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Lives at Risk: How Funding Cuts Endanger Gender Based Violence Survivors in West Africa

Recent abrupt funding cuts and the unpredictability of sustainable programming have had a direct and detrimental impact on people's lives. Despite mitigation efforts to try and maintain programming, the abrupt suspension of funding has left thousands of survivors and women and girls at risk of gender-based violence (GBV) without essential services across crisis-affected regions in West Africa.

Recent and abrupt suspension of funds threatens to paralyze these vital services.

There is an alarming decline in funding for GBV prevention and response efforts in West Africa. Despite escalating needs and increasing levels of violence¹ and backlashes against women's rights², the protection sector continues to suffer from chronic underfunding. Based on Humanitarian Response Plans of Burkina Faso, Mali, Niger and Nigeria, from 2024 to 2025, the number of people in need of GBV programming increased by 6%³, with an increase of 9% of funding required⁴ for GBV programming. While in 2024, GBV funding needs were covered at 26.9%, they are only covered at 7.6% in 2025⁵. As a striking example, US funding for GBV programming passed from \$ 11.3 Million in 2024 to \$ 2.3 Million in 2025. The funding cuts in 2025 did not help. While some protection projects were discontinued, others continued with significant revisions to their intended outcomes—limiting organizations like the International Rescue Committee (IRC)'s ability to deliver comprehensive GBV prevention and response programming.

The below findings and recommendations are based on interviews with GBV responders from IRC and partners in Burkina Faso, Mali, Niger and Nigeria - conducted between February and October 2025 - and an analysis of available program data including from Women and Girls' Safe Spaces (WGSS), Community-Based Organizations (CBO), and Gender Based Violence Information Management System (GBVIMS) case management data. Data collection began immediately after the suspension of activities, through rapid feedback gathered from field teams using the GBVIMS to document ongoing service gaps. A second round of data collection was conducted in June, followed by an additional round in October with clients, CBOs, and staff to understand perceptions of the impact of these changes. Data collected at different points in time revealed the immediate impact of sudden funding cuts and the uncertainty they created, as well as the medium-term effects observed when some projects resumed under specific conditions.

From figures to fact: the face of funding cuts on GBV services in the Sahel region

In West Africa, the IRC plays a crucial role in supporting women and girls who are survivors of GBV. Funded primarily by American and European foreign aid, the Women's Protection and Empowerment (WPE) program of the IRC has established essential support, accompaniment, empowerment, and GBV prevention and response services across humanitarian and emergency contexts. The recent and abrupt suspension of funds **threatens to paralyze these vital services**. Across Burkina Faso, Mali, Niger and Nigeria, over 55% of GBV survivors supported in early 2025, have been left without continued access to essential, comprehensive services for their recovery. While the IRC and its local partners are still present and actively engaged in providing as much response as possible, putting the GBV Minimum Standards⁶ and best practices at the center of their action, resource scarcity is leading to impoverished quality response offered to the most in need.

¹ Regional Protection Working Group, Sustaining [Protection Under Pressure](#), June 2025.

² UN Women, [The impact of foreign aid cuts on women's organizations in humanitarian crises worldwide](#), April 2025.

³ From 5.7 Million to 6.1 Million people.

⁴ OCHA, [Global Humanitarian Overview 2025](#), August Update (Snapshot as of 31 August 2025).

⁵ As of October 2025.

⁶ The Inter- Agency Minimum Standards for Gender-Based Violence in Emergencies Programming is a set of 16 Minimum Standards define what agencies working on specialized gender-based violence programming need to achieve to prevent and respond to gender-based violence, and deliver multisectoral services. The objective of the Minimum Standards is to establish a common understanding of what constitutes minimum prevention and response programming in emergencies.

The immediate toll on survivors

When Case Management Stops, Recovery Stalls

One of the most immediate impacts of funding cuts felt directly by the IRC's clients was the abrupt halting of case management - the essential service allowing a survivor to be supported from the moment of disclosure of violence until survivors' needs, choices, and psychosocial recovery have been assured. Halting case management means that survivors have lost access to life-saving medical, psychosocial, and legal support. In some locations where USG funding was particularly relied on such as Menaka, Mali, nearly 90% of survivors' cases are still waiting for a comprehensive response and survivors have been left without appropriate follow-up either in terms of access to mental health and clinical services, or in terms of legal assistance.

“

I feel isolated; I keep my problems to myself... This project was special—it always gave us the chance to share our fears.

Adolescent girl, Mali

In some regions of Niger, the IRC has observed a significant gap in the availability of trained social workers, which limits access to adequate support services for survivors provided by professional humanitarian workers. In Nigeria, after project closure, between 42% and 67% of cases prematurely closed across Borno, Adamawa, Katsina, and Zamfara States, affecting hundreds of women and girls who no longer have access to quality survivor-centered case management. In Burkina Faso, following the abrupt interruption of funding in February 2025, 52% of GBV survivors in the Sahel and North regions were left waiting for assistance and did not receive services until activities resumed in June. Even after the resumption of activities, GBV frontline workers were confronted with cases where survivors accessed services with significant delays. This was particularly concerning, as survivors of sexual violence did not receive the essential care within the critical 72-hour window following the assault. During this period, in the absence of IRC services, women and girls turned to other partners and decentralized services—many of which had limited reach and resources in these regions.





Survivors miss the safe and confidential space. They also miss the regular medical check-up.

Nurse, Nigeria

In addition, funding cuts have led to a reduction in trained staff available to receive survivors and provide case management support as human resources had to be reduced significantly to fit within the limited funding available for protection. This is reflected in programmatic data. Across the four countries, GBVIMS⁷ data show mixed trends between January–June 2024 and January–June 2025. In Mali, reported GBV cases dropped from 159 to 100 (–37%), and in Burkina Faso, from 553 to 346 (–37.4%). This

decline is likely linked to funding constraints, which have reduced the presence of volunteers and limited the scope of social work activities in specific locations. Niger also saw a 25.8% decrease (from 236 to 175 cases), with notable declines in reports of rape and economic violence. In contrast, Nigeria recorded a slight increase of 6.6% (from 412 to 439 cases), attributed to the continuation of non-US-funded programs along with the swift resumption of certain projects supported by USG funding. The reduction of the number of GBV cases being reported to the IRC can have a variety of complex explanations. The observed decline in reported GBV cases is likely linked to reduced access to services, rather than a decrease in incidents. This has serious implications for survivors, including missed opportunities for timely medical and psychosocial care within the critical 72-hour window, increased risk of sexually transmitted infections and unintended pregnancies, and prolonged psychological trauma.

The Closure of Safe Spaces in West Africa

Women and Girls Safe Spaces (WGSS) are a structured place where women’s and adolescent girls’ physical and emotional safety is respected and where they are supported through processes of empowerment. WGSS have been a foundation for GBV programs in humanitarian settings. In those Safe Spaces, women and girls can find support if they have experienced GBV, they can attend psychosocial, learning or even economic empowerment activities, contributing to the strengthening of their wellbeing, community cohesion, and overall sense of solidarity. These spaces are the entry points for many survivors or women and girls at risks of GBV who are seeking support. Despite their key central role in the response, funding cuts led to closures and reductions in these services across West Africa. In Nigeria, including in contexts with large populations living in displacement such as Monguno, Madagali, Michika, Konduga, Gwoza and Anka, the IRC closed 12 WGSS while limiting activities in 6 others, during the 5 months of interruption of activity (February to June 2025). This abrupt interruption led to an estimated 600 women and girls losing access to essential services. While activities resumed in June 2025, they only focused on specific sets of activities narrowing down the definition of what is commonly considered “essential life-saving⁸ services”, such as case management. Psychosocial and socio-recreational activities are no longer taking place in those spaces.

Due to the reduction of activities in WGSS, in Burkina Faso, more than 500 women and girls were at risk of losing critical⁹ support such as dignity kits, referrals to health services, and GBV prevention awareness sessions. Lack of dignity kits means that girls may miss school during menstruation and be more at risk of exploitation, and women may face increased vulnerability to health complications and social stigma. These kits are not just about comfort but **about preserving dignity, health, and mobility.**

⁷ The Gender-Based Violence Information Management System (GBVIMS) is a multi-faceted initiative that enables humanitarian actors responding to incidents of GBV to effectively and safely collect, store, analyze and share data reported by GBV survivors.

⁸ [Central Emergency Fund Life-Saving Criteria](#), 2010

⁹ Due to internal funding and resumption of activities, the IRC could limit the consequences of the interruption of funding, but the situation highlighted the importance of sustainable solutions.

In addition, awareness sessions help people from the community understand what GBV is, identify root causes, challenge gender norms and acknowledge their rights to live without violence. These sessions seek to prevent GBV as well as inform the population about where a survivor can get support and how to access services. In the current context marked by displacement, insecurity, and limited access to services across West Africa, such awareness is critical to reducing risks and ensuring survivors are not isolated or silenced.

Overall, thousands of women and girls have lost safe and confidential access to services. The closures not only affect existing cases but **also prevent new survivors from reporting incidents**, cutting off pathways to services, justice and rehabilitation.

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Resilience on Fragile Ground of Community Based Responders

Humanitarian actors play a decisive role in strengthening local protection systems. What begins as an emergency response, with minimum standards to be met, management tools, and survivor-centered models, can evolve into an institutionalized public good. For decades, the IRC has been committed to the localization agenda, providing technical support and capacity strengthening to both institutional actors and community structures to reinforce local systems. While this long-term strategy requires sustained investment, the sudden suspension of support is jeopardizing hard-won progress and placing fragile local structures at serious risk of disruption and backlashes. With NGO-based GBV programs suspended, decentralized state services, community-based organizations (CBOs) and informal structures have been left to shoulder the response. Although they demonstrate **resilience and adaptability**, community-based organizations and decentralized structures face significant capacity gaps, including limited financial management systems, insufficient technical training in GBV case management and psychosocial support, and inadequate infrastructure to meet minimum service standards. These limitations are compounded by chronic underfunding, exclusion from coordination mechanisms, and a lack of access to flexible, multi-year funding. The recent abrupt funding cuts have further exposed the fragility of these local systems, underscoring the urgent need to support the localization agenda through a planned and inclusive exit strategy, something that was notably absent in the latest wave of funding reductions.

“The solidarity network has weakened... Girls are now more exposed to early marriage”.
CBO member. Burkina Faso

Following the interruption of the IRC programs, in some locations GBV cases were transferred to local partners and CBOs trained by the IRC. While project closure could jeopardize the continuity of critical services offered to survivors and women and girls at risk, the CBOs continue to offer services and run WGSS. In Burkina Faso, 10 out of the 14 safe spaces established by the IRC remained open thanks to local CBOs, originally trained and supported by the IRC, as they continued socio-economic and sensitization activities from February until June 2025,

during the period when activities were suspended. After June, the IRC staff progressively resumed activities in these WGSS with a limited, specifically focused set of activity while also supporting four additional safe spaces through direct funding. Meanwhile, with the IRC support, these community-based mechanisms are still in the process of strengthening their technical capacities, organizational structures, and financial sustainability to fully deliver case management and clinical referral services, which currently results in critical service gaps.

The Breakdown of GBV Referral Pathways

Referral pathways have been severely disrupted by funding cuts. This is a central concern. Protection services rely on a coordinated network of actors, including state services, international NGOs, and local organizations, to ensure that those most in need are identified and connected to appropriate support. However, as funding has declined, this system has weakened. Service providers are finding it increasingly difficult to identify solutions within their networks, and many referral pathways have broken down entirely, leaving people—particularly women and girls—without access to essential protection services.

In Niger, a representative of State Child Protection Service noted that, following the recent closure of services, it has become increasingly difficult to identify suitable partners for referring cases of violence, particularly those able to ensure confidentiality, working with trained personnel, and provide clear and reliable referral pathways. Decentralized State departments are requesting the IRC to resume activities to ensure continuity of service. In Nigeria, in the provinces of Yola South, Bazza, Numan, Madagali, in the region of Adamawa, the limited presence of viable local actors able to meet GBV case management standards highlights the limits of community-based mechanisms: national partners exist but are yet not part of the GBV Information Management System (GBVIMS), meaning they are yet to be vetted to be able to manage cases in a safe and confidential way. While the IRC is continuously supporting this transition, specific requirements need to be in place for being fully vetted within the system.

These examples show that while communities demonstrate resilience through income-generating activities and voluntary support, the suspension places an **unsustainable burden** on them. Mitigation efforts that simply “hand over” service delivery to CBOs and other more local organizations are highly susceptible to **risk-transferring** rather than risk-sharing, even if this transfer is in the service of “localization” strategies and priorities. Instead of strengthening protective systems by increasing “localization,” the cuts undermine them, risking a reversal of progress in survivor protection and empowerment.

Safeguarding Protection in Times of Scarcity: A Call for Action

In the face of funding cuts, similar to those affecting other humanitarian sectors, GBV actors have struggled to uphold core protection principles such as dignity, rights, and the prevention of harm, while striving to maintain life-saving interventions. Stakeholders and implementing organizations, including the IRC, have been confronted with the harsh realities of shrinking resources, rising conflict-related violence against civilians—particularly GBV—and the urgent need to align limited funding with the most critical protection risks. These challenges underscore the difficult balance between immediate humanitarian response and the long-term commitment to safeguarding fundamental protection standards. These circumstances highlight the urgent need for renewed commitment, strategic investment, and collective action to sustain and strengthen protection outcomes in the region.

Recommendations

- **Ensure continuity of service delivery through sustained funding and technical support** to prevent service disruptions that leave survivors without access to life-saving medical, psychosocial, and legal support. Continuity of care is essential to uphold protection standards and avoid unresolved cases.
- **Prioritize and invest in GBV prevention and response initiatives that are survivor-centered and place dignity, rights, and the prevention of harm at their core.** Ensure that funding supports both immediate life-saving interventions and the development of sustainable, locally grounded protection systems, safeguarding these fundamental principles even amid resource constraints.
- **Strengthen national systems for GBV prevention and response.** Governments should prioritize translating regional and international commitments — including the Kampala Convention, the Maputo Protocol, and the Safe Schools Declaration — into national laws, policies, and institutional reforms that address GBV. This includes integrating survivor-centered GBV prevention and response into development plans, backed by dedicated budgets and long-term investments in essential services such as psychosocial support, legal aid, health care, civil documentation, and community-based protection.
- **Invest strategically in strengthening local protection systems that connect state services, international NGOs, and women-led community-based organizations.** Humanitarian actors should play a supportive and catalytic role, helping to build sustainable, nationally led systems capable of identifying, assisting, and referring survivors safely and confidentially. Building resilient protection systems must be seen not as a short-term humanitarian goal, but as a shared global responsibility and a cornerstone of long-term stability and recovery.

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