PROTECTION CAPACITIES UNDER PRESSURE

Evidence from consultations with protection partners across 22 operations

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GUIDE TO TERMS AND ACTIVITY DEFINITIONS

To support clarity and comparability across findings, activities are referred to by standardized short labels throughout the report. The table below explains each label and its full description.

SHORT LABEL	ACTIVITY DESCRIPTION
Advocacy	Coordinated, strategic activities aimed at influencing stakeholders to change policies, behaviours, and laws to protect vulnerable populations from harm or rights violations.
Awareness (mass)	Mass or non-targeted awareness and information campaigns aimed at reaching broad populations.
Awareness (targeted)	Targeted awareness, information, and education sessions delivered to specific groups on risks, rights, and available services.
Capacity strengthening (frontline)	Training and support to frontline staff and partners to improve the delivery of protection services.
Capacity strengthening (local/national)	Support to national authorities, local organizations, and systems to strengthen locally led protection responses.
Capacity strengthening (non-protection)	Integration of protection into other sectors through capacity strengthening of non-protection humanitarian actors.
Capacity strengthening (overall)	Broader capacity strengthening activities aimed at improving systems, processes, and protection response quality.
Case management	Individual case management support, including assessment, planning, follow-up, and coordination of services for people at risk.
Cash assistance (CVA)	Provision of financial, cash, or voucher assistance to help individuals meet protection-related needs.
Child reintegration support	Recovery and reintegration support for children formerly associated with armed forces or groups.
Community-based protection	Community-led or community-based activities to prevent, reduce, or respond to protection risks and strengthen local coping mechanisms.
Early warning systems	Establishment and support of locally led early warning mechanisms to detect and report emerging risks.
Family tracing & reunification	Identification, tracing, and reunification of separated family members.
Individual protection assistance	Provision of tailored support to individuals to address specific protection risks, including legal, material, or service access support.
Mediation & conflict resolution	Facilitation of mediation, negotiation, and conflict resolution processes at the community or local level.
MHPSS	Provision of psychosocial and social-emotional support to individuals and groups, including mental health care, counseling, and well-being support.
Monitoring	Monitoring and consultation activities, including collecting data on incidents, protection risks, human rights violations, and displacement through field presence and community engagement.
Monitoring deployment	Deployment of monitoring and deterrence mechanisms, including mobile teams or frontline monitors to assess and respond to risks in specific locations.
Protection analysis	Analysis and prioritization of protection risks, including trends, severity, and drivers, to inform response and decision-making.
Protection items	Provision of essential protection-related kits or materials to support safety, dignity, and basic needs.
Referrals	Identification and referral of individuals to appropriate services (health, legal, protection, social services) to respond to protection risks.
Safe spaces	Establishment, support, and adaptation of safe and inclusive spaces (including women & girls' safe spaces, child-friendly spaces, and mine action-related safe areas).
Specialized health services	Provision of specialized services, including clinical management of rape and mental health services for survivors.

INTRODUCTION

As protection actors enter 2026, they are facing reduced capacity to operate, at a time when protection risks remain high across many humanitarian crises. This report explores how the current funding contraction is impacting protection partners. This includes identifying risks, preventing and mitigating harm, and ensuring timely and effective responses for those most at risk.

The analysis starts from the scale of funding cuts affecting the protection sector and examines how they are reshaping protection capacities. Effective protection action depends on interconnected functions that allow partners to deliver response, maintain proximity to affected populations, and inform wider humanitarian decisions. When these functions are reduced simultaneously, the impact goes beyond fewer activities: it weakens the ability to identify who is at risk across age, gender and disability profiles, adapt to changing threats, sustain referrals and follow-up, and prevent needs from escalating.

This report therefore focuses on the following question: **How have the past year's funding cuts affected protection programming, staffing and the capacity to sustain effective protection action?** The survey and consultations show that the impact of funding reductions is not limited to individual protection activities or isolated projects. It is affecting the broader protection capacity chain (workforce, service delivery, geographic coverage, engagement with affected populations), as well as system-enabling functions such as analysis, coordination, technical support, advocacy and capacity strengthening.

Chapter 1 explains why the current financing and policy environment makes this moment particularly significant for protection. **Chapter 2** provides an overview of reported impacts across protection activities. **Chapter 3** analyses what is being lost across the protection capacity chain, focusing on workforce, protection services, geographic reach, engagement with affected populations and system-enabling capacities.

1. WHY NOW?

The timing of this consultation is significant. The capacity reductions documented in this report are taking place within a broader structural shift in humanitarian financing, rather than a temporary funding gap. Humanitarian funding is increasingly characterized by smaller funding envelopes, sharper prioritization, and greater selectivity in how assistance is planned and delivered. As a result, fewer resources are expected to reach fewer people against a backdrop of significant declines in both overall and humanitarian ODA.

Figure 1 - Overview of funding contractions

These shifts matter for protection because sharper prioritization tends to favour activities that are more easily framed as immediate and visibly life-saving. Protection interventions depend on continuity, trust, proximity, analysis and follow-up: precisely the capacities that reduce exposure to violence, coercion and deliberate deprivation, but are hardest to preserve when funding narrows around immediate delivery. This is happening as protection risks are worsening across crises, increasing exposure for affected populations and humanitarian actors. This report should therefore be read as an analysis of capacity loss and system fragility.

A NARROWER AND MORE SELECTIVE FUNDING MODEL: IMPLICATIONS FOR PROTECTION CAPACITY

The findings of the report should be read against a humanitarian financing model that has changed significantly since 2025. Planning is increasingly shaped by tighter, more selective and explicitly prioritized envelopes, moving from comprehensive response assumptions toward sharper triage of people, locations and activities.

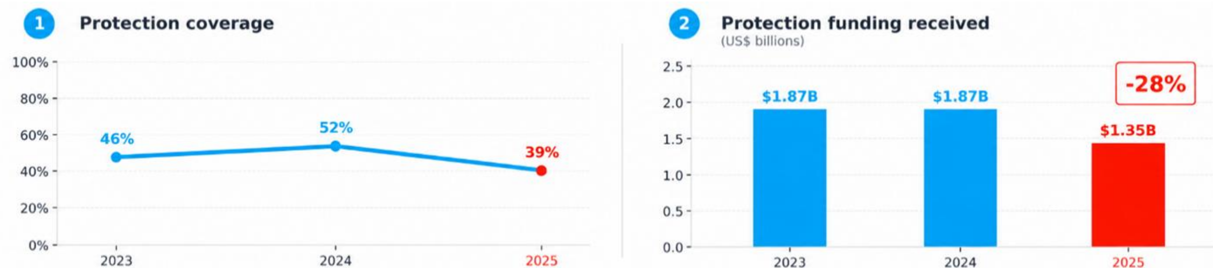


Figure 2 - Overview of protection funding contraction

In this landscape, protection shows a clear decline between 2023 and 2025, both in absolute and relative terms. The sector has been affected by steeper contraction than sectors like health (−19%) and without the continued prioritization seen in food security, which retained the largest share in 2025.

2026
21%
21.7%
Protection coverage
Funding received

While 2026 data is still partial, early figures do not suggest a recovery for Protection. With $610M received as of April 2026, the sector continues to face significant funding pressure. Reported coverage remains slightly above the level of funding received, but by a much smaller margin than in 2024 and 2025 (+6.9% and +8.2%), suggesting that the sector is having less room than in previous years to absorb funding shortfalls while maintaining reach. Compared with other sectors, protection experienced the **third-largest drop in funding received between 2024 and 2025 (USD 516 million)**, despite only a modest reduction in requirements, on the sharpest decline on coverage of **39.2% in 2025**. The sector's funding gap has widened to **over USD 2.1 billion**, indicating heightened exposure to system-wide funding cuts and increased constraints on delivering life-saving protection outcomes.

Protection faces a structural challenge: monitoring, community engagement, referrals, case management, protection analysis and advocacy are essential to identify changing threats, sustain follow-up, distinguish needs from protection risks, and influence behaviour, access, policy or duty-bearer action. However, these functions are often less visible than commodity delivery, infrastructure or large-scale service outputs. and depend on continuity, proximity, safe and inclusive channels, trust and ability to track how risks evolve. The risk is therefore not only reduced protection funding, but a shift in the composition of protection capacity. Visible activities may continue while functions that make them safe, targeted and adaptive are weakened. Reduced analysis, presence and feedback loops limit the ability to detect threats, assess exposure and inform decisions.

POOLED FUNDS ARE STRATEGICALLY MORE IMPORTANT, BUT NOT LARGE ENOUGH TO OFFSET CONTRACTION

Pooled funds are increasingly important. Analysis from 2025 indicates that 46% of CBPF funding reached local and national actors, rising to 55% with sub-grants. Reporting by OCHA and the UN framed the December 2025 US$2 billion commitment as support for a prioritized, accountable model. For protection actors, pooled funds can support local partners, preserve flexibility and sustain functions harder to fund through earmarked projects. However, they remain small: in 2024, CERF and CBPF contributions totalled US$1.58 billion, compared with US$24.95 billion funding tracked by FTS[i]. For 2025, consolidated reporting is not yet available[ii], but pooled funds operated within contraction[iii]. Pooled funds for protection can cushion shocks, sustain selected partnerships, support parts of the protection chain, but not the full package of presence, monitoring, specialized services, analysis and prevention. The US$2 billion commitment is significant for 17 crisis-affected countries[iv] and CERF, but it does not offset the wider contraction.

DONOR CONCENTRATION MAKES PROTECTION ESPECIALLY VULNERABLE

The protection sector has historically faced high donor concentration. In 2023, four funders accounted for more than two thirds of reported protection assistance. In 2025, concentration appeared less pronounced, with the top five donors providing 38% of total funding received, amidst the funding gap exceeding USD 2.1 billion. The pace and simultaneity of the contraction is critical. The five largest DAC providers accounted for 95.7% of the total ODA decline in 2025. For protection, this left limited time to adapt, diversify or preserve continuity, staff, referral pathways, and community trust. Unlike activities that can largely be scaled down through reduced volume, abrupt reductions in protection capacity directly affect quality, safety, follow-up and the ability to mitigate harm over time.

2. GENERAL OVERVIEW OF IMPACT

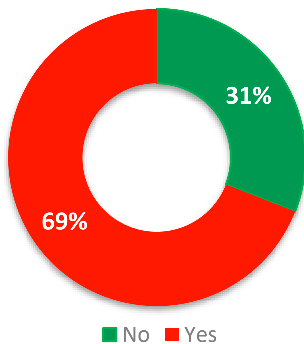


Figure 4 - Partners reporting impact

Based on the survey responses received from 747 respondents across 22 contexts, it is clear that the impact of funding cuts on protection capacities over the past year is widespread. According to the survey responses, nearly 7 in 10 protection partners report direct impact on their capacities (69.1%). It is important to note that the survey was conducted during an intense period of the Protection Cluster consolidation processes at country-level, with different countries being at different stages of the consolidation.

The results point to a consistent distribution of reported impacts across different layers of the protection response, with higher concentrations observed in a set of core, frontline and community-facing activities.

At the activity level, **the highest reported impacts are found in functions directly linked to engagement with affected populations and provision of support.** Mental health and psychosocial support (MHPSS) (72% of respondents reported impact), community-based protection (71%), protection monitoring (69%), case management (68%), targeted awareness activities (67%), and individual protection assistance (66%) are among the most frequently reported as impacted by funding cuts. These activities are central to how protection actors maintain presence, collect and analyse information on risks, and deliver individualized or community-level support.

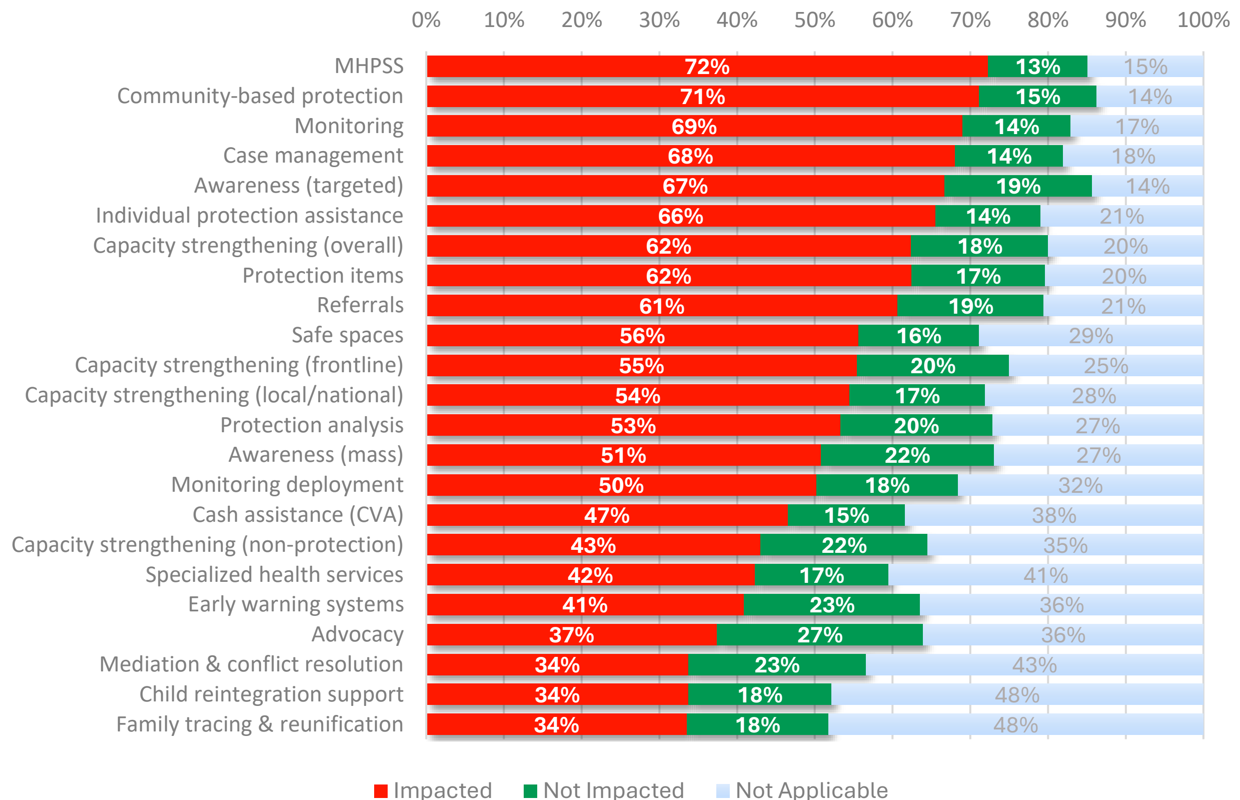


Figure 3 - Overall impact by activity

A second group of activities shows similarly elevated levels of reported impact, including referrals (61%), provision of protection items (62%), safe spaces (56%), and capacity strengthening across different levels—overall (62%), frontline (55%), and local and national actors (54%). Protection analysis is also reported as impacted by 53% of

respondents. These activities relate to the organization, coordination, and support of the protection response, including the ability to sustain service delivery, support partners, and inform decision-making.

Several activities were reported by fewer number of respondents including family tracing and reunification (52%), child reintegration support (52%), mediation and conflict resolution (57%), specialized health services (59%), early warning systems (64%), and advocacy (64%). It is important to note that the lower number of respondents from the survey for these activities is reflective of the fact these are specialized services and therefore, they are provided by a much lower number of actors across various contexts. Notably, complementary survey findings indicate that a high proportion of respondents implementing programmes for children associated with armed forces and groups (59%), as well as for unaccompanied and separated children (46%), reported these services as negatively affected by funding cuts, suggesting that reductions are also significantly impacting specialized and context-specific protection interventions[v].

Excluding the partners who reported not implementing the activities (non-applicable in the previous graph), the relative impact to each single activity or program modality can be seen in the figure below.

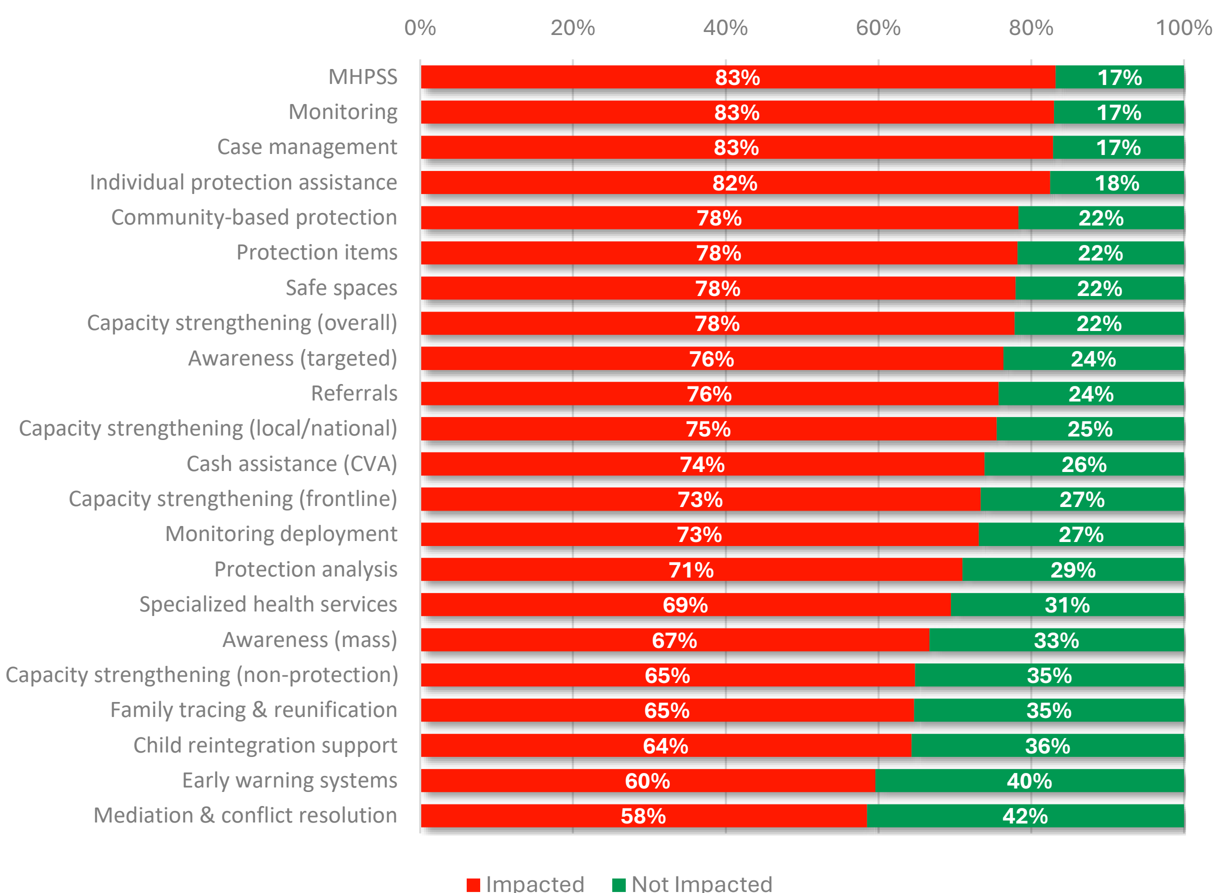


Figure 5 – Overall impact by activity excluding non-implementing partners

This analysis, based only on responses of partners implementing specific activities, shows an even stronger concentration of impact across core protection functions, revealing impact levels consistently very high across nearly the entire protection response chain.

The highest reported impacts are concentrated in MHPSS, monitoring, and case management, each with approximately 83% of implementing partners reporting impact. These are followed by individual protection assistance (82%), community-based protection (78%), protection items (78%), safe spaces (78%), overall capacity

strengthening (78%), targeted awareness (76%), and referrals (76%). Compared to the previous analysis, this confirms that **the activities most consistently implemented across operations are also those under the greatest operational pressure.**

An important difference from the broader analysis is the stronger visibility of system-enabling functions once applicability is isolated. Capacity strengthening for local and national actors (75%), frontline capacity strengthening (73%), monitoring deployment (73%), and protection analysis (71%) all show high reported impact levels among organizations implementing them. In the earlier overview, these functions appeared comparatively lower due to the large proportion of respondents for whom such activities were not applicable. **This suggests that where these enabling functions do exist, they are under significant strain.**

Similarly, activities that appeared comparatively less affected in the broader analysis—such as family tracing and reunification (65%), child reintegration support (64%), early warning systems (60%), and mediation/conflict resolution (58%)—also show substantial levels of impact among the organizations implementing them, suggesting that their lower overall ranking was partly linked to narrower operational scope rather than lower exposure to funding reductions.

While the previous analysis shows a broadly consistent pattern of impact across the protection response, a more granular review by specialized and thematic areas highlights important differences in how these pressures affect specific activities and operational modalities.

The data suggests that Protection, GBV, and Child Protection are experiencing the broadest and most severe impacts across the spectrum of activities, while Mine Action, HLP, Disability & Inclusion, and Anti-trafficking show more concentrated or activity-specific patterns. Given that the survey was conducted during an intense period of the Protection Consolidation at country-level, with different contexts being at different stages, the number of respondents may have been influenced by how many actors across the various areas of protection were able to access and complete the survey, despite efforts by the global GPC team to disseminate the survey widely. Monitoring and MHPSS emerge as the two most consistently high-impact activities across all areas of work. MHPSS is the most impacted activity only within GBV, whereas monitoring is the highest-impact activity across all other protection areas.

Case management shows comparatively higher reported impact within GBV and Child Protection than Protection, suggesting stronger pressure on case-related functions in these areas. For GBV programming, case management and MHPSS are foundational and the most impacted, pointing to a direct disruption of survivor support and continuity of care. Targeted awareness activities appear among the six most impacted activities only in GBV and Mine Action, particularly for Mine Action where risk education-related activities rank among the highest reported impacts. Similarly, activities related to safe spaces and safe environments stand out as the second most impacted category within Mine Action, suggesting significant effects on core operational functions such as survey, clearance, and safe access interventions. Disability and inclusion activities are most affected where they enable community engagement and individual support, weakening the layers that make humanitarian aid inclusive, accessible and people-centered.

Complementary analysis focused on child protection[vi] points to similarly severe impacts across core interventions for children. Among organizations implementing these activities, the most affected include MHPSS and group well-being activities for children (64%), cash and voucher assistance linked to child protection outcomes (63%), programmes for children associated with armed forces or groups (59%), and case management (58%). The scale of disruption is particularly concerning, considering that case management, MHPPS and group activities serve as critical entry points for identifying and supporting children at risk.

Overall, **the survey data suggests that reported impacts are more frequently associated with activities that are directly linked to service delivery, community engagement, and monitoring functions.** This apparent concentration will be further explored in the following sections, including how these patterns relate to different types of capacity loss and their implications for protection outcomes.

3. WHAT IS BEING LOST: THE PROTECTION CAPACITY CHAIN

There is no erosion of a single protection function, but the weakening of an interdependent **protection capacity chain**. Protection relies on a set of interdependent capacities — the **delivery of services to affected population, including survivors**, the **maintenance of geographic presence**, **sustained engagement with affected populations**, and the **system-enabling functions** that support analysis, coordination and adaptation.

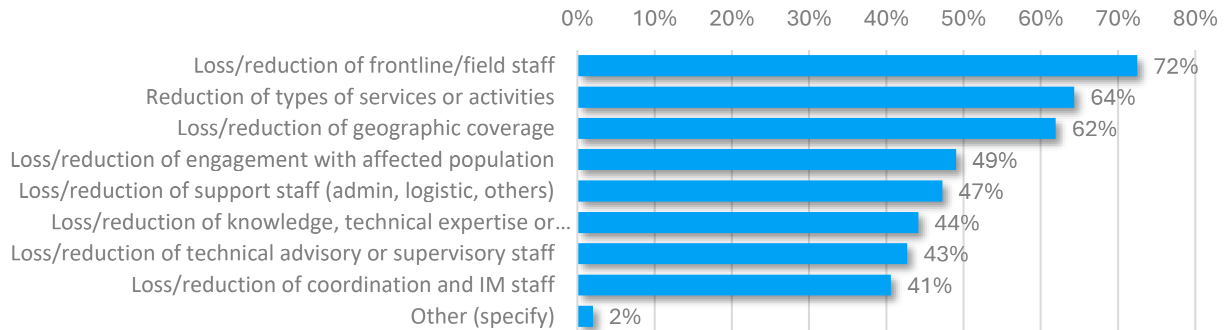


Figure 6 - Impact across the protection capacity chain

Across all actors, the data suggests a **consistent and multi-layered pattern of impact across the protection capacity chain**, even if percentages should be interpreted as indicative rather than absolute measures. The most frequently reported impacts are: **loss of frontline staff (around 72%)**, **reductions in services (around 64%)** and **geographic coverage (around 62%).** These are followed by impacts on **engagement with affected populations (around 49%)**, **loss/reduction of support staff (around 47%)**, and **loss/reduction of knowledge, technical and coordination capacities (generally in the 40–45% range)**.

What this suggests is a system under simultaneous pressure across its core operational layers—where reductions are not isolated, but interact to progressively weaken how protection is delivered, sustained, and adapted.

Frontline workforce capacity: 7 out of 10 partners report reductions in frontline staff, the most frequently cited impact, directly affecting case identification, follow-up, and sustained presence in communities. This is accompanied by parallel reductions in support, technical, and coordination roles (4 out of 10), indicating that the contraction extends beyond delivery to the functions that ensure quality, oversight, and coherence of protection response.

Service package narrowing: 6 out of 10 partners report a reduction in the range of services delivered, with 8 out of 10 reporting impact across core protection services such as case management, MHPSS, monitoring, and community-based activities. This reflects not only fewer services, but a thinning of how activities are delivered—where key components, modalities, and quality mechanisms are reduced, weakening the continuity and effectiveness of protection interventions.

Geographic coverage: 6 out of 10 partners report reduced geographic coverage, pointing to a shrinking operational footprint. This translates into reduced proximity to affected populations, weaker visibility over evolving protection risks, and loss of continuity in high-risk or hard-to-reach areas, amplifying the impact of staffing and service reductions.

Engagement with affected populations: While 4 out of 10 partners report reduced engagement, over 7 out of 10, report impacts on community-based, monitoring, and awareness activities—the core functions that sustain continuous interaction with communities. This indicates that engagement is not disappearing entirely, but is being maintained unevenly, often at reduced scale, quality, or frequency, weakening trust, early detection, and responsiveness.

System-enabling capacities: Around 7 out of 10 partners report impacts on system-enabling functions, including capacity strengthening, protection analysis, early warning, and advocacy, while retention levels remain low (1 to 3 partners, out of 10). This points to a disproportionate erosion of the capacities that enable protection to adapt, coordinate, and operate strategically over time, undermining not only delivery, but the ability to anticipate and respond effectively to evolving protection risks.

Taken together, these patterns suggest that what is being lost is not simply volume. It is the **interdependence** of the protection actions. Staff losses affect service continuity, service reduction narrows the range of response options, reduced coverage limits proximity and access, weakened community engagement diminishes visibility over evolving risks, and the erosion of technical, analytical and coordination capacities reduce the system's ability to prioritize, adapt and act collectively.

The protection thematic and specialized areas most frequently reported as affected are Protection (79%), Gender-Based Violence (77%), Child Protection (67%) and MHPSS (51%), with reported impacts ranging between 20% and 32% across Disability and Inclusion, HLP, Anti-Trafficking and Mine Action. These differences should be interpreted with caution, as the number of respondents varies across areas and may influence the level of reporting. Even with this caveat, the findings suggest that the contraction is not confined to one specialized area of protection work, but is affecting the entire protection sector through which protection actors engage across risks and population groups.

SPECIFIC SITUATION BY TYPES OF ACTORS

Across NGOs (INGOs and LNNGOs), the pattern appears similarly broad. The highest reported impacts relate to frontline staff (around 71–73%), services (around 62–63%), and coverage (around 59–61%), with additional pressures observed in engagement, support staff, and technical functions (generally around the mid-40% range). Taken together, these figures point less towards isolated disruptions and more to a wide-based decrease affecting multiple layers of operational capacity simultaneously, even if the exact magnitude varies across contexts.

For UN actors, the distribution of impacts shows a slightly different emphasis. While loss of frontline staff remains comparably high (around 74%), the reduction in types of services (around 76%) stands out as relatively more pronounced compared to other actors. This is accompanied by reductions in geographic coverage (around 72%) and engagement (around 53%), suggesting that the contraction may be more visible in the scope and reach of operations, rather than in staffing alone.

Organizations of Persons with Disabilities (OPDs), although based on a smaller and therefore more limited dataset, show a distinct profile. The reduction in services (around 57%) emerges as the most prominent reported impact, while other dimensions appear lower or more uneven (e.g. frontline staff around 51%, coverage around 24%, engagement around 34%). Given the smaller sample, these figures should be interpreted cautiously, but they nonetheless suggest that OPDs, funding cuts translate immediately into a reduction of operational scope and withdrawal of direct support. The capacity of these organisations to provide the necessary individual protection assistance or inclusive service packages – such as assistive devices or specialised kits- is significantly reduced.

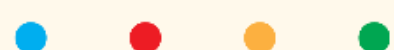
These trends cut across thematic areas, including CP, GBV, and MA.

LINKAGES OF PROTECTION ACTIVITIES AND PROGRAMS WITH THE IMPACT ON THE PROTECTION CHAIN

Monitoring, MHPSS, Community-based protection, Awareness, Case management, Individual protection assistance, and Referrals—consistently emerge as the most affected types of protection activities. This indicates that funding reductions are concentrated on the **core functions that sustain protection presence and response**.

Rank	Loss/reduction of frontline workforce	Loss/reduction of services	Loss/reduction of geographic coverage	Loss/reduction of engagement with affected populations
1	Monitoring	MHPSS	MHPSS	Monitoring
2	MHPSS	Community-based protection	Monitoring	Community-based protection
3	Community-based protection	Monitoring	Community-based protection	MHPSS
4	Awareness (targeted)	Individual protection assistance	Awareness (targeted)	Awareness (targeted)
5	Case management	Protection items	Case management	Case management
6	Individual protection assistance	Awareness (targeted)	Individual protection assistance	Individual protection assistance
7	Referrals	Case management	Protection items	Referrals
8	Awareness (mass)	Referrals	Safe spaces	Protection items
9	Monitoring deployment	Capacity strengthening (overall)	Referrals	Safe spaces
10	Capacity strengthening (overall)	Awareness (mass)	Monitoring deployment	Monitoring deployment

3.1 WORKFORCE CAPACITY IS BEING REDUCED ACROSS BOTH FRONTLINE AND SYSTEM-SUPPORT FUNCTIONS



The first layer being lost is the workforce itself. Overall, the survey suggests that the partners´ most commonly reported impact type is the **loss or reduction of frontline and field staff (72.1%)**.

This is followed by **loss or reduction of support staff (46.2%)**, **loss or reduction of knowledge, technical expertise or capacity (43.3%)**, **loss or reduction of technical advisory or supervisory staff (42.7%)**, and **loss or reduction of coordination and IM staff (39.3%)**.

These patterns suggest that the contraction is not limited to delivery personnel alone, but extends into the technical and organizational roles required to sustain quality, oversight and coherence. The loss of reduction of frontline and field staff is not only the most reported type of impact, but the one that affects the protection activities most impacted. The graph below shows for example that all partners reporting impact on their monitoring capacities have lost frontline/field staff to conduct those activities.

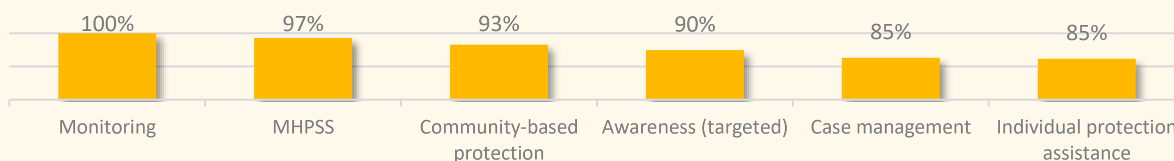


Figure 7 - Percentage of partners reporting loss/reduction of frontlines by implementation of activity

The granular review by specialized and thematic areas shows that in GBV, 90% report loss of frontline staff, and in disability and age inclusion, frontline reductions represent the highest single category of impact (16.2%). Together, these reductions weaken survivor support, case-related functions, inclusive outreach and the identification of marginalized groups, consistent with secondary evidence from women-led and women's rights organizations pointing to wider operational contraction. A global survey of women-led and women's rights organizations found that 72% of organizations had laid off staff, simultaneously contracting operational capacity[vii].

Complementary analysis[viii] focused on child protection points to similar patterns across national NGOs, INGOs, UN agencies, and community-based organizations, with reductions in staffing, technical oversight, and field monitoring capacities. More than half of respondents (53%) reported reductions in staff presence or monitoring functions, alongside heavier workloads, increased reliance on junior staff, and reduced supervision.

The analysis highlights impact on core activities such as **case management, follow-up visits, family-based support, and community monitoring**. In child protection case management specifically, funding cuts were reported to contribute to excessive caseloads and reduced follow-up with children and families, while reductions in technical advisory functions point to weakening quality assurance, supervision, safeguarding, and technical support capacities required to maintain Minimum Standards for Child Protection in Humanitarian Action.

The GPC survey included an additional section on staffing, although this component received a more limited number of responses (111 out of 747) and should therefore be interpreted with caution, but still points to the contraction of workforce. Reductions are reported across a range of roles, including advocacy and policy staff (63.2%), legal assistance staff (62.5%), community-based protection staff (60.0%), protection monitoring staff (59.8%), GBV staff (58.0%), and caseworkers (56.7%), as well as information management/analysis staff (54.4%) and coordination staff (51.9%).

This pattern is further reflected when comparing positions reduced and positions retained. Across most roles, reductions are more frequently reported than positions maintained, particularly for caseworkers, GBV staff, protection monitoring, and community-based protection staff. Similar trends are observed for child protection and legal assistance roles, while differences appear more limited for coordination and information management functions, suggesting a relatively more balanced—though still constrained—situation in these areas.

While the results show a particular impact on frontline capacities, workforce reductions have been widespread and structural across protection in the last year.

WHAT DOES THIS MEAN

The consultations also show that reduced staffing is not only reducing volume, but affecting quality: **remaining staff are absorbing multiple functions, specialized roles are being lost, and reduced supervision is limiting the ability to maintain protection standards and safeguards**. The workforce contraction at the frontline delivery is particularly concerning, yet the simultaneous weakening of technical, analytical, and coordination functions that underpin effective protection action is widespread and cumulatively affecting protection actors.

SOMALIA — WHAT REDUCED WORKFORCE MEANS IN PRACTICE

Before funding reductions		Current reported situation
People could access nearby protection desks, community centres and GBV facilities to report incidents, receive support and trigger referrals	»»	More than **44 protection desks, community centres and GBV facilities** closed, reducing the places where people could safely report violence, seek help for children at risk, receive support, or access urgent assistance near their communities.
Frontline staff maintained regular outreach and follow-up in displacement sites and communities	»»	More than **295 frontline protection staff** reportedly laid off, reducing visit communities, timely identification of people at risk, follow up with vulnerable families, respond after incidents of violence, or help people access support and services.
Continuous field presence enabled repeated visits, monitoring and early identification of urgent protection, health or child protection cases	»»	**Reduced trained protection staff (up to 60%)**, shifting to mobile/remote modalities (5 visits a month) mean less contact with communities and delayed identification of urgent cases.
Referral pathways connected survivors and at-risk households to specialized support and other humanitarian services	»»	Significant constraints in **hard-to-reach areas**, meaning people in the most isolated locations face greater difficulties reaching specialized health, protection, legal or psychosocial support when urgent needs arise.

3.2 THE SERVICE PACKAGE IS NARROWING, INCLUDING CORE PROTECTION FUNCTIONS

The second evident effect on protection partners' activities concerns the breadth and continuity of service packages. Across all impact types, a **reduction in the types of services delivered is reported in 64.2% of cases**, making it the second most frequently cited form of impact after frontline staff loss or reduction. In practice partners report for example reducing MHPSS sessions, prioritizing group over individual support, limiting services to emergency or high-risk cases, and reducing follow-up. Partners also described increased prioritization of only the most urgent or lower-cost cases, alongside fewer specialized referral options for survivors and vulnerable households, or prioritize only legal cases with higher probability of success or lower costs, limiting access to justice.

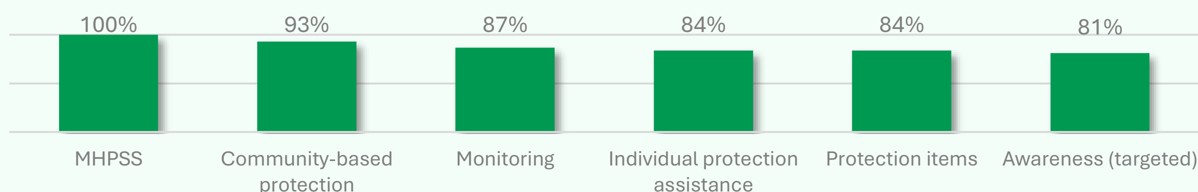


Figure 8 - Percentage of partners reporting loss/reduction of types of services delivered by implementation of activity

Secondary data and consultations confirm effects on the internal composition, continuity, and quality of service packages of the activities they implement. A global survey of women-led organizations found that 62% had reduced services, with constraints forcing prioritization of the most critical interventions[ix]. This means that activities, such as prevention or community-based protection, are delivered with fewer components, reduced modalities, and weakened supporting mechanisms. Across contexts, organizations report scaling back outreach, reducing the frequency of activities, and suspending key elements such as awareness, and community engagement, all of which are essential to ensuring access and continuity. The narrowing of service packages is particularly pronounced in disability and age inclusion programming, where the removal of specialised components—such as tailored assistance, assistive devices, and mobile community outreach—directly leads to the exclusion of those with the most diverse requirements, including older people and persons with disabilities. This primarily affects psychosocial support, individual protection assistance, and community-based activities, resulting in programs being depleted of the inclusive modalities and person-centered approaches required for accessibility.

This internal narrowing has compounded effects due to the interdependence of protection activities. GBV life-saving services such as case management, psychosocial support, and clinical care are among the most affected, with some partners unable to maintain even minimum service packages[x]. The impact on continuity and quality of services is further confirmed by child protection analyses, particularly in high-risk areas[xi]. In the Occupied Palestinian Territory

(oPt), 80% of the rehabilitation activities to support people with disability has reportedly disappeared, with specialized disability services increasingly replaced by non-specialized actors.

OPT — WHAT REDUCED PROTECTION QUALITY AND CONTINUITY MEANS IN PRACTICE		
Before funding reductions		**Current reported situation**
Protection caseworkers, legal aid actors and MHPSS staff could provide sustained follow-up, accompaniment and individualized support to survivors and at-risk households	»»	People wait longer to receive support, cases are followed less frequently, survivors may need to repeat their stories multiple times, referrals are delayed or incomplete, and vulnerable people receive less safe accompaniment.
Human rights monitoring and documentation teams could identify daily cases, support accountability efforts and facilitate timely access to justice	»»	Fewer visits to affected people, delayed identification of violence or abuse, less documentation of incidents, weaker follow-up with authorities or service providers, and reduced ability to verify whether violations stop or continue.
Referral pathways connected people to specialized services, including legal aid, disability support, tracing services and specialized care	»»	People are more often unable to reach the specialized support they need, follow-up after referral is less consistent, and some survivors or at-risk individuals are left without safe accompaniment between services.
Protection services operated through dedicated staff, supervision and technical oversight to maintain safeguards and protection standards	»»	Increase reliance on unpaid staff, multitasking and community focal points with limited supervision and support.

REFERRAL PATHWAYS: WEAKENING CONTINUITY OF CARE ACROSS CONTEXTS

Where case management is reduced or halted, access to medical, psychosocial, and legal support is simultaneously disrupted, **breaking the continuum of care**[xii]. The consultations of protection partners at country level consistently described referral pathways becoming increasingly constrained. In Somalia, reduced operational presence in hard-to-reach areas has limited safe and timely referrals for GBV survivors, children at risk and other vulnerable groups. In oPt, organizations reported that safe referral pathways are "breaking down," while tracing services for missing and detained persons were halted due to inability to continue paying lawyers and sustain operations. In Venezuela, referral systems were described as increasingly limited to information-sharing only, without resources for accompaniment, transport or follow-up, while some communities reportedly had no remaining organizations available for referral.

3.3 GEOGRAPHIC REACH IS SHRINKING ALONGSIDE SERVICE DELIVERY

The third layer being lost is **the capacity to maintain a continuous presence to ensure early detection and an efficient response across geographical areas, especially those with the highest severity of protection risks and humanitarian needs**. The survey shows that **61.5%** of affected partners report a **loss or reduction in geographic coverage**. This is one of the three most frequently reported forms of impact, alongside staff loss and service reduction.

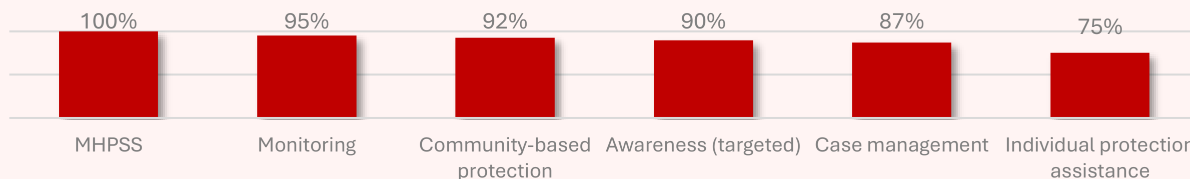


Figure 9 - Percentage of partners reporting loss/reduction of geographic coverage by implementation of activity

This is analytically important because reductions in coverage do not simply mean "fewer locations served." For protection, reduced geographic reach often means a **diminished ability to maintain proximity to affected populations, reduced visibility over changing local dynamics, and weaker continuity in areas where access constraints, protection risk severity or displacement patterns are already volatile**. It also compounds other losses: a smaller workforce and narrower service packages become even more consequential when they are concentrated across fewer locations.

These findings are particularly concerning given a structural characteristic specific to protection response: **presence is not only an operational modality, but a core enabler of effective protection and humanitarian assistance**. Reduced presence directly affects how protection risks are identified and understood.

Protection relies on continuous proximity, qualitative information, and sustained engagement to detect risks that are often sensitive, underreported, or evolving rapidly. Protection activities are therefore often designed not only to deliver services, but also to sustain an enabling presence through trust building and continuous engagement with affected populations.

The loss of geographic coverage is particularly acute for GBV response: 81% of actors who reported impacted GBV activities also reported a loss of geographic coverage. This highlights a critical erosion of safe response presence alongside the suspension of mobile outreach and community-based services. Reduced geographic reach in disability and age inclusion is weakening field presence, especially monitoring, community-based activities and MHPSS, increasing the risk that older people, persons with disabilities and others with limited mobility are excluded from support.

Partners report that reductions are pushing services toward urban centres and lower-cost municipalities, while rural, border and indigenous communities are becoming increasingly difficult to reach. In some areas, actors are forced to operate from tents or temporary locations, with mobile/flying teams replacing continuous in-person services, albeit at a reduced scale.

Country consultations show that reduced coverage often means a shift from sustained presence to thinner operational modalities: static presence becomes mobile or remote, services concentrate in urban or lower-cost areas, and locations may remain nominally covered while the intensity and continuity of support decline.

Secondary data confirms that across contexts, organizations report scaling back field presence and outreach due to funding constraints, with reduced operational coverage and fewer field missions limiting proximity to affected populations[xiii].

Evidence from human rights monitoring systems further shows that **monitoring work has been reduced by over 50%, with human rights monitoring missions significantly declining and presence reduced across multiple countries**, directly constraining the ability to detect, document, and respond to violations[xiv].

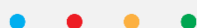
Complementary data on child protection indicates that funding shortages are limiting the ability to sustain interventions in high-risk and hard-to-reach areas, further reducing operational presence where risks are most acute[xv].

Additional analysis[xvi] on child protection further indicates that organizations are adapting to funding reductions primarily through measures that directly shrink operational footprint and reach, including reducing the number of children reached (55%), narrowing geographic coverage (55%), decreasing staff presence or field monitoring (53%), and suspending or closing specific activities or services (46%).

VENEZUELA — WHAT SHRINKING GEOGRAPHIC REACH LOOKS LIKE IN PRACTICE

Before funding reductions		Current reported situation
Protection actors maintained regular presence across rural, border and indigenous communities	»»	Several partners reported **withdrawing from parts of Bolívar, Falcón, Táchira and Apure,** while activities in Amazonas and Delta Amacuro became limited to fewer municipalities and urban centres.
Communities in remote areas could receive repeated in-person visits, follow-up and referrals through outreach teams and community visits	»»	Reduced field presence and fewer missions are limiting repeated visits and continuity of follow-up, particularly in **remote riverine and border areas.**
People in isolated communities could access humanitarian actors directly through community outreach and mobile teams	»»	Remote communication is reducing direct contact in areas with poor connectivity, no internet or phone signal and **people are reluctant to discuss sensitive issues remotely.**
Humanitarian actors maintained community accompaniment and follow-up over time, including for protection, health and social support needs	»»	Reduced capacity to identify people at risk, follow up with vulnerable families, or check whether a **survivor referred to a hospital, legal service or safe shelter was actually able to reach and receive support.**

3.4 THE COMMUNITY INTERFACE IS WEAKENING



A fourth layer being affected is the **community interface**: the set of functions through which protection actors remain connected to affected populations, understand evolving risks, and sustain trust-based response. Overall, **47.7%** of affected partners report a **loss or reduction of engagement with affected populations**.

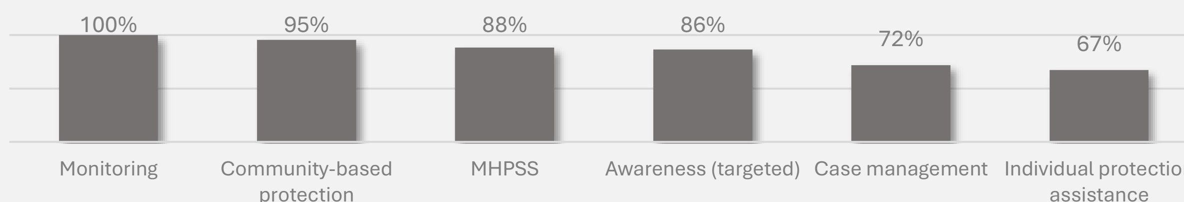


Figure 10 - Percentage of partners reporting loss of engagement with affected population by implementation of activity

While the survey directly captures reported reductions in engagement with affected populations, these findings need to be read together with the broader patterns previously identified across geographic coverage, frontline staffing, and impacts on core protection activities.

1. First, partners' responses suggest that the reduction in geographic coverage largely overlaps with **the same areas of programming most affected by frontline staff losses** and **reductions in services.**
2. The activities that sustain continuous engagement, follow-up, and visibility over protection risks are consistently among the most impacted across respondents. **Between 7 and 8 partners out of 10 report impacts on the main functions used to maintain engagement with communities**, suggesting significant pressure on the mechanisms through which protection actors sustain trust and visibility over evolving risks.

Evidence from CP, GBV, disability, and age inclusion shows that reductions in the community-facing functions that sustain safe access, trust and follow-up are critical. The impact on community-based activities, monitoring and referrals suggests that engagement is not only shrinking in scale, but also becoming less able to reach older people, persons with disabilities and other groups facing the greatest barriers to access, including survivors, women, girls and children.

The limited analysis on retained capacity suggests that some staffing functions directly interacting with communities are still being maintained, but only partially. 39% of partners report retaining community-based protection staff, 51% retain case workers, and 42% retain monitoring and consultation staff.

It is important to note that this combination of findings does not suggest that community-facing functions have collapsed entirely. Rather, it suggests that they are under significant pressure and are being retained unevenly, likely at reduced scale, with uneven quality, or across fewer locations.

These findings are reinforced by secondary data showing that reductions in engagement with affected populations are closely linked to declines in outreach, monitoring, and trust-based access. Across contexts, organizations report scaling back community visits, mobile outreach, and awareness activities, with reduced presence affecting both **trust-building and the ability to identify vulnerable individuals and emerging risks**[xvii].

Evidence from gender-based violence response further shows that **outreach services and safe spaces—key entry points for engagement—have been suspended or reduced**, limiting safe reporting channels and reducing access to services for survivors[xviii]. Previously presented human rights monitoring data indicates **constrained ability to detect, document, and respond to violations**. At the same time, funding constraints have reduced support to community-based organizations, which are central to sustaining local engagement and prevention mechanisms[xix].

COMMUNITY MECHANISMS: INCREASINGLY RELIED UPON, BUT UNDER STRAIN

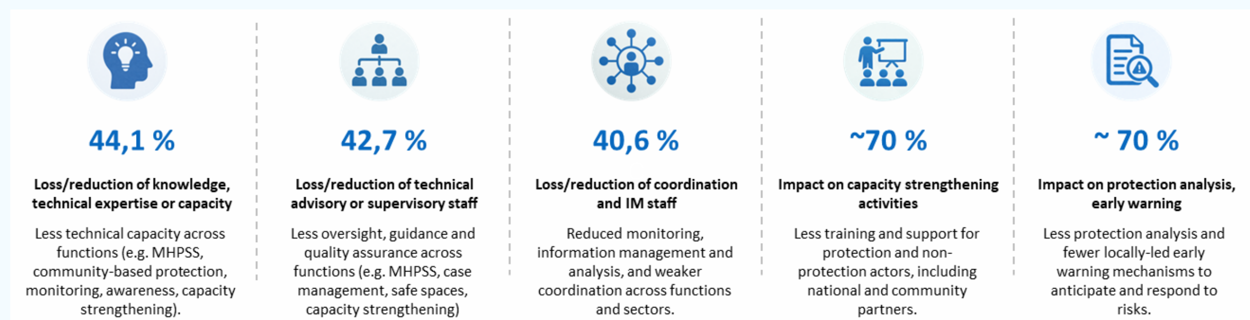
Consultations and complementary analyses show **that community mechanisms, local outreach networks and community volunteers remain central to maintaining some level of protection presence** where formal services are shrinking, but are increasingly overstretched.

Child protection consultations show 41% of respondents reporting impacts on these same community-based activities, suggesting growing reliance on community actors to sustain engagement and identify people at risk, often with reduced professional support, supervision and resources. In Somalia, community-based mechanisms previously serving as first-line response were described as “severely impacted” following reductions in outreach, protection desks and frontline staffing. In Venezuela, women leaders and community committees continue supporting parts of the response, yet reduced organizational presence has **limited follow-up and disconnected some community structures from referral and support services**. In oPt, organizations reported growing reliance on community focal points and volunteers to compensate for staffing reductions, despite concerns over insufficient training, supervision and safeguarding capacity. Partners also noted that unpaid volunteering is becoming increasingly difficult to sustain where communities themselves are under economic strain.

Together, these trends suggest **increasing pressure on community actors to absorb functions previously supported by professional protection services.** While this has long been a core priority and strategic approach of protection actors, the rapid reduction in referral pathways, follow-up capacity, and technical support risks isolating these community-based mechanisms and weakening the quality, consistency, and safety of the protection response. At the same time, the reduced availability of oversight, supervision, and specialized support may increase exposure to risks of favoritism, corruption, and sexual exploitation and abuse, particularly where community actors are expected to assume expanded responsibilities without adequate training, support, or accountability mechanisms.

3.5 SYSTEM-ENABLING CAPACITIES ARE BEING ERODED

A fifth layer being lost concerns the capacities that make protection response coherent, anticipatory, adaptive and sustainable over time: technical expertise, analysis, coordination, advocacy, and capacity strengthening. While a comprehensive understanding of the organic impact of the 2025 funding cuts across these functions is not yet available, initial insights are already concerning.



In addition to the loss or reduction of frontline capacity, 4 out of 10 partners have reported a **loss or reduction of knowledge, technical expertise or capacity**, a **loss or reduction of technical advisory or supervisory staff**, a **loss or reduction of coordination and IM staff**.

Loss/reduction of knowledge, technical expertise or capacity		Loss/reduction of technical advisory or supervisory staff		Loss/reduction of coordination and IM staff	
Capacity strengthening	100%	Capacity strengthening	100%	Monitoring	100%
Case management	79%	MHPSS	99%	Case management	83%
MHPSS	76%	Case management	88%	MHPSS	66%
Community-based protection	63%	Community-based protection	86%	Community-based protection	65%
Monitoring	59%	Individual protection assistance	82%	Safe spaces	65%
Awareness (targeted)	58%	Safe spaces	80%	Capacity strengthening	62%

Figure 11 - Percentage of partners reporting of loss/reduction of enabling functions by implementation of activity

Based on consultations with global and country partners, these trends also appear to be accompanied by concerning declines in quality. Partners report retaining core operational staff who increasingly take on multiple functions, while more specialized roles responsible for upholding protection standards and safeguards are reduced.

At the same time, increased caseloads for frontline workers (e.g. case management) are facing increased caseloads that limit the time available for proper case processing—often with reduced technical oversight. Consultations also point to rapid changes in staffing structures (e.g. downgrading, fast-paced nationalization of positions) without sufficient skills transfer; as well as reduced IM capacity, constraining the ability to convert data into actionable analysis.

Looking at the specific activities at the core of these system-enabling functions, 7 out of 10 partners reported direct impact on **capacity strengthening and provision of safeguards activities** (including for protection and non-protection actors) and **protection analysis,** while 6 out of 10 partners reported impact on **locally-led early warning mechanisms** and **targeted advocacy actions.** All those activities are critical enablers of effective and timely anticipation and

response to harm, specifically where protection services have limited impact on the protection threats affecting the population. The loss of protection analysis capacity is explicitly reported where organizations no longer have protection specialists.

Partners also describe loss of information because short project timelines and reduced analytical capacity mean that much of what is happening is no longer captured or analysed. The reduction of specialised knowledge and advisory roles in age and disability inclusion is making it harder for protection responses to adapt assistance to marginalised groups facing overlapping risks.

The responses on staffing, even if limited, suggests a sharper picture of enabling services being the ones that were less retained by partners. Only **around 2 out of 10** partners reported retaining **capacity strengthening activities**, or **targeted advocacy actions**, and **3 out of 10** retaining **locally-led early warning mechanisms**.

These findings are reinforced by secondary data. Across contexts, organizations report reduced ability to conduct monitoring, collect and analyze data, and reduced investment in training and capacity strengthening for both frontline staff and national partners, weakening the broader ecosystem of actors required for effective protection response[xx]. Evidence from protection coordination structures indicates a **substantial decline in coordination positions and information management roles**, alongside a reduction in staff fully dedicated to protection functions, reflecting diminished specialization and analytical capacity[xxi].

Additional GBV analyses also highlight that advocacy and early warning functions are being deprioritized, despite their critical role in anticipating risks and influencing the conditions that drive harm[xxii]. Complementary analysis focused on child protection points to similar trends, with 36.9% of respondents reporting reduced frequency of capacity strengthening activities and 29.4% reporting cancellations. The same analysis identifies case management and MHPSS as the most significant remaining technical capacity gaps, which are also among the most impacted programmatic areas.

Additional findings point to declining coordination and IM capacity, alongside a reduction in staff fully dedicated to child protection functions from 72% to 52%, reflecting reduced specialization and increased double-hatting[xxiii]. Evidence from human rights monitoring systems further highlights the impact on enabling functions, with monitoring work reduced by over 50% and operational presence significantly scaled back, limiting the ability to detect, document and respond to violations[xxiv].

Within the protection chain, partners appear more able to preserve some visible response functions than the enabling capacities that support adaptation, local ownership, intersectoral engagement, and longer-term protective effect. In practical terms, that means protection responses may remain partially present while becoming **thinner, less anticipatory, less locally anchored, and less able to convert field observation into prioritization, advocacy and corrective action.**

4. CONCLUSIONS

The findings of this report point to a protection response under pressure in a way that goes beyond the reduction of individual activities or projects. Protection actors are not only reporting less funding; they are reporting the simultaneous weakening of the capacities that make protection action possible: field presence, specialized staff, safe service delivery, referral pathways, community engagement, technical supervision, coordination, information management, advocacy and analysis.

Nearly 7 in 10 protection partners report direct impact on their capacities, with the highest reported effects concentrated around frontline staff reductions, reduced service packages and shrinking geographic coverage. These are not isolated losses. Together, they reduce the ability of protection actors to remain close to affected people, identify evolving risks, sustain trust, provide safe follow-up and translate field evidence into response and advocacy. This has a particular significance for protection compared with other areas of humanitarian response. Protection is not only a sector delivering services; it is an enabling risk-reduction function across the humanitarian system.

The most concerning finding is therefore not only that protection activities are being reduced, but that **the activities most affected are precisely those that allow humanitarian systems to detect risks early, prevent deterioration and reduce future needs.** Protection monitoring, case management, MHPSS, community-based protection, individual protection assistance, targeted awareness, referrals, capacity strengthening, early warning, advocacy and protection analysis are not peripheral functions.

They are the mechanisms through which protection actors identify harm, support people before risks escalate, maintain safe access to services, inform other sectors, and influence the conditions that generate humanitarian needs. **When these functions along with frontline presence and capacities are weakened, some visible response may continue, but the system becomes less able to anticipate, prevent and reduce harm**.

Protection action is becoming thinner in practice. Services are not only being discontinued; they are being narrowed. Partners report shorter or less frequent contact with affected people, reduced follow-up, fewer specialized referral options, prioritization of only the most urgent or lower-cost cases, and increased reliance on under-resourced mobile, remote or community-based modalities. **In some contexts, this means that people may still be counted as "reached", while the quality, continuity and safety of the support available to them has significantly changed.**

At the same time, **community mechanisms and local actors are becoming even more central to maintaining some level of protection presence** where formal services are shrinking. This is consistent with protection practice and localization commitments, but the report also shows a growing risk: community actors are increasingly expected to absorb responsibilities previously supported by trained staff, referral pathways, technical supervision and safeguarding systems without these supports. **This may simply transfer responsibility and exposure to risk onto communities without needed supports and resources rather than strengthening locally led protection.**

The overall conclusion is that the current funding contraction risks weakening protection both as a sector and as a core enabler of principled humanitarian action. **This would constrain the humanitarian system's ability to operationalize the IASC Protection Policy and the Centrality of Protection**, which are collective responsibilities but rely on protection actors' core enabling role in analysis, risk-informed programming, advocacy, referral pathways and specialized support.

If protection capacity continues to decline in this way, the humanitarian system may preserve some immediate delivery while losing the functions that help it prioritize correctly, identify those most at risk, adapt to and address changing threats, prevent escalation and reduce humanitarian needs over time. The actions below outline how donors, humanitarian leaders, Protection Clusters and partners can preserve core protection functions, use limited capacity strategically, and keep prioritization guided by protection risks.

4.1 Preserve the capacities needed for the continuity of protection

- **Support frontline protection capacities** that maintain essential protection functions connected in priority locations, including identification of people at risk, community-based interventions and engagement, and prioritized protection programming and services.
- **Prioritise direct funding and support to national, local and community-based protection actors, including specialised service providers, ensuring they have the needed resources to lead on response and coordination.** Local and national actors including women-led organizations, organizations of persons with disabilities, older people associations and community-based organizations are assuming greater responsibilities and risks, requiring direct funding, mentoring, core operational costs and physical and digital security capacities.
- **Keep referral pathways updated as funding decreases,** with priority interventions, light referral tracking, accessible fallback options where services are no longer available, and small flexible funds to address unresolved protection needs, such as transport, communication, documentation, and assistive devices.
- **Use flexible and pooled funding to sustain protection interventions and functions that require continuity and follow-up.** While pooled funds should be used strategically to help maintain critical protection capacities, they cannot fully compensate broader funding cuts.

4.2 Ensure a leaner response remains targeted and anchored in specialized capacity to address critical intersecting protection risks

- **Strengthen joint protection analysis, IM and common tools for protection risk monitoring and severity analysis**, so that field observations, community feedback, partner data and secondary information inform inclusive prioritization, advocacy, pooled fund allocations and HCT decisions.
- **Ensure the identification of severe protection needs are clearly linked with available and when needed, specialized, protection services, support and escalation options.** Protection monitoring and community engagement, case identification and management, and referral pathways must be backed by targeted response capacity and specialized technical backstopping for people facing the greatest vulnerabilities.
- **Maintain flexible and specialized protection surge capacity** for sudden displacement, access openings, service closures, spikes in protection risks or locations where reduced presence may leave serious harm undetected.
- **When reducing activities, assess whether cuts could increase protection threats or related vulnerabilities,** including by weakening early identification of and support to people at risk, limiting measures that ensure accessibility of services for people with diverse needs and abilities, or curbing engagement with armed actors and duty bearers on protection risks.

4.3 Ensure the humanitarian system remains protective, addressing threats and driving targeted response

- **Ensure protection analysis inform and drive humanitarian priorities and response**, including HCT and ICCG decision-making, cluster mainstreaming, response planning, pooled fund allocations, and donor decisions. Preserving the ability of the system itself to contribute to and advance protection through the range of response interventions, services and engagements remains critical.
- **Recognise coordination, information management, analysis, advocacy, early warning, and capacity strengthening** as system-critical functions. These should be funded and supported as an essential part of the humanitarian response.
- **Use protection, including intersectional analysis of risks, to connect funding, policy, advocacy and diplomatic engagement in contributing to people's protection** particularly where the drivers of harm — such as attacks on civilians, movement restrictions or denial of humanitarian access — cannot be addressed by humanitarian programming alone.

ANNEX 1 | METHODOLOGY

The Global Protection Cluster conducted this consultation between February and April 2026, in collaboration with protection partners at global and country levels. The process was coordinated with the Call to Action on Protection from Gender-Based Violence in Emergencies, the Alliance for Child Protection in Humanitarian Action, the GPC Advocacy Working Group, and relevant networks and actors across the protection spectrum, including Child Protection (CP), Gender-Based Violence (GBV), Mine Action (MA), Housing, Land and Property (HLP), Disability and Inclusion, and other specialized areas of protection work.

The consultation included a global survey conducted between 25 February and 20 April 2026, a review of similar exercises conducted since early 2025 by CP, GBV, and other protection networks, and dedicated consultations at both country and global levels:

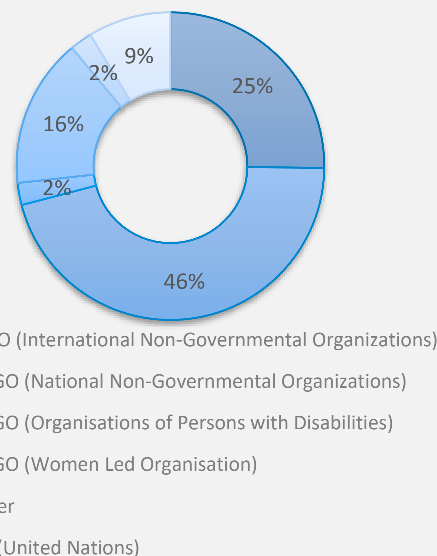


Figure 12 - Percentage of responders by type of actor

- Country-level consultations were held with partners in Afghanistan, Mozambique, Myanmar, the occupied Palestinian territory, Syria, and Venezuela
- A global level consultations were organised with GPC partners and specialized protection actors across thematic areas.

The survey collected 806 responses from 32 countries. This report focuses on **747 responses** from country settings with an active Protection Cluster, covering **22 operations**. The results are strongly shaped by the experiences of non-governmental organizations (NGOs), which constituted the largest group of respondents, particularly **local and national NGOs (478) and international NGOs (197).** Geographic representation is broad, but concentrated in several major crisis contexts, including **Somalia, Nigeria, Syria, the Democratic Republic of the Congo, Mali, Yemen,**

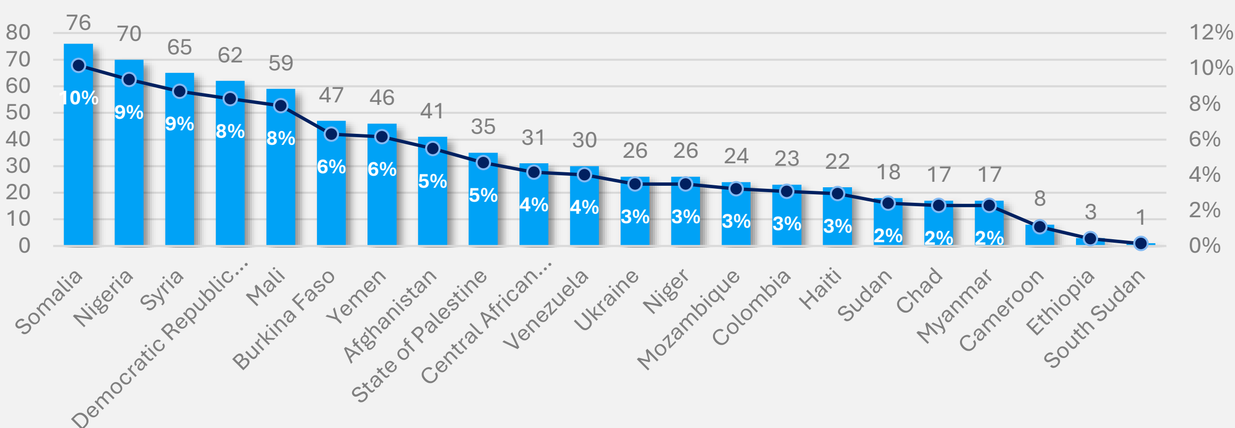


Figure 13 - Number of responders per country

Afghanistan, and the occupied Palestinian territory. It also includes the results of consultations and insights from reviewing other similar studies.

The consultation was designed to look beyond financial reductions. It examined which protection activities and functions are mostly affected, how organizations are adapting, and how reductions are changing the ability of protection actors to maintain presence, deliver services, engage with affected populations, generate analysis, and support coordinated action. The analysis of activities was structured using the GPC consolidated protection response conceptual and operational framework as the common reference for categorizing protection interventions.

Notes

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[i] *Alternatives Humanitaires, "Can pooled funds transform humanitarian governance?"*
[ii] *OCHA, "Pooled Funds Data Hub"*
[iii] *United Nations Office at Geneva, "UN seeks $1 billion for 'first-responder fund' in emergencies"; OECD, "A historic decline in foreign aid: Preliminary 2025 ODA data"*
[iv] *"UN, US sign $2 billion humanitarian funding agreement for 17 crisis-hit countries"*
[v] *The Alliance for Child Protection in Humanitarian Action, The Impact of Funding Cuts on Children and their Protection in Humanitarian contexts: An Analysis One Year On (2026).*
[vi] *The Alliance for Child Protection in Humanitarian Action, The Impact of Funding Cuts on Children and their Protection in Humanitarian contexts: An Analysis One Year On (2026).*
[vii] *UN Women, Impact of funding cuts on women-led organizations, 2025.*
[viii] *The Alliance for Child Protection in Humanitarian Action, The Impact of Funding Cuts on Children and their Protection in Humanitarian contexts: An Analysis One Year On (2026).*
[ix] *UN Women, Impact of funding cuts on women-led organizations, 2025.*
[x] *GBV AoR, Funding Cuts Analysis, 2025*
[xi] *Child Protection Area of Responsibility (CP AoR), Funding Analysis, 2025.*
[xii] *IRC, Lives at Risk, 2025.*
[xiii] *UN Women, Impact of funding cuts on women-led organizations, 2025.*
[xiv] *OHCHR, Impact of funding cuts on human rights monitoring, 2025.*
[xv] *Child Protection Area of Responsibility (CP AoR), Funding Analysis, 2025*
[xvi] *The Alliance for Child Protection in Humanitarian Action, The Impact of Funding Cuts on Children and their Protection in Humanitarian contexts: An Analysis One Year On (2026).*
[xvii] *UN Women, Impact of funding cuts on women-led organizations, 2025.*
[xviii] *GBV AoR, Funding Cuts Analysis, 2025; IRC, Lives at Risk, 2025*
[xix] *Child Protection Area of Responsibility (CP AoR), Funding Analysis, 2025.*
[xx] *UN Women, Impact of funding cuts on women-led organizations, 2025.*
[xxi] *Child Protection Area of Responsibility (CP AoR), Coordination Capacity Mapping / Staffing Analysis, 2025. GPC Internal Coordination Staff Mapping, 2026.*
[xxii] *GBV AoR, Funding Cuts Analysis, 2025.*
[xxiii] *Child Protection Area of Responsibility (CP AoR), Coordination Capacity Mapping / Staffing Analysis, 2025.*
[xxiv] *OHCHR, Impact of funding cuts on human rights mechanisms, 2025*