

THE
CARTER CENTER



ADVANCING PEACE THROUGH HEALTH IN MALI: BASELINE STUDY

January 2023

This report has been produced within the context of The Carter Center's Advancing Peace through Health Initiative in Central Mali.

The Carter Center, a not-for-profit, nongovernmental organization, has helped to improve life for people in over 80 countries by resolving conflicts; advancing democracy, human rights, and economic opportunity; preventing diseases; and improving mental health care. The Carter Center was founded in 1982 by former U.S. President Jimmy Carter and former First Lady Rosalynn Carter, in partnership with Emory University, to advance peace and health worldwide.

In Central Mali, The Carter Center is working to simultaneously transform the conflict and improve access to essential services in the region using the ground-breaking Peace through Health approach, which relies on health services as an entry point to long-term peacebuilding. This community-based, bottom-up approach focuses on organizing dialogues around shared health care concerns between local communities and government officials, to plan packages of public health activities while building participants' conflict resolution skills.

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Contents

I. EXECUTIVE SUMMARY.....	4
II. INTRODUCTION	6
III. STUDY OBJECTIVES.....	7
IV. METHODOLOGY	8
Data collection methods	8
Selection and training of research assistants	9
Procedure	10
V. SECURITY CONTEXT	10
VI. SCOPE OF THE STUDY	12
Geographical reach	12
Time range	13
Population sampling	13
VII. ANALYSIS	14
General baseline situation	14
Baseline situation in Tenenkou District	19
Baseline situation in the Youwarou District	27
Baseline situation in Macina District	33
Baseline Situation in Tominian District	40
VIII. CONCLUSIONS AND LESSONS LEARNED	47
IX. Appendix.....	49

I. EXECUTIVE SUMMARY

The Carter Center's *Peace through Health Initiative in Central Mali*, in collaboration with the local and regional branches of Mali's Ministry of Health¹, organized a baseline study on security dynamics, levels of inclusion, and trust in state agents in the health areas targeted by the Initiative². The study was conducted **between May 7 and Sept. 4, 2022**, in the four health districts (Tenenkou and Youwarou in the region of Mopti; Macina and Tominian in the region of Segou) selected as districts of intervention by the Initiative's third Steering Committee, held on Dec. 9, 2021.

The **goal of the study was to collect data on core indicators of the Initiative**, establishing a baseline for measuring the impact of its activities and tracking trends on violence and access to services that could impact the Initiatives' activities.

The data was collected primarily through **quantitative and qualitative surveys** which were administered to community representatives, health workers, and randomly selected households. The surveys were conducted by research assistants, most of whom were local to the area(s), under the supervision of the Peace through Health Field Analyst and following a one-day data collection training provided by the team. The information obtained was supplemented by qualitative interviews with community representatives, the researchers' reports, and recent surveys conducted in the region by the Stockholm International Peace Research Institute (*SIPRI*) and the *Afrobarometer* on related issues.

Despite the challenges of conducting research in conflict zones and unfavorable security conditions, the team was able to conduct a total of **1,070 surveys in the 19 health areas** targeted by the Initiative on a representative, random, and stratified sample of the population.

The results of the study show that **each district faces obstacles to ensuring security and access to health services**. Designing the Initiative's activities to reflect prevailing local realities is essential to achieve a positive impact on each area where the project is operating.

Security and conflict resolution

- **The perception of insecurity is widespread** in the **Tenenkou** district and even more so in the districts of **Youwarou** and **Macina**, where respectively 60.06% and 66.46% of respondents said they had never felt safe in the six months preceding the survey.
- This perception is particularly strong in Dia, Kolongo, Kokry, Sah, Farimake, and Deboye, although the number of violent incidents reported in these areas in the past six months is not consistently high.

¹ The Initiative was designed with the Ministry of Health and Social Development to support the National Guinea Worm Eradication Program (PNEV) and the National Eye Health Program (PNSO) in eradicating dracunculiasis and eliminating trachoma, respectively, with the support of the Carter Center Health Programs. At the operational level, the project collaborates with the two above-mentioned programs, the regional health directorates of Mopti and Segou and their branches at the district and health area levels of the Initiative's intervention zones.

² The objective of the baseline study was primarily to understand the population's attitudes toward government health officials, but the study also asked about trust in other stakeholders and overall satisfaction with the government's services.

- Although fewer respondents indicated negative perceptions of their personal security in Thial, Diondiori, Dogo, Youwarou, Benena, and Ouan, more than half of the respondents consider that the security situation in their locality has deteriorated over the past year.
- In all four districts, **most respondents** (95% in Macina, 80% in Tenenkou, 55% in Tominian, and 93% in Youwarou) claimed they experienced **constraints to move freely** across their area.
- There is **no significant difference between men's and women's perceptions of security**. Similarly, there is no direct correlation between age, level of education or occupation, and perceptions of security.
- **The perceived insecurity is not due, in most cases, to a high number of attacks in the localities**, but to:
 - The anxiety induced by attacks in neighboring districts.
 - Latent conflicts over resource management or chieftaincy inheritance.
 - A more subtle type of violence in the form of impositions and threats from armed groups and security forces, such as the requirement for women to wear the veil.
- For most respondents, the solution to insecurity at the community level lies in the **fight against poverty, the use of traditional conflict resolution mechanisms, inter-community dialogue, and negotiations with armed groups**.

Trust towards Government Officials and Other Stakeholders

- In all four districts, **traditional and religious authorities remain the main actors to whom people turn for conflict resolution**.
- Of those surveyed, **about 50% report to trust enough or completely the local government**. The highest levels of total trust in this regard were recorded in the district of **Tenenkou** (30%) where the Initiative has been working since 2020, and the lowest in **Youwarou** (18%).
- **Health agents enjoy higher levels of public trust than other actors in the four districts**, especially **Youwarou**, where 77% of respondents expressed totally trusting them.
- **Men tend to report slightly higher levels of trust toward state representatives than women**. The difference is particularly pronounced in **Tominian**: 50% of men compared to 29% of women, reported complete trust in health agents, and 29% of men compared to 12% of women did so with regards to the local administration.
- **Trust in the security forces is higher in the region of Segou** than in the region of **Mopti**.
- In each of the districts, **more than 44% of the population claims not to trust extremist armed groups at all**.

Satisfaction with state services and degree of inclusion

- More than 70% of respondents in the four districts consider that public services **only partially meet the needs of the population**.

- This **perception is particularly strong among women and youth**: 80% of them feel that their needs are not at all or only partially considered by local authorities and health workers.
- **More than 50% of those interviewed said that they had not participated in public decision-making meetings**, except for men and women from Macina district, where about 62% reported to have participated.
- **Women in Youwarou experience the most significant marginalization**. 72% report that they do not participate in public meetings.
- **Many respondents do not feel safe expressing their opinions or concerns** unless they are with people of the same gender, age, or status, and sometimes not even under those circumstances.
- In Macina, **51% and 40% of men and women, respectively, do not dare to express themselves in public**, even though this is the district with the highest attendance at public meetings.

Albeit some similarities exist across the areas of intervention regarding security, trust, and inclusion, this study shows that **the Initiative will achieve greater impact by tailoring its peacebuilding and health-related efforts to the specific environment of each health area**. Despite some research limitations, the study provides a highly valuable starting point for measuring the project’s impact and for informing the Initiative's interventions.

II. INTRODUCTION

As part of its Peace through Health Initiative in central Mali, The Carter Center organized, in collaboration with its local³ partners, a baseline study on security dynamics, levels of inclusion, and trust in state representatives. The study took place between May 7 and Sept. 4, 2022, in the four health districts (Tenenkou, Youwarou, Macina, and Tominian) selected by the third steering committee meeting of the initiative held on Dec. 9, 2021, at the Ministry of Health and Social Development.

The Peace through Health Initiative (the Initiative) was designed by The Carter Center to address the need of its Guinea Worm Eradication Program to access central Mali, one of the few areas in the world where the disease is still present. The central region is also the epicenter of conflict in the country. The presence of Katiba Macina jihadists makes travel to health centers difficult and costly. Violence and intercommunal tensions further hinder daily life and access to health services. The Carter Center decided to leverage the skills of its Conflict Resolution Program to create “periods of peace” during which health agents could access targeted areas. Health, in turn, has been employed as a vector of peace, a superior goal fostering cooperation between the stakeholders while building trust between communities and government officials.

³ Special mention of the Ministry of Health through the National Guinea Worm and Eye Health programs and regional and local ministry members.

The pilot phase of the initiative took place in the Tenenkou District, the suspected origin of Guinea worm found in dogs in the San and Tominian districts, areas largely inaccessible to government workers. The initiative aimed to improve peace conditions and increase access to health services through a bottom-up, community-based approach to conflict mitigation focused on organizing workshops on dialogue and conflict resolution, inclusion, and common public health concerns. The dialogues took place between community representatives, including women, young leaders, and members of marginalized groups as well as health officials, in the health areas of central Tenenkou, Diondiori, Diafarabe, Dia, and Thial. These workshops and dialogues involved joint planning of health packages, or interventions requested by communities, while strengthening participant skills in conflict resolution and gender sensitivity. Among the results of Phase 1 is a six-month period of peace, during which health agents visited 62 villages — compared to zero villages visited in 2020. This allowed for the investigation of 105 possible cases of Guinea worm, when none were investigated in 2020.

Following the success of the pilot phase, The Carter Center expanded its methodology to three additional districts. Canada and Belgium supported a second phase of the Peace through Health Initiative. To report the results of the program as well as monitor and assess the impact of its activities it became essential to develop a logical framework for monitoring and evaluation. The baseline study consisted of collecting data to inform the logical framework of the initiative and establishing a baseline to measure the impact of Carter Center activities on levels of violence, trust and inclusion, and access to health services.

Despite the difficulties of conducting research in conflict areas the initiative studied 19 targeted health areas, covering the main indicators of the logical framework and other issues of interest. This report presents the analysis of these results and details the methodology, coverage, and limitations of the study.

III. STUDY OBJECTIVES

Overall Purpose

The main purpose of this study was to collect data to inform the logical framework of the project.

Specific Objectives

- Collect data on violence and conflict resolution, particularly violence targeting women and young people.
- Measure the number of visits or stays of health workers in the initiative's intervention areas.
- Measure the level of trust towards representatives of state services (administration, human health, animal health) by the communities of Mopti and Segou.

- Measure the level of inclusion of specific groups (women, young people, other minorities) in community decision making.

IV. METHODOLOGY

Data collection methods

The data needed for the logical framework indicators were collected using mixed methods. The primary method, especially for indicators which required a baseline study, was a quantitative and qualitative survey of community representatives, health workers, and randomly selected households. The survey questions were developed based on metrics established to measure objectives, intermediate and immediate outcomes, and outputs defined in the logical framework, for which a baseline indicator was needed. Two examples include:

- **Result 1100:** Improved trust between the local level of the Malian government and the communities of Mopti and Segou:
 - **Indicator:** Percentage of community members from Tenenkou who report having a better perception of government, comparing baseline to endline data.
 - **Question:** To what extent do you trust human health services?
 - **Responses:** *Don't trust at all / Partially trust / Trust enough / Fully trust / Don't know / Don't want to respond.*
- **Result 1500:** Strengthening the capacity of women and young people to participate in decision-making and conflict mitigation:
 - **Indicator:** Total number and percentages of women and young people who report feeling confident participating in public meetings.
 - **Question:** In public meetings, how free do you feel to express your opinion?
 - **Responses:** *Not at all free / Not very free / Somewhat free / Completely free / Don't know / Don't want to respond.*

Previous surveys conducted by the *Stockholm International Peace Research Institute* (SIPRI) and the *Afrobarometer* served as the basis for the wording of questions to ensure participants understood them. The initiative then amended the first version of the survey based on suggestions from The Carter Center's health programs, our partners in SIPRI, the gender consultant associated with the initiative, and field research assistants (see Appendix 2). Following the initial surveys conducted in Tenenkou, some questions were modified based on lessons learned and participant feedback.

Qualitative interviews with community representatives, participatory observation by the field analyst and research assistants, their mission reports, and recent surveys conducted in the region

by SIPRI and the *Afrobarometer* on related issues supplemented information obtained through surveys.⁴

Selection and training of research assistants

To facilitate access to the targeted health areas and a smooth development of the surveys, the Peace through Health Team selected local research assistants from the survey areas. It also made sure to select people with field research experience (sociologists/anthropologists, teachers, and nongovernmental [NGO] agents) as well as to favor women and young people to strengthen their participation in conflict analysis and mitigation within their communities.

Initially, the research assistants were to be trained in Sevare on April 27, 2022, by the data and analysis manager of the Peace through Health Initiative. However, because of simultaneous attacks on April 24 targeting the villages of Sevare, Niono, and Bapho, the training mission had to be postponed. The first training eventually took place on April 29 in Bamako, with four of the eight research assistants for the district of Tenenkou.

The workshop included:

- An introduction to the Peace through Health Initiative
- An overview of the baseline study objectives and survey questions
- The delivery of Android phones used for data collection and interactive training on the use of the ODK-collect app⁵.
- A discussion of methodological and ethical issues to consider when conducting research
- Simulation exercises
- A security briefing

The initiative invited participants to ask questions and provide input on the different aspects of the baseline study throughout the workshop. Furthermore, a WhatsApp group was created with the research assistants and the Initiative's team members to help answer further questions and to ensure coordination during the implementation of the baseline study.

On May 7, a second workshop led by the Field Analyst and participants in the first workshop took place in Tenenkou along with the rest of the research assistants from the health district. The Field Analyst reviewed, along with assistants, the behaviors to be adopted in the field in order to reduce the risk of incidents, how to ask questions and easily administer questionnaires to the target persons, and translation of certain keywords into local languages. For the districts of Tominian and Macina, a similar but context-specific training was held on June 15, 2022, in Bamako with local research assistants from those districts. For research assistants working in Youwarou, the same training was held on Aug. 23 in Mopti in the presence of the Field Analyst and with online support from the Data and Analysis Manager and the Field Coordinator.

⁴ Afrobarometer Round 8, Summary of Results for Mali 2020 and SIPRI & Point SUD (2022) Governance, Development and Security in the Regions of Bandiagara, Douentza, Mopti, San, and Segou. Report on the Q10 Field Survey. *Central Mali Project for Security and Development*.

⁵ ODK-collect is an open-source mobile data collection platform that enables users to fill out forms offline and send form data to a server when a connection is found.

Procedure

To facilitate the movement and positioning of field research assistants, the Peace through Health team obtained mission orders from the Governor upon initiation of Mopti's Regional Direction for Health (DRS) for the surveys in Tenenkou and Youwarou as well as from the prefects upon initiation of the chief physicians for those organized in Tominian and Macina. Upon arrival to the site, research assistants contacted the people responsible for each health area: the DTC through the chief physician, and the Community Health Associations (ASACO) president through the Local Federation of Community Health Associations' president, the village chief, the Association of Local Women's Organizations (CAFO), and youth representatives along with other resource persons to explain them the study objectives.

The Peace through Health team asked research assistants to combine random population sampling with representative sampling taking into consideration differences in gender, age, status, education, and socioeconomic status. Most research assistants did this with help from authorities and community representatives, who introduced them to some of the people surveyed. Research assistants also interviewed randomly chosen individuals on the streets or in households. Notably, on certain occasions health officials, the mayor, and other authorities accompanied research assistants when conducting surveys, which could have led to bias in some participant responses. It should also be noted that the questions were sometimes translated from French to local languages, which could slightly alter the understanding of the questions, although this is unlikely as the research assistants trained beforehand on accurate translations.

The research assistants regularly contacted the Field Analyst, who traveled to each district capital with them and coordinated the work through regular calls and SMS exchanges. In Tenenkou and a few times in Youwarou, for security reasons the assistants took written notes instead of using phones and then entered those notes into the ODK collect app. However, in all cases the Field Analyst reviewed all completed forms with the research assistants before submitting them for analysis. In addition, research assistants

were asked to submit mission reports to provide more details about the context in which the surveys took place. In Tominian, Macina, and Youwarou, qualitative interviews with community leaders and authorities supplemented the information obtained through surveys. Despite some of the challenges faced and limitations posed by the security context, overall, the study succeeded in its objectives.

V. SECURITY CONTEXT

Since 2012, Mali has experienced a multidimensional security crisis triggered by a Tuareg-led uprising in the north of the country that led to the withdrawal of a largely absent state from vast parts of the territory, an influx of weapons, and the arrival of Al-Qaeda-related jihadist groups. After a French military intervention in 2013 to dislodge jihadists from major cities, Operation

Serval, and the signing of a peace agreement with northern armed groups in 2015, the epicenter of violence shifted to central Mali⁶.

There, Katiba Macina, a local jihadist movement linked to Al-Qaeda in the Maghreb and led by renowned preacher Amadou Kouffa, rose to power. Consisting largely of young people and relying on longstanding grievances—both against local elites and the Bamako-based government—the Katiba Macina has managed to control virtually all areas outside the major cities of the Tenenkou and Youwarou (Mopti) districts. More recently, their presence has also been felt in the districts of Tominian and Macina (Segou), where there is also a large number of Dozo militias fighting against the movement. In both Mopti and Segou, both armed groups often exploit local tensions to gain popular support and perpetrate revenge attacks against groups perceived as “other,” fueling waves of intercommunal violence.

To this complex context of insecurity, we must add the recent anti-terrorism operations conducted by the Armed Forces (FDS in French) in central Mali, and the response they garner from armed groups who have controlled much of the region for years. Following the disruption of the transitional government’s relationship with its European allies, which culminated with the announcement on Feb. 17, 2022, of the withdrawal of French troops from Mali, FDS operations in the Mopti and Segou regions began in collaboration with new Russian partners. In February, reports arose that the FDS were arresting and killing civilians suspected of collaborating with extremists, as well as confiscating rice and cereals believed to have been set aside as *zakat* (a form of tax collected by jihadist groups). By the end of March, the Malian and Russian forces in Moura reportedly killed 300 to 400 people⁷. On April 24, the Katiba Macina responded to the FDS and Russian campaign by conducting four simultaneous attacks on Niono, Hombori, Sevare (a suicide attack using a vehicle rigged with explosives) and Bapho (Segou).

The baseline study took place in this context of confrontation and insecurity. Research assistants were limited by their ability to move freely outside the villages of Tenenkou and Macina due to the presence of jihadists and irregular checkpoints on several major routes, preventing them from conducting surveys door-to-door and causing some respondents to answer survey questions with distrust and reluctance. Conducting the surveys implied more risks and concerns in the districts of Tenenkou and Youwarou than in Tominian and Macina, as well as rural areas compared to large villages. This was due to the increased presence and control of the Katiba Macina as well as the absence of the FDS and government officials in these areas. Furthermore, the study in Tenenkou district was marked by rocket attacks targeting Tenenkou and Diondiori’s military bases on May 9, 2022, which resulted in human and animal fatalities, as well as an attempt at a second military coup d’état against the transitional government⁸ between May 11-12, 2022. Similarly, during the

⁶ Sangaré, B. (2016). Central Mali: epicenter of jihadism?; Tobié, A. (2017). Central Mali: Violence, Local Perspectives and Diverging Narratives. *STOCKHOLM INTERNATIONAL PEACE RESEARCH INSTITUTE (SIPRI)*

⁷ Dzhemal, A. (April 3, 2022). In Mali, five days of massacre in Moura. *Libération*. Retrieved from liberation.fr.

⁸ France 24 (May 17, 2022). Mali: The junta claims to have defeated an attempted putsch. [Video]. YouTube. Retrieved from <https://youtu.be/Yd6eOGpvx-0>

study in Macina on July 1st, 2022, jihadists attacked the village of Somana, not far from Kolongo, killing two people. Finally, in Ouro-Guiya jihadists prohibited the first research assistant from conducting the surveys, delaying their completion to three months later.

VI. SCOPE OF THE STUDY

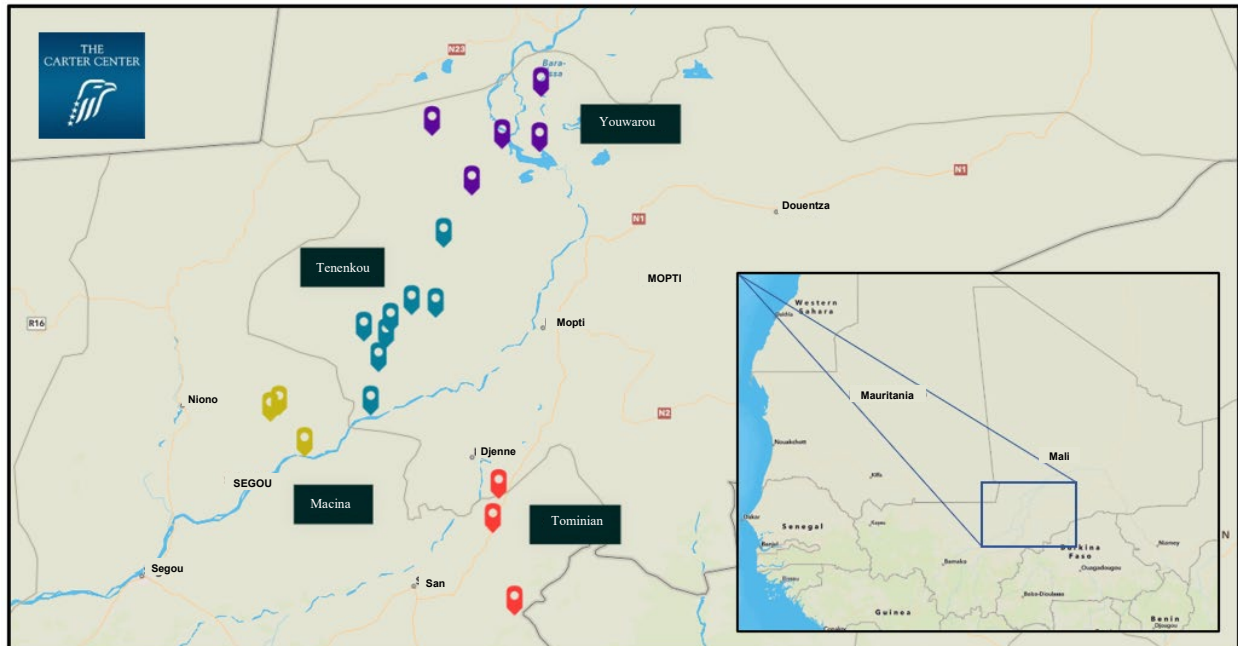
Geographical reach

This study targeted the same areas as those selected by the Peace through Health Initiative, which were chosen based on the displacement of the Malian conflict toward the center of the country since 2015 and the needs articulated by the GWEP (Guinea Worm Eradication Program) and Trachoma programs of The Carter Center. These are shown in the table and map below:

Table 1: Targeted Districts and Health Areas

Health District	Tenenkou	Youwarou	Macina	Tominian
Health Area	Tenenkou Diafarabe Diondiori Thial Dia Ouro-Guiya Kora Niasso	Youwarou Sah (N’Doddjiga) Dogo (Bimbere-taama) Farimake (Gathi-Loumo) Deboye (Guidio)	Macina Kolongo Kokry	Ouan Benena Fangasso

Map1: Health Areas Targeted by the Initiative and the Baseline Study



Time range

The implementation of the baseline study followed the launch of the second phase of the Peace through Health Initiative. Moreover, it came after a discussion on violence in February 2022 in Mopti and the participation of the team at the Regional Committee for Coordination and Evaluation of PRODESS (CROCEP) meetings in Mopti and Segou from March 14-16 and again from March 21-25 of 2022.

Due to security and logistical constraints, the initiative decided to conduct investigations at different stages depending on the target district, starting with Tenenkou district where the initiative had an established network of ambassadors facilitating the relations with other actors. Lessons learned in Tenenkou were then applied to the baseline study in other districts.

Investigations took place as follows:

- District of Tenenkou: From May 7-15, 2022
- District of Macina: From June 28-July 7, 2022
- District of Tominian: From June 28-July 7, 2022
- District of Youwarou: Aug. 26-Sept. 4, 2022

Population sampling

Research assistants surveyed a representative, random, and stratified sample of the targeted populations, interviewing a total of 1070 men and women over sixteen years of age. The highest number of women surveyed were found in the district of Tenenkou (45.45% of respondents) and the lowest in the district of Tominian (34.81%), but in all cases the 30% quota was exceeded.⁹ The established quota of forty-five respondents per area was also exceeded in all cases, even reaching eighty-five respondents in Sah (Youwarou).

Table 2: Demographic Distribution of the Sample

	Macina			Tenenkou			Tominian			Youwarou			Grand Total
	W	M	T	W	M	T	W	M	T	W	M	T	
16-24													
N	10	4	14	26	17	43	8	5	13	20	7	27	97
%	15.38	4.04	8.54	13.13	7.14	9.86	14.55	4.85	8.23	16	3.74	8.65	9.07%
25-34													
N	23	29	52	74	54	128	23	35	58	55	64	119	358
%	35.38	29.29	31.71	37.37	22.69	29.36	41.82	33.98	36.71	44	34.22	38.14	33.46%

⁹ This disparity is due to the fact that 8 health areas were covered in Tenenkou, unlike Tominian, where investigations were conducted in only three health areas.

35-45													
N	15	28	43	65	75	140	15	43	58	29	67	96	337
%	23.0	28.2	26.2	32.8	31.5	32.1	27.2	41.7	36.7	23.2	35.8	30.7	31.50%
	8	8	2	3	1	1	7	5	1	0	3	7	
45 or more													
N	17	38	55	33	91	124	9	20	29	21	49	70	277
%	26.1	38.3	33.5	16.6	38.2	28.4	16.3	19.4	18.3	16.8	26.2	22.4	25.89%
	5	8	4	7	4	4	6	2	5	0	0	4	
T	65	99	164	198	238	436	55	103	158	125	187	312	1070
N													
T	100	100	100	100	100	100	100	100	100	100	100	100	100%
%													

VII. ANALYSIS

General baseline situation

In each health area of every district, the study identified issues or challenges to be addressed regarding levels of trust, inclusion, or security.

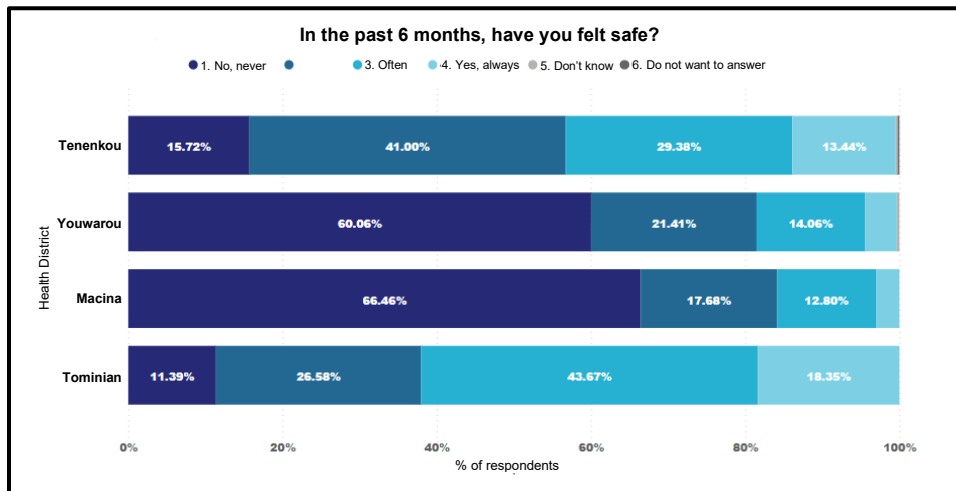
Security and Conflict Resolution

The **perception of the security situation is quite negative**, with more than 50% of respondents in the targeted districts, except Tominian, saying that in the past six months they either never felt safe or only felt safe a few times [Figure 1]. Respondents perceived **the security situation as particularly serious in Youwarou and Macina**, where 60.06% and 66.46% of respondents, respectively, said they never felt safe during said period. In addition, in these two districts most respondents (52.88% and 60.98%, respectively) said the level of security in their community had decreased over the past six months. This varies from the general perception of respondents by SIPRI in central Mali in February 2022, showing 78% of the population felt that the security situation in Mali had improved¹⁰¹¹.

¹⁰ SIPRI & SOUTH Point (2022) Governance, Development and Security in the Regions of Bandiagara, Douentza, Mopti, San and Segou. Report on the Q10 Field Survey. *Central Mali Project for Security and Development*.

¹¹ It is worth noting that the SIPRI study was conducted before the Moura attack and the intensification of jihadist and antiterrorism attacks

Figure 1: Personal Safety Across Districts



Across the four districts, most respondents (95.22% in Macina, 79.63% in Tenenkou, 55.32% in Tominian, and 92.63% in Youwarou) expressed **difficulties to move freely** in their locality and surrounding area: either they do not have freedom of movement at all, or they can move freely but with certain limitations and/or the fear of being attacked. In all the areas of intervention, even in Tominian district, which respondents considered the safest, participants said **their daily lives are affected by the security situation**.

In general, **there does not seem to be a significant difference between how men and women perceive the security situation**. Even in Tominian, where the difference exceeds by ten percentage points, there is no clear correlation between gender and perception of safety (men are both more likely to never feel safe and more likely to always feel safe). The only district where there seems to be a significant difference is in Tenenkou, where 28.28% of women reported obstacles to their freedom of movement, compared to only 9.2% of men. Similarly, **age does not appear to significantly influence responses**, and there does not appear to be a direct relationship between level of education or profession with perceptions of safety.

Finally, it should be noted **that this insecurity is not due to, in most cases, a high number of violent attacks or confrontations** in the areas of intervention. Rather, it seems to be driven by the psychological distress produced by attacks in neighboring districts such as Djenne, latent conflicts (often related to the chieftdom or resource management), and more subtle forms of violence such as impositions and/or threats from armed groups or security forces in the region. According to respondents, these stressors are caused by poverty, lack of education and communication, poor governance, corruption, incompetence of the political class, and “injustice.”

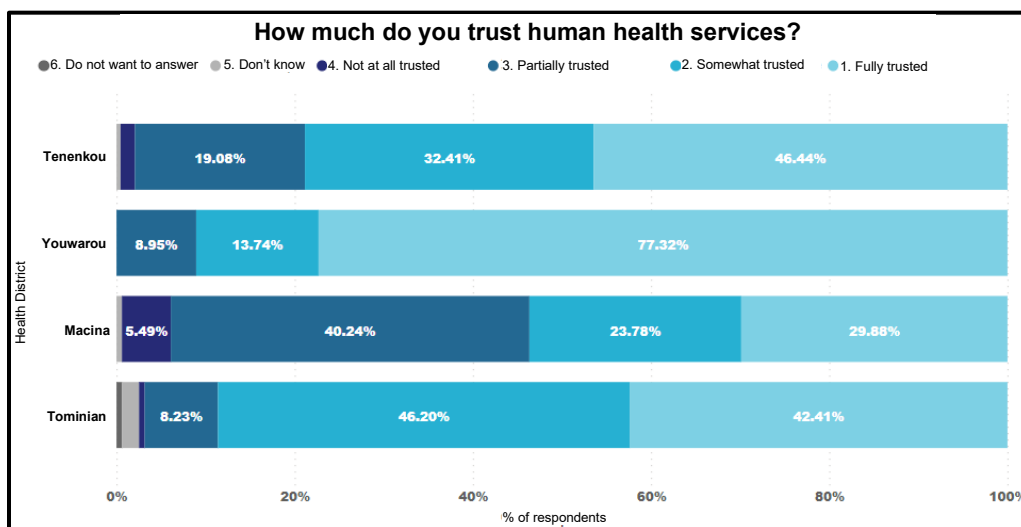
When asked, “*What are the potential solutions to conflict affecting your community?*” a few respondents said that they did not know what to do, others said prayers and sacrifices were needed, and a significant number argued that the solution had to be military (i.e., the military has to fight jihadists, and the population has to support the military). However, most respondents believed **the solution to be fighting poverty, the use of traditional conflict resolution mechanisms, inter-communal dialogue, and negotiation with armed groups**.

Trust towards Government Officials and Other Stakeholders

The proposed solutions to conflict and violence are consistent with the degree of trust given in the four districts to the **traditional and religious authorities, who remain the first stakeholders the population turn to when there is a problem** to resolve. This confirms the results of previous investigations by SIPRI or the Afrobarometer on the legitimacy of traditional authorities. While respondents attribute conflict and violence in part to poor governance and corruption, it should be noted that 50% of respondents say they **also trust enough or fully the local administration**. However, there is a difference in the proportion of the population that fully trusts these stakeholders by district. The study found the highest percentage of trust in Tenenkou (30.28%) and the lowest in Youwarou (17.63%). In Youwarou, 54.84% of respondents trust the government partially or not at all, due to the absence of public services.

On the other hand, health workers are very present in Youwarou, providing useful services to the population, and the district reported the highest rate of full trust towards these actors (77.32%). In the other three districts, this percentage remained below 50%. In general, however, the **population trusts health workers more than other stakeholders** [Figure 2]. The only exception is, again, in Macina, where nearly 50% of respondents expressed no or only partial trust in health services. This is interesting to note considering respondents in Macina also reported the highest average number of visits by health workers in the region in recent months (10.08 visits compared to an average of 2.61 visits in the other three districts).

Figure 2: Trust in Health Services Across Districts

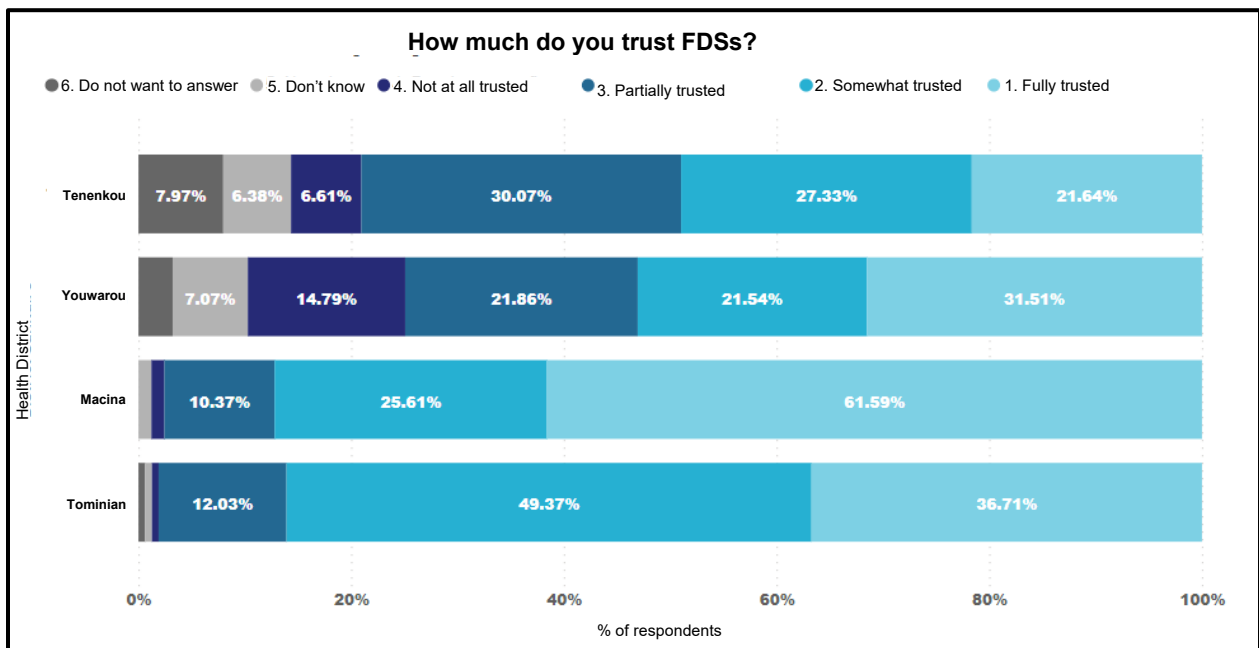


This trust in authorities varies slightly by gender, with men reporting slightly higher levels of trust than women. This is true for health workers and the local administration in most districts and the gap is especially pronounced in Tominian. In this district, 50% of men against 29.09% of women

reported total confidence in health workers, and 29.13% of men against 12.73% of women, reported total confidence in local authorities.

Finally, it should be noted **that there does not appear to be a correlation between perceived insecurity and the degree of trust in the FDS** in either direction. The highest levels of trust are observed in the two districts of Segou (Macina and Tominian). In these two districts, where more than 85% of respondents reported having enough or total trust in the security forces, despite respondents in Macina reporting feeling the least secure and respondents in Tominian reporting feeling the most secure among the four districts. Similarly, despite the different levels of security perceived between the two districts of Mopti (Tenenkou and Youwarou), both expressed similar levels of trust in the FDS [Figure 3]. This is explained by the different campaigns in support of the army on the public and private media, encouraged by the transition authorities. It contrasts with the high level of distrust expressed towards other armed actors who are much more present in the targeted areas, including jihadists and Dozo hunters.

Figure 3: Trust in FDS across districts



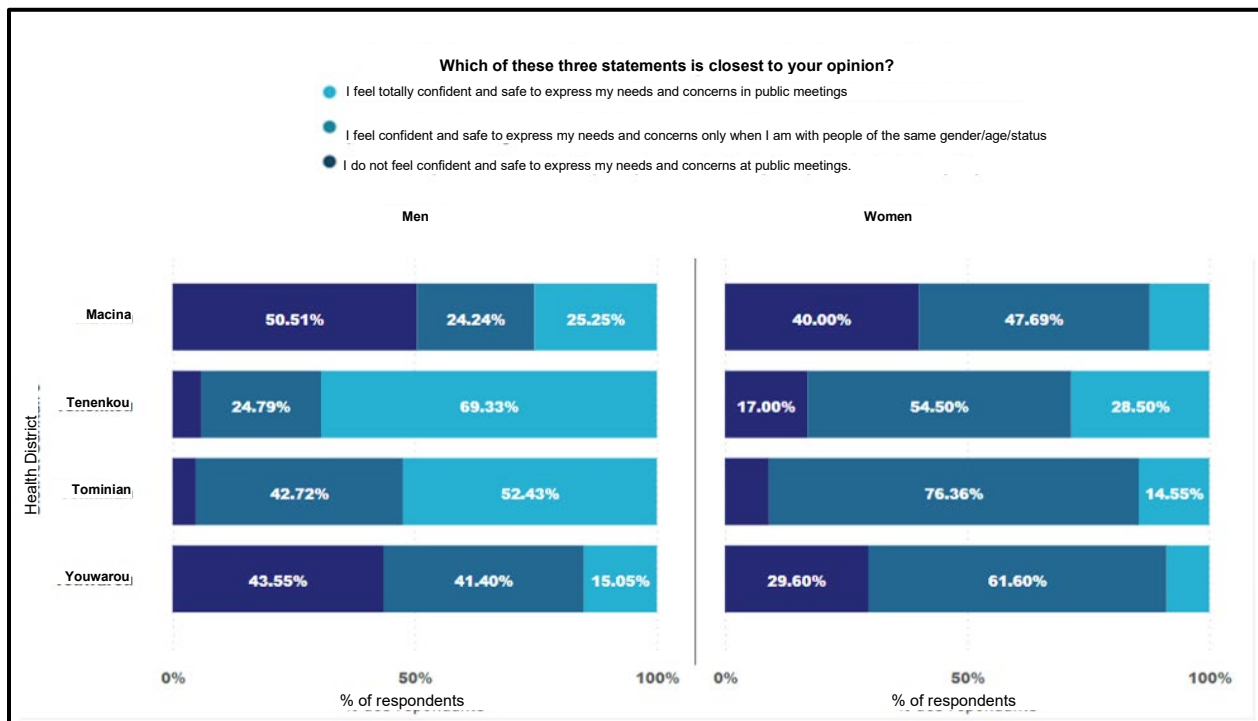
Degree of Inclusion

The degree of trust towards the different actors seems to be more or less related to the degree of satisfaction with the services offered and the degree of inclusion in public meetings. **More than 70% of the population in each district considers that the state services only partially meet the needs of the population** (therefore, there are still needs to be met). While the perception of the work of health officials is slightly better, especially in Tenenkou and Youwarou where 46% of the population think that health officials do a great job, the majority of respondents also believe

that, even though health officials are doing a good job, they could do better. **This feeling is particularly strong among women and young people**, with 79.78% of them considering that their needs are only partially or not at all taken into account by local authorities and health workers.

This is likely related to the degree of inclusion and participation of different groups in decision-making meetings in conflict resolution and community development. With the exception of Macina, where approximately 62% of both male and female respondents say they participated in such meetings, more than 50% of people surveyed in the other districts say that they did not participate. **Women in Youwarou suffer from the greatest exclusion** in this regard, as 72% of them say they do not participate in these meetings. Even when respondents participate in meetings, **many do not feel safe expressing their opinions or concerns unless they are only with people of the same gender, age, or socioeconomic status. Sometimes they do not feel safe even under these preferred conditions.** The case of Macina is particularly noteworthy as 50.51% of men and 40% of women do not dare to speak in public under any circumstances, although this is the district with the highest level of attendance at such meetings [Figure 4].

Figure 4: Confidence to speak up in public, by gender



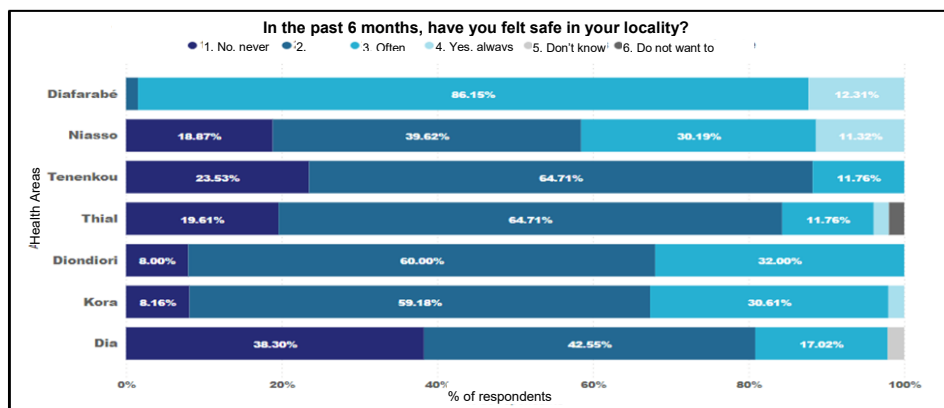
It should be noted that 62.04% of men surveyed in all four districts strongly agree that women, girls, boys, and people with disabilities should have increased decision-making power in the community.

Baseline situation in Tenenkou District^{12 13}

Security and Conflict Resolution

Although the beneficiaries of the Tenenkou initiative reported a decrease in violence after the pilot phase of the project, the security situation in the district remains precarious. Except for the inhabitants of Diafarabe¹⁴ and Ouro-Guiya, the majority of respondents reported either never feeling safe in their locality or only occasionally over the previous six months to the survey [Figure 1]. Interestingly, in Ouro-Guiya, where investigations could not be conducted initially due to insecurity, 70% of respondents said they always felt safe over the preceding months¹⁵. On the other hand, in the health area of Dia, where survey respondents report an average of 16.91 violent incidents during the period (and two people reported 50 incidents) [Figure 2], the percentage of people never feeling safe reaches almost 40%.¹⁶ Across the targeted health areas, the average for reported violent incidents was 5.10¹⁷¹⁸.

Figure 1: Personal Safety in Tenenkou



¹² The pilot phase of the Peace through Health Initiative took place in the Tenenkou district, targeting five health areas (Central Tenenkou, Dioniiori, Diafarabe, Dia, and Thial) to which three additional health areas have been added for Phase 2: Ouro-Guiya, Kora, and Niasso. This means the situation in the first five areas is not exactly a baseline situation and the perceptions of security and trust analyzed in this study could already be influenced by the success of the previous phase of the project.

¹³ The investigations could not be conducted initially in Ouro-Guiya, where the security situation is uniquely challenging.

¹⁴ Although the majority of respondents in Diafarabe often feel safe, it should be noted that there is a conflict in the city around the chiefdom between the Peuls and the young Bozos, who are present in the ranks of the Dozos. Also, in the village of Mamba 7km away, there is an intra-community conflict between noble families and former slaves who joined the Dozos to obtain the chiefdom of the locality.

¹⁵ For the population in the area, being safe generally means the absence of hunger and violent incidents as well as the existence of order and justice. In this sense, areas controlled by jihadists, such as Ouro-Guiya, are generally said to be more secure and safer for the local populations who live there when there is no active dispute for control of the territory (which is the case in Ouro-Guiya because the FDS do not have access to the area).

¹⁶ The most common incidents and causes of insecurity in Dia are, according to the field analyst, intimidation to force people to pay *zakat* and restrictions in the everyday lives of women.

¹⁷ The average is 5.54, if the responses to Ouro-Guiya are not counted.

¹⁸ Most respondents understood that violent incidents were mainly limited to jihadist attacks against the armed forces or other large-scale attacks, so the number of incidents is likely to be higher than reported here.

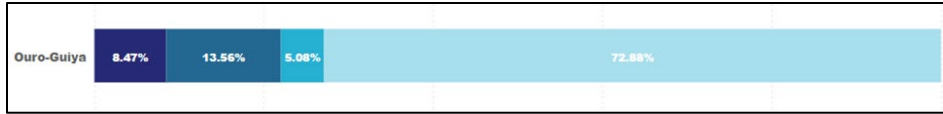
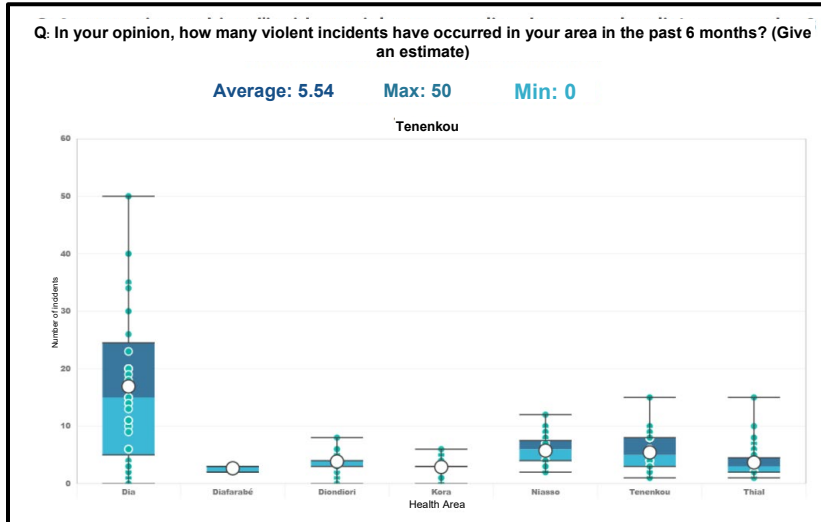
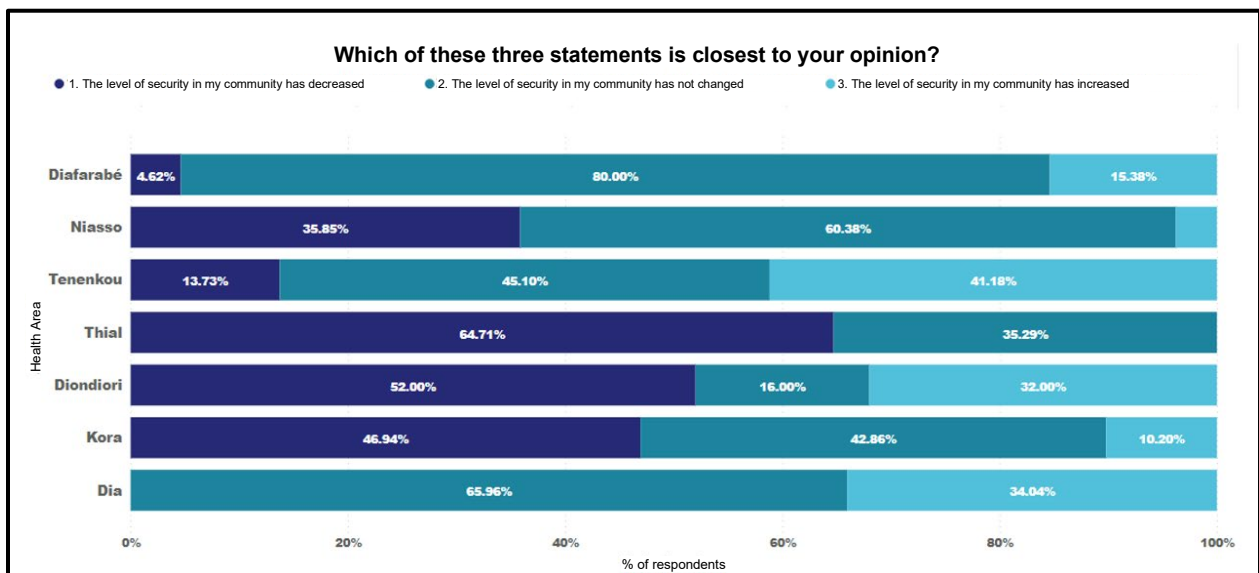


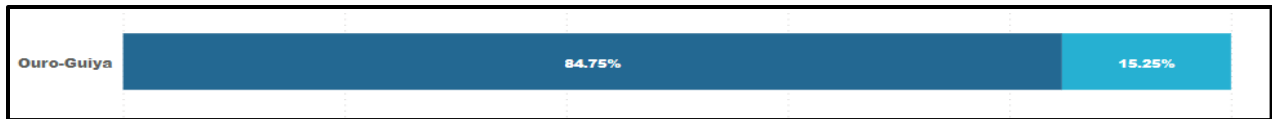
Figure 2: Number of violent incidents in Tenenkou



Nonetheless, violence is pervasive in the district, as shown by the number of people reporting attacks (264 of 367), prohibitions and obligations that hinder freedom such as mandatory veiling (240), animal theft (229), and the abduction of people (206) and livestock (229). District residents also report forced tax collection (often *zakat*), corporal punishment, and forced marriage and divorce. This is due to the permanent presence in these areas of extremist armed groups linked to Katiba Macina that control much of the territory where they impose their law, but also to unresolved tensions and conflicts around resource management and/or the chieftdom in several villages in the district.

Figure 3: Evolution of security in Tenenkou

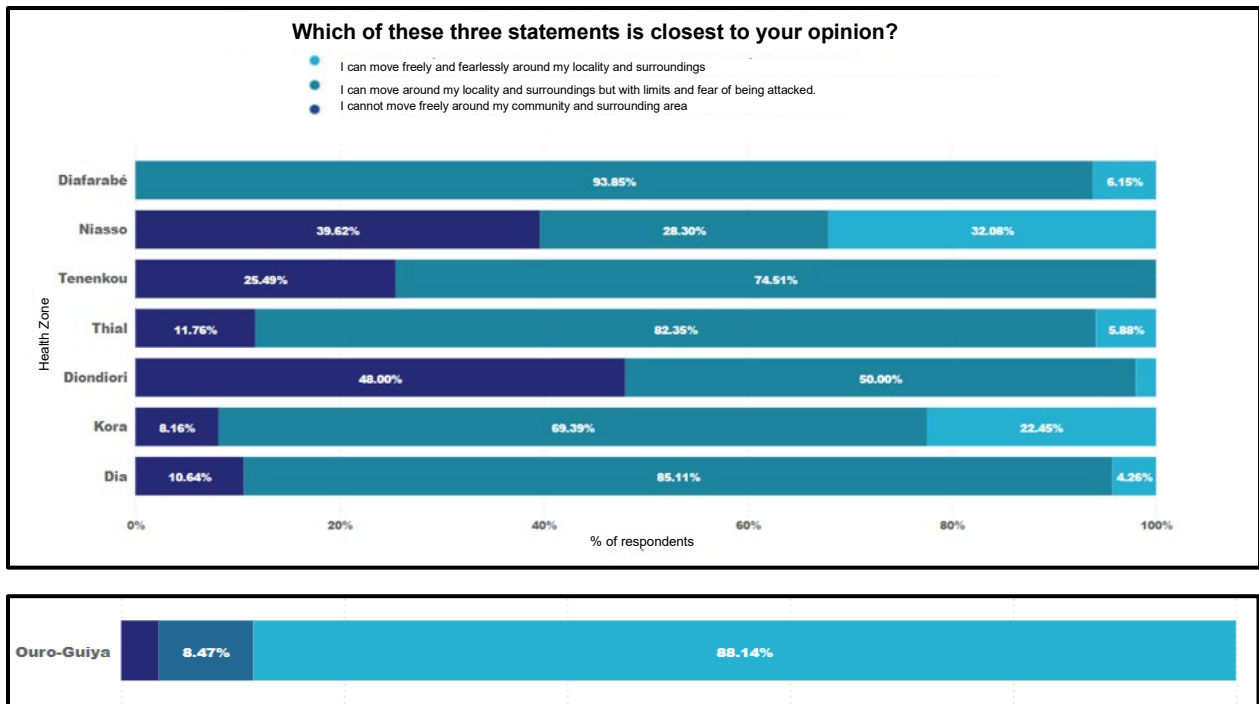




Although in the Tenenkou, Diondiori, and Dia health areas, at least 30% of respondents perceive that the level of safety has increased over the previous months, the majority believe the situation has not changed or that there is more insecurity. The perception that the level of security has decreased is particularly strong for Thial and Diondiori, where more than half of participants believe this is the case [Figure 3]. Individual views on armed forces antiterrorism operations in the region over the past few months, particularly around Diondiori, have likely contributed to the perception of increased insecurity, also influenced by the level of jihadist counterattacks and increased confrontations.

The climate of insecurity and violence, coupled with movement restrictions sometimes imposed by armed groups, means that most respondents view their ability to move freely as limited, either by direct coercion or fear. This applies for 48% of Diondiori respondents, likely impacted by anti-terrorism operations and the jihadist attack on the military base that took place at the time of the investigations [Figure 4]. In Ouro-Guiya, 88.14% said they could move freely, which is the case for indigenous populations but not for foreigners¹⁹.

Figure 4: Freedom of movement in Tenenkou

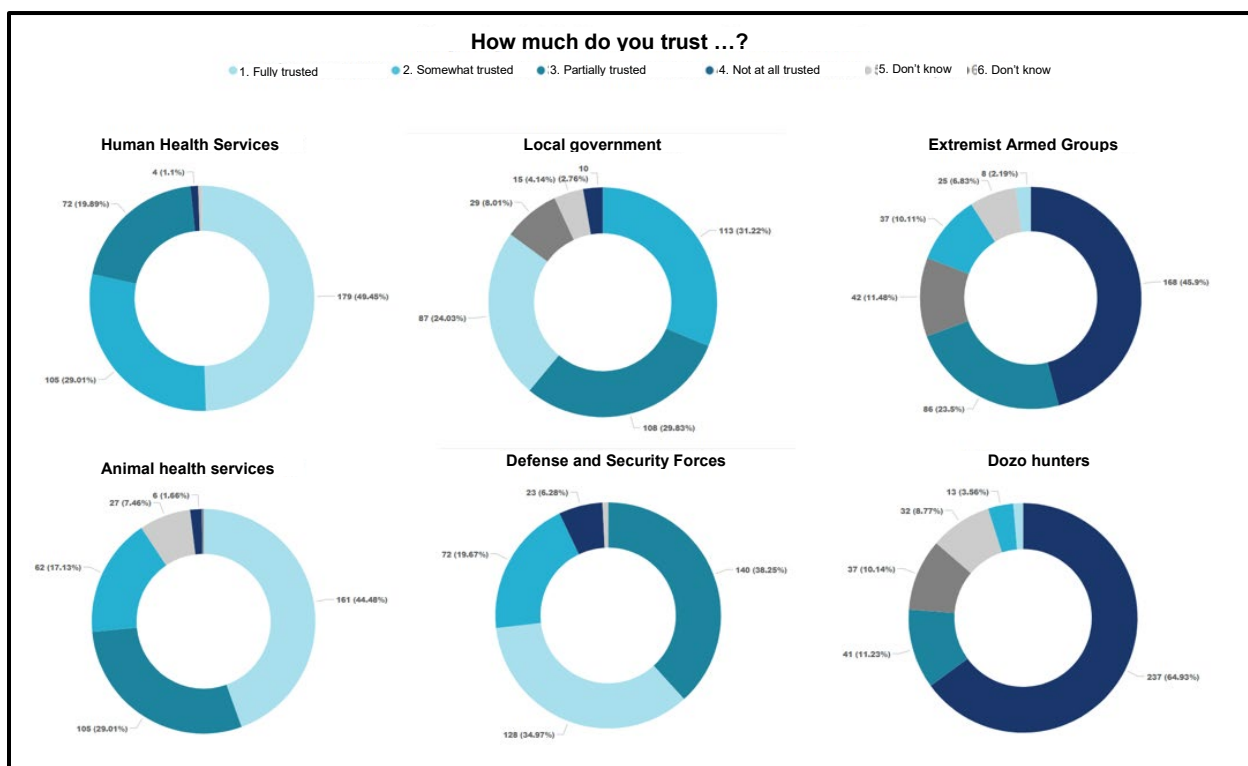


¹⁹ However, according to the Field Analyst, in Ouro-Guiya, participants did not respond truthfully to questions about security due to fear of retaliation.

Trust towards Government Officials and Other Stakeholders

In Tenenkou district, health workers garner the greatest trust from the local population, followed by animal-health workers, with more than 44% of respondents saying they trust them completely [Figure 5]. With regards to the local administration and the FDS, the population is torn between those who trust them completely, those who trust them enough, and those who trust them only partially. Finally, more than 45% of respondents say they do not trust armed extremist groups at all. This percentage is even higher when it comes to hunters, but it is worth noting that many respondents did not want to answer or did not know what to say. Regarding solving problems in the locality, respondents (344 of 367) in Tenenkou district mostly contacted traditional and religious authorities.

Figure 5: Trust in the Various Stakeholders



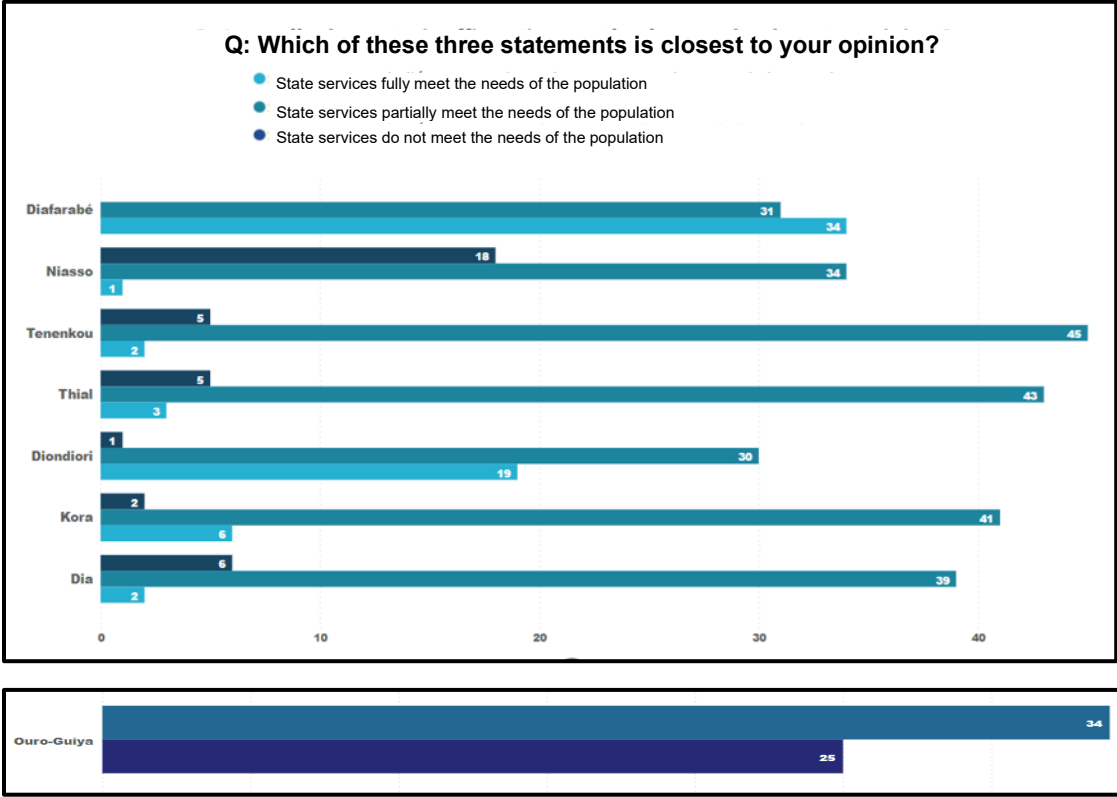
However, the degree of trust in the different stakeholders varies somewhat depending on the health area. In Tenenkou, Diondiori, and Kora, for example, more than 90% of participants do not trust hunters at all, and more than 50% do not trust armed extremist groups. In Niasso, more than 76% of respondents said they did not know or did not want to answer the question about their level of trust in the local government, but they place full trust in healthcare workers, as in Thial²⁰. And in

²⁰ At a training and planning workshop, the Peace through Health team was able to note the trusting relationship between the populations and Niasso's DTC, which has a very good reputation for the professionalism of its health workers. This shows that attitude is often more important than quality of service in technical terms for influencing community perceptions.

Diafarabe, the level of trust in all stakeholders, from the armed forces to the extremist groups, tends to be higher than in the rest of the district.

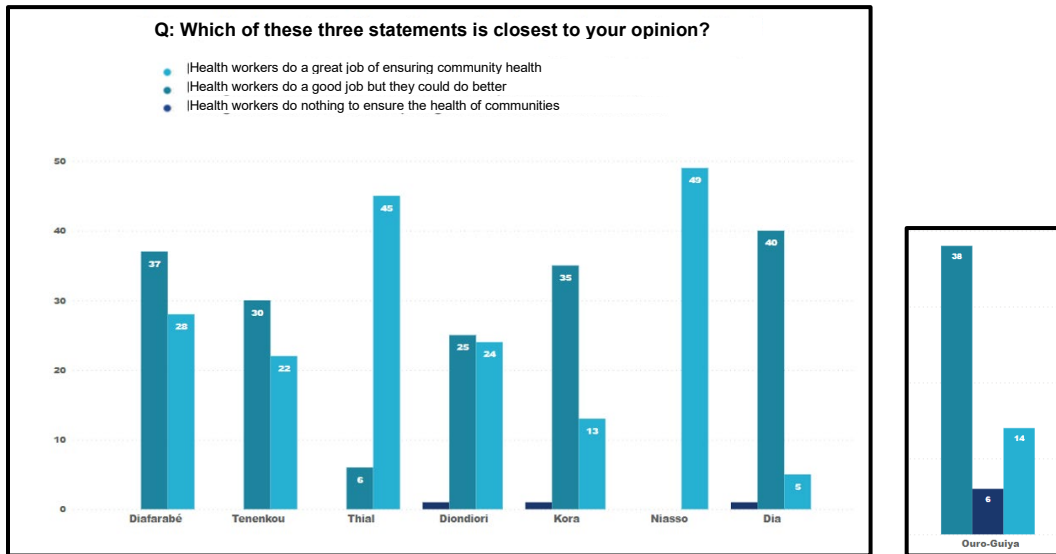
Survey respondents in Diafarabe also seem more satisfied with the basic services available. While in the other municipalities, almost all respondents felt that the needs of the population were only partially met, in Diafarabe more than half of respondents indicated that the needs of the population were fully met [Figure 6]. This is explained by the fact that Diafarabe is the only health area in Tenenkou where the administration (sub-prefecture, town hall, CSCOM, agriculture, and hydraulic services) is still present and operational, as well as investment of the diaspora in the development of the locality. The rest of sub-prefects, on the other hand, are exiled in Tenenkou because of the insecurity. In Niasso and Ouro-Guiya, in particular, many people consider that the needs of people are not met by state services.

Figure 6: Result of Government Action



When it comes to the work of health workers, Niasso and Thial are the health areas where respondents express the highest satisfaction, with the majority saying they do a great job. In Dia, the majority think health workers are doing a good job but could do better. In the rest of the areas, the population is divided between those who consider health workers to be doing a great job and those who see space for improvements [Figure 7].

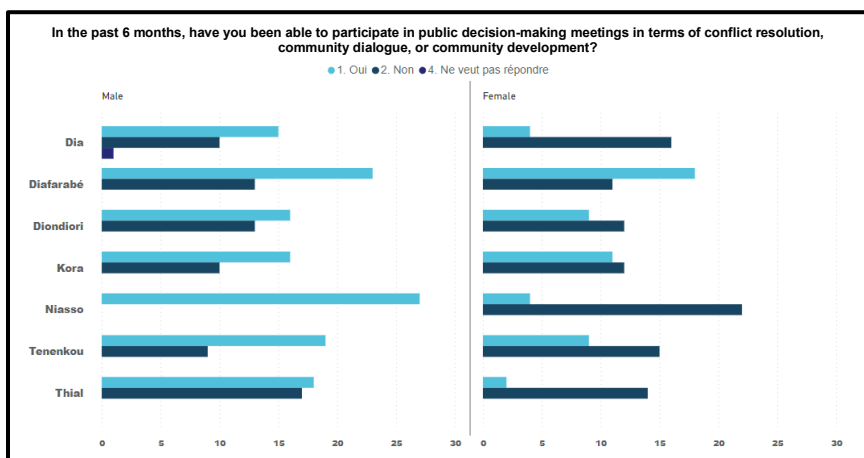
Figure 7: Health worker perception



Degree of Inclusion

The study showed that the levels of inclusion in public decision-making meetings on matters of conflict resolution and community development are quite low in Tenenkou district, especially when it comes to women. In each health area (except for Ouro-Guiya), more than half of the men surveyed claimed to participate in such meetings. On the contrary, more than half of the women from those same areas (except for Diarafabe) did not participate [Figure 8]. The non-inclusion of women is above all remarkable in Thial, Niasso, Dia, and Ouro-Guiya. In Dia and Thial, the influence of Islam and tradition have never allowed women to speak publicly. As for Niasso and Ouro-Guiya, this could be explained by the influence of the jihadists, who control these localities entirely and impose their rules on the population.

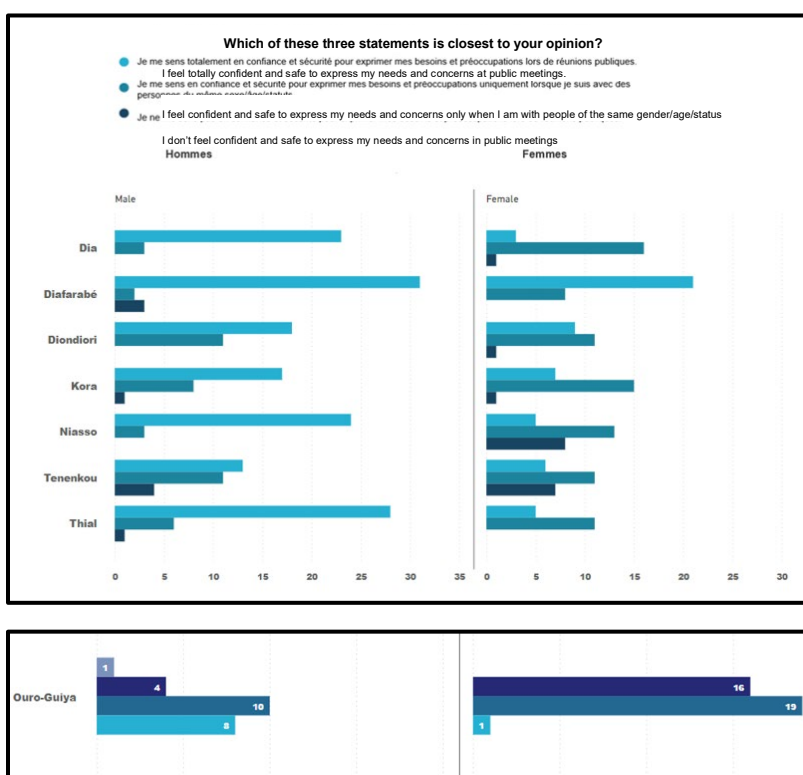
Figure 8: Participation in Public Meetings





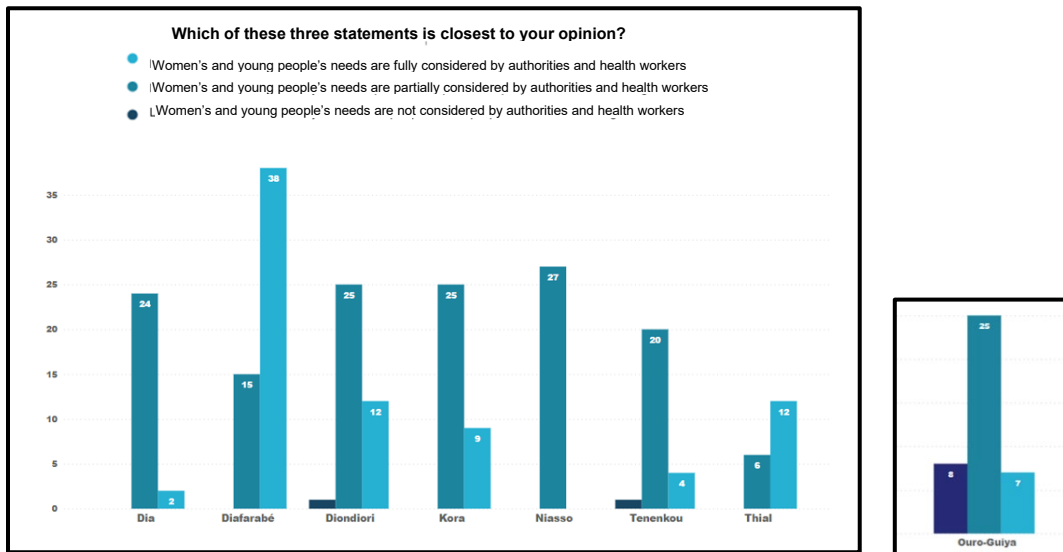
In addition, while most men in the district feel confident and safe to express their needs and concerns at public meetings, this is not the case for many of the women surveyed. Many of the women surveyed only feel confident to speak publicly when they are with other women [Figure 9]. Even in these preferred circumstances, there are some women, especially in Niasso, Tenenkou, and Ouro-Guiya, who do not feel safe to express their opinion at all.

Figure 9: Confidence to Voice Opinions in Public



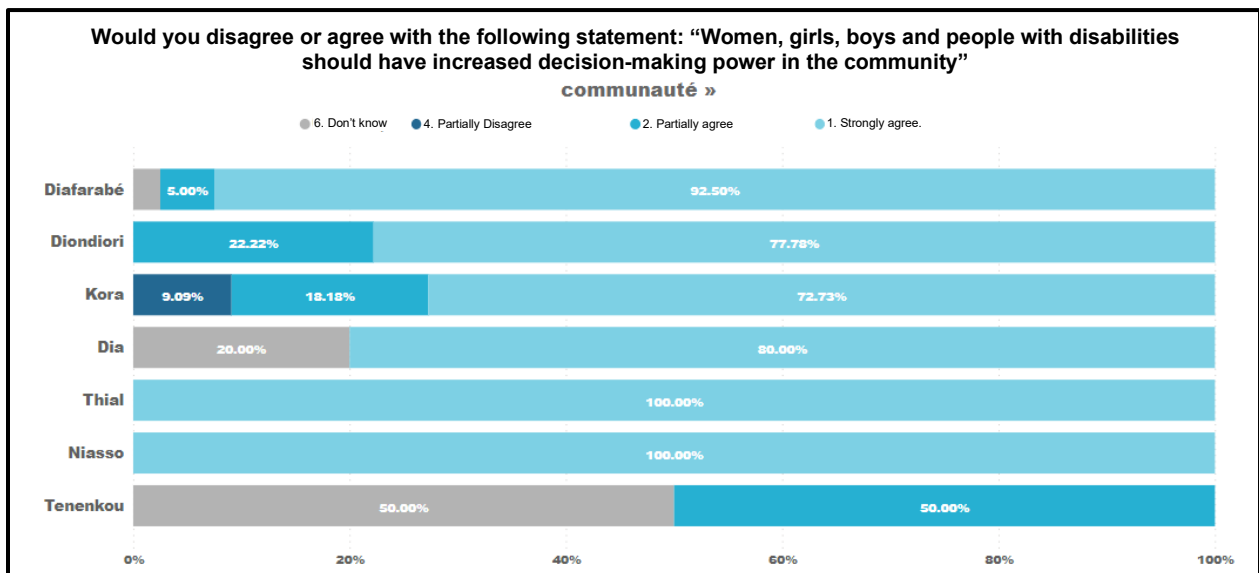
This lack of inclusion leads most women (as well as young people) to feel that local authorities and health workers only partially consider their needs [Figure 10].

Figure 10: Women's and Young People's Needs

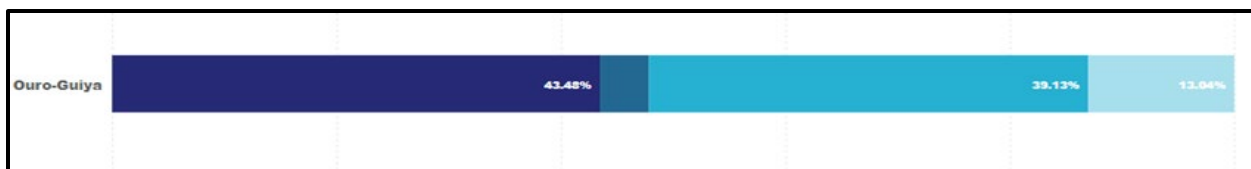


However, it is noteworthy that nearly all men surveyed in the district strongly support increased decision-making power for women, young people, and people with disabilities in the community [Figure 11]. Only in Ouro-Guiya 43.48% of respondents strongly disagree with the idea, while in Tenenkou 50% of men say they do not know what to answer and the rest say they only partially agree.²¹

Figure 11: Men Supporting Increased Decision-Making Power for Women and Young People



²¹ According to the research assistant, this vague response is explained by the fact that the population does not like to respond in the negative, so they say they do not know. Many men in Tenenkou believe that the tradition is that women and young people are there to give their opinion, but that decision-making power is always up to men.



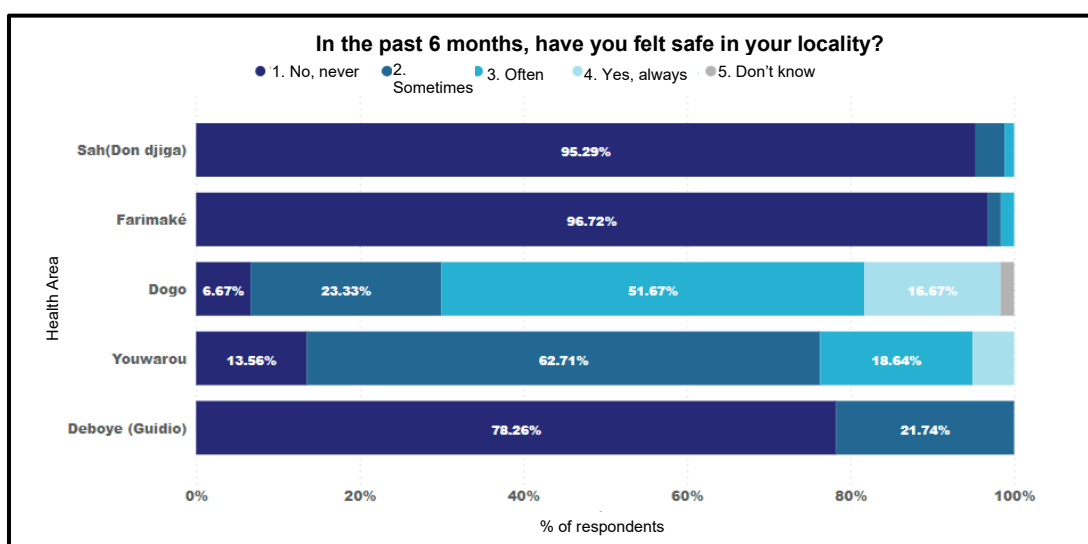
Baseline situation in the Youwarou District

Security and conflict resolution

The perception of personal safety in the targeted areas of the Youwarou district is much more pessimistic than in those of Tenenkou. In Deboye, more than 78% of respondents “never” felt safe in the six months preceding the survey, and this figure rises to more than 95% in Sah and Farimake. The situation seems to be slightly better in Youwarou, where more than 60% of respondents say they “sometimes” felt safe in that same period, and especially in Dogo, where more than 51% felt safe “often” [Figure 1]²².

Interestingly people report on average the most violent incidents in Dogo and Youwarou: more than four in the last six months. However, this can be due to the understanding of violent incidents as direct attacks, because when asked about the types of violence witnessed in their localities, many throughout the district talk about the mandatory veiling for women (68.3% of respondents in the district), verbal abuse (55.4%), forced tax collection or *zakat* (54.2%), and other prohibitions and obligations that hinder their freedoms (50.3%). On the other hand, only 21 people, or 6.7% of respondents, reported attacks in their locality.

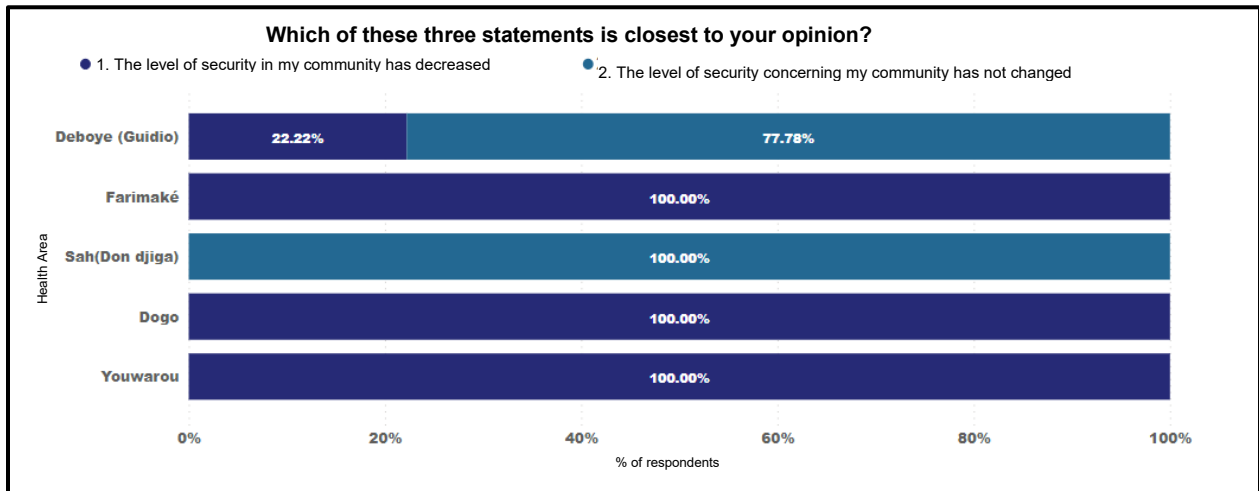
Figure 1: Personal Safety in Youwarou



²² According to the research assistant for Dogo, if the residents of the health area feel “often” safe, it is because they have adapted to the new rules established by armed groups, and therefore they are not very hostile.

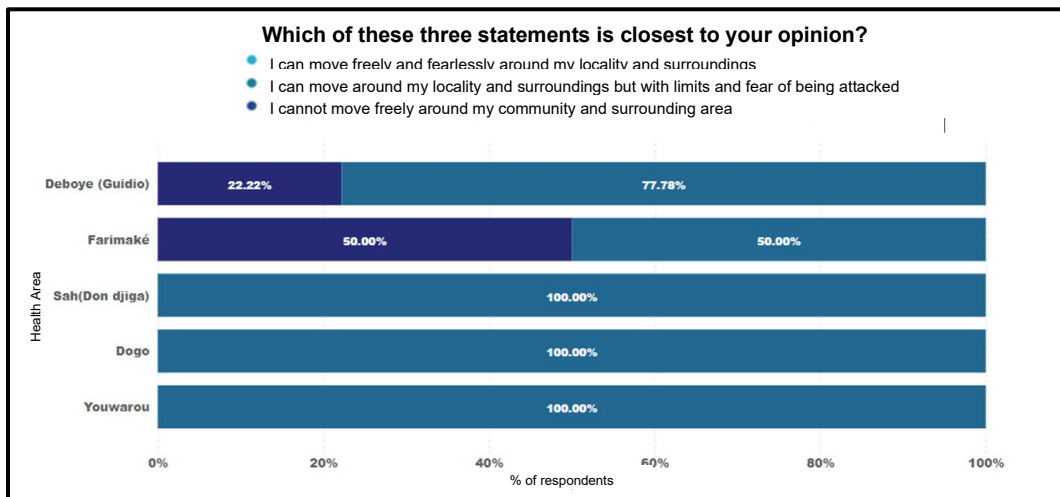
The different types of violence and the general sense of insecurity reported are explained by how all the targeted health areas are under the control of extremist armed groups, where they impose the Sharia. While in Deboye and Dia most respondents believe the level of security has not changed from the previous year, in Dogo, Youwarou, and Farimaké, everyone believes the security situation has deteriorated [Figure 2]. As in the Tenenkou district, the recent anti-terrorism operations of the FAMAs, especially the attack on Moura (Djenne) and the resulting displacement of local populations and discrimination of specific ethnic communities, have contributed to this perception of deterioration of security

Figure2: Evolution of security in Youwarou



This contributes to a limitation of movement for people in the district, who fear being attacked, and even the impossibility of travel for 22.22% of residents in Deboye and for 50% of people from Farimaké [Figure 3]. Travel appears to be controlled by armed groups, depending on the destination or the reason for travel. According to the research assistant in Sah, for example, jihadists in the area prohibit travel to Youwarou because they think civilians who go to Youwarou intend to report the jihadists or give information about them to the FDSs.

Figure3: Freedom of Travel in Youwarou



Trust towards Government Officials and Other Stakeholders

Even though extremist armed groups are exercising law enforcement in Youwarou district, when there are issues or conflicts to address, people in the area continue to reach out to traditional and religious authorities for help in all areas, and/or the local administration in Deboye and Farimaké [Figure 4]. In fact, most respondents in the district (74%) say they do not trust extremist armed groups at all [Figure 5]. People trust the local government and the FDS more, even if in most cases the latter are not present in the area. However, health workers are the actors most trusted by the population of Youwarou, with 77.49% of them saying that they fully trust them.

Figure 4: Trust in the Various Stakeholders I

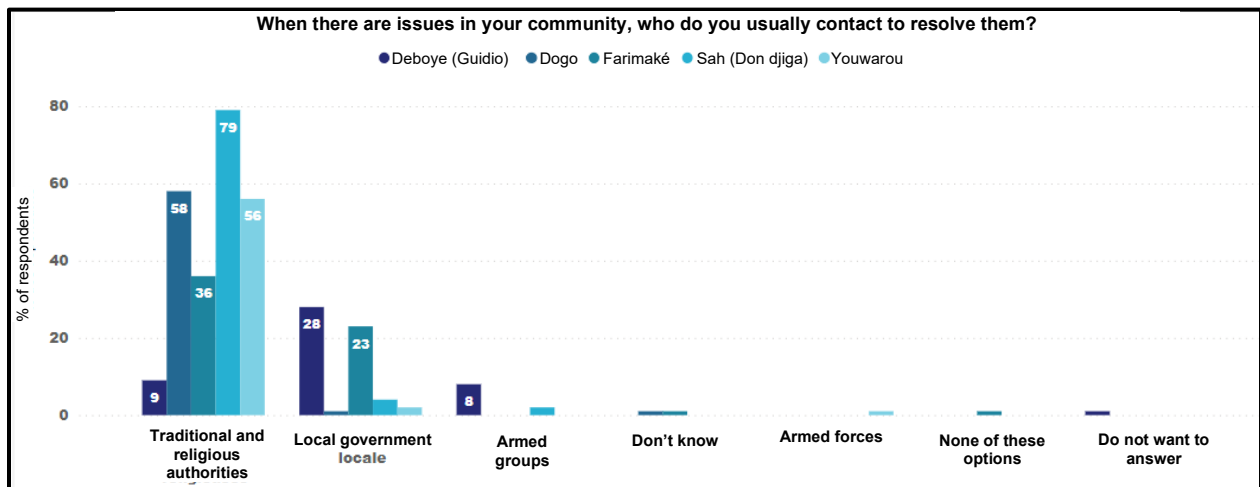
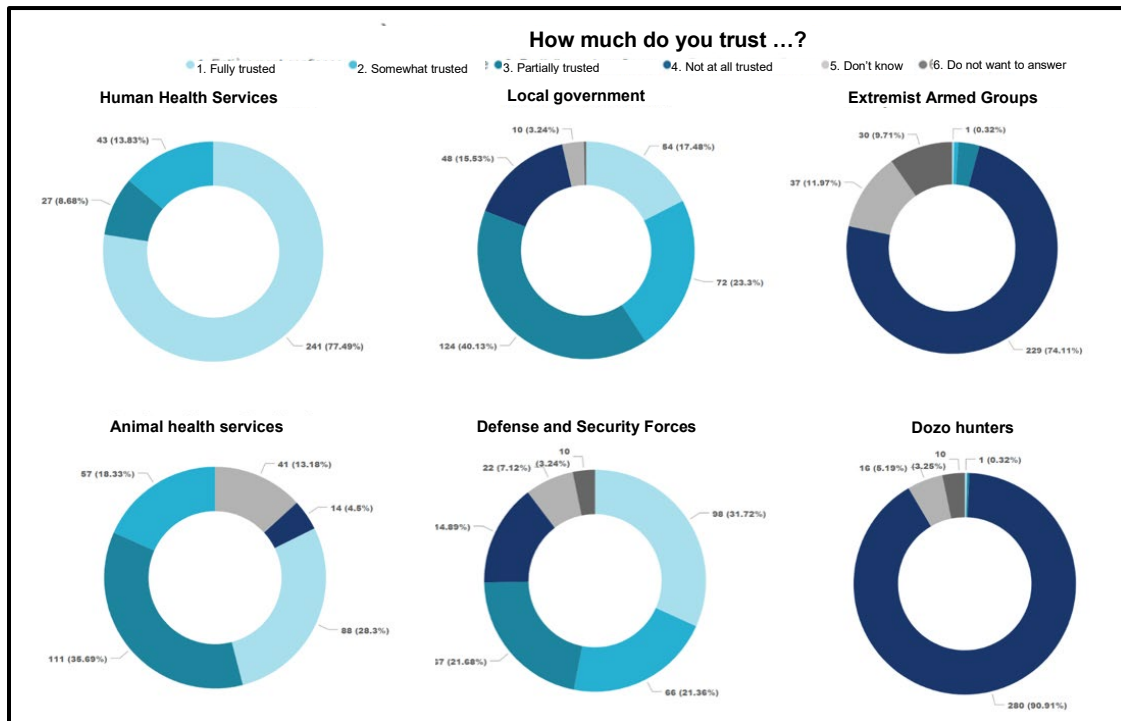


Figure 5: Trust in the Various Stakeholders II



Of all districts, Youwarou is where people seem to trust health workers the most. This may be due to their continued presence and efforts to serve the district population despite the security situation. According to the research assistant who conducted the investigations in Sah, for example, the efforts of the local health workers should be commended because, despite growing insecurity, “they are trying to do their best” to meet the needs of the populations. Yet, almost all respondents in Youwarou, more than half in Sah and Farimake and a few in Deboye and Dogo, believe that even if health workers do a good job, they could do even better [Figure 6]. This feeling seems to be widespread regarding public services: in most health areas, respondents say these services only partially meet their needs [Figure 8]. It is worth mentioning the Dogo case, where the vast majority of people think health workers are doing a great job, but at the same time feel that government services are absent and do not meet the needs of the population.

Figure 6: Health Worker Perception

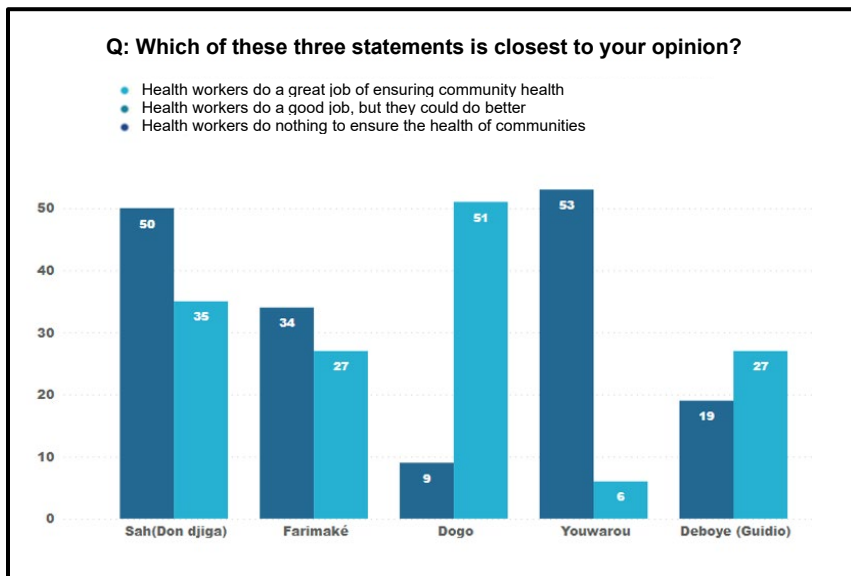
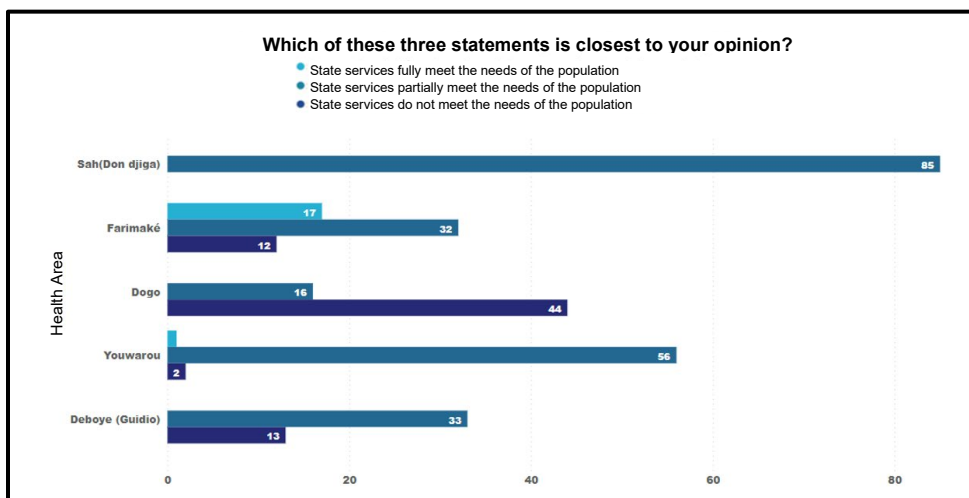


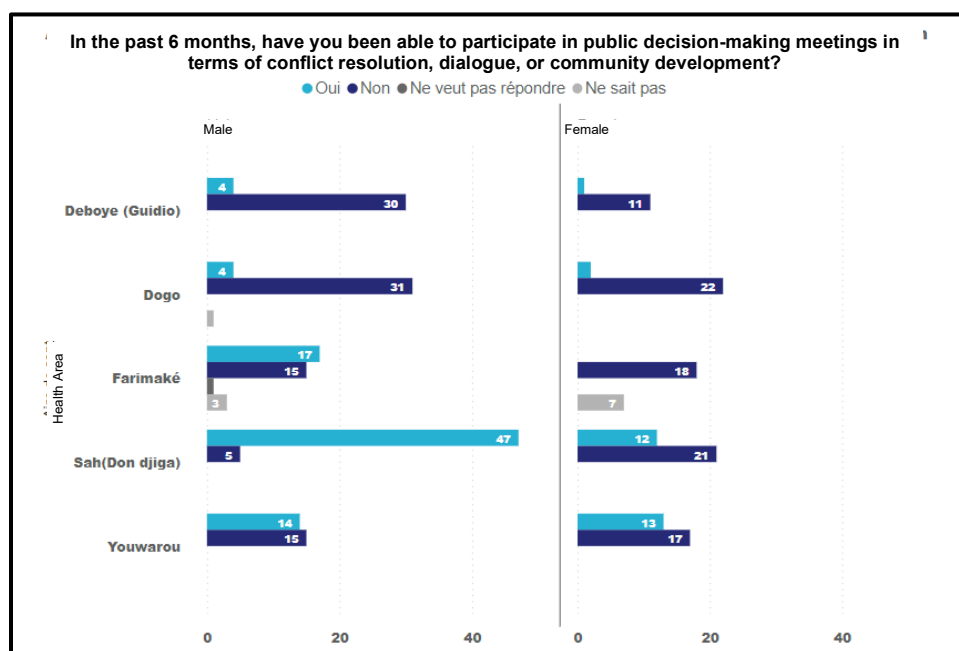
Figure 7: Result of Government Action



*Degree of Inclusion*²³

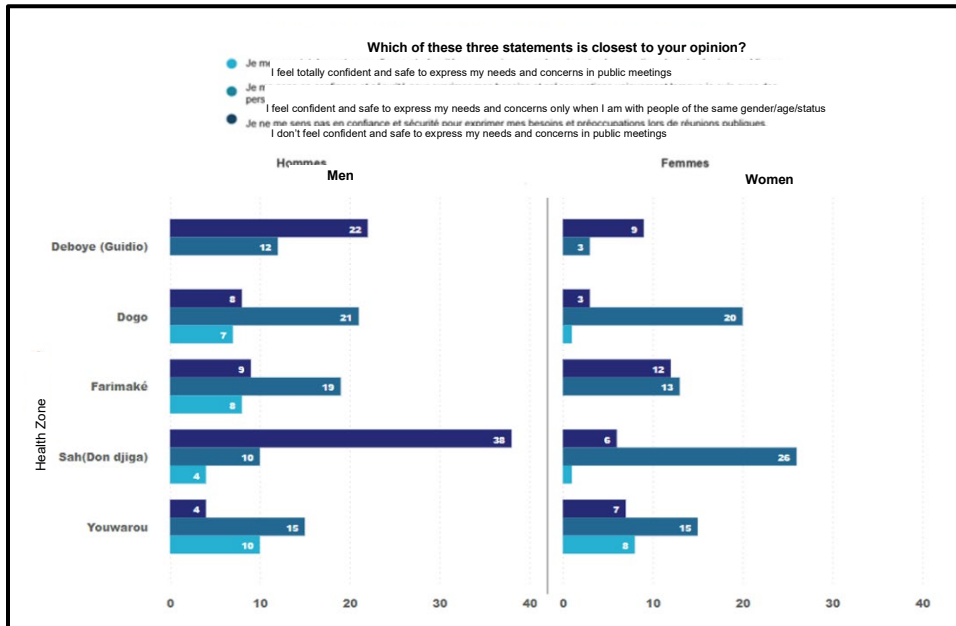
Some of the dissatisfaction with public services is likely due to the fact that in most of the targeted areas across the district, levels of participation in public meetings on community development and conflict resolution do not seem to be high. Except for Sah, where the majority of men and a few women participate in these meetings, most respondents say they do not participate [Figure 8]. Even if they participate in such activities, few feel confident to express their opinions and concerns in public. Most women and men do not feel confident speaking up unless they are with people of the same gender, age, or socioeconomic status [Figure 9]. Sometimes, even in these circumstances, they do not feel comfortable expressing themselves. Although forty-seven of the men interviewed in Sah report attending public meetings, thirty-eight say they do not feel safe enough to speak up. Of all areas, Youwarou is where most people feel confident speaking about their needs and concerns in public. However, the number of people reporting this is still not substantially high.

Figure 4: Participation in Public Meetings



²³ It should already be noted that, according to Dogo and Farimaké’s research assistants, it was difficult to interview women due to the limitations on their travel and lack of understanding on their part.

Figure 5: Confidence to Speak in Public



This lack of inclusion likely contributes to women and young people feeling that their needs are not fully addressed [Figure 10]. In Dogo, sixteen people said their needs are not considered at all. Dogo is also where most men oppose the idea of increased decision-making power for women and young people in the community. However, overall, the vast majority of district respondents say they fully or partially agree with the idea [Figure 11].

Figure6: Women's and Young People's Needs

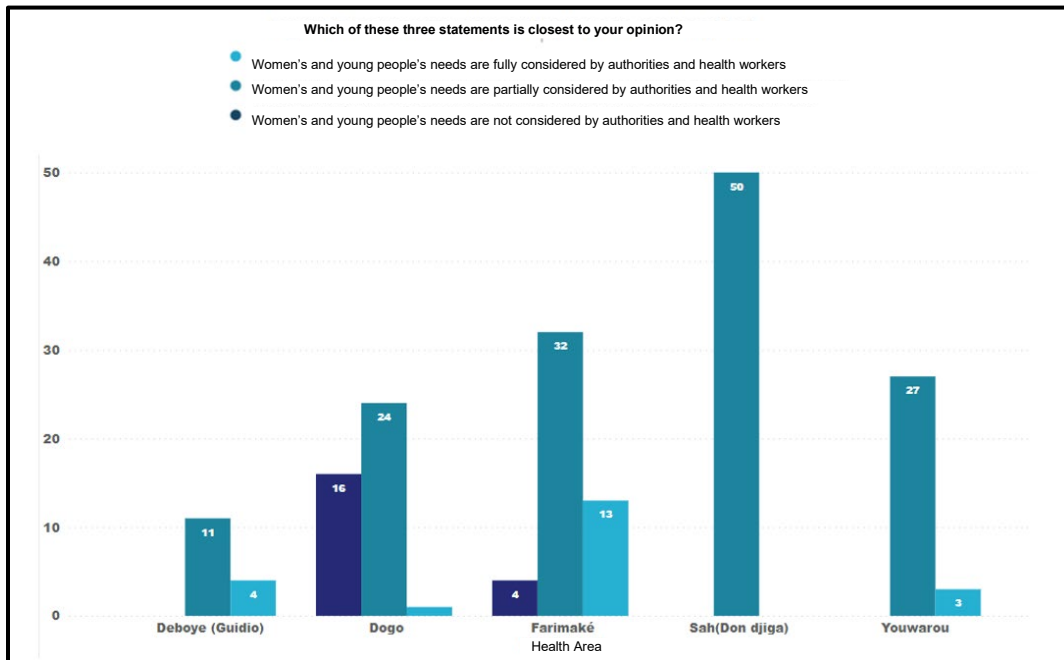
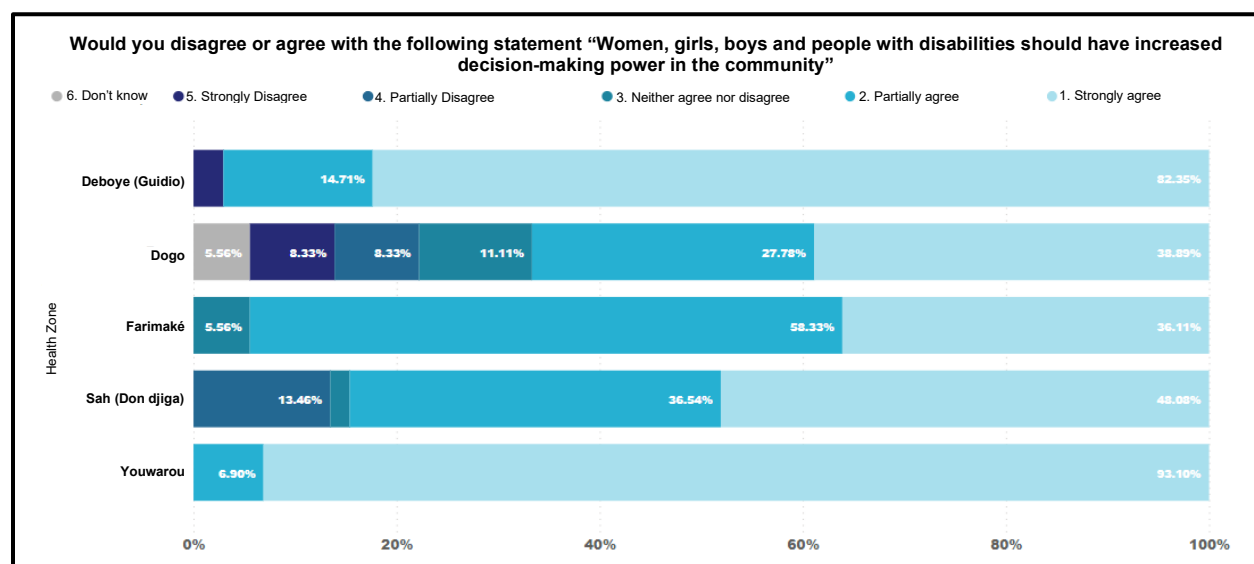


Figure 7: Men Supporting Increased Decision-Making Power for Women and Young People



Baseline situation in Macina District

Security and Conflict Resolution

As in Youwarou, the security situation in the Macina district causes concern, especially in the areas beyond the town of Macina. In two of the three targeted health areas, Kokry and Kolongo, more than 90% of respondents said they never felt safe in the six months preceding the survey. In Macina, more than 40% of people only felt safe from time to time [Figure 1]. The average violent incidents reported during the six months preceding the investigation is 3.96, with a maximum of 65 incidents in Kolongo reported by one community representative. When asked about the type of violence that took place in their locality during this period, 94 out of 164 respondents reported animal theft, 89 reported attacks, 63 reported kidnapping of people, and 63 reported prohibitions and obligations that hinder freedom (among others).

In Macina, nearly 60% of respondents estimated that the level of security had increased over the past year. In Kokry and Kolongo, more than 80% said the opposite [Figure 2]. Since February 2022, 4 villages in the Kolongo health area have been occupied by jihadists. According to interviews, there are robberies, kidnappings, and killings every day. This seems to be a consequence of the multiple clashes between the Katiba Macina’s jihadists and the Dozo hunters beginning in summer 2021 in the neighboring circles of Niono and Djenné, which expanded to Macina and triggered a wave of violence in the region. The jihadists and Dozos appear to have taken advantage of latent conflicts around resource management and perceptions of injustice and impunity to recruit locally, and attack communities perceived as loyal to the opposing group. Although the town of Kokry has not yet been occupied, people feel very insecure because of its proximity to Kolongo and other insecurity hot spots.

Figure 1: Personal Safety in Macina

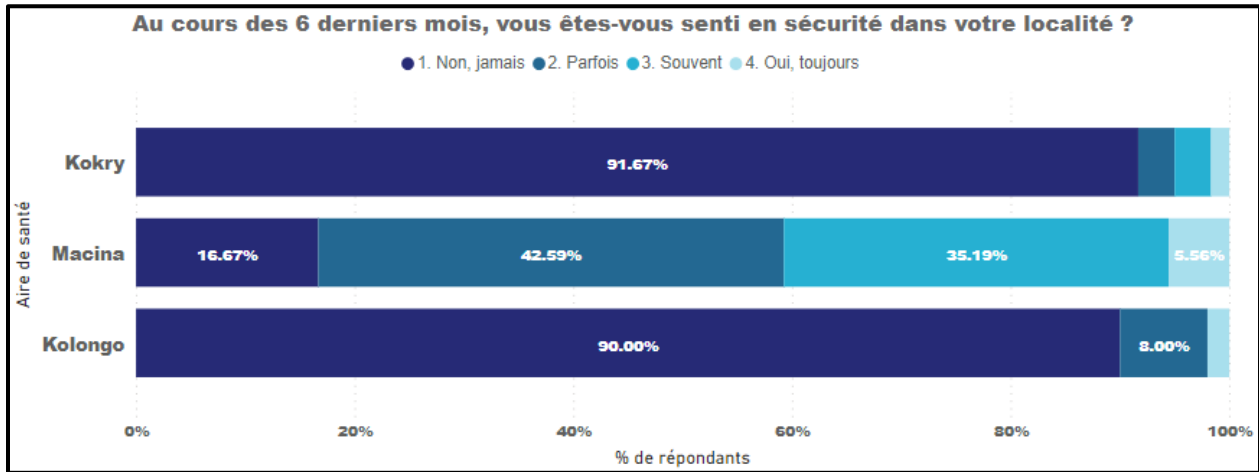
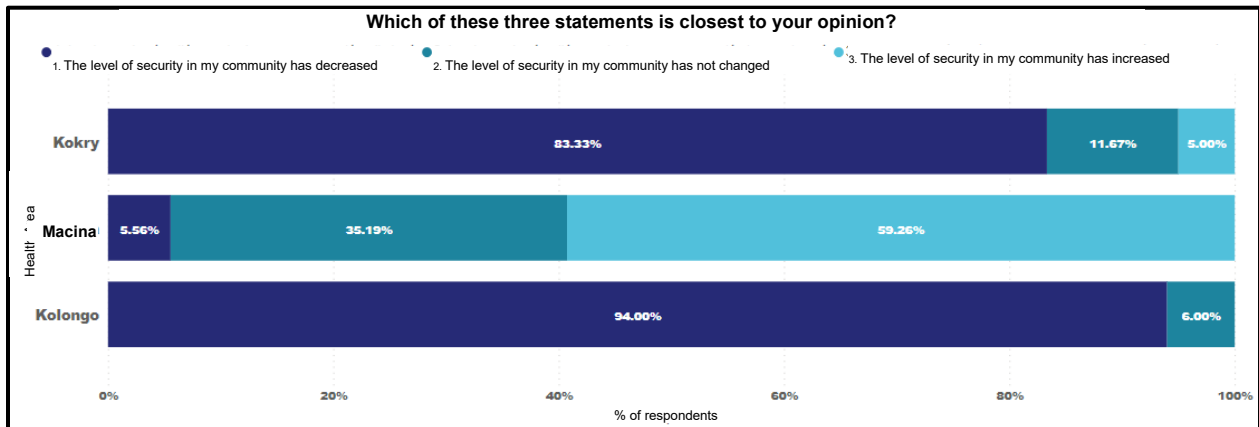
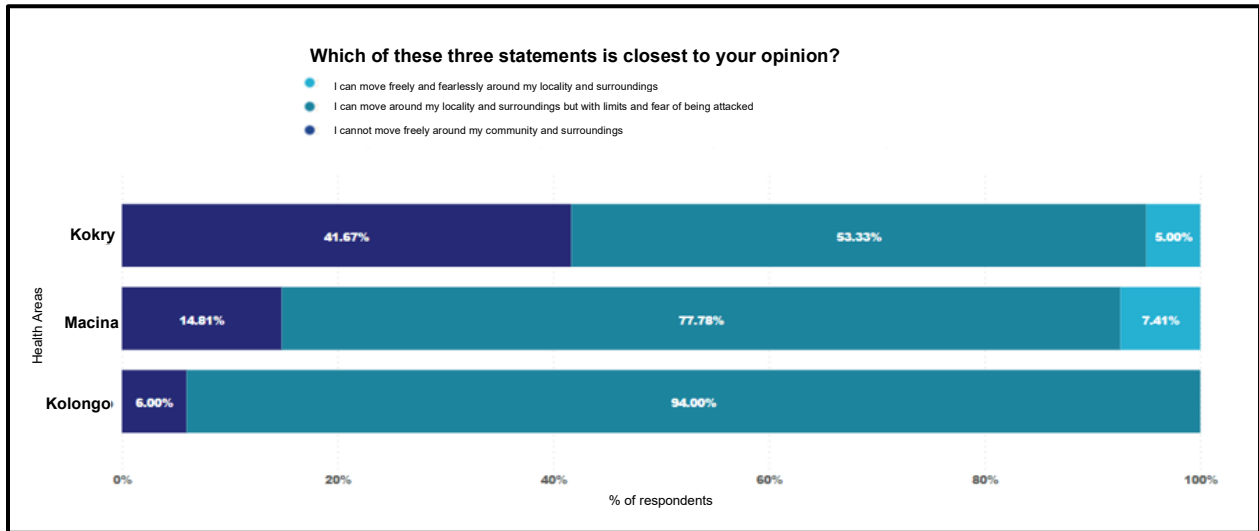


Figure 2: Security Evolution in Macina



The difference between Macina and other areas is that investigations in Macina were conducted primarily in the city, where the State is still present and governs alongside traditional authorities, and where the FDSs are not only present but appear to have recently strengthened their ranks and patrols. Evidence that this sense of security is mostly limited to the city can be seen in that more than 77% of respondents say their movements are limited and that they fear being attacked if they leave town [Figure 3]. Even the research assistant said he could not leave the city without taking great personal risks. Nevertheless, he argued that the health workers he spoke to said they could go almost anywhere in the health area and that some of them are even used to meeting jihadists without experiencing violence. This is not the case for health workers in Kokry and Kolongo, who also report limitations in their travel and difficulties accessing certain villages in their health areas like the rest of the population.

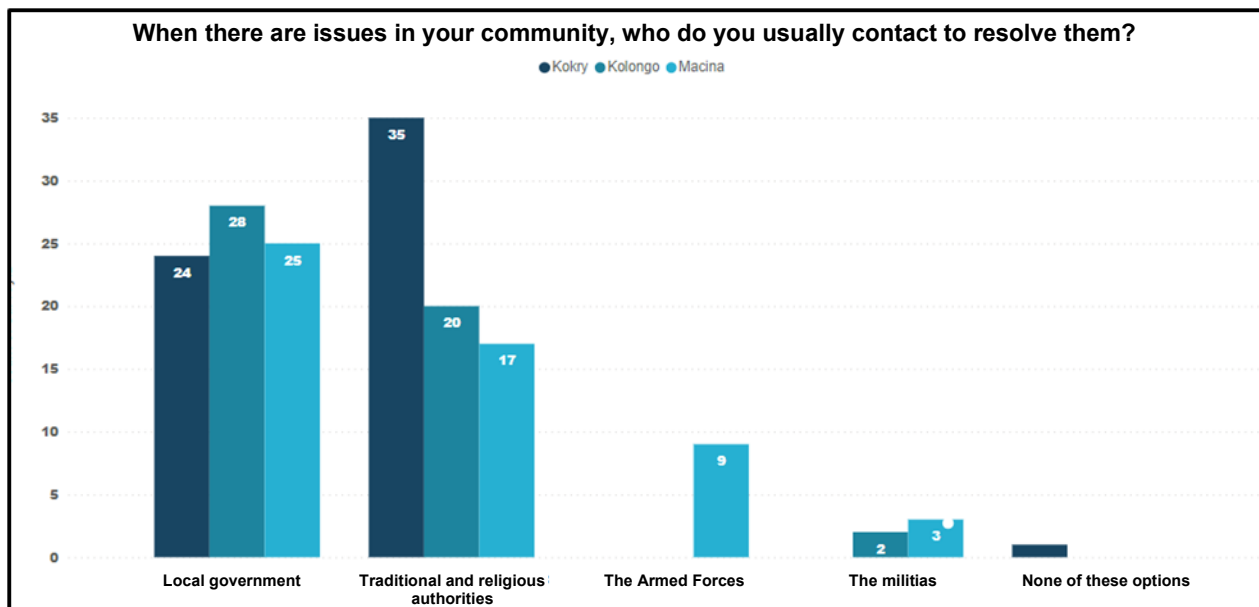
Figure 3: Freedom of Travel in Macina



Trust and Perception of Government Officials and Other Stakeholders

In Macina District, most respondents contact either the traditional and religious authorities (especially in Kokry) or the local government (especially in Kolongo) when there is a problem or conflict [Figure 4]. In the city of Macina, several people also contact the armed forces.

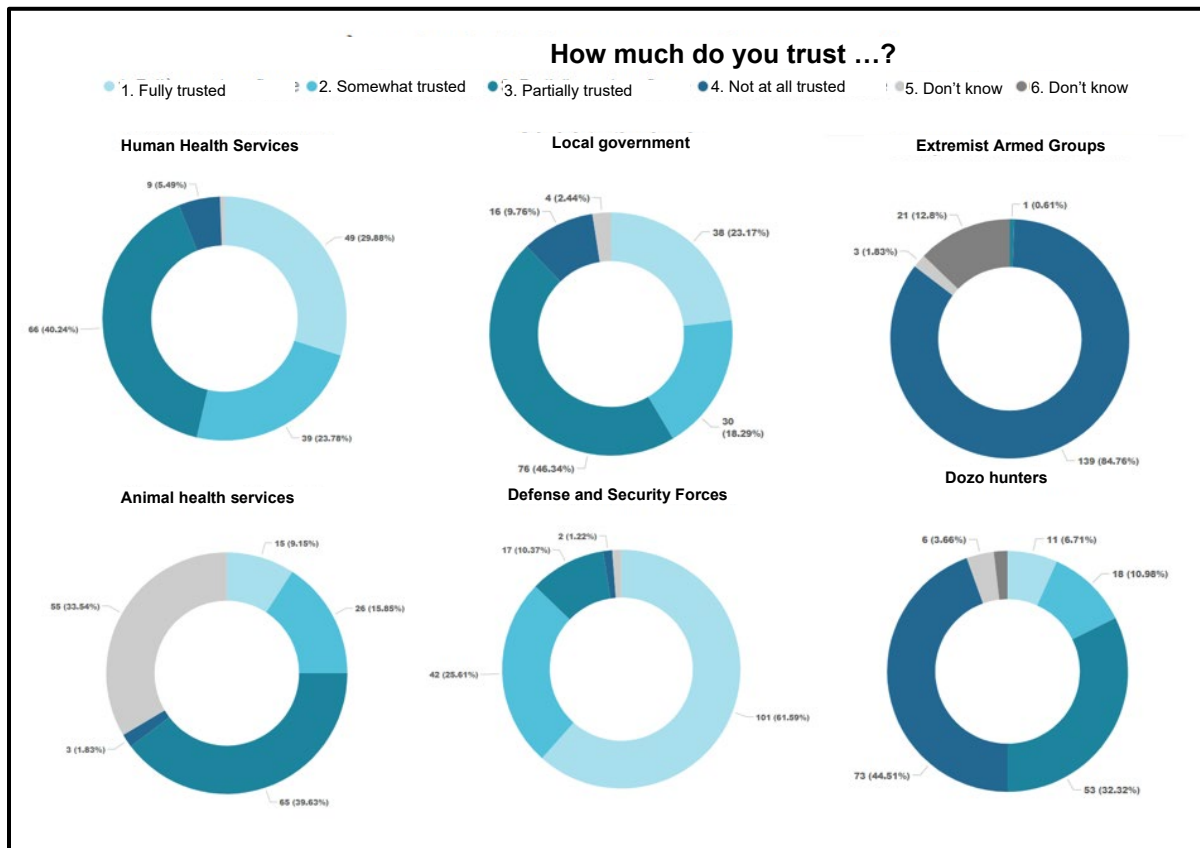
Figure 4: Trust in the Various Stakeholders I



However, 40% of respondents in the district say they only partially trust health workers and members of the local government, and nearly 10% of respondents do not trust them at all [Figure 5]. On the other hand, significantly more people say they fully trust the Malian armed forces, even

if they are not present at all times in all the villages within the district²⁴. What seems clear is that the majority of respondents do not trust the jihadists or Dozo hunters, or at least so they say (the research assistant in Kolongo felt that not all responses were completely honest due to the participants' safety concerns).

Figure 5: Trust in the Various Stakeholders II



The level of satisfaction with the services offered by government officials is similar to the level of trust they inspire. Most respondents say the government partially meets the needs of the population [Figure 6] and that, even if health workers do a good job, they could do better [Figure 7].

²⁴ This is due to the large national campaign by authorities calling on communities to support the army against the “forces of evil” and to the fact that in these places the army suffered heavy losses in view and knowledge of the populations, which paradoxically helped to increase the popularity of the army. In addition, many residents of these communities have relatives or friends in the military and know the efforts they are making.

Figure 6: Result of Government Action

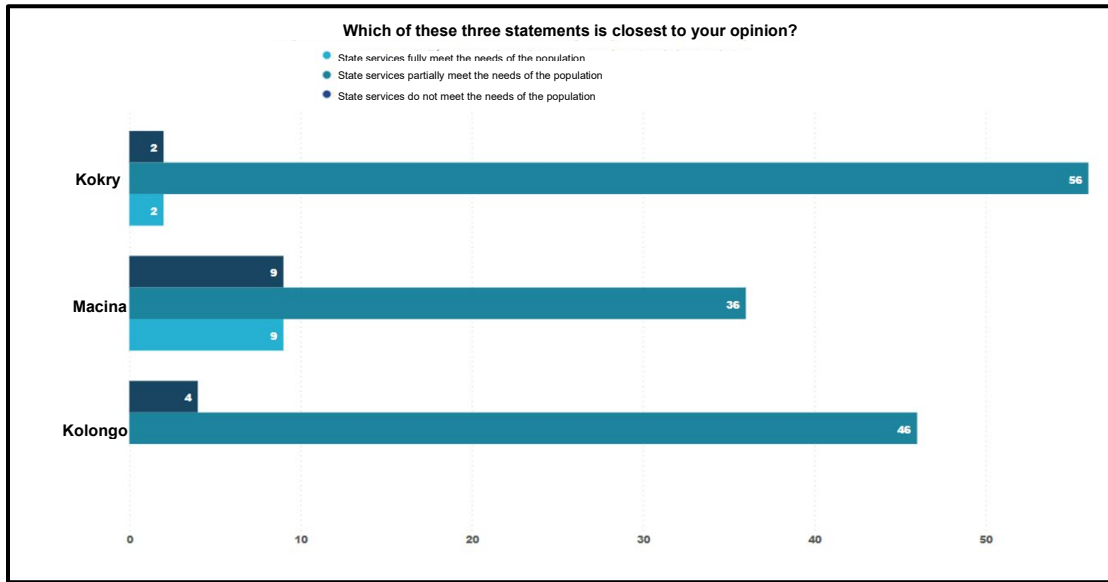
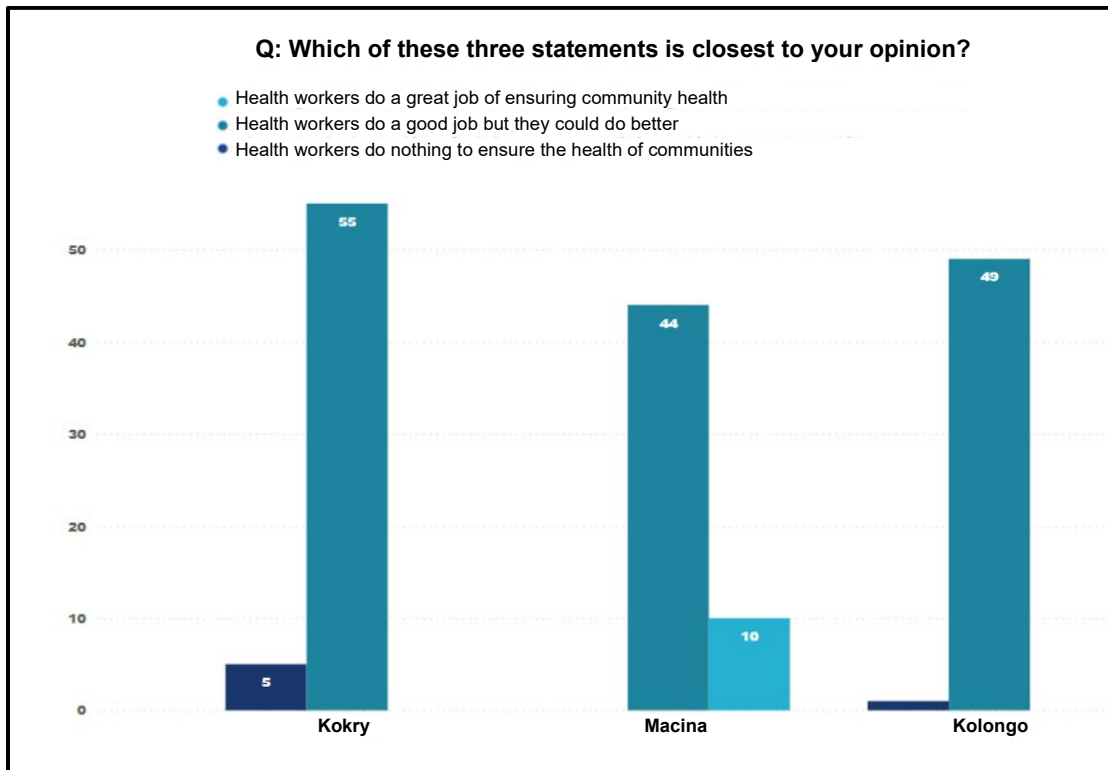


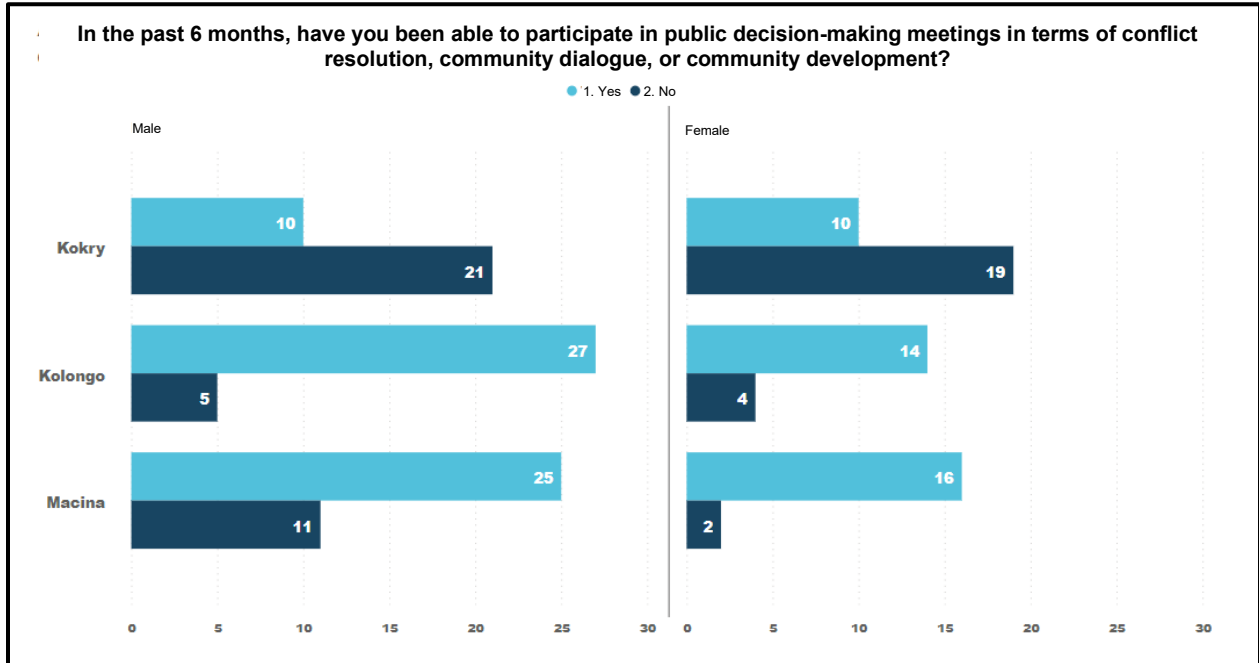
Figure 7: Health Worker Perception



Degree of Inclusion

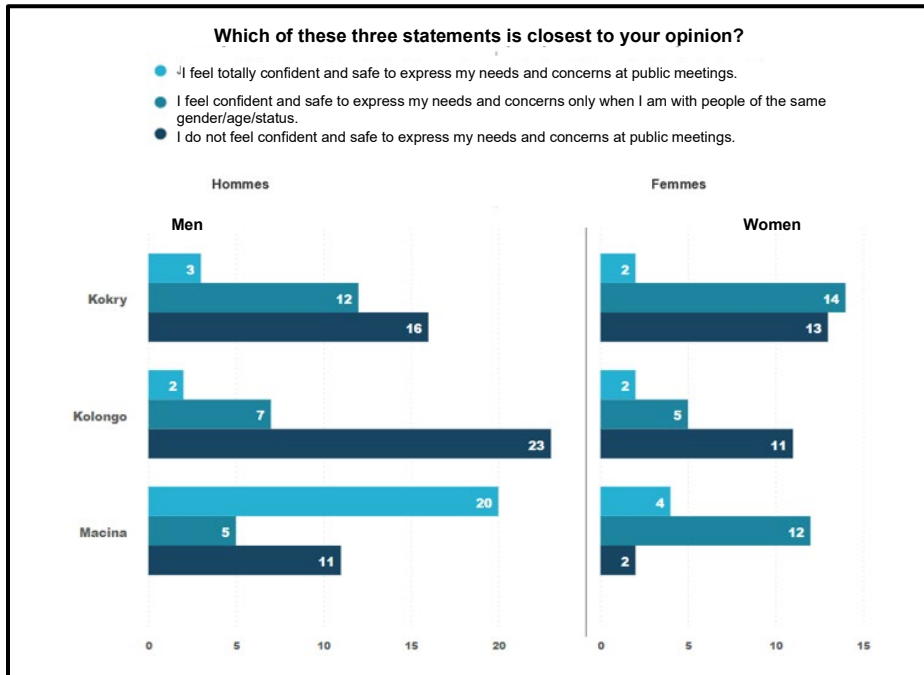
Gender does not appear to significantly impact levels of inclusion in public meetings on conflict resolution and community development, since the levels of participation among men and women are quite similar for each health area. However, there are differences between different health areas within Macina. While in Macina and Kolongo most respondents say they have attended such meetings in the past six months, in Kokry two-thirds say they have not [Figure 8].

Figure 8: Participation in Public Meetings



Whether or not they are present at decision-making meetings, half of the men surveyed in the district (mainly from Kolongo and Kokry) do not feel safe or confident to voice their concerns and opinions in public. Only in Macina does a majority feel safe to do so [Figure 9]. Women, meanwhile, do not feel confident speaking in public or only do so if they are with people of the same gender, age, or socioeconomic status (and the same is true for 24% of men). According to the interviews, one of the main reasons neither men nor women feel safe to express their opinions in public in Kokry and Kolongo is the fear that jihadists may be among the meeting participants. People want to avoid any type of retaliation and therefore prefer keeping their opinions to themselves.

Figure 9: Confidence to Voice Opinions in Public



Inclusion issues in decision-making meetings likely contribute to only partial consideration of the needs of women and young people in the district [Figure 10]. However, it should be noted that 100% of respondents in Macina and Kolongo support an increase in the decision-making power of these two groups within the community, and in Kokry only 7.69% are partially opposed [Figure 11].

Figure 10: Women’s and Young People’s Needs

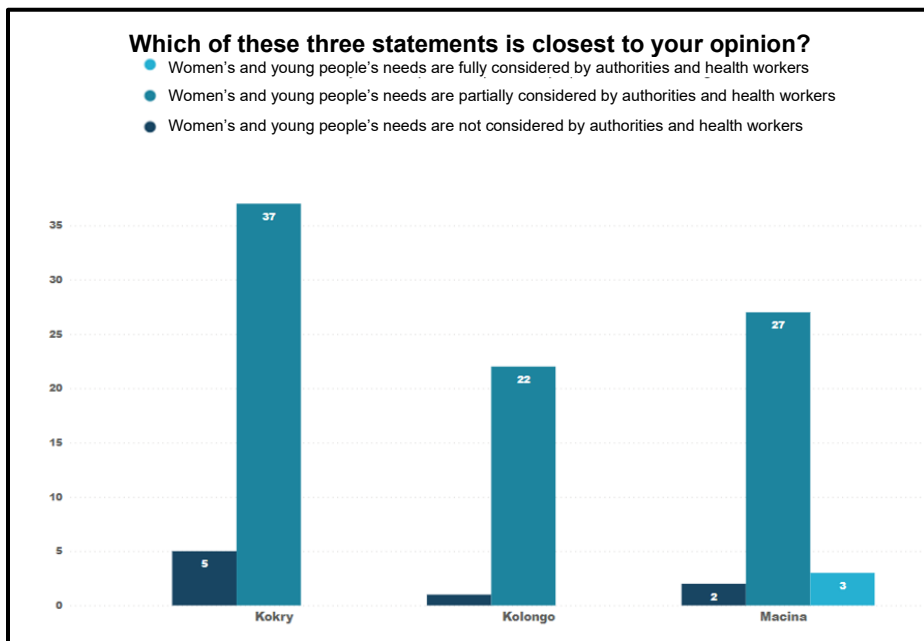
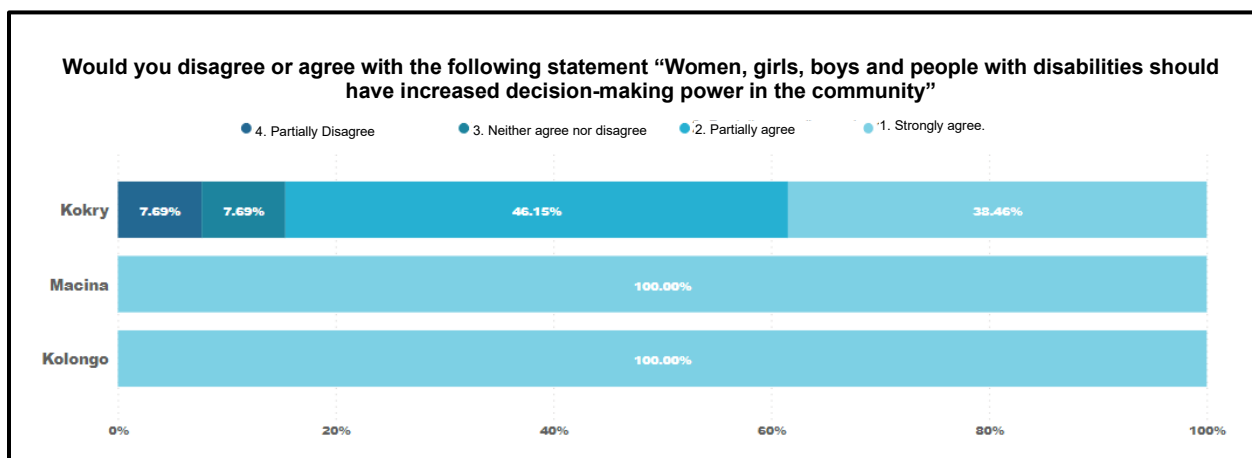


Figure 11: Men Supporting Increased Decision-Making Power for Women and Young People



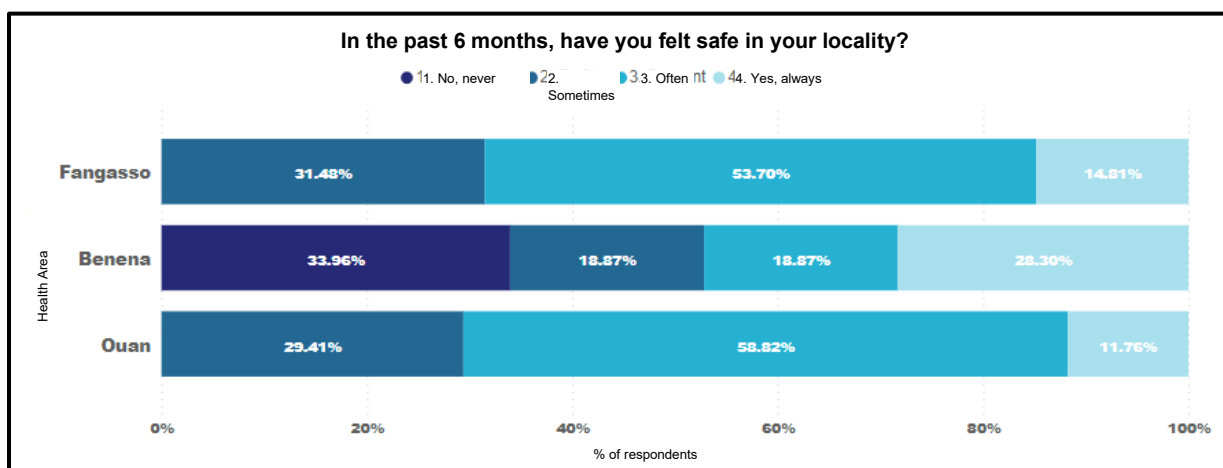
*Only for men

Baseline Situation in Tominian District

Security and Conflict Resolution

In the targeted areas of intervention in the district of Tominian, the FDS are constantly present and state and traditional authorities still make the law. This may explain why, overall, respondents in Tominian have a better perception of their personal safety than those of other targeted districts. In fact, in Fangasso and Ouan, more than 60% of respondents said they often or always feel safe [Figure 1]. Only 33.96% of Benena respondents said they never felt safe in the six months preceding the survey. In Benena, the armed forces are not always present and attacks in the surrounding area²⁵ are constantly multiplying, to the extent that people feel less secure.

Figure 1: Personal Safety in Tominian

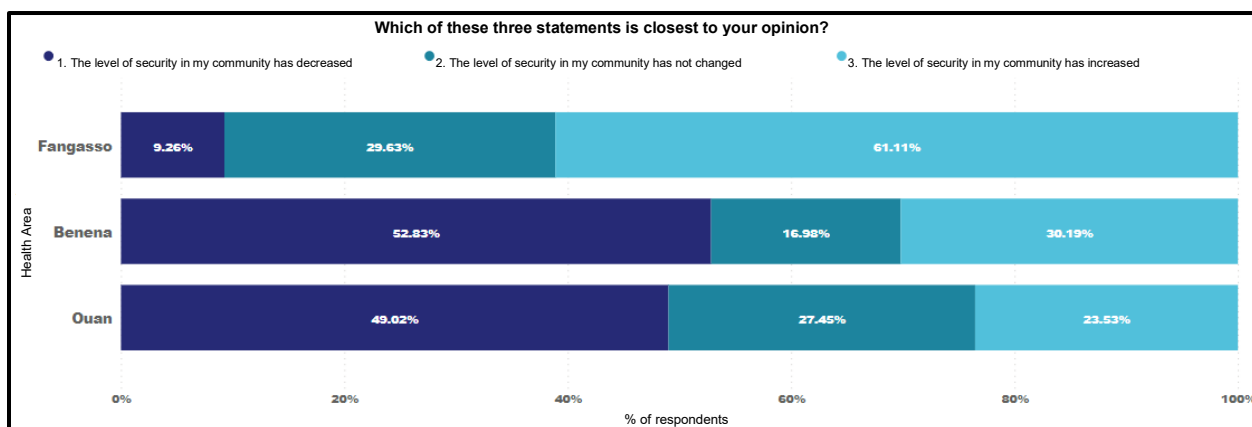


²⁵ Benena is 2 km from the border with Burkina Faso and not far from some unsafe municipalities in the Bankass circle such as Ouenkoro, Socoura, Tori, etc.

When asked to estimate the number of violent incidents in the past six months, the average number reported was one and the maximum was six (in Benena). Of the 158 respondents in Tominian District, 46 reported attacks, 35 reported land expropriations, 34 reported animal thefts, and 24 reported verbal abuse. Only a few reported violent score setting or forced divorces and/or marriages. Only one person, if any, reported kidnapping, forced recruitment, rape, or prohibitions that hindered freedom in each health area. During qualitative interviews, community representatives indicated that the most common type of conflict in Tominian is land dispute, especially between farmers and herders, caused by land expropriation. This in turn causes poverty, social discrimination, and impunity. Based on the responses gathered, these conflicts often result in reciprocal hatred and distrust between the adversarial parties and sometimes manifest as verbal abuse and/or punching (especially in cabarets/bars under the influence of alcohol). These private conflicts do not appear to have transformed into large-scale or organized violence between communities yet, but the feelings of injustice generated could be exploited by terrorists to recruit from the aggrieved communities.

Nonetheless, by comparing the current security situation in their localities with that from the previous years, half of respondents in Benena and Ouan say there is now more insecurity. The two municipalities are close to where jihadist attacks have multiplied over the last year: the east of Burkina Faso in the case of Benena and the city of Timissa in the case of Ouan. The presence of displaced people in these areas and rumors from other villages make people feel less safe than before and limit their movement. In addition, in Benena there is the ever-increasing presence of jihadist groups which target state representatives and their collaborators and who limit free movement. This contrasts with the situation in Fangasso, where more than 60% of people believe security has improved [Figure 2], which according to the research assistant might be due to the patrols established by Dozo hunters in the area.

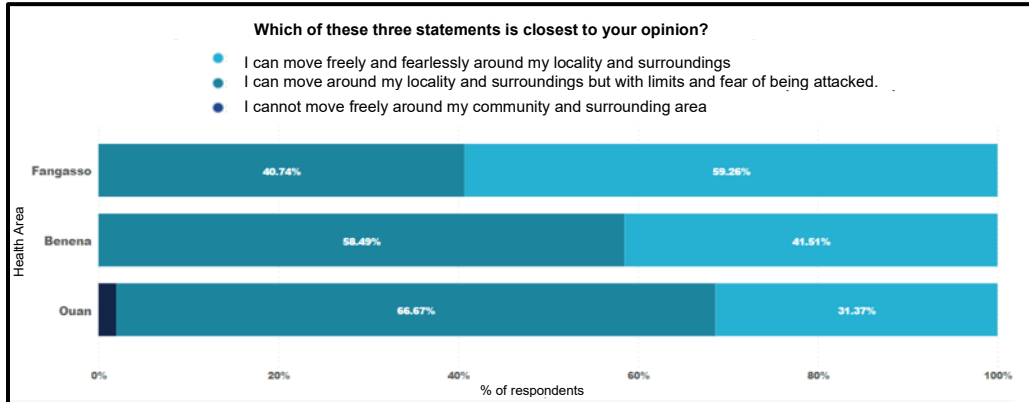
Figure 2: Security Evolution in Tominian



In fact, in Fangasso, around 60% of respondents said they could move freely and without fear in their locality, while the rest said they could move but within limits and with fear of being attacked. In Benena and Ouan, more than 58% of respondents reported limitations and fears, but none said they were unable to travel within their locality [Figure 3]. Residents are generally afraid of being

attacked by jihadists when they travel, but this has not created any access issues for the various villages, which some health agents and NGO workers seem to be able to visit frequently. At the moment, it appears that jihadists are essentially using these areas as places of refuge and retreat so they can transit to Burkina Faso or launch attacks against the FDSs and militias, but they do not control or attack residents as they do in other areas.

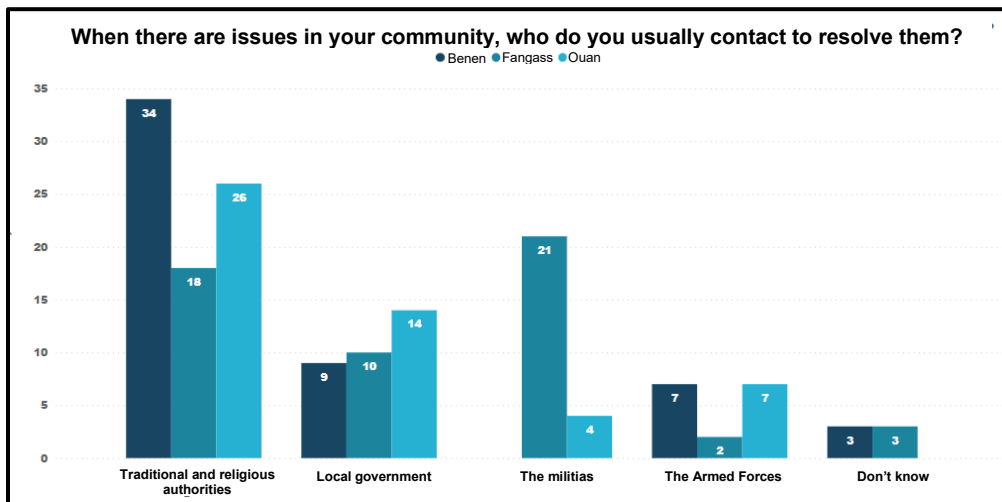
Figure 3: Freedom of Travel in Tominian



Trust and Perception of Government Officials and Other Stakeholders

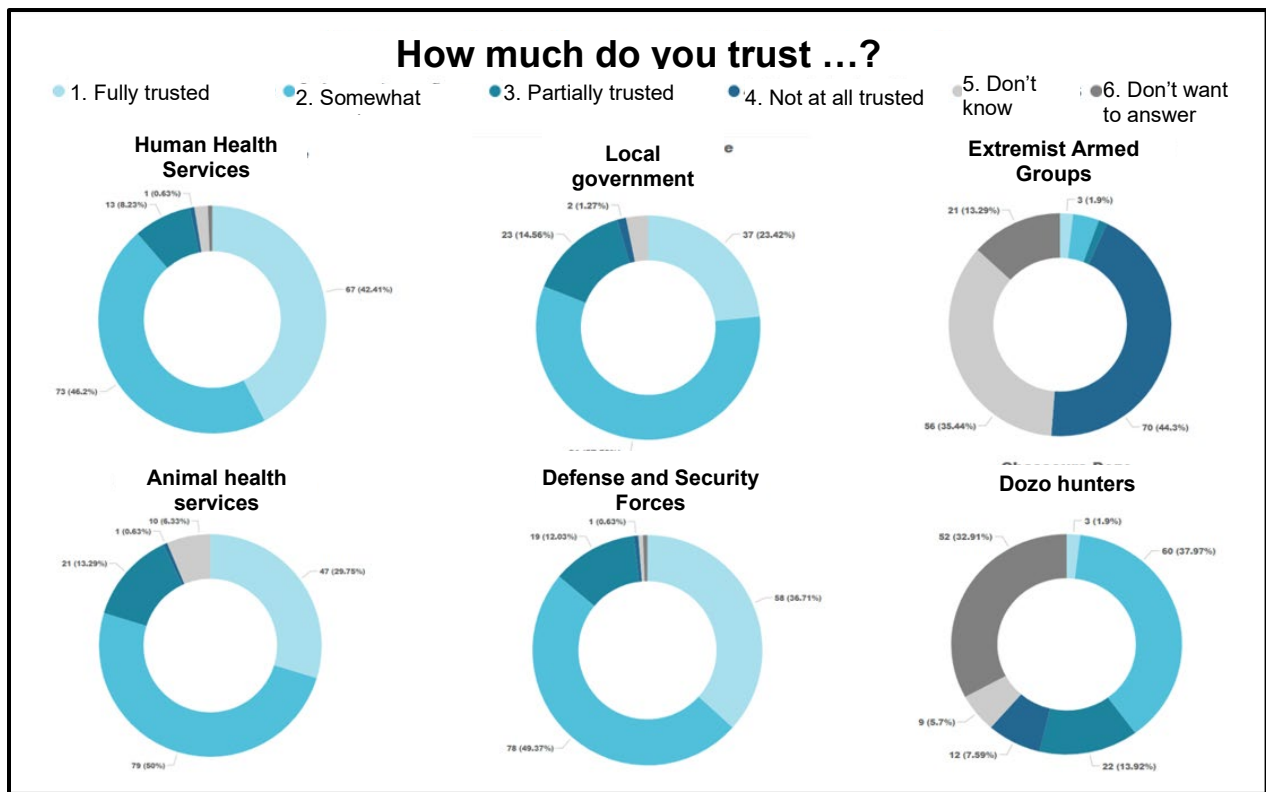
If there is a problem, communities in Tominian mostly turn to traditional and religious authorities, except in Fangasso, where twenty-one of the respondents (38%) say they contact militias (Dozo hunters) as a first resort. Although the mayor and police force are generally present in Benena, Fangasso, and Ouan, the traditional authorities (village chief and elders) actually manage the municipalities and have traditionally been tasked with resolving conflicts. In Fangasso, the brotherhood of hunters is well-organized and socially anchored, has great legitimacy, and has often settled certain land and/or inter-community disputes. Local government and armed forces are also contacted but to a lesser extent [Figure 4]. However, most respondents noted that the type of stakeholder they contact when a problem arises often depends on the nature of the problem.

Figure 4: Trust in the Various Stakeholders II



When we talk about trust in the various authorities and stakeholders present in the district of Tominian, we find that the majority of respondents place relative or complete trust in health workers, the local administration, and the security and defense forces. Greater trust in state representatives in Tominian is likely due to the greater presence of state services in the different health areas. Residents' responses to armed groups are, on the other hand, more ambiguous, with more than 30% stating that they do not know or do not want to respond. However, there seems to be a greater degree of trust in Dozo hunters (over 37% of respondents trust them enough) than in extremists (with over 44% saying they do not trust them at all) [Figure 5]²⁶.

Figure 5: Trust in the Various Stakeholders



While overall, respondents in Tominian seem to trust health workers and local government, the vast majority believe that the needs of the population are only partially met and more could be done by the different government officials [Figures 6 and 7]. In this regard, the position of the respondents is similar to that of respondents in the other districts and justifies the use of health packages as an incentive for dialogue. It must be noted though, that in Benena, a significant

²⁶ In this area, there is a historic security organization led by hunters who have practically replaced the FDSs and who are invested with a high degree of trust by the populations. They are also pragmatic and expeditious, and that's what residents of the area seek.

proportion of the respondents consider that health workers do an excellent job at ensuring the health of communities.

Figure 6: Result of Government Action

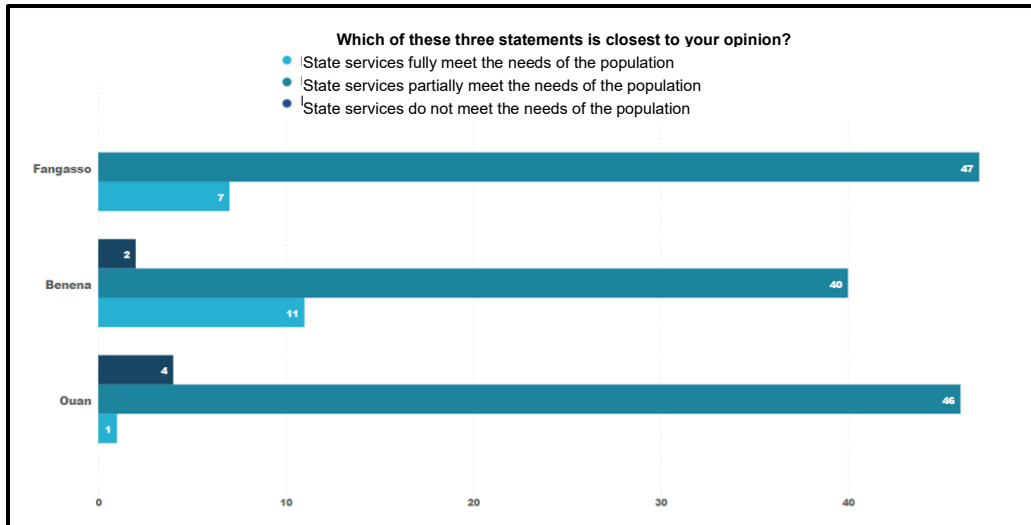
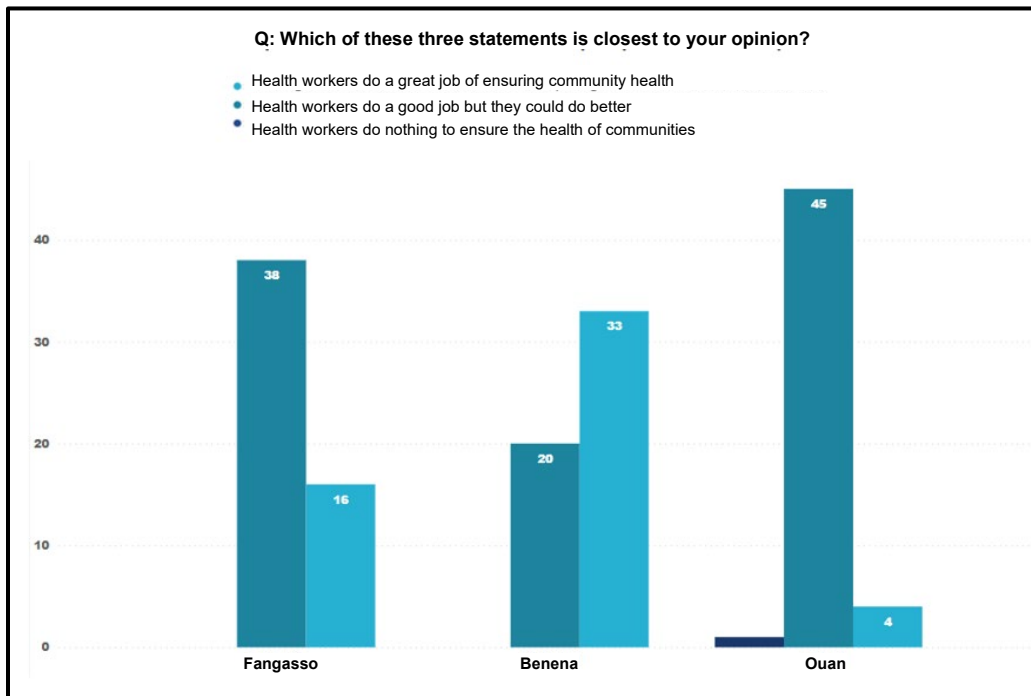


Figure 7: Health Worker Perception

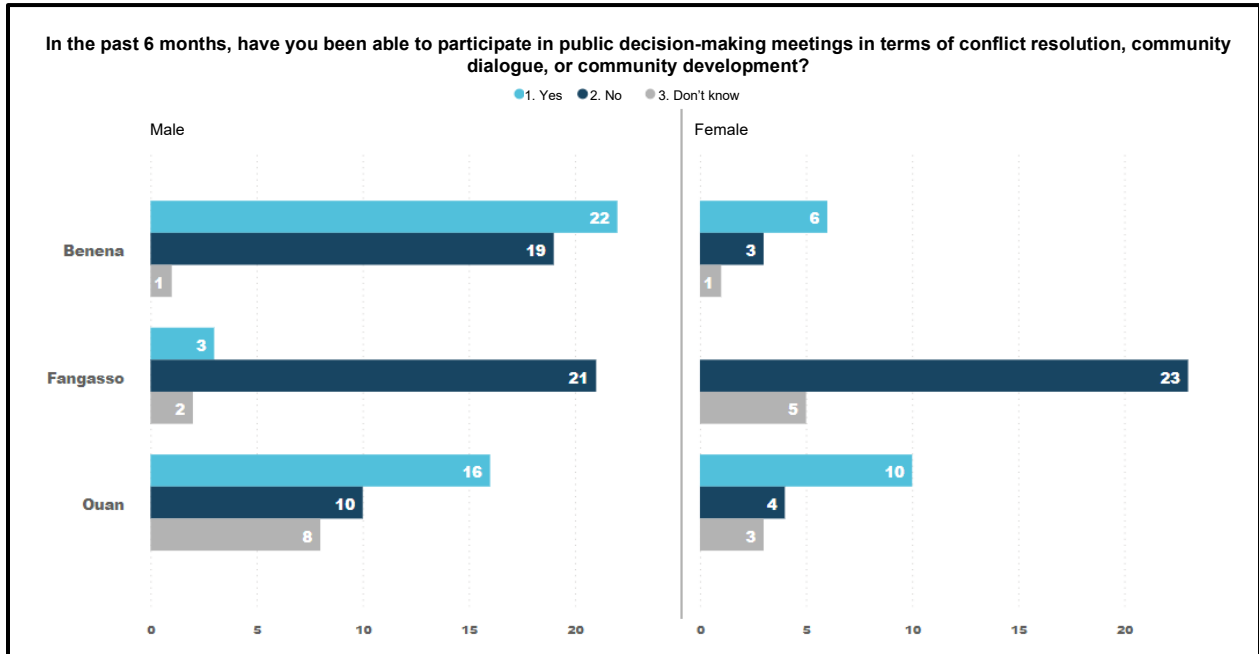


Degree of Inclusion

One of the reasons why the needs of the population of Tominian are only partially met may be that many people in the targeted areas, especially in Fangasso, do not participate in public decision-making meetings on conflict resolution and community development [Figure 8]. In Benena and

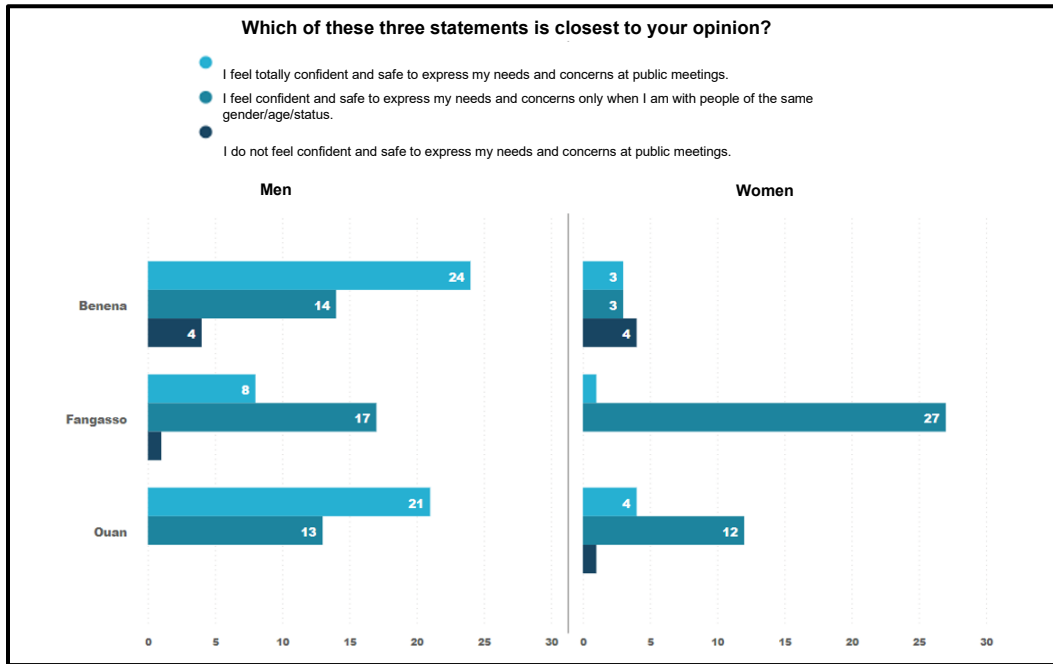
Ouan, most respondents say they participate in these kinds of meetings, but there is still a large number of men and women who do not or do not know what to answer.

Figure 8: Participation in Public Meetings



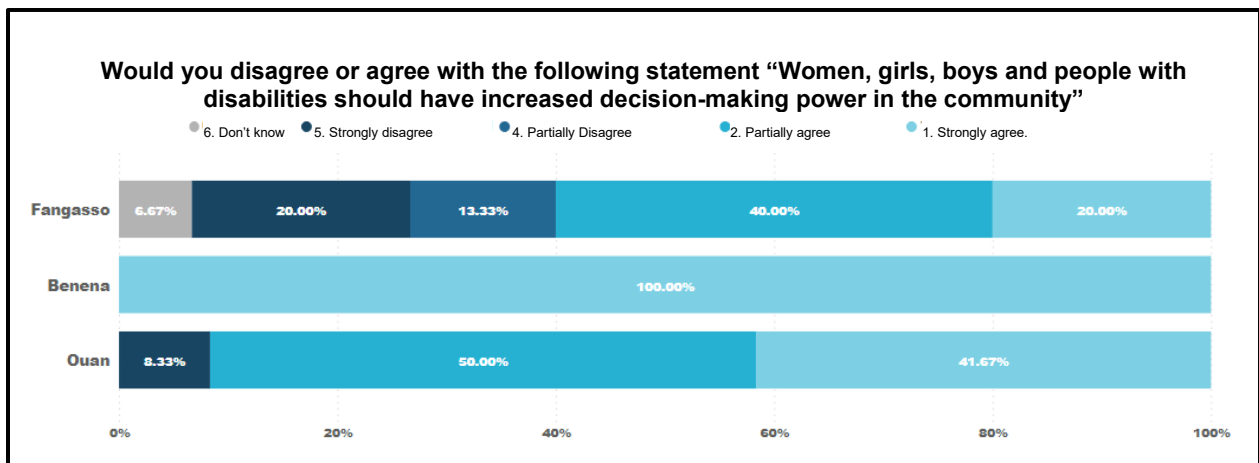
It must also be noted that in Tominian, only 34% of respondents were women. In Ouan, the research assistant argued that this was due to their unavailability because they worked in the fields or at home, but it could also be due to a certain reluctance from women to speak with male researchers. In fact, in Fangasso, where the research assistant was a woman, more women than men were interviewed. This is consistent with responses to the degree of confidence in expressing opinions in public, where most women in Fangasso and Ouan reported feeling confident and free to express their opinions and concerns only when they are with people of the same gender [Figure 9]. In Benena, where only ten women were interviewed, four of them said they do not generally feel confident expressing their opinions in public. The situation is different for men in Benena and Ouan, with the majority feel confident saying what they think in all public situations (although more than 32% of men surveyed also reported feeling confident only with people of the same gender/age/status). In Fangasso, however, men's confidence in speaking publicly is no different than women's, showing there is a widespread problem of inclusion and participation in public meetings.

Figure 9: Confidence to Voice Opinions in Public



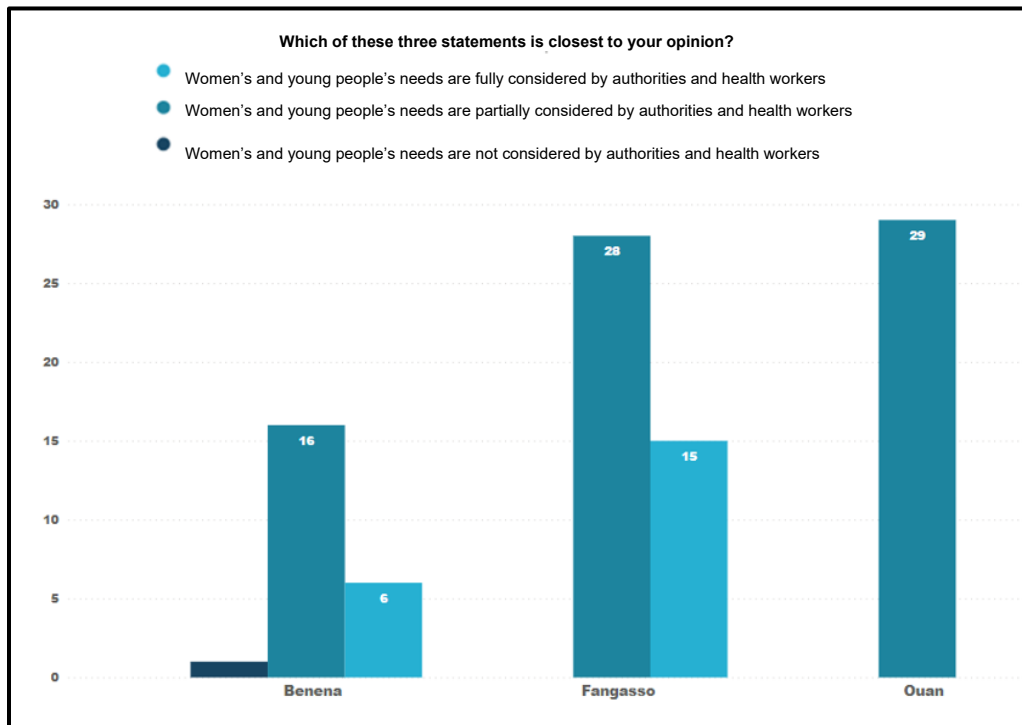
Precisely in Fangasso, more men expressed their disagreement with the idea of giving women and young people more decision-making power in their communities [Figure 10]. However, most respondents partially or completely agree with the idea, especially in Benena where 100% of respondents support greater inclusion.

Figure 10: Women’s and Young People’s Needs



Finally, another aspect of inclusion is whether health authorities and officials consider the needs of women and young people, and, in this regard, most respondents indicate that these needs are only partially considered [Figure 11].

Figure 11: Men Supporting Increased Decision-Making Power for Women and Young People



VIII. CONCLUSIONS AND LESSONS LEARNED

Despite a worrying security context in central Mali, the Carter Center Peace through Health team managed to successfully conduct the baseline study in all areas targeted by the initiative. With the goal of measuring security dynamics and baseline levels of inclusion and trust, the results of the surveys and interviews show that in each district or area there are conditions that can be improved. **The initiative can therefore have a positive impact on the various intervention areas**, which will need to be measured by comparing the results of this study with those obtained in subsequent studies.

According to survey responses and reports from research assistants, the feeling of insecurity is widespread among the population in the district of Tenenkou, and even more so in the districts of Youwarou and Macina. This feeling, which does not appear to be significantly affected by gender or age, is particularly strong in Dia, Kolongo, Kokry, Sah, Farimake, and Deboye's health areas, although the number of violent incidents reported in the six months preceding the survey is not high. Often, **the feeling of insecurity is linked to a more subtle type of violence, based on the threat and imposition of unpopular norms and restrictions on residents**, such as the

requirement for women to wear the veil. In other cases, the feeling of insecurity results from psychological distress generated by attacks and confrontations in the region. For example, in Benena and Ouan, in the Tominian District, where there is a more stable security situation, people are starting to feel more at risk because of growing jihadist attacks in neighboring communities, such as Timissa and those along the border with Burkina Faso. Overall, **daily life and travel for the majority of people in all targeted areas is limited by fear and the current security context.** A context which, according to most respondents, must be addressed through dialogue and negotiation.

In this sense, it is necessary to think about ways to improve the degree of trust between the various stakeholders. **The majority of respondents believe that their needs are only partially met** by state services, including health services, although there are some exceptions. In general, the perception of health workers is more positive than that of other government officials but there are notable differences between districts and areas. **People in the district of Youwarou have the most favorable perception of health workers while those from Macina report the worst perception.** Traditional authorities are seen as highly legitimate, and people often turn to them in the event of problems or conflicts (although this often depends upon the type of problem), while extremist armed groups and hunters are viewed with more suspicion (at least according to survey responses). In general, confidence in security forces is higher in the districts of Macina and Tominian (Ségou region), than in of the districts of Tenenkou and Youwarou (Mopti region), where armed forces are less present and often accused of violence against the population.

Finally, **more than half of the population surveyed said that they do not participate in public decision-making meetings or do not feel comfortable expressing their concerns when they do,** unless they are with people of the same gender or age. It must be noted that Fangasso (Tominian) has a very low degree of participation and inclusion despite being one of the safest areas; that men in Macina district are afraid of speaking up because of the possibility of retaliation; and that women and young people do not feel comfortable speaking up in general, most notably in Youwarou. Most men, however, support greater inclusion of the latter in decision-making meetings.

The study has some limitations. First, the security context meant that some respondents didn't feel they could speak freely, something noted by both research assistants and participants, who expressed reluctance to ask and to answer questions about security and armed groups. Second, the understanding of questions and of concepts such as "community," "local administration," or "violent incidents" may differ among survey creators, research assistants, and respondents. In the future, more steps should be taken to ensure that researchers and respondents share the same understanding of the terms. Third, the absence of certain questions which may have improved the understanding of the situation in each area, but which were not included when developing the questionnaire because they did not correspond to the indicators of the logical framework. Finally, while most researchers were familiar with conducting surveys, not all of them were as comfortable conducting qualitative interviews. They would have benefited from more training. Nonetheless, we believe this study is a solid foundation for future research and for tailoring peace through health interventions to the specific situations of each district and area.

IX. Appendix

Logical framework of the initiative:

Objective 1 (1000): Conditions of peace, defined as freedom of movement; reduction of jihadi attacks; access to all areas; reduction of GBV, and reduction of violence targeting minorities improves in the target districts: Ténenkou, Youwarou, Macina, and Tominian.

Intermediate Outcomes	Immediate Outcomes	Outputs	Activities
<p>1100. Improved trust between the local level of the Malian government and communities of Mopti and Segou</p>	<p>1110a. Cooperation between communities and government health agents is reinforced through workshops.</p> <p>1110b. Access to the communities for government representatives is sustained through security meetings</p> <p>1110c. Increased perception of governmental accountability through the effective delivery of health/social services</p> <p>1110d. Health access in the target areas is improved</p>	<p>1111a. Community sees continued presence of Peace through Health team and government representatives in the region</p> <p>1111b. Health workers access all targeted areas safely for prolonged periods of time</p> <p>1111c. Community recognizes link between Peace through Health team and Malian government</p> <p>1111d. Community has positive experience engaging with government structure at all levels</p> <p>1111e. Community sees government follow-through on delivery of agreed-upon health activities</p>	<p>1. Agreed Upon ‘health package’ is provided</p> <p>2. Government agents at national, regional, and local levels are included in all workshops</p> <p>3. Collaborative workshops are held with community groups, including youth and women, and local government agents</p>

<p>1200. Improved agency of communities of Mopti and Segou to address their needs</p>	<p>1210a. Government actors receive training to include all members of the communities in decision making 1210b. Communities, including women, feel empowered to express their needs and concerns publicly 1210c. Communities participate in the elaboration of health packages 1210d. Communities are actively involved and supportive of the initiative therefore decreasing risk of potential pushback</p>	<p>1211a. Expressed needs of all groups, including majority and minority groups, in the community are integrated in the health package 1211b. Communities are equitably impacted by health packages 1211c. Community members feel there is a safe, open space for dialogue 1211d. Community representatives assist in evaluating and monitoring the delivery of health packages</p>	<ol style="list-style-type: none"> 1. 'Health package' is negotiated equitably between and within communities 2. The input of representatives from diverse groups in the community, with a specific focus on the input of women, is included in development of 'health package' 3. Encourage members from marginalized groups to express peace and health needs 4. The Carter Center acts as a neutral facilitator of work sessions with diverse attendees to determine health packages 5. GW health education is included in workshops
<p>1300. Increased capacity of communities to resolve conflict internally and with government actors</p>	<p>1310a. Communities are able to assess the type, causes, actors, and consequence of conflicts in their communities during workshops 1310b. Communities have agency to request and organize specific conflict mitigation sessions 1310c. Communities have skills and confidence to mediate conflict themselves with all actors, including jihadi</p>	<p>1311a. Marginalized/target communities learn mediation skills and use them in conflict mitigation sessions 1311b. Community members identify issues and solutions to conflict and implement them locally</p>	<ol style="list-style-type: none"> 1. Communities organize a workshop to assess the conditions of the conflict and use learned skills to assess the issues to address among themselves 2. Dialogue and mediation workshops are delivered for target communities (women, youth, elders, minority groups) locally at the request of the community members

<p>1400. Improved understanding of factors of violence and grievances at the local level</p>	<p>1410a. Stakeholders understand the dynamics of violence through training and mapping reports and adapt their interventions accordingly 1410b. Institutional partners are informed and empowered to integrate peacebuilding in their interventions 1410c. Conflict is assessed by specific field investigations and surveys and results are shared with all stakeholders</p>	<p>1411a. All stakeholders and partners include conflict analysis in their strategies 1411b. Peace through Health model is used by other health and development organizations 1411c. Reports inform partners and stakeholders of trends and evolution of the conflict</p>	<p>1. A network of Peace through Health ambassadors provides input on violence and local conflict 2. Field surveys are led in targeted areas and provide reports to all stakeholders 3. Reports and dashboards are conceived and shared with stakeholders using mapping tools and data analysis</p>
<p>1500. Increased capacity of women and youth to participate in decision making and in conflict mitigation</p>	<p>1510a. Women and youth are central actors of the dialogue and violence mitigation process 1510b. Community representatives and health agents can implement inclusion of women and youth in their everyday work through training 1510c. Men become stakeholders in women's empowerment 1510d. Project can adjust programming to respond to new obstacles for women and youth</p>	<p>1511a. Women and youth develop, implement, and evaluate the project 1511b. Women and youth use conflict resolution skills and understanding of peacebuilding principles 1511c. The project can assess the needs of women that may be highly sensitive 1511d. The project facilitates health activities which respond to women's needs 1511e. Community has skills on gender-inclusive dialogue, increasing awareness of importance of women's empowerment</p>	<p>1. Provide specific training on dialogue and conflict mitigation to women and youth locally 2. Provide long-term and practical training to all health stakeholders and NGO partners in gender sensitivity, including the Ministry of Health's agents 3. Hire a gender sensitivity consultant to participate in all work sessions and help The Carter Center define ways to implement gender-based approaches in our community activities 4. Prioritize women and girls' health in the first set of activities 5. Assess women and girls' perceptions of violence and health through dedicated surveys</p>

Detailed Investigation Results

1000a: Number of violent incidents reported, where violence is defined as an attack or fight between groups:

Q: How many violent incidents do you think have occurred in your area in the past 6 months? (Give an estimate)

Macina	Tenenkou	Tominian	Youwarou	Grand Total
Min				
0	0	0	0	
Max				
65	50	6	20	
Average				
3.96	5.10	0.99	3.40	

1000b: Number/total (and %) of individuals (F/M) reporting a perceived increase in their personal safety:²⁷

Q: In the past 6 months, have you felt safe in your locality?

	Macina			Tenenkou			Tominian			Youwarou			Grand Total
	W	M	T	W	M	T	W	M	T	W	M	T	
1. No, never													
N	46	63	109	30	38	68	3	15	18	73	115	188	384
%	70. 77	63. 64	66. 46	15. 15	15. 97	15. 60	5.4 5	14. 56	11. 39	58. 40	61. 50	60. 26	35.72%
2. Sometimes													
N	10	19	29	79	100	179	18	24	42	33	33	66	318
%	15. 38	19. 19	17. 68	39. 90	42. 02	41. 06	32. 73	23. 30	26. 58	26. 40	17. 65	21. 15	29.58%
3. Often													
N	7	14	21	55	72	127	29	40	69	17	27	44	263

²⁷ The actual number for this and other indicators will be obtained by comparing the responses from the base study and the final study.

%	10. 77	14. 14	12. 80	27. 78	30. 25	29. 13	52. 73	38. 83	43. 67	13. 60	14. 44	14. 10	24.47%
4. Yes, always													
N	2	3	5	32	27	75	5	24	29	1	12	13	106
%	3.0 8	3.0 3	3.0 5	16. 16	11. 34	13. 53	9.0 9	23. 30	18. 35	0.8 0	6.4 2	4.1 7	9.86%
5. Don't know													
N	0	0	0	1	0	1	0	0	0	1	0	1	2
%	0.0 0	0.0 0	0.0 0	0.5 1	0.0 0	0.2 3	0.0 0	0.0 0	0.0 0	0.8 0	0.0 0	0.3 2	0.19%
6. Do not want to answer													
N	0	0	0	0	1	1	0	0	0	0	0	0	1
%	0.0 0	0.0 0	0.0 0	0.0 0	0.4 2	0.2 3	0.0 0	0.0 0	0.0 0	0	0	0	0.09%
T N	65	99	164	198	238	436	55	103	158	125	187	312	1070
T %	100	100	100	100	100	100	100	100	100	100	100	100	100%

Q: Which of these three statements is closest to your opinion?

	Macina			Tenenkou			Tominian			Youwarou			Grand Total
	W	M	T	W	M	T	W	M	T	W	M	T	
1. The level of security in my community has decreased													
N	41	59	100	46	69	115	18	40	58	71	94	165	437
%	63. 08	59. 6	60. 98	23. 23	28. 99	26. 38	32. 73	38. 83	36. 71	56. 80	50. 27	52. 88	40.84%
2. The level of security in my community has not changed													
N	14	15	29	122	119	241	15	24	39	52	77	129	438
%	21. 54	15. 15	17. 68	61. 62	50. 00	55. 28	27. 27	23. 30	24. 68	41. 60	41. 18	41. 35	40.93%
3. The level of security in my community has increased													
N	10	25	35	30	50	80	39	40	61	2	16	18	195
%	15. 38	25. 25	21. 34	15. 15	21. 01	18. 35	40	37. 86	38. 61	1.6 0	8.5 6	5.7 7	18.22%
T N	65	99	164	198	238	436	55	103	158	125	187	312	1070
T %	100	100	100	100	100	100	100	100	100	100	100	100	100%

1000c: #/total (and %) of civilians (F/M) reporting freedom of movement:

Q: Which of these three statements is closest to your opinion?

	Macina			Tenenkou			Tominian			Youwarou			Grand Total
	W	M	T	W	M	T	W	M	T	W	M	T	
1. I cannot move freely around my community and surrounding area.													
N	14	21	35	56	22	78	0	1	1	28	43	71	186
%	23. 33	23. 33	23. 22	28. 28	9.2 4	17. 89	0	1.1 1	0.7 1	22. 40	22. 99	22. 76	17.38%
2. I can move around my locality, but with limitations to my movement and the fear of being attacked.													
N	45	63	108	100	168	268	33	44	77	91	127	218	694
%	75	70	72	50. 51	70. 59	61. 47	64. 71	48. 89	54. 61	72. 80	67. 91	69. 87	64.86%
3. I can move freely and without fear around my locality and surrounding area.													
N	1	6	7	42	48	90	18	45	63	6	17	23	190
%	1.6 7	6.6 7	4.6 7	21. 21	20. 17	20. 64	35. 29	50	44. 68	4.8 0	9.0 9	7.3 7	17.76%
T N	60	90	150	198	238	436	51	90	141	125	187	312	1070
T %	100	100	100	100	100	100	100	100	100	100	100	100	100%

1111a: Number of visits to government health services in target communities:

[HEALTHCARE WORKERS ONLY] How many health worker visits in targeted communities took place last month?

Macina	Tenenkou	Tominian	Youwarou	Grand Total
Min				
1	0	0	0	0
Max				
20	20	30	10	30
Average				

10.08	3.10	3.17	1.56	3.39
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1310c: Number of Conflicts Resolved by the Communities Themselves:

Q: How many conflicts do you think have been resolved in your area in the past 6 months?

Macina	Tenenkou	Tominian	Youwarou	Grand Total
Min				
0	0	0	0	0
Max				
17	60	10	9	60
Average				
1.12	1.61	0.70	2.05	1.54

1100a: #/total (and %) of individuals (F/M) who indicate positive perception of health workers:

Q: How much do you trust human health services?

	Macina			Tenenkou			Tominian			Youwarou			Grand Total
	W	M	T	W	M	T	W	M	T	W	M	T	
1. Not at all trusted													
N	1	8	9	2	5	7	0	1	1	0	0	0	17
%	1.5	8.0	5.4	1.0	2.1	1.6	0	0.9	0.6	0.0	0.0	0.0	1.59%
	4	8	9	1	0	1	0	8	4	0	0	0	
2. Partially trusted													
N	31	35	66	36	44	80	2	11	13	13	14	27	187
%	47.	35.	40.	18.	18.	18.	3.6	10.	8.2	10.	7.4	8.6	17.48%
	69	35	24	18	49	35	4	78	8	40	9	5	
3. Somewhat trusted													
N	16	23	39	68	72	140	37	36	73	17	26	43	295

%	24. 62	23. 23	23. 78	34. 34	30. 25	32. 11	67. 27	35. 29	46. 50	13. 60	13. 90	13. 78	27.57%
4. Fully trusted													
N	17	32	49	89	113	202	16	51	67	95	147	242	559
%	26. 15	32. 32	29. 88	44. 95	47. 48	46. 33	29. 09	50	42. 68	76. 00	78. 61	77. 56	52.24%
5. Don't know													
N	0	1	1	3	2	5	0	3	3	0	0	0	9
%	0.0 0	1.0 1	0.6 1	1.5 2	0.8 4	1.1 5	0.0 0	2.9 4	1.9 1	0.0 0	0.0 0	0.0 0	0.4%
6. Do not want to answer													
N	0	0	0	0	2	2	0	0	0	0	0	0	2
%	0.0 0	0.0 0	0.0 0	0.0 0	0.8 4	0.4 6	0.0 0	0.0 0	0.0 0	0.0 0	0.0 0	0.0 0	0.1%
T N	65	99	164	198	238	436	55	102	157	125	187	312	1070
T %	100	100	100	100	100	100	100	100	100	100	100	100	100%

Q: Which of these three statements is closest to your opinion?

	Macina			Tenenkou			Tominian			Youwarou			Grand Total
	W	M	T	W	M	T	W	M	T	W	M	T	
1. Health workers do nothing to ensure community health.													
N	2	4	6	3	6	9	0	1	1	0	0	0	16
%	3.0 8	4.0 4	3.6 6	1.5 2	2.5 2	2.0 6	0.0 0	0.9 7	0.6 4	0.0 0	0.0 0	0.00	1.50%
2. Health workers do a good job of keeping the community healthy, but they could do better.													
N	60	88	148	104	119	223	39	64	103	74	92	166	639
%	92. 31	88. 89	90. 24	52. 52	50	47. 79	72. 22	62. 14	65. 61	59. 20	49. 20	53.2 1	59.71%
3. Health workers do a great job of ensuring community health.													
N	3	7	10	91	113	204	15	38	53	51	95	146	414
%	4.6 2	7.0 7	6.1 0	45. 96	47. 48	46. 79	27. 78	36. 89	33. 76	40. 80	50. 80	46.7 91	38.69
T N	65	99	164	198	238	436	54	103	157	125	187	312	1070
T %	100	100	100	100	100	100	100	100	100	100	100	100	100%

1100: Total number (and %) of individuals (F/M) who reported trusting the Malian government:

Q: How much do you trust the local government (mayors, city counselors, etc.)?

	Macina			Tenenkou			Tominian			Youwarou			Grand Total
	W	M	T	W	M	T	W	M	T	W	M	T	
1. Not at all trusted													
N	6	10	16	14	26	40	0	2	2	18	31	49	106
%	9.2	10.	9.7	7.0	10.	9.1	0.0	1.9	1.2	14.	16.	15.	9.91%
	3	10	6	7	92	7	0	4	7	40	58	71	
2. Partially trusted													
N	32	44	76	80	80	160	4	19	23	57	67	124	384
%	49.	44.	46.	40.	33.	36.	7.2	18.	14.	45.	35.	39.	35.89%
	23	44	34	40	61	70	7	45	56	60	83	74	
3. Somewhat trusted													
N	12	18	30	31	46	77	42	49	91	30	43	73	271
%	18.	18.	18.	15.	19.	17.	76.	47.	57.	24.	22.	23.	25.33%
	46	18	29	66	33	66	36	57	59	00	99	40	
4. Fully trusted													
N	12	26	38	54	78	132	7	30	37	16	39	55	262
%	18.	26.	23.	27.	32.	30.	12.	29.	23.	12.	20.	17.	24.49%
	46	26	17	27	77	28	73	13	42	80	86	63	
5. Don't know													
N	3	1	2	14	7	21	2	3	5	4	6	10	40
%	4.6	1.0	2.4	7.0	2.9	4.8	3.6	2.9	3.1	3.2	3.2	3.2	3.73%
	2	1	4	7	4	2	4	1	6	0	1	1	
6. Do not want to answer													
N	0	0	0	5	1	6	0	0	0	0	1	1	7
%	0.0	0.0	0.0	2.5	0.4	1.3	0.0	0.0	0.0	0	0.5	0.3	0.65%
	0	0	0	3	2	8	0	0	0	0	3	21	
T N	65	99	164	156	206	366	55	103	158	25	187	312	1070
T %	100	100	100	100	100	100	100	100	100	100	100	100	100%

1110c: #/total (and %) of individuals (F/M) who report positive perception of the outcome of government action:

Q: Which of these three statements is closest to your opinion?

	Macina			Tenenkou			Tominian			Youwarou			Grand Total
	W	M	T	W	M	T	W	M	T	W	M	T	
1. State services do not meet the needs of the population.													
N	4	11	15	27	40	67	0	6	6	22	49	71	155
%	6.1	11.	9.1	13.	16.	15.	0.0	5.8	3.8	17.	26.	22.	14.49%
	5	11	5	64	81	37	0	3	2	60	20	76	
2. State services partially meet the needs of the population.													
N	59	79	138	142	164	306	50	82	132	92	131	223	799
%	90.	79.	84.	71.	68.	70.	92.	79.	84.	73.	70.	71.	74.67%
	77	80	15	72	91	18	50	61	08	60	05	47	
3. State services fully meet the needs of the population.													
N	2	9	11	27	40	67	4	15	19	11	7	18	116
%	3.0	9.0	6.7	13.	16.	15.	7.4	14.	12.	8.8	3.7	5.7	10.84%
	8	9	1	64	81	37	1	56	10	0	4	7	
T N	65	99	164	198	238	436	54	103	157	125	187	312	1070
T %	100	100	100	100	100	100	100	100	100	100	100	100	100%

1200: #/Number/total (and %) of individual community representatives (F/M) indicating increased capacity to participate in public decision-making:

Q: In the past 6 months, have you been able to participate in public decision-making meetings in terms of conflict resolution, community dialogue, or community development?

	Macina			Tenenkou			Tominian			Youwarou			Grand Total
	W	M	T	W	M	T	W	M	T	W	M	T	
1. Yes													
N	40	62	102	62	149	211	16	41	57	28	86	114	485

%	61. 54	62. 63	62. 20	31. 31	62. 61	48. 39	29. 09	40. 20	36. 31	22. 40	45. 99	36. 54	45.33%
2. No													
N	25	37	62	136	87	223	30	50	80	90	96	186	550
%	38. 46	37. 37	37. 80	68. 69	36. 55	51. 15	54. 55	49. 02	50. 96	72. 00	51. 34	59. 62	51.40%
5. Don't know													
N	0	0	0	0	1	1	9	11	20	7	4	11	33
%	0.0 0	0.0 0	0	0.0 0	0.4 2	0.2 3	16. 36	10. 78	12. 74	5.6 0	2.1 4	3.5 3	3.08%
6. Do not want to answer													
N	0	0	0	0	1	1	0	0	0	0	1	1	2
%	0.0 0	0.0 0	0.0 0	0.0 0	0.4 2	0.2 3	0.0 0	0.0 0	0.0 0	0.0 0	0.5 3	0.3 2	0.19%
T N	65	99	164	159	207	366	55	102	157	125	187	312	1070
T %	100	100	100	100	100	100	100	100	100	100	100	100	100%

Q: Which of these three statements is closest to your opinion?

	Macina			Tenenkou			Tominian			Youwarou			Grand Total
	W	M	T	W	M	T	W	M	T	W	M	T	
1. I feel totally confident and safe to express my needs and concerns in public meetings, in all situations.													
N	8	25	33	57	163	220	8	53	61	10	29	39	355
%	12. 31	25. 25	20. 12	28. 79	68. 49	50. 46	14. 55	51. 96	38. 85	8.0 0	15. 51	12. 50	33.18%

2. I feel confident and safe to express my needs and concerns at public meetings only when I am with people of the same gender/age/status.													
N	31	24	62	107	60	167	42	44	86	77	77	154	462
%	47.69	24.24	33.54	54.04	25.21	38.30	76.36	43.14	54.78	61.60	41.18	49.36	43.18%
3. I do not feel confident and safe to express my needs and concerns in public meetings.													
N	26	50	76	34	14	48	5	5	10	38	81	119	252
%	40	50.51	46.34	17.17	5.88	11.01	9.09	4.90	6.37	30.40	43.32	38.14	23.55%
T N	65	99	164	198	238	436	55	102	157	125	187	312	1070
T %	100	100	100	100	100	100	100	100	100	100	100	100	100%

1500: #/total (and %) of women who report feeling confident to participate in public meetings:

Q: [WOMEN ONLY] At public meetings, how free and confident do you feel to express your opinion?

	Macina	Tenenkou	Tominian	Youwarou	Grand Total
1. Completely free / confident					
N	4	42	7	8	61
%	6.15	21.21	12.73	6.40	13.77%
2. Fairly free / fairly confident					
N	26	47	16	15	104
%	40	23.74	29.09	12	23.48%
3. Not very free / not very confident					
N	31	60	18	69	178
%	47.69	30.30	32.73	55.20	40.18%
4. Not at all free / not at all confident					

N	2	43	1	29	75
%	3.08	21.72	1.82	23.20	16.93%
5. Don't know					
N	2	3	12	1	18
%	3.08	1.52	21.82	0.80	4.06%
6. Do not want to answer					
N	0	2	1	0	3
%	0.00	1.01	1.82	0	0.68
T N	97	227	95	125	443
T %	100	100	100	100	100%

1510b: #/total (and %) of women who say they feel their needs are being considered by community representatives and health workers:

[WOMEN AND YOUNG PEOPLE ONLY] Which of these three statements is closest to your opinion?

	Macina			Tenenkou			Tominian			Youwarou			Grand Total
	W	YM*	T	W	YM*	T	W	YM*	T	W	YM	T	
1. Women's / young people's needs are not considered by community representatives and health workers.													
N	6	2	8	11	0	11	1	0	1	11	9	20	40
%	9.23	6.25	8.25	5.64	0.00	4.15	1.82	0.00	1.05	9.02	14.06	10.75	6.22%
2. Women's / young people's needs are partially considered by community representatives and health workers.													
N	56	30	86	123	47	170	42	31	73	94	50	144	473
%	86.15	93.75	88.65	63.08	67.14	64.15	76.36	77.50	76.84	77.05	78.13	77.42	73.56%
3. Women's / young people's needs are fully considered by community representatives and health workers.													

N	3	0	3	61	23	84	12	9	21	61	23	84	130
%	4.62	0.00	3.09	31.28	32.86	31.70	21.82	22.50	22.10	31.28	32.86	31.70	20.22
T N	65	32	97	159	32	191	55	40	95	122	64	186	643
T %	100	100	100	100	100	100	100	100	100	100	100	100	100%

*YM = Young Men 16-35

1510c: #/total (and %) men who say they support increased decision-making power for women:

[MEN ONLY] Would you disagree or agree with the following statement “Women, girls, boys and people with disabilities should have increased decision-making power in the community”

	Macina	Tenenkou	Tominian	Youwarou	Grand Total
1. Strongly agree					
N	63	164	68	107	402
%	67.02	62.36	66.02	56.91	62.04%
2. Partially agree					
N	21	56	23	57	157
%	22.34	21.29	22.33	30.32	24.23%
3. Neither agree nor disagree					
N	6	8	1	7	22
%	6.38	3.04	0.97	3.72	3.40%
4. Partially Disagree					
N	3	14	4	10	31
%	4.26	5.32	2.91	5.32	3.55%
5. Strongly disagree					
N	0	17	6	5	28
%	0.00	6.46	5.83	2.66	4.32%
6. Don't know					
N	0	4	2	2	8
%	0.00	1.52	1.94	1.06	1.23%
T N	94	263	103	188	648
T %	100	100	100	100	100%