



Impacts of the Trump Administration's actions for IPPF

A Federation wide survey – April 2025

Background

The impact of the Trump Administration's extreme cuts to US foreign assistance is catastrophic for the people who need sexual and reproductive care around the world. It is eroding reproductive rights, justice and access to services for the most vulnerable populations. The devastating cuts to lifesaving care are felt even more acutely in countries with high rates of maternal mortality, and those affected by conflict and humanitarian crises.

In February 2025, IPPF launched a survey to hear from its Member Associations (MAs) and Collaborative Partners (CPs) about the impact of the actions of the Trump Administration. We asked them about programmes cancelled both from direct US sourced funds and indirectly through other impacted sources¹ as well as the effect this would have on their staff, service delivery points, clients served, and SRH commodities. IPPF will do a follow-up survey in mid-2025 to re-assess the impact, given that the situation is changing rapidly.

We had a strong response rate with **74% (117 out of 158) of IPPF Member Associations and Collaborative Partners** outlining how their organization had been impacted.

Headline results of survey:

\$85.2m

FUNDING AFFECTED

This figure relates to funding that has already been cancelled, or where the outlook for the project funding remains unclear.

61%

REPORTING CUTS

72 MAs and CPs (61%) reported they are facing funding cuts. This indicates that a significant majority of MAs and CPs could experience disruptions that will impact access to essential sexual and reproductive health services worldwide.

1. These sources included USAID, PEPFAR, any other US government entity, UNFPA, Global Fund, the World Health Organisation, or any other organisations who are subject to the GGR or an Executive Order.

From the 117 survey responses:



72 MAs and CPs (62%) currently receive funding from one of the affected sources. Of those that receive core funding, 67 MAs and CPs (57%) are facing funding cuts.



156 projects have been or are at risk of being shut down.



The total estimated funding affected for IPPF is \$85.2 million. This includes \$48.8m in current funding at risk as reported by MAs and CPs, as well as a further \$20.9 million in 44 pending proposals that now won't come to fruition. Additionally, the IPPF Secretariat stands to lose \$15.5 million in contracted work.



1,737 staff from MAs and CPs are at risk of having their employment terminated (or already have been).



3,961 Service Delivery Points across 32 MAs and CPs are at risk of closure (including static, mobile, associated health facilities and community-based service delivery points), the majority of which are in the Africa Region.



38 MAs and CPs (33%) expect their commodity supplies will be affected.



50 MAs and CPs (43%) believe there is a risk to existing partnerships with CSOs or local/national government, while 39 MAs and CPs (33%) anticipate risks to projects not funded by US sources.



IPPF estimates that 8.6 million people will be denied access to essential SRH services by IPPF MAs and CPs as a direct result of the Trump Administration's actions.

Estimated impacts of US funding cuts

Cuts to sexual and reproductive health funding will have a significant impact on service provision and accessibility.

Over the next four years, funding losses are expected to have severe consequences on people's lives for the communities we serve. If all funding at risk is indeed cut, IPPF estimates this will result in an additional **3,844 maternal deaths**, over **3 million unintended pregnancies**, and **756,010 unsafe abortions**. These impacts will also place a heavy financial burden on national health systems, adding an estimated **\$237.2 million** in costs.

Projected Impact of US Funding Cuts for IPPF across 2025–2028



Total reduction
in CYPs delivered:
6.7 million



Additional
maternal deaths:
3,844



Additional
unsafe abortions:
756,010



Additional
unintended pregnancies:
3.1 million



Above: Cyclone Remal Bangladesh, 2024. IPPF/GMB Akash/Bangladesh.

An estimated **8.6 million IPPF clients could lose access to vital SRH** services due to **3,961** healthcare service delivery points that have been closed or face potential closure. More than **1,700 staff** have lost their jobs or are at risk of being terminated, representing almost one fifth of the total workforce of affected MAs. This will further exacerbate health inequities and increase risks related to unintended pregnancies, unsafe abortions, and maternal health complications.

1,737

Total number
of staff at risk

19%

% of total staff
base at risk

3,961

SDPs
at risk


8.6
million

Number of clients
who could lose
access to services

Projected funding losses

Through the survey process, the value reported by MAs and CPs of their **current funding affected is at least \$48.8 million**. This includes funding already lost or funding at risk across affected sources. There is a further **\$20.9 million in 44 pending proposals** that now won't come to fruition. Additionally, the IPPF Secretariat will lose **\$15.5 million** in contracted work. Considered together, **the total estimated funding affected for IPPF is \$85.2 million**.

Based on survey data, the MAs and CPs with the most funding at risk are as follows:

	1. Togo	Association Togolaise Pour Le Bien-Être Familial (ATBEF)
	2. Jordan	Institute for Family Health (IFH)
	3. Ethiopia	Family Guidance Association of Ethiopia (FGAE)
	4. Mauritania	Association Mauritanienne pour la Promotion de la Famille (AMPF)
	5. Afghanistan	Afghan Family Guidance Association (AFGA)
	6. Malawi	Family Planning Association of Malawi (FPAM)
	7. Bangladesh	Bandhu Social Welfare Society (Bandhu) Population Services and Training Center (PSTC)
	8. Burkina Faso	Association Burkinabè pour le Bien Être Familial (ABBEF)
	9. Cameroon	Cameroon National Association for Family Welfare (CAMNAFAW)
	10. Niger	Association Nigérienne pour le Bien Être Familial (ANBEF)
	11. Burundi	Association Burundaise pour le bien etre familiale ABUBEF)
	12. Philippines	Family Planning Organization of the Philippines (FPOP)
	13. Benin	Association Béninoise pour la Promotion de la Famille (ABPF)
	14. Côte d'Ivoire	Association Ivoirienne pour le Bien Etre Familial (AIBEF)
	15. Indonesia	The Indonesian Planned Parenthood Association (IPPA)
	16. Mozambique	Associação Moçambicana para o Desenvolvimento da Família (AMODEFA)
	17. Syria	Syrian Family Planning Association (SFPA)
	18. Ghana	Ghana – Planned Parenthood Association of Ghana (PPAG)

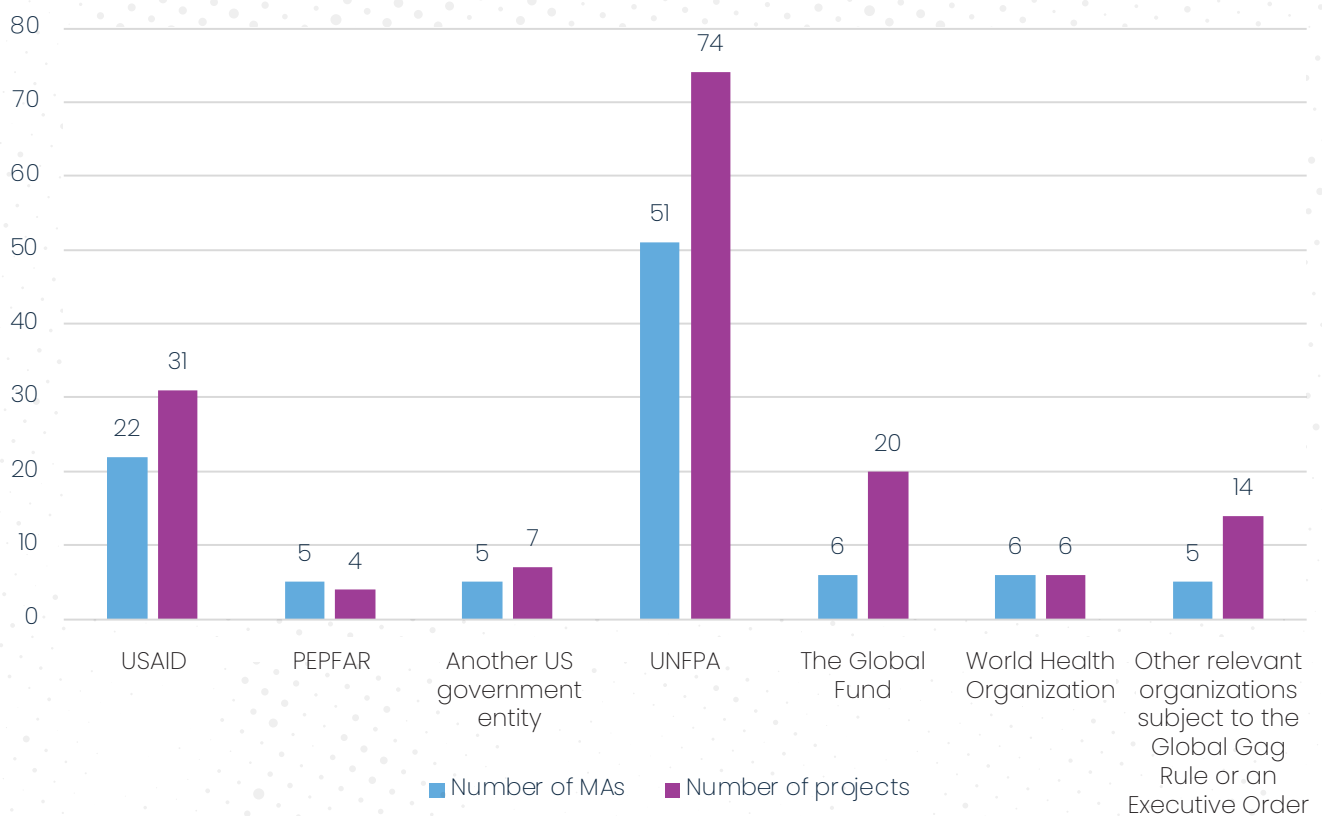
Projects at risk

72 MAs reported a total of 156 projects at risk across various donor sources. Notably, this includes **51 MAs** reporting **74 UNFPA** projects at risk.

This highlights the compounding effect of US cuts to multilateral agencies – more MAs are impacted by the cuts to UNFPA than by direct losses of US foreign assistance. Much of the UNFPA-funded work now at risk is in conflict-affected, fragile and humanitarian settings such as Afghanistan, meaning services are cut for some of the most vulnerable populations in the world.

Figure 1 below shows the number of projects affected across various funding sources.

Figure 1. Number of projects and MAs at risk across IPPF



Healthcare staff at risk

✱ MAs reported that a total of **1,737 staff are at risk of having their employment terminated** (or already have been).

✱ **The majority (54%) of MAs have between 1 and 20 staff members** at risk, while 20% of MAs face potential losses of 21 to 40 staff members.

These figures underscore the far-reaching impact of funding cuts on workforce stability – not only disrupting essential **SRH services** but also threatening the loss of a **highly skilled workforce**.

Figure 2. Number of MA staff at risk, by region

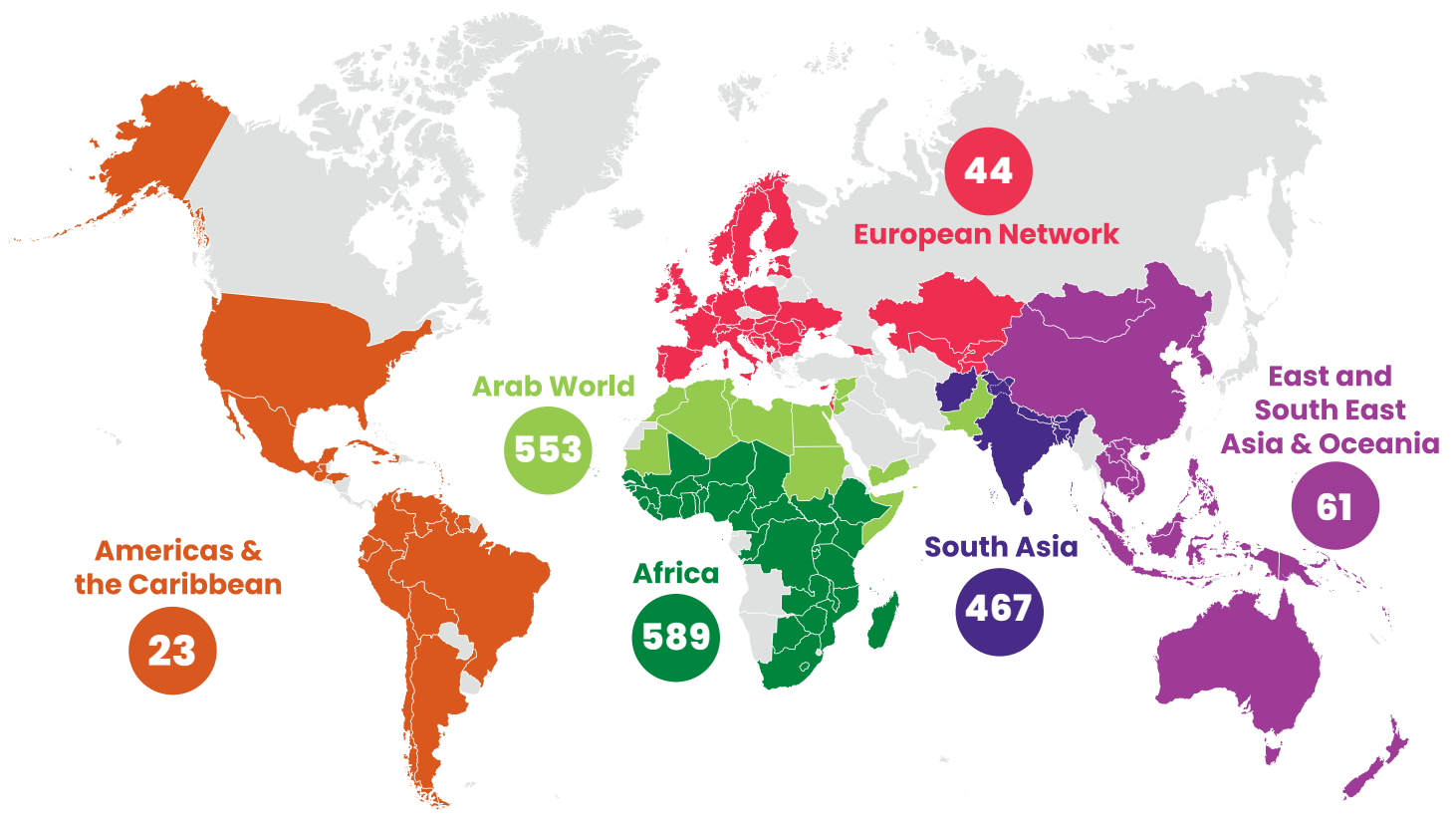
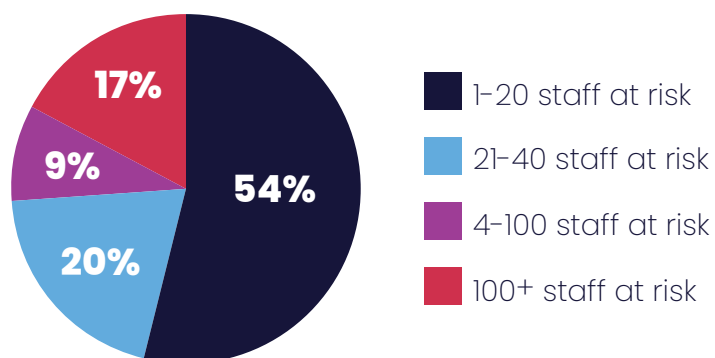


Figure 3. Number of staff at risk, by number of MAs



Impact on commodities

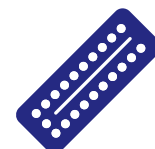
Through the survey process, **38 MAs and CPs (32.5%)** reported that they expect their **commodity supplies** will be affected.

IPPF's Supply Chain team then cross checked this data with existing databases and information sources. A set of criteria was developed drawing on the survey responses, validated by further data sources from IPPF, USAID, UNFPA and the Internal displacement monitoring centre. Pivotal data reviewed included national and MA funding sources, CYP performance and targets, humanitarian data and potential mitigating funding sources. This helped us to identify a sub-set of priority countries needing urgent commodity support.

As a result, 10 MAs in Afghanistan, Burkina Faso, Cameroon, Cote d'Ivoire, Kenya, Liberia, Mozambique, Niger, Pakistan & Togo have been classified as needing the most immediate support with family planning and reproductive health commodity supplies in order to prevent stock-outs.

All of these IPPF MAs are based in previous USAID focus countries:

	Afghanistan – Afghan Family Guidance Association (AFGA)
	Burkina Faso – Association Burkinabé pour le Bien-Etre Familial (ABBEF)
	Cameroon – Cameroon National Association for Family Welfare (CAMNAFAW)
	Côte d'Ivoire – Association Ivoirienne pour le Bien Etre Familial (AIBEF)
	Kenya – Reproductive Health Network Kenya (RHNK)
	Liberia – Community Healthcare Initiative (CHI)
	Mozambique – Associação Moçambicana para o Desenvolvimento da Família (AMODEFA)
	Niger – Association Nigérienne pour le Bien-Etre Familial's (ANBEF)
	Pakistan – Rahnuma-Family Planning Association of Pakistan (FPAP)
	Togo – Association Togolaise Ppour Le Bien-Etre Familial (ATBEF)



The impact of USAID funding terminations on commodities will start to show in reduced stock levels towards the end of 2025 and into early 2026. Whilst current deliveries are ongoing against 2024 planning, this will dry up fast and create gaps in availability of family planning and reproductive health (FP/RH) products.



Apart from the immediate cuts to commodity supplies, there is a **high risk of a snowball effect** on other funding mechanisms, impacting IPPF MAs (and other NGOs and service providers). This is because domestic resources will come under pressure as governments need to make choices between different public health programs, risking deprioritizing FP/RH. With domestic resources allocated to different public health programs, it is likely that NGOs will see a reduction in Ministries of Health supplies as well.



Humanitarian supplies are at huge risk because of the cuts to UNFPA core funds. IPPF anticipates the supply of Inter-Agency Working Group humanitarian commodity kits to be particularly affected, as well as several humanitarian programs implemented with commodity support.



Apart from the impact on the supply of commodities, **the broader supply chain landscape** is now at risk. Prior to the Trump Administration coming into office, USAID had played a pivotal role in supporting essential supply chain technical functions such as the operation of technical working groups, commodity quantification, and forecasting. Operationally, USAID mechanisms also supported warehouse stock management and distribution in-country, both of which are now at risk. All of these areas will require future investment for the landscape to continue to function effectively.



Below: Clients entering a clinic, Afghanistan humanitarian response, 2023. AFGA/Haroon Sabawoon



How IPPF is reponding

The Harm Mitigation Task Force

In response to the recent action of the Trump Administration, IPPF established the **Harm Mitigation Task Force** in early 2025 to assess the impact of the funding cuts and implement a transparent, streamlined mechanism to rapidly allocate emergency funding to the most affected MAs and CPs.

Through the survey process, **three quarters** of responding MAs and CPs highlighted that **support in resource mobilisation and donor engagement is the most important** additional assistance IPPF could offer.

Recognizing the urgency, the **IPPF Board of Trustees approved an initial funding allocation from reserves** for an **Emergency Fund** to support the hardest hit MAs in 2025. However, this emergency funding is **nowhere near enough** to cover the staggering funding gap.

The **first round of funding** will be awarded in **April 2025** to MAs and CPs identified as the most significantly impacted, based on a set of agreed criteria. These emergency grants will prioritize **maintaining critical SRH services and procuring essential commodities** to ensure continued care for vulnerable communities.

IPPF is urgently requesting additional donor support for the Emergency Fund to ensure critical SRH services remain uninterrupted. The **communities we serve cannot afford these losses** – and together, we can make a difference.

Below: Cyclone Remal Bangladesh, 2024. IPPF/GMB Akash/Bangladesh.



Country examples

What does this mean for the people that IPPF serves?

Bangladesh



- **IPPF has two partners** in Bangladesh: Bandhu and PSTC. Both are heavily impacted.
- Both estimate **30–40% of their total budget for 2025 is at risk**, and report significant multi-year funding at risk (\$2 million for Bandhu and \$1.6 million for PSTC).
- **4 projects are affected**: 2 with USAID for Bandhu, 1 with USAID and 1 with the Global Fund for PSTC.
- **25% of Bandhu's staff** and at least 14% of PSTC's staff are at risk.
- PSTC estimate **31% of their SRH services** are affected, with 33 SDPs at risk of closing.
- **Bandhu is the oldest LGBTQI+ organisation** in Bangladesh and had their projects cut under the Executive Order entitled "Ending Radical and Wasteful Government DEI Programs and Preferencing".



Below: Cyclone Remal Bangladesh, 2024. IPPF/GMB Akash/Bangladesh.



Ethiopia – FGAE



- Estimated loss of **\$5.2 million for 2025–2027**, and 40% of their total budget for 2025.
- **8 projects affected**: 4 with USAID, 3 with UNFPA, 1 with the Global Fund
- An estimated **40% of FGAE's SRH services**, along with 25% of staff and 21 clinics which may be forced to close.
- An estimated **1,234,179 clients** will be impacted by loss of services annually, this includes:
 - **FP, RMNCAH, HIV/AIDS services**, and Youth Economic Empowerment Services through partnerships with 633 health facilities across 76 districts.
 - **Capacity-building activities** for community health workers and health professionals.
- In addition to funding withdrawals, FGAE report partners are less willing to engage in national advocacy platforms.



FGAE Testimony – Netsanet Yibeltal Nigatu, Monitoring, Evaluation and Learning Manager, FGAE

"The actions of Trump Administration will have a devastating impact on the financial capacity of FGAE that disrupts programs and services due to loss of key human resources. It will also disrupt FGAE's partnerships with the community, public and private health facilities. As a result, millions of underserved community members will be denied SRHR services due to the compromised service provision in FGAE."

Togo – ATBEF



- Estimated loss of **\$8.2 million** across 2 multi-year projects with USAID (IPPF-led ExpandPF) and UNFPA. Over 50% of ATBEF's annual budget for 2025.
- An estimated **60% of ATBEF's SRH services** will be affected, with approximately 231,225 clients losing access to services.
- **20% of ATBEF staff** are at risk of losing employment and 300 SDPs are at risk of closure.
- ATBEF has been left in a position where it is unable to meet its commitments to the Togolese Ministry of Health, which had incorporated ATBEF's planned interventions under the USAID ExpandPF project within their national action plans.
- There are significant long-term concerns about national commodity supply due to cessation of supplies from USAID to the Ministry of Health.





Above: JSB funded programme in Afghanistan, AFGA, November 2024. AFGA/IPPF.

Afghanistan – AFGA



- Estimated loss of **\$3.6 million** and a loss of **30–40%** of AFGA's total budget for 2025.
- **2 projects affected** with USAID and UNFPA, affecting **38% of AFGA's SRH services**, with **46 SDPs** at risk of closure.
- An estimated **439,068 clients** annually could lose access to services in a country with one of the highest rates of maternal mortality in the world
- **250 staff members** have been stood down since the stop work orders (43% of staff), with 18 Family Health Houses (FHH's) and 15 mobile health teams suspended.
- Continuation of UNFPA's support for AFGA's FHH's, mobile clinics and basic health clinics is uncertain, with funding resuming at the moment on a temporary basis.
- Since 2022, AFGA has been managing the supply chain for commodities and humanitarian aid kits in country with support from UNFPA. However, all regional offices designated for supply chain management were suspended immediately. Only the HQ warehouse will continue to receive limited funding and resources, which will make it challenging to transport commodities to UNFPA partners across the country. **AFGA estimate a 30% gap in their own commodity supply.**
- The cuts are creating reputational risks with stakeholders including government, communities and clients as AFGA are left unable to meet their commitments. This undermines their reputation in country as a reliable partner and service provider.



Jordan – IFH



- Estimated loss of **\$6.1 million** in project funding, and **40–50%** of their annual budget for 2025 impacted.
- **10 projects are affected**, including 3 funded by USAID, 1 with UNFPA and 6 with other organisations as a result of the Global Gag Rule, or are another Executive Order.
- The cuts will affect **79% of IFH's SRH services**, with **155 staff** at risk.
- An estimated **44,648 clients** will lose access to SRH services.



Mauritania – AMPF



- Estimated loss of **\$4.7 million**; and a loss of **30–40%** of AMPF's total budget for 2025.
- **2 projects are impacted**, including one from USAID (IPPF-led ExpandPF) and one supported by UNFPA.
- **10% of SRH service delivery** will be impacted, across 19 SDPs, with **25% of current staff's employment** at risk.
- In total, around **22,800 clients** will lose access to essential SRH services.
- The MAs work with partner organisations, supported by U.S. Government sources, will also be affected.



Philippines – FPOP



- Estimated total loss of **\$600,000, across 2 projects** funded by USAID, including one through PEPFAR.
- This will equate to around **10% of the MAs total service delivery**, largely for HIV services, and will impact 12 staff members.
- Significant impacts are expected to be seen in **HIV service delivery** among FPOP's government and CSO partners, which have up until now been largely supported under PEPFAR. This includes the procurement and distribution of essential SRH and HIV commodities, indirectly impacting FPOP's service delivery.





Above: Alinafe Chasowa, district manager for FPAM Mzuzu, at the Youth Life Center. IPPF/Tommy Trenchard/Malawi

Malawi



- Estimated loss of **\$2.2 million**; with **40–50%** of FPAM's total budget for 2025 impacted.
- **3 projects are impacted** (2 funded by USAID, including PEPFAR, and 1 by UNFPA).
- The cuts will affect **27% of the MAs SRH services**, with an estimated 172,000 clients expected to lose access to services.
- **27% of the MA's staff** and **211 SDPs** are now at risk.
- The cuts bring strong reputational risk to the MA among the communities they serve, and national partners, due to the sudden shutdown of service delivery and community outreach.
- Similarly, the MA anticipates that future income and partnership opportunities will be impacted as other organisations will be less inclined to partner with FPAM due to their continued work on safe abortion and DEI.



FPAM Testimony – Donald Makwakwa, Executive Director of FPAM

"A lot of women and girls have been left without access to time-sensitive SRHR services, [placing] them at a high risk of unintended pregnancies and HIV infections. This is likely to affect the reputation of the organization... losing community trust and confidence."

For further information, please contact:
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