



General country data

a. Figures

	Mali
Capital city	Bamako
Gross annual income / inhabitants	\$781 USD
Population	18,957,258 inhabitants 2017
Total population under UNHCR mandate ¹	100,247 (2016)
IHDI ²	0.293 (179/188)
Gender development index ³	0.786 (179/188)
Maternal mortality per 1000 births ⁴	68
GINI Index ⁵	0.33
Social Support ⁶	0.74 (2017)
INFORM RISK ⁷	6.0
Fragile States Index ⁸	93.6
Number of reported mine casualties over the last year	167
Amount of aid received for mine action	1.4 (2016)
Development aid funding	€1.208 million (2014)

b. Humanitarian law instruments ratified by the country

→ Mine Ban Treaty / Status:	02/06/1998
→ Convention on Cluster Munitions / Status:	30/06/2010
→ UN Convention on the Rights of Persons with Disabilities / Status:	07/04/2008

c. Geopolitical analysis

¹UNHCR, Population Statistics

²UNDP, Human Development Report: Human development for everyone, 2016

³UNDP, Human Development Report: Human development for everyone, 2016

⁴World Bank, Infant mortality rate per 1000 births, 2016

⁵World Bank, 2016

⁶World Happiness report, Chapter 2: Online Data

⁷Inform Global Risk Index Results 2018

⁸Fragile States Index, 2018



HI – Federal Info – Fiche Pays Mali – 2018 10 – ENG

The Algiers Agreement signed in June 2015 by the Malian State, pro-government forces of the Platform of Armed Groups (the Platform), and the main opposition groups of the Coordination of Azawad Movement (CAM) aimed to restore peace and security to northern Mali and bring an end to the conflict that had raged in the country since 2012. The agreement provides, inter alia, for the disarmament of armed groups and greater powers for the country's regions⁹. The international community has noted a significant delay in the implementation of the peace and reconciliation agreement and a lack of will on the part of its various stakeholders.

The security situation in Mali remains a source of concern, particularly in the country's central and northern regions, where the number of incidents has increased constantly¹⁰. Since January 2015, the upsurge in jihadist activity has led to a serious deterioration in the security situation. The security threat has spread to border areas with multiple attacks on the frontier with Niger and Burkina Faso. There has also been an upsurge in inter-community conflicts in the Mopti region and in Segou between different ethnic groups: Peulhs, Dogon, Dozo and Bambara. Inter-community social cohesion is further weakened by climate change that is disrupting the customary practices of Malian herders and farmers. Land conflicts are largely fuelled by jihadist groups and the absence of the public authorities. Other regularly reported security challenges include acts of banditry on roads, hold-ups, robberies, kidnapping, targeted killings, explosive devices and explosive remnants of war.

In 2017, the security situation was marked by attacks on the armed forces, including an assault on Timbuktu airport and the UNMISMA camp on 14 April 2018 by alleged jihadists and an attack on the headquarters of the G5 Sahel joint force by a JNIM suicide bomber in Sevaré on 29 June 2018. Humanitarian workers are among the main targets of jihadist groups: more than 133 incidents were recorded in 2017 compared to 68 in 2016. In the first quarter of 2018, humanitarian workers have already been affected by 76 incidents¹¹. Vehicle robberies accounted for 25% of incidents recorded since the beginning of 2018¹². Humanitarian workers are not immune to more violent attacks: in March 2018, a humanitarian worker was killed in Segou and three NGO workers were kidnapped in Mopti for several days before being released. A rise in the number of jihadist groups, the difficulty of identifying armed groups and the proliferation of weapons in the north and centre of the country are also contributing to growing instability in Mali. Insecurity is rooted in inadequate action on the part of public institutions and a delay in the effective implementation of the June 2015 Peace Agreement. Despite action on the part of intermediate authorities, and the setting up of the MOC (coordination operational mechanism) and the Disarmament, Demobilisation and Reintegration (DDR) process, the security situation remains unstable and unpredictable, especially in the northern and central regions, where some localities are completely outside of State control¹³.

HI's work in Mali

The organisation has been implementing development activities in Mali since 1993 in the south and north of the country, including by advancing the rights of people with disabilities, strengthening civil society, promoting access to education for children with disabilities and the inclusive employment of people with disabilities, and the detection and care-management of disabilities in children. Today, HI implements humanitarian and development activities in the Sikasso, Bamako, Mopti, Timbuktu and Gao regions.

HI's operational strategy in Mali, from 2016 to 2020, falls within the scope of the Multi-Year Operational Framework (MYOP). HI's action is based on three main areas:

- ✓ **Area 1:** Helping restore and strengthen social cohesion in northern Mali
- ✓ **Area 2:** Helping improve the resilience of populations

⁹ Bruno Charbonneau, Les dilemmes de l'intervention internationale au Mali, October 2017

¹⁰ Aurélie Campana, Entre déstabilisation et enracinement local: les groupes djihadistes dans le conflit malien depuis 2015, March 2018

¹¹ OHCHA, Humanitarian Newsletter, March-April 2018

¹² OHCHA, Humanitarian Newsletter, March-April 2018

¹³ Aurélie Campana, Entre déstabilisation et enracinement local: les groupes djihadistes dans le conflit malien depuis 2015, March 2018



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- ✓ **Area 3:** Promoting and supporting sustainable and inclusive development in Mali

In 2018, the programme's activities are structured around the following:

- **Prevention, Health & Rehabilitation:** Functional rehabilitation, nutrition, support to schools and physiotherapy organisations, early detection and care-management of disabilities, mother and child health, HIV and disability advocacy;
- **Rights, Inclusion & Universal Accessibility:** Inclusive education, social and vocational inclusion, community support for the school enrolment of disabled children, advocacy with national and local authorities;
- **Food Security & Resilience:** DRR, food distribution, blanket feeding and social safety nets to strengthen the resilience of the poorest households and so on;
- **Protection:** risk education on explosive devices, assistance to victims of gender-based violence, psychosocial support and conflict transformation in northern and central Mali.

Projects

Title of the project	Sector of intervention	Current funding bodies	Funding period
DPCP Project - Prevention, detection and early treatment and care of disability	Health and functional rehabilitation	Coopération Luxembourgeoise – Fondation Orange	01/01/2018 31/12/2022
PARENT 2 Project - Support to restore the well-being of women, children and infants	Health and functional rehabilitation	AFD	01/01/2018 31/12/2021
IMP&ACT: 3D printing	Health and rehabilitation	Coopération Belge	01/11/2017 30/10/2018
VIH Handicap (HIV Disability) - Regional Project in West Africa	Health and functional rehabilitation	Global Fund	01/01/2017 31/12/2019
ARC - Project: Alliance for Community Resilience	Food security and resilience	EU Fond Fiduciaire – USAID Food for Peace	01/10/2016 31/12/2019
ACTIF - Inclusive employment	Law and inclusion	AFD	01/03/2018 31/12/2020
PAQAMA - Improving access, quality and governance in basic and secondary education in the Gao Region	Law and inclusion	Ministry of National Education (AFD)	01/01/2016 31/12/2019
LIRE - Relaunching inclusive	Law and inclusion	USAID - NORAD	24/08/2016 22/08/2018



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education in Timbuktu			
<u>PAOSSE</u> -Inclusive education of deaf and blind children into mainstream schools	Law and inclusion	USAID	01/06/2017 31/05/2019
<u>NORAD</u> - Sub-regional inclusive education project	Law and inclusion	NORAD	01/09/2017 31/12/2021
<u>PACETEM</u>- Access to education for all children in Mali (yet to be signed)	Law and inclusion	EDC/EAC	1/09/2016 31/08/2020

**Agence Française de
Développement (AFD)**



USAID



EUROPEAN UNION



**NORAD - Norwegian
Agency for Development
Cooperation**



**Luxembourg Ministry of
Foreign Affairs**



Global Fund



Coopération Belge



Rhône Alpes Region



Fondation Orange



**UNMAS (United Nations
Mine Action Service)**



Educate a Child







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At the end of December 2017, 137 staff members were working on the HI Mali programme.






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Ongoing projects: service sectors where HI leads projects and focuses on operational partnerships

Sector	Goal of projects in this sector	Main activities	Beneficiaries	Operational partners	Location
 Rehabilitation DPCP	Help improve the living conditions and social inclusion of children aged 0 to 14 with multiple disabilities by providing global care-management: medical, specialised, community and educational.	<p>Strengthen the capacities of service providers to identify children with multiple disabilities, and to make diagnosis and referrals + Strengthen the skills of families and community focal points to provide appropriate at-home care and treatment;</p> <p>Support the creation of stimulation spaces, income-generating activities for parents, and supply technical detection equipment to health structures.</p>	<p>End beneficiaries</p> <p>900 children aged 0-14 with cerebral palsy or developmental delays; health and rehabilitation structures and professionals; children's families</p> <p>Indirect beneficiaries:</p> <p>Families of 900 children with multiple disabilities, 7 community focal points, 4 community stimulation spaces, 4 parent teacher associations</p>	Ministry of Health; Ministry of Social Development; Mali national orthopaedic-fitting centre (CNAOM); Mali organisation to control mental impairments in children (AMALDEME)	Bamako Sikasso
 Prevention and health PARENT 2	The project is intended to help improve the quality of reproductive health services. It also aims to make these services accessible to all in order to reduce deaths and prevent the onset of disabilities in children and mothers.	<p>Material assistance to health centres for building rehabilitation;</p> <p>Supply medical equipment and stocks of medicine;</p> <p>Train health centre staff.</p>	<p>End beneficiaries</p> <p>Medical staff; Health centres; Women of childbearing age; Pregnant women; Children under 5 years of age; Men, teenagers; Key community actors.</p>	Regional Health Department; Planning and Statistics Unit (CPS) of the Ministry of Health; Regional Department of Social Development and the Solidarity Economy; Regional Department for the Promotion of Women, Children and the Family; Local authorities; Regional Federation of Community Health Organisations; Coordination of Women's Organisations in Timbuktu	Timbuktu
	Promote a peaceful, secure and conducive environment	Strengthen the conventional weapons risk education system;	<p>End beneficiaries</p>	Local NGOs; Decentralised services	Timbuktu, Gao and






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 <p>Protection RVA</p>	<p>for the return of the inhabitants of northern Mali by reducing the physical, psychosocial and socioeconomic impact of the crisis on affected populations and victims and by improving their ability to protect themselves from conventional weapons.</p>	<p>Improve the identification and recording process for casualties of conventional weapons and improvised explosive devices, and people with disabilities in need through training, awareness-raising, psychosocial and socioeconomic support for identified victims, and the development of individual action plans to address priority needs;</p> <p>Develop a dialogue to promote social cohesion.</p>	<p>140,000 people had their awareness raised in the regions of Gao and Kidal, 200,000 in the region of Timbuktu; more than 100 direct and indirect victims</p>	<p>(elected representatives); Health centres; Community leaders, key community actors and their networks; National Department for Social Development; Education Academies and Teaching Action Centres in the Timbuktu and Gao regions</p>	<p>Kidal</p>
 <p>Rehabilitation SUDA</p>	<p>Improve access to and the quality of rehabilitation services in targeted countries</p>	<p>Capacity-building of 3 national physiotherapy organisations in the fields of governance and management;</p> <p>Launch an accreditation process for 3 training programmes for physiotherapists in targeted countries;</p> <p>Provide training on wheelchairs in the physiotherapy sector and develop physiotherapy training programmes.</p>	<p>End beneficiaries</p> <p>Mali physiotherapy organisation (AKIMA); National health sciences training institute (INFSS); people with disabilities</p>	<p>WCPT (World Confederation for Physiotherapy); Motivation; Mali physiotherapy organisation (AKIMA); National health sciences training institute (INFSS);</p>	<p>Mali, Senegal and Niger</p>
 <p>Inclusion ACTIF</p>	<p>Improve the economic resilience of young people to reduce feelings of exclusion and increase their involvement in the socio-economic development of the Mopti region.</p>	<p>Training, vocational inclusion and identification of promising sectors;</p> <p>Education through capacity-building for primary school teachers, improved literacy rates and support to MFIs; support the local development prerogative of local authorities.</p>	<p>End beneficiaries</p> <p>3000 young people aged between 14 and 40 (40% girls and 15% disabled people)</p> <p>Indirect beneficiaries:</p> <p>craftsmen/women and small business owners; employment and inclusion service providers; targeted village communities; families of young</p>	<p>Mopti Regional Council; National Department of Vocational Training (DNFP); MFI (Microfinance Institution); Master Craftsmen; Agency for the Promotion of Youth Employment (APEJ), Regional Department of Employment and Vocational Training (DREFP); Regional Youth</p>	<p>Mopti</p>





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			beneficiaries	Council	
 Food security and resilience ARC	<p>Improve the resilience of vulnerable households and communities to the risks of food and nutrition insecurity and reduce their vulnerability to the effects of climate change.</p>	<p>Food security: support consumption and cash transfer activities via coupons;</p> <p>Nutrition: distribution of inputs or tools to build household production capacities and child screening;</p> <p>Livelihoods: community projects to support initiatives with a significant potential impact on the local economy;</p> <p>DRR and governance: support the development of legal documentation and land law.</p>	<p><u>Pillar 1</u>: 13,351 households benefiting from cash transfers;</p> <p><u>Pillar 2</u>: 4,793 children under 5 screened.</p> <p><u>Pillar 3</u>: 12,050 households benefited from support measures (livestock, farming, IGA, market gardening and fishing); 18 community projects implemented</p> <p><u>Pillar 4</u>: 1 disaster risk assessment implemented; 3 district DRR committees set up; 3 district DRR plans developed; 3 district DRR projects implemented; 6,674 people assisted with civic documentation</p>	<p>Local and institutional authorities; population of municipalities where we work;</p>	<p>Timbuktu, Gao, Menaka, Mopti</p>
 Prevention and health HIV and disability	<p>Engage national decision-makers to adopt inclusive HIV/AIDS health laws, policies and programmes for people with disabilities in accordance with the CRPD in Mali by the end of 2019.</p>	<p>Collect reliable and objective data on people with disabilities;</p> <p>Capacity building and empowerment of key actors to seize environmental opportunities and bring about change;</p> <p>Promote the rights of people with disabilities through national and regional advocacy actions.</p>	<p>End beneficiaries</p> <p>People with disabilities; Organisations of people living with HIV/AIDS; Organisations of people with disabilities</p>	<p>The West African Federation of Disabled People's Organisations (FOAPH); FEMAPH; The Malian Network of Organisations of HIV-Positive People; the National AIDS Control Council, UNAIDS</p>	<p>Mali, Senegal, Guinea Bissau, Cape Verde, Burkina Faso, Niger</p>
 PAQAMA	<p>Improve the quality, access and governance of education, and build the capacities of decentralised services and local authorities in charge of education</p>	<p>Set up, expand and rehabilitate schools;</p> <p>Train teachers and build their teaching skills;</p> <p>Train and coach school management committees</p>	<p>End beneficiaries</p> <p>9300 children, including disabled children; 200 teachers from primary schools; 1642 students from Gao's public high school; 498 students from the Handicraft Vocational Training Centre</p>	<p>Ministry of National Education; Academy of Education and CAPs of the Gao region; DPOs; school management committee, parent teacher association, mother student association</p>	<p>Gao Ménaka</p>





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			<p>Indirect beneficiaries:</p> <p>Staff at Gao academy, members of the School Management Committee, Parent Teacher Associations and organisations of mother educators in CAPs (education activity centres) and the national departments of the Ministry of Education (Bamako level)</p>		
 <p>Inclusive education LIRE</p>	Build the capacity of education actors to develop an approach to inclusive education that promotes peace and living together	<p>Identify and enrol children with disabilities in school;</p> <p>Raise awareness of parents of disabled children;</p> <p>Minor rehabilitation actions, family support, teacher training, inclusive education pilot project;</p> <p>Advocate with local education authorities and regional authorities to review the national inclusive education policy.</p>	<p>Final beneficiaries</p> <p>100 children with disabilities aged 3 to 12; 500 families; 1440 pupils; 6 primary schools; 2 specialised centres; 4 teaching supervisors; 42 teachers and school heads in 6 target schools</p> <p>Indirect beneficiaries:</p> <p>23 members of Timbuktu DPOs, parent teacher associations, mother student associations and 8 school management committees in 8 target schools; 40 heads of decentralised technical services and local authorities</p>	Local and institutional authorities; the local population; DPOs	Timbuktu
 <p>Inclusive education PAOSSE</p>	Improve access to quality education for children with disabilities, especially deaf and blind children	<p>Identify and include children with disabilities;</p> <p>Train teachers in sign language;</p> <p>School support for children with impairments and distribution of school kits;</p> <p>Mobile teachers and advocacy.</p>	<p>End beneficiaries</p> <p>50 deaf and blind children and their families (40% girls); 40 teachers and 20 school heads (40% women)</p> <p>Indirect beneficiaries:</p> <p>DPOs and PWDs; 10 organisations of parents of disabled children</p>	Education technical services at local and national level; DPOs	Sikasso



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 <p>Inclusive education NORAD</p>	<p>Promote the school enrolment of disabled and refugee children, school accessibility, inclusive education systems, and service quality.</p>	<p>Train and build the capacities of teachers, school committees, parent teacher associations, community workers and DPOs on the issues of inclusion and disability in education;</p> <p>Identify and monitor children with disabilities;</p> <p>Raise awareness in the community of disability and inclusive education;</p> <p>Rehabilitate buildings to promote accessibility;</p> <p>Family support activities and community awareness-raising;</p> <p>Support and continuous follow-up of teachers.</p>	<p>End beneficiaries</p> <p>33 mainstream schools and 6 special schools; 548 teachers; 714 children with disabilities and 200 returnee children; 39 children's clubs</p> <p>Indirect beneficiaries:</p> <p>315 CSO representatives (DPOs, school committees, education networks, parent teacher/mother student associations), 40 Ministry of National Education staff, decentralised technical services officers and local authorities</p>		<p>Bamako, Sikasso and Timbuktu, Burkina Faso and Niger</p>
 <p>Rehabilitation IMPACT 3D</p>	<p>Analyse the benefits and limitations of using innovative technologies for orthopaedic-fitting in functional and physical rehabilitation: cost, production time, patient satisfaction, orthotic comfort, accessibility of orthotics to people living in remote areas.</p>	<p>Train health staff in Lomé;</p> <p>Measure and send scanners to the printing centre in Lomé;</p> <p>Receive, fit and adjust orthoses;</p> <p>Follow-up patients: satisfaction and comfort</p>	<p>End beneficiaries</p> <p>100 beneficiaries in 4 centres (1/Mali, 1/Niger and 2/Togo). Currently 10 out of 25 patients benefit from the study</p> <p>Indirect beneficiaries:</p> <p>People with disabilities; health staff, orthopaedists and physiotherapists; CNAOM (Mali national orthopaedic-fitting centre)</p>	<p>African Organisation for the Development of Centres for Disabled People (OADCPH); National School of Medical Auxiliaries (ENAM); Thomas More University College; VORUM</p>	<p>Mali (Bamako), Togo, Niger</p>