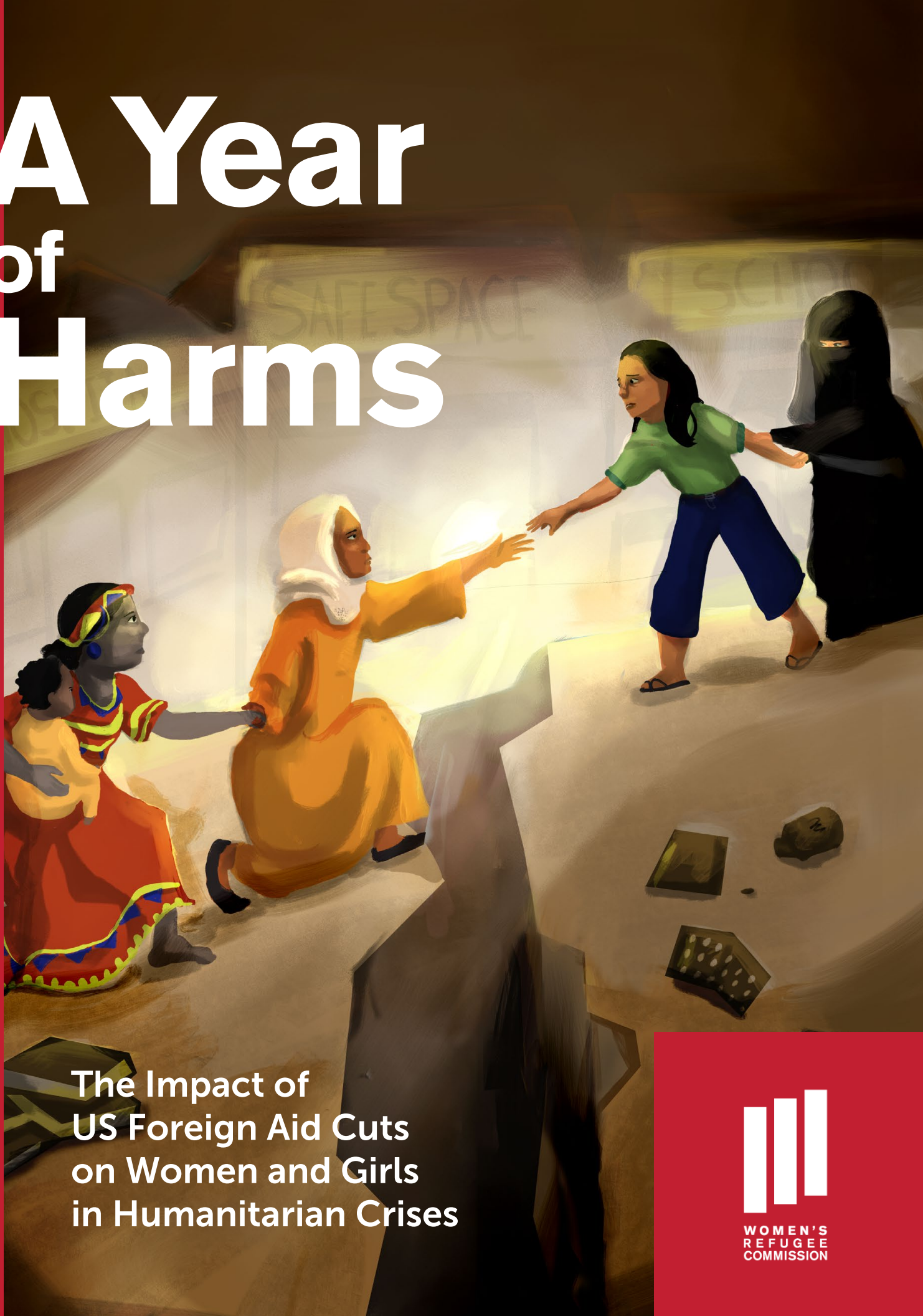
A Year of Harms



The Impact of US Foreign Aid Cuts on Women and Girls in Humanitarian Crises

WOMEN'S REFUGEE COMMISSION

Acknowledgments

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The Women's Refugee Commission (WRC) improves the lives and protects the rights of women, children, youth, and other people who are often overlooked, undervalued, and underserved in humanitarian responses to displacement and crises. We work in partnership with displaced communities to research their needs, identify solutions, and advocate for gender-transformative and sustained improvement in humanitarian, development, and displacement policy and practice. Since our founding in 1989, we have been a leading expert on the needs of refugee women, children, and youth and the policies that can protect and empower them.

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Table of Contents

2 **Executive summary**

5 **Background**

- 6 Research scope and objectives

7 **Methodology**

- 7 Limitations

9 **Findings**

- 11 **Finding 1:** Women and girls have lost access to lifesaving healthcare
- 14 **Finding 2:** Women and girls are less safe from violence
- 17 **Finding 3:** Women and girls have lost educational and livelihood opportunities
- 19 **Finding 4:** Women and girls have lost dedicated civic spaces
- 21 **Finding 5:** Collective efforts help mitigate loss and harm

23 **Implications**

25 **Conclusion and recommendations**

28 **Annex 1:** Publication characteristics

29 **Annex 2:** Findings by country

31 **References**

36 **Acronyms and abbreviations**

Executive summary

On January 20, 2025, President Trump issued an executive order instituting a 90-day pause on United States foreign aid, ultimately **cutting over $40 billion in official development assistance**, including more than $10 billion in humanitarian assistance.

When the pause was enacted, an estimated 305 million people across 72 countries required humanitarian assistance—the highest numbers in recorded history. As the world's largest donor, the United States provided approximately 40 percent of global humanitarian aid in 2024. **The abrupt and unprecedented foreign aid pause threw an already overstretched humanitarian system into chaos.**

While the impacts of US foreign aid cuts, both actual and projected, have been widely reported, reporting is often in aggregate terms, with far less analysis of the gendered dynamics and distinct risks for women and girls. This report helps fill this gap in the evidence by providing the most comprehensive synthesis to date on how recent US foreign aid cuts have impacted women and girls in humanitarian crises. The findings point to a new landscape of vulnerabilities facing women and girls. Billions of dollars in humanitarian aid were cut virtually overnight, resulting in the documented deaths of women and girls and the abrupt disruption of lifesaving programs and services for millions across some of the world's most volatile and crisis-affected settings.

Methodology

This study employed a scoping review methodology to systematically identify, map, and critically assess publicly available evidence on the impacts of recent US foreign aid cuts on women and girls affected by humanitarian crises. A structured, multi-platform search strategy was developed and conducted in November 2025. Following two stages of article screening, data was extracted and analyzed to develop key themes and compare findings across contexts. The scoping review yielded 105 resources, with evidence from humanitarian crises in 32 countries.

"A shorter transfer time could have saved her life."

Pregnant women and girls among the most vulnerable to US aid cuts

US foreign aid cuts have closed mobile clinics, family health houses, and camp hospitals—often forcing women to travel dangerously far to access lifesaving care. A doctor in Yemen describes the death of a young woman named Fatima, who died on the way to a hospital 1.5 hours away when her nearby hospital lost US funding and could no longer offer emergency obstetric care: "A shorter transfer time could have saved her life. When [the midwife] told me, I was shocked and cried. As women, we put ourselves in her place. She left behind two daughters—it's truly tragic. A mother's departure is not just the loss of children or a husband, but the disintegration of an entire family. It's very difficult, a soul is lost."

Source: The Guardian

Findings

US foreign aid cuts have had immediate and multidimensional impacts on women and girls. The research shows that **funding cuts are not only disrupting essential programs and services but are also reshaping humanitarian responses in ways that deepen gender inequality** and compound harm for women and girls over time.

FINDING 1:

Women and girls have lost access to lifesaving healthcare.

US foreign aid cuts included critical funding for maternal and child health ($740.3 million cut), sexual and reproductive health ($314.9 million cut), and disruptions to HIV/AIDS funding. Evidence documents that the resulting closure of health clinics has caused the deaths of women in Afghanistan, Ethiopia, and Yemen.

FINDING 2:

Women and girls are less safe from violence.

Humanitarian aid cuts to the GBV sector ($114.4 million cut) ended access to GBV prevention and response services for over 3 million women and girls in humanitarian crises, while also reducing quality of care, decreasing trust in providers, and sending a message of impunity to perpetrators.

FINDING 3:

Women and girls have lost educational and livelihood opportunities.

Education funding in humanitarian settings was slashed by $116 million, while the widespread closure, downsizing, and suspension of activities has led to an under-documented dimension of harm: loss of jobs and livelihoods among women and girls in settings where employment opportunities are already severely constrained.

> **“Only about one-quarter of our schoolchildren are girls now. Until a few months ago, it was close to fifty-fifty.”**
>
> —**A SOURCE IN A CONGOLESE REFUGEE SETTLEMENT IN UGANDA**, describing how US funding cuts forced a mass layoff of teachers, disproportionately impacting girls.

FINDING 4:

Women and girls have lost dedicated civic spaces.

Nearly half of women-led and women's rights organizations in humanitarian settings expected to close in 2025 as a result of US foreign aid cuts, resulting in fewer essential services—such as safe spaces, legal aid, and economic empowerment programs—and constraints on the ability of women to mobilize, advocate, and influence decision-making.

FINDING 5:

Collective efforts help mitigate loss and harm.

Communities, practitioners, and policy-makers are stepping in to fill resource gaps through efforts such as national investments and neighborhood-based mutual aid. Civil society groups and community organizations are also rethinking dependencies on the Global North but remain constrained in their ability to inform humanitarian decision-making.

These impacts should not be understood as short-term service disruptions, but as a **systemic shock**: the abrupt withdrawal of funding dismantled interconnected systems of care and protection for women and girls that had been built over decades.

Recommendations for mitigating and reversing harms:

1. **Protect and scale up funding** for programs that address the unique needs and vulnerabilities of women and girls and invest in policies and laws that support their long-term self-reliance.
2. **Prioritize** direct, flexible, and multiyear funding to WROs and WLOs in humanitarian crises.
3. **Mitigate the harms** of funding reductions through transparency and accountability, responsible and gradual transitions, and investment in local capacity and power-sharing.
4. **Invest** in disaggregated research, data, and evidence to document the gendered and intersectional dynamics of humanitarian needs.
5. **Redesign and rebuild** a humanitarian system with gender equality and local leadership at the center.

"These children were at risk of early and unintended pregnancy."

Disruptions to GBV response are life-threatening

Evidence on the impact of US funding cuts to GBV prevention and response highlights the lifesaving nature of these programs and services in humanitarian settings. In Ethiopia, cuts have forced a reduction in outreach services for GBV survivors, with life-threatening consequences.

A caseworker explained: "The frequency of field visits has been reduced, meaning some children [survivors] were not assisted in a timely manner, especially in cases of rape... As a result, these children were immediately exposed to STIs and at risk of early and unintended pregnancy."

Background

On January 20, 2025, President Trump issued an executive order instituting a 90-day pause on United States foreign aid, including humanitarian assistance, citing a need to assess "programmatic efficiencies and consistencies with United States foreign policy," aligned with his "America First" agenda.[i] As the world's largest foreign aid donor, providing approximately 40 percent of global humanitarian aid in 2024[ii], this abrupt and unprecedented pause threw an already overstretched humanitarian system into chaos. The ripple effects were immediate and widespread, causing service interruptions, supply-chain disruptions, and organizational downsizing or closures across humanitarian operations globally.[iii]

When the pause was enacted, an estimated **305 million people across 72 countries required humanitarian assistance**—the highest numbers in recorded history.[iv]

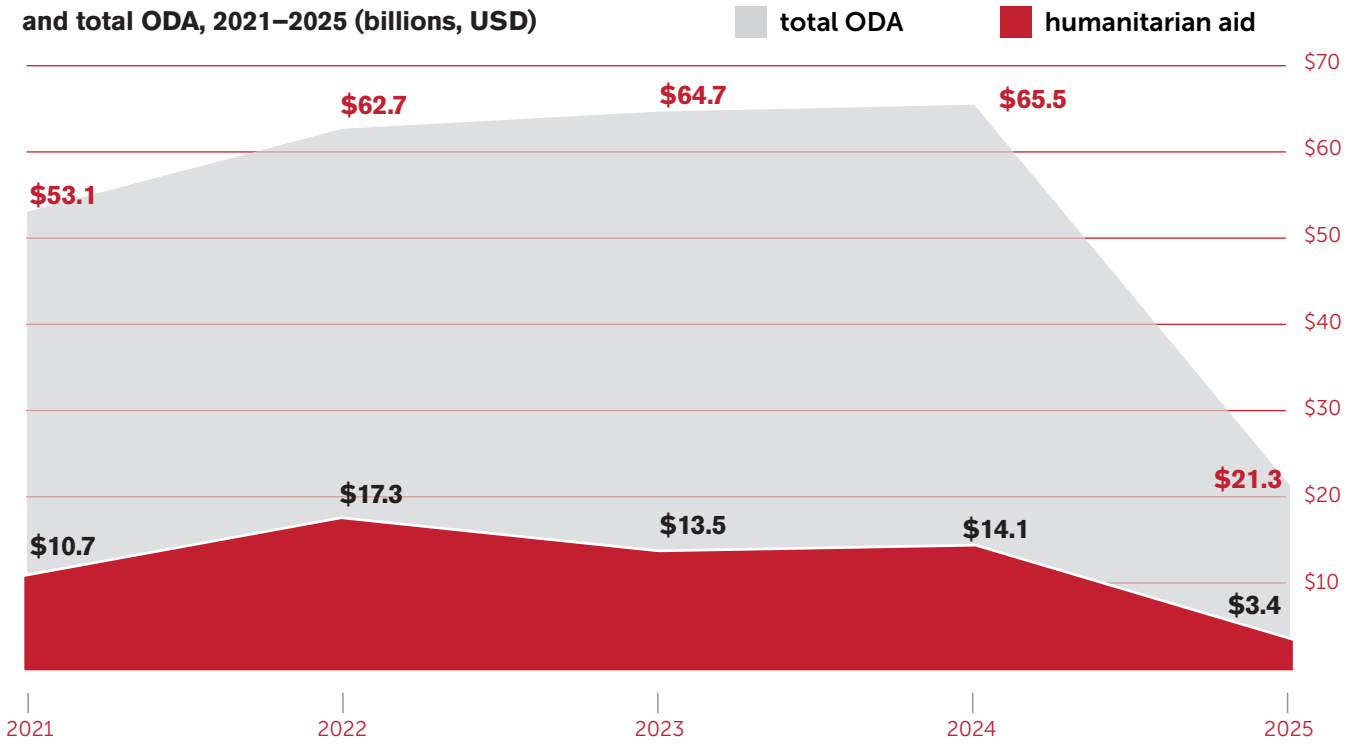
The humanitarian system saves lives, alleviates suffering, and maintains human dignity for people affected by armed conflict and natural disasters, including refugees and internally displaced persons (IDPs), through a principle of international burden sharing.[v] The system relies on predictable, collective financing to function effectively. Yet by the end of 2024, financing was already falling far short of what was required to support even basic, lifesaving needs, meeting only half of the funding requirements identified by the United Nations (UN) humanitarian appeals.vi The shortfall of $24.4 billion in 2024 was one of the largest on record.[vii]

Humanitarian crises disproportionately impact women and girls, compounding long-standing inequities while introducing new forms of insecurity. In crisis-affected countries, domestic investment in women's and girls' health, safety, and rights is already among the lowest globally, and humanitarian assistance often represents the primary line of protection and care.[viii] Crisis settings are characterized by some of the highest rates of maternal mortality, gender-based violence (GBV), and unmet need for sexual

FIGURE 1:

US Humanitarian Aid

and total ODA, 2021–2025 (billions, USD)



Source: OECD ODA Trends and Statistics and UN-OCHA FTS.

and reproductive health (SRH) services.[ix] Even short-term disruptions to humanitarian funding can have life-threatening consequences, as the systems that safeguard the health, dignity, and safety of women and girls are already fragile and under-resourced, with little capacity to withstand sudden shocks.[x]

It is within this already underfunded and gender-unequal humanitarian landscape that the US halted foreign aid, triggering disruptions that were especially consequential for women and girls. While a small percentage of funding that was paused in January was eventually restored through a waiver process for certain lifesaving programs, the vast majority was not.[xi] In 2024, the US distributed $65.48 billion in official development assistance (ODA),[xii] including approximately $9.3 billion targeting gender equality and women's empowermentxiii and $14.1 billion in humanitarian aid.[ii] By November 2025, US foreign aid had plummeted to an estimated $21.3 billion[xiv] and humanitarian aid was slashed to $3.4 billion[ii] (see **Figure 1**).

This swift reduction in financing was accomplished through multiple mechanisms: the initial executive order pause issued on January 20, 2025; the dissolution of USAID in July 2025; and congressional rescission packages in July and October 2025, which canceled $7.9 billion in foreign aid for the 2025–2026 budget.[xv] Cuts included the termination of all funding for the United Nations Population Fund (UNFPA), the formal withdrawal from the World Health Organization (WHO), and a more than 50 percent reduction in contributions to the United Nations Refugee Agency (UNHCR), from more than $2 billion in 2024 to $812 million in 2025.[xvi]

US foreign aid cuts were compounded by foreign assistance reductions by other major funding countries: France, Germany, and the United Kingdom (among others) collectively cut billions, with projections showing a 28 percent reduction in G7 aid spending between 2024 and 2026.[xvii] The combined effect has created immediate, interconnected, and far-reaching consequences at multiple levels around the world for millions of individual people and communities as well as for networks and systems of support that are now struggling or have completely collapsed.

Research scope and objectives

The impacts of US foreign aid cuts, both actual and projected, have been widely reported. However, reporting is often in aggregate terms, with far less analysis of the gendered dynamics and distinct risks for women and girls in humanitarian crises.

This gap in the evidence is striking given the new landscape of harms that the Trump administration has ushered in for women and girls globally. In addition to funding cuts, US policy shifts targeting gender equality programs, sexual and reproductive health and rights (SRHR), and diversity initiatives threaten to undo decades of progress in advancing the rights, health, and safety of women and girls.[xviii] In particular, the reinstatement of the expanded "Protecting Life in Global Health Assistance" policy (formerly referred to as the Mexico City Policy) has restricted organizations receiving U.S. funds from providing abortion services or information, even with non-US funds.[xix] Executive orders eliminating diversity, equity, and inclusion (DEI) programs and restricting the use of the term "gender" in federal policies have further curtailed support for women and girls globally.[xx]

It is against this backdrop that this research was conceived, aiming to fill a crucial evidence gap by examining how recent US foreign aid cuts have reshaped risks for crisis-affected women and girls globally. Specifically, the objectives of this review are to:

1. **synthesize existing evidence** on the immediate and emerging impacts of US foreign aid cuts on women and girls in humanitarian crises;
2. **identify patterns** of gendered harm across sectors and contexts; and
3. **highlight critical gaps** in data and evidence that constrain accountability and response.

By doing so, this research seeks to strengthen understanding of the new landscape of vulnerabilities facing women and girls in humanitarian crises and to inform more gender-responsive humanitarian funding, policy, and action.

Methodology

This study employed a scoping review methodology to **systematically identify, map, and critically assess publicly available evidence** on the impacts of recent US foreign aid cuts on women and girls globally, with a particular focus on those affected by humanitarian crises.

A structured, multi-platform search strategy was developed and conducted in November 2025. Searches were conducted using Google, PubMed, and targeted grey-literature scans, supplemented by snowball sampling of references in relevant publications. Search strings were developed using three concept areas: funding disruption, affected population, and setting.

Sources were included if they met the following four criteria:

1. published between **January 20 and November 15, 2025**
2. included **primary or secondary data**
3. **examined the impact** of US foreign aid cuts on women or girls in humanitarian crises
4. **contributed original analysis** (rather than simply summarizing findings from other reports)

Search results were screened in two stages. First, the research team conducted a title and abstract review to remove sources unrelated to US foreign aid cuts and the impact on women or girls. Second, the team conducted a full-text review to confirm methodological soundness, relevance, and analytic contribution. Conflicts were resolved by consensus among reviewers. Following article screening, a structured data extraction template was developed to support systematic comparison across sources. Key variables included:

- **publication characteristics:** date, region of origin (Global North/South), and lead author gender
- **strength of evidence:** data type, data source, and type of analysis
- **focus on women and girls:** dedicated or primary focus, secondary focus, or limited focus
- **setting:** type of humanitarian crisis (conflict, displacement, climate-related), country or region
- **impacts:** key findings, emerging themes, and implications

Following data extraction, the research team developed a codebook with deductive codes derived from the research questions and inductive codes that emerged during initial review of sources. Reviewers then systematically coded extracted data and refined a set of key themes. A findings matrix was developed to organize coded data, with examples and quotations for each theme. Finally, the team conducted a crosscutting analysis to examine variation in reported impacts by type of setting, country or region, time of publication, sectoral focus, and strength of evidence.

Limitations

The review was limited to publicly available materials published in English and therefore may not capture unpublished program data, internal analyses, or resources in other languages. Given the short time frame since the 2025 cuts began, evidence is still emerging, and some impacts may not yet be documented in peer-reviewed or grey literature. In addition, reliance on Google as a primary search platform may introduce bias toward sources produced in or amplified by institutions in the Global North, potentially underrepresenting analyses, documentation, and lived experiences generated by organizations and researchers based in low- and middle-income and crisis-affected contexts.

EMERGENCY
CLOSED
Maternal
Health

Findings

The scoping review yielded 241 unique resources and, of these, 105 met all inclusion criteria and were retained for analysis.[1–105] Almost all publications (90 out of 105) were authored by individuals or teams based primarily in the Global North, and the majority (62 percent) were published during the first 100 days of the funding freeze (January 20 to April 30, 2025). Evidence came from humanitarian crises in 32 countries (see **Figure 2**): Afghanistan, Bangladesh, Burkina Faso, Central African Republic, Chad, Democratic Republic of the Congo (DRC), Ethiopia, Guatemala, Haiti, Honduras, Iraq, Kenya, Lebanon, Malawi, Mali, Mauritania, Myanmar, Niger, Nigeria, Occupied Palestinian Territory (OPT)/Gaza, Pakistan, Peru, South Sudan, Sri Lanka, Sudan, Syria, Tanzania, Türkiye, Uganda, Ukraine, Yemen, and Zimbabwe. Additional details on publication characteristics can be found in **Annex 1**.

This review found clear and direct evidence that recent US funding cuts have had immediate and multidimensional impacts on women and girls affected by humanitarian crises. Findings are presented across five interconnected areas of impact for women and girls: loss of lifesaving healthcare; loss of safety from violence; loss of educational and livelihood opportunities; loss of civic spaces; and mitigating loss and harm (see **Table 1**).

Together, these findings illustrate how **funding cuts are not only disrupting essential programs and services but are also reshaping humanitarian responses in ways that deepen gender inequality** and compound harm for women and girls over time.

FIGURE 2:

Map of evidence

number of sources with evidence of impact by country

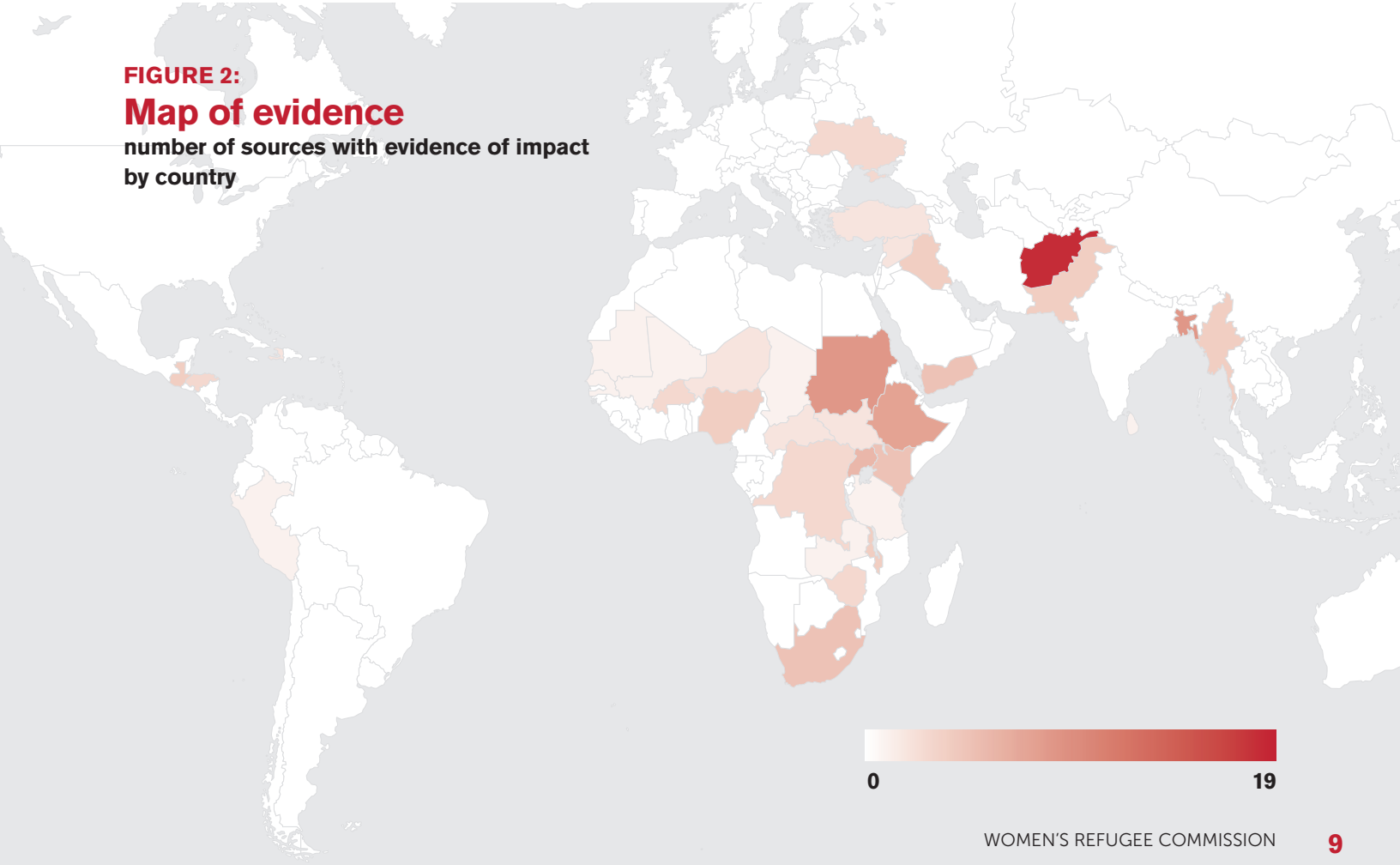


TABLE 1:

Summary of findings

FINDING	GLOBAL FINDINGS	IMPACT IN HUMANITARIAN CRISES	COUNTRIES WITH EVIDENCE OF IMPACT
FINDING 1: **Loss of lifesaving healthcare** **Loss of maternal health services**	Approximately 88% of US foreign aid for MCH was cut, totaling at least $740.3 million. This could impact care for as many as 16.8 million pregnant women annually, and result in 510,000 additional maternal deaths by 2040.	Closure of hundreds of health centers offering maternal healthcare. Women must travel further to access emergency care, often in insecure environments. Documentation of several maternal deaths and changes in health seeking behaviors.	**Afghanistan, Chad, DRC, Ethiopia, Kenya, Lebanon, OPT, Pakistan, South Sudan, Sudan, Uganda, Yemen**
Loss of SRH and FP services	Approximately 94% of US foreign aid for SRH or FP was cut, totaling at least $314.9 million. As a result, 130,390 women and girls will lose access to contraceptive care per day. Over 17 million will experience unintended pregnancy and 34,000 will die from preventable complications during pregnancy and childbirth annually.	Widespread impact on service provision and reported numbers of clients who have lost access to care, but no primary evidence of lived experience impact.	**Afghanistan, Bangladesh, DRC, Ethiopia, Malawi , Mauritania, Pakistan, Sudan**
Loss of HIV/AIDS services	Approximately 21% of US foreign aid for HIV/AIDS was cut, totaling at least $1.1 billion. Most PEPFAR funding was retained, but initial 90-day pause disrupted supply chains and access to services.	Challenges tracing patients who received services prior to funding pause. Continued fear of service disruptions result in patients skipping medication dosages.	**DRC, Ethiopia, South Sudan, Tanzania, Uganda**
FINDING 2: **Loss of safety from violence**	Over $400 million of US foreign aid was cut from grants that explicitly mention GBV in their title or description. Approximately 78% of US humanitarian aid to GBV sector was cut, totaling at least $114.44 million.	Evidence of over 3 million women and girls in humanitarian crises losing access to GBV prevention and response, though the actual number is likely significantly higher. Hundreds of safe spaces for women and girls have closed, quality of services has decreased, and disruptions have impacted community trust.	**Afghanistan, Bangladesh, Burkina Faso, DRC, Ethiopia, Guatemala, Haiti, Honduras, Iraq, Lebanon, Mali, Niger, Nigeria, OPT/Gaza, South Sudan, Sudan, Türkiye, Ukraine, Yemen**
FINDING 3: **Loss of educational and livelihood opportunities** **Loss of education**	Approximately 98% of US foreign aid for primary education and 100% for tertiary funding was cut, totaling $463.4 million.	Nearly 80% of humanitarian funding to education sector was cut, totaling $116.4 million. Loss of education has increased girls' vulnerabilities to violence and exploitation.	**Afghanistan, Egypt, Iraq, Kenya, South Sudan, Uganda**
Loss of livelihoods	N/A	Downsizing and closure of programs and organizations has employment consequences for women, especially in settings with limited livelihood opportunities.	**Afghanistan, Iraq, Syria**
FINDING 4: **Loss of civic spaces**	Approximately 99% of funding for civil society was cut, totaling $264.7 million.	Women-led organizations in humanitarian settings have been uniquely impacted by funding cuts. Loss of funding to WLOs compounds harm for women and girls by shrinking access to civil space and encroaching on gender equality efforts.	**Afghanistan, Ethiopia, Honduras, Sri Lanka, Sudan, Syria, Uganda, Ukraine, Yemen**
FINDING 5: **Mitigating loss and harm**	N/A	Communities, practitioners, and policymakers are increasing national investments and collective efforts to mitigate loss of funding.	**Central African Republic, Chad, DRC, Uganda, Sudan, Zimbabwe**

FINDING 1:

Women and girls have lost access to lifesaving healthcare

The most frequently reported impact of US foreign aid cuts was on women's and girls' access to healthcare in humanitarian crises. Reductions in US global health funding were some of the most severe compared to other sectors and produced immediate and identifiable consequences for communities that relied on US-supported health services. Evidence in this domain was commonly quantified through projections as well as indicators such as the number of health facilities closed or the number of women and girls losing access to care, with particular emphasis on maternal health, sexual health and reproductive rights (SRHR), family planning (FP), and HIV/AIDS.

Maternal health

88% cut in US ODA

Estimated, out of $1 billion in obligations.[50]

$740.3 million explicitly cancelled

$101.6 million explicitly preserved

For over 50 years, the US has been the single-largest funder of maternal health activities globally, preventing an estimated 340,000 pregnancy- and childbirth-related deaths over the last decade.[47] While a limited waiver to the US foreign aid freeze was issued in January 2025 to allow for the continuation of "lifesaving" medical services, many organizations report that the waiver was difficult to access, and maternal health programs remain severely disrupted.[102] Approximately 86 percent of the 266 awards targeting maternal health were terminated, totaling an estimated $740.3 million.[47] Internal USAID documents estimated that the suspension of maternal health programming could impact care for as many as 16.8 million pregnant women annually. Modeling studies further suggest that, if funding cuts remain in place, by 2040 there could be a 29 percent increase in maternal mortality, translating to an additional 510,000 maternal deaths in the next 15 years.[86]

Pregnant women in humanitarian crises are among the most vulnerable to the consequences of foreign aid cuts, as fragile health systems struggle to meet basic needs. Immediate impacts to the provision of maternal healthcare as a result of US funding cuts were reported from Afghanistan, Chad, DRC, Ethiopia, Kenya, Lebanon, OPT, Pakistan, South Sudan, Sudan, Uganda, and Yemen. Reporting highlighted the closure of health facilities, mass layoffs of midwives, and supply chain disruptions, and documented the deaths of several women due to preventable complications during pregnancy or childbirth.

In Afghanistan, more than 30 family health houses and mobile clinics ceased operating in February 2025 and, by July 2025, more than 100 were closed.[16,65] These US-funded clinics were often the only source of healthcare for women in remote, rural areas, meaning that women now must travel longer distances amidst extreme insecurity to access lifesaving care.[65] Reflecting on a 38-year-old woman who died while traveling to a district hospital due to the closure of her local family health house, the hospital director explained: "These women live far away, and sometimes labor begins en route. By the time they arrive, they are close to dying."[16] UNFPA estimates that loss of US funding in Afghanistan will result in an additional 1,200 maternal deaths between 2025 and 2028.[15]

In Ethiopia, more than 3,000 internally displaced women and girls no longer have access to mobile clinics providing maternal healthcare, which, as of July 2025, has resulted in the death of at least one pregnant woman.[76] In Rwamwanja, Uganda, home to more than 70,000 refugees from the DRC, the local health center previously conducted 120 C-sections per month, contributing to an achievement of zero maternal deaths in 2024. Now, due to US funding cuts, the health center is unable to pay an anesthetist and therefore cannot conduct C-sections, and there is no funding for ambulance drivers or fuel.[58] In September, a doctor recounted:

> *"Today we almost lost a mom. The woman was in obstructed labor and needed a C-section. She found a ride to another hospital and survived, but delays led to a ruptured uterus and an abdominal hysterectomy; she will never have other children."*[58]

A woman living in Dadaab Refugee Camp in Kenya recently gave birth at the camp hospital that had lost US funding, and explained:

> *"I was low on blood and very weak and my situation was very challenging and I couldn't find any help. God helped me. It's a very problematic situation. Mothers don't have support. You give birth outside. There's no staff. No one is looking after you. Only God saves you but otherwise it is a very dangerous situation. The women there, some die, some are saved by God."*[91]

In Yemen, a young woman named Fatima died en route to a hospital 1.5 hours away, as the nearby hospital had recently lost US funding and was no longer able to offer emergency obstetric care.[63] Fatima's doctor described:

> *"A shorter transfer time could have saved her life. When [the midwife] told me, I was shocked and cried. As women, we put ourselves in her place. She left behind two daughters—it's truly tragic. A mother's departure is not just the loss of children or a husband, but the disintegration of an entire family. It's very difficult, a soul is lost."*[63]

Sexual and reproductive health and rights

94% cut in US ODA

Estimated, out of $603.4 million in obligations[50]

$314.9 million explicitly cancelled

$20.7 million explicitly preserved

US foreign aid cuts explicitly targeted SRHR and FP programming, compounding restrictions of what was formerly referred to as the Mexico City Policy. Approximately 85 percent of 233 awards for SRHR or FP were terminated, totaling $314.9 million.[47] Guttmacher estimates that, due to US funding cuts, 130,390 women will lose access to contraceptive care per day, impacting 11.7 million women and girls in 2025. As a result, more than 17 million women and girls will experience unintended pregnancy and 34,000 will die from preventable complications during pregnancy and childbirth annually.[89] This statistic was frequently cited in reporting on the impact of US foreign aid cuts on women and girls, demonstrating how mortality projections are a key mechanism for conveying the human cost and urgency of the funding cuts.

Reporting from humanitarian crises in Afghanistan, Bangladesh, DRC, Ethiopia, Malawi, Mauritania, Pakistan, and Sudan shows the consequence of funding cuts to SRH and FP services:

- **In Afghanistan**, an estimated 439,038 clients will lose access to services from the Afghan Family Guidance Association, with US funding cuts causing a 30 percent gap in their FP commodity supply.[43]
- **In DRC**, most organizations providing SRH services in North and South Kivu report a total or near-total shortage of contraceptive stocks due to the end of the USAID-funded supply in early 2025, and some observed a resurgence in undesired pregnancies and unsafe abortions.[83]
- **In Malawi**, an estimated 13,000 to 14,000 people will lose access to services from the Family Planning Association of Malawi; staff working in field locations have been recalled as a direct result of US funding cuts.[83]

- **In Mauritania**, 22,800 clients could lose access to SRH services.[43]
- **In Pakistan**, US funding cuts impacted 62 health facilities providing SRH care for approximately 1.2 million Afghan refugees.[31]
- **In Sudan**, medical supply cuts may leave 200,000 displaced women without SRH services.[15]

While these service-level statistics help to validate estimates of the global-level impact of SRH funding cuts, it is critical to note that this review found no primary evidence documenting the lived experiences of women and girls who have lost access to FP services—making it difficult to assess the full impact of the cuts.

HIV/AIDS

21% cut in US ODA

Estimated, out of $5.7 billion in obligations.[50]

$1.1 billion
explicitly cancelled

$4.2 billion
explicitly preserved

US foreign aid for HIV/AIDS programming has been less impacted than other sectors, with the President's Emergency Plan for AIDS Relief (PEPFAR) funding preserved for fiscal year 2025. However, the initial 90-day pause issued in January 2025 severely disrupted supply chains and service delivery, with immediate and life-threatening consequences. Most evidence from humanitarian crises, including DRC, South Sudan, and Uganda, related to the immediate impact of these disruptions.

In South Sudan, reporting described two women who died because they were unable to get antiretroviral drugs due to USAID supply lines shutting down.[57] The health volunteer who supported them is also living with HIV and said:

> *"I am going to develop the virus. My viral load will go high. I will develop TB. I will have pneumonia. We are going to die."*[57]

In Uganda, a Congolese woman tested positive for HIV in March 2025 but was unable to access treatment:

> *"I was told that I couldn't get medicines because there's a shortage and they have to prioritize those who've been in care longer. [Weeping] My life is in danger, and I want to be able to take care of my children and see my grandchildren one day."*[59]

Although much of the funding for HIV/AIDS programming was restored in July 2025, evidence from recent months indicates that the initial funding disruptions continue to have lasting effects on service delivery and patient well-being. In DRC, Ethiopia, Tanzania, and Uganda, supply-chain disruptions have resulted in stricter limits on the quantity of antiretroviral therapies (ARTs) that individuals can receive at one time, increasing the frequency of clinic visits and heightening the risk of treatment interruption.[76,78]

A clinical officer in Uganda reported that they were unable to trace former patients who received services prior to the funding pause and, in Tanzania, young people reported skipping doses of medication out of fear of future service disruptions.[78] A young woman living with HIV in Tanzania described how these fears are also influencing her peers' decisions around having children:

> *"It was the first of March [when] someone [had an] abortion because of those rumors. They said, 'I don't want to get a baby with a HIV positive person, I'll be blamed myself.' She had an abortion, and I realized when she had already done it. And then [beginning in] March, we start[ed] hearing about the good news [of limited ART availability] ...and she said, 'No, I will not take any more pregnancy.' She now lives alone and doesn't want any partners."*[78]

FINDING 2:

Women and girls are less safe from violence

78% cut to GBV sector

Estimated US humanitarian aid.[21]

$31.39 million contributions in 2025

$145.83 million contributions in 2024

GBV is a pervasive and life-threatening issue in humanitarian crises, as conflict, displacement, and the breakdown of protective systems exacerbate risks of violence for women and girls. Between 2021 and 2024, the US provided one-quarter of total GBV funding globally, with US contributions totaling more than the next three largest donors combined.[21]

US foreign aid cuts have led to widespread suspension or closure of GBV prevention and response services, including safe spaces, psychosocial support, case management, and legal aid. A survey of 428 organizations working to end violence against women and girls found that one-third had suspended or terminated operations and an additional 40 percent reported a reduction in services.[105] A separate survey of 981 humanitarian actors found that nearly three-quarters (73 percent) had experienced funding losses by March 21, 2025.[37]

The exact amount of cut funding for GBV prevention or response is not as clear as other sectors, as neither GBV nor protection are US government grant categories. However, a review of canceled USAID and State Department awards conducted by WRC reveals that **more than $400 million of funding was cut from grants that explicitly mention GBV in their title or description**.[21] Humanitarian funding tracked by the United Nations Office for Humanitarian Affairs (OCHA) shows that US contributions to the GBV sector fell by 78 percent, from $145.83 million in 2024 to $31.39 million in 2025.[21]

Evidence on the impact of GBV funding cuts in humanitarian crises was reported in Afghanistan, Bangladesh, Burkina Faso, DRC, Ethiopia, Guatemala, Haiti, Honduras, Iraq, Lebanon, Mali, Niger, Nigeria, OPT/Gaza, South Sudan, Sudan, Türkiye, Ukraine, and Yemen. Findings from these settings indicate that **more than 3 million women and girls have lost access to GBV prevention and response services**, though these figures are estimates from reporting and do not reflect the full scope of impact.

Notably, **women's and girls' safe spaces were the most frequently reported service affected**, reflecting their central role as entry points for survivor-centered care, psychosocial support, referrals, and protection in crisis settings. Among countries and regions that reported data on the closure of safe spaces:

- In **Gaza**, 15 safe spaces have closed.[98]
- In **Lebanon**, the number of operational safe spaces dropped from 67 to 53, with 12 on the brink of closure, affecting 30,240 women and girls.[98]
- In **Nigeria**, funding cuts shut down 12 safe spaces and limited activities in six, impacting 600 women and girls.[42]
- In **South Sudan**, 75 percent of UNHCR-supported safe spaces have closed.[99]
- In **Sudan**, 40 out of 99 GBV centers have closed, cutting off services for 1 million women and girls.[98]
- In **Yemen**, US funding cuts have shut down half of the country's safe spaces, leaving 623,000 women and girls with few or no alternatives for support.[98]

> **"Funding cuts do not just end projects, funding cuts silence victims' voices and weaken justice."**
>
> —A HUMAN RIGHTS DEFENDER IN YEMEN

In addition to services being completely suspended, several sources cited evidence of a reduction in the quality of care for GBV survivors. Specialized medical services are critical, especially for survivors of sexual violence, as they ensure timely access to confidential, trauma-informed care that general health services are often not equipped to provide. In Kenya, reports documented that GBV services have been absorbed into general healthcare[77] and in Uganda, community health workers with limited training have absorbed some functions of GBV specialists.[26]

In Ethiopia, due to US funding cuts, organizations that used to provide post-rape care services free-of-charge now must charge a small fee to survivors.[76] Outreach services have also been reduced, with life-threatening consequences. A caseworker in Ethiopia explained:

> *"The frequency of field visits has been reduced, meaning some children [survivors] were not assisted in a timely manner, especially in cases of rape, which sometimes exceeded 72 or even 120 hours. As a result, these children were immediately exposed to STIs and at risk of early and unintended pregnancy."*[1]

The reduction in quality of care is also reflected from GBV service statistics in Burkina Faso, Mali, and Niger, where there was a **notable reduction in the number of reported GBV cases** between January to June 2024 and January to June 2025: **a 37 percent decline in both Burkina Faso and Mali, and a 26 percent decrease in Niger.**[42] Rather than reflecting an actual reduction in the number of cases, this observed decline is likely due to a reduction in trained staff able to receive survivors and provide case management support, as funding cuts required significant reductions in human resources.[42]

Shutting down GBV services has ripple effects beyond immediate access to care. Several sources described that funding cuts have undermined trust that has taken years to build between survivors, service providers, and justice systems. **In Ukraine, for example, service closures have left more than 10,000 women and girls without access to critical protection services, while simultaneously "dismantling trusted referral pathways built over years of frontline response."**[28] The closure of GBV programs and services also sends a message of impunity to both survivors and perpetrators. **As one source starkly noted in Yemen:**

> *"Funding cuts do not just end projects, funding cuts silence victims' voices and weaken justice."*[11]

“We don’t have the money or the safety to really help survivors.”

US foreign aid withdrawals and the collapse of protection for women and girls in Honduras[27]

In April 2025, WRC carried out research to understand the impact of US foreign aid funding cuts on GBV prevention and response services in Honduras. The research found that, following US funding cuts, more than 21 organizations had to scale back or terminate core GBV services, including legal aid, psychological support, and emergency assistance. Specialized GBV services had been dismantled almost entirely, especially along migration routes and at returnee centers. The Honduran government’s Centers for Attention to Returned Migrants system lost between 30 and 40 percent of the specialized partners that previously supported the GBV response. Screenings are rushed, and fear of retaliation or stigma often prevent women from disclosing abuse.

Despite rising needs, research found that there has been insufficient domestic action to fill the gap. Nowhere in Honduras was this failure more evident than in the collapse of the national women’s shelter system. Following US foreign aid cuts, shelters lost funding, staff, and operating capacity. Referral networks that once enabled comprehensive care have also broken down, leaving survivors trapped in fragmented systems with no clear path to protection. A representative from a local organization explained: “We don’t have the money or safety to really help survivors. Before, we could refer them to different partners—for therapy, medical care, and humanitarian support. Now these partners are gone, and we’re doing what we can—but it’s really tough.”

Research also revealed that the quality of GBV services had significantly deteriorated. Organizations that once provided specialized support, with trained staff and robust referral systems, were operating with minimal resources or have been forced to shut down. Many survivor cases were being processed through general intake systems without personnel trained to address their specific risks, undermining safety from the outset. As one practitioner noted: “The level of specialization we once had to implement GBV programs and projects—our staff trained to provide care and with deep knowledge of referral pathways—is now gone.”

FINDING 3:

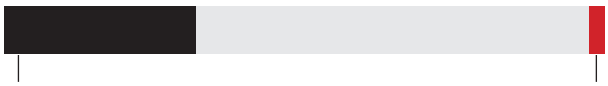
Women and girls have lost educational and livelihood opportunities

Across humanitarian settings, US foreign aid cuts have resulted in widespread loss of opportunities for women and girls, particularly in relation to education and livelihoods. Documentation of these impacts was often captured in general terms throughout the sources reviewed, with statements such as: "In Kabul, Afghanistan, a major midwifery program—girls' only higher education option—has closed"[25] or "In Sri Lanka, this [pause] included funding to hundreds of NGOs working on livelihood support, domestic violence, labour rights, education, and climate change."[10] While reporting frequently lacked specific numbers of impacted women and girls and was often not disaggregated by gender, a number of concrete impacts were documented across select countries.

Education

98% cut in US ODA for basic education

Estimated, out of $1.1 billion in obligations.[50]

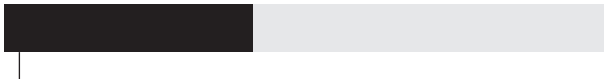


$354.7 million explicitly cut

$7.2 million explicitly preserved

100% cut in US ODA for higher education

Estimated, out of $262.1 million in obligations.[50]



$108.7 million explicitly cut

$0 explicitly preserved

Historically, the US has been a major funder of global education initiatives as part of its broader foreign assistance agenda, with educational assistance authorized under the Foreign Assistance Act of 1961 and implemented through multiple US government agencies. The US government has supported basic education, vocational education, and higher education; the expansion of education for marginalized populations, including girls; and specific education efforts in humanitarian and conflict-affected settings. US foreign aid for both basic and higher education was revoked almost entirely in 2025, making it one of the most impacted sectors.[50]

Education funding cuts in humanitarian crises have also been steep, with a nearly 80 percent reduction from $147.9 million in 2024 to $31.5 million in 2025.[ii] This review found evidence on the impact of education funding cuts on women and girls in Afghanistan, Egypt, Iraq, Kenya, Lebanon, South Sudan, and Uganda. Evidence from a significantly greater number of settings was found on the general impact of education funding cuts, but without a description of the specific impacts for women or girls.

Most evidence on education disruptions was from **Afghanistan, where online and underground education programs for hundreds of girls have been disrupted**[104] and a major midwifery program in Kabul closed, putting an end to the only higher education option for women and girls in the country.[25] **In a Congolese refugee settlement in southwestern Uganda, 88 teachers were laid off, which led to thousands of students dropping out.** The refugee settlement's commandant explained the disproportionate impact on girls, noting: "Only about one-quarter of our schoolchildren are girls now. Until a few months ago, it was close to fifty-fifty."[59]

US foreign aid cuts to other sectors have created additional barriers to school attendance. **Food rationing in Kakuma Refugee Camp in Kenya has led to 400 students dropping out of one school in a single month**, while cash transfer cuts have made it difficult to afford basic necessities like shoes, with one girl noting: "If there is no money, I will not get the slippers. I will miss school. It is too hot here to

walk barefoot."[69] Concurrently, period pads are no longer provided to girls attending school, leading many to stay home while menstruating. **A 15-year-old girl explained:**

> *"We were also given a hygiene kit that had sanitary pads... All this stopped in February. In March, I got some pads from the Red Cross Society. But in May, the school told us they only had a few for emergencies. So, I did not come to school for a week."*[69]

In humanitarian crises, education is a proven safeguard against recruitment into armed groups, sexual exploitation, early marriage, and child labor, with the loss of education—especially for adolescent girls—risking long-term, irreversible consequences. Evidence from Egypt, Iraq, and South Sudan confirm how these risks are increasing due to US foreign aid cuts. **A national non-governmental organization (NGO) in Egypt reported:**

> *"[Sudanese refugee] families are now forced to choose between school and basic needs like food and rent... We're seeing more absenteeism, child labour, and girls left unprotected as parents must work and leave them alone."*[1]

Similarly, **an international NGO representative in South Sudan noted:**

> *"Funding cuts to support education in emergenc[ies] [and] child protection in schools have left many out of school; [exposing them] to sexual harassment; GBV; early marriages; [and] child labour."*[1]

Employment and livelihoods

While most evidence in this review focused on the impact of funding cuts on program recipients, the associated employment consequences represent an additional and often under-documented dimension of harm—particularly for women. The widespread closure, downsizing, and suspension of activities across training programs, hospitals, clinics, community-based organizations (CBOs), and NGOs documented throughout this review have had a significant impact on women's livelihoods. Although job loss was not the focus of these sources, evidence of this impact was reported in Iraq, Syria, and, most commonly, Afghanistan—settings where alternative employment opportunities for women are already severely constrained.

In Afghanistan, the closure of 30 family health houses and mobile health clinics in February resulted in the suspension of over 200 staff, many of whom were female health workers, "who, due to Taliban restrictions, have few, if any, job opportunities."[65] The closure of additional family health houses by August "robbed [midwives] of their livelihoods" in what remains a severely depressed economy with harsh restrictions on women. **One midwife described the impact:**

> *"I'm getting weaker and older every day. I'm afraid for me and my children's future [once I have exhausted my savings]."*[16]

In Syria, a program manager from Women Now For Development was relieved to still have a job, though she anticipated salary cuts:

> *"Many of my friends lost their jobs immediately. Luckily, since it's a feminist organization and they really try to support the people who work with them, we didn't lose our jobs... [the future] is really unclear now, but we're trying to find ways to seek other funds."*[20]

Other evidence from Iraq and Syria highlighted how women were impacted by the suspension of livelihoods programming. In Iraq, US foreign aid cuts led to the closure or severe reduction of integrated support centers that both employed women and provided economic empowerment programs for survivors of violence, leaving hundreds of women without support and eliminating key sources of employment for women working within these programs.[67] In northwestern Syria, the Mazaya Center, a women-led initiative established in 2016 that provides vocational training and educational courses for women, faced severe disruptions following US foreign aid cuts: "Within days of the decision, all activities came to a halt, forcing the suspension of professional training courses, psychological support services, legal assistance, and civic engagement programs."[28]

"If there is no money, I will not get the slippers. I will miss school. It is too hot here to walk barefoot."

—**A GIRL LIVING IN A KAKUMA REFUGEE CAMP** describing the impact of US funding cuts to cash transfer programs

FINDING 4:

Women and girls have lost dedicated civic spaces

99% cut in US ODA for civil society

Estimated, out of $463.5 million in obligations.[50]

$264.7 million
explicitly cut

$1.5 million
explicitly preserved

This review found evidence that US foreign aid cuts have impacted a wide range of organizations, including UN agencies, international NGOs, national NGOs, and and CBOs. However, many sources documented how women-led organizations (WLOs) were uniquely impacted, with an extremely limited ability to continue operating in humanitarian crises.

These findings align with a March 2025 UN Women survey of over 400 WLOs and women's rights organizations (WROs) across 44 humanitarian and crisis settings. Among respondents, 90 percent were financially impacted by US foreign aid cuts, nearly half (47 percent) expected to shut down in 2025, and more than half (51 percent) had already suspended programming, particularly in GBV response, protection, livelihoods and multipurpose cash assistance, and healthcare.[96]

Findings from this review substantiate and extend these survey results by documenting how funding cuts to WLOs translated directly into reduced access to essential programs and services for women and girls in Afghanistan, Ethiopia, Honduras, Sudan, Syria, Uganda, Ukraine, and Yemen.[1,6,11,14,27,28] Across these contexts, sources describe the closure or scaling back of safe spaces, legal aid, psychosocial support, SRHR services, and economic empowerment programs—services that are often delivered primarily or exclusively by women-led actors. In many cases, **WLOs were among the first organizations forced to suspend operations and the least able to secure additional funding,** leaving women and girls with few alternative points of access to care, protection, or referral.

Another key emerging finding was how loss of funding to WLOs compounds harm for women and girls by shrinking access to civil space and encroaching on gender equality efforts. Evidence from Afghanistan, Sri Lanka, Sudan, Syria, Ukraine, and Yemen illustrates how US foreign aid cuts constrained WLOs' ability to mobilize, advocate, document abuses, participate in coordination mechanisms, and influence humanitarian and policy decision-making.[11,20,28]

In Yemen, for example, US funding cuts weakened years-long efforts by WLOs to support and empower other women, eroding networks of trust and advocacy built under extremely constrained conditions.[11] In Syria, funding cuts came at a moment when civil society finally had an opportunity to rebuild after 13 years of civil war:

> *"We [women's rights organizations] have the opportunity to be inside Syria and support the people in different ways, we have more opportunities with more freedom of movement, but then the funds stopped."*[20]

The impact on US foreign aid cuts on women-led organizations in eastern DRC[xxi]

In August 2025, WRC carried out research on the impact of US foreign aid cuts and the resurgence of conflict on women, girls, and WLOs in eastern DRC. The research found that WLOs are frontline responders, continuing to operate in an environment of extreme insecurity. Despite fear and ongoing violence, WLOs maintain a "last to leave" presence rooted in community trust, often risking their own safety to deliver lifesaving services.

Despite their essential role in meeting the needs of displaced women and girls, WLOs in eastern DRC are facing immense challenges and continued uncertainty following US foreign aid cuts. Cuts have triggered project closures, staff layoffs, and severe operational disruptions, leaving WLOs unable to plan or maintain essential services. WLOs reported being unable to pay salaries or office rent, often relying on volunteer staff who were also impacted by conflict and displacement. These dynamics were found to impact WLO staff's mental health.

As indirect recipients of US government funding, many WLOs learned of funding suspensions through project intermediaries, and face continued uncertainty about future funding. This uncertainty has led to confusion, reputational strain, and loss of community trust. Interviews with WLOs highlighted that they urgently seek recognition as equal partners in the humanitarian system. Research participants called for direct and flexible funding, as well as meaningful participation in coordination structures and inclusion in strategic decision-making.

FINDING 5:

Collective efforts help mitigate loss and harm

While this review focuses on documenting the concrete harms experienced by women and girls as a result of US foreign aid cuts, evidence also highlights how **communities, practitioners, and policymakers are working to mitigate the loss of resources**.

For example, in March 2025, the International Planned Parenthood Federation (IPPF) launched a Harm Mitigation Taskforce to provide emergency funding to the most affected Member Associations and partners.[43] Grants and technical support aim to address $84.2 million in cut funding that would result in 8.5 million people losing access to SRH services. International donors such as Sweden and Norway have also increased commitments to SRHR in an attempt to fill the massive gap left by the US.[82]

At the national level, some governments are committing or doubling down on their commitment to domestic resource mobilization for FP. In November, the **DRC Ministry of Gender, Family, and Children announced that they would increase national investments in contraceptive services by $5 million annually from 2025 to 2028.**[19] Zimbabwe announced that it will fill funding gaps in FP programming through taxes and levies on alcohol, tobacco, and cell phone data and airtime.[19]

Community efforts to maintain humanitarian responses have been critically important. In Burkina Faso, 10 out of the 14 safe spaces established by the International Rescue Committee remained open due to the efforts of CBOs, which continued activities from February until June 2025.[42] **In Uganda, informal women's groups support GBV survivors and at-risk girls** with awareness-raising sessions, mental health first aid, and referrals to the few remaining clinics[26] and, **in Central African Republic, women's groups have set up food distribution systems** and youth leaders are leading education initiatives.[53]

In Sudan, neighborhood-based mutual aid groups, known as "emergency response rooms," have been recognized as key actors operating in the vacuum left by the US and other donors.[53] Sudanese women have led other collective efforts, including organizing communal soup kitchens in each neighborhood, volunteering in children's educational programs, and providing support inside refugee camps.[9]

Several sources also documented renewed calls to rethink Global North dependencies and associated power dynamics.[19,52,53,66,97] Rather than viewing the funding cuts purely as catastrophic, some actors are seizing an opportunity to fundamentally restructure aid dynamics. Multilateral leaders have framed this shift in terms of sovereignty, voicing support of countries building their own domestic sustainable financing systems and moving beyond a cycle of dependency toward one of ownership.[19]

Civil society groups are also calling for communities to provide support where donors are no longer doing so. At a gathering organized by Peace Direct, approximately 600 delegates from 90 almost entirely Global South countries met to discuss their desires for change, with some arguing that it is time to sever ties completely with donors.[53] Representatives of organizations operating in CAR, Myanmar, OPT/Gaza, Pakistan, South Sudan, Ukraine, and other humanitarian crises **advocated for the recent disruptions in foreign aid to serve as an opportunity to create a system based not on donors, but built on community philanthropy**, encompassing "not just hard cash but experiences and sharing knowledge and time."[53]

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Implications

This review represents the most comprehensive synthesis to date of evidence on the impacts of recent US funding cuts on women and girls in humanitarian crises. By systematically compiling findings across sectors, geographies, and evidence types, it provides a critical overview of both documented impacts and critical gaps in the evidence base.

The takeaway is clear: billions of dollars in humanitarian aid supporting women and girls were cut virtually overnight, resulting in the documented deaths of women and girls and the abrupt disruption of life-saving programs and services for millions across some of the world's most volatile and crisis-affected settings.

Findings from this review also highlight the need for continued research to fully understand the impact of global aid cuts and policy shifts on women and girls, while providing critical context to ongoing policy discussions on the future of the humanitarian system.

Available evidence underestimates full impact of aid cuts

While this report documents clear evidence that the 2025 US foreign aid cuts have done significant harm to women and girls, a number of factors indicate that the gendered repercussions are even more substantial than reported.

Evidence gaps

Despite the scale of documented impacts on health, protection, and livelihood outcomes, significant evidence gaps remain in other humanitarian sectors that disproportionately affect women and girls. The mental health and psychosocial impacts of funding cuts were rarely examined, even though extensive evidence demonstrates that women and girls in crisis settings experience higher rates of trauma, depression, and anxiety, and face greater barriers to accessing care due to stigma, caregiving responsibilities, and restrictions on mobility.[xxii] Additionally, although the impact of job losses was documented in several settings, the scale of program closures and operational reductions captured across the data suggests that far more women lost livelihoods than is reflected in available reporting.

Another notable gap in the evidence was that **reporting on the impact of US foreign aid cuts on food security and nutrition was presented almost entirely in aggregate terms**, with the exception of a focus on the impacts on children.[xxiii] While numerous sources reported on the life-threatening consequences of the sudden 65 percent cut in US funding for humanitarian food aid—from $4.66 billion in 2024 to $1.61 billion in 2025[ii]—very little attention was given to the gendered dynamics. There is strong evidence that women and girls are more likely to reduce food intake during shortages, face increased exposure to exploitation when seeking food or income, and experience heightened risks of intimate partner violence, early marriage, and transactional sex under conditions of food insecurity.[xxiv] [xxv]

Other sectors, including education, shelter, and water, sanitation, and hygiene (WASH), were also infrequently analyzed through a gender lens, obscuring how cuts in these areas compound protection risks, undermine coping mechanisms, and erode women's autonomy and safety. The limited attention to these interlinkages suggests that **the full gendered consequences of funding cuts are likely substantially underreported, reinforcing the need for more holistic, gender-responsive analysis** that captures indirect and cascading impacts across sectors, not only those explicitly labeled as "women-focused" or protection programming.

This review identified evidence from a wide range of settings, but reporting was **notably absent from several crises where humanitarian needs for women and girls are immense, and US foreign aid cuts have been severe**, including Bangladesh, Chad, Central African Republic, DRC, Haiti, Libya, Mozambique, Myanmar, Somalia, and Venezuela.[xxvi] In addition, there was **limited evidence on the impact of US foreign aid cuts for women and girls displaced by climate-related events**. This gap is particularly concerning given the growing scale of climate-driven displacement, where gendered vulnerabilities are well documented but the impacts of funding disruptions remain poorly understood.

Excluded voices

Across the reviewed literature, there were many quotes and stories from women and girls, but more substantial input from those impacted by funding cuts was largely absent. **The majority of resources were authored by institutions, media outlets, and research organizations based in the Global North**, and focused on documenting service closures, program suspensions, and projected impacts. As a result, impacts were often framed through high-level institutional or sectoral lenses, emphasizing operational disruption rather than lived experience, and limiting insight into how women and girls themselves understand, navigate, and respond to these shocks.

Moreover, **the evidence base showed limited attention to intersectionality and agency, with women and girls frequently treated as a homogeneous group rather than as individuals whose risks and capacities are shaped by intersecting factors**. Adolescent girls, women with disabilities, LGBTQ+ individuals, and female heads of household were rarely disaggregated or meaningfully centered, despite clear evidence that these groups experience distinct and compounded vulnerabilities during crises.

Equally important**, few sources showcased women and girls as active agents**, including as caregivers, income earners, community leaders, and first responders, whose coping strategies, decision-making, and collective action shape household and community resilience. This absence of nuance risks reinforcing deficit-based narratives that promote reliance on foreign aid while underestimating the capacities of affected populations to articulate priorities and lead solutions. This is also a notable limitation of this review's central focus on the harms caused by US foreign aid cuts.

The compounding effects of gender equality backlash

While the impact of US foreign aid cuts was the focus of this review, it is just one piece of a broader context of global backsliding on commitments to gender equality. In recent years, **multiple government donors—most notably, Germany, Canada, the UK, and France—have reduced or reallocated funding for gender equality and women's rights programming**, often deprioritizing standalone gender initiatives in favor of narrower humanitarian or security objectives.[xxvii] At the same time, an increasingly restrictive global policy environment—including the rise of anti-gender movements, rollbacks on SRHR, shrinking civic space, and legal constraints—has made it more difficult to advocate for and sustain progress on gender equality.[xxviii]

US funding cuts are just one piece of a broader context of global backsliding on commitments to gender equality.

These global trends are particularly consequential given the contexts in which many of the documented impacts occurred. A substantial share of the evidence reviewed comes from contexts where gender equality and women's empowerment are not only under-resourced but are explicitly constrained or opposed through law, policy, or practice. In countries such as Afghanistan, Haiti, DRC, and Yemen, international humanitarian and development funding has often served as one of the few sources of support for gender-responsive programming.[xxix] The withdrawal of foreign aid therefore carries heightened risks, as it removes critical external safeguards in contexts where domestic political will to protect and advance women's rights is minimal or absent.

Despite these heightened risks, none of the reviewed sources provided evidence of the longer-term impacts on gender equality outcomes, such as women's autonomy, participation, or empowerment. This notable gap reflects the reality that setbacks to gender equality, like gains, often take years to materialize and measure. This absence of evidence is compounded by chronic underinvestment in gender-disaggregated data systems and longitudinal research. With funding cuts also disrupting research activities, gender data gaps are at risk of intensifying, posing a serious risk that the most enduring harms to women and girls will remain undocumented until they are deeply entrenched and far harder to reverse.

Lessons for the humanitarian system

It is undeniable that global aid cuts have fundamentally changed the humanitarian system. This review demonstrates that recent US cuts did not occur in isolation, but rather exposed and intensified structural fragilities while dismantling interconnected systems of care and protection for women and girls. These findings provide critical context for broader conversations around the future of the humanitarian system, and more urgent lessons for the "humanitarian reset" process—which has emerged largely in response to the scale of recent funding cuts and aims to improve efficiency and effectiveness of the humanitarian aid system—but, to date, has not meaningfully grappled with their gendered consequences. [xxx]

While the "humanitarian reset" is framed as an opportunity to rethink efficiency, coordination, and sustainability, **reforms focused primarily on cost containment or operational streamlining risk entrenching gender inequality within humanitarian response, rather than correcting it.** Several of the proposed changes—program consolidation, narrowing of mandates, and downgrading of protection and GBV services—mirror the very dynamics that produced the harms documented in this analysis. When services deemed "non-essential" are deprioritized, women and girls bear disproportionate risk: safe spaces close, SRH is sidelined, and referral pathways collapse.

This review also documents how funding cuts have further excluded WLOs in the Global South at a moment when their leadership is most needed and impactful. Across multiple humanitarian crises, WLOs were among the first forced to suspend operations and the least able to secure replacement funding. Importantly, findings illustrate that **expectations placed on local and community-based actors to "fill gaps" often resulted in risk being transferred rather than shared:** staff working without pay, absorbing additional caseloads, operating in increasingly insecure environments, and experiencing burnout and distress.

Taken together, the findings underscore a central paradox of the current moment: **WLOs are widely recognized as essential to more effective, accountable, and gender-responsive humanitarian action, yet the very funding cuts and reform processes now underway have further constrained their ability to participate in decision-making, influence priorities, and shape the future of the humanitarian system**.

Without deliberate efforts to center WLO leadership, protect gender-responsive funding as lifesaving assistance, and redistribute power alongside resources, the humanitarian reset risks entrenching structural drivers of gendered harm. The evidence synthesized in this review makes clear that a reset that fails to address these dynamics will not only fall short for women and girls but will weaken the humanitarian system's capacity to deliver principled, effective response in future crises.

Conclusion and recommendations

The findings of this review demonstrate how women and girls in humanitarian crises experience disproportionate harm from US foreign aid cuts. In contexts where women and girls already face heightened risks alongside extremely limited domestic investment in their health, safety, and rights, funding cuts have translated directly into preventable deaths, heightened exposure to violence, and the erosion of educational and economic opportunities, with consequences that compound over time.

These impacts should not be understood as short-term service disruptions, but as a systemic shock: the abrupt withdrawal of funding dismantled interconnected systems of care and protection for women and girls that had been built over decades. Even where partial funding has been restored, the effects persist through lost institutional capacity, fractured referral pathways, and diminished trust. Unless gender equality is treated as a core, non-negotiable priority of aid, the consequences of US foreign aid cuts will continue to intensify, entrenching irreversible harm to women and girls in humanitarian crises.

The following recommendations aim to mitigate and reverse the harms documented in this report.

Protect and scale up funding

for programs that address the unique needs and vulnerabilities of women and girls, and invest in policies and laws that support their long-term self-reliance.

1. All decision makers must advance the principle that gender-responsive humanitarian programming is lifesaving, life-sustaining, and an investment in the long-term peace, stability, and prosperity of crisis-affected communities.
2. Donors must ring-fence existing funding, and scale up new funding, to address critical resource gaps for programs targeting women and girls, while also investing in gender-responsive education, livelihoods, WASH, shelter, and food security programming.
3. Governments in crisis-affected contexts must urgently adapt national budgets to ensure targeted, gender-responsive support for women and girls across education, healthcare, labor, and welfare ministries.

Mitigate the harms of funding cuts

through transparency and accountability, responsible and gradual transitions, and investment in local capacity and power-sharing.

1. Donors who are required to reduce humanitarian funding must engage in shared decision-making with local partners and communities, ensure transparent communication, and engage in capacity strengthening and transition planning.
2. Donors, governments, and civil society must create and uphold mechanisms for accountability and remedy where rapid or mismanaged funding reductions cause direct and life-threatening harm to impacted communities, or place local partners at risk.
3. Humanitarian actors, donors, and civil society must document and replicate best practice examples of responsible, sustainable programmatic transitions or funding withdrawals.

Prioritize direct, flexible, and multiyear funding

to WROs and WLOs in humanitarian crises.

1. Donors should prioritize direct, multiyear funding to WROs and WLOs to support core operating costs.
2. Donors and humanitarian systems must rapidly adapt funds to be both accessible and targeted to local WROs and WLOs, modifying application processes to reduce administrative requirements.
3. Donors must simplify reporting and compliance requirements based on grant size and organizational capacity, and shift toward trust-based accountability and reporting.

Invest in research, data, and evidence **to document the gendered and intersectional dynamics of humanitarian needs.**

1. Donors must increase investments into gender-disaggregated data, evidence, and analysis across all humanitarian sectors to ensure the impacts of funding and programming are adequately tracked and measured.
2. Researchers must continue to investigate the impacts of humanitarian funding cuts on women and girls, especially in sectors beyond GBV and health, and in humanitarian contexts where evidence remains scarce.
3. Researchers and donors must support locally led research and utilize participatory methods that center the voices, experiences, and priorities of affected populations.

Redesign and rebuild a humanitarian system **with gender equality and local leadership at the center.**

1. Governments and donors must reaffirm political and funding commitments to gender equality by supporting burden-sharing, power-sharing, and the meaningful participation of WLOs, WROs, and CBOs at all levels of decision-making.
2. UN agencies and donors must work in close partnership with feminist civil society to ensure the humanitarian reset institutionalizes the leadership of impacted communities and advances gender equality across all sectors.
3. Humanitarian systems must invest in civil society-led accountability mechanisms to monitor commitments on gender equality and hold actors accountable when harmful practices persist. Accountability frameworks must be gender-responsive and adapted to track impacts of funding cuts on women and girls.

ANNEX 1:

Publication characteristics

The initial search with Google and PubMed yielded 394 resources; targeted grey-literature scans and snowball searches of references yielded an additional 39. After title and abstract review, 241 unique resources remained for screening. Of these, 49 were excluded because they did not include any evidence-based analysis; 83 were excluded because they did not sufficiently address the impact on women or girls; and 4 were excluded for other reasons (e.g., unavailable full text or insufficient relevance to humanitarian settings). In total, 105 resources met all inclusion criteria and were included in the final analysis (see **Table 2**).

Almost all publications (90 out of 105) were authored by individuals or teams based primarily in the Global North, with **only 15 originating from authors based in the Global South**. Among publications with a known author, over 70 percent were authored by a female. The majority of publications (62 percent) were published in the first 100 days of the funding freeze announcement (between January 20 and April 30); 21 were published between May 1 and July 31; and 19 were published between August 1 and November 15, 2025.

Among the 105 included publications, the strength of evidence varied: **41 were assessed as strong, 42 as medium, and 22 as weak**, based on methodological clarity, use of primary or secondary data, and depth of analysis. One-third of publications (38) offered a dedicated or primary focus on women and girls, while the remainder (67) provided only a partial or secondary focus. **Later publications had both stronger evidence and more dedicated focus on women and girls**: 58 percent of sources published from August 1 to November 15 had strong evidence, versus only 29 percent of those published in the first 100 days; similarly, over half (53 percent) of later publications had a primary focus on women and girls, versus only 28 percent of those published in the first 100 days.

The majority of publications focused on humanitarian crises, yet with little distinction between the type of crisis (e.g., acute versus protracted crisis, refugee versus internal displacement). Only 17 publications focused explicitly on displaced women and girls, and only one resource (authored by WRC) focused on women and girls affected by climate-related disasters. Ten resources focused on non-humanitarian settings but were retained due to their relevance to US foreign aid cuts affecting displaced women and girls.

Evidence came from humanitarian settings in 32 countries: Afghanistan, Bangladesh, Burkina Faso, Central African Republic (CAR), Chad, Democratic Republic of the Congo (DRC), Ethiopia, Guatemala, Haiti, Honduras, Iraq, Kenya, Lebanon, Malawi, Mali, Mauritania, Myanmar, Niger, Nigeria, Occupied Palestinian Territories (Gaza), Pakistan, Peru, South Sudan, Sri Lanka, Sudan, Syria, Tanzania, Türkiye, Uganda, Ukraine, Yemen, and Zimbabwe. An additional 40 publications reported on evidence from humanitarian crises at the regional or global level.

TABLE 2:

Publication characteristics

CHARACTERISTIC	TOTAL NUMBER (%)
Authorship	
Individuals or teams based primarily in Global North	90 **(86%)**
Individuals or teams based primarily in Global South	15 **(14%)**
Female	57 **(72%)**
Male	22 **(28%)**
Unknown gender	26 **(25%)**
Publication date	
January 20–April 30, 2025	65 **(62%)**
May 1–July 31, 2025	21 **(20%)**
August 1–November 15, 2025	19 **(18%)**
Strength of evidence	
Strong	41 **(39%)**
Medium	42 **(40%)**
Weak	22 **(21%)**
Focus on women or girls	
Primary	38 **(36%)**
Secondary	67 **(64%)**

ANNEX 2:

Findings by country

Findings in this report were presented by key themes emerging across humanitarian crises in 32 countries. Yet the impact of US foreign aid cuts is also highly context specific, with different implications for women and girls depending on their specific humanitarian needs and the amount of funding lost. **Table 3** presents findings for select countries with sufficient evidence on the number of programs or services suspended, or the number of women or girls directly impacted.

TABLE 3:

Loss in numbers for select countries

COUNTRY	CONTEXT OVERVIEW[1]	US FUNDING LOST, in millions (USD)[2]	LOSS IN NUMBERS
Afghanistan	21.9M people in need, including 4.5M women and girls of reproductive age and 652,800 pregnant women. Risks for women and girls remain acute and are expected to intensify due to the enforcement of restrictions by the de facto authorities, as well as increasing levels of GBV, child labor, and early marriage.	**$485.42**	▪ Programs for 145,000 vulnerable women in need of safe houses, mental health counseling, health care and vocational training.[51] ▪ 1,700 midwives operating in rural health clinics.[62] ▪ Program that provided education for 5,000 girls and employs over 100 female teachers.[33] ▪ 191 health clinics, which were the sole source of maternal healthcare in rural areas.[31]
Bangladesh (Rohingya refugee response)	1.9M people in need, including 416,400 women of reproductive age and 40K pregnant women. SRH clinics are strained, and antenatal visits and births in health facilities are declining. Protection risks are growing, including intimate partner violence, and child marriage.	**$141.70**	▪ Access for 600,000 women and children, including Rohingya refugees, to critical maternal health care, protection from violence, and SRH services.[70]
Burkina Faso	4.4M people in need, including 1.4M women and girls of reproductive age and 165,800 pregnant women in need. Armed groups disrupt clinics, obstruct referrals, and increase risks of GBV and harmful practices, especially for adolescent girls who are cut off from school and other support.	**$145.29**	▪ Access for over 250,000 women to community health center.[39] ▪ Services for over half of GBV survivors.[42]
Ethiopia	10M people targeted with humanitarian aid (2025); 2.5M women and girls of reproductive age and 353.5K pregnant women in need (2026). Recurring climate shocks, disease outbreaks, food insecurity, conflict, and mass displacement are worsening access to healthcare and protection services for women and girls.	**$307.38**	▪ Access to food, shelter, and safety for over 1,000 vulnerable women and girls who have survived violence. [39] ▪ Access for over 3,000 women and girls to mobile health clinics providing maternal healthcare, resulting in the death of at least one pregnant woman.[76] ▪ Delivery of nutrition supplies to over 308,000 pregnant and lactating women.[3]
Haiti	6.4M people in need, including 1.7M women and girls of reproductive age and 158K pregnant women. GBV, including reports of collective rape, is pervasive. Access to SRH services is limited due to daily gunfire, road closures, and supply chain breaks.	**$128.06**	▪ Provision of nutrition education and training for 13,000 pregnant and breastfeeding women.[55]

COUNTRY	CONTEXT OVERVIEW[1]	US FUNDING LOST, in millions (USD)[2]	LOSS IN NUMBERS
Lebanon	1.5M women and girls of reproductive age and 97,400 pregnant women in need. Compounding crises have led to the closure of multiple health facilities or discontinuation of SRH services, and reports of rape and sexual assault have sharply increased in the last year.	**$241.11**	▪ 14 safe spaces, serving 37,600 women and girls.[98]
Niger	2.6M people in need, including 525K women and girls of reproductive age and 118K pregnant women. Conflict and climate shocks have caused displacement and exacerbated fragile health and protection systems. Adolescent girls and women with disabilities are at highest risk for early marriage, exploitation, and violence.	**$158.91**	▪ Timely care for 30% of women and girl GBV survivors.[42]
Nigeria	5.9M people in need, including 2M women and girls of reproductive age and 296K pregnant women. Access to SRH and GBV services are limited while risks to displaced women and girls increase due to armed group violence and climate disasters.	**$37.87**	▪ Food assistance and nutrition services for 11,500 pregnant women.[39] ▪ Quality, survivor-centered case management for between 42 and 67% of GBV survivors.[42]
Occupied Palestinian Territory	3.6M people in need, including 841K women and girls of reproductive age and 121K pregnant women. Collapsed infrastructure, disease, food scarcity, loss of income, and mass displacement have led to severe conditions.	**$475.75**	▪ 15 safe spaces, serving 90,000 women and girls.[98] ▪ 80 health facilities and vital supplies for nearly 280,000 mothers and newborns.[15]
South Sudan	10M people in need, including 2.4M women and girls of reproductive age and 378,000 pregnant women. The ongoing civil war has disrupted basic services systems and led to systemic sexual violence. The majority of health facilities are closed or only partially functioning, with emergency obstetric care almost completely eroded.	**$424.39**	▪ 75% of UNHCR-supported safe spaces, providing comprehensive services to 80,000 refugee women and girls.[99]
Sudan	33.7M people in need, including 7.3M women and girls of reproductive age and 1.1M pregnant women. Ongoing conflict, climate crisis, and economic collapse have led to mass displacement and heightened exploitation of women and girls, who are often unable to reliably access health services, including obstetric and post-rape care.	**$444.82**	▪ More than 1,100 community kitchens, mostly serving women and female-headed households.[79] ▪ 40 out of 99 safe spaces, serving 126,000 women and girls.[98] ▪ Essential SRH services for 200,000 women and girls.[15] ▪ Dignity kits for 10,000 women and girls.[15]
Ukraine	10.8M people in need, including 2.5M women and girls of reproductive age and 130K pregnant women. GBV, including trafficking and sexual exploitation, are ongoing protection concerns for women and girls, with numbers surging in the last year. Most maternal healthcare facilities are nonfunctioning or inaccessible.	**$483.02**	▪ Access for 109,601 women and girls to essential mental health services and economic empowerment programs.[95] ▪ GBV services for 500,000 women and girls.[5]
Yemen	23M people in need, including 4.9M women and girls of reproductive age and 683K pregnant women. Due to a lack of functioning health facilities, most women give birth at home without assistance, and 1 to 3 women die from pregnancy- and childbirth-related causes every day. Protection risks have increased alongside the ongoing food security crisis.	**$751.07**	▪ Access for 220,000 women and girls to critical maternal health care, protection from violence, rape treatment, and other lifesaving care.[70] ▪ Half of safe spaces, serving 623,000 women and girls.[98]

[1] Sources: Global Humanitarian Overview 2026 and UNFPA Global Humanitarian Action Overview 2026
[2] Source: Women's Refugee Commission based on Financial Tracking Service (FTS), 15 December 2025, https://fts.unocha.org/

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Acronyms and abbreviations

ART	Antiretroviral Therapy
CBO	Community-based organization
CHW	Community health worker
DEI	Diversity, equity, and inclusion
DRC	Democratic Republic of the Congo
FP	Family planning
GBV	Gender-based violence
IDP	Internally displaced person
IPPF	International Planned Parenthood Federation
LGBTQ+	Lesbian, gay, bisexual, transgender, queer/questioning, and others
MCH	Maternal and child health
NGO	Non-governmental organization
ODA	Official Development Assistance
OPT	Occupied Palestinian Territory
PEPFAR	(United States') President's Emergency Plan for AIDS Relief
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
STI	Sexually transmitted infection
UK	United Kingdom
UN	United Nations
UNFPA	United Nations Population Fund
US	United States
USAID	United States Agency for International Development
WASH	Water, sanitation, and hygiene
WLO	Women-led organization
WRC	Women's Refugee Commission
WRO	Women's rights organization

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