Fig 1: Women Group supported by IRC, commemorating the International Women's Day on 8th March, Renk Transit Center @Christine S./UNHCR

GENDER-BASED VIOLENCE (GBV) ANNUAL REPORT

RENK RESPONSE, UPPER NILE STATE

January – December 2025

GBV Partners: The Department of Gender, Child and Social Welfare, International Rescue Committee (IRC), International Medical Corps (IMC), Agenda for Relief Initiative (ARDI), South Sudan Red Cross (SSRC), Agency for Technical Cooperation and Development (ACTED), Hope for Africa South Sudan (HASS), Humanitarian Development Consortium (HDC), Oxford Committee for Famine Relief (Oxfam), South Sudan Women United (SSWU), Jesuit Refugee Service (JRS), Medicine Sans Frontier – Belgium (MSF-B), IsraAid, UNHCR, UNFPA, UNICEF.

Executive summary

The period from January to December 2025 saw a significant rise in humanitarian needs in Renk, driven by the sharp increase in new arrivals particularly during the first and third quarters of the year combined with **60 per cent funding cuts** in GBV programming that placed additional strain on already limited GBV services which left **over 80,000 women and girls** at heightened risk. Upon arrival to South Sudan, many women and girls described enduring emotional and psychological abuse, compounded by the trauma of displacement and the strain of economic collapse. Survivors spoke of physical assault, rape, sexual violence, denial of resources, and early or forced marriage, frequently occurring within intimate relationships or as a result of heightened vulnerability during cross-border movements. Men and boys also reported experiencing violence, particularly physical and emotional abuse, though their cases remain significantly underreported. These accounts represent only a fraction of the reality, as stigma, fear, and limited access to services continue to silence many survivors.

Against this backdrop, a reduction in funding adversely affected the capacity of GBV actors to maintain consistent service delivery and support. Despite these challenges, partners sustained the provision of lifesaving GBV case management, prioritized risk-mitigation interventions, and essential GBV information services, alongside prevention and empowerment initiatives aimed at supporting women and girls.

Given the rapidly evolving context, which continues to heighten GBV and broader protection risks for women and girls, there remains a critical need for ongoing delivery of comprehensive GBV lifesaving services. These include case management, psychosocial support, risk-mitigation measures such as dignity kit distribution, economic empowerment and livelihood activities that foster self-reliance, awareness-raising efforts, and strengthened capacity-building for community structures to enhance referral pathways and promote community ownership of GBV services.

Coordination: The GBV Sub-Sector is co-coordinated by UNHCR and IRC with close collaboration with the Department of Gender, Child, and Social Welfare. The coordination mechanism continues to operate in line with established Terms of Reference and Standard Operating Procedures (SOPs), which outline GBV minimum standards and guide multi-sectoral referrals. These include health, safety, legal, psychosocial, and material assistance provided by partners in the Transit Center and surrounding localities.

It is important to note that only four partners (IRC, IMC, ACTED and IsraAid) are currently providing GBV response services, while the remaining partners focus primarily on GBV prevention and risk-mitigation interventions.

Trend Analysis: 2024 versus 2025

A comparative analysis of the 2024 and 2025 GBV trends in Renk demonstrates a sustained and slightly increasing protection concerns, with reported incidents rising by **14 per cent in 2025** reflecting both persistent risks and improved access to reporting and services. It should be noted that;

- In both years, survivors were predominantly female, accounting for 99 per cent of cases, while adults aged 18 and above represented 89 per cent in 2024 and 95 per cent in 2025, indicating that violence remains largely directed toward adult women in displacement contexts.
- Returnees continued to constitute the majority of survivors, accounting for 57–80 per cent in 2024 and remaining the highest proportion in 2025, followed by refugees.
- Intimate partner violence remained the most prevalent form of GBV across both years, with psychological and emotional abuse increasing significantly from approximately **42 per cent in 2024 to 79 per cent in 2025,** highlighting growing mental health and psychosocial distress linked to prolonged displacement, economic hardship, overcrowding, and family tensions.
- Physical assault also remained a major concern, accounting for **42 per cent in 2024 and 41 per cent in 2025**, while denial of resources emerged as a more visible trend in 2025 at **25 per cent,** reflecting the deepening economic strain affecting households. Sexual violence trends showed increased reporting in 2025, with **rape rising from 8 per cent in 2024 to 14 per cent in 2025**, and sexual assault remaining a concern at 8 per cent, indicating improved awareness, referral pathways, and survivor confidence in services.
- Early and forced marriage, reported at **5 per cent in 2025**, remained linked to harmful traditional practices, particularly in the Eastern Corridors where girls aged 12–14 years continued to be exposed to forced unions due to cultural norms, insecurity, and economic vulnerability.
- Incident timing also remained consistent, with a significant proportion occurring at **night (52 per cent in 2024 and 39 per cent evening/night** in later analysis, highlighting the need for improved safety measures in shelters, WASH facilities, and community spaces.
- Perpetrator profiles also remained unchanged, with over **60 per cent** of incidents committed by intimate partners or family members, reinforcing the need for household-level prevention and male engagement strategies. Despite improvements, underreporting remains a critical challenge, with 36 per cent of cases in 2024 reported after one month, largely due to stigma, fear of retaliation, and reliance on informal justice systems. These findings underscore the urgency of sustained investment in prevention, survivor-centred response, community engagement, economic empowerment, and strengthening legal and protection systems as part of a comprehensive and durable protection approach for refugees, returnees, and host communities in Renk.

2025 Trend Analysis

Between January and December 2025, 345 cases were documented of which **99 percent** of the survivors were female, with **95 percent** falling within the **18–59 age group**, and **5 percent** being minors. The reported incidents included **psychological and emotional abuse (79 per cent), physical assault (41 per cent)**, **denial of resources (25 per cent), rape (14 per cent), early and forced marriage (5 per cent), and sexual assault (8 per cent).**

According to the Gender Based Violence Information Management System (GBVIMS), emotional violence comprised of **79 percent** of the overall recorded incidents. This indicated a high prevalence of psychological distress among survivors, exacerbated by traumatic events encountered during cross-border displacements/ movements and hardships amplified by the economic difficulties and meltdowns that can trigger other forms of GBV, such as intimate partner violence/ domestic violence. Other types of GBV reported were physical violence (**41 per cent**), denial of resources **(25 per cent),** rape **(14 per cent),** early and forced marriage **(5 per cent),** and sexual assault **(8 per cent).** It must be noted, however, that this analysis does not entirely cover GBV trends as it largely continues to be underreported.

Fig 2: Marking IWD, Renk Transit Center @ UNHCR/Renk

Root Causes: Conservative social, cultural, and religious norms in the community significantly influenced the prevalence of GBV. Within the Eastern Corridors where some displaced populations settled, survivors highlighted harmful traditional practices perpetrated by family members. For instance, early and child marriage continued to occur, often concealed, with girls as young as 12–14 years being forced or given into marriage due to deep rooted cultural norms. These deeply entrenched norms remained a primary driver of the reported GBV cases.

Other Contributing Factors: Additional factors that heighten vulnerability to GBV included the lack of education opportunities and the limited socio-economic and livelihood prospects for women and girls. These constraints reduced self-reliance, weakened protective networks, and left many women and girls with fewer options to avoid or escape situations of harm.

Response interventions:

- In 2025, **50 per cent** of GBV cases were referred to by community members and leaders, while the remaining **50 per cent were self-referrals**. This increase of referrals by both community and survivor-led referrals is largely attributed to strengthened awareness of referral pathways and the active engagement of women and girls in Women and Girls Safe Spaces (WGSS), dialogue sessions, focus group discussions, and various trainings conducted throughout the year.

Fig 3: Women and girls of reproductive age provided with Dignity kits in Atam @IRC/Renk

- Through the multi-sectoral referral system, psychosocial support remained the most frequently requested service, accounting for **68 per cent** of all referrals. Thirteen percent of referrals were for health services, another 13 per cent for safety concerns, and 6 per cent for legal assistance. While the four core referral pathways were fully utilized, it is important to highlight that 1 per cent of survivors were referred for livelihoods support, and 90 per cent received dignity kits as part of case management and psychosocial assistance provided within the WGSS.

Mainstreaming GBV risk mitigation

GBV lifesaving case management services were fully mainstreamed and integrated into Health and Nutrition facilities across the Eastern Corridor (Gosfami, Chemedi, and Bobnis). This integrated approach strengthened coordinated service delivery, ensured timely and holistic GBV responses, and improved access to information on Health, Nutrition, and Sexual and Reproductive Health services particularly for women and girls. Mainstream and Integrated Services included:

- GBV case management embedded within Health and Nutrition facilities, ensuring immediate support for survivors during health service visits.
- Linkages between GBV, Health, Sexual and Reproductive Health (SRH) and WASH services to facilitate smooth multi-sectoral referrals.

- Integrated awareness-raising activities on GBV, SRH, maternal health, and nutrition.
- Joint service provision by GBV and health actors to ensure survivor-centered care and confidential support.
- Harmonized data collection and reporting mechanisms across GBV and health partners for improved coordination.

Support provided through integrated GBV Response:

- **1,558 women and girls** at risk (935 women and 623 girls) received material support including WASH items as part of GBV risk mitigation efforts.
- **8,783 women and girls** of reproductive age (6,701 women and 2,082 girls) were supported with dignity kits. Dignity kit distributions were coordinated with GBV partners, including UNFPA, SSWU, IMC, ACTED, IRC, and SSRC upon arrival to the transit center and during Onward transportation movements.

Prevention Interventions:

46,390
people reached through prevention activities

- **Awareness:** From January to December 2025, a total of 46,390 individuals were reached through GBV awareness-raising and information-sharing sessions, including 18,171 women, 12,998 girls, 6,019 men, and 9,202 boys, representing an 18 per cent increase compared to 2024. This progress was largely attributed to strengthened collaboration and engagement with other sectors such as WASH, Health, Shelter and Non-Food Items, and Site Management, which enhanced the integration and mainstreaming of GBV prevention messages and key information across community interventions.
- These activities helped ensure that community members understood the various forms of gender-based violence, its root causes, contributing factors, and its impact on individuals, families, and the broader community. The sessions also highlighted the importance of timely referrals to essential services, including psychosocial support, healthcare, legal assistance, safety interventions, and other survivor-centered services that safeguard the well-being and rights of GBV survivors.

Capacity Building: A total of 108 individuals (37 women and 71 men) from partner organizations, community leadership structures, and government institutions received training on GBV Minimum Standards in Emergencies, core GBV concepts, safe disclosure practices, referral pathways, and case management procedures. These capacity-building efforts strengthened the quality of GBV service delivery, enhanced coordination among actors, and improved the effectiveness of multi-sectoral referrals.

- **Women and Girls Safe Spaces (WGSS):** A total of 12,433 women and girls, accessed services at the Women and Girls Safe Spaces (WGSS), where they participated in group psychosocial support sessions and information-sharing activities. Although WGSS operations were halted or significantly slowed for nearly three months due to funding, women and girls demonstrated strong resilience and initiative by continuing to organize socialization meetings and informal support sessions. These efforts helped sustain their well-being by maintaining dignified, confidential, and empowering spaces where they could safely access information and essential support services.

12,433
women and girls access services in WGSS

Protection from Sexual Exploitation and Abuse (PSEA)

The Renk response recognizes the significant efforts made to strengthen the Prevention of Sexual Exploitation and Abuse (PSEA) through regular monthly coordination meetings, support missions, and continuous capacity-building initiatives supported by the national PSEA network and partner focal points across agencies. These collective efforts contributed to key achievements, despite heightened risks driven by limited access to basic assistance, presence of humanitarian actors, delays in onward transportation support, funding constraints for PSEA activities, and high turnover of trained focal points. Nevertheless, through strengthened coordination, sustained engagement, and shared commitment among partners, the following results were achieved in Renk:

Coordination: The PSEA Network in Renk maintained strong inter-agency coordination co-chaired by UNHCR and LWF at the Renk sub national network, supported by nine coordination meetings in 2025. More than 40 partner organizations continued implementing safeguarding and PSEA policies with trained focal points, while an inter-agency SEA risk assessment completed in early 2025 informed system-wide prevention efforts. Despite limited resources, partners sustained cohesive and aligned PSEA mechanisms throughout the reporting period.

Community Engagement & Reporting Channels: Awareness and outreach efforts reached **44,740 community members** across transit centers and host communities through dialogues, meetings, and information sessions. In addition, **30 community representatives** were trained on Community-Based Complaint Mechanisms (CBCM), strengthening trusted reporting pathways. IEC materials were widely distributed to reinforce zero-tolerance messaging, while confidential reporting options such as protection desks and counseling units remained active. The Community Feedback

Mechanism continued functioning effectively, ensuring community concerns informed risk mitigation and program adjustments.

Operational Strengthening & Capacity Building: Between January and December 2025, **859 stakeholders, including frontline workers, community leaders, and humanitarian partners,** received training on PSEA, GBV prevention, reporting pathways, and referrals. A Training of Trainers for **46 PSEA focal points** strengthened localized expertise, while **108 case workers** were trained in survivor-centered GBV case management. These capacity-building efforts improved partners' ability to prevent, identify, and respond to SEA, although some refresher trainings were delayed due to funding gaps.

Victim/Survivor-Centred Assistance Services: In November 2025, **25 humanitarian** staff from various sectors were trained on the Victim Assistance Protocol SOPs, enhancing inter-agency capacity to support survivors. As a result, survivors continued accessing confidential reporting channels and assistance through protection desks, counseling services, and linked GBV and child protection referral pathways. Survivor-centered principles remained central to response, supported by active inter-agency referral mechanisms and regular consultations with women, girls, and other at-risk groups to ensure assistance remained responsive to their needs.

Impact of funding cuts to GBV programming

- Following the announcement of reduced contributions from donors and re-prioritization of funding to live-saving criteria, partners were forced to deprioritize prevention, capacity-building, and risk-mitigation activities during the first quarter of the year. The significant reduction in resources shifted the focus almost entirely toward life-saving services, such as GBV case management and psychosocial support. As a result, many prevention initiatives, training efforts, and risk-mitigation activities were scaled down, suspended, or deprioritized. This has increased vulnerabilities and risks to exploitation, particularly by limiting access to essential information and reducing community awareness on where and how to report GBV incidents when they occur.

- The funding cuts also coincided with a rise in the number of returnees and refugees, placing further strain on already overstretched GBV services. Reduced staffing levels and increased caseloads weakened the ability of frontline responders to deliver timely and effective support. This heightened operational pressure on humanitarian actors, increased the risk of community dissatisfaction, and resulted in a growing number of GBV cases being delayed or left unresolved.

Appeal: There is an urgent need for sustained long term and multi-year funding for GBV programming. Short-term and unpredictable funding cycles continue to heighten vulnerabilities and increase the risks faced by women and girls. The persistent lack of resources is exacerbating protection concerns and limiting access to continuous, survivor-centered GBV services for those who need them most.

At the same time, strengthening the capacity of the Gender, Social and Child Welfare Department is critical to ensuring national ownership and sustainability. This includes enabling the department to effectively manage community-based cases and prioritize timely referrals to health, legal, safety, and psychosocial support services, while reinforcing coordination mechanisms and case management systems to provide holistic and confidential care to survivors.

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