



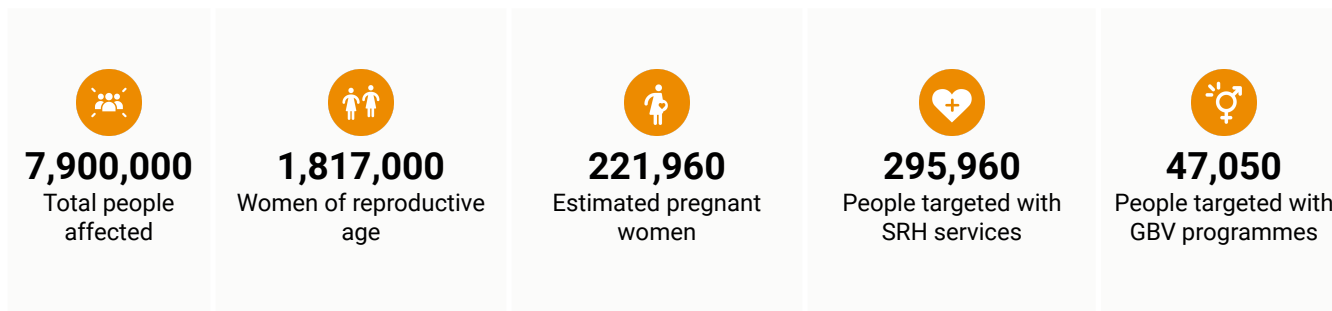
Situation Report

Flooding and armed conflict in north-east Nigeria continue to place lives at risk

Photo: © UNFPA/Nigeria

Country:	Nigeria
Emergency type:	Conflict
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Covering Period:	October 1, 2024 to October 31, 2024
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Key Figures



Highlights

- As of 31 October, 1.3 million people have been affected by floods in 34 states of Nigeria, with over 320 fatalities. Relief and recovery efforts are underway.

- Floods have significantly impacted the delivery of health care services, including sexual and reproductive health (SRH) care: 25 primary health care centres and 2 tertiary health facilities in Maiduguri, Jere, and Konduga Local Government Areas (LGAs) have been destroyed.
- States are on high alert for flooding as the Niger and Benue rivers in Lokoja, Kogi state, and Makurdi, Benue state, have reached alarmingly high/red alert levels.
- Violence is increasing food insecurity in Borno state, and there are reports that women and girls are resorting to negative coping mechanisms to survive. The floods have also worsened the malnutrition crisis in Borno, Adamawa, and Yobe (BAY) states.
- On 21 and 26 September, cholera outbreaks were declared in Adamawa and Yobe states, respectively. On 4 October, a cholera outbreak was declared in Borno.
- The UN's Central Emergency Response Fund (CERF) released an additional US\$ 5 million to scale up the flood response in Bauchi, Borno, and Sokoto states.
- Nigeria Hydrological Services Agency (NIHSA) recommends prioritized humanitarian action in Edo, Delta, Anambra, and Bayelsa to mitigate flood impacts.

Situation Overview

- **Flood impacts, relief, and recovery efforts:** The National Emergency Management Agency (NEMA) is leading flood response efforts in Nigeria, collaborating with various organizations and state governments, and providing immediate disaster relief through the distribution of relief materials, and the provision of shelter, food, and non-food items (NFIs).
- Despite flood waters receding, many people in Borno state have sought refuge in overcrowded shelters where they lack access to clean water and health care, including SRH services. Protection risks have increased for women and girls. The recent closure of the Teachers Village temporary relocation site on 29 October, and the integration of the remaining displaced people into Gubio and Bakassi sites to better coordinate relief efforts, raises further health and protection concerns.
- The floods in BAY states have resulted in a severe malnutrition crisis among children under five: In Borno, 44,000 children require urgent assistance. In Adamawa, there has been a 36% increase in severe acute malnutrition admissions.
- In addition to the floods, **increased violence and insecurity in Borno State** have heightened food insecurity. Escalating violence against farmers, particularly in Pulka, Bama, and Gwoza LGAs, has disrupted farming activities and exacerbated food insecurity, forcing displaced people, especially women and girls, to adopt negative coping mechanisms such as transactional sex, to survive.

- **Cholera outbreak declared in Borno:** A cholera outbreak has been declared in BAY states in Nigeria. The outbreak is linked to poor sanitation and hygiene, exacerbated by recent flooding. Authorities are responding with support from the UN and NGOs, but face challenges including supply shortages.
- **UN allocates additional \$5 Million for the flood response in Nigeria’s Bauchi, Borno, and Sokoto states:** To mitigate flood damage, the UN has allocated an additional \$5 million from CERF to assist 280,000 flood-affected people in Bauchi, Borno, and Sokoto states, scaling up access to food, water, sanitation, shelter, and healthcare. This funding complements previous allocations from the NHF and other sources, but additional resources are still needed to respond to the extensive needs.

UNFPA Response



The designations employed and the presentation of material on the map do not imply the expression of any opinion whatsoever on the part of UNFPA concerning the legal status of any country, territory, city or area or its authorities, or concerning the delimitation of its frontiers or boundaries.

UNFPA in collaboration with the GBV area of responsibility (AoR) and other partners has provided response interventions, including:

- 17,223 individuals were reached with SRH services through UNFPA-supported facilities. Services provided included the clinical management of rape (CMR), antenatal and postnatal care, assisted births by skilled personnel, testing and treatment for HIV and sexually transmitted infections (STIs), and family planning.
- 8,341 individuals received protection/GBV services, including case management, mental health and psychosocial support (MHPSS), temporary safe shelter, psychosocial first aid (PFA), security and legal support, and referrals to other specialized services.

- UNFPA has distributed 72 Inter-Agency Reproductive Health (IARH) kits to health facilities in BAY states, including medicines and supplies for safe births, obstetric emergencies, and the clinical management of rape.

Results Snapshots



17,223
 People reached with **SRH services**
 78% Female 22% Male






79
 Health Facilities supported



8,341
 People reached with **GBV prevention, mitigation, and response activities**
 72% Female 28% Male



47
Safe Spaces for Women and Girls supported

	488	Dignity kits distributed to individuals
	5	Youth spaces supported by UNFPA
	72	Reproductive health kits provided to service delivery points to meet the needs of 11,333 individuals

Coordination Mechanisms

Gender-Based Violence:

UNFPA through the GBV AoR partners conducted:

- Focus group discussions with women and girls: The focus group discussions highlighted gaps in existing services. Women and girls emphasized the need for food and livelihood support. For incidents of sexual violence, most participants were aware of the UNFPA safe space for clinical management of rape (CMR) services.
- Engagement with protection and GBV partners: Direct meetings with protection and GBV partners identified challenges and improved coordination. This collaborative approach strengthens support for survivors and helps address resource gaps.
- Safety Audits were conducted in collaboration with Camp Coordination & Camp Management (CCCM) partners to identify risks faced by women and girls in camps and temporary shelters. These audits assessed the environment, services, and security to develop measures to improve safety. The GBV safety audit report was disseminated in collaboration with the CCCM.
- Service Mapping Finalization: GBV partners finalized the service mapping for people impacted by the flooding in Bakassi, Gubio, and Teachers Village temporary relocation sites using Microsoft Power BI, which can be accessed [here](#).
- 488 dignity kits were distributed to women and girls in conflict and flood-affected areas.
- Across the BAY States, GBV community awareness activities reached 15,268 individuals through mobile outreach teams and community-based protection groups.

Sexual and Reproductive Health:

- The SRH Sub-Working Group (SWG) meeting was organized in October in Borno and Yobe states.
- The SRH Dashboard was updated (up to September) and shared with SRH WG members to guide informed response planning.
- UNFPA organized a three-day training on MHPSS integration into SRH for 30 healthcare providers of SRH WG members in Adamawa state.
- The SRH Working Group analyzed service delivery data for September using the 5Ws framework. This analysis enabled SRH partners to better serve affected populations

 Other working groups led by UNFPA

- UNFPA is an active member of the Dignity Kit Task Force and continues to lead and support the working groups' activities.
- UNFPA, through the SRH Working Group, coordinates the Clinical Management of Rape Task Force which is led by the State Ministry of Health.
- UNFPA coordinates and supports Justice Sector Reform Teams across BAY states to hold monthly coordination meetings to improve access to justice for GBV survivors.

Funding Status

UNFPA Nigeria requires USD 20,928,452 to fund its 2024 Humanitarian Response Plan. To date, only 31% of funding has been mobilized (USD 6,675,000 from KOICA, Canada, and Norway) leaving a funding gap of 68% (USD 14,253,452).

