



CARE/Haoua Abdou: CARE staff conducting focus group with women in Gourel Bodio, Mopti. ,

# CARE Rapid Gender Analysis Mopti – Mali

April 2020

Shantelle Spencer with CARE Mali



**USAID**  
FROM THE AMERICAN PEOPLE

**Harande**  
(‘Food Security’ in Peulh)



## Author

Shantelle Spencer – CARE

[www.care.org](http://www.care.org)

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The views in this RGA are those of the author alone and do not necessarily represent those of the CARE or its programs, nor the one of the Donor USAID.

Cover page photo: CARE Mali Staff carrying out a focus group discussion with young women in Gourel Bodio, Mopti.

Image: Haoua Abdou



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## Abbreviations

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ANC: Antenatal care

AOGs: Armed Opposition Groups

Children U5: Children under five years

IDP: Internally Displaced Persons

IGA: Income-generating activities

GBV: Gender-based violence

MPFEF: Ministry for the Advancement of Women, Children, and Families (Mali)

MINUSMA: Stabilization Mission of the United Nations in Mali

NGOs: Non-governmental organisations

PNC: Postnatal care

PLW: Pregnant and lactating women

PSS: Psychosocial support

SEA: Sexual exploitation and abuse

SGBV: Sexual and gender-based violence

SRH: Sexual-and reproductive health

STI/D: Sexually transmitted infection/disease

THP: Traditional harmful practices

UNHCR: United National High Commission for Refugees

UNFPA: United Nations Population Fund

VAWG: Violence against women and girls

# Executive Summary

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The ongoing crisis in Mali has led to levels of socioeconomic disruption and displacement at an unprecedented scale. There are numerous factors that contribute to aggravate/worsen the situation - political crises, decades of drought, structural food insecurity, climate change, high rates of poverty, and high rates of youth unemployment. In many areas traditional livelihoods have been usurped by political conflict or by drought, causing extremely high rates of displacement and food insecurity. Since 2017 there have been significant increases in violent attacks and rates of displacement, and the crisis continues to grow in scope and scale into 2020 (OCHA 2020).

The first few months of 2020 saw escalating violence and conflict, leading to a sharp rise in internal displacements, the continued disruption of markets, and a deterioration in the supply of basic social services. The results from the recent food and nutrition security analysis (Cadre Harmonisé, November 2019) indicate that from October to December 2019, 648,330 people are estimated to be food insecure – representing an increase of 250 percent compared to the same time last year (WFP 2020).

Mali is a highly patriarchal society, with institutionalized gender inequality that marginalizes women. The effects of the crisis have not affected all equally, and there is significant evidence that there are significant differences, with the resources, rights, and afforded to women, men, boys, girls, and other groups of individuals, requiring different coping strategies. High levels of diversity in ethnicity, socioeconomic status, and circumstance within communities bring about important intersections between power and vulnerability that further prioritize and marginalize certain individuals. As the crisis in Mali continues to rapidly evolve, it is critical to ensure that humanitarian interventions are designed to respond to the needs of women, men, boys, girls, people with disabilities, and other vulnerable groups.

To better understand the experiences of women, men, boys within this highly dynamic and rapidly evolving crisis, CARE Mali conducted a Rapid Gender Analysis in March 2020, with the objective of analysing and understanding how the insecurity and conflict in the Mopti region has influenced women, men, girls, boys, people with disabilities, and other specific groups; as well as to identify and propose solutions to limitations women face to full participation in decision making; and to provide practical advice to decision-making to improve gender integration in humanitarian response programming and planning. Of key importance was the generation of recommendations to the Harande program, a USAID Food for Peace program being led by CARE and implemented in the Mopti region from 2015-2020.

## Research methods

The research used a mixed methodological approach – combining the collect of information via literature review, the analysis of existing data and key informant interviews and focus group discussions at the community level. . The overall sample consisted of 307 people in four circles of the Mopti region, interviewing people with diverse gender, ages, ethnicities, and life circumstances, including internally displaced households, host communities, people with disabilities, and female headed households. Particular attention was paid to ensuring diverse representation of people in flooded and non-flooded areas of the Mopti region, given the important contextual differences of these areas.

## Key Findings

- **Mobility Analysis:** The mobility of men, women, and children has changed considerably. People are afraid to move between villages as they would usually do, choosing instead to stay within their village and forego livelihood opportunities, or to go in groups, and to avoid travelling at night. This reduction in mobility has mainly affected women in non-flooded areas of Bandiagara and Douentza, where road travels entail risks of physical or sexual violence or kidnapping. On the other hand, mobility has increased drastically for young men and women, who have often been forced to migrate to urban centres far from their community to support themselves and/or bring home income.

- **Division of domestic labour:** Traditional gender norms and distribution of domestic roles and responsibilities have largely remained the same at the household level, particularly among non-displaced households. While some roles and responsibilities have shifted, women are mainly responsible for caring for children, while men are responsible for decision-making and providing income. The division of domestic labour have changed most acutely among displaced households, where access to productive resources have declined and time spent on livelihood activities decreased. Similarly, in some communities where livelihood activities have been disrupted and men are unable to produce and provide for their family; some are now more likely to fulfil domestic tasks like getting firewood and fetching water alongside girls and women.
- **Decision making:** While important strides have been made towards achieving gender-inclusive governance and decision making in many of the project areas, women and youth's participation in decision making is most often limited to newer, formally established committees that consult women in decisions around humanitarian assistance. Traditional decision-making structures at the village remain firmly patriarchal. Elder men are the exclusive traditional authorities - women are viewed as incapable of becoming traditional leaders of the community and are relegated to decision making on decisions that only affect women and children. While they may have access, they are not permitted to make or enforce decisions.
- **Disruption in livelihood:** Traditional livelihood activities have been disrupted as a result of the crisis, leading to high levels of poverty and food insecurity. This is due primarily to reductions in mobility that prohibit men and women from going to the fields to carry out their agricultural activities, gathering the inputs they need for their business, or going to the market to sell their agricultural produce. That unfortunate situation often leads to a decline in production which is also often exacerbated by long-lasting drought and deforestation. In many communities – as coping strategy – the households are resorted to production of charcoal despite its obvious negative impact on the environment.
- **Protection & Gender Based Violence:** Several protection concerns have emerged for women, men, children, and other vulnerable groups. Increases in armed groups in rural areas surrounding communities have led to increased exposure to gender-based violence for women and girls. While district authorities report that the rates of gender-based violence have increased, GBV remains a subject that is not commonly discussed, and survivors of GBV face high levels of stigmatization. This in turn leads to low rates of disclosure, preventing survivors from obtaining necessary services and justice. Our assessment also uncovered some basic community-led protection mechanisms being put in place by groups of men to patrol the community overnight, when risk of attack is perceived to be the highest.

## Key Recommendations

The crisis in Mali shows no signs of improvement, and therefore continuing to build and deliver an effective, gender responsive humanitarian response is of paramount importance. Implementing the following recommendations will enable CARE and other humanitarian actors to strengthen their responses and provide services in ways which respect the different needs of women, men, boys, and girls and the vulnerable groups within crisis affected communities.

- Bring women's and youth's voice to traditional community decision-making structures by investing in agency-building for women (developing leadership skills), in combination with community level dialogues for reflection and
- Address issues around masculinity, gender, and GBV through community-based mechanisms for self-reflection and action, such as through CARE's Social Analysis and Action approach.
- Invest in livelihood restoration for internally displaced people (IDPs) to alleviate their dependence on host communities. In the meantime, provide food assistance to the communities hosting them.
- Immediately, particularly in light of the COVID-19 Epidemic, provide enhanced options for shelter for IDP households who are currently residing in gender-segregated shelters. These shelter options

must necessarily allow families to reside in the same shelter and restore healthy pre-crisis conjugal roles.

- Continue to invest in literacy and learning for young people, and pair this with livelihood development opportunities geared towards male and female youth and young adults no longer in school who may otherwise be incentivised or forced to join “the exodus” of young people migrating to urban centers.
- Continue to strengthen women / girls’ economic empowerment in order to reinforce their resilience capacity, by the establishment of VSLA groups. This can also serve as a valuable space for women to develop the leadership skills and self-confidence required to engage further in other decision-making spaces.
- Establish psychosocial activities, including focused non-specialised and community based support, to alleviate some of the clear psychosocial pressures being experienced by crisis affected communities.

# Introduction

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## Background information

Mali has been the seat of a multidimensional crisis since 2012. Starting in the Northern region in 2012, armed internal-communal conflict, armed insurgency, and years of drought has led to unprecedented levels of displacement and food insecurity. Since 2012 there has been a continuous increase in the number of people in need of humanitarian assistance, increasing from 3.2 million in January 2019 to 3.9 million in December 2019, currently representing over a fifth of Mali's population.

The crisis has disrupted traditional livelihoods and had devastating effects on communities throughout the region. Households under the strain of prolonged uncertainty experience stress with related psychosocial implications, which often have significant implications on gender rights, roles, and responsibilities. Mali maintains a predominantly patriarchal culture with rigid gender norms that often restrict the rights of women to access and control over resources, and to decision-making authority.

## The Rapid Gender Analysis objectives

Rapid Gender Analysis provides information about the different risks, needs, capacities and coping strategies of women, men, boys and girls during crisis. The analysis is built up progressively using a range of primary and secondary information to fully understand gender roles and power relations and implied gender-based violence (GBV) risks and how they may change during a crisis. The analysis provides practical, programming and operational recommendations to meet the different needs of women, men, boys and girls, to ensure that humanitarian actors 'do no harm' in their operations.

The global objective of this assessment is to understand how the insecurity and conflict situation is affecting women/girls and men differently in order to improve the quality and effectiveness of CARE and partners' humanitarian response in Mali.

### Specific Objectives:

1. Analyse and understand how the insecurity and conflict in the Mopti region has affected women, men, girls, boys, people with disabilities, and other specific groups, and determine to what extent gender equality has been taken into account within the strategies and interventions of CARE.

2. Identify and propose solutions to obstacles and constraints related to gender equality (administrative, security, cultural, social, and traditional) that prevent the full participation of women, girls, and other marginalized groups in decision making.

3. Provide practical recommendations to CARE, its partners and other humanitarian actors to improve gender integration in their programs.



CARE staff conducting focus group with women in Gourel Bodio, Mopti,

## Methodology

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Rapid Gender Analysis (RGA) provides information about the different needs, capacities and coping strategies of women, men, boys and girls during a crisis. Rapid Gender Analysis is built up progressively: using a range of primary and secondary information to understand gender roles and relations and how they may change during a crisis. It provides practical programming and operational recommendations to meet the different needs of women, men, boys and girls and to ensure we 'do no harm'. Rapid Gender Analysis uses the tools and approaches of CARE Gender Analysis Framework and adapts them to the tight timeframes, rapidly changing contexts, and insecure environment that often characterises humanitarian interventions.

The rapid gender assessment (RGA) was conducted from March 9<sup>th</sup> to March 13<sup>th</sup>, 2020, supplemented by secondary research conducted between March 14<sup>th</sup> and 29<sup>th</sup>. This RGA used a mixed-methodological approach, including literature review and analysis of data from secondary sources, and the collection and analysis of primary qualitative data. A team of 25 female and male CARE Mali staff from the Harande program conducted the primary data collection, supported by the partner organizations Ya G Tu and local community leaders.

Research methods included:

- **29 Focus Group Discussions** of approximately 10 persons each, divided by sex, ethnic group, age, and displacement status of a total of 276 people (143 women and 133 men). Focus group discussions were held separately with men, women, young men, young women, IDPs, and host communities.
- **Key Informant Interviews** with 13 local authorities, community leaders, and local and international NGOs (5 women and 8 men)
- **Individual semi-directed qualitative interviews were conducted with men and women affected by the crisis**, including women, men, young women and young men, IDPs, members of host communities, and women-headed households.
- **Safety Audit Tool**, conducted via observation in each of the 6 villages
- **Document review**: an initial desk-based review of existing literature related to gender and humanitarian response was conducted. This consisted of internal documents like needs assessments, previous gender assessments, Harande project reports, as well as published and grey material from external sources, including other humanitarian actors. The review helped to inform the initial research design, adaptation of research tools and methods, identification of key informants, as well as interpretation of data and context analysis.
- **Validation and feedback**: preliminary research findings were shared and discussed with field researchers to validate key findings and jointly develop recommendations.

The tools for each of the methods were adapted from CARE's Rapid Gender Analysis Toolkit to collect information relevant to the objectives of the research and to the context. The primary data collection was conducted in French, with tools and responses translated from French to the local language of each community. Data collectors were provided with a one-day orientation on the data collection tools and conducted the collection over a 5 day period. Following the data collection, the research team conducted a one-day analysis workshop in Sevare to discuss the findings of the assessment in each community, and generate recommendations to complete the gender analysis.

## Sampling Strategy

The research aimed to engage with a broad range of individuals of varying ages, genders, ethnicities, and positions. This helped to gain insights into the individual experiences of people living in crisis affected communities, while ensuring enough saturation of themes to generalize findings. The qualitative nature of

the research, and the use of multiple semi-structured tools allowed the research team to pinpoint a nuanced picture of gender norms and relations.

Significant efforts were made to ensure that participants felt comfortable and safe engaging with the research team and sharing their perspectives and experience. Given the sensitivity of many of the subjects discussed and gendered power dynamics that often restrict, women, young people, and others from speaking freely in a group setting, focus groups were disaggregated by age and by sex, into the following categories:

- Young women (aged 15-25)
- Young men (aged 15-25)
- Adult Women (aged 26 +)
- Adult Men (aged 26+)
- Female heads of households
- 

These age ranges and individuals were determined to explore the specific risks, vulnerabilities, and impacts faced by each of these groups, who may otherwise not feel comfortable speaking in a group of non-peers. Key informants representing people with disabilities and the elderly were interviewed to gain insights into the experiences of these vulnerable groups. Gender-related considerations were accounted for when scheduling appointments (e.g. times of day that were more suitable to meet with participants, depending on age and gender) and where possible, female interviewers led interviews and group discussions with women. A complete list of attendees of the focus group discussions and key informants is available in Annex 2.



CARE staff conducting focus group with young women in Gourel Bodio, Mopti

## Research limitations

The research had several limitations: first, the research was conducted within a short period of time and with a limited scope, particularly given the high levels of diversity in the area of inquiry, and the scope and complexity of the crisis. The area covered is geographically large and ethnically diverse: some areas are very remote and difficult or impossible to access due to security concerns. Finally, the context in Mali is also highly complex and dynamic - while many communities and individuals are going through similar experiences in the Mopti region, there remains significant diversity between experiences of individuals and communities in different geographic areas due to intersecting factors like position of power, gender, age, ethnicity, disability, and socioeconomic status. Each individual experiences the crisis differently based on these intersecting vulnerabilities, making it challenging to generalize across experiences. The qualitative research methods used in this RGA enable us to gather a nuanced picture of the experiences of individuals, households, and communities, though while attempting to adequately capture and reflect this diversity, findings may not be representative of the broader context.

There is also a high risk of positive response bias - all of the respondents are familiar with CARE's humanitarian interventions in their community, and may not feel comfortable speaking critically about their situation with CARE-affiliated researchers for risk of 'missing out' on future assistance. To mitigate the risk of positive response bias, researchers described the objectives of the research (educational, not evaluative) with each participant prior to commencing, outlined the voluntary nature of their participation in the study, and emphasized the study's independence from CARE's decision to continue work in their community. Special care was taken by researchers to ensure that respondents felt comfortable sharing information representative of their perspective and their real experience by ensuring same gender focus groups and interviewers, as well as a safe and discrete location for each interview, .

## Demographic profile

### Demographic analysis

Mopti is one of the 10 regions of Mali, with a population of approximately 2,037,330 (2009 Census). It is administratively divided into 8 “Cercles” (Youwarou, Douentza, Tenekou, Mopti, Bandiagara, Bankass, Djenne, and Karo). Located at a crossroads, it is ethnically and linguistically diverse, with a number of ethnic groups including Dogon, Fulani, Bambara, Malinke, Songhai, and Bozo.

There are presently 56,400 internally displaced persons (IDP) registered in the region of Mopti, approximately 45% of the IDPs in Mali.<sup>1</sup> The number of IDPs has increased most significantly since 2018, increasing from 2,100 in January 2018 to 56,400 in January 2019 due to an upsurge of violent attacks and intercommunal clashes since 2017.



CARE staff conducting key informant interview with male community leader in Gourel Bodio, Mopti

The study focused on seven villages within four ‘circles’ of the Mopti region, Bandiagara, Tenekou, Douentza, and Youwarou. These villages were selected as they were host to the Harande program, accessible by the project teams while adhering to security and logistical restrictions, and representative of the ethnic and contextual diversity present in the Mopti region. This allowed the research team to collect information on the diversity of experiences of individuals in the region, including displaced persons and host communities.

An important distinction between the geographic are communities located within the more remote ‘flood zone’ (circles of Youwarou and Tenenkou) and the ‘non-flood zone’ (circles of Bandiagara and Douentza). The flood zones are located to the north of the Mopti region, and host to the annual flooding of the Niger river; for much of the year communities are accessible only by boat. The nature of the crisis has been significant though different in both areas - with the northern flooded regions seeing more extreme Islamist extremist insurgency, and the non-flood zone seeing more inter-communal conflict. There are important differences to the experiences of men, women, boys, girls in both regions.

Table 1: Population of the surveyed villages

Village	Men	Women	Total
Fombori	794	772	1562
Gourel_bodio	774	777	1551
Kona Fabe	706	657	1363
Mbaradou	437	421	858
Madina	363	402	765
Sinde Sallah	168	233	401
Youwarou Ouro	1937	1849	3786

<sup>1</sup> OCHA 28<sup>th</sup> March 2020

Total	5179	5109	10290
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## Findings and analysis

### Gender Roles and Responsibilities

#### Division of labour

Before the crisis began, women practiced farming, domestic work, caring for children and the elderly, made artisanal crafts, and did small business. Women would often go to the market to sell produce and buy or trade goods. Men reared animals, farmed, socialized, and participated in community decision-making forums. Men generally did income generating activities, did not perform domestic tasks, and did not go to collect firewood prior to the crisis. Young men and women, boys, and girls would help their parents with their domestic chores or livelihood activities and would go to school.

#### Gender roles and responsibilities

The most notable changes in gender roles and responsibilities in all communities assessed were attributed to new and increasingly more stringent limitations on mobility, due to the presence of armed groups in areas surrounding communities. These new restrictions have forced men to take on roles previously carried out by women, such as fetching firewood in nearby woods, or accompanying women to markets to sell goods.

#### Earning Income

The crisis has brought about significant changes in the ability of households to earn income. Generally, agricultural productivity has declined, due to reductions in mobility generated by the risk of attacks and abductions in rural areas and restriction of movement by security forces. Among displaced households, most reported that their productive assets/resources were destroyed, or that they left behind their productive assets and resources when they were forced to leave their villages suddenly.

In many communities, women no longer go to the markets, an important limitation on their ability to conduct their usual livelihood activities to generate income. This is an important limitation, as focus group discussions revealed that men, women, and youth are more likely to have control over the income that they generate through their own income generating activities. If women and young people are prohibited from going to the market, they are less likely to be able to continue their livelihood activities that are dependent on the market, and they may lose control of the only income they have control over. In other communities, they continue to go to nearby markets but go with their husbands, or in groups with other women. Displaced men and women, in most cases, are entirely reliant on humanitarian assistance to meet their needs, and most lack productive assets and trades that they can practice in their new locations.

Young people have experienced particularly acute changes to the expectations set by their community regarding their economic activity. Many young men and women have been expected to leave their community to earn income. In many cases, these young people go to Sikasso, Bamako, or other urban areas to seek out positions as domestic workers, or other forms of informal labour. Outside of their usual community support structures, young men and women are more vulnerable to various forms of abuse (mistreatment, sexual abuse, inadequate pay, overly heavy workload) by their employer. Particularly for young women, this type of work is perceived as vastly enhancing risk to gender based violence and exploitation.

#### Decision-making within the household

Decisions at the household level are usually made by the head of the household. In the vast majority of cases the head of household is a man, but in some instances, it is the mother of the husband of the household, or in the cases of polygamous households, the first wife. Even though a man may be the head of household, there exists a rigid hierarchy that distributes power for decision-making within a household, for example while the male head of household may control the food stores, the eldest wife decides the allocation of food between members of the family. Generally, women are consulted on decision making within the household, and they decide how to manage household tasks. Women are responsible for decision-making on subjects related to daughters, including whether to withdraw girls from school to support household work, and on decisions made in women's groups (such as VSLA). Women are also part of decision making around when and to who to marry their daughters. Decision-making at the household level has largely not changed since the crisis began.



CARE staff conducting key informant interview with male community leader in Gourel Bodio, Mopti

### **Decision making within the community**

Decision making at the community level takes place in a variety of forums with varying degrees of inclusivity. There is an important distinction between traditional decision-making forums (the village chief/council) and decision-making forums established by the government or civil society in response to a crisis or as part of community development structures. Women are entirely excluded within traditional decision-making structures at the village level. They have 'access' to decision-making spaces via their husband, who is supposed to consult with their wife and bring her perspective to the decision-making structure to present as his own, and in turn report back to their wives on the verdict. This does not include decisions on matters that affect women; these are delegated to women, and they have the right to make these decisions. Usually decisions in this category include decisions around child-care, decisions around whether to keep girls in school or withdraw them to work in the household, how and whether to participate in VSLA groups, and decisions around engaging in and management of small income generating activities. Young women and men are excluded from traditional decision-making structures at the community level. However, women report feeling included in decision making spaces organized to manage humanitarian response or community-level development decisions. These types of decisions including selection of households to receive assistance, decision-making around various aspects of community development (eg. where to place a new water point), and governance around humanitarian assistance. Women, and leaders of women's rights organizations report that this is as a result of the intentional advocacy and campaigning of women's rights NGOs and other civil society organizations active in Mopti over the past several years.

## **Capacity and Coping Mechanisms**

### **Livelihoods**

Since the crisis began, and particularly as it has rapidly escalated since 2017, many households are unable to participate in their usual livelihood activities for fear of attacks on their way to the market, their fields, or the area where they gather inputs. This varies significantly between flooded and non-flooded areas. In some areas, particularly non-flooded areas under threat of inter-communal armed groups, men have taken on accompanying women to the forest to gather firewood or in some cases going in groups of men to collect firewood in areas deemed to be safer, but farther away. Similarly, men have organized to go in groups to cultivate their respective fields in areas where security is an issue, perceiving enhanced safety if moving in larger numbers.

An important change noted in the focus group discussions is a recognition of women's increased income generating activities in recent years, and the resulting disruption in these activities. There was a general recognition of the importance of women's income generating activities and the resulting disruption brought on by the halting of these activities due to the crisis. Women who have had their livelihood interrupted have adopted a range of coping strategies, including: going in groups of women (or accompanied by their spouse) to nearby markets to conduct their business; switching the type of livelihood activities they engage in, for example from selling farm produce to selling charcoal, or from selling crafts to selling the produce from their kitchen vegetable garden; making crafts with material purchased from men who collect it from areas deemed too dangerous for them to go, with important implications on their profit. Generally, the degree of concern about disruption of livelihood activities was significantly higher for men, as they are considered primary breadwinners.

## Access

### **Mobility Analysis**

Sudden and severe restrictions in mobility have been among the most significant changes for men, women, and young people in all areas of Mopti - although these changes to mobility experienced by each individual varies considerably by gender and by location. Women in non-flood areas generally have experienced the highest reductions in mobility, due to risk of attacks and abductions along routes they previously frequented. If they are still able to move between communities and to the places, they were previously able to frequent, they must move in groups or with their husband. In flooded areas, where there is generally perceived less risk of abduction along transportation routes, women are permitted to move freely provided they are dressed in clothing mandated by those in control of the area. They are permitted to travel alone, with other women, or with their husband, but not with males who are not their husbands or a family member, and only if they are willing to wear a full body cover. If not willing to wear the cover, women risk severe physical violence.

Young, unmarried women and men between the ages of 13-25 experienced significant challenges to their mobility, in that in many cases they have been forced to migrate outside of their communities to find employment or seek their own livelihood. Having completed or dropped out of school, they are confronted with severely limited opportunities to pursue further education or livelihood activities that they are forced to move to other urban centers or areas where they can find jobs as labourers or domestic workers. Or, often in the case of girls, to marry. This was referred to in focus groups as an "exodus" of young people to locations like Sikasso, Cote d'Ivoire, Bamako, or Timbuktu. While away, young people are considered independent, and capable of making decisions about how to spend the money they are earning, who they associate with, and how they spend their time. Upon their return to their community, they are subject to the same roles, regulations, and restrictions to their mobility, freedom to associate, and decision-making as they were prior to their departure.

### **Access to services and resources**

In most crisis affected communities access to services and resources has only changed moderately - men retain control over most major assets, land, cash, trade, and means of production, and women, children, and young people have access but no control. Resources like water and food remain available, but in lesser abundance.

The exception to this is in the education sector, where most schools have closed completely, severely restricting access to education for all school age girls and boys. School closures are often mandated by armed groups that threaten violence to teachers and to the community if schools are to remain open and/or teach secular content. While school structures in most communities are available, and the community supports education, teachers are not available, and the community has decided to keep schools closed to reduce risk of attack. This has led to most, if not all, school-age children and adolescents to drop out of any form of formal education. This has had a considerable impact on the immediate experience of boys, girls, and young men and women, as in the immediate term they experience idleness, and in the long term have

their hopes for the future disrupted. Focus group discussions revealed this is a primary contributing factor to the exodus of young people from rural communities in Mopti, and to early and forced child marriages.

Services	Access to these services
WASH	<p><i>All members of the community have access to water points, during hours that are usually defined by the community. Usually the water point is controlled by a male leader within the community and locked up overnight, but accessible freely to all at defined points during the day. Open water sources are available to all in the community without discrimination. Generally, it is the responsibility of women and children to collect water.</i></p>
Food	<p><i>The head of the household controls the management and consumption of food. In most cases, the head of the household is the male or the paternal grandmother, or in the case of polygamous households, the eldest wife. The entire household eats together, though children and the elderly are often served first, followed by men, and then women. Young people (between 13-30) are served last, and the first to not eat if food stocks are insufficient.</i></p>
NFI Distributions	<p><i>Needs for Non-food items (NFI) are most acute among displaced households, who report relying on their hosts for use of essential items. This has led to feelings of dependence on their host community. This sentiment is particularly acute among women, who reported a sense of dependence on their host households for essential items they need to use on a daily basis, like kitchen ware and clothing.</i></p>
Health Services	<p><i>Where health services are within a safe walking distance (as expressed during most of the focus groups) they are available to all. In many areas there is a heightened risk associated with movement to health facilities, increasing hesitation of households to access services. Women are more vulnerable to these attacks (particularly in non-flooded zones) and therefore must be accompanied by their husbands or other male family member to go to the health facility, when prior to the crisis they would have gone alone. Many households preferentially frequent traditional healers prior to accessing institutional medical services through the health system.</i></p>
Reproductive Health Services	<p><i>Reproductive health services continue to be available in most communities, including antenatal care, though there are increased risks associated with accessing it, due to attacks by armed groups or extremists. More comprehensive services (family planning, post-abortion care) are less readily available, and open use of these services would expose women and their households to increased risk. Increasingly, women are being accompanied more by their husbands to antenatal care than they were prior to the crisis - this is especially true in areas where mobility for solo women has been restricted, but it is also likely due partially to ongoing work to engage men in reproductive health.</i></p>
Latrines	<p><i>Among the crisis affected households residing in their community of origin, latrines were reported as managed primarily at the household level, and access was reported as safe and granted to all members of the household during all times of day or night. While there was no mention of open defecation as a common practice in any of the communities surveyed, it is hard to deduce</i></p>

*from this assessment whether rates of open defecation in the area have changed. In focus groups and key informant interviews there were no reports of open defecation as a common practice, or of fear moving at night to relieve, as would be the case if open defecation were the primary means of accessing sanitation. In displaced communities, IDPs use the latrines of their host household, and access was reported as safe and granted at all times of day or night.*

## Protection

### Gender Based Violence

Gender-based violence remains an extremely sensitive subject, not discussed among women or among men in group settings. GBV is perpetrated primarily by people within the community - though there was a recognized risk of GBV by armed groups for women walking alone in rural areas, and there have been reports of sexual slavery and forced marriages in areas affected by insurgency or controlled by armed militants. Domestic violence is common but not spoken of, and seldom reported - while there exist some reporting and referral mechanisms at the community level, women reported being most likely to reporting to another member of their family or traditional community leaders. There is a high risk of stigma among those who report, as sexual violence is seen to bring shame to the person and their family, and destroy the chances of a woman being married again. It is viewed as ultimately better for the survivor of GBV to not seek services or justice, to avoid the risk of this severe social stigmatization. A lack of support to survivors to navigate the legal system and pursue their case further discourages reporting and follow-through, leading to a very small number of cases that are successfully prosecuted. At the national through to the community level, there is a strong culture of impunity towards gender-based violence. Important efforts to improve community-based reporting and referral mechanisms to encourage people to report GBV have been set in place at the community level through Listening Centers, complaints committees, VSLA groups and crisis committees. Survivors are referred to holistic GBV services at UNFPA's one-stop centre in Mopti.

In areas where there are external armed forces, there was a recognition of higher rates of sexual exploitation in the form of prostitution, due to increased demand for sex work. Limited access to rebel held areas or areas of high insurgency may limit the scope of awareness of the true rates of GBV in the region.

### Child marriages

Child marriage is a common practice in Mali, with 17% of girls married before the age of 15, and 52% married before the age of 18, the sixth highest prevalence rate in the world. The legal framework surrounding child marriage in Mali is lacking - the legal minimum age of marriage for women is 16, while it is 18 for boys. While no respondents reported a marked increase in child marriage in their immediate communities, there was acknowledgement of the continued practice of child marriage, particularly of teenage girls. In some cases, the marriages are conducted to 'protect' girls from the risk of shame associated with having sex and/or getting pregnant outside of marriage, and in some cases, particularly among economically vulnerable households, it is to relieve the burden on household resources by sending their daughter to the household of her new husband.

### Lack of privacy and safety

Displaced women and men report a stark decrease in the amount of privacy, with significant implications on their day to day experience of navigating the crisis as a family. While most couples reported a decrease in sex drive because of generalized stress of the conflict and their situation, there was a recognition of the need for privacy, and for families to restore their regular rhythms of household life.

## Recommendations

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### Overarching recommendations

This Rapid Gender Analysis report should be updated and revised as the crisis unfolds and relief efforts continue. Updated gender analysis of the shifting gender dynamics within affected communities allows for more effective and appropriate programming and will ensure humanitarian assistance is tailored to the specific and different needs of women, men, boys and girls. It is recommended that organisations continue to invest in gender analysis, that new reports are shared widely, and that programming will be adapted to the changing needs.

The crisis in Mali shows no signs of improvement, and therefore continuing to build and deliver an effective, gender responsive humanitarian response is of paramount importance. Indeed, patterns of gender reform in Mali have shown that times of conflict and peacebuilding present a significant opportunity to alter the status quo of gender power relations (Gorman, 2020). Implementing the following recommendations will enable CARE and other humanitarian actors to strengthen their response and provide services in ways which respect the different needs of women, men, boys, and girls and the vulnerable groups within crisis affected communities, and begin to change harmful gender norms.

- Address issues around masculinity, gender, and GBV through community-based mechanisms for self-reflection and action, such as through CARE's Social Analysis and Action approach.
- Continue and increase investment in livelihood restoration for IDPs to alleviate their dependence on host communities, with a focus on newly displaced young women and men. In the meantime, continue providing food assistance to the communities hosting them.
- Immediately, particularly considering the COVID-19 Epidemic, provide enhanced options for shelter for IDP households who are currently residing in gender-segregated shelters. These shelter options must necessarily allow families to reside in the same shelter and restore healthy pre-crisis household rhythms.
- Continue to invest in literacy and learning for young people, and pair this with livelihood development opportunities geared towards male and female youth and young adults no longer in school who may otherwise be incentivised or forced to join "the exodus" of young people migrating to urban centers.
- Establish psychosocial activities, including focused non-specialised support, to alleviate some of the clear psychosocial pressures being experienced by crisis affected communities.

### Gender mainstreaming recommendations

- Bring women's and youth's voice to traditional community decision-making structures by investing in agency-building for women (developing leadership skills), in combination with community level dialogues/advocacy for reflection and social norms change surrounding inclusive leadership.
- Invest further in livelihood restoration for both men and women IDPs to alleviate their dependence on host communities, with a focus on newly displaced young women and young men. In the meantime, keep providing food assistance as well as essential household non-food items to the communities hosting them as well.

### Gender specific programming recommendations

- Address issues around masculinity, gender, and GBV through community-based mechanisms for self-reflection and action, such as through CARE's Social Analysis and Action approach. This will simultaneously begin the process of modifying restrictive gender norms, and provide further space for women's voice in community dialogues, decision-making, and action planning.

# Annexes

## Annex 1: Gender in Brief

The Mali Gender in Brief (2017):



Mali Gender in Brief  
2017.docx

## Annex 2: Schedule of Visits

Cercle	Bandiagara	Douentza		Youwarou	Tenenkou	
	Pignari (Gourel Bodio)	Douentza (Fombori)	Koumbewel Koundia (Madina)	Youwarou Ouro	Sindé Salla	Fona Fabé
Jeunes femmes (14-25)*	<b>10 hosts 10 displaced</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>
Jeunes hommes (15-25)*	<b>10 hosts 10 displaced</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>
Femmes (25+)	<b>10 hosts 10 displaced 10 female headed households</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>
Hommes (25+)	<b>10 hosts 10 displaced</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>
FGD : 320 29 FGD	<b>90 (47 women, 39 men)</b>	<b>40 (19m, 19w)</b>	<b>40 (20w, 20m)</b>	<b>40 (17m, 19w)</b>	<b>40 (18w, 19m)</b>	<b>40 (20w, 19m)</b>
KII (14)	<b>2 KII (m/w)</b>	<b>3 KII</b>	<b>2 KII</b>	<b>3 KII</b>	<b>3 KII</b>	<b>2 KII</b>
HIS (10)	<b>2 (m/w)</b>	<b>2 (m/w)</b>	<b>2 (m/w)</b>	<b>0</b>	<b>2 (m/w)</b>	<b>2 (m/w)</b>

## Annex 3: Tools and Resources Used

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The Focus Group Discussion tool:



GD RGA Outil  
-Français - Mopti - F

The Key Informant Interview tool:



KII - Guide  
d'entretien Informat

The Safety and Security Audit/Observation tool



Observation directe  
du chercheur - Mop

The Individual Interview/Story tool



Histoire  
individuelle - Mopti.

Women Lead in Emergencies Focus Group tool



GD WLIE Guide  
d'entretien pour dis

Women Lead in Emergencies Key Informant Interview tool



Guide d'entretien  
pour les informateu

Women Lead in Emergencies Women's Organizations Interview tool



Guide d'entretien  
pour les organisatio

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## CARE International Secretariat:

Chemis de Balxert 7-9  
1219 Chatelaine, Geneva  
Switzerland

Tel: +41 22 795 10 20  
Fax: +41 22 795 10 29

[cisecretariat@careinternational.org](mailto:cisecretariat@careinternational.org)  
[www.care-international.org](http://www.care-international.org)

## CARE Gender in Emergencies:

[emergencygender@careinternational.org](mailto:emergencygender@careinternational.org)

<http://gender.care2share.wikispaces.net/Gender+in+Emergencies>

CARE works with poor communities in developing countries to end extreme poverty and injustice.

Our long-term aid programs provide food, clean water, basic healthcare and education and create opportunities for people to build a better future for themselves.

We also deliver emergency aid to survivors of natural disasters and conflict, and help people rebuild their lives.

