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The Impact of Humanitarian Access Constraints on the Implementation of the United Nations Humanitarian Response Plan in Mali, 2019-2022.

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[0230] Abstract
Between 2019 and 2022, Mali experienced overlapping armed conflict, political instability, displacement and food insecurity that raised humanitarian need to its highest level since 2012. This study examines the main barriers to humanitarian access in Mali during that period. It assessed how effective the United Nations–coordinated Humanitarian Response Plan (HRP) was in meeting immediate needs in food security, health care and protection. Using an ex post facto design, it draws on documentary evidence (United Nations and agency reports, financial tracking data, and peer-reviewed literature). It analyses annual indicators through content analysis and descriptive trend analysis, guided by the Responsibility to Protect (R2P) doctrine read alongside human security. Bureaucratic, logistical, security and community-level barriers intensified: the share of affected communes classed as inaccessible rose from 25% to 41%, usable roads fell from 58% to 46%, and the share of internally displaced persons (IDPs) receiving regular assistance declined from 61% to 49%. Financial Tracking Service data show plan coverage of 51.3% in 2019, 39.6% in 2021 and 43.9% in 2022, while requirements more than doubled. The HRP expanded health-facility support and protection monitoring and reduced negative coping, but food coverage, supply continuity and psychosocial support remained limited. The plan was partially effective, and access barriers rather than need alone were the binding constraint. Recommendations include streamlined permitting, pre-positioned supplies, negotiated access, gender-sensitive distribution and predictable multi-year funding linked to peacebuilding.

Keywords: Humanitarian Access; Humanitarian Response Plan; Mali; Internally Displaced Persons and Responsibility to Protect.

1. Introduction

Mali has lived through a protracted political and security crisis since 2012, and its humanitarian consequences deepened markedly between 2019 and 2022. Planning figures published by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) show the number of people in need rising from 4.3 million at the start of 2020 (U.S. Agency for International Development (USAID, 2020) to 5.9 million in the 2021 Humanitarian Response Plan (HRP; USAID, 2021) and about 7.5 million, out of an estimated population of 21.1 million, in the 2022 plan, the highest level recorded since 2012 (OCHA, 2022; United Nations, 2022). Over the same period, the number of internally displaced persons (IDPs) reached 401,850 in September 2021, a fivefold increase from 77,046 in September 2018 (OCHA, 2022). These figures describe a crisis whose scale outgrew the humanitarian system's capacity to meet it. The United Nations (UN) and its partners responded through annual, multi-sector HRPs covering food security, health care, protection and water, sanitation and hygiene. Yet the effectiveness of humanitarian action in conflict settings depends on more than the size of an appeal. It depends on whether aid workers can reach people safely, whether supplies can move, whether authorities and armed actors permit access, and whether funding arrives in time and in sufficient volume (Egeland et al., 2011; Haver & Carter, 2016). Access is therefore not a technical detail of delivery but the condition on which the humanitarian imperative can be put into practice. In Mali, the question is sharpened by two features of the context: the response operated with the consent of a host state whose own authority

was contested and changed hands through coups in 2020 and 2021, and it unfolded alongside a large UN stabilisation mission that became the deadliest in the world for its personnel.

Despite this, evidence on the performance of the 2019–2022 response remains thin. Existing studies tend to describe humanitarian needs, to examine access constraints in isolation from outcomes, or to focus on Malian refugees in neighbouring countries rather than on populations inside Mali. Appeals and funding totals are widely reported, but they are inputs; far less is known about whether the combination of barriers and resources translated into coverage, timeliness, adequacy and continuity of assistance for displaced and conflict-affected people. Without such evidence, planners cannot tell whether shortfalls reflect inadequate programme design, insufficient resources or constraints that no programme could have overcome. This article addresses that gap by asking two research questions. First, what were the primary barriers to accessing humanitarian assistance in Mali during 2019–2022, and how did they affect the delivery of aid to IDPs and conflict-affected communities? Second, how effective was the UN-coordinated 2019–2022 HRP in meeting the immediate needs of vulnerable populations, particularly in food security, health care and protection? The study is grounded in the Responsibility to Protect (R2P) doctrine, aligned with a human security perspective, and anchored in an ex post facto, documentary design that assembles annual indicators for the four years of the response.

Humanitarian access is understood here in two senses: the ability of humanitarian actors to reach people in need, and the ability of affected people to reach assistance and services, both of which depend on security, infrastructure, administrative permission and acceptance by communities and armed actors (Egeland et al., 2011; Emegha & Folarin, 2026). Internally displaced persons are people forced to flee their homes but who remain within Mali; whereas effectiveness is assessed against the humanitarian standard of proportionality to need, and is operationalised through four properties of delivery: (1) coverage (how many of those in need are reached), (2) timeliness, (3) adequacy and quality, (4) continuity over time. The article makes three contributions to theory and practice: empirically, it provides a multi-year, indicator-based account of access barriers and their effects on delivery; and it pairs this with sector-level indicators for the response itself, so that barriers and outcomes can be read together. Analytically, it corrects the funding record by using Financial Tracking Service (FTS) data on plan requirements and coverage, which show lower coverage than many summary accounts imply. Conceptually, it applies R2P to consent-based humanitarian assistance rather than coercive intervention, showing how the sovereignty–humanity tension operates through permits, customs and movement restrictions. The remainder of the article reviews the context and literature, sets out the theoretical framework and method, presents the results, discusses their implications, and offers conclusions and recommendations.

Context and Literature Review

The Malian Crisis and the Humanitarian Setting

The crisis that engulfed Mali in 2012 surprised many analysts who had regarded the country as a democratic success (Boeke & de Valk, 2021). A Tuareg rebellion led by the National Movement for the Liberation of Azawad in January 2012 was followed in March by a military coup, and in the resulting vacuum northern Mali came under the control of separatists and Islamist armed groups (Lecocq et al., 2013). Explanations of the rebellion have moved beyond environmental accounts toward long-standing political marginalization and unresolved grievances in the north (Benjaminsen, 2008). Studies of the state itself point to deeper weaknesses. Bleck and Michelitch (2015) show that rural Malians defined the crisis chiefly in terms of unmet needs for public services and infrastructure, a slow-moving failure of what they call the empirical state, while Craven-Matthews and Englebert (2018) argue that post-2013 reconstruction reproduced a state that is mimicked more than built, constrained by scarce resources and by models poorly suited to local conditions. International military and diplomatic engagement followed. A French-led intervention in 2013 and the establishment of the UN Multidimensional Integrated Stabilization Mission in Mali (MINUSMA) under Security Council Resolution 2100 (United Nations Security Council, 2013) restored control over major northern towns, but insecurity persisted

and spread southwards into central Mali and across the Sahel. Coups in August 2020 and May 2021, regional sanctions and strained relations with international partners deepened political uncertainty during the very years covered by this study.

The mission remained the most dangerous for UN peacekeepers: in 2021, 19 peacekeepers were killed in malicious acts in Mali, and in 2022 the figure was 14, the ninth consecutive year in which MINUSMA recorded the highest toll (United Nations Staff Union, 2022, 2023). The Security Council later ended the mission's mandate in 2023 (United Nations Security Council, 2023), a development that falls outside the study period but bears on the policy implications discussed below. Humanitarian needs followed the security trajectory. The 2020 HRP was launched in March 2020 with a requirement of US$390.2 million to assist 3.6 million of 4.3 million people in need and was revised upwards to US$474 million in mid-2020 to account for COVID-19 (OCHA, 2020; USAID, 2020). The 2021 plan sought US$563 million to reach 4.7 million of 5.9 million people in need (USAID, 2021), a figure later revised to 7.1 million as the situation deteriorated (United Nations Children's Fund [UNICEF], 2021). The 2022 plan sought US$686 million to assist 5.3 million people, with some 7.5 million in need and the highest food insecurity recorded since 2014 (United Nations, 2022). Mali was one of the ten least funded HRPs worldwide in 2021 (United Nations, 2022).

Humanitarian Access in Insecure Environments: A substantial body of literature examines how humanitarian organizations deliver aid where security is poor. Early syntheses documented the rising insecurity of aid operations and the retreat of international staff toward remote management and national partners (Stoddard et al., 2006; Schreter & Harmer, 2013). Commissioned by OCHA, Egeland et al. (2011) concluded that organizations that remain and deliver in complex security environments do so through acceptance-based approaches, investment in security management, and attention to the quality of relations with communities and authorities rather than through armed protection. Haver and Carter (2016), reporting on research across several of the world's most insecure operating contexts, found that multiple factors jointly determine whether an agency can enable access and maintain quality, including the quality of partnerships with national actors, the level of trust with communities and the willingness to adapt principles pragmatically. Remote management and local partnerships are central to this literature. When international staff cannot travel, organisations delegate implementation to national partners, monitor from a distance and rely on third parties, which can sustain presence but at the cost of quality control, risk transfer and reduced accountability (Schreter & Harmer, 2013).

These trade-offs are relevant to Mali, where staff withdrawals, rising turnover and travel times of more than eight hours suggest that remote arrangements became more common over the period.
A parallel body of work places access within political and ethical contexts. Humanitarian space is not a fixed territory but an arena in which states, armed groups and aid agencies negotiate what is permitted (Collinson & Elhawary, 2012; Hilhorst & Jansen, 2010). The classical principles of humanity, neutrality, impartiality and independence guide this negotiation but are routinely tested by counter-terrorism measures, bureaucratic controls and the proximity of aid to political and military actors (Barnett & Weiss, 2008; Slim, 2015). In Mali, the dissertation evidence discussed later shows these tensions in concrete form: additional permits, customs delays, suspensions of non-governmental organization (NGO) activity and diversion by armed groups.

Response Planning, Funding and Effectiveness: Response plans are designed to identify needs, coordinate actors, mobilize resources and provide a monitoring framework. In practice, their effectiveness is shaped by chronic underfunding, fragmented coordination and a tendency to count outputs rather than outcomes. The State of the Humanitarian System reviews note persistent gaps between assessed needs and resources and continuing weaknesses in accountability and adaptation (ALNAP, 2022). Critics have argued for a shift away from delivering short-term relief through international actors toward more locally led and resilience-oriented models (Bennett et al., 2016; Hilhorst, 2018). The Mali experience bears on this debate, since the plans combined emergency relief with resilience objectives but operated where the preconditions for long-term programming were weak. Funding is a second structural theme. Appeals are consolidated yearly, but money is released unevenly, is often earmarked, and arrives late relative to the needs it is meant to serve, which makes it

difficult to pre-position supplies or retain staff (ALNAP, 2022; Bennett et al., 2016). Where access is also constrained, underfunding has a compounding effect, because the activities that most reduce access costs, such as air services, security management and partnership building, require advance and predictable resources. This argument is rarely tested with country-level indicators, and the Malian case offers four consecutive years in which to do so.

Research Gap

Taken together, the literature supplies strong accounts of the Malian state and conflict, of access in insecure environments in general, and of the structural limits of response planning. What is missing is a country-specific, multi-year assessment that traces how identifiable categories of barriers (security, logistics, administration, funding and community-level exclusion) moved over the four years of the 2019–2022 response and how those movements relate to indicators of coverage, timeliness, quality and sector performance inside Mali. This article provides such an assessment and uses it to test, in a consent-based setting, the expectations of the R2P framework.

2. Theoretical Framework

The study adopted Humanitarian Intervention Theory in its institutional form, the Responsibility to Protect. The theory emerged in the post-Cold War period, when crises in Somalia, Rwanda, Bosnia and Kosovo provoked debate over whether the international community may, or must, act when a state cannot or will not protect its people. Walzer's (1977) just war reasoning supplied much of its moral foundation; the International Commission on Intervention and State Sovereignty (ICISS, 2001) and Evans (2008) shaped its modern form; and the 2005 World Summit endorsed R2P (United Nations, 2005). R2P broadens the classical idea of intervention into a graduated responsibility: the state's duty to protect its population, the international community's duty to assist the state, and collective action by the international community when the state manifestly fails (Bellamy, 2015). Four assumptions underpin the framework: moral responsibility, sovereignty as responsibility, collective action, and just cause. Moral responsibility holds that the international community has an obligation to act when a state fails to protect its people. Sovereignty as responsibility treats sovereignty as conditional rather than absolute. Collective action holds that responses are most legitimate and effective when conducted through bodies such as the UN. Just cause ties action to the scale of suffering.

The UN's response in Mali operated with the consent of the host government, so the framework is applied here to humanitarian assistance rather than to coercive intervention. It therefore falls within R2P's assistance and capacity-support dimension, and the theory is used to explain why the UN acted, how its action was constrained and how far it succeeded. R2P is complemented by a human security lens. The human security approach, introduced in the 1994 Human Development Report, centres security on individuals and their freedom from fear and from want (United Nations Development Programme [UNDP], 1994). It has been criticised for breadth and for dilution of analytical focus (Paris, 2001), but it supplies a useful yardstick for judging whether humanitarian action protects people from threats to survival, livelihoods and dignity (Kaldor, 2007). Combining the two perspectives yields the propositions in Table 1, each linked to a research question.

Table 1
TABLE 1: THEORETICAL PROPOSITIONS AND THEIR LINK TO THE RESEARCH QUESTIONS

Tenet	Proposition for Mali, 2019–2022	Research question
Moral responsibility	Conflict, displacement and food insecurity, with a state unable to protect parts of its population, create an obligation to respond through the HRP.	RQ2
Sovereignty as responsibility	Sovereignty shapes delivery through permits, customs and movement restrictions; where these tighten, access falls.	RQ1
Collective action	Coordinated plans among UN agencies, NGOs and local actors extend reach, but fragmentation and funding shortfalls limit it.	RQ2
Just cause	The scale of need among IDPs justifies action, but selectivity and uneven coverage show that need alone does not secure a proportionate response.	RQ1, RQ2

Source: *Authors' Synthesis from Documentary Evidence*

Note. HRP = Humanitarian Response Plan; IDPs = internally displaced persons; RQ = research question.
The framework therefore yields a testable expectation. If the responsibility to assist is genuine and effective, aid should reach people in need in proportion to their needs. Where sovereignty-related controls, insecurity and weak collective action intervene, aid should fall short of need, and the shortfall should widen as these constraints intensify. The results are read against that expectation.

3. Methodology

Research Design

The study adopts an ex-post facto design, an after-the-fact observational design that examines relationships between variables once an event has occurred and is used where manipulating the independent variable is impractical or unethical (Cohen et al., 2018). The response plan under investigation took place between 2019 and 2022, and the study therefore sources and analyses existing data rather than generating new primary data. The design supports description of trends and associations but, as discussed in the limitations, does not permit strong causal claims.

Data Sources and Document Corpus: The study uses the documentary method wherein the corpus comprises four types of material. The first is planning and monitoring documents produced by OCHA and the humanitarian country team, including HRPs, situation reports and cluster updates. The second is financial data, principally the FTS maintained by OCHA, which records requirements and funding for each coordinated plan. The third is agency reporting on displacement, food security, nutrition, health, protection, logistics and security, including series from the International Organisation for Migration (IOM), the World Food Programme (WFP), UNICEF, the United Nations High Commissioner for Refugees (UNHCR), the World Health Organisation (WHO), the Logistics Cluster, the International NGO Safety Organisation (INSO) and ACAPS. The fourth is peer-reviewed and policy literature on Mali and on humanitarian access.

Indicators and Analytical Framework: Indicators were organised through a logical data framework derived from the research questions. For the first question, barriers were grouped into five categories: security and conflict (attacks on convoys, staff abductions and fatalities, share of affected communes inaccessible); logistics and infrastructure (roads usable year-round, average travel time to IDP sites, supply routes operational); administrative and bureaucratic restrictions (permits required, customs clearance delay, documented restrictions); funding and resource constraints (requirements, coverage and stockouts); and community-level barriers (documented diversion, IDPs reporting no access, women reporting barriers). The impact of these barriers on delivery was measured in four domains: coverage and reach, timeliness, quality and adequacy, and humanitarian presence. For the

second question, HRP performance was measured through sector indicators for food security, health care and protection.

Method of Analysis

Content analysis (Krippendorff, 2019) was applied to the documentary material to identify and classify the barriers, to extract the explanations given in sources for year-to-year changes and to interpret sector performance. Quantitative indicators were analyzed descriptively, using levels, percentage-point changes and peak years for the four annual observations. Because only four time points are available, the study reports a small number of descriptive correlations to show co-movement but attaches no inferential weight to them. Interpretation relies on convergence among independent indicators and sources rather than on any single statistic. Effectiveness is operationalized in two complementary ways. Coverage against need is the share of the target or affected population reached, which reflects proportionality. Absolute output is the number of facilities supported, missions conducted or households assisted, which reflects activity. Reporting both avoids the common error of judging a response favourable simply because absolute numbers rose while need rose faster. Continuity is assessed through indicators of stockouts, replenishment time and the persistence of gains from year to year, since assistance that is reached but cannot be sustained provides only temporary relief.

Validity and Reliability

Several steps were taken to strengthen the credibility of the evidence. Independent public sources were used wherever available, most importantly FTS data for funding and UN statements for peacekeeper fatalities, and the compiled series were compared with these sources for consistency of direction and order of magnitude. Findings are reported only where several indicators point the same way, for example inaccessible communes, roads usable and travel time in the case of access, and satisfaction, unmet needs and coverage in the case of delivery. Differences in agency definitions, reporting periods and coverage are acknowledged in the limitations, and the study avoids precise causal claims that the data cannot support. The coding categories used for content analysis were fixed in advance from the research questions and applied consistently across documents, which supports the reliability of classification.

Ethical Considerations and Data Availability

The study uses published and publicly available documents and involves no human participants, so no ethical clearance was required. The compiled indicator dataset, with source notes, is available from the corresponding author on reasonable request.

Data Results

Needs and the Scale of the Response

Needs grew in every year of the response. People in need increased from 4.3 million in the initial 2020 plan to 5.9 million in the 2021 plan and about 7.5 million in 2022, while planned targets rose from 3.6 million people in 2020 to 4.7 million in 2021 and 5.3 million in 2022 (OCHA, 2022; United Nations, 2022; USAID, 2020, 2021). The number of IDPs rose from roughly 199,000 in 2019 to roughly 422,000 in 2022, an increase of 112%, in line with the OCHA record of 401,850 IDPs in September 2021 (OCHA, 2022).

Appeals grew faster than funding as Table 2 shows that the requirement increased from US$324.0 million in 2019 to US$685.7 million in 2022, a rise of 112%, while coverage was 51.3% in 2019, 39.6% in 2021 and 43.9% in 2022 (OCHA Financial Tracking Service, n.d.-a, n.d.-b, n.d.-c). The 2020 plan was revised upwards from US$390.2 million to US$474 million to account for COVID-19, and comparable final coverage for the revised plan is not reported here. On the verified data, therefore, the plan met only about half of its requirement in 2019 and less than half in 2021 and 2022, so coverage deteriorated as requirements grew.

TABLE 2: REQUIREMENTS AND COVERAGE OF THE MALI HUMANITARIAN RESPONSE PLAN, 2019–2022

Year	Requirement (US$ million)	Funded (US$ million)	Coverage (%)
2019	324.0	166.2	51.3
2020	390.2 (revised to 474.0)	n.a.	n.a.
2021	563.3	223.1	39.6
2022	685.7	300.8	43.9

Source: *Authors' Synthesis from Documentary Evidence*

Note. Requirements and coverage for 2019, 2021 and 2022 are from the OCHA Financial Tracking Service (n.d.-a, n.d.-b, n.d.-c); the 2019 funded amount is derived from reported coverage. The 2020 requirement is from USAID (2020) and the revised figure from OCHA (2020); comparable final coverage for the revised 2020 plan is not reported. n.a. = not available. FTS values may be updated as late contributions are recorded.

Barriers to Accessing Humanitarian Assistance

Table 3: Summarizes the compiled indicators for each category of barrier. All five categories moved in the direction of tighter constraints between 2019 and 2022, with most peaking in 2021.

TABLE 3: INDICATORS OF BARRIERS TO HUMANITARIAN ACCESS, 2019–2022

Indicator	**2019**	**2020**	**2021**	**2022**
Security and conflict				
Attacks on humanitarian convoys (n)	18	22	27	19
Staff abductions (n)	11	15	21	17
Staff fatalities (n)	3	5	7	14
Affected communes inaccessible (%)	25	32	38	41
Logistics and infrastructure				
Roads usable year-round (%)	58	54	49	46
Supply routes operational (%)	72	65	59	52
Average travel time to IDP sites (hours)	4.5	6.2	7.8	8.5
Administrative and bureaucratic restrictions				
Permits required per aid movement (mean)	2	3	4	4
Customs clearance delay (days)	7	10	14	12
Documented government restrictions (n)	5	8	11	9
Funding and resource constraints				
IDP sites reporting stockouts (%)	28	35	42	39
Supply-chain interruptions (n)	15	22	28	24
Community-level barriers				
Documented aid diversion cases (n)	12	18	24	20
IDPs reporting no access to aid (%)	31	36	42	39
Women reporting barriers (%)	22	27	33	29

Source: *Authors' Synthesis from Documentary Evidence*

Note. Indicator series compiled by the authors from reports of the International Organisation for Migration (IOM, 2022), International NGO Safety Organisation (INSO, 2022), ACAPS (2022), Logistics Cluster (2022), United Nations High Commissioner for Refugees (UNHCR, 2022), UNICEF (2022a, 2022b), World Food Programme (WFP, 2022), World Health Organisation (WHO, 2022) and OCHA

situation reports. Values are indicative and should be read with the limitations noted in Section 7.1. The 2022 fatalities figure reflects UN peacekeeper deaths in Mali (United Nations Staff Union, 2023).

Security and Conflict: Security was the most consequential barrier. Reported attacks on humanitarian convoys rose from 18 in 2019 to 22 in 2020 and peaked at 27 in 2021, when multiple improvised explosive device incidents were recorded on the national roads RN15, RN16 and RN20, before easing to 19 in 2022 with ambushes continuing in Mopti and Ménaka. Reported staff abductions increased from 11 to 15 and then to 21 in 2021, and fatalities rose from 3 to 7 over 2019–2021. In 2022, 14 UN peacekeepers were killed in malicious acts in Mali, the highest toll of any UN mission (United Nations Staff Union, 2023). Insecurity closed off parts of the country. The share of affected communes classed as inaccessible rose steadily from 25% in 2019 to 41% in 2022, and the regions concerned widened from Mopti, Gao and Tombouctou in 2019 to include Ménaka, Kidal, Douentza, Bankass and Koro by 2022.

Logistics and Infrastructure: Logistical conditions deteriorated in parallel as the share of roads usable year-round fell from 58% in 2019 to 46% in 2022. In 2019, the main constraint was seasonal flooding in Mopti and Tombouctou, but from 2020 insecurity and explosive contamination along main highways and the expansion of armed groups in central Mali increasingly restricted use, and by 2022 aid relied substantially on the UN Humanitarian Air Service. The share of supply routes operational fell from 72% to 52%, so that nearly half were disrupted or unsafe in the final year, and average travel time to IDP sites almost doubled, from 4.5 to 8.5 hours, with many communities reachable only by air.

Administrative and Bureaucratic Restrictions: Administrative controls expanded year by year. The average number of permits required for an aid movement doubled from two in 2019, covering basic travel authorisation and local coordination approval, to four in 2021 and 2022, after a security clearance for conflict zones was added in 2020 and multiple checkpoints began demanding separate permits. Customs clearance for humanitarian goods took on average 7 days in 2019, 10 days in 2020 and 14 days in 2021, easing slightly to 12 days in 2022; COVID-19 restrictions worsened clearance times, and medical supplies and food aid were held up at entry points. Documented government restrictions on aid activity rose from 5 in 2019 to 11 in 2021 before easing to 9 in 2022. They included suspensions of NGO activity in Mopti and limits on cross-border operations, and several were linked to counter-terrorism operations.

Funding, Stock-outs and Delays: The funding shortfall documented in Table 2 had visible operational effects. The share of IDP sites reporting stock-outs of essential supplies rose from 28% in 2019 to 35% in 2020 and a peak of 42% in 2021, easing to 39% in 2022. The supplies most affected moved from food rations in 2019 to medicine in 2020, to shelter materials and medicine in 2021 and to food and medical supplies in 2022. Documented interruptions in supply chains rose from 15 in 2019 to 28 in 2021 before falling to 24 in 2022, and the compiled series on the delay between funding approval and aid delivery shows an increase from about four weeks in 2019 to seven weeks in 2021.

Community-level Barriers: Within communities, aid was diverted and unevenly distributed. Documented diversion cases increased from 12 in 2019 to 24 in 2021, when armed groups were reported seizing food aid, and remained high at 20 in 2022. The share of IDPs reporting no access to aid grew from 31% in 2019 to 42% in 2021, easing to 39% in 2022. Women reported gender-specific barriers more often over time, rising from 22% in 2019 to 33% in 2021 and 29% in 2022, citing distance to aid centres, lack of transport, cultural norms limiting mobility, security risks and exclusion from distribution points.

Impact of the Barriers on Aid Delivery: Table 4 and Figure 1 show how these barriers coincided with declining delivery. Coverage deteriorated: the share of IDPs receiving regular assistance fell from 61% in 2019 to 57%, 52% and 49% in 2022. The IDP population more than doubled over the period, from roughly 199,000 to 422,000, while the number receiving regular aid rose only from roughly 122,000 to 205,000, after peaking at 210,000 in 2021. Geographic coverage also remained partial: aid reached 6 of 8 affected regions in 2019, 6 of 9 in 2020 and 7 of 10 in 2021 and 2022 (75%, 67%, 70% and 70%).

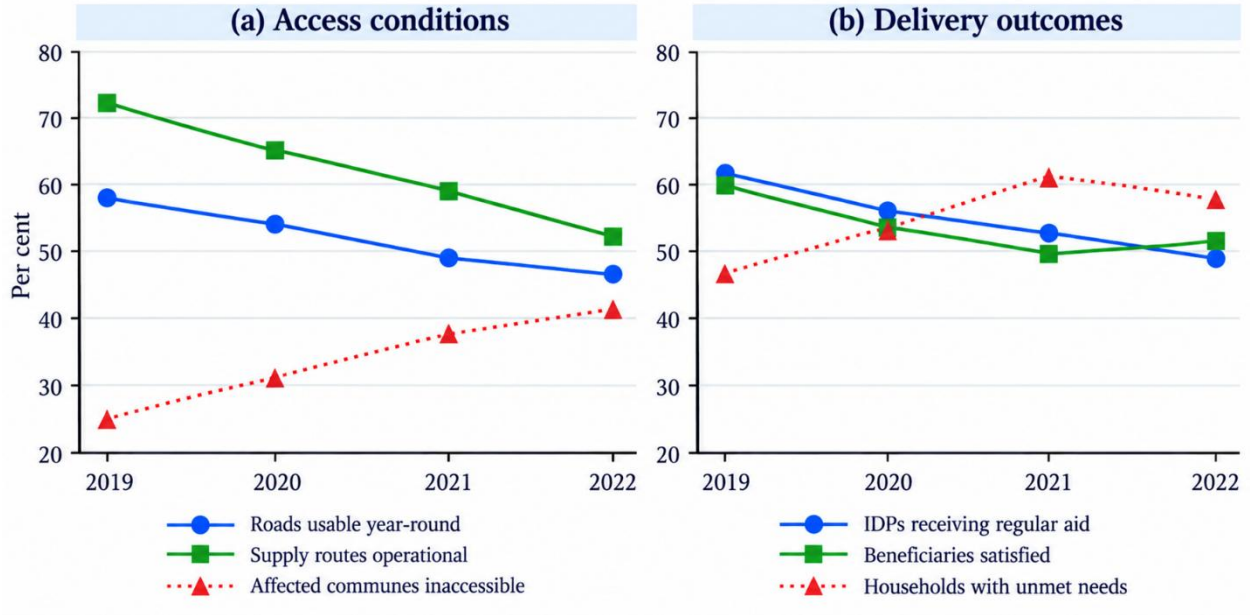
TABLE 4: INDICATORS OF AID DELIVERY, 2019–2022

Indicator	2019	2020	2021	2022
Coverage and reach				
IDPs receiving regular assistance (%)	61	57	52	49
Estimated IDP population (thousands)	199	326	401	422
IDPs receiving regular aid (thousands)	122	185	210	205
Affected regions reached (%)	75	67	70	70
Timeliness				
Weeks from displacement to first aid	3	4	6	5
Quality and adequacy				
Households with unmet basic needs (%)	47	53	61	58
Beneficiaries satisfied (%)	62	55	49	52
Humanitarian presence				
Active humanitarian organisations (n)	92	88	84	79
Staff turnover or withdrawal due to insecurity (%)	12	15	19	17

Source: *Authors' Synthesis from Documentary Evidence*

Note. Indicator series compiled by the authors from reports of the International Organisation for Migration (IOM, 2022), International NGO Safety Organisation (INSO, 2022), ACAPS (2022), Logistics Cluster (2022), United Nations High Commissioner for Refugees (UNHCR, 2022), UNICEF (2022a, 2022b), World Food Programme (WFP, 2022), World Health Organisation (WHO, 2022) and OCHA situation reports. Values are indicative and should be read with the limitations noted in Section 7.1. Timeliness worsened as the average time between displacement and first aid delivery lengthened from three weeks in 2019 to four, six and then five weeks in 2022, and documented supply-chain interruptions peaked at 28 in 2021. Quality and adequacy declined as well. The share of households reporting unmet basic needs rose from 47% in 2019 to 61% in 2021 and 58% in 2022, with food consistently the most critical need, joined by shelter, health, water and medicine at different points. Beneficiary satisfaction fell from 62% to a low of 49% in 2021, recovering only to 52% in 2022. Humanitarian presence thinned: active organisations fell from 92 to 79, and staff turnover or withdrawal attributed to insecurity rose from 12% in 2019 to 19% in 2021 before easing to 17% in 2022.

FIGURE 1: ACCESS CONDITIONS AND DELIVERY OUTCOMES, 2019–2022



Source: *Authors' compilation from Documentary Evidence*

Note: Panel (a) shows the share of roads usable year-round, supply routes operational and affected communes inaccessible. Panel (b) shows the share of IDPs receiving regular assistance, beneficiaries satisfied and households with unmet needs; see data from Tables 3 and 4. The indicators move together. Over the four years, the share of communes classed as inaccessible is almost perfectly inversely related to the share of IDPs receiving regular aid (r = −.99), and usable roads, operational supply routes and the number of active organisations are almost perfectly positively related to it (r = 1.00, .99 and .99). With only four observations, these coefficients are descriptive and carry no inferential weight, and shared time trends account for part of the association. They nevertheless show that coverage declined as access conditions worsened.

Effectiveness of the HRP in Food Security, Health Care and Protection

Table 5 presents sector indicators. The pattern across the three sectors is one of expansion through 2021 followed by reversal in 2022, together with persistent unmet need.

TABLE 5: SECTOR INDICATORS FOR THE HUMANITARIAN RESPONSE PLAN, 2019–2022

Indicator	2019	2020	2021	2022
Food security				
Households targeted (thousands)	1,200	1,400	1,600	1,800
Households assisted (thousands)	780	860	910	945
Targeted households assisted (%)	65	61	57	53
Households relying on negative coping strategies (%)	42	38	34	36
Acute malnutrition, children under five (%)	9.8	10.5	11.2	10.7
Health care				
Health facilities supported (n)	145	162	174	159
IDPs with access to primary health care (%)	58	61	64	60
Weeks from stockout to replenishment	3	5	6	4
Protection				
Protection monitoring missions (n)	210	245	268	230
Reported GBV cases assisted (%)	48	52	57	54

Indicator	2019	2020	2021	2022
IDPs in need reached with psychosocial support (%)	35	35	36	33
Child protection interventions (n)	3,200	3,800	4,500	4,100

Source: *Authors' Synthesis from Documentary Evidence*

Note: Indicator series compiled by the authors from reports of the International Organisation for Migration (IOM, 2022), International NGO Safety Organisation (INSO, 2022), ACAPS (2022), Logistics Cluster (2022), United Nations High Commissioner for Refugees (UNHCR, 2022), UNICEF (2022a, 2022b), World Food Programme (WFP, 2022), World Health Organisation (WHO, 2022) and OCHA situation reports. Values are indicative and should be read with the limitations noted in Section 7.1. GBV = gender-based violence.

Food Security: The plan reached a growing number of households, from 780,000 in 2019 to 945,000 in 2022, but because targets grew faster (from 1.2 million to 1.8 million households), the share of targeted households assisted fell from 65% to 53%. The plan did reduce reliance on negative coping strategies, which fell from 42% of households in 2019 to 34% in 2021 as food aid expanded, with a small rebound to 36% in 2022 attributed to underfunding and insecurity. However, acute malnutrition among children under five rose from 9.8% to 10.5% and peaked at 11.2% in 2021, easing to 10.7% in 2022, which stayed above emergency thresholds in Mopti and at critical levels overall.

Health Care: In health care, the plan expanded support. The number of functional health facilities supported rose from 145 in 2019 to 162 in 2020 and a peak of 174 in 2021, when additional mobile clinics were deployed, before falling to 159 in 2022 because of insecurity and funding shortfalls. Access to primary health care among IDPs and conflict-affected populations improved from 58% to 64% in 2021, helped by mobile health teams and expanded vaccination campaigns, then fell back to 60% in 2022 as insecurity and staff withdrawals took effect. Continuity was the weak point: the average time between a stock-out and replenishment rose from three weeks in 2019 to six in 2021 and eased to four weeks in 2022 with UN air transport support.

Protection: Protection activity expanded, but reach remained limited. Protection monitoring missions rose from 210 in 2019 to a peak of 268 in 2021 before falling to 230 in 2022. Child protection interventions, mostly family tracing, safe spaces and reunification, rose from 3,200 to a peak of 4,500 in 2021 and 4,100 in 2022. The share of reported cases of gender-based violence (GBV) assisted rose from 48% to 57% in 2021 and fell to 54% in 2022, so more than four in ten reported cases were not assisted even in the best year. Psychosocial support is the clearest gap: only about one third of IDPs in need were reached throughout (35% in 2019 and 2020, 36% in 2021 and 33% in 2022).

Summary of Results by Research Question

In answer to the first question, the primary barriers were security and conflict, logistics and infrastructure, administrative and bureaucratic restrictions, funding constraints and community-level exclusion, and each intensified between 2019 and 2022. They reduced the proportion of IDPs receiving regular assistance by twelve percentage points, delayed first assistance to as long as six weeks, raised unmet needs, lowered satisfaction and reduced the number of active organisations. In answer to the second question, the HRP expanded health-facility support, protection monitoring and child protection and reduced reliance on negative coping, but coverage of targeted food households fell by twelve percentage points, malnutrition stayed above emergency thresholds, psychosocial support and GBV assistance remained limited, and sector gains reversed in 2022. The plan was partially effective.

4. **Discussion of Findings**

Barriers as Determinants of Delivery (RQ1)

The first research question asked what the main barriers were and how they affected delivery. The evidence shows that four categories of barriers operated jointly rather than separately. Security constraints closed routes and communes, which raised travel time and disrupted supply chains; bureaucratic controls added delay at entry points and on roads; underfunding left stocks thin and made

each interruption more damaging; and community-level exclusion and diversion meant that even where aid arrived, it did not always reach the intended people. This interaction explains why the effects on delivery were large relative to the change in any single indicator, and it supports the view in the access literature that no single lever, such as more security or more funding, is sufficient (Haver & Carter, 2016). The pattern of peaks is also informative. Most barrier indicators peaked in 2021, the year of the second coup and of the lowest funding coverage in the verified series, and eased partially in 2022. Delivery indicators did not recover correspondingly: IDPs receiving regular aid continued to fall to 49% in 2022 even as some barrier indicators improved. This suggests that the effects of access constraints are cumulative. Reduced presence, withdrawn staff and lost trust do not reverse quickly, a point that fits the literature's emphasis on acceptance and relationships as slow-building assets (Egeland et al., 2011).

The FTS data strengthen the funding side of this account. Coverage of 39.6% in 2021 and 43.9% in 2022 is lower than the 50% to 65% range reported in earlier summary compilations, and it sits against requirements that more than doubled. Underfunding therefore operated as a constraint on its own and as an amplifier of the other barriers, since pre-positioning of supplies, air transport and security management all depend on resources that arrive late or not at all. The community-level results deserve separate attention because they show that access has an internal dimension that physical and administrative measures do not capture. The rise in IDPs without access, in women reporting barriers and in diversion cases indicates that distribution systems excluded some of the most vulnerable people even where aid reached an area. This bears on the principle of impartiality, which requires assistance according to need alone (Slim, 2015). It also bears on accountability to affected populations, since falling satisfaction and rising unmet need suggest that feedback was not translating into adjustment. The findings point toward distribution arrangements designed around the specific barriers faced by women, displaced households and people in remote locations, and toward stronger community participation in targeting and monitoring.

Partial Effectiveness of the HRP (RQ2): The second question asked how effective the HRP was. The evidence supports a conclusion of partial effectiveness. The plan achieved real gains: it expanded health-facility support and mobile clinics, increased protection monitoring and child protection interventions, and was associated with lower reliance on negative coping strategies. These gains are consistent with the plan's mandate to preserve life and dignity. At the same time, coverage of targeted food households fell, child malnutrition remained above emergency thresholds, psychosocial support and GBV assistance reached only a fraction of those in need, and most sector gains reversed in 2022. Effectiveness was therefore stronger in extending coverage than in sustaining continuity or addressing structural vulnerabilities.

A further interpretive point concerns target. Because the plan's targets grew with needs, a falling share of targets achieved can coexist with a rising absolute number of people assisted, as in food security and, until 2021, health care. Evaluations that report only absolute outputs would therefore judge the response more favourably than evaluations that report coverage against need. The two readings are both accurate, and a full account must report both. The study's emphasis on coverage against need reflects the humanitarian standard that assistance be proportionate to need. The reversal of gains in 2022 deserves explanation. The sector indicators that improved most in 2021, namely facilities supported, primary care access and monitoring missions, depended on mobile teams, field staff and uninterrupted supply, all of which were exposed to the withdrawal of organizations, rising staff turnover and persistent funding gaps. Programme expansion that rests on temporary arrangements is vulnerable to exactly the shocks that characterized Mali in 2021 and 2022. This suggests that the main limitation of the plan was not the design of its sector activities but the fragility of the delivery system on which they relied.

Theoretical Implications: The results are consistent with the expectations derived from R2P. Moral responsibility explains why the UN and its partners acted: the scale of displacement and food insecurity, combined with a state unable to protect parts of its population, created an obligation to

respond, and the HRP was the vehicle for discharging it. The sovereignty–humanity tension did not appear as an overriding of sovereignty, which would be incompatible with a consent-based response, but as controls over movement, permits, customs and operations that shaped how and where aid could be delivered. Collective action was present in the form of coordinated plans and pooled actors, but fragmentation and funding shortfalls limited its reach. Just cause was evident in the scale of need, yet selectivity and uneven geographic coverage show that need alone did not guarantee a proportionate response. From a human security perspective, the response protected some people from some threats to survival and health, as in the expansion of health facilities and the reduction of negative coping, but it could not secure freedom from fear or want on a sustained basis while conflict and political instability persisted. Aid was necessary but not sufficient.

This extends R2P by showing that in consent-based settings the assistance pillar is exposed to the failures of the first pillar, the host state's capacity and willingness to protect and to enable assistance, and cannot substitute for them. The framework also has limits that the Malian case helps to illustrate. R2P has been criticised for selectivity and for the gap between its normative ambition and the political will to act (Bellamy, 2015; Evans, 2008). The Malian evidence is consistent with this criticism at the level of assistance: the plan was among the least funded worldwide in 2021, even though need was assessed as high and rising. A moral obligation to assist that is not matched by resources produces a response that is principled in design but partial in delivery. The concept of just cause, in other words, establishes eligibility for assistance but does not secure it.

Policy Implications and Developments After 2022: Developments after the study period reinforce its conclusions. The 2023 plan sought US$751.5 million and was funded to 31.7% according to the FTS (OCHA Financial Tracking Service, n.d.-d), while the number of people in need was estimated at 8.8 million (WFP, 2023). The termination of MINUSMA in 2023 removed a source of logistical and security support on which some aid operations had relied (United Nations Security Council, 2023). These changes make it more important to invest in access-enabling arrangements that do not depend on a stabilisation mission, such as negotiated access, decentralised stocks, air services and strong relationships with national and local organisations. They also underline the need for funding that is predictable and flexible, since the evidence above shows how quickly shortfalls translate into stockouts and interrupted supply.

Contribution Relative to Earlier Works: The findings extend earlier scholarship in three respects. First, studies of access in insecure environments identify the factors that enable or limit access (Egeland et al., 2011; Haver & Carter, 2016), but they rarely follow a single country over successive years of a coordinated plan. The Malian series shows how categories of barriers accumulate and interact over time, and it indicates that coverage declines can continue after some barrier indicators ease. Second, the analyses of the Malian state by Bleck and Michelitch (2015) and Craven-Matthews and Englebert (2018) suggest that public services were weak long before 2019. This study shows what that weakness meant in operational terms: the humanitarian system was asked to substitute for services that the state could not provide in the very places where access was most constrained, which helps explain why needs outpaced the response. Third, the debate on the future of humanitarian action (Bennett et al., 2016; Hilhorst, 2018) is often conducted at a general level. The Mali evidence suggests that localisation and resilience approaches are especially relevant where international presence is thinning, but that they too depend on predictable funding and on security conditions that allow local partners to operate.

5. Conclusion and Recommendations

This study examined the barriers to humanitarian access in Mali from 2019 to 2022 and the effectiveness of the UN-coordinated HRP in meeting immediate needs. It found that bureaucratic, logistical, security and community-level barriers each intensified over the period and together reduced the coverage, timeliness and continuity of assistance. The share of IDPs receiving regular aid fell from 61% to 49%, unmet needs rose, and beneficiary satisfaction declined, while verified funding data show that the plan met well under half of its requirement in 2021 and 2022. The HRP was partially effective: it expanded

health and protection programming and reduced negative coping, but it could not sustain these gains or reach all those in need. Humanitarian assistance was therefore necessary but not sufficient, and the political and security conditions that generate need lie beyond its reach.

Six recommendations follow from the evidence. (a) Authorities and humanitarian actors should simplify and harmonise permit requirements and establish a joint coordination desk to fast-track approvals and customs clearance, since permits doubled and customs delays reached 14 days. (b) Humanitarian logistics should be strengthened through corridor rehabilitation, decentralised warehouses and pre-positioned supplies near IDP settlements, expanded air services and digital supply chain monitoring to anticipate stockouts. (c) Access should be secured through negotiated agreements with communities and, where legally and ethically possible, with non-state armed groups, supported by staff security training, remote management tools and security coordination platforms. (d) Distribution should be made gender-sensitive through safe access routes, mobile delivery points, community participation in planning and monitoring, and institutionalised beneficiary feedback systems. (e) Programmes should link emergency food and health assistance to resilience-building, long-term health system investment and rapid replenishment mechanisms, and should scale up psychosocial support, GBV referral and child protection. (f) Donors should provide sustained, predictable and flexible funding, with a target of at least 80% of appeals met, and coordinate to avoid duplication while linking relief to peacebuilding and institutional development.

Limitations and Future Research: The study has limitations; first, it relies on secondary data, and several indicator series were compiled from agency reports whose definitions and coverage may vary and may themselves be affected by the access constraints they describe, so figures should be read as indicative. The four annual observations limit statistical inference, and the ex-post facto design cannot isolate the effect of the UN response from other influences. The study does not include the views of beneficiaries, local organisations or humanitarian staff. Future research should combine primary evidence from these groups with sub-national and sector-level data, trace indicators beyond 2022 to examine the effects of MINUSMA's withdrawal, and compare Mali with other central Sahel contexts to test whether the access–coverage relationship identified here generalises.

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