



Situation Report #4

Spiraling humanitarian crisis in Mali



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Country:	Mali
Emergency type:	Protracted conflict, climate change, and displacement
Date Issued:	May 29, 2025
Covering Period:	April 1, 2025 to April 30, 2025
Contact Persons:	Mohamed Lemine Salem Ould Moutjaba, Country Representative, ould@unfpa.org Seydou Diarra, SRH in Emergencies Program Officer sediarra@unfpa.org

Key Figures



6,431,500

Total people affected¹



1,408,000

Women of reproductive age²



196,970

Estimated pregnant women²



894,130

People targeted with SRH services



934,335

People targeted with GBV programs

Highlights

- April 2025 marked a critical downward turning point for Mali: political conflict between current government authorities and political parties, an escalation of violence, and a rapidly deteriorating humanitarian situation, in a context of declining funding from international donors.
- Armed violence is leading to massive population displacement, particularly in rural areas, with women and girls being the most affected. The situation on the ground remains marked by precariousness, food insecurity, and difficulty for affected populations to access essential services, including for sexual and reproductive health (SRH) and gender-based violence (GBV) services. The violence is also impacting humanitarian access to the most affected regions, preventing organizations from reaching those most in need.

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.

- The drastic reduction in funding is further compounding the humanitarian crisis in Mali. Due to US defunding, UNFPA had to discontinue critical humanitarian coordination positions at national and sub-national levels. Efforts are underway to mitigate the impact by finding alternative solutions, including surge deployments and remote support from the regional office.
- Despite the challenges, UNFPA continues to operate women and girls' safe spaces and one-stop centers to provide psychosocial support and protection to GBV survivors. UNFPA is also supporting health centers with the provision of Inter-Agency Emergency Health Kits (IARH) kits to ensure the continuity of SRH services. Mobile teams are also providing essential care, including prenatal consultations, family planning services, and emergency obstetric assistance, to displaced and vulnerable populations through implementing partners (AMSODE, IMC, IEDA).

Situation Overview

- Insecurity remains extremely worrying, with persistent non-state armed groups (NSAGs) attacks in the northern and central regions fueling communal tensions and making the Malian State increasingly fragile.
- As part of Rapid Response Mechanism activities, five population movement alerts (one in Gao, two in Mopti, and one in Timbuktu) were reported, affecting 4,650 people.³ The majority are women and girls who are most exposed to the risk of GBV. This also presents significant difficulties in accessing and receiving SRH care. These population movements increase pressure on already inadequate health services in conflict zones.
- Since the beginning of April, Koro has seen a new massive influx of refugees from the village of Grand Mara, Sourou province, Burkina Faso, who are fleeing insecurity and attacks by NSAG. Around 4,800 people arrived in the Koro circle (Bandiagara region) in one week.
- As a consequence of the US funding suspension, the Humanitarian Country Team undertook a revision of the 2025 Humanitarian Response Plan (HRP) reprioritizing the number of people targeted based on severity and available funding. Moreover, a revision of the humanitarian architecture is undergoing at national and sub-national levels.

UNFPA Response

Despite access and funding challenges, as of April 2025, UNFPA assisted 3,951 people, 83% of whom were women and girls. Key interventions included:

- **433 participants** attended awareness-raising on the risks of GBV, and GBV case management at safe spaces for women and girls.
- **31 awareness-raising sessions** on GBV and SRH, including the availability and benefits of SRH services, particularly family planning. The sessions reached 1,412 people, including 1,773 women/girls and 249 men.
- **322 prenatal** consultations and **207 postnatal** consultations were conducted.
- **165 deliveries** were assisted, and 22 emergency referrals were conducted.
- **150 new patients** received contraception (62 progestin-only pills, 39 Jadelle, 38 Implanon, and 11 IUDs).

³ It should be noted that the decrease in the number of alerts compared to March is explained by the challenge of access and the financial insufficiency of humanitarian actors to respond to needs.

- **5 mobile teams** were deployed in humanitarian areas and provided free curative consultations, prenatal care, family planning programs, STI care, and psychosocial support. A total of 1,289 people were reached, 77% of whom were women and girls.
- **17 one-stop centers** provided for support to GBV survivors.
- **20 health providers** (midwives, primary care providers, and outpatient providers) were trained in contraceptive techniques, including DMPA-SC.

Results Snapshots



2,227

People reached with **SRH services**
83% female, 17% male



86

Health facilities supported



1,893

People reached with **GBV prevention, mitigation and response activities**
78% female, 22% male



6

Safe spaces for women and girls supported



143

Dignity kits distributed to women and girls

Coordination Mechanisms



Gender-Based Violence:

- The monthly GBV Area of Responsibility (AoR) meeting is held under the leadership of UNFPA. This monthly meeting brings together key stakeholders in the GBV AoR to take stock of the context, share information among stakeholders, and conduct advocacy activities
- The GBV sub-sector revisited its HRP planning figures and reduced the target by 16% from 934,335 people to 785,056 people. Subsequently, the financial ask was reduced from US\$35 million to US\$22 million.

- A validation workshop for the standard operating procedures (SOPs) on mental health and psychosocial care for GBV cases was facilitated by UNFPA. Forty participants attended the workshop, which included the following activities:
 - ✓ Strengthening the knowledge and skills of humanitarian organizations on preventing and responding to GBV and sexual exploitation and abuse (SEA), regulatory frameworks, and best practices.
 - ✓ Strengthening participants' capacities to develop and implement SOPs for GBV and PSEA in both humanitarian and development contexts.
 - ✓ Identification of challenges and opportunities specific to the Malian context for implementing an effective response to GBV/SEA.
 - ✓ Development of clear and operational inter-organizational SOPs for the prevention, risk mitigation, identification, care, and referral of GBV/SEA survivors.

Sexual and Reproductive Health:

- Conducted SRH needs assessments at two health facilities to understand the existing supplies and equipment and gaps. The outcomes of the assessments will be used for advocacy and support.
- Clinical management of rape training was delivered for 17 participants.
- Four SRH working group focal points, including personnel from UNFPA, government and partners participated in the regional SRH Coordination training 07-11 April in Saly, Senegal. The objective was to strengthen the skills and capacity of participants to effectively coordinate SRH partners, ensuring the implementation of the Minimum Initial Service Package for SRH in crises.

Funding Status

In 2025, **UNFPA Mali requires \$16.5 million**, of which \$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, \$1.9 million is allocated for GBV interventions, and \$1 million is dedicated to SRH programs. However, there remains a **funding gap of \$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.

