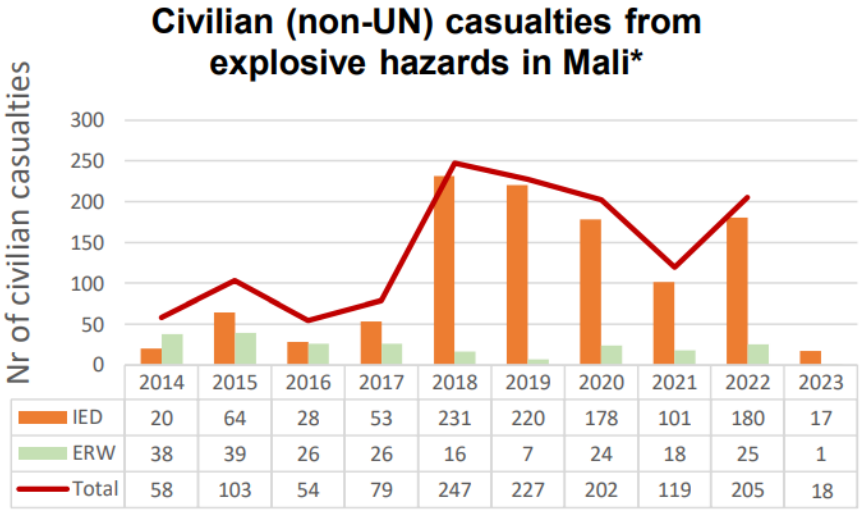
The urgent need to limit the impact of explosive devices on civilians in Mali - April 2023

Between 2021 and 2022 Mali saw a further increase in the number of civilian casualties from explosive ordnances, especially improvised explosive devices (IEDs)/mines. This is the largest increase since 2018, when the IED/mine threat shifted from the North to the more densely populated Centre. As the IEDs/mines proliferate and scatter across the central regions, vulnerable populations and communities are significantly impacted – in terms of their access to livelihoods, basic social services and humanitarian assistance. Finally, the spreading of this threat to southern areas represents an increasingly worrying trend, calling for attention and further action. Against this background of increased risks and civilian victims, the humanitarian response remains still largely underfunded and faces major challenges in terms of access and availability of services.

1. A Threat that is Increasingly Affecting Mali's Civilian Population

1.1. A worrying rise of civilian casualties

Between 2021 and 2022, the number of civilian victims of explosive ordnances (EO)[1] almost doubled, from 119 to 205.[2] In addition, civilian casualties from IEDs/mines has risen sharply from 25% of total casualties in 2021 to 42% in 2022. This increase is partly related to the laying of IEDs/mines targeting regular military operations, which has intensified and rose sharply in the centre in 2022. IEDs are also being scattered over larger areas including more secondary roads which are crucial to the movement of civilian populations.



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
IED	20	64	28	53	231	220	178	101	180	17
ERW	38	39	26	26	16	7	24	18	25	1
Total	58	103	54	79	247	227	202	119	205	18

Figure 1: Number of civilian casualties from explosive devices: improvised explosive devices (IEDs)/mines) and explosive remnants of war (ERW). Source: Explosive Threat Overview, February 2023. (UNMAS)

Mopti remains the region where civilians are most affected by IEDs/mines, accounting for 86% of all civilian casualties in the country – particularly in Bankass, Bandiagara, Djenné and Mopti. IEDs/mines also continue to spread in the South, notably in Yorosso and Nara in the regions of Sikasso and Koulikoro respectively. Incidents affecting civilians are the deadliest due to the vulnerability of civilians to explosions and the lack of adequate first aid and emergency healthcare services, which translates in higher mortality rates for civilians, at 41% against 36% for the Malian Security and Defence Forces, and 10% for MINUSMA.

[1] "Explosive ordnances" include IEDs/mines as well as explosive remnants of war.
[2] UNMAS figures, Civilian casualties (non-UN) include civilian populations, humanitarian workers (non-UN) and local/traditional authorities.

This Note was facilitated by the INGO Forum in Mali in coordination with the signatories and GT-LAMH

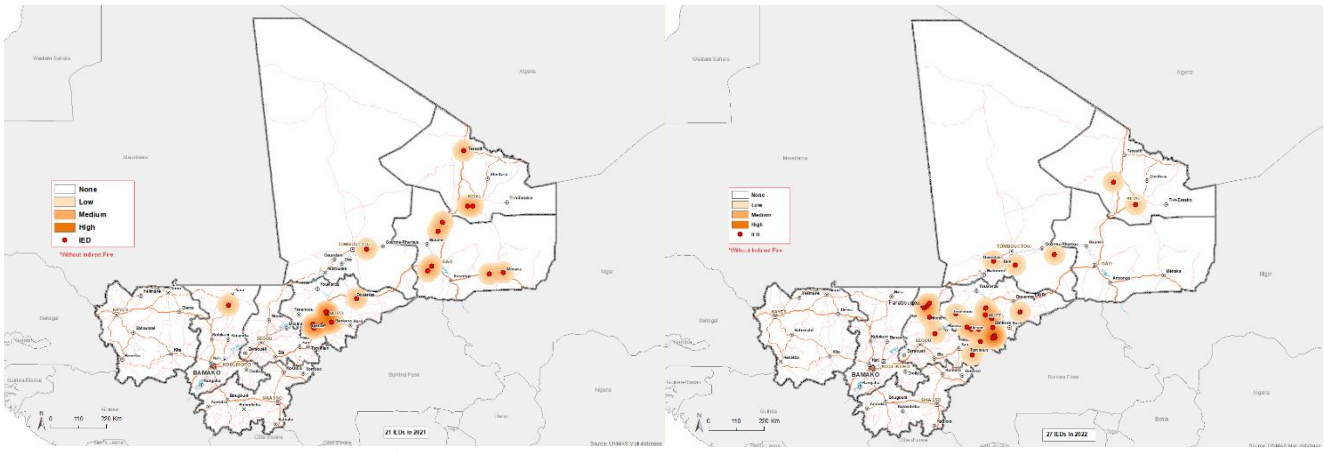


Figure 2&3: Civilian impact of IEDs/mines in 2021 (left) and 2022 (right) - UNMAS map

1.2. Impact on needs and access to populations

In addition to direct casualties, IEDs/mines also seriously impede people's access to fields and grazing areas, markets or basic services such as healthcare, water or education. According to the Multi-Sectoral Needs Assessment (MSNA) carried out by REACH at the end of 2022, 44% and 30% of respondents in Bankass and Bandiagara respectively confirmed that the explosive threat impacts their access to markets, as well as their access to basic services (28% of respondents in Bankass and 34% in Bandiagara). Worryingly, IEDs/mines overlap with, and exacerbate, a wider protection crisis. Lack of access to education leads to increased risks of early marriage, sexual exploitation, and enrolment in armed groups. The impact of limited access to markets and livelihoods pushes the most vulnerable to resort to negative coping strategies such as transactional/survival sex and sexual exploitation, which primarily affects women and girls.

Humanitarian actors are not often victim of IEDs/mines with seven NGO incidents recorded since 2014. However, IEDs/mines have a significant impact on access, thus negatively impacting on the ability of humanitarian actors to reach vulnerable populations in at-risk areas.

2. Humanitarian Responses and gaps

Responding to EO threats, prevention and victims' assistance are primarily the responsibility of the Malian state, as Mali is a party to core international mine action frameworks, such as the Mine Ban Convention, the Convention on Cluster Munitions, the Convention on Certain Conventional Weapons, and the Convention on the Rights of Persons with Disabilities. Humanitarian responses complement the role of the state in responding to the needs of the most vulnerable, specifically those that are not covered. This is particularly the case in conflict zones where humanitarian neutrality allows to maintain access and thus provision of urgent assistance to vulnerable populations, despite a situation of open armed conflict.

In this respect, the humanitarian response to IEDs/mines focuses on two aspects: **risk prevention** through explosive ordnance risk education (EORE) and **assistance to EO victims**, both direct and indirect ones. In respect of the neutrality principle, humanitarian actors cannot engage in clearance responses in an active conflict context such as Mali.

Despite the efforts of several local and international humanitarian actors who coordinate within the Humanitarian Mine Action Working Group (*Groupe de Travail sur la Lutte Antimines Humanitaire*, GTLAMH in French), a significant mismatch remains between the scale of the increasing humanitarian needs and risks and existing risk education and victims' assistance interventions. In 2022, only 8 NGO partners were engaged in EORE and victim assistance activities in 19 administrative districts[3], against the need to respond to 822,948 vulnerable people targeted in 27 districts, with only 27% of the budget funded.[4]

[3] Called "cercles" in Mali

[4] GT-LAMH data

2.1. Prevention : Explosive Ordnance Risk Education (EORE)

Explosive Ordnance Risk Education (EORE) aims to raise awareness on the risks associated with explosive ordnance among vulnerable communities and to promote the adoption of safer behaviour to reduce the risk of death or injury. EORE builds people's capacity to identify and recognise explosive devices, their effects, contaminated or potentially contaminated areas, signs and indicators of danger, risky and safe behaviours in relation to explosive devices and what to do in the event of EO accidents.

In terms of risk education, NGOs active in mine action combine different types of EORE approaches. In addition to direct awareness-raising approaches that directly target and engage with vulnerable populations, indirect EORE approaches include training of trainers and/or community focal points to carry out EORE activities at the community level, as well as mass awareness-raising initiatives carried out through radio spots, social networks and others.

*A humanitarian mine action actor has recently developed **a chatbot system** on Whatsapp to raise community awareness about the risks of explosive devices. Recipients access the chatbot by sending a message on Whatsapp and navigate through a series of images and questions on safer and risky behaviours in the presence of explosive threats. Another NGO has developed **interactive radio programmes** with guests who share their experiences with listeners and reinforce messages on safer and risky behaviours in the presence of explosive threats, for more engagement with the audience than simply delivering pre-recorded messages.*

Despite these efforts, in 2022 only 100,329 out of the 822,948 vulnerable people targeted received interpersonal education sessions on the risks associated with explosive devices and small arms and light weapons (SALW), i.e. barely 12% of the targeted need covered.[5] In addition to the lack of resources, key challenges to increase the scale of the response include difficulties in accessing certain areas due to the security situation, the lack of telephone and internet networks in remote areas, reinforced by the destruction of telecommunication infrastructure by armed groups, widespread literacy deficits and a large number of different local languages and dialects.

The lack of capacity and access can be partly overcome by remote mass sensitisation approaches via radio, telephone or other means. However, such approaches alone are not sufficient to bring about behavioural change and must be complemented with community-based approaches. Indeed, behavioural change on such a sensitive issue as IEDs is highly dependent on people's trust in the organisations and/or individuals delivering the awareness.[6] Lessons from community engagement in emergency responses[7] also show that establishing a two-way dialogue with communities is key, as is the need to fully understand and address the challenges that communities may be facing, and that restrict their adoption of safer behaviours.

Specifically in relation to EO risks, responding to the challenges faced by communities requires actors across all sectors of intervention in at-risk areas to adapt to these challenges, particularly in active conflict contexts where EO clearance is not always possible. Such adaptation in addressing the risk of IEDs/mines means for instance ensuring proximity to basic services as much as possible and adapting livelihoods to limit displacement in at-risk areas. The integration and mainstreaming of some essential EORE elements in other sectors of intervention as well as the training of teachers, community health workers and local health teams could also help to significantly increase the number of people reached by awareness-raising messages, as well as the impact of such sensitisation activities.

2.2. Assistance to victims

[5] GT-LAMH data

[6] See Geneva International Center for Humanitarian Demining (GICHD, Review of New Technologies and Methodologies for Eplosive Ordnance Risk Education (EORE) in Challenging Contexts, Novembre 2020

[7] See lessons on community Engagement such as during the response to Ebola epidemic in West Africa and Democratic Republic of Congo (DRC). FO example: Oxfam, *Crucial course corrections for the Ebola response in Beni, DRC*, Oxfam briefing, 3 October 2018

Victim Assistance aims to address the needs of EO victims, in terms of health, psycho-social support and wellbeing, rehabilitation, livelihood and socio-economic reintegration. It covers direct victims of Eos but also their families and the communities impacted by the explosive threat and incidents. In 2022, humanitarian actors responded to the needs of 422 EO-affected people out of 1,100 people targeted for victim assistance by the Humanitarian Response Plan. Of these, 46% received initial emergency assistance after an incident, 9% received transport to a health centre and emergency medical assistance. 67% received psychosocial support, 26% received socio-economic reintegration support and 33% were referred to other services. In total, 59% of civilian victims recorded in 2022 were able to survive their injuries.[8]

Assistance to victims requires a series of care steps to save and rebuild lives. Several referral health centres (Centre de Santé de Référence, CSREF in French) have the capacity to care for or stabilise EO victims with, in some cases, contingency measures, including the provision of additional support from health NGOs especially if several victims require medical care simultaneously. The most serious cases, where war trauma surgery is necessary, are referred to regional hospitals with a specialised care service.

Overall, the primary mortality risks for EO victims are related to the availability or non-availability of first aid and emergency medical care to stabilise victims, followed by the capacity to transport victims to referral health centres or regional hospitals. These challenges are particularly important for rural and remote areas. In response to these challenges, building or strengthening the capacity of community health workers to provide first aid and emergency care to EO victims could increase the victims' chances of survival. Similarly, pre-identification with communities of available transport and training in the appropriate use of stretchers would improve the speed of transfer to referral health centres. For severe cases, the movement of victims is more complicated and requires increased capacity in regional hospitals to deploy teams capable of stabilising and moving victims.

Mental health support is often limited to regional hospitals and certain reference health centres. Victims' orthopaedic follow-up, rehabilitation and social reintegration are provided by the *Centre National d'Appareillage Orthopédique du Mali (CNAOM)*, the private centre Père Bernard Verspieren in Bamako and the *Centres Régionaux d'Appareillage Orthopédiques et de Rééducation Fonctionnelle* (CRAORF) in Mopti, Gao, Timbuktu, Segou and Kayes. The CNAOM, the CRAORFs and their partners offer comprehensive care for the most vulnerable victims, including transport, accommodation, cost of prostheses and reintegration based on existing referrals. However, these efforts face challenges in terms of human and financial resources to cover all needs and ensure full referral services for all affected populations. For example, the number of specialists is still extremely limited, with only 13 Malian ortho-prosthetists for the whole country. The launch in 2023 of the first training course for ortho-prosthetists by the CNAOM and the National Institute for Health Sciences is a positive development, which should allow to address this capacity gap in the medium to long term. However, effective post-care patient follow-up is also an issue, given the lack of rehabilitation specialists at local level; in response to this, some approaches could be extended, such as training for medical teams in community health centres (CSCOMs) to be able to identify signs of complications in survivors and refer them to the CRAORF or CNAOM.

Finally, victim care, rehabilitation and reintegration are expensive steps in the care process that many victims cannot afford on their own. It is therefore crucial to extend support to approaches to care, cost reduction or targeted free care allowing access for all to this type of care and treatments.

3. Recommendations

Humanitarian and development donors have a significant role to play in supporting public actors, NGOs and the United Nations to reduce the risks of explosive devices for civilians and strengthen victim assistance by:

3.1. Refocus their response strategies around, and better integrate, EO risk responses:

- Request that all projects (WASH, health, education, food security, shelter, NFI etc) in areas affected by the explosive threat are adapted to the risks of EO based on risk analysis and mitigation carried out with the communities.

[8] ibid

- Strengthen support for humanitarian mine action responses by funding the USD 6.5 million required to meet the needs of 1.3 million vulnerable people targeted by the humanitarian mine action response.

3.2. Support EORE actors (Public/State, NGOs and UN) to:

- Expand risk education projects (including identification and referral of support services) combining community engagement approaches and innovative mass sensitisation approaches through radio, social networks etc.
- Develop capacity in EORE (including identification and referral to support services) within communities through trusted focal points in various sectors (health workers, teachers, village leaders, etc.).
- Integrate elements of EORE (including identification and referral of support services) into the curricula of teacher training, social development worker training and community health workers deployed to EO-affected areas. This type of integration would allow for the scaling up of EORE delivered by trusted individuals such as teachers and community health workers, as well as diversifying and mobilising more actors for the response.
- Provide cluster members at national and regional level with training and tools (checklist) to systematically ensure the identification, prevention and mitigation of EO-related risks in the design and implementation of all humanitarian responses in at-risk areas.
- Launch an exercise to capitalise on good EORE practices and to carry out an in-depth analysis of the main challenges faced by populations (economic, social, etc.) in adopting safe behaviours in relation to EOs.

3.3. Support victim assistance actors (Public/State, NGOs and UN) to :

- Build the capacity of community health workers to provide first aid to victims of explosive devices.
- Support the most affected communities to develop community contingency plans to deal with the risks of EO, including the pre-selection of permanently available transport to quickly get the injured to the nearest referral health centres.
- Strengthen the capacity of CSCOM and community health workers to provide psycho-social follow-up for EO survivors and support their reintegration and acceptance into communities.
- Strengthen support for the implementation of the CNAOM's National Physical Rehabilitation Strategy, including:
    - Full coverage of care and costs of equipment and rehabilitation for victims of EO.
    - Support for the economic and social reintegration of EO survivors, particularly through specialised local associations.
    - Support for the training of rehabilitation specialists, including the new training programme for ortho-prosthetists run by the CNAOM and the National Institute for Health Sciences, as well as the training of physiotherapists and physiotherapist assistants to extend rehabilitation follow-up coverage.
- Strengthen existing systems of free, reduced cost or financial support for the holistic care of victims of explosive devices.

SIGNATORIES :

1. **Association Jeunesse et Développement du Mali (AJDM)**
2. **Association Malienne pour la Survie au Sahel (AMSS)**
3. **Association pour l'Appui aux Populations Rurales du Mali (AAPOR)**
4. **Association vivre au sahel (AVS)**
5. **DanChurch Aid (DCA)**
6. **Danish Refugee Council (DRC)**
7. **Groupe de Travail sur la Lutte Anti-Mines Humanitaire (GT-LAMH)**
8. **Humanity & Inclusion (HI)**
9. **Mines Advisory Group (MAG)**
10. **Norwegian Refugee Council (NRC)**
11. **ONG Avenir**
12. **United Nation Mine Action Service (UNMAS)**
13. **Tassaght**