting towards government-led and locally anchored systems. Strategic engagement with federal and state authorities, as well as sustained donor advocacy, is playing a critical role in shaping this transition responsibly.

For the North-West and North-Central regions - including Katsina, Sokoto, Zamfara, Niger and parts of Plateau and Benue states, where an IASC humanitarian coordination mechanism were never implemented, a government-led coordination followed with sectoral working groups, government-led technical committees, and inter-agency coordination platforms support localized response efforts. UNICEF and other agencies play a key role in convening partners for example through the North-West Coordination forum, especially around nutrition, WASH, health, education, and child protection. Given the persistent and growing humanitarian needs in Nigeria, there is a growing push to formalize coordination structures, strengthen joint analysis, and connect or - at times - embed humanitarian response within wider social protection and development frameworks.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA



With support from UNICEF, Borno Government and the Norwegian Ministry of Foreign Affairs, an adolescent who escaped captivity in northeast Nigeria finds community and empowerment.

In Bama, North-East Nigeria, 18-year-old Fanne is rebuilding her life after years in captivity by armed groups. Abducted at the age of 12 during an attack on her village, she was cut off from her family and forced into multiple marriages while in the bush. Weeks after giving birth, she escaped with other girls and was later handed over to the Borno State Government for support.

Today, Fanne lives with a foster family and attends the Zainab Gimba Vocational Training School, where she is gaining skills in tailoring and other livelihoods while receiving psychosocial and case management support. Through UNICEF's Safe and Inclusive Learning and Skills for All (SILSA) project, implemented with the Borno State Government and supported by the Norwegian Ministry of Foreign Affairs, adolescent girls like Fanne receive vocational

training, dignity kits, mental health support, and starter packs to enable economic reintegration.

Fanne's journey reflects the experiences of many girls affected by over a decade of conflict in North-East Nigeria and highlights the critical role of integrated protection, education, and livelihood support in helping survivors recover and rebuild their futures.

- [Skill and Mental Health Support for Fanne](#)

HAC APPEALS AND SITREPS

- Nigeria Appeals
<https://www.unicef.org/appeals/nigeria>
- Nigeria Situation Reports
<https://www.unicef.org/appeals/nigeria/situation-reports>
- All Humanitarian Action for Children Appeals
<https://www.unicef.org/appeals>
- All Situation Reports
<https://www.unicef.org/appeals/situation-reports>

NEXT SITREP: 31 JULY 2026

ANNEX A - PROGRAMME RESULTS

Consolidated Programme Results

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*	2025 targets	Total results	Progress*
Health (including public health emergencies)								
Children and women accessing primary health care in UNICEF-supported facilities	Total	-	4.1 million	3.2 million	▲ 78%	-	-	■ -
Children vaccinated against measles (supplemental dose)	Total	-	950,600	897,283	▲ 94%	-	-	■ -
Nutrition¹²								
Children 6-59 months with severe wasting admitted for treatment ¹³	Total	1.6 million	1.2 million	945,310	▲ 77%	629,899	440,604	▲ 70%
Primary caregivers (women and men) of children 0-23 months receiving infant and young child feeding counselling	Total	1.3 million	1.5 million	647,969	▲ 42%	785,138	528,523	▲ 67%
Children (6-23months) who received Small Quantity Lipid-based Nutrient Supplements (SQ-LNS).	Total	-	504,175	106,809	▲ 21%	-	-	■ -
Pregnant women reached with Iron and Folic Acid or Multiple Micronutrient supplementations	Total	963,155	579,856	429,262	▲ 74%	261,713	414,938	▲ 159%
Child protection, GBViE and PSEA¹⁴								
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	273,300	363,663	▲ 133%	488,603	363,663	▲ 74%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	69,250	299,673	▲ 433%	-	-	■ -
Children and adolescents who have exited an armed force and groups provided with gender responsive protection or reintegration support	Total	-	4,000	4,154	▲ 104%	4,671	4,154	▲ 89%
Unaccompanied and separated children provided with alternative care and/or reunified	Total	-	500	671	▲ 134%	973	2,035	▲ 209%
Children and adults that have access to a safe and accessible channel to report sexual exploitation and abuse	Total	-	123,500	272,937	▲ 221%	-	-	■ -
Children and community members benefit from information on child care and child protection including on grave child rights violations	Total	-	339,200 ¹⁵	404,978	▲ 119%	446,459	404,978	▲ 91%
Boys and girls at risk and children with disability provided with comprehensive multi sectorial case management support	Total	-	4,300	1,397	▲ 32%	7,337	4,300	▲ 59%

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*	2025 targets	Total results	Progress*
Education								
Children accessing formal or non-formal education, including early learning	Total	-	676,864	794,033	▲ 117%	934,088	794,033	▲ 85%
Girls and boys receiving individual learning materials	Total	-	624,864	591,040	▲ 95%	934,088	591,040	▲ 63%
Teachers and facilitators trained in basic pedagogy and/or mental health and psychosocial support	Total	-	7,136	10,075	▲ 141%	61,013	10,075	▲ 17%
School management committees trained on effective school governance, inclusive education, and child-friendly learning environments	Total	-	10,278	7,761	▲ 76%	9,606	7,761	▲ 81%
Water, sanitation and hygiene								
Men and women, girls and boys accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	1.4 million	649,547	▲ 46%	1 million	649,547	▲ 65%
Men and women, girls and boys accessing appropriate sanitation services	Total	-	214,359	80,019	▲ 37%	1 million	610,047	▲ 60%
Men and women, girls and boys reached with critical WASH supplies	Total	-	187,286	121,327	▲ 65%	686,902	50,447	▲ 7%
Men and women, girls and boys reached with key hygiene messages	Total	-	1.4 million	1.1 million	▲ 81%	1.9 million	1.1 million	▲ 59%
Social protection								
Households benefitting from social assistance from government funded programmes with UNICEF technical assistance	Total	-	478,141	321,359	▲ 67%	-	-	-
Households reached with UNICEF-funded humanitarian cash transfers	Total	-	75,000	14,017	▲ 19%	-	-	-
Cross-sectoral (HCT, SBC, RCCE and AAP)								
People engaged in reflective dialogue through community platforms	Total	-	1.1 million	427,454	▲ 38%	-	-	-
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	115,000	11,833	▲ 10%	-	-	-
Emergency preparedness and response coordination¹⁶								
People reached through Emergency preparedness and response	Total	-	150,000	173,440	▲ 116%	-	-	-
People reached through Rapid Response Mechanism	Total	-	100,000	83,881	▲ 84%	-	-	-

*Progress in the reporting period 1 January to 31 December 2025

ANNEX B — FUNDING STATUS

Consolidated funding by sector

Sector	Requirements	Funding available		Funding gap	
		Humanitarian resources received in 2025	Resources available from 2024 (carry over)	Funding gap (US\$)	Funding gap (%)
Health	20,700,000 ¹⁷	3,325,795	11,877,579	5,496,626	27%
Nutrition	147,000,000	36,875,461	38,724,323	71,400,216	49%
Child protection	19,000,000 ¹⁸	3,240,731	3,153,187	12,606,082	66%
Education	28,200,000	7,053,379	1,397,639	19,748,982	70%
WASH	25,900,000	5,344,595	4,338,202	16,217,203	63%
Social protection	6,800,000 ¹⁹	-	1,161,273	5,638,727	83%
Cross-sectoral	3,000,000 ²⁰	-	-	3,000,000	100%
RRM	1,800,000	-	731,194	1,068,806	59%
Emergency preparedness and response coordination	2,600,000	2,602,367	-	-	0%
Total	255,000,000	58,442,328	61,383,397	135,174,275	53%

Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.

Humanitarian resources - humanitarian funding commitments received from donors in the current appeal year.

Resources available from 2024 (carry over) - funding received in the previous appeal year that is available to respond in line with the current HAC appeal

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ENDNOTES

1. Government of Nigeria, FAO and partners: Cadre Harmonise for Identification of Risk Areas and Vulnerable Population in the Sahel and West Africa (November 2024): https://fscluster.org/sites/default/files/2024-11/FINAL_2024%20_October_Fiche-Nigeria.pdf
2. IPC: Nigeria (Northeast and Northwest): Acute Malnutrition Situation for May - September 2024 and Projections for October - December 2024 and January - April 2025 : https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Nigeria_Acute_Malnutrition_May2024_Apr2025_Report.pdf
3. IOM: Nigeria North-central and North-west Zones Displacement Report Round 17 (July 2025) reporting 1.25 million IDPs; Nigeria North-East Displacement Report Round 51 (October 2025) reporting 2.33 million IDPs
4. UNICEF 2025 priority states for humanitarian response included: Borno, Adamawa, Yobe, Katsina, Sokoto, Zamfara and Benue
5. National Emergency Management Agency (NEMA): <https://nema.gov.ng/2025-flood-dashboard-2/>
6. IOM: Nigeria North-East Displacement Report Round 51 (October 2025)
7. ACLED (2025): <https://acleddata.com/country/nigeria>
8. According to multi-agency humanitarian assessments; NEMA situation reports
9. IOM: IDP Atlas Mobility Tracking - North-Central and North-West Nigeria (as of February 2025)
10. IOM: Nigeria North-central and North-west Zones Displacement Report Round 17 (July 2025)
11. IPC: Acute Malnutrition Analysis (May 2024 - April 2025): https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Nigeria_Acute_Malnutrition_May2024_Apr2025_Report.pdf
12. According to the 2024 North-East Nigeria Nutrition & Food Security Surveillance and the IPC acute malnutrition (AMN) analysis, the nutrition situation has significantly deteriorated in Borno, Adamawa and Yobe states and is projected to worsen in 2025, with half of the local government areas (LGAs) expected to be in a serious or critical nutrition state, most of them in IPC AMN Phase 4. This worsening nutrition scenario is the primary driver for the 27 per cent increase in the sector number of people in need in northeast Nigeria for 2025, compared with 2024.
13. Cluster reporting covers only Borno Adamawa and Yobe state which aligns with the Nigeria 2025 Humanitarian Needs Response Plan - HNRP
14. Child protection also plans to carry out capacity building and training of 500 social workforce and child protection committees/partners.
15. Mine action intervention is included under the indicator "Children and community members benefit from information on childcare and child protection, including grave child rights violations." This indicator encompasses such activities as providing information on childcare, raising awareness and offering educational programmes.
16. The target includes individuals engaged through such emergency preparedness activities as simulations, capacity building, development of standard operating procedures, and responses to climate-induced events and public health epidemics/outbreaks.
17. Funds received for Health is inclusive of GAVI funds not solely for humanitarian response
18. Of this line item, \$2.5 million is for prevention and response activities around gender-based violence in emergencies and for protection from sexual exploitation and abuse.
19. Of this line item, \$6.6 million is for a response for 75,000 households, while \$216,000 is for UNICEF technical assistance.
20. Of this line item, \$2.3 million will fund UNICEF activities on reflective dialogue with communities, while \$750,000 will support feedback mechanisms.