

Policy Brief

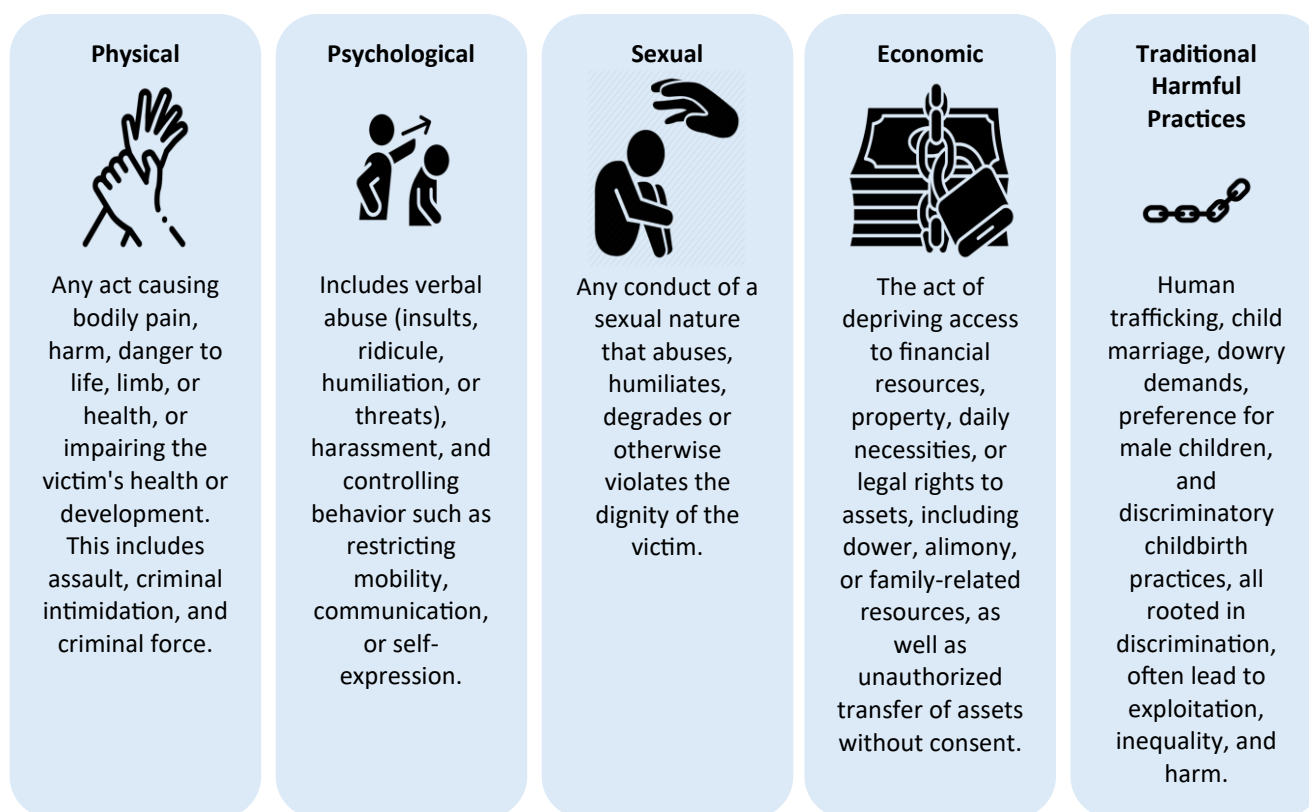
Referral Pathway for GBV Survivors in Urban Setup of Bangladesh

Overview:

Gender-based violence (GBV) is a pervasive issue in both rural and urban areas of Bangladesh. Despite the urgent need, there is no formal referral system to support survivors, particularly women, adolescents, and children, facing various forms of violence. A referral system is essential to provide GBV survivors with on-time, safe, and confidential access to quality and multi-sectoral services. It should ensure coordinated service delivery, prioritize survivors' safety and confidentiality, and respect their choices, allowing them to define their needs and decide on the best support options.

Gender-based Violence:

The Declaration on the Elimination of Violence against Women (1993) by the General Assembly Resolution 48/104 defines violence against women as: *any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harms or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life*ⁱ. According to the World Health Organization (WHO), the categories of gender-based violence (GBV) include:



Global and Bangladesh Perspectives

Globally, approximately 641 million ever-married women aged 15 and above experience violence at least once in their lifetime, with 245 million facing it within the last 12 monthsⁱⁱ. One in four adolescent girls also experiences violenceⁱⁱⁱ. In Bangladesh, the Bangladesh Bureau of Statistics (BBS) defines violence against women as physical, sexual, economic, and emotional abuse, and controlling behavior. According to the Violence Against Women Survey 2024, 7 in 10 women have experienced one or more forms of intimate partner violence in their lifetime, nearly half of ever married women still experience physical violence at some point in their lifetime, while the prevalence of sexual violence during lifetime effects nearly 30% of women. Non-partner violence (NPV), which includes physical and sexual violence against women by individuals other than a current or former husband, has been experienced by 15 percent of women. Adolescents within the age range of 15-19 are even more vulnerable to non-partner sexual violence.^{iv} Despite special tribunals, laws, policies, and advocacy programs, GBV remains prevalent due to challenges like insufficient evidence and

witnesses. Survivors often endure further harassment when seeking medical or legal help. Delays in filing cases, investigations, and medical examinations weaken prosecutions and allow perpetrators to evade justice^v. International frameworks such as the Beijing Platform for Action (1995) and the Commission on the Status of Women (2013) emphasize the importance of multi-sectoral approaches and coordinated mechanisms to support survivors and combat GBV. However, redress and relief for survivors remain inadequate, underscoring the urgent need for stronger prevention, protection, and justice measures. A survivor-centered approach creates a supportive environment that promotes empowerment by placing survivors at the center of the recovery process. This approach ensures survivors can actively direct their recovery, acknowledging and respecting their autonomy and choices. It emphasizes that survivors are the primary decision-makers throughout the process, fostering their agency and self-determination^{vi}.

Aim of the Policy Brief:

This brief focuses on creating a referral system for survivors of GBV in urban areas. The goal is to ensure survivors, and their families can easily and reliably access immediate support and services. These services include emergency healthcare, mental health, and psychosocial support, legal assistance, and safe shelter to aid their recovery and reintegration. An effective referral system requires teamwork and coordination between government agencies, non-government organizations, and the community. This brief aims to establish a well-organized referral pathway by bringing together all key stakeholders and actors with support from policy-level initiatives.

Referral Pathway: A referral pathway is a flexible mechanism that safely links survivors to services such as health, psychological support, case management, safety/security, and justice and legal aid. A functional referral system of survivor-centered, multi-sectoral service providers' support for medical, legal, psychosocial, rehabilitation, and reintegration towards their protection, resilience, and empowerment. Referral systems must prioritize survivor safety and confidentiality, and respect survivors' choices; this means, that even with services in place, survivors may still choose not to access certain types of care.^v

Target Population:

- Women, adolescents, and children facing GBV living in low socio-economic urban areas of Bangladesh.
- Healthcare Service Providers.

Key Stakeholders:

- Ministry of Women and Children Affairs.
- Ministry of Health and Family Welfare and its Directorate General of Health Services (DGHS) and Directorate General of Family Planning (DGFP).
- Ministry of Local Government, Rural Development and Co-operatives and its Urban Primary Health Care Services Delivery Project (UPHCSDP).
- Ministry of Home Affairs.

- Ministry Law, Justice, and Parliamentary Affairs.
- Ministry of Social Welfare.
- Development partners.
- Legal aid organizations.
- Civil society organizations.
- CSO Forum for Strengthening SRHR Ecosystem in Bangladesh.
- SRHR stakeholders.

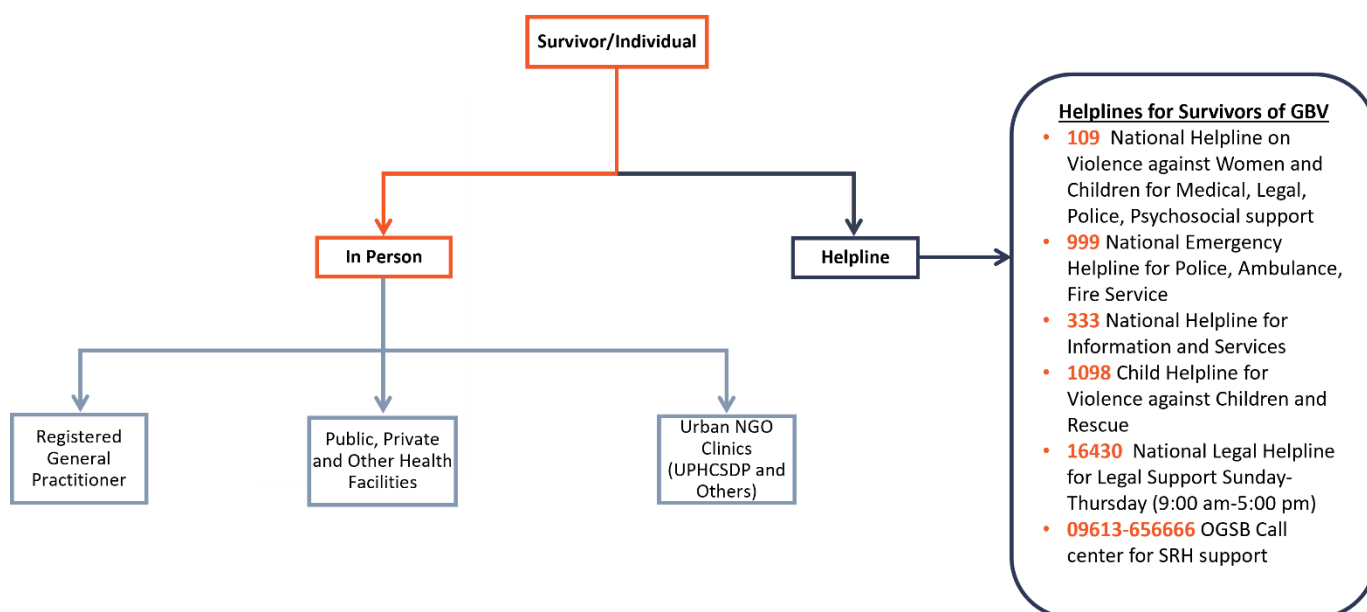
Rationale:

The Improving Sexual and Reproductive Health and Rights (SRHR) in Dhaka project, funded by Global Affairs Canada through the HealthBridge Foundation and led by Ipas Bangladesh, aims to enhance SRHR services in urban Dhaka. In collaboration with Dhaka North and South City Corporation health authorities, the Urban Primary Health Care Services Delivery Project (UPHCSDP), DGFP, DGHS, and Bangladesh Knitwear Manufacturers & Exporters Association (BKMEA)/Bangladesh Garment Manufacturers and Exporters Association (BGMEA), the project focuses on strengthening family planning (FP), menstrual regulation (MR), and post-abortion care (PAC) services. GBV has been integrated as a core theme, promoting zero tolerance through awareness, improving service-seeking behavior, ensuring gender-friendly services, and building the

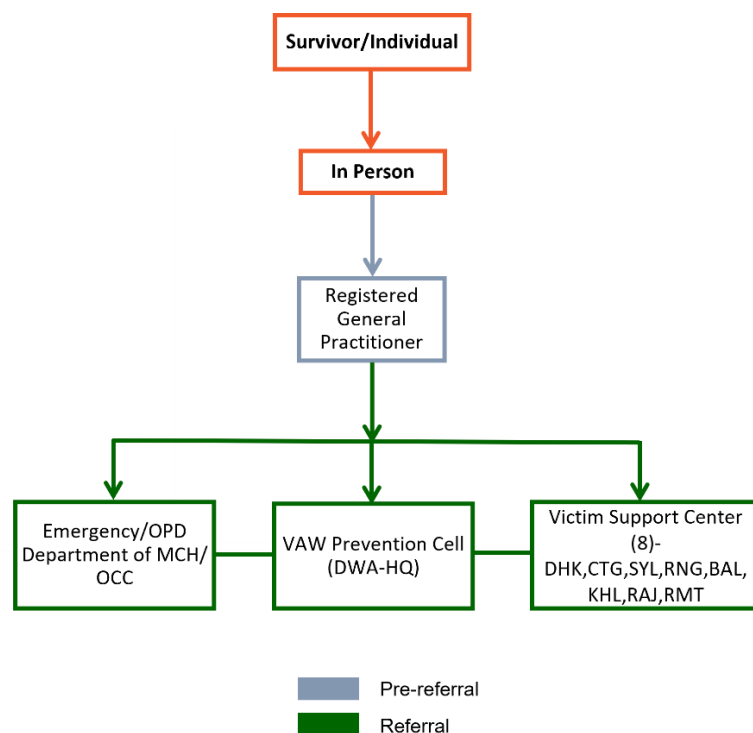
capacity of service providers, particularly facility-based counselors. These service providers and counselors are equipped to address GBV and reproductive coercion (RC) cases through counseling for women and adolescents of reproductive age seeking FP, MR, and PAC services. After identifying cases, the need for a clear and robust referral mechanism to provide adequate support to clients became apparent. Given this context, an existing referral system was analyzed, and inputs were gathered through two rounds of stakeholder consultations. Based on these findings, steps are being taken to develop a formal referral pathway for piloting in project-supported health facilities. This pathway aims to ensure coordinated service delivery, prioritize survivor safety and confidentiality, respect their choices, and facilitate timely access to multi-sectoral support for GBV survivors. A GBV survivor may need healthcare support; mental health and psychosocial support (MHPSS); legal aid; and shelter and rehabilitation. The survivor may seek support in any of the above-mentioned service points, and so referral from one service point to others is very important.

Proposed Referral Pathways:

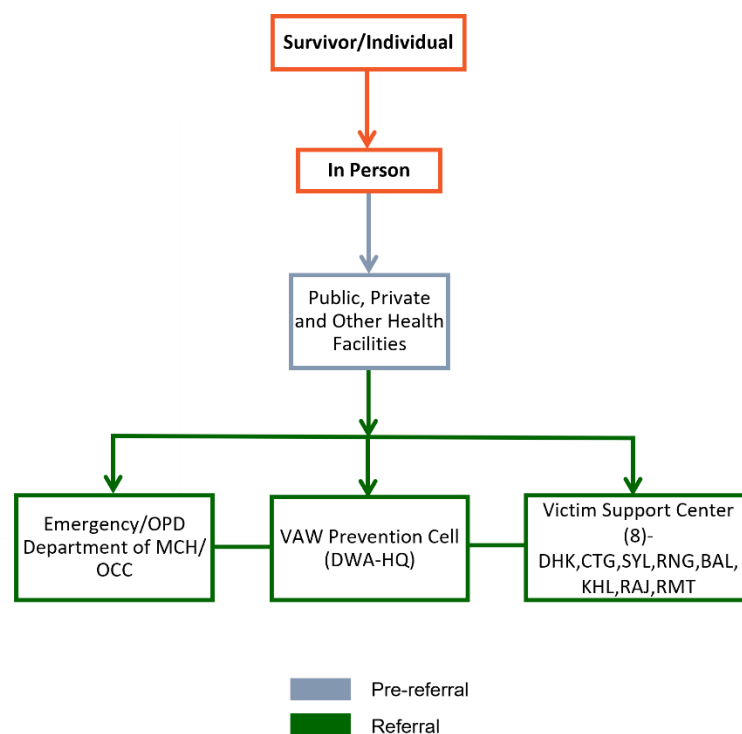
Referral System for Healthcare Support:



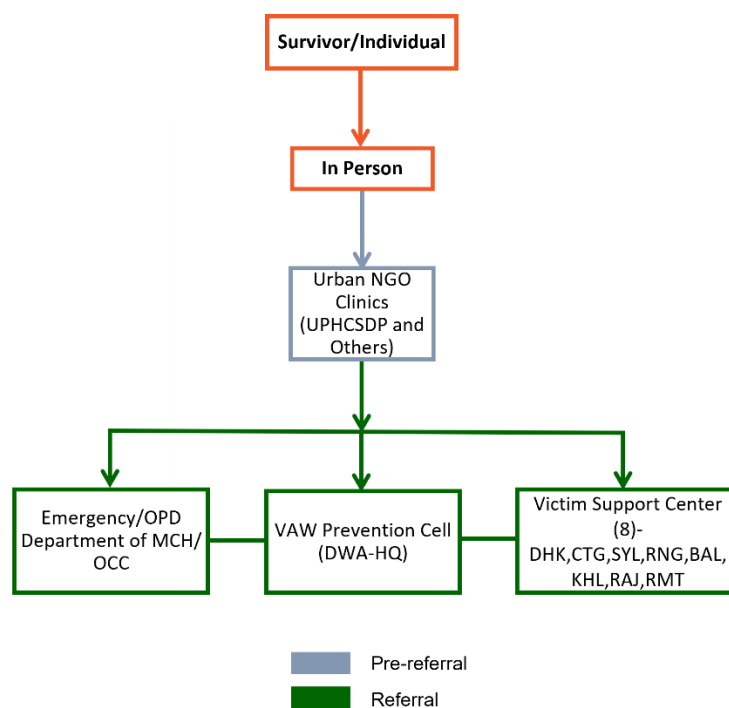
Referral System for Healthcare Support (Registered General Practitioner):



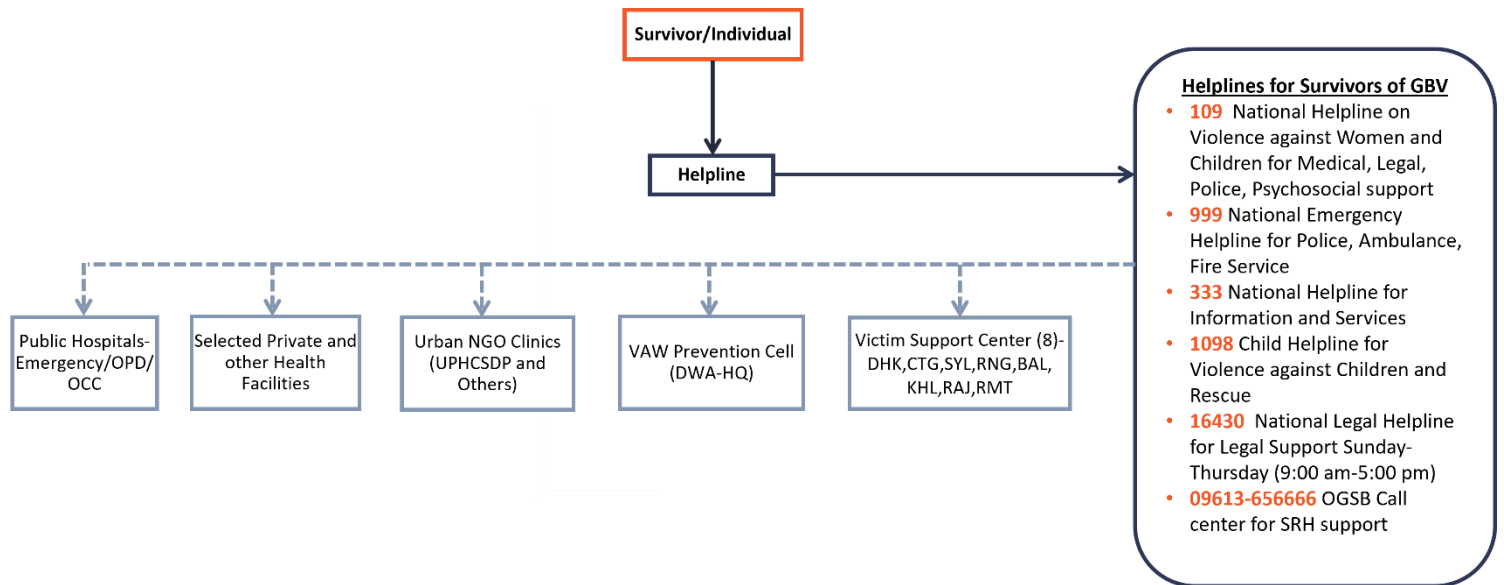
Referral System for Healthcare Support (Public, Private and Other Health Facilities):



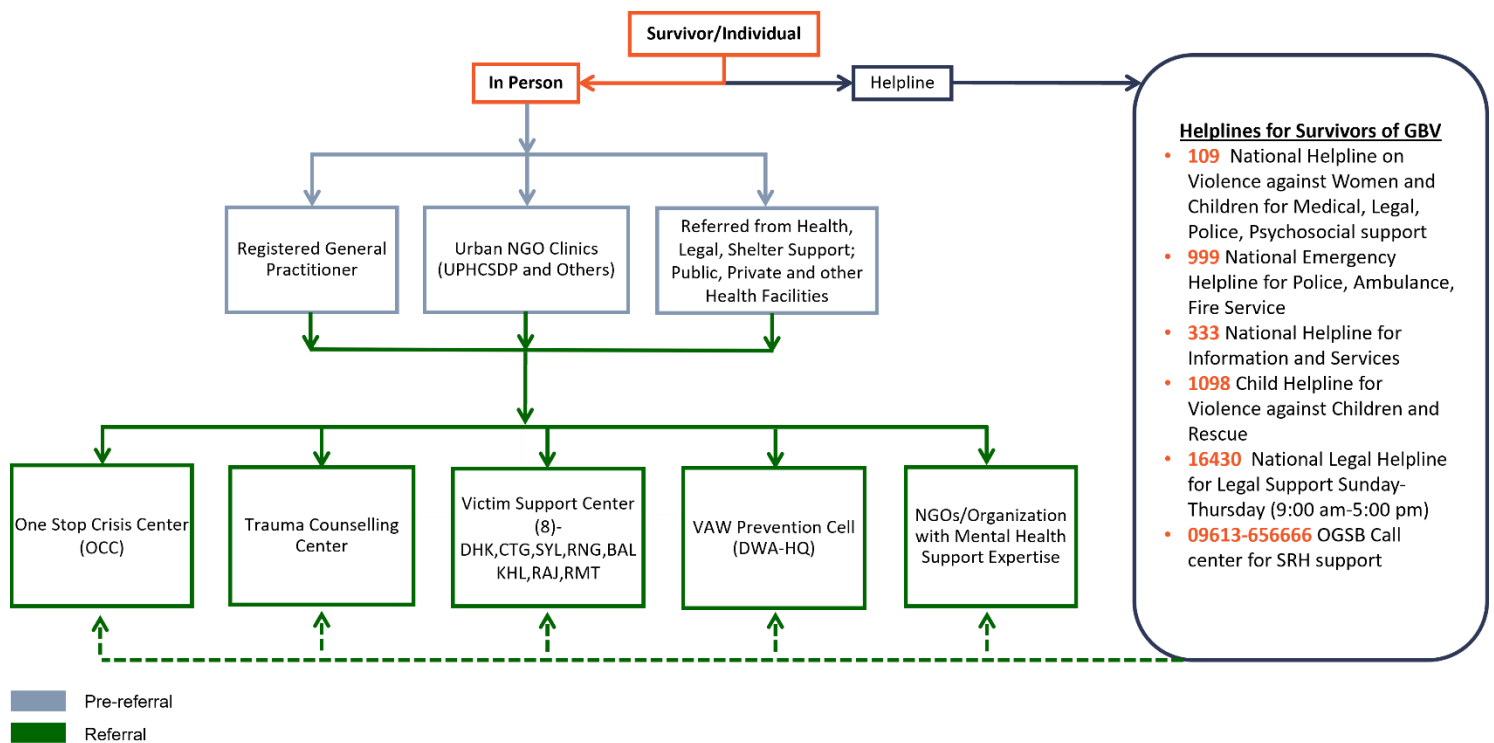
Referral System for Healthcare Support (Urban NGO Clinics - UPHCSDP and Others):



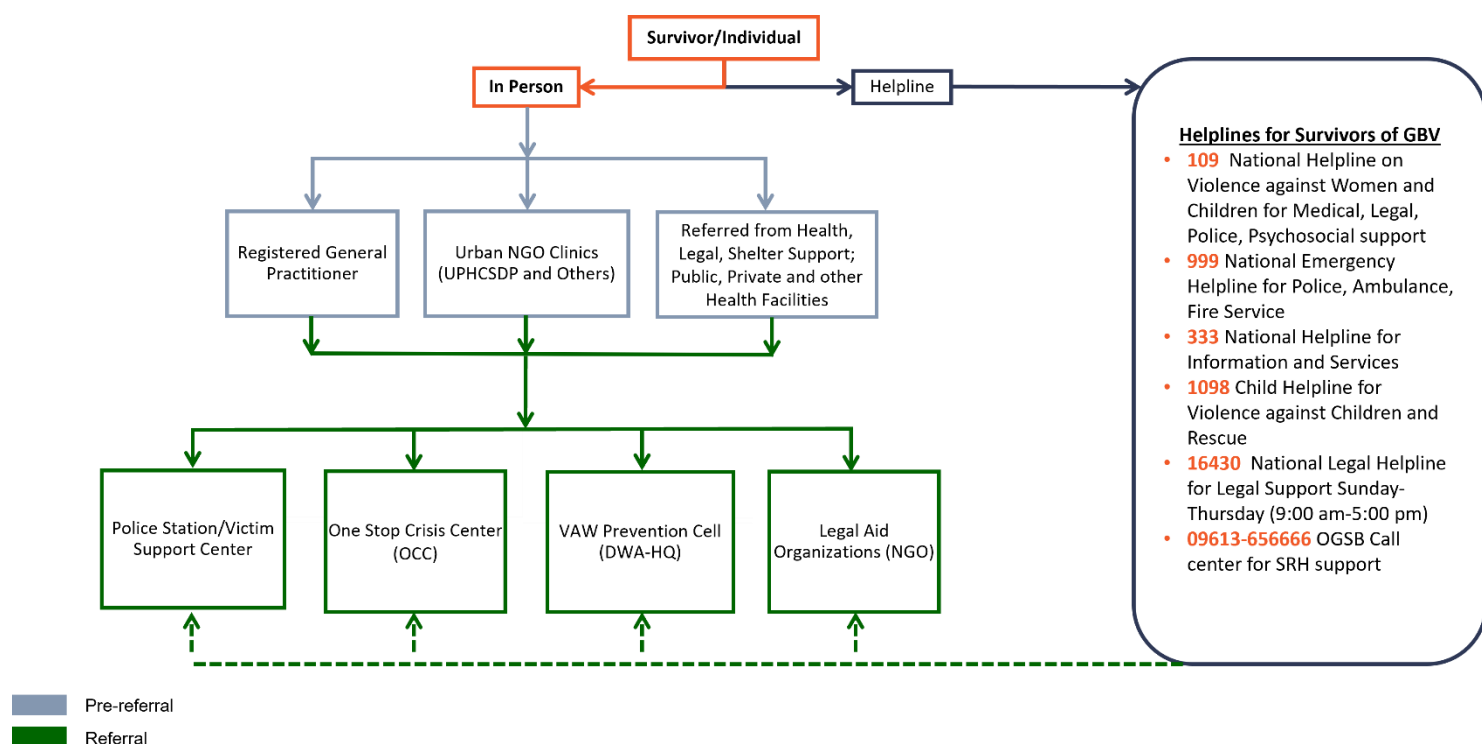
Referral System for Healthcare Support (Helpline):



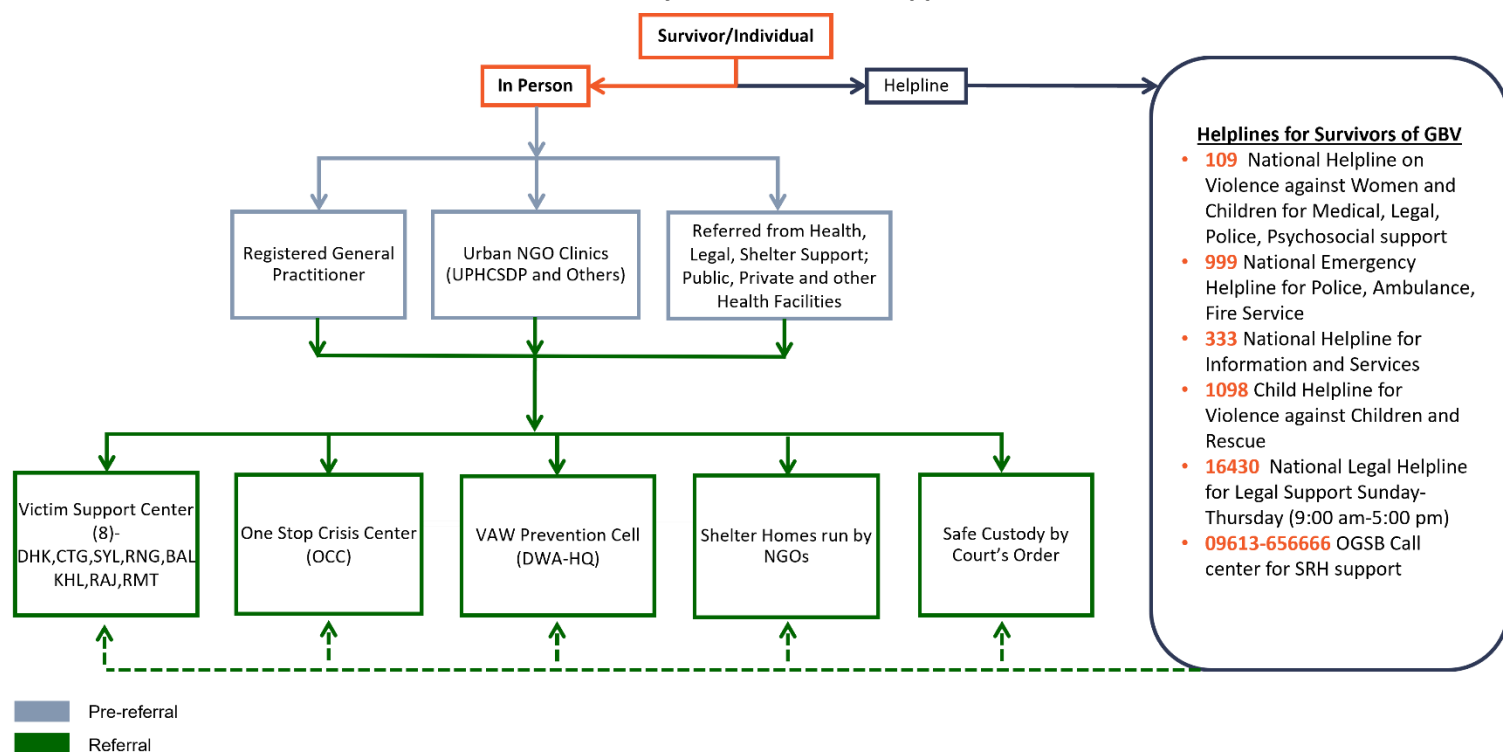
Referral System for Mental Health/Psychosocial Support:



Referral System for Legal Support:



Referral System for Shelter Support:



UPHCSDP-Urban Primary Healthcare Service Delivery Project, DWA-Department of Women Affairs, OCC-One Stop Crisis Center, OPD- Out Patient Department, MCH-Medical College Hospital, OGSB-Obstetrical and Gynaecological Society of Bangladesh

Elements of a Referral System:

A functional GBV referral system ensures accessibility and safety for survivors and includes the following key elements:

1. **Comprehensive Services:** At least one provider in the given geographical area for health, psychosocial support, case management, safety, security, and, where feasible, legal aid and other support.
2. **Coordination:** Communication between pre-referral to referred facility is important.
3. **Documented Pathways:** Referral pathways are clearly identified, documented, disseminated, regularly updated, and easy to understand.
4. **Guiding Principles:** Services are delivered in alignment with GBV guiding principles.
5. **Safe Referrals:** Service providers know where and how to refer survivors safely, confidentially, and ethically.
6. **Follow-Up Mechanisms:** Systems are in place for tracking referrals to confirm survivors receive the necessary services.
7. **Coordinated Case Management:** Providers use a coordinated approach, including confidential information sharing and regular case management meetings to ensure survivors have access to multi-sectoral services.
8. **Ethical Data Collection:** Safe and ethical GBV data collection, using standardized intake and referral forms, is ensured.
9. **Prioritized Response:** All providers prioritize responding to GBV survivors.

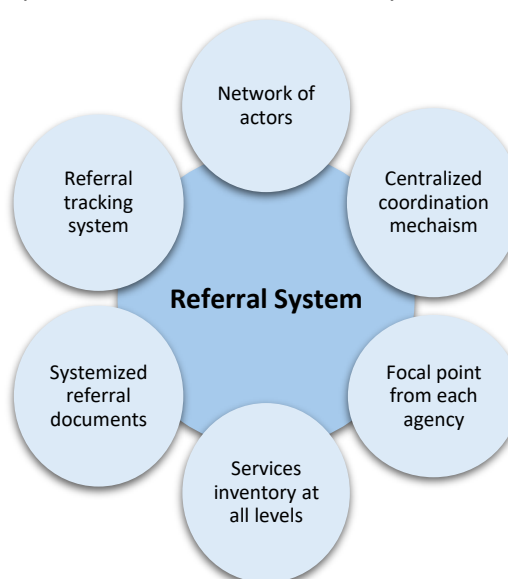
GBV Guiding Principles for Referral Pathway:

Service providers must adhere to GBV Guiding Principles and adopt a survivor-centered approach. They must share information and options with survivors to support informed decisions and act only with explicit consent. Providers must not coerce survivors into reporting cases or accessing specific services.

Survivor safety includes ensuring safe access for hard-to-reach populations, integrating GBV activities into other services, and using discreet entry points for GBV-specific activities. Confidentiality must be maintained by sharing information only with the survivor's consent and limiting disclosure to essential personnel. Services must be delivered in safe and confidential spaces, and providers should develop and follow a data protection policy.

Collaboration:

A referral system requires the active participation of various stakeholders working together towards a shared goal. To achieve this, the referral pathway must be clear and transparent, with well-defined roles and responsibilities for each participant. This ensures that the rights and best interests of survivors are protected at every stage. The health and well-being of survivors must always take precedence, serving as the primary priority above all else.



Matrix for Promoting Referral Pathway:

Recommendations	Activities and Initiatives	Nature of Participants
Training program	Training on GBV and existing supports/services	Officers and staff of Ipas Bangladesh and its partners
Sensitization program	Sensitization of stakeholders about Referral Pathway & Collaboration	Service providers and networks
Advocacy program	Advocacy program for common people and GBV survivors on various supports and services	Youths, adolescents, parents, and teachers at educational institutes

Recommendations	Activities and Initiatives	Nature of Participants
Collaboration program	Developing protocols for better collaboration with partners and stakeholders	Service providers of GOs and NGOs for GBV survivors
Community engagement	Community engagement for the prevention of gender-based violence	Social clubs, volunteers, adolescent clubs, citizen's groups

Action Plan to Implement Recommendations:

- Pilot referral pathway in health facilities in an integrated manner.
- Conduct training programs for service providers on the referral pathway to support GBV survivors.
- Ensure facility readiness for implementing GBV services.
- Launch mass awareness campaigns at the community level, targeting women and adolescents.
- Develop IEC materials, including posters, leaflets, booklets, and stickers.
- Organize roundtable discussions with key stakeholders.
- Facilitate media coverage to raise awareness and advocacy.
- Strengthen GBV service reporting and integrate it into the national MIS.

Challenges and Mitigations:

Challenges	Mitigation
Lack of awareness about GBV among general people	Sensitization, advocacy, and mass awareness campaigns
Inadequate information to integrate GBV services	Sensitization of service providers for gender-sensitive and zero-tolerance GBV support
Insufficiently trained service providers to deliver GBV services	Capacity building for service providers and stakeholders
Absence of Standard Operating Procedure (SOP) for GBV referral support	Develop an SOP for support and services

Way Forward:

- Government commitment and a supportive policy environment are essential for accelerating and sustaining an effective referral system for GBV survivors.
- Coordinated efforts using a multi-sectoral approach among key actors will ensure better support for women and child survivors through the referral pathway.
- Advocate for the integration of the referral pathway at the national level to support GBV survivors.
- Promote research and studies aimed at reducing GBV in society.

Call to Action:

A successful piloting of the referral pathway for GBV survivors in urban health settings. Use the results to develop policy guidance for nationwide implementation, with dedicated resource allocation and sustained government commitment for coordinated rollout at the national level.

ⁱ United Nations General Assembly. (1993). *Declaration on the elimination of violence against women* (A/RES/48/104). [Declaration on the Elimination of Violence against Women | OHCHR](#)

ⁱⁱ World Bank. (2022, October 1). *Overview of gender-based violence*. [Violence against women and girls – what the data tell us | World Bank Gender Data Portal](#)

ⁱⁱⁱ UN Women. (2023, November 24). *Facts and figures: Ending violence against women*. [Facts and figures: Ending violence against women | UN Women – Europe and Central Asia](#)

^{iv} Bangladesh Bureau of Statistics (BBS). (2025). Key findings: Violence Against Women Survey 2024. Statistics and Informatics Division (SID), Ministry of Planning, Government of the People's Republic of Bangladesh.

^v Government of the People's Republic of Bangladesh. Ministry of Women and Children Affairs. *Multi-sectoral approach to address gender-based violence*, (pp. 7–8)

^{vi} United Nations Population Fund. (2019). *The inter-agency minimum standards for gender-based violence in emergencies programming*, (p. 2, 52)