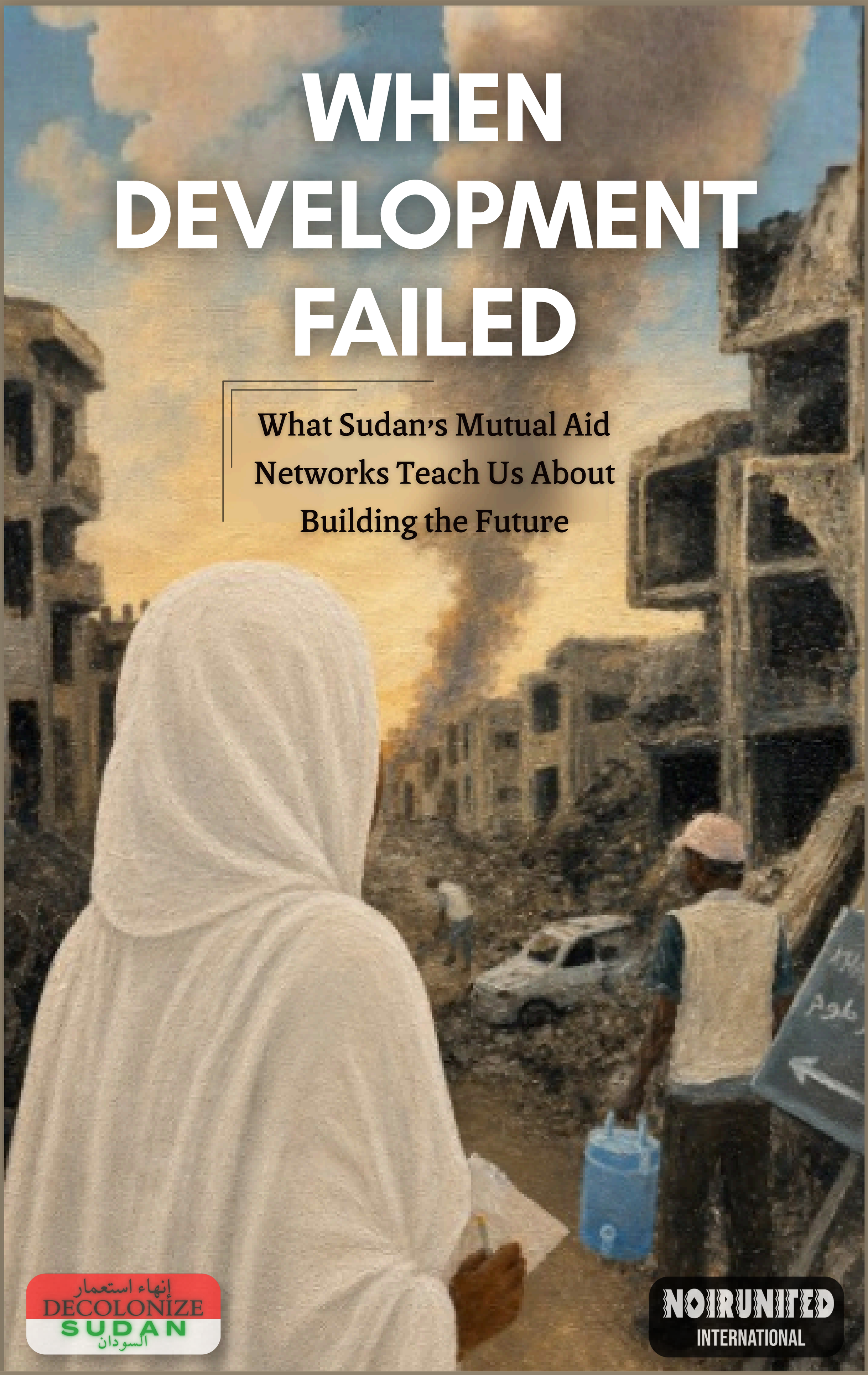
WHEN DEVELOPMENT FAILED

What Sudan's Mutual Aid Networks Teach Us About Building the Future



A report by Decolonize Sudan & Noir United International

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Executive Summary

Sudan is the site of the worst humanitarian catastrophe on earth today. Following the beginnings of Sudan's conflict- that is, the genocide of Sudanese people and destabilization of the Sudanese state beginning in April, 2023- the humanitarian system built to respond to exactly this kind of crisis abandoned Sudanese people. International development institutions failed to protect civilians against infrastructure collapse and man-made famine or to sustain access to basic necessities. Public services collapsed, food and water facilities were destroyed, hospitals shut down, and international organizations evacuated staff, paused programming, or became unable to operate at all, leaving millions of Sudanese people with no safe corridor and no guarantee that aid would ever reach them.

The failure was not incidental, as foreign aid in Africa emerged from colonial systems built to extract resources. The development assistance that replaced these colonial systems carried the same unequal power structures forward, tying support to donor priorities rather than to the needs of the communities it claimed to serve. The system that grew from those roots depends on stability and external control. It constrains local capacity and stops functioning when governments collapse and conflict intensifies. Sudan exposed that design: as insecurity forced international organizations to evacuate, humanitarian assistance declined sharply, revealing that aid delivery is limited more by access and security than by the scale of human need. That same imbalance of power produces failures of accountability and protection. Allegations of exploitation by aid workers and longstanding evidence of abuse against refugees show what happens when control over essential resources sits with institutions answerable to donors rather than to the people who depend on them.

Sudanese people did not wait to be saved when these institutions failed them: locally-led Sudanese mutual aid networks rapidly mobilized to fill the gap in order to survive. At unprecedented rates these networks provided food, healthcare, evacuation support, shelter, communications, education, and protection. Across the country and across the global diaspora, they built one of the most significant grassroots humanitarian responses in the modern world. Emergency response rooms, community kitchens, volunteer medical clinics, neighborhood protection networks, women-led relief groups, diaspora fundraising platforms, education programs, water projects, evacuation networks, and local aid distribution systems became the infrastructure of survival. By 2026, more than 700 ERRs operated across all 18 states with over 26,000 volunteers, delivering aid across frontlines that international organizations could not cross. This response drew on generations of Sudanese mutual aid practice. The networks that keep people alive today are the same networks that sustained communities through the 1984 famine and powered the 2019 revolution. They are functioning systems of local governance and development, built on trust that no external institution can import.

These efforts offer a viable alternative model for humanitarian response and development rooted in local leadership, trust, social infrastructure, and community accountability. Operating with far fewer resources, Sudanese-led organizations have consistently outperformed larger international actors precisely because they belong to and answer to the communities they serve.

These programs adapt and expand as the needs of their people change, growing from emergency relief into durable community institutions. This unique localization model speaks to a reality far larger than Sudan: a challenge to a development paradigm that has too often cast Africans as the objects of development rather than its authors.

The Sudanese-led programs keeping civilians alive on the front lines should be supported and celebrated as an unprecedented model for global development. Instead, they are now more abandoned than ever. Forty-two percent of surveyed community kitchens closed in a single six-month period as donations declined and meal costs more than doubled. A decade after the Grand Bargain committed 25 percent of humanitarian funding to local actors, grassroots responders still receive a small fraction of it, in grants that are shorter, smaller, and more restricted than those given to international organizations. Donor compliance frameworks designed for stable banking systems exclude the very actors with the deepest access.

Now the institutions that left are coming back. The International Organization for Migration reopened its Khartoum office in September 2025, and by April 2026 the United Nations had reopened its headquarters in the capital it abandoned three years earlier. They return to a Sudan kept alive without them. In their absence, Sudanese people not only survived the unimaginable, but they built the systems that now reach the places international agencies still cannot. The return is a test the aid system has never had to face this plainly: it can resource what Sudanese communities built and follow their lead, or it can rebuild the same architecture that collapsed the moment it was needed most.

This report draws on interviews with the leaders of several Sudanese-led humanitarian organizations, each anchored in a different part of the response. Hope and Haven for Refugees delivers medical care, trauma support, and refugee-led services across Chad, Sudan, and Uganda. Darfur Women Network runs women-led food security, protection, and livelihood programs in Darfur and the Chadian border camps. Sudan Humanitarian Foundation sustains community kitchens and public hospital infrastructure inside Sudan. Sudan Diaspora Network moves diaspora funding to grassroots responders when formal banking systems fail. Together their work spans the geography of the crisis, from besieged neighborhoods to displacement camps to the global diaspora, and their testimony forms the evidentiary core of this report.

The organizations interviewed for this report are unanimous on what must change: Sudanese-led networks need flexible, long-term, direct funding. They need recognition as partners and leaders in development. Sudan's mutual aid revolution has already proven that communities under siege can deliver services, coordinate resources, and govern themselves. The people closest to the crisis have already built the future of development. The only question is whether the institutions coming back will resource what Sudanese people built in their absence or bury it under the model that failed the most vulnerable.

The Limits and Incompatibilities of Humanitarianism

Humanitarian aid is often presented as a neutral act of generosity, a transfer of resources from those who have to those who need. In practice, the international aid system carries the history, incentives, and power imbalances of the institutions that built it. To understand why that system failed Sudan so completely after April 2023, we first have to understand what humanitarianism was built to do and whose interests it was built to serve. This section traces foreign aid from its colonial origins through the modern architecture of international NGOs and donor funding, and examines how dependency, conditionality, and risk aversion shape where aid goes and who controls it. When Sudan collapsed into an unprecedented humanitarian crisis, these limitations were laid bare for Sudanese civilians, who were left with one way to survive: caring for one another.

Origins of Foreign Aid in Africa

Foreign Aid began with European colonialism, focused on facilitating economic growth in their colonies or to provide people with basic needs (Phillips, 2013). Colonial powers like Germany, France, and Britain provided consistent aid to their colonies to build infrastructure like ports, roads, and railways that were meant to sustain the increasing demand for materials from those colonies. Moving into the post-colonial era for many African countries, global powers continue to invest to give these newly formed countries a platform to leapfrog, the process of bypassing traditional infrastructure stages to directly adopt modern innovations similar to the rest of the world (Cano Moncada, 2025). In the 1960s, aid programs started through multilateral organizations like the UN, the World Bank, and the International Monetary Fund (IMF). Aid programs consist of donor-funded programs that meet people's health, education, water, and sanitation needs. Even with the amount of aid entering the continent, many countries like Somalia, Sudan, and Zimbabwe are among the countries that have large debt burdens with little to no movement towards debt relief. The debt burden within the continent represents a failure of policy measures targeted at the management of natural and human resources. The Highly Indebted Poor Countries (HIPC) initiative of the World Bank and IMF offers debt relief to countries with good governance and commitment to fight corruption and poverty, with the investment in health and education

in said countries (Omotola & Saliu, 2009). High levels of aid might also block local governance improvement in at least two major ways. Firstly, by weakening state institutions and reducing accountability of the government to citizens, and secondly, by creating opportunities for corruption and more. Large amounts of aid can weaken institutions rather than build them, which pushes aid programs to focus on capacity building.

Non-governmental Organizations and their relation with Sudan

Per the South African National Coalition of NGOS, International Non-governmental organizations (INGOs) are not-for-profit benefiting the public, cultural or social activities, communal or group interests (SANGOCO). In the past few decades, the number the Organization of Economic Cooperation and Development (OECD) registered for INGOs increased from 1,600 in the 1990s to 2,970 in 2018(Akim & Buny, 2018). INGOs account for over 15% of total development aid in Africa, contributing to development factors. The majority of International NGOs are located in the Global North, while local offices of these organizations across the continent work on implementation. Many staff in such offices are not locals and lack a focus on skills transfer to the greater population. This limits the general population or contractors to often working on short-term projects rather than long-term projects that help with long-term development. The contribution of INGOs pushes for human rights and labor rights in developing countries. When it comes to employment, INGOs tend to influence public policy and legislation through advocacy. INGOs operate in challenging terrains with little to no support from local government officials in cases of government collapse, where there's no central authority for safety. This is frequent in countries like Sudan, South Sudan, Democratic Republic of Congo, Central African Republic, and Somalia, where INGO supplies are taken or offices are taken over(Akim & Buny, 2018). INGOs are guided and controlled by the government policy in which they are based, pushing for INGOs to track regulatory frameworks that affect or relate to their operations and foreign exchange and labor(Akim & Buny, 2018). The collapse of states,civil instability, and infrastructure destruction make aid difficult and put aid workers at risk.

When the war in Sudan broke out on April 15th, 2023, the international NGOs operating there were quickly rendered unable to function. Heavily reliant on foreign staff and cross-border supply chains, in-country operations halted almost immediately. The majority of foreign staff were evacuated due to the high levels of insecurity as well as targeted violence towards aid workers, and diplomats contributed to the halt or reduced operations of international organizations in Sudan (Matfess & Campbell, 2023). Aid hubs such as Wad Madani saw shipments decline through 2023, while areas like El Fasher became nearly impossible to reach because of the scale of violence (Ferragamo, 2025). Three years on, operational restrictions, security concerns and

bureaucratic impediments continue to keep international NGOs and humanitarian actors from reaching much of the country. (Nirvana Shawky, 2026). The collapse exposed a structural truth about how humanitarian aid is built. Humanitarian aid is dependent on secure access and the cooperation of functioning institutions, the very things a war destroys first. When those conditions disappear, the system designed to deliver aid tends to disappear with them, and assistance arrives late or never reaches the people who need it most (European Civil Protection and Humanitarian Aid Operations, n.d.). The deeper limit this revealed was not a shortage of resources but a model of aid that cannot operate without the state structure being dismantled due to conflict. This incompatibility is sharpest in African conflict zones, where insecurity and sanctions regimes converge to push aid actors away from precisely the places that need them most. Field research on humanitarian coverage in conflicts found that aid presence is shaped more by security conditions than by need, leaving coverage uneven and skewed toward areas controlled by Western-aligned parties (Stoddard et al., 2017). In Sudan, where much of the worst suffering lies in RSF-occupied territory, are rarely reached due to the kind of insecure terrain INGOs tend to retreat from.

Exploitation and Abandonment

In recent months, The International organization, Doctors without Borders, also known as Médecins Sans Frontières (MSF), has been facing allegations of sexual exploitation and abuse of Sudanese refugees in eastern Chad by aid staff. With a target on underage girls in exchange for food aid and jobs. In already troubling times for the refugees, women are often conflicted whether to speak up because they fear losing access to aid due to other women who spoke out and didn't receive aid afterward(Jazeera, 2026). This particular situation reflects a broader and long-undocumented problem within international humanitarian systems. As early as 2002, a joint UNHCR and Save the Children-UK assessment of refugee children in Guinea, Liberia, and Sierra Leone found that sexual violence and exploitation appeared to be extensive in refugee communities and involved actors at multiple levels, including humanitarian agency staff, security forces, and others in positions of authority (UNHCR & Save the Children-UK, 2002). When foreign aid workers control access to food, shelter, employment, medical care, protection, and resettlement pathways- vulnerable populations are placed in deeply unequal power relationships that can be exploited with little accountability. Weak safeguarding systems, ineffective hotlines, inaccessible complaint mechanisms, poor reference checks, short-term contracts, and the failure to meaningfully remove or blacklist abusive staff allow perpetrators to move between organizations and crisis settings untouched. These failures do not only harm individual survivors, they reinforce the imbalance between international organizations and local actors by concentrating power in institutions that are often unaccountable to the communities they claim to serve.

Those left behind had to attempt to fill the gaps these international organizations helped with, which prompted the establishment of the Emergency Response Rooms (ERRs). These services distribute food, water, and other essential supplies for thousands of families. Resistance committees (RCs) have also emerged during the scaling back of international organizations; they not only provide service provisions but also coordinate evacuations for vulnerable populations. When it comes to international organizations attempting to work with local actors, they are more interested in interacting with familiar state representatives, not resistance committees, which slows aid from entering Sudan(Matfess & Campbell, 2023). With the blocks of international aid on the ground, local actors and grassroots efforts remain flexible with the times, deeply trusted by both refugees and the diaspora, whilst trying to provide for thousands with limited resources.

A popular tagline, “donor fatigue,” has emerged in this new era of international aid in Africa. Originating from the 1968 Nigerian Biafran famine, this word signifies the shift of international donors focusing more on domestic issues and placing less geopolitical value on humanitarian aid. Many donors that have invested into the continent are starting to question whether their investments are producing lasting change or perpetuating a dependency on the Global North (Akweywa, 2026). With the increased supply chain blocks for aid, international organizations have become increasingly frustrated with donating to Sudan and have moved their focus to other wars. Leaving regions to struggle to secure multi-year development financing (Barnard, 2026). The lack of securing long term aid has created a competition amongst countries in need to get international attention even if it's for short term aid which furthers capacity gaps. International aid is based on donor countries' security interests and economic goals (Brett, 2020), so when such relationships falter, international aid donations decrease as well. This is interesting because many aid programs have been and still are driven by external agenda, forcing countries in the need to follow those agendas (Akweywa, 2026). The longer an emergency lasts the more complex it becomes, topped with weakened infrastructure that can’t withstand conflict shocks, creating a more vulnerable environment for the displaced. With the waves of low media exposure leading the international community to forget conflicts or high media exposure that leads communities to be overwhelmed to the point of fatigue, international organizations have forgotten that investing in foreign aid simultaneously means investing in their country’s domestic security (Marlowe, 2024). In this new era of aid, reevaluating the African development model is essential to incorporate local actors and strengthen local systems.

Sudan’s Mutual Aid Revolution

“In 2019, we were building a future. Since 2023, women have been leading the fight for there to even be a future. Resistance is not a single moment, it is an ongoing act. The World saw it in 2019 in our streets, but the World doesn’t see and support the resistance we undertake today.”

- Alaa Salah, Icon of Sudan’s Revolution within Decolonize Sudan’s ‘Women in Resistance’ panel

When war erupted in Sudan in April 2023, the collapse was immediate and total, tearing through every sector of Sudanese life and producing what has become the largest humanitarian crisis in modern history. Public services disappeared overnight, hospitals shut down or became overwhelmed, markets were cut off from supply routes and telecommunications failed. Millions of people were displaced from their homes, most often with no warning, no safe corridor, no formal evacuation plan, and no guarantee that international aid will ever reach them. In many areas, international organizations evacuated staff, paused programming, or became unable to operate because of insecurity, bureaucratic restrictions, sanctions-related risk aversion, and the destruction of banking and transport systems.

Sudanese communities did not wait to be saved. Across the country and across the global diaspora, Sudanese people built one of the most significant grassroots humanitarian responses in the modern world. Emergency Response Rooms, community kitchens, volunteer medical clinics, neighborhood protection networks, women-led relief groups, diaspora fundraising platforms, education programs, water projects, evacuation networks, and local aid distribution systems became the infrastructure of survival. These initiatives were not simply temporary relief efforts- they became parallel systems of care, coordination, and local governance in places where both the state and international humanitarian architecture failed to protect life.

Sudan’s mutual aid revolution is a community-led development model born under siege– a system in which those closest to the crisis identify needs, mobilize resources, distribute aid, protect the vulnerable, and make decisions through relationships of trust and accountability.

From Emergency Response to Community Governance

The most widely recognized expression of Sudan’s mutual aid revolution has been the Emergency Response Rooms (ERRs). Emerging from the same neighborhood-based organizing traditions that sustained the Resistance Committees during the Sudanese revolution, ERRs rapidly expanded after April 2023 to respond to the collapse of public services and the withdrawal or inaccessibility of many formal humanitarian actors. They operate through decentralized neighborhood structures, often coordinating through local “rooms” that assess urgent needs, collect information, mobilize volunteers, and direct resources where they are most needed (SSHAP, 2024; Right Livelihood, 2025).

By 2026, ERRs had become one of the primary lifelines for communities across Sudan. Chatham House reported that more than 700 ERRs were operating across all 18 states, mobilizing more than 26,000 volunteers in response to the world's worst humanitarian crisis (Adam, 2026). They provide food assistance, healthcare support, civilian evacuation, psychosocial care, education, protection referrals, water access, and emergency communication support. Their strength lies not in centralized bureaucracy, but in their ability to adapt quickly because they are rooted in the communities they serve.

In areas where formal institutions have collapsed, ERRs function as more than humanitarian responders. They become community governance structures. They determine which homes have elderly residents who cannot leave. They know which families have no access to cash. They know which roads are safe, which markets are open, which wells are functioning, and which clinics still have staff. They know who is missing, who has been newly displaced, who needs medication, who is sheltering relatives, and who can cook for others. This kind of knowledge cannot be imported by an external institution. It is built through trust.

The ERR model also demonstrates the limitations of the international humanitarian system's risk framework. ERR volunteers have repeatedly operated in areas where international organizations could not maintain access, often crossing frontlines and navigating active conflict to deliver food, medicine, and basic services. UN experts have warned that these volunteers continue to risk their lives to provide life-saving aid and have called for greater protection and support for their work (OHCHR, 2026). Their work is not simply difficult. It is life-threatening.

Yet the international funding system has not matched the scale of their impact. ERRs have received major international recognition, including the 2025 Chatham House Prize, but grassroots responders continue to receive only a small fraction of international humanitarian funding (Chatham House, 2025; Adam, 2026). This contradiction sits at the center of Sudan's humanitarian crisis: those doing the most direct life-saving work remain among the least resourced.

Community Kitchens and Locally Led Food Security

Among the most viable pillars of Sudanese mutual aid are community kitchens, often known as *Takaaya* . These kitchens operate in homes, mosques, schools, community centers, displacement camps, and neighborhood gathering spaces. They prepare and distribute meals in communities facing hunger, displacement, market collapse, siege, and the interruption of household income. Throughout much of Sudan, they are the difference between survival and starvation.

Community kitchens are often described too simply as food distribution points. In reality, they are complex local institutions. They require daily decisions about procurement, storage, fuel, cooking, rationing, transport, volunteer labor, and beneficiary identification. They must respond to sudden price changes, supply shortages, security threats, road closures, and shifting population movements. They must decide whether to expand to serve more people or limit

distribution so they do not collapse entirely. These decisions require intimate knowledge of local conditions.

Sudan Humanitarian Foundation (SHF) described this complexity clearly. Through its “kitchen adoption” model, SHF supports existing grassroots kitchens rather than imposing outside structures, including kitchens in Khartoum, Abbasiya, Bahri Shambat, and other communities. Amel Mohdali, Executive Director of Sudan Humanitarian Foundation, emphasized that these kitchens are not only feeding people, but sustaining entire community ecosystems: “The reality is that the community kitchens have become more than just food distribution points. They are often gathering spaces, social safety nets, and examples of community resilience.” In some cases, she explained, kitchens also support the volunteers and families who keep them running. Abbasiya Kitchen, for example, has helped parents working in the kitchen pay for their children’s education.

The people managing these kitchens are from the towns and neighborhoods themselves. “They understand the communities’ needs, the communities’ customs and how to mobilize resources and respond immediately and most efficiently,” Mohdali explained. That knowledge shapes even the smallest operational decisions, including how many meals a kitchen can safely provide without overwhelming its capacity.

Mohdali described one kitchen in Shambat managed by an elder who refused to expand beyond one meal a day, not because the need was small, but because the need was too large. If the kitchen increased its meals, he warned, people from across the city would come, and the kitchen would no longer be able to consistently feed the local residents who depended on it most. For Mohdali, this example captures the difference between local leadership and outside intervention: “Local dynamics by these community-led leaders are understood better by them than by these outside organizations that often don't understand the community's needs, the community's organization, or how to mobilize resources and respond immediately.”

Islamic Relief Worldwide’s 2026 research shows how severe the crisis facing *Takaaya* has become. Across Khartoum, Omdurman, Port Sudan, North Kordofan, North Darfur, Sennar, and Gedaref, Islamic Relief found that 354 of 844 surveyed community kitchens had closed in the previous six months, representing 42 percent of the surveyed kitchens. The report found that diaspora donations, which are a primary funding source for many kitchens, had diminished after nearly three years of conflict, while inflation, currency depreciation, and disrupted supply chains had more than doubled the cost of meals (Islamic Relief Worldwide, 2026).

These closures are not evidence that the model has failed. They are evidence that the model has been abandoned by funders even while millions depend on it. A community kitchen cannot run indefinitely on grief, volunteer labor, and WhatsApp appeals. It requires sustained funding, predictable supply chains, support for local procurement, and protection for the people operating it.

SHF also warned that international aid practices can distort local markets when outside organizations enter communities without understanding local economies. In a context where

local shop owners, farmers, transport workers, and vendors are already struggling with inflation, currency instability, and reduced purchasing power, the purchasing behavior of large international organizations can have serious consequences. When outside organizations pay inflated prices, import large quantities without coordinating with local markets, or fail to negotiate in the same way local actors do, they can unintentionally drive up the cost of basic goods for everyone. The result is a cruel paradox where food may exist in the market, but families can no longer afford to buy it.

Mohdali stressed that in many communities, hunger is not only a problem of supply. It is a problem of purchasing power. “Markets may have food on the shelves, but a lot of the time, these families haven't been able to afford it,” she explained. In Darfur, she argued, famine has been deliberately produced by RSF violence and siege tactics, but it has also been worsened by aid practices that ignore local market conditions. “When aid enters a community without considering local market conditions, it honestly always affects the price of goods and the availability of goods,” she said. In her view, large international NGOs can pour money into a market at a scale that local communities and smaller Sudanese-led organizations cannot match, further pricing ordinary families out of survival.

This is why locally-led initiatives are not only more culturally grounded. They can also be more economically responsible. Local organizations understand what goods should cost, which vendors can be trusted, how to avoid triggering price spikes, and how to distribute resources in ways that support rather than undermine local economies. As Mohdali explained, “Locally-led initiatives help bridge the gap and ensure that families have access to necessities while local economies can recover.” This critique aligns with broader localization research showing that local actors often have deeper contextual knowledge, lower operational costs, and stronger community trust, yet remain underfunded by the formal humanitarian system (IASC, 2024; ODI, 2026).

Emergency Medical Care and Community Health Infrastructure

Sudan’s mutual aid revolution has also been a medical revolution. As hospitals were bombed, looted, occupied, underfunded, or overwhelmed, Sudanese doctors, nurses, pharmacists, technicians, students, and diaspora medical professionals organized to keep people alive. Emergency medical response has taken many forms: reopened hospitals, volunteer-staffed clinics, field triage points, medicine distribution, maternal and child health support, trauma care, mobile medical missions, psychosocial services, and community health education.

The scale of Sudan’s health collapse has been catastrophic. The World Health Organization warned in April 2026 that Sudan had become the world’s largest ongoing health crisis, with disease spreading, malnutrition rising, and access to healthcare rapidly declining (WHO, 2026). Médecins Sans Frontières has similarly documented how three years of war have shattered Sudan’s lifelines, including repeated attacks on hospitals, medical personnel, and essential health infrastructure (MSF, 2026).

Sudan Humanitarian Foundation's partnership with Port Sudan Teaching Hospital demonstrates how Sudanese-led organizations are bridging emergency response and long-term infrastructure. SHF described the hospital as one of the largest functioning public hospitals in Port Sudan, with a capacity of approximately 450 patients but a daily patient load that can exceed 700. Pediatric wards designed for 50 to 70 children may receive more than 120 children in a single day. SHF supports the hospital with pharmaceuticals, medical consumables, protective equipment, critical supplies, and plans for facility rehabilitation and expansion.

SHF works towards a remarkable idea- that health systems can actually be strengthened under wartime conditions. Their approach recognizes that communities need immediate care, but they also need public infrastructure that can survive beyond the crisis. As Mohdali explained, "Humanitarian organizations in Sudan usually focus on immediate needs but we see long-term improvements as something beneficial to all communities in Sudan, because we want to lay the foundation for a more resilient Sudan." She added, "We want to empower local leaders and ensure communities not only are receiving aid but are equipped to recover, grow and lead their own development."

Hope and Haven for Refugees offers another example of Sudanese-led medical care across displacement. The organization began as "Saving El-Geneina," an awareness and emergency response initiative created after the massacres in West Darfur and the mass displacement of Sudanese civilians into Chad. Today, Hope and Haven operates in Chad, Sudan, and Uganda, providing food security, healthcare, education, child protection, trauma support, and community rebuilding programs.

One of its key programs is a free medical clinic in Adré, Chad, staffed by former doctors, nurses, and technicians from El Geneina Hospital. The clinic operates in tents and treats approximately 75 patients daily. It provides care to refugees who often have no other realistic access to medical treatment and no money to pay for medication. For displaced Sudanese patients, being treated by Sudanese healthcare workers matters. Sadei Alrasheed Hamid, Executive Director of Hope and Haven for Refugees, shared that patients tell them, "You are our people, you treat us with dignity." She explained, "That is what distinguishes us, because we're helping our brothers and sisters, we're helping our mothers, fathers and neighbors."

Hope and Haven's trauma centers and psychosocial programs are equally essential. They provide safe spaces for women, support for survivors of sexual violence, child-friendly spaces, educational and recreational activities, and mental health services. These programs recognize that Sudanese communities are carrying the trauma of massacre, displacement, sexual violence, family separation, disappearance, starvation, and exile. Mutual aid, in this context, includes the work of helping people remain human after dehumanizing violence.

Refugee-Led Response and Displacement Initiatives

Sudan's mutual aid networks have defied borders as Sudanese people held onto these networks even in their displacement. As millions fled to Chad, Egypt, Uganda, Tunisia, South

Sudan, Ethiopia, and beyond, displaced Sudanese people rebuilt systems of care inside refugee camps, host communities, informal settlements, and diaspora communities.

Sudan remains the world's largest displacement crisis. IOM reported that the number of internally displaced people more than tripled after April 2023, rising from 3.8 million before the current conflict to a peak of 11.58 million in 2025 (IOM, 2026). UNHCR's Sudan Situation data also shows millions displaced across borders, with Sudanese refugees, asylum seekers, and returnees spread across neighboring countries and the wider region (UNHCR, 2026). These figures reflect not only the scale of movement, but the collapse of the systems that should have protected civilians before displacement became unavoidable.

Hope and Haven described what mutual aid looks like when the community itself has been displaced and fractured. In refugee settings, many of the people providing assistance are themselves refugees. They are doctors, teachers, organizers, social workers, students, parents, and survivors who are trying to keep their own families alive while also serving others. Hamid explained, "Our staff are themselves within the refugee system, they are trying to survive and on top of that they have people who are dependent on them." She added, "There was no other option for our people. Before the war they were doctors and you cannot see your people just dying and do nothing."

Within Hope and Haven's operations, the people most affected by the crisis are not passive recipients of aid- they are the responders, the clinic staff, the camp organizers. They are also the people carrying the greatest burden of burnout.

Hope and Haven warned that this burden is becoming unsustainable. "This is going to eventually create a huge burden," Hamid explained. "Our capacity is constantly under threat of burnout. Years after years of responding to emergencies with little support will eventually lead to burn out. Many community leaders are struggling. So we need institutions to support as mutual aid networks continue to fill critical gaps."

Displacement initiatives also include shelter support, food distribution, school supplies, professional development, legal registration, and cross-border logistics. Hope and Haven had to register as a Chadian association to operate inside refugee camps and at the border, which required time, money, permissions, and administrative navigation. Such bureaucratic requirements often become invisible in donor conversations, but they shape whether local organizations can legally and safely reach displaced people.

Darfur Women Network's work also shows that refugee-led response is often women-led response. Mastora Bakhiet, Executive Director of Darfur Women Network, explained that DWN's programs are led by refugees themselves, especially women, because displaced communities carry their organizing capacity with them. In camps and cross-border communities, women continue to organize food support, livelihood initiatives, psychological support, child protection, and community resilience programs even while they are themselves displaced. Refugee women who have survived violence, hunger, family separation, and exile are not only rebuilding their own lives but take on the labor of rebuilding the social infrastructure of their communities.

Women-Led Mutual Aid and Frontline Networks in Darfur

Women have been central to Sudanese survival systems long before April 2023. In the current crisis, women-led organizations and women organizers continue to hold together families, camps, kitchens, clinics, and community protection systems under conditions of extreme violence. Darfur Women Network offers a powerful example of this leadership, particularly because its work is rooted in Darfur's long history of abandonment by the state, exclusion from international aid, and community-led survival in the face of repeated mass violence.

For more than a decade, Darfur Women Network (DWN) has worked within communities across Darfur, Sudan, and refugee camps in Chad. Its mission centers women, girls, and youth not only as people in need of protection, but as leaders of survival, recovery, and social transformation. The organization's programs include food security and humanitarian assistance, women's economic empowerment, livelihood restoration, capacity building, psychological support, community resilience, recovery, and self-reliance programming. Under the Al-Bashir regime, many civil society organizations could not access Darfur unless they were aligned with the government. After the revolution, DWN was able to formally register and expand its work in Darfur and beyond. Their programs emerged not only from the new needs created by war, but also from decades of organizing in places where communities had already learned that survival could not depend on the state or outside institutions.

Bakhiet emphasized that "communities affected by conflict are not just beneficiaries of aid, they are leaders and partners to create solutions for their own future." This principle shapes DWN's entire model. Before the current war, DWN supported mothers with livelihood skills and worked to reduce child labor among vulnerable communities. One early initiative trained refugee women to manufacture fuel-efficient cooking stoves using locally available materials. The program reduced firewood consumption by approximately 75 percent, reduced the risks women faced when collecting firewood, helped protect women from violence, created income-generating opportunities, and increased women's status within their communities.

After April 2023, DWN significantly expanded its operations based on the scale of need. It supports civilians in government-controlled areas as well as civilians in areas occupied by the RSF militia, where access is only possible through trusted local volunteers and community networks. This is especially important in Darfur, where international organizations, including UN agencies, have often been unable to reach people trapped along the Sudan-Chad border. Bakhiet explained that DWN's programs are led by locals, especially women, because they know the geography, the culture, the family networks, the risks, and the needs. Their work embodies the practical meaning of localization: placing decision-making power in the hands of people who know how to move, communicate, and survive under the conditions of war.

DWN operates in areas otherwise inaccessible by INGOs, including areas like Tawila, where the UN OCHA classified it a "level 5 catastrophic" inaccessible area (OCHA, 2025). They are able to do this because they have local knowledge and relationships, which are essential in conflict zones. In RSF-controlled areas, larger organizations may be unable to operate safely because armed actors track transfers and monitor cash flows in order to divert assistance. NGOs working

on the ground navigate a reality where visibility can place both aid workers and recipients in danger. Bakhiet explained that DWN can sometimes move support through trusted remittance networks by sending smaller sums through people who are known in the community, reducing the risk that aid will be seized or attract RSF attention. This kind of practice may not fit neatly into conventional donor frameworks, but it reflects a sophisticated conflict-sensitive strategy developed by those who understand and live within the terrain.

Bakhiet described the life-saving importance of local knowledge in areas under active violence: “Insiders know the culture, they are very connected and they know the needs. They know how to navigate on the front-lines.” DWN relies on trusted volunteers and community networks to distribute assistance in the face of constant insecurity, communication blackouts, and movement restrictions. During ground attacks and drone strikes, markets close and telecommunications often fail. When mobile and internet connections are unavailable, communities rely on in-person networks. Volunteers identify safe routes, locate displaced families sheltering in remote areas, communicate through trusted people, and reach communities that outside actors cannot access.

This work comes at enormous risk. Bakhiet explained that many communities affected by war are in areas that are difficult and dangerous to reach, where there is no communication even with family members outside the area. In some zones, the only communication available is through Starlink, where connection points are primarily controlled and monitored by the RSF. Civilians face danger and potential RSF attacks when physically traveling to access it. DWN has also lost volunteers in the course of its humanitarian work. One volunteer, Mr. Suleiman, was killed during work in Zamzam. He was a father of six children who are now in a refugee camp in Chad. Another young volunteer was also killed while serving affected communities. Still, volunteers continue. As Bakhiet explained, “Because this is their work and their family and their people, they cannot abandon.” This reflects a wider pattern documented by UN experts and humanitarian monitors: Sudanese local responders continue to operate under direct threat, while access restrictions, violence, telecommunications blackouts, and attacks on civilians make formal aid delivery increasingly difficult (OHCHR, 2026; OCHA, 2026).

DWN’s experience exposes the limits of donor risk frameworks when they are detached from the realities of war. Bakhiet explained that international donors often look for large organizations and impose strict financial compliance requirements that are difficult to meet in a country where institutions have been destroyed, the government has been destabilized, the banking system has been disrupted, and sanctions-related restrictions continue to shape humanitarian operations. While donors may frame these requirements as risk reduction, Bakhiet urges them to confront the human cost of that approach: “International donors are telling us to reduce risk by not supporting certain areas… they need to understand that compliance in those regions means we are leaving people to die.” For her, the problem is not only bureaucratic distance, but moral distance. “International donors focus on statistics and are not seeing the human reality behind those numbers,” she explained. “They aren’t seeing mothers keeping their children alive without food. They’re not seeing the families fleeing violence with no transportation, carrying their children on their backs to walk at night and hiding during the day from the RSF. They’re not seeing communities working together to keep themselves safe.”

This is especially true in Darfur, which has been systematically deprioritized in international aid allocation for decades. Bakhiet emphasized that the reality often overlooked is that local people are not waiting for passive assistance. Communities with very little continue to share resources, care for one another, and create local solutions in impossible conditions. Women are leading households with very little access to education because their husbands have been killed, disappeared, displaced, or enlisted. Local volunteers continue working when international organizations cannot access certain areas, but the infrastructure is fragile because the resources are not there.

For DWN, the answer is not simply throwing more emergency relief at the situation, but rather creating a different development model. Bakhiet stressed that funding is too often focused on immediate survival, not recovery, livelihood, long-term care, or development. Communities need flexible, long-term funding. They need meaningful partnerships that recognize local communities not as beneficiaries, but as leaders able to implement their own solutions. They need investment in local leadership, women's economic empowerment, livelihood restoration, agricultural recovery, education, psychological support, and community resilience.

DWN's vision reframes recovery not as a return to dependency, but as a long-term investment in the conditions communities need to live with safety, dignity, and self-determination: "Our people in Darfur want the opportunity and ability to rebuild their life. They want their children to attend schools. They want farmers to be able to produce food, they want their community to recover and their family to live in peace. So the question is not only how to keep people alive during crisis, but how to help them recover and build their future with long term commitment."

This is one of the most important lessons of Sudan's mutual aid revolution. Communities are not only surviving state collapse and international abandonment. They are already articulating what recovery must look like: safety, dignity, land, education, livelihoods, women's leadership, food production, community trust, and long-term self-determination.

Diaspora as Lifeline, Bridge, and Development Actor

The diaspora has become a core pillar of Sudan's mutual aid infrastructure. Sudanese abroad have raised emergency funds, supported families directly, financed community kitchens, funded clinics, paid for medicine, supported evacuation, amplified local appeals, built awareness campaigns, connected donors to trusted actors, and helped local organizations navigate international systems.

Sudan Diaspora Network is one of the clearest examples of diaspora-led humanitarian fundraising infrastructure. Founded in 2019 as a global network of Sudanese professionals, SDN initially focused on development initiatives, including youth centers, sports facilities, educational infrastructure, and partnerships with Sudanese civil society. After April 2023, SDN shifted toward funding emergency humanitarian assistance by leveraging relationships built before the war.

Its primary humanitarian mechanism became the Sudan Benefit Fund, which launched in 2024 and has supported grassroots organizations and local humanitarian actors. SDN reported raising approximately $600,000 total since 2019, with the Sudan Benefit Fund raising approximately $300,000. Most of its funding has supported local organizations, health centers, ERRs, and partners including Hope and Haven, Basmat Wasl, and the Ahmed Foundation. Its fundraising model relies heavily on private donations, community campaigns, online awareness, in-person events, WhatsApp networks, mosques, and personal relationships.

Gihad Salih, Executive Director of Sudan Diaspora Network, described diaspora funding as both practical and deeply personal: “We understand what Sudan needs. For us, it’s more personal and, in a lot of ways, more tangible.” He explained that recurring donations help stabilize support, especially when public attention shifts, and that expanding beyond Sudanese donors has helped build a broader support base. But he also emphasized that Sudanese donors are often supporting their own displaced families at the same time they are donating to community campaigns.

SDN’s work reveals that diaspora organizations are not simply fundraisers but active intermediaries between local actors and global systems. They help vet organizations, collect reports, evaluate urgency, move funds through disrupted banking systems, and teach grassroots partners how to showcase their work and raise their own funding. When the banking system collapses, diaspora networks help establish regional accounts, use mobile money and alternative payment systems, and adapt to local solutions identified by partners on the ground.

As Salih put it, “We can still get work done on the ground, even in a conflict setting.”

SDN’s vision also moves beyond emergency aid. Its “Sudanese Resilience and Empowerment Program” supports approximately 250 Sudanese college students and recent graduates in Egypt through professional certifications, mentorship, resume preparation, interview training, entrepreneurship support, and private-sector partnerships. With institutional backing, SDN hopes to expand such programming throughout Sudan and integrate technical and vocational education training, trade development, universities, student groups, professional associations, and local ministries.

The Funding Crisis and the Cost of Being Local

Across all four interviews, organizations named the same core challenge: Sudanese-led responders are doing essential work with unstable, insufficient, short-term, and often inaccessible funding.

Diaspora donations fluctuate with media attention. When Sudan is in the news, donations rise. When attention shifts, programs shrink or close. Hope and Haven described needing to close one of its biggest kitchens because funding was ending. Trauma centers had already been forced to close. Medical programs remained under-supported despite massive need. “Everyday we receive requests for food, healthcare, shelter support, psychosocial services and we need to

make decisions on where we're prioritizing because we don't have the funding to take it all on," Hamid explained.

SHF described similar fundraising fluctuations, with donations rising during moments of public attention and falling sharply when Sudan disappears from the news. DWN emphasized that short-term funding focused only on immediate relief is not sustainable because communities need recovery, livelihood restoration, local leadership, education, agricultural recovery, psychological support, and long-term care. Bakhiet explained that many international donors prioritize large organizations over local organizations, even when local organizations have stronger community trust and more reliable access.

These experiences reflect a broader failure in humanitarian financing. The 2016 "Grand Bargain" agreement committed donors and aid organizations to direct at least 25 percent of humanitarian funding to local and national responders as directly as possible, yet progress remains slow and uneven (IASC, 2024). The Overseas Development Institute's 2026 analysis found that local and national actors consistently receive lower-quality funding than international counterparts, including shorter, smaller, and more earmarked grants, while direct funding to local and national actors by government donors that are also Grand Bargain signatories remained extremely limited between 2022 and 2024 (ODI, 2026).

A recurring concern was that international donors often prefer large organizations with established compliance systems, even when those organizations are less connected to affected communities. Local organizations may have stronger trust, access, and knowledge, but they are excluded because they cannot meet compliance requirements designed for stable countries and formal banking systems. DWN explained that many international donors require rigid and extensive financial compliance systems that are difficult and oftentimes impossible to maintain in a country where the government has been destabilized, infrastructure destroyed, financial systems disrupted, and sanctions have created additional restrictions.

This is one of the central failures of the current development and humanitarian architecture. It prioritizes institutional familiarity over community trust and it treats Sudanese organizations as implementation beneficiaries rather than as leaders. Hope and Haven described this dynamic directly. Hamid explained, "No one is coming to us asking what we need, every now and then we have large funding organizations that treat us as implementation for their programming, they give us a program and want us to execute, and that's it, no support for the work we've been doing."

Historical Roots

The Emergency Response Rooms (ERRs), community kitchens, neighborhood protection groups, and grassroots relief initiatives that emerged after April 2023 did not arise in a vacuum. They are the latest expression of longstanding Sudanese traditions of mutual aid, collective responsibility, and local self-governance that developed over generations in response to decades of state neglect, conflict, and underinvestment in public services (de Waal, 1989; Young, 2018). Sudanese communities have long understood that survival could not be left to the

state. During the 1984-1985 famine in Darfur, it was local coping systems, kinship obligations, and the daily practice of sharing that kept families alive while the government denied the crisis and the international response arrived late and insufficient (de Waal, 1989). That lesson was relearned in every cycle of drought, war, displacement, and economic collapse that followed. Most recently, Sudan's Resistance Committees demonstrated the power of neighborhood-based organizing during the 2018–2019 revolution. Organized at the block and neighborhood level, these committees coordinated communication, mobilization, resource-sharing, and community decision-making. Their effectiveness was rooted in preexisting networks of trust and accountability that had long sustained Sudanese communities (Mustafa & Albahi, 2024; International Crisis Group, 2022).

Women have historically played a central role in these systems. Through neighborhood associations, informal welfare networks, savings groups, and grassroots organizing, Sudanese women have often served as the backbone of local social protection. Many of the relationships, organizational capacities, and support networks that sustained communities during the current conflict were built through decades of women's leadership and community-based care (Tönnessen & al-Nagar, 2020; Osman, 2023). This is not incidental. The women who run today's community kitchens, organize displacement camps, and hold neighborhoods together are drawing on organizing knowledge passed down long before this war began, most of it carried out without pay, title, or recognition.

These traditions are reflected in practices that remain deeply embedded in Sudanese society. *Sunduq* , or *Khatta* , refers to rotating community savings funds that provide emergency financial support and informal access to credit. *Nafeer* is a system of collective volunteer labor through which community members build homes, repair infrastructure, harvest crops, and respond to crises. Likewise, *'Ida* involves the collective sharing of costs associated with weddings, funerals, illness, and other major life events, helping reduce the financial burden on individual households. Together with broader neighborhood-based networks of caregiving, resource sharing, and mutual support, these practices function as informal systems of social protection that often fill gaps left by formal institutions (Badri, 2017; Osman, 2014).

Much of this giving culture is inseparable from Islamic values that have shaped Sudanese life for centuries. These practices are not only social customs but are rooted in a moral and religious tradition that treats care for one's neighbor as an obligation rather than a benevolence that elevates the giver above the recipient. *Zakat* , the giving of a fixed share of one's wealth to those in need, and *Sadaqa* , voluntary support, established a principle that can be seen throughout Sudanese life: that no one should eat while a neighbor goes hungry. The ethic of the neighbor as your own responsibility runs through the texture of daily life, from shared neighborhood water supplies known as "Zir" to displaced relatives taken into already crowded homes. As Mastora Bakhiet explained, "We have the belief that if you give to your neighbor what you have, God will provide for you." That belief, carried across generations, is part of why communities were able to mobilize so quickly when the war came. The infrastructure of survival was already in place, held together by values that long predate any humanitarian framework.

Nowhere is this history more clear than in the Darfur region. Across Darfur, systems of mutual aid developed through decades of drought and political marginalization. During the droughts of the 1970s and the famine of 1984–1985, survival depended heavily on institutions that existed outside the state. Zakat was distributed through kinship networks and directed primarily toward the *fakir* and *miskeen* , categories used to distinguish those facing temporary hardship from those living in chronic poverty. Elderly people, widows, disabled people, and orphans were often supported through extended-family obligations (de Waal, 2005).

Migration had also long been part of life in Darfur. Pastoral communities moved in accordance with seasonal rainfall and grazing patterns (de Waal, 2005). The drought changed these patterns. Declining rainfall and the collapse of herd sizes pushed many families to settle outside Dar Zaghawa while maintaining ties to relatives across the region. Among Zaghawa communities, cattle were replaced by camels, which were better suited to drier conditions, and cash increasingly replaced livestock in dowry arrangements (Nielsen, 2008). Between 1970 and 1983, the population of Dar Zaghawa declined from roughly 250,000 to 82,000 as people moved across Darfur and Chad (Nielsen, 2008). The border remained porous, and many Zaghawa communities lived on both sides, maintaining family and social relationships that existed long before Sudan and Chad were created as modern states. Migration became one way families remained connected to land, work, and relatives as drought reshaped life across the region (de Waal, 2005; Nielsen, 2008).

These experiences also shaped a local understanding of famine that was broader than the technical measures used by humanitarian institutions. A Sahelian herder interviewed in 1975 was asked whether there had been a famine after Dan Muubi. His response was simple: “Yes. No one died, but the price of millet rose. When the sack of millet costs 6000 francs, isn’t that a famine?” (de Waal, 1989). Humanitarian organizations often measured famine through mortality rates, malnutrition, and caloric intake. In Darfur, famine was also understood through changes in social relationships, livelihoods, purchasing power, and access to resources. Famines were remembered through names that reflected these experiences, including names associated with grain and systems of distribution (de Waal, 2005; Devereux, 2000).

The most severe famines were remembered not only for the number of people who died, but for the breakdown of social obligations. *Alabas* , meaning “the one who does not share,” referred to a period when people stopped sharing food as they normally would. *Julu* , meaning “wandering,” referred to the dispersal of families in search of survival. Other famine names referred to the distribution of grain through zakat or to unfamiliar sorghum varieties introduced during relief efforts. Famine, in this understanding, was not simply a shortage of food. It was a breakdown in the relationships people relied upon to survive (de Waal, 2005).

International food aid had mixed results during the 1984–1985 famine. Large quantities of food entered Darfur, but much of it was redirected through markets, sold to meet other household needs, or concentrated in urban areas. Government officials, merchants, and transport networks often controlled distribution. More than 40 percent of recipients reportedly sold portions of their food aid to cover other necessities, including the costs of migrating to another part of the region for seasonal work. Rural producers suffered losses as grain markets shifted and selling grain

became unprofitable, while nomadic groups were frequently excluded from distribution systems altogether. In some areas, communities experiencing the highest levels of malnutrition received the least assistance. The uneven distribution of aid added to tensions between nomadic herders and farming communities already struggling over land and water (Mamdani, 2009; Jaspars, 2019).

Humanitarian agencies also viewed migration primarily as a symptom of crisis. Movement away from affected areas was categorized as “distress migration,” and relief efforts focused on keeping people near camps and feeding centers. Yet migration had long been one of the principal ways communities adapted to drought. Concentrating displaced populations around aid centers and camps placed additional pressure on the surrounding environment. Trees were cut for fuel and construction, nearby land became degraded, and mortality remained high in some feeding centers because of disease outbreaks despite the presence of food aid. Food alone could not resolve a crisis rooted in the collapse of livelihoods, mobility, health systems, and social relationships (Jaspars, 2019; de Waal, 2005).

The difference between temporary humanitarian relief and enduring community relationships was captured by a Darfur farmer who was asked why he continued repaying his debts when the availability of food aid might have allowed him to default. He replied that “he trusted the merchant to be around to lend to him in the next famine, but not the aid agencies” (Prunier, 2011). His response illustrates the importance of durable relationships, reciprocal obligations, and trust. International agencies might arrive during a declared emergency and leave when funding or attention shifted. Local relationships had to endure through the next drought, harvest failure, displacement, or famine.

Sudan's experience also reflects broader traditions of collective self-help found across Africa, including stokvel savings groups in South Africa, tontines in West Africa, harambee initiatives in Kenya, and umuganda community labor programs in Rwanda (Geertz, 1962; Gugerty, 2007; Richters, 2010). Similar community-led institutions have emerged in conflict settings ranging from Syria to Somalia, where local actors organized services and relief efforts when governments and international systems were unable to meet community needs (Svoboda & Pantuliano, 2015; Hallaj, 2017). Across these contexts, communities developed resilient systems of care, governance, and resource mobilization in response to institutional failure, conflict, and political exclusion.

The significance of Sudan's response to the current war lies not simply in the scale of community mobilization, but in what it reveals about development itself. The success of ERRs and other grassroots initiatives demonstrates that communities possess existing social infrastructure capable of delivering services, coordinating resources, and responding rapidly to crises. Rather than treating local mutual aid networks as temporary emergency partners, international donors and development institutions should recognize them as enduring governance and development actors capable of shaping Sudan's long-term recovery (Mutual Aid Sudan Coalition, 2024; Chatham House, 2024).

Making the Case for Sudanese Mutual Aid as a Development Model

Three years into the largest humanitarian crisis in the world,the question is no longer whether Sudanese communities can respond to catastrophe. More than 700 Emergency Response Rooms, tens of thousands of volunteers, hundreds of community kitchens and clinics, and global diaspora-funded networks have kept millions of people alive in places the international system could not or would not reach. The real question is why the people doing the most direct life-saving work continue to receive the least support, and what it would take to change that.

Sudan has been treated as a low priority by the institutions that control global funding, and the communities holding the country together have been treated as recipients of charity rather than as the development actors they have proven that they are. Deprioritizing Sudan has been a choice, and it is both a moral failure and a strategic miscalculation. Resourcing the networks that already deliver results is one of the few interventions available that is low-cost and already proven to work.

From Emergency Relief to Development Model

Sudan's remarkable mutual aid revolution shows that development does not begin with institutions arriving from outside. It begins with the social infrastructure communities have already built. At the foundation are the ERRs, takaaya, women-led networks, refugee clinics, diaspora funds, local medical partnerships, water projects, education initiatives, and livelihood programs.

These networks have shown that communities can identify needs faster than external actors, distribute resources through trusted relationships, adapt to changing insecurity, reduce market distortion, operate in areas others cannot reach, and maintain dignity in the delivery of care. They have also shown that these locally-led programs, designed as emergency response, have quickly become a model for development. A kitchen becomes a community resource hub. A clinic expands into a trauma center. A women's training project creates income, protects the environment, and increases women's leadership. A neighborhood committee may become a local governance structure. These structures transform and adapt to the needs around them.

Sudanese-led organizations, operating with far fewer resources, have consistently out-performed larger INGOs precisely because they belong to and answer to the communities they serve. All of the organizations we interviewed identified a central barrier: their funding is dangerously volatile. Development requires predictable funding not perpetual emergency fundraising. Donors, development institutions, philanthropies and private-sector actors, must resource these organizations in a way that allows them to continue beyond crisis. This requires

flexible, long-term, direct funding that reaches local responders without forcing them through compliance systems not designed for conflict areas.

This also requires a shift in language and power. Sudanese communities are not “beneficiaries.” They are first responders, planners, logisticians, healers, organizers, protection actors, care workers, development practitioners, and governance leaders. Darfur Women Network captured this clearly. Bakhiet explained, “People in Darfur do not want to depend on aid forever. They want safety, they want dignity, opportunity and the ability to rebuild their life. They want their children to attend schools. They want farmers to be able to produce food, they want their community to recover and their family to live in peace. So the question is not only how to keep people alive during crisis, but how to help them recover and build their future with long term commitment.”

Sudan’s mutual aid revolution teaches us that the future of development must be local, trusted, flexible, dignified, and accountable to the people living through the crisis. It must be willing to fund informal systems without destroying what makes them effective. It must recognize diaspora communities as strategic development partners. It must invest in women’s leadership, refugee-led institutions, youth skills, local healthcare infrastructure, food sovereignty, water access, education, and livelihood restoration. It must treat care work as governance work.

The Return, and the Choice Before Us

That future is not abstract, because the institutions that left are coming back. In September 2025, the International Organization for Migration reopened its office in Khartoum, becoming the first UN agency to re-establish a presence in the capital since the war began in April 2023. In November 2025, the UN Country Team met in Khartoum for the first time since the conflict erupted, the 28 agencies having run operations from Port Sudan throughout the war. By April 2026, the United Nations had formally reopened its Khartoum headquarters, and the African Union began assessing conditions to reopen its own office soon after.

These institutions return to a Sudan kept alive without them. In their absence, Sudanese people not only survived the unimaginable, but they built the systems that now reach the places international agencies still cannot. This return is a test of whether the returning institutions will resource what Sudanese communities built and follow their lead, or it can rebuild the same architecture that collapsed the moment it was needed most.

The language of localization is now standard, yet the structure underneath it has stayed the same. The UN's international professional category remains built around globally mobile staff who rotate between countries, with English as the working baseline and the local language treated as a secondary asset rather than a requirement. Funding still flows from donor to intermediary to international NGO before it reaches the Sudanese responders who anchor the work. Reflecting on the standard aid hierarchy, ERR volunteer Alsanosi Adam described how the movement inverted it (Right Livelihood 2025). The conventional model runs from donor to consortium to international NGO to local NGO, and only then to mutual aid, and he explained that the ERRs flipped that order, which many organizations were not comfortable with.

Independent research on the ERRs has found the same friction from the other direction, documenting that international NGO voices are sometimes sidelined as ERRs set the terms rather than deferring to external planning. This indicates a genuine shift in power that may be uncomfortable for institutions built to lead.

A Model for Sudan, and for the Continent

Sudan’s mutual aid revolution presents a model of localization in its truest sense and it speaks to a reality far larger than one country. Across the continent, communities have long built parallel systems of care where states were absent and international institutions fell short, from rotating savings groups to collective labor traditions. Sudan's mutual aid revolution is the most dramatic recent example of what those traditions can do at scale while under fire. It offers a model for African humanitarian and development practice, and it issues a direct challenge to a paradigm that has too often cast Africans as the objects of development rather than its authors. The African diaspora, African philanthropy, and African private capital have a particular role to play, because supporting Sudanese-led response is investment in a model the continent itself has every reason to own.

RECOMMENDATIONS

For over three years, Sudanese mutual aid networks have done the work the international system could not and have proven to be a model for development. The question now is whether they will be resourced as the central actors they have proven to be, or absorbed back into the architecture that abandoned them. The following recommendations are addressed to the funders, institutions, and communities with the power to decide.

For international donors and philanthropy:

- **Fund local responders directly**

  Channel a substantial and rising share of humanitarian and development funding straight to Sudanese-led organizations, Emergency Response Rooms, and community networks, rather than routing it through international intermediaries that absorb overhead and slow delivery.

- **Recognize local networks as partners, not beneficiaries**

  Bring Emergency Response Rooms, women-led organizations, and resistance committees into planning and decision-making as leaders, rather than as implementers of programs designed elsewhere.

- **Commit to flexible, long-term funding**

  Replace short, earmarked grant cycles with multi-year, unrestricted commitments that let local actors plan beyond the next emergency and invest in recovery rather than survival alone.

- **Build institutional resilience, not NGO-ization**

  The goal should be to strengthen Sudanese organizations so they can sustain their work, protect their staff, manage resources, document impact, and plan for the long term, without forcing them into bureaucratic NGO models that weaken their community roots, political clarity and flexibility.

- **Fund recovery, not only relief**

  Support agricultural recovery, education, psychosocial care, and livelihoods so that communities can rebuild rather than remain trapped in permanent dependency.

- **Treat burnout as a structural failure**

  Provide the staffing, funding, and institutional backing that allow exhausted community leaders to rest and continue, instead of leaving the response to run on volunteer labor indefinitely.

- **Redesign compliance for the realities of war**

  Adapt due diligence and reporting requirements to a context of collapsed banking, destroyed infrastructure, and active conflict, so organizations are not disqualified simply for operating where the need is greatest.

- **Stop treating risk as a reason to abandon the hardest-hit areas**

  Reaching conflict areas should be resourced as a priority, not avoided as a liability.

For development institutions and INGOs:

- **Invest in the model, not only the emergency**

  Back the ERR and community kitchen model as a proven approach to low-cost, high-trust, decentralized service delivery with applications well beyond crisis relief. Honor the Grand Bargain commitment to direct at least a quarter of humanitarian funding to local responders.

- **Protect local markets through local procurement**

  Channel resources through Sudanese suppliers, farmers, and vendors to avoid the market distortion that occurs when large outside actors enter with inflated purchasing power. Understand the harms that come with INGO visible presence.

- **Refer work to Sudanese-led organizations**

  When INGOs are approached for Sudan programming, they should actively recommend, subcontract, fund, or transfer leadership to Sudanese-led organizations with demonstrated community trust and operational access. Their role should be to move resources, reduce barriers, and strengthen local capacity, not to compete with or replace the networks already sustaining communities on the ground.

- **Build infrastructure that outlasts the crisis**

  Prioritize investments such as hospital rehabilitation, water systems, and schools that strengthen public infrastructure for the long term, as Sudanese organizations are already doing under wartime conditions.

For Sudanese state actors:

- **Protect frontline responders**

  Press for the safety of the volunteers and aid workers who cross frontlines to deliver food, medicine, and care, and treat attacks on them as the grave violations they are.

- **Center mutual aid networks in Sudan's political future**

  Recognize that the networks holding communities together today are essential partners in any genuine transition to representative governance. Recovery planning should include ERRs, women-led organizations, resistance committees, farmers, health workers, teachers, youth organizers, and displaced communities.

For the diaspora and African solidarity networks:

- **Make giving steady, not reactive**

  Move from one-time, attention-driven donations toward recurring, predictable support that does not collapse when Sudan falls out of the news cycle.

- **Give beyond personal and regional ties**

  Encourage the broader African diaspora to support Sudanese causes as an act of solidarity, not only in the places where individuals have direct family or community connections.

- **Use diaspora networks as a bridge to global funding**

  Leverage diaspora organizations to vet local partners, move funds through disrupted banking systems, and connect grassroots responders to larger institutional sources of support.

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