

Rapid Assessment Remote Service Mapping Template

Purpose

The following template provides rough guidance on methodology and key areas of inquiry for GBV sub clusters and service providers to map and assess the availability of potential remote platforms for the delivery of some types of information and awareness, referrals and psycho-social support. This guidance is provided in the context of the Covid-19 crisis, which may cause rapid shifts in the GBV prevention and response services to remote approaches. It is not comprehensive or final. It should be updated frequently according to evolving promising practices and lessons learned. After completed and compiled information should be shared back to the GBV sub-cluster for further discussions among its members to determine key guidelines, recommendations or advice regarding the use of remote services for GBV programming in your area..

Method

Part 1: Secondary data assessment – Before moving to primary source interview methods, a desk review should be conducted to gather as much information as possible on the gender dynamics of use of technology and digital platforms and existing remote services. Where possible, any remote services available should be integrated into a service mapping document or spreadsheet, which can track the location, operation hours and contact information. The draft service or communications mapping can then be used to conduct further service verification and usage assessments. In mapping remote available service it is important to rapidly analyse the quality of the services.

Part 2: Public consultation (Focus group discussions online or surveys) – should be conducted to understand what technologies and communications methods they can access, how and when, as well as any benefits or risks that may emerge from the use of remote platforms for service delivery. Standard best practices for focus group discussions and surveys in humanitarian settings should be used, including ensuring informed consent, data protection and the use of sex segregated focus group discussion groups. Public consultation may occur in various ways, adapting to the context of COVID-19. If there are restrictions on holding participatory group discussions in your context, you may need to hold consultations on-line with key beneficiary groups or representative organisations, or use digital or paper-based surveys. Surveys may be best delivered as anonymous, and no sensitive or identifying information should be collected. Key target groups for consultations may include: Community-based groups; Youth groups; Women-rights organisations, Disabled Persons Organisations (including different types of disability); LGBTI; and Older person's organisations.

Where feasible, integrate the first two parts of this mapping into inter-agency, multi-sectoral needs assessments, or joint assessments done *in collaboration with Protection, Gender in Humanitarian Action Working Groups (GIHA) and/or Communication with Communities Working Groups*. Coordinate assessments of remote services with other sectors to avoid duplication and to create a common approach to the use of remote service delivery across the different sectors.

Part 3: Key Informant Interviews (KIIs) and remote “site” verification

Information gathered in the first two parts of the mapping exercise should be enhanced and verified through interviews by GBV specialists with key actors relevant to service provision. The operational aspects advertised for the services should be verified, for example by calling hotline numbers and testing presence and operations of web-based services as one would do for referral pathway service monitoring.

It should be noted that the majority of this part of the assessment can be conducted through online interviews and remote verification processes. Only where needed and where in line with existing guidelines on movements and accessing services during the Covid – 19 crisis (primarily in limited outbreak, low technology environments or preparedness scenarios), site visits may be conducted.

Persons conducting assessments should not seek to place dummy calls or anonymously pose as a survivor to assess on-line hotline or counseling services for “verification”.

Any interviews or questions related to service operations should be conducted in a transparent manner and with informed consent. This approach is best implemented jointly with other service providers through sub-clusters or other GBV coordination groups.

Information Management Officers (IMOs) can provide valuable leadership and support to conduct this kind of assessment.

Areas for Assessment

1. Access and usage of technology in the context:

Much of this information can be gathered in the secondary data review and verified or elaborated in FGDs.

Mobile phones

- Does the affected population have access to mobile phones? If so, provide data on percentages of access where possible.
- What are the gender, age and disability dynamics of mobile phone access? Do women and men use mobile phones on an equal basis? Do children, elderly and persons with disability generally access mobile phones?
- Who are the key mobile service providers? Are they privately or government owned?
- Does mobile phone access usually come with internet access?
- Affordability: Are there socio-economic dynamics to phone usage? Do economically vulnerable members of the community have equal access to mobile phone usage compared to others?
- Programmatic consideration : is the cost of the hotline sustainable, in particular if outsourcing, and including if the calls increase? Which is the mitigation strategy to have reasonable costs - e.g. any “social partnership” possible with telecom companies to reduce programme cost or any advocacy to be taken with Gender and Welfare ministries?
- Best practice: Are there any documented examples of mobile phones being used to provide social or protection services?

Free Mobile SMS services

- Does the affected population have access to SMS services in a local language? You may need to identify which languages are accessible.
- Are free mobile SMS services used currently by service providers, particularly in the Health, Nutrition, or Social /Protection sectors?

Web-based communication and video apps:

- Does the affected population have access to the internet? If so, provide data on percentages of access where possible.

- What are the gender, age and disability dynamics of internet usage?
- What are the most commonly used communication apps in the context by beneficiaries and service providers? For example, What's App, Skype, Viper, Messenger etc Which are the dynamics of the use of these apps by gender, age and disability?
- Does the population and/or service providers use You Tube or other audio-visual apps to receive or provide information or services?

Social Media

- What social media forums are most widely used? For example, Facebook, Twitter etc. Which are the dynamics of the use of these forums by gender, age and disability?
- Is social media used by Health, Protection or other sectors to provide communication materials about services?
- Is social media or specific apps used in an informal manner for peer support or any counseling services?

Radio/ Television:

- How is radio for communication in communities? What percentage can access radio/television?
- Do individuals have access to radios, or is radio a communally held and managed asset?
- Which are the dynamics of the use of radios by gender, age and disability?

Emergency call phones

- Are there static, free emergency call boxes in the areas where you work?
- Do service providers provide “emergency call” cell phones or voucher assistance for survivors or high-risk populations?

Overall:

1) *Are there specific benefits or risks documented in evaluations in relation to the use of any of these technologies to communicate information about or provide GBV services?*

2) *Are hotline services currently part of GBV or other protection referral pathways or SOPs? Why or why not?*

3) Are there any pre-existing Information and Education Materials that disseminate information on Emergency Hotlines or other remote GBV service provision mechanisms?

2. Quick Hotline Mapping

Please note that hotlines may be accessible by phone or on-line, or both.

Type of Hotline	Mark an 'X' if present	Areas of Operation	Hours of Operation	Name of Hotline(s) / Contact information	Organisation(s) providing service
<i>Gbv specific hotlines or online</i>					
<i>Support hotlines for Target Groups</i> (Disability, LGBTI, Women, Ethnic Minorities etc)					
<i>Covid or Health information hotlines</i>					
<i>Social Services/ General Protection Hotlines</i>					
<i>Humanitarian Service Hotlines</i>					

Psychological Counseling Hotlines or Web-referral systems					
PSEA or AAP hotlines					
Others					

3. Focus Group Discussion Online or Survey Sample Questions

- 1) What technologies do you use to communicate in your everyday life?
- 2) In an emergency in the current situation, who would you and other people in your community contact first? How would you contact them (phone; email; text message; go to a government facility in person; go to a community location)?
- 3) Do you or people you know have experience receiving information about health services, or information about other services over the phone or over the internet? For example by SMS or email? What was useful, or not useful, about receiving that information over the phone or internet?
- 4) Would you feel comfortable reporting or talking about a personal problem over the phone or on-line with a professional counselor or peer? What would make you feel comfortable? What would make you feel uncomfortable or unsafe?
- 5) How do you protect your privacy when using the phone or internet? Can you speak privately when you need to, or does someone else monitor your phone or computer?
- 6) When are the best times for service providers to call or contact you by email?

If safe and appropriate to be more direct and ask communities or online survey participants if they would use some of the specific services you have identified in the quick mapping, listing them or rating them on usage. Then, ask for qualitative feedback on why they would or would not use them.

4. Key Informant Sample Interview Questions

Key informants may include GBV service providers/institutions using remote services, hotline management or operators or others. It may also include interviewing organisations with existing static GBV response capacity to assess if it is feasible for them to consider shifting some staff or resources to remote service delivery. Questions should be adapted to the area of expertise of the informant.

- 1) What does gender-based violence mean to you?
(If they do not seem to know, ask What kinds of incidents of sexual violence or domestic violence between intimate partners do you hear about?)
- 2) What are the commonly used channels for reporting gender-based violence? From what individuals or organizations do you typically receive reports of sexual violence? *(PROBE: victims/survivors, family members, health professionals, etc.)*
- 3) Are the staff who manage contact or receive calls been trained to handle reports of intimate partner violence, sexual violence or other forms of gender-based violence? How long did the training last and who provided it?
- 4) Are there any Protocols for management of GBV or other protection-related calls and data in place? If so, can you please explain or provide an example.
- 5) Do you have both male and female operators/hotline staff available? Are persons who calls able to request specifically a male or female to speak with?
- 6) If you receive a report of GBV, to what services are you able to refer people? (police, health, legal, psycho-social, livelihoods, housing/shelter, other) Do you have specific contacts/focal points in those services? How frequently are the contacts updated?
- 7) How does your organization ensure confidentiality for persons who call/report?
- 8) What are some of the achievements and challenges your organisation is experiencing, particularly in the context of maintaining services for people in need during the CoVid-19 crisis?

Checklist of Minimum Operational Requirements for Hotlines

(Adapted from IRC's [Guidelines for Mobile and Remote Gender-based Service Delivery](#))

Requirement	Details	Description of the status or changes that need to me made to
-------------	---------	--

		meet these requirements
IT Equipment	Phones, smartphones, tablets, laptops	
Space	<p>A private room in a field office from which case management and crisis support can be provided remotely. Space for resource folders, phone lines/mobile service, posters on walls (referral pathways, safety planning questions, key messages, etc.).</p> <p>If there is an out-sourced call center, there needs to be boxes or partitions, separating operators to ensure confidentiality.</p>	
Conference calling function	This is required to accommodate translation (if needed) and/or for connecting with referral partners.	
Service protocols	<p>Protocols need to be established for safe and ethical operation of the hotline. At a minimum, this should include policies and guidance on: ensuring confidentiality; how the calls are answered by the staff (e.g. introductory statements, key messages that should be shared from the beginning of the call on confidentiality, consent and safety; how the calls should be closed (e.g. what information and key messages should be shared when a call is ending); how to respond to survivors in immediate danger; how to respond to callers with suicidal ideation; how to handle prank callers, abuse and harassment on the hotline; and when staff should engage a supervisor for support. Lastly, how to proceed in individual case management for hotlines providing more than referral.</p>	
Resources for caseworkers to reference	A resource guide that contains information relevant to the context, including the most common types of GBV, information likely to be requested by callers,	

	<p>frequently asked questions and information about other resources. These guides should be translated and customized to the local context, and updated over time according to the calls the hotline receives. Some examples of reference materials to include in a resource guide are: safety planning, types of GBV, child survivor guidance, health factsheets, legal statutes and processes, suicide prevention and how to support a survivor for friends and family. It should include a copy of the Inter-agency GBV Case Management Guidelines.</p>	
Referral pathways	Outlines existing services and how to safely refer a survivor	
Roster of translators	Be able to provide contacts for translators where more than one language is spoken	
IEC materials and approaches	Materials should be developed for the hotline, as well as a file of IEC materials in local languages that can be shared with persons seeking information.	

DRAFT