

# 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 2015

- ▶ Sick/injured inmates had better access to health care, with over 8,000 consultations at prison clinics supported by the ICRC. Some 140 were referred to secondary care via ICRC-brokered hospital agreements.
- ▶ Members of families dispersed by armed conflict in Mali, detention or migration restored/maintained contact via Movement family-links services; Malian refugees used RCMs to verify the well-being of relatives.
- ▶ Refugees and residents of the communities hosting them had access to an adequate supply of water after the local water board and the ICRC extended the urban water network to underserved areas.

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Restoring family links</b>	
RCMs collected	142
RCMs distributed	76
Phone calls facilitated between family members	12
People located (tracing cases closed positively)	14
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	1,900
Detainees visited and monitored individually	45
Number of visits carried out	21
Number of places of detention visited	9
<b>Restoring family links</b>	
RCMs collected	9
RCMs distributed	12
Phone calls made to families to inform them of the whereabouts of a detained relative	16

## EXPENDITURE IN KCHF

Protection	1,018
Assistance	1,549
Prevention	679
Cooperation with National Societies	483
General	26
<b>Total</b>	<b>3,756</b>
<i>Of which: Overheads</i>	<b>229</b>

## IMPLEMENTATION RATE

Expenditure/yearly budget	81%
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## PERSONNEL

Mobile staff	9
Resident staff (daily workers not included)	33

ASSISTANCE	2015 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
<b>Water and habitat</b> (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	10,000
		30,000

## CONTEXT

Mauritania remained at risk of the spillover effects of regional insecurity, even as it worked with other countries in the Sahel to address this. Security operations at its borders with Algeria and Mali reportedly resulted in some arrests. Socio-political tensions persisted amid economic difficulties; demonstrations occasionally turned violent. Years of poor rainfall adversely affected food production in the country.

Fighting in Mali (see *Mali*) periodically forced people to flee to Mauritania. Tens of thousands of Malians remained at the UNHCR's M'bera camp in Bassikounou. Others stayed in host communities, where the supply of water was limited, or in informal settlements situated far from existing water points.

Some migrants travelling to northern Africa and Europe passed through the country.

## ICRC ACTION AND RESULTS

The ICRC continued to support Mauritanian authorities' efforts to reform prison services, partly through ongoing dialogue on detainees' treatment and living conditions. These discussions were supplemented by confidential feedback based on the ICRC's regular visits to detainees and by insights acquired at workshops. The ICRC organized these workshops with a view to helping the authorities manage identified priority issues, including those relating to the prison food chain and detainees' access to health care. The ICRC also gave direct support to the penitentiary authorities for addressing needs not covered by the resources at their disposal, particularly for health services. For example, the provision of salary incentives for staff helped ensure that medical consultations could be conducted regularly, enabling timely identification of and treatment for ailing or injured detainees: those diagnosed with TB were followed up; malnourished detainees were given supplementary rations; and inmates requiring hospitalization were treated at nearby facilities, through ICRC-brokered referral agreements. Infrastructure upgrades, fumigation and hygiene-promotion campaigns helped inmates, who also received personal hygiene items, maintain their health.

The Movement's family-links services gave dispersed family members the means to restore/maintain contact with one another. In Bassikounou, Malian refugees used RCMs to confirm the well-being of relatives, following clashes in northern Mali. The ICRC facilitated the medical evacuation to Mauritania of a few people wounded in these clashes. Refugees and residents of the communities hosting them – more of them than in the past – had better access to water after the ICRC and local water board extended the urban water network; plans to improve access to water in rural areas were cancelled, owing to administrative constraints, and preparations made instead to help the authorities install a solar-powered water system. The Mauritanian Red Crescent continued, with ICRC support, to develop its capacities in first aid and the restoration of family-links.

The ICRC provided technical support for the Mauritanian military/security forces' efforts to standardize training for troops: the military's instructional manual on IHL was pending the authorities' approval, and the security forces worked on the final draft of their manual on international human rights law. Training/briefings helped broaden understanding of IHL among cadets and senior officers, and of international human rights norms among peacekeepers.

Influential actors were urged, through dialogue and various events, to support IHL and the ICRC's neutral, impartial and independent humanitarian action in Mauritania and in the region. Government officials and journalists discussed IHL issues at workshops abroad; an institute for Islamic studies agreed to initiate IHL programmes; community leaders – among Malian refugees and their host communities, and elsewhere – learnt more about the ICRC's work at awareness-raising sessions.

## CIVILIANS

### **Malian refugees contact relatives after outbreaks of violence in northern Mali**

Malian refugees in Bassikounou re-established/maintained contact with their families through the regional family-links network managed by the Mauritanian Red Crescent, the Mali Red Cross, National Societies in countries hosting Malian refugees and the ICRC. After outbreaks of violence in northern Mali (see *Context*), refugees confirmed the well-being of their families through RCMs.

Four wounded weapon bearers received treatment from another organization in Mauritania after the ICRC helped facilitate their medical evacuation (see *Mali*).

### **More people access the urban water supply after the extension of the water network**

Refugees and their host communities (approximately 30,000 people) had easier access to water for their daily needs after the local water board and the ICRC extended the urban water network to underserved areas in Bassikounou. More public fountains were constructed to help ensure that more people could access the water supply, which had doubled since the beginning of this joint project with the authorities in 2013. This was supplemented by National Society/ICRC-conducted information campaigns on good hygiene and water storage practices.

The proposed construction/upgrade of wells in rural areas did not push through, however, owing to administrative constraints; instead preparations were made to help the authorities to install a system of solar-powered water pumps.

## PEOPLE DEPRIVED OF THEIR FREEDOM

Some 1,900 detainees received visits from the ICRC, conducted in accordance with the organization's standard procedures. Vulnerable inmates, including minors and foreigners, were closely monitored. Several detainees contacted or stayed in touch with their families, or informed them of their detention, through National Society/ICRC family-links services. Two Mauritians held at the US internment facility at Guantanamo Bay Naval Station in Cuba had regular video calls with their families.

The authorities continued to work on reforms to prison services in order to improve detainees' treatment and living conditions; they drew partly on the ICRC's findings from its visits to detainees. At two ICRC-organized workshops, they identified priority issues in detention – monitoring the food supply chain, access to health-care services, the situation of vulnerable detainees and maintenance of prison infrastructure – and agreed to follow up, jointly with the ICRC, the management of these issues.

### **Ailing and injured detainees receive timely treatment from health personnel supported by the ICRC**

At the six largest prisons in the country, health personnel, supported by an ICRC team, monitored the health of detainees,

including new inmates, regularly; clinics were also stocked with essential medicines and basic medical supplies. Ailing/injured detainees were more easily identified and treated after medical consultations – over 8,000 were performed – and the measurement of body mass index: 24 inmates who tested positive for TB received follow-up care and food supplements to hasten their recovery; and some 500 malnourished detainees were given supplementary meals. Around 140 detainees needing hospitalization were referred to nearby facilities, in line with agreements that the ICRC helped establish in past years.

At the authorities' request, the ICRC provided for needs not covered by current resources for detainees' health – salary incentives for staff, who maintained regular working hours, and hygiene items (see below); this ensured the uninterrupted provision of these services.

#### **Detainees in nearly all prisons maintain personal hygiene with regularly provided items from the ICRC**

Detainees in the prisons mentioned above also had improved living conditions following upgrades to sanitation systems and fire-safety infrastructure, fumigation campaigns and hygiene-promotion sessions. At these, and in nearly all other prisons under the authority of the justice ministry, detainees maintained their personal hygiene with items donated by the ICRC; this was particularly helpful to vulnerable detainees whose families could not provide them with such items. Some detainees also spent time outside their cells in prison libraries supplied by the ICRC with electric fans and/or additional books.

#### **ACTORS OF INFLUENCE**

##### **Military officers complete updates to the IHL manual to be used in standardized training for troops**

Military/security forces continued to implement the four-year plan for IHL training, which was developed with the ICRC in 2012. The military submitted the draft of their IHL manual, which would help standardize training for troops, to the authorities for approval; at one workshop, 14 military instructors strengthened their ability to draft other IHL training materials. The security forces worked on the final draft of their manual on international human rights law.

At a military school, 35 cadets strengthened their grasp of the basic principles of IHL during a two-day course offered by the ICRC. Senior military officers augmented their knowledge of IHL at advanced courses in San Remo and elsewhere (see *Egypt* and *International law and policy*). A total of 140 *gendarmes* bound for the Central African Republic, and 140 national guards for Côte d'Ivoire, learnt more about international human rights norms applicable to peacekeeping during ICRC briefings.

##### **An institute for Islamic studies in Nouakchott agrees to initiate programmes for teaching IHL**

Influential actors were urged, through dialogue and various events, to support IHL and the ICRC's neutral, impartial and independent humanitarian action in Mauritania and in the region. Four government officials and a university professor attended advanced courses abroad (see *Lebanon*), where they discussed matters pertaining to implementing and teaching IHL, respectively; two journalists took part in an international workshop (see *Dakar*) on issues related to the coverage of humanitarian affairs. Representatives from the M'bera camp (see *Context*) and from communities hosting Malian refugees gained a better understanding of the ICRC's work at awareness-raising sessions; this facilitated dialogue on issues of common concern.

Members of Islamic circles continued to explore parallels between IHL and Islamic law, for example, during courses held at a partner university in Aioun for religious leaders/scholars and law students. An institute for Islamic studies in Nouakchott formalized an agreement with the ICRC to initiate programmes for teaching IHL; discussions on future activities were in progress. At National Society/ICRC training sessions, 19 Koranic school instructors from a local NGO learnt how to administer first aid.

#### **RED CROSS AND RED CRESCENT MOVEMENT**

The Mauritanian Red Crescent continued to develop its institutional and operational capacities with ICRC financial, material and technical support. Training in first aid helped volunteers – some of whom were Malian refugees – prepare for emergencies; over 500 of them were assigned to religious, sporting and other public events around the country to treat possible cases of injury. National Society trainers refined their first-aid teaching skills at a regional workshop (see *Dakar*).

The National Society drew on the ICRC's expertise to improve its training strategy, which included measures for offering first-aid courses to generate income, and to review its legal base, which had been revised to incorporate provisions of the draft law on the emblems protected under IHL.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			UAMs/SC*		
RCMs collected		142	1		
RCMs distributed		76			
Phone calls facilitated between family members		12			
<b>Tracing requests, including cases of missing persons</b>			Women	Girls	Boys
People for whom a tracing request was newly registered		26	1		5
People located (tracing cases closed positively)		14			
<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)		76	7	10	6
<i>including people for whom tracing requests were registered by another delegation</i>		14			
<b>UAMs/SC*, including demobilized child soldiers</b>			Girls		Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		1	1		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>			Women	Minors	
Detainees visited		1,900	35	202	
			Women	Girls	Boys
Detainees visited and monitored individually		45			3
Detainees newly registered		30			3
Number of visits carried out		21			
Number of places of detention visited		9			
<b>Restoring family links</b>					
RCMs collected		9			
RCMs distributed		12			
Phone calls made to families to inform them of the whereabouts of a detained relative		16			

\*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Water and habitat activities	Beneficiaries	30,000	40%	20%
	<i>of whom IDPs<sup>1</sup></i>	6,000		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Water and habitat activities	Beneficiaries	1,609		
<b>Health</b>				
Number of visits carried out by health staff		28		
Number of places of detention visited by health staff		6		
Number of health facilities supported in places of detention visited by health staff		6		

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