Global Protection Cluster

PROTECTION CAPACITIES UNDER PRESSURE

Gender-based Violence Analytical Note | March 2026

Specialized focus on GBV

This report shows how funding cuts in 2025 are affecting Gender-Based Violence (GBV) programs. The findings are based on 443 responses to the Global Protection Cluster (GPC) capacity mapping survey, which reported impacts on GBV services.

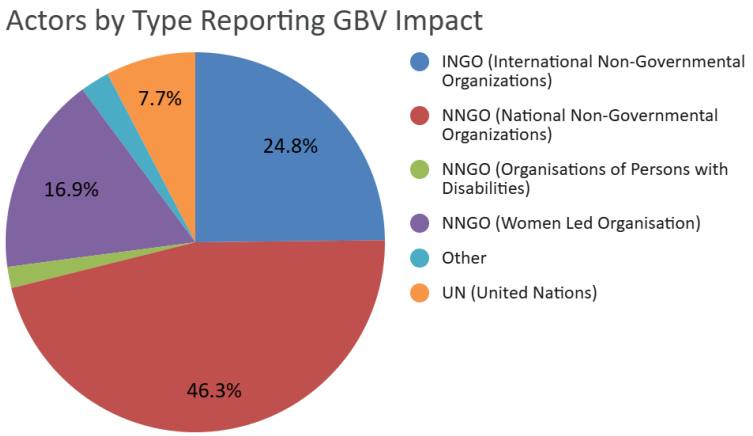
1. EXECUTIVE SUMMARY AND INTRODUCTION

The 2025 funding cuts are severely straining Gender-Based Violence (GBV) services. Out of 786 total submissions to the capacity mapping survey, **443 (56.4%)** reported direct impacts on GBV specialized areas. National Non-Governmental Organizations (NNGOs) represent the largest group of affected actors, accounting for over **65%** of the reports, and nearly 17% of all participants are Women-Led Organizations (WLOs). The analysis indicates that critical life-saving services, especially Case Management and Psychosocial Support, are being hit hardest. Geographically, operations in Nigeria, Somalia, and the Democratic Republic of the Congo reported the highest frequency of GBV-related funding impacts. The analysis also reveals a critical reduction in frontline capacity, with over 90% of these organizations reporting a loss of field staff and a subsequent reduction in the types of services offered to survivors.

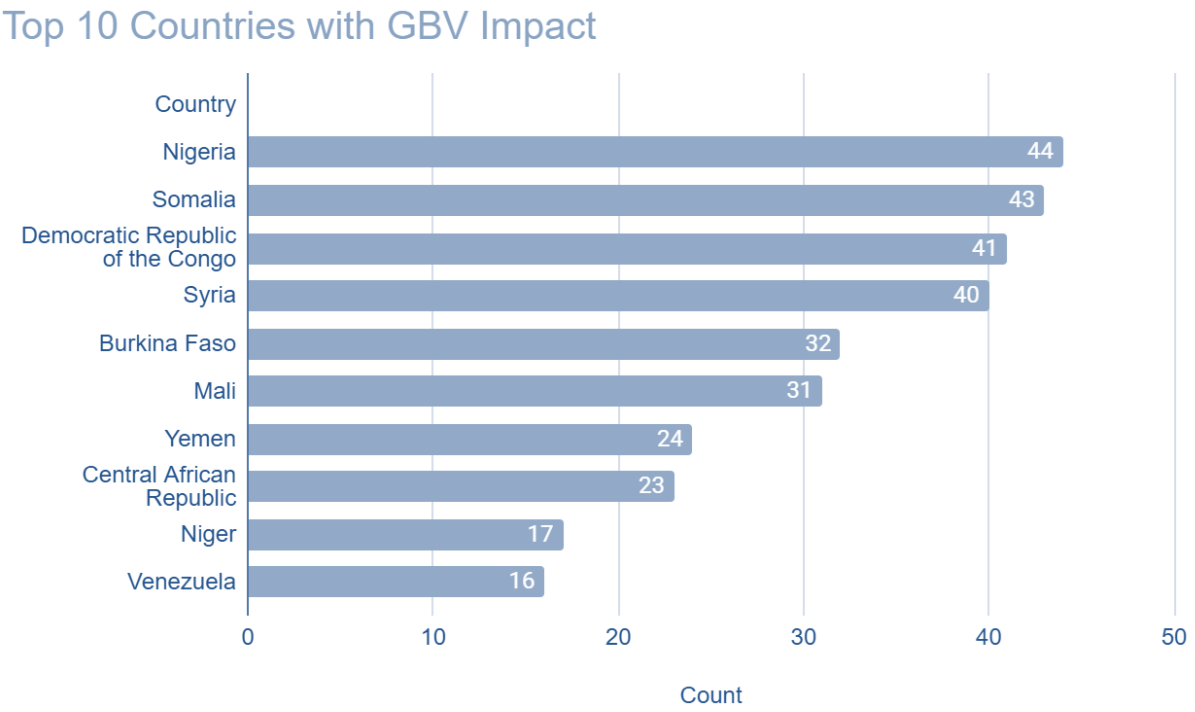
2. SURVEY METHODOLOGY AND REPRESENTATION

The data comes from a wide range of humanitarian actors, mostly local and national organizations. National NGOs (NNGOs) and Women-Led Organizations (WLOs) together constitute the majority of the GBV-impacted respondents. This shows that local response systems are disproportionately burdened by the cuts.

- **Total Actors reported one or more impacted GBV activity:** 443
- **Total GBV-Impacted Key Actor Representation:**
  - **National Non-Governmental Organizations (NNGO):** 205 (46%)
  - **International Non-Governmental Organizations (INGO):** 110 (25%)
  - **NNGO-Women-Led Organisations (NNGO-WLOs):** 75 (17%)
  - **United Nations (UN):** 34 (8%)
  - **Other (including Red Cross/Red Crescent, Government, etc.):** 11 (2.5%
  - **Organizations of Persons with Disabilities (NNGO-PwD):** 8 (2%)



The operations most frequently reporting GBV impacts include **Nigeria (44)**, **Somalia (43)**, the **Democratic Republic of the Congo (41)**, and **Syria (40)**.



3. SURVEY METHODOLOGY AND REPRESENTATION

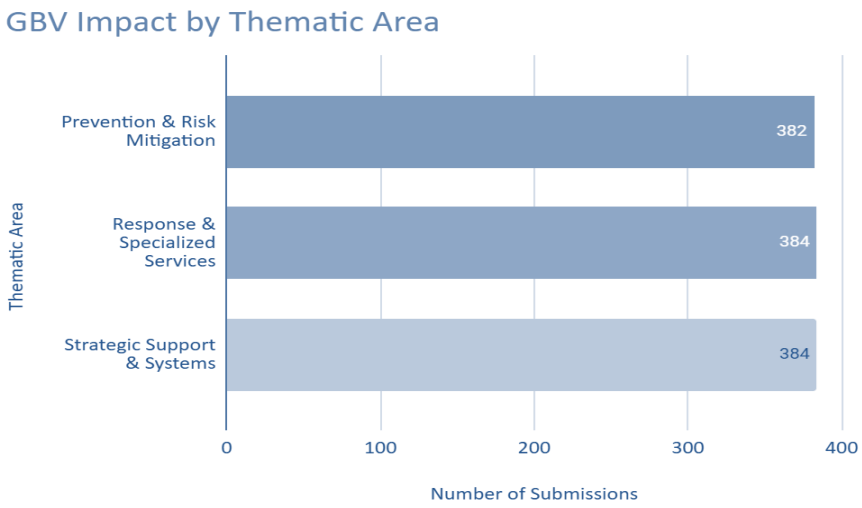
When looking at the total volume of specialized areas affected across all activities, GBV accounts for **21.3% of all thematic impacts** recorded. This places GBV as the second most heavily impacted specialization, closely mirroring General Protection (21.7%) and ahead of Child Protection (18.4%).

The analysis confirms GBV is a primary concern across the wider protection sector. The 443 organizations reported in the capacity mapping surveys specifically identified GBV as a thematic area in which funding shortfalls have translated into tangible service disruptions. These impacts are often interconnected, with many organizations also reporting concurrent hits to Child Protection and general Protection services.

4. IMPACT ANALYSIS BY GBV INTERVENTION AREAS

Impacts were analyzed across three primary pillars of GBV programming.:

- **GBV Response & Specialized Services:** 384 submissions (**87%**) reported impacts on essential response-related activities such as case management and psychosocial support.
- **GBV Prevention & Risk Mitigation:** 382 submissions (**86%**) reported impacts on prevention efforts, including community-based risk reduction and awareness campaigns.
- **Strategic Support & Systems:** 384 submissions (**87%**) reported impacts on capacity strengthening, advocacy, and protection analysis.



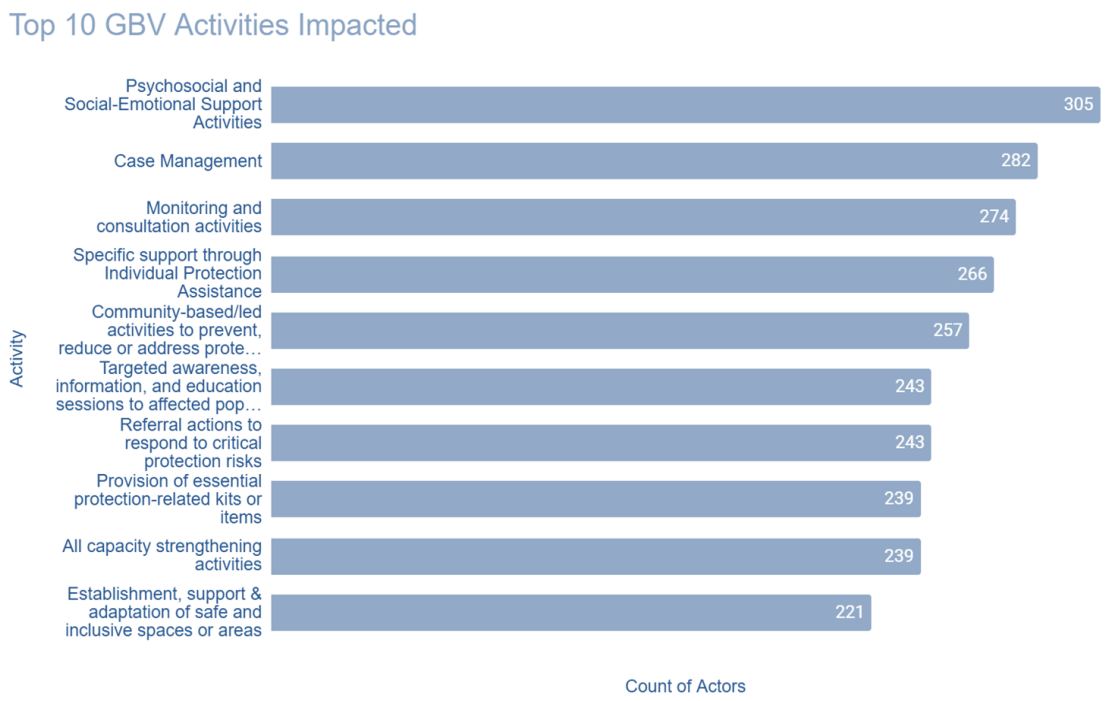
5. IMPACT ANALYSIS BY GBV ACTIVITY

The most severe impacts concentrated on the foundational pillars of survivor-centered care, with the top 3 most impacted activities being:

1. **Psychosocial and Social-Emotional Support:** This is the most heavily impacted activity, with **305 actors (68.9%)** reporting disruptions.
2. **Case Management:** impacting **282 actors (63.7%)**.
3. **Monitoring and Consultation Activities:** affecting **274 actors (61.9%)**.

Top 10 Impacted GBV Activities:

Activity	Count of Actors	Percentage
Psychosocial and Social-Emotional Support Activities	305	68.9%
Case Management	282	63.7%
Monitoring and consultation activities	274	61.9%
Specific support through Individual Protection Assistance	266	60.1%
Community-based/led activities to prevent, reduce or address protection risk	257	58.0%
Targeted awareness, information, and education sessions to affected population	243	54.9%
Referral actions to respond to critical protection risks	243	54.9%
Provision of essential protection-related kits or items	239	54.0%
All capacity-strengthening activities	239	54.0%
Establishment, support & adaptation of safe and inclusive spaces or areas	221	49.9%



In terms of impact dimensions, the data indicate severe impact on GBV activities, primarily characterized by a critical **loss of frontline field staff (90%)** and a widespread **reduction in services (reported by 89% of GBV actors)**. **Geographic coverage has also shrunk significantly (81%)**. This points to a dual crisis: fewer services are being provided over a smaller area, compounded by a lack of personnel to deliver them.

Impact Dimension	Count of Actors	Percentage
Frontline/field staff	397	89.62%
Reduction of types of services or activities	394	88.94%
Geographic coverage	359	81.04%
Support staff (admin, logistic, others)	332	74.94%
Engagement with affected population	322	72.69%
Knowledge, technical expertise or capacity	321	72.46%
Technical advisory or supervisory staff	303	68.4%
Coordination and IM staff	292	65.91%
Other (specify)	41	9.26%

6. CONCLUSION

The funding cuts are deeply cutting into the frontline services needed to protect women and girls. Here are the main findings:

- **Local Capacity is Collapsing:** Local NNGOs and Women-Led Organizations are bearing the brunt of the cuts, which threatens the sustainability and cultural sensitivity of GBV interventions.
- **Life-Saving Services are Failing:** The high frequency of impact on Case Management and Psychosocial Support (both >60%) indicates that survivors' direct access to life-saving care is being compromised.
- **Coverage is Shrinking:** With 86% of respondents reporting a loss of geographic coverage, blind spots are emerging in high-risk areas where GBV monitoring and response are no longer present.
- **Staffing Crisis:** The 91.1% reported loss of frontline staff suggests a massive drain of technical expertise that will be difficult and costly to rebuild.

7. REGIONAL ANALYSIS: ARAB STATES

The escalation of conflict and funding shortfalls have severely impacted GBV response services across the Middle East. According to UNFPA's GBV in Emergencies Snapshot for the Arab States region, critical safe spaces for women and girls have faced widespread disruptions and closures.
Key findings from the regional analysis highlight severe impacts on Women and Girls Safe Spaces (WGSS):

- **Sudan:** 79 WGSS closures recorded due to funding constraints and ongoing conflict.
- **Somalia:** 74 WGSS closures, representing an 82% reduction in operational safe spaces.
- **Yemen:** 49 WGSS closures, significantly limiting access to psychosocial and case management services.
- **Syria & Palestine:** 22 WGSS closures in Syria and 11 in Palestine, compounding severe access restrictions for women and girls.

For more details on the regional findings, see the Middle East Gender-Based Violence Emergencies Snapshot (April 2026).