



**ASSESSING THE IMPACT OF U.S.  
FUNDING CUTS ON COMMUNITIES  
AND HUMANITARIAN RESPONSE:  
CASE STUDIES FROM  
SOUTH SUDAN AND MALI**

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The Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP) is a global network for advancing humanitarian learning. Our goal is for all humanitarians to benefit from our sector's collective experience.

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# EXECUTIVE SUMMARY

Over recent years, the humanitarian system has faced a tension between rising levels of need and a decline in funding. This strain reached a critical point in early 2025 when the United States government significantly reduced or withdrew funding across multiple contexts. These cuts have had immediate and far-reaching implications for humanitarian programming, particularly in fragile contexts.

This report is one of a [series of ALNAP outputs](#) to support the sector to understand the prioritisation choices, trade-offs and impacts of recent cuts to humanitarian assistance. Through consultations with community members, community leaders and aid workers conducted in mid-2025, it assesses the impact of these funding cuts on populations affected by crisis and on the humanitarian sector.

The report examines two country contexts – Mali and South Sudan – which both combine a strong prior presence of US funding, active humanitarian coordination structures and acute levels of needs. The findings shed light on how funding fluctuations influence humanitarian access, service delivery and community coping mechanisms, offering a crucial perspective on resource-driven shifts in the aid system from the perspective of both implementing actors and communities.

## KEY FINDINGS

- The abrupt suspension of US funding in early 2025 triggered critical service disruptions in high-severity areas and they have affected trust between stakeholders.
- Population groups most at risk bear the brunt of deteriorating conditions, leading to a growing reliance on informal support systems that in turn put pressure on community structures.
- The funding cuts undermine national response capacities and they have disrupted humanitarian coordination systems.
- Re-prioritisation exercises have narrowed the scope of humanitarian response planning.
- In the absence of broader social and information infrastructure, a narrowly focused humanitarian system could have compounding effects.
- Loss of trust between communities and aid actors adds a long-term barrier to humanitarian access and effectiveness.

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# ACRONYMS AND ABBREVIATIONS

<b>ALNAP</b>	Active Learning Network for Accountability and Performance in Humanitarian Action
<b>BHA</b>	US Bureau for Humanitarian Assistance
<b>CCCM</b>	camp coordination and camp management
<b>FGD</b>	focus group discussion
<b>HPC</b>	Humanitarian Programme Cycle
<b>IDP</b>	internally displaced people
<b>KII</b>	key informant interview
<b>NGO</b>	non-governmental organisation
<b>OTA</b>	onward transportation activities
<b>PRM</b>	US State Bureau for Population, Refugees and Migration
<b>US</b>	United States
<b>USAID</b>	United States Agency for International Development
<b>WASH</b>	water, sanitation and hygiene

# 1. INTRODUCTION

Over several years the humanitarian system has faced rising levels of need and a decline in the availability of funding. This reached a critical point in early 2025, when the US government significantly reduced or withdrew funding across multiple contexts. The cuts have had immediate and far-reaching implications for humanitarian programming, particularly in fragile contexts.

Prior to these cuts, US humanitarian funding had doubled between 2015 and 2023, reaching over US\$16 billion annually by the end of that period. The country provided 59% of global funding for nutrition, 52% for food security and agriculture, and 51% for multipurpose cash assistance (ALNAP, 2025). The abrupt cuts in 2025 have reversed this trend, creating widespread operational disruptions across the humanitarian sector.

In response, humanitarian actors used the Humanitarian Programme Cycle (HPC) as one of the main mechanisms to adjust how they planned and resourced responses.

These adjustments had already started in reaction to earlier donor reductions prior to 2025, but the suspension of funding from the US Agency for International Development (USAID) in 2025 placed additional pressure on this process.

The full impact of the funding interruption remains unclear, particularly in terms of short- and long-term effects on humanitarian coordination and the needs of communities affected by crisis. This report is one of a [series of ALNAP outputs](#) to support the sector to understand the impacts of the cuts and the associated prioritisation choices and trade-offs. It specifically assesses the impact of these funding cuts on communities affected by crisis and on the humanitarian sector, drawing on consultations with community members, community leaders and aid workers. The findings show how funding fluctuations influence humanitarian access, service delivery and community coping mechanisms.

South Sudan and Mali are used as case study countries to understand the impact of the interruption of US funding on the dynamics described above. These countries combine a strong prior presence of US funding, active humanitarian coordination structures and acute levels of needs among populations affected by crisis. They are also contexts in which ALNAP's data-gathering partner REACH was able to gain fairly rapid access to conduct timely research. The case studies



**The findings show how funding fluctuations influence humanitarian access, service delivery and community coping mechanisms.**



**South Sudan has been among the most vulnerable countries globally, with 71% of its humanitarian funding provided by donors that have since announced aid cuts.**

illustrate how funding suspensions can play out in different settings while offering insights that are relevant beyond South Sudan and Mali.

South Sudan has faced worsening humanitarian pressures over recent years as conflict in Sudan has driven more than one million people across the border. Of these people, 68% are South Sudanese nationals returning home. The influx has strained fragile health and WASH systems, contributing to a cholera outbreak. Severe food insecurity persists in South Sudan too, with nearly half the population requiring urgent

food assistance throughout March 2025 due to flooding, conflict and surging prices (Care, 2025). Prior to the funding interruption, a critical component of the humanitarian response was provided by USAID/the Bureau for Humanitarian Assistance (BHA) and the State Bureau for Population, Refugees and Migration (PRM). This US support reached 1.3 million people with emergency food aid in 2024 and provided US\$27.2 million of funding to health programmes.

The sudden cuts in 2025 have disrupted humanitarian programming and weakened coordination in South Sudan. They have compounded the challenges faced by the populations affected by crisis (USAID, 2024). Since 2024, South Sudan has been among the most vulnerable countries globally, with 71% of its humanitarian funding provided by donors that have since announced aid cuts (ALNAP, 2025).

Mali is also experiencing a severe and protracted humanitarian crisis driven by conflict, climate shocks and economic instability. Violence between armed groups, military forces and local militias has displaced more than 400,000 people internally, while insecurity continues to disrupt livelihoods, food production and access to basic services. The country is also heavily affected by climate change, with prolonged droughts, erratic rainfall and floods undermining agriculture and worsening food shortages.

Prior to the funding interruption, Mali's humanitarian response relied heavily on US support – 46% of total funding received by Mali came from the US, with 69% of that US support directed towards public health. US aid was therefore a critical pillar of both humanitarian programming and coordination. The abrupt cuts have disrupted life-saving programmes and weakened coordination mechanisms, further straining an already underfunded response. Announced reductions in support from other donors, such as the Netherlands and the United Kingdom, have compounded the situation, leaving humanitarian actors with limited capacity to respond to growing needs.

South Sudan and Mali offer complementary entry points to examine the consequences of US funding cuts in two highly fragile settings. They are well-suited to explore how funding fluctuations affect both programming and

populations affected by crisis. At the same time, the countries' differences – such as the nature of their crises, operational challenges and socioeconomic contexts – allow research on a broader range of impacts, from operational adjustments by aid agencies to coping strategies among communities. By engaging directly with populations affected by crisis, state agencies, local leaders and humanitarian actors, the study provides a nuanced picture of funding-driven changes across the aid system at the crisis level.

[Section 2](#) synthesises key findings across both case study countries, while [Sections 3](#) and [4](#) detail country-specific findings. [Section 5](#) sets out broad conclusions emerging from the research.

## METHODOLOGY

A qualitative approach was used to examine the impact of USAID funding reductions on communities and humanitarian coordination in South Sudan and Mali. Between May and June 2025, data was collected through a single-cycle assessment across two to three locations in each country.<sup>1</sup> Semi-structured key informant interviews (KIIs) were conducted with humanitarian actors, national authorities and local actors, alongside focus group discussions (FGDs) with community members affected by or aware of changes in aid. FGDs were disaggregated by gender and displacement status, with 6 to 10 participants per group. Purposive sampling was used to select respondents with direct knowledge of changes in humanitarian assistance.

While the study focuses on the 2025 suspension of US funding, participants often referenced earlier disruptions. Therefore, responses may reflect broader, cumulative effects of funding volatility. Additionally, given the time of data collection, it is important to note that the experiences and perspectives expressed in KIIs and FGDs may not reflect more recent in-country impacts and newer prioritisation processes, including subsequent HPC processes.

See [Annex 1](#) for a discussion of the limitations of the study.

<sup>1</sup> The targeted locations were selected in coordination with the respective country teams, based on several criteria: the presence of humanitarian activities, the presence of displaced populations and accessibility to the sites. For the KIIs with humanitarian actors, no specific geographic locations were targeted, as interviews were conducted with actors operating at different levels and locations across the response.

## 2. KEY FINDINGS ACROSS SOUTH SUDAN AND MALI

### **The abrupt suspension of US funding in early 2025 triggered critical service disruptions in high-severity areas and they have affected trust between stakeholders.**

In both South Sudan and Mali, KII and FGD participants emphasised that the sudden halt in US humanitarian funding has compounded a broader decline in support observed over recent years. The resulting service disruptions have led to the closure of health facilities, interruptions in food assistance, and significant reductions in WASH and nutrition services. Often, cuts have been implemented without clear transition planning or communication locally from humanitarian actors, which has led to confusion among communities and local stakeholders. In Mali, local actors reported learning of project closures from affected populations themselves, which has deepened mistrust and fuelled misinformation.

### **Population groups most at risk bear the brunt of deteriorating conditions, leading to growing reliance on informal support systems that in turn put pressure on community structures.**

Study participants in both countries reported that women, children, elderly people and displaced populations (including internally displaced people (IDPs), returnees and refugees) are affected disproportionately. These groups experience heightened food insecurity, reduced access to basic services (WASH, nutrition and health) and exposure to harmful coping mechanisms such as scavenging, engagement in informal or hazardous labour (e.g. wood collection, mining, child labour), and secondary displacement or migration. In the context of reduced humanitarian assistance, vulnerable individuals (such as the elderly, people living with disability and female-headed households) are increasingly supported by other community members. This informal support system places additional pressure on already limited community resources – particularly food, water and shelter – and it strains community resilience.

### **The funding cuts undermine national response capacities and they have disrupted humanitarian coordination systems.**

According to humanitarian actors, the reduction in funding has resulted in the closure of local offices, a decline in technical capacity and widespread layoffs, particularly among national staff. National non-governmental organisations (NGOs) are affected disproportionately, with many ceasing operations altogether, particularly in South Sudan. In both countries, cluster coordination

functions have been disrupted and capacity-strengthening initiatives have been delayed. Discussions on transferring responsibilities to national actors have intensified in both countries; however, key informants emphasised that national entities lack the financial and institutional capacity to assume coordination roles effectively in such a short period and without adequate handover planning and support.

**Reprioritisation exercises have narrowed the scope of humanitarian response planning.**

Key informants in both contexts reported that the reprioritisation of humanitarian response planning has been led by coordination bodies. In South Sudan, the process has followed an earlier narrowing of scope embedded in the 2024 HPC, while in Mali the shift from the 2023–2024 approach represents a significant departure from previous strategic planning assumptions. Interviewees considered earlier exercises to have gradually expanded the scope of beneficiaries and strengthen the cross-cutting nature of the response in Mali, but the reprioritisation process conducted in early 2025 was reportedly marked by a significant narrowing of geographic areas and population groups compared to previous years.

**In the absence of broader social and information infrastructure, a narrowly focused humanitarian system could have compounding effects.**

As humanitarian assistance reportedly narrows around more immediate life-saving responses, initial data from both countries indicate emerging risks to mortality, health outcomes and protection. Participants expressed their concern about the lack of strong national health and social services to alleviate the immediate and long-term impacts to communities, and about the risks of weakened data systems to monitor, anticipate and respond to those compounding effects on future humanitarian needs.

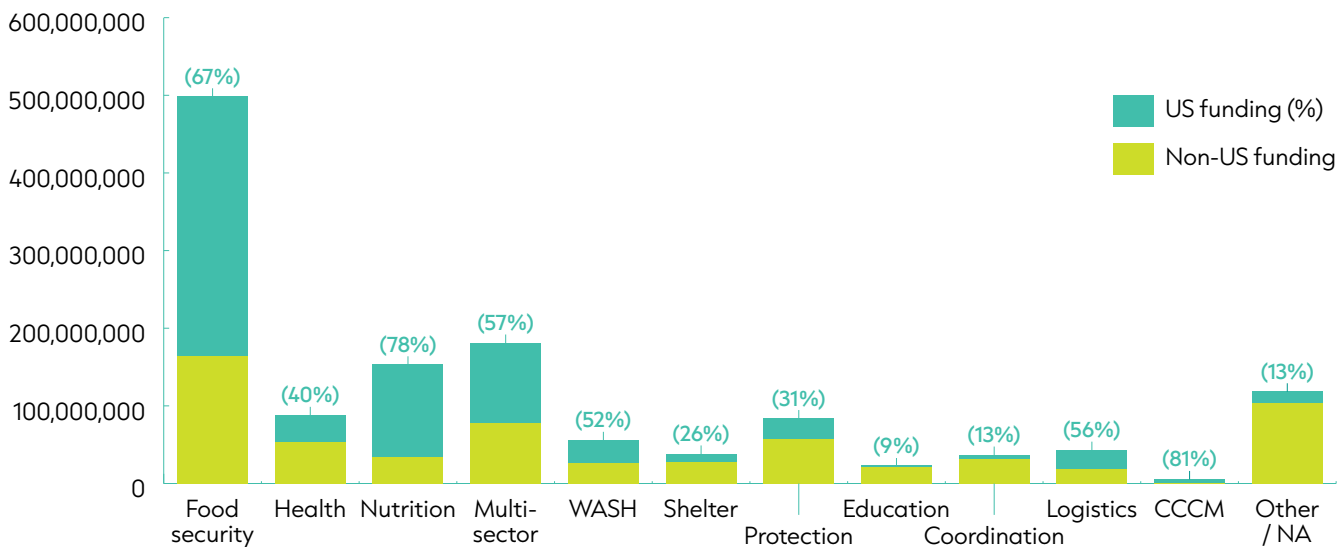
**Loss of trust between communities and aid actors adds a long-term barrier to humanitarian access and effectiveness.**

Recent funding cuts and programmatic shifts in Mali have strained community relations, particularly in areas where previous aid efforts emphasised consultation and local ownership. The lack of clear communication by some humanitarian actors regarding the closure of activities has fuelled existing frustrations and undermined past efforts to implement a community-centred approach. The abrupt shift away from participatory practices is perceived as having eroded accountability and weakened trust between humanitarian actors and populations affected by crisis. While humanitarian actors view this as a programmatic issue requiring time and outreach to repair, national authorities see it as evidence of deeper structural imbalances. Several participants from both of these groups underscored the persistent disconnect between internationally driven aid models and national systems, noting that limited alignment with domestic institutions undermines the long-term impact of the humanitarian response.

# 3. IMPACTS IN SOUTH SUDAN

Since December 2024, a surge in people fleeing conflict in neighbouring Sudan has worsened a complex humanitarian crisis in South Sudan, straining health and WASH infrastructure and fuelling a cholera outbreak (Care, 2025). Severe food insecurity remains widespread – nearly half the population required urgent humanitarian food assistance throughout March 2025 due to flooding, conflict and economic crisis that caused a surge in food prices. The conflict in Sudan, which began in April 2023, has also forced many South Sudanese refugees living in Sudan to return. At the time of the US funding cuts, more than one million people had arrived in South Sudan, 68% of whom were returnees.

Figure 1. Humanitarian funding in South Sudan (2024, US\$)



Note: For the initial estimate of US funding share among all donor contributions at the country level in 2024, the categories are based on IMPACT’s preliminary analysis of sectoral funding coverage reported by the Financial Tracking Service (FTS) (data extracted from the FTS website on 20 February 2025). When multiple sectors are mentioned, the funds are categorised as multisectoral, as the data does not allow further disaggregation of each grant by the share contributed to different sectors. The current estimate focuses on USAID and US State funding.

The US government played a crucial role in South Sudan’s response in 2024. At that time, USAID/BHA and State/PRM partners reached 1.3 million people with emergency food aid, and they provided US\$27.2 million in support to life-saving health programmes and nutrition activities for children. The freeze in US humanitarian funding therefore threatens to disrupt essential services and worsen conditions for the most vulnerable populations (USAID, 2024).

## THE CONSEQUENCES OF FUNDING CUTS ON POPULATIONS AFFECTED BY CRISIS

*(KII with local actors and humanitarian actors, and FGDs with local communities)*

**While not all observed changes can be directly linked to the US funding cuts, the reduction in aid has significantly worsened conditions for communities that are already vulnerable. Households are experiencing rising food insecurity, disease outbreaks and interruptions to essential services. Migration patterns are changing.**

Across all surveyed locations, FGD participants consistently noted a decrease in aid, though the timing of these reductions varied significantly. In some sites, such as those of protracted engagement, the effects were already apparent. In other sites, funding cuts had been implemented more recently, within the 12 months preceding data collection. Most participants described the reduction in aid as a gradual process rather than a single moment of interruption. As such, not all observed changes can be directly linked to the US funding suspension, particularly given the difficulty in establishing precise aid timelines at the site level. Nonetheless, these findings provide important insights into the broader consequences of aid interruption on needs, vulnerabilities and coping strategies among communities affected by crisis.

There was strong consensus across all respondent types that the reduction in funding has significantly worsened conditions for already vulnerable communities. They cited rising food insecurity linked to the breakdown of humanitarian-supported food production systems, and reduced access to health services, particularly maternal and primary care. These consequences were emphasised particularly by humanitarian and local actors, who described the closure or degradation of health facilities, increased incidence of open defecation and spikes in disease outbreaks, including HIV. Local actors specifically noted that households are pushed to visit costly private clinics or travel long distances to access basic care, and they cited a heightened risk of prenatal mortality due to reductions in maternal health services. FGD participants, especially women, consistently reported reduced access to water and deteriorating WASH infrastructure.

The suspension of cash and voucher assistance was widely reported across all respondent groups as compounding household vulnerability, by restricting the ability to purchase food, medicine and other essentials. Education services have also been disrupted significantly. FGD participants and local actors across several locations reported increased school dropout rates. Both humanitarian actors and local informants noted that layoffs of national humanitarian staff has contributed to broader economic strains.

Population movement patterns have also shifted. Humanitarian actors noted that communities increasingly cross the border in areas near Ethiopia to access services, while movement from Sudan has decreased as previously accessible services on the South Sudanese side have collapsed. The burden on host communities, particularly those accommodating displaced people, was consistently highlighted by local actors and FGD participants, who noted growing pressure on limited shared resources. Psychosocial consequences were also observed. Local and humanitarian actors described rising levels of anxiety, confusion and mistrust among populations affected by the crisis, often exacerbated by the absence of clear communication around the funding cuts.

### BOX 1: AWARENESS AND UNDERSTANDING OF FUNDING CUTS AMONG LOCAL ACTORS AND COMMUNITIES

**Understanding varies of the motivations for the funding cuts.** Heads of local associations and local authorities generally demonstrated strong awareness of the US funding cuts and their implications, often linking the cuts to shifting donor priorities or broader geopolitical factors. Community leaders and youth representatives, particularly in under-served areas, showed limited or no knowledge of the reasons behind the changes. One local actor was an exception in that they were well-informed, likely due to the area's role as a humanitarian hub (OCHA, 2025a).

**Explanations for the cuts vary by location and timing.** Where cuts predated the official US funding suspension FGD participants attributed the cuts to a decline in global interest in South Sudan compared to other crises, such as Ukraine. Elsewhere, insecurity and general funding constraints were cited. Notably, the US funding suspension was explicitly mentioned in only one location, and even then it was mentioned only in relation to more recent reductions.

*'There is less assistance because of the American President Trump, who has stopped assistance.'* Male IDP, FGD participant, South Sudan

*'For me, maybe the reason for the reduction of the assistance is that in the past, South Sudan was going through war. Now, since people think that there is peace in the country, they think we don't need assistance. But this is not the case.'* Male IDP FGD participant, South Sudan

Across all respondent types, participants shared the view that clear communication from humanitarian actors has been lacking regarding the reasons for the cuts. FGD participants who were current or former aid recipients were generally more aware of the situation. Non-recipients often did not know why services had been withdrawn or reduced. The absence of coordinated communication has likely contributed to the spread of misinformation and growing mistrust, as noted by local actors and community members.

## POPULATION GROUPS AFFECTED MOST BY INTERRUPTED HUMANITARIAN ACTIVITIES

**Vulnerable groups are experiencing disproportionate impacts from the funding cuts. Consequently, these groups face greater protection risks as they adapt their behaviours and coping mechanisms.**

The populations affected most by the funding cuts are women, children, the elderly and displaced groups, including IDPs, Sudanese returnees and refugees. Participants described these groups as facing the most significant barriers to accessing essential services and as being impacted disproportionately by the withdrawal of aid. Local actors and FGD participants consistently emphasised the impact on women, both in terms of access to services and exposure to risks arising from the discontinuation of protection, health, and camp coordination and camp management (CCCM) services.

*'There has been a reduction of humanitarian assistance in the camp, and it is affecting vulnerable people like women and elderly people. I am a widow. I lost my husband, and I am taking care of my kids, who are in school. I am the only one taking care of them. Because of this reduction, I am not able to send my kids to school.'* Female IDP, FGD participant, South Sudan

Limited availability of essential services has resulted in longer travel times to access healthcare, raising the risk of protection incidents. Furthermore, the lack of infrastructure renovations within IDP camps (fences, lights, etc.) and the failure to employ security guards at sites have further heightened protection risks in IDP areas. Children are a priority concern, especially those who have lost access to education services. Participants in one site also mentioned people living with disability, widows and individuals with chronic illnesses as facing acute challenges. These observations came from both local actors and community members, demonstrating converging perspectives.

## COPING MECHANISMS AND EMERGING RISKS

**Households and individuals are utilising harmful and high-risk coping mechanisms. They are skipping meals, taking on debt and selling off productive assets. They are adopting new or intensified livelihood strategies – fishing, informal labour, harvesting wood or mining – particularly in rural and IDP settings. Vulnerable groups face protection risks, but community-based solidarity mechanisms are being used.**

Community members in FGDs emphasised protection-related risks, with women and children reported to be engaging in begging, prostitution (for women only), child labour and child marriage. A particular trend, raised by both FGD participants and local actors, is that vulnerable individuals, especially women and girls, are forced to collect firewood and food in insecure areas where they are exposed to serious protection threats in the absence of security personnel. Local

actors also reported alcohol consumption as a form of coping, particularly among unemployed youth.

*'Some women go to fetch firewood. They go in groups of four to five because they are afraid for their safety. By selling their firewood, you can get a little money to buy food. Some time ago, they would give us 10 kg of flour for each household.'* Female IDP, FGD participant, South Sudan

*'Men go to make charcoal in the bush. But sometimes they get killed in the bush. There is a lot of death now. Some men are working, but others are not working. Because of hunger, they have no choice but to go to the bush.'* Female IDP, FGD participant, South Sudan

Some FGD participants mentioned community-based solidarity mechanisms, such as sharing food and resources with more vulnerable households. However, these practices were seen as short-term and unsustainable.

*'As a community and in our culture, we have the practice of sharing. Since the NGOs went out, if you have something, you share it with your neighbours. The only thing that keeps us here is that we are sharing. If you have something today, if you got help from your brother outside camp, you share with others.'* Female IDP, FGD participant, South Sudan

## THE IMPACT OF US FUNDING CUTS ON HUMANITARIAN ACTIVITIES

*(KII with humanitarian actors/national authorities/local actors)*

**US funding cuts have had far-reaching consequences for humanitarian operations, particularly in the health, WASH, nutrition and food security sectors. The scale and immediacy of these impacts varies by location and actor, but the disruption to core service delivery is a consistent theme.**

Humanitarian and local actors cited health services as one of the most frequently and severely impacted sectors. Disruptions include reduced availability of medical personnel, interruptions in the supply of medicine, and the scaling down or closure of health facilities. This is especially true in areas outside the capital, where local partners reported the closure of NGO offices and the cessation of salary payments, which directly affected the functioning of health centres.

Food security and nutrition activities, particularly in-kind food distributions, were also noted as being widely disrupted. Community members highlighted that food assistance has reduced gradually over time, prior to the US funding interruption, while humanitarian actors noted that both general food

distributions and nutrition programmes – especially those targeting vulnerable populations – have been scaled back significantly since early 2025.

In the WASH sector there have been widespread interruptions to infrastructure rehabilitation and maintenance. National authorities and local partners similarly noted that these services, previously considered essential, have been deprioritised or suspended. While some WASH activities were affected by funding cuts prior to 2025, the impacts have been exacerbated since then. National authorities further flagged up education programmes as being negatively affected, echoing the concerns of local actors who observed the suspension of programmes and teacher layoffs across education initiatives.

Cash assistance has been disrupted too, both in the form of direct transfers to beneficiaries and salary support for local service providers involved in service delivery. This was noted particularly by local actors, who reported that such programmes ceased entirely in certain areas, limiting households' ability to meet basic needs and undermining staff retention in health and education services.

Programmes targeting displaced populations, such as registration services for refugees and IDPs, were explicitly mentioned as having been delayed or not implemented at all for the most recent waves of displacement. This was emphasised by local actors working in Upper Nile and Greater Bahr El Ghazal, regions that have faced successive shocks and ongoing population movements. The impact on sector-specific programming linked to the Sudan crisis response was also noted by humanitarian partners. According to those working in Renk, funding cuts have affected onward transportation activities (OTA), CCCM and shelter.

Finally, protection concerns were raised by humanitarian partners, who linked the suspension of support to increased protection risks. While some interruptions happened before the US funding cuts, humanitarian partners highlighted the potential risks that communities may face in the long term following the degradation of infrastructure. Examples include the deterioration of security infrastructure (e.g. fencing in camps) and the inability to repair or replace shelters during the rainy season due to the suspension of non-food item distributions. These protection-related service gaps add another layer of vulnerability to displaced populations, compounding the humanitarian impact of funding cuts.

Although humanitarian actors generally perceived development programming as being less affected by the cuts than humanitarian programming, some cross-cutting activities, including peacebuilding and standard services, were reported to be severely disrupted.

## BOX 2. IMPACT ON ORGANISATIONS AND HUMANITARIAN COORDINATION STRUCTURES

**Operational disruptions at the organisational level.** The most immediate and widely reported consequences of the US funding reductions are staff layoffs, particularly among national personnel, and the closure of local offices. Humanitarian actors consistently highlighted these disruptions, noting a loss of technical expertise due to the non-renewal or dismissal of both national and international specialists. Often framed in operational terms, several actors also pointed to strategic implications – they warned that the erosion of sector-specific expertise could weaken institutional capacity for recovery and future scale-up, particularly in technically demanding sectors such as health and WASH.

**A disproportionate impact on national NGOs.** Many national NGOs have experienced acute financial stress from the funding cuts. Indeed, the number of registered national NGOs within coordination bodies decreased significantly within only a few months of the US funding interruption. While international NGOs (INGOs) also reported reductions in funding that have resulted in staff layoffs, local base closures and in some cases full withdrawal from South Sudan, many have been able to rely on financial reserves or support from their headquarters. These withdrawals have reduced NGO presence in coordination forums, however, directly affecting the inclusivity and representativeness of planning processes.

**A strain on humanitarian coordination structures.** The humanitarian coordination system has also experienced stress, although respondents provided fewer details on this aspect compared to organisational impacts. Some cluster coordination structures have been disrupted, particularly where coordination roles have been hosted by INGOs or NGOs directly affected by funding cuts. Such disruptions have weakened key technical roles that are critical for inter-agency coherence and cross-sectoral planning. At the same time, several respondents acknowledged that they have a limited sense of broader implications for the overall response architecture, indicating a potential gap in inter-agency communication and situational awareness.

**Strengthening national roles: localisation dynamics and challenges.** Many key informants emphasised the evolving role of national actors within the response, pointing to ongoing localisation and handover efforts. For example, several described donors and international partners increasingly pushing to strengthen national actor involvement in funding allocations and resilience programming – this is illustrated by the target to allocate 40% of the next Humanitarian Fund to national organisations, in a deliberate shift towards local ownership (OCHA, 2025b).

However, multiple respondents also pointed to disagreements among stakeholders regarding the pace and modalities of this transition, mirroring broader debates about localisation in resource-constrained environments. In parallel to the localisation agenda, national authorities are being encouraged to assume a greater share of responsibility for critical services, particularly in health, durable solutions and resilience-oriented programmes. Respondents identified gaps in technical capacity and the discontinuation of capacity-building support as limitations here. As such, while handover and localisation are being discussed actively, most key informants acknowledged that these discussions remain largely conceptual.

## ADJUSTMENTS IN HUMANITARIAN STRATEGIES AND OPERATIONAL APPROACHES

*(All with humanitarian actors)*

Humanitarian actors have been implementing a range of strategic and operational adjustments in the wake of US funding cuts. These shifts vary in depth and scope depending on the type of organisation, level of operations and reliance on US funding sources.

### STRATEGIC SHIFTS AND PLANNING GAPS

**Humanitarian partners have narrowed the scope and frequency of their activities, focusing primarily on 'life-saving' sectors, notably nutrition, health and food security. This shift was reported as a necessary reprioritisation, given budget constraints.**

Often, resilience and development-oriented programmes have been deprioritised, with plans to hand them over to government entities or development actors. However, as acknowledged by both humanitarian actors and coordination staff, these transitions have largely remained theoretical, with no clear handover processes or commitments in place.

Efforts to mobilise alternative funding were noted, particularly among (national and international) NGOs engaged in advocacy and fundraising actions. These advocacy strategies include highlighting the potential long-term impact of the funding gap on vulnerable communities. However, local-level staff reported that they often feel excluded from organisational strategic discussions. Most reviews and decisions occur at the national level, with limited consultation of teams on the ground, highlighting a disconnect between strategy and operational realities.

### LOCAL-LEVEL COLLABORATION AND RESOURCE SHARING

**Funding constraints have led to adaptations in collaboration and resource-sharing models locally.**

Adaptations are especially evident in the Sudan crisis response in Renk, where inter-agency partnerships have facilitated the shared use of vehicles, staff and infrastructure to continue critical service delivery, particularly in health. Both local-level programmatic actors and coordination staff mentioned these practical adjustments, suggesting that, while not widespread, they provide functional models of adaptation in high-pressure contexts.

## ENGAGEMENT WITH GOVERNMENT AND LOCAL AUTHORITIES

**There is a general understanding among local and government authorities of the drivers and implications of the funding cuts, although structural gaps exist.**

Most humanitarian actors noted that local authorities have communicated clearly with communities, helping to mitigate confusion and potential tensions. However, government entities have struggled to take over critical service delivery roles, particularly for resilience and basic service programmes. This limited capacity represents a structural gap in the current aid transition landscape and raises concerns about the sustainability of humanitarian exit strategies.

## OPERATIONAL ADJUSTMENTS AND DELIVERY MODALITIES

**Humanitarian organisations have adapted their operational models. Several have transitioned to more flexible, mobile and integrated intervention modalities, often combining similar activities or merging programme areas to reduce costs.**

Adjustments were noted particularly by coordination structures and operational agencies responding to complex emergencies. Other structural changes include reduced staff working hours, further downsizing of teams and broader organisational restructuring at the country level. Both national and international staff have been affected, although respondents consistently reported layoffs among national staff.

Several humanitarian actors also referenced the termination of contracts with implementing partners, as well as a shift from in-kind distributions to cash-based programming, where feasible. Actors viewed this shift as both a cost-efficiency measure and a means to preserve beneficiary autonomy, although its implementation has varied by location, infrastructure and market functionality.

## PRIORITISATION PROCESSES IN RESPONSE TO FUNDING CUTS

*(KII with humanitarian actors and national authorities)*

**The humanitarian community responded to the US funding cuts through a reprioritisation process. Humanitarian actors understood this process as a**

**means to recalibrate programming and target populations in line with dramatically reduced resources.**

The reprioritisation process was spearheaded by the Inter-Cluster Coordination Group, following a request from the Humanitarian Country Team. Technically, the initiative was led and understood by coordination actors, particularly cluster leads, but other stakeholders such as capital- and local-based staff reported having limited information about the process.

The main result was described as a geographic classification system at the county level, categorising counties into areas numbered from one to five, with one and two being the most critical. According to interviewees, these classifications formed the basis of downstream decision-making within organisations and clusters. Geographic prioritisation reportedly relied on established criteria, including levels of vulnerability, shock frequency, severity of life-saving needs and presence/capacity of humanitarian actors.

## WHAT ARE THE EXPECTATIONS FOR THE FUTURE OF THE HUMANITARIAN RESPONSE?

*(KII with humanitarian actors/national authorities/local actors and FGDs with local communities)*

### ANTICIPATED STRUCTURAL SHIFTS IN THE HUMANITARIAN LANDSCAPE

**The anticipated impact of US funding cuts extends beyond immediate disruptions to longer-term structural shifts in the humanitarian and development landscape. Many organisations view these shifts as aligning with broader global reductions in humanitarian financing, and as a catalyst for necessary adaptations in programming, partnerships and coordination.**

A projected trend mentioned by respondents is the deprioritisation of protection-related activities, including gender-based violence programming and OTA services, which are heavily reliant on US government support. OTA for Sudanese returnees are also expected to be affected. Humanitarian actors described these sectors as among the least likely to be sustained in the current funding climate, which is placing growing emphasis on life-saving programming in health, nutrition and food security. Respondents also perceived co-funded projects as being increasingly vulnerable, particularly where financial or operational continuity depends on the alignment of donors. While some humanitarian actors reported that they have discussed the need for more cost-efficient approaches, they provided no concrete examples of strategic adaptation. This reflects either early-stage planning or limited transparency in internal deliberations.

Looking ahead, many respondents anticipate shifts in partnership models, with increased collaboration expected between humanitarian actors, local authorities

and development or resilience actors. This is especially true for durable solutions, where OTA has stopped. Several actors, including coordination representatives and local-based staff, described this as a potential opportunity to strengthen resilience-based approaches; however, they offered no tangible transition plans or operational examples. This points to growing recognition of the need for humanitarian–development alignment, but it also highlights the disconnect between strategic discourse and operational execution.

Localisation was also cited repeatedly as a probable long-term trend. For example, respondents mentioned refugee-led organisations as potential new stakeholders in service delivery and community engagement, particularly in the Sudan Crisis response in South Sudan. However, implementation of this shift remains uneven. Some respondents noted that donors and coordination platforms are promoting the increased inclusion of national actors. Yet questions remain regarding capacities, accountability frameworks and political will, particularly in the absence of sustained support for governmental capacity-building programmes. National authorities emphasised the importance of transferring humanitarian responsibilities to national and local authorities, particularly in sectors such as health, resilience and disaster preparedness. They stressed the importance of the participation of populations affected by crisis in decision-making processes, either directly or through government representation. While some local-level handover efforts are reportedly underway, these processes were described as resource-constrained and, according to national authorities, as requiring additional financial support to become fully operational.

At the time of data collection, potential restructuring of the coordination architecture was also discussed, with several humanitarian actors anticipating simplification or streamlining of the cluster system. Some actors viewed this negatively, citing risks to technical coherence and a loss of expertise. Others, including those from locations outside Juba, saw it as an opportunity to decentralise decision-making, strengthen collective accountability and embed exit strategies in coordination planning.

## COMMUNITY PRIORITIES AND PERSPECTIVES ON THE WAY FORWARD

**Communities view food, healthcare and cash support as priorities, followed closely by protection and education. Health and food services are critical to sustain – or even scale up – in the context of potential funding reductions. Communities also want greater engagement and transparency with humanitarian actors.**

Some key informants suggested that the health and food sectors should take precedence over others, such as shelter or education. Others expressed the need to protect broader sectoral needs.

*'Despite these challenges, based on the daily struggles we face, we strongly believe that food assistance should be the top priority. As human beings, we cannot live without food. Hunger is not only weakening us physically, but also affecting our mental health, productivity, and ability to care for our children. While we understand that humanitarian agencies may have to make difficult decisions about which programmes to continue or scale down, we firmly believe that food assistance must never be stopped.'* Female refugee, FGD participant, South Sudan

FGD participants stressed that past and ongoing assistance has often fallen short, due to limited quantities or gaps in covering basic needs. In this sense, respondents identified food distribution, health services and education as current priorities and also essential to safeguard in the face of any future cuts. Additional needs, such as shelter, legal services, business development support and improved security were raised in various locations, indicating context-specific priorities. When asked about sectors that could potentially be deprioritised, however, most FGD participants declined to name any, indicating the widespread perception that essential needs remain largely unmet.

In several sites, refugee participants also underscored the need for stronger engagement between humanitarian actors and communities affected by crisis. They called for clearer, more transparent communication around vulnerability criteria and targeting processes, plus better feedback and complaints mechanisms. Many believed that deeper community involvement and improved coordination with local authorities would help ensure that aid is better tailored to actual needs.

In one IDP camp, discussions further highlighted the role of local actors, particularly religious institutions that have provided food and cash assistance since the withdrawal of humanitarian partners. However, the reach of this support has sometimes been constrained by concerns over religious affiliation – some community members have been reluctant to receive aid due to differing beliefs. Participants also highlighted the potential for government agencies and local authorities to play a more significant role in service delivery, while acknowledging that limited resources remain a significant barrier to expanding their engagement.

## ANTICIPATED EXCESS MORTALITY RISKS AND GAPS IN NEEDS MONITORING

**Humanitarian actors share concern around the risk of excess mortality. The likelihood of famine, food insecurity, disease outbreaks and violence-related incidents is likely to grow, particularly in underserved or high-risk areas. They see these risks as being grounded in ongoing vulnerabilities, and they are concerned about the lack of systematic and large-scale assessments.**

All stakeholder types consistently identified displaced populations, women, children and the elderly as the most at-risk groups, reflecting the compounding effect of reduced services on those with limited access to protection mechanisms. However, sectoral experts from the food security and health clusters cautioned that it remains too early to determine a direct causal link between US funding cuts and changes in mortality rates or sectoral indicators. While warning signs have emerged, these experts emphasised the need for longer-term tracking before drawing firm conclusions about attribution.

In this vein, most actors expressed concern about the lack of assessments and monitoring focused explicitly on the consequences of US funding cuts on humanitarian needs. Aside from one or two surveys, ongoing analysis has concentrated largely on recent shocks, notably those in the Upper Nile region, rather than the broader structural impacts of the funding reduction. This gap in monitoring reflects both capacity limitations and institutional blind spots, as partners often rely on shock-driven assessments instead of sustained, comparative tracking over time.

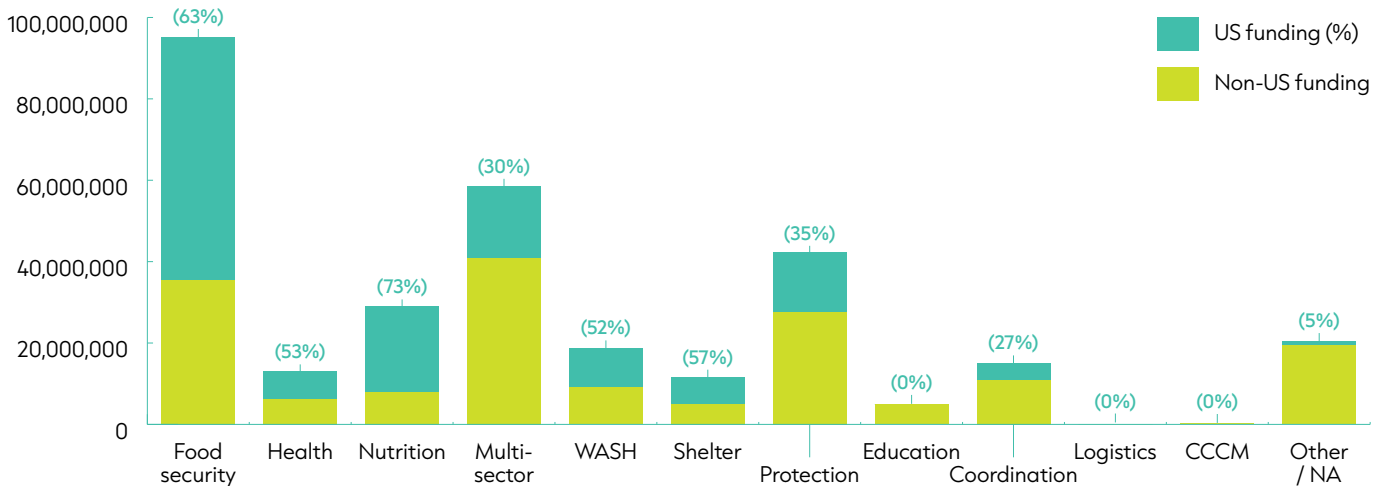
Multiple key informants cited barriers to systematic needs tracking. This includes the absence of harmonised information management systems and limited transparency around funding flows by county or sector. Without disaggregated financial data, it is challenging for operational actors to correlate funding trends with deteriorating outcomes – and this results in a critical evidence gap in advocacy and prioritisation efforts. Several actors in the health and food security sectors echoed this sentiment, warning that less data will likely be available in 2025, as funding cuts translate into fewer resources for data collection, analysis and coordination. This points to a concerning feedback loop mentioned by several KIs: as funding declines, so too does the capacity to measure its impact, potentially masking growing needs and delaying life-saving interventions.

***'First, NGOs need to assess the needs of the communities before responding. For example, our community is facing diseases now. If NGOs were to respond to this, the impact would be felt by the community. NGOs need to continue conducting assessments to understand the challenges faced by our communities. South Sudan as a country is suffering, and we need assistance.'*** Male IDP, FGD participant, South Sudan

# 4. IMPACTS IN MALI

Mali is experiencing a severe and protracted humanitarian crisis driven by conflict, climate shocks and economic instability (OCHA, 2025c). Ongoing violence between armed groups, military forces and local militias has internally displaced more than 400,000 people, while insecurity continues to disrupt livelihoods, food production and access to basic services (ICRC, 2022). The country is also heavily impacted by climate change, with prolonged droughts, erratic rainfall and floods affecting agriculture and worsening food shortages. As a result, 6.4 million people, just under 30% of the population, were in urgent need of humanitarian assistance in 2024. Acute food insecurity and malnutrition rates are rising, particularly in the northern and central regions (OCHA, 2025c).

Figure 2. Humanitarian funding in Mali (2024, US\$)



Note: For the initial estimate of US funding share among all donor contributions at the country level in 2024, the categories are based on IMPACT’s preliminary analysis of sectoral funding coverage reported by the Financial Tracking Service (FTS) (data extracted from the FTS website on 20 February 2025). When multiple sectors are mentioned, the funds are categorised as multisectoral, as the data does not allow further disaggregation of each grant by the share contributed to different sectors. The current estimate focuses on USAID and US State funding.

Mali has faced an underfunded crisis response for years, with only 39% of the required US\$702 million covered in coordinated funding in 2024 (totalling US\$276 million). Funding increased until 2022, peaking at US\$402 million, but support has since declined. The Malian humanitarian response has relied heavily on funding from the United States (46% of total funding), with 69% of US funds allocated to the public health sector.

## THE CONSEQUENCES OF FUNDING CUTS ON POPULATIONS AFFECTED BY CRISIS

*(KII with local actors and FGDs with local communities)*

**The availability of humanitarian aid has shifted significantly in Mali, particularly following recent funding reductions. Support across food, health, education and basic needs has declined noticeably – all forms of assistance have been impacted, particularly for IDPs.**

Respondents reported that health programmes, including vaccinations and treatment for malnutrition, have been suspended, as have critical outreach services for pregnant women and children. The education sector has experienced school closures without prior notice or coordination.

*'Right now, it is very difficult to access aid because we heard that the donor funding the programmes in our area has stopped their support. The changes in aid are noticeable, everyone who used to receive assistance no longer does.'* FGD participants, Mali

IDPs noted a decline or complete absence of humanitarian assistance. In particular, they criticised the delays in issuing IDP registration cards, which consequently restricts access to support. Communities echoed concerns about halted nutrition services and the disappearance of previously regular food distributions, underlining a growing sense of abandonment.

Both perspectives highlight limited communication around the suspension of aid. Local actors criticised the top-down nature of programmatic decisions, which were often communicated late or indirectly, sometimes even through rumours in the community. Community members similarly reported that they have received no updates or explanations about the reduction in aid services.

### BOX 3. AWARENESS AND UNDERSTANDING OF THE CUTS AMONG LOCAL COMMUNITIES

**Overwhelmingly, local actors attributed the suspension of humanitarian assistance to US funding cuts, describing it as the most significant driver of the current aid gap.** Many emphasised that although Mali has faced conflict and chronic insecurity since 2011, the scale and abruptness of the recent interruption in aid – especially in food distributions – represents a significant shift.

**Several local actors framed the situation as linked to US political changes and also to broader geopolitical dynamics.** Some also suggested that donor distrust in implementing organisations contributed to the suspension of support. While a few programmes receive limited donor funding, local actors viewed this assistance as far from sufficient. Moreover, the rupture caused by USAID's

withdrawal marks a turning point for Mali, given the historical role of the US as its most significant humanitarian donor.

**Community members broadly cited a lack of funding for humanitarian organisations as the principal reason for the decline in assistance, not geopolitical factors.** This view was consistent across FGDs, though interpretations varied slightly by gender and site. Women IDPs in one site reported that humanitarian actors had stopped working in the area. Meanwhile, some men from the host community in another location proposed that the change might reflect a broader shift towards encouraging beneficiary self-reliance.

*'We have noticed changes in aid over the past two or three months across all sectors, including food, education and health, which our populations used to receive. Currently, people are receiving less aid than usual. These changes are occurring due to the suspension of American funding. According to some, this assistance has been stopped to encourage beneficiaries to become self-reliant and work for themselves.'* Host community male, FGD participant, Mali

## POPULATION GROUPS AFFECTED MOST BY INTERRUPTED HUMANITARIAN ACTIVITIES

**Aid cuts have had immediate and visible consequences on vulnerable populations. Health centres face severe shortages of medicine and nutrition kits. IDPs are experiencing worsening food insecurity, and women, children and the elderly are impacted most. This has translated into a visible rise in childhood malnutrition, frequent health issues and further strains on local health infrastructure.**

Communities emphasised the direct human toll of the funding cuts, especially on women caregivers and families without male breadwinners. Both local actors and communities emphasised that women face heightened burdens from their reduced access to health and nutrition services and also because they often remain in their communities to care for children while men leave in search of work. Women-headed households are particularly affected by the loss of support programmes, facing added emotional and economic strain.

Respondents also agreed that children are severely affected. Community members focused on immediate health consequences, while local actors underlined broader effects, including interrupted vaccination campaigns, shortages of school supplies and reduced access to education. Concern is growing for children's basic needs.

Local actors expanded on the impact of cuts on other vulnerable groups, including the elderly, people living with disability, victims of explosive remnants and unemployed household heads.

*'It is women and children who are suffering the most from these changes. Lately, the site has recorded several cases of malnourished children who are often referred to the health and referral centre (CSREF). However, it appears that most NGOs providing nutritional support at the CSREF have also stopped their assistance.'* Female community member, FGD participant, Mali

## COPING MECHANISMS AND EMERGING RISKS

**Precarious coping mechanisms are being used in response to the sudden drop in humanitarian assistance, including informal labour, debt and migration. Local actors emphasised structural implications and long-term risks, while communities highlighted day-to-day survival and local solidarity efforts.**

*'Since the beginning of this crisis, we have witnessed an unprecedented wave of departures abroad. Young people are leaving for Algeria in search of a better future. Algeria even recently expelled some of them, but they quickly returned, determined to leave again. We have tried to dissuade them by issuing warnings about the dangers of these journeys, but without success. In addition, there has been an increase in borrowing from friends, family, and microfinance institutions, reflecting a high level of economic distress.'* Local authority representative, Mali

Both local actors and communities mentioned a rise in informal, often precarious income-generating activities. Men are reportedly turning to small-scale construction or petty trade, while displaced women engage in wood gathering, herb collection or domestic work in host households to secure food.

*'The suspension of this aid has a huge impact on our lives, to the point that it keeps us from sleeping. We suffer greatly, particularly women. Men flee and abandon women and children when the situation becomes critical, leaving us to manage on our own with the children [...] We collect stones, but this activity is becoming increasingly difficult due to the nature of the terrain, which restricts our access. We also do laundry for host families in addition to selling leaves in the market.'* Female IDP, FGD participant, Mali

Respondents emphasised the importance of social support networks, including inter-household lending and small-scale community fundraising. However, community members noted that while these mechanisms exist, they remain insufficient to meet needs. FGD participants, particularly women from host communities, have received limited support from local authorities since the withdrawal of NGOs.

Local actors offered a broader perspective on economic collapse, noting an increase in borrowing from microfinance institutions and between individuals. This reflects mounting financial pressure. They also described distress migration, both internally and to neighbouring countries, noting the implications of this

exodus – heightened social inequality, rising youth delinquency and the psychological impact on families left behind.

Local actors flagged tensions linked to resource use too. For instance, women who collect wood or work in stone quarries often do so on land that does not belong to them, creating friction with host communities. Community members mentioned that local males in one site have tried to mobilise emergency funds, while women in host communities stressed the lack of any official or governmental support. These different perspectives between genders and roles within the community adds nuance to how support, or the lack of it, is experienced and interpreted locally.

## THE IMPACT OF US FUNDING CUTS ON HUMANITARIAN ACTIVITIES

*(KII with humanitarian actors and national authorities)*

**The US funding cuts, alongside broader reductions in donor support over recent years, have had a profound and visible impact on humanitarian operations in Mali. Essential services have declined, sometimes mid-cycle with poor communication or coordination.**

National authorities and humanitarian actors shared the assessment that US and broader funding cuts have impacted the humanitarian response, albeit offering different points of emphasis. Both groups reported sharp reductions in the health, food security, nutrition, protection and WASH sectors, with disruptions having been especially severe in the northern and central regions of Ménaka, Gao and Timbuktu. There, national authorities noted that populations are 'left to themselves' to face a convergence of displacement, insecurity and climate-related shocks.

A common concern across both groups was the abrupt interruption of services mid-cycle, including within maternal care, nutrition support and food distributions, without clear communication or handover plans. For humanitarian actors, this has led to the sudden dismissal of local staff and a breakdown in internal organisational coherence; for national authorities, it represents not only a loss of services but also an erosion of state-led coordination and national ownership of the response.

National authorities and humanitarian actors gave notable emphasis to the impact these changes have had on community relations. Key informants repeatedly described a decrease in trust between aid providers and local populations, particularly in areas where engagement and consultation had previously been central to programme delivery. While humanitarian actors framed this loss of trust as a programmatic challenge that would take time to

rebuild, national authorities saw it as a symptom of more profound structural inequalities in how aid is conceptualised and delivered, with insufficient accountability to national systems and institutions.

Coordination challenges featured prominently in both narratives, although they were described in distinct ways. Humanitarian actors described reduced intersectoral collaboration, fragmented multisectoral approaches, and diminished visibility in regions where partners have withdrawn. National authorities emphasised the marginalisation of national authorities from coordination platforms, the suspension of joint assessments, and the weakening of the state in humanitarian decisions.

## ADJUSTMENTS IN HUMANITARIAN STRATEGIES AND OPERATIONAL APPROACHES

*(KII with humanitarian actors and national authorities)*

### STRATEGIC SHIFTS AND PLANNING GAPS

**Priorities have been shifted in response to the funding cuts, with significant repercussions across planning, coordination and governance structures. The humanitarian system has reportedly undergone a rapid narrowing of scope, with a reorientation towards 'life-saving' interventions in highly critical areas.**

Humanitarian actors and national authorities both reported strategic shifts and reprioritisation in the crisis response in Mali. Some preventive and community-based programmes, such as early nutrition, recovery and cash transfers, had been mainly suspended at the time of data collection. However, respondents did not confirm if these interruptions directly link to reductions in funding or the subsequent reprioritisation exercises conducted at the response/organisation level.

Both groups noted the closure of regional offices and the withdrawal of assistance from areas like Tombouctou, Ménaka and central Mali – regions previously covered by ongoing projects. National authorities described learning of project closures through communities themselves. The reallocation of remaining resources has also impacted human resources. Humanitarian actors reported significant staff reductions, with national personnel and mobile teams affected most. National authorities echoed this, highlighting that the cuts disproportionately targeted community-facing capacities, undermining networks that are essential for outreach and resilience programming.

Interviewees were also concerned about the weakening of multisectoral assessments and coordination frameworks. Humanitarian actors focused on reduced visibility in non-prioritised areas and increasing competition among actors. Meanwhile, national authorities noted a broader governance failure,

where humanitarian assistance remains largely distributive, with limited transition towards integrated or resilience-based models.

## OPERATIONAL ADJUSTMENTS AND DELIVERY MODALITIES

**Humanitarians have made reactive operational shifts, driven by immediate financial constraints. This has meant closing local bases, halting projects mid-cycle and reassigning or releasing staff. Multisectoral programming has shifted to single-sector interventions. Collaboration with national NGOs and inter-agency partnerships have also suffered.**

Funding cuts have led to reactive operational decisions around office closures, project suspensions and cancelled contracts. Where possible, some humanitarian actors have adopted low-profile continuity strategies, such as staff redeployment, geographic concentration and downsizing of activities. However, these approaches are not universally feasible. Respondents reported numerous instances of abrupt dismissals, often of national staff, without clear communication, psychosocial support or a structured offboarding process.

*'The cuts force us to think about scaling down. But we don't know how to plan a withdrawal. We know how to expand, not reduce.'* Humanitarian actor, Mali

At a strategic level, humanitarian actors noted a widespread shift from multisectoral programming to narrowly focused interventions, with many agencies converting integrated or resilience-oriented projects into single-sector responses. Most commonly, these centre on food security or nutrition. Preventive and community-based components have been largely suspended. Only humanitarian actors elaborated on this shift in programming scope; national authorities instead commented on external manifestations, such as loss of coverage or community-level service gaps.

At the time of data collection, the strain on partnerships was visible in the reduction of collaborations with national NGOs. This was attributed mainly to shrinking operational budgets and a diminished ability to monitor remote or decentralised activities. As a result, some localisation efforts were described as having stalled, especially in peripheral areas. Humanitarian actors also raised concerns about the internal implications of these adjustments.

*'It is a structural weakening. Even if the funding returns, we will have lost teams, bases, and connections. And that cannot be rebuilt in a month.'* Humanitarian actor, Mali

The contraction in operations has also affected inter-agency collaboration, according to key stakeholders. Within some clusters, humanitarian actors noted a sharp drop in technical exchanges, collective learning and sectoral innovation due to the reduced number of active partners. They tied this loss of collaborative capacity to both shrinking local presence and the fragmentation of previously integrated strategies.

## PRIORITISATION PROCESSES IN RESPONSE TO FUNDING CUTS

*(KII with humanitarian actors and national authorities)*

**Humanitarian actors view the 2025 reprioritisation process as reactive and centralised, driven by the current financial landscape. National authorities frame it more starkly as a paradigm shift over time.**

To humanitarian actors and national authorities the operational reprioritisation processes represent a significant shift in how humanitarian needs are assessed and addressed in Mali. However, each group emphasised different concerns and perspectives. Among humanitarians it is reactive and centralised; among national authorities it is part of a broader transformation in approach. They contrasted the more comprehensive scope seen in the 2023 HPC with the progressively narrower focus of the 2024 HPC and the early 2025 reprioritisation exercise.

***'The reality is that we prioritised based on resources, not needs. Some areas were left off the map simply because there was no longer any funding.'***

*Humanitarian actor, Mali*

Both sets of actors also described this shift as having significant implications for coordination and participation. While humanitarian actors emphasised the reduced room for negotiation or local-level influence, national authorities highlighted the increasing reliance on parallel systems of decision-making that lack institutional anchorage. Despite slight differences in terminology, however, both described the current prioritisation logic as a major change from previous cycles.

Humanitarian actors see the shift as a reduction in the scope of interventions. National authorities are concerned that decisions are not grounded in nationally validated data or aligned with a broader development vision. Humanitarian actors spoke of a narrowing space for influence among clusters and local NGOs; national authorities called for a fundamental reevaluation of the aid model, arguing that if humanitarian action now covers a smaller proportion of needs, partners must commit to a genuine transition towards resilience, public service investment and locally driven economic recovery. Both actors agreed that this year's prioritisation process represented a pragmatic, but ultimately constrained response to a funding crisis.

## WHAT ARE THE EXPECTATIONS FOR THE FUTURE OF THE HUMANITARIAN RESPONSE?

*(KII with humanitarian actors/national authorities/local actors and FGDs with local communities)*

### ANTICIPATED STRUCTURAL SHIFTS IN THE HUMANITARIAN LANDSCAPE

**The funding cuts are triggering structural shifts in the humanitarian landscape, but humanitarian actors and national authorities perceive different risks, responses and solutions. Both agree that strategic recalibration is needed.**

Humanitarian actors described the response to the funding cuts as largely reactive and short-term in nature. Adjustments have been made, such as concentrating efforts on IPC 4 and 5 zones and narrowing the focus to life-saving needs. Despite growing rhetoric around localisation, national NGOs have not received adequate resources or strategic support to fill the gap left by the withdrawal of international actors. Local organisations, especially in the centre and south of the country, remain underfunded and they lack infrastructural investment.

Some humanitarian actors see this crisis as a potential turning point to rethink models of aid delivery, emphasising the importance of integrating national and community-based actors. Others remain sceptical. In the absence of meaningful state capacity or resources, they note that shifting responsibilities to national structures without support could worsen fragmentation and inequality in aid delivery. This shift is viewed as more than a temporary crisis; it is increasingly interpreted as a structural transformation.

Moreover, where previous discourse promoted transformation through the humanitarian–development–peace nexus, through resilience and through localisation, the current moment is marked by tactical retrenchment. Humanitarian actors reported that there is no collective mechanism to monitor the effects of these shifts. The lack of data on unmet needs, geographic disparities or mortality trends hinders informed decision-making and risks locking the system into a cycle of reactive, under-resourced responses.

National authorities echo many of these concerns. But they place particular emphasis on the potential social and political consequences of a fragmented humanitarian response. They warn that unequal aid delivery, where only some areas are targeted, could lead to social ruptures.

National authorities also highlight operational risks: a breakdown in coordination and data sharing would leave the state unable to resume or replicate critical programmes. Furthermore, stark disparities in compensation between humanitarian staff and national service providers feed community frustrations and resentment, which could destabilise already fragile environments.

Both actors agree that a fundamental and strategic recalibration is needed. For national authorities, this means shifting towards nationally driven priorities, flexible funding and reimagined partnerships. For humanitarian actors, it requires in-depth reflection on the limits of current strategies, more precise mechanisms for strategic adaptation and growing attention to structural gaps.

## COMMUNITY PRIORITIES AND PERSPECTIVES ON THE WAY FORWARD

**Local actors and communities agree that food assistance is the priority in the current humanitarian context. Yet their perspectives differ in emphasis, perceived responsibilities and how to improve aid management. Communities urgently need access to essential services and depend on aid as the local economy has collapsed. Local actors are calling for assistance to support sustainable livelihoods and self-sufficiency.**

Community members highlighted the absence of ongoing assistance, emphasising their dependency on humanitarian aid due to a collapsed local economy. They urgently need food assistance, plus healthcare, education and livelihood support (including cash transfers and income-generating activities (mentioned as secondary but still necessary)). Some forms of aid, like dignity kits or locally available non-food items, are seen as less valuable currently. Notably, several participants expressed the view that if funding decreases further, it would be more acceptable to suspend lower-priority assistance to maintain food aid and support for income generating activities (IGAs).

Local actors broadly confirmed this prioritisation of food, health and income support, noting that many families in one site eat only once daily. However, they went further by articulating long-term solutions. They emphasised the need for resilience-building through agricultural development, livestock recovery and improved market access. They argued that IGAs should not only be sustained but also carefully monitored to ensure the productive and responsible use of funds.

Local actors proposed that assistance should be refocused to support sustainable livelihoods and promote self-sufficiency, primarily through community-driven livelihood activities. Populations affected by crisis must choose their activities rather than being assigned predefined solutions by humanitarian actors. One informant suggested that aid organisations be required to work directly in areas of origin to support returnees and ease pressure on host communities.

Community members emphasised the need for more inclusive and transparent aid systems. They proposed stronger coordination between humanitarian actors and local leaders, plus increased involvement of displaced leaders in managing aid. They also highlighted gaps in coverage and advocated extending assistance to all IDPs and host populations.

## ANTICIPATED EXCESS MORTALITY RISKS AND GAPS IN NEEDS MONITORING

**The absence of humanitarian support could lead to widespread displacement and criminality as populations, stripped of basic support, turn to informal or illegal means to survive. IDPs already face heightened risks of disease, malnutrition and death, and this situation will likely deteriorate. Fraud and dysfunction in aid distribution systems may worsen without stronger oversight.**

Across local actors, humanitarian responders and national authorities, there is widespread agreement that the reduction of humanitarian assistance will have negative consequences for communities, especially the most vulnerable. They are concerned about a potential rise in avoidable mortality, particularly among children and women, as life-saving services such as nutrition, health care and protection are scaled down or halted.

However, humanitarian actors emphasised a critical gap in the current system: no collective mechanism exists to monitor the impact of these budget cuts on core humanitarian indicators like nutrition levels, mortality rates or access to care. Many warned that, in some areas, the lack of assessment capacity has already made it impossible to produce reliable forecasts, compounding uncertainty. They described a growing divide between areas that still receive minimal levels of support and those that are now effectively invisible to the humanitarian system.

Local authorities argued that this is not simply a temporary funding gap, but rather a fundamental shift in the international humanitarian landscape. In their view, the disengagement of major donors and the reallocation of global attention to crises elsewhere, such as Ukraine or Gaza, mark the beginning of a long-term transformation. They stressed that countries like Mali can no longer rely on a volatile international aid system and must instead invest in building models of resilience anchored in local capacities and national priorities. Interviewees expressed a shared frustration that current international funding frameworks often reflect external political agendas rather than responding to locally defined needs.

***'The system does not track what it loses. There is no mechanism to document the impact of these cuts. We are moving forward blindly.'***  
*Humanitarian actor, Mali*

All respondent groups agreed that the cumulative effect of these changes could profoundly destabilise the social fabric in Mali, particularly if the current two-speed system of humanitarian assistance continues. As only some areas will be targeted, interviewees expressed concern that perceptions of injustice and exclusion are likely to grow, with potential long-term consequences for trust, cohesion and national stability. Moreover, the loss of experienced personnel and the closure of humanitarian infrastructure are seen as critical setbacks; even if

funding were to return in the future, it may not be possible to rapidly restart operations. In this context, respondents recognised that both the humanitarian system and national institutions need to adapt, not just to address current needs but also to navigate a changing global landscape with fewer resources and rising vulnerabilities.

## 5. CONCLUSION

The aim of this ALNAP research has been to investigate the impact of the sudden suspension of US humanitarian funding on communities affected by crisis and on the operational structure of humanitarian responses. Through two case studies in South Sudan and Mali, the report offers critical insights into how global funding decisions reverberate through humanitarian systems, reshaping who receives assistance and what types of support are ultimately delivered. Taking place against the backdrop of a global funding shortfall, the US cuts in 2025 starkly illustrate how financial decisions made from afar can rapidly transform aid delivery and reconfigure humanitarian priorities locally.

The findings offer a snapshot of the effects that were playing out in mid-2025 of reductions in US funding.<sup>2</sup> In both country contexts, the cuts have led to the closure of essential health, WASH, nutrition and food assistance programmes, often implemented with limited communication with communities. These disruptions have had the most severe consequences for already vulnerable groups, particularly women, children, the elderly and displaced populations. In contexts already grappling with overlapping shocks, the sudden withdrawal of aid has further eroded fragile safety nets and forced households to adopt increasingly harmful coping strategies. A reduction in trust among people affected by crisis towards humanitarian actors stems from poor transparency and their limited participation in decision-making processes.

Beyond these immediate impacts, the assessment highlights a broader shift in the humanitarian response in these contexts – from a model of more comprehensive service coverage to one that increasingly focuses on life-saving interventions. In both countries, the HPC was the principal framework through



**Financial decisions made from afar can rapidly transform aid delivery and reconfigure humanitarian priorities locally.**

<sup>2</sup> It is important to note that, given the time of data collection, the experiences and perspectives expressed in KIs and FGDs may not reflect more recent in-country impacts and newer prioritisation processes, including subsequent HPC processes.

which collective reprioritisation was implemented, with respondents noting the pragmatic and centralised nature of these processes under time pressures. The findings raise key questions about the short- and longer-term implications in these fragile contexts of decisions to narrow humanitarian priorities versus broader engagement to strengthen local service delivery infrastructures.



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**Prioritisation has always been a facet of humanitarian decision-making to support the effective use of scarce resources in the sector, but these decisions will likely become more challenging if the resource base continues to contract.**

humanitarian actors to consider the potentially wide-ranging and longer-term impacts of funding cuts and subsequent prioritisation decisions. Prioritisation has always been a facet of humanitarian decision-making to support the effective use of scarce resources in the sector, but these decisions will likely become more challenging if the resource base continues to contract (ALNAP, 2025). Sharing collective learning on the impacts and trade-offs made by the sector in these challenging times is important to maintain transparency and inform ongoing prioritisation processes.

The research also identifies a concerning gap in the humanitarian system's ability to monitor and respond to the unfolding consequences of these US funding cuts. As humanitarian actors have scaled back data collection and needs tracking – often due to the same financial pressures – early signs of rising mortality, deteriorating health outcomes and community distress risk going undetected. This creates a feedback loop in which declining resources could lead to reduced visibility, further delaying timely and appropriate responses.

While focused on data from only two country contexts, this study underscores the need for

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# ANNEX 1. METHODOLOGICAL NOTE

In total, the research team conducted 39 KIs: 20 with humanitarian actors (10 in each country), 3 with national authorities (2 in Mali and 1 in South Sudan), and 16 with local authorities or civil society actors (10 in Mali and 6 in South Sudan). The team conducted 20 FGDs with communities affected by crisis (10 in each country).

Several limitations should be considered when interpreting the findings of this study. Due to the qualitative and non-probabilistic nature of the research, the results are indicative only of the perspectives of the stakeholders and communities consulted and they cannot be generalised to broader populations. Given the sample size and short data collection window, data saturation was not reached, and findings should be considered exploratory rather than exhaustive.

While FGDs were stratified by gender and displacement status to ensure diversity, the research team cannot guarantee full representation of all vulnerable or marginalised groups. Moreover, interviews and FGDs were not audio-recorded. Instead, responses were translated in real time and documented as notes, increasing the risk of information loss or abbreviated translation.

In Mali, logistical and access constraints in one location led to delays in data collection and prevented the formation of same-sex enumerator groups for FGDs. In South Sudan, the research team faced low response rates from governmental actors and local authorities, limiting the diversity of perspectives – particularly at the institutional level. Only one interview was conducted with a national representative, falling short of initial targets. In addition, all data collection was conducted mainly through male enumerators, from an existing pool of enumerators, including the FGDs with female participants. This may have constrained openness on sensitive issues.

