

Preventing and Addressing Sexual and Gender Based Violence in Fragile and Conflict Settings

- Sarah Anderson, Save the Children Canada
- Elisabeth Fluet-Asselin, Santé Monde
- Saifullah Chaudhry, Development Impact Solutions
- Marie Jobin-Gélinas, Unité de santé internationale - Université de Montréal
- Kagwiria Muturia, World Renew
- Sophia Papastavrou, World Vision Canada

INTRODUCTION

In this brief, members of the [CanWaCH Gender Equality Working Group](#) (GEWG) highlight the urgency and unique challenges of preventing and addressing sexual and gender-based violence (SGBV) in fragile and humanitarian settings. Whether due to conflicts, economic and political instability, public health emergencies, or climate-induced disasters, fragile contexts significantly increase the risk of SGBV.

According to [UN Women](#), humanitarian crises severely impact women's safety, with 70% experiencing gender-based violence, compared to 35% globally.

Fragile and humanitarian settings expose women, children and other marginalized groups to heightened risks of violence, exploitation, and abuse. As resources are strained, poverty and food insecurity increase, essential services often become inaccessible, populations are displaced, and livelihoods, support systems and social structures are disrupted. When these crises converge in polycrises (with multiple interconnected emergencies overlapping) SGBV risks rise even further, and the intervention response grows more complex.

There is an urgent need for comprehensive and coordinated efforts to prevent and respond to SGBV in humanitarian interventions and across the humanitarian-development-peacebuilding nexus (or triple nexus). In this brief, we explore a wide range of considerations to prioritize SGBV in a humanitarian response. That includes providing immediate protection and support to survivors, but also addressing the root causes of violence through community dialogues, raising awareness, policy and advocacy. Such a commitment is essential for safeguarding human dignity and ensuring that affected individuals can access the resources and services they need to rebuild their lives.

SOME KEY CHALLENGES IN ADDRESSING SGBV IN FRAGILE AND HUMANITARIAN SETTINGS

● Timing:

One major challenge in addressing SGBV in these settings is navigating the tight timelines. There is a limited window to launch the necessary support, submit proposals for funding, collect important data, and design and implement effective interventions. Tight project timelines can also interfere with the time and patience required for meaningful community engagement — a crucial step for effective, sustainable outcomes. Building trust is especially challenging when working with local partners and communities that may initially resist SRHR and SGBV interventions. Leveraging existing local SGBV referral structures and ensuring donors provide quick, flexible funding can help mitigate these tensions.

● **Navigating shifting priorities and perceptions:**

In different humanitarian contexts, the urgency to address immediate needs like food, water and shelter often overshadows the prioritization of SGBV and SRHR. In some communities, the normalization of SGBV reduces its priority for action. There's often a gap between what Canadian organizations consider to be priorities, such as addressing SGBV and SRHR needs, and the priorities of local partners and communities during these times.

Additionally, as new crises emerge and contexts change, organizations sometimes need to pivot their projects and priorities and SGBV and SRHR may take a backseat. In fragile settings, however, the demand for SRHR services for women and girls becomes even more urgent, as these services are critical to their safety and well-being. Balancing local partners' calls and emerging needs with original program goals is highly challenging and demands significant flexibility — from donors, budgets, timelines and resource allocation.

● **Understanding risks and needs:**

In humanitarian and fragile contexts, there can be misconceptions around the unique needs, experiences and vulnerability to SGBV of specific groups, such as youth and adolescent girls. Their needs are different from those of children but also from those of women. Child protection actors also often think about children as a single category without taking the gender aspect into consideration. These misconceptions can limit effective support and response.

● **Flexibility in budgets and programming:**

When crises emerge, programs must be able to pivot activities to respond to the changing and urgent needs of women and girls. Sometimes that means modifying activities that were developed years before the beginning of programming. This requires flexibility in budgets, allocated resources including human resources, and programming. Donor support is essential in allowing projects to reserve funds and resources for shifting priorities, particularly to address SGBV prevention and response in these settings.

● **Collecting reliable data on SGBV:**

Data collection in fragile and humanitarian settings is particularly challenging and limited access to data and relevant information hampers the ability to assess needs and measure impact.

Other challenges mentioned also include the complexity of coordination among various actors, which can lead to gaps in service delivery and hinder a cohesive approach to tackling SGBV. In fact, comprehensive SGBV response requires multiple actors such as medical, legal, psychosocial support and counseling, and economic opportunities. Ensuring the safety of aid workers is yet another challenge that can directly impact the quality of care they can provide.

WORKING ACROSS THE DEVELOPMENT-HUMANITARIAN-PEACE NEXUS TO PREVENT AND ADDRESS SGBV

Humanitarian relief, development programs and peacebuilding initiatives must work together. The [nexus](#) approaches seek to create synergies and shared goals across immediate emergency responses, longer-term development efforts and peacebuilding, enabling individuals to realize their full human rights. Preventing and responding to SGBV in fragile and humanitarian settings requires donors and organizations to recognize, fund and implement a fully integrated approach that bridges the nexus, focusing on SGBV prevention, mitigation and response.

Development: In fragile settings, development programs often focus on SGBV prevention by working to transform the attitudes and norms that uphold and reinforce SGBV. This programming can also work to strengthen referral pathways and train service providers so that survivors of SGBV can receive the support that they need (health, legal, etc.). These programs often also include advocacy for the adoption and/or enforcement of gender equality laws and policies in general and specific to SGBV. For example, [World Vision Canada](#)'s programs in fragile settings such as South Sudan and Afghanistan focus on shifting harmful gender norms through education and community dialogue, as well as providing women and girls with vocational skills and livelihood opportunities to reduce their economic vulnerability, often linked to their exposure to violence.

Humanitarian: In humanitarian programming, SGBV efforts often focus on mitigation by ensuring that the response itself does not contribute to increased risks of SGBV (e.g., proper lighting and locks on bathroom doors within IDP (internally-displaced persons)/refugee camps) as well as focus on immediate response and protection for women and girls at risk. This can range from setting up safe spaces, to providing psychosocial support, to working with local authorities to strengthen protection services. For example, Save the Children Canada works to create girl-friendly spaces in humanitarian responses. In these spaces, girls can come together with female facilitators to receive tailored gender responsive and age-appropriate mental health and psychosocial support, education around lifeskills and empowerment, as well as SGBV referrals. While in child-friendly spaces girls may not be able to comfortably express their needs, these girl spaces allow for a more personalized approach.

Peacebuilding: SGBV prevention and response in conflict-prone and fragile states bring additional layers of complexity. In some contexts, rape is used as a weapon of war, and girls and women are forcefully kidnapped and taken as wives by warring communities. Conflicts lead to unstable communities, with girls dropping out of school, increased rates of unintended pregnancies, and Child Early and Forced Marriages (CEFM).

EXAMPLES OF PROJECTS IMPLEMENTING NEXUS APPROACH FOR SGBV

1

The [FAMS project](#) (Santé Monde/USI - 2024-2030) will partner with women's rights and civil society organizations to address SRHR challenges for women and adolescent girls in Kinshasa, Kasai, and Kasai Central, DRC. Focusing on [Nexus](#) areas, the project aims to improve SRHR through coordinated humanitarian and development interventions that reduce risks and vulnerabilities, address SRHR needs, and achieve lasting results in the contexts of fragility and targeted stabilization and peacebuilding.



2

[World Vision Canada](#) is implementing a nexus project in Ethiopia working to engage men and boys in discussions about harmful gender norms, promoting positive masculinity and respectful relationships as critical components of violence prevention. Through these efforts, the project aims to create a protective environment where the rights and dignity of women and girls are upheld, and all community members are empowered to take an active role in preventing SGBV. By integrating both humanitarian and development objectives, it focuses on addressing immediate needs, such as reducing violence and promoting equitable gender norms, while also building long-term resilience by shifting attitudes and behaviors. This dual focus ensures that the project tackles the root causes of SGBV while also creating a supportive environment for sustainable peace and development.

3

A recent assessment by World Renew highlights the complex challenges in SGBV prevention and response in fragile states and the urgent need to build multi-pronged nexus programs that not only address the immediate humanitarian crisis but also find innovative ways to sustain long-term development initiatives. These programs should initiate peacebuilding and justice efforts rooted in trust, community dialogue and partnerships with all affected stakeholders. Special emphasis should be placed on engaging youth for psychosocial support and empowering them (both in and out of school) to become change agents in their communities, steering them away from jihadism or criminal activities. The incorporation of mental health support in all humanitarian and peacebuilding programs is a dire need.

ABILITY TO PIVOT: HOW TO ADDRESS SGBV WHEN NEW CRISES EMERGE

Continuing projects while responding to new emergency needs requires flexibility and a rapid pivot from a development setting to a humanitarian response. This shift involves reassessing priorities, adapting existing programs, and aligning resources to meet urgent needs.

Key strategies may include:

- Leveraging the groundwork laid in development projects (such as established relationships with local partners and communities) and modifying interventions to focus on immediate relief, protection and essential services.
- Maintaining essential services from the original development project that are still relevant, such as education, health and livelihoods, to support long-term recovery.
- Prioritizing effective coordination, clear communication with donors, and an agile approach to program management. This allows organizations to address both ongoing development goals and emerging humanitarian crises without losing focus on long-term objectives.
- Implementing rapid response mechanisms to enable quick decision-making and resource mobilization, ensuring the team can pivot efficiently and address both immediate and ongoing needs.

EXAMPLES OF PROJECTS THAT HAD TO PIVOT AND ADAPT TO CRISES



CHANGES project in Somalia, courtesy of Save the Children

In Somalia, [Save the Children](#) is implementing a four-year development project focused on preventing Female Genital Mutilation/Cutting (FGMC) and CEFM. The project is jointly funded by Global Affairs Canada (GAC) and Royal Norwegian Embassy (RNE). It is implemented through a consortium with CARE and IRC. During the life of the project, project participants experienced several consecutive failed rainy seasons, resulting in extreme drought and potential famine. This was followed by extreme flooding. With funds from RNE, the project was able to pivot and adapt to the situation by establishing a multi-purpose cash transfer, which was provided to the women (mothers of the adolescent girls participating in

the project) who were participating in Village Savings and Loan Associations (VSLAs). These women not only used the money to feed their families (as there was a scarcity and increased cost of food), but also invested into their VSLAs and businesses. This was seen as an effective way to avert further crisis of families turning to CEFM as a maladaptive coping strategy and allowed the project to continue to achieve its objectives.

In Mozambique, [World Vision Canada](#)'s GAC-funded project Every Girl Can (EGC), addressed gender equity, enhancing girls' and young women's knowledge and access to SRHR and contributing to the prevention and response to SGBV. These efforts included training key actors in education, health and justice sectors, while also supporting adolescent-friendly corners in targeted schools in Nacarua, Monapo, and Murrupula. The project also strengthened existing peer advocate groups by equipping them with toolkits on child rights and child protection laws at the secondary school level, enabling them to lead SGBV sensitization

efforts within their schools and communities. While EGC is a development context project, it pivoted to address increasing climate-related disasters. This shift involved adapting education models for rural/vulnerable areas, providing psychosocial support for affected girls, and ensuring the safety of learning spaces and girls clubs.



Graduation ceremony for participants of the WVM Safe Spaces, picture by World Vision Mozambique.

OTHER TOOLS AND STRATEGIES TO PREVENT AND RESPOND TO SGBV IN FRAGILE AND HUMANITARIAN SETTINGS

Community engagement

Addressing SGBV in these contexts requires actively engaging with local communities and partners to promote gender equality, challenge harmful gender norms and empower survivors. In addition, engaging communities also helps organizations shift and adjust their work when crises emerge, including by directly gathering insights on the unique challenges they face.

For example, World Vision Canada's [Channels of Hope for Gender](#) project addresses SGBV in complex emergencies through a comprehensive approach that combines community engagement, capacity building and advocacy. By mobilizing community leaders, faith-based organizations and local stakeholders, the project raises awareness of SGBV's root causes and empowers both women and men to challenge harmful practices. It promotes dialogue on gender roles, violence and human rights, while providing essential support services for survivors, including medical, psychological and legal assistance. This holistic approach not only addresses immediate SGBV risks but also fosters long-term resilience and gender equality in ongoing crises.

Fostering partnerships

Building strong partnerships with local organizations, government agencies and humanitarian actors enhances organizations' capacity to provide meaningful support. These partnerships ultimately create safer environments for vulnerable populations in fragile contexts, and enable a coordinated response that maximizes resources and addresses gaps in service delivery.

For example, the project [PLURIELLES](#) (Santé Monde/Socodevi/Lawyers without Borders Canada 2021-2027) in fragile settings in Mali, Burkina Faso, and Benin, brings together health, legal, economic empowerment and community actors to address SGBV holistically. It focuses on capacity building at each level to promote a rights-based and victim/survivor-centered approach. The project fosters synergies between sectors, with health services often serving as the first step for victims/survivors, linking them to legal services and other support.

L'Unité de santé internationale at the Université de Montréal also addresses SGBV through a holistic approach for their project in DRC and Burundi in partnership with the Panzi Foundation. The project focuses on four pillars (medical, psychological, legal and socio-economic reintegration) with three components: improving health care delivery and management, enhancing accessibility to services, and promoting research-based policies and frameworks. Focused on the conflict-afflicted province of Sud-Kivu, the project ensures quality, accessible services for SGBV survivors while fostering synergy among actors and prioritizing safety, security and privacy for beneficiaries. In other contexts, other organizations highlighted that the creation of resourced and accessible one stop SGBV centers can also address some of the coordination gaps and complexities.

Training

Training staff and community leaders on gender-sensitive approaches ensures that responses are trauma-informed and culturally appropriate, allowing for the safe reporting and referral of SGBV cases. For example, the [CLEFS](#) project, (Santé Monde/Sherbrooke University/Cégep de St-Jérôme 2020-2025) equips supervisors and care providers with the skills to provide comprehensive care for victim-survivors of SGBV. This training emphasizes a holistic approach, addressing not only the physical health needs of victim-survivors but also their mental health, ensuring compassionate and effective support.



Data collection

In fragile and humanitarian settings, organizations must quickly generate data to inform their interventions. This requires conducting rapid gender assessments that include the voices of women and girls. Real-time assessments of the evolving context are also necessary to maintain the relevance and impact of interventions, allowing for timely adaptations. This involves continuous monitoring of the socio-political landscape and the needs of vulnerable populations, even going beyond donor-allocated time frames. Additionally, first responders must have clear guidelines and tools to collect data from a gender and SGBV perspective.

CONCLUSION

Addressing SGBV in fragile and conflict settings requires sustained commitment, coordination and adaptability. By integrating immediate survivor support with long-term strategies to address root causes, the global community can create safer, more resilient environments for those most at risk. Prioritizing SGBV prevention and response within the humanitarian-development-peacebuilding nexus is not just a moral imperative — it is a vital step toward restoring dignity, stability and hope for women and girls everywhere.