



MALI

Fighting by insurgent groups in the north of Mali beginning in January 2012 caused several hundred thousand people to flee, including local government officials. By April 2012, armed groups had taken over the three largest cities in northern Mali. The violence took many donors and aid actors by surprise; despite its endemic poverty, Mali had been considered an example of democratic and development success. In response to the crisis, humanitarian assistance flows to Mali increased greatly, from \$28 million in 2011 to \$375 million in 2014 (FTS 2015). In July 2013, the UN Multidimensional Integrated Stabilization Mission in Mali deployed in July 2013, and new presidential elections were held, but much of the country remains contested and highly insecure.

Overview of performance

Coverage/sufficiency: While aid actors perceived the funding levels in 2012–2013 as largely sufficient, they noted gaps in protection, education and WASH. Humanitarian access and coverage were limited due to insecurity in the north of the country, despite attempts to enhance access through support of local NGOs.

Relevance/appropriateness: The response lacked a comprehensive, cross-sector picture of humanitarian needs and priorities. While there was a sizeable response to internal displacement in 2013, many IDPs were hidden from official view, living with urban host families, which made it simultaneously more difficult to address their needs and easier to overlook them. Leadership on IDPs and on protection issues was also unclear and generally weak. In addition, many aid actors reported that the dominance of in-kind food aid was not optimal, particularly given the lack of a clear strategy linked to the reduction of vulnerability.

Effectiveness: Agencies and donors previously working in Mali with a development or resilience focus were able to switch gears, bring in new personnel and mechanisms and launch a humanitarian response, but some agencies scaled up more slowly than their internal capacity suggests would be possible. Despite their presence in the region, most humanitarian actors (except ICRC) did not anticipate or plan for the crisis, although contingency planning and preparedness have been stepped up since the crisis.

Efficiency, coordination and connectedness: Aid actors widely viewed the humanitarian coordination functions, including clusters and the humanitarian country team, as appropriate and functional. The government disapproved of the humanitarian modalities, however, and wished to exercise greater control over these aid flows. The SRP for the Sahel region was viewed as a step forward because of its regional approach and longer time frame, but was not viewed as resulting in increased coordination and connectedness, largely because the results indicators are very broad and activities lack prioritisation. Humanitarian actors pointed to the lack of a vision for humanitarians' role in resilience-building, the nature of resilience-building in general, and ways to address chronic, structural needs, in particular those with a conflict dimension.

Coherence/principles: Aid actors demonstrated knowledge of and intention to adhere to the humanitarian principle of independence and neutrality, in particular vis-à-vis the UN Integrated Stabilization Mission and other foreign forces, and a code of conduct on specific practices and international support helped actors to realize the importance of humanitarian principles and modalities in general. However, the roles of the Resident Coordinator/Humanitarian Coordinator and OCHA within the integrated mission have at times been seen as detracting from a strong strategic focus on humanitarian needs. ●