

# GBV Referral Pathways

South Sudan — Twic & Gogrial West Counties

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RAPID ASSESSMENT OF GBV REFERRAL NETWORKS | WARRAP STATE, SOUTH SUDAN

2026

Gender-Based Violence (GBV) remains a deeply entrenched crisis in South Sudan's Warrap State. In Twic and Gogrial West counties, survivors face intimate partner violence, sexual assault, forced marriages, and harmful traditional practices. Ongoing conflict, flooding, and extreme poverty drive vulnerability. **South Sudan ranks second in East Africa for GBV prevalence**, with approximately 49.6% of married women reporting physical and/or sexual violence. In 2024, 6,779 GBV incidents were documented nationally in just nine months — a figure that vastly underrepresents reality.

In 2025, World Vision South Sudan (WVSS) commissioned Pan African Research Services (PARS) to conduct a rapid assessment of GBV referral networks in Twic and Gogrial West counties under the **Enhancing Community Resilience and Local Governance (ECRP II)** project. The assessment engaged **520 households, 20 key informants, and 10 focus group discussions**.

## Our Response

Despite the presence of multiple actors, GBV services operate in silos with critical gaps at nearly every stage. WVSS's ECRP II program bridges these gaps through community-led protection, survivor-centered services, and integrated programming that reaches even the most remote Payams.

## Key Findings

### GBV Prevalence & Survivor Demographics

- Overall GBV incidence: **37%** (42% in Gogrial West — near South Sudan's national rate of 49.5%)
- Young girls 13–18 represent **51% of all GBV survivors**; female youths (18–35) account for 35%.
- In Twic, male youths (18–35) represent **57% of GBV cases in their age group** — largely absent from all programming.
- 73% of GBV committed by family members; forced/child marriage reported by 76% of respondents.

### Service Landscape

- **Twic County:** Only one active NGO (GEFASS) in the referral network; Women for Change shelter closed since 2022–23; no government lawyers.
- **Gogrial West:** More actors but survivors walk 30–60 km for care; only 1 pro-bono lawyer (TOCH) and 1 judge for all 6 counties in Warrap State.
- The state's only One Stop Centre is in Kuajok, serving all six counties — inaccessible from most remote Payams.

### Critical Barriers

- **Distance & flooding:** 66% cite few health facilities; 60% cite long distances. Travel Twic→Kuajok exceeds one full day.
- **Financial costs:** 58% of respondents have no income. Legal aid, transport, and police forms carry informal costs survivors cannot absorb.
- **Capacity gaps:** PHCCs in Akon and Gogrial reported receiving no GBV training. A Kuajok police officer was reported to have assaulted a survivor in custody.
- **Cultural stigma:** Survivors fear clan shame. Customary settlements — cattle, forced marriage — routinely replace formal justice.

### Promising Practices

- ACF integrates GBV counseling at **31 nutrition sites** — reaching displaced populations at no added cost.
- Women for Change VSLA groups saved **18 million SSP in one year**, enabling survivors to rebuild independent livelihoods.
- BOMA committees in Aweng Payam have demonstrably reduced GBV incidence through structured community ownership.

### KEY STATISTICS

<b>37%</b>	Overall GBV incidence rate
<b>42%</b>	GBV incidence, Gogrial West
<b>51%</b>	Survivors are girls aged 13–18
<b>73%</b>	GBV by family members
<b>76%</b>	Report forced/child marriage

### VOICES FROM THE COMMUNITY

*"I remember walking for hours after that terrible night... the nurses said they had no medicine."*

— Female FGD, Twic County

*"If I'm a daughter of a clan and I'm raped, when I report I will bring shame... so I better keep quiet and die with it."*

— Female FGD, Gogrial West

- **The Kuajok One Stop Centre model** is nationally recognized and ready for replication across South Sudan's counties.

## PRIORITY RECOMMENDATIONS

### 1. Capacity Building

Mandatory GBV training for all police and health workers on CMR, confidentiality, and survivor-centered care.

### 2. One Stop Centre in Twic

Replicate the Kuajok model in Twic to provide integrated services locally for survivors.

### 3. Mainstream GBV

Require all sectoral programs — health, WASH, nutrition, livelihoods — to integrate GBV prevention.

### 4. Legal Reform

Fund government lawyers and judges; operationalize mobile courts for timely survivor justice.

### 5. Economic Empowerment

Expand VSLA and vocational training to Twic to reduce poverty-driven GBV and dependency.

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## Service Landscape: What Exists and What Is Missing

The GBV referral network in both counties follows a multi-sectoral model—but operates in silos, with critical gaps at nearly every stage of the referral pathway.

TWIC COUNTY	GOGRIAL WEST COUNTY
<p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>• Emergency care at Mother Teresa Hospital (Turalei)</li> <li>• GEFASS-managed PSS services and women/girls safe space</li> <li>• BOMA committees active in awareness and case referral</li> <li>• Some police trained through UNMISS workshops</li> </ul>	<p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>• Kuajok Hospital + Gogrial &amp; Akon PHCCs provide medical entry</li> <li>• Women for Change: PSS, VSLA, livelihood training (Kuajok)</li> <li>• ACF integrates GBV counseling at 31 nutrition sites</li> <li>• TOCH One Stop Centre — integrated services under one roof</li> </ul>
<p><b>Critical Gaps</b></p> <ul style="list-style-type: none"> <li>• No government-funded lawyers; no county court</li> <li>• Women for Change shelter closed since 2022–23</li> <li>• Only GEFASS active in the referral network</li> <li>• No residential shelter for survivors at risk</li> </ul>	<p><b>Critical Gaps</b></p> <ul style="list-style-type: none"> <li>• Services centralized in Kuajok — 30–60 km from remote Payams</li> <li>• Only 1 pro-bono lawyer (TOCH) and 1 judge for entire state</li> <li>• No residential shelters across Payams</li> <li>• Facilities lack PEP kits, gloves, private consultation rooms</li> </ul>

## Key Barriers to Survivor Access

Barrier	Impact on Survivors
<b>Geographic Distance &amp; Flooding</b>	66% cite too few health facilities; 60% cite long distances. Travel Twic→Kuajok exceeds one full day. Seasonal flooding cuts roads and strands survivors without access to any service.
<b>Financial Costs</b>	58% of respondents have no income. Legal aid, transport, police forms (Form 8), and medications all carry informal out-of-pocket costs survivors cannot absorb.
<b>Cultural Stigma</b>	Survivors fear clan shame. Dowry norms discourage complaints after marriage. Cattle compensation and forced marriage routinely substitute for formal justice.
<b>Capacity &amp; Training Deficits</b>	PHCCs in Akon and Gogrial reported receiving no GBV training. A Kuajok police officer was reported to have assaulted a survivor in custody — reflecting a total accountability breakdown.
<b>Weak Legal &amp; Justice Systems</b>	Warrap State has one judge. No government-funded lawyers in Twic. Mobile courts introduced but remain unfunded. Case backlogs cause survivors to abandon legal processes entirely.
<b>Coordination Failures</b>	No formal county GBV coordination in Twic. Cases referred to NGO caseworkers at Akon PHCC routinely go unattended. Service delivery regularly ends at the first point of contact.

## Coordination Failures and Promising Practices

### Where Coordination Is Failing

- No formal county-level GBV coordination mechanism exists in Twic County.
- In Gogrial West, NGOs, police, and health facilities rarely communicate — cases referred from PHCCs to caseworkers frequently go unresolved.
- Chronic underfunding has caused major NGOs to reduce GBV focal points, close shelters, and discontinue case management.
- Police and health actors apply inconsistent confidentiality standards; survivors are sometimes seen in shared spaces alongside other patients.
- Community leaders sometimes override formal processes by encouraging customary settlements that deny survivors their rights.

### Promising Practices Worth Scaling

#### Community-Led Referral

The Aweng Payam BOMA Development Committee (11 members) has demonstrably reduced GBV incidence through structured community ownership of awareness and case referral.

#### GBV Sector Integration

ACF integrates GBV counseling at all 31 nutrition distribution sites in Gogrial West — reaching displaced populations at no additional programming cost.

#### Economic Empowerment

Women for Change VSLA groups saved over 18 million SSP in one year, enabling survivors to leave abusive situations and rebuild independent livelihoods.

#### Confidential Health Care

Mother Teresa Hospital and Akon PHCC maintain consent protocols and locked records — demonstrating survivor-centered care is achievable even in resource-constrained settings.

#### One Stop Centre Model

The TOCH-managed Kuajok One Stop Centre provides integrated medical, legal, PSS, and case management services under one roof — a nationally recognized model ready for replication.

#### Inclusive Outreach

ACF's female-staffed health desks at nutrition sites provide a confidential space for women to report GBV concerns, reducing travel burden for displaced and remote populations.

## Priority Recommendations

The following seven recommendations are directed to humanitarian partners, the Government of South Sudan, and donors active in Warrap State.

1	<p><b>Capacity Building for Police and Health Workers</b></p> <p>Provide mandatory GBV training across all PHCCs and county police stations: survivor-centered interviewing, confidentiality, CMR, evidence handling, and referral procedures. Training must be paired with accountability mechanisms.</p>
2	<p><b>Establish a One Stop Centre in Twic County</b></p> <p>Replicate the Kuajok model in Twic. The current system forces survivors to travel more than a full day for integrated services — a prohibitive barrier given flooding, poverty, and safety risks.</p>
3	<p><b>Mainstream GBV Across All Sectoral Programming</b></p> <p>Require all actors in Warrap State to integrate GBV prevention into health, WASH, nutrition, livelihoods, and education programs. ACF's nutrition-site model proves this can be done cost-effectively.</p>
4	<p><b>Strengthen the Legal and Judicial Framework</b></p> <p>Assign government-funded lawyers in Twic; recruit additional judges for Warrap State; fully fund mobile courts. Establish free or subsidized legal aid as a minimum standard for GBV survivors.</p>
5	<p><b>Expand Livelihood and Economic Empowerment</b></p> <p>Scale Women for Change's VSLA and vocational training model to Twic County. Poverty and economic dependence on perpetrators are primary drivers of GBV and the main reason survivors do not report.</p>
6	<p><b>Equip Health Facilities with Essential GBV Supplies</b></p> <p>Establish dedicated budget lines for PEP kits, rape evidence kits, gloves, STI treatment, and emergency contraception. All three assessed facilities currently lack these essentials.</p>
7	<p><b>Adopt Gender-Inclusive GBV Programming</b></p> <p>Explicitly address the needs of male survivors, boys, persons with disabilities, and IDPs. Male youths in Twic represent 57% of GBV cases in their age group but are entirely absent from programming.</p>

### CALL TO ACTION

## GBV survivors in Twic and Gogrial West cannot wait.

We call on the Government of South Sudan, UN agencies, donors, and humanitarian partners to invest urgently in decentralized, coordinated, and adequately resourced GBV referral systems. The foundations exist — what survivors need now is commitment, funding, and follow-through.

### About this Brief

*This brief synthesizes findings from the Rapid Assessment of GBV Referral Pathways in Twic and Gogrial West Counties (2025), commissioned by World Vision South Sudan under ECRP II and conducted by Pan African Research Services (PARS). Assessment used household surveys (n=520), 20 KIIs, 10 FGDs, and 3 facility assessments following WHO (2016) and IASC (2020) ethical guidelines.*