

This resource for **all staff** working in **development** contexts. It accompanies CARE's [GBV Guidance for Development Programs](#).

GBV RESOURCE:

# Referral Mapping Tool

**Referral mapping collects information about organizations providing services to GBV survivors.**

*This template is a resource to support staff with identifying services which provide survivor-centered care to those who have experienced GBV. It should be used to support GBV integration within development program in line with the 10 Steps for GBV integration outlined in CARE's [GBV Guidance for Development Programs](#).*

Note mapping the location, hours and types of services is not the same as assessing the quality of services, which requires specialized, additional training. Non-GBV specialists should not assess the quality of services, but should consult a GBV specialist and make reasonable judgments about whether or not it is safe, appropriate or helpful to refer a survivor there.

GBV Referral Mapping Tool	
<b>Name of facility or service</b>	
<b>Address</b>	
<b>Contact Person's Name</b>	
<b>Contact Person's Title</b>	
<b>Phone</b>	
<b>Email</b>	
<b>Days and Hours of Operation</b>	
<b>Type of Organization</b>	<input type="checkbox"/> Governmental <input type="checkbox"/> International NGO <input type="checkbox"/> National NGO <input type="checkbox"/> Community Based Organization <input type="checkbox"/> Faith Based Organization <input type="checkbox"/> Private sector <input type="checkbox"/> Other (describe):
<b>Services offered</b> (check all that apply)	<input type="checkbox"/> Health <input type="checkbox"/> Law enforcement <input type="checkbox"/> Legal aid <input type="checkbox"/> Shelter/safe house <input type="checkbox"/> Mental Health/ Psychosocial counseling <input type="checkbox"/> Economic opportunities/ empowerment <input type="checkbox"/> Community mobilization, prevention, and advocacy <input type="checkbox"/> Other (describe):
<b>Target Populations</b>	<input type="checkbox"/> Women <input type="checkbox"/> Men <input type="checkbox"/> Adolescents/Youth <input type="checkbox"/> Children

	<input type="checkbox"/> People living with HIV <input type="checkbox"/> Key populations (men who have sex with men, LGBTQI+ people, people who inject drugs, et al. Describe): <input type="checkbox"/> <input type="checkbox"/> Internally displaced populations or refugees <input type="checkbox"/> Others (describe):
<b>Funding Sources</b>	
<b>How do your clients find your services?</b>	
<b>Are there any people whom you do not accept as clients here? Why not?</b>	
<b>How do you enroll survivors in your services? Do you have any intake forms or procedures?</b>	
<b>How do you handle GBV cases?</b>	
<b>Are your services free of charge? (check one)</b>	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> (write the typical costs, e.g. medication, food, fees, etc.):
<b>Does your organization use any guidelines, policies or protocols on GBV for case management? (circle one)</b>	<input type="checkbox"/> <b>YES</b> (ask to see the documents and write their names here):  <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
<b>What is the average number of GBV cases you have seen here in the past year?</b>	
<b>Do you have any suggestions about how to improve GBV services and coordination in this area?</b>	
<b>Any comments or questions?</b>	

## Further resources to support referral planning

- Step 3 in CARE's [GBV Guidance for Development Programs](#)
- [IRC GBV Assessment Tools](#) (e.g., [GBV Service Mapping](#); [Community Mapping Guidance](#))