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Situation Report

Mali: Humanitarian Crisis

1 - 31 December 2025

Highlights

- Mali's multidimensional crisis intensified by the end of 2025, with road and fuel blockades in Léré and Gossi drastically restricting humanitarian access. These conditions disproportionately impact the safety of women and girls. Furthermore, limited access to water points exposes 20% of households to increased risks of assault during travel.
- A culture of impunity and significant delays in reporting are severely undermining the dignity and health of gender-based violence (GBV) survivors. Females make up 97% of GBV survivors¹, including an alarming 22% of whom are children. Nearly 44% of GBV incidents are reported more than a month after they occur, preventing survivors' access to HIV post-exposure prophylaxis and emergency contraception.
- Persistent fuel shortages have crippled One-Stop Centres (OSCs), hindering staff mobility and the delivery of holistic care. As a result, 79% of survivors lack safe shelter and 66% are without socio-economic reintegration support.
- Despite rising needs for 2026, humanitarian partners continue to face significant funding shortfalls, with chronic underfunding crippling the humanitarian response.



6,431,500

Total people affected²



1,408,000

Women of reproductive age³



196,970

Estimated pregnant women²



894,130

People targeted w/ SRH services



934,335

People targeted w/ GBV programmes

¹ [The Q3 GBVIMS report](#)

² [Mali Humanitarian Needs and Response Plan 2025](#)

³ Estimated figures are based on the Minimum Initial Services Package (MISP) for Sexual and Reproductive Health in Humanitarian Settings calculator.

Situation Overview

Chronic instability continues to affect Central and Northern Mali due to sustained non-state armed group (NSAG) activities. These groups are increasingly employing complex attacks, improvised explosive devices (IEDs), and drones, heightening insecurity in the country. The Malian Defense and Security Forces (FAMA) and their allies have maintained an 'offensive' posture. Urban patrols, airstrikes, and military escorts are being utilized to secure strategic supply routes and high-risk areas.

These ongoing military operations and fears of reprisals are driving internal displacement. In December, approximately 430 people arrived in Mopti, with further movements observed toward Kidal. Displaced women and girls are at heightened risk of GBV.

Freedom of movement on key highways (RN6, RN15, RN16) is hindered by irregular checkpoints and attack threats, is limited access and leaving several towns like Léré, in a state of extreme vulnerability.

The fuel crisis worsened in Bamako, Mopti, and Ségou. Acute shortages and price speculation have led to long queues at gas stations in the capital. This situation has adversely affected UNFPA staff mobility and programme implementation.

UNFPA Response

Sexual and Reproductive Health (SRH)

- During December, 7,229 people were reached with life-saving essential SRH services. This included maternal health services for nearly 3,700 women through antenatal and postnatal care, while preventive efforts enrolled over 1,000 new family planning users. These interventions were bolstered by the distribution of essential emergency reproductive health kits and primary healthcare consultations for over 1,000 patients.
- UNFPA supported the deployment of 60 community midwives and primary health staff which significantly expanded clinical reach, facilitating over 1,200 skilled deliveries and managing approximately 100 life-saving obstetric emergencies.

Gender-Based Violence (GBV)

- All GBV survivors who sought treatment from UNFPA-supported facilities received comprehensive care, including medical, psychosocial, and security-related support. The breakdown of reported incidents shows that physical violence/assault accounted for 42% of cases, followed by psychological violence at 30%, and denial of resources at 20%. Rape and forced marriage represented 5% and 3% of the reported incidents, respectively.
- Over 7,000 individuals were educated on women's rights and GBV prevention through community engagement and awareness sessions.
- Dignity kits distributed to 135 vulnerable women and girls who had been displaced.
- UNFPA supported partners to establish a dedicated adolescent-friendly space in Kidal to provide safe, tailored access to protection and psychosocial services for youth.
- A total of 41 youth (15 girls and 26 boys) participated in recreational life-skill activities in Ménaka. These activities include using role-playing to break taboos surrounding GBV and reproductive health, allowing participants to simulate real-life situations, and thereby strengthening their understanding of fundamental rights and negotiation skills within a protective environment.

Results Snapshot



7,229
 People reached with SRH services
 75% female, 25% male



80
 Health facilities supported



7,891
 People reached with GBV prevention,
 mitigation and response activities
 88% female, 12% male



7
 Safe spaces for women and
 girls supported



135
 Non-food items (such as
 dignity kits) distributed to
 individuals



107
 Reproductive health kits
 distributed to health
 districts to meet the needs
 of 1,100 people

Coordination Mechanisms

The GBV Sub-Cluster held its final annual coordination meeting at the premises of women-led organization ASDEMIN, who co-lead the meeting with UNFPA. More than 40 organizations participated in the session, which reviewed 2025 achievements and challenges while formulating key recommendations for the 2026 humanitarian response.

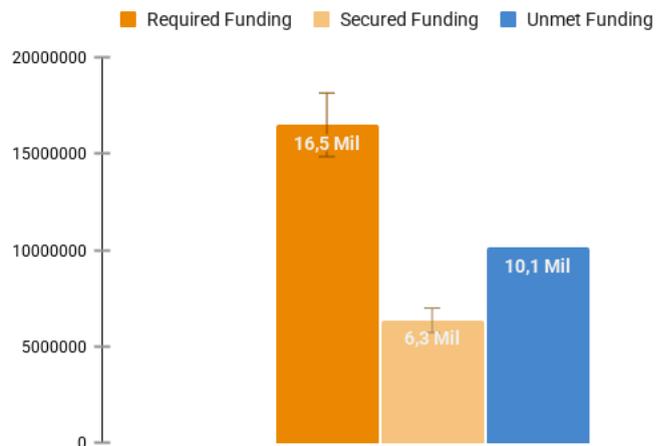


Funding Status

In 2025, UNFPA Mali appealed for **US\$ 16.5 million** to sustain its essential humanitarian response. By the end of the year, only US\$ 6.3 million had been secured, leaving a critical funding gap of US\$ 10.2 million, representing a **62% shortfall**. This alarming deficit reflects the broader financial crisis within Mali’s humanitarian sector, exacerbated by the withdrawal or suspension of support from several key traditional donors.

This funding scarcity has severely hindered the scale and sustainability of SRH and GBV programmes, resulting in a direct threat to life-saving care, leaving thousands of women and girls without the assistance they desperately need in an increasingly volatile environment.

UNFPA extends its sincere gratitude to ECHO, the CERF, Global Affairs Canada, the Italian Agency for Development Cooperation (AICS), and the Government of the Republic of Korea (via KOICA) for their continued partnership and vital contributions.



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.

“I arrived at the displacement site in Timbuktu with nothing. UNFPA provided me with a dignity kit and essential maternal healthcare. Today, I feel empowered to take charge of my own health and have the strength to rebuild my life.”

—Mariam, an internally displaced person in Mali who received support from UNFPA..

Current Donors

- Central Emergency Response Fund (CERF)
- Korea International Cooperation Agency (KOICA)
- European Civil Protection and Humanitarian Aid Operations (ECHO)
- Global Affairs Canada
- Italian Agency for Development Cooperation (AIC)

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