

Country: Mali

Emergency type: Protracted conflict, climate change and displacement

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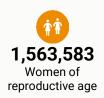
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Key Figures











Highlights

 The humanitarian situation remains highly complex, marked by persistent conflict, a rise in improvised explosive devices (IED) on main roads in the centre region, criminality, flooding and ongoing restrictions on humanitarian access.



- Forced population movements continue as individuals seek safer areas across the country. In July, 12 alerts triggered rapid assessments of 1,255 households, affecting a total of 12,095 people displaced by instability.
- Between 22 and 25 July, flooding hit central Mali in the Segou region, affecting 9,700 people 67 per cent of whom were women and children (OCHA). In response, UNFPA supported the Bla health district with medicines and supplies for obstetric care, and the clinical management of rape.
- UNFPA provided sexual and reproductive health (SRH) services, and services to prevent and respond to gender-based violence (GBV) to 7,636 people in Gao, Timbuktu, Menaka, Kidal, Mopti, and Segou regions.
- A total of 1,804 people, including 1,372 women and 432 men, were reached by 6 mobile teams, which included doctors, nurses, midwives and psychologists. These mobile teams were deployed in the regions of Timbuktu, Mopti and Segou.

Situation Overview

- The humanitarian situation in Mali is having a major impact on the civilian population, particularly women and girls, who are exposed to increased risks of GBV during forced displacements and face limited access to SRH and GBV services. There are increased security incidents on major roads (robberies, explosive threats and IEDs), making it difficult to supply towns with essential goods.
- In July, the Rapid Response Mechanism (RRM) verified 12 alerts of population movements, affecting approximately 12,000 people over 60 per cent were women and girls. As of May 2024, there were 848,886 returnees in Mali, in addition to 337,132 people who were internally displaced (IOM DTM).
- UNFPA deployed mobile teams to provide integrated SRH and GBV services, including family planning, the
 management and referral of obstetric emergencies, and referring GBV survivors to holistic and specialized care
 centres (One Stop Centres). Awareness-raising sessions on GBV, referral systems and available services were
 carried out in parallel with the provision of these services.
- Access to certain areas in the North, such as Menaka, continues to be extremely limited due to security constraints
 and the suspension of humanitarian flights, which are currently the only means of reaching the region.

UNFPA Response

- A total of 7,636 people benefited from SRH and GBV services.
- 487 dignity kits were distributed to women and girls at risk of GBV.
- 200 clean delivery kits were distributed to pregnant women in internally displaced persons (IDP) sites in Gao and Timbuktu.
- Holistic care was provided to GBV survivors at One Stop Centres in Timbuktu, Diré, Gao and Mopti. Many of the women who received services were referred through mobile clinics in hard-to-reach areas.
- 6 mobile teams were deployed to the regions of Timbuktu, Mopti and Segou, which reached 1,804 people with SRH and GBV services, including 1,372 women and 432 men.
- UNFPA continued to support 86 health facilities for the provision of SRH services. Services provided included 745
 antenatal consultations, 250 assisted deliveries, 288 postnatal consultations, the management of 37 obstetric
 complications, 16 referrals for obstetric complications, and the provision of family planning to 213 new users.
- Awareness-raising activities on SRH and GBV, including female genital mutilation (FGM), reached 959 people, including 737 women/girls and 222 men/boys.
- 92 obstetric emergencies were managed and referred to health facilities with qualified personnel in the Timbuktu,
 Mopti and Segou regions.
- 131 midwives deployed to humanitarian areas continue to be supported by UNFPA.
- 731 people, including 648 women/girls and 83 men/boys, were reached with protection and psychosocial services and support in the safe space for young girls and women in Djenné.



Results Snapshots



4,840People reached with **SRH services**96% Female, 4% Male



86 Health facilities supported



2,796
People reached with GBV prevention, mitigation and response activities 79% Female, 21% Male



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Safe Spaces for women and girls supported

NFI	687	487 dignity kits and 200 menstrual hygiene kits distributed in IDP sites
•	34	Reproductive health kits provided to 9 health facilities to cover the needs of 10,000 people for three months
(II)	3	Youth spaces supported by UNFPA

Coordination Mechanisms

ੇਂ**ਊਂ** Gender-Based Violence (GBV):

- As the lead agency, UNFPA is coordinating the GBV response at both national and decentralized levels.
 Nationally, UNFPA co-leads the GBV sub-cluster with the Malian Government's National Programme for the Abandonment of GBV, enhancing collaboration between humanitarian and governmental actors.
- UNFPA is supporting regional directorates responsible for women, children, and family issues, ensuring
 effective GBV responses in Menaka, Mopti, Tombouctou and Gao. The GBV sub-cluster coordinates
 interventions including medical care for GBV survivors, psychosocial support and the prepositioning of dignity
 and post rape kits.
- Advocacy continues with donors to secure resources for the GBV component of the Humanitarian Needs Response Plan 2024 currently funded at only 6.7%.
- UNFPA participated in protection risk analysis training for the Protection Cluster Area of Responsibility Coordinators for the regions of Timbuktu and Bandiagara and preparation of the half-year Protection Analysis Update.
- The regional GBV sub-cluster participated in the multi-sector needs assessment of new IDPs in Bandiagara led by RRM actors.



- A joint mission was conducted with protection actors to monitor the response and strengthen humanitarian coordination in Koro following a new influx of refugees from Burkina Faso.
- Oversight and support was provided for the provision of GBV services in remote areas and through mobile services.
- UNFPA participated in the multi-sector needs assessment of new IDPs in Bandiagara, representing the regional GBV sub-cluster under the lead of the RRM.

Sexual and Reproductive Health:

- Monthly coordination meetings of the SRH Working Group were held in the regions of Mopti and Gao.
- UNFPA coordinated and supported the family planning campaign integrating cervical cancer screening in regions most affected by the crisis.
- The SRH Working Group participated in the nutrition assessment of IDPs in the North region.

Funding Status

In 2024, UNFPA requires US\$15 million to provide integrated SRH and GBV services to people in need in Mali, with a focus on women and girls.

To date, UNFPA has received US\$6.8 million (46% funded) from USA (USAID/BHA), CERF, Norway and Canada, leaving a funding gap of US\$8.2 million (54%).

