

MAURITANIA



The ICRC has worked in Mauritania since 1970, opening a delegation there in 2013. It visits detainees and helps improve their living conditions, particularly their access to health care. It offers them and other people in need, including refugees, family-links services. In a subsidiary role, it works to meet the basic needs of refugees who have fled conflict elsewhere in the region. It promotes IHL and humanitarian principles among the armed and security forces, authorities and civil society, and supports the development of the Mauritanian Red Crescent.

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS

In 2014:

- ▶ sick and injured inmates had better access to health care after the authorities, with the ICRC's backing, appointed additional health staff and made agreements with hospitals about free treatment for detainees
- ▶ troops stood to benefit from enhanced training in IHL and international human rights law following the training of 20 security force instructors and the completion of the military IHL manual at year-end
- ▶ thousands of residents and refugees in the town of Bassikounou obtained clean water from an ICRC-upgraded water network, though planned work in nearby villages areas had to be postponed
- ▶ people separated by armed conflict in Mali, detention or migration stayed in touch through the family-links network of the Mauritanian Red Crescent, with some 180 people sending RCMs to relatives

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	82
RCMs distributed	125
Phone calls facilitated between family members	6
People located (tracing cases closed positively)	10
People reunited with their families	1
<i>of whom unaccompanied minors/separated children</i>	1
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	1,674
Detainees visited and monitored individually	42
Number of visits carried out	17
Number of places of detention visited	9
Restoring family links	
RCMs collected	4
RCMs distributed	27
Phone calls made to families to inform them of the whereabouts of a detained relative	22

EXPENDITURE (in KCHF)	
Protection	1,036
Assistance	1,652
Prevention	741
Cooperation with National Societies	703
General	-
	4,131

of which: Overheads 252

IMPLEMENTATION RATE	
Expenditure/yearly budget	76%

PERSONNEL	
Mobile staff	9
Resident staff (daily workers not included)	34

ASSISTANCE		2014 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)			
Water and habitat activities	Beneficiaries	30,000	15,000
Health			
Health centres supported	Structures	1	1

CONTEXT

Mauritians felt the effects of regional insecurity, which, among other things, exacerbated political, religious and social differences. Thousands of armed/security forces personnel, stationed on Mauritania's borders with Mali, conducted operations against armed groups, which reportedly resulted in arrests. The government played a role in regional security dialogue: in May, Mauritania's president, in his capacity as chairman of the African Union, helped secure a ceasefire agreement between the Malian government and some armed groups.

Tens of thousands of Malian refugees remained in south-eastern Mauritania. Local resources came under pressure from those living outside the M'bera UNHCR camp, particularly herders who watered their livestock in Bassikounou and nearby villages. In the north-west, the town of Nouadhibou reportedly hosted thousands of foreigners, primarily migrants bound for Europe.

ICRC ACTION AND RESULTS

The ICRC visited, in accordance with its standard procedures, over 1,600 detainees in Mauritania, including people held for security reasons. Afterwards, the authorities received confidential feedback based on observations made during these visits, helping them improve detainee treatment and living conditions. In addition, the ICRC helped the authorities gain insight on prison reform through an ICRC-organized study visit to Algeria, and about health care in detention during conferences abroad. Following such input, the authorities took steps to improve notably health/medical services. For instance, detainees in some prisons gained better access to care owing to the appointment of additional health/medical personnel, and agreements for hospitals to provide free treatment. At six prisons, health personnel, given financial incentives to keep regular working hours and equipped with ICRC-supplied materials, regularly monitored detainees' health and nutrition, and tended to the ailing and the injured. Hundreds of inmates had more hygienic living conditions following upgrades to water/sanitation infrastructure, fumigation campaigns and the distribution of hygiene items.

People separated by armed conflict, detention or migration, including Malian refugees, stayed in touch with their relatives through the family-links network maintained by the Mauritanian Red Crescent and the ICRC. In Bassikounou town, more residents and refugees had access to more water following the extension of the water network, thus alleviating pressure on limited resources. Some of these people were also spared the need to travel to the nearest hospital, 200 kilometers away, as the local health centre made use of ICRC-provided equipment to begin offering specialized laboratory services. National Society first-aiders, who had developed their skills with ICRC help, were on hand at major political and religious events.

Mauritania's military/security forces, aided by ICRC technical expertise, took steps to further incorporate IHL and international human rights law in their troops' training. The military finished drafting its IHL manual, and supplemented troops' training with ICRC-organized information sessions. Security force instructors honed their skills through train-the-trainer workshops and began to prepare a teaching manual. Some planned activities were cancelled owing to various constraints; nevertheless, some State officials and academics were able to add to their knowledge of IHL with ICRC help. State officials, academics, journalists and

humanitarian workers were exposed to specialized IHL topics during themed events abroad. Academics and religious leaders discussed the common ground between IHL and Islam at locally organized conferences.

CIVILIANS

Refugees stay in touch with their families in Mali

Malian refugees restored/maintained contact with their families at home through the Mauritanian Red Crescent, which had honed its skills with ICRC support, such as training abroad for volunteers (see *Dakar*). Refugees in the UNHCR camp or among host communities received family-links services from trained volunteers: some people sent RCMs to relatives.

An ICRC assessment confirmed that the National Society branch and other local structures in Nouadhibou were capable of handling the family-links needs of migrants, and thus did not require additional assistance in this regard.

More people in Bassikounou triple their water supply

In Bassikounou town, the water network was expanded through the joint efforts of the water authorities and the ICRC; this enabled more people to benefit from a water supply that had been increased in 2013. In this way, some 15,000 more people had ready access to a stable supply of up to 20 litres of water a day – up from 7.7 litres – from upgraded public fountains, for example. Planned infrastructural upgrades and hygiene-promotion sessions in nearby villages were postponed to 2015, in light of work already done by another actor and changes in the priorities of the water authorities.

Bassikounou residents and Malian refugees protected themselves against illnesses or were treated for them at the local health centre, which had improved its services through staff training and material support from the ICRC. A donation of laboratory equipment meant that patients had access to specialized laboratory services, which spared some of them the 200-kilometre trip to the Nema referral hospital. The equipment was donated in lieu of planned upgrades to the X-ray room, which were cancelled because the X-ray machine was out of order.

PEOPLE DEPRIVED OF THEIR FREEDOM

Inmates have access to more health staff and hospitals after efforts by the authorities and the ICRC

Over 1,600 detainees at nine places of detention received visits from the ICRC, conducted according to its standard procedures. Security detainees in prisons, such as several transferred from a remote place of detention, and vulnerable inmates, such as minors and foreigners, were paid special attention. These detainees made use of family-links services to contact their relatives and inform them of their situation; some also received photos of their families.

Afterwards, the authorities received confidential feedback, helping them improve detainee treatment and living conditions. The authorities also drew on the ICRC's technical expertise to revise penal policy and plan the construction of new prisons, and to assess the prison food supply chain; they learnt more about penitentiary reform from their counterparts in Algeria during a study visit (see *Algeria*); and through seminars abroad (see *Jordan* and *Nigeria*), they acquired a broader knowledge of health care provision in detention.

With encouragement from the ICRC and the abovementioned input, the penitentiary authorities and Health and Justice Ministries took steps to improve penitentiary services in general. Detainees

had better access to health care within and outside prisons following the appointment of additional personnel – three nurses, a doctor and a dentist – in three prisons, and regular visits by a mental-health specialist; and agreements between four prisons and nearby hospitals to provide free treatment to over 150 detainees, bringing to six the total number of prisons that have secured such agreements with ICRC help. The authorities established a dedicated service to maintain infrastructure by creating official posts and contracting a local company. Though the food budget was not increased, the authorities reviewed internal practices to ensure better management of the food supply. Weapon bearers with detention duties reinforced their knowledge of international standards in detention (see *Actors of influence*).

Some planned activities were postponed: the creation of a pool of civilian guards was delayed despite ICRC technical assistance, and as a result, so too was training for them.

Hundreds of detainees in six prisons have more hygienic conditions and regular access to health care

Health staff at six prisons, given financial incentives for keeping regular working hours and provided with medical supplies, monitored health and nutrition among detainees, including newcomers. Staff and management strengthened coordination and disease-prevention measures during a workshop organized with the Health Ministry. Some 140 malnourished detainees recovered their health more easily through an ICRC nutritional programme in which they were enrolled after body mass index checks. Another seven detainees recovered from severe burns sustained in a fire at one prison.

Nearly 1,500 detainees at six prisons had better access to clean water and more hygienic conditions following upgrades to water/sanitation systems and fumigation campaigns. Repairs to other infrastructure further improved living conditions: detainees had better access to fresh air in two prisons and at another, a more stable power supply and better fire safety and sleeping conditions. Upgrades to rented prison infrastructure, in view of the authorities' plans to construct new prisons, was cancelled. As the authorities had yet to open a new centre for minors, planned work was put on hold.

Nearly 800 inmates at 12 prisons protected their health more effectively by applying good hygiene practices learnt at information sessions and by using ICRC-distributed soap and garbage bins. Some detainees made use of prison libraries, which were stocked with reading material supplied by the ICRC.

ACTORS OF INFLUENCE

Military/security forces take steps to further incorporate IHL/human rights in training

As part of the effort to further incorporate international human rights law in their training for their personnel, 20 instructors from the *gendarmerie*, highway patrol, National Guard and the police honed their teaching skills through train-the-trainer workshops; in December, 10 of them began to draft a teaching manual. Military forces stood to benefit from more standardized IHL training following the completion of their IHL manual at year's end.

Some 720 military and security troops, including new recruits, supplemented their training in IHL/human rights principles with ICRC information sessions. Units with detention duties were briefed on norms applicable to their work and on the ICRC's activities for detainees; 140 members of the National Guard deploying

to Côte d'Ivoire and 50 troops deploying to the Central African Republic learnt more about IHL applicable to peacekeeping. Three military officers furthered their understanding of IHL through advanced courses in China (see *International law and policy*) and in San Remo, Italy.

State officials and academics expand their knowledge of IHL during training abroad

Influential actors were encouraged – through dialogue, information sessions, first-aid training and other means – to support humanitarian action or to urge others to do so. Nearly 40 religious leaders and scholars discussed the common ground between IHL and Islam at a seminar organized with a partner university in Aioun. A seminar and ICRC-provided reference materials in Arabic were of particular help to students at the university, especially those enrolled in its IHL programme. Media professionals and members of NGOs discussed specific IHL issues at roundtables and regional events (see *Dakar* and *Egypt*), where journalists were urged to report accurately on humanitarian affairs and humanitarian workers to conduct their activities in a neutral, impartial and independent manner.

Two State officials and three academics, including from the university in Aioun, enriched their knowledge of IHL at a course abroad (see *Lebanon*), thereby adding to the pool of experts on IHL ratification/implementation. State representatives also exchanged good practices concerning private military/security companies, and the implementation of IHL treaties, with their counterparts at regional events (see *Dakar* and *Algeria*). The Mauritanian Red Crescent drew on ICRC technical expertise for drafting a law protecting Movement emblems; the law was to be submitted to the parliament.

An assessment of institutions of higher education revealed that few of them had the resources to support programmes devoted to IHL; as a result, efforts to spread the teaching of IHL throughout the country were cancelled. Planned information sessions for parliamentarians were postponed because of electoral proceedings and coordination constraints with the national human rights committee.

RED CROSS AND RED CRESCENT MOVEMENT

The Mauritanian Red Crescent enhanced its capacities with ICRC support. National Society volunteers prepared for emergencies by using, in their training, a manual drafted with ICRC technical support, and with the help of first-aid instructors who had attended train-the-trainer sessions locally and abroad (see *Abidjan*). In this way, the number of National Society first responders who could provide first aid, and were familiar with the Safer Access Framework, increased: 120 volunteers were on hand at major political and religious events.

The National Society took steps to revise its statutes and policies, and reviewed the compatibility of its legal base with a future law on the emblem (see *Actors of influence*).

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
Red Cross messages (RCMs)					
			UAMs/SCs*		
RCMs collected	82	4			
RCMs distributed	125	1			
Phone calls facilitated between family members	6				
Reunifications, transfers and repatriations					
People reunited with their families	1				
Tracing requests, including cases of missing persons					
		Women	Girls	Boys	
People for whom a tracing request was newly registered	20	3			1
<i>including people for whom tracing requests were registered by another delegation</i>	5				
People located (tracing cases closed positively)	10				
<i>including people for whom tracing requests were registered by another delegation</i>	1				
Tracing cases still being handled at the end of the reporting period (people)	67	7	10		5
<i>including people for whom tracing requests were registered by another delegation</i>	15				
UAMs/SCs*, including unaccompanied demobilized child soldiers					
		Girls		Demobilized children	
UAMs/SCs newly registered by the ICRC/National Society	3	2			
UAMs/SCs reunited with their families by the ICRC/National Society	1				
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	3	2			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits					
		Women	Minors		
Detainees visited	1,674	25	69		
		Women	Girls	Boys	
Detainees visited and monitored individually	42				
Detainees newly registered	5				
Number of visits carried out	17				
Number of places of detention visited	9				
Restoring family links					
RCMs collected	4				
RCMs distributed	27				
Phone calls made to families to inform them of the whereabouts of a detained relative	22				

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	15,000	30%	40%
Health				
Health centres supported	Structures	1		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Essential household items ¹	Beneficiaries			
Water and habitat activities	Beneficiaries	1,485		
Health				
Number of visits carried out by health staff		74		
Number of places of detention visited by health staff		6		

1. Owing to operational and management constraints, figures presented in this table may not reflect all activities carried out during the reporting period.