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Strengthening Survivor-Centered GBV Response Systems in Fragile Contexts: Evidence from a Rapid Assessment of Referral Pathways in Twic and Gogrial West, South Sudan



World Vision



Session Topic and Speakers

Welcome and Introduction

Nigusu Zelelke (3 min)

Context, Objectives and Methodology

Pascal Rungo (20 min)

Major Findings of the Assessment

Lilian Wakhutu (20 min)

Gaps in the Referral System; Key Actions to Strengthen the GBV Response

Nigusu Zelelke (17 min)





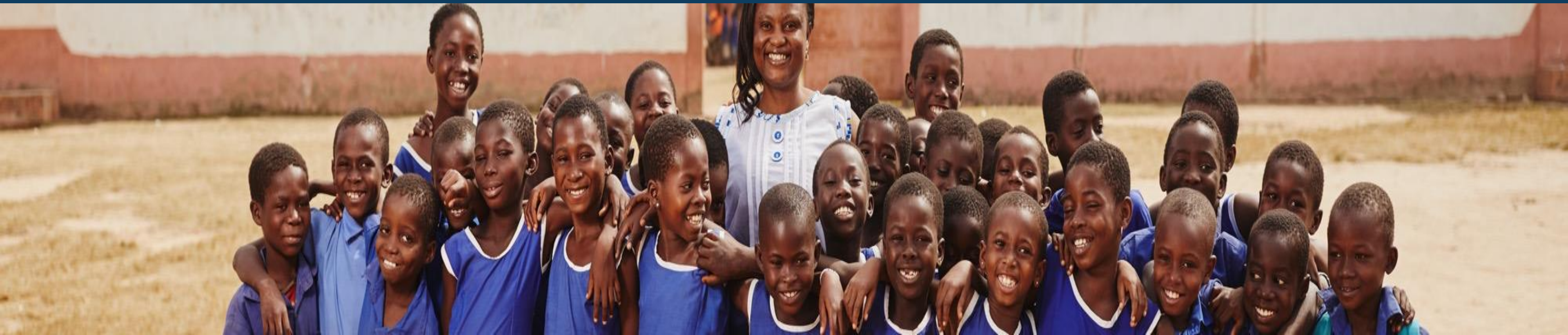
Pascal Rungo, ECRP II Monitoring & Evaluation Specialist, World Vision South Sudan

- Pascal Rungo is a Monitoring & Evaluation specialist with over eight years of experience supporting data-driven humanitarian and development programmes.
- Currently, Pascal is supporting the World Bank-funded ECRP II project in Warrap State
- He holds a Bachelor's degree in Statistics and Demography from the University of Juba and is pursuing a Master's in Public Health (Biostatistics) at Victoria University, Uganda. He is passionate about gender equality, capacity building, and innovative data solutions.

Context

A March 2025 desk review, by WVSS indicated alarming levels of sexual and gender-based violence (SGBV) in Twic and Gogrial West Counties, including domestic violence, sexual assault, and harmful practices. It was further noted that underreporting remains widespread due to stigma, weak trust in law enforcement, limited justice and health services, and inadequate survivor support systems. Referral networks are constrained by a shortage of trained providers and facilities, hindering timely assistance.

Government ministries and humanitarian partners had made efforts to improve the GBV referral system through SOPs, awareness campaigns, training, protection monitoring, and integrated services. Despite these initiatives, significant challenges persist, undermining programs effectiveness. To address this, World Vision South Sudan commissioned Pan African Research Services (PARS) to conduct a rapid assessment of GBV referral networks in the two counties.



Objectives

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1

MAPPING

Assess the current landscape of GBV services and referral pathways at the county (sub-national) level;

2

COORDINATION

Coordination among stakeholders and community involvement-Evaluating collaboration between service providers and the role of communities in the referral process. Evaluate the quality and responsiveness of GBV services

3

BOTTLENECKS

Identify key gaps, barriers, and factors influencing the effectiveness of the referral network and service delivery

4

RECOMMENDATIONS

Provide actionable recommendations to strengthen the GBV referral system, improve service quality, and enhance coordination among service providers and stakeholders.



Methodology

The assessment used a mixed-methods approach combining household surveys (520 respondents), key informant interviews (KIIs) with government, NGO, and community leaders, and focus group discussions (FGDs) with survivors, caregivers, and community members. Of these, 61% (319) Gogrial West and 39% (201) from Twic county. Male respondents made 43% of the sample and female were 56% of the sample.

The assessment triangulated quantitative and qualitative data to provide an evidence-based understanding of service availability, coordination mechanisms, referral practices, and barriers to GBV response. 10 FGDs were conducted, targeting adolescent boys and girls between 15-18 years and adult men and women above 18 years.

Key informants were also interviewed: health facility staff (nurses, GBV focal points), Psychosocial support officers/case managers, Police or protection officers, Legal aid/paralegal staff, Community leaders/chiefs, NGO/CSO representatives (GBV actors), BOMA Committees (1 per county), and Case Management Responders



Demographic Findings

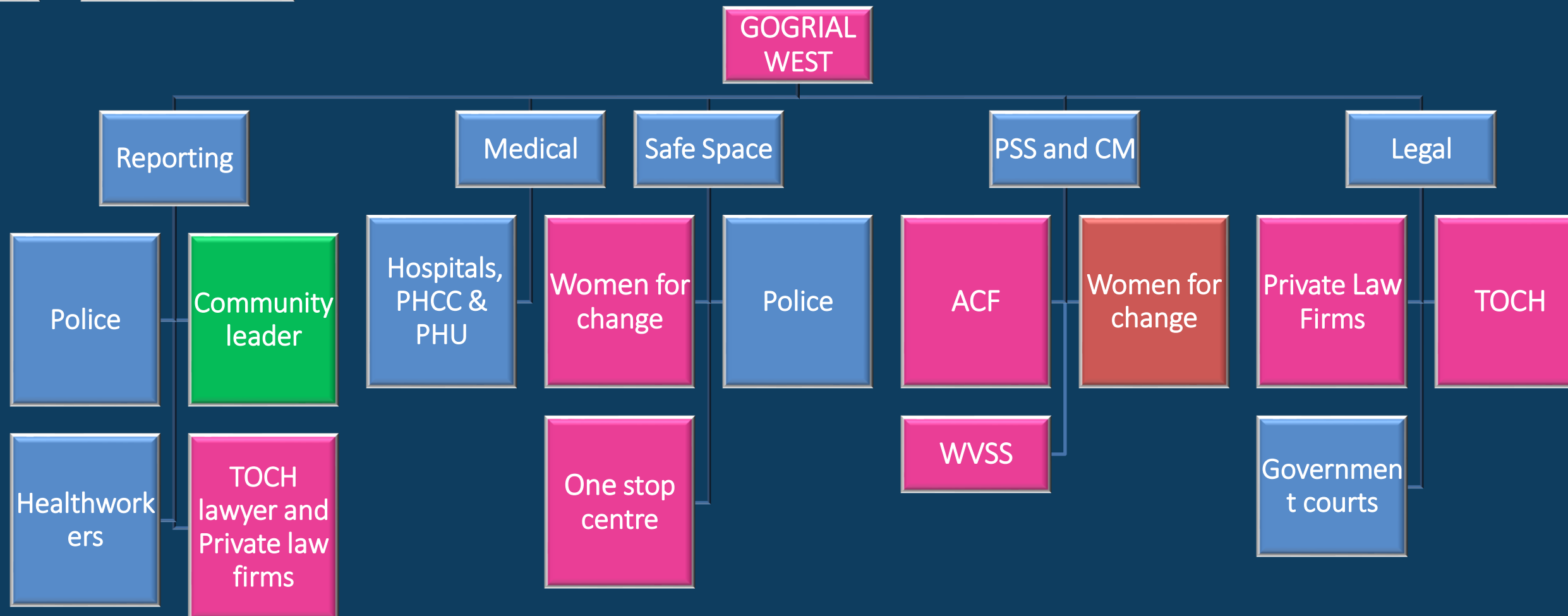
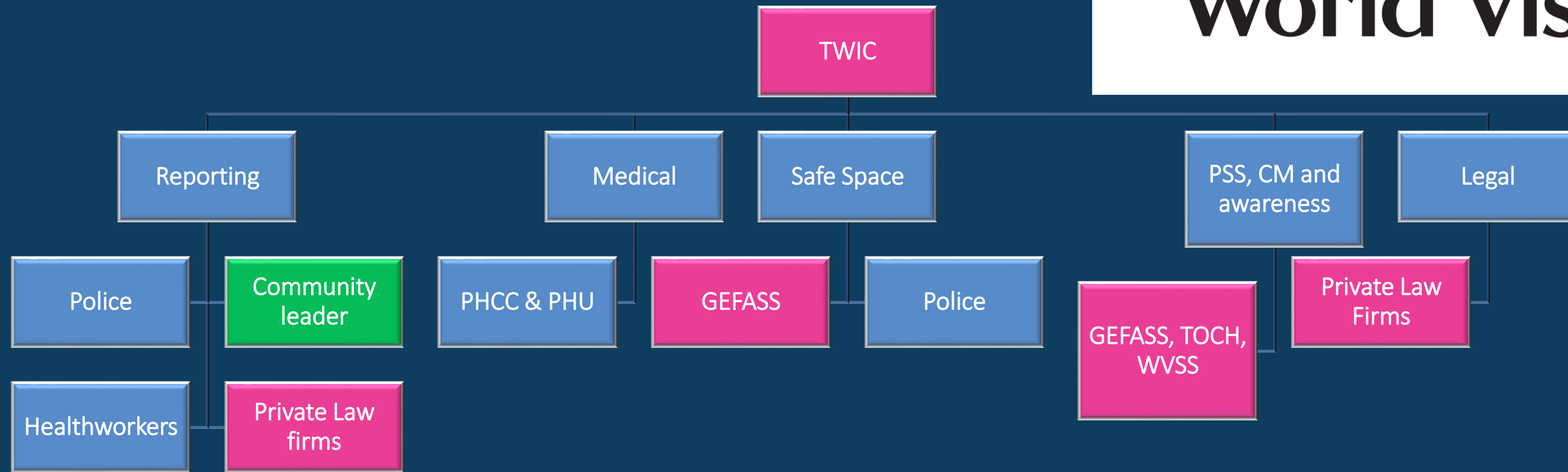


HH, survey; 61% (319) from Gogrial West county and 39% (201) from Twic county. The youths, aged between 15-24 years, accounted for 30% of the respondents.

County	Total	Gender		Age Bracket							Disability Status	
		Male	Female	15 -18	19-24	25 -34	35 – 44	45 – 54	55 and above	Don't Know	No disability	With Disability
Total	520	221	299	92	62	124	101	48	92	1	507	13
Gogrial	18%	17%	18%	8%	16%	24%	22%	29%	10%	0%	18%	23%
Akon South	16%	13%	19%	23%	27%	17%	11%	8%	11%	0%	16%	15%
Alek West	28%	15%	36%	26%	31%	38%	39%	17%	7%	0%	27%	38%
Aweng	39%	55%	27%	43%	26%	21%	29%	46%	73%	100%	39%	23%

In terms of education, literacy levels across the two counties are generally low, with only 2% of respondents having attained post-secondary education. 65% the respondents had no formal education.

Existing Referral Pathways





Lilian Wakhutu, Senior Research Executive, Pan African Research Services (PARS)-Kenya

- Lilian Wakhutu is an economist and statistician with over five years of experience applying mixed-methods analysis across education, humanitarian, and social development programmes in fragile and conflict-affected contexts.
- She currently serves as Senior Research Executive at Pan African Research Services, leading economic and statistical analysis for multi-country studies across Sub-Saharan Africa.
- Lilian holds a First-Class Honours degree in Economics and Statistics from the University of Nairobi and a certification in Project Management.

However, the effectiveness of these pathways is significantly hampered by systemic, logistical, financial, and cultural barriers.



Referral Pathways	Timeliness	Affordability	confidentiality
Psychosocial Support (PSS) & Case Management	51%	47%	44%
Protection & Safety Services	39%	39%	39%
Community-Based Prevention & Awareness Services	39%	35%	37%
Health / Medical Services	38%	34%	37%
Legal and Justice Services	25%	23%	25%
Livelihood / Economic Empowerment Support	13%	12%	13%

- ❖ Livelihood / Economic Empowerment services were the most ineffective on timings. This was attributed to the fact most of these programs take time to be implemented fully, and the benefits to be noticed in the community.
- ❖ It was closely followed by legal services, which a key component of ensuring justice for the survivors of GBV. There is a shortage of judges in the communities, and for the lawyers, given the inadequacy of government lawyers, who may offer pro-bono services, community members seeking legal services, have to engage private law firms. Which in most cases, had high legal fees.
- ❖ Livelihood / Economic Empowerment Support and Legal and Justice Services were the most unaffordable service chains. The former is linked to the high implementation costs while the later, it is due to the absence of adequate government contracted lawyers, to support survivors of GBV during their cases.

Despite the persisting struggles, positive milestones have been experienced with the GBV referral network;

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Community Engagement

Traditional leaders, women's groups, and youth drive GBV prevention, awareness, and referrals, with community committees reducing cases and improving linkages to services

NGOs and partners support

Integration of GBV messaging into health/nutrition programs, survivor-centered confidential care, safe spaces, and livelihood support empower survivors and improve service access.

Health Facilities

Hospitals and PHCCs ensure confidentiality, structured case management, and secure documentation for quality survivor care.

Legal System

Mobile courts speed up GBV trials, boosting survivor confidence and reporting.

Police collaboration

Law enforcement works with community networks and traditional leaders to strengthen prevention and protection.



Staff Capacity and Training

Challenges in Gogrial West & Twic

NGO & UN Efforts



• NGOs like ACF, GEFASS, & Women for Change with UN & RRC support

- ✓ GBV Case Management
- ✓ Psychosocial Support
- ✓ Referral Training

- Limited Capacity -

Uneven Health Training



Mother Terese Hospital: Most PHCCs
CMR Services Available Lack Resources & Training.

Health Workers
 Unevenly Prepared

Police Challenges



- ✓ Inconsistent Training
- ✓ Harmful Attitudes

Legal & Community Gaps



- ✓ Minimal GBV-Specific Skills
- ✓ Poor Survivor-Centered Response

Addressing Training Gaps for Better Services & Support



Safety, Confidentiality & Cultural Appropriateness

Challenges in Survivor Support

Health & NGO Practices



- ✓ Private Spaces
- ✓ Secure Records
- ✓ Consent-Based Referrals



Gaps in Facilities Without Privacy

Police Failures



- ✓ Breaches in Survivor Protocols



Returning Survivors to Unsafe Environments

Cultural Barriers



- ✓ Stigma & Tradition
- ✓ Dowry & Harmful Practices
- ✓ Fear of Reporting



Need for Better Training

- ✓ Respect & Child Protection



- ✓ Stop Police Abuses



Empathy & Survivor Dignity

Building Safe, Respectful & Culturally Sensitive Support Systems



Overall, the existence of few health facilities, and long distances to be covered are the main challenges, as attributed by a third of the respondents. Though a few cases were reported, corruption and confidentiality and trust issues are the least of the community’s problem. Problems of limited number of health facilities are significantly pronounced in Gogrial West county, in comparison to Twic county.

	Total	Twic	Gogrial West
BASE	520	201	319
Few health facilities	66%	57%	71%
Long distances	60%	55%	64%
Economic/ affordability of the services barriers	30%	32%	29%
Poor infrastructure	28%	47%	16%
Limited awareness	27%	40%	18%
Untimely service delivery	21%	42%	8%
Shortage of Skilled Service Providers	18%	39%	4%
Stigma, Silence, and Social Norms	16%	34%	4%
Weak Legal and Justice Systems	15%	32%	4%
Corruption	14%	30%	3%
Confidentiality and Trust Issues	11%	29%	0%
Don't Know	18%	38%	4%



- **Nigusu Zelelke** is a Design, Monitoring, and Evaluation Specialist with World Vision United States, based in Washington, D.C., and a seasoned Monitoring, Evaluation, Accountability, and Learning (MEAL) professional with over 18 years of experience across humanitarian and development contexts. He works within the Evidence and Learning, Program Quality, and Impact Division of World Vision US's International Programs Group.
- Nigusu provides technical M&E leadership and support to the Humanitarian Emergency Affairs (HEA) grant portfolio across Latin America and the Caribbean, Asia, and the East Africa Region.
- He holds a Master of Public Health, a Master's degree in Sociology and Social Anthropology, and a Master's degree in International Cooperation and Humanitarian Aid.
- Nigusu is deeply passionate about advancing evidence-based decision-making, strengthening learning systems, and improving impact measurement to enhance programme quality and outcomes for vulnerable communities.

Gaps In the Referral System

Breakdowns at Service Points:

Referral systems are weak, with very few cases forwarded from health facilities to police, courts, or psychosocial support, and poor follow-up by staff, resulting in survivor care dead ends. Police resources are also limited.

Weak Legal Pathway:

Judicial bottlenecks exist due to a shortage of judges and slow court processes, causing delays and case dropouts. Mobile courts offer some relief but are not yet widespread.

Insufficient and Unclear Referral Pathways:

Referral options are limited outside the capital, with few service providers and little clarity on referral routes. Vulnerable groups like persons with disabilities lack specialized support.

Failure of Law Enforcement:

Police often neglect cases, sometimes sending survivors back home without protection or legal action. Although laws exist, enforcement is weak due to cultural, awareness, and resource challenges.

Centralization of Services:

Essential one-stop centers are centralized in Kuajok, creating major geographic and safety barriers for survivors from distant counties, limiting access and equity in care.

Challenges in the Multi-sector co-ordination

- 1 • Chronic underfunding leads to staff reductions, loss of expertise, limited training, and weakened multi-sector collaboration.
- 2 • Poor coordination and communication among GBV actors result in fragmented services and limited survivor support.
- 3 • Corruption and mistrust, including informal payments by police, damage inter-agency trust and complicate referrals.
- 4 • Remote locations, poor infrastructure, and floods hinder access, stakeholder participation, and timely response

Effective GBV response relies on seamless collaboration between the community and its leaders, police, health, legal, and PSS actors. This enhances the effectiveness of the services offered, in contrast to working in silos. While efforts have been made to ensure collaboration between partners, the assessment established, through key informant interviews and discussions with community members that this coordination is often weak.

Comparison to Global standards

Aspect	Global Standards	Twic/Gogrial Findings
Coordination	Strong multi-sectoral links and regular meetings.	Challenges persist, but NGOs like INTERSOS/World Vision and government actively collaborate via county forums.
Safety/Confidentiality	Prioritizes private spaces and consent.	Some private spaces/training exist; inconsistencies in police/health practices.
Accessibility	Inclusive for all demographics/geographies.	Major geographic barriers; services Kuajok-centric; strengths in women/girl spaces, gaps for boys/disabled.
Referral Pathways	Clear, documented with follow-up.	Weak referrals to police/courts; NGOs provide PSS but lack continuity.
Capacity/Training	Comprehensive for all actors.	NGO/police/health training ongoing; gaps in public facilities.
M&E	Robust tracking of outcomes/feedback.	Incomplete documentation; limited case tracking by officials/NGOs.
Legal Pathways	Specialized, expedited aid.	Slow processes, few judges; emerging mobile courts with access delays.
Community Engagement	Integrated prevention/awareness.	NGO campaigns and leader engagement via safe spaces/dialogue.

Key Actions to Strengthen GBV Response

1 Capacity Building

- ✓ Train health workers on survivor-sensitive case management and referrals
- ✓ Equip police with ethical handling to prevent re-traumatization

2 Stop Centre in Twic

- ✓ Establish a centralized support hub
- ✓ Improve access for survivors in vast areas

3 Integrate GBV Across Sectors

- ✓ Embed GBV in WASH, Nutrition, etc.
- ✓ Enhance coverage despite funding gaps

4 Strengthen Legal Systems

- ✓ Increase public lawyers & free legal aid
- ✓ Enforce GBV laws effectively

5 Economic Empowerment

- ✓ Support livelihood projects (e.g, Women for Change)
- ✓ Reduce poverty-driven GBV tolerance

6 Medical Supply Support

- ✓ Provide essential CMR equipment
- ✓ Strengthen health facility readiness

7 Inclusive Programming

- ✓ Address male & boy survivors
- ✓ Promote gender-inclusive care



global
evaluat
ion
initiative

Thank you!

Nigusu Zelelke WVUS

nzelelke@worldvision.org