

### CRISIS IMPACT OVERVIEW

The war between the Sudanese Armed Forces (SAF) and Rapid Support Forces (RSF) that began in April 2023 has left 30.4 million people in need, including 15.6 million children, and more than 12.8 million people displaced both internally and to neighbouring countries (UNCHR accessed 07/03/2025; UNICEF 20/02/2025; OCHA 31/12/2024). The war has affected essential services, especially healthcare, and caused an economic crisis marked by high inflation, disruptions in market supply, cash shortages, and destruction of livelihoods. People are in critical need of health, nutrition, WASH, and protection services, including for children, gender-based violence (GBV), mine action, and education, with 17 million children out of school (UNICEF 20/02/2025; OCHA 31/12/2024). By 24 December 2024, 26.4 million people were facing acute food insecurity, including over 630,000 facing Catastrophe (IPC Phase 5) levels, ten areas projected to be in Famine (IPC Phase 5), and the risk of famine identified in 17 additional locations (WFP accessed 21/02/2025; IPC 24/12/2024).

On 20 January 2025, the Trump administration ordered a global 90-day pause on US foreign development assistance, including stop-work orders (SWOs) for humanitarian aid (The White House 20/01/2025). On 28 January, the administration issued a waiver for lifesaving humanitarian assistance activities, including medicine, food, and shelter (USDoS 28/01/2025). The waiver's lack of clarity and the continued funding freeze have meant, however, that many critical and lifesaving programmes have been halted across Sudan, even those granted a waiver. While initially indicated as a pause, on 10 March, US Secretary of State Marco Rubio posted on X that 5,200 United States Agency for International Development (USAID) global contracts would be officially cancelled and only 1,000 would continue (Rubio X 10/03/2025).

Since the SWOs came into effect, the humanitarian response in Sudan has been significantly affected. UN organisations, INGOs, national NGOs (NNGOs), and community responders, including initiatives such as Emergency Response Rooms (ERRs), have been forced to terminate staff, reduce hours, and cut essential and lifesaving programmes in the wake of the funding pause and subsequent cuts. In 2024, the US was Sudan's largest humanitarian donor, providing nearly 44% of all humanitarian funding, including for food security, nutrition, multisector response, health, and WASH (OCHA accessed 07/03/2025). For 2025, USAID had already committed USD 125.6 million, amounting to 44% of funding received by 11 March (OCHA accessed 10/03/2025). Beyond the numbers, USAID was also one of the more flexible humanitarian funders, facilitating essential administrative and support costs and providing vital cash programmes for community responders in areas more difficult to access (Joint analysis session 06/03/2025; SUWRA 04/02/2025).

### ABOUT THIS REPORT

#### Aim

This report analyses the actual and potential implications of the US funding freeze, SWOs, and subsequent cuts on humanitarian operations and humanitarian needs in Sudan. The report aims to provide key stakeholders with an accessible overview of emerging challenges.

#### Scope

This report focuses only on the USAID funding cuts, although other donors are also making changes to the funding landscape. The report also only focuses on Sudan, although refugees from Sudan in neighbouring countries will likely also be affected. Impacts, especially needs, will differ across each state, but this report does not capture that nuance. The report focuses solely on the negative consequences of the SWOs and any known funding cuts. In some cases, USAID's funding was a fundamental component of projects with multiple donors, which have now also been affected, but this is not reflected in the report (INGO forum survey 17/02/2025).

#### Methodology

This analysis is based on a secondary data review of publicly available information, seven key informant interviews (KIIs), and joint analysis session held on 6 March 2025 with 57 participants from INGOs, NNGOs, donors, and UN organisations. 'SWOs' is used as a catch-all term here to refer to relevant funding cuts, freezes, and project terminations implemented by the US administration since 20 January 2025.

#### Limitations

There remains a significant information gap around the scale and scope of the implications of the SWOs, particularly as the situation continues to evolve and information sharing is limited. This lack of information prevented any comprehensive breakdown of geographical differences. Additional analysis is also needed to understand the secondary effects, including on household income, market aspects, the local economy, and trade. Funding, especially OCHA's Financial Tracking Service data, is used as a proxy indicator for initial impact, although funding does not necessarily translate into a reduction in humanitarian needs.

## KEY MESSAGES

- By 13 March, there was still no comprehensive picture of the impact of the SWOs and subsequent cuts on humanitarian programmes, the number of people affected, or specific geographic needs. Initial reports indicate a dire situation, however, and there is already a reduction reported in the number of people humanitarian assistance is reaching. The dynamic nature of the situation and overall confusion mean it will take time to understand the full scale of the immediate and longer-term impacts of the SWOs and any subsequent cuts.
- Given the scale of US funding, USAID's contributions are essential to the humanitarian response in Sudan, as the war, access issues, economy, and natural hazards remain the main drivers of humanitarian needs. The SWOs and subsequent cuts have already disrupted lifesaving interventions and will worsen the coverage, scale, and intensity of needs across all sectors, notably food security, health, nutrition, shelter, NFIs, and WASH. New needs may emerge where preventative programmes, such as vaccinations, protection, and community awareness programming, have halted.
- The population groups already facing the highest needs will also be those most affected by these cuts, as access to assistance is further reduced. Such groups include women-headed households, people with disabilities, IDPs (especially children), refugees, people with chronic illnesses, pregnant and lactating women, and children under the age of five (particularly those with malnutrition). Across the country, people in communities with limited access to resources, a prevalence of cholera and high levels of food insecurity, and in conflict-affected areas that had been receiving lifesaving aid are most at risk.
- NNGOs, local organisations, and community-based initiatives – such as ERRs, mutual aid groups, and civil society organisations – are likely the most affected types of responders, as they rely heavily on international funding and often lack a diverse donor base or the multi-donor support of INGOs. The SWOs' impact on food response is concerning, with 900 of the 1,400 community kitchens, which serve an estimated two million people, shutting down as a result. The provision of cash response is also significantly affected, particularly in Aj Jazirah, Greater Darfur, and White Nile.
- It is understood that a huge portion of US funding was going to the Greater Darfur and Greater Kordofan regions, likely because of the high severity of needs there. This does not necessarily mean, however, that these will be the areas most affected by the cuts, as the impacts will be felt differently across all Sudanese states depending on the type of activities US funding had been supporting, the presence of other donors, the access situation, the continuing humanitarian intervention, existing needs, and information gaps.

## KEY RESPONSE CHALLENGES SINCE 20 JANUARY

### Response capacity

The SWOs and subsequent cuts have significantly reduced the response capacity of UN organisations, INGOs, NNGOs, community responders, and civil society groups, such as ERRs. Organisations have had to suspend activities, downsize, and cut programmes, particularly as it is not only US-funded programming that is affected, but also cross-grant support costs and services, affecting programmes also funded by other donors. Human resource measures taken in response to the SWOs include reduced hours, salary reductions, unpaid leave, temporary layoffs, and contract terminations (*Joint analysis session 06/03/2025*; *INGO forum survey 17/02/2025*). While all type of organisations will be impacted community responders have fewer financial resources than international organisations. Unable to bear any long-term financial risk, such responders have had to suspend operations already in progress, while also being left to communicate this directly to the communities in which they operate (*Joint analysis session 06/03/2025*).

Coordination mechanisms have also been hampered by the SWOs. In the waiver phase, coordination was mostly excluded, likely with immediate disruption to established mechanisms (*INGO forum survey 17/02/2025*). The lack of information sharing and clarity on the impacts on organisations' response capacities has also created coordination challenges (*Joint analysis session 06/03/2025*). In some sectors and subnational locations, dedicated coordination capacity has been cut. This includes coordination for the subnational Health Cluster in the Greater Darfur region beyond March 2025 (*Health Cluster 24/02/2025*). As cuts have been formally announced, it will likely still take time to understand the impact on the response, including who is affected, where, what activities, and whether other donors have filled any gaps.

### Lack of clarity on USAID funding shifts

Lack of clarity, misinformation, and continuous evolution has made understanding the situation and its impacts nearly impossible, especially with reduced or non-existent communication from USAID focal points. There is a lack of common understanding around how the SWOs, waivers, termination notices, rescinded termination notices, and grant cancellations are to be interpreted, including the financial implications. The application of waivers was especially unclear, particularly for cash and voucher assistance (CVA) and protection programmes, many of which are lifesaving but were not specified under the waiver (*Protection Cluster 29/01/2025*). Even where waivers were issued, organisations had no access

to funds and, as such, were unable to continue activities. Some organisations received SWOs, others did not, and some received unclear waivers, followed by cancellations, which in some cases have now also been reversed (Joint analysis session 06/03/2025). The confusion has paralysed organisations, which have been forced to make difficult decisions, such as cutting programmes or staff. One community responder expressed a lack of awareness of the waivers, highlighting that international organisations had not communicated the US funding freeze situation to them (KII 21/02/2025).

Important initiatives aiming to make sense of the situation via surveys and other exercises have been conducted, but piecing together a comprehensive picture has been challenging. Responders have shown different levels of engagement in these initiatives as a result of either an unwillingness or inability to share information, survey fatigue, reluctance to speak for fear of jeopardising future funding, or lack of capacity to respond to questionnaires, as there is general confusion around communication from USAID (Joint analysis session 06/03/2025). Now that terminations have been confirmed, these barriers may be reduced.

### Group cash transfers and cash and voucher assistance

Cash modalities, including group cash transfers (GCTs) and CVAs, such as multipurpose cash assistance (MPCA), have been vital to the response and meeting essential needs. The war has led to the closure of at least 70% of bank branches in conflict zones, with banks losing most of their reserves (Radio Dabanga 22/09/2024). Following the introduction of new bank notes by the Central Bank of Sudan in December 2024, cash availability has been limited, delaying cash and in-kind food supplies (OCHA 05/02/2025). Despite challenges, MPCAs have continued to provide assistance to people in areas affected by insecurity and market disruptions (OCHA 30/01/2025). With the SWOs, however, cash flow, increasing prices, and market supplies are worsening, affecting the use of MPCAs, particularly important for IDPs (KII 10/03/2025 a; KII 10/03/2025 b; UN 14/02/2025). The expansion of cash programmes into additional areas awaiting USAID funds had to be halted. The lack of funding means that further movement and expansion into other regions is now unfeasible (KII 10/03/2025 a).

In Sudan, GCTs provide cost-effective funding to emerging, unregistered, or self-mobilised mutual aid groups' emergency response (CORE 06/08/2024). Despite liquidity challenges, GCTs continue to provide cost-effective support to community-based organisations, enabling them to mobilise rapid, multisectoral, community-led initiatives to meet the most urgent needs affecting entire communities, especially in areas that are difficult to access, experiencing or at a risk of IPC 5 (Famine), and where the delivery of in-kind assistance is challenging (Joint analysis session 06/03/2025; OCHA 30/01/2025 and 31/01/2025; Humanitarian Action 31/12/2024; INGO unpublished report 02/2025). SWOs have reduced access to cash and the provision of GCT cash assistance, especially in areas that are difficult to access, such as Kadugli, parts of North Darfur, and South Kordofan (KII 10/03/2025 b; INGO unpublished report 02/2025).

### Assessment and analysis

SWOs are also affecting assessment and analysis activities. Although analysis and data collection are not considered lifesaving, they are critical components of the humanitarian ecosystem in Sudan, underpinning targeted and impactful programming (KII 10/03/2025 a; KII 10/03/2025 b; KII 06/03/2025). The information landscape was already hindered by access, bureaucratic, and communication challenges prior to the issuance of SWOs, but now both large data providers and smaller organisations that provided more granular insights – especially important in the fractured context and vastly different dynamics of Sudan – are reducing or stopping activities, including data collection and market analysis (KII 10/03/2025 a; KII 10/03/2025 a; Joint analysis session 06/03/2025; IOM 23/02/2025). The extent to which USAID funding cuts have reduced data collection and analysis capacity is likely to become clearer in the coming days. The USAID-funded Famine Early Warning Systems Network (FEWS NET), which monitors food security conditions and helps mitigate potential crises, has been offline since 31 January (The Guardian 31/01/2025). In Sudan, FEWS NET is essential to knowledge of the worsening food security situation, as the Sudanese Government halted participation in the IPC in December 2024 and parts of the population have been experiencing IPC 5 (Famine) since July 2024 (Reuters 24/12/2024; IPC 24/07/2024).

### Trust and access

The abrupt halt to essential programmes has affected community perceptions of, engagement with, and trust in humanitarian organisations (KII 06/03/2025; KII 10/03/2025 a). Communities have been asking what is happening and where the response is (Joint analysis session 06/03/2025). While strong pre-existing community relations can mitigate negative perceptions in the short term, maintaining trust in the medium to long term requires good community mobilisers – positions put on unpaid leave or suspended as a result of the SWOs (Joint analysis session 06/03/2025). In situations in which access is negotiated with community authorities, this lack of mobilisers creates challenges; challenges compounded by the fact that the suspension of Sudanese staff has not been well received by the Government (KII 10/03/2025 a; Joint analysis session 06/03/2025; KII 06/03/2025). If lost, full trust will be difficult to regain, including for government relations that are fragile and take years to build (Joint analysis session 06/03/2025).

## CURRENT SITUATION

### Food security

The SWOs have had significant effect on the critical food security response, which is concerning given the severity of food needs across the country. In December 2024, half the population, a total of 24.6 million people, were projected to experience Crisis (IPC Phase 3) or above levels of food insecurity between December 2024 and May 2025, including nearly 8.1 million in Emergency (IPC Phase 4) and more than 647,000 in Catastrophe (IPC 5), indicating starvation, acute malnutrition, and increased mortality (IPC 24/12/2024). The IPC Famine Review Committee also detected Famine (IPC phase 5) in at least five areas, with projections that an additional five areas will also face this level of food insecurity between December 2024 and May 2025, including the western Nuba Mountains and areas of North Darfur, notably Abu Shouk, Al Salam, and Zamzam IDP camps and Al Lait, At Tawisha, El Fasher, Melit, and Um Kadadah localities. There is a risk of famine in 17 additional areas (FRC 24/12/2024; IPC 24/12/2024). By 9 February, an estimated 3.5 million children were expected to have acute malnutrition, with over 700,000 projected to be experiencing severe acute malnutrition and in need of specialised, continuous, lifesaving care (UNICEF 09/02/2024).

To address these severe food needs, local organisations and ERRs established over 1,400 community kitchens (takaya) across the country, providing people with one or two meals per day, including in localities identified as experiencing IPC 4 and IPC 5 (Catastrophe) (INGO unpublished report 02/2025; Chatham House 09/12/2024). Access issues led to collaboration between ERRs and international humanitarian responders, who were largely dependent on ERRs for food aid delivery. Prior to the SWOs, community kitchens were already facing funding shortages, with needs outstripping resources. The SWOs have now caused community kitchens to suspend activities, increasing food insecurity and the risk of famine. The exact amount of US funding for food security in Sudan is unknown, but the US had committed at least USD 64 million to food security efforts for 2025 (OCHA accessed 10/03/2025). It is not yet known how much, if any, of this funding will still be available in 2025.

The evolving situation means it is difficult to determine the total number of communal kitchens affected by the SWOs. It was initially reported that 80% had been forced to close, but donations from the Sudanese diaspora and smaller local organisations have reduced this number to around 60% (AJ 05/03/2025). Based on available information, at least 900 of the 1,400 community kitchens, which serve up to two million people country-wide, remain closed after halting activities, including in areas where people are experiencing IPC 5 (Catastrophe) and localities experiencing or at risk of IPC 5 (Famine) (BBC 25/02/2025; INGO unpublished report 02/2025).

In Khartoum, where more than 3.2 million people are projected to be experiencing IPC 3 or above, including over 106,000 in IPC 5 (Catastrophe), 80–90% of the 742 communal kitchens – serving approximately 816,000 people – had to close as a result of SWOs (AP 01/03/2025; Sudan INGO 17/02/2025; IPC 24/12/2024). Similarly, in North Darfur’s Zamzam camp, where IPC 5 (Famine) has been identified, at least 40 community kitchens closed following SWOs (NBC News 11/02/2025). By February 2025, SWO-induced closures had also been reported in Dilling, South Kordofan (19 communal kitchens serving 11,000 households), where 2,025 malnutrition-related deaths had also been reported; River Nile (35 kitchens serving 100,000 IDPs and host communities); Tawila, North Darfur (12 kitchens), the locality to which IDPs from Zamzam camp fled following an RSF attack; and West Kordofan (all 49 kitchens serving 28,000 households). Community responders were also forced to stop food baskets in the Kordofan region (serving 80,000 IDPs across 14 localities) (AJ 18/02/2025; KII 21/02/2025; INGO unpublished report 02/2025). The SWO-induced disruption to the delivery of food aid risks the spoilage of much needed food items, currently stored in warehouses, instead of becoming accessible to communities in need (KII 21/02/2025; CBS News 12/02/2025).

### Agriculture

While it is not clear how the SWOs have affected agriculture, USAID had been funding food production programmes, including in eastern breadbasket states such as Aj Jazirah and Kassala (Joint analysis session 06/03/2025; CIMMYT 04/09/2024). Agriculture is essential to livelihoods, local food production, and reducing food insecurity, especially in Aj Jazirah, Blue Nile, Gedaref, and Sennar states, and there is an urgent need for emergency agricultural support, including quality seeds, tools, and essential services (FAO 06/01/2025 and 07/03/2024; Clingendael 19/12/2024). The war has displaced farmers, led to crop destruction, limited access to arable land, and disrupted the supply of essential farming inputs, such as machinery, labour, seeds, fertilisers, and agrochemicals, leading to reduced productivity (Protection Cluster 05/03/2025; Clingendael 19/12/2024; NRC 09/2024). Since the start of the war, the production of key staple crops has declined compared to the previous five-year average (2019–2023), including for sorghum (20%), wheat (32%), millet (24%), and peanuts (58%) (USDA accessed 06/03/2025). Rising temperatures, erratic rainfall, drought, and floods have also led to decreased agricultural productivity by degrading soil, reducing water availability, and disrupting traditional farming cycles (SIPRI 05/2022).

The SWOs have also reduced the availability of supplies at markets, including agricultural inputs such as seeds and tools (KII 10/03/2025 b). Technical support and job opportunities have also been affected, especially for IDP farmers who had been hired but no longer have work because of the lack of agriculture support (KII 10/03/2025 a). Any disruption to agricultural activities is likely to affect the cotton harvest (December–February) and wheat

harvest (March) (ACAPS accessed 07/03/2025). Land preparation for the June–July harvest also begins in April, which had been previously supported by USAID programmes for smallholder farmers and pastoralists, providing the necessary seeds, technical support, and other agricultural inputs to sustain their farming practices despite the war (Grants.gov 25/06/2024; CIMMYT 04/09/2024).

## Protection

By 29 January, initial information indicated that SWOs had significantly affected the provision of protection services, as approximately 40% of the sector’s funding in Sudan came from USAID (Protection Cluster 29/01/2025). There is a critical need for protection services, including for GBV, children, and IDPs, as the war has been characterised by widespread conflict-related sexual violence, including rape affecting women, boys, girls, and even infants. Women and girls are also affected by other forms of GBV, such as sexual exploitation and forced marriage, including child marriage. Boys and girls face recruitment into armed groups, abduction, and attacks on schools (STC 10/02/2025; UNHRC 07/03/2025; UNICEF 04/03/2025; OCHA 04/03/2025).

The start of 2025 has already seen an increase in the war’s intensity, particularly in Blue Nile, Khartoum, North Darfur, North Kordofan, South Darfur, and South Kordofan, leading to a surge in violations and civilian casualties (UN News 07/02/2025; OCHA 06/02/2025). Arbitrary detentions and arrests, the destruction/damage of civilian objects, armed incursions into settlements, the looting of homes, the destruction of key infrastructure, siege, shelling, and attacks against civilians were also reported between November 2024 and February 2025 (Protection Cluster 05/03/2025; OCHA/UN RC/HC Sudan 27/02/2025).

Prior to the SWOs, there was an urgent need to scale up protection prevention programmes and response, particularly GBV services (Protection Cluster 05/03/2025). Instead, response capacity has been reduced by the SWOs. In February 2025, reports from Blue Nile, Khartoum, River Nile, and Sennar states indicated that critical protection services, covering both prevention and response, had been halted, including safe spaces for women and children, legal assistance, emergency aid for survivors of violence, and clearing explosive ordnance (INGO unpublished report 02/2025; OCHA 05/02/2025; Reuters 30/01/2025; Humanitarian Action 31/12/2024).

## Shelter and NFIs

The SWOs have led to the suspension of crucial shelter and NFI programmes, reducing response capacity at a time when displacement continues to create further need, alongside the 11.6 million people already with shelter and NFI needs in December 2024 (Shelter Cluster 24/02/2025 and 10/02/2025; Humanitarian Action 31/12/2024). In February, internal displacement occurred across North Darfur, in Al Gitaina, Dar As Salam, At Tina, and over 50,000 households from Al Fasher to Abu Shouk IDP camp (UNHCR 03/03/2025; IOM 23/02/2025, 20/02/2025, 19/02/2025, 06/02/2025 a, and 06/02/2025 b). In Zamzam IDP camp, intensified clashes between the RSF, SAF, and Juba Peace Agreement forces led to the displacement of around 11,500 households between 11–15 February (IOM 19/02/2025). An RSF attack on the camp on 16 February led more than 8,000 people to flee to nearby localities, including Tawila and Dar As Salam, and across the border (AJ 18/02/2025). In South Darfur, airstrikes between 2–4 February led to displacement from Nyala town to other localities in the state and across the border (UNHCR 03/03/2025; Radio Dabanga 06/02/2025).

As a result of the SWOs, many newly displaced people are without adequate shelter, exposed to increased protection risks and harsh weather (Shelter Cluster 24/02/2025). One key informant reported that they could not get funding for shelter activities to support newly displaced IDPs from Nyala (KII 22/02/2025). Shelter Cluster affiliates report that the SWOs are affecting active programmes, leading to delays in the provision of emergency assistance, including shelter materials and household items. As a result, an overall reduction in NFIs is limiting access to essential items for displaced people (Shelter Cluster 24/02/2025).

## Health and nutrition

The SWOs have had a significant effect on the health response, at a time when the health system is already deteriorating and there is a high level of health-related need. Since June 2024, up to 80% of hospitals have been rendered nonfunctional or overwhelmed in conflict-affected regions, including in Aj Jazirah, Greater Darfur, Greater Kordofan, and Khartoum, with 45% of facilities in other parts of the country also similarly affected (UNFPA 31/01/2025; OCHA 01/10/2024; Health Cluster 04/09/2024). Access to healthcare was already critically low for those with acute or chronic health needs, especially pregnant and lactating women, children (especially those under five), older people, people with chronic diseases, and people with disabilities (KII 06/03/2025; Humanitarian Action 31/12/2024; Health Cluster 04/09/2024). The availability of healthcare services has likely worsened, as at least 335 health facilities across the country had been affected by the SWOs by 31 January (Health Cluster 24/02/2025).

By December 2024, 20 million people were in need of health services, over seven million of whom required urgent interventions (Humanitarian Action 31/12/2024). By 3 March, over 57,100 cholera cases and over 10,460 cases of dengue fever had been reported across the country (General Directorate of Health Emergencies & Epidemics Control accessed 08/03/2025). Prior to the SWOs, USAID funding provided emergency medical supplies, maternal and child health services, malnutrition treatment programmes, lifesaving therapeutic food for children, essential medicine and trauma care supplies, and worked to improve maternal and newborn health (UNICEF 05/03/2023; WHO 19/03/2023).

Since the onset of the SWOs, health facilities have been forced to close and lifesaving interventions (such as treatment for malnutrition) and prevention programmes, including vaccinations and disease surveillance, have been halted, leading to preventable deaths, particularly for children with malnutrition (KII 11/03/2025; KII 06/03/2025; Health Cluster 07/03/2025). The immediate effects are prominent in areas where health services were already non-operational and emergency responders had been filling the gap, as they must now cease operations (Joint analysis session 06/03/2025). In the Darfur region, by 31 January the SWOs had affected around 21% of the region's health response capacity, including 57 health facilities (Health Cluster 24/02/2025). In North Darfur, two of the four USAID-funded clinics closed in Saraf Omra and Tawila, with crowdfunding keeping the remaining two open (KII 11/03/2025). Three health centres in eastern Sudan have also closed, leaving approximately 30,000 people without essential medical services (INGO unpublished report 02/2025). In Sennar, funding shortages resulting from the SWOs have reduced mobile clinic operations in an area where only one hospital clinic remains operational across seven localities, affecting access to healthcare for those in more inaccessible areas (INGO unpublished report 02/2025).

## WASH

The SWOs have directly affected emergency WASH activities, including water trucking, solid waste management, hand pump rehabilitation, hygiene promotion and kit distribution, latrine construction, water point and the operation and management of water systems, and sanitation in health facilities (KII 06/03/2025; WASH Cluster 19/02/2025). The SWOs forced an abrupt halt in activities, with WASH projects stopped mid-stream, including construction, distribution of hygiene kits, site management, and water rehabilitation (KII 10/03/2025 a). The disruption has reduced WASH response capacity at a time when the war had already severely disrupted water supply systems, sanitation services, and hygiene access, leading to 26 million people in need of WASH services by December 2024 (Humanitarian Action 31/12/2024). At least 11 million people lacked access to safe water prior to the start of the war, which has since made such access even more challenging, as fuel shortages have rendered water infrastructure non-functional, forcing many people to rely on unsafe surface sources. Overcrowded IDP sites and schools further strain limited WASH resources, contributing

to cholera outbreaks and malnutrition (Humanitarian Action 31/12/2024). The most significant health effects of paused or cut WASH services are expected in areas with active cholera outbreaks or experiencing IPC 5 (Famine) levels of food insecurity (WASH Cluster 19/02/2025).

## Education

It is not clear whether SWOs have affected the education response in a significant way, although any reduction in response capacity would be critical. The education system is in crisis as a result of the war, which has disrupted schooling for 17 million children, putting them at risk of permanent dropout. By 4 March, 90% of schools across the country had closed (OCHA 04/03/2025). Schools have been repurposed as shelters, straining education infrastructure and creating tensions between displaced populations and host communities. Safe learning spaces with psychosocial support are urgently needed, along with efforts to restore access to education and prevent further disruptions (Humanitarian Action 31/12/2024). According to one INGO, the suspension of all community projects following the SWOs meant that school rehabilitation initiatives had also been halted (KII 06/03/2025). The lack of access to education leaves children at increased risk of child labour, association with armed groups, and GBV, including child marriage.

## OUTLOOK UNTIL END OF MAY 2025

**Over the next three months, response organisations will continue operating with reduced capacity** amid the confusion surrounding the SWOs and subsequent cuts, further constrained by active conflict, bureaucratic impediments, and the rainy season (March–October). There has already been a multisectoral response to flooding in White Nile state that had to be scaled down because of the SWOs (Joint analysis session 06/03/2025). The absence of critical analyses and assessments will inhibit organisations' ability to prioritise effectively in a context with increasingly severe needs and reduced funding.

**Even if activities can restart, if termination letters are cancelled and other funding sources found, they will be delayed;** it will take time to get systems in place again after such an abrupt stoppage (Joint analysis session 06/03/2025). One organisation reported that it may take up to three weeks to bring back staff, restart system processes, and acquire the necessary materials to resume the operations of a single health facility (KII 06/03/2025). If trust and community perception has also deteriorated, the resumption could be even further hampered. While effects on trust have already been reported, the full implications will likely not be felt until the medium to long term.

**The interruption to lifesaving activities will lead to worsening needs and preventable deaths,** especially as the war continues to harm civilians, reduce access to essential services, and drive displacement. The disruption to the food response, particularly community kitchens, will create a significant gap, especially for populations already experiencing IPC 4 and IPC 5 (Catastrophe) levels of food insecurity. Food insecurity and nutrition needs will likely increase further, as the country is expected to enter the lean season in May. At the same time, any impact on the agriculture response will interrupt the land preparation phase (April) that supports the main planting season, which provides a harvest vital to minimising worsening food needs, affecting livelihoods and causing market disruptions. This combination of factors is likely to contribute to greater food insecurity and economic decline.

**With the health system near collapse in conflict-affected areas, the disruption to and reduction of lifesaving medical care will lead to unaddressed critical needs,** preventable deaths, and may drive displacement in search of care. Maternal and paediatric healthcare will be even more strained, with life-threatening consequences, especially for pregnant women in need of specialised obstetric care and children facing disease outbreaks and malnutrition. New health needs, including illnesses, may emerge where preventative programmes, such as vaccinations, disease surveillance, and community awareness, have halted. With reduced WASH response capacity, a health crisis is imminent, as a worsening cholera situation in IDP settlements and the potential lack of proper operation and maintenance threatening system collapse in places such as Ag Geneina, West Darfur (WASH Cluster 19/02/2025).

**The severity of the war will continue to lead to violence against civilians, increasing displacement, and human rights violations,** particularly affecting women and children. The population's urgent need for increased protection and support will continue to grow, especially among the displaced, but response capacities will remain under severe strain. Protection services, including for GBV and children, will be severely limited, as many critical services – including safe spaces, legal assistance, and emergency aid – have been suspended and cut because of the SWOs. Cuts to the response impede survivors' access to services that reduce or mitigate the effects of violence. As a result, more people will face protection risks, including exploitation, abuse, and violence, while humanitarian access continues to be restricted.

**There is also a risk of increased displacement,** as communities may be forced to relocate in search of essential services (WASH Cluster 19/02/2025). Without proper shelter solutions, families will remain in unsafe and overcrowded conditions, aggravating vulnerability to disease and protection risks and hindering long-term recovery. Disrupted livelihoods and access to education, caused by unstable housing, will continue to be major challenges, limiting economic opportunities and forcing children out of school.

**The prolonged funding challenges risk toppling local and community-level structures, such as ERRs,** which have proven to be extremely cost effective and essential to reaching people in need (INGO unpublished report 02/2025). At the same time, ERRs and local organisations' role in reaching inaccessible locations is becoming increasingly imperative, considering that the war's front lines continue to shift, resulting in new waves of displacement and making it more difficult to reach affected populations (UN News 14/02/2025). Simultaneously, the access landscape in the country is becoming further constrained, as in late February, the RSF and allies signed a charter in Nairobi to establish a parallel government they named the government of "peace and unity" (AP 23/02/2025). This could add further challenges to the coordination of humanitarian assistance efforts in RSF-controlled areas of the Darfur and Kordofan regions (KII 22/02/2025; OCHA 12/01/2025).

**Without additional funding, coordination across sectors will continue to be compromised,** weakening the integrated support systems essential to people's wellbeing. The international humanitarian system will likely begin to adapt and reprogramme with any remaining or additional funds. Some local organisations may be able to continue activities funded through remittance and local donations. Without a significant boost in funding, however, this means increased prioritisation of those most in need and, ultimately, a significant reduction in the number of people being reached, despite growing needs.

**Even with more effective programming, the gaps are too big to fill** and, with reduced resources, difficult choices between priority needs – such as protection and food – may have to be made (KII 10/03/2025 a). With reduced response, people's capacity to restore their livelihoods and communities will be significantly hindered. There may be an emergence of coping mechanisms with potentially harmful effects, such as child labour, child marriage, or selling of assets. Community resilience will likely be affected, including grassroots peacebuilding, youth empowerment, and aid localisation efforts, ultimately reducing long-term stability and sustainability in Sudan.