Global Protection Cluster

PROTECTION CAPACITIES UNDER PRESSURE

Child Protection Analytical Note | July 2026

What Gets Lost When Budgets Are Cut

INTRODUCTION

Between March and May 2026, the Global Protection Cluster mapped the impact of funding reductions on protection partners' capacities[1]. The findings are presented in the report Protection Capacities Under Pressure. This analytical note focuses specifically on the impact of funding cuts on child protection humanitarian programming and coordination, complementing the main GPC report, which synthesized 786 survey submissions across 22 cluster operations. It draws on the GPC capacity mapping and complementary evidence from the Alliance for Child Protection in Humanitarian Action's global survey.

The central finding is not simply that budgets have been cut. **It is that child protection systems are being weakened at the point where they are most needed**. Among the 786 GPC survey submissions, 391 responses - nearly half of all submissions - reported direct impacts on child protection programming and activities across 18 humanitarian contexts.

These impacts affect the core functions that keep children safe: case management, family tracing and reunification, psychosocial support, community-based prevention, monitoring and referral pathways.

391 responses reported direct impact on child protection programming and activities	**48.5%** of all capacity mapping respondents reported child protection impacts	**87%** of affected child protection actors reported loss or reduction of frontline staff
84% reported reductions in types of services or activities	**78%** reported loss of geographic coverage	**74%** reported reduced engagement with affected populations

[1] It is important to note that the data was collected between March and April 2026, at the height of the Protection Cluster consolidation process, which may have impacted child protection actor participation at country level in the survey. As the survey was designed as a broader protection mapping exercise, it may not fully capture the scope or technical depth of child protection-specific programming impacts.

Global Protection Cluster

1. THE HARDEST HIT: WHO, WHERE AND WHY IT MATTERS FOR CHILD PROTECTION

Local actors are frequently the first to know when a child is separated, recruited, abused, exploited, missing documentation, in contact with the law, or at risk of violence within the household or community. This makes the funding pattern especially concerning: the organizations absorbing the greatest shock are local and national organizations. National NGOs account for 43.9% of child protection-impacted responses, while women-led organizations account for a further 15.9%. International NGOs represent 28.3% while UN agencies represent 7.2%. This distribution matters because child protection services in crisis settings are delivered through trusted community-level actors. When a national NGO withdraws from a district, camp or hard-to-reach community, the gap is not only a service gap. It is a loss of language, cultural access, trust with local leaders, informal referral networks, knowledge of high-risk households, and continuity with children already in case management. These are core elements required for safe and ethical child protection practice, not optional delivery arrangements.

This pattern is reinforced by the Alliance CPHA survey, which found that national NGOs and local/community-based organizations reported the highest rates of budget decreases. The **loss of local child protection capacity is therefore not easily backfilled by larger international actors because it weakens the relationships, access and contextual knowledge on which safe identification, referral and follow-up depend.**

The consequences of funding cuts to child protection programming are not limited to organizations alone. **The funding collapse also has a distinct geographic dimension, with impacts distributed unevenly across humanitarian contexts and concentrated in some of the world's most fragile operations.** Among participating operations, the largest numbers of responses reporting child protection impacts came from Somalia (29 responses, 16.4%), Nigeria (26, 14.7%), the Democratic Republic of Congo (23, 13.0%), and Syria (20, 11.3%). Mali, Central African Republic, Yemen, Burkina Faso, Niger, and Haiti follow. Each of these contexts is already grappling with active conflict, mass displacement, or chronic humanitarian crisis - conditions under which children are uniquely exposed to child protection risks and grave violations of their rights, including recruitment into armed forces and groups, family separation, sexual violence, abuse and child labour.

2. WHAT IS BEING LOST: SERVICES, STAFF, REACH AND CONTINUITY OF CARE

Across child protection programming pillars, the data shows a systemic reduction rather than isolated service disruption. More than 85% of affected child protection actors reported impact across response, prevention and systems support. **The most common impact was the loss or reduction of frontline field staff, reported by approximately 87% of child protection actors, followed by reduced service types, shrinking geographic coverage, and reduced engagement with affected populations**.

These dimensions reinforce one another in ways that are particularly serious for child protection. **When an organization loses frontline child protection staff, outreach declines, meaning that children at risk are not identified. When children are not identified, cases are not registered, safety plans are not developed, referrals are not made, family tracing slows, follow-up is interrupted, and risks become less visible.** The protection chain breaks at the first link - and the data suggests that first link is breaking in many places at once.

The cuts are not landing on stable systems that can absorb the shock. They are hitting systems that were already stretched - and pushing them past the breaking point.

Prevention & risk mitigation ~85%	Child protection response ~87%	Strategic support & systems ~86%
Community-based prevention, early warning and awareness activities are affected.	Core response activities, including case management and psychosocial support, are affected.	Capacity strengthening, coordination and analysis systems are affected.

2.1 CASE MANAGEMENT: THE FOUNDATION OF THE RESPONSE

Child protection case management is how the humanitarian system identifies individual children (girls and boys) at risk or already experiencing violence, develops case plans, coordinates referrals across service providers, and ensures follow-through. It is also one of the most consistently impacted activities in the survey data. **For a child in an active case, it may mean the collapse of a reunification process, the suspension of legal protection proceedings, the loss of a trusted adult, and the end of the psychosocial support referral chain that was keeping a child with a documented history of violence in contact with assistance.**

The highest numbers of responses reporting case management staffing impacts were received from Somalia, Nigeria, and the Democratic Republic of Congo followed by Syria, the Central African Republic, Mali, and Yemen. Given differences in response volumes across operations, these results reflect the distribution of respondents rather than the relative severity or prevalence of staffing impacts. Every lost frontline worker means a child with a documented history of abuse no longer gets a home visit. Every lost supervisor means a caseworker may be working alone, without guidance, burning out quietly while caseloads grow. **Every loss of institutional knowledge means hard-won lessons - about how to reach a specific community, how to navigate a local referral pathway, how to keep a child safe in a particular context - simply disappear.**

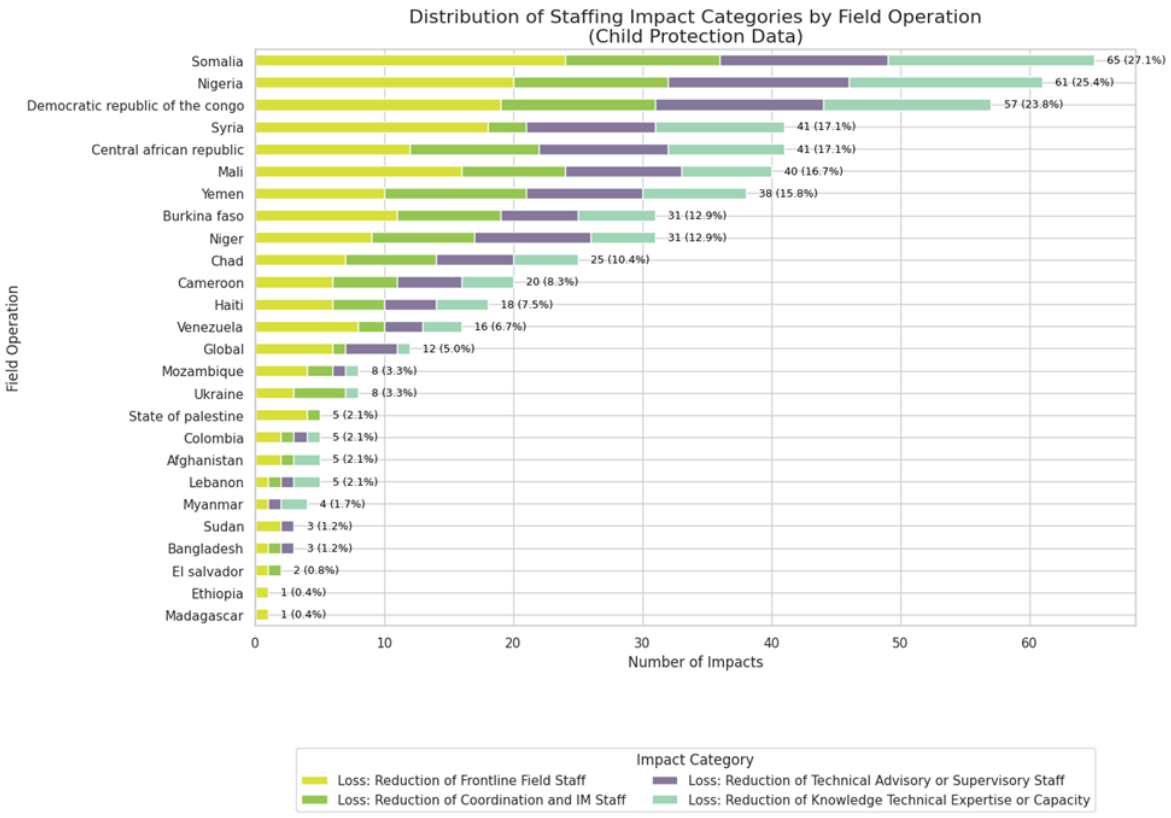

Figure 1: Impact on Case Management Staffing (Child Protection data only)

The Alliance CPHA survey found that 58% of organizations providing case management had reduced this service, including in contexts where donors continue to prioritize "lifesaving" activities. The implication is stark: case management may be described as lifesaving, but in practice it remains vulnerable to funding reductions. Children already known to protection systems, including those midway through family tracing, reunification, legal proceedings or psychosocial support, are left without continuity of care.

2.2 MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS): SHRINKING CARE FOR CHILDREN AND CAREGIVERS

In humanitarian settings, psychosocial support is about helping children and families heal from the inside out. Safe spaces where kids gather to play, draw, and learn - activities that seem ordinary - are profoundly healing for a child who has witnessed violence or been forced to flee home. Trained frontline workers visit families, listen without judgment, and help parents understand why their child has become withdrawn or unable to sleep. Parenting groups bring caregivers together to learn and find solidarity. For older children and adolescents, peer support and life skills sessions offer a space to learn, talk, connect, and begin to rebuild.

The loss of trained frontline workers in MHPSS and narrowing geographic coverage is a child sitting alone with their trauma, a parent with no one to turn to, and a community quietly losing its support system to heal.

Yet the GPC data shows that the loss of frontline staff is the most reported impact on psychosocial support, affecting 84% of organizations. **Nearly three-quarters (75%) of responses indicated reductions in available services. This means children may no longer have access to the full range of MHPSS they need, as organizations make difficult choices: minimizing life skills and parenting sessions, dropping specialized services such as individual counselling, or offering only more basic options.** Around 70% described shrinking geographic reach, leaving entire communities outside the range of MHPSS support.

When MHPSS programming collapses, children lose access to activities and relationships that provide stabilization and emotional regulation. Caregivers lose the community-based support and referral pathways that are critical to their own well-being - and to their capacity to protect their children. This weakens the protective environment around the child and increases the risk that distress, violence, family separation and harmful coping mechanisms go unaddressed.

2.3 MONITORING AND EARLY WARNING: CHILDREN DROPPING OUT OF SIGHT

The impact of staffing losses on the deployment of child protection monitoring and deterrence mechanisms, including mobile units and frontline monitors, is severe. **An overwhelming 88.1% of responses confirmed that the loss of frontline field staff directly disrupted these monitoring systems - the highest impact of any category in the GPC survey**. Geographic coverage also shrank - 69.2% of responses showed that when staff are cut, whole communities, displacement camps or hard-to-reach areas risk falling off the map. Children in the most remote and dangerous places, who were already the hardest to reach, become completely invisible. Even the types of services that can be offered narrow significantly, with 61.2% reporting a reduction in activities - meaning that even where monitoring still exists, the referral pathways that it feeds into are weakening at the same time.

As highlighted by protection actors in the Alliance CPHA 2026 survey, conflict continues to drive violations upward. At the same time, weakening monitoring and reporting capabilities widens the gap between what is happening to children and what is documented, referred and addressed. The need for strong child protection monitoring becomes even more critical, not less. When monitors disappear from communities, the humanitarian system loses the ability to detect grave violations and emerging risks, including recruitment, abduction, sexual violence, attacks on schools, family separation and exploitation. The message is simple: **we cannot protect children we cannot see, and we cannot refer children to services that no longer exist**.

3. A STAFFING CRISIS WITH LONG-TERM CONSEQUENCES

The survey reveals a staffing crisis that will outlast the immediate funding shock. National NGOs (NNGOs) are most frequently reported as having lost staff across almost every category - case managers and caseworkers, community-based protection workers, child protection staff, protection monitoring staff and legal assistance staff. **The positions being lost are not generic roles: they are trained practitioners who understand child-friendly interviewing, psychological first aid, safety planning, best interests procedures, referral pathways, community engagement, confidentiality and the ethical handling of sensitive information about children**.

Organizations appear to be making triage decisions to preserve the functions closest to lifesaving response - particularly casework and monitoring. These are the activities that keep children visible within communities and maintain some degree of early warning capacity. However, the cuts also show that children in contact with the law, without civil documentation, or needing legal services for reintegration are at high risk of being left behind. Neither NNGOs nor INGOs were able to retain these positions consistently. When these functions are lost, child protection becomes narrower and less able to respond to the full range of risks children face in humanitarian settings.

The Alliance CPHA survey adds that hiring freezes, loss of technical advisers and reduced capacity strengthening are undermining programme quality. The most significant technical gaps were found in MHPSS and group-based activities, with 35% of respondents highlighting these areas, alongside case management at 34%. Furthermore, over 60% of respondents indicate that their ability to meet the Minimum Standards for Child Protection in Humanitarian Action has been significantly impacted. Capacity-strengthening activities are also declining, even though they are essential for addressing skill gaps at a time when pressure on the remaining workforce is increasing. Almost half of the 401 respondents reported cancellations or decline in learning opportunities. This is a quality and safety concern: under-supported staff managing complex cases without supervision may unintentionally increase risk for children.

An important nuance from the Alliance CPHA's survey is that while community-based mechanisms are increasingly being cited as a primary adaptation strategy - with nearly one-third of respondents describing increased reliance on community volunteers and community-based child protection committees - these same approaches are simultaneously among the most affected by funding cuts, with 41% of respondents reporting impacts on community-based child protection activities. **The system is leaning on the very structures it is defunding.**

4. CONCLUSIONS

The GPC capacity mapping and Alliance CPHA survey converge on the same conclusion: child protection programming is in crisis across major humanitarian operations. **The crisis is not a temporary disruption that systems will simply absorb. It is dismantling the architecture of child protection response - staff, systems, geographic reach, referral pathways and community trust - in ways that will take years to rebuild.**

The implications for child protection are systemic. Local and national organizations are absorbing the most impact; case management and psychosocial support are among the hardest-hit functions; monitoring systems are weakening in contexts where grave violations are already rising; and the skilled workforce being lost represents years of investment that cannot be rapidly reconstructed. Community-based adaptations have value, but they cannot substitute for trained child protection professionals and accountable systems. The actions below outline how donors, humanitarian leaders, and protection actors can contribute towards quality child protection humanitarian response and coordination within the evolving operational and funding landscape.

- **Invest in child protection response, including staffing.** Quality child protection outcomes depend on consistent frontline caseworkers, community monitors, technical advisers, coordinators and information management staff.

Short-term resource commitments are not enough to see through case plans for children, reunification processes or referrals; they undermine staff retention, case continuity and community trust.

- **Support national and local NGOs directly through funding and organizational development.** They absorbed the greatest shock and cannot be replaced by international actors. They need direct, dedicated funding and targeted support to meet due diligence standards set by the humanitarian system.
- **Treat case management and mental health and psychosocial support as lifesaving.** This means ring-fencing these budget lines and protecting them from first-round cuts.
- **Make child protection data visible - and use it.** Monitoring, analysis and referral mechanisms should be supported as essential protection infrastructure so that risks to children are detected, documented and addressed.
- **Invest in local, community-based and statutory child protection systems as mutually reinforcing parts of a professional child protection response.** Donors and protection actors should fund and support local and national organizations, while also strengthening government systems, structures and staffing, so that community-based mechanisms, specialized services and statutory responsibilities work together to retain protection capacity within national systems over time.
- **Keep investing in cross-sector collaboration and referral pathways.** Child protection outcomes depend on functioning health, education, legal, GBV, MHPSS and other services that children and families can safely access.

DATA SOURCES & REFERENCES

1. Global Protection Cluster (GPC): Protection Capacities Under Pressure: Evidence from Consultations with Protection Partners across 22 Operations, July 2026.

2. 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). Global survey of 401 child protection practitioners across 68 countries, conducted December 2025 - January 2026. An interactive dashboard is also available here: Microsoft Power BI.