Situation Report

Women and girls in Mali left vulnerable to gender-based violence and with limited reproductive health services



Country:	Mali
Emergency type:	Protracted conflict, climate change, and displacement
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Key Figures



Highlights

Persistent security instability and forced displacement: May 2025 was marked by an intensification of armed violence, particularly in the regions of Timbuktu, Gao, Mopti, and Ménaka, with a resurgence of attacks by armed groups. This violence caused new mass displacement: the number of internally displaced persons (IDPs) reached 378,363, compared to 330,713 in May 2024, an increase of 14.4%. Women and girls are at the heart of these vulnerabilities and are disproportionately affected by this insecurity and the humanitarian crisis. They are exposed to increased risks of gender-based violence (GBV), including sexual violence, exploitation, forced marriage, and harassment during displacement.

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.



- Access to sexual and reproductive health (SRH) services is critical: Less than 25% of health facilities in crisis regions offer comprehensive reproductive health care and support for GBV survivors.
- Only 18% of humanitarian funding mobilized: UNFPA faces a colossal shortfall of US\$13.5 million to help thousands of women and girls in need through integrated assistance in SRH and GBV in Mali.

Situation Overview

As of May 2025, the humanitarian situation in Mali remains critical, particularly for women and girls exposed to increased risks of GBV and deprived of adequate access to SRH services. Of the 6.4 million people in need of humanitarian assistance, 52% are women and girls, many of whom live in areas where access to protection and health services is extremely limited. In displacement sites and conflict zones, cases of sexual violence, exploitation, harassment and forced marriage are increasing, even though less than 25% of health facilities offer comprehensive SRH services or care for GBV survivors, according to the GBVIMS Q1 2025 report. 48% of specialized survivor care services are currently closed at the national level. The most affected regions are (Gao: 76%, Menaka: 77%, Mopti: 56%, Timbuktu: 80%).

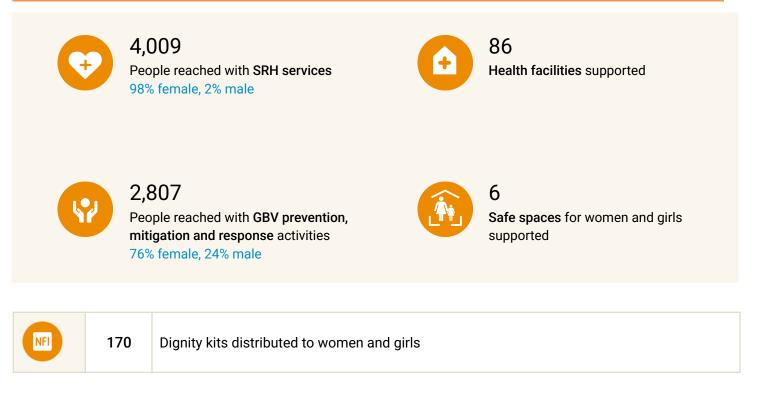
UNFPA Response

UNFPA Mali continues to support 86 health facilities, six women and girls' safe spaces, and seven one-stop centers in key humanitarian locations in the central and northern regions of Mali (Ségou, Mopti, Gao, Timbuktu, Ménaka) to ensure women's and girls' access to reproductive health services and holistic care for victims of GBV. During the month of May, key responses included:

- 20 participants received training on the Minimum Initial Service Package (MISP) Emergency Response Package (MEP) in humanitarian crises.
- Midwives deployed in humanitarian regions performed 1,038 antenatal care consultations, 411 assisted births, 494 postnatal visits, and referred 32 women facing obstetric complications for emergency care.
- Supported 293 new users of modern family planning methods.
- Conducted eight mobile health team visits to internally displaced persons (IDP) sites, reaching 2,899 people 80% of whom were women and girls.
- Awareness-raising on SRH and GBV services, which reached 2,837 people, including 1,976 women and girls and 861 men and boys.
- 20 female members of women's associations and organizations were trained and provided with guidance on advocacy and the availability of GBV and SRH services.
- Holistic care was provided to GBV survivors in the seven one-stop centers.
- 96 women and girls received psychosocial assistance in the women's and girls' safe spaces in Gao, Mopti and Menaka.Distribution of 170 dignity kits to displaced women and girls in Segou/Gao.
- In a direct effort to alleviate the suffering of populations grappling with the security crisis, essential Inter-Agency Reproductive Health (IARH) kits have been distributed. These kits reached eleven key health facilities in the Timbuktu region (Timbuktu, Gourma Rharous, Goundam, Diré, and Niafunké districts) and the main Timbuktu hospital. This vital support extended to community health facilities as well, including those already vulnerable due to recent floods.
- Distribution of 25 individual delivery kits to visibly pregnant women and 40 menstrual hygiene kits to IDPs in Djenné/Mopti.



Results Snapshots



Coordination Mechanisms

Gender-Based Violence:

- Localization Assessment and Coordination: A working meeting brought together 26 in-person participants and 23 online attendees, with a significant 85% representation from women-led organizations (WLOs). This crucial session facilitated a strategic discussion on strengthening the participation and empowerment of WLOs within GBV coordination and humanitarian response efforts. The valuable recommendations generated will be instrumental in refining and finalizing the GBV Area of Responsibility's (AoR) localization strategy.
- Webinar on Referral System: The GBV Coordination team also played a key role in facilitating a webinar for protection actors on the critical referral system. This session provided essential clarity on guiding principles for referrals and introduced the newly launched digital GBV referral system, now accessible on the Coordination's ReliefWeb page.



Sexual and Reproductive Health:

 Coordination meeting for SRH was successfully held in the Mopti region, with 20 clinical providers from the Tenenkou health district in the Mopti region receiving comprehensive training on the clinical management of rape.

Funding Status

In 2025, **UNFPA Mali requires US\$16.5 million**, of which only US\$2.9 million has been secured. This funding includes contributions from the UNFPA Emergency Fund, CERF, and the Government of South Korea through the KOICA Cooperation Agency. Of the secured funds, US\$1.9 million is allocated for GBV interventions, and US\$1 million is dedicated to SRH programs. However, there remains a **funding gap of US\$13.6 million, representing 82% of the total required.** Without urgent additional funding, the scale and sustainability of SRH and GBV programmes in Mali is at risk, which will leave thousands of women and girls without access to life-saving and critical care.

