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Situation Report

Mali's crisis deepens amid rising needs and critical funding gaps

Country:	Mali
Emergency type:	Protracted conflict, climate change, and displacement
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Covering Period:	June 1, 2025 to June 30, 2025
Contact Persons:	Mohamed Lemine Salem Ould Moutjaba, Country Representative, <u>ould@unfpa.org</u> Seydou Diarra, SRH in Emergencies Program Officer, <u>sediarra@unfpa.org</u>

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Results Snapshot



Highlights

 In June 2025, Mali experienced a significant escalation in insecurity, particularly around the Tabaski holiday, with non-state armed groups (NSAGs) conducting complex attacks across nearly the entire country. The regions of Mopti, Timbuktu, Gao, Menaka, and Liptako-Gourma were most severely impacted. These attacks, including assaults on the Boulkessi military camp, a coordinated attack in Timbuktu involving a suicide bombing at the airport, and an attack on the Tessit camp, created an

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.



atmosphere of extreme insecurity, compelling thousands of civilians to flee their homes to escape clashes, abuses, and reprisals.

• To further its mission of saving lives, combatting gender-based violence (GBV), and ensuring easy and equitable access to sexual and reproductive health (SRH) services, UNFPA provided assistance to 6,952 people, 80 per cent of whom were women and girls.

Situation Overview

- Mali faces several humanitarian challenges as a result of conflict and natural disasters, which has led to the displacement of 402,167 people, 58 per cent of whom are women and girls.³ The highest concentrations of internally displaced persons (IDPs) are found in the regions of Gao, Menaka, Mopti, Ségou, Bandiagara, and Timbuktu, a situation largely attributable to recurrent clashes in these areas, and exacerbated by flooding.
- The recent displacements triggered by attacks in Boulkessi, Timbuktu, and Tessit in early June, which resulted in approximately 25,000 newly displaced persons have led to overcrowding in IDP sites. This has further strained the availability of SRH services and heightened the risk of GBV, particularly sexual exploitation and domestic violence.

UNFPA Response

Despite reduced funding, UNFPA continued to deliver essential sexual and reproductive health (SRH), family planning, and GBV services in Mali's most vulnerable areas, reaching 6,952 people — 80 per cent of them women and girls. Support was sustained across 86 health facilities, 6 safe spaces for women and girls, and 7 multi-service reception centres in key humanitarian regions of central and northern Mali, including Ségou, Mopti, Gao, Timbuktu, and Menaka. The main interventions were:

Sexual and Reproductive Health

- 723 women benefited from prenatal consultations.
- 300 women received postnatal care.
- 313 women were assisted by qualified personnel during childbirth.
- 57 cases of obstetric complications were referred to higher level facilities.
- 336 clients (new users) benefitted from modern family planning methods.
- 962 displaced people, including 634 women and girls, benefited from 22 awareness sessions delivered by our implementing partners 142 Inter-Agency Reproductive Health (IARH) kits were distributed to visibly pregnant women.
- 68 health providers strengthened their skills on emergency obstetric and newborn care (EmONC) functions, including postpartum hemorrhage, partogram usage, and long-term family planning and Sayana Press.

³ DTM December 2024



Gender-Based Violence

- 85 income generating activities (IGA) for vulnerable women and girls were financed, including 20 women and girls with disabilities. Recipients of IGA also received training on leadership, IGA management, business plan development, and other business topics.
- 420 women and girls participated in psychosocial support activities in women and girls safe spaces (WGSS).
- 49 women received support at one-stop centres.
- 200 dignity kits were distributed to women and girls as part of Rapid Response Mechanism (RRM) assistance to internally displaced persons.

Integrated SRH and GBV

- Rapid needs assessments were conducted and on-site SRH (including FP) and GBV services were provided to 140 IDPs.
- 1,231 people, including 1,003 women and girls affected by conflict, received SRH and FP services from mobile health teams. Information was also provided on the availability of GBV and SRH services, with several cases referred.
- 2,540 people, including 1,318 women and girls, received information on SRH, FP and GBV through community education sessions.

Results Snapshots



4,326 People reached with SRH services 80% female, 20% male



2,626

People reached with **GBV prevention**, **mitigation and response** activities 90% female, 10% male



86 Health facilities supported



6

Safe spaces for women and girls supported

NFI	200	Dignity kits distributed to women and girls
	142	Inter-Agency Reproductive Health kits distributed to meet the needs of 9,100 individuals



Coordination Mechanisms

Gender-Based Violence:

- Capacity development needs assessment for GBV sub-cluster members. This exercise identified the capacity-building needs of national level stakeholders in the area of GBV, and identified responsibilities for over 60 individuals.
- Launch of GBV services mapping. This exercise helped update and revitalize the existing service mapping at the national level.

Sexual and Reproductive Health:

 A regional consultation on SRH, including STIs, HIV/AIDS, and related services in humanitarian settings, was held in Mopti. Key recommendations included strengthening the integration of SRH, HIV, family planning, nutrition, and vaccinations; ensuring continued free treatment for survivors of sexual violence; equipping health facilities with maternal and neonatal health kits; and advocating with Community Health Associations (ASACOs) to support the obstetric emergency referral and evacuation system.

Funding Status

In 2025, **UNFPA requires \$16.5 million in funding for Mali**, but half way through the year, only \$3.4 million has been funded. This secured funding includes contributions from the recently established ECHO Fund, as well as the UNFPA Emergency Fund, CERF, and the South Korean Government through the KOICA Cooperation Agency. Of the secured amounts, \$2.4 million is designated for GBV interventions and \$1 million for SRH programmes. **This leaves a significant funding gap of \$13.1 million, representing 80 per cent of the total required**. Without urgent additional funding, the scale and sustainability of SRH and GBV programmes in Mali are at risk, leaving thousands of women and girls without access to lifesaving care.

