BRIEF

Gender-based violence service delivery in Juba and Fashoda counties

April 2025 | South Sudan

Female returnees from Sudan are highly vulnerable and require substantial support across different sectors to provide for their basic needs – including GBV-related services. However, many arrive in "areas of settlement"[i] in South Sudan that already face severe service deficits, with pre-existing gaps in GBV-related service delivery for host communities as well. This research sought to explore return and settlement experiences of female returnees from Sudan, and the extent to which GBV services are available in areas of settlement to both female returnees and female host communities.[ii]

Key Messages

- **GBV service provision was described as insufficient to meet escalating needs in Juba and Fashoda.** Service providers attributed the growing need for GBV services to economic hardships and the arrival of vulnerable returnees from Sudan. Existing GBV programmes were largely prevention-focused, while response services focused mainly on referrals instead of direct service provision (e.g. counselling). Accessibility challenges severely hindered service delivery in remote areas. Short-term funding cycles and limited project timelines posed major challenges for GBV service delivery.
- **Stigmatization around GBV was reportedly high in Juba and Fashoda, and considered to be a main barrier to the utilisation of GBV services.** Community-based outreach structures were highlighted as effective in raising awareness on GBV. However, involving community leaders and elders presented a dual challenge — they may be trusted contacts for affected communities, but could also have ties to or be perpetrators themselves.
- **Shifts in the humanitarian funding landscape, announced in early 2025, further strained GBV service delivery in Juba and Fashoda,** reducing availability and potentially eroding trust in providers. Effective information sharing is critical in such circumstances, yet gaps remained in communicating programme suspensions.
- **Coordination among GBV actors was perceived to mostly be effective, with the GBV Area of Responsibility (AoR) as part of the Protection Cluster playing a key role, yet coordination gaps persisted at multiple levels.** Coordination issues between humanitarian actors and relevant state-level ministries have reportedly hindered effective collaboration at the sub-national level. High staff turnover among GBV actors further disrupted coordination efforts. Locally, gaps in information sharing with state and national counterparts may in some cases have weakened coordination.
- **Challenges persisted in GBV mainstreaming in humanitarian programming**. A lack of coordination between several clusters reportedly resulted in a siloed rather than a coordinated response. Furthermore, key informants perceived GBV programmes to often be the last priority when it comes to humanitarian agencies' strategic planning.

i See Annex A on page 10 for a list of key definitions used.

ii See box 1 on page 9 for an overview of the GBV Area of Responsibility as part of the Protection Cluster in South Sudan

Context & Rationale

As of February 2025, over 1 million individuals have been displaced from Sudan to South Sudan – about two thirds of whom (69 percent) are South Sudanese nationals[1], or "returnees". About three quarters of these returnees from Sudan are women and children.[2]

These returnees endured arduous journeys, conflict-related trauma, and entered South Sudan with minimal financial or social resources. Stories of severe suffering and human rights violations faced by returnees from Sudan are widespread.[3] For displaced women and girls, the risk of physical, sexual and psychological violence, such as rape, sexual abuse, trafficking and forced prostitution, is particularly high.[4] According to a UNHCR operational update from Sudan, *"women and girls reported that many of them had experienced gender-based violence since the start of the conflict"*.[5] UNHCR and UN Human Rights teams in neighbouring countries have reported severe gender-based violence faced by women fleeing Khartoum or across Sudan's borders.[6]

Returnee women are highly vulnerable and require substantial support across different sectors to provide for their basic needs – including protection services.[7] However, many returnees arrive in areas of settlement that already face severe service deficits, straining host communities who are now forced to share limited resources. Furthermore, despite a needs-based approach to aid, gaps in returnees' access to aid persist, which may reflect broader social vulnerabilities, increasing the risk of tensions and conflict.

Limited qualitative research exists on the return and settlement experiences of female returnees from Sudan, and the extent to which GBV services are available to returnees in their areas of settlement. Survivors of GBV are in need of a wide array of response services through GBV case management. In humanitarian situations, GBV service provision through GBV case management is the primary entry point for survivors to access other services and receive crisis and longer-term psychosocial support, especially since more established health and social services are typically lacking in emergency settings. The exact nature and severity of physical and emotional trauma vary greatly among survivors; not all available response services will be wanted or needed by all survivors. Thus, there is a need to better understand the availability, accessibility, and appropriateness of these services - in order to make sure GBV response services include a set of available services to reduce the harmful consequences and prevent further injury and harm to the survivor.[8]

Therefore, the aim of this study was to better understand GBV service delivery in Juba and Fashoda counties, focusing on the availability, accessibility, and acceptability of these services, particularly for female returnees. These two locations were puposively selected, primarily because of the estimated large number of returnees residing in both areas.[9]

Findings

1. The need for GBV services is high in areas of settlement in Juba and Fashoda, and has increased since 2024

In South Sudan, the risk of gender-based violence, particularly for women and children, has traditionally been high. In 2024, the United Nations Mission in South Sudan (UNMISS) reported an unprecedented high number of GBV cases in South Sudan. The year before, a nationwide GBV prevalence survey found that South Sudan has the second highest rate in East Africa (after Uganda).[10]

Of recent, **GBV actors noticed an increased demand for GBV services in Juba and Fashoda counties.** Some key informants attributed this trend to **the increased economic hardship** for local populations, particularly affecting women and girls. Such hardship has been linked to an increase in GBV-related concerns, including early marriages and early pregnancies.

Additionally, in both counties **the influx of returnees from Sudan reportedly led to a heightened demand for GBV service delivery**, including psychosocial, legal and health support. The severe challenges female returnees faced en route, mostly in Sudan, resulted in participants describing their return process as **a traumatizing experience.**[11] Among these challenges, participants voiced several concerns related to GBV—including rape and sexual abuse—for populations on the move from Sudan.

"They are killing people in front of us. We are watching them while they are killing. They are killing men and they are taking women as their wives."

– Female returnee, Fashoda

Recent studies have corroborated these findings, **documenting widespread human rights violations experienced by returnees en route to South Sudan**.[12] In Renk, reports on violence, sickness, hunger, and trauma among new arrivals from Sudan are common.[13] **The extreme hardships endured—particularly in Sudan—have placed female returnees in an acutely vulnerable position**.[14] Many have been exposed to severe violence while facing critical shortages of essential needs. A lack of financial resources when arriving in areas of settlement further exacerbates their vulnerability.[15]

Key informants recognized **a strong need to provide a variety of GBV services** in Juba and Fashoda counties, both to address the specific needs of female returnees who arrived in these areas of settlement since April 2023, as well as to address pre-existing GBV-related risks for all women in the area.

"Women and girls' friendly spaces cannot accommodate all women and girls, so it is needed to extend the programming. We see there is a very high need for counselling and PSS services among returnees."

– National NGO staff, Fashoda

Key informants emphasised that **vulnerable returnees in the two assessed areas require a variety of specialized GBV response services** such as psychosocial support and counselling. This was recognized by Focus Group Discussion (FGD) and Individual Interview participants too, who reported a high need for counselling services for female returnees in their respective areas.

"Most of the returnees were faced with different challenges, some have seen dead bodies on the way and some were harassed, some were looted. Following this, economic hardship has worsened people's status of being traumatized, and we do not find the reason why we came back to our country."

– Female returnee, Juba

In addition to this need for specialised GBV response services for female returnees in Juba and Fashoda, key informants stressed **the need for GBV-related services for all women in the assessed areas, irrespective of displacement status.** Similarly, when asked which types of humanitarian aid they perceived most needed for all women in their respective areas, **participants in both locations most often reported GBV-related services.** Women Centres were particularly valued, for their facilitation in emotional support mechanisms, inter-group relationship building, and provision of livelihood-related activities.

"Both of them [female host community members and female returnees] need a centre where they can interact to improve their relationship. Also most returnees need counselling services as they came traumatized and the situation may worsen,"

– Female host community member, Juba.

Indeed, several key informants observed **an increase in the number of individuals seeking access to services**, particularly those provided in Women and Girl Friendly Spaces, since the arrival of returnees in their respective area. In the words of one NGO staff member in Fashoda: *"We receive new faces daily, especially from Sudan. A lot of new arrivals, so we don't have enough."*

Other types of GBV-related services were less often reported by participants in Juba and Fashoda.[16] Even more, **access to legal services, while considered a crucial component to GBV service delivery, was not reported by any participant in both locations** when asked what types of humanitarian support was most needed in the area. Furthermore, while participants in both locations recurrently mentioned the poor state of the healthcare system in their area[i], they did not link this to a need of GBV-related services. This could potentially be due to persistent cultural norms and traditional beliefs[ii], making participants uncomfortable reporting on such services.

2. Considerable gaps exist in GBV service delivery in Juba and Fashoda - particularly for mitigation/response services and in remote areas

Several key informants reported that, while perceiving an increased need for gender-based violence services in Juba and Fashoda, **limitations in funding prevented upscaling of service delivery.** As such, key informants expressed worries related to lower availability of GBV services in the

i Attributed mostly to a lack of qualified staff and expensive medicines

ii Please see key finding 3 for a more detailed elaboration on the effect of stigmatization and cultural norms on GBV service delivery in Juba and Fashoda.

counties for those in need. According to one key informant, this resulted in their organization needing to target only the most vulnerable individuals in the area, meaning that other individuals—less vulnerable, but also in high need—were not able to access their services.

"We had a lot of returnees coming into the area. It was hard to deliver services, because you have no aid and a big number. So we had to look for the very, very vulnerable. And for others, the aid was not enough"

– INGO staff, Fashoda

Overall, key informants recognized that **GBV service provision in Juba and Fashoda was insufficient to meet all GBV-related needs.** Additionally, findings showed that while a variety of services across the three pillars of GBV programming (response – risk mitigation – awareness) were implemented in both locations, **service delivery seemed to be mainly skewed towards prevention**—particularly through awareness raising and outreach campaigns—**and less to direct response service delivery.**

While some partners reportedly implemented GBV response services, **these services were almost exclusively referrals**. To a much lower degree, partners reported providing direct GBV response service delivery such as counselling, case management, and other response services. For example, while Women & Girl Friendly Spaces were established in both locations, key informants mostly reported organizing livelihood activities in these centres. Case management and counselling services were mentioned by only a few key informants.

Key informants recognised that **limited provision of GBV services in Juba and Fashoda also negatively affected the effectiveness of referral pathways**. In addition to reported challenges related to resources and supplies, almost all key informants reported perceiving challenges related to referral pathways. Key informants noted that a lack of service providers in the area made it difficult for them to effectively refer GBV survivors to the appropriate services.17

These challenges were considered to be even more stark in remote areas, especially for urgently needed services like specific medical care. Such services were often only available in larger towns, making them less accessible to remote communities. Even in Kodok, the capital of Fashoda County, accessing specialized services like medical or legal aid was difficult, as cases often had to be referred to humanitarian partners in the Malakal Protection of Civilians (PoC) site. Communities in remote locations faced even greater constraints, with the only available transportation being local canoes - which were time consuming, and required payment. In response to these challenges, key informants reported survivors sometimes were forced to abandon their referral process.

"We used to refer to Malakal one-stop centreiii. The challenge was transportation, Fashoda is far. Most of the time they [the beneficiaries] cannot afford transportation, so the survivor decided to stop the process."

– INGO staff, Fashoda.

Taken together, these findings suggest that **GBV service delivery was insufficient to meet current needs in Juba and Fashoda counties**. This aligns to observations from the FGDs and Individual Interviews, which showed that awareness on GBV service provision in these areas was low.18 In both locations, **the majority of female returnees and female host community members reported not being aware of any types of humanitarian services for women or girls in their area**. Only a few participants reported being aware of humanitarian service delivery for women in their areas. In Juba, these participants all reported livelihood support. In Fashoda, these participants reported distribution of non-food items, such as soap and buckets, as well as the establishment of a women's centre.

"They opened a centre [...] in the village. It's for women. They are making bedsheets and people are discussing together, sharing ideas."

– Female returnee, Fashoda.

As the factors driving increased need for GBV-related services in the two counties (i.e. increased influx of returnees, worsening economic situation) are unlikely to abate in the second half of 2025, **the**

iii Through One Stop Centres, partners work on integrated service provision. In the centres, a range of GBV-related services – i.e. medical, psychosocial and legal – is provided. The first One Stop Centre in South Sudan was established in 2017. Since 2018, UNDP and UNFPA have established One Stop Centres in Malakal. Early 2025, UNFPA is the lead on the One Stop Centre in Malakal.

trends described above are likely to worsen. This could potentially lead to an increasingly large—and increasingly vulnerable—population in need of GBV services, without being able to access such essential services. This situation underscores **an urgent need to upscale a range of GBV-related services in Juba and Fashoda**, including mental health and psychosocial support, protection services, and livelihood assistance. Without immediate mental health support, trauma may worsen, increasing the risk of anxiety, depression, and post-traumatic stress disorder. In the absence of adequate protection services, returnees—particularly women and children—remain at high risk of exploitation, abuse, and trafficking.[19] **In both assessed locations, female returnees reported that individuals are increasingly resorting to negative coping mechanisms**, such as early marriage or transactional sex, to secure food or money. Notably, female host community members did not mention these coping strategies, tentatively suggesting that they may be more prevalent among returnees in areas of settlement in Juba and Fashoda.[20]

3. One of the major challenges for GBV service delivery are persistent stigmatizing views and behaviours in local communities

In both Juba and Fashoda county, **almost all key informants reported they perceived traditional beliefs and stigmatization to be a main barrier to utilisation of gender-based violence services**. The normalization of harmful practices, such as child marriage, and persistent social norms that shame survivors of GBV may prevent individuals from seeking timely support.

"Cases have not been reported, or sometimes reported very late. In their mind, it's the same to report. Sometimes survivors come 72 or 120 hours after the incident."

– INGO staff, Juba

Furthermore, as mentioned before, **harmful practices such as child marriage may sometimes be used as a coping strategy when households face economic hardships**. Due to persistent social norms and their economic dependence on the abuser, survivors may not perceive their situation as a case of GBV – thus leading to considerable under-reporting of GBV.[21]

Indeed, despite ample reports about individuals in Sudan facing GBV during their displacement[22], one key informant noted that **the observed numbers of returnees and refugees seeking services for such violations in South Sudan does not, by far, correspond to the extent of these violations** happening in Sudan.

"At a training in [location in Upper Nile], one of the service providers said: we have two survivors per month. That cannot be true. GBV service provision is definitely weak. There are no service providers that actually get the numbers we are expecting."

– INGO staff, Fashoda

Limited availability of services as well as a potential lack of awareness of services may potentially contribute to low numbers of beneficiaries seeking GBV services too. Nevertheless, key informants generally attributed low numbers of individuals seeking services to pervasive stigmatization, caused by traditional norms and beliefs. Even more, one key informant reported to have observed **stigmatizing behaviour among service providers** as well, creating further barriers for communities to seek GBV response services.

"We are getting a lot of reports about stigmatization at service providers as well. Confidentiality is not upheld, so survivors do not come forward. Sometimes service providers even reinforce victim blaming. For example, when service providers hire staff from the own community, it even creates even more stigmatization"

– INGO staff, Fashoda

4. Stigmatization reportedly decreased in areas where GBV awareness programmes have been implemented – with a crucial role for community leaders, local organizations and community members

In both Juba and Fashoda, key informants recognized stigmatization around gender-based violence has traditionally been high. Nevertheless, several **key informants in both counties reported having seen improvements over the last few years in areas where awareness raising programmes aiming to reduce stigma in communities were implemented**. More specifically, key informants reported having seen an increase in reported GBV

cases in locations in Juba and Fashoda (e.g. Kodok town) where such awareness raising programmes were implemented – recognizing stigma to still be high in areas without such activities (e.g. more remote villages in Fashoda).

Key informants cited **examples of community-based outreach structures effectively targeting stigma in the community**. One example of this was the community-based child protection network, in which communities form their own committee of trusted members, who together serve as the focal point between organizations and the community members.

"We use community-based child protection networks. These are not selected by us, but by community members. They are the people they trust, they know."

– INGO staff, Juba

Another best practice of using community-based outreach structures, cited by one key informant in Juba, was **the involvement of religious leaders in awareness raising campaigns**. These leaders are an important source of support for women in the respective areas.

Key informants stressed **the duality around involving community leaders and elders in GBV awareness programmes.** On the one hand, community leaders and elders are often the first point of contact for community members who are in need of support. As such, it is important that community leaders are well-adapted to recognize cases of GBV, and well-informed on how to handle and refer such cases. On the other hand, community leaders and elders often have close ties with perpetrators of GBV, or may even be perpetrators themselves.[23] As such, key informants cited challenges they perceived in changing the attitudes and perceptions of these individuals about GBV.

"The main challenge to service access came from local chiefs. Especially early and forced marriages, they are still practicing it. We had awareness sessions with them, but they are still not willing to follow up. We tried to involve local authorities to support, but the chiefs are still a bit resilient. The chiefs and local authorities, some of them are perpetrators, so they are not willing to change these behaviours"

– INGO staff, Fashoda

Furthermore, **the central role of community leaders and local authorities in reporting and referring GBV cases could potentially cause disparities between returnees and host communities**. Returnees may feel less comfortable in seeking support from local leaders and authorities, particularly during the first period after their arrival in the host community. The 2024 ISNA showed that, in Juba, returnee households were indeed considerably less comfortable seeking support from local authorities compared to host community households.[24] In Fashoda, however, no difference was observed between returnee and host community households. This aligns to FGD and Individual Interview findings[25], which showed that returnees in Fashoda often reported strong ties to the land, culture, and local communities in their settlement area. This further reinforced positive relationships between returnees and host communities in Fashoda, and may therefore have resulted in returnee households feeling relatively more comfortable in seeking support from local authorities in their areas of settlement.

5. Shifts in the funding landscape in early 2025 have further strained GBV service delivery in Juba and Fashoda, compounding existing challenges related to short-term budgets and project implementation

In addition to persistent stigmatizing views and behaviours, **short-term funding cycles and limited project timelines were identified as a major challenge** for gender-based violence service delivery in Juba and Fashoda as well.

First, key informants in both counties repeatedly cited **concerns over a lack of well-trained and qualified staff** which reportedly impeded the quality of services delivered. Several key informants reported their staff were not trained to deal with GBV survivors. According to key informants, such gaps were often related to the high turnover of staff due to the short duration of projects—with some being implemented for 3 to 6 months only.

"The [staff] turnover is high, staff often came new and you had to start training again and start from square one."

– INGO staff, Fashoda

Second, key informants also reported **considerable challenges in the continuity and sustainability of GBV programmes** due to short-term funding cycles and limited project timelines. While efforts were made to create comprehensive exit strategies, ensuring programmes continue beyond their initial duration, key informants mentioned such initiatives often did not materialize as intended.

In several cases, key informants linked such difficulties around exit strategies to challenges related to access to land. Many GBV-related activities, such as Women & Girl Friendly Spaces, were implemented on communal land. Key informants raised concerns over the efficiency of humanitarian partners' exit strategies, i.e. handing over management of such spaces to women from the community, providing examples of how land was reclaimed by local authorities as soon as the project had ended.

"An organization was doing a women friendly space. While the programme was working, the friendly space was working. As soon as the organization left, the local authorities started using the space to keep cattle. [name of organization] is now trying to make sure that when they do women friendly spaces to engage women groups, if these have their own spaces or own land"

– INGO staff, Juba.

Debates over access to communal land were not only a constraining factor for effective exit strategies, preventing programmes from continuing beyond their initial duration. In some cases, **such debates also reportedly caused temporary suspension of GBV activities** during programmes' implementation periods.

"As an organization, we cannot buy land to set up women and girl friendly spaces. We went through community leaders, who gave us some land. We signed a Memorandum of Understanding, set up the facility [...] but out of nowhere, one of the leaders claimed we had to stop activities. So we had to stop for four months."

– National NGO staff, Juba

In addition to the above, **changes in the humanitarian funding landscape in the beginning of 2025 affected the delivery of GBV-related service delivery in Juba and Fashoda counties.** Suspensions in GBV programming in response to donor requests were reported in both locations, but particularly in Fashoda. Notably, in early February 2025, a key GBV implementing partner closed a substantial portion of its programming in the area, including a health facility and two Women & Girl Friendly Spaces. As a result, communities in Kodok were left with one operational public health facility, which reportedly struggled with shortages of medicines and qualified staff, and very limited GBV services available. While one Women & Girl Friendly space was operational, the services provided in this space were limited, partly due to limited financial resources and a lack of supplies.

While any suspension of GBV service delivery in areas of high need poses significant risks, including the increased vulnerability of affected populations, the ***sudden*** **halt of such programmes may disproportionately affect communities**. Abrupt closures of programmes can create a lack of trust in service providers, as beneficiaries may perceive aid delivery as unpredictable or unreliable.

"This might make women less willing to support - they might have lost hope and trust in us. That aspect of trust is a bit shaky for now. This might have a long-term impact on our service provision in the area"

– INGO staff, Fashoda

The assessments' findings indicated that, while implementing partners in Fashoda have attempted to communicate to partners and communities on the suspensions of programmes, **gaps in information provision may still exist.** Community members—including both female returnees and host community women— were not aware of any sudden suspensions of aid programmes in their areas. Furthermore, two key informants from different implementing partners in Fashoda were also not yet aware of humanitarian programme closures in the region.

Similarly, as highlighted by another key informant, **ensuring that communities understand the rationale behind the delivery of specific aid services is essential**. A lack of clarity regarding humanitarian programming could contribute to misconceptions among local populations, potentially affecting trust and engagement with service providers.

"But because we lack funding were not able to provide the services the beneficiaries want, and with that beneficiaries think we deny them their right to access services."

– National NGO staff, Juba

6. Coordination between different GBV actors was perceived to mostly be working well, although some challenges were reported

Collaboration and coordination with gender-based violence partners was generally perceived to be effective, with the key role of the GBV AoR being recognised by several key informants. However, some challenges regarding a lack of coordination were identified by key informants in Juba and Fashoda counties.

Again, **one of the main challenges in coordination was the short-term nature of GBV projects** – with programmes sometimes running for a few months only. According to key informants, this resulted in a high turnover of partners implementing GBV services in specific areas – reportedly leading to a lack of coordination at the state level for certain periods of time.

"Even before funding freeze, there were partners moving out of specific locations. So we don't have a dedicated person in these locations because there are no partners."

– GBV expert, Juba

Coordination issues between humanitarian actors and relevant state-level ministries have reportedly further hindered effective collaboration at the sub-national level. Key informants pointed to a lack of capacity and financial resources as the main reasons for these challenges. They emphasized the importance of securing sufficient involvement from public authorities to address unmet GBV needs. Additionally, key informants noted that GBV programs often lack a legal component. They stressed that it is the government's responsibility to strengthen the legal system and ensure access to justice, which remains a significant concern across South Sudan.[26]

In addition to this, another key informant reported that there are **challenges in terms of coordination at the local level:** while recognizing coordination at the national and state level was effective, the key informant reported perceiving **some gaps in terms of data sharing at the grassroots level.** Such challenges around reporting and data sharing by local GBV partners, using the GBV Information Management System[iv], were recognized in the GBV AoR Strategic Plan 2024-2026 as well.[27] In line with the Strategic Plan, the key informant emphasised the need for accurate and timely reporting of GBV services delivered in order to prevent the duplication of efforts.

While they recognized the importance of service mapping activities conducted by the GBV AoR[v], some key informants reported they perceived **additional service mapping could further streamline and improve GBV service delivery** in Juba and Fashoda.

"All of us [GBV actors] were concentrated in one payam. That could be prevented if the cluster engages with all organizations that do GBV programming, if they do service mapping. Or even the authorities can advise which areas are best to set up activities."

– INGO staff, Fashoda

7. While the importance of GBV mainstreaming in humanitarian programming was widely recognized, considerable challenges persist

Several key informants stressed the strong link of gender-based violence programming to other sectors. They emphasized that **GBV programmes should not be implemented in siloes but rather mainstreamed across the different sectors** of humanitarian service provision. Stressing the importance of GBV service delivery, key informants noted the importance of addressing other key unmet needs, such as food and shelter, as well. As mentioned before, such needs are often inter-related with GBV-related concerns and risks; for example, a lack of food for the household can sometimes lead to fathers marrying off their daughters at an early age in order to provide some income for the household.

"Food [needs] can be a cause of GBV. In some cases, when there is no food, men want to give out their daughter to get food."

- GBV expert, Juba

iv See box 1 on page 9 for an overview of the GBV AoR as part of the Protection Cluster in South Sudan

v As per the Strategic Plan 2024-2026, the GBV AoR coordination team conducts GBV service mapping activities twice a year.

As such, key informants emphasised the **need to address these types of unmet needs, as this could greatly reduce the risk of further GBV happening** in these vulnerable communities. Key informants mostly reported that programmes targeting women empowerment, livelihood support, youth empowerment and access to legal services may help reduce GBV risks. Indeed, support with livelihood activities was also reported by female returnees and female host community members as one of the key needs in Juba and Fashoda.[28]

"Female returnees from Sudan face financial challenges. So we integrate them into our livelihood programmes so they get the knowledge to start something. Just counselling is not enough, they are just idle so they also need to do something."

– INGO staff, Juba

While key informants recognized the importance of mainstreaming GBV across different sectors, they reported a number of challenges. First, according to one key informant, there was **a lack of coordination between some of the different clusters,** causing them to operate in siloes rather than as one coordinated response.

"Some of them [returnees] they needed extra support like shelter, nutrition, etc. some came very malnourished, dehydrated. So hard to do mainstreaming. Cluster was not supporting them as one, each was doing separate. Between livelihood, shelter and wash and nutrition."

– INGO staff, Fashoda

Second, several key informants reported perceiving that **GBV was often the last priority when it comes to humanitarian agencies' strategic planning and programming**. They noted the example of GBV workstreams operating under the smallest budget and that, in many organizations, senior management positions are not held by GBV specialists but specialists from other sectors. With dedicated GBV staff only at lower positions in these organizations, the key informant perceived there was a lack of advocacy for GBV mainstreaming and programming in some of these organizations. While the informants noted that the provision of GBV services is recognized and valued, it was perceived to not equally be weighed.

"Our biggest funder is [name of donor], sometimes even they are saying: we don't need so many protection people. And then in the end they say: protection is weak."

- INGO staff, Juba

Box 1: The GBV AoR as part of the Protection Cluster in South Sudan

GBV Area of Responsiblity in South Sudan

In South Sudan, the Protection Cluster is led by UNHCR. The cluster includes four 'areas of responsibilities' (AoRs): i) **Gender-Based Violence (GBV) AoR**, led by UNFPA; ii) **Child Protection AoR**, led by UNICEF; iii) **Mine Action AoR,** led by UNMAS, and; iv) **Housing, Land and Property (HLP) AoR**, led by NRC and UN-Habitat.[29]

Globally, GBV programming is divided into three different pillars: prevention, risk mitigation and response. Within these three pillars, the following key priorities were identified by the GBV AoR for 2025[30]:

- **Prevention**: engaging men and boys through accountable practices. Key activities include economic empowerment, livelihood support, awareness sessions and Protection from Sexual Exploitation and Abuse (PSEA).
- **Risk mitigation**: collaborating with clusters to integrate GBV into humanitarian programming, conducting multisectoral safety audits, providing dignity kits, distributing fuel-efficient stoves and offering cash assistance.
- **Response**: focusing on GBV case management, psychosocial support, legal aid, safety and security, safe houses, women and girls' friendly spaces and effective referrals for GBV survivors.

The GBV AoR has an important **coordinating role**. Biweekly GBV coordination meetings are organized at the national level, involving GBV partners from South Sudan's ten states and two administrative areas. In each of the states/administrative areas, GVB AoR coordinators are appointed who serve as a bridge between the national and the grassroots level.[31]

GBV interventions are tracked through the **GBV Information Management System**. In addition to this, the national GBV AoR conducts field monitoring visits and service mapping activities to assess the availability of services and identify potential gaps.[32]

Methodology Overview

The aim of this assessment was **to better understand GBV service delivery** in the assessed areas of settlement, focusing on the availability, accessibility, and acceptability of these services, particularly for female returnees.

Qualitative data were collected from January 28 to February 19, 2025 **in two purposively selected counties: Juba and Fashoda.** These locations were selected based on the estimated high number of settled returnees residing in each county.[33]

30 Individual Interviews (IIs) were conducted with female returnees from Sudan, and **11 Focus Group Discussions** (FGDs) were conducted with both female returnees from Sudan and female host community members. **15 Key Informant Interviews** (KIIs) were conducted with experts on GBV service delivery in the assessed areas. The primary data collected was supported by a secondary data review, used to triangulate the findings and better situate the findings in the broader scope of the humanitarian response in South Sudan. All participants were selected using non-probability sampling.

Qualitative data were analysed through thematic analysis using Data Saturation and Analysis Grids (DSAGs), which allowed for the identification, analysis, and reporting of patterns within the data.

More details on the methodological approach can be found in the report available **here**.

Annex A: Key Definitions

Displacement-affected populations refers to Internally Displaced Persons (IDPs), refugees, returnees and the host community in the areas in which IDPs and/or returnees are present.

- According to UNHCR guidelines, a **returnee** is defined as *'a refugee or internally displaced person who has returned to their country or area of origin to remain there permanently'*.[34] For the purpose of this assessment, which focuses on returnees from Sudan, the term returnee is used for all displaced individuals with the South Sudanese nationality who have crossed the border from Sudan into South Sudan since April 2023.
- **Host communities** are the communities in which displaced persons (IDP, returnee, refugee) reside. For the purpose of this assessment, host communities refer to people residing in the area before the onset of the Sudan (April 2023)

Area of settlement refers to the area in which considerable proportions of returnees, in this case from Sudan, settle for the medium to long term. In other words, this excludes places that are primarily 'transit locations' (such as Renk) – as these are locations where returnees mostly transit only, and thus usually do not have the intention to integrate with the host community and/or interact less with the host community.

Area of origin refers to the geographic region from which individuals or populations migrated. In some cases, this may refer to where one's parents or grandparents were from (i.e. their ancestral home), rather than the location from which one was most recently displaced.[35] Determining someone's area of origin can be difficult in contexts like South Sudan, in which displacement and migration has happened multiple times and across generations. For example, someone who grew up in Eastern Equatoria but whose parents and grandparents were from Upper Nile might see Upper Nile as their area of origin, despite never having been there themselves. For the purpose of this assessment, therefore, we will primarily make use of the term 'Area of settlement' – since returnees from Sudan are free to choose which area to settle in; be it their Area of Origin, or alternative locations.'

Gender-Based Violence (GBV) is a life-threatening health and protection issue, which can include sexual, physical, mental and economic harm inflicted in public or in private.[36] While it is acknowledged that men and boys are subject to gender-based violence as well, this assessment focuses on violence against women and girls. Women and girls are disproportionally affected by GBV. Furthermore, investigating access to services for men and boys GBV survivors was deemed a too sensitive topic for research in the context of Sudan and South Sudan due to the risks connected to investigating this specific population group for all parties involved in the assessment. The risk of GBV against women and girls further increases in times of crisis.

Sexual violence is *"any sexual act, attempt to obtain a sexual act, or other act directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting. It includes rape, defined as the physically forced or otherwise coerced penetration of the vulva or anus with a penis, other body part or object, attempted rape, unwanted sexual touching and other non-contact forms".*[37]

Abbreviations

AoR	Area of Responsibility
FGD	Focus Group Discussion
GBV	Gender-Based Violence
IASC	Inter-Agency Standing Committee
IDP	Internally Displaced Persons
II	Individual Interview
INGO	International Non-Governmental Organisation
IOM	International Organization for Migration
ISNA	Inter-Sectoral Needs Assessment
KII	Key Informant Interview
NGO	Non-Governmental Organisation
UN	United Nations
UNFPA	UN Population Fund
UNHCR	UN High Commissioner for Refugees
UNICEF	UN Children's Fund
UNMAS	UN Mine Action Services
UNMISS	UN Mission in South Sudan

Endnotes

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