

 Global

Guidance on community-led service mapping¹

Introduction

Mapping protection and emergency services identifies information about available services that survivors of violence and abuse, as well as people in need of protection support, can be referred to. An analysis of the barriers to accessing services can complement this mapping by identifying measures to overcome them.

There are two moments when a service mapping is typically done. A basic one should be carried out as part of the [community profile](#) at the beginning of a community-based protection (CBP) programme. It will give teams of supporting organizations the necessary information to refer survivors and victims of violence and abuse to services while they set up the programme with communities.

Service mapping should be holistic, not limited to services focusing on gender-based violence only.

A second service mapping should be conducted with and by members of community protection structures (CPSs) in parallel with their protection analysis. These will form the basis for activities on referrals, [sensitization](#), [advocacy](#) and potentially material support around access to services. As the availability, safety and quality of services can change over time, it is important to regularly update service mappings.

Information to be included

For a service mapping to be manageable and useful, only as much information as is needed for referrals, sensitization and advocacy on access to services should be collected. Typically, it would include the following:

Name and type of service provider. For example, a public service, private service, community group, faith-based organization, traditional leader, other individuals, civil society organization, local NGO, national NGO, international NGO or UN agency.

The year in which the service started.

Type of service(s). For example, case management, health services, psychological services, legal and administrative services, psychosocial support, child protection services, education, service for survivors of gender-based violence, cash for protection, socioeconomic reintegration, or mediation and conflict resolution.

¹ This global tool builds and further expands on existing guidance documents produced by Oxfam's protection teams in the Democratic Republic of Congo (DRC), and the Global Humanitarian Team.

Description of the service. Include the number of people delivering the services, disaggregated by gender; and details on the service delivered (see examples in **Box 1**);

Location of the service. Use reference points, street names and landmarks that community members will know.

Operating hours and duration. Note the days and times when the service is open and receiving clients. If the service is limited to a specific period (e.g. it is only available for three months because of a short project), indicate this here.

Service users. Record who can access the service; for example, is the service targeting a specific category of people, e.g. gender, age, ethnicity, religion, refugee, internally displaced persons (IDPs), etc? Is the service limited to a number of people ?

Payment. Is the service free or does it come with a cost? If so, how much and when is it payable (e.g. upfront)?

Documents required. For example, do users need legal documents, property titles, medical certificates or referral forms?

Accessibility. Is the service physically accessible? Is it far away from the village/city/camps? Is it in a safe area? Are there any barriers for people with disabilities? Is an appointment needed?

Contact. Record the name, title, gender and contact details of someone who can be contacted by community members. The contact must give their free, prior and informed consent to have their details included in the service mapping, and for them to be shared with the community. If mapping different services provided by one organization, it is preferable to have one contact per service.

Comments. If there are concerns about the safety or the quality of the services, this should be noted and investigated.

Organizations specializing in case management and service provision = for survivors and people in need of protection will have more detailed information, for instance more specific information on the different aspects of a service.

Box 1: Examples of services

Case management, e.g., general case management, child protection case management, GBV case management.

Health services, e.g., primary care, emergency services, post-rape services, surgery.

Legal and administrative services, e.g., legal assistance, legal counselling, police, refugee status determination, ID document, property titles/cadastre.

Psychosocial support, e.g., psychological first aid, community listening centres, counselling, peer support group.

Social services, e.g., women's shelters, foster families.

Specialized child protection services, e.g., family tracing, family reunification.

Education, e.g., school reintegration, literacy classes for survivors.

Specialized services for gender-based violence survivors.

Cash for protection, e.g., for transport, for legal documents.

- **Socioeconomic reintegration**, e.g., life skills training, vocational training, income-generating activities for survivors.
- **Mediation and conflict resolution**, e.g., traditional mediation mechanisms, conflict resolution committees for land conflicts, peace tribunals, family counselling.
- **Other specialized services**, e.g., services for people with disabilities, services for older people.

The services included in the mapping should have clear links with the protection needs of the community members in order to avoid it becoming too long.

Methods for collecting information

An example service mapping matrix can be found in [Annex 1](#). This demonstrates the information that can be gathered about services.

1. Secondary data

In order to minimize your own data collection efforts, review the data available from other teams, organizations, authorities and institutions. These can include existing service maps; referral pathways, evaluation and assessment reports; field visit reports; administrative information; etc. Secondary information can also be obtained by interviewing cluster coordinators, and local and national authorities. This step can be carried out by supporting humanitarian organizations and/or CPS members.

Service mapping is the minimum that must be undertaken to create a community profile. The following steps can be done depending on time.

2. Drawing a map

Drawing a map of the locality with services indicated in it can be helpful. For this, CPS or community members indicate where different services are located on a drawn or printed map of the main routes and buildings. Participants can be divided into groups focusing on different geographical areas in order to complement each other's work.

3. Community walk

In a community walk, CPS members divide their locality into different sections and walk around them in pairs, noting all the services they come across. The information obtained this way can complement the map they have drawn beforehand. Community walks also allow CPS members to observe the area in which a service is located and the route one must take to get there. This method is, however, limited to services that are clearly marked.

4. Visiting service locations

An important method for collecting information on services is to visit the location where the service is being provided and talking directly to the providers. Staff from supporting humanitarian organizations together with CPS or community members can divide the identified services among them and ask pre-agreed questions directly to service providers. Before the visits, staff from supporting organizations and CPS members should discuss exactly what information they are seeking to obtain, and why this information is important for referrals. If the information they aim to obtain turns out not to be important, it should be dropped from the questionnaire to prevent collecting unnecessary data.

Tip: CPS members and supporting organizations' staff may initially tend to think of formal services; ask them to include informal and traditional services as well.

Displaying and sharing the service map

CPS members and supporting humanitarian organizations should share completed service maps with other community members, duty bearers and other actors working on service provision and referrals.

This includes the humanitarian cluster system, where it is present.

Different formats and channels should be used in parallel in order to reach all groups in the community, including:

- Women and men;
- Different age groups;
- People with reduced mobility;
- People with disabilities (physical, sensory, cognitive, mental health or other disabilities);
- People with low literacy;
- People from different religions; and
- People from different ethnicities.

Options for tailoring the map include visual maps (see [Annex 2](#)) that indicate basic information for each service and its location and simplifications of the service mapping matrix (see [Annex 1](#)). Songs, radio broadcasts, posters, flyers and leaflets can all be used to advertise the locations of services.

Analysing and addressing barriers to accessing services

Barriers to accessing services should also be analysed, with a view to addressing these barriers through sensitization, advocacy and material support. These activities can then be included in [Community Protection Action Plans](#).

Barriers include:

- a lack of information about a service, e.g., among women or displaced people;
- the absence of a specific service;
- the cost of a service;
- the distance of a service;
- a service not using a language needed by a subset of a population;
- distrust;
- harassment or exclusion of certain groups from a service by service provider staff;
- problematic opening hours, e.g., clashing with market days;
- the lack of female staff at a service;
- a lack of childcare to rely upon while using a service; and
- extortion, or the charging of illegal fees.

CPS members, accompanied by supporting humanitarian organizations when necessary, can work to address and help communities overcome some of these barriers.

The following process can be used together with the template questionnaire in [Annex 3](#) to identify barriers and potential mitigation measures.

1. Preparation with CPS members

Staff from supporting humanitarian organizations and CPS members should discuss the objective of the access barrier analysis and the examples of barriers that exist in their context. They should identify the questions that will be used in data collection (see [Annex 3](#) for some example questions). They should then discuss how to collect data from as many different groups in their community as possible, starting with the information that is already available from CPS members themselves – including, for instance, a review of secondary information, and data from focus group or bilateral discussions with community members, local officials and service providers.

Box 2: An example of addressing barriers in DRC

In Lubero, North Kivu territory, DRC, a CPS had identified that staff from a health centre was asking survivors of sexual violence to pay for medical certificates that were necessary for filing a report with the police. CPS members were concerned that this would prevent survivors from seeking justice. They successfully advocated with the managers of the health centre and the health zone – the practice of asking for money in exchange for the certificate was prohibited.

2. Data collection and confidentiality

Before CPS members, accompanied by staff from supporting organizations if necessary, conduct interviews and discussions to collect data, the principle of confidentiality² should have been discussed, and relevant measures agreed. Each interview or discussion should be introduced with a clear explanation of the aim and principles of the exercise and free, prior and informed consent collected. It is important to analyse the risks involved in compiling, storing, using and sharing this data. Those collecting data must prevent putting communities at risk and identify ways to mitigate such risks.³

3. Analysing data and deciding on actions

CPS members can use the template in [Annex 4](#) to help summarize and analyse data. Staff from supporting organizations can facilitate discussions, or simply observe and ask questions to deepen the analysis where necessary. Once data is added to the matrix, CPS members and staff from supporting humanitarian organizations can agree on specific actions to address each barrier, such as:

- advocacy with providers of legal assistance to run mobile clinics in the community if distance is a problem;
- sensitization of IDPs living in a camp about their eligibility for a service if there is a widespread perception that they are not allowed to access it; or
- advocacy with humanitarian organizations to provide vouchers or cash to people who cannot pay the fee for a service that cannot be made cheaper.

For each action, a [risk analysis](#) should be conducted to identify what risks CPS members, community members and staff from supporting organizations might be exposed to as a result.

2 For more information on confidentiality in relation to services, see for example Gender-Based Violence Area of Responsibility, “Confidentiality, the Right to Choose and Consent”, 2010, available at https://gbvguidelines.org/wp/wp-content/uploads/2016/12/mod4_Confidentiality-the-Right-to-Choose-and-Consent.doc

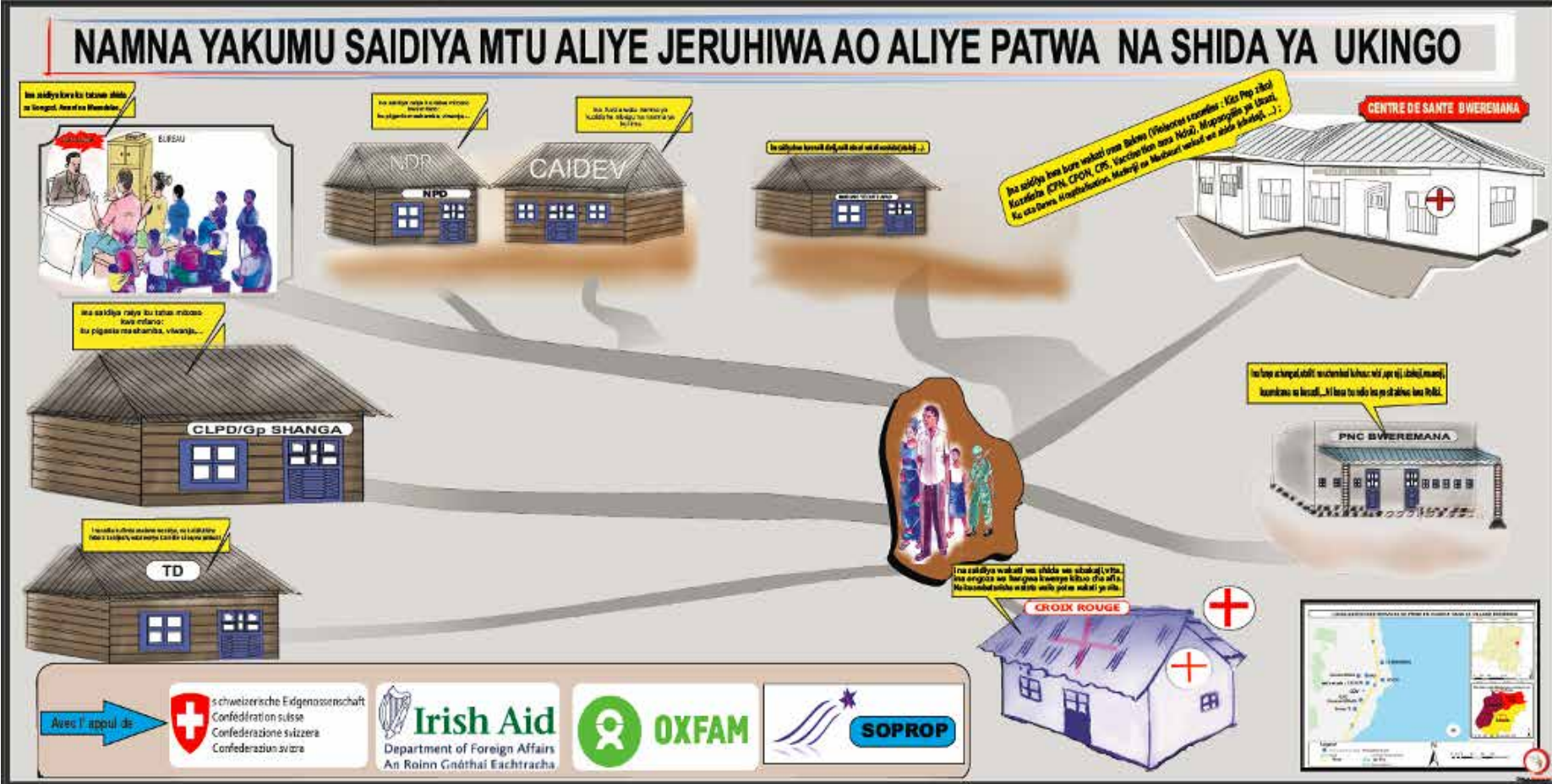
3 For more information on responsible data management, see Oxfam, “Responsible Program Data Policy”, 2015, available at <https://oxfamlibrary.openrepository.com/bitstream/handle/10546/575950/ml-oxfam-responsible-program-data-policy-en-270815.pdf;jsessionid=8B219C390D75B44F7D6CA4239DB62850?sequence=1>, and Oxfam, “Responsible Data Management Training Pack, 2017, available at <https://policy-practice.oxfam.org/resources/responsible-data-management-training-pack-620235/>

Annex 1: Service mapping matrix

Community	
Date	
Name of staff member	

Name of service provider	Starting date (year)	Type of service	Description of specific activities	Location	Operating hours	Who may access	How to access	Physical Accessibility	Contact (name, designation, gender, phone number)	Comments (e.g. on safety, quality)

Annex 2: Example of a visual service map from a community-based protection programme in DRC



Annex 3: Example questionnaire for CPS members to gather data on barriers to accessing services⁴

Introduction

As a member of the Community Protection Committee, I would like to better understand the different barriers people in our community encounter in accessing medical, legal and psychosocial services, and the problems encountered when using these services.

The aim is to identify how solutions can be found to certain barriers, for example through discussions, negotiations or advocacy at the local level.

Your name will not be noted, and it is not necessary to talk about the personal problems you have encountered if you are not comfortable.

Questions

1. When it comes to accessing services, which problems and barriers do you think exist for people in this community?
2. What is the impact of these problems/barriers?
3. Do you think it is the same experience for everyone, or is it specific to certain people in particular?
4. Do you think that if these problems are addressed, people will be better able to access these services?

⁴ This is based on the Community-Based Protection Guide from Oxfam's country programme in DRC, unpublished.

Annex 4: Access barrier matrix

Barrier	Which service(s) does it concern?	For whom is it a barrier?	Proposed action	Potential risk linked to the action	Mitigation measure	Updates (incl. date)