Participatory Guidance: Developing a Referral Pathway

1. Discuss the importance of a referral system
GBV programs can engage community leaders and other community members to understand how good referral systems protect survivors’ safety and help them access critical and potentially life-saving support.

2. Develop a referral list
GBV programs will identify key services through coordination mechanisms, service mapping, and consultations with government and other service providers. GBV teams can also consult with community leaders, particularly to identify community-based and non-traditional service options such as disability organizations, ethnic and religious groups, community groups and lesbian, gay, bisexual, transgender, and intersex (LGBTI) organizations.

Consider the following when developing your list:
- Emotional support
- Accompaniment throughout medical and legal processes
- Health services (including clinical management of rape and intimate partner violence (CMR/IPV))
- Legal services
- Safe housing or options for temporary shelter
- Child protection services
- Community leaders
- Disability-inclusive services for women with cognitive, physical, or other disabilities
- Women’s support or empowerment groups
- Adolescent girls’ support or empowerment groups
- Economic support resources or activities
- Appropriate services for all women (trans women, women who are lesbian or bisexual, women who are HIV-positive, immigrant women, women who do not speak the primary language in the community, etc.)
- Other services that community members feel are important in the context

Begin to consider barriers to accessing services. If health services that can provide CMR/IPV services, including provision of post-exposure prophylaxis for HIV and emergency contraception, are outside of the community, community leaders can help to develop safe transport schemes to strengthen timely and confidential access to medical care.

10 Adapted from Raising Voices (2020) SASA! Together: An activist approach for preventing violence against women, Kampala, Uganda.
11 International Rescue Committee (2018) Mobile and Remote GBV Service Delivery Mobile and Remote GBV Service Delivery (gbvresponders.org)
Gather information for each service. Try to collect all relevant information for each service. See table below.

<table>
<thead>
<tr>
<th>Institution/Organization</th>
<th>Type of Service</th>
<th>Focal Point/Contact Person</th>
<th>Hours of Operation</th>
<th>Cost of Service</th>
<th>Phone Number</th>
<th>How to Make a Referral</th>
</tr>
</thead>
</table>

3. Review the quality and availability of services
Before finalizing the list and sharing information, GBV team can visit services to be sure they are operational, test contact phone numbers, meet service providers, and consult with partners and women and girls to develop at least a basic understanding of the quality and availability of services. Services included in a referral pathway should be safe and supportive of survivors.

4. Raise awareness of the referral pathway and train community leaders and others to make supportive referrals.
Engage community leaders and community groups to disseminate information on the referral pathway. Develop pictorial representations of the referral pathway (see example below), and post contact information in key locations. The GBV team can help to train community leaders and others in using the referral pathway to make safe and supportive referrals for survivors. When possible, service providers can join trainings to share information on their services directly to communities and address any questions or concerns.

5. Engage service providers to strengthen services and referrals.
GBV programs can help to strengthen response by engaging and training service providers within the referral pathway, particularly those that are not explicitly focused on GBV, in GBV core concepts and a survivor-centered approach. Additionally, GBV programs may hear feedback on services from survivors receiving GBV case management services, or women and girls involved with different program activities. GBV programs may also receive feedback from engaged community leaders. Based on feedback, GBV teams can engage service providers to strengthen helpful services or address any concerns. GBV programs can also organize regular coordination meetings with service providers within the GBV referral pathway to review coordination procedures and address any challenges or gaps. Periodic trainings can be organized to review principles of survivor-centered response.

6. Update the referral list, and conduct refresher trainings
The referral pathway should be regularly updated to reflect feedback from the community, experiences of survivors with services, and changes in available services and contact information. This is particularly important during early stages of an emergency, where frequent changes are expected. Updated referral pathways can be shared through outreach and refresher trainings.

7. Strengthen basic response skills within the community
Where community members have skills to provide basic, survivor-centered response, survivors who disclose incidents of GBV will be better supported and have increased access to essential response services. GBV programs can engage community leaders and others in the community to strengthen basic response.
Resources Related to Strengthening Basic Response:

- Find sample training modules in the *Training Manual*
- Review the **Tip Sheet: What to do and say when a survivor discloses GBV** in *GBV Response Tools and Resources*
- See the Inter-Agency Standing Committee’s **How to Support Survivors of Gender-Based Violence When a GBV Actor Is Not Available in Your Area: A Step-by-Step Pocket Guide for Humanitarian Practitioners**