WOMEN'S REFUGEE COMMISSION

Service Provision Mapping Tool: Urban Refugee Response

Mapping humanitarian and host community organizations relevant to GBV prevention and GBV risk mitigation

Introduction

Today, more than two-thirds of refugees live in urban areas rather than in refugee camps or settlements. They gravitate towards cities for a variety of reasons, from educational and economic opportunities to improved housing and, in some cases, increased safety. Yet urban refugees usually live alongside host community urban poor, and with them they experience high levels of unemployment, violence, substandard shelter, and limited access to resources like potable water, health services, and public transportation.

Urban response requires a new humanitarian model. Rather than building a new infrastructure of services to serve the refugee population, as is the traditional approach in camps, urban response must try to leverage the wide range of services, resources, and social capital that already exists in cities. This means working with host governments and host communities to integrate refugees into existing services, from primary schools to hospitals, and ensuring that host community members also benefit from whatever contributions to these services humanitarian actors can provide in return.

Beyond helping to secure refugees' access to basic services, promoting refugee protection is an essential component of urban response. It is also highly complex, requiring a "multi-faceted" approach that sometimes requires "negotiations with unconventional actors."[1] A key early step in promoting protection is to *map all the various actors and institutions that are currently relevant — or potentially relevant — to a refugee's protection environment*, especially those relevant to GBV prevention and GBV risk mitigation. This mapping must be done across all sectors, and include not only governmental actors, but also civil society groups and community-based organizations. Even if organizations do not currently serve refugees, they may be willing to do so in the future, or at a minimum to offer guidance on how refugees can survive more safely within the city. Tailored mapping must also be done for different refugee subpopulations, since they face different GBV vulnerabilities and risks in a city. Among these subpopulations are women; children; lesbian, gay, bisexual, transgender and intersex (LGBTI) individuals; persons with disabilities; sex workers; male survivors of sexual or gender-based violence; and the elderly.

Building linkages with host community organizations can be challenging. Some may be legally required to serve refugees, but nonetheless discriminate against them or provide them with substandard care. Others may not have the capacity or funding to expand their work to include refugees. The first step in creating any protection network, however, is to map its current participants and its potential breadth. Only then will

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1 UNHCR, *The Implementation of UNHCR's Policy on Refugee Protection and Solutions in Urban Areas* (2012), http://www.unhcr.org/516d658c9.pdf

UNHCR and its partners be able to initiate conversations with these organizations to learn what information or support they may need in order to be more inclusive of refugees.

The Urban Service Provision Mapping Tool

This tool is designed to help UNHCR field offices and their partners map existing service providers and community organizations in cities: both those that currently engage refugees *and* those that could potentially engage refugees by providing them services or otherwise playing a part in their protection environment. The tool is also intended to guide practitioners in assessing the appropriateness of these actors as resources or referral pathways in humanitarian response, and in identifying what kinds of support — information, training, authorization, cost-sharing, etc. — these actors may need to take on that role. Some local actors may not have the capacity to start serving refugees immediately, but can perhaps become part of a longer-term protection strategy, or provide information-sharing or capacity-building to refugees or refugee service providers. All of this information, and more, can be captured in the Tool.

How the Tool Works

The first section of the Tool is for "All Refugee Populations" and provides fields for mapping organizations within the host community. This mapping should be comprehensive. It should include programs and services run by the following actors (this list is not exhaustive): municipal or city authorities and agencies; national agencies operating within the city; civil society groups and nongovernmental actors; community-based organizations; humanitarian actors; international development organizations or other UN agencies that are running projects in the city; and relevant private sector actors or foundations. Space is also provided for practitioners to note any current or potential barriers to refugee participation in these programs. Some barriers may be from a refugee's point of view, such as the distance they would have to travel to access a particular service, or the cost of public transportation to get there. Other barriers may be from a service provider's perspective, such as a need for cost-sharing in order to serve refugees, or language barriers that would hinder their engagement, or even personal bias against refugees.

The remaining sections of the Tool are tailored for different at-risk refguee subpopulations" of refugees: women, LGBTI, persons with disabilities, children and adolescents, refugees engaging in sex work, male survivors, and elderly. It provides additional space to note a local organization's interest and expertise in serving a particular refugee subgroup. Although some actors may therefore be mapped twice or more — once under "All Populations" and again for specific key populations — this is essential to ensure that vulnerable groups are referred to organizations that have the knowledge, sensitivity training, and skills to serve them or offer them peer support.

Conducting this mapping will provide humanitarian actors with a more accurate and comprehensive picture of what gaps exist in refugee service provision and protection. It will also generate information on what kinds of linkages with host community actors could be built or strengthened in order to bridge those gaps. Once the mapping is completed, it will also suggest where humanitarian actors may want to

concentrate or prioritize their outreach efforts, given both the nature of a particular gap and host community resources.

Tips for Using the Tool

This tool is intended to be used by humanitarian actors in the field, including UNHCR and partner staff. While a designated staff person will be responsible for managing the document — such as a protection officer, community services officer or program coordinator — the information that feeds into the tool can and should come from a range of sources. The two most important sources to start with are (1) urban refugees themselves, including refugees from each of the relevant subgroups, and (2) case managers, counselors and others who interact with refugees daily. All urban humanitarian actors, regardless of sector, should be invited to contribute their knowledge. The idea is to pool together, all in one place, whatever information currently exists about where refugees are going for services and support; the types and quality of services they are accessing; and potential linkages to explore further.

Host community organizations should also be consulted directly, and information they share should be entered into appropriate fields. This tool is not, however, intended to be used as an interview guide with host community actors. Rather than asking whether a host community organization "serves" a particular group, for instance, it may be more useful to ask whether any individuals from a particular group are currently "coming through their doors," or participating in their activities. Moreover, where an organization says that it does not serve a particular subpopulation, such as LGBTI or persons with disabilities, documenting that information in the tool should not be viewed as implicitly condoning such exclusion. As humanitarian actors, we aim to promote inclusion and mainstreaming wherever possible, not least where doing so is mandated by humanitarian principles and applicable human rights instruments. But the immediate goal of this particular tool is to take a "snapshot" of who is currently providing services and support to refugees, and who within the host community could potentially become a partner in urban protection and GBV prevention, either for all refugees or for target subpopulations.

Use the following forms to record data. If you need more space, use additional paper, using reference numbers on the form for cross-reference.

	1. Service Providers: ALL Urban Refugee Populations				
Ref #	Name of Service Provider	Services, Programs & Activities Provided Note location(s) within the city and proximity to refugee neighborhoods.	Who Do They serve? Are individuals from the following groups currently using their services or participating in their activities: • refugees or only host community • women • men • children & adolescents, especially adolescent girls • LGBTI • persons with disabilities • sex workers • male survivors • elderly	Existing or Potential Barriers to Refugee Inclusion[2]	Notes Include information about how the organization's activities are relevant to GBV prevention and GBV risk mitigation. Include focal point contact information.
1A	**Employment and Livelihood** (e.g., job placement and job training, microfinance and cash transfers, savings clubs)				
1B	**Health** (e.g., hospitals, public clinics, private clinics, mobile clinics, sexual and reproductive health providers)				

2 Barriers can be from a refugee's point of view AND from the service provider's point of view. Examples of barriers for refugees include: transportation costs; fear; misinformation; entry fees; language; distance from refugee neighborhoods. Examples of barriers for service providers would include information or resources they would need to expand their reach to refugee communities, such as: lack of funds or need for cost-sharing; need for more information and sensitization around refugee issues; need for language interpreters; need for capacity-building; need for government authorization.

1. Service Providers: ALL Urban Refugee Populations (continued)				
Ref#	Name of Service Provider	Services, Programs & Activities Provided	Who Do They serve?	Barriers to Refugee Inclusion	Notes
1C	**Social and Psychosocial Support** (e.g., peer support and self-help groups, social workers, counselors)				
1D	**Education** (e.g., crèches, bridge classes, adult learning classes, skills trainings)				
1E	**GBV Prevention & Response** (e.g., GBV case management, special police, temporary shelters, legal support)				

Additional notes:

2. Service Providers: Women Refugees			
Ref #	Name of Service Provider	Services, Programs & Activities Provided Include: • Location within the city and proximity to refugee neighborhoods • Do they currently serve refugee women, or only women from the host community?	Notes Include: • Capacity and interest in serving refugee women • Barriers to including or conducting outreach to refugee women • Barriers refugee women may face in accessing services or participating in activities • Barriers refugee women with disabilities may face • Potential as a new referral pathway for women refugees • Focal point contact information
2A	**Employment and Livelihood** (e.g., job placement and job training, women's savings clubs, agriculture and crafts clubs)		
2B	**Health** (e.g., hospitals, public clinics, private clinics, mobile clinics, sexual and reproductive health providers)		

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3 Examples of barriers for including women refugees include: a lack of funding or need for cost-sharing; need for more information and sensitization around refugee inclusion; need for language interpreters; need for capacity-building; need for government authorization.
4 Examples of barriers for women refugees include: transportation costs or risks; fear; misinformation; entry fees; language; distance from refugee neighborhoods.

2. Service Providers: Women Refugees (continued)			
Ref#	Name of Service Provider	Services, Programs & Activities Provided	Notes
2C	**Social and Psychosocial Support** (e.g., women's support groups)		
2D	**Education** (e.g., programs that accept women and/or target adult women)		
2E	**GBV Prevention & Response** (e.g., GBV case management and counseling, special police units, women's shelters, legal support)		

Additional notes:

3. Service Providers: LGBTI Refugees

| Ref # | Name of Service Provider | Services, Programs & Activities Provided

Include:
• Is the organization led by LGBTI individuals?
• Location(s) within the city and proximity to refugee neighborhoods
• Note whether services are currently being used by LGBTI refugees or by LGBTI members of the host community or both
• If LGBTI inidiviuals are accessing services or participating in activities, note whether this includes L, G, B, T, and/or I
• Current LGBTI refugee inclusion efforts | Notes

Include:
• Capacity and interest in serving LGBTI refugees
• Training or expertise in L, G, B, T, and/or I issues
• Barriers to including or conducting outreach to LGBTI refugees[5]
• Barriers to LGBTI refugees' access or participation[6]
• Potential as a new referral pathway for LGBTI refugees or partner in LGBTI protection efforts
• Focal point contact information |
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| 3A | **Employment and Livelihood** (e.g., job placement and job training programs that are open to, or designed for, LGBTI refugees) | | |
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| 3B | **Health** (e.g., specify LGBTI-friendly providers, trans health clinics, intersex-friendly children's doctors) | | |
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5 Potential barriers for including LGBTI refugees include: a lack of funding or need for cost-sharing; need for more information and sensitization around refugee inclusion and/or LGBTI issues; need for language interpreters; need for capacity-building; need for government authorization.
6 Potential barriers for LGBTI refugees' access include: transportation costs or risks; fear of discrimination or stigma; misinformation; entry fees; language; distance from refugee neighborhoods.

3. Service Providers: LGBTI Refugees (continued)

Ref#	Name of Service Provider	Services, Programs & Activities Provided	Notes
3C	**Social and Psychosocial Support** (e.g., LGBTI human rights organizations, LGBTI support groups, LGBTI safe spaces)		
3D	**Education** (e.g., schools that are LGBTI-friendly, after-school programs for LGBTI youth)		
3E	**GBV Prevention & Response** (e.g., GBV case management and counseling, LGBTI-friendly shelters, LGBTI-friendly legal assistance)		

Additional notes:

4. Service Providers: Persons with Disabilities

Ref #	Name of Service Provider	Services, Programs & Activities Provided Include: • Are they a representative organization of persons with disabilities (a DPO) or a disability service provider?[7] • What groups of persons with disabilities do they service? (e.g. persons with physical, intellectual, vision, hearing, or mental disabilities) • Do they serve refugees or only members of the host community? • Current policies or practices on gender equality, and the prevention of sexual abuse and exploitation • Proximity to refugee neighborhoods	Notes Include: • Capacity and interest in serving refugees with disabilities • Training or expertise on protection mainstreaming, and safe identification and referral of GBV survivors • Barriers to including or conducting outreach to refugees with disabilities[8] • Barriers refugees with disabilities may face in accessing or participating in activities[9] • Potential as a new referral pathway for refugees with disabilities for GBV prevention and risk mitigation (not GBV case management) • Focal point contact information
4A	**Employment and Livelihood** (e.g., job placement and training programs that are open to, or designed for persons with disabilities)		
4B	**Health** (e.g., disability-friendly health providers and disability-accessible providers; disability specialists for health and rehabilitation; provision of aids and devices)		

7 DPOs are usually established and led by persons with disabilities – they seek to strengthen the voice of persons with disabilities in all spheres of community life. They identify needs, express views on priorities, evaluate services and advocate for change and public awareness (www.independentliving.org/docs5/RoleofOrgDisPeople.html.) Disability service providers specialize in meeting the needs of persons with disabilities through the provision of services, such as health, education, and livelihoods service and access programs.
8 Potential barriers for including refugees with disabilities include: a lack of funding or need for cost-sharing; need for more information and sensitization around refugee inclusion and/or disability inclusion; need for language interpreters; need for capacity-building; need for government authorization.
9 Potential barriers for refugees' access include: transportation costs or risks; fear of discrimination or stigmatization; misinformation; entry fees; language; distance from refugee neighborhoods.

4. Service Providers: Persons with Disabilities (continued)			
Ref#	Name of Service Provider	Services, Programs & Activities Provided	Notes
4C	**Social and Psychosocial Support** (e.g., peer support and/or self-help groups; safe spaces and community center activities inclusive of adult or youth with disabilities)		
4D	**Education** (e.g., schools that are disability friendly or that prioritize disability inclusion)		
4E	**GBV Prevention & Response** (e.g., partnerships and referrals to GBV case management agencies, disability-friendly shelters, disability-friendly legal assistance)		

Additional notes:

**5. Service Providers: Children and Adolescents**		
Ref #	Name of Service Provider	Services, Programs & Activities Provided Include: • Do they currently serve refugee children and adolescents? • What are their ages? • Proximity to refugee neighborhoods and schools • Is all of their programming for boys and girls, or do they have particular programs tailored for adolescent boys or adolescent girls?	Notes Include: • Capacity and interest in serving refugee children and adolescents • Training or expertise in serving refugees, children, and adolescents, especially adolescent girls • Barriers to including or conducting outreach to refugee children and adolescents (esp. adolescent girls)[9] • Barriers refugees children and adolescents may face in accessing services or participating in activities (esp. adolescent girls)[10] • Barriers refugees children and adolescents may face to participating • Potential as a new referral pathway for refugee children and adolescents for GBV prevention or GBV risk mitigation (esp. adolescent girls) • Focal point contact information
5A		**Employment and Livelihood** (e.g., programs that work with street children or with child and adolescent laborers)	
5B		**Health** (e.g., primary care providers; clinics that serve adolescents and provide sexual education trainings; SRH outreach for adolescent girls)	

10 Potential barriers for including refugee children and adolescents: a lack of funding or need for cost-sharing; need for more information and sensitization around refugee inclusion; need for language interpreters; need for capacity-building; need for government authorization.

11 Potential barriers for refugees' access include: transportation costs or risks; fear of discrimination or stigmatization; misinformation; entry fees; language; distance from refugee neighborhoods.

	5. Service Providers: Children and Adolescents (continued)		
Ref#	Name of Service Provider	Services, Programs & Activities Provided	Notes
5C	**Social and Psychosocial Support** (e.g., peer support groups, community center activities, after-school programs for children and adolescents, safe spaces for adolescent girls)		
5D	**Education** (e.g., crèches, bridge classes, primary schools, and secondary schools that serve refugee children and adolescents)		
5E	**GBV Prevention & Response** (e.g., partnerships and referrals to GBV case management; child-friendly shelters; legal assistance)		

Additional notes:

6. Service Providers: Refugees Engaging in Sex Work[12]

Ref #	Name of Service Provider	Services, Programs & Activities Provided Include: • Are they a sex worker-led organization? • Do they currently serve refugees who do sex work? • Do they serve members of the host community who engage in sex work? • Are services free and confidential? • Do they have policies or guidelines around harm reduction? • Location and proximity to refugee neighborhoods	Notes Include: • Capacity and interest in serving refugees who do sex work • Training or expertise in serving sex workers, knowledge of sex workers' rights and relevant tools and guidelines • Barriers to including or conducting outreach to refugee sex workers[13] • Barriers refugee sex workers may face in accessing services[14] • Potential as a new referral pathway for refugees engaged in sex work • Focal point contact information
6A	**Employment and Livelihood** (e.g., sex worker organizations, alternative or supplemental livelihoods programs, protection trainings)		
6B	**Health** (e.g., sex worker-friendly health clinics, STI testing centers and mobile clinics, sexual health workshops)		

12 "Sex Work" is defined here as consensual sex between adults. "Sex workers" are "Female, male, and transgender adults and young people (over 18 years of age) who receive money or goods in exchange for sexual services, either regularly or occasionally," World Health Organization, et al, *Implementing Comprehensive HIV/STI Programmes with Sex Workers* (2013) (internal citation omitted), available at http://www.who.int/hiv/pub/sti/sex_worker_implementation/en/

13 Potential barriers for including refugee sex workers: a lack of funding or need for cost-sharing; need for more information and sensitization around refugee inclusion and/or sex workers' rights; need for language interpreters; need for capacity-building; need for government authorization.

14 Potential barriers for refugee sex workers' access include: transportation costs or risks; fear of discrimination or stigmatization; misinformation; entry fees; language; distance from refugee neighborhoods.

6. Service Providers: Refugees Engaging in Sex Work (continued)			
Ref#	Name of Service Provider	Services, Programs & Activities Provided	Notes
6C	**Social and Psychosocial Support** (e.g., peer support groups)		
6D	**Education** (e.g., peer-education trainings)		
6E	**GBV Prevention & Response** (e.g., GBV case management, special police units, women's shelters, legal support)		

Additional notes:

	7. Service Providers: Male Survivors		
Ref #	Name of Service Provider	Services, Programs & Activities Provided Include: • Do they currently serve male survivors? • How do these survivors learn of their services? • Do they currently serve refugees? • Are services free and confidential? • Location and proximity to refugee neighborhoods	Notes Include: • Capacity and interest in serving refugee male survivors • Training, expertise, and skills for serving male survivors • Barriers to including or conducting outreach to refugee male survivors[15] • Barriers refugee male survivors may face in accessing services or participating in activities [16] • Potential as a new referral pathway for refugee male survivors • Focal point contact information
7A	**Employment and Livelihood** (e.g., subsidy programs or job placement and training programs)		
7B	**Health** (e.g., health care providers and medical practitioners with technical skills for treating injuries common among male survivors; funding streams available for necessary surgical interventions and other basic health needs)		

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15 Potential barriers for including refugee male survivors: a lack of funding or need for cost-sharing; need for more information and training on serving male survivors and/or refugees; need for language interpreters; need for capacity-building; need for government authorization.
16 Potential barriers to access for refugees who are male survivors: transportation costs or risks; fear of discrimination or stigmatization; misinformation; entry fees; language; distance from refugee neighborhoods.

7. Service Providers: Male Survivors (continued)

Ref#	Name of Service Provider	Services, Programs & Activities Provided	Notes
7C	**Social and Psychosocial Support** (e.g., peer support groups, specially trained social workers)		
7D	**Education** (e.g., job training or placement programs that are tailored for male survivors)		
7E	**GBV Prevention & Response** (e.g., GBV case management, men's shelters, sensitive legal assistance)		

Additional notes:

8. Service Providers: Elderly

Ref #	Name of Service Provider	Services, Programs & Activities Provided Include: • Do they currently serve elderly? • Do they currently serve refugees? • Are services free? • Location and proximity to refugee neighborhoods • Are services and programs mixed for men and women elderly or are there women-only programs?	Notes Include: • Capacity and interest in serving and including refugee elderly • Training or expertise in serving and including elderly • Barriers refugees may face in accessing services or participating in activities[16] • Barriers the elderly may face in accessing services or participating[17] • Potential as a new referral pathway for refugee elderly for GBV prevention and GBV risk mitigation • Focal point contact information
8A	**Employment and Livelihood** (e.g., social assistance programs for elderly; job placement and training programs for elderly)		
8B	**Health** (e.g., elderly-friendly health providers and elderly residential facilities)		

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17 Potential barriers for including refugee elderly: a lack of funding or need for cost-sharing; need for more information and training on serving elderly and/or refugees; need for language interpreters; need for capacity-building; need for government authorization.
18 Potential barriers to access for refugee elderly: transportation costs or risks; fear of discrimination or stigmatization; misinformation; entry fees; language; distance from refugee neighborhoods.

8. Service Providers: Elderly (continued)

Ref#	Name of Service Provider	Services, Programs & Activities Provided	Notes
8C	**Social and Psychosocial Support** (e.g., support groups, social clubs, or community center activities for elderly)		
8D	**Education** (e.g., elderly-friendly language or job skills programs)		
8E	**GBV Prevention & Response** (e.g., GBV case management, elderly-friendly shelters)		

Additional notes: