What's at Stake: Protecting Refugee Women and Girls from Violence in a Time of Funding Cuts

Impact of UNHCR's gender-based violence prevention and response programming



Contents

Executive message 3

Introduction 4

Impact of UNHCR-supported GBV programming 5

1. GBV Prevention 5
2. GBV Response 12
3. Capacity strengthening 13
4. Mitigating risks of GBV across sectors 14

What is at stake: Impact of funding cuts on GBV prevention, response and risk mitigation 16

Sustaining the impact 19

Acknowledgments 20

Executive message

Violence against women and girls remains a critical protection risk in displacement settings, where conflict, climate-related shocks, movement restrictions and socio-economic pressures increase exposure to violence and restrict access to support.

In 2025, UNHCR and its expert GBV partners, including local and refugee women-led organizations, continued to deliver essential prevention and response services. Across 77 countries, UNHCR-supported GBV interventions reached 1.6 million people, including nearly 1 million refugees. These investments helped survivors access specialized services, protected adolescent girls from violence and harmful practices, strengthened women's economic resilience and mobilized communities to prevent violence before it occurs.

These results demonstrate what sustained investment in GBV programming can achieve. At the same time, a sharp contraction in humanitarian funding is placing these gains at risk, reducing the availability and reach of life-saving services at a time of growing needs. This report presents the impact of UNHCR-supported GBV programming in 2025 and examines the consequences of funding reductions for survivors, women and girls at risk, and the organizations supporting them. It draws on an internal survey of GBV focal points in 24 operations, complemented by global and other internal UNHCR reporting.

2025 IMPACT AT A GLANCE

1.6M
People reached through GBV programming
**Global result*

77
Countries with UNHCR-supported GBV interventions
**Global result*

203+
Women and Girls Safe Spaces supported

>875,000
Women, girls, men and boys reached with information on GBV risks and available services

Introduction

736 million women—almost one in three—have been subjected to physical and/or sexual intimate partner violence, non-partner sexual violence, or both at least once in their life. Feminicides – the intentional murder of women and girls – are rising: every 10 minutes partners and family members kill a woman intentionally (UN Women). Climate change further increases risks of intimate partner violence for women and girls –with some studies pointing to a possible 28% increase. Violence against women and girls is estimated to cost at least USD 1.5 trillion.

By the end of June 2026, an estimated 118.2 million people were forcibly displaced. Conflict and displacement significantly increase risks of gender-based violence (GBV), threatening the lives of over 60 million forcibly displaced and stateless women and girls worldwide. Conflict-related sexual violence reports have increased by 25% since 2023, severely impacting refugee women and girls in particular from Sudan and the Democratic Republic of Congo. Conflict related sexual violence against children has increased by 35%, with survivors as young as one year old. Child marriage, female genital mutilations and other forms of sexual violence severely impact refugee girls across many settings.

Throughout 2025, UNHCR managed 24 active emergency declarations across 16 countries (10 newly declared and 14 ongoing from 2024). Against this backdrop of large-scale displacement and growing humanitarian needs, new and protracted emergencies continued to expose women and girls to heightened risks of gender-based violence (GBV), while limited access to essential services further compounded these risks.

This report presents the results and impact of UNHCR-supported GBV prevention and response programming in 2025, with a primary focus on refugee settings. It illustrates how these investments contributed to protecting women and girls, improving survivors' access to life-saving services and strengthening community-based protection. The report also examines the consequences of funding reductions for the sustainability and reach of these interventions.

About the data

This report draws primarily on an internal survey completed by GBV focal points in **24 UNHCR operations**, complemented by global and other internal UNHCR reporting. Unless otherwise indicated, aggregate figures and percentages presented in the report reflect findings from the 24 operations surveyed. **Where figures reflect global UNHCR results, this is indicated in the text.**

Impact of UNHCR-supported GBV programming

Globally, UNHCR and its 220 expert GBV partners continue to deliver life-saving assistance on the ground, with GBV programming reaching 1.6 million people across 77 countries in 2025, including nearly 1 million refugees. The following sections illustrate how these interventions helped prevent violence, strengthened access to survivor-centred services, supported women's economic resilience, built the capacity of frontline actors and reduced GBV risks across humanitarian sectors.

AT A GLANCE

1.6M People reached through GBV prevention and response programming **Global result*	**10,232** individuals saw improved access to life-saving GBV services thanks to 11 GBV specialist deployments	**203+** Women and Girls Safe Spaces supported	**481,082** People reached with structured prevention activities, with over 60% of men who took action to end GBV in their communities in some locations.	**>875,000** Women, girls, men and boys reached with information on GBV risks and available services

1. GBV Prevention

UNHCR implements GBV prevention programmes aimed at preventing violence against women and girls before it occurs, with a focus on evidence based, community-driven approaches. Transformative and structured prevention models—including Engaging Men Through Accountable Practice (EMAP/IRC), Girl Shine (IRC), and SASA! Together (Raising Voices)—are implemented across multiple regions, reaching more than 481,082 crisis affected women, girls, and community members in 2025. These interventions contributed to positive shifts in attitudes and behaviours related to gender inequality and violence, strengthening community capacity to prevent GBV. UNHCR prioritized partnering with local women-led organizations, including those led by refugee women.

1.1 Evidence-based programmes to protect adolescent girls from violence

In **Bangladesh**, 1,745 refugee adolescent girls completed the Girl Shine curriculum, which aims to strengthen the prevention of and response to violence against adolescent girls in humanitarian settings. Sessions focused on life skills development, prevention of child marriage, and increasing awareness among married girls and those at risk about GBV and services available to survivors. The impact of the programme was significant. Following completion of the curriculum, 98% of refugee adolescent girls reported an increase in their social support networks since the start of the programme, while 97% reported knowing where to access support if they experience violence — key protective factors in reducing vulnerability to GBV. To sustain these gains and reinforce community-level prevention efforts, a peer mentorship component was introduced. To date, 123 Girl Shine graduates—known as "Girl

Shine Stars"—are serving as outreach volunteers, supporting their peers and promoting positive change within their communities.

In **Moldova**, Girl Shine was piloted by the women-led organization Casa Marioarei, reaching 142 adolescent girls and their caregivers, including Ukrainian refugees and vulnerable host community members. 86% of adolescent girls demonstrated stronger knowledge and more equitable attitudes related to healthy relationships, gender roles, and personal safety after completing Girl Shine, suggesting a reduction in acceptance of harmful norms and an increased capacity to recognize and respond to risks. Furthermore, 87% of caregivers demonstrated improved knowledge and attitudes related to gender equality, decision-making, relationships, and the prevention of violence, indicating that the programme contributes to broader normative change beyond direct participants. Following the success of the pilot, a rural school opted to officially integrate the Girl Shine curriculum into its educational programme, demonstrating the model's relevance, acceptability, and potential for sustainable scale-up within the national system.

In **Yemen**, UNHCR and the refugee women-led organization Al Ghaith Charity Committee for Refugees piloted the Girl Shine programme in Kharaz Camp, providing a structured and safe space that strengthened the protection and wellbeing of refugee adolescent girls from Somalia and Ethiopia. The programme delivered a contextualized life-skills curriculum and engaged caregivers to promote more supportive and gender-equitable practices within the household. Implemented through a community-led model, with refugee mentors and facilitators and the leadership of a local partner, the initiative increased trust, cultural acceptance, and sustainability. Following completion of the programme, 100% of participating adolescent girls reported feeling more valued, reflecting positive shifts in confidence and self-worth.

In **Syria**, the Girl Shine programme created safe spaces where 443 adolescent girls could build confidence, develop life skills, and support one another. Participants reported feeling safer and more confident, and better able to navigate risks, including violence and harmful practices. Caregivers also demonstrated more supportive attitudes toward girls' education and wellbeing, contributing to strengthened protection and resilience in a context where opportunities for girls are increasingly restricted. Comparable results were observed in **Nigeria**, where Girl Shine combined life skills, confidence building, and practical support to reduce vulnerability. Following the programme, 86% of assessed participants reported stronger peer support networks—an important protective factor against GBV.

In **South Sudan**, Girl Shine helped strengthen protective factors for 71 adolescent girls by increasing their knowledge of available support, strengthening peer connections, and fostering a greater sense of self-worth. Following completion of the programme, 100% of participating girls reported knowing where to seek support if they experienced violence, while 97% reported stronger social support networks. In addition, 96% said they felt more valued after participating, pointing to positive changes in confidence, connectedness, and help-seeking capacity.



Girl Shine Graduation Ceremony, Cox's Bazar, Bangladesh
©Sushmita/BRAC



Refugee girls in a Girl Shine session in Falesti, Moldova
©AO Casa Marioarei



Adolescent girls participating in a life skills session. Kharaz camp, Yemen
@Human Access



Girl Shine participants receive dignity kits during the programme graduation. Ogoja, Nigeria
©GEESI DHI

1.2 Evidence-based programmes to engage men as allies to end violence against women and girls

Programmes are implemented across multiple contexts, contributing to meaningful shifts in community attitudes and behaviours related to GBV. The programme supports men to critically reflect on harmful social norms, strengthen accountability to women and girls, and adopt behaviours that help prevent violence against women and girls within households and communities. In 2025 in **Chad**, Engaging Men Through Accountable Practices (EMAP/IRC) was introduced and scaled within refugee settings, where trained facilitators led structured group discussions and community dialogues engaging men, women, and youth as allies in addressing harmful gender norms. A total of 200 community members participated in the male and female EMAP curricula. Following implementation, there was a 78% increase in the proportion of male participants who disagreed or strongly disagreed with the statement: "It is acceptable for a man to hit his wife to discipline her or teach her how to behave as a good wife," indicating a substantial shift away from attitudes that condone intimate partner violence.

> ***"Before EMAP, I thought domestic violence was a private matter. Today, I have come to understand that beating or humiliating a woman or girl destroys the entire community. I myself will speak to the men of the camp: a true chief protects, he does not hit."***
>
> — Male, community leader, EMAP, Chad (translated from French)

In the **Democratic Republic of Congo,** more than 1,361 male and 291 female community members were involved in the EMAP curriculum. In **Pakistan**, EMAP was implemented across six locations, engaging 136 women and 108 men in both refugee villages and urban areas, extending EMAP's reach to diverse displacement contexts and supporting dialogue on gender norms and violence prevention.

In **Ecuador**, UNHCR strengthened community-based capacity to engage men and boys as allies through an EMAP training of trainers held in Tulcán, in partnership with the International Rescue Committee (IRC). The training brought together 25 participants from community-based and local organizations and focused on addressing violence against women and girls, managing resistance, and applying practical EMAP activities in communities. Pre- and post-test results showed strengthened commitments among male participants to engage in self-reflection and peer dialogue to challenge attitudes and behaviors that contribute to violence.

Over 150,000 community members were reached through SASA! Together (Raising Voices), another evidence-based approach that mobilizes communities to address and transform power imbalances between women and men through critical reflection and collective action. In **Ethiopia**, 230 women and 315 men participated in SASA! activities. Following completion of the intervention, 50% of participants reported that they had spoken out or taken action to prevent violence against women in their community, indicating increased community engagement and willingness to challenge harmful social norms condoning violence against women and girls. Participants highlighted that the sessions helped women build confidence and reduced fear and silence surrounding GBV.



Focus group discussion for women, first EMAP cohort in a refugee settlement in Wadi-Fira, Chad
©Nirvana

> ***"Before these sessions, I used to stay silent when I saw problems or violence around me. After the SASA discussions, I understood that I have a role to play. I started talking to other women about their rights and encouraging them not to accept violence in silence. I also supported women who were facing difficulties by guiding them to seek help. Now, women in our area are more open and willing to talk and support each other."***
>
> — Female, participant, SASA! Together, Ethiopia

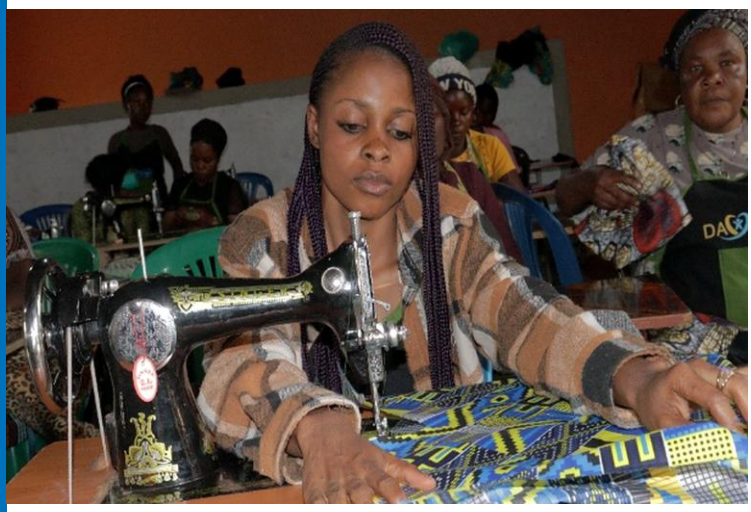
1.3 Integrated GBV prevention and livelihoods interventions

Integrated GBV and livelihoods interventions remain an important part of UNHCR's prevention approach, helping address economic vulnerability as a key driver of GBV while strengthening women's resilience, agency, and access to support. By combining livelihoods support with social empowerment and awareness on risks of GBV and available services, these interventions contribute to building stronger protective networks, and more sustainable outcomes for women at risk and survivors. Throughout 2025, more than 53,667 people, including women and older adolescent girls, were reached, strengthening economic independence and reducing vulnerability to violence.

In **Sudan**, UNHCR and partners, in collaboration with the Mastercard Foundation, supported more than 17,000 women to access sustainable livelihood opportunities as part of an integrated response aimed at strengthening self-reliance and resilience. The programme helped women restore and diversify income sources through skills development, small business support, and community-based financial mechanisms, while promoting inclusive participation and social cohesion. These livelihood interventions were accompanied by targeted GBV awareness-raising and capacity-building to strengthen understanding of protection risks, reinforce knowledge on GBV response services, and support non-specialized frontline actors to safely handle disclosures. This helped mitigate protection risks and ensure that livelihood activities did not inadvertently expose women, girls, and other at-risk groups to harm. In 2025, 121 Village Savings and Loan Associations (VSLAs) were formed, with women representing, on average, 60% of participants.

In **Uganda**, two refugee women-led organizations, Wake Alpha Elima and Davision, reached 128 refugee women and girls with skills-based training —such as tailoring, hairdressing, and carpentry—in combination with awareness-raising on protection issues, including GBV, child marriage and HIV/AIDS prevention. Participants also formed self-reliance groups and received start-up kits, helping them strengthen economic resilience while reducing protection risks.

> ***"Learning hairdressing helped me see myself differently. I am no longer just a refugee, I am a professional with a skill people value"***
>
> — Refugee woman, hairdressing student, Uganda



Tailoring skills training in Kyaka II Refugee Settlement, Uganda @Davision

In **Brazil**, UNHCR supported two initiatives integrating GBV prevention and economic inclusion for refugee women. Through Empoderando Refugiadas and Mulheres Fortes, women accessed vocational training, entrepreneurship support, psychosocial support, and sessions on GBV prevention and women's rights. Together, the programmes reached more than 1,150 refugee women. Since 2016, Empoderando Refugiadas has trained 910 women, of whom 489 secured employment after completing the programme, illustrating how integrated approaches can strengthen both economic resilience and protection outcomes for refugee women.

In **North Macedonia,** UNHCR supported the refugee women-led organization Association Common Home for Mothers and Children from Ukraine to deliver vocational training and language classes alongside psychosocial support and peer support groups. Through its trusted position within the refugee community, the organization helped 96 refugee women strengthen skills, build social networks, and access information and support services. Following completion of accredited vocational courses, participants received certifications providing pathways to employment and self-employment.[1]

In **Egypt**, 273 women—primarily Sudanese refugee women— participated in Village Savings and Loan Associations (VSLAs), with 14 savings groups established during the year. Participants received training in financial literacy and entrepreneurship, strengthening their capacity to manage small businesses. Women with limited financial resources and no prior experience in financial management were able to access small loans, establish viable income-generating activities, and develop regular savings practices. Beyond economic benefits, the savings groups demonstrated strong social cohesion and mutual support, contributing to reduced GBV risks by strengthening women's economic independence and peer support networks.

[1] For further information on WLO and CSO initiatives in Europe, see the RBE good practices paper featuring 13 initiatives: https://www.unhcr.org/europe/news/announcements/women-led-protection-strengthening-support-refugee-women-and-girls-across-europe

1.4 Enhancing access to services through awareness

Awareness-raising is a critical component of GBV programming, enabling survivors and women at risk to recognize violence, understand their rights, and know where and how to safely seek support. In 2025, UNHCR and partners reached more than 875,000 people with awareness-raising activities on GBV risks and available GBV services, including over 550,000 women and girls.



Community volunteers and IDP women commemorate the 16 days of activism against GBV in Kassala, Sudan
©MHVYO

In **Jordan**, UNHCR conducted 93 awareness-raising sessions on available services, reaching 1,928 refugees and community members. These efforts were followed by an increase in the number of survivors seeking help, highlighting the role of awareness-raising in improving access to services.

In **Uganda**, UNHCR advanced its localization commitment by funding six refugee women-led organizations (Tmaini for refugee women, Network for South Sudan Survivors, Da Vision, Alpha Elimu, Youth Up Foundation, and People for Peace), strengthening local and community-based capacity to sustain GBV prevention initiatives. These partnerships enhanced community awareness, improved access to GBV services, and reinforced refugee women's leadership in prevention efforts amid ongoing socio-economic and protection challenges. The organizations delivered locally adapted prevention and awareness activities through drama, storytelling, sports, and facilitated dialogue, engaging women, men, adolescents, and community leaders. Settlement-level prevention activities engaged 85,815 individuals, strengthening community ownership of GBV prevention efforts, while 9,691 women and men received training on GBV prevention and core concepts.

In **Slovakia**, UNHCR partnered with refugee- and women-led organizations to implement community-based activities to prevent and respond to GBV against refugee women and girls. Through multilingual outreach, peer education, and community awareness activities, more than 2,000 women and girls were reached with information on GBV and available services. These efforts contributed to improved access

to assistance, with over 500 survivors and individuals at risk of GBV being safely referred to specialized services.

This link between awareness-raising and increased help-seeking was observed across multiple contexts. Overall, 68% of operations reported an increase in survivors reaching out for support in the first quarter of 2026 , which they attributed to awareness-raising efforts conducted as part of the 16 Days of Activism campaign.

2. GBV Response

GBV response services supported by UNHCR remain a critical lifeline for survivors of violence, providing access to life-saving case management, psychosocial support, and legal assistance. Despite significant funding shortfalls, UNHCR and partners prioritize the delivery of survivor-centred services to ensure that women and girls facing the most severe risks could access timely and confidential support.

Thanks in part to the partnership UNHCR has established with the Danish Refugee Council, UNHCR deployed 11 GBV specialists to emergencies and complex protracted settings in 2025. Deployments lasted on average 6 months and were undertaken to support Algeria, Bangladesh, Burundi, Chad (two deployments), Ethiopia, Lebanon, Panama, Uganda, Ukraine and Yemen. The presence of GBV specialists from the onset of emergencies or in complex protracted settings is critical to ensure quality of GBV prevention and response interventions.

The specialists led development and implementation of 16 new partnerships – including many directly with refugee women-led organizations – promoting effectiveness and innovation. Specialists deployed to refugee settings have also strengthened inter-agency GBV coordination, increasing efficiency of the overall response, including through the development of more than 13 GBV referral pathways, a critical tool to ensure that survivors are referred in a timely manner to quality GBV response services by frontline workers across all sectors. Overall, those deployments contributed to improving access to life-saving services for more than **10,232 individuals,** including women and girls and other individuals at risk.

Women and Girls Safe Spaces (WGSS) are a core component of GBV programming, providing women and girls with safe and trusted environments to access information, support, and services. WGSS help reduce exposure to further harm, promote psychosocial wellbeing, and strengthen protection for survivors and women at risk. They also serve as essential entry points for integrated GBV prevention and response services. In 2025, more than 203 WGSS were supported by UNHCR globally.

In **Jordan**, UNHCR and partners provided high-quality GBV response services in a constrained operational environment characterized by staff reductions, service scale-downs, and reduced partner capacity. In partnership with UNICEF, UNHCR piloted the rollout of the AMAN digital case management platform, strengthening confidential, coordinated, and survivor-centred service delivery and improving access to GBV services nationwide. Survivor feedback to overall case management services remained strongly positive, with a 95% satisfaction rate, reflecting confidence in the quality of services.

In **Afghanistan**, ongoing restrictions imposed by the de facto authorities continued to severely limit women's and girls' access to education, livelihoods, and public life. In this context, Women Community

Centres have remained vital safe entry points for women to access essential services, including specialized mental health and psychosocial support (MHPSS). In 2025, UNHCR expanded the number of Women Community Centres from four to seven, increasing access to life-saving support.

In **Czechia**, UNHCR partnered with proFem, a local NGO specializing in GBV response, to support the establishment of PORT, the first one-stop centre in Czechia providing comprehensive, integrated services for GBV survivors, including legal assistance and counselling, individual and group psychotherapy, medical examinations, and emergency safe shelter. The centre also enables survivors who sought legal reparation to give court testimony remotely and has partnered with a rideshare company and a local hospital to provide emergency transport for survivors and medical personnel.

In **Peru**, Asociación Protección Población Vulnerable (APPV), a refugee women-led organization was supported to provide individualized psychosocial support to 147 women in Lima, alongside community-based GBV awareness sessions reaching 130 women. The organization also implemented its annual "Boss Women" programme, strengthening the capacity of 67 women within the community to provide psychological first aid and safely refer survivors to available GBV services.

In **Colombia**, UNHCR strengthened protection for women and children at heightened risk by supporting two GBV emergency safe shelters in Riohacha and Cúcuta. These shelters provided secure accommodation and specialized protection services, offering a critical lifeline for survivors and their dependents facing immediate risks of violence.



Boss Woman programme implemented by APPV in Lima, Peru
©APPV

> ***"When we invest in women, we transform the future of entire communities. UNHCR's support has enabled our organization to expand its impact, strengthening GBV prevention and promoting the leadership of refugee and Peruvian women."***
>
> — Martha Fernández, Director and Founder of the refugee women-led organization APPV in Peru

3. Capacity strengthening

Capacity-strengthening remains central to improving the overall quality of services. In 2025, more than 31,213 people were trained on GBV prevention and response.

In **Sudan**, two intensive five-day trainings on key GBV concepts and survivor support were conducted in North and Central Darfur, strengthening the capacity of protection and health responders, public service providers, and women-led groups to support survivors through a multisectoral approach to GBV. In Central Darfur, 35 service providers supporting Um Shalaya camp and surrounding areas improved scores from 16% to 73%, demonstrating substantial gains in understanding of GBV concepts and survivor-centred support.



Clinical Management of Rape training in Zalengei, Central Darfur, Sudan
©HOPE

4. Mitigating risks of GBV across sectors

UNHCR and partners strengthen GBV risk mitigation across sectors by systematically identifying and addressing factors that increase exposure to violence for women and girls. These efforts focus on improving the safety of physical environments, strengthening staff capacity, and embedding GBV considerations into planning and operational decision-making, contributing to safer and more inclusive humanitarian services.

Across operations, more than 63 GBV safety audits were conducted in 2025 to identify priority concerns and recommendations of refugee women and girls to inform GBV risk mitigation measures. In **Bangladesh**, a comprehensive safety audit focusing on Shelter and Site Planning (SSP) was conducted in Cox's Bazar. As a result of the findings, shelter design, site layout and related services considered the specific needs of women and girls, strengthening the overall safety and accessibility of services. In **Afghanistan**, 11 GBV safety audits were conducted as part of the Pakistan and Iran border emergency response at the three major border points, with findings being presented in different inter-agency fora, informing GBV risk mitigation efforts across sectors.

In **Mexico**, the national GBV focal point led training on GBV safety audits for field-based focal points, enabling them to independently conduct audits. This strengthened organizational capacity to identify GBV risks and integrate GBV risk mitigation across sectors.

In **Moldova**, the GBV Sub-Working Group partnered with the Education Working Group to strengthen GBV risk mitigation within learning environments. More than 200 education staff working in community-based Education Tech-Labs for refugee children and adolescents were trained on identifying and mitigating GBV risks related to access to education, as well as on safe and confidential referrals in line with GBV guiding principles. As many trained educators also work in public schools and other institutions, the initiative helped extend GBV risk-mitigation practices beyond the Tech-Labs, contributing to safer learning spaces, reduced stigma around GBV, and improved access to support services.

In **Ukraine**, UNHCR is strengthening community-based GBV risk mitigation by supporting women-led and IDP-led organizations that provide survivor-centred protection close to affected communities. For example, the women-led organization Zhiva-Ya has reached more than 6,400 people through GBV prevention activities, psychosocial support, legal counselling, referrals, outreach to remote communities, and links to safe shelters. The organization has trained teachers on trauma-informed approaches, violence prevention, and resilience, helping strengthen protective community networks and improve access to support in areas with limited service provision.

Significant investments were made in building the capacity of frontline workers to handle GBV disclosures safely and confidentially. As a result, more than 7,448 frontline staff were trained on survivor-centred disclosure practices and safe referrals in line with GBV guiding principles. This included 100 frontline workers in **Honduras,** 368 in **Chad,** and 150 in **Niger**, strengthening safe entry points and reducing risks of harm when survivors seek support. In **Tanzania**, 95 staff members from partner agencies, police, and government bodies were trained on GBV mainstreaming. These efforts ensured that GBV risk mitigation was incorporated across all sectors in alignment with the inter-agency GBV Mainstreaming Action Plan.

What is at stake: Impact of funding cuts on GBV prevention, response and risks mitigation

AT A GLANCE

171	63%	75%	74%	45%
Women and Girls Safe Spaces closed in 2025	of operations reported long delays accessing specialized GBV caseworkers due to staff cuts	of operations reported that funding cuts contributed to survivors and women at risk resorting to harmful coping mechanisms	of operations reported a surge in the number of survivors assigned to each caseworker between 2024 and 2025	of operations reported areas where all GBV services have closed, leaving entire populations without access to support

The results presented in the preceding sections demonstrate the protection impact of investing in specialized GBV prevention, response and risk-mitigation programming. However, these gains are increasingly at risk. Across the six Regional Refugee Response Plans (RRPs), GBV prevention and response programmes were only 19% funded, reflecting a substantial shortfall in resources for GBV prevention and response at the inter-agency level (the same services were 46% funded in 2024). Within this overall contraction, UNHCR-funded GBV programming was also significantly affected. Between 2024 and 2025, UNHCR's overall GBV budget decreased by 31% and only 29% of GBV funding requirements were met in 2025. By the end of 2025, 1.6 million people had been reached, leaving more than 5.6 million people without access to life-saving GBV prevention and response services. Over 50% of UNHCR expert GBV staff had to be let go, thus severely impacting the quality of GBV interventions on the ground.

Funding cuts have led to programmes protecting women and girls from violence being suspended or scaled back, including community-based protection initiatives and Women and Girls Safe Spaces.

At least 171 Women and Girls Safe Spaces (WGSS) closed in 2025, including 95 that used to be funded by UNHCR, leaving thousands of survivors and at-risk women without access to life-saving medical care, psychosocial support, and legal assistance.

Sudan is facing one of the most complex and protracted displacement crises globally. GBV risks have become pervasive; sexual violence has surged by 350 per cent since the start of the conflict.[2] Amid these escalating needs, funding shortfalls led to the closure of 33 WGSS in 2025—14 funded by

[2] UNHCR, *Sudan Situation Appeal 2026, February* 2026, https://reliefweb.int/report/sudan/unhcr-sudan-situation-appeal-2026

UNHCR and 19 by other partners. These trends are mirrored across multiple operations. In **Syria**, funding shortfalls forced the closure of 25 UNHCR-funded WGSS over the past year. Similarly, in **South Sudan**, 12 WGSS ceased operations —including six directly supported by UNHCR—at a time when displacement and protection risks were intensifying. These trends indicate a systematic erosion of service accessibility, **with 45% of operations reporting areas where all GBV services have closed, leaving entire populations without access to life-saving support.**

The funding cuts have created a critical protection gap, placing a significant burden on the remaining service points. As a result, survivors are waiting longer for life-saving assistance while the workload for caseworkers has increased exponentially.

> **74% of surveyed operations reported a surge in the number of survivors assigned to each caseworker between 2024 and 2025.**

Many of these caseloads now far exceed the global standard of a maximum of 20 active cases per caseworker, stretching the capacity of GBV staff and compromising the quality of services. In **Uganda** for example, the number of survivors supported by a single caseworker spiked from 68 in 2024 to 120 in 2025. In **Chad**, amid the escalating Sudan refugee crisis, that figure climbed from 80 to 112. This has had serious consequences, with **63% of operations reporting that staff cuts have led to long delays before survivors could access specialized GBV caseworkers**, increasing risks of violence and physical and mental health issues.

In **Ecuador**, this pressure was further compounded by the closure or reduction of services by other civil society actors and state institutions, at a time when survivor needs were rising and the country recorded the highest femicide rate in its history. The strain on specialized services was reflected in caseworker caseloads, with each caseworker supporting 66 survivors in 2025 compared with 45 in 2024, while partners were operating with reduced teams and fewer available services. As a result, requests for assistance from survivors of violence perpetrated by criminal groups were often unmet due to limited resources and the lack of tailored response mechanisms.

With constrained resources, UNHCR and partners have been forced to prioritize only the most urgent and high-risk cases. In **Jordan**, for example, caseloads fell from 160 to 140. Rather than an expansion of capacity, the decrease represents a contraction of the safety net and narrowing of access, leaving fewer survivors able to reach life-saving assistance. This reduction may also be linked to the de-prioritization of prevention activities as a result of limited resources, leading to a sharp decline in awareness-raising and community outreach, which may have contributed to a lower number of survivors reaching GBV response services.

In **Egypt**, due to funding shortages, partners were able to assist only 16% of survivors and women at risk approaching their services. Prevention activities and geographic coverage were also affected, particularly in areas located far from existing service points, where expansion was not possible despite identified gaps. Women and Girls Safe Spaces remained operational but with reduced staffing, while funding instability further weakened specialized response capacity through staff attrition and short-term staffing arrangements.

75% of operations reported that the funding cuts have led survivors and women at risk to resort to harmful coping mechanisms, such as child marriage and sexual exploitation.

This increase in risk occurs at a time when funding constraints have forced a significant reduction in risk mitigation, women's empowerment activities, and community outreach. In **Bangladesh**, for example, the cuts have caused a scaling back of structured prevention curricula—such as *Girl Shine*—contributing to weakening the broader protection environment. In **Uganda**, funding cuts significantly weakened GBV case management services, resulting in interruptions in survivor support, reduced follow-up, and the suspension of outreach to high-risk communities in several areas. At the same time, reductions across health, livelihoods, protection, and basic needs programming further constrained access to food, shelter, income opportunities, and healthcare, increasing protection risks for women and girls. The suspension of women-focused and empowerment activities previously integrated across sectoral programmes further eroded community-based safety nets and reduced safe entry points for support.

Local women-led organizations—critical frontline actors delivering community-based GBV prevention and response services—have been among the hardest hit by the funding cuts. In several contexts, these organizations were forced to suspend or cease operations in 2025, undermining locally driven and survivor-centred responses. UNHCR supported New Women Connectors, a refugee women-led organization, which conducted a research in 2025 on the impact of the funding cuts on refugee women-led organizations. The research highlighted that funding cuts have forced many organizations into closure or significant reductions in services, severely affecting refugee women's access to services. For instance, in **Egypt**, an organization supporting Sudanese refugees reported that rapidly rising demand among GBV survivors is being met with minimal assistance from the international community, making it extremely difficult to meet urgent needs and sustain support, while in **Malaysia**, severe reductions in financial support for survivors of gender-based violence have weakened critical protection mechanisms.

Operations have reported that at least 53 local women-led organizations, including those led by refugee women, have closed.

This figure reflects only a partial picture, and the actual number of affected organizations is likely significantly higher. In **Niger**, for example, 10 women-led organizations and 20 refugee women-led organizations closed due to lack of funding, significantly weakening outreach, referrals, and community trust. The loss of these organizations has further reduced the availability of life-saving GBV services, particularly in hard-to-reach areas where women-led groups often represent the primary accessible and trusted point of support for survivors.

Looking ahead, operations reported that life-saving GBV programmes remain at serious risk of closure or further scale-back, including Women and Girls Safe Spaces, GBV case management services, and prevention and response programmes implemented in partnership with local and refugee women-led organizations. At least 313 women-led organizations were reported to be at risk of closure in 2026. Half of the operations (50%) indicated that GBV prevention programmes focused on women's empowerment

are at risk of being further reduced, while 50% also reported that Women and Girls Safe Spaces face a high risk of additional cuts —raising concern about the continued availability of life-saving support for survivors and women at risk.

Sustaining the impact

The findings of this report demonstrate the critical contribution of sustained investment in gender-based violence (GBV) prevention, risk mitigation and response to protecting refugee women and girls, enabling survivors to access life-saving services and supporting communities to address violence. GBV is a fundamental protection risk that can undermine access to safety, rights, inclusion, self-reliance and durable solutions. When funding is reduced or withdrawn without adequate transition arrangements, safe spaces close, women-led organizations lose essential capacities, and survivors face increasing barriers to accessing timely, safe and appropriate support.

Despite severe funding reductions, UNHCR and its partners—including local and refugee women-led organizations—continue to deliver life-saving protection and support to women and girls at risk of violence. The results achieved in 2025 demonstrate the impact of sustaining this investment. Across 77 countries, GBV prevention and response interventions reached 1.6 million people, helping survivors access specialized services, supporting efforts to prevent and respond to harmful practices affecting adolescent girls, strengthening women's economic resilience, and mobilizing communities to prevent violence. These interventions also contribute to reducing GBV-related barriers to accessing protection, essential services and opportunities for inclusion.

Yet the findings of this report demonstrate that current funding levels are insufficient to meet growing needs. As GBV risks are exacerbated by conflict, displacement, climate-related shocks and deepening socio-economic vulnerability, funding cuts have already resulted in the closure of Women and Girls Safe Spaces, reductions in case management services, the loss of experienced GBV personnel and the shutdown of trusted women-led organizations. For refugee women and girls, this means fewer safe spaces, longer waiting times and reduced access to life-saving support. These reductions also weaken trusted community-based protection networks and risk leaving GBV increasingly unidentified and unaddressed, particularly among women and girls facing multiple barriers to accessing services.

Investment in UNHCR's GBV Programming **(Outcome Area 4)** is critical not only to sustain essential services for refugee women and girls and affected host community members, but also to prevent further erosion of protection systems across emergency and protracted displacement settings. It is equally important to support UNHCR's evolving approach: maintaining the continuity of specialized, survivor-centred services where critical gaps persist and national systems cannot yet adequately meet survivors' needs; strengthening GBV prevention and risk mitigation across protection and other sectors; and progressively expanding safe and equitable access to national GBV prevention and response systems, in partnership with governments and local actors.

Without urgent and sustained donor support, years of progress risk being reversed. Women and Girls Safe Spaces may close, specialized services may be further reduced, and local and refugee women-led organizations could lose the capacity to support their communities. At the same time, insufficient investment in national systems, local capacities and responsible transition arrangements risks

perpetuating gaps in protection, particularly where existing services cannot yet safely and adequately meet refugees' needs.

At a time when forced displacement, persistent GBV risks and increasingly constrained resources are placing significant pressure on protection systems, the cost of inaction is measured not only in services lost, but in the consequences for survivors' safety, dignity and rights, the perpetuation of impunity, and the barriers that GBV creates to protection, inclusion and solutions. Sustained investment in GBV prevention, risk mitigation and response is both a life-saving humanitarian imperative and an essential component of international protection. UNHCR and its partners remain committed to delivering on these responsibilities. What is needed now is predictable, flexible and sustained financing that protects essential services while enabling locally led approaches and stronger, refugee-inclusive national protection systems.

The choice before the international community is clear: invest in life-saving GBV protection today while building sustainable, inclusive and locally led responses for tomorrow—or risk leaving refugee women and girls exposed to violence, without the protection and opportunities they need to rebuild their lives.

Acknowledgments

This report was initiated by the United Nations High Commissioner for Refugees (UNHCR) and developed under the leadership of its Global Gender-Based Violence (GBV) Unit. It was drafted by Celine Brixander, Associate GBV Officer, under the overall supervision of Emilie Page, Senior GBV Officer.

UNHCR extends its sincere appreciation to GBV focal points across its regional bureaux and country operations, as well as to GBV partners, particularly local and refugee women-led organizations, whose contributions, data, operational experiences and insights were instrumental in the development of this report.

UNHCR also gratefully acknowledges the support of its government and private sector donors, whose contributions have helped sustain life-saving GBV prevention and response programmes for refugee women and girls despite severe funding constraints.

Special recognition goes to frontline GBV staff and partners whose dedication and continued efforts, often in highly challenging and resource-constrained environments, remain essential to protecting refugee women and girls, supporting survivors and strengthening community-based prevention and response.

For further information, please contact: hqgbv@unhcr.org


UNHCR
The UN Refugee Agency