

The Impact on Lost Funding on GBV Response Services in the Arab States: Update May 2025



Across humanitarian settings, the consequences of recent funding cuts are reverberating through every cluster — from health to food security, education to shelter. Yet among the most severely impacted are gender-based violence (GBV) prevention and response services. According to OCHA¹, GBV is now globally the second most-affected humanitarian cluster by funding reductions. The first is the health cluster- who as providers of Clinical Management of Rape, are critical to GBV response services. As a result, life-saving services are closing across crisis-affected regions, particularly in the Arab States, leaving millions of women and girls without protection, care, or recourse.

This is not just a funding challenge. It is a fundamental protection crisis. The erosion of GBV services undermines humanitarian effectiveness, reverses progress on gender equality and signals an unacceptable retreat from our shared commitments to principled, accountable response, as enshrined in international humanitarian principles.

Despite the immense strain on the humanitarian sector, women and girls must not be left to bear the consequences of reduced resources. Violence against them does not pause for funding shortages—on the contrary, it often worsens when support systems collapse.

In the Arab States region, decades of effort to advance women’s rights and leadership are now at risk of reversal. The closure of Women and Girls Safe Spaces (WGSS), where lifesaving GBV response services are provided, and loss of funding for women-led organizations (WLOs) is not only endangering lives — it is dismantling the very structures that have enabled women’s protection and participation in humanitarian response. The gains made through community mobilization, policy change, and locally led programming are fragile. Without urgent action, we will lose this progress.

The impact is already being felt.

¹ <https://humanitarianaction.info/document/us-funding-freeze-global-survey/article/us-funding-freeze-global-survey-round-2-interactive-dashboard#page-title>

What is a Women and Girls Safe Space (WGSS)?

Women and Girls Safe Spaces (WGSS) are a vital enabler for survivors and those at risk of GBV. These dedicated, women-only environments are more than service delivery hubs—they are often among the only socially and culturally acceptable places where women and adolescent girls are permitted by husbands, fathers, or other male relatives to gather, precisely because they are known to be exclusively for women. In many communities, WGSS are deeply trusted and offer a rare sense of autonomy, dignity, and safety for women and girls, making them an essential refuge in times of crisis.

Within WGSS, women and girls can access confidential GBV case management, psychosocial support, health referrals, legal information, and empowerment activities. These services are delivered in a manner that prioritizes dignity, confidentiality, and the rights and needs of survivors. WGSS foster social connection, emotional healing, and resilience, creating a protective environment that is especially critical in times of crisis. In many humanitarian contexts, WGSS are the primary—and often the only—entry point for GBV survivors seeking help. Protecting and sustaining these spaces is not just about service continuity; it is about preserving one of the few lifelines women and girls have in an otherwise hostile and restrictive environment.

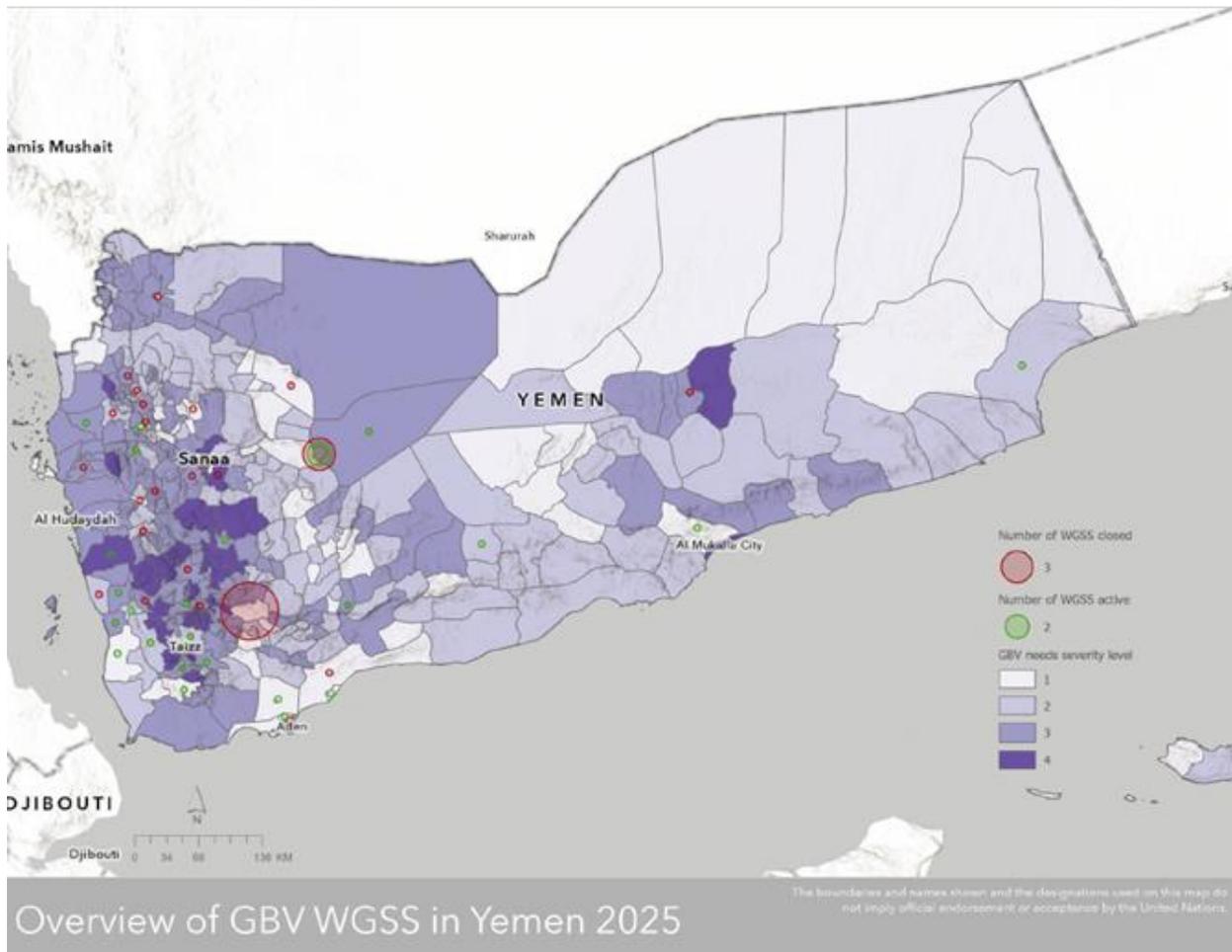
What is life saving for GBV?

The following interventions are considered lifesaving:

- a. Clinical Management of Rape (CMR) and post-rape care.
- b. GBV Case Management.
- c. Mental health, especially psychological and psychiatric support.
- d. Establishment/Update/Outreach and/or Communication of Referral Pathways to ensure that survivors are connected with active and functional intersectoral services.
- e. Mobile clinics: Providing basic health services including sexual and reproductive health and gender-based violence services to serve hard-to-reach areas.



YEMEN²

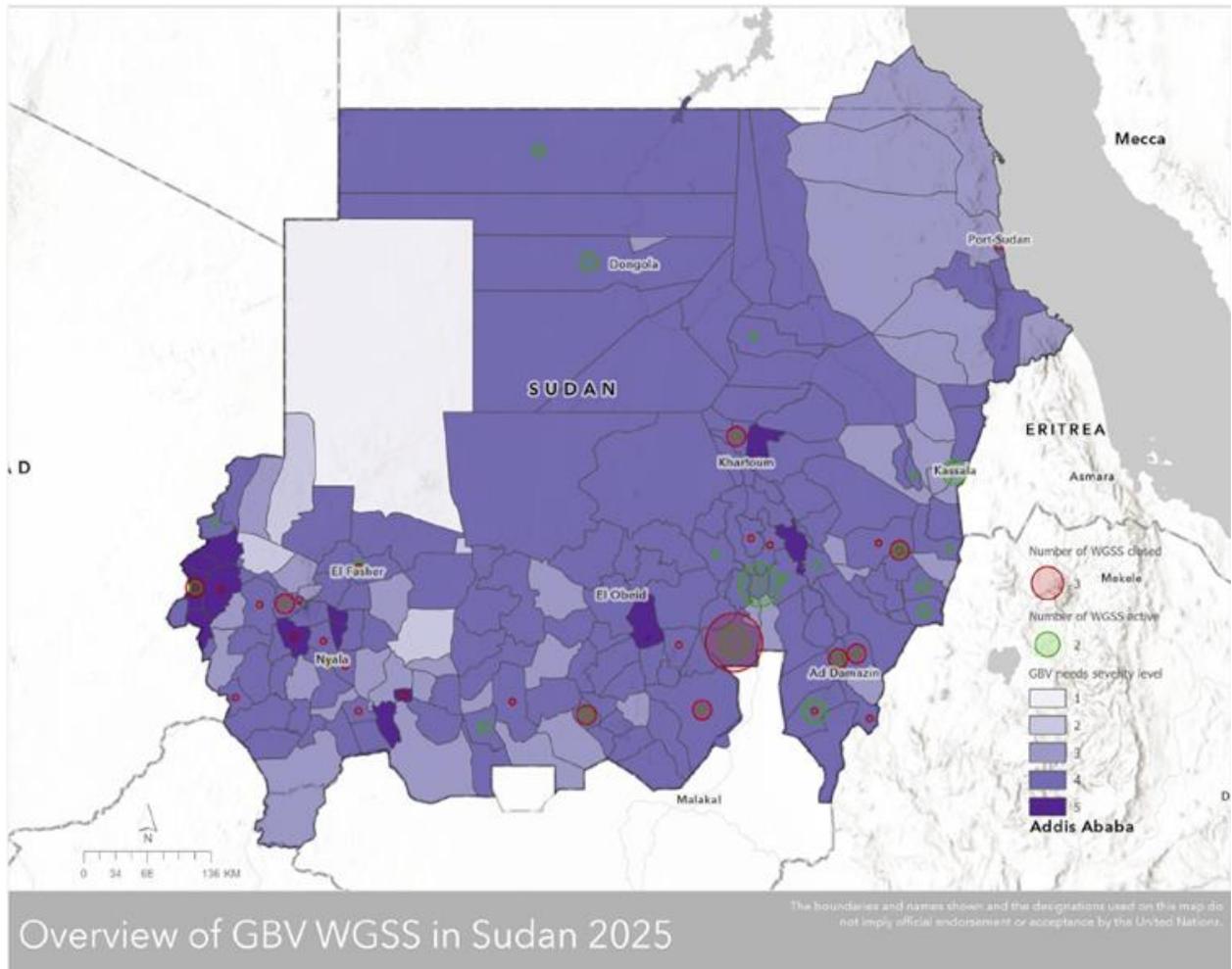


In Yemen, years of war and displacement have severely eroded the rights, safety, and wellbeing of women and girls. Prolonged conflict has dismantled essential services, restricted movement, and deepened poverty, forcing many into negative coping strategies such as early marriage and exploitative labor. Today, ongoing insecurity and economic collapse continue to expose women and girls to heightened risks of gender-based violence, with limited access to protection and support.

Half of the country's Women and Girls Safe Spaces (WGSS) have closed due to lack of funding. These centers had been delivering case management and medical services to survivors, reaching over 623,000 women and girls in 2024. Now, 1.9 million people at risk of GBV in the country's most dangerous districts have no access to a single safe space. USD 35 million is urgently needed to restore services.

² Information correct as of 30 April 2025

SUDAN³

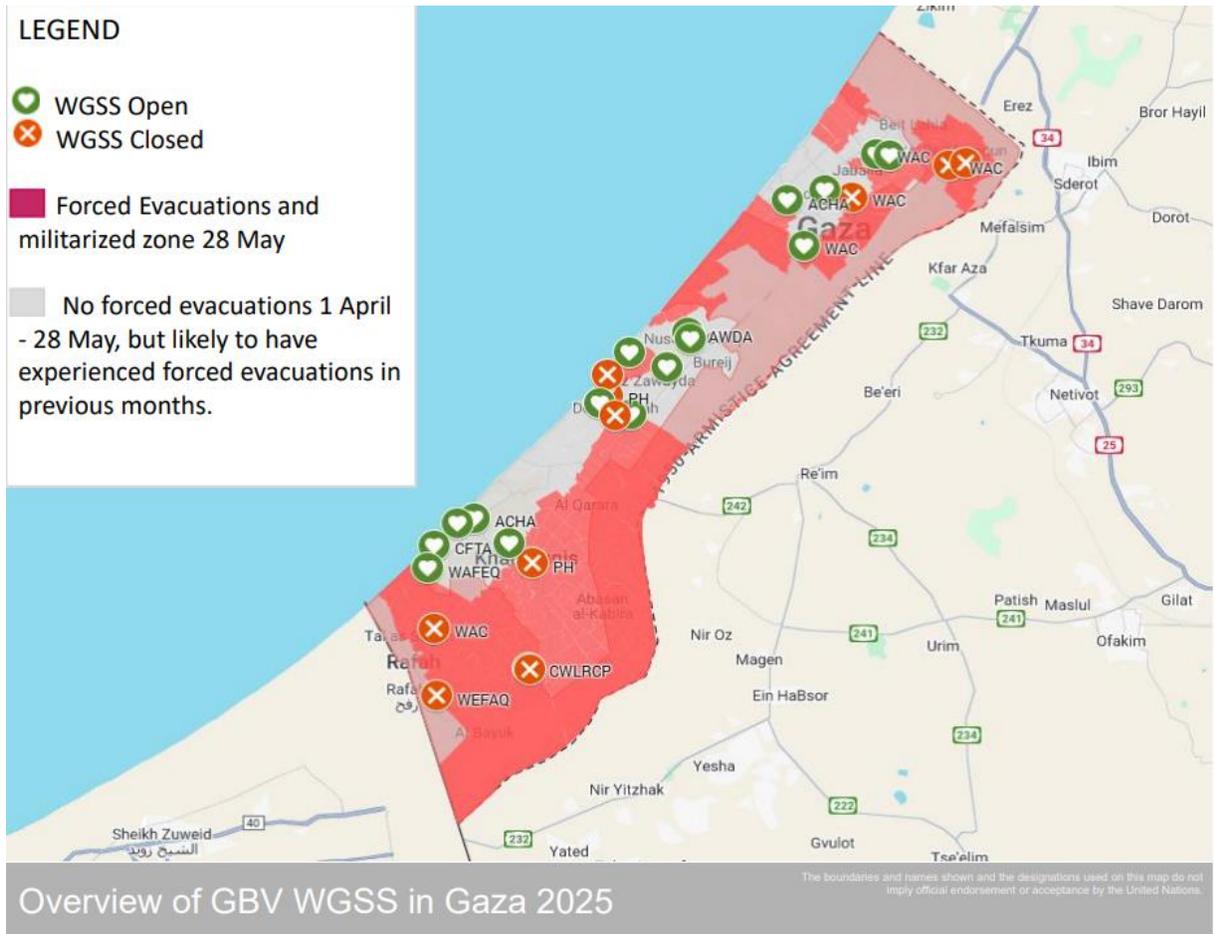


More than two years into Sudan’s civil war, women and girls are enduring a profound humanitarian crisis marked by displacement, hunger, and widespread gender-based violence. They constitute over half of the 12 million people displaced, with more than 5.8 million women and girls uprooted from their homes. The collapse of healthcare systems and essential services has left many without access to maternal care, clean water, and protection, while sexual violence is being used systematically as a weapon of war.

To date, 40 out of 99 GBV centers have shut down, cutting off services for 1 million women and girls in the most severely impacted areas. In 2024, over 126,000 survivors had accessed these facilities. With less than a third of the required funding secured, essential services like trauma counseling and medical care are vanishing just as violence is surging. USD 17 million is needed now to prevent further closures.

³ Information correct as of 30 April 2025

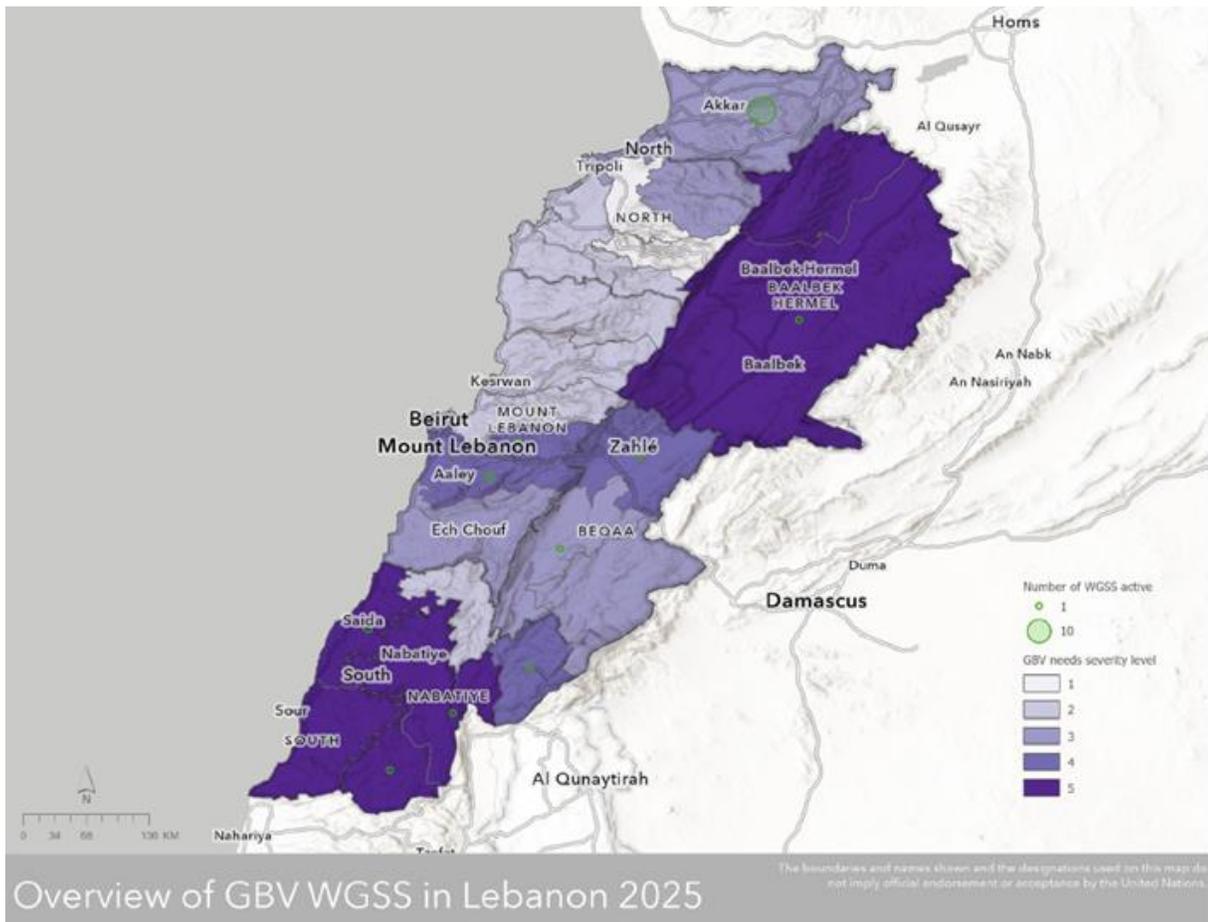
GAZA⁴



The ongoing conflict in Gaza has had devastating effects on women and girls, with over 28,000 killed since October 2023, averaging one death every hour. Approximately one million women and girls, including 150,000 pregnant women and new mothers, have been displaced, facing dire conditions without access to essential health services. The collapse of healthcare infrastructure, coupled with severe shortages of food, water, and medical supplies, has left women and girls particularly vulnerable to malnutrition, disease, and gender-based violence amidst the ongoing humanitarian crisis.

The collapse of GBV infrastructure in Gaza is stark. Fifteen WGSS offering case management and nine health facilities providing medical care for rape survivors have closed, and three additional centers supported by humanitarian donors have been suspended. These facilities had served over 90,000 women and girls this year. The ongoing conflict and loss of funding mean that survivors now face impossible barriers to accessing help.

LEBANON⁵



Lebanon continues to experience compounded crises stemming from economic collapse, political instability, and growing regional tensions. These conditions have worsened vulnerabilities among women and girls, particularly refugees from Syria and Palestine and migrants. Demand for GBV services has increased, even as resources diminish. This has exacerbated vulnerabilities, increased negative coping mechanisms such as survival sex, child marriage and increasing protection risks.

In Lebanon, the number of operational safe spaces for women and girls has dropped from 67 to 53 affecting 30,240 women and girls from the following population cohort, Lebanese, displaced Syrians, Palestinian refugees from Syria and Lebanon and migrants, with another dozen facilities on the verge of closure. In 2024, 37,600 survivors accessed services through these spaces. With USD 22.9 million, these centers could remain open. Without immediate intervention, Lebanon risks losing its core GBV service infrastructure, which would severely limit access for thousands of at-risk women and girls.

⁴ Information correct as of 20 May 2025

⁵ Information correct as of 20 May 2025

The regional implications of lost founding and subsequent lost response service points are profound. The closure of WGSS across Yemen, Sudan, Gaza, and Lebanon has regional implications for protection, recovery, and women's participation in humanitarian response. Without access to safe spaces:

- **Risks increase:** Incidents of intimate partner violence, early and forced marriage, trafficking, and sexual exploitation are rising.
- **Recovery stalls:** Survivors without access to care and support services face prolonged trauma, worsening mental health, and increased medical complications.
- **Referral systems break down:** WGSS often serve as key entry points for survivors into broader humanitarian support systems, including health, legal, and livelihoods services. Their closure fragments the response.
- **Local leadership is eroded:** Women-led organizations—many of which manage WGSS—are losing their operational base and community presence due to defunding.

Operational Priorities for the GBV AoR

- **Tracking service availability:** Continue monitoring WGSS status, closure trends, and service gaps across the region.
- **Contingency planning:** Develop mitigation measures, including mobile outreach or remote-counseling where feasible.
- **Inter-sectoral coordination:** Work with health, protection, shelter, and education clusters to mitigate risks to women and girls in the absence of safe spaces.
- **Support to WLOs:** Identify opportunities to sustain or reestablish WGSS through support to women-led and community-based organizations.
- **Intensify advocacy at every possible avenue:** Utilize all relevant forums available to raise awareness on the impact of the ongoing funding status, coupled with the lack of access and insecurity issues.
- **Continue to enhance the technical capacity of frontline service providers:** at the same time caring for their wellbeing through relevant sessions.
- **Regular updating of the emergency referral pathways:** through rapid service mapping and wide dissemination of the pathways
- **Take part in all inter agency/multi sectoral assessment:** to make sure that GBV concerns are identified, recommendations made and followed up
- **Support Resource Mobilization Effort of GBV AoR partners:** Continue to engage donors and build relationships, guide partners on diversifying funding, lobby and work with the private sector and where appropriate, government ministries.



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