

Highlights

The security and humanitarian crisis in Mali, which escalated in June, continued to exact a heavy toll in July 2025, with severe repercussions for sexual and reproductive health (SRH) and the response to gender-based violence (GBV), particularly among women and girls. Armed attacks have left most clinics in the hardest-hit regions either destroyed or inaccessible, with fewer than a quarter of health facilities able to provide comprehensive SRH care or support for GBV survivors.

As a result, thousands of women and girls are unable to access essential prenatal care, assisted deliveries, or family planning services, heightening the risk of life-threatening complications. Insecurity and mass displacement — 58 per cent of the 402,000 displaced persons are women and girls — have further increased exposure to sexual violence, forced marriage, and exploitation, while nearly half of specialized GBV services nationwide remain closed. By mid-2025, UNFPA had mobilized only US\$3.4 million of the US\$16.5 million required, leaving an 80 per cent funding gap. This shortfall has forced the closure of specialist centers, curtailed supplies of Inter-Agency Reproductive Health kits, and led to the termination of specialist contracts, leaving survivors without adequate protection or care.



6,431,500Total people affected¹



1,408,000 Women of reproductive age²



Estimated pregnant women²



894,130
People targeted w/ SRH services



934,335
People targeted w/
GBV programmes

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

Instability and armed violence in the Timbuktu, Gao, Mopti, and Menaka regions have critically undermined access to essential health and protection services, particularly for women and girls. Curfews, widespread attacks by non-state armed groups, territorial blockades, and political instability have intensified the crisis, driving displacement and preventing returns. There are now 402,000 internally displaced persons, with women and girls facing the greatest risks as basic services — including SRH and GBV services — are disrupted by insecurity, clinic closures, and rising food prices.

Despite immense needs, humanitarian assistance remains severely underfunded. By July 2025, only a fraction of the required resources had been mobilized, forcing agencies to scale back. UNFPA continues to provide protective SRH and GBV services, but urgent and increased funding is essential to safeguard the lives and dignity of women and girls.

UNFPA Response

In July 2025, UNFPA and the Ministry of Health deployed 88 midwives to remote health centres, where they supported 1,274 assisted deliveries, provided 2,289 antenatal consultations, 509 postnatal consultations, and referred 73 women and girls for obstetric emergencies. The midwives also assisted 3,519 new users of family planning methods, while 25 Inter-Agency Reproductive Health kits were delivered to two health districts. UNFPA's partner AMSODE conducted 80 SRH awareness sessions across 21 IDP sites, reaching 1,535 women and girls and 604 men and boys, while mobile teams carried out 863 curative consultations (492 women and girls and 371 men and boys).

In the area of gender-based violence, 40 radio operators and association members (26 women and girls and 14 men and boys) were trained on GBV communication and prevention. Safe spaces for women and girls welcomed 471 participants, including 204 IDPs, who engaged in psychosocial and skills-building activities. As part of the Rapid Response Mechanism, 600 kits (300 dignity kits and 300 menstrual hygiene kits) were distributed to women and girls of reproductive age, while six one-stop centres in humanitarian zones continued to provide holistic care to GBV survivors. For adolescents and youth, 3,145 individuals (2,295 women and adolescent girls and 850 men) participated in awareness sessions on sexual and reproductive health, family planning, and GBV prevention.



Results Snapshot



10,062
People reached with SRH services
85% female, 15% male



80
Health facilities supported



4,507
People reached with GBV prevention, mitigation and response activities 84% female, 16% male



6
Safe spaces for women and girls supported



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



25

Reproductive health kits provided to service delivery points to meet the needs of 1,000 people

Coordination Mechanisms

The GBV AoR coordination and SRH working group took part in the Humanitarian Scope Analysis, a key step in preparing the 2026 Humanitarian Needs and Response Plan (HNRP). The exercise focused on defining the areas to be analyzed and setting the strategy, with the objective of identifying priority areas for the 2026 humanitarian response.



Funding Status

In 2025, UNFPA Mali requires US\$16.5 million to sustain its humanitarian response, yet by mid-year only US\$3.4 million had been mobilized, leaving a critical funding gap of US\$13.1 million — 80 per cent of the total required. UNFPA acknowledges the vital support received from ECHO, CERF, Global Affairs Canada, and the Government of the Republic of Korea through the Korea International Cooperation Agency. However, 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.



"With UNFPA's support, a survivor of violence and teenage pregnancy has regained dignity, care and hope, transforming her trauma into a commitment to raise awareness and refer other girls to life-saving care."

Current Donors









For more information

Mohamed Lemine Salem Ould Moutjaba Country Representative ould@unfpa.org

Marie-Consolee Mukangendo Deputy Representative mukangendo@unfpa.org