

AFGHANISTAN

What the US aid freeze means for the country



KEY FIGURES

43.9%

OF AFGHANISTAN'S 2024
AID FUNDING COMING
FROM THE US

USD 234 M

PLANNED US
HUMANITARIAN
FUNDING FOR
AFGHANISTAN IN 2025

22.9 M

PEOPLE IN NEED IN 2025,
ACCORDING TO THE
HNRP

FUNDING AND RESPONSE
CAPACITY

Only 11.6% of the HNRP
funded by 3 february 2025
74% of funds committed by
the US

CRISIS OVERVIEW

On 20 January 2025, US President Donald Trump issued an executive order (EO) calling for a 90-day suspension of US-funded foreign aid, including humanitarian operations (WH 20/01/2025 a). The administration began sending stop-work orders (SWOs) on 24 January 2025, along with a pause on new aid. According to media reports, an internal memo allowed continued military assistance to Israel and Egypt (Reuters 24/01/2025; The Guardian 24/01/2025). On 28 January, amid confusion and calls for exemptions to the pause, US Secretary of State Marco Rubio announced a waiver “for life-saving humanitarian assistance” (US DOS 28/01/2025; AJ 27/01/2025; Reuters 27/01/2025). This is defined as “core life-saving medicine, medical services, food, shelter, and subsistence assistance, as well as supplied and reasonable administrative costs as necessary to deliver such assistance” (US DOS 28/01/2025). Excluded from healthcare services were some core elements of sexual and reproductive healthcare, including family planning. By 7 February, most USAID employees had been placed on administrative leave, with the exception of critical personnel (CNN 04/02/2025). The suspension of international humanitarian aid came on the same day as the US announcing its withdrawal from WHO and alongside the announcement that Rubio will serve as USAID’s interim director (WH 20/01/2025 b; Just Security 01/02/2025; The Guardian 01/02/2025; CNN 03/02/2025).

The US is a major humanitarian aid donor; in 2024, according to OCHA’s financial tracking system, US funds made up 43.9% of all reported humanitarian funding in Afghanistan (OCHA accessed 30/01/2025). In 2025, the US was expected to provide at least USD 234 million in humanitarian financing to Afghanistan, around 10% of the total funding requirements of the country’s 2025 Humanitarian Needs and Response Plan (HNRP) and around 60% of all funds committed to the response by 3 February (USAID 17/01/2025; OCHA accessed 03/02/2025). According to the deputy minister of economy of the Interim Taliban Authority (ITA), around 50 national and international aid organisations across the country have had to suspend operations, in part or entirely, following the SWOs (NPR 03/02/2025).

The humanitarian impacts of the funding pause and SWOs will become clearer in the coming days or weeks when organisations have more clarity on which programmes can continue under the waiver. That said, the precarious humanitarian situation in Afghanistan means any decline in humanitarian funding or pause in humanitarian operations will have a significant impact on the Afghan population in general and especially on those in immediate need of humanitarian assistance. More than one-third of Afghanistan’s population is projected to face acute food insecurity through March 2025 (OCHA 19/12/2024). While it is unclear how or whether the US withdrawal from WHO will affect the healthcare crisis in Afghanistan, the country’s health system is struggling, and social determinants of health continue to worsen (HRW 12/02/2024). The combination of continued restrictions (especially on women and girls), economic stagnation, commodity price increases, and insufficient funding – a large part suspended following the SWOs – is likely to contribute to a significantly deteriorating humanitarian situation in Afghanistan (ACAPS 24/12/2024; WB 02/05/2024).

ANTICIPATED SCOPE AND SCALE

Afghanistan’s 2025 HNRP called for USD 2.42 billion in humanitarian funding to target 16.8 million people out of the 22.9 million considered in need of humanitarian assistance. By 3 February, less than 12% (USD 279.5 million) of the plan had been funded, 74% of which was pledged by sources connected to the US Government (OCHA accessed 03/02/2025). US funding was primarily supposed to cover food, nutrition, WASH, health, protection, shelter, and economic recovery activities. As a result, any disruption to US funding will most likely affect these sectors.

It is still unclear what projects might be eligible under the current waiver issued in relation to the SWOs, but the scale of disruption to the humanitarian response in Afghanistan is likely to be major. Some life-saving projects that should fall under the current waiver are still paused while funds remain frozen, leaving extensive gaps in humanitarian responders’ capacity to meet the Afghan population’s needs under the 2025 HNRP (USAID 17/01/2025; OCHA accessed 03/02/2025; MSN 02/02/2025).

Following – and possibly in response to – the SWOs, the value of the Afghani declined by 7.6% against the US dollar in the last week of January 2025 (WFP 30/01/2025). Because most food staples in Afghanistan are imported, the depreciation of the Afghani against the US dollar has had a direct impact on market prices, slightly increasing the cost of major food and non-food items, diesel, and winter fuel items. While the increase in the cost of key items is small, the country's dire economic circumstances mean that even minor cost increases will affect people. With more than half of the population needing humanitarian assistance in 2025, fluctuations in the currency and costs of essential items will have widespread impacts across the country (OCHA 19/12/2024).

It remains unclear how much other humanitarian donors will step in to fill the gap that the funding pause and SWOs have created. There is also a lack of clarity and data on how likely service gaps may affect geographical service coverage. Whether decisions regarding projects are made within the planned 90-day period – and which projects will be allowed to continue – will also determine the scope and scale of the impacts.

POTENTIAL EFFECTS OF THE FUNDING PAUSE AND STOP-WORK ORDERS

WASH

The White House's waiver on life-saving humanitarian assistance did not specify WASH services. It is currently unclear whether or not they would fall under the health category or be considered subsistence assistance (US DOS 28/01/2025). In 2025, the US planned to provide financial support for at least 16 organisations to deliver WASH activities, including safe drinking water, essential hygiene items, water and sanitation system rehabilitation, and hygiene promotion activities (USAID 17/01/2025). More clarity is needed to understand whether maintenance and monitoring will continue under the waiver, along with the distribution of WASH-related NFIs, such as soap and sanitary products. Even where WASH systems are in place, 90 days without maintenance could cause delays in repairs or unplanned stops in services, increasing the risk of disease transmission.

According to the 2025 HNRP, 21 million Afghans (nearly 50% of the total population) need WASH support. The HNRP notes that women, people with disabilities, and children disproportionately experience negative impacts from inadequate WASH services, and the spread of acute watery diarrhoea (AWD) and cholera remains a threat (OCHA 19/12/2024). Disruptions to safe drinking water access and the delivery of hygiene items, as well as a lack of WASH system rehabilitation, can directly increase cholera and AWD incidence. Even before the funding pause, Afghanistan had one of the highest cholera and AWD caseloads worldwide, with over 175,000 cases reported in 2024 (ECDC 25/11/2024; WHO 28/12/2024).

Lack of proper WASH access directly affects health outcomes and facilitates the spread of disease and infection. IDPs and returnees living in crowded and makeshift conditions are especially vulnerable to the adverse effects of inadequate WASH services, as are people with heightened susceptibility to diseases (such as babies and young children, older people, people with disabilities, and people with chronic illnesses) (IRC 13/09/2023; CDP accessed 30/01/2025). Even a temporary suspension of WASH services may result in needs linked to insufficient water and sanitation and a subsequent increase in people seeking immediate life-saving care, straining an already overburdened healthcare system (highlighted below). This could also have long-term implications on child and maternal nutrition (UNICEF 05/12/2024).

Health

In 2025, the US planned to offer financial support to at least 11 organisations delivering emergency and primary healthcare services, providing essential medicine, implementing vaccination campaigns, and training and coordinating health services across the country (USAID 17/01/2025). While the EO includes a clear exception for life-saving medicine and medical services, it is not clear if this refers only to emergency medicine or if it includes basic healthcare services, chronic and maternal healthcare, mobile healthcare services, and vaccine rollout in emergency settings. It is also unclear whether mental health and psychosocial support services, including specialised services where patients often rely on uninterrupted care, would be considered life-saving and if they will continue.

There have already been reports of the suspension of at least one vaccine programme, though it is unclear whether this is because the project was not entitled to a waiver, the responders have not applied for a waiver, or they are waiting for a waiver to be granted (NPR 03/02/2025). Cases of cholera and AWD, malaria, measles, dengue, polio, and haemorrhagic fever were reported in Afghanistan in 2024 (OCHA 19/12/2024). A lack of or disrupted access to primary and preventative care and vaccines will result in increased morbidity and mortality, both in the immediate and long term, and could undercut current progress on polio reduction (VOA 29/01/2025). Poor access to WASH services will also worsen health outcomes (OCHA 19/12/2024).

The SWOs are also likely to reduce the availability of maternal care, including prenatal and postnatal care, safe deliveries (particularly in inaccessible areas), and awareness-raising about women's health and childbirth (USAID 17/01/2025; UNICEF 30/01/2025). The explicit suspension of sexual and reproductive healthcare and family planning threatens health outcomes for women and girls, at least until other donors fully or partially cover services. 90 days without access to family planning can have huge impacts on women, e.g. by causing unintended pregnancies, further impeding women's and girls' abilities to control their own bodies, which already face restrictions from ITA policies. Access to family planning is critical to young Afghan women and girls: 16.3% of women ages 20–24 had a live birth by

age 18 in 2024, and 64% of deaths among 15–19-year-old girls and women and 70% among 20–24-year-old women were the result of pregnancy complications or unsafe abortions (OCHA 19/12/2024). This is particularly concerning because Afghanistan has one of the highest infant mortality rates in the world (UNICEF accessed 31/01/2025).

Any cuts to healthcare programming come at a time when 14.3 million Afghans (nearly 34% of the total population) are in need of health assistance (OCHA 19/12/2024). Afghanistan's health system has long been on the brink of collapse, with people continuing to die because they cannot access medical care (Tao et al. 11/01/2023). Even prior to the EO, Afghans' access to healthcare services was already declining because of reduced international funding, the cost of living crisis, and restrictions on women's and girls' movement (HRW 12/02/2024). In fact, widespread economic hardship has led to a significant decline in private healthcare services and an increase in the use of public healthcare services, which are already overburdened (Basij-Rasikh et al. 20/02/2024).

Nutrition

It is unclear whether the waiver for life-saving aid includes the early detection of malnutrition. If it does not, or if humanitarian responders proactively cut services for fear of disallowed costs, failure to detect malnutrition early could result in a greater need for life-saving treatments and have long-term implications on child and maternal health. Even before the SWOs, a projected 3.5 million children under age five were expected to experience acute malnutrition in 2025, with 857,000 expected to experience severe acute malnutrition. More than one million pregnant and lactating women were expected to experience maternal malnutrition in 2025. While the EO includes exemptions for life-saving food and healthcare assistance, it does not explicitly acknowledge other factors that may affect nutrition – including suboptimal vaccination coverage, poor WASH conditions, constrained healthcare access, and reduced economic and agricultural activities (OCHA 19/12/2024). A 90-day suspension of these services could aggravate future global acute malnutrition and severe acute malnutrition levels.

Food security and agriculture

In 2025, the US planned to provide USD 170 million to the WFP to provide emergency food assistance to at-risk populations across Afghanistan in the form of cash transfers, food vouchers, nutrition support, and in-kind food assistance (USAID 17/01/2025). Although the EO makes exceptions for emergency food aid, it is unclear how effectively those exceptions can be implemented, which modalities would be allowed to continue, and whether this would also include the agricultural inputs and tools necessary for maintaining longer-term food security.

The possible disruptions to emergency food assistance come at a time when 14.8 million Afghans (nearly 35% of the total population) are food-insecure, including more than 11.6 million people facing Crisis (IPC Phase 3) food insecurity and 3.1 million expected to experience Emergency (IPC Phase 4) levels in the first quarter of 2025 (OCHA 19/12/2024; USAID 17/01/2025). This projection assumes that humanitarian food assistance for the projected period would increase to cover at least six million people. Any disruption or decrease in food assistance could further aggravate food insecurity levels, particularly if waivers for emergency food assistance are not effectively implemented.

US support for Afghanistan's agriculture sector amounted to over USD 32 million in 2024, potentially leaving a significant gap in 2025 if this aid is revoked or significantly reduced (US DOS accessed 31/01/2025). The US funding freeze is also likely to affect multipurpose cash assistance (MPCA), one of the preferred response modalities in Afghanistan since its introduction in 2009 to address the basic needs of crisis-affected households while preserving their dignity and freedom of choice. By September 2024, 39 Cash Working Group responders had provided cash assistance to 3.5 million people across 199 districts. By early December, over USD 88 million had been distributed in MPCA. In 2025, with a budget of over USD 69 million, responders planned to target approximately 1.7 million people with MPCA (OCHA 13/01/2025).

The 90-day period covered by the SWOs likely includes key seasonal activities linked to food production within the agricultural sector. January–March is the sowing and growing season for wheat, barley, maize, vegetables, and rice and the harvesting season for wheat, barley, maize, rice, and sugar cane. April–June is the sowing and growing season for wheat, barley, maize, rice, and vegetables and the harvesting season for wheat, barley, maize, rice, oilseeds, and cotton (Tiwari et al. 18/06/2020; ACAPS accessed 31/01/2025). Insufficient aid in terms of agricultural inputs will severely affect outputs, affecting household spending power and food security from June–August. A lack of access to drought-resistant seeds and insufficient sustainable economic alternatives to opium poppy cultivation may result in an increase in such cultivation in 2025; in 2024, opium poppy cultivation increased in Badakshan, Badghis, Balkh, Farah, Faryab, and Helmand provinces (UNODC 06/11/2024; UNDP 01/07/2024). Any reduction in agriculture can affect food security and, subsequently, health outcomes for food-insecure households. A reduction in agricultural support could also roll back livelihood advancements made over the last three years.

Protection

In 2025, the US planned to provide financial support to at least 14 responders providing protection assistance, including psychosocial support, gender-based violence (GBV) services, legal assistance, safe spaces for children, and other child protection activities (USAID 17/01/2025). In 2024, protection assistance amounted to USD 8.6 million, representing over 70% of USAID's emergency aid in Afghanistan (USAID 27/08/2024). Protection support was not specified under the current waiver for life-saving humanitarian assistance, and it is not clear which, if any, protection activities might be considered life-saving. That said, protection programming includes emergency and often life-saving assistance, such as emergency shelters, emergency GBV services, support for unaccompanied and separated children, and emergency cash for protection, predominantly for women, children, people with disabilities, and older people (OCHA 19/12/2024).

Protection responders have already flagged that limited funding would prevent them from sustaining longer-term and preventative activities that reduce protection risks in communities, pushing them instead to deliver only life-saving and emergency assistance for the most at-risk groups (OCHA 19/12/2024). The funding pause and lack of specific inclusion of protection activities in the current waiver mean that protection programming will likely diminish in scope and scale, at least for the duration of the SWOs. Even a temporary suspension of funding for life-saving protection programmes could have immediate and long-term adverse effects on the security and wellbeing of Afghans who are experiencing or are at heightened risk of protection violations, including Afghan women, children, older people, and people with disabilities.

The possible reduction in protection services comes at a time when Afghanistan is widely considered to be experiencing multiple concurrent protection crises, with restrictive measures disproportionately affecting women and girls and limiting their rights and ability to participate in public life. According to the 2025 HNRP, 22.3 million Afghans (nearly 53% of the total population) are in need of protection support. Displacement, large-scale returns, explosive ordnance contamination, recurrent natural hazards, and climate-related shocks all further aggravate the protection situation (OCHA 19/12/2024).

Education

In 2025, the US planned to support humanitarian responders deliver educational activities, improve school infrastructure, and ensure education access for IDPs and returning refugee children through learning spaces and accelerated learning programmes (USAID 17/01/2025). Education was not listed as one of the life-saving areas of humanitarian aid under the waiver. Loss of education access affects children's mental health, increases their sense of isolation, and places children at higher risk of child labour or child marriage (Kovess-Masfety et al. 23/01/2023; UNICEF 15/08/2022; STC 05/12/2022; The Guardian 09/02/2023). Because of the existing ban on girls' education, the suspension will mostly affect boys, along with girls attending school online or via radio (NPR 03/02/2025). Poverty, natural hazards, and displacement limit education access in Afghanistan, with an anticipated 105,550 new returnee children expected to need support for education in emergencies in 2025 (OCHA 19/12/2024).

Emergency shelter and NFIs

According to the 2025 HNRP, 5.8 million Afghans (nearly 14% of the total population) need emergency shelter and NFI support. Most have experienced displacement because of natural hazards and have recently returned to their areas of origin or live in informal settlements with insecure tenure (OCHA 19/12/2024). In response to these needs, in 2025, the US planned to support humanitarian responders providing emergency shelters, shelter repair kits, transitional shelters, winterisation items, and MPCA (USAID 17/01/2025).

Emergency shelter is covered under the waiver, but the status of NFIs is unclear. Even a temporary suspension in the provision of NFIs could have severe consequences for affected households, especially during the winter season. Women and women-headed households especially struggle to access adequate winter clothing and heat, affecting their overall health and wellbeing (OCHA 19/12/2024).

Resettlement

On 20 January 2025, the White House issued another EO suspending all refugee resettlement into the US for 90 days, except on a case-by-case basis (WH 20/01/2025 c). The EO also prevents the US Refugee Admissions Program from receiving direct applications or referrals from UNHCR, NGOs, or diplomatic missions (IRAP 28/01/2025). Afghans ineligible for the Special Immigrant Visa (SIV) programme – which covers former soldiers in the Afghan military, human rights activists, journalists, civil society activists, and LGBTQ+ people – but who may still be targeted by the ITA seek resettlement as refugees (NBC 22/01/2025; NYT 20/01/2025). The funding pause is estimated to affect more than 10,000 Afghans already approved for

resettlement in the US and more than 40,000 still actively pursuing resettlement. Some will become stuck in other countries, including Pakistan, during the process, while others may have to remain in hiding. Among those affected are the families of more than 200 active US service members (NPR 27/01/2025; AJ 22/01/2025).

While the EO on refugee resettlement does not affect SIVs for Afghans who worked for the US military or government, the suspension of humanitarian aid has also suspended flights to the US for approved SIV holders (IRAP 28/01/2025; USCIS accessed 03/02/2025). While they can book their own travel to the US, reception and placement services have also been affected, and SIV holders are not guaranteed to receive support upon arrival (IRAP 28/01/2025).

AGGRAVATING FACTORS

ITA restrictions

While the suspension of humanitarian aid will affect all Afghans, women and girls are likely to face disproportionate impacts, in no small part because of the ITA's increasingly restrictive rules governing women's and girls' access to public spaces, including education and employment (ACAPS 21/04/2023, 01/12/2023, 25/07/2024, and 24/12/2024). The humanitarian response in Afghanistan has already faced significant challenges in delivering aid to women and girls. Responders needing to stretch their resources combined with a population with potentially less access to aid (and less access to its trickle-down economic impacts) could worsen these challenges. The broad range of potential negative impacts resulting from the funding pause and SWOs will likely aggravate existing negative impacts from the ITA's restrictions and vice versa. For example, the codification of the Mahram requirement forces men earning an income to take time off work to accompany female relatives to the store, doctor's office, or any other appointment. If the Afghani continues to depreciate against the US dollar, causing costs of living to increase or become more unstable, men may be unable to afford to take time off to accompany women for essential tasks.

Household-level socioeconomic vulnerability and decline in resilience

Despite tentative signs of economic recovery, in 2024, 90% of Afghan households experienced some kind of economic shock. Even though overall levels of household debt declined, most Afghans still depended on debt to meet basic needs (ACAPS 30/12/2024). UN cash shipments played an instrumental role in economic stability by stabilising the Afghani, but the aid pause and SWOs appear to have had an immediate impact on the currency's value, which declined by 7.6% against the US dollar (ACAPS 30/12/2024; WFP 30/01/2025). The conditions testing Afghan resilience identified in 2024 remain the same – economic deterioration, increased

unemployment and underemployment, climate-induced and geological hazards, increased authoritarian rule, lack of healthcare access, internal displacement and high return levels, and reduced migration opportunities. The funding suspension and SWOs are likely to aggravate these conditions by further affecting the economy, employment, access to services that were supported by humanitarian organisations, and the capacity to mitigate and respond to hazards (ACAPS 03/06/2024).

Many Afghans had already exhausted numerous coping and resilience strategies before the US suspension of aid, and those directly affected by any aid reductions linked to the SWOs are more likely than ever to turn to coping strategies with potentially harmful consequences. It is important to note that general economic deterioration, climate-induced and geological hazards, poor healthcare access, and continued displacement have all affected Afghan resilience, making people more susceptible to the impacts of future shocks and hazards (ACAPS 03/06/2024). Traditional social and community-based mechanisms of resilience depend on a community's economic wellbeing or an individual's social networks, so when everyone's economic resources have been depleted, community support as a resilience driver could also become exhausted (ACAPS 16/06/2023; ACAPS 03/06/2024).

Climate change and natural hazards

Afghanistan is among the countries most vulnerable to climate change, facing increasingly frequent and severe floods and droughts that affect the lives and livelihoods of millions of people each year (ND-GAIN accessed 31/01/2025; ACAPS 31/07/2024). Since the ITA's return to power in 2021, limited access to climate financing (including UN mechanisms such as the Green Climate Fund), exclusion from official climate negotiations, and sharp declines in bilateral development assistance have severely affected Afghanistan's climate adaptation efforts (The Diplomat 29/04/2024; Reuters 11/12/2023; ACAPS 30/12/2024).

Seasonal forecasts indicate expected below-average precipitation and above-average temperatures from February–April (WMO accessed 31/01/2025). This may reduce winter wheat yields, affect spring wheat planting, and degrade pasture conditions, reducing crop and livestock productivity, with smallholder farmers particularly at risk of losing their livelihoods (ACAPS accessed 31/01/2025; GEOGLAM 06/02/2025).

Because the waiver to the SWOs does not appear to include agricultural programming, the funding pause may significantly affect agricultural resilience efforts if other donors do not step in. These efforts include the rehabilitation of dams and irrigation systems; the distribution of animal feed, drought-resistant seeds, and fertilisers; and support for women farmers. As a result, millions of climate-vulnerable Afghans are likely to face agriculture-related effects (USAID 04/2023; USAID 08/2024).

Returns to Afghanistan and areas of origin

Significant numbers of returns to Afghanistan – more than 800,000 between 15 September 2023 and December 2024 – may aggravate the conditions in host communities and render returnees vulnerable to the impacts of the aid pause and SWOs (UNHCR 30/01/2025). Returnees from within Afghanistan and from neighbouring countries often lack access to sufficient food, adequate shelter, and livelihood opportunities (ACAPS 16/08/2024). The current waiver to the EO appears to cover only food and shelter assistance.

Even before the funding pause and SWOs, low economic growth was already predicted to be the country's most likely economic direction (ACAPS 30/12/2024). Considering the projected impact of the suspension of humanitarian aid and SWOs on the cost of living and livelihoods, the need for livelihood support among returnees is likely to increase. Returnees are also among those least likely to have access to community support in areas of return given those areas' already depleted resources (ACAPS 03/06/2024). In places where SWOs have paused or reduced aid, returnees may have fewer social networks to lean on for support.

HUMANITARIAN RESPONSE CAPACITY

Sudden and unplanned aid disruption

US funding through the coordinated HNRP made up 74% of the funding that had already been committed for 2025 (OCHA accessed 03/02/2025). The EO and SWOs went into effect almost immediately and were vaguely written, leaving responders scrambling to understand which programmes need to be cut, how to continue delivering aid to affected people, and what potential legal repercussions they might face with domestic staff and vendors already contracted to deliver services. The unexpected nature and scope of the SWOs and the inability to communicate with USAID focal points mean responders have had little time for contingency planning and struggle to understand what the EO means for their work.

Ambiguity of US directives

By 7 February, most USAID employees had been placed on administrative leave, with the exception of critical personnel (CNN 04/02/2025). Ambiguity in the phrasing of the EO and waiver, along with difficulties in communicating with USAID because of a lack of staff and closed communication channels, may result in UN agencies and NGOs cutting services out of fear of disallowed costs or because they do not have the capacity to apply for waivers for programming they are unsure of. There are also reports that, even where waivers have been

issued, funds are not being released, and there is no clarity over when they may arrive (MSN 02/02/2025). Some aid groups have said that the process for requesting exemptions does not work and they cannot get assurances, even for programmes that do appear eligible (TWP 30/01/2025). There is a risk that programmes that could be exempt from the SWOs may be suspended anyway as part of organisational risk management strategies and the individual organisation's ability and willingness (or lack thereof) to absorb the associated financial risks. It is also unclear at this time how NGOs will balance the freeze on grant payments with existing contractual obligations to staff and third parties.

Disruptions to data collection and analysis

Data collection is not included in the waiver on the suspension of humanitarian aid, and it is unclear whether it would fall under reasonable administrative costs. Ambiguity around the wording of the SWOs and waiver may result in the precautionary suspension of data collection activities. Access to up-to-date data and information is critical for effective and principled humanitarian response, coordination, and decision-making (Gazi 16/07/2020; UNHCR accessed 31/01/2025). Data collection and analysis also play a key role in anticipatory action and planning. FEWS NET, whose data and analyses are crucial in allowing humanitarian responders to prepare for major food insecurity crises and famines, has been suspended and taken offline (BBC 31/01/2025). The possible decrease in data collection activities will likely also aggravate existing concerns about insufficient data on women and girls because of increasing ITA restrictions.

Any disruptions to data collection and analysis are going to make analysing the impacts of planned US aid suspension more difficult. The impacts of the EO and SWOs will vary across responders, depending on the level of US funding per organisation. There is currently no publicly available comprehensive gap analysis outlining which projects the EO and SWOs will affect and where. As a result, it is difficult to understand which programming is paused, which may be covered by other grants (if cofunded), and which programming can continue. A comprehensive gap analysis is necessary to facilitate response coordination, mitigate the potential effects of the EO and SWOs, and inform alternate donors of which programmes still need coverage. The overall reduction in funds also makes it harder to conduct such an analysis, as the staffing necessary for the analysis also requires funding.

Coordination

In 2025, the US planned to provide USD 2.5 million to OCHA to support humanitarian coordination, information management, and assessments, which would have covered 20% of OCHA's needs, as stated in the 2025 HNRP (USAID 17/01/2025; OCHA 19/12/2024). By February 2025, none of this funding had yet been committed. It is not clear if it will be considered eligible under the current waiver (OCHA accessed 03/02/2025).

Anecdotal reports from coordination responders suggest that at least some coordination mechanisms remained operational by early February. It is currently unclear to what extent the SWOs will affect coordination activities and what detrimental impacts the operational responders can expect.

On 3 February 2025, iMMAP announced the temporary suspension of ReportHub, funded by USAID (WASH Cluster 03/02/2025). ReportHub has played a critical role in planning, reporting, and coordinating humanitarian activities in Afghanistan. In 2023, ReportHub supported seven clusters and two working groups (120 total organisations), streamlining programming and operational data flow between coordinating groups (iMMAP 2023). With ReportHub down, ACAPS has also been unable to find more recent and up-to-date figures.

Localisation

In 2024, Afghan NGOs received 28.6% of all funding allocated through the Country-Based Pooled Funds, a significant increase from 18.7% in 2023 and 21.6% in 2022 (OCHA accessed 31/01/2025). Afghan NGOs also receive funding through INGOs and UN agencies as implementing organisations. The funding pause and SWOs have caused operations to cease in 50 NGOs across 28 provinces (TOLOnews 29/01/2025). It is unclear how many of these are national NGOs and how many are international. Because national organisations are less likely to have enough core funding to maintain operations during gaps between projects, Afghan NGOs not only have to stop work (as do all US-funded projects and organisations) but are at greater risk of losing staff during the suspension (ACAPS 07/02/2023). This could have severe implications on the localisation agenda, with fewer Afghan NGOs able to resume operations once the SWOs are lifted.