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UNITED NATIONS POPULATION FUND

SITUATION REPORT

Mali Humanitarian Crisis

1-30 September 2025

Highlights

- Mali currently faces numerous threats, including attacks by non-state armed groups (NSAGs), armed crime, and climate crises, which have increased forced displacement and the collapse of basic social services. Women and girls, already vulnerable to violence and economic insecurity, are disproportionately affected.
- Violence has intensified across Timbuktu, Kidal, San, and Ségou through armed attacks, robberies, improvised explosive devices (IEDs), and suicide drones. This surge in conflict heightens the climate of fear and specifically targets women and girls with gender-based violence (GBV). Armed groups have imposed road blockades on strategic routes, halting supplies of fuel, food and medicine. This action is driving up prices and severely increasing household poverty. Access to essential healthcare services—including sexual and reproductive health (SRH), and GBV survivor care—is critically limited by service closures, lack of medical supplies, and shortages of healthcare workers.
- UNFPA efforts are seriously hampered by a significant funding shortfall. Only US$5.9 million of the US$16.5 million required has been mobilized. This critically restricts the availability of SRH and GBV services, particularly in remote areas of Mali.

6,431,500
Total people affected[1]

1,408,000
Women of reproductive age[2]

196,970
Estimated pregnant women[2]

894,130
People targeted w/ SRH services

934,335
People targeted w/ GBV programmes

[1] Mali Humanitarian Needs and Response Plan 2025
[2] Estimated figures are based on the Minimum Initial Services Package (MISP) for Sexual and Reproductive Health in Humanitarian Settings calculator.

Situation Overview

More than 1,000 households have fled violence and military operations across the Séréré, Rharous, and Bambara Maoudé areas, further destabilizing populations already deprived of their livelihoods. Concurrently, the Bandiagara region has registered a significant influx of refugees, between August and September, approximately 16,060 Burkinabé refugees, the majority of whom are women and children, were registered in the Koro health district.

Embargoes imposed by armed groups, recurring incursions, and abuses create a climate of extreme insecurity, particularly detrimental to women and girls, whose rights and dignity are seriously threatened.

Despite the mobilization of UNFPA through its implementing partners, interventions remain insufficient to address the growing needs in food, health, SRH, and GBV, due to funding and access gaps.

UNFPA Response

Sexual and reproductive health:

- **Consultations and deliveries:** There has been a significant increase in obstetric and neonatal care coverage, contributing to the reduction of maternal risks, this includes: 5,578 antenatal care visits, 1,966 assisted deliveries, 859 post-natal consultation visits, 167 emergency referrals.
- **Family planning:** there were 3,388 new users in September, a sign of improved community demand and uptake.
- **Deployment of midwives:** 133 midwives were deployed at the community health centres across 26 health districts and provided SRH, including family planning, and GBV services to more than 3,000 people.
- **SRH community outreach:** SRH mobile teams reached 1,987 women and 279 men, increasing access for displaced persons through integrated services such as antenatal care, family planning, and health information.

Gender-based violence:

- **Holistic care at one-stop centres:** GBV survivors received comprehensive care through seven one-stop centres operated by UNFPA local partners in Timbuktu, Gao, and Ségou, and Mopti in the central and northern regions of Mali.
- **GBV prevention through community engagement:** In Gao and Ansongo, UNFPA and partners engaged 148 community leaders (104 of whom were women) to build community awareness and support advocacy efforts to reduce violence against women and girls, break down taboos, and promote the reporting of GBV.
- **Psychosocial support and empowerment:** In total, 63 women and adolescent girls received training on how to combat GBV within their communities and empower women and adolescent girls. This initiative included addressing taboos and stigma against GBV survivors, reporting incidents of GBV, how to provide psychosocial support to survivors, as well as understanding and reducing the vicarious trauma.

Integrated SRH & GBV Activities:

- **Community engagement:** Awareness-raising of SRH and GBV prevention activities targeted community leaders, young people, peer educators, local associations, and internally displaced communities, reaching a total of 3,224 people, which included 2,836 women and adolescent girls, and 388 men.
- **Women's empowerment:** At UNFPA-supported safe spaces, 354 women and adolescent girls benefited from psychosocial support and life skills training to promote their resilience and socioeconomic reintegration.
- **Dignity kits:** 261 women and girls received dignity kits containing essential hygiene products to help them maintain their health, as well as key information on available SRH services and support services for survivors of GBV. This was achieved through a joint initiative by UNFPA and its implementing partners, combining assessments and assistance to women and girls..

Results Snapshot

9,480
People reached with **SRH services**
88% female, 12% male

80
Health facilities supported

1,783
People reached with **GBV prevention, mitigation and response** activities
86% female, 14% male

7
Safe spaces for women and girls supported

NFI 261 Non-food items (such as dignity kits) distributed to individuals

88 Reproductive health kits provided to service delivery points to meet the needs of 30,000 people

Coordination Mechanisms

The GBV Area of Responsibility (AoR) significantly strengthened its capacity during September by:

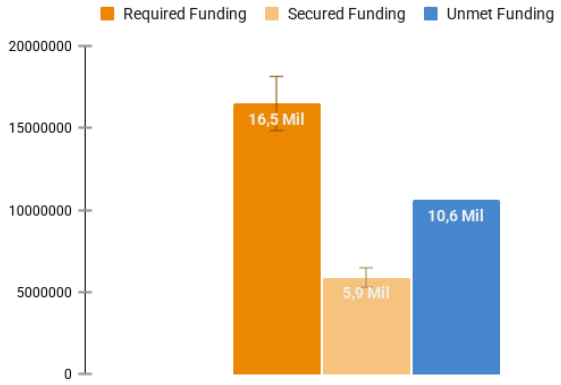
1. Enhancing national and regional humanitarian coordination through webinars on Gender-Based Violence Information Management System (GBVIMS) and the creation of GBV data collection tools.
2. Conducting two capacity-building sessions on GBV case management for SRH implementing partners and GBV case managers (one each in Bamako and Sikasso).

Funding Status

In 2025, UNFPA Mali requires US$16.5 million to sustain its humanitarian response. By September, only US$5.9 million had been mobilized.

UNFPA acknowledges the vital support received from ECHO, CERF, Global Affairs Canada, Italian Agency for Development Cooperation (AICS), and the Government of the Republic of Korea through the Korea International Cooperation Agency.

However, a critical funding gap of US$10.6 million remains — 64 per cent of the total required. Without urgent additional funding, the scale and continuity of SRH and GBV programmes in Mali remain at severe risk, threatening to deprive thousands of women and girls of access to lifesaving care.



Disclaimer: Funding available is based on cash received during the current year as well as funding rolled over from previous years, and transfers from/to other UNFPA departments. It does not include funds from agreements that have been signed but not yet received.

"Thanks to the support of UNFPA through the one-stop centre, my daughter received immediate care for her injuries and trauma, and I received psychosocial support. These sessions helped me find the strength to take care of her, to support her, and to help her heal."

— Mother in Mali whose young daughter was attacked and raped.

Current Donors

- Central Emergency Response Fund (CERF)
- Korea International Cooperation Agency (KOICA)
- European Union
- Global Affairs Canada
- Italian Agency for Development Cooperation (AICS)

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