

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.