



REPORTING AND REFERRAL FOR GENDER-BASED VIOLENCE

Lessons from the Ar Na Pilot Project
and Shongjog Service Mapping



Dialogue Report

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List of Acronyms

ADR	Alternative Dispute Resolution
ASI	Assistant Sub-Inspector
CSPB	Child Sensitive Social Protection in Bangladesh
DYD	Department of Youth Development
DSS	Department of Social Services
GBV	Gender-Based Violence
GEWE	Gender Equality and Women's Empowerment
GJD	Gender Justice and Diversity
GO	Government Organisation
ICT	Information and Communication Technology
IGA	Income Generating Activity
MSPVAW	Multi-Sectoral Programme on Violence against Women
NGO	Non-Governmental Organisation
OCC	One Stop Crisis Centre
RMG	Ready-made garment
SDG	Sustainable Development Goal
VAWG	Violence against Women and Girls

Introduction

In solidarity with the International Women’s Day 2022, a dialogue titled ‘Reporting and Referral for Gender-Based Violence: Lessons from the Ar Na Pilot Project and Shongjog Service Mapping’ was organised by BRAC’s Gender Justice and Diversity Programme (GJD) with support from the Safeguarding Unit on 7 March, 2022 from 3 PM to 5 PM at the BRAC Centre Inn Auditorium.

This discussion served as a platform to share the lessons and findings from BRAC’s two recent initiatives to ensure reporting and response for gender-based violence survivors—the ‘Ar Na’ pilot project and ‘Shonjog’ service mapping. Since August 2021, GJD has been implementing Ar Na Pilot Project in 15 upazilas of Rangpur and Satkhira districts, as part of which over 800 frontline staff belonging to various BRAC Programmes in 50 BRAC branches have been trained to digitally report incidents of violence against women in their communities using a web app, after which a team of case managers work to connect the survivors with required support services through referral. As ensuring holistic response to survivors of gender-based violence requires concerted effort from various service providers, a mapping of existing services was of utmost importance. Therefore, in December 2021, BRAC’s Safeguarding unit launched Shongjog, a web-app which shows the availability of eight main types of support services for GBV survivors at the upazila (sub-district) level based on a nation-wide service-mapping conducted in 61 districts covering 435 upazilas across Bangladesh.



Nobonita Chowdhury
Director
Gender Justice & Diversity
and PVAWI
BRAC

Overview of the Ar Na pilot project

“The Ar Na pilot project was launched to combat GBV incidents by establishing a reporting and referral mechanism, based on our observation of the grassroots reality which reflected that most survivors of GBV did not report the violence they face and also remain unaware about the availability of existing support services. There was also a lack of data on GBV incidents. Moreover, BRAC’s field staff shared their concerns over not knowing how to support a woman experiencing GBV. **The pilot project which aims to capacitate BRAC’s field staff to report and respond to incidences of VAWG through a web based app, is being implemented in 50 BRAC branches in 14 upazilas of Rangpur and Satkhira districts since September 2021.**

In a letter addressed to BRAC’s staff on the occasion of International Women’s Day 2018, our founder, Sir Fazle Hasan Abed had mentioned that striving towards gender equality is everyone’s responsibility and urged all staff to extend support to women and girls experiencing injustice, violence and discrimination. His vision, thus, paved the way for this project which aims to capacitate BRAC’s frontliners to become first responders to any incidences of VAWG in the community.

After a case is reported through the Ar Na app, the designated case manager conducts needs assessment and helps connect the survivor with required support services through referral. The digital platform also helps to maintain a database of VAW incidences.

The project aims to connect survivors with required support services which are classified as immediate, mid-term and long-term support. Immediate support involves meeting the survivor’s urgent needs such as being accompanied to the hospital or police station or making a call to the National Emergency Helpline (999) or National Helpline on Violence against Women and Girls (109). Mid-term support involves medical, psychosocial, legal and rehabilitation support. Long-term support entails social reintegration through training and involvement with income generating activities (IGA).”

Presentation: Lessons on GBV reporting and referral from the Ar Na pilot project



Taqbir Huda
Advocacy Lead
Gender Justice & Diversity
BRAC

Key Lessons

- **Case reporters have safety concerns and prefer to report quickly and anonymously.** Introducing an anonymous VAWG reporting mechanism (e.g. an online form instead of a telephone helpline) would therefore be most effective in increasing bystander reporting rates.
 - The less essential fields there are in the reporting format, the more willing a person will be to report a VAWG case. In our experience, having access to the survivor's name, address and contact number along with the type of violence and identity of the perpetrator are the most important information which ought to be considered essential. The remaining information can be collected by the concerned case manager through a phone call or a case visit.
 - Introducing a 'victim and witness protection system' can help address the safety concerns faced by case reporters, who are more often than not witnesses to the crime being committed.
- **All but one case reported through the Ar Na App related to domestic violence.** This corroborates the already high prevalence of domestic violence which our national Violence against Women Surveys from 2011 and 2015 found. The domestic violence was most commonly perpetrated by the husband against their wife, and the violence entailed physical, mental and economic abuse, which often existed at the same time. Less commonly, sexual violence and polygamy were also reported.
- **Survivors most commonly needed legal aid, psychosocial support and social protection.** They typically required legal aid to initiate alternative dispute resolution through mediation in order to recover maintenance, dower or initiate divorce. Survivors required psychosocial counselling due to the emotional toll of being in abusive marriages. Crucially, they required social protection such as a livelihood opportunity and immediate financial support to feed themselves and meet other essential living costs.

- There are three government support programmes which are most widely available across the country which can provide some support to GBV survivors:
 - **Allowances for the Widow, Deserted and Destitute Women**, a cash transfer programme by the Department of Social Services which makes monthly payments to the tune of 500 BDT.
 - **Women’s Skill Based Training for Livelihood**, a programme by the Department of Women Affairs (DWA) which provides training to women in order to develop skills on certain trades so they can earn a livelihood.
 - **Youth Development Training** by the Department of Youth Development provides skill building and capacity enhancement training in various trades to improve the employability of the recipients.
- **GBV case management is a time intensive job and would ideally require dedicated case managers.** Case managers are engaged in building trust with the survivor, conducting a careful assessment of the survivor’s service needs and being a source of moral support. Therefore, case managers play an indispensable role in creating demand for a support service, and keeping this demand alive. Survivors often fear bureaucracy and paperwork associated with seeking support services, and therefore case managers can also provide important assistance in filling out necessary forms and helping them navigate the bureaucracy of service providing institutions.

Policy Recommendations:

- **Strengthen legal support for GBV survivors** by:
 - Activating Upazila Legal Aid Committees and Union Legal Aid Committees of the National Legal Aid Services Organisation.
 - Mandating the payment of conveyance to legal aid seekers under the National Legal Aid Policy.
- **Increase availability of psychosocial support services** by:
 - Investing in establishing One Stop Crisis Centres in all districts and appointing counsellors at Upazila Health Complexes.
 - Linking tele-counsellor with the National Helpline for Violence against Women and Girls (i.e. 109)
- **Introduce a social protection programme designed for GBV survivors** as part of the government’s Social Safety Net Programmes – so it is catered to the unique needs of GBV survivors. At the very least, such a programme should:
 - provide immediate cash transfer to bear incidental and transport costs in the short term
 - provide economic empowerment through skills building, education and training in the long term.

Overview of Shongjog Service Mapping



Jenefa Jabbar
Director, Safeguarding
BRAC

Survivors of violence often do not report their experiences due to a lack of information regarding the local services in the country. With an aim to solve this problem and make information accessible to these survivors of violence, BRAC launched a local service mapping website called “Shongjog”, to support survivors of gender-based violence in availing services from state and non-state actors. Shongjog is a user-friendly database which is available as a website as well as in the widely used bKash app. The mapping was conducted primarily through a census in 61 out of 64 districts covering 435 Upazilas across Bangladesh. **Through this service mapping website, all the GBV survivors will gain access to information about availability of support services at the upazila level, in order to recover from their traumatic experiences.**

Shongjog lists six main categories of support services: police stations, medical/ health services, legal aid, social protection (e.g. livelihood support, training), psychosocial support and safe/shelter home.

To get a detailed medical exam, the survivor of violence and abuse has to be sent to the One Stop Crisis Centres (OCC). **Currently, there are only 13 One Stop Crisis Centres (OCC)** in the district cities of Dhaka, Rajshahi, Chittagong, Sylhet, Barisal, Khulna, Rangpur, Faridpur, Cox’s Bazar, Noakhali, Pabna, Bogura, and Cumilla offering integrated services. As a result, the majority of the survivors of violence including women and children living outside cities, in the Upazilas and in rural areas, often face impediments in visiting or accessing these centres.

Although **67 One-Stop Crisis Cells are established in 47 districts and 20 Upazilas**, they do not provide the same integrated services as the One Stop Crisis Centers and rather work as a liaison platform for victims who come to hospitals seeking medical treatment for injury caused by violence. As such, in the absence of integrated services victims of violence would think twice before reporting an incident.

Healthcare services for survivors of violence and abuse, like Upazila level medical services and DNA testing centres are inadequate and not accessible to all women. After getting necessary medical services, a survivor of violence and abuse is sent to a Women Support and Investigation Center previously called “Victim Support Center (VSC)” for immediate shelter. Currently, **there are only 8 Women Support and Investigation Centers across the country.**

When the survivor of violence or abuse is produced at court, the local magistrate usually sends them to a government shelter home or a civil society/NGO operated shelter home if there is no guardian to provide the victim with shelter. Such shelter facilities provide longer time support up to a period of six months. **There are only 13 longer-term government shelters for women and girls in Bangladesh.**

In case of family disputes and domestic violence, survivors who do not report their cases, often seek redress through the Union Chairman. If survivors are dissatisfied with the dispute resolution, they are referred to district legal aid offices which exist in all 64 districts of Bangladesh. But **due to the absence of legal aid offices in Upazilas and rural areas**, women living in villages and remote communities often face difficulties in seeking justice.

As the main objective of Shongjog is to strengthen and increase the access to information and support from local service providers for the survivors of violence, an immediate intervention from all state and non-state actors; Government institutions, NGOs, INGOs, law enforcement agencies and community leaders, is needed in mitigating the above-mentioned gaps. This ‘Shongjog’ website will not be a sole BRAC initiative, rather it will be an initiative of the entire Bangladesh, with increased contribution and support from all stakeholders involved; only then, will we be able to ensure survivors of violence and abuse can avail smooth access to information and services from local institutions and support them to recover from their scarring experiences.

Overcoming all odds: the support a survivor needs to rebuild their life



Azmeri Haque Badhan
Actor

“I come from an educated but fairly conservative family, and was married at the age of eighteen. I was always a good student and enrolled into a medical college. However, after my marriage, my education was halted and I became detached from my family and friends. My marriage was troubled and unhealthy but I could not convince my parents that I was not well. I also did not want to embarrass my parents in society. After my divorce, I enrolled into a beauty pageant- Lux Channel I Superstar which I won and received a prize money which I used to restart my education.

In our society women have to face tremendous dilemma to decide whether they should take legal actions against GBV and as such have to deal with social stigmas. Psychosocial

counselling seems like a luxury in our society although proper counselling is extremely essential for GBV survivors. I often hear a lot of negative remarks from my own family, so I wonder what a woman from a rural household must have to go through to seek justice. Our society demands women to fit into the predetermined role of an 'ideal woman'. I have seen women earn their own money yet be prisoned by the social stigma surrounding them.

Finally, I want to mention that, to break the bias, we need to start from our homes. We need to ensure equality within the family. We face discrimination due to reasons rooted in religious and social aspect, which deprive women from freedom.”

Role of DWA in providing rehabilitation and social integration of women facing GBV



Dr. Sheikh Muslima Moon
Additional Director
(Deputy Secretary)
Department of Women
Affairs (DWA),
Ministry of Women and
Children Affairs

Survivors of GBV can take shelter in a government safe home for up to 6 months with up to two children, where they also receive legal support. The cases are first attempted to be resolved through ADR but if unsuccessful, the survivors are provided with financial assistance to run their case by the Ministry of Social Welfare. However, despite these available services, many beds in safe homes remain unoccupied. This is due to the stigma on GBV and lack of security. Most women choose to have mutual resolution through ADR due to the fear of insecurity.

The fear over long term security is the very reason which prevents most women from ever seeking support after facing GBV. In most cases, survivors do not have any place to go other than their father's or husband's house after their time at the safe home is over, where they are vulnerable to be subjected to further violence. In order to ensure that more women come forward to report GBV and seek support; long term support has to be ensured. In this case, collaborative efforts between the government; non-government actors and media are critical.

The media can play an essential role in informing the masses of the available government services which also falls under their social responsibility. Most GBV survivors do not immediately report cases of violence including rape due to social stigma, victim blaming attitude and lack of support from hospital staff and police. However due to not reporting on time, many survivors of rape do not receive justice as they fail to present the biological evidence of rape. If a survivor does not wash or sun-dry the clothing articles and instead lets them dry in regular temperature, the evidence can be preserved for

many years which essentially give the survivors a chance to seek justice later. The media has a role in disseminating crucial information such as this. There should be coordination between the government and the media so that it is easy to disseminate messages and information about services related to gender-based violence and social inequality.

The government has set up committees for addressing violence against women at the union level, which provide initiatives to support survivors by connecting them to existing support services. There are various training held at the union level to support people with income generating activities. The government also operates *kishor-kishori clubs* (adolescent clubs) at the union level which focuses on social & psychological development, entertainment and conscious citizenship for the adolescents. Through these clubs, prevention of violence against women and child marriage are discussed to create a violence free society in the future.

Existing social safety mechanisms under DSS for women facing gender-based violence



Mohammad Kamrul Islam Chowdhury
 Director (Institution),
 Department of Social
 Services (DSS)
 Ministry of Social Welfare

Allowances for the Widow, Deserted and Destitute Women- The Department of Social Services does not have any social safety net programs targeted particularly for survivors of gender-based violence, but the safety net allowance for widow, deserted and destitute women may help abandoned women or those oppressed by their husbands. The allocated budget for this tranche is 1495 crore taka for the fiscal year 2021-2022. To enhance the capacity and policies under the DSS, we are working with various non-government and international aid organisations to address the most dire issues.

The Department of Social Services operates institutional services such as 'Safe Homes' where survivors of GBV receive training on different trade to enable them to be self-sufficient in their life. Individuals meeting the criteria of socially handicapped such as sex workers or victims of human trafficking are also provided with several trainings. We provide training to the distressed, orphans, and people with disabilities to ensure their social rehabilitation under various projects. We have also collaborated with various sectors to ensure job placements under our project targeted for orphans and people with disabilities. **We also provide psychosocial Counselling support under the Child Sensitive Social Protection in Bangladesh (CSPB) Project with support from UNICEF.** We are trying to create posts for psychosocial counsellors under the government's manpower as they are not in the existing organogram.

Scope of skills training for young women and girls facing GBV through DYD



A K M Mofizul Islam
Director (Poverty Alleviation)
Department of Youth
Development (DYD)
Under the Ministry of Youth
and Sports

- **The Ministry of Youth and Sports provides training related to income generating activities to the youth aged between 18-35, through its training centres in every district.** At each district level training centre, over 41 institutional courses are offered. In addition to that, trainings are also provided at the sub-district level on 42 non-institutional courses such as livestock rearing, agriculture and fisheries. Every year, over 300,000 unemployed youth are brought under skills training of which over 30 percent participants are women and girls. A range of trainings are provided of which some are based on ICT, fabric and RMG, light engineering etc. Need based training such as tourism, hotel management, beautification etc are also provided.
- **Trained youth are provided with up to 1 lac taka of collateral free loan** to support income generating activities related to the subject of training. The loans are given against an interest of only 5 percent to help the youth to become self-employed and empowered.

Importance of ensuring holistic referral system for GBV survivors to achieve Sustainable Development Goal 5 (Gender Equality)



His Excellency
Robert Chatterton Dickson
British High Commissioner
to Bangladesh

Educating and empowerment of girls can act as a tool to prevent GBV. Gender-based violence is a problem in all countries, including the UK. Educating and empowering girls is a key priority in the UK's new International Development Strategy.

Optimistic outcomes on GBV response are possible through effective collaborations. It is important that social problems are discussed openly, including with representation from the government, NGOs and international organisations, and that there is acknowledgment of what the evidence shows about the scale of the problem and the resources available to tackle it. I am pleased to have taken part in discussions convened by BRAC, and we welcome BRAC's central role in defining the problem and finding solutions.



Kate Sangster
First Secretary of the
Australian High Commission
in Bangladesh

It is important to acknowledge that GBV persists in all countries including my own, and it is something that requires constant vigilance and attention. Australia is firmly committed to GEWE. **Advancing gender equality is at the front and centre of Australia's work, both in Bangladesh and in our region.** BRAC has identified gaps in support services, and is working to bridge these gaps. We will continue to work together to address some of these gaps and provide further services for women and girls who require support.

GBV negatively affects all of society, including both men or women. **We need to work on changing attitudes that seek to justify violence in order to prevent it.** We also need to work on avoiding shaming and treating survivors with dignity and respect, regardless of the situation. We can support survivors by referring them to the Shongjog app or helping them find the available services.

The importance of integrated services through GO-NGO collaboration



Asif Saleh
Executive Director
BRAC

GO-NGO collaboration can increase accessibility of support services for GBV survivors. The Covid-19 pandemic has increased the prevalence of violence against women. Our experience from responding to cases of VAWG at the grassroots level has shown that providing support to GBV survivors requires effort from several stakeholders in a coordinated manner. Our learning from Shongjog has been that while all services are available to a certain extent, they are sparse with no existing referral mechanism. This is where NGOs can play a bridging role due to their network of field level staff.

We need to increase shelter homes and psychosocial counselling services. The Shongjog service mapping initiative has revealed that the number of support services such as shelter homes are inadequate and hence available shelter homes are often too far from a survivor's location. Hence when women experience GBV, they have no place to resort to, which leads to low reporting and low service seeking behavior.

BRAC has been working towards prevention and response of VAWG at the grassroots level for decades through awareness building and support services. However, previously the idea was that VAWG issues would be dealt with by BRAC's VAWG related programmes. However, in order to truly combat VAWG at the community level, collaborative effort from all programmes and departments is essential. The Ar Na project was developed from this idea and hence field staff from all programmes are being trained to report and respond to VAWG. The idea behind the Ar Na pilot project was also to collect evidence on VAWG and gather experience on what is required to provide holistic support to GBV survivors; and identify areas of collaboration with the GO service providers. The experience can help in designing a response mechanism which can be implemented through GO-NGO collaboration. The data is also essential to understand the capacity that service providers must have to deliver effective services.

Overcoming gaps in existing support services for GBV survivors to ensure a holistic referral system



Shireen Huq
Member
Naripokkho

One Stop Crisis Cells were designed to extend support for GBV survivors at the district and upazila levels following the same protocol as the One Stop Crisis Centres (OCC) in the divisional Medical College Hospitals. The cells do not provide the same level of services as the OCCs, but do provide referral links to the OCCs as and when necessary. They are meant to connect victims to relevant government, non-government, and other stakeholders. A significant number of one stop crisis cells have been set up at the district and upazila level. **The Department of Women's Affairs should now explore how the OCC protocol can be integrated into the health facilities at the sub-district and union level for further extension of the services as well as to establish a functional referral chain.**

The DNA profiling lab at the Department of Forensic Medicine in Dhaka Medical College was set up during the initial phase of the MSPVAW project with limited capacity and has not been upgraded since. **In addition to upgradation, the capacity of the DNA profiling labs should also be increased.** The objective of the labs was to assist in the prosecution of rape, both in order to substantiate victims' allegations, as well as to determine if the accused are indeed the perpetrators. I understand, however, that till now the DNA lab has been predominantly used for paternity suits and identification of corpses as in the Rana Plaza collapse.

The MSPVAW project was designed as a coordinated effort of 7 ministries of GoB. At that time, **the Ministry of Information and Broadcasting was included considering the huge role mass media played in bringing about social awareness of the problem and its harmful effects as well as informing the public on the availability of services.** Unless we as a society can dismantle the culture of GBV, no amount of laws or social services will contribute to the reduction of GBV. Therefore, organizations such as BRAC should work towards ending the culture that supports violence against women and girls. As resource constraints are an ongoing challenge, the load on support services can be reduced by working on the prevention measures. In addition to dismantling the culture of violence, we must combat another issue which is that of the impunity enjoyed by many of the perpetrators.

Open Discussion



Ayesha Siddika
 Programme Head, Health
 Nutrition and Population
 Programme
 BRAC

“It is crucial to ensure social protection, particularly for the female youth of the country. While survivors get sufficient support at the One Stop Crisis Centres when seeking either medical or legal aid services, the same type of support is not available when a survivor goes to a hospital. Hence **hospitals must include designated areas where one can go and seek support, including psychosocial support as a timely intervention, since the rural or remote population are not acquainted with the idea of tele-counselling,** which has gained in popularity over the years and particularly during Covid.”



Ismat Jahan
 Clinical Psychologist & Head,
 National Trauma Counselling
 Centre, Multi Sectoral
 Programme on Violence
 Against Women (MSPVAW)
 Ministry of Women and
 Children Affairs, GoB

“The MSPVAW was launched in 2001, as part of which two One Stop Crisis Centres were inaugurated in Dhaka and Rajshahi, during the pilot phase, which also provides psychosocial support to victims. **There is a lack of mental health support in our country due to the lack of psychologists, who are meant to cover psychological problems, marital problems, psychosexual problems, and domestic violence issues.** The National Trauma Counselling Centre was launched in 2009 to provide psychosocial counselling. We have worked with BRAC to train the field workers of its GJD and SELP programme to provide supportive counselling roles through empathetic listening. We have also been working on increasing awareness on psychological issues. We also have extended our services to the divisional areas by establishing counselling centres in medical colleges. Additionally, we the National Trauma Counselling Centre also provides tele counselling services.”



Syeda Munira Sultana
National Programme
Coordinator
ILO Bangladesh

“BRAC should be appreciated for bringing lessons learnt from field activities to share with the wider civil society network. I look forward to seeing the ‘Ar Na’ project expanding beyond Satkhira and Rangpur to other locations. I would suggest **incorporating work related violence in both the formal and informal sector, as we see that women and children experience abuse in these areas of society as well.** I believe, a significant amount of data will also be generated on the violence experienced at work place, and ILO would be happy to collaborate with BRAC in this regard.”



Nadia Sharmin
Senior Reporter
Ekattor TV

“I work on crime reporting so I get to interact with survivors of violence. I would suggest creating supportive cells to support survivors in police stations and hospitals since when anyone is exposed to such injustice, these are the two places they think of going to. I would also request to create a team to follow up cases of survivors that are in court to ensure that the cases are not pending, as in many cases, **when a survivor fails to bear the financial aspects of the trial, lawyers exhibit negligence to deal with their cases and stop following up on them.**”

Annex I: Schedule

3.00 – 3.10	Welcome remarks and context setting	Nobonita Chowdhury, Director, GJD, BRAC
3.10 – 3.20	Presentation: Lessons on GBV reporting and referral from the Ar Na Pilot Project	Taqbir Huda, Advocacy Lead, GJD, BRAC
3.20 – 3.30	Presentation on Shongjog	Jenefa Jabbar, Director, Safeguarding, BRAC Kollo Nag, Head, Platform, Technology, BRAC
3.30 – 3.40	Short video screenings: Interview with Salma Akhter, District Legal Aid Officer, Satkhira	BRAC IT and Comms Team
3.40 - 3.50	Overcoming all odds: the support a survivor needs to rebuild their life	Dr. Azmeri Haque Badhon, Actor
Panel Discussion: Existing Support Services for GBV Survivors		
3:50- 4:10	Role of DWA in providing rehabilitation and social integration of women facing gender based violence	Dr. Sheikh Muslima Moon, Additional Director (Deputy Secretary), Department of Women Affairs (DWA), Ministry of Women and Children Affairs
	Existing social safety mechanisms under DSS for women facing gender based violence	Mohammad Kamrul Islam Chowdhury, Director (Institution), Department of Social Services (DSS), Ministry of Social Welfare
	Scope of skills training for young women and girls facing gender based violence through DOYD	A K M Mofizul Islam, Director (Poverty Alleviation), Department of Youth Development (DOYD), Ministry of Youth and Sports
Panel Discussion: Building a Sustainable Tomorrow		
4.10 - 4.30	Overcoming gaps in existing support services for GBV survivors to ensure a holistic referral system	Shireen Huq, Member, Naripokkho
	Importance of ensuring holistic referral system for GBV survivors to achieve Sustainable Development Goal 5 (Gender Equality)	HE Robert Chatterton Dickson, British High Commissioner to Bangladesh Kate Sangster First Secretary of the Australian High Commission in Bangladesh
	The importance of integrated services through GO-NGO collaboration	Asif Saleh, Executive Director, BRAC
4.30 – 4.55	Open Discussion/ Q&A	Participants, moderated by Nobonita Chowdhury, Director, GJD, BRAC
4.55 – 5.00	Closing remarks: Importance of GO-NGO collaboration to combat gender-based violence	Nobonita Chowdhury, Director, GJD, BRAC

Annex II: List of Participants

S/L	Name	Designation and Organization
1	Abdullah Al Rashed	Manager-MEAL,SELP,BRAC
2	Abu Sadat Moniruzzaman Khan	Programme Head, Climate Change,BRAC
3	A. F. M. Akramul Haider	Project Manager & Lead Business Analyst, Technology,BRAC
4	A K M Mofizul Islam	Director (Poverty Alleviation), Department of Youth Development, Ministry of Youth and Sports
5	Alamin Buyan	Personal Assistant to ADD-Director, DWA, MoWCA
6	Asif Kashem	Senior Program Manager, Australian High Commission, Bangladesh/ DFAT
7	Asif Saleh	Executive Director, BRAC
8	Ayesha Akhter	Staff Lawyer ,BLAST
9	Biswajit Roy Chowdhury, PhD	Programme Manager, GJD, BRAC
10	Daisy Akter	Programem Coordinator, GJD, BRAC
11	Dalia Das	Sr. Director, SOS Children's Village International
12	Dhiman Halder	Programme Manager, GJD, BRAC
13	Dr. Ayasha Siddiqua	Programme Head, COVID-19 Response, HNPP,BRAC
14	Dr. Azmeri Haque Badhon	Actor
15	Dr. Sheikh Muslima Moon	Additional Director(Deputy Secretary), Department of Women Affairs (DWA),Ministry of Women and Children Affairs
16	Ekramul Haque	Programme Coordinator, Operations,SELP,BRAC
17	Fatema Ferdausi	Programme Manager, GJD, BRAC
18	HE Robert Chatterton Dickson	British High Commissioner to Bangladesh
19	Ibrahim Khalil Ullah	Programme Manager, GJD, BRAC
20	Ismat Jahan	Clinical Psychologist, NTCC, MoWCA
21	Jenefa Jabbar	Director, Social Compliance and Safeguarding, BRAC
22	Karen Rasmussen	Technical Advisor, PSEA and Protection Mainstreaming , Unicef Bangladesh

S/L	Name	Designation and Organization
23	Kate Sangster	First Secretary, Australian High Commission
24	Kazi Faria Muntaha	Deputy Manager, PVAWI, GJD, BRAC
25	Irene Connie TUMWEBAZE	Child Protection Specialist – CPHA (Climate Change and GBV), Unicef Bangladesh
26	Mahbubul Alam	Programme Manager, GJD, BRAC
27	Maheen Sultan	Senior Fellow of Practice and Head of Gender and Social Development Cluster, BIGD
28	Maksudur Rahman	Project Officer, Odhikar Outreach Project, DAM
29	Md. Arifur Rahman	Safeguarding Specialist
30	Md. Imamul Azam	Programme Head, UDP, BRAC
31	Mr. Mohammad Kamrul Islam Chowdhury	Director (Institution), Department of Social Services, Ministry of Social Welfare
32	Md. Shahjahan Hossain	Lead M&E, KM and PD, GJD, BRAC
33	Md. Shakhawatul Islam	COP, GRESP/PRL
34	Md. Shariful Islam	Programme Head, Migration, BRAC
35	Md. Quamruzzaman	Programme Coordinator Strategy & Technical, SELP, BRAC
36	Meherun Nahar Mili	Information Management Officer (IMO) UNFPA
37	Miftahul Jannat Chowdhury	Content Specialist, Communication, BRAC
38	Mohammad Maruf Hasan	Team Lead, Policy Research and Evidence, ASC, BRAC
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*The designations of the participants listed in this list are as at the time of the roundtable dialogue.

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