UNICEF/2026/Adeolu Aremu

Hajara and her friend at the handwashing facility funded through Multisectoral Integrated Nutrition Action (MINA) for Children in Northeast Nigeria project, by FCDO

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for every child

Humanitarian Situation Report No. 1

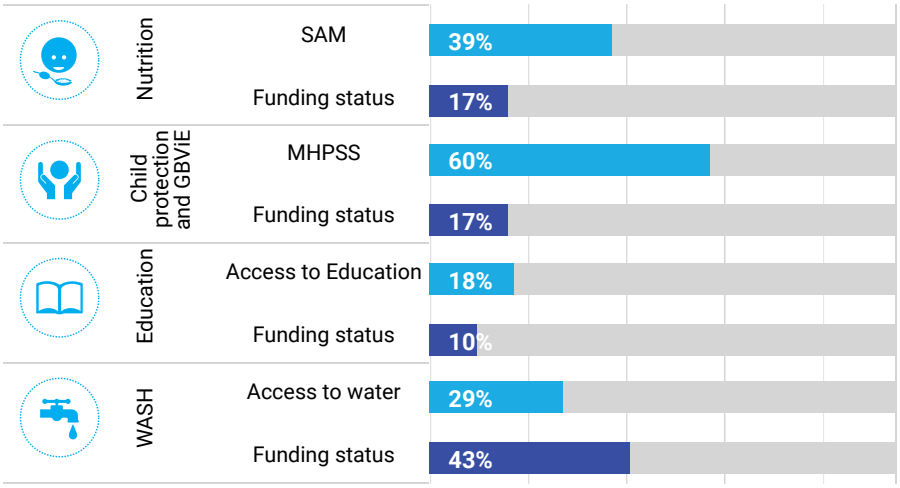
Reporting Period
1 January to 30 June 2026

Nigeria

HIGHLIGHTS

- Armed conflict, banditry, communal violence, food insecurity and persistent malnutrition, disease outbreaks, including earlier than usual cholera outbreaks and floods deepened needs during the first half of 2026, with 5.9 million people facing severe humanitarian needs in the Northeast, 1.4 million displaced in the Northwest, and 464,000 in Benue State.
- UNICEF and partners treated over 453,500 children with severe acute malnutrition across the Northeast and Northwest, achieving cure rates of 98 per cent in the Northeast and above 95 per cent in the Northwest.
- UNICEF-supported polio vaccination reached 4.5 million children in the Northwest; emergency primary health care reached 157,201 women, children and adolescents; and improved sanitation benefited over 308,000 people across 103 IDP camps in Borno.
- By Midyear, UNICEF had received US$58.2 million with a funding gap of 72%. As needs rise and funding declines, flexible, timely resources are required to sustain services for affected children

UNICEF RESPONSE AND FUNDING STATUS*



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

SITUATION IN NUMBERS

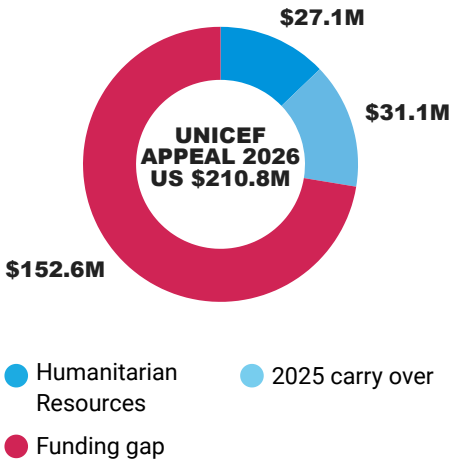
5,000,000
Children in need of humanitarian assistance

8,400,000
People in need of humanitarian assistance

4,800,000
people that lack access to WASH

1,800,000
children in need of nutrition assistance

FUNDING STATUS (IN US$)**



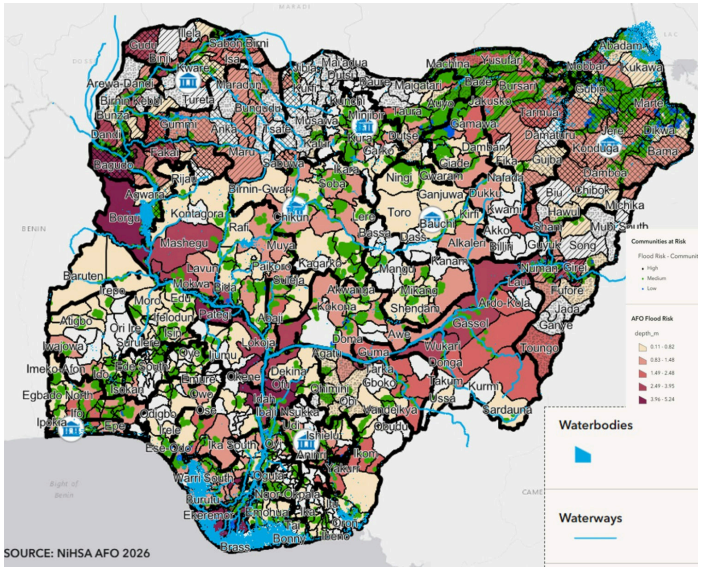
** Funding available includes: funds received in the current year; carry-over from the previous year; and repurposed funds with agreement from donors

FUNDING OVERVIEW AND PARTNERSHIPS

By mid-year, UNICEF had received US$ 58.2million (28%), including US$31.1million carried forward, against the US$210.8 million required for the 2026 Nigeria Humanitarian Action for Children (HAC). This leaves significant funding gaps across sectors. The shortfall reflects the sharp decline in global humanitarian financing since 2025 and the ongoing humanitarian reset, which has required greater prioritisation amid increasingly limited resources.

UNICEF sincerely appreciates the generous contributions received from the Swedish International Development Cooperation Agency (Sida), the United Kingdom Foreign, Commonwealth and Development Office (FCDO), Canada and the United States Government, as well as, from the OCHA-managed pooled funds (the Central Emergency Response Fund (CERF) and the Nigeria Humanitarian Fund (NHF). These contributions, complemented by UNICEF's own Regular Resources (RR), including funds committed by programme sections, the National Committees of UNICEF (NatCom), and UNICEF's Global Humanitarian Thematic Fund, continue to sustain critical humanitarian assistance for vulnerable children and families across Nigeria.

SITUATION OVERVIEW AND HUMANITARIAN NEEDS



UNICEF/2026/Emergency Unit IM

2026 Annual Flood Outlook (AFO) of Nigeria showing detail of Flood forecasted locations including drainages and their tributaries of Rivers Benue and Niger

Countrywide

During the first half of 2026, the humanitarian situation across Nigeria remained complex, driven by armed conflict, banditry, communal violence, food insecurity and malnutrition, disease outbreaks and climate-related shocks. In the Northeast, protracted conflict and increased non-state armed group activity continued to cause displacement and constrain humanitarian access and inability for many to access farmland and livelihoods; in the Northwest, escalating attacks, abductions and insecurity displaced families into already overstretched host communities; while the North Central faced recurrent violence, displacement and the expansion of armed groups into previously less-affected areas. These overlapping crises disrupted livelihoods, education and basic services, while increasing protection risks, particularly for children and women. The lean and rainy seasons, recurrent cholera outbreaks and heightened flood risks further compounded existing vulnerabilities, placing additional pressure on overstretched health, nutrition, WASH, education and protection services.

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

In the Northeast Nigeria, 5.9 million people across Borno, Adamawa and Yobe (BAY) States were projected to face severe to extreme humanitarian needs in 2026[1] . So far, food insecurity has deteriorated significantly, with nearly one million people expected to experience Emergency levels of hunger (CH Phase 4) during the lean season and possible pockets of Catastrophe (CH Phase 5) in parts of Borno if humanitarian assistance is delayed. The nutrition situation is also worsening. The October 2025 IPC Acute Malnutrition Analysis projected that 2.6 million children under five would experience acute malnutrition in 2026, representing a 2 per cent increase from 2025, including an estimated 918,000 children with severe acute malnutrition (SAM)[2] . A further 245,000 pregnant and lactating women are expected to be acutely malnourished, although this represents a 21 per cent reduction from the previous year. Admissions of children with SAM and medical complications have increased by 39 per cent compared with the same period in 2025, placing additional pressure on nutrition and health services across the BAY States.

Armed conflict remained the main driver of humanitarian needs during the reporting period. Increased non-state armed group activity in Pulka, Gwoza and surrounding areas caused further displacement, heightened protection risks and disrupted basic services. Attacks on civilian infrastructure, including the Government Girls' College in Monguno, and the abduction of schoolchildren in Askira Uba further highlighted the volatile protection environment. However, the release of 360 women and children abducted from Ngoshe in Gwoza LGA was a positive development. The continued closure of IDP camps and relocation of displaced families in Borno State, including from GSSS camps in Bama and Gwoza, raised concerns about inadequate access to protection, health, WASH and other essential services at relocation sites. Uncertainty over responsibility for sustaining these services further increases the risk that vulnerable families may be left without adequate assistance.

Public health risks remained high across the region. By the end of June 2026, Nigeria had reported 26,848 cholera cases and 181 associated deaths. Borno State remained the epicentre of the outbreak, with more than 22,700 suspected cases and 140 deaths reported across 20 LGAs by 29 June[3] , while Adamawa State remained particularly vulnerable to epidemic-prone diseases and other public health emergencies due to recurrent communicable disease outbreaks and natural disasters that continue to strain the health system. The increasing frequency of outbreaks underscores the need to strengthen surveillance and capacity of frontline health workers to promptly detect and report public health events, as well as to improve sustained access to water and sanitation in cholera-prone communities. Flooding also remains a major humanitarian risk across Borno and Yobe during the June–September rainy season.

Northwest: Katsina, Sokoto Kebbi and Zamfara States

The humanitarian situation across Katsina, Kebbi, Sokoto and Zamfara States remained highly volatile during the first half of 2026, driven by armed banditry, the increasing incursion of non-state armed groups (NSAGs), displacement, food insecurity, disease outbreaks and climate-related risks. IOM Displacement Tracking Matrix (DTM) data from the most recent Northwest Nigeria reports, in combination with UNICEF estimates, indicate that violence in these four states has displaced nearly 1.4 million people, about 80 per cent of whom live in host communities, increasing pressure on already limited basic services. New displacement continued during the reporting period: NSAG attacks in Isa, Wurno and Sabon Birni LGAs of Sokoto State displaced 16,517 people in January, while an April attack in Bukkuyum LGA, Zamfara, displaced 1,416 people, more than half of them children into Kebbi State.

Zamfara continued to experience the highest level of armed violence, while attacks and insecurity in parts of Sokoto and Kebbi increasingly restricted access to farmland, markets, livelihoods and essential services. These conditions compounded the lean season and worsened child nutrition. The 2025 Northwest Nutrition SMART Survey recorded combined global acute malnutrition prevalence of 14.6 per cent in Sokoto, 14.4 per cent in Kebbi and 11.6 per cent in Zamfara. The IPC analysis projected further deterioration during the May-September 2026 peak malnutrition season, identifying Sokoto and Kebbi among the worst-affected states.

Public health risks also increased, with meningitis, diphtheria and Lassa fever outbreaks reported between January and June, alongside cholera in Zamfara and rising suspected cases in Kebbi. The rainy season further heightened flood and waterborne-disease risks. Protection concerns remained significant: 641 survivors and adolescent girls at risk of gender-based violence received comprehensive case-management support, including medical referrals, psychosocial support and access to justice, in Katsina and Batagarawa LGAs of Katsina State.

North-Central: Benue and Niger States

Benue State continued to face a protracted displacement crisis, hosting an estimated 464,543 internally displaced persons, the largest displaced population across Nigeria's North Central and Northwest regions. Approximately 80 per cent of internally displaced persons are concentrated in Agatu, Guma, Gwer West, Logo, Makurdi and Ukum LGAs[4] . With only 19 per cent residing in formal camps or camp-like settings and 81 per cent living within host communities, displacement is placing significant pressure on already overstretched water, sanitation, health, education and protection services. Accessibility constraints, insecurity, population movements and operational constraints continued to impact the humanitarian response teams' ability to deliver essential humanitarian services, especially in hard-to-reach and very hard-to-reach areas. Education remains particularly affected by inadequate infrastructure, shortages of teachers and learning materials, limited alternative learning opportunities and barriers affecting children with disabilities. In most assessed camps, approximately half of school-age children remain out of school, increasing their exposure to protection risks and prolonged learning loss.

In Niger State, escalating attacks in Borgu LGA and along the Kwara border axis reportedly claimed more than 100 lives across seven communities and displaced over 25,000 people as of 19 June 2026. More than 200 women and children were reportedly abducted, while over 100 pregnant women were displaced and approximately 2,000 children under five faced acute health and nutrition risks. Humanitarian access remains severely constrained, with eight of Borgu's ten wards inaccessible because of insecurity across the Kainji Forest belt, while the destruction of the Luma-Babana bridge further restricted access to affected communities. Attacks have also damaged health facilities, disrupted vaccine cold-chain capacity and forced widespread school closures. The expanding presence of multiple non-state armed groups, continued abductions, improvised explosive device incidents and repeated attacks on communities are driving further displacement and limiting the delivery of essential health, nutrition, education and protection services.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health (including public health emergencies)

UNICEF/2026/Bello Bala

Aisha Usman, 34, and her daughter Umma Salma receives medical care from Mobile Health Brigade personnel in a host community in Gusau, Zamfara State, a few days after arriving at the camp

North-East: Borno, Adamawa and Yobe States

From January to June 2026, Borno State managed concurrent cholera, diphtheria and measles outbreaks while strengthening routine immunization and polio eradication. The state reported 2,515 suspected measles cases, including 30 laboratory-confirmed cases across 10 LGAs, with no deaths. From 21–25 April, the Borno State Primary Health Care Development Board, with UNICEF and partners, deployed 65 teams across 48 wards and 240 settlements in Bama, Gubio, Gwoza, Hawul, Jere, Konduga, Mafa, Magumeri and Maiduguri Metropolitan Council, vaccinating 94,142 eligible children.

Borno also recorded 2,351 suspected diphtheria cases and 24 deaths across 11 LGAs, representing a 1.29 per cent case fatality rate. Ten laboratory-confirmed cases in Jere LGA prompted intensified surveillance, referral, case management, infection prevention and control, and community sensitization. Cholera remained the most significant emergency. By the end of June 2026, Nigeria had reported 26,848 cholera cases and 181 associated deaths. Borno State remained the epicentre of the outbreak, with more than 22,700 suspected cases and 140 deaths.. UNICEF supported mass media, community mobilization and household sensitization to reduce transmission.

The Optimized Outreach Strategy and Big Catch-Up initiative expanded vaccination for zero-dose and under-immunized children. Sub-National Immunization Plus Days were conducted in February and March, followed by In-Between Round Activities in May and June. Following a suspected wild poliovirus type 3 case in Magumeri LGA, two response rounds were implemented in Gubio, Jere, Kaga, Konduga, Mafa, Magumeri, Maiduguri Metropolitan Council, Mobbar, Monguno and Nganzai.

Adamawa State reported 143 suspected measles cases, including 23 confirmed cases and 2 deaths across 7 LGAs, with a 1 per cent case fatality rate. Two LGAs also reported 168 suspected cholera cases with no deaths. Response campaigns administered 45,282 first and 30,301 second measles vaccine doses; vaccinated 52,343 people against cholera across three wards in Mubi North and two in Mubi South; and reached 137,902 people through a reactive cerebrospinal meningitis campaign.

Across four supported LGAs, 23,494 women attended antenatal care at least once and 18,127 attended at least four times, achieving 85 per cent and 66 per cent of targets, respectively. Pentavalent vaccination reached 76,635 children under two. UNICEF and partners also conducted two novel oral polio vaccine rounds and one In-Between Round Activity. Preparedness support trained 56

surveillance and response personnel; 114 health personnel from 9 LGAs in infection prevention, control and case management; and 68 participants, with the Nigeria Centre for Disease Control, on a Multi-Hazard Emergency Preparedness and Response Plan.

In Yobe State, the State Primary Health Care Management Board, supported by UNICEF and the National Primary Health Care Development Agency, implemented integrated measles and polio responses, the Big Catch-Up, In-Between Round Activities and the Optimized Outreach Strategy. From 23–26 April, a reactive campaign in Bursari, Damaturu, Gulani, Nguru, Potiskum and Tarmuwa vaccinated 33,624 children aged 9–59 months: 5,976 aged 9–11 months, 10,146 aged 12–23 months and 17,502 aged 24–59 months.

Across the three states, integrated microplanning, logistics, supportive supervision, community engagement and the involvement of traditional and religious leaders strengthened vaccination uptake, surveillance and timely response in high-risk and hard-to-reach communities.

Northwest: Kebbi, Sokoto and Zamfara States

During the first half of 2026, Kebbi, Sokoto and Zamfara States experienced cholera, cerebrospinal meningitis, diphtheria and Lassa fever outbreaks, alongside measles in Kebbi and Zamfara, and dengue fever in Sokoto.

As of 30 June, Zamfara reported 37 suspected cholera cases across nine wards in six LGAs, with no deaths. Sokoto recorded 62 suspected cases and 3 deaths; after 45 cases in epidemiological week 6, screening, treatment and community awareness contained transmission, with no cases reported from week 13. Kebbi recorded 19 suspected cases, none confirmed, with four hotspot LGAs and increases in weeks 24 and 25.

UNICEF supported State Ministries of Health to reactivate emergency operations centres, sustain pillar coordination and develop action plans. Training strengthened the cholera screening and case-management capacity of 122 health workers. UNICEF provided 35 cholera kits, 115 packs of doxycycline and 110 cartons of oral rehydration solution, while structures supported active case searches and sensitization.

By June, 908 cerebrospinal meningitis cases, including 70 confirmed cases and 54 deaths, had been reported across 7 LGAs in Kebbi, 7 in Sokoto and 12 in Zamfara. In Kebbi, 1,313,132 people aged 1–29 years (54 per cent female) were vaccinated across seven LGAs. Transmission continued in four LGAs in Zamfara.

Diphtheria transmission resulted in 560 suspected cases—Kebbi 2, Sokoto 523 and Zamfara 35 including 17 confirmed cases and 16 deaths. Lassa fever accounted for 56 cases Kebbi 9, Sokoto 24 and Zamfara 23 including 6 confirmed cases and 3 deaths. Measles affected 1,161 people in Kebbi and Zamfara, with 52 confirmed cases and 8 deaths; over 6,500 people received measles vaccines.

Confirmed circulating vaccine-derived poliovirus cases included 9 in Kebbi, 4 in Sokoto and 11 in Zamfara. UNICEF-supported campaigns reached 4,489,027 children (0-59 months) with Novel Oral Polio Vaccine Type 2 (NOPV) in March, 4,580,858 across the three states, and 2,796,240 with Novel Oral Polio Vaccine Type 2 (Nopv) in Kebbi and Sokoto. A response in Kebbi reached 38,733 children with NOPV and 30,081 with BOPV.

Despite insecurity, 460 mobile outreach sessions, supported by 260 health workers, provided emergency primary health care to 157,201 women, children and adolescents in Sokoto and Zamfara, including measles vaccination for 42,614 children under five.

North Central: Benue State

UNICEF's humanitarian response reached 3,218 children and 6,618 adults in Benue State, including 5,457 women and 1,161 men, highlighting the prioritization of women and other vulnerable groups who continue to bear a disproportionate burden of displacement and humanitarian needs. The response also reached 1,354 children under five, while 23 people living with disabilities were identified and supported through inclusive programming. As part of comprehensive maternal and child health services, 1,504 pregnant women received antenatal care, while routine immunization services enabled 144 children to be vaccinated against measles.

Guma and Makurdi LGAs accounted for the highest number of beneficiaries due to the concentration of large camps of internally displaced persons and host community populations. Gwer West and Logo LGAs also recorded substantial service delivery despite difficult terrain and access limitations. Interventions in Agatu and Kwande LGAs remained limited because of security concerns and restricted humanitarian access, underscoring the need for strengthened coordination and improved access to vulnerable communities in these locations.

Laboratory diagnostic services supported the timely diagnosis and management of common illnesses, while psychosocial support services were provided to individuals and families affected by displacement to promote mental well-being and strengthen communities. UNICEF also contributed to improving the well-being of displaced populations through humanitarian assistance while reinforcing coordination among government and humanitarian partners.

The gaps between planned targets and actual reach underscore the urgent need for increased funding, stronger logistics, improved humanitarian access, and sustained multi-sectoral action to meet the rapidly growing needs of conflict-affected communities in Benue State. This is particularly crucial in the most affected humanitarian hotspots – Agatu, Guma, Gwer West, Kwande, Logo and Makurdi LGAs – where recurrent attacks and ongoing displacement continue to drive significant humanitarian needs and demand consistent, multi-sector support.

Nutrition

UNICEF/2026/Folashade Adebayo

With support from the Nigeria Humanitarian Fund, children affected by conflict and acute malnutrition in northeast Nigeria are getting a second chance at life

Northeast: Borno, Adamawa and Yobe (BAY) States

From January to June 2026, 244,312 children were admitted and treated for severe acute malnutrition (SAM) across the BAY States, resulting in a 98 per cent cure rate. By mid-2026, SAM admissions had already surpassed the 186,667 children treated during the same period in 2025 – a 28 per cent increase that reflects the growing

burden of acute malnutrition across the region. This was due in part to the increase in targeted local government areas: in 42 LGAs in 2025 and 49 LGAs in 2026. Support from the Nigeria Humanitarian Fund and the United States Government enabled the scale-up of life-saving nutrition services in12 LGAs in Borno State and 4 LGAs in Yobe State, expanding access to both treatment and preventive nutrition interventions for vulnerable children.

As of mid-2026, 651 outpatient therapeutic programme sites and 48 stabilization centres were operational across humanitarian LGAs in the BAY States. This represents a substantial expansion in service capacity compared to the same period in 2025, when 561 outpatient sites and 40 stabilization centres were operational. On the prevention front, more than 134,000 children aged 6–23 months received micronutrient powders and small-quantity lipid-based nutrient supplements (SQ-LNS) to support healthy growth and reduce the risk of micronutrient deficiencies.

Additionally, over 390,000 caregivers were trained on Family MUAC to measure a child's mid-upper arm circumference, a community-based approach that empowers families to identify and monitor acute malnutrition in children at home.

These strategies support the decentralization of nutrition services, promote early detection and referral, and strengthen community engagement, particularly in areas where access to health facilities remains limited. Such efforts have been crucial during pre-lean season prevention campaigns and have contributed to significant progress in promoting optimal maternal, infant and young child nutrition (MIYCN) practices. By mid-2026, more than 400,000 caregivers had received MIYCN counselling, helping to improve infant feeding practices, dietary diversity and overall nutrition awareness at the household level. UNICEF's lean season response was met with continued deterioration in the nutritional status of vulnerable populations. A notable increase was observed in the number of children under five with severe acute malnutrition and medical complications. Admissions to inpatient stabilization facilities increased by 39 per cent in 2026 compared to the same period in 2025, underscoring the heightened nutritional vulnerability of children and the increased demand for specialized treatment services.

Government engagement in nutrition programming has remained strong. The Borno and Yobe State Governments procured deworming tablets for integration into the Maternal, Newborn and Child Health Week campaign, complementing UNICEF-supported vitamin A supplementation and further reinforcing the integration of essential nutrition actions within routine child health services. In Borno State, the government's food bank initiative was launched and is now being operationalized, expanding locally driven safety-net support. Meanwhile, Yobe State approved ₦500 million Naira (approximately US$368,077) in domestic match funding to the Child Nutrition Fund, demonstrating sustained political commitment to scaling both preventive and therapeutic nutrition interventions.

Northwest: Katsina, Sokoto and Zamfara States

Treatment for severe acute malnutrition across Kebbi, Sokoto and Zamfara States reached 249,392 children (40% of planned target) under-5 through outpatient therapeutic programmes and stabilization centres. This included 3,539 in Kebbi; 104,616 children in Sokoto; and 106,376 in Zamfara, accounting for 54 per cent of the annual target of 398,038 children. These results reflect substantial progress toward achieving programme targets and expanding access to life-saving SAM treatment.

Compared to the same period in 2025, a substantial rise in SAM admissions was recorded in 2026. Sokoto State admitted 104,616 children, up from 54,482 in 2025,a 92 per cent increase. Zamfara State admitted 106,376 children, compared with 45,777 admissions in January to June 2025, marking a 132 per cent increase. The programme in Kebbi State began in June 2026, so comparison data are not available.

The surge in admissions in Sokoto was largely attributable to the expansion of outpatient therapeutic programme service delivery points, which increased from 89 sites in 2025 to 126 sites in 2026, significantly improving geographic coverage and access to treatment. In Zamfara, the increase reflects the expansion of treatment sites – from 89 sites to 91 – and strengthened active case finding, community mobilization, and referral systems, which boosted the uptake of nutrition treatment services.

Programme quality across all three states remained consistently high, exceeding the Sphere standards. Cure rates above 95 per cent, defaulter rates below 3 per cent, and death rates below 0.5 per cent demonstrate that most admitted children successfully recovered following treatment.

Prevention of malnutrition among children aged 6-23 months reached 70,727 children with SQ-LNS supplementation across Sokoto and Zamfara – 28.5 per cent of the annual target of 248,345. These prevention services extended to 20,195 children in Sokoto and 50,532 children in Zamfara. SQ-LNS distribution has yet to be rolled out in Kebbi State.

Maternal, infant and young child nutrition (MIYCN) counselling reached 137,742 caregivers, representing 16.3 per cent of the annual target of 842,461. This included 1,679 caregivers in Kebbi; 65,353 in Sokoto; and 70,710 in Zamfara. Operational bottlenecks, such as the late programme start in Kebbi, and inconsistent documentation and submission of Infant and Young Child Feeding reports by some health facilities, contributed to these lower-than-expected results

Child protection and GBViE

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

In the first half of 2026, conflict, displacement and the persistence of grave violations against children continued to drive protection needs across Borno, Adamawa and Yobe states, sustaining demand for case management, family tracing, mental health and psychosocial support, and gender-based violence services. UNICEF and partners sustained a protection-centred response, prioritizing the safe release, reintegration and care of children affected by armed conflict while strengthening the systems that underpin durable protection.

During the reporting period, 2,398 children (1,499 girls; 899 boys) formerly associated with armed groups were supported through UNICEF's socio-economic reintegration programme — spanning children newly enrolled and those who completed the programme during the period — and reintegrated with their families and communities in line with the Handover Protocol, through individualized pathways combining psychosocial follow-up, caregiver engagement, community-based protection mechanisms and livelihood support. Family tracing and alternative care services supported 459 unaccompanied and separated children (255 girls; 204 boys) through reunification, family-based care and appropriate alternative care arrangements delivered via Government-led and UNICEF-supported case management systems.

Psychosocial support remained central to the response, with 189,437 children, adolescents and caregivers reached with comprehensive psychosocial support, including life skills education and positive parenting. On gender-based violence, 89,647 women, girls and boys received risk mitigation, prevention or response interventions, while 40,931 children and adults gained access to a safe and accessible channel to report sexual exploitation and abuse.

Comprehensive multisectoral case management reached 1,093 boys

and girls at risk and children with disabilities (595 girls; 498 boys), supporting access to coordinated protection, health, and social welfare services. To reinforce the sustainability of the response, 845 members of the social service workforce and child protection committees and partners were trained across the BAY states, enhancing Government-led case management, reintegration standards and safeguarding practices. Continued displacement, community fragility, insecurity and constrained financing place sustained pressure on protection systems, underscoring the need for predictable support to prevent renewed cycles of recruitment, exploitation and social exclusion.

Northwest: Katsina, Sokoto and Zamfara States

During the first half of 2026, UNICEF, working with government and community partners, strengthened emergency child protection and mental health and psychosocial support (MHPSS) services for children and adolescents affected by conflict, insecurity and violence in Kebbi and Zamfara States.

In Kebbi, UNICEF supported the State Government to provide MHPSS and reintegration assistance to 25 girls released from captivity. Teachers and counsellors were trained in collaboration with MOWCAS and SUBEB to provide safe, supportive and child-sensitive services within schools. Home visits, dignity kits and individualized psychosocial support were also provided to address immediate protection concerns and support the girls' safe and dignified reintegration into their families, schools and communities.

In Zamfara, UNICEF strengthened community-based protection mechanisms through stakeholder meetings, reflective dialogues and case conferences involving traditional and religious leaders, School-Based Management Committees, community child protection committees and government actors. The engagements focused on out-of-school children, gender-based violence prevention, identification of protection risks and referral pathways.

A total of 10,040 adolescent girls aged 13–18 years participated in structured safe-space sessions, where they received psychosocial support, life-skills education, peer engagement and protection awareness. In addition, 10,083 children aged 6–12 years accessed Child-Friendly Space activities that promoted emotional wellbeing, positive social interaction, coping and resilience. Of these, 1,440 children (720 boys and 720 girls) identified with heightened emotional distress and protection concerns are receiving structured Individual Psychosocial Therapy Group support.

Recognizing the link between economic vulnerability and protection risks, UNICEF also supported livelihood interventions for 1,200 beneficiaries. Protection officers and caseworkers were trained to establish Village Savings and Loan Associations, providing a foundation for household savings and improved economic resilience.

Overall, the response expanded access to essential protection services, reduced immediate psychosocial risks and strengthened the capacity of families, schools, communities and government structures to identify, prevent and respond to protection concerns during emergencies.

North Central: Benue State

Since January 2026, UNICEF has strengthened child protection, mental health and psychosocial support, and interventions to prevent, mitigate and respond to sexual and gender-based violence (SGBV) and other protection risks among internally displaced persons in Benue State. The response prioritized women, girls, children and adults with disabilities, supporting equitable access to protection and other essential services.

Working with local partners and government authorities, UNICEF supported protection services across all 13 camps for internally displaced persons and surrounding host communities in Guma, Gwer West and Makurdi LGAs. Support was also extended to Yelewata community in Guma LGA, following the deadly attack in June 2025. Interventions included strengthened safe spaces, community engagement, direct services and referral pathways managed by trained SGBV focal points.

Comprehensive mental health and psychosocial support—including age-appropriate counselling, life-skills education and positive-parenting support—reached 2,303 children, adolescents and caregivers: 1,214 in Guma, 390 in Gwer West and 699 in Makurdi. Those reached included 325 children under five, 1,406 children aged 6–17 years, 187 men and 315 women, as well as 19 adults and 51 children with disabilities.

UNICEF-supported SGBV risk-mitigation, prevention and response interventions reached 2,034 women, girls and boys with information, skills and assistance to reduce protection risks and access timely services. This included 1,048 people in Guma, 368 in Gwer West and 618 in Makurdi. In addition, 13 children with disabilities received individualized, multisectoral case-management support and referrals to health, nutrition, education and other essential services.

Childcare and child-protection awareness activities reached a further 1,148 children and community members: 480 in Guma, 255 in Gwer West and 413 in Makurdi. Messages addressed the prevention of abuse, neglect, exploitation, trafficking and sexual violence, alongside access to health and nutrition services and referral pathways for survivors of SGBV to obtain health, justice and welfare support.

These inclusive and gender-responsive interventions strengthened community-based child protection systems and access to safe, appropriate services for displaced populations and host communities. During the second half of 2026, UNICEF will expand the response following the signing of a programme document and disbursement of implementation funding to a local child protection civil society organization. The organization will work with state institutions, non-state actors and community structures to deliver sustainable protection services for children and adolescents across camps and host communities.

Education

UNICEF/2026/

Children in Tsangaya school with school supplies in Borno state

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

UNICEF expanded access to education and skills development for out-of-school and disadvantaged children and adolescents across Borno and Yobe States. Through the Accelerated Basic Education Programme (ABEP) and Sangaya centres in underserved communities, 8,175 learners aged 10–18 years were enrolled,

including 3,255 learners in Yobe (1,845 girls and 1,410 boys) and 4,920 learners in Borno (2,013 girls and 2,907 boys). Learners also received learning materials, reducing barriers to participation and strengthening their readiness, attendance and retention in learning programmes.

At the national level, UNICEF supported the Federal Ministry of Education to develop and validate the National Skills Development Framework and National Policy on Skills Development, which define the core skills Nigerians should acquire. Building on this framework, UNICEF supported Borno and Yobe States to deliver vocational training aligned with labour-market needs. Overall, 4,800 adolescents in Borno (1,460 girls and 3,340 boys) and 600 learners in Yobe (321 girls and 279 boys), including children with disabilities, Almajiri learners and out-of-school adolescents, acquired competencies in market-relevant trades. Participants received trade-specific starter packs to support self-employment, entrepreneurship and income-generating activities. The programme also strengthened their confidence, resilience and decision-making while improving the social inclusion of marginalized adolescents.

UNICEF continued to support government efforts to reduce learning poverty. In response to the revised national language-in-education policy, the Partnership for Learning for All in Nigeria (PLANE) developed and deployed English resources for the early grades. A six-day Training of Trainers, held in Jigawa and Kano from 29 December 2025 to 3 January 2026, strengthened master trainers' knowledge of pedagogy, material development and use, and classroom management. UNICEF's Maiduguri Field Office sponsored six master trainers, including two women, from Yobe and Borno to participate and cascade the training to early-grade English teachers.

UNICEF also procured and distributed school furniture and teaching and learning materials to 100 formal and non-formal schools in Borno State. The supplies included desks, chairs, registers, teachers' guides, exercise books, whiteboards, chalk, markers, dusters, stationery, mats and school bags. These resources created more conducive and inclusive learning environments, enabling 15,227 children from disadvantaged backgrounds to participate more effectively in education and learning activities.

Northwest: Katsina, Sokoto and Zamfara States

UNICEF expanded access to quality education for over-aged and out-of-school children in Sokoto State by strengthening Accelerated Basic Education Programme (ABEP) delivery, learner enrolment and community ownership across Goronyo, Rabah, Tambuwal, Tangaza, Tureta and Wurno LGAs.

In partnership with the State Agency for Mass Education and Life Helpers Initiative, UNICEF trained 105 ABEP facilitators—26 women and 79 men—from 35 learning centres. The three-day training covered programme guidelines, curriculum delivery, learner-centred teaching, formative assessment, socio-emotional learning, centre management, and digital enrolment and placement. Practical exercises, model lessons and micro-teaching strengthened facilitators' competence and confidence. Average assessment scores increased from 35 per cent before the training to 65 per cent afterwards, representing a 30-percentage-point improvement. Mentoring and technical support mechanisms were established to sustain the gains and improve centre-level delivery.

The programme enrolled 3,255 learners aged 10–18 years, comprising 1,845 girls and 1,410 boys, across the six LGAs. Girls accounted for 57 per cent of enrolment. Learning materials were distributed to reduce participation barriers, strengthen learner readiness and enable newly enrolled children to engage effectively in classroom activities.

UNICEF also strengthened community structures supporting education delivery. Capacity-building reached 470 School-Based Management Committee members and community stakeholders 431 males and 39 females and 158 Centre-Based Management Committee members 118 males and 40 females. Training covered school governance, development planning, record keeping, accountability, climate adaptation, security and environmental risk mitigation, community mobilization, behaviour change communication and advocacy.

By engaging traditional and religious leaders, women, youth, teachers and other community actors, the intervention strengthened local accountability and ownership. These strengthened structures are now better equipped to monitor attendance, mobilize families, address emerging risks and promote safer, more supportive learning environments for all children. Together, these efforts positioned ABEP centres to improve learner enrolment, retention, transition and completion while advancing more inclusive and sustainable education delivery in Sokoto State.

North Central: Benue State

UNICEF supported the Benue State Government to conduct a basic education needs assessment to understand if schools have the capacity to deliver effective learning for internally displaced children and children in host communities, including schools' ability to enrol new students. The assessment examined key barriers to access, retention and learning for children in both settings.

Key findings highlighted how insecurity, displacement and systemic capacity constraints continue to undermine access to education and the quality of learning. While assessed schools demonstrated signs of resilience, significant challenges persist. Overcrowded classrooms in host communities, driven by the use of school facilities as temporary shelter for internally displaced persons, strain learning environments and limit available space for instruction. High teacher workloads, shortages of teaching and learning materials, damaged infrastructure and inadequate WASH facilities further weaken education quality. Internally displaced children and children with disabilities remain largely out of school, reflecting persistent barriers related to poverty, limited awareness, inadequate infrastructure and the absence of inclusive support mechanisms.

Based on the assessment findings, UNICEF launched alternative learning programmes in six camps for internally displaced persons affected by the humanitarian crises. Enrolment of 2,000 out-of-school children is underway, ensuring they benefit from structured, alternative learning programmes within the camps. To support programme delivery, 65 facilitators from the six camps have been identified and trained on ABEP, using the Teaching at the Right Level (TaRL) methodology, which promotes flexible, accelerated and learner-centred instruction.

To improve learning conditions, four classroom blocks in one camp are being renovated and equipped with school desks, and teaching and learning materials will be procured to support quality instruction and learning. UNICEF also provided learning materials to 750 out-of-school children in Yelewata and Daudu II to facilitate their enrolment into formal schools, and 300 vulnerable learners in Yelewata and Daudu IDP Camp to ensure continuity of learning.

In support of digital literacy, UNICEF trained 60 master trainers in Benue State on digital literacy and blended learning. The training will be cascaded to teachers across the state in the second half of 2026. To improve early childhood care and development education, 60 master trainers were trained in learning-through-play methodologies for early childhood teachers.

Water, sanitation and hygiene

UNICEF/2026/Abba Umar

Tata Yande and her 6-year-old grandchild, Muhammad Ibrahim, before they left UNICEF supported CTU

Northeast: Borno, Adamawa and Yobe States

From January to June 2026, UNICEF and the Borno State Rural Water Supply and Sanitation Agency provided safe water to 33,090 people—17,008 females and 16,082 males—by rehabilitating eight climate-resilient, solar-powered boreholes in camps and host communities in Maiduguri Metropolitan Council, including Bolori, Goni Damgari, Gwange and Maisandari wards. In Yobe, four climate-resilient solar-powered boreholes were rehabilitated and upgraded, reaching 11,520 people in Buni Yadi, Damaturu Central and Ngirbuwa communities across Damaturu and Gujba LGAs. Sustained chlorination of 354 water points in Maiduguri Metropolitan Council, Jere and Konduga provided safe water to a further 88,500 people—45,489 females and 43,011 males.

UNICEF rehabilitated 108 emergency sanitation blocks in Elmiskin, GSS Mafa, Muna Custom, Muna Daa'alti and Muna Kori IDP camps in Jere and Mafa LGAs, improving sanitation for 8,640 people—4,501 females and 4,139 males. As provider of last resort, UNICEF supported desludging of over 10,000 latrines in 103 Borno camps, benefiting more than 308,000 people. Trained volunteers cleaned and disinfected 865 latrines, benefiting another 23,580 people. Hygiene promotion reached 338,171 people across Borno and Yobe, while 28,960 people received life-saving WASH supplies, including specialized kits for children with severe acute malnutrition.

For the cholera response, UNICEF provided technical leadership to the Infection Prevention and Control–WASH Pillar and WASH Sector. With the Rural Water Supply and Sanitation Agency, UNICEF repaired three water facilities and constructed five emergency sanitation blocks at Ajari, Kaleri and Simari oral rehydration points, restoring safe water for 8,600 people. Thirty Case Area Targeted Intervention teams were deployed in Bama, Dikwa, Konduga, Jere, Maiduguri Metropolitan Council, Monguno and Ngala. Working within 50 metres of confirmed cases, they reached 9,906 people and interrupted transmission chains linked to at least 1,218 cholera cases. Complementary actions included health-worker training, cholera kits, Aqua Tabs, community risk communication and water-quality surveillance to maintain free residual chlorine levels in accordance with World Health Organization guidelines.

With the Borno State Environmental Protection Agency, UNICEF delivered safe-burial messaging, drainage clearance and solid-waste management for 48,005 people in camps and host communities across Jere and Maiduguri Metropolitan Council. In 18 camps and cholera hotspots, 100 trained volunteers conducted daily cleaning and disinfection of 865 latrines.

Although Adamawa recorded no outbreak, UNICEF strengthened preparedness. Hygiene messages on handwashing, safe water handling, sanitation and early care-seeking reached 28,580 people, while 1,303 vulnerable households in Yola South received hygiene kits. UNICEF also trained 70 WASH unit staff—38 male and 32 female—from Demsa, Fufore, Girei, Lamurde, Numan, Yola North and Yola South on CATI, including outbreak detection, rapid-response coordination, hygiene promotion, emergency water-quality management, household disinfection and community engagement.

Northwest: Katsina, Sokoto and Zamfara States

By June 2026, access to safe drinking water was provided to 10,776 people in Katsina State through the construction of three solar-powered boreholes in host communities across the priority LGAs of Batsari, Dandume and Kurfi. An additional 15 improved water sources and 38 open wells were chlorinated, ensuring safe drinking water access for 33,278 people.

UNICEF strengthened sanitation in public institutions by desludging and rehabilitating 20 latrine compartments (six blocks, one pair each in the three target institutions) in two primary health-care centres and one school. This has provided safe excreta disposal for 1,992 patients, caregivers and students in host communities and camps for internally displaced populations. Meanwhile, household hygiene promotion campaigns by 40 volunteer hygiene promoters and volunteer community mobilizers reached 23,921 persons in 60 communities of the priority LGAs (24 in Batsari, 19 in Dandume, and 17 in Kurfi).

North-Central: Benue State

During the Lassa fever outbreak in April 2026, hygiene promotion sessions reached 19,902 people (6,058 households) across nine camps for internally displaced persons in Guma and Makurdi LGAs. Positive hygiene practices among these households were encouraged through the distribution of 900 WASH dignity kits. In addition, 40 contactless handwashing stations were installed, and 180 SATO taps were distributed across the nine camps to improve handwashing practices and help prevent disease transmission.

In collaboration with UNICEF's Health and Social and Behaviour Change programmes, and in partnership with the Benue State Ministry of Health and Rural Water Supply and Sanitation Agency, 23 WASH LGA coordinators were trained as members of rapid response teams. Following the training, the WASH rapid response teams strengthened WASH capacities in primary health-care centres across these LGAs to improve infection prevention and control and hygiene promotion in health facilities and communities. Disinfection of shelters and sanitation facilities was also carried out across the nine camps in Guma and Makurdi LGAs.

Cross-sectoral (including PSEA)

UNICEF/2026/ Lawali Belo

Women work together to draw a community map, enabling them to identify key risk areas in Tsafe LGA, Zamfara State.

Social and Behaviour Change (SBC)

During the first half of 2026, UNICEF strengthened social and behaviour change systems across the Northeast, Northwest and North Central, using evidence, community structures and local partnerships to address barriers affecting access to services and encourage community-led action.

In Adamawa State, SBC support focused on outbreak preparedness across nine Public Health Emergency focal LGAs. In June, 32 participants were trained to develop 16 communication materials—jingles,
posters and frequently asked questions—covering cholera, diphtheria, Lassa fever, measles and meningitis. A separate cholera preparedness meeting brought together 21 civil society organizations, which refined key messages and were assigned to LGAs for household mobilization, sensitization, chlorination of wells and other water sources, and action to reduce open defecation. A further 35 LGA health educators, civil society representatives and community engagement focal persons, including members of the Adamawa State Public Health Emergency Operations Centre, completed a three-day training on communication, coordination, monitoring and action planning. By the end of the training, all nine LGAs had developed cholera preparedness plans.

Across Kebbi, Sokoto and Zamfara States, UNICEF strengthened multisectoral SBC coordination at state, LGA and ward levels. Ward development committees continued to lead community engagement and accountability processes across 51 LGAs—14 in Kebbi, 23 in Sokoto and 14 in Zamfara. In Bungudu, Tsafe and Zurmi LGAs of Zamfara, participatory risk mapping enabled communities to identify insecurity, flooding, drug abuse and disease outbreaks as priority risks and analyse contributing factors, including environmental pressures, education gaps, inadequate infrastructure, limited awareness and weak livelihoods. Ward development committees responded through waste-disposal initiatives, flood- and disease-prevention awareness, repairs to damaged water systems, and advocacy for improved security and teacher recruitment. UNICEF also convened LGA chairpersons from the three states to strengthen government ownership of community-led action.

In Benue State, trained Camp Youth Volunteers combined household communication with focus group discussions, key informant interviews and journey mapping across five IDP camps. In May, 410 people—230 females and 180 males—participated. Engagement identified gaps in antenatal care, zero-dose children, poor infant feeding and hygiene practices, and protection concerns. Volunteers supported referrals for catch-up vaccination, nutrition counselling and access to available services. Findings also informed advocacy on sanitation facilities at Mega Camp, gender-balanced camp leadership, safeguarding and more equitable access to assistance for female-headed households.

Accountability to Affected Populations (AAP)

In the first half of 2026, conflict, displacement and the persistence of grave violations against children continued to drive protection needs across Borno, Adamawa and Yobe states, sustaining demand for case management, family tracing, mental health and psychosocial support, and gender-based violence services. UNICEF and partners sustained a protection-centred response, prioritizing the safe release, reintegration and care of children affected by armed conflict while strengthening the systems that underpin durable protection.

During the reporting period, 2,398 children (1,499 girls; 899 boys) formerly associated with armed groups were supported through UNICEF's socio-economic reintegration programme — spanning children newly enrolled and those who completed the programme during the period — and reintegrated with their families and communities in line with the Handover Protocol, through individualized pathways combining psychosocial follow-up, caregiver engagement, community-based protection mechanisms and livelihood support. Family tracing and alternative care services supported 459 unaccompanied and separated children (255 girls; 204 boys) through reunification, family-based care and appropriate alternative care arrangements delivered via Government-led and UNICEF-supported case management systems.

Psychosocial support remained central to the response, with 189,437 children, adolescents and caregivers reached with comprehensive psychosocial support, including life skills education and positive parenting. On gender-based violence, 89,647 women, girls and boys received risk mitigation, prevention or response interventions, while 40,931 children and adults gained access to a safe and accessible channel to report sexual exploitation and abuse.

Comprehensive multisectoral case management reached 1,093 boys and girls at risk and children with disabilities (595 girls; 498 boys), supporting access to coordinated protection, health, and social welfare services. To reinforce the sustainability of the response, 845 members of the social service workforce and child protection committees and partners were trained across the BAY states, enhancing Government-led case management, reintegration standards and safeguarding practices. Continued displacement, community fragility, insecurity and constrained financing place sustained pressure on protection systems, underscoring the need for predictable support to prevent renewed cycles of recruitment, exploitation and social exclusion.

Emergency preparedness

During the first half of 2026, UNICEF strengthened multi-hazard emergency preparedness and response capacity across high-risk states in the North-East, North-West and North-Central regions. More than 200 government officials, humanitarian partners, security actors, technical agencies and Local Emergency Management Committee representatives benefited from preparedness workshops, coordination meetings, technical sessions and simulation exercises.

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

Preparedness efforts reflected the established mixed response model involving government institutions, UNICEF and non-governmental organization (NGO) partners. In Borno and Adamawa, UNICEF supported government contingency planning and coordination while maintaining partner capacity for front-line service

delivery. The preparedness arrangements included state and LGA contingency plans, trained search-and-rescue teams, pre-positioned assets, and contingency partnerships with civil society organizations.

UNICEF also strengthened internal readiness by reviewing and consolidating the emergency supplies available in Abuja (the Federal Capital Territory), Bauchi, Kaduna and Maiduguri warehouses. Available supplies included WASH non-food items and cholera-response materials; UNICEF's School-in-a-Box kits, solar-powered radios, teaching, learning and recreational materials for education; and emergency medical supplies for health. Work was initiated to improve the preparedness supply dashboard by incorporating programme-section stocks, state-government supplies and field-office requirements to support better prioritization and avoid duplication.

Anticipatory action preparedness was also advanced, particularly for Adamawa State. UNICEF worked with government and humanitarian partners to define readiness actions linked to agreed flood triggers, including pre-positioning WASH and cholera supplies, protecting water points, preparing evacuation centres, activating chlorination teams and strengthening risk communication and community preparedness. Implementation arrangements, surge capacity, supply availability and partner modalities were reviewed to ensure rapid activation once the anticipatory-action trigger is reached.

Overall, the preparedness actions strengthened government ownership, inter-sector coordination, early warning systems, rapid-assessment capacity, humanitarian-access analysis and operational readiness ahead of the peak flood and public-health emergency period. The approach also emphasized government-led response systems in the North-West and North-Central target states, while leveraging the combined operational capacity of government, UNICEF and NGO partners in the North-East.

North-West: Katsina, Kebbi, Sokoto and Zamfara States

UNICEF supported Katsina, Kebbi, Sokoto and Zamfara States to strengthen government-led emergency preparedness and response systems. The interventions included updating flood, armed-conflict and humanitarian-access data and maps; reviewing early warning and last-mile communication arrangements; strengthening inter-sector coordination platforms; disseminating emergency coordination standard operating procedures (SOPs); and reinforcing state and LGA-level preparedness structures. Local Emergency Management Committees were also strengthened to support community-level early warning, preparedness and response.

These activities translated into concrete state-level actions. In Katsina, the state validated its access data and emergency communication flowchart, established an inter-sector coordination mechanism and commenced LGA-level flood early-warning dissemination. The state government also approved funding for flood and erosion preparedness activities in 37 affected communities. Kebbi State completed access mapping and disseminated emergency coordination SOPs. Sokoto activated its Disaster Risk Stakeholders Platform, convened sector-specific coordination meetings and conducted joint multi-sector needs assessment and response planning. Zamfara strengthened coordination among the Ministry of Humanitarian Affairs, the State Emergency Management Agency, Zamfara State Rural Water Supply and Sanitation Agency (RUWASSA), and the Primary Health Care Development Agency, completed humanitarian-access mapping and advanced a joint emergency response proposal.

North-Central: Benue State

UNICEF supported Benue State to operationalize government-led emergency response arrangements. This included supporting coordination between the State Emergency Management Agency and relevant state institutions, developing emergency coordination SOPs, strengthening Local Emergency Management Committees and advocating for the consolidation of contingency stocks held by different sectors and government institutions.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

Humanitarian leadership in Nigeria is exercised through the Humanitarian Coordinator, Humanitarian Country Team (HCT), Inter-Sector Coordination Group (ISCG) and sector coordination mechanisms, with OCHA facilitating strategic prioritization, resource allocation and coordination among government institutions, UN agencies, NGOs and local civil society actors. UNICEF is co-leading the Nutrition, WASH and Education Sectors, as well as the Child Protection Area of Responsibility (AoR), alongside government and NGO partners, while supporting an expanding network of national and international humanitarian actors across the BAY states to align with the sector transition plans. It is envisaged that by the end of 2026, the current coordination structures will be fully led by government with UNICEF and other sector co-leads supporting with mentoring and shadowing of the ministries and agencies who will take up coordination.

At the strategic level, the coordination of humanitarian response in Northeast Nigeria, will adopt a state area-based coordination approach with the intersectoral coordination group deactivated. However, this is still under discussion, and the revised strategy will be shared by OCHA. To support this process, a joint humanitarian transition workshop was organized to deliberate on the priorities and the humanitarian architecture beyond 2026.

The Joint Humanitarian Transition Workshop confirmed the planned transfer of humanitarian coordination responsibility to the Government of Nigeria from 1 January 2027, with the HCT and Inter-Sector Coordination Group expected to conclude their current roles in December 2026. The transition is taking place while humanitarian needs remain high and international funding and coordination support are reducing. The agreed direction is therefore not an end to humanitarian action, but a shift towards a nationally led, locally owned and increasingly domestically financed response, with international partners continuing to provide targeted technical, capacity-strengthening and operational support.

The workshop identified five priorities for the transition: clarify the scope and vision of post-transition humanitarian action; establish a Government-led planning process for 2027; finalize a fit-for-purpose coordination structure with clear federal, state and sector responsibilities; mobilize predictable domestic financing; and implement a coordinated institutional capacity-strengthening programme; building on existing government structures, with flexibility based on the different state contexts, strengthened participation of affected people and national civil society organizations, and maintaining strong links with social protection schemes, anticipatory action, durable solution, development and peacebuilding initiatives.

The immediate priority is to translate the workshop outcomes into actions before the 2027 handover. By the end of August, FMHAPR and OCHA are expected to finalize the transition vision, coordination organogram, terms of reference, planning guidance, data requirements and priority capacity needs, while sectors align their respective transition plans. Government budget deadlines, requirements and release for 2027 also require urgent confirmation. This should be followed by a domestic resource mobilization strategy in September, completion of data-sharing arrangements by October, circulation of the draft 2027 humanitarian plan in November, and finalization and ministerial endorsement of the plan by 10 December 2026.

The Education Sector coordinated interventions across the BAY States, focusing on transition planning, system strengthening, access for vulnerable children and government ownership. State consultations and the National Transition Workshop reviewed progress in transitioning the Accelerated Basic Education Programme (ABEP), foundational learning, teacher development and school-based management structures to government leadership. Coordination supported response planning, monitoring and reporting, while interventions promoted learning recovery, disability inclusion, gender responsiveness, school safety and Education in Emergencies. Partners provided hygiene supplies and awareness activities to contain cholera in schools. The Borno State Education Summit convened stakeholders to address out-of-school children, foundational learning, teacher development, education financing, school safety, girls' education and sustainability. However, the suspension of ABEP in Borno disrupted learning for thousands of children. Priorities include advocating for its resumption, implementing transition roadmaps and mobilizing resources for learning recovery.

The Nutrition Sector trained 25 civil society organizations on nutrition cluster coordination and, with Borno and Yobe Governments, onboarded 56 partners, 98 per cent of which were national NGOs. Monthly BAY coordination meetings continue under the rotational leadership of State Directors, while responsibilities transition to state structures. Adamawa has established a coordination team, while Borno has selected an information management officer and secured office space requiring renovation.. Funding shortfalls, insecurity, food insecurity and cholera continue to increase malnutrition risks and pressure stabilization centres treating children with severe acute malnutrition and medical complications.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

UNICEF/2026/Aremu Adeolu

A mason in northeast Nigeria is turning toilets into a lifeline for families, one household at a time

In Yobe State, UNICEF, in collaboration with the State Government and with funding from the Government of Germany through KfW Development Bank, supported a sanitation-financing initiative to increase access to affordable household toilets and contribute to ending open defecation. Vulnerable displaced households and host communities can obtain improved toilets without paying the full cost upfront. Trained sanitation entrepreneurs access financing through selected microfinance banks, construct the facilities and allow households to repay through agreed instalments.

One participating entrepreneur, Ahmad Kukuri, has constructed more than 100 improved toilets since 2016 across Potiskum, Gashua, Jakusko and Fune. He maintains household instalment records, enabling families that previously could not afford toilets to pay gradually. Using SATO pans, the toilets require little water, are easier to clean, and reduce odour and flies, improving sanitation, safety and dignity.

The initiative is reaching communities where open defecation increases children's exposure to diarrhoea, cholera and other preventable diseases, particularly during the rainy season when human waste can contaminate water sources. It has also strengthened local enterprise and employment. Ahmad, previously a concrete-block seller, now employs more than 30 workers. The approach shows how sanitation financing, technical training and local entrepreneurship can expand access to improved toilets, support livelihoods and accelerate progress towards an open defecation-free Yobe State.

- The Man Builds Toilets So Children Can Grow Up Safe

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: 31ST DECEMBER 2026

ANNEX A - PROGRAMME RESULTS

Consolidated Programme Results

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*
Health (including public health emergencies)					
Children and women accessing primary health care in UNICEF-supported facilities	Total	-	2.5 million	836,127	▲ 33%
Children vaccinated against measles, supplemental dose	Total	-	1.3 million	465,478	▲ 35%
Nutrition					
Children 0-59 months with severe wasting admitted for treatment	Total	-	1.3 million[5]	493,704	▲ 39%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	2.8 million	814,482	▲ 29%
Pregnant women receiving micronutrient supplements containing iron	Total	-	934,000	128,742	▲ 14%
Children who received Small Quantity Lipid-based Nutrient Supplements (SQ-LNS)	Total	-	1 million	141,183	▲ 14%
Child protection and GBViE					
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	314,385	189,437	▲ 60%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	173,104	89,647	▲ 52%
Children who have exited armed forces and groups provided with protection or reintegration support	Total	-	3,700	2,398	▲ 65%
Unaccompanied and separated children provided with alternative care and/or reunified	Total	-	200	459	▲ 230%
Children and caregivers benefiting from information on childcare and child protection including on grave child rights violations	Total	-	348,476	179,063	▲ 51%
Children with disability provided with comprehensive multi-sectoral case management support	Total	-	4,594	1,093	▲ 24%
Education					
Children accessing formal or non-formal education, including early learning	Total	-	801,192	144,079	▲ 18%
Children receiving individual learning materials	Total	-	613,756	188,362	▲ 31%
Teachers and facilitators trained in basic pedagogy and/or mental health and psychosocial support	Total	-	4,984	1,054	▲ 21%
School management committees trained on effective school governance, inclusive education, and child-friendly learning environments	Total	-	17,388	1,300	▲ 7%
Water, sanitation and hygiene					
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	639,747	184,209	▲ 29%

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*
People accessing appropriate sanitation services	Total	-	163,777	14,378	▲ 9%
People reached with critical WASH supplies	Total	-	167,713	34,387	▲ 21%
People reached with hygiene promotion sessions	Total	-	995,004	437,113	▲ 44%
Social protection					
Households benefitting from social assistance from government funded programmes with UNICEF technical assistance	Total	-	40,000	-	0%
Households reached with UNICEF-funded humanitarian cash transfers	Total	-	20,000	1,444	▲ 7%
Rapid Response Mechanism					
People reached through rapid response mechanism	Total	-	100,000	13,418	▲ 13%
Emergency preparedness					
People reached through emergency preparedness	Total	-	200,000	46,500	▲ 23%
Cross-sectoral (AAP, SBC, and PSEA)					
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	2 million	40,931	▲ 2%
People engaged in reflective dialogue through community platforms	Total	-	284,920	103,641	▲ 36%
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	149,146	3,975	▲ 3%

**Progress in the reporting period 1 January to 30 June 2026*

ANNEX B — FUNDING STATUS

Consolidated funding by sector

		Funding available		Funding gap	
Sector	Requirements[6]	Humanitarian resources received in 2026	Resources available from 2025 (carry over)	Funding gap (US$)	Funding gap (%)
Health	14,600,000	6,153,959	6,787,145	1,658,896	11%
Nutrition	135,700,000	12,148,081	10,790,641	112,761,278	83%
Child protection	14,400,000	216,000	2,255,730	11,928,270	83%
Education	22,400,000	108,000	2,038,338	20,253,662	90%
WASH	14,100,000	4,960,720	1,141,466	7,997,814	57%
Social protection	2,100,000	-	-	2,100,000	100%
Cross-sectoral	3,300,000	2,458,213	6,917,678	-	0%
RRM	1,800,000	-	-	1,800,000	100%
Emergency preparedness	2,400,000	1,017,368	1,191,218	191,414	8%
Total	**210,800,000**	**27,062,341**	**31,122,216**	**152,615,443**	**72%**

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 2025 (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. United Nations Office for the Coordination of Humanitarian Affairs (OCHA), Nigeria: 2026 Humanitarian Needs and Response Plan, January 2026

2. Integrated Food Security Phase Classification, Nigeria (Northeast and Northwest): IPC Acute Malnutrition Analysis (October 2025-September 2026), IPC Analysis Portal, 4 December 2025.

3. https://reliefweb.int/report/nigeria/nigeria-borno-adamawa-and-yobe-bay-states-quarter-2-situation-report-april-june-2026?utm_source=chatgpt.com

4. international Organization for Migration (IOM), Nigeria North-Central and North-West: Round 18 IDP and Returnee Atlas, October 2025.

5. In 2026, UNICEF aims to address 80 per cent of the burden of severe wasting in priority states, whilst remaining needs will be covered by sector partners and government domestic resources as we move increasingly into the humanitarian reset transition and state leadership in the nutrition response. Furthermore, UNICEF has increased geographic coverage of treatment for severe wasting to accommodate areas with significant nutrition deprivations in high-severity areas affected by violence and high numbers of internally displaced persons, coupled with global acute malnutrition rates above 10 per cent.

6. UNICEF funding requirements for 2026 include $124 million (59 per cent) to address humanitarian needs in Nigeria's northeastern states in line with the 2026 Humanitarian Needs and Response Plan, and $86 million for life-saving humanitarian interventions in northwestern and central states.