GBV coordinators and recent practice. It also correlates to the *Inter-Agency Minimum Standards for Prevention and Response to GBV in Emergencies* (GBV AoR 2019/2020).

The checklist is a reference for GBV sub-clusters to define the most basic work it must contribute to the humanitarian response. Each of these functions will be discussed in more detail in the sections below.

Ticking boxes for each deliverable on the checklist is not enough. The way a GBV sub-cluster performs these functions and delivers these products in an efficient, inclusive and ethical way is discussed in Chapter 4, and can be further explored in the 2019/2020 minimum standards.

Information management as a cross-cutting process

Information management is a cross-cutting process that enables a GBV sub-cluster to perform these functions and results in deliverables. It is an integral, mandatory part of a GBV response from the start of a crisis.

Therefore, the GBV sub-cluster must dedicate time, planning and resources for information management throughout a humanitarian response to perform each of the six core functions. Dedicated information management resources are essential to perform these functions well, but these are not always available in all contexts or throughout the different phases of emergency. See Chapter 4 for guidance on how to manage these responsibilities if dedicated resources are not available.

GBV information management must always adhere to the guiding principles of ethical and safe data collection and reporting, including confidentiality and informed consent. Information about specific GBV incidents and/or information that might identify individual survivors should not be shared outside the context of direct service provision or case management. This practice is in line with the principles outlined through the GBVIMS as well as the Protection Information Management (PIM) process.

This chapter integrates information management guidance and tools into the explanation of the functions, roles and deliverables, as an introduction to **what** must be done. Chapter 4 contains guidance on **how** to get these things done.

Information management

For an example of information management related to the GBV sub-cluster, see the dashboard of the Whole of Syria response.

3.2 Core function #1: Support service delivery

The primary function of the GBV sub-cluster is to support service delivery to meet the basic needs and rights of the affected population. The GBV sub-cluster is a hub for service providers to determine: what services are needed; where; for whom; and how service delivery should be prioritized to deliver the best services. The GBV sub-cluster also supports service providers by enabling flow of information and communication between its members, humanitarian leadership, different humanitarian sectors and communities.

An effective GBV sub-cluster acts to prevent duplication or critical gaps in basic minimum services. The sub-cluster and its leadership are responsible for ensuring that service delivery is based on

the rights-based approach and addresses needs emerging from the humanitarian crisis. It should not be inefficient because of lack of planning, or driven by the needs of individual organizations to instil a footprint. Duplication and critical gaps endanger the integrity and efficiency of the response.

This responsibility for supporting service delivery is constant, but in the early stages of a crisis, it is the most important role played by the GBV sub-cluster. Through coordination, GBV partners can determine what services are present in which locations, and problem-solve together to fill critical gaps. The following "deliverables" are processes that facilitate provision of life-saving GBV services.

Service mapping and the 3/4/5Ws matrix

One of the highest priorities for any GBV sub-cluster is to know who can deliver what services in which of the crisis locations. Service mapping can take multiple formats. In a sudden onset crisis, service mapping may begin as a simple contact list of service organizations by location, compiled by making phone calls to check presence. It may next develop into a service directory table of focal points developed through field site visits and assessments. The service information will need to become a "3W Matrix" defining who, what and where in spreadsheet format, which can evolve into a more detailed matrix to meet the cluster's reporting requirements to the Protection Cluster and OCHA. Eventually the service information should be geographically mapped. In all these formats, the service mapping shows the operational presence of GBV prevention and response actors.

Reporting on the 3/4/5Ws for a service mapping should be developed and refined with the continuous collaboration of the GBV sub-cluster members. Some key tips to keep in mind when building a service mapping:

Who: In the "Who" section, identifying GBV service providers may be sensitive, particularly in conflict areas. There should be a careful assessment of risks associated with publishing information about organizations providing services, particularly by geographic area. Appropriate safeguards must be in place. It may be possible to provide public formats of the 3Ws that do not reveal names or exact locations of partners, by using icons and larger geographic units.

What: The "What" section identifies services organized into categories or sub-categories, preferably using drop-down menu choices for consistency in reporting. The categories will need to be adjusted based on the context. Examples could include: health services (with CMR); GBV case management; PSS (specialized) or PSS (community-based); awareness raising activities; dignity kit distribution; legal services; livelihood services; capacity-building (of service providers); etc.

Where: The level of specificity required for the "Where" component depends on the context and the movement of populations. Mapping may begin on a larger administrative level (e.g. state or city level) and become more detailed as access and resources allow (e.g. to neighbourhood or block level). The use of drop-down menus for location is important, so information is consistent enough to be transposed to maps. Locations should be consistent with OCHA terminologies.

Service mapping of the operational presence only requires three of the five Ws, listed above. However, it is useful to include the fourth:

When: Complete the "When" column to assist with planning as early as possible in the evolving process of service mapping and monitoring. For example, if a project is

operating currently but will end in a few months, the GBV sub-cluster may need to seek additional funding or ask another partner to step in. Drop-down menus in Excel sheets can offer partners the options of an activity as planned, on-going or completed.

At another stage of more elaborate mapping, add the fifth W:

To whom: The fifth W of a 3/4/5W matrix tracks the delivery of services "to Whom". This data is used to monitor activities and monitor the number of beneficiaries whom partners have targeted and reached with their activities, disaggregated by sex, age and disability where possible. This information helps to measure progress, and assists in evaluation. It also provides information required for strategic planning and funding reporting requirements. (See more detail on developing the information in the 5W in the section below on strategic planning.)

Here are some suggestions to help GBV sub-clusters implement and analyse **service mapping data**:

- Provide orientation on the purpose and use of service mapping and the 3/4/5W tools for partners. Information Management Officers (IMOs) need to develop a simple step-by-step guidance note on how to fill out the reporting template; the note should include a list of all definitions used in the matrix. In addition, IMOs will need to train partners on these definitions and how to fill out reporting templates, to ensure consistency and a common understanding among all partners. For an example of definitions for the matrix, see Whole of Syria Operation Guidelines for Filling the GBV 4Ws.
- Use data visualization methods to communicate analysis of the data, such as dashboards, charts and graphs.
- Make use of available service mapping data from other sectors (for example, health sector mapping) wherever possible. Information from these mappings should be verified to ensure that services meet GBV quality and ethical standards.
- Verify and update service mapping information. This should be done by coordinators, supported or co-led by GBV IMOs, where available. It should be shared with partners and key stakeholders regularly. At coordination meetings, provide hard copies of the mapping to enable partners to visualize the situation and gaps so they can provide concrete and effective feedback. Partners may have irregular e-mail access or may not feel comfortable using Excel, so relying on them to update and email a complex 3/4/5W Excel spreadsheet is usually not the best method to reach them. Telephone partners for updated information, noting limitations of time, humanitarian access or internet access. Focus on verification of the information in the 3W component first, and then move to verification of the 4W and 5W components of a matrix.

Mapping services and operational presence is important because it is the first step in identifying critical gaps and developing Standard Operating Procedures (SOPs) and referral pathways, as explained in the next section.

Standard Operating Procedures

Standard Operating Procedures provide technical, operational guidance on procedures in crisis-affected countries for the referral and management of GBV services by specialists across the humanitarian response. These agreed procedures cover a number of key areas:

- Ethical and safety considerations and guiding principles related to confidentiality, respecting the wishes of the survivor, mandatory reporting and acting in the best interests of a child
- Reporting and referral systems (may include inter-agency referral form as annex)

- Mechanisms for obtaining survivor consent and permission for information-sharing
- Incident documentation and data analysis
- Monitoring

Make SOPs publicly available, where there are no security concerns about sharing protocols. This can be useful for local and regional locations and at the national level. Translate SOPs into government working languages or local languages because the procedures will be most effective when they are available in the language of the people who will use them.

Facilitate the development of SOPs – this is one of the GBV sub-cluster's most important jobs. The agency or agencies responsible for GBV coordination should initiate the SOP-development process as early as possible in emergency response. Organize a series of consultations with key stakeholders and actors in the setting where the SOPs will be implemented. The GBV sub-cluster should manage their negotiations and revision, and monitor their functioning over time. Inclusiveness, participation and transparency are crucial. Carefully plan and fund dissemination activities for SOPs.

Identify potential partners to lead the SOP-development process at the onset of the emergency. In the early stages of an emergency, it may be challenging to find personnel who can be dedicated to developing the SOPS, or for partners to prioritize the time to participate in the process. Though there can be resource challenges, SOPs need to be developed as fast as the context allows so that basic survivor-care services and essential prevention activities are rapidly put into place.

Establish "preliminary" SOPs for multi-sector response rather than waiting. It may not be possible to develop the entire set of procedures according to the IASC template during the emergency crisis phase, in particular where significant limitations are present, e.g. security, resources, political and cultural sensitivities. Some sections of the template require negotiation and discussion, which may not be feasible in the early stages of an emergency. Moreover, the full complement of actors to launch a multi-sector response may not be in place. In this case, the GBV sub-cluster should establish preliminary SOPs for multi-sector response while, at the same time, implement of the sector-specific recommendations in the *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action (IASC 2015) or the* IASC GBV Guidelines in order to support humanitarian actors.

In preliminary SOPs, cover the most relevant and urgent sections of the SOP template. These should be developed, at minimum, by the health, MHPSS, security and protection actors who will implement the procedures. Consult the community, focusing on the needs of groups at highest risk. Bear in mind that SOPs are guidance for technical specialists and are not public outreach documents or information, education and communication (IEC) materials. Over time, revise the SOPs as more actors enter the setting and more services become available.

Consider asking senior management of the GBV sub-cluster member organizations to endorse the SOPs as an accountability and advocacy mechanism. Sense of ownership and accountability ordinarily evolves during the SOP-development process.

Initiate the SOP-development process at the emergency-preparedness phase, e.g. for an anticipated emergency such as a natural disaster. Once the disaster strikes, revise the SOPs to reflect services that are available on the ground.

Engage in regular updates (i.e. annually) where SOPs already exist, to ensure that the SOPs remain relevant to the crisis context and that the systems linking survivors to services remain functional.

Promising practice

In Jordan in 2014 as part of the Syrian refugee response, the Inter-Agency Emergency Child Protection and GBV SOPs and referral pathways were harmonized through a consultative process that included specialized child protection and GBV actors, government authorities and humanitarian workers. The same collaborative process was adopted for the rollout process and subsequent annual reviews and revisions. The SOPs are available in English and Arabic on Relief Web. This best practice was further developed inside Syria in 2018. The GBV sub-cluster held a joint workshop with general Protection, Child Protection, and Mental Health and Psychosocial Support actors to develop integrated SOPs, and conduct joint launch and dissemination activities.

Online tool

To conduct workshops on developing and establishing SOPs on GBV, see the GBV SOP Workshop Package for the *Gender-based Violence Standard Operating Procedures Guide* (GBV AoR 2010). Additional information is available on the GBV AoR website. The GBV AoR can also provide examples of recent SOPs to sub-clusters on request.

Referral pathways and protocols

In settings where public discussion about the establishment of GBV services poses security risks, proceed with extreme caution. In these cases, it may be most effective for GBV coordinators and partners to develop an abbreviated referral pathway with accompanying basic protocols for survivors and distribute this only to those who fully understand the GBV guiding principles. When and if the situation improves, comprehensive SOPs may be developed.

For example, the Whole of Syria response developed a list of focal point contacts that anyone could call; these focal points could then refer the survivor directly. Only the focal points had access to the referral pathways.

In sudden onset emergencies, referral pathways may be a precursor to the SOPs. In other settings, simple referral pathways are developed at site level to accompany the SOPs developed for a state or country-level response.

Use easy-to-understand terms explaining what to do and where to go for immediate service delivery. People most likely to refer survivors to services need to understand the referral pathways, which means they must be involved in the process of their development. Like SOPs, update referral pathways regularly. The frequency for review will depend on the stage of the emergency and the stability of the service environment.

Agree on how to share the referral pathways. Among sub-cluster members, identify with whom they will be shared and using which mediums. The aim is to balance protection risks to survivors and service providers with accessibility.

Special considerations for adolescent girls

Take specific measures to ensure that GBV services are tailored to the needs of adolescent girls and that such services are part of the pathway and are accessible. Consider this when designing SOPs, referral pathways and protocols. Specialized outreach materials relevant to the local context may need to be developed providing information targeted to adolescent girls.

Communication materials to support service delivery

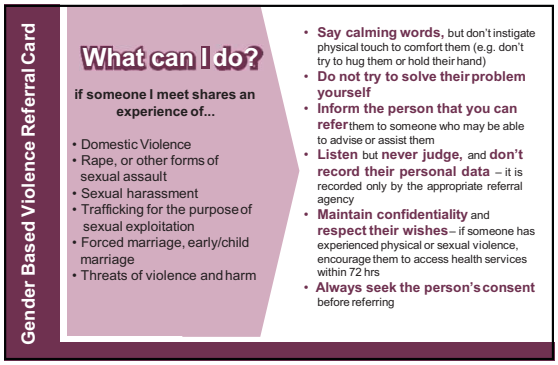
Develop simple inter-agency communication products to accompany service mappings, SOPs and referral pathways. Use visual and multi-media aids and local languages to ensure that referrals are made to the right places in a safe and ethical way, and can enhance the provision of services.

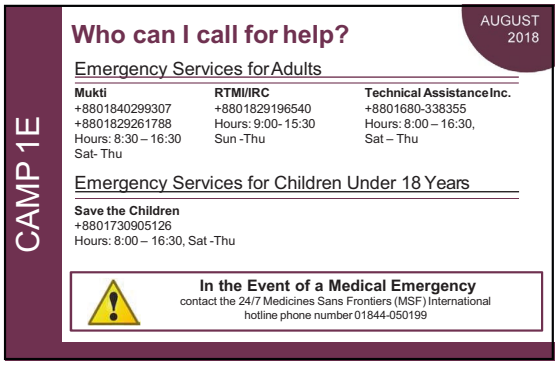
Standardize material. This avoids confusion and potential for ethical breaches that can result from multiple formats and varied guidance on referrals within a single humanitarian response. The GBV sub-cluster can prevent this problem by creating or endorsing standard materials to help humanitarian actors in an emergency know how to respond ethically and safely if they receive a report about an incident of GBV. This may mean adapting parts of the SOPs or referral pathways for audiences who are not GBV technical specialists, emphasizing the guiding principles and communicating in multiple languages (see examples below).

Constant Companion

A Constant Companion is a portable tool that provides humanitarian practitioners with practical step-by-step advice on what to do if they are faced with a disclosure of GBV. It may include a decision-making flow chart, Dos and Don'ts of Psychological First Aid, and guidance on how to refer GBV cases.

This example of a Constant Companion was made available to humanitarian workers in English and Bengla.





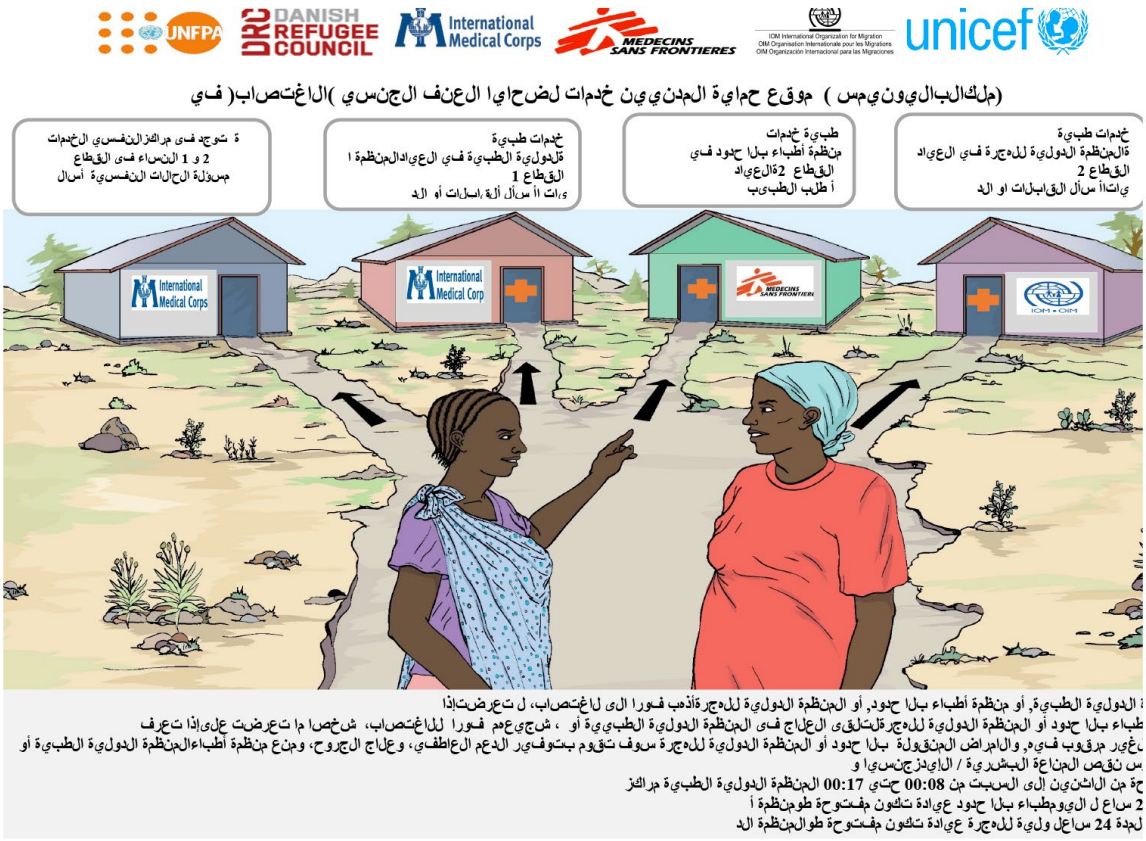
Pocket Guide for referrals where there are no GBV actors

In consultations for this handbook, several current GBV coordinators reported success using the 2018 inter-agency *Pocket Guide for referrals where there are no GBV actors*. The pocket guide is endorsed at the global inter-agency level; links to the IASC GBV Guidelines and can easily be printed or downloaded as an interactive Pocket Guide mobile app. Coordination groups shared the pocket guide with other sectors and reviewed it with them to explain how to use it in their operational environment. See the Annex for key excerpts from the guide.

See Annex 7: Pocket Guide for referral of GBV cases when there are no GBV actors

Visual and multi-media aids

Visual and multi-media aids and the use of the local languages with referral pathways and SOPs enhance the provision of services. Where the technology is accessible, affordable and safe, online links to referral pathways or mapping apps for handheld digital devices may facilitate quick referrals directly from a field location. This example of a referral pathway comes from South Sudan.



Meaningful participation

Consult with a diverse group of local actors when designing and disseminating communication materials to support service delivery. These actors may include affected communities and their leaders, women-led organizations (WLOs), disabled persons' organizations (DPOs), LGBTI and older persons' organizations. Consultations should engage them in a process of analysing and designing effective communication materials. (e.g. pictorial items, radio messages, etc.) Also, identify risks and opportunities for referral pathway dissemination campaigns. Consultations may help determine priority groups or locations for dissemination or determine formats required to communicate with key target groups. Invite local actors to participate in dissemination where feasible and safe.