Apart From This, We Have No Other Place

How Funding Cuts Are Reshaping Women and Girls Safe Spaces in Rohingya Refugee Camps

WOMEN'S REFUGEE COMMISSION

Acknowledgments

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The primary photographer for the images in this report is a volunteer from the Rohingya community, Parmin Fatema, who supported us throughout the fieldwork. She is part of a collective of award-winning Rohingya photographers documenting life in Cox's Bazar: www.rohingyatographer.org.

Women's Refugee Commission (WRC) improves the lives and protects the rights of women, children, youth, and other people who are often overlooked, undervalued, and underserved in humanitarian responses to displacement and crises. We work in partnership with displaced communities to research their needs, identify solutions, and advocate for gender-transformative and sustained improvement in humanitarian, development, and displacement policy and practice. Since our founding in 1989, we have been a leading expert on the needs of refugee women, children, and youth and the policies that can protect and empower them.

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Cover photo: Adolescent girls attend an information session inside a Women and Girls Safe Space. Parmin Fatema/Rohingyatographer for WRC.

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Adolescent girl in a Women and Girls Safe Space writes while her friends look on. Photo: Parmin Fatema/ Rohingyatographer for WRC

Executive Summary

Background

Since the start of the mass displacement of Rohingya refugees to Bangladesh in August 2017, Women and Girls Safe Spaces (WGSS) have become a key intervention to address the numerous protection concerns of Rohingya women and girls. WGSS provide lifesaving gender-based violence (GBV) case management and referrals alongside prevention, psychosocial support, sexual and reproductive health, and livelihoods programming for Rohingya women and adolescent girls. However, the humanitarian funding crisis, intensified by the United States' January 2025 pause in foreign aid, has placed these comprehensive services under growing strain.

This research examines how **funding cuts have affected the sustainability, accessibility, quality, and effectiveness of WGSS in the Rohingya refugee camps**, drawing on the perspectives of both service providers and Rohingya women and girls.

Methodology

This research employed a qualitative design, combining a desk-based literature and data review with key informant interviews with 11 organizations operating WGSS in the Rohingya camps, alongside 10 in-depth interviews and a focus group discussion with Rohingya women and adolescent girls who had participated in WGSS programming within the previous year. Data collection took place in May and June 2026, and the research team conducted participatory co-analysis using an inductive approach to identify recurring themes and key findings.

Findings

Drivers of success for Women and Girls Safe Spaces

There is clear evidence of the WGSS model's positive impact on the Rohingya community broadly and for women and adolescent girls in particular. The findings highlighted drivers of success that have enabled WGSS to weather repeated operational constraints and financial shocks, including, to a degree, the 2025 funding cuts.

- **An entry point to lifesaving care:** WGSS serve as a trusted, confidential entry point connecting GBV survivors to time-sensitive medical services, legal support, and comprehensive case management.
- **A comprehensive model of care:** WGSS are most effective when response, prevention, and risk mitigation are delivered together, rather than as competing priorities.
- **A physical space and psychological safety:** The women- and girls-only space itself provides privacy and safety that participants identified as core to its value.
- **Dedicated staff and ongoing capacity-building:** Almost nine years of dedicated training and structured career pathways have built a professional workforce now at risk from staffing cuts.
- **Coordination across the GBV sub-sector:** Strong referral and handover coordination has preserved continuity of care when individual WGSS facilities need to scale back or close.
- **Cross-sectoral collaboration and coordination:** WGSS function as a connector to health care, legal, education, and livelihoods services that women and girls otherwise struggle to access.
- **Shift towards community-led services:** WGSS programming has been steadily growing community- and women-led capacity for outreach and prevention work, though significant policy barriers remain.

Challenges and threats to Women and Girls Safe Spaces

While significant strides have been made to meet the needs of Rohingya women and adolescent girls, the successes exist within a challenging legal, economic, and social environment. The findings demonstrate how WGSS in Rohingya refugee camps have been impacted by funding cuts and subsequent hyper-prioritization of response services, which have shifted resources away from GBV prevention and risk mitigation activities.

- **Reliance on humanitarian aid:** Rohingya refugees' lack of legal status and right to work in Bangladesh creates structural dependencies which humanitarian aid alone cannot resolve.
- **Deprioritization of GBV prevention and risk mitigation activities:** The updated 2025 Joint Response Plan restricts funding to Priority 1 lifesaving response services only, formally deprioritizing prevention and risk mitigation interventions across the protection sector.
- **Staffing cuts and reliance on volunteers:** Care management ratios once considered standard have been reduced, which leads to unsustainability, burnout, and increased economic vulnerability for Rohingya women volunteers.

- **Reduction or elimination of livelihood resources:** Reduced or eliminated goods, stipends, and livelihoods support have decreased both needed material support to Rohingya women and girls, as well as attendance to WGSS facilities for programming.
- **Integrated protection facilities and services:** Formal guidance to integrate WGSS with Child Friendly Spaces (CFS) is under review, raising concerns around safety, confidentiality, and physical space constraints.

Concrete harms and rising risks for Rohingya women and girls

In addition to the funding cuts and subsequent adaptations to the WGSS model, trends of increasing violence and vulnerability have caused distinct harms and rising risks to Rohingya women and girls living in the camps. When women and girls need protection services the most, findings show that adaptation strategies are leading to decreased quality and effectiveness of WGSS.

- **Increasing risks of GBV:** Driven by conditions beyond the GBV sub-sector, compounding pressures including food and financial insecurity, harmful coping mechanisms used by men and boys, and criminal activity have contributed to a documented rise in GBV cases.
- **Psychosocial harm of integrating or closing WGSS facilities:** Losing dedicated women-only spaces has high psychological and social costs to Rohingya women and girls.
- **Decreased quality of and participation in WGSS services and activities:** Lower numbers of staff, less frequent programming, and reduced incentives have driven down both service consistency and attendance.
- **Weakened referral pathways and loss of essential resources:** Access to medication, contraceptives, food, and other resources that were once easily accessible through WGSS referrals has been reduced.
- **Increased marginalization of vulnerable groups:** Female heads of household, single or divorced women, adolescent girls, and populations such as third-gender Hijras face compounded harms with the fewest alternative supports to fall back on.

Implications

WGSS are most effective when funded as comprehensive GBV interventions, not response services alone. The research demonstrates that response, prevention, and risk mitigation are mutually reinforcing, and should not be treated as separate priorities. Deprioritizing prevention and risk mitigation does not reduce GBV; instead, it increases the incidence of violence and places greater demand on already overstretched response services, making the overall approach less effective and less cost-efficient.

Changing patterns of GBV require stronger, not weaker, investment in prevention and multisectoral risk mitigation. Funding cuts in sectors such as health, food security, and water, sanitation, and hygiene (WASH) have increased protection risks, while new threats including gambling, substance use, criminal violence, and technology-facilitated GBV have emerged. These evolving risks reinforce the need for adaptive prevention programming and coordinated action across sectors, rather than a narrower focus on crisis response.

Although widespread closures have largely been avoided, organizations have kept WGSS operating through staffing reductions, increased reliance on volunteers, and cuts to activities and material support. These adaptations have reduced the quality and reach of services, while placing additional burdens on staff and volunteers. The continued operation of WGSS should not be mistaken for evidence that the WGSS system remains adequately resourced..

Sustainable progress depends on shifting power to Rohingya women, not only restoring funding. Legal restrictions that prevent Rohingya-led women's organizations from formally registering or accessing humanitarian funding continue to limit women's leadership, decision-making, and long-term self-reliance. Strengthening WGSS therefore requires not only flexible funding, but also policies that enable meaningful participation, legal livelihood opportunities, and greater recognition and resourcing of Rohingya women-led initiatives.

A Rohingya woman rests at a Women and Girls Safe Space. Photo: Parmin Fatema/ Rohingyatographer for WRC

Key Recommendations

1 The Rohingya Coordination Platform **should treat WGSS as an integrated, comprehensive, lifesaving intervention** and ensure that GBV prevention and risk mitigation are funded alongside response services.

WGSS are most effective when prevention, risk mitigation, psychosocial support, referrals, and response services are delivered together. Prioritizing only GBV response while reducing investment in prevention and risk mitigation undermines the effectiveness of WGSS and leaves women and girls exposed to preventable risks. Evidence from humanitarian and development settings demonstrates that investments in preventing violence and reducing exposure to risk can reduce the incidence of GBV, and are more cost-effective than relying solely on response after violence has occurred.

2 GBV actors, Camps-in-Charge, and the Office of the Refugee Relief and Repatriation Commissioner **should exercise caution before integrating WGSS with mixed-gender CFS** and should consult Rohingya women and girls who use each space before making changes.

Program consolidation and integration efforts should not compromise the dedicated, women-only environment that participants consistently identified as fundamental to their sense of safety, trust, participation, and willingness to seek support. Any proposed change should be preceded by a camp-specific GBV risk assessment and consultation with different groups of women and girls, including adolescent girls, parents of adolescent girls, women with disabilities, older women, female-headed households, and women who currently face barriers to accessing WGSS.

3 The GBV sub-sector, protection actors, and humanitarian leadership **should monitor the impact of WGSS closures** and track and report on closures and service reductions.

Monitoring should record not only whether a WGSS has formally closed, but also reductions in operating hours, geographic coverage, mobile outreach, staffing, referral capacity, and service quality. Findings should be regularly reviewed through GBV and protection coordination mechanisms and used to identify underserved camps, emerging protection gaps, and locations requiring urgent resource reallocation.

4 Donors, UN agencies, and GBV actors **should establish dedicated and flexible funding mechanisms** through which Rohingya WLOs and networks can access, influence, and manage humanitarian funding, in compliance with government policies.

Funding arrangements could include ring-fenced sub-granting windows administered by national NGOs, fiscal-host or sponsorship models, simplified grant requirements, multi-year network grants, and participatory funds in which Rohingya women help set priorities and make allocation decisions. These modalities should recognize Rohingya-led women's groups as substantive partners with their own expertise and constituencies.

5 GBV actors and donors **should invest in community-based models that extend the reach of WGSS** while maintaining specialist services, GBV minimum standards, and clear referral pathways and associated services.

Trained women volunteers, peer facilitators, community outreach workers, and Rohingya women-led networks can support safe information-sharing, identify emerging risks, accompany women to services, facilitate referrals, and deliver carefully designed prevention and risk mitigation activities. These models should complement, not replace, professional case management, psychosocial support, health care, and other specialized services, particularly as the camp population grows and reports of GBV risks increase.

6 Humanitarian leadership, camp authorities, and coordination bodies **should create formal, safe, and adequately supported advisory roles for Rohingya women** in decisions affecting WGSS and the wider humanitarian response.

Rohingya women should hold meaningful positions on WGSS steering committees, camp management and site-planning structures, the Protection sector and GBV sub-sector, the Gender in Humanitarian Action Working Group, and funding or program-review bodies. Meaningful refugee participation is an established commitment under the Global Compact on Refugees and UNHCR's age, gender, and diversity framework. Advisory-board models have been used in other displacement settings to give refugees a formal role in protection planning, camp administration, service delivery, and infrastructure management. In Cox's Bazar, these mechanisms should build on existing Rohingya women-led networks, and should report on how women's input changes policies, funding decisions, and services.

IN HER OWN WORDS:

My Name Is Fatima.

We came here 10 years ago. My children's father has married another woman. He lives with his second wife. He doesn't give any money for household expenses; if I speak about any needs, he picks a fight and beats me up. He now uses my data card to get rations for him and his wife. Because of this, I do not receive any benefits.

I live with my daughters and two grandchildren. There are seven of us. They are all daughters, not a single son. I have a daughter with hearing and speech impairments. She used to receive raw vegetables for about six or seven months, but she no longer receives them. I also have hearing loss in one ear, poor vision, and I am unable to recite the Quran due to my visual impairment.

Financially, we are facing a lot of hardships, as there is no earning family member. Sometimes, every four or five months, work comes up, where they sometimes give 10, 9, or 7 days of work cleaning drains, clearing garbage and waste, repairing—that kind of work.

My heart wishes to take all my daughters and live safely in another country.

When we come to the *Shantikhana*, our worries lessen to some extent. We come from home, we get the breeze from the fan, the girls are taught sewing work, and then get snacks. Awareness is raised about physical abuse, mental abuse, and sexual abuse faced by those who get married. Often, girls are trafficked by being lured with money. After coming here, I could learn and know about all these issues.

For women, the menstruation-related items they give—cups, sanitary pads—all of these are necessary. They give detergent powder, clothes—all these are necessary, aren't they? They have given us buckets, umbrellas, sewing machines, burqas, and many other things. We come to the *Shantikhana* to get items like spices, share feelings, and get packages. Because of budget reduction, we are not getting that. They used to give prayer mats, prayer beads, cooking spices, chili powder, and turmeric powder—they don't give any of these anymore. A lot has also been reduced from the SIM card [e-voucher]. Earlier they used to give over 12 dollars, now they give 7 dollars. Those who don't have any male family members, get 12 dollars.

If we get some things, we can feed the children, and also eat something ourselves. We don't buy or sell any of the things we receive. The children are there, grandchildren are there, they come and sit. It feels good to be able to feed them at such times. If it's available, we get it—if not, we don't. It's not like we have to have snacks every day. We will come and talk to you—that alone brings peace to our hearts. We are happy.

I come every day. I don't come out of greed for snacks or any other reason. I come here because of the tension caused by my husband. Coming here, chatting with the other women, and laughing allows my day to pass happily. When it's time for prayer, I pray.

For women like me, who are elders or heads of households, something is urgently needed so that they can become self-reliant. For example, if they could set up small shops, things of that nature.

My heart wishes to take all my daughters and live safely in another country. The men here harass us terribly. They torment us so much. When night falls, roads are dark, we fear to move around. I feel afraid to stay at home with my daughters. One group comes from this side, another group comes from that side. They stand in front of the door, insult or harass us, and push the door. Al-Yaqin [an armed group in the camp] and various others insult and harass us a lot. So I thought I should move to another area, to a safer place. Unable to live like this, I changed my house. It's a lot of suffering.

Note: *These narratives have been pulled from our interview transcripts with Rohinyga women of different backgrounds and identities. Each testimony preserves the woman's own words but condenses for length and removes all identifying details to protect anonymity.*

Introduction

Seventy-five years after the establishment of the 1951 Refugee Convention, **the humanitarian system is confronting one of the most significant contractions of humanitarian financing in history**, while forced displacement surges as climate vulnerability and conflict are on an unprecedented rise.

At the start of 2026, an estimated 117.8 million people worldwide were forcibly displaced due to conflict, violence, persecution, human rights abuses, and other events that severely disrupted public order.[1] An additional 4.2 million are forecasted to be displaced by the end of 2027.[2] In humanitarian crises around the world, women and girls are among the most affected populations, facing displacement, loss of livelihoods, and restricted access to essential services such as health care, education, and protection. Prolonged displacement further increases exposure to gender-based violence (GBV), child marriage, exploitation, and psychosocial distress, while limiting opportunities for economic stability and social participation. As humanitarian needs continue to rise and resources remain insufficient, protection gaps for women and girls are widening globally.[3]

The US has long been one of the world's leading humanitarian donors, but the Trump administration's pause on all foreign aid in January 2025 and continued restructuring of humanitarian assistance have had significant consequences.[4] The gap between humanitarian needs and available resources has reached a critical level and is expected to widen through 2026. Persistent funding shortages have caused humanitarian appeals to fall consistently below required targets, forcing many lifesaving programs to scale back operations or shut down entirely. The fallout is particularly significant for GBV response and prevention worldwide.[5] More than 80 million people globally are expected to depend on GBV services that have only been 18.3 percent funded as of August 2026.[6,7] This situation underscores the urgent need to understand the distinct and disproportionate impacts of funding cuts on women and girls in order to respond effectively to their specific needs.[8]

One of the key interventions designed to address women and girls' needs in humanitarian response is Women and Girls Safe Spaces (WGSS)*, which provide structured environments where the emotional and physical safety of women and adolescent girls is prioritized through access to information, services, and psychosocial support.[9] WGSS are a lifesaving component of humanitarian action, serving as a trusted, confidential entry point through which survivors can safely disclose violence and be connected to time-sensitive medical care, GBV case management, and other essential protection and legal services. WGSS also implement GBV prevention and risk mitigation activities in the broader community, providing interventions aimed at community sensitization and social norm change. Evaluations of WGSS across diverse humanitarian contexts have demonstrated their ability to improve utilization of lifesaving GBV services,[10] address the specific needs of adolescent girls,[11] and strengthen confidence and social connectedness.[12,13]

* This report uses WGSS to refer to all women-only spaces, including Women and Girls Safe Spaces, Women Friendly Spaces, and Multi-Purpose Women's Centers.

Context

The importance of WGSS is particularly evident in Bangladesh, which hosts one of the world's largest refugee populations. Rohingya are the world's largest stateless group, comprising 41 percent of the global stateless population at the end of 2025.[14] Rohingya refugees have fled from Myanmar to Bangladesh in waves of displacement under political and religious persecution since the late 1970s. In August 2017, renewed mass violence, armed attacks, and human rights violations including ethnic cleansing led to 740,000 displaced Rohingya taking refuge in the district of Cox's Bazar in southeastern Bangladesh.[15] Today, Bangladesh hosts more than one million fully registered Rohingya refugees.[16] Due to renewed violence in Myanmar since 2024, there have been an additional 150,000 refugee arrivals to the Cox's Bazar camps as of April 2026.[17] These individuals are not considered fully registered by UNHCR, however, and are only issued family cards for lifesaving assistance.[18]

With 33 densely populated camps, Cox's Bazar is the site of the world's largest refugee settlement. Overcrowded living conditions, limited privacy, movement restrictions, insecurity at night, frequent fire and flooding incidents, as well as human trafficking risks increase the vulnerability of women and adolescent girls within the camps.[19,20] Significant protection concerns, such as intimate partner violence and child marriage, have been noted since the start of the Rohingya humanitarian response in 2017.[21,22] In 2025, 82 percent of reported GBV incidents in the camps were perpetrated by intimate partners, other family members, family friends, or neighbors, underscoring the continued need for accessible and effective protection services for Rohingya women and girls.[23,24]

Locally known as *Shantikhana* or "place of peace," WGSS have become an integral component of the Rohingya humanitarian response over the last nine years by providing lifesaving GBV case management and referral services, as well as programming for sexual and reproductive health (SRH) and rights, livelihoods and skills development, and mental health and psychosocial well-being.[25,26,27,28] According to the 2025 Inter-Sector Needs Assessment, WGSS remain the most widely recognized GBV service points in the camps, with 82 percent of households reporting awareness of these spaces.[29] Beyond service provision, these trusted spaces reduce social isolation, encourage help-seeking behavior, and increase community awareness of and support for GBV prevention and response. However, sustaining these comprehensive services has become increasingly challenging amid ongoing humanitarian funding constraints.[30]

Locally known as *Shantikhana* or "place of peace," Women and Girls Safe Spaces have become an integral component of the Rohingya humanitarian response over the last nine years.

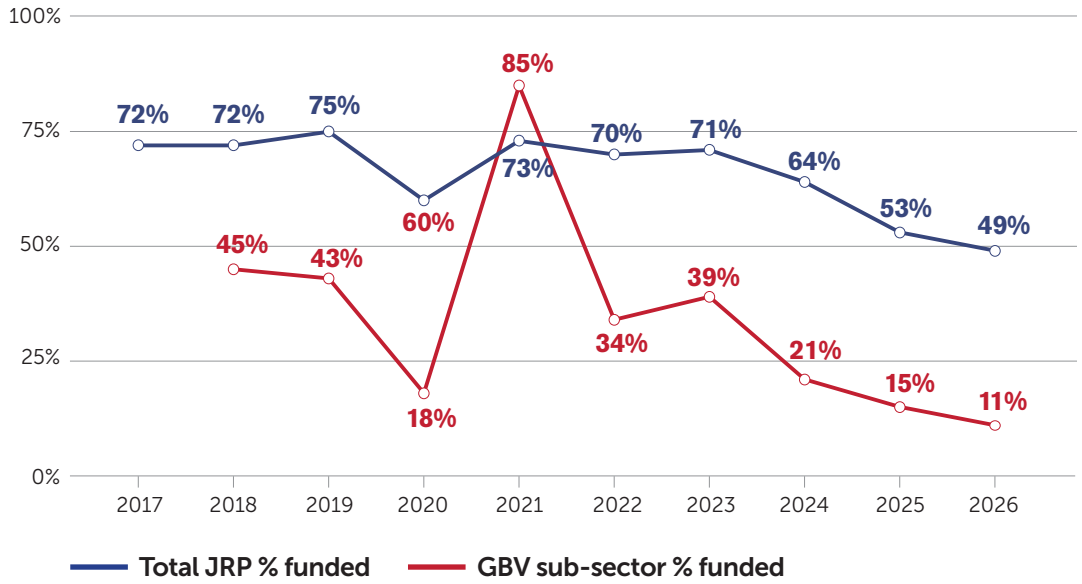
From 2017 to 2023, despite numerous economic shocks, including the Covid-19 pandemic, the Rohingya Humanitarian Crisis Joint Response Plan (JRP) remained relatively well-funded, receiving an average of 70 percent of its requested budget each year. Throughout this period, the GBV sub-sector consistently received a smaller proportion of its funding requirements than the overall JRP, with the exception of 2021, when additional support from the Australian government temporarily increased funding levels. Funding began to decline in 2024, prompting the first major prioritization and cost-reduction process. The humanitarian financing crisis deepened dramatically in 2025 following the US

government's foreign aid pause. As the US had consistently been the largest donor to the Rohingya response, providing approximately 55 percent of overall humanitarian funding—and in 2022 and 2023, more than 30 percent of GBV sub-sector funding—the suspension of US assistance contributed to sharp declines in funding for both the JRP and the GBV sub-sector. In 2025, the JRP received just 53 percent of required funding, and by August 2026, only 49 percent of JRP requirements and 11 percent of GBV sub-sector requirements had been funded.[31]

Although a growing body of literature highlights the vulnerabilities of Rohingya women and girls and the important role of WGSS in providing protection, access to essential services, and psychosocial support, limited research has examined how the recent humanitarian funding cuts are affecting the sustainability, accessibility, quality, and effectiveness of WGSS in the Rohingya refugee camps. Furthermore, little attention has been given to the experiences and perceptions of Rohingya women and girls regarding structural changes or service reductions in these trusted support systems. Addressing these gaps is essential for understanding the broader implications of humanitarian funding constraints on protection services, and the well-being of Rohingya women and girls in the camps.

This research seeks to address these gaps by assessing how organizations implementing WGSS in the Rohingya refugee camps have responded to the funding cuts as well as the subsequent impacts on Rohingya women and girls. By centering the experiences of Rohingya women and girls alongside those of service providers, the research aims to inform humanitarian decision-making with evidence grounded in the priorities of those most directly affected. This research is particularly timely as protection partners, the Government of Bangladesh, donors, and United Nations (UN) agencies are reshaping GBV prevention and response programming to adjust to rising humanitarian needs amid an increasingly constrained funding environment.

Rohingya Humanitarian Crisis Joint Response Plan (JRP) and GBV Sub-Sector Funding, 2017–2026



Note: Figures reflect funding reported to OCHA FTS and explicitly coded to the GBV global cluster. They exclude pledges, funding not yet reported or curated in FTS, and GBV-related funding reported under broader Protection or other sector codes.

Methodology

This research employed a qualitative design, combining a desk-based review of relevant literature and existing data with primary qualitative data collection. Semi-structured key informant interviews (KIIs) were conducted with representatives of 11 organizations operating WGSS in the Rohingya camps, including three UN agencies, four international non-governmental organizations (INGOs), three local and national NGOs, and one government office. Participants were purposively selected based on their involvement in the design, implementation, or coordination of WGSS programming. One focus group discussion (FGD) with six participants, and 10 individual in-depth interviews (IDIs) were conducted with Rohingya women and adolescent girls who had participated in WGSS programming within the previous year.

Data collection took place in May and June 2026. KIIs were conducted virtually or in person in English or Bangla, and the FGD and IDIs were conducted in person in Rohingya by a trained researcher. Verbal or written informed consent was obtained prior to participation. All research activities were conducted in accordance with Women Refugee Commission's organizational ethical standards and protocols for research involving human participants. Interviews were audio-recorded when consent was provided and subsequently transcribed and translated into English for analysis. The research team conducted participatory co-analysis using an inductive approach to identify recurring themes and key findings.

Limitations

This research has several limitations. Participants were identified primarily through existing networks and professional contacts, which may have excluded other organizations working on WGSS. In particular, only one community-based women-led organization (WLO) was interviewed as part of this research, as the GBV sub-sector is composed primarily of international and national organizations. Key informants were recruited from organizations that were operational at the time of data collection; organizations that had ceased WGSS operations due to funding cuts were therefore not represented. IDI participants were recruited by WGSS staff, and were primarily women and adolescent girls who were currently attending programming. Thus, this research does not capture the experiences of Rohingya women and adolescent girls who have never attended or no longer attend WGSS.

IN HER OWN WORDS:

My Name Is Khadija.

My age is 15 years. It has been 10 years since we came to the camp. With my parents, brothers, and sisters, we are nine people that live together in my house.

This *Shantikhana* was established here about three or four years ago. First, it was established further away, and it would require us to cross three or four blocks to get there. As a result, my parents would not let me go. But then it moved closer. Since it was set up here, I have been coming. Before this, I didn't go anywhere else.

I have been attending the Girl Shine sessions twice a week. I learned skills from the sessions that have been useful in my life, useful in my daily living. It is important for me and other girls. For example, we learned about child marriage—getting married at a young age, and what harms are caused by getting married below 18. We had heard before that getting married at a young age causes harm, but we didn't know what specific harms occurred. Coming here to Girl Shine, we learned about those harms.

And about friendship—previously, I didn't know what qualities a friend should have. I used to make friends with just about anyone. If I said something, they might tell someone else, which could get me into trouble.

And then there are family relationships—we didn't know before how to maintain a good, harmonious relationship with our family. We learned that through Girl Shine. Before, our parents didn't listen to our opinions, give them any importance, and we didn't know how to express ourselves either. Since our parents also attended the sessions here with us, they now give importance to our words.

After completing Girl Shine, they made us part of the Girl Shine Star program. Previously, we used to feel shy, or didn't know how to interact with people in the community. Through the sessions conducted in Girl Shine Star, we learned how to talk to people in the community, how to keep them safe, and how to live together harmoniously. This means we learned new things, and it has been useful in my life.

Before, we didn't know many things about our lives. Our lives could have been ruined, but learning these things has been useful in our daily lives. For example, if a girl below 18 gets married, her life gets ruined. Or you hear that during child-birth, either the mother or the baby, someone might die, and her life could be lost because of this. Due to these sessions, we have been saved from that.

That's why this is necessary for us. We didn't know these things, but we have been able to learn new things, make life more beautiful, and make it enlightened.

Six Rohingya women are interviewed by the report researcher in a focus group discussion. Photo: Parmin Fatema/ Rohingyatographer for WRC

Findings

The findings on how WGSS in Rohingya refugee camps have been impacted by funding cuts fall into **three main themes:**

Investments in the WGSS model have built a strong foundation for comprehensive and integrated GBV prevention and response.

Funding cuts and structural barriers threaten the continued success of the WGSS model.

Emerging protection risks and changes to the WGSS model have concrete harms for Rohingya women and girls.

Integrated throughout the findings are the adaptation strategies that are being used by organizations implementing WGSS programs to swiftly react and adapt to the 2025 funding cuts. At times, these adaptations have had positive outcomes. At others, these trade-offs have negatively affected the lives of the Rohingya refugee community. Findings are also shaped by a broader context in which legal and policy restrictions continue to limit community-led approaches, while hyper-prioritization of funding has shifted resources away from GBV prevention and risk mitigation activities. Rather than viewing GBV prevention, risk mitigation, and response as competing priorities, the findings suggest that maintaining them as an integrated package is fundamental to the effectiveness of WGSS.

Drivers of success for women and girls safe spaces

The WGSS model in the Rohingya refugee camps has demonstrated clear evidence of positive impact and resilience throughout nearly nine years of implementation. Across all interviews, participants noted the ability of WGSS to withstand repeated operational constraints and financial shocks, including—to a degree—the 2025 funding cuts. Participants pointed to structural drivers behind these successes, which have not only led to a strong WGSS model, but have also minimized the closure of WGSS and ensured the continuation of certain GBV services and programs. Furthermore, participants emphasized the positive impacts that WGSS continue to have for the Rohingya community broadly, and for women and adolescent girls in particular.

An entry point to lifesaving care

The importance of WGSS as a trusted entry point through which women and adolescent girls can access information, referrals, and a wide range of support services cannot be overstated. Both KII and IDI participants mentioned the benefits of WGSS as a bridge to essential, lifesaving GBV prevention and response services, helping women and adolescent girls navigate available support and connect with the assistance they need.

The case management and lifesaving services provided at WGSS enable women and girls to access comprehensive and coordinated support through formalized referral pathways across multiple sectors. These services help women and adolescent girls better navigate the health care system, connect with legal services, receive medications and hygiene products, and build livelihood skills.

WGSS are thus able to directly support the immediate needs of GBV survivors while providing psychosocial support and case management services. Multiple Rohingya women and adolescent girl interviewees elaborated further on the value of the WGSS referral systems through sharing some of their own experiences.

> *"If something goes wrong between a husband and wife, we can go to the [WGSS] case manager. From there, they advise us on what would be best to do—whether to go to the police station, or do this or that. In terms of getting help, if an incident occurs [to a woman] and she can explain everything to the case worker, [the case worker] can take her [to legal services] or somewhere else to get it resolved."*

These response services are the immediate and often lifesaving actions taken to support women experiencing GBV. WGSS maintain close linkages and referral pathways to health services, with some also providing SRH services in the facilities. One UN agency explained,

> *"We call it [a] midwife space or SRH corner… We deploy a midwife in the [WGSS] facility [to] provide the basic services [beyond] CMR… Some of the services they can also access from the health facilities, but at least we are offering them the option [in a WGSS] where they feel safe and can more confidently access the services."*

WGSS help women and adolescent girls better navigate the health care system, connect with legal services, receive medications and hygiene products, and build livelihood skills.

One pregnant Rohingya woman shared:

> *"If we face any distress, the* apas *[WGSS staff] refer us to the doctor. They give us medicine quickly. Pregnant women are also taken great care of here. If [a health care worker] hears that someone cannot walk well, they come to their house to provide treatment."*

A Rohingya woman with disabilities noted an additional benefit of a WGSS referral in providing faster access to care:

> *"You can sit in the hospital all day and there is no one to look after you. But when I took the paper [referral form] from [the WGSS], they let me in quickly. They valued the paper for the medical treatment."*

A comprehensive model of care

In addition to lifesaving response services, every KII participant spoke about the success of WGSS's approach in targeting multiple GBV intervention pathways. From the beginning of the humanitarian response to the Rohingya refugee influx, the GBV sub-sector was intentional in prioritizing prevention and risk mitigation activities alongside response services. One organization explained how this comprehensive approach allows for multiple points of impact:

> *"The goal is to build an environment where we can empower women and girls, educate them on their rights, ensure immediate protection and support if they suffer from harmful behavior or violence, and guide them towards long-term self-reliance."*

Across the prevention and risk mitigation pathways, WGSS in the Rohingya camps serve as hubs for a variety of programs and services, including life skills development; social emotional education; nonformal or recreational training such as sewing, tailoring, and embroidery; and the distribution of light refreshments, dignity kits, mosquito nets, and other nonfood items. Many Rohingya women spoke to the value of these services. A pregnant woman noted the multipurpose value in WGSS, sharing:

> *"If there is a water tube-well here, we can wash our clothes. We can do sewing work. We can come and sit with the* apas*... share our joys and sorrows, and [they] console us. We can learn about various issues—we get to know about cleanliness, polygamy, or being abused by husbands. So, being able to learn these things makes us feel good."*

Some of the most common interventions offered in WGSS are Girl Shine—a life skills program for adolescent girls and their caregivers—and SASA! Together, which provides education on intimate partner violence. Rohingya women who have attended WGSS training can also share the knowledge and skills they have gained with the wider community in their camp blocks through formalized groups like the Women Support Groups and Community Watch Groups. A Rohingya female head of household spoke of her experience as a member of a Women Support Group, sharing:

> *"We go from house to house and have meetings with people in the community. If there are quarrels or disputes in [other women's] homes, we can go and comfort them. If their children cause trouble, we resolve the issues. And if we have any problems, we can tell the* apas *of the block."*

The value of these prevention and risk mitigation programs was repeatedly voiced by Rohingya women and adolescent girls. They described marked changes in attitudes towards gender equality between husbands and wives or sons and daughters, in the practices of child marriage, and in awareness of trafficking and abduction. In a FGD, one Rohingya woman noted:

> *"We didn't know about physical abuse, mental abuse, and finance at all. We've learned about them after coming here. We learned about how to treat boys and girls. Both boys and girls have equal rights to study. We didn't know that before. Now we understand that."*

Another woman shared the impacts of the WGSS prevention programming in her relationship:

Women sit and work on an embroidery project as part of an economic justice initiative at a Women and Girls Safe Space. Photo: Rumana Akter/WRC

> *"My husband used to torture me a lot [in Myanmar]. After bringing my husband [to a community outreach session] and [attending] counselling with him again and again, for the last three years I haven't gotten beaten. Previously he used to waste money on women. Now [when] he comes back from work, he doesn't quarrel and gives me his earned money. That has been very beneficial to me."*

In addition to the prevention and risk mitigation programs offered within WGSS, community outreach has been integral to the comprehensive model. These outreach activities are centered on community sensitization and engagement to raise awareness on GBV issues, harmful social attitudes and norms, and the overall value of WGSS for women and girls. One organization explained their approach to community sensitization:

> *"Closely tied to [WGSS] center operations are our prevention initiatives. When dealing with community-based work, the community itself is your primary focal point… When addressing social norms in the community, understanding why they seek a safe space or why it is necessary, we must trace the root causes… GBV risk assessments require active community engagement and prevention campaigns."*

The impact of ongoing community education was also illustrated through the IDIs with Rohingya women and adolescent girls. One spoke of changes that have occurred despite earlier community resistance to adolescent girls visiting the WGSS:

> *"Some parents wouldn't let [their daughters] come [to WGSS], so* apa *[a WGSS staff member] called the parents in and held discussions, and since then, they have been letting them come. Previously, they would marry off girls under 18, even right after 12 years of age. Then [when a girl became pregnant] either the baby would die or the mother would die. Now that doesn't happen. Since* apa *started holding discussions, parents don't marry off girls until they reach 18."*

Numerous KII participants, including representatives from government, INGOs, and national NGOs, also spoke to how instrumental the longstanding prevention and risk mitigation programming has been in overcoming stigma and strengthening positive social norms throughout the camps. One INGO spoke about the importance of this long-term, community-based programming:

> *"In the beginning, it was very difficult for us to explain to the community why this is [important]… the community had a misconception about it, but that's not there now… Changing people's behavior is not a single day's work… But things are changing."*

A physical space for psychological safety

Across many KIIs and IDIs, it was clear that the space of a WGSS itself provides crucial physical comfort and psychological safety for Rohingya women and adolescent girls. Even when not accessing programs, services, or material support, women and girls flock to WGSS for refuge. In every IDI, participants spoke about the physical liberation and respite provided by having a dedicated space exclusively for women and girls to cool down under a fan, stretch out, and nap, or talk among themselves. Many explicitly referenced the local name for WGSS, *Shantikhana* or "place of peace," to express the feeling they associate with the spaces.

There is meaningful psychosocial value in women and adolescent girls building a trusted relationship with a space where they feel free to talk openly with other women.

Within the context of the overcrowded and often unsafe camps, there is meaningful psychosocial value in women and adolescent girls building a trusted relationship with a space where they feel free to talk openly with other women, share problems with facilitators and case workers, and seek help when needed. In one pregnant woman's words:

> *"We come because we don't feel good at home… our house is small, there is no air or ventilation. The* apas *don't look at us as a burden. We chat here. We share our stories of sorrow… Here it is nothing but peace and more peace. We can talk to the* apas *and feel comfortable sharing things with them. I don't feel comfortable with any other people."*

Rohingya women and adolescent girls also emphasized the importance of utilizing the women-only space to access sanitation and hygiene needs, including tasks that need to be done in private, such as breastfeeding or washing and drying menstrual cloths. As a pregnant woman with multiple daughters explained:

> *"Our house is very small, and the roads are very narrow. I can't even go out to enjoy some fresh air. When I come here, I can enjoy the breeze, dry my menstrual cloths—everything can be dried here because boys don't enter. At home, nothing dries, air doesn't get in, the house is small, clothes don't*

> *dry, and it causes inconvenience because of the boys."*

Multiple organizations also named the physical space as a core benefit of WGSS. One national NGO emphasized,

> *"In the camp here, women cannot really go anywhere else, or they cannot speak their minds openly… Coming here, they rest a bit, or breastfeed, and they express their feelings of sadness or suffering, which they cannot express anywhere else."*

Many organizations also shared the negative impacts of closing WGSS facilities:

> *"Honestly, removing [WGSS] means completely isolating an entire group of people from essential services. It means shutting down their rights and the very space they had to breathe… This is the only place where women can just be themselves, raise their voices, and openly talk about their practical needs."*

Several Rohingya women and girls highlighted the particular value of WGSS for adolescent girls. As one woman shared:

> *"Girls come [to WGSS to get] away from unrest—meaning our houses are very small, and because men constantly walk up and down the roads, girls cannot move around easily. But here, they can meet their friends and talk. If they feel like lying down, they can lie down under the fan's breeze. They come at 9:00 AM and leave at 1:30 PM, then come back at 2:00 PM and leave at 3:00 PM. So this is a place of comfort for them—for our granddaughters, nieces, and all the girls nearby."*

A woman breast-feeds in privacy at a Women and Girls Safe Space. Photo: Parmin Fatema/ Rohingyatographer for WRC

Further, all participants identified the importance of WGSS proximity throughout the camp blocks. One INGO participant described the process of determining an appropriately located site for each WGSS:

> *"When we established [WGSS] back in 2017, 2018, and 2019, we had to adhere to strict institutional setup guidelines to ensure the location provided a genuinely safe environment… I remember surveying over ten different plots of land just to find a single location that met our safety criteria and was appropriate for women and girls."*

Once a WGSS is no longer located in a woman or girl's own block, access becomes difficult because of heat, safety, and caregiving responsibilities. A young Rohingya mother of four shared:

> *"I go [to the other WGSS] very rarely. I come to this* Shantikhana *more because it is near my house. I don't have to wear a burqa, I can just walk over… we cannot leave the children and go far away. We can come here as soon as we are called."*

Dedicated staff and ongoing capacity-building

Over the last nine years, GBV actors have built a well-structured and professionalized staffing system in order to respond to the large scale and prolonged duration of the Rohingya refugee crisis. The role of the *apas*, which refers to all WGSS staff including case managers, case workers, facilitators, and outreach workers, is a key factor in the WGSS model. Many Rohingya women and adolescent girls shared their appreciation and recognition of WGSS staff members' dedication. One young mother shared, "If we are beaten up by a husband, we can share it with the *apa*. They comfort us. The fact that they listen to our words with patience brings a lot of relief to us." A female head of household also noted, "When there is unrest at home, if I come here and share my sorrows, the *apas* comfort me. It feels very good."

Investment in training case workers and managers to support capacity-building… has been a worthwhile priority since the start of the WGSS model in the Rohingya camps.

The role of WGSS staff in providing response, prevention, and risk mitigation interventions, while also building trusted relationships with GBV survivors and community members, is challenging in the best of circumstances. KII participants shared that the investment in training case workers and safe space managers for both facility-based and outreach work has been a worthwhile priority. Several key informants spoke about their careers with pride and commitment, noting how they have been able to build their skills and grow in their careers:

> *"I started out in a direct case management role, and today I oversee the entire sector… My hands-on, foundational learnings served as a vital stepping stone, enabling me to step into this leadership position effectively."*

Further care has been made to enable staff and trained volunteers, when possible, to go out into the community to visit women and adolescent girls who live far from the WGSS and have a more difficult time accessing the WGSS. One organization shared how capacity-building for volunteers has allowed them to take on increasing levels of responsibilities:

> *"Ever since 2017, we have had these volunteers, and over time, some educated volunteers were recruited… who can conduct sessions and handle documentation. Tasks that used to rely solely on case workers are now handled by these volunteers since they have been capacitated, and we continuously observe them. We offer input wherever required, and that's how we are managing things."*

Coordination across the GBV sub-sector

Many KIIs highlighted the frequency and depth of collaboration across organizations working within the GBV sub-sector since its establishment in 2017. This practice of active communication and close coordination is critical, considering the complex protection concerns in the Rohingya refugee camps. Examples of the GBV sub-sector coordination includes creating standardized protocols and advocacy guidance, conducting mapping and assessment exercises, and organizing capacity-building training for staff across all organizations.

Multiple KII participants mentioned the practice of handing or taking over responsibility of a WGSS facility as each organization's needs, resources, and capacities have fluctuated. Though this practice had predated the recent funding cuts, it has remained an adaptive strategy. Another example of coordinated service provision shared by one participant is the use of one WGSS facility to host multiple partners' program activities, as "their activities naturally converge within our physical spaces." This is another method of ensuring comprehensive services do not fall through gaps.

Case handover—transferring a GBV survivor's case to another GBV service provider or facility with the survivor's informed consent—was also frequently mentioned as a way that coordination reduces the risk of service disruption and allows for all survivors to access care amidst staff cuts and temporary facility closures. Multiple organizations referenced the assessment and transfer of survivor cases to other WGSS when capacity had been reached.

> *"If two or three people arrive at the same time and staff availability is tight, we reach out to our nearby centers to check if they have available personnel. Based on an assessment of needs, if a client explicitly says, 'I don't mind returning tomorrow,' we schedule them for the next day. But if it is an emergency and I cannot step in to provide immediate support myself, we look into utilizing our neighboring centers."*

Young women and girls relax at a Women and Girls Safe Space. Photo: Parmin Fatema/ Rohingyatographer for WRC.

The tactic of case handovers was also mentioned in light of complete closure of WGSS facilities. One UN agency shared their role in supporting partner organizations:

> *"That is always our call to our partners, should, unfortunately, you have to close down your facility: inform us so that we can support you with the handover or the transfer of cases to other partners, to ensure that our women can continuously access the services they need."*

Organizations further demonstrated their commitments to continuity of care when WGSS facility closures have been unavoidable. One KII participant shared how they ensure continued outreach for women and girls formerly served by a closed WGSS:

> *"Once our community volunteers flagged that [another implementing partner's] blocks were entirely cut off from basic support, we mobilized our outreach teams to increase awareness sessions within their blocks and systematically redirected them to our center."*

In the wake of the funding cuts, GBV sub-sector members leveraged their strong coordination mechanisms to ensure as much reach as possible due to some organizations' reduced or suspended operational capacities. These practices of triage and case handover are practical and useful under strained staffing or resource circumstances. They also illustrate the value of a shared WGSS program model across all GBV sub-sector implementing partners; even when a new partner needs to take over management of a facility, they are familiar with the services and programming, thereby reducing disruption for the women and adolescent girls utilizing the WGSS.

Cross-sectoral collaboration and coordination

KII participants described the ongoing integration of GBV services and programming with other sectors as a longstanding collaboration that has increased their ability to reach women and girls. In the light of the funding cuts, it has also become a useful cost-saving measure. One UN agency gave the example of embedding "confidential corners" within health facilities so that when a survivor was identified, they could easily be referred by health workers to GBV case workers who are able to provide psychosocial support and other referrals. They also shared a recent training done in partnership with the health sector:

> *"For example, just recently the GBV sub-sector coordinated with the health sector [for the training for clinical management of rape]. [They] did the mobilization, funded the training [and logistics]. But our role is [also] the technical role, and we facilitated some of the sessions."*

An INGO similarly spoke to the intrinsic connection between GBV and health:

> *"If a small integration of GBV case management, can be done within a health facility, it is highly beneficial. We used to have this before. When we worked fully in the health or SRH sector, we had three static health facilities. GBV is deeply integrated with health."*

Another organization shared possibilities for a prevention-focused program that connected sports and physical well-being with gender-based and child protections—another natural fit with the health sector. However, given the impacts of the funding cuts on the health sector, services have also been reduced to basic and lifesaving, as noted by two KIIs.

A Rohingya woman is interviewed by the report researcher. Photo: Parmin Fatema/ Rohingyatographer for WRC.

Participants spoke about the value of WGSS in supporting other sectors, including education and livelihoods. A UN agency described how programming in WGSS increased women and adolescent girls' access to a range of services:

> *"The nonformal technical training implemented in the [WGSS] are in coordination with the livelihood sector. When we talk of integration of services, we don't only limit to just protection, but also we look into other sectors as well, where we have integration for SRH, livelihood, and now legal services… can be provided to the women friendly space, even if not on a daily basis."*

While partnering to provide joint services or integrating GBV awareness into other sectoral activities can increase reach and scope, this strategy is only functional if there is capacity across sectors. Almost every KII participant noted significant funding cuts to livelihoods and food security and nutrition, while also emphasizing how these cuts increase risks of GBV for women and girls and, subsequently, the budgetary requirements of the GBV sub-sector.

Shift towards community-led services

Key informants noted that the shift towards community-led GBV prevention and response had started before the 2025 funding cuts began, but also highlighted the continued limitations of these efforts. The approach has focused on local engagement, training Rohingya community members and forming peer networks to distribute health and protection support. Given the pre-existing uncertainty regarding the funding landscape, many organizations shared that they had been developing off-ramp or exit strategies before the recent funding cuts by building community capacity and leadership, particularly for prevention or risk mitigation programming or outreach work.

Multiple KIIs noted the importance of trained volunteers from the Rohingya or host communities to support services within the WGSS facilities and outreach programming to the community. One INGO shared:

> *"[Our volunteers] assist with certain prevention-related tasks, like awareness programs. [Or when] we handle intake for anyone who walks in… volunteers can manage those early steps which were previously handled by regular staff."*

This investment in training of host community and Rohingya volunteers has also served somewhat as a buffer to the loss of staff that has occurred as a result of the funding cuts.

Over the last year and a half since the humanitarian financing crisis, efforts to shift to community-led care have been redoubled. Some INGOs and NGOs are changing their service model, from direct implementation to local partner and community implementation. UN Women has developed leadership curricula, held community dialogue sessions, and conducted an assessment of existing women-led and community-based organizations in the camps as part of this capacity-building push. Several organizations noted, however, that certain GBV services, such as case management and legal aid, are less likely to transfer to community-led delivery, given the necessity of technical expertise and challenges around confidentiality. Participants also highlighted that, as Rohingya volunteers are legally unable to receive a salary, they must rely on small stipends, which have also been reduced following funding cuts.

The empowerment programming, leadership training, and peer support inherent in the WGSS model has strengthened efforts and created clear pathways to community-led care.

The empowerment programming, leadership training, and peer support inherent in the WGSS model has strengthened efforts and created clear pathways to community-led care. One example of this is the community-based Women Support Groups and Community Watch Groups, which have been trained to continue providing support to their camp blocks in the absence of NGOs. Building Rohingya women's networks and capacities to support their community has created a stronger volunteer system that works alongside, and when necessary in place of, the WGSS staff. An FGD of Rohingya women spoke to their experiences with their local Women Support Group:

> *"We didn't know much before, but after coming here, we've received different sessions. There were sessions on GBV, gender, tailoring, and reading and writing through the Women Support Group. They taught us in a way that helped us become community leaders and conduct sessions in our own blocks. Before, we didn't know how to sign our names, but now we can. We didn't know a single letter, but now we can recognize them. If there is any dispute in the block, we are able to help resolve it."*

The strong emphasis on community ownership reflects a broader push to shift responsibility from INGOs and UN agencies towards community members themselves. Yet significant barriers to true community ownership and localization in the Rohingya refugee camps remain due to certain legal and political restrictions. Rohingya-led organizations are not able to legally register in Bangladesh, and thus remain ineligible for official humanitarian funding. Instead, Rohingya women-led networks operate informally and play a critical role in community outreach activities. One KII participant highlighted that in order to undertake shifts towards community ownership responsibly, global humanitarian actors should fund GBV prevention interventions and build the resilience of community members, in support of Rohingya-led solutions for peacebuilding and social change:

> *"These efforts aim to strengthen community ownership and Rohingya-led solutions so that, in the event of further funding constraints, community members can continue key activities and programs."*

Challenges and threats to Women and Girls Safe Spaces

While significant strides have been made to meet the needs of Rohingya women and adolescent girls in Bangladesh, the relative successes exist within a challenging legal, political, economic, and social environment. The GBV sub-sector in Cox's Bazar has also long faced chronic underfunding. In 2023, only 39 percent of funding requirements for GBV prevention and response were met. The funding disruptions dramatically exacerbated this longstanding shortfall: by 2025, only 14.5 percent of required GBV funding was received, and as of August 2026, the sub-sector has secured just 11 percent of its funding requirements.[32] These figures are particularly alarming given both the long-term and emerging challenges that participants shared as presenting multiple barriers for Rohingya women and girls, as well as the GBV sub-sector partners working for and with them.

Reliance on humanitarian aid

Rohingya refugees in Bangladesh have no formal legal status or right to work. Bangladesh is not a signatory of the 1951 Refugee Convention, and does not have specific legislation for refugees and asylum seekers, effectively forcing them into being almost exclusively reliant on humanitarian aid.[33] In 2025, UNHCR noted that the "dwindling humanitarian funding, coupled with [Rohingya refugees'] lack of legal status, restricted freedom of movement, and limited socioeconomic opportunities, has made them increasingly vulnerable to exploitation and abuse."[34] At the same time, the inability of Rohingya-led groups to register in Bangladesh means that Rohingya-led WLOs and women's networks remain at the margins of humanitarian action and decision-making.

The gendered dynamics of certain government regulations for Rohingya refugees were noted by several participants, who shared that Rohingya women are often reliant on male family members or husbands who can more often find informal work for minor income. If women are unable to rely on male financial support, they are more vulnerable to disruptions in humanitarian aid. In fact, women who were single, divorced, or the head of their household were consistently cited as one of the most vulnerable groups by government, INGO, and NGO representatives. Several KII participants also shared the critical importance of Rohingya women leaders to be meaningfully included in decision-making spaces, such as the GBV sub-sector, the Gender in Humanitarian Action Working Group, and camp management.

Similarly, Rohingya women expressed a strong desire and urgent need for agency and self-reliance. One woman shared:

> *"We Rohingyas do not have money here—some have a little, while others have none. If we could receive a sewing machine, it would make us very happy. After learning sewing, we could earn an income and support our children better."*

Rohingya women also identified the challenges with the aid system when separated from former spouses. A female head of household is now responsible for seven family members after her husband remarried. Despite having visual and auditory impairments, she insists: "Something is needed so that [women] can become self-reliant. For example, if [we] could set up small shops, things of that nature." It is clear that the interacting factors of government restrictions and lack

of opportunities restrict Rohingya women from being able to exert agency and provide for themselves and their families.

KII participants shared their perspectives on the challenge of supporting women's self-reliance despite the livelihood initiatives and recreational training programs that take place in many WGSS. They shared the reality that it is technically illegal for goods or products made by Rohingya refugees to be sold for income generation. This government policy limits the ways that partners can sell WGSS-made products widely, and it forces many refugees to find informal and often high-risk earning opportunities wherever they can. A Camp in Charge (CiC) official acknowledged the fact that the policies restricting employment are not working:

> *"Money is needed to live well. Because you cannot survive on rice and curry… Though officially it's not allowed, [Rohingya individuals] secretly go outside and earn… They are trying in different ways to manage."*

An INGO official further spoke to the difficulty in trying to create income generation pathways for Rohingya women through livelihoods programming:

> *"Income generation paths can be created, though it is not supported by the government. In hand-stitching, suppose we have a batch of 15 people. We have developed this from our side. We wanted to take this to a wider [scope], but since there is a government rule that Rohingya products cannot be sold outside, we are currently keeping it only on an organizational basis. We are doing this work based on [an empowerment and ownership] mindset, but we cannot move forward with this because of government policies."*

In addition to these barriers exacerbating Rohingya refugees' reliance on humanitarian aid systems, the already-limited resources and cramped physical space in the camps have been further constrained due to a resurgence of Rohingya risking their lives to flee heightened state violence in Myanmar and

Women use sewing machines to make clothes at a Women and Girls Safe Space. Photo: Rumana Akter/WRC

make perilous journeys to Bangladesh since 2024.[35] The influx of new arrivals has exacerbated these dependency challenges, particularly due to overcrowding, as physical space is a rapidly diminishing commodity.

An INGO representative stated that over the last few years of increasing population, "the entire geographic landscape has changed, and there isn't a single square inch of vacant land left." The continued refugee arrivals also add pressure on the existing limited resources. For GBV sub-sector partners, their ability to reach additional women and girls is further limited due to the diminished funding and restricted prioritizations. As one UN agency shared:

> *"The new arrivals are continuously coming… Some of our partners would love to extend mobile services so that they will reach more women and survivors. But [the funding crisis] is also preventing them from doing so… as much as we want to scale up our GBV interventions given the evolving dynamics of the protection [needs]."*

Overall, limitations on legal status and formal employment for Rohingya refugees in Bangladesh continue to constrain opportunities for self-reliance and Rohingya women's leadership. These constraints have become increasingly consequential as the camp population grows and humanitarian conditions become more challenging.

Deprioritization of GBV prevention and risk mitigation activities

In response to declining rates of funding in early 2025, the Inter Sector Coordination Group led a cost-reduction framework process to prioritize humanitarian aid towards certain activities and restrict it from others. To do so, an updated JRP classified activities into three priorities ranked in order of most to least lifesaving: Priority 1 includes humanitarian activities "budgeted at the absolute minimum required to save lives through basic assistance/services," while Priority 2 activities are those which "despite their critical importance and, in many cases, their lifesaving nature… cannot be considered first priority due to funding constraints."[36] Priority 3 includes all other activities. For the GBV sub-sector, the updated JRP only classified response interventions as lifesaving and functionally deprioritized all prevention and risk mitigation interventions.

With growing trends of armed violence and financial desperation leading to risky coping mechanisms, the need for comprehensive GBV interventions is more critical than ever.

KII participants unanimously felt that, under such challenging circumstances, compromises are unfortunately required. However, participants also highlighted how formalized defunding of GBV prevention and risk mitigation activities has had numerous consequences, most particularly in that it exacerbates the negative social norms that are, as a CiC official stated, the "biggest challenge for women and girls." In an environment of growing trends of armed violence and financial desperation leading to risky coping mechanisms, the need for comprehensive GBV interventions is more critical than ever and not where compromises should be made. Without prevention and risk mitigation interventions, participants emphasized that the lifesaving response work becomes more intensive and stressed over time, with higher occurrences of GBV and lower staff and resource capacity to handle them.

Multiple KIIs explicitly linked the deprioritization of GBV prevention and risk mitigation interventions to a rise in reported GBV. A UN agency that engages with all GBV sub-sector implementing partners shared:

> *"In the 2025 quarter three, I recorded a 7 percent increase in reported GBV cases. Field observations, FGDs, and feedback indicates that the rise in cases is primarily linked to reduction of GBV risk mitigation due to funding cuts."*

An NGO that provides legal aid for GBV survivors shared similar insights:

> *"We noticed that during the funding cuts late last year, it became a highly volatile period. Consequently, protection cases began to rise. So, naturally, when funding cuts reduce the presence of protection actors, the rate of violence against women and children increases—we clearly observed this. It is highly visible and evident that funding cuts lead to reduced staff, less GBV support, and fewer GBV centers, making women much more vulnerable. This directly correlates with the surge of cases coming to us for legal action. However, when [WGSS] staffing is reduced, cases are not even referred properly anymore. This compounds the vulnerability and weakens the position of women."*

At a Woman and Girls Safe Space, a Rohingya woman speaks about her experiences. Photo: Parmin Fatema/ Rohingyatographer for WRC

Despite these linkages, many donors now restrict funding to Priority 1 activities, in order to align with JRP guidance:

> *"Donors that have already committed funds outside of activities designated as 1 Priority by the Sectors, and partners that were planning other activities are requested to urgently reprioritize and re-programme their support to ensure delivery of Priority 1 assistance and services."*[37]

One INGO corroborated this by sharing that, despite having secured multi-year funding from a government donor for prevention and risk mitigation programming, they have still had to shift the use of those funds towards Priority 1 activities:

> *"The reality is that simply having available funds doesn't give us total autonomy. We are bound to operate within a coordinated sector framework.…Meanwhile, broader prevention campaigns and structural social norms transformation programs have been downgraded to Priority 2 status."*

Illustrating the challenging reality of managing response interventions without prevention and risk mitigation activities, an INGO representative shared the need to engage with all community members, including potential GBV perpetrators:

> *"No matter how much I want to provide services to [GBV survivors], if we cannot engage men for prevention, if we cannot empower and engage the male community and male participants, then later on, it turns out that the results are not as fruitful."*

A UN agency shared that they are now "advocating for Priority 2 and other activities [to] also be included... For comprehensive intervention, we [need] prevention, risk mitigation and response." These accounts indicate that treating GBV response as a standalone intervention is counterproductive, creating a cycle in which cases rise as the sector's capacity to respond to them shrinks. The long-time GBV service providers recognize this danger and are sounding the alarm on the detriment of this approach on women and girls.

Staffing cuts and reliance on volunteers

All KII participants shared examples of how the funding constrictions have forced the reduction of staff size, with layoffs across both case management and outreach staff. In particular, several participants noted staffing cuts to senior level technical and management positions, creating an environment of reduced expertise and negatively impacting the quantity and quality of the services themselves. One NGO representative also shared how this adaptation also places a heavier burden on remaining staff, who strain to provide the same services with limited capacity, leading to burnout and diminished opportunities for professional development. Fear of job loss due to ongoing staff reductions throughout the camps can motivate remaining staff to push themselves to do more, exacerbating burnout.

From 2018 through 2025, most WGSS had multiple case workers and a dedicated case manager in each facility. Some key informants reported as many as eight to ten staff providing services in a WGSS. Now it is common for facilities to have at maximum one dedicated case worker, with one supervisor who is responsible for overseeing multiple WGSS. This staffing size is unsustainable. For instance, it is common for multiple survivors to need emergency attention simultaneously,

Handwritten posters in a Women and Girls Safe Space. Photo: Parmin Fatema/ Rohingyatographer for WRC

and with only one case worker available, this is not possible. As one UN agency explained, "In a full facility where there used to be four people, now I am getting just one. So when that person goes on sick leave my facility is empty. My volunteers have to run the facility."

Every KII spoke to the mobilization of volunteers to replace staff capacity and help sustain services wherever possible. This has been more feasible for outreach and community sensitization activities, and there has even been some capacity-building and mentored observation of volunteers for professional development. However, several participants shared that the 2025 funding cuts resulted in the reduction or elimination of stipends for Rohingya volunteers. Rohingya women who had relied on modest earnings now face a loss of income and increased workload as unpaid volunteers, ultimately leading to increased economic vulnerability for Rohingya women, who already have extremely limited livelihood opportunities.

INGO participants shared that reliance on volunteers may sustain services in the short term, but doing so undermines long-term capacity as the expertise of former employees is lost. Rohingya women and adolescent girls also mentioned the changes they had seen in staff and volunteer capacity. One woman shared, "Earlier, only one [volunteer] used to [identify and refer] cases. Now, there are two volunteers. If two incidents happen in the neighborhood, two people can bring in two cases. [But] the *apas* haven't increased, only volunteers have increased." Despite the additional volunteers, the number of staff to manage the increased caseload remains limited.

Reliance on volunteers may sustain services in the short term, but doing so undermines long-term capacity and sustainability.

Impacts on the quality of services are also raised as a concern as staff-level expertise cannot be replicated by less experienced volunteers. While this adaptation strategy may, thus far, have avoided outright closures of WGSS, its sustainability is unlikely, and the number of negative trade-offs is severe. One KII participant summed:

> *"If human staffing for these structural [risk mitigation interventions] stops, the risk to protection will ultimately rise again, leading to an increase in GBV and other protection risks. We are already seeing the results of this."*

Comments from Rohingya women and adolescent girls provide additional insights into some of the ways that WGSS are coping with the staffing reductions. One woman shared that activities and sessions decreased from two or three times per week to two or three times per month, and another shared that attendance has fallen off: "The budget has decreased, the number of *apas* has decreased, and a lot of people have decreased here. Many people used to come before. Now, because there is only one *apa*, fewer come."

Reduction or elimination of livelihood resources

Even when there have been no WGSS closures or service reductions, the elimination or reduction of livelihoods resources, including distributed goods and small incentives, has reduced attendance and participation in activities. Over the last nine years since the WGSS model started, these items have included snacks and spice packets; dignity kits and hygiene items; and nonfood items like fabric, mosquito nets, or buckets. As one INGO shared, "If we [compare to] 2019 and 2020, there is a huge difference now. They used to get various nonfood items

before, [but] they are not getting that now." These items were likely one of the first budget items to be removed at the start of funding constraints as they are not considered lifesaving.

Eliminating the provision of snacks disproportionately affects women traveling from farther away, since some do not come at all if they have nothing to offer their young children for making the trip. A 24-year-old mother of four shared:

> *"Children ask their mothers, 'You attended a meeting, what did you bring for me?' If snacks are given for the children, the children are happy and the mother is happy too. If [women] get snacks, they can feed their children; mothers attend meetings largely out of this expectation."*

Furthermore, these incentives have also been shown to provide validation of the usefulness of WGSS to families and husbands who may otherwise be less supportive of their wives and daughters' attendance. Other KIIs mentioned the reduction of stipends for women and adolescent girls participating in WGSS programming:

> *"When they participate in skill development projects, there is usually an allocated stipend provided. That amount has seen reductions. In addition, the participant targets have changed; where the previous target was 50 participants, now only 30 can be accommodated."*

In addition to encouraging attendance and uptake of WGSS services, these goods addressed material needs of women and girls. The recent lack of dignity kits and hygiene resources for women and girls was noted as a concern by KII representatives from government, INGOs, and NGOs. Similarly, one adolescent girl shared:

> *"The most necessary [item we need] is the menstrual cloth. The [sanitary] napkins provided cannot be washed either; they have to be thrown in the dustbin in a packet or buried in the ground. Now, if these are not provided, girls will face major problems. We used to get them from WASH [water, sanitation, and hygiene], but it has decreased from there as well. Before, WASH used to provide black cloth, soap, and underwear. Now they don't provide these, they don't give anything."*

Since adopting this cost-saving strategy, multiple implementation partners have found that the elimination of these incentives has also increased the need for more active outreach efforts to ensure women and adolescent girls are aware of and accessing WGSS services. One NGO shared:

> *"[Participants] used to come voluntarily out of their own initiative. But now we have to proactively go out into the field to call and bring them in. It's not that they aren't familiar with us or can't make it; they do show up. However, we have to go out to invite them. Earlier, they would simply walk in on their own. [Now] to include them in these activities, we need to go call them."*

Still, several Rohingya women and adolescent girls reported continuing to frequent their nearby WGSS facility despite reductions in services or incentives, underlying the importance of these women-only spaces. Additionally, an INGO participant pushed back on the idea that the need for small incentives as greed or a transactional view of WGSS, framing it instead as a genuine and practical access barrier for women who may be unable to attend without something to offer their children, or unable to justify the trip without any tangible items to return with.

Integrated protection facilities and services

The most commonly mentioned adaptation strategy in response to funding cuts was the proposed structural integration of the protection sector, which arose during the formulation of the updated JRP in 2025. The guidance developed to integrate WGSS with the Child Protection (CP) sub-sector equivalent Child Friendly Spaces (CFS) is still under review for official endorsement. However, key informants had a variety of opinions on and considerations regarding this merger. As one INGO participant shared:

> *"There is extensive debate around these topics, but to put it broadly, we have thoroughly navigated this dialogue. We have even launched a few small-scale piloting initiatives to test this integration. However, whether this framework will receive formal approval rests entirely with sector leadership decisions."*

A UN agency expressed openness to the idea, stating:

> *"Protection falls under one umbrella… [but] the resources get split into four parts: general protection, community-based protection, GBV, and CP. [Given] the funding crisis, this integrated model is a very good approach, but the people involved might take another two to three years to truly become integrated."*

The argument for integration is to consolidate assets, minimize operational expenses, and streamline service delivery by running the WGSS and CFS jointly. In fact, some organizations suggested that integrating outreach activities is a relatively straightforward process, given the overlaps in their scopes, and the reality that both CP and GBV outreach workers routinely encounter issues across both sub-sectors. The advantage of integrating outreach services, as one INGO participant stated, is that workers can "easily disseminate unified messaging and joint awareness campaigns within a single localized setting. This effectively covers the core mandates of multiple protection sectors simultaneously."

Integrating Child Friendly Spaces and WGSS comes with distinct challenges and risks.

However, several distinct challenges and risks were identified when it comes to integrating the CP and GBV facilities themselves, namely the need to retain specialized service packages and technical components; the inability to maintain safeguarding standards when sharing one facility; and the loss of protected women-only spaces. An INGO participant illustrated this in their reflection:

> *"As we transition towards an integrated facility model, these conflicting security realities are clashing directly. This is precisely why the ultimate feasibility of integrated spaces remains highly contentious; it introduces serious protection risks and adverse consequences that have already been formally raised during sector debates. Nonetheless, we are forced to navigate uncharted territory because current operational survival demands it."*

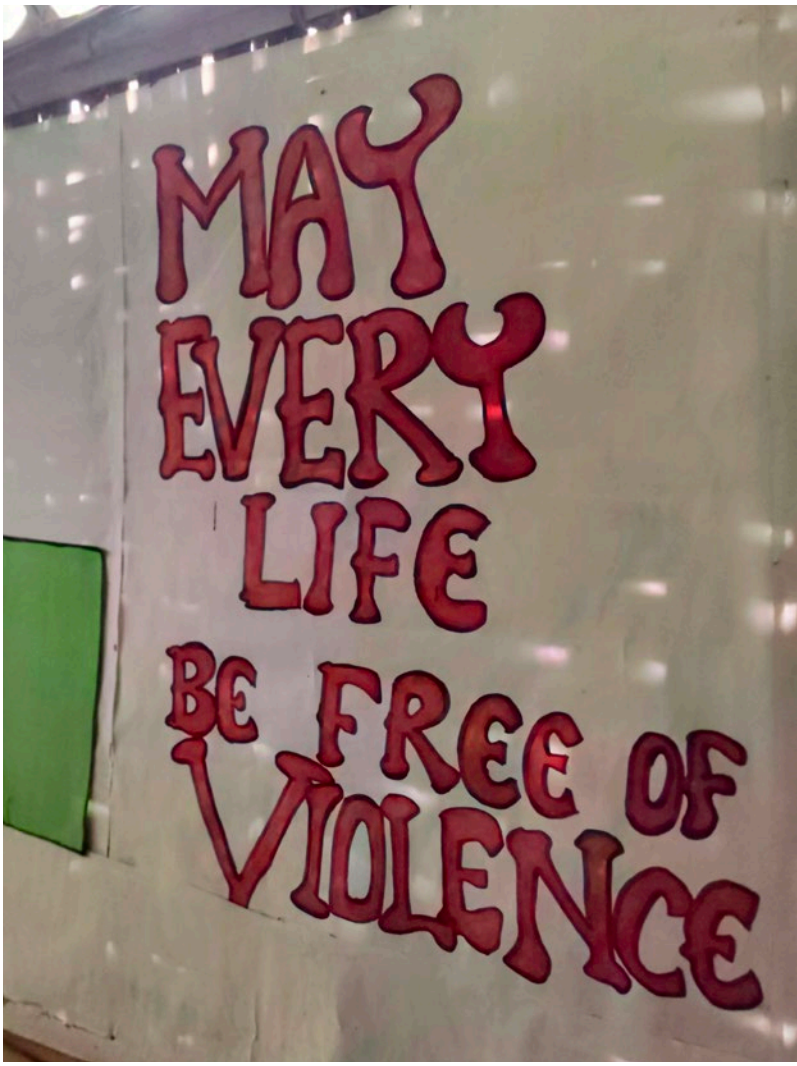
They also shared the experience of piloting a shared CP and GBV facility:

> *"Although we refer to it as an 'integrated center,' male entrance is still heavily restricted, and we have introduced several layout modifications to the structural design." Their comment expresses the additional requirements that organizations must adhere to in order to integrate these facilities appropriately.*

Strict safety regulations and location guidance were created for CP and GBV protection facilities during the initial crisis response phase in 2017 and 2018, as multiple key informants noted. However, over time the camp populations have ballooned, especially with the influx since 2024. Now congestion in the camps makes it difficult to site plan or construct new protection service centers under the same regulations. An INGO explained that "under such extreme overcrowding, finding open space to expand or modify a facility is virtually impossible." This participant went on to illustrate the challenges with retrofitting facilities to serve both CP and GBV:

> *"To declare it 'integrated,' I would be mandated to construct two distinct entry points and build entirely separate washrooms. Even if I somehow secure the necessary funds for these renovations, where is the actual physical space to build them?"*

An additional risk to facility integration noted by KII participants is that women's perceptions of security and safety decrease when needing to access GBV case management and other services in a center that boys can access. One INGO participant shared that doing so will likely cause women and adolescent girls to avoid accessing care, and a UN agency expressed that shared facilities would result in a loss of a dedicated space for women's psychosocial support. In light of the push to integrate GBV and CP facilities, prevention and risk mitigation programming is critical in a new way; re-education is needed to ensure that women and girls are aware of any changes and understand the continued protection of the WGSS within an integrated facility.



A handwritten poster at a Women and Girls Safe Space declares, "May every life be free of violence." Photo: Parmin Fatema/ Rohingyatographer for WRC

The success of integrating WGSS and CFS will depend on each facility's size and functions, as well as the ability to meet protection standards, to reassure women and girls of the safety of these mixed spaces, and to address the needs of all populations served. As one INGO summarized:

> *"The integrated model is a direct product of this austerity. When evaluated against global protection guidelines, an integrated facility model visibly falls short of maintaining ideal humanitarian standards, forcing us to accept severe operational compromises. These are the stark constraints we face, illustrating how severe funding cuts can undermine the core design and standard of humanitarian programs."*

Concrete harms and rising risks for Rohingya women and girls

Trends of increasing violence and vulnerability, in addition to the funding cuts and subsequent adaptations to the WGSS model since 2025, have caused distinct harms and rising risks to Rohingya women and girls living in the camps. Since the 2025 funding cuts, food and financial insecurity have led to harmful coping mechanisms that disproportionately harm women and girls. At the same time, increased criminal violence and overcrowded conditions further isolate women and girls. When women and girls need protection services the most, adaptation strategies are leading to decreased quality, availability, sustainability, and effectiveness of WGSS.

Increasing risks of gender-based violence

Funding cuts have compounded an already deteriorating protection environment in Rohingya refugee camps, especially for women and girls. Emerging GBV risks for Rohingya women and girls underscore the importance of continued GBV prevention and risk mitigation programming alongside sustained response services.

Food and financial insecurity

The downstream impacts of the ongoing humanitarian funding crisis on INGOs and NGOs working in the refugee camps are high, but the impacts on the Rohingya community themselves are the worst. Food insecurity has heightened due to the reduction in some food allocations and rations, as one INGO worker noted, "food allocations that used to sit at 12 or 10 dollars have now plummeted to 7 or 8 dollars per person." The funding cut impacts have also trickled down to Rohingya men and women who previously earned small income from livelihood programs or work with humanitarian agencies and organizations as volunteers. The increased instability of food and income has heightened household tension and violence, as noted by KIIs and IDIs. One INGO stated:

> *"Due to the funding cuts, many volunteers have lost [financial] support and have become unemployed again. Because of this unemployment, if they can find work elsewhere, they do, but if they cannot, they might end up getting entangled in illegal activities."*

Another INGO spoke to the changing trends of GBV related to the financial insecurity of male family members:

> *"Previously, [her husband] could earn some income, or [if] he was in a [livelihoods] program, he had a monthly income from a 15-day or 20-day work; now he doesn't have that job. So, he is always staying in his household. And from that, since they don't have any income, fights are happening among [the husband and wife], from which violence occurs, and after that, [the woman] comes to us."*

Financial and food insecurity also leads to heightened consideration of and action towards child marriage. One organization discussed a recent incident regarding a young girl whose parents, facing food-related hardship, sought to marry her off. The case was reported to camp officials and the marriage did not proceed, but the participant noted the family could still choose to proceed without informing the organization again.

Organizations also noted that the growing financial instability has impacted women's ability to participate in WGSS programming:

> *"Previously, a woman could be called upon easily, but now she might say she has to go to cash-for-work programs to feed her family. Earlier, they might give reasons like caregiving responsibilities for not attending, but now they leave the children with someone else, and go to work out of economic necessity."*

Harmful coping mechanisms

Multiple KII participants shared that gambling, betting, and drug habits have increased in recent years as harmful coping mechanisms. With rising food and financial insecurity, men and boys have sought other forms of quick money-making, and the accessibility of online gambling has created an emerging trend in Rohingya refugee camps.[38] Participants noted that gambling can often become a behavioral addiction, and the cycle of dependency can lead to other high-risk or illegal behaviors in order to continue participating in the habit:

> *"He is selling his wife's gold ornaments, [using her] ration money, and everything else. The time he used to spend on productive work or with his family is gone."*

Key informants also highlighted how gambling can lead to increased violence in the home. One INGO in particular spoke to the reinforcing cycle of violence that stems from lack of employment and reliance on harmful coping mechanisms:

> *"There is no income-generating source in the camps [so] male family members are increasingly getting involved in various forms of online gambling. Due to this, violence is increasing within the families. Since there is no income-generating source, they are seen perpetrating a lot more violence on their wives. The wives often say, 'If my husband worked outside, I wouldn't have to face these problems. When I ask for food, he beats me.' So, combining all these things, it turns out that [the women] are being heavily affected."*

Increasingly complex protection risks require strong GBV prevention and risk mitigation programming.

Another INGO representative spoke about the growing prevalence of technology-facilitated GBV:

> *"Then there is this digital violence, since mobiles are available now, publishing various types of photos, the violence online, those are increasing. But online violence wasn't there like that five years ago. The modality of violence is changing. Previously there was only physical and emotional violence. So, we worked on how to reduce that. For the [GBV protection] work, the budget is decreasing, but the reasons are not decreasing. It's coming in a new way, we have to work on those again in a new way."*

Increasingly complex protection risks require strong GBV prevention and risk mitigation programming alongside renewed livelihoods programming to stem the use of these harmful coping mechanisms. Yet with the restrictions on funding for community programming and other GBV prevention activities, humanitarian workers are unable to address the harmful coping mechanisms that men are resorting to in the wake of structural insecurities.

Increased criminal activity

The rising armed violence in the camps over the last two years, including harassment, assault, kidnapping, sexual violence, and murder, has been well documented.[39, 40, 41] Both KIIs and IDIs spoke to the volatility of safety and security in the camps for women, especially those that are marginalized in other ways, such as adolescent girls, single or divorced women, pregnant women, women with disabilities, and gender diverse populations. Two female heads of household commented:

> *"When night falls, I feel afraid to stay with my daughters. One group comes from this side, another group comes from that side. They stand in front of the door, insult and harass us, and push at the door."*

> *"When a girl grows up, she must always go with her mother when going to the toilet. Because… they might get abducted this way or that way—they get trafficked. If [a girl] goes to school, even if not with [her] father, another sister or someone must drop her off and pick her up from school; do not send her alone."*

Local NGO participants also commented on this reality and the various harms to women and girls:

> *"These organized groups arrive with their faces covered. As soon as they enter, they trap the victim immediately [so] the victims cannot provide any identifiable details. [And] they end up unable to receive any formal legal services… Vulnerable women-headed households and divorced women are the ones facing the most [abuse and exploitation from criminal groups]. Furthermore, those who are employed are forced to pay a specific amount of extortion money. Because of this, people are feeling highly insecure. At night, they refuse to step out even for absolute necessities."*

A Rohingya woman safely collects water from a Women and Girls Safe Space. Photo: Parmin Fatema/ Rohingyatographer for WRC

Without re-prioritized funding frameworks, the GBV sub-sector is unable to provide community sensitization and other risk mitigation programming through WGSS facilities and outreach activities in response to these emerging harms to women and girls.

Psychosocial harm of integrating or closing WGSS facilities

KIIs and IDIs both described a significant harm that will come from the erosion of a space that belongs to women and adolescent girls alone. Whether through closures or integration with other protection facilities, changes to the WGSS may reduce access and trust for many. What makes the WGSS model distinctive is the psychosocial value of the physical space itself, which provides a place of peace and comfort in an environment where this is almost impossible to find anywhere else. The comments from Rohingya women and girls made this clear. An older woman with a disability testified:

> *"If this place of ours closes, our mouths are closed, our hands and feet are closed, everything is closed. We have been coming here since the beginning. We could have built houses here if we wanted or we could have kept it as an open plot. Instead of doing that, we built the* Shantikhana *here so that our children and grandchildren do not just sit idle at home. If you just sit at home, your intellect diminishes; if you do not converse with others, a person's intellect wastes away. If you talk and laugh with friends, the brain stays fresh. I will hear one thing from you, another from someone else, and I will share one myself—by doing this, intellect grows."*

A pregnant woman lamented: "If this [WGSS] goes away, we will be destitute. It would be like being blind despite having eyes." An adolescent girl spoke on the value she has gained from the life skills programming at her local WGSS:

> *"Before, our parents didn't listen to our opinions with importance, and we didn't know how to express ourselves either. Since our [mothers] also attended the sessions here with us, they now give importance to our words… Previously, we used to feel shy or didn't know how to interact with people in the community. So, through the sessions conducted in Girl Shine, we learned how to talk to people in the community, how to keep them safe, and how to live together harmoniously."*

Similarly, an INGO emphasized the true value of the WGSS by referencing its "place of peace" name:

> "Shantikhana *implies that when women or girls live in a highly stressful environment, they desperately need a place of comfort. Just like any of us, they cannot remain confined in stressful spots indefinitely; everyone needs a space where they feel safe and can relax."*

Decreased quality of and participation in WGSS services and activities

Even when WGSS facilities remain open, Rohingya women and adolescent girls noted declines in the frequency of services and the number of workers. As staffing cuts reduce the expertise and availability of case workers and outreach workers, it is inevitable that the quality of services will be affected. As was illustrated by a Rohingya female head of household:

> *"It was more convenient when there were two [WGSS staff]. Now that there is only one* apa*, she also has some reporting work to do, so she does that and also gives time [to us]. If there were two people, one* apa *could manage her paperwork while the other could give us time properly. Our minds would develop more, and we could learn more. Now we are learning less; the budget has decreased, so we can learn less."*

Decreased participation is likely occurring for a variety of reasons. With reduced staff, there is less capacity for outreach to encourage women and girls throughout the community to join programming or visit a WGSS. As facilities close or consolidate through integration, the physical distance between a woman or girl's home and her nearest WGSS can grow, making it more difficult to access. Parents may also be more hesitant to allow their daughters to leave home and attend WGSS programming due to the heightened criminal activity in the camps.

One adolescent girl attributed the decline in attendance to the reduced staff: "Many people used to come before. Now, because there is only one *apa*, fewer come." She noted that fewer friends now attend, often if their parents are not supportive or if the WGSS location is too far. She then continued, lamenting the loss of peer engagement that had previously been one of her favorite parts of attending WGSS:

> *"My friends used to come too, many used to come—about 20 to 40 people. Now, it is slowly decreasing. As the budget decreases, fewer girls come. Their parents don't let them come. If there are no meetings, parents don't allow them to come. We can only come with our parents' permission."*

Several key informants noted that decreased WGSS participation is also due to the deprioritization of community outreach, with some noting that there may be further exclusion of already hard-to-reach women and adolescent girls. One highlighted the counterproductive nature of deprioritizing prevention and risk mitigation activities, saying:

> *"To guarantee safe accessibility and ensure that vulnerable individuals can seek our services without fear, we must disseminate targeted community awareness and sensitization messages to ensure women and girls are not harassed near the center."*

There is a risk of losing the many gains that WGSS have made over the last nine years to shift harmful social norms.

Overall, the reflections from KIIs and IDIs suggest that rather than a change in the perceived value of WGSS, decreased participation points to a variety of upstream factors all contributing to the phenomenon. Similarly, beyond the challenges with maintaining quality programming, there is a risk of losing the many gains that have been made over the last nine years of extensive work to shift harmful social norms—including child marriage, equal treatment and education of boys and girls, peer engagement, and community-wide sensitization to GBV.

Weakened referral pathways and loss of essential resources

Participants emphasized that the consequences of reduced funding extend far beyond WGSS. Across the Rohingya response, reductions in staffing, supplies, and services have weakened referral systems and limited the availability of health care, psychosocial support, food assistance, and other essential services. As a result, women and girls increasingly arrive at referral services only to find that the support they need is unavailable or substantially reduced. As one WGSS staff member explained:

> *"Now, when I refer survivors for health support, they are not satisfied. And not being satisfied means there is an impact on my work as well, because for the beneficiary I am working for, I am sending them for health support, but they*

> *remain unsatisfied… Similarly, if you think about legal support, previously a single center or location had two or three organizations working on legal support. Now, only one organization handles legal work, and even then, with just one staff member."*

These breakdowns not only leave women and girls without needed services, but also erode trust in WGSS and increase the burden on caseworkers, who must spend additional time verifying whether referral services remain available and of sufficient quality.

Rohingya women mentioned the challenges with obtaining the resources they depended on from WGSS since the start of the 2025 funding cuts. A pregnant woman shared that it had been a year and a half since she had been able to get medication from her local WGSS:

> *"They used to give vitamin tablets [and] contraceptives. These were very important for us. We didn't have to stand in lines at the hospital; we could just take them from here and go home."*

Others lamented the fact that the sewing machines that used to provide them with a means to earning modest income no longer operate. As one pregnant Rohingya woman described:

> *"They had given sewing machines, but no one comes to repair them anymore, because of which we can't do the work… Previously, they repaired the machines regularly, we were taught sewing work, and we did it too. But now we can't."*

A sign indicates the location of a Women and Girls Safe Space in Camp 15. Photo: Parmin Fatema/ Rohingyatographer for WRC.

Increased marginalization of vulnerable groups

The harms to Rohingya women and girls identified in this research are not distributed evenly; female heads of household, unmarried women, and divorced women were consistently named across KIIs as some of the most vulnerable groups within the camps. The participants noted that women become more vulnerable if they are divorced, particularly in regard to their access to food and shelter as they might be forced out of their house when a husband remarries, or unable to access enough food if a husband starts using an e-voucher card in her name or splits the card between two families. Harassment and nighttime movement in particular were repeatedly shared as a heightened safety concern for women living without a male household member, given the prevalence of gambling, drug addiction, and criminal activity which all peak after sunset, according to one NGO.

Adolescent girls were also named as a particularly vulnerable group as increasing criminal activity and abductions have become commonplace in the camps. With diminished safe spaces, life skills programming, and education, adolescent girls are also more likely to experience isolation and increased vulnerability to various forms of GBV. One INGO shared the impact of criminal activity on girls particularly:

> *"[Girls] are facing various forms of harassment and violence from organized criminal groups. Because they are constantly threatened, they do not find the courage to report it to anyone. Those who [do] come to us trust us, because they know confidentiality is one of our core principles. However, they do not dare to officially report it elsewhere."*

Marginalization also extends to populations whose needs are less consistently addressed across the broader WGSS model. Only one organization highlighted dedicated programming for Hijras, a legally recognized third gender in Bangladesh, including a safe space outside the camps in the host community. Even this targeted programming has reported declining participation after travel stipends and reimbursements for attendees were cut. This shows how funding cuts can quietly erode access for the populations who already have the fewest alternative support systems.

IN HER OWN WORDS:

My Name Is Noor.

I am 43 years old. I have been nine years in this camp, and am now in my tenth year. It has been that long. I don't have a husband; I live with my brother. My brother and sister-in-law have four sons, plus me—making seven of us in total.

We always come to this *Shantikhana* [place of peace]; it is a safe place for us. Women cannot speak out of shame about the kind of things they have provided here—they gave buckets to store water, clothes to wear, and a place to dry them. They provided menstrual cloths here. Girls have been able to learn sewing here. They provided fabric, so they can cut it themselves, sew it themselves, and wear it themselves.

Also, girls come here to get away from disturbance—meaning our houses are very small, and the roads are narrow too. Because men constantly walk up and down the roads, girls cannot move around easily, which causes distress. But here, they can walk, go out, come in, meet their friends, and talk. If they feel like lying down, they can lie down under the fan's breeze—it's so comfortable. They come at 9:00 AM and leave at 1:30 PM, then come back at 2:00 PM and leave at 3:00 PM. So this is a place of comfort for them—for our granddaughters, nieces, and all the girls nearby. The girls can come, talk, and walk around.

We fell into deep distress and prayed hard when this *Shantikhana* closed. We wondered when it would reopen. There is a water pipe in the *Shantikhana*, and that water is very good. If the door is closed and women cannot get water, they become restless, you see. After searching and praying intensely to Allah, it opened again.

I am almost always here; I don't go a single day without coming, I come every day. I don't have young children and I don't have to cook, so after eating a couple of morsels, this is my house of peace. On days it is closed, I fall sick. If I cannot come, I become ill.

I have learned many things. Previously, I didn't know how to read or write, but now I can read everything and can even teach others. What is on the smart card—there are 17 numbers, and I know them by heart. This is because whenever we come here, we have to give our name, ID number, and house number every day. For all of this, out of fear of losing the smart card, one has to keep it close to their chest, so I memorized everything. You see, I learned these by heart, sister, and I can also read and write a little. I am managing to read and write at this old age. The sisters write so beautifully, and I thought, why shouldn't I be able to write? I also have two eyes and two hands, why can't I write? So I learned too. By learning and learning, by the grace of Allah, I can write complete text—[my] name, address, and I can write other people's names and addresses too.

If this place of ours closes, our voices are silenced and our opportunities to grow are gone.

If this place of ours closes, our mouths are closed, our hands and feet are closed, everything is closed. We have never gone anywhere else. We have been coming here since the beginning. Instead of building houses for ourselves and leaving our children in congestion, we gave up this land because it is an open space, our surrounding area. We could have built houses here if we wanted, you know, or we could have kept it as an open plot. Instead of doing that, we built the *Shantikhana* here so that our children and grandchildren do not just sit idle at home. If you just sit at home, your intellect diminishes; if you do not converse with others, a person's intellect wastes away. If you talk and laugh with friends, the brain stays fresh. I will hear one thing from you, another from someone else, and I will share one myself—by doing this, intellect grows.

Everything is necessary for us. We do not have money to buy things to feed our children, you see. When they give a snack packet from here, you can't imagine how happy the children get. Another thing is menstrual cloths. To give menstrual cloths—that red cloth and those white pads—these are very necessary. Not one is less important than the other, all are necessary.

Implications

WGSS combine **GBV response, prevention, and risk mitigation interventions** for Rohingya women and girls, along with community outreach and cross-sectoral connections.

It is clear from both KII and IDI participants that funding and policies that support this comprehensive WGSS approach can better address all risk factors and determinants of GBV for Rohingya women and girls. Funding the response interventions alone distorts the success of WGSS in Rohingya refugee camps, and does not reduce the prevalence of GBV, but rather increases demand on the response services that—despite remaining prioritized—are significantly underfunded.

The formal deprioritization of GBV prevention and risk mitigation activities under the 2025 JRP illustrates how the threat facing WGSS is not only a matter of insufficient funding, but also of how funding decisions are structured and prioritized. JRP guidance requires partners with secured, multi-year funding available for comprehensive GBV programming to redirect those resources to Priority 1 response-specific services, compelling organizations to narrow their work. Increased funding alone will likely not resolve the threats to the WGSS system and the subsequent harms to Rohingya women and adolescent girls. Many key informants reiterated that what is needed is a reframing of what counts as lifesaving within humanitarian coordination frameworks, and a redefinition that treats GBV response, prevention, and risk mitigation as inseparable rather than as a hierarchy of priorities.

The fallout from the funding cuts has led to an inflection point for WGSS in the Rohingya refugee camps. Formal guidance to integrate WGSS with CFS was developed as part of the 2026 JRP and remains under review for sector leadership endorsement. KII participants raised significant concerns about this integration, including the loss of a dedicated female-only space, and the difficulty of maintaining confidentiality protocols and security standards within shared facilities. Furthermore, participants added that the feasibility of this integration faces practical constraints due to the overcrowding in the camps and the inability to construct the separate entrances and facilities required to meet minimum standards for GBV programming.[42] Any consolidations of WGSS into mixed-sex spaces should not be approved without context-specific assessments conducted by GBV actors and negotiations with the women and adolescent girls who use the spaces.

Funding GBV response interventions alone does not reduce the prevalence of GBV, but rather increases demand for underfunded programs and services.

Facility survival itself cannot be seen as an adequate measure of WGSS success. Adaptation strategies such as staffing cuts, reliance on volunteers, and reduction of material goods distribution have kept GBV facilities open at costs to women and adolescent girls, as well as the staff and volunteers still providing services and programming. Case management staffing ratios that were considered a baseline have in many instances been reduced to a single caseworker responsible for what once required several colleagues, undermining both the quality of services and the expertise built over years of specialized training. While community-based volunteers have helped sustain some services in the short term, KII participants were clear that this reliance is unsustainable, as resources

for training are under capacity, and the loss of paid stipends has introduced new economic vulnerability for the women who previously relied on that income.

The impacts of funding cuts to other sectors do not remain isolated. Reductions in funding to the health care, food security, and WASH sectors increase GBV risks for women and girls. They also increase dependence on the tangible goods distributed by WGSS. At the same time, the GBV sub-sector has reduced or eliminated these distributions due to their own funding cuts, leading to a decrease in attendance. Further, it might weaken the standing of WGSS with families and husbands who saw these tangible benefits as part of its value. The cost of these adaptation strategies falls hardest on the women and girls with the fewest alternatives and least protective assets, in particular single and divorced female heads of household, adolescent girls, and women who are pregnant or have disabilities.

Threats to the WGSS model must also be understood within the broader context of Rohingya refugees' lack of formal legal status and right to work in Bangladesh, and the inability for Rohingya-led groups to register as NGOs. Both KII and IDI participants shared how these structural dependencies limit Rohingya women's ability to achieve sustainable self-reliance. Men and boys also rely on harmful coping mechanisms that cause additional, gendered harms to women and girls. Even with increased funding levels for the livelihoods sector and WGSS programming, Rohingya women's agency and ability to inform funding decisions would remain limited. Expanding opportunities for legal livelihoods and meaningful participation would complement funding-focused interventions and reduce long-term reliance on humanitarian assistance.

Restrictions on Rohingya women-led organizations in Bangladesh make it challenging to make meaningful progress towards localization.

The nature of GBV risks faced by Rohingya women and girls is not only intensifying, but also evolving. Among the harmful coping mechanisms that have heightened GBV instances, gambling, addiction, and criminal violence have emerged as particularly significant. In addition, the growing access to mobile technology has led to both increased online gambling and introduced new forms of technology-facilitated GBV. While restoring funding for GBV prevention and response remains critical, it must be accompanied by multisectoral efforts to identify, prevent, and mitigate these emerging risks, as well as adapted WGSS programming that responds to the changing protection challenges facing Rohingya women and girls.

Multiple organizations spoke to the shift towards community-facilitated intervention delivery as both a contributor to the success and resilience of WGSS over the last nine years, and also a targeted adaptation to growing funding uncertainty. However, this shift carries different implications depending on the conditions under which it occurs. As has been noted across numerous contexts, WLOs have been disproportionately impacted by funding cuts. Restrictions on Rohingya WLOs in Bangladesh make it extremely challenging to make meaningful progress towards localization. Only when Rohingya WLOs are officially recognized and adequately resourced, trained, and compensated can this shift build durable, locally rooted capacity for GBV prevention and risk mitigation work. When pursued primarily as a cost-saving measure, it instead transfers the labor and risks of GBV programming onto Rohingya women, without an appropriately corresponding transfer of resources or decision-making authority.

Taken together, the findings underscore more than a funding gap. They also show the need for a broader shift in how comprehensive GBV interventions like WGSS are prioritized and funded in the Rohingya refugee camps and other humanitarian contexts. Addressing the threats facing WGSS will require not only restored and flexible funding, but also careful decision-making around service integration, sustained cross-sectoral coordination, supportive policies, and GBV prevention programming that evolves alongside the risks it aims to mitigate. Crucially, these efforts should be informed by the experiences, priorities, and leadership of Rohingya women and girls, to ensure that WGSS continue to respond to their changing needs.

Conclusion

August 25, 2026 marks nine years since the start of the Rohingya refugee influx that led to Cox's Bazar becoming home to one of the world's largest refugee populations. WGSS have grown from an emergency response intervention into a "place of peace" where generations of Rohingya women and adolescent girls have learned to read, recognize and safely report gender-based harms and abuse, build their life skills alongside peers, and simply feel safe. Over this time, the context for women and adolescent girls in the Rohingya refugee camps has also changed significantly. Increasing food insecurity, overcrowded camps, and heightened dangers due to harmful coping mechanisms and criminal activity all harm women and girls disproportionately. Meanwhile, prospects for durable solutions remain out of reach. Nearly a decade after the mass displacement, Rohingya refugees remain stateless, unable to safely return to Myanmar, while lacking the legal rights necessary to establish permanent lives in Bangladesh.

The findings from this research speak to what has been achieved over nine years of investment from donors, international and national organizations, staff, volunteers, and community members. They also highlight the unfortunate reality that, since 2025, the JRP's funding prioritization structures are unequipped to protect the successes of the comprehensive WGSS model. When only response interventions are seen as lifesaving, the critical prevention and risk mitigation interventions are lost, along with the gains made against harmful social norms and gender inequality. Additionally, strategies aimed at adapting to financial constraints have led to mixed results, threatening the sustainability, quality, accessibility, and effectiveness of WGSS in the refugee Rohingya camps.

Funding cuts and the resulting JRP prioritization—in which only GBV response interventions are seen as lifesaving—threaten the success of the comprehensive WGSS model.

IN HER OWN WORDS:

My Name Is Ayesha.

I am 40 years old. My husband and I have six children, and by the grace of Allah, I am pregnant again.

We came to the camp right from the very beginning, during the Eid-ul-Adha time in 2017. We came from Myanmar hungry and thirsty. People were being killed indiscriminately there. It took us 10 to 12 days to come from Myanmar. For those 10 to 12 days, we had no food in our stomachs. Coming here to the Kutupalong camp, I cried out of hunger for rice. At that time, we managed either from the streets, or hoped that people would help us. My mind wasn't working properly; I couldn't even give my children's ages correctly. I wasn't sure what age to state for them, my mind was blank. So, at the time when they were taking data, we gave someone's age as seven years, someone else's as 11 years, and another's as 12 years. Their ages have increased, but since I couldn't give them correctly back then, they are not getting smart cards now. A smart card is absolutely necessary here for private tutoring or education. Without a smart card, one cannot do any work. According to the card, my boy hasn't turned 18 yet, even though he has actually passed 18. Now, if he could do some work, I could afford to eat some fruit. Because of all these reasons, I have fallen into a bit of a problem. It is sorrow from all sides.

This place has become just like our home, coming and going here. Plus, the *apas* don't look at us as a burden. They speak to us with words of comfort. We feel some relief in our distress.

My husband stays at home. Since coming from Myanmar, one of his ears has had hearing issues. After coming here, he injured his hand and he can't do much work either. So, our household is in a weak financial state, since there are no earning members. Even so, by Allah's grace, I am somehow arranging for the children's education. Suppose, if the grocery expense of 100 *taka* is needed, we buy groceries worth 50 *taka* and save the rest for their education fees. Because education, or knowledge, is very necessary.

Since coming here, I have been regularly visiting this *Shantikhana*. I have received many opportunities and benefits from here. We cannot go outside where men are present. Here, everyone is a woman, so we have no worries. Women can learn how to work, take care of household matters, and share stories of tension or problems. We can make *nakshi kantha* [embroidered quilts] and do tailoring work.

Women can come here during their menstruation. There is a water tub and pipe here, which makes it convenient to clean or wash. They can dry their clothes. We don't have enough space [for this] at home. If we put clothes out to dry on the roof of the house, men see it. They might think that they are having their periods, and that's why they are putting them out to dry. For that reason, we like it very much here; we can dry them beautifully.

We can come here and speak about our sorrows. The *apas* listen to us and comfort us. If we face any distress, they refer us to the doctor. If we feel bad, we can come here and sit under the fan. Apart from this, we have no other place. Can we go and sit somewhere else? No, we can't. Because men will be there. Can we go and sit at someone else's house? No, we can't. Our houses are very small, there is no space. So, when we come here and share our sorrows with the *apas*, or get some air under the fan, it feels very good to us.

The more you can increase the budget, the better it is for us. We used to get buckets, they gave us pads, soap, and snacks and water. They gave us packets of chili and spices. We didn't need anything because we got everything from here. We used to feel very good, very happy. Compared to before, the budget has decreased. Now, the provision of items has decreased. Since we have become refugees now, we have no home, no property—getting these items from here is very good for us.

And if we could do tailoring work here, it would be good for us. Being able to do embroidery is also a good handicraft skill for us, which is beneficial.

This place has become just like our home, coming and going here. Plus, the *apas* don't look at us as a burden. They speak to us with words of comfort. We feel some relief in our distress.

We chat here. We share our stories of sorrow. Its name is *Shantikhana* [place of peace]; here it is nothing but peace and more peace. We can talk to the sisters and feel comfortable sharing things with them. I don't feel comfortable with any other people, not even with my sister-in-law.

I come every day. Whether they call us or not, we come. Whether there is a meeting or not, we come. We come because we don't feel good at home; since our house is small, there is no air or ventilation. I don't like the shouting of the children, so I find some peace coming here. The *apas* say, "Whether we hold a meeting or not, you should come. Because this is the *Shantikhana* for women. When you come and chat, we feel good; if you don't come, it doesn't feel good." [Laughs.].

If this *Shantikhana* closes down, we have no other place. Let me tell you why—there is one far away near the market. Mostly men hang around there. Occasionally, women go. We won't be able to go so far and talk about these things. So whenever our children fight, or if someone is abused by their husband, we come here; coming here gives us peace, because we don't have to go far, it's right next to us, which we like very much. So we pray to Allah for the budget to increase. Because if we [have to] go [to a WGSS] far away, other women will criticize us, saying, "Look at those women coming all the way from afar and acting like this here." That's why we don't go. We can't go anywhere else. Leaving the house and the children behind, we don't even know how to look for other places. It is much more convenient for us here. We feel much more comfortable in this place with our children.

I cannot move around easily; it is painful. Walking even a little bit causes back pain. For many days now, I haven't been able to stand up or lie down due to back pain. Earlier, they [*Shantikhana*] used to give medicine here. It was very beneficial because

A young child plays at a Women and Girls Safe Space. Photo: Parmin Fatema/Rohingyatographer for WRC.

I took it on time. If only it were still like that now. That budget has ended. Some of the staff who used to handle it have also left.

Speaking of necessities, we were very happy when we came here, we were given Depo [birth control]. They used to give vitamin tablets, contraceptives, and medicines. These were very important for us. We didn't have to stand in lines at the hospital; we could just take them from here and go home.

There is no end to our needs. There is nothing that we do not need.

Acronyms and abbreviations

CiC	Camp in Charge
CFS	Child Friendly Spaces
CMR	Clinical management of rape
CP	Child protection
GBV	Gender-based violence
IDI	In-depth interview
INGO	International non-governmental organization
JRP	Joint Response Plan for Rohingya Response
KII	Key informant interview
NGO	Non-governmental organization
SRH	Sexual and reproductive health
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
US	United States
WASH	Water, sanitation, and hygiene
WGSS	Women and Girls Safe Spaces (including Women Friendly Spaces and Multi-Purpose Centers for Women)
WLO	Women-led organization

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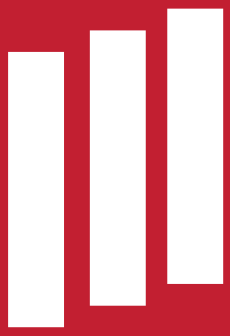
A narrow path leads to a WGSS. Photo: Parmin Fatema/ Rohingyatographer for WRC



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