

MALI

Continually working in the country since 1982, the ICRC opened a delegation in Mali in 2013 in response to the consequences of fighting between government forces and armed groups and of other situations of violence in Mali. It seeks to protect and assist conflict/violence-affected people who also often struggle with adverse climatic conditions, and visits detainees, providing them with aid where necessary. It promotes IHL among armed and security forces and other armed groups and encourages its implementation by the authorities of the country. It works closely with the Mali Red Cross and helps it develop its operational capacities.

BUDGET IN KCHF

Protection	4,638
Assistance	38,014
Prevention	3,035
Cooperation with National Societies	1,698
General	246
Total	47,632
<i>Of which: Overheads</i>	<i>2,907</i>

PERSONNEL

Mobile staff	64
Resident staff (daily workers not included)	338



MAIN TARGETS FOR 2015

- conflict-affected farmers and nomadic herders in northern Mali are helped by the Mali Red Cross/ICRC to bridge the hunger gap period, with material assistance – food rations, fodder and seed – and upgraded water infrastructure
- weapon-wounded patients, victims of sexual violence and disabled persons can obtain proper care at ICRC-supported facilities, such as Gao Regional Hospital, the Kidal referral centre and national orthopaedic services
- humanitarian and health workers perform their duties unhindered in the north, in part because of efforts by the National Society/ICRC to foster support for neutral, impartial and independent humanitarian action among all actors
- parties with whom the ICRC has regular contact – notably some armed groups and international/Malian troops – observe IHL and take steps to prevent abuses, following dialogue on documented abuses and information sessions
- detainees have improved access to food and health care, after the authorities make system-wide improvements to food supply management and health care, drawing on lessons learnt from ICRC-supported pilot projects in prisons
- people separated from their families by armed conflict, detention and migration – including minors formerly associated with weapon bearers – reconnect, using Movement family-links services, such as video calls for detainees

ASSISTANCE		Targets (up to)			
CIVILIANS (RESIDENTS, IDPs, RETURNEES, ETC.)					
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)					
Food commodities		Beneficiaries	180,000		
Essential household items		Beneficiaries	48,000		
Productive inputs		Beneficiaries	297,000		
Cash		Beneficiaries	30,720		
Work, services and training		Beneficiaries	390,120		
Water and habitat activities		Beneficiaries	275,400		
Health					
Health centres supported		Structures	9		
WOUNDED AND SICK					
Hospitals					
Hospitals supported		Structures	2		
Water and habitat					
Water and habitat activities		Number of beds	161		
Physical rehabilitation					
Projects supported		Structures	2		
Patients receiving services		Patients	150		

CONTEXT

In the north, people risk death and injuries owing to inter-ethnic violence and widespread insecurity. International/Malian forces seek to restore the rule of law there; however, the UN Multidimensional Integrated Support Mission in Mali (MINUSMA) awaits reinforcements, and fewer French troops remain. A ceasefire between some armed groups – notably the Mouvement National de Libération de l’Azawad (MNLA) and the Haut Conseil pour l’Unité de l’Azawad (HCUA) – and the Malian government is in place; peace negotiations are under way in Algeria. Following military operations in 2014, the MNLA, HCUA and their allies are once again in control of the Kidal region.

Owing to recurrent drought and disruption of commerce, hundreds of thousands of people in the north remain dependent on food aid from State and humanitarian actors. They include conflict-affected residents, new and long-time IDPs, and destitute returnees. During armed clashes, health-care and water infrastructure suffer damage/pillage, and fleeing staff do not always return. Humanitarian actors struggle with limited funding and security constraints. In April 2014, five abducted ICRC staff members regained their freedom fortuitously.

Though displaced people return home during periods of relative calm, others are discouraged by the security situation; tens of thousands of refugees remain in neighbouring countries.

HUMANITARIAN RESPONSE

In 2015, the ICRC delegation in Mali and the Mali Red Cross – in coordination with State and other actors – will address the needs of people affected by the armed conflict and insecurity in the north. The ICRC will remind all parties concerned, including international/Malian troops and some armed groups, of the protection – under IHL and other applicable law – due to people not or no longer fighting; it will do so through dialogue on documented allegations of abuse, information sessions, and messages passed through the media and influential civil society members. The ICRC will seek to ensure that weapon bearers take steps to prevent abuses, including sexual violence and the recruitment of minors, and that people have safe access to health care and humanitarian aid. It will also maintain close contact with communities, to help vulnerable people in implementing self-protection mechanisms and building their resilience to violence.

The ICRC and the National Society will make it a priority to boost food production in the north, by providing animal fodder, food rations, seed and other material support, as well as technical advice, directly to farmers and herders or to support structures such as fodder/seed banks and veterinary services. To ensure availability of sufficient clean water for crops/livestock and human consumption, the ICRC, in coordination with the water authorities, will also upgrade infrastructure in rural and urban areas. Part of this work will be done by vulnerable people participating in cash-for-work projects. National Society/ICRC teams will also help new IDPs ease their difficult conditions by providing them

with food, water and shelter. Returnees will resettle into their home communities with similar assistance.

Because health facilities in the north continue to be hampered by staffing issues, damaged infrastructure and reduced support from humanitarian/State actors, the ICRC will help them provide government-approved levels of care to those who need it, including weapon-wounded patients and victims of sexual violence. Staff at Gao Regional Hospital and the Kidal referral centre will continue to be supported by an ICRC medical team. To ease disabled people's access to specialized care, the ICRC will also support the national physical rehabilitation programme, by training staff and covering treatment costs for disabled patients.

The ICRC will visit detainees in 14 places of detention, individually following up people detained for security reasons or in relation to the conflict – including during transfers and upon/after release. The authorities will receive confidential feedback from the ICRC as well as technical advice and direct assistance, to help them make system-wide improvements to the penitentiary health-care and food-supply systems. In particular, the ICRC will support pilot projects to apply national health-care policies at two prisons, and efforts to reform food-supply management and diversify food sources. Detainees, particularly at newly reopened prisons, will have better living conditions following infrastructural upgrades and provision of household essentials by the authorities and the ICRC.

Families dispersed by armed conflict, detention, migration or other circumstances will restore/maintain contact through Movement family-links services. The National Society will receive support for developing its capacities in this area and will coordinate its response with other actors, particularly National Societies of countries hosting Malian refugees.

All Movement components in Mali will coordinate their activities through the mechanism set up by the tripartite agreement between the Mali Red Cross, the ICRC and the International Federation, and thereby avoid duplication and maximize impact.

HUMANITARIAN ISSUES AND ICRC OBJECTIVES

CIVILIANS

Widespread insecurity impedes northern communities from regaining their 2010 levels of food production: many farmers and herders are cut off from farmland, pastures and water sources; State and humanitarian actors have difficulty accessing these people. Some households encounter difficulties in their communities because they are suspected of colluding with weapon bearers or because they have lost their primary breadwinners.

IDPs and returnees struggle to obtain food, income or shelter. Along with undocumented migrants and vulnerable minors, they are unable to contact their families or return home safely.

Health and water services are seriously understaffed and lack resources to repair/maintain infrastructure.

Objective

People are respected by authorities and weapon bearers in conformity with applicable law, able to cover their basic

needs, and have access to essential services. Dispersed family members, including vulnerable migrants and children, can restore/maintain contact or reunite.

Plan of action and indicators

Protection

- ▶ focusing on actors who have regular dialogue with the ICRC, share documented IHL and human rights violations and other humanitarian concerns with parties concerned, with a particular view to ensuring that:
 - weapon bearers take steps to prevent abuses, including sexual violence, do not recruit minors, and consider the needs of conflict-affected people – for example, returnees – in relation to widespread insecurity
 - people have safe access to health care and other essential services, and medical/humanitarian workers perform their duties unhindered
- ▶ integrate assistance and protection activities and maintain close contact with conflict-affected communities, so that:
 - people reduce their exposure to risks through community-based protection mechanisms
 - victims of abuses build their resilience to violence with assistance from the ICRC or other actors
 - vulnerable migrants travel to Gao/Kidal or transit centres with help from the ICRC/Mali Red Cross

Restoring family links

- ▶ through financial/material support and training, help the Mali Red Cross develop its family-links services and coordinate with National Societies and other actors assisting Malian refugees in other countries

With the National Society:

- ▶ reconnect family members separated by conflict, migration or detention, and, where appropriate, reunite them and provide basic necessities; monitor the resettlement of minors formerly associated with weapon bearers
- ▶ help families locate missing relatives through tracing services, referring unsolved cases to State and other actors; encourage the authorities to adopt good practices in handling and identifying human remains

Assistance

Gao, Kidal, Mopti and Tombouctou

Economic security and Water and habitat

- ▶ help the National Society boost its operational capacities by constructing/upgrading its offices in the north, and through training in the provision of assistance

With the National Society:

- ▶ during emergencies, or to give new IDPs and returnees time to adjust/readapt to their communities, provide:
 - some 36,000 people (6,000 households) with three-month food rations and 8,000 households (48,000 people) with household essentials
 - around 30,000 people with water and shelter
 - staffing support and medical supplies to health centres, and transport to appropriate facilities for people needing specialized care (see also *Wounded and sick*)
- ▶ to enable some 37,500 farming households (225,000 people) to exceed their 2010 output and income by 10%:
 - provide them with seed, agricultural inputs and training, and help seed banks managed by 1,000 households (6,000 people) maintain sufficient planting stock

- provide three-month food rations to 24,000 households (144,000 people), so that they can avoid consuming planting stock during the hunger gap period
- ▶ help some 65,000 herding families (390,000 people) boost around 500,000 animals' health and productivity, and thus exceed their 2010 income by 10%, through:
 - support for veterinary services, such as training and supplies for animal-health workers, and by constructing up to 19 vaccination pens (capacity 190,000 animals)
 - advice on fodder/pasture management to around 6,000 herding households (36,000 people) and the provision of fodder and agricultural inputs to fodder banks
 - destocking activities for 6,000 herders (36,000 people) and marketing advice, to help them increase their profits
- ▶ through cash-for-work projects and material support for small-business owners, help 6,000 vulnerable breadwinners (30,720 people) – including women and victims of violence – earn 10% more income than in 2012–13
- ▶ work with local water authorities, some 30 ICRC-trained water technicians and, where appropriate, people participating in cash-for-work projects to:
 - provide chemicals and fuel for water treatment plants, and maintain/upgrade water and sanitation systems in Kidal town and urban Tombouctou, helping ensure an adequate supply of clean water for essential services and some 108,000 people
 - construct/upgrade water infrastructure in rural areas, so that 137,150 people have sufficient water for their crops and livestock

Health

- ▶ through financial incentives, infrastructural upgrades and other support, help 9 community health centres in isolated areas in the north deliver government-approved standards of preventive and curative care, so that:
 - women can obtain good-quality ante/post-natal care and family-planning services; people needing urgent care, such as women giving birth, are treated in the Bourem health facility in Gao or referred to appropriate facilities
 - victims of sexual violence receive adequate and timely medical/psychological care and psychosocial support, including from ICRC-trained/supervised community actors
 - people, particularly minors, are vaccinated against contagious diseases

PEOPLE DEPRIVED OF THEIR FREEDOM

The authorities and armed groups detain people in connection with the armed conflict; international forces reportedly transfer detainees to the authorities' custody within 48 hours. Families are not systematically informed of their relatives' detention.

Overcrowding increases tensions among detainees and exacerbates poor living conditions. In response, the authorities are taking steps: requiring hospital personnel to monitor detainee health, reopening damaged/pillaged prisons, and using prison farms to boost food supply.

Objective

Detainees are afforded treatment and living conditions, including respect for their judicial guarantees, in accordance with internationally recognized standards and applicable law.

Plan of action and indicators

Protection

- ▶ provide the authorities with confidential feedback on treatment and living conditions of detainees based on visits to 10 prisons and 4 places of temporary detention; pay particular attention to:
 - people held for conflict-related or security reasons, following them during transfers and upon/after release; assisting released detainees' travel home
 - detainees convicted by the International Criminal Tribunal for Rwanda serving their sentences in Mali
- ▶ work with the authorities to reduce overcrowding, particularly by encouraging greater respect for judicial guarantees
- ▶ through the Movement's family-links network, help detainees contact their families, including through video calls, or consular representatives

Assistance

- ▶ to help the Malian authorities implement system-wide reforms in ensuring the well-being of inmates:
 - in 2 prisons, support a pilot health project by providing financial incentives, equipment and training for prison staff and hospital personnel involved, upgrading clinics and monitoring the observance of national health protocols; work with the penitentiary authorities to apply lessons learnt at other prisons
 - with the working group on national health policies in detention, encourage and coordinate support from State and other actors
 - expand material and technical support for food-supply management to 6 additional prisons, particularly by advising administrators on planning the budget and standardizing menus
 - through agricultural inputs, boost the production of a prison farm that will supply the Bamako prison
- ▶ to facilitate detainees' recovery from illnesses/malnourishment:
 - particularly at 3 prisons housing 50% of the country's detainee population, help staff regularly monitor detainee health and nutrition, and provide food supplements for up to 70 severely malnourished inmates
 - support the penitentiary authorities' response during emergencies by providing medical supplies for around 900 inmates and covering the costs of hospital care
- ▶ to ensure more comfortable and hygienic living conditions for some 3,600 detainees – particularly in newly reopened prisons – together with penitentiary authorities:
 - encourage the creation of hygiene committees, fumigate cells and donate hygiene items; provide mats and blankets for additional comfort and warmth
 - install/upgrade prison infrastructure to ensure that: up to 2,800 detainees benefit from good ventilation and expanded cooking capacities; some 450 detainees in 3 prisons manage waste more efficiently; and around 600 detainees in 4 prisons have access to sufficient clean water

WOUNDED AND SICK

In the north, people needing emergency care contend with precarious security conditions. Some are able to receive specialized care at the 125-bed Gao Regional Hospital and the 36-bed Kidal referral centre. Understaffed and under-served, both facilities risk being overwhelmed by mass influxes of wounded people; the humanitarian actor currently supporting the Kidal facility is withdrawing.

Operating mainly in the south, the Centre National d'Appareillage Orthopédique du Mali (CNAOM) and the Centre Père Bernard Verspieren (CPBV) provide good-quality orthopaedic and physiotherapy services to people disabled by mines, punitive amputations and weapon wounds.

Objective

Wounded patients receive adequate care. Disabled people have access to good-quality limb-fitting and physiotherapy services.

Plan of action and indicators

Assistance

- ▶ facilitate people's access to medical care through dialogue with weapon bearers (see *Civilians*) and information sessions for medical personnel on the issues covered by the Health Care in Danger project
- ▶ cover treatment costs for weapon-wounded patients, victims of sexual violence, women giving birth and other people receiving emergency care at the Gao and Kidal facilities; help these facilities maintain national standards of care by:
 - upgrading infrastructure and supplying kits for treating up to 200 wounded people
 - providing support for staff through an ICRC medical team and advanced training for 1 surgeon
 - encouraging health staff to remain/return through financial incentives, and aiding the Health Ministry to re-assume full responsibility for these facilities

Physical rehabilitation

- ▶ to enable some 150 disabled people to recover some mobility, ease their access to good-quality orthopaedic/physiotherapy services by:
 - covering their travel and treatment costs at the CNAOM or the CPBV, while encouraging State and other actors to develop a national support strategy
 - training nurses at the Gao and Kidal facilities in basic physiotherapy

ACTORS OF INFLUENCE

Besides conducting military/security operations in the north, Malian forces are also reorganizing themselves with help from international forces. The Bamako Peacekeeping School trains future peacekeepers from throughout Africa. The process of incorporating sanctions for IHL violations in domestic legislation and the ratification of some IHL instruments have not yet been completed.

Scholars pursue studies in IHL and sometimes occupy government posts. The media and religious leaders can influence remote communities and armed groups. Weapon bearers and the public are not always able to differentiate the various actors in Mali, which puts neutral, impartial and independent humanitarian action at risk.

Objective

Political decision-makers and all weapon bearers know and respect IHL and other fundamental rules protecting people in armed conflict and other situations of violence, and incorporate these into their decision-making processes. The media, NGOs and religious/traditional leaders help foster awareness of humanitarian issues and IHL, thus achieving greater respect for human dignity. All actors understand the ICRC's mandate and support its work and that of the Movement.

Plan of action and indicators

Prevention

- ▶ to ensure that health personnel, Mali Red Cross volunteers and ICRC staff can work safely in conflict/violence-affected communities in the north:
 - engage armed groups and international/Malian troops in dialogue on IHL principles, issues covered by the Health Care in Danger project and the ICRC's working methods, with a view to obtaining security guarantees
 - clarify, primarily through meetings, the ICRC's mandate and the use of the emblems among community/traditional leaders, youth associations and families of detainees, and gain insight on how they view the Movement
 - discuss the ICRC's mandate and work, including for detainees, with the authorities – to gain their support for ICRC activities; conduct coordination meetings with UN agencies and other humanitarian actors regularly

With the National Society:

- ▶ develop knowledge of IHL and the Movement among actors capable of fostering support for Movement action, particularly from other actors inaccessible for security reasons:
 - through press conferences, field trips and workshops for journalists, to facilitate accurate reporting on humanitarian issues
 - by holding meetings, seminars and other events for actors in academic and religious circles – including religious leaders, Koranic teachers and faith-based NGOs – and by sponsoring attendance at conferences abroad, thereby also stimulating discussion of the common ground between IHL and Islam
 - by helping National Society volunteers boost their communication efforts
- ▶ encourage weapon bearers to observe IHL and human rights principles during operations:
 - through dialogue (see *Civilians*) and information sessions for Malian officers – including those training under the European Union Training Mission or at the Bamako Peacekeeping School – MINUSMA troops and, security permitting, armed groups; with police, *gendarmes* and prison staff, discuss international norms applicable to detention
 - by providing technical advice and supervision for the preparation of an IHL manual by the Malian armed/security forces, and financial support for printing it
 - by sponsoring officers for advanced IHL training abroad
- ▶ to facilitate the ratification/implementation of IHL treaties:

- help State officials – particularly parliamentarians, magistrates and members of the national IHL committee – understand their role in IHL ratification/implementation through information sessions, a workshop and regional meetings on IHL and weapons control
- advise the Justice Ministry and the national small arms commission on incorporating sanctions for IHL violations in the penal code and ratifying/implementing priority treaties, such as the Arms Trade Treaty
- foster interest in IHL among students and teachers of law through information sessions, moot court competitions and other means

RED CROSS AND RED CRESCENT MOVEMENT

The Mali Red Cross covers vast areas to provide relief to people affected by conflict, violence or natural disaster. It is recovering from a number of setbacks related to the conflict – including the pillaging of its warehouses and branches – and faces security risks in some areas in the north.

The National Society is strengthening its governance and operational capacities with help from the International Federation, the ICRC and other Movement components.

Objective

The National Society has a strong legal basis for independent action and carries out its core activities effectively. Movement components in Mali coordinate their activities and implement them in a neutral, impartial and independent manner.

Plan of action and indicators

Cooperation

- provide expertise/training, funds, materials and logistical support to enable the National Society to boost its capacities to:
 - provide assistance and family-links services (see *Civilians*), administer first aid and prepare for emergencies
 - reach isolated and conflict-affected areas, in line with the Safer Access Framework
 - foster support for IHL and Movement action (see *Actors of influence*)
 - with the International Federation, strengthen its statutes and management
- help coordinate Movement activities in Mali, notably on the basis of the tripartite agreement with the Mali Red Cross and the International Federation, and through regular meetings