



A Year of Disruption: The Impact of USG Funding Cuts on Women and Girls in Jordan

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Executive Summary

The suspension of United States Government (USG) funding in early 2025 triggered a critical protection and service gap for women and girls in Jordan. As a result, the Women's Protection and Empowerment (WPE) program implemented by the International Rescue Committee (IRC)—a key pillar of gender-based violence (GBV) prevention and response services in Jordan—was abruptly halted and later only partially resumed. This disruption significantly reduced access to case-management, psychosocial, legal, and livelihood services, while cutting off thousands of women and girls from safe spaces where they could heal from trauma, pursue justice, and build resilience.

These developments underscore a broader systemic risk: Jordan's GBV response architecture remains heavily dependent on short-term humanitarian financing. When such funding is suspended, the impact cascades across the protection system—interrupting national referral pathways, disrupting coordination with ministries and local partners, and undermining years of investment in trained staff and community trust. The suspension of IRC's WPE program demonstrated how the loss of a single major implementing actor can destabilize the wider protection network, as local organizations, case management structures, and survivor referral mechanisms are deeply interconnected. Abrupt funding disruptions therefore do not merely pause services; they fracture trust, weaken national protection systems, and increase risks for women and girls. The consequences extend well beyond one organization or program, threatening the continuity and credibility of GBV services across the sector.

Nine months after the suspension, IRC conducted a mixed methods impact study across Amman, Irbid, and Mafraq, drawing on 246 surveys, four focus group discussions, and key informant interviews with partner organizations. Findings indicate that 43% of women experienced direct service interruption, of which more than half saw services stop completely. While service quality remained high where services were still accessible, reduced coverage, limited communication, and the loss of safe spaces left many women without protection or viable pathways to support.

The impacts of the suspension have been lasting—emotionally, legally, and economically. For many women and girls, safe spaces were far more than sites for psychosocial or legal support; they were trusted environments for connection, dignity, and recovery. Their abrupt closure forced women who once relied on these spaces for guidance and protection to navigate fear, isolation, and uncertainty alone. Partner organizations reported parallel impacts, including halted operations, loss of trained staff, financial strain, and erosion of community trust, potentially reversing years of investment in local capacity and system strengthening.

As Jordan continues to grapple with protracted displacement, fragile economic conditions, and declining international support, this briefing calls for renewed investment in GBV prevention and response services that are predictable, nationally anchored, and resilient to funding shocks. Restoring GBV services is essential—not only to reopen safe spaces, but to rebuild trust, reconnect women to social and formal protection networks, and safeguard women's safety and dignity.

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*The lawyer helped me get custody of my children; **when the service stopped, I felt like I lost my only support***

Beneficiary from Mafraq, FGD

Background and Context

Jordan remains one of the largest refugee-hosting countries globally, with more than 1 million Syrian refugees in country. Economic stagnation, high unemployment, rising debt, and declining international assistance strain both host and refugee communities. Women and girls are disproportionately affected, facing low labor force participation and heightened risks of negative coping mechanisms, including early marriage, withdrawal from education, and exposure to violence.

Within this context, GBV remains underreported and closely linked to economic and social pressures as well as limited access to services. GBV prevention and response services—particularly safe spaces, GBV case management, psychosocial support, and legal assistance—

are therefore not peripheral interventions, but core life-saving protection and resilience mechanisms.

IRC WPE Programming in Jordan

The International Rescue Committee has operated in Jordan since 2007, delivering protection, health, economic recovery, and empowerment programming for refugees and at-risk host communities. The Women's Protection and Empowerment (WPE) program is one of IRC's flagship interventions in the country, aiming to enhance women's safety, promote gender equality, and strengthen local systems that support survivors of violence.

Prior to the funding suspension, IRC WPE programming was delivered across five governorates through Women and Girls Safe Spaces and local partner organizations. The program provided:

- GBV case management and psychosocial support
- Legal aid and referrals
- Livelihoods and economic empowerment activities
- Adolescent girls' programming
- Community-based GBV prevention and risk mitigation

These services were integral to local and national GBV referral pathways and complemented government-led and UN coordination mechanisms.

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I felt sadness and frustration because I came many times and found the center closed.

Beneficiary from East Amman, FGD

Impact of the USG Funding Suspension on IRC WPE Programming

In early 2025, IRC Jordan was significantly impacted by the temporary suspension of United States Government (USG) funding, including a USD 2.7 million Bureau of Population, Refugees, and Migration (BPRM) grant supporting health and protection activities. While health activities were subsequently resumed, protection activities remained suspended. This grant represented nearly 90% of IRC's Women's Protection and Empowerment (WPE) portfolio and underpinned GBV programming. The funding interruption affected six of nine active partnership agreements, halting activities across multiple governorates, disrupting staff contracts, and suspending community-based initiatives.

These disruptions also destabilized local partner organizations, interrupted GBV referral pathways, and weakened trust between service providers and communities. In April 2025, IRC

was able to partially resume lifesaving WPE activities in three governorates—Irbid, East Amman, and Mafraq—using internal unrestricted funding. Services resumed included GBV case management, psychosocial support (including resilience strengthening activities), cash assistance, and legal services delivered through three Women and Girls Safe Spaces.

Due to reduced staffing capacity, the number of operational safe spaces decreased from six to three, significantly limiting geographic coverage and access to services despite ongoing needs.

Impact Study Objectives and Methodology

The study aimed to assess the impact of the temporary suspension and partial resumption of WPE services on beneficiaries and partners in Amman, Irbid, and Mafraq.

Specifically, it sought to:

- Examine how service suspension affected access to GBV-related support
- Assess changes in service availability and perceived quality following partial resumption
- Understand coping mechanisms and unmet needs
- Capture partner perspectives on operational and system-level impacts

A mixed-methods approach was used, combining 246 structured surveys with women beneficiaries, 4 focus group discussions with women and adolescent girls, and 3 key informant interviews with implementing partners. Ethical standards were upheld throughout, ensuring informed consent, confidentiality, and participant safety. Triangulation was also used to validate findings across tools and stakeholder groups.

Key Findings

I. Access and Coverage

Service suspension occurred while demand remained high. Nearly half of surveyed women reported attempting to reach WPE centers or staff after services had stopped. While quality remained high where services were still accessible, reduced geographic coverage and lack of communication about service disruptions and availability created confusion.

Key findings:

- 43% of respondents reported experiencing direct service interruption due to the suspension, primarily as a result of the closure of safe spaces.
- Among those who experienced service disruption, 51% reported that services had stopped entirely, 20% reported reduced service offerings, and 16% reported slower or more difficult response times; some also noted reduced staffing levels.
- Among respondents who observed changes in service delivery, 78% reported a lack of clear information regarding service disruptions and current service availability.

II. Protection and Emotional Impact

Women consistently described safe spaces as trusted environments essential to well-being and independence. Their closure increased emotional distress, social pressures, and protection risks.

Key findings:

- 56% reported that women and girls now feel less safe in their communities.
- Increased emotional distress, anxiety, and weakened coping capacity.
- Greater isolation and fear, especially among women experiencing ongoing violence.
- Heightened protection risks for women involved in legal proceedings.
- Loss of survivor-centered psychosocial support and confidential guidance.

Overall, women linked increased GBV exposure, harassment, and unsafe environments directly to the suspension of services, trusted referral pathways, and safe spaces. While adolescent girls reported losing one of the few environments where they could safely express themselves, learn, and receive peer connection and support.

III. Impact on Partner Organizations and the GBV System

Service interruptions affected organizational capacity, staff retention, and community trust, revealing the fragility of current funding models.

Key findings:

- Halted program implementation and financial strain.
- Loss of trained staff and institutional memory.
- Erosion of community trust that had taken years to build.
- Increased costs and time to restart services.

The suspension undermined years of local capacity building, requiring organizations to rebuild trust and re-engage beneficiaries from the ground up, increasing operational and financial strain. While 73% confirmed services remained safe and respectful, more than half noted that women feel less safe due to service reductions, highlighting the multidimensional impact on protection, dignity, and trust.

IV. Coping Mechanisms

Women responded to service interruptions with resilience, but strategies were uneven and often insufficient.

Key findings:

- 43% relied on family and friends, forming informal emotional support networks.
- 30% stopped seeking support entirely, feeling there was “no point” without WPE’s presence.
- 21% sought private or paid services, a coping strategy available only to those with financial means.

Coping strategies varied across socioeconomic lines, highlighting inequalities in access to support. Informal support cannot replace structured, survivor-centered services, leaving many women vulnerable to ongoing emotional and protection risks.

V. Unmet Needs

The suspension of services directly impacted women’s most urgent needs, creating overlapping economic, psychosocial, and protection vulnerabilities.

Key findings:

- The services most affected by the suspension align directly with the most urgent needs identified by women and girls, particularly livelihood support (40%), financial assistance (38%), and psychosocial support (27%).
- Gaps in information and referral pathways contributed to exclusion, confusion, and erosion of trust in available services.
- The loss of safe spaces increased women's risk to GBV, social isolation, and emotional distress.
- The most frequently cited recommendation from respondents was to reopen or ensure continuity of service centers, followed by requests for financial assistance and microbusiness support, highlighting strong demand for both immediate economic relief and longer-term empowerment opportunities.

Women consistently emphasized psychosocial support as a top priority. Geographic variation in needs (notably Irbid and Amman) highlights the importance of tailoring services to diverse groups. The suspension deepened economic and emotional risks, leaving many women without income or coping support.

Additional Insights: What Girls Want

The adolescent participants of the FGDs expressed clear priorities for the future. They gave the highest importance to adolescent-focused awareness sessions and psychosocial support, alongside aspirations for skill development and learning opportunities. Specific requests included:

- More sessions on awareness related to adolescent health, harassment, and self-protection.
- Opportunities to learn new skills, including technology, English, and even specialized interests like cooking international cuisines.
- Access to academic support, emotional, and volunteering opportunities to build their capacities.

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I tried to seek help from other organizations, but every attempt ended in disappointment; there was no real support anywhere.

Beneficiary from Irbid, FGD

Policy Recommendations for Strengthening GBV Prevention and Response in Jordan

The study highlights systemic vulnerabilities: GBV services in Jordan remain highly exposed to funding shocks. Service interruptions increase protection risks, fracture trust with affected

communities, and undermine national GBV response systems. As Jordan transitions toward longer-term development planning, GBV prevention and response must be treated as essential protection infrastructure—embedded within national coordination mechanisms and social protection frameworks.

Targeted at protection actors (including national and international civil society organizations), the Government of Jordan, and donors, the following recommendations aim to ensure service continuity, strengthen system resilience, and uphold survivor-centered protection.

1. Ensure continuity of core GBV services and delivery models

Urgently reestablish and sustain uninterrupted access to GBV prevention and response services—including psychosocial support, legal assistance, and case management—in line with interagency minimum standards. Services should be delivered through national and interagency GBV coordination mechanisms to ensure consistency, quality, and continuity.

2. Diversify and stabilize funding for GBV services

Reduce reliance on single donors by diversifying funding sources, including engagement with private sector actors and non-traditional donors. At the same time, ensure GBV prevention and response are adequately budgeted within national plans to support predictable and sustainable service delivery.

3. Promote holistic, high-quality, and integrated services

Ensure GBV programming provides comprehensive support that integrates protection services with economic empowerment and health interventions, recognizing the interconnected nature of women's protection, well-being, and recovery.

4. Strengthen communication, information sharing, and accountability to affected communities

Provide timely, accurate, and accessible information on service availability, changes, and referral pathways through community outreach and feedback mechanisms, ensuring transparency and accountability to women and girls.

5. Strengthen partnerships with women-led and women's rights organizations

Expand collaboration with and leadership of women-led and women's rights organizations (WLOs/WROs) to deliver GBV services using community-based protection approaches. Support their role in managing safe spaces, strengthening local ownership, and ensuring continuity and accessibility of services for women and girls.

6. Institutionalize preparedness, exit strategies, and continuity planning

Integrate preparedness and phased exit strategies into GBV programming, including clear referral pathways within national systems. Invest in capacity building for national and government entities to ensure continuity of services and prevent abrupt gaps during funding or program transitions.

7. Anchor GBV services in national social protection and development frameworks

Integrate GBV prevention and response into national social protection, health, and education systems to ensure long-term sustainability, policy coherence, and survivor-centered services beyond humanitarian funding cycles.