



Inter-Agency Minimum Standard on Referrals

Organisational staff and community focal points, often come across refugees' and host community members' in need of assistance which is outside the expertise or scope of their own program. Frontline workers can be sources of information on available services and can serve as entry points to connect people to the services and assistance they need. This is done either by putting them in direct contact with the necessary service provider or by informing them about how to seek the service themselves.

This guidance aims to support a consistent inter-agency understanding and approach for the safe identification and referral of people and communities between services, and it provides a minimum standard for safe and accountable referrals.

What is a referral?

A **referral** is the process of directing an individual or a household to another service provider because s/he requires further action to meet an identified need which is beyond the expertise or scope of the current service provider.

A **self-referral** is the process of an individual making a request for assistance to the needed service provider themselves, either in person or by phone.

What are the guiding principles?



Respect confidentiality

By only sharing disclosed information and only allowing access to it after informed consent from the person is obtained.

By ensuring information is collected, stored and shared in a safe way.

By only collecting and sharing the minimum information required – on a 'need to know' basis – to allow the service provider to respond to the referral.



Obtain informed consent

By seeking oral, and where possible, written permission directly from the person to proceed with recording their information and by conducting a referral for them.

By ensuring the person has the capacity, maturity and adequate information to know what they are agreeing to.

There are only three exceptions to this rule: where there are indications that a person is planning to take his/her own life, or planning to harm the safety of others, or where a child is at imminent risk of harm, can you conduct a referral without informed consent. For children, always consider the best interest of the child.



Do not raise expectations

By clearly explaining the steps of the referral process and the expected time frame to the person, and avoid making promises about the outcome of the referral.



Respect choices and decision making capacities

By listening in a non-judgmental manner, and accepting the persons choices and decisions. This is particularly important for survivors of gender-based violence.



Prioritize the safety and security of the individual first

By considering and communicating the risks that the person might face when accessing the service or assistance.

Referral process



Front-line staff



Referral focal point



Safely identify the individual / household



Provide information on available services



Obtain informed consent



Complete the Inter-Agency referral form



Send IA referral form to relevant service provider
(use IS service mapping)



Record the referral made



Follow-up on the status of the referral



Report on & respond to referral trends
(IA referral monitoring platform)



Safe identification



1. Safely identify the individual/household

- Introduce yourself, your role and your organization.
- Prioritize their immediate safety and security.
- Find a safe, confidential and quiet place to talk.
- Actively listen to understand what his/her capacities are to access the service.



2. Provide information on available services

- Refer to the Inter-Sector Service Mapping to understand what services and assistance are available in your area. Reporting guidance for the IS Service Mapping can be found in Annex 4.
- Inform the person about the services and assistance available which may address his/her need. Explain how he/she can access these services, including what personal information may need to be shared, and what risks he/she may face when accessing this service. If available, provide information materials or the Service Note, for further explanation.



3. Obtain informed consent

- Ask if he/she would like to be referred to the relevant service provider. To do this you must ask for informed consent.
- The informed consent process has three key components:
 1. Providing all possible information and options to a client in a way they can understand;
 2. Determining if they can understand this information and/or their decisions; and
 3. Ensuring that the decisions of the client are voluntary and not coerced by others (e.g. family members, caregivers or even services providers).
- Staff should always assume that all People with Disabilities and Mental Health Concerns have the capacity to provide informed consent independently. See **annex 2** for more on informed consent.
- If consent is not obtained, do not proceed with the referral. Instead, explain to him/her how to access the service if they change their mind at a later stage.



Referral management



4. Complete the Inter-Agency referral form



- Only capture the minimum information required by the service provider to respond to the referral.
- Determine how quickly the service provider needs to respond to the referral. Assess each case based on its own circumstances.

Determination

High risk (Fast track)

Serious imminent risk to personal safety (life threatening situation) requiring immediate intervention within **1-48 hours**.

Medium/low risk (regular)

Likelihood of serious risk to personal safety requiring speedy intervention within **1-14 days**.



5. Send IA referral form to relevant service provider (use Inter-Sector Service Mapping)

- Send an email with the IA referral form attached to the relevant service provider as shown in the IS service mapping.
- For fast-track (high risk cases), it is mandatory to send the referral within 12 hours of identifying the case. The service provider can be contacted by phone or in-person to speed up the response, with an email sent with the referral form attached at a later time.
- For regular referrals (medium/low risk cases), send the referral within 48 hours of identification.
- For referrals to case management agencies, the IA referral form should be sent password-protected. The password should be sent in a separate email or by phone.
- For complex cases, please ask your supervisor or a protection specialist for support. Remember confidentiality; do not use identifying information when you talk about the referral.



6. Record the referral made

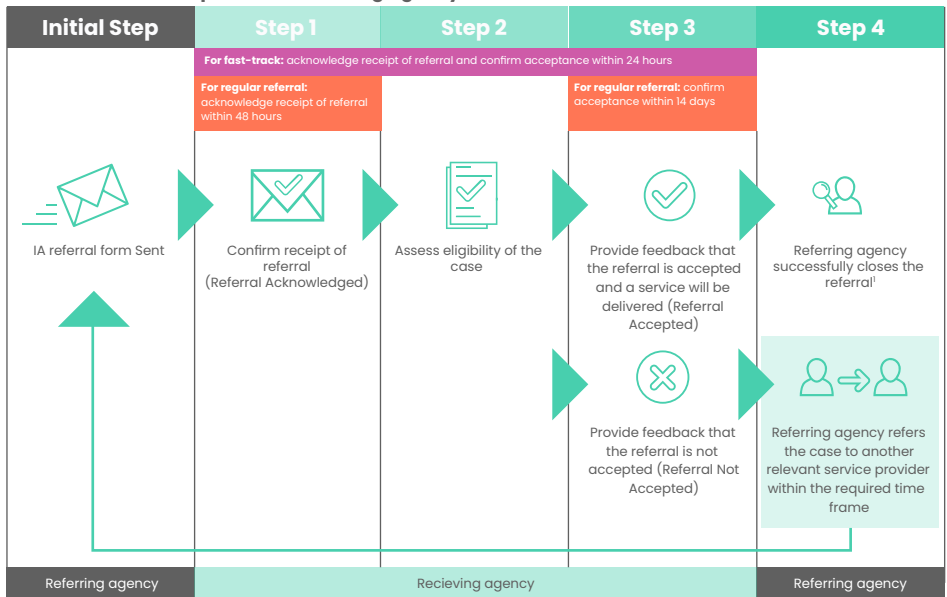
- Record referral information including feedback received from the receiving agency and follow-up actions made in your individual referral management system (if available) or in your password-protected individual referral Excel tracking sheet. You should keep track of the referral until the final status is assigned.



7. Follow up on the status of the referral

- The receiving agency should keep the referring agency informed of actions taken in response to the referral, including confirming the receipt and **outcome of the referral** within the required time frame according to the priority level (fast-track / regular).

Referral Process: Steps for the receiving agency



- If no feedback is received, it is the responsibility of the referring agency to follow up with the receiving agency by phone, email or in-person until the outcome of the referral is known. In instances where, despite follow-up, no feedback is received from the receiving agency, the referring agency should send the referral to another service provider within the expected time frame for response (fast-track/regular)
- **Referrals made to case management agencies will be considered accepted and successfully closed by the referring agency once receipt of the referral has been acknowledged. No further follow up is required.**

¹For accountability purposes, it is good practice for the receiving agency to inform the referring agency when the service has been delivered.



8. Report & respond to referral trends through the IA referral monitoring platform

- Every 3 months, report on the total number of referrals you have made into the IA referral monitoring platform. This captures total number of referrals made by governorate, by sector and by the status of the referral at the end of the reporting period. IA referral reporting guidance can be found in Annex 5.
- Report the status of referrals according to the following categories:

Referral status	Definition
No feedback received	Referral sent, receiving agency has not confirmed receipt of referral.
Referral acknowledged	Receiving agency confirmed receipt of the referral.
Referral accepted	Receiving agency provided feedback that the referral is accepted and a service will be provided)
Referral not accepted	Receiving agency provided feedback that they cannot accept the referral (assessment may have been conducted but the individual/household does not meet criteria, the NGO is at maximum capacity, lost contact with individual/household)

- Maximize the use of referral data through trend analysis to identify service needs and how to strengthen client responsiveness.
Share referral trend analysis with your working group to complement inter-agency learning.

Does your organisation meet the minimum standards for referral?

Yes

No

Framework

The organization has a formal system in place for conducting safe, coordinated and accountable referrals.

- The organization has a standard operating procedure for referrals in place.
- Individual / household needs which are outside the scope of the organization are referred to a relevant service provider with the expertise and mandate as found in the IS Service Mapping.
- All staff members working in programs are oriented to the referral SOPs, referral management roles are assigned and communicated.
- The organization regularly updates the IS Service Mapping, so that its services and assistance are accurately reflected.
- The organization reports the total number of referrals it has conducted each quarter through the IA Referral Monitoring platform.

Safe identification

Unmet needs are identified in a safe and confidential manner, with information on available services provided, and informed consent obtained.

- All staff members are trained on safe identification and referral protocols as specified in the IA Minimum Standard on Referrals and according to guiding principles.
- All staff members have access to the IS Service Mapping, the Service Note and other relevant information materials to be able to inform persons of concern about the services and assistance available, how to access them and the risks involved.
- No referral is made without the consent of the individual. Individuals are asked if they consent to give personal information and understand how that information will be used.

Referral Management

Referrals are managed in a safe, timely, accurate and accountable manner.

- Designated referral focal points are in place to handle referrals.
- Referral focal points are trained on the IA Minimum Standard for Referrals in order to receive, send, record and follow up on referrals made.
- To the best of ability all referrals made are recorded using an individual referral management system, or an individual referral Excel tracking sheet, and followed up within the allocated time frame until the outcome of the referral is known.
- Designated staff are appointed and trained to update the IS Service Mapping with information on their organization's services and assistance including on their complaint and feedback mechanisms.

Reporting

Referral trends are analyzed and discussed to identify gaps, areas for learning and adaption.

- Designated staff are appointed and trained to report on referrals into the IA Referral Monitoring platform, in line with referral status categories.
- Non-identifying referral data and trends are analyzed and discussed collectively to influence the effectiveness of referrals, and support evidence-based solutions to bottlenecks and gaps in service provision.

Data protection

The data protection rights of individuals are respected and identifying information is protected

- Staff interacting with referral data and storage files sign a data protection agreement.
- Access to referral forms, storage files and individual referral management systems are by authorization only. Information is password-protected.
- IA Referral forms sent for case management are password protected. Passwords are sent by separate email or SMS to the assigned focal point.
- Identifying information is stored in a lockable cabinet or on a locked computer when unoccupied.
- Computers, laptops or files storing information - individual referral tracking sheets or referral forms - are password-protected and passwords are routinely changed and updated when the authorized user leaves the organisation.
- Staff are informed of the rights of individuals in terms of data collection, storage and sharing of their information
 - o The right to request that his/her information not be documented on the IA referral form or be deleted and/or retrieve that information at any time.
 - o The right to refuse to answer any question they prefer not to.
 - o The right to ask questions or ask for explanations at any time.
 - o The right to be asked for consent when conducting an onward referral by an agency.

Annex 1: Frequently asked questions

→ What is the role of the Inter-Agency coordination group in relation to referrals?

The IA Coordination Group **is not directly involved in the management of individual/household level referrals directly**. It encourages organizations to use the individual referral management system which best allows them to record, monitor and follow up on referrals. Its role is to create an environment which facilitates the process of external referrals between agencies, adherence to minimum standards including with regard to key principles such as confidentiality and informed consent and aims to ultimately promote accountability to affected populations, through:

- Developing and regularly reviewing the IA minimum standards for referrals and promoting compliance to these standards.
- Ensuring that partners accurately and in a timely manner up-to-date information on available services and assistance across sectors and regions in the service mapping to ensure information is accessible to facilitate the referral process.
- Ensuring referral pathways are developed with clear geographic divisions of responsibilities between sectors and regions.
- Generating collective referral trend analysis to enhance accountability for referrals and to inform cross-sectoral learning and program adaptation.

→ What is a referral management system?

An individual referral management system provides organizations with a common platform to facilitate, track, follow-up and monitor individual referrals and facilitates the extraction and analysis of referral data.

In Lebanon, examples of referral management systems with active membership of multiple partners include the Referral Information Management System (RIMS) which was developed by DRC in 2017, and the Refugee Assistance Information System (RAIS) which was developed by UNHCR in 2013 as an Inter-Agency management tool to access the biodata of affected households and track provision of UNHCR and partner assistance. In 2016, its functionalities were further expanded to become a Referral Management tool as well, currently used by both UNHCR and extended to partners.

Organizations without an individual referral management system can use an individual referral tracking sheet created manually in excel to facilitate the tracking, follow up and monitoring of individual referrals. In this case however, attention should be paid to proper data protection protocols. Through the manual extraction of this data, reporting and analysis of non-identifying referral can be done. See an example in Annex 6.

→ What are the main referral management systems used by external partners in Lebanon?

In Lebanon, the two main referral management systems which have active membership from multiple partners are the Referral Information Management System (RIMS) which was developed by DRC in 2017, and the Refugee Assistance Information System (RAIS) which was developed by UNHCR in 2013 for access to bio data of affected households and coordination of their assistance at Inter-Agency level, and its referral functionality was later set up in 2016 for internal UNHCR use and rolled out to partners externally in 2018.

In 2022, the WASH sector designed the Referral and Distribution Management System which was developed by SAWA group. It is specifically used to receive and respond to WASH sector referrals only usually in times of emergency such as for Covid-19 and Cholera.

Several agencies also have their own referral management systems for internal agency use for referrals.

→ What is the difference between a referral management system and the Inter-Agency Referral Tools?

In a referral management system, you can receive and send referrals for individual cases. The user can record and access the details of the individual/household case, monitor and follow up on the referral sent. A referral management system therefore facilitates the generation of trends made up of these individual/household level cases which can help to identify positive practices, bottlenecks and gaps.

The Inter-Agency Referral Tools are a suite of tools developed to facilitate the referral process between agencies, but they do not interfere in individual/households level cases.

The Inter-Agency Referral tools comprise of:

- **The Referral Minimum Standards Guidance** aims to support consistency and predictability in partner referral practices to allow for safe and accountable referrals for individuals. It explains the referral principles, process and the roles and responsibilities for referral sending and receiving agencies.

- **The Referral Form** aims to standardize the information captured for cases being referred, making sure that informed consent is taken and that receiving agencies have the minimum required information to respond.
- **The online Service Mapping** is a central platform showing the available services and assistance provided across sectors and governorates in Lebanon. It helps partners know how and where to refer. There are two platforms: one is a publicly accessible dashboard, and the other is on activity-info.
- **The Referral Monitoring Platform** is a critical tool to improve partner accountability for referrals. It generates national-representative referral trend analysis across sectors and governorates broken down by referral status. It highlights progress and bottlenecks in responding to referrals. These trends are captured in sector quarterly dashboards and discussed in working groups.

→ How are referral management systems such as RIMS & RAIS linked to the Inter-Agency Referral Tools?

Here is a summary of how referral management systems and can be linked to the Inter-Agency Referral Tools:

- **The Referral Minimum Standards Guidance:** all partners whether using a referral management system or not should adhere to the agreed inter-agency referral minimum standards making sure that critical principles including confidentiality, informed consent and data protection are respected through the referral process. Furthermore, agencies should adhere to the roles and responsibilities explained in the referral minimum standards as well as the timeliness in which to provide feedback and response to referrals.
- **The Referral Form:** partners using referral management systems should record a referral on the system using the same categories captured in the referral form. This ensures that all partners irrelevant of the referral management system they use capture the same required information avoiding delays, avoiding duplicate information requests to the beneficiary and facilitating onward referrals between partners if necessary.
- **The online Service Mapping** can be integrated into the referral management system the agency uses (i.e., RIMS, RAIS etc.). If only one service mapping is used by partners, then partners have and use information, which is up-to-date, accurate and validated by sector coordinators to conduct referrals and partners are not requested to report on their services and assistance multiple times.
- **The Referral Monitoring Platform** is reported into by RAIS and RIMS as well as other agency referral management systems. Currently, the RAIS focal point reports the total sum of referrals into the platform (partners can choose to do so themselves if they wish at any point in time). RIMS partners report themselves directly into the platform. In both cases, referral management systems make it easier for partners to report into the referral monitoring platform because they support trend analysis.

→ Can we use multiple referral management systems at the same time?

In Lebanon, humanitarian partners employ various referral management systems; this means that although each partner has its own primary system based on its needs, they may also need to utilize other referral management systems to share referrals with agencies that do not use the same system.

→ If we are using the referral management system, do we need to use the Inter-Agency Referral Form?

The referral form should be built into the referral management system, so instead of filling in the referral form by hand or in a word document and sending it by email, you can complete the form in the referral management system directly and send it to another partner directly through the system. As much as possible, the form used in the referral management system should be aligned to the Inter-Agency Referral Form, so the same information is collected by partners. This also helps partners who are not using the same referral management system.

→ Brief overview of RAIS and RIMS referral management systems

Refugees Assistance Information System (RAIS)

- **Objective:**

RAIS, the "Refugee Assistance Information System" is a globally utilized inter-agency and cross-sectoral platform that was developed by UNHCR in 2013. Its primary objective is to facilitate the humanitarian response of UN agencies and Partners in various countries, including Lebanon, Syria, Jordan, Libya, and Ukraine, among others. RAIS achieves this by a) providing access to bio-information on affected households, read directly from the global refugee database; b) fostering service/assistance coordination amongst humanitarian actors, based on available vulnerability assessments and economic vulnerability scores, with the aim of avoiding duplication and thus, ultimately extending aid to the maximum number of individuals and families; and c) enabling referral tracking and management, a functionality that was integrated since 2016. Based on the existing interagency referral guidelines and service mapping, the 'RAIS Referral System' ensures that affected individuals who are seeking help with an issue (protection, health, basic assistance, education, etc.) are referred to the appropriate sector/service, in a safe and systematic manner, and receive a timely response. RAIS allows its users an easy and swift way to send and receive referrals and strengthens their ability to gain better oversight/monitoring of their referrals and the actions taken on them in a confidential and effective manner.

- What can you do on the 'RAIS Referral System'?

RAIS offers its users a highly secure online platform to efficiently manage referrals, and other associated/complementary activities from any location. Through its main functionalities, it serves as a one-stop-shop for its users, enabling them to seamlessly perform various activities alongside referrals through a unified system. These features include but are not limited to:

- a) sending and receiving referrals across agencies, in the form of the digital inter-agency referral form (IRF), and automating email notifications/reminders of initiated referrals where necessary;
- b) tracking referrals, their status and actions taken on them/services delivered, individually and in bulk, in a safe manner, i.e., referral information access is customizable by agency and user;
- c) accessing bio, assistance and referral information/summary/history per individual/case for a more effective response, avoiding duplication of referrals and/or service delivery;
- d) extracting referral information at the individual/case level, if required, in a customizable format to the agencies' need, including their automation if preferred, in various forms including Microsoft Excel;
- e) and generating statistical and analytical reports for the purpose of monitoring, reporting and performance management, in various forms including live and interactive Microsoft Power BI dashboards, offering population trends and evidence-based analysis for the validation/improvement of existing referral pathways and humanitarian responses.

- Which nationalities are covered in the 'RAIS Referral System'?

Referrals of affected individuals/households, known or unknown to UNHCR, e.g., Syrians and persons of concern of other nationalities (Iraqi, Ethiopian, Sudanese, etc.), and their dependents (including Lebanese and Palestinians) are tracked and managed through RAIS, across agencies in Lebanon.

- How can you join the 'RAIS Referral System'?

To join the RAIS, following is a step-by-step guide that you could follow:

- 1. Contact Us** – Get in touch with us by contacting our focal points, Diana El Habr at elhabr@unhcr.org and/or Raffi Kouzoudjian at kouzoudj@unhcr.org
- 2. Framework** – Discussing your agency's interest and scope of work within RAIS during a meeting to establish a framework;
- 3. DSA** – Signing a 'Data Sharing Agreement' (DSA) that outlines your agency's detailed access to RAIS;
- 4. Access** – Granting agency's users access to RAIS, in accordance to the DSA, and tailored to each user's role within their agency;
- 5. Deployment/Training** – Delivery of a training from our team to the agency's RAIS users, accompanied with a training package and guide to the use of RAIS;
- 6. RAIS Support** – Enjoy ongoing support from the 'RAIS Support Team' who are available remotely or in person to assist your agency's users with the system at all times.

-How can I find out more information about the 'RAIS Referral System'?

For more information about RAIS, please visit <https://ialebanon.unhcr.org/#ReportingTools> or contact us at elhabr@unhcr.org and/or kouzoudj@unhcr.org.

Referral Information Management System (RIMS)

-Objective:

RIMS is an inclusive, cross-sectoral Referral Information Management System that assists over 110 Local, international organizations and UN agencies in safely sending, receiving, and monitoring referrals. The main aim is to connect humanitarian actors to support crisis affected populations in meeting their needs by accessing services in a timely and effective manner. As a response to the challenges identified in Lebanon which included duplication of services, whilst key gaps in response remained, alongside multiple referrals and databases, RIMS was developed in 2017 with initial seed funding from ECHO. Other donors, such as OCHA, DANIDA and UNICEF helped develop the system and launch 4 versions. RIMS is currently acting as a common platform to send/receive/monitor referrals across all sectors in the response in Lebanon.

- What can you do on the system?

Through RIMS, humanitarian actors use an interactive electronic version of the interagency referral that reduces the duplication of services, to send, receive and track their referrals across all sectors and population groups. Users can analyse their referrals through interactive dashboards and extract monthly data which can be shared with programme teams, coordination platforms, donors, and other stakeholders. This can be used to evaluate impact, identify programmatic gaps, trends and improve referrals.

The most used features on RIMS are:

- 1) Sending and receiving referrals across all sectors and population groups through an electronic version of the Inter-Agency Referral Form (IRF).
- 2) Tracking the status of referrals and monitoring the overall performance of the referral focal points in managing their referrals.
- 3) Verifying organizations' information and referring cases using the Smart Service Mapping scoring tool.
- 4) Producing customizable dashboards based on live data which can allow sector coordinators, donors, and other humanitarian actors to produce real time analysis on the gaps/challenges in humanitarian assistance.

- Nationality covered?

It is a national level system set up to ensure effective and accountable referral pathways whilst strengthening access to multisector services to **all vulnerable populations (regardless of status) across all locations in Lebanon.**

- **How can you join RIMS?** RIMS, is a free of charge platform that organizations can subscribe to through five simple steps:

1) EXPRESS INTEREST:

Partners to express interest in joining RIMS by reaching out to the RIMS team, either through the RIMS website [RIMS - DRC RIMS \(referral-ims.org\)](https://www.referral-ims.org) or by contacting a member from the RIMS team on anastasia.mokdad@drc.ngo, abbas.sadaka@drc.ngo or mohammad.sallam@drc.ngo

2) RIMS ASSESSMENT:

DRC will assess your organization's main needs to start working with RIMS.

3) SIGN THE MoU

Organization to sign the RIMS Memorandum of understanding that contains a data sharing agreement which could be tailored up to the organizations' needs.

4) FOCAL POINTS TRAINING:

Based on the assessment and consultations DRC will conduct a training for referrals focal points identified by your organization.

5) ACCESS:

Referrals focal points are granted access to RIMS and are invited to explore all RIMS features.

-**How can I find out more information?**

For an overview on RIMS, please visit <https://www.referral-ims.org/> or contact Anastassia Mokdad on anastasia.mokdad@drc.ngo

➔ What is difference between a complaint and self-referral?

A complaint is a specific grievance of anyone who has been negatively affected by an organization's action or who believes that an organization has failed to meet a stated commitment. While, a self-referral, may happen when an individual or household makes a request for assistance directly to the service provider themselves, either in person or by phone.

A complaint and a self-referral can occur at the same time. The complaint may lead to a referral, but does not always result in a referral if the person does not express a need or request for a specific service.



Sara is a Syrian refugee in an informal settlement in the Bekaa. Her latrine has not been well made and is broken.



She calls the relevant NGO hotline



To complain about the faulty latrine and to request for its repair.

For more information on complaints, please see the IA Minimum Standards for Complaints & Feedback for Lebanon.

Annex 2: Guidance on informed consent

Before conducting a referral, you must seek oral or written informed consent prior to proceeding with or recording any information related to a potential referral of an individual or household. For sensitive cases, written consent, in the inter-agency referral form, is preferred.

For adults: informed consent is the voluntary agreement of an individual who has the legal capacity to give consent. To give informed consent a person must have the capacity and maturity to understand the services being offered and the consequences of their decision.

To obtain consent you must:

- Provide honest and complete information about possible referral options available to him/her. This means only share information on services you know, based on an updated service mapping and explain what the service can and cannot do.
- Inform him/her that you may need to share their information with others in order to provide the service
- Share potential risks they may face in accessing the service (ie. checkpoints on the way)
- Explain the next steps of the referral process, and that he/she has the right to decline or refuse any part of the service at any time.



Hello, I am Laura

I am working as a [Shelter Assistant] for the [Insert organisation name]. How can I help you?

Based on the information you have given me, you might benefit from accessing additional services offered by [Insert organisation name]. If you wish, I can contact this service provider and ask them to get in touch with you. They work to support individuals through the birth registration process for their newborn babies. I cannot promise you that they will be able to solve your problem, but they can better understand your circumstances and talk to you about what services they offer specifically. You will then be able to decide whether you are interested in accessing their services or not.

The only information I will share with this service provider is **your name, sex, age, area of location, and the best way to contact you (e.g. phone number, time to call, etc.) and the type of service you require**. They will only use this information to contact you and will not share it with anyone else without your express consent. We will not contact your family, neighbors or friends or share information with other service providers without your permission. **Your name and personal details will be kept private.**

If you decide to go ahead, I will be in touch with them today and they should contact you in the next few days. They will assess how they can support you.

Please remember that participation in services is **always voluntary and free** – it's up to you. You can ask questions at any time, and you can decide at any time to stop receiving this service, and there will be no negative consequences.

Do you have any questions about the referral process?

Would you like for me to make a referral for you to this service provider?

For Minors (under 18 years old): Informed Assent for Minors (under 18 years) is the express willingness of a child to participate in services. For younger children who are too young to give informed consent but old enough to understand and agree to participate in services, the child's informed assent is sought.

Typically, informed consent is received from the primary caregiver in addition to informed assent for younger children, and informed consent for children above 12 years old. However, if it is inappropriate to involve the child's parent or primary caregiver (in instance of abuse) informed assent should be sought from the younger child without involving the parent or primary caregiver.

Age range	Caregiver implicated in abuse	Type of permission needed prior to referral
0-5	No	Informed consent of caregiver
0-5	Yes	No consent/assent required – proceed with referral
6-11	No	Informed assent of the child + informed consent of the caregiver
6-11	Yes	Informed assent of child + if available, informed consent of a trusted caregiver
12-18	No	Informed consent of the child and caregiver
12-18	Yes	Informed consent of the child



Hello, I am Laura

I am working as a [Shelter Assistant] for [Insert organisation name].

You have been very brave to talk to me today. I care about you and what happened to you, and I want to keep you safe. There are people whose job it is to help children who are having difficulties. They are called caseworkers. I would like to call one of them to ask if he/she can help us.

They will not tell anybody else what you tell them. If they need to talk to someone they will ask you first.

Would it be ok for me to call the caseworker now?

A note on informed consent with persons with disabilities and mental health concerns

Staff should always assume that all People with Disabilities and Mental Health Concerns have the capacity to provide informed consent independently. Staff should ask the individual whether they would like to access support to make an informed decision. However in situations where communication is challenging, staff must adapt the level and means of communicating in order to achieve meaningful informed consent to, or refusal of, a service. Staff can also contact a specialized service provider or an Organization of Persons with Disabilities (OPD) to ask for support in how to effectively communicate with the client if needed but shouldn't reveal identifying information.

The informed consent process has three key components:

1. Providing all possible information and options to a client in a way they can understand;
2. Determining if they can understand this information and/or their decisions; and
3. Ensuring that the decisions of the client are voluntary and not coerced by others (e.g. family members, caregivers or even services providers).

It is important to recognize that capacity is not static, if a person's capacity changes and they become capable of consenting to services, the client's own decision would take precedence over any other. **Understanding can vary according to how information is communicated.** Involve the client in determining the appropriate means of communicating to him/her; Offer information in a form you believe the client will understand (e.g. pictures, symbols, Sign Language, gestures). **Where appropriate, involve others who know the client best**, such as their caregiver, to obtain information or to facilitate the client's understanding and communication. Note that although caregivers may provide valuable support for decision making, *they are rarely legally permitted to consent to or refuse treatment on behalf of a client.*

Capacity to Consent

Capacity refers to a client's ability to understand the benefits, risks, and alternatives to proposed assistance and communicate a decision (at a particular point in time). It is question - and decision-specific and should be documented relative to each decision.

استمارة الإحالة بين الوكالات - Annex 3: Inter-Agency Referral Form

Priority الأولوية	Date of Identification تمت الإحالة عبر	Referral Date تاريخ الإحالة
<p>Indicate the priority of the case so the receiving agency knows the timeframe to respond. Consider if there are indications of immediate risk to personal safety as expressed by the person being referred.</p> <p>تحديد أولوية الحالة حتى تعرف منظمة الاستلام الإطار الزمني للرد. خذ بعين الإعتبار إذا كانت هناك مؤشرات على خطر فوري على السلامة الشخصية كما عبر عنها الشخص المحال</p>		
<input type="checkbox"/> Fast-track (high risk) - serious imminent risk to personal safety (life-threatening situation) requiring immediate intervention within 1-48 hours الإحالات الطارئة- خطر وشيك على السلامة الشخصية (حالة مهددة للحياة) تتطلب التدخل الفوري خلال 1-48 ساعة		
<input type="checkbox"/> Regular (medium/low risk) - likelihood of serious risk to personal safety requiring speedy intervention within 1-14 days الإحالات الطارئة- خطر وشيك على السلامة الشخصية (حالة مهددة للحياة) تتطلب التدخل الفوري خلال 1-14 ساعة		

Referred by الإحالة من	Referred to الإحالة إلى
<p>Insert the contact information for the referring agency. أدخل معلومات الاتصال الخاصة بمنظمة الإحالة</p>	<p>Insert the contact information of the agency you are referring to أدخل معلومات الاتصال الخاصة بالمنظمة التي تقوم بالتحويل إليها</p>
<p>Sector: القطاع</p> <p>Agency/Center: المنظمة/المركز</p> <p>Location: المنطقة</p> <p>Focal Point Name: جهة الاتصال</p> <p>Email: البريد الإلكتروني</p> <p>Phone: رقم الهاتف</p>	<p>Sector: القطاع</p> <p>Agency/Center: المنظمة/المركز</p> <p>Location: المنطقة</p> <p>Focal Point Name: جهة الاتصال</p> <p>Email: البريد الإلكتروني</p> <p>Phone: رقم الهاتف</p>

Case Information (only include if consent has been obtained)**معلومات الحالة (فقط بعد موافقة الشخص)**

Insert the basic biodata and contact information which is needed for the case to access the required service. Check the IS Service Mapping to see whether additional information requirements are needed to access the service.

أدخل البيانات البيولوجية ومعلومات الاتصال اللازمة للحالة للوصول إلى الخدمة المطلوبة. تحقق من خدمة نظام الإحالة لمعرفة ما إذا كانت هناك حاجة إلى معلومات إضافية للوصول إلى الخدمة

For Gender-based violence survivors, please do not ask questions or interview the person, just report what was disclosed to you and share information on a need-to-know basis with only the dedicated referral focal point and please add a code instead of the name of the survivor on the referral form to limit sharing of individual/ identifiable data

بالنسبة للناجين من العنف القائم على النوع الاجتماعي، يرجى عدم طرح أسئلة أو إجراء مقابلة مع الشخص، فقط قم بالإبلاغ عما تم الكشف عنه لك وشارك المعلومات على أساس الحاجة إلى المعرفة مع الجهة المختصة للإحالة فقط، ويرجى إضافة رمز بدلاً من اسم الناجي في نموذج الإحالة للحد من مشاركة البيانات الفردية / التي يمكن التعرف عليها

Name:

الإسم

UNHCR Case Number:

رقم الملف لدى المفوضية السامية للأمم المتحدة لشؤون اللاجئين

Address:

العنوان

Age:

العمر

Phone:

رقم الهاتف

Gender: F/M/Other

الجنس: امرأة/رجل/متنوع

Phone belongs to Whom:

صاحب الرقم

Disability: Y/N

احتياجات خاصة: نعم/لا

Preferred method of contact:

الطريقة المفضلة للاتصال

Nationality:

الجنسية

Preferred date/time for contact:

الوقت والتاريخ للاتصال

Caregiver information (when case is a child (below 18 years)**معلومات عن مقدم الرعاية إذا كان الشخص قاصراً (عمره أقل من 18 سنة)**

Name of Caregiver:

اسم مقدم(ة) الرعاية

Relationship to Child:

صلة القرابة بالطفل(ة)

Address:

العنوان

Phone:

رقم الهاتف

Caregiver informed of the referral?

 Yes No (If no, explain)

هل تم تبليغ مقدم(ة) الرعاية عن هذه الإحالة؟
 نعم كلا (إذا كان الجواب كلا، الرجاء الشرح)

Involvement of parents is crucial but in cases where perpetrators are from the family, involvement needs to be informed by the best interests of the child.

إن مشاركة الوالدين أمرًا بالغ الأهمية، ولكن في الحالات التي يكون فيها الجاني من الأسرة، يجب أن تحدد المشاركة حسب مصالح الطفل الفضلى

Need for specific services and assistance

ال حاجة لخدمات ومساعدات محددة

Indicate the service/s which you are referring for. Please refer to the IS Service Mapping to ensure the service is available and the case meets the eligibility requirements for the service.

حدد الخدمة/التي تشير إليها. يرجى الرجوع إلى نظام الإحالة للتأكد من أن الخدمة متاحة وأن الحالة تفي بمتطلبات الأهلية للخدمة

- Child Protection:** This can include children with specific needs, survivors of/ children at risk of abuse, neglect or violence, children taking care of siblings alone, child head of household, separated or unaccompanied children, children at risk of/early marriage, children engaged in the worst form of child labour – e.g., street-based, exploitative or physically dangerous work.

حماية الطفل: يمكن أن تشمل الأطفال ذوي الاحتياجات الخاصة، ناجين / أو المعرضين للإساءة أو الإهمال/العنف، المسؤولين عن رعاية أشقائهم من دون وصي، رب(ة) الأسرة، المنفصلين عن الأهل البيولوجيين/ غير المحبوبين من قبل وصي قانوني، المستخدمين في أسوأ أشكال عمالة الأطفال والمعرضين لخطر الزواج المبكر- على سبيل المثال: عمل الأطفال في الشوارع، والعمل الاستغلالي، والعمل الخطير جسدياً، وما إلى ذلك

- GBV:** Gender-based violence (prevention and response services such as case management, specialized referrals to health, psychosocial services as well as access to safe shelter for physical protection, etc.): survivors of rape, sexual and physical assault, emotional abuse, forced/ child marriage, exploitation, trafficking and other rights abuse based on the sexual orientation and/ or gender identity of a person. The survivor's consent is required prior to any referral.

العنف المبني على أساس النوع الاجتماعي (خدمات الوقاية والاستجابة للعنف المبني على أساس النوع الاجتماعي كإدارة الحالة، إحالة إلى خدمات صحية متخصصة، خدمات نفسية-اجتماعية بالإضافة للوصول إلى مسكن آمن للحماية الجسدية، الخ): الناجون من الاغتصاب، الاعتداء الجنسي والجسدي، الإيذاء العاطفي، الزواج القسري / زواج الأطفال، الاستغلال، والاتجار وغيرها من انتهاكات الحقوق على أساس التوجه الجنسي و / أو الهوية الجنسية للشخص. موافقة الناجية مطلوبة قبل أي إحالة

- Legal:** This includes legal counselling, assistance and representation as well as group legal awareness sessions for issues related to civil documentation, legal residency, housing land and property issues including eviction, issues relating to child protection and GBV survivors, risk of arrest/detention and risk of deportation

قانونية: يشمل الاستشارة القانونية والمساعدة والتمثيل القانوني بالإضافة إلى جلسات التوعية القانونية الجماعية للقضايا المتعلقة بالوثائق المدنية والإقامة القانونية وقضايا الإسكان والممتلكات بما في ذلك الإخلاء والمسائل المتعلقة بحماية الطفل والناجين من العنف القائم على النوع الاجتماعي وخطر الاعتقال / الاحتجاز وخطر التعرض للترحيل

- Protection:** This includes protection case management for persons at heightened risk including risk of violence, exploitation and deliberate deprivation and for cases which fall outside of child protection and GBV case management services (i.e., for children at risk or GBV survivors). It includes specialised rehabilitation services for older persons and person with disabilities, psychosocial support, protection cash and community-based protection.

الحماية: تشمل إدارة الحالة للأشخاص المعرضين لمخاطر متزايدة بما في ذلك مخاطر العنف والاستغلال والحرمان المعتمد والتي تقع خارج نطاق حماية الطفل وخدمات إدارة حالات العنف القائم على النوع الاجتماعي (مثل مخاطر الإخلاء والحوادث الأمنية والاستغلال والإساءة والإهمال) وتشمل خدمات إعادة التأهيل المتخصصة لكبار السن والأشخاص ذوي الإعاقة والدعم النفسي والاجتماعي والمساعدات النقدية في قطاع الحماية والحماية المجتمعية

- Basic Assistance:** This can include: Complaints and support needs related to lost/exceeded PIN, lost card/mistreatment by bank staff, card malfunction, concerns related to exclusion from cash/food, persons in need of Core/Relief Items/Non-Food Items (referrals are not accepted for multi-purpose cash)

- Cash Assistance: This can include socio-economically vulnerable families, not already receiving regular cash assistance, in need of support to meet their basic needs.
- In-kind Assistance: This can include families who have lost key assets (mattresses, blankets, clothing, heaters) due to floods, fires, evictions or other similar emergencies.

المساعدة الأساسية/المساعدة الذاتية: يمكن أن تشمل ارقام التعريف الشخصي المفقودة، البطاقة المفقودة، سوء المعاملة من قبل موظفي البنك، عطل في البطاقة، المخاوف المتعلقة بالاستبعاد من المساعدة النقدية/الغذائية، في حاجة إلى مواد الإغاثة الأساسية / المواد غير الغذائية. (لا يتم قبول الإحالات للمساعدات النقدية المتعددة الأغراض

- مساعدة نقدية: يمكن أن يشمل ذلك الأسر الضعيفة اجتماعيًا واقتصاديًا، والتي لا تتلقى مساعدات نقدية منتظمة، وتحتاج إلى دعم
- لتلبية احتياجاتها الأساسية
 - مساعدة عينية: يمكن أن يشمل ذلك العائلات التي فقدت ممتلكاتها الرئيسية (الفرش والبطانيات والملابس والمدافئ) بسبب الفيضانات أو الحرائق أو عمليات الإخلاء أو حالات الطوارئ المماثلة الأخرى

- Food Security and Agriculture:** This can include lost PIN, lost card, mistreatment by bank staff, card malfunctioning, concerns related to exclusion from cash/food; it can also include most vulnerable individuals or households (a) willing to enrol in short term vocational trainings (b) willing to engage in agricultural seasonal/casual labour. For non-Lebanese terms and conditions apply as per the Lebanese laws, rules & regulations. Syrians are limited to work in the sectors specified by MOL decisions.

الأمن الغذائي والزراعة: يمكن أن يشمل ذلك فقدان رقم التعريف الشخصي، أو البطاقة المفقودة، أو سوء المعاملة من قبل موظفي البنك، أو خلل في الطاقة، الحالات المتعلقة بالاستبعاد من النقد / الغذاء؛ يمكن أن يشمل أيضًا الأفراد أو الأسر الأكثر ضعفًا (أ) الراغبين في الالتحاق بالتدريب المهني القصير المدى (ب) الراغبين في العمل الزراعي الموسمي/ العرضي. تطبق الشروط والأحكام على غير اللبنانيين حسب القوانين والقواعد اللبنانية. يقتصر العمل في السوريين القطاعات التي تحددها قرارات وزارة العمل

- Health:** It can include individuals in need of specialized mental health services and individuals in need of hospital care (not otherwise covered by UNHCR/NEXTCARE).

الصحة: يمكن أن تشمل الأفراد الذين يحتاجون إلى خدمات الصحة العقلية المتخصصة والأفراد الذين يحتاجون إلى الرعاية في المستشفيات (الذين لا تشملهم تغطية من قبل المفوضية السامية للأمم المتحدة لشؤون اللاجئين/ NEXTCARE)

- Nutrition:** It can include Pregnant or lactating women, children under 5 years old, adolescent girls who have limited access to dietary diverse food and living in vulnerable conditions with deprived wash services). It will also include caregivers requesting formula milk for their children.

التغذية: يمكن أن يشمل الأفراد أو الأسر الأكثر ضعفًا التي تشمل النساء الحوامل أو المرضعات، والأطفال دون سن الخمس سنوات، والفتيات المراهقات الأكثر فقرًا اللذين لا يتناولون أغذية متنوعة أو يبدون نحيفات أو يفتقدون لخدمات المياه والصرف الصحي والنظافة الصحية وسيشمل أيضًا مقدمي الرعاية الذين يطلبون الحليب الاصطناعي لأطفالهم

- Education:** It can include a child not attending school or at risk of dropping out from school, or community learning spaces, rejected enrolment of child by public school. It also includes children and youth who have special needs in need for learning support or referral to specialized services.

التعليم: يمكن أن يشمل الطفل الذي لا يذهب إلى المدرسة أو المعرض لخطر ترك المدرسة، أو مساحات التعلم المجتمعية، والإبلاغ عن العقاب البدني / الإساءة البدنية أو اللقطة من قبل المعلمين أو أقرانهم في المدارس العامة، ورفض تسجيل الأطفال في المدارس الحكومية. ويشمل أيضًا الأطفال والشباب ذوي الاحتياجات الخاصة أو المحتاجين إلى دعم تعليمي أو إحالة إلى الخدمات المتخصصة

- Shelter:** It can include new arrivals/homeless/eviction cases with no shelter, bad shelter conditions in informal settlements, residential and non-residential structures, heavy flooding/inundation in informal settlements and destroyed shelters due to fire or natural hazards.

المأوى: يمكن أن يشمل الوافدين الجدد / المشردين / حالات الإخلاء من دون مأوى، وظروف المأوى السيئة في المستوطنات غير الرسمية، والمباني السكنية وغير السكنية، والفيضانات / العمر الشديد في المستوطنات غير الرسمية، والملاجئ المدمرة بسبب الحريق أو الأخطار الطبيعية

- Social Stability:** it can include vulnerable Lebanese and non-Lebanese youth at risk of marginalization. "Youth" refers to adolescents and young adults between 15-24 willing to engage in the below types of activities. Strong focus is on female.

1-Training on life skills, conflict resolution and healthy lifestyles – these trainings are different from the ones under the Livelihoods sector that provide vocational trainings (VT) leading to employment, but they can complement Livelihoods VTs in one package.

2-Youth-led initiatives: are projects targeting groups of Lebanese and non-Lebanese youth to promote community campaigns, conflict mitigation, volunteerism, through activities to mitigate tensions, facilitate inter-community outreach and/or prevent youth marginalization in coordination with local municipalities /institutions (i.e. Peacebuilding committees: structures gathering youth, Summer camps, Sport clubs/activities.

الاستقرار الاجتماعي: يمكن أن تشمل الشباب اللبنانيين وغير اللبنانيين المعرضين لخطر التهميش. يشير مصطلح "الشباب" إلى المراهقين والشباب الذين تتراوح أعمارهم بين 15 و 24 عامًا وعلى استعداد للمشاركة في الأنواع التالية من الأنشطة:

التدريب على المهارات الحياتية وحل النزاعات وأنماط الحياة الصحية. ملاحظة: هذه التدريبات ليست تدريبات مهنية لسبل العيش التي تؤدي عادة إلى التوظيف ، على الرغم من أنه يمكن تقديمها بالتوازي لكنها مختلفة وتدرج تحت قطاع الاستقرار الاجتماعي

المبادرات التي يقودها الشباب: المبادرات الشبابية هي مشاريع تستهدف وتشارك مجموعات من الشباب اللبنانيين وغير اللبنانيين وتعزز الحملات المجتمعية وتخفيف حدة النزاعات والتطوع والتسامح والمشاركة المدنية (هذه المبادرة للبنانيين فقط) من خلال سلسلة من الأنشطة من أجل تخفيف التوترات ، وتسهيل التواصل بين المجتمعات و / أو منع تهميش الشباب بالتنسيق مع البلديات / المؤسسات المحلية (على سبيل المثال ، لجان بناء السلام التي تجمع الشباب ، والمخييمات الصيفية ، والنوادي / الأنشطة الرياضية

- Livelihoods:** this includes business owners in need of capacity building services (financial literacy, savings, loans, in-kind and cash grants) or vulnerable individuals (Lebanese and non-Lebanese) (a) in need of temporary income (willing to engage in Labor Intensive Projects) (b) capacity and skills building to increase employability (willing to enroll in short term vocational trainings) (c) for non-Lebanese terms and conditions apply as per the Lebanese laws, rules & regulations. Syrians are limited to work in the sectors specified by MOL decisions. Strong focus is on Women and Youth.

سبل العيش: يمكن أن تشمل أصحاب العمل المحتاجين إلى خدمات بناء القدرات (الإلمام بالأموار المالية، الإدخار والقروض، المساعدات العينية والمادية) أو الأفراد (لبنانيين وغير اللبنانيين) (أ) المحتاجين إلى دخل مؤقت (لديهم الاستعداد للمشاركة في مشاريع العمل المكتشفة) (ب) لديهم الحاجة لبناء القدرات والمهارات لزيادة فرصهم في الحصول على عمل (المستعدين للتسجيل في دورات تدريبية مهنية قصيرة المدى) (ج) تطبق الشروط والأحكام بالنسبة لغير اللبنانيين بحسب القوانين، القواعد، والأنظمة اللبنانية. على سبيل المثال يقتصر عمل السوريين على القطاعات الذي تحددها قرارات وزارة العمل. يجب أن يكون التركيز على النساء والشباب

- Water, sanitation and hygiene:** Only in informal settlements it can include rehabilitation or the construction of latrines, construction of grey water system, de-sludging services, water trucking requests and the distribution of hygiene kit, drainage kit, garbage bins, and water tank. In informal settlements and urban areas, it can include requests for hygiene promotion sessions.

المياه والصرف الصحي والنظافة الصحية: فقط في المخيمات ويمكن أن تشمل إعادة التأهيل أو بناء المراحيض ، بناء نظام المياه المتبدلة ، خدمات إزالة الرواسب ، طلبات نقل المياه بالشاحنات وتوزيع أدوات النظافة ، مجموعة الصرف الصحي ، صناديق القمامة ، وخزان المياه . أما في المخيمات والأحياء ، يمكن أن تتضمن طلبات جلسات تعزيز النظافة

Case Narrative

وصف الحالة

Describe the minimum information required by the receiving agency to be able to respond to the referral. This can include problem description, whether s/he receives other assistance, number in the household, etc. For referrals to GBV, CP and Protection case management, do not provide details of the case or incident.

صف الحد الأدنى من المعلومات التي تطلبها المنظمة المتلقية لتكون قادرة على الرد على الإحالة. يمكن أن يشمل ذلك وصف المشكلة، سواء كان يتلقى مساعدة أخرى، عدد أفراد الأسرة، لا تقدم تفاصيل الحالة أو الحادث عن حالات العنف القائم على النوع الاجتماعي، حماية الطفل، ادارة الحالات

Consent to Release Information

الموافقة على مشاركة المعلومات

Read the disclosure with the individual. Inform the individual how his/her data will be used by the service provider and answer any questions s/he might have before s/he signs the disclosure. For children under 18 years where the caregiver may be implicated in the abuse informed assent should be sought instead.

Explain to the individual that s/he has the right to request that his/her information not be documented and can request retrieval of the information at any time. S/he has the right to refuse to answer any questions they prefer not to and the right to ask questions or for explanations about the referral process at any time.

اقرأ الكشف مع الفرد. أخبر الفرد بكيفية استخدام بياناته من قبل مقدم الخدمة وأجب عن أي أسئلة قد تكون لديه قبل أن يوقع الكشف. بالنسبة للأطفال دون سن 18 عامًا حيث قد يكون مقدم الرعاية متورطًا في الإيذاء يجب أن يتم تطبيق الموافقة المستنيرة بدلاً من ذلك

وضح للفرد أنه يحق له طلب عدم توثيق معلوماته ويمكنه طلب استرداد المعلومات في أي وقت. وله الحق في رفض الإجابة على أي أسئلة يفضلون عدم الإجابة عليها، كما يحق له طرح أسئلة أو توضيحات حول عملية الإحالة في أي وقت

I, _____ (person of concern name), acknowledge that the service provider, _____ (service provider name) has clearly explained the procedure of the referral to me and has listed the exact information that is to be disclosed. I understand that my information will be treated with confidentiality and respect and will only be shared as needed to provide assistance and may be used for purposes of humanitarian analysis. By signing this form, I authorize this exchange of information to the specified service provider/s for the specific purpose of providing assistance to my family and/or myself.

أنا _____ (اسم الشخص المعني)، أقر بأن مقدم الخدمة، _____ (اسم مقدم الخدمة) قد شرح بوضوح الإجراءات الخاص بالإحالة إلي وأدرج المعلومات الدقيقة التي سيتم الكشف عنها. أفهم أنه سيتم التعامل مع معلوماتي بيرية واحترام ولن يتم مشاركتها إلا عند الحاجة لتقديم المساعدة ويمكن استخدامها لأغراض التحليل. من خلال التوقيع على هذا النموذج، أصرح بتبادل المعلومات هذه لمقدم / مقدمي الخدمة المحددين لغرض محدد هو تقديم المساعدة لعائلتي و / أو نفسي

Signature of Client:

توقيع العميل

Date:

التاريخ

Checklist of Referral

تفاصيل الإحالة

Check that you have considered all aspects of conducting a safe referral prior to sending the referral.

تحقق من أنك قد درست جميع جوانب إجراء إحالة آمنة قبل إرسال الإحالة

Individual is informed of available service options and consents to go ahead with the referral?

Yes No (If no, explain) _____

هل تم إبلاغ الشخص بالإحالة؟ نعم لا (إذا كان الجواب كلا، الرجاء الشرح) _____

Individual has signed consent to release information.

Yes No (If no, explain) Hotline Referral _____

هل وقع (ت) الشخص الموافقة على مشاركة المعلومات؟ نعم لا (إذا كان الجواب كلا، الرجاء الشرح) _____

Any contact preferences? Yes No (If yes, explain) _____

أي تفضيلات اتصال؟ نعم لا (إذا كان الجواب نعم، الرجاء الشرح) _____

Any risks or immediate safety concerns observed/expressed?

Yes No (If yes, explain) _____

ملاحظة أو إخبار عن أي مخاطر أو مخاوف السلامة الفورية أي تفضيلات اتصال؟ نعم لا (إذا كان الجواب كلا، الرجاء الشرح) _____

Annex 4: Reporting Guidance | Inter-Sector Service Mapping

The purpose of the online **inter-sector service mapping for Lebanon** is to facilitate the referral of individuals, households or communities at-risk from one service provider to another, and to provide an overview of services and assistance being provided across the Lebanon Crisis Response Plan. This will be the central platform used across sectors and governorates to capture information on available services and assistance. It will replace existing data collection exercises for service mapping and referral pathways.

The services and assistance provided will be linked to corresponding organizational complaint and feedback mechanisms for affected women, men, girls and boys.

→ Communication process

Field Offices will request implementing organizations and agencies to report on their services and assistance being provided into the inter-sector service mapping. Moving Field Sector Coordinators will be responsible for reaching out to sector members to update their services in the service mapping and review that information for their sector is complete. For any queries please contact your Sector Coordinator. Information should be kept up to date with a regular review on a monthly basis.

→ Reporting Guidance for services and assistance

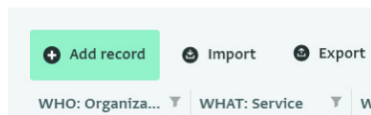
These are instructions for reporting focal points on how to record your services and assistance into the online inter-sector service mapping platform, hosted on Activity Info.

Who: Reporting Focal Points – (Activity Info Focal Points, IM Focal Points)

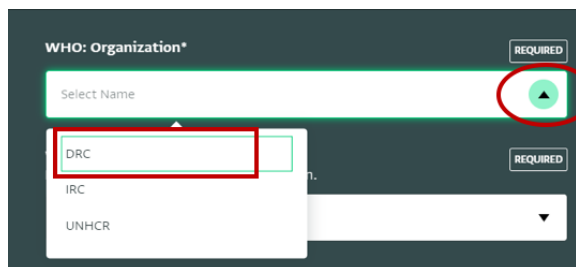
Frequency: Once monthly.

Required: You will need to fill all inputs marked required*.

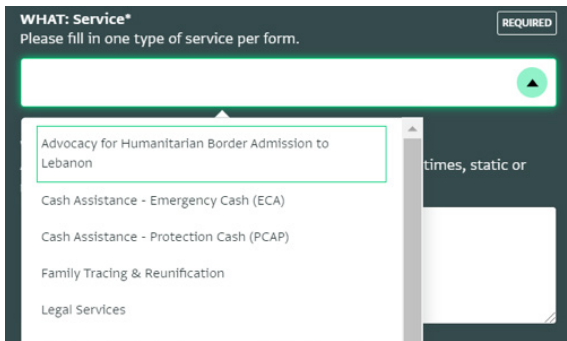
1. Log into <https://v4.activityinfo.org/>, go to 0. Lebanon Service Mapping.
 - a. If you do not see this, please contact your sector IM at national or field level.
 - b. If you do not have an account please send an email to your Sector IM at national or field level who will set one up for you.
2. Select geographical area you are reporting on (e.g. Beirut & Mt Lebanon)
3. Select the relevant sector of your intervention (e.g. Protection)
4. Select the relevant service (e.g Protection Services)
5. Select 'Add record'



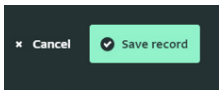
6. Select your organization from the drop-down menu:



Select 'WHAT: Service' you provide from the drop-down list of services. You will only be able to fill in one 'type of service' per form. Some selections will pull up additional follow-up questions.



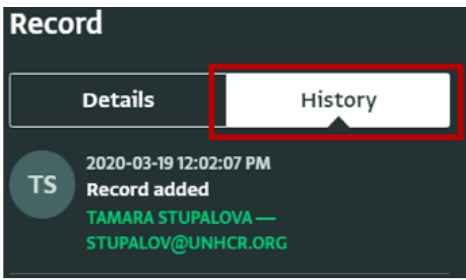
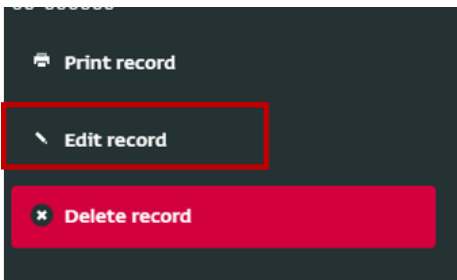
8. Fill in all the 'required' fields for your service, and click on 'Save record' in the bottom-right / top-right corner



9. After saving, you can still edit your record later by selecting it, making sure it is highlighted in green. This will bring up a wing on the right side called 'Record'

WHO: Organiza... ▾	WHAT: Service ▾	WHAT: Case Ma... ▾
DRC		

10. Scroll down and click 'edit record'. You can also review the editing history of this record by going to the 'History' tab.



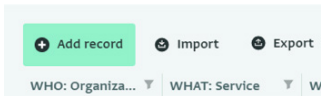
➔ Reporting Guidance for complaint and feedback mechanisms (who, what, where)

These are instructions for reporting focal points on how to record your organizations complaint and feedback mechanisms on the online inter-sector service mapping platform, hosted on Activity Info.

Who: Reporting Focal Points – (Activity Info Focal Points, IM Focal Points)

Frequency: Once. Any changes should be updates as/when they occur.

1. Log into <https://v4.activityinfo.org/>, go to 0. Lebanon Service Mapping
2. Select *Complaint & Feedback Mechanisms (Who, What, Where)*
3. Select 'Add record'



4. Select your organization from the drop-down menu:

WHO: Organization* REQUIRED

Select Name

DRC

IRC

UNHCR

REQUIRED

5. Fill in all the 'required' fields for your service, and click on 'Save record' in the bottom-right / top-right corner

✕ Cancel Save record

6. After saving, you can still edit your record later by selecting it, making sure it is highlighted in green. This will bring up a wing on the right side called 'Record'

WHO: Organiza... ▼	WHAT: Service ▼	WHAT: Case Ma... ▼
DRC		

10. Scroll down and click 'edit record'. You can also review the editing history of this record by going to the 'History' tab.

Print record

Edit record

Delete record

Record

Details **History**

TS 2020-03-19 12:02:07 PM
Record added
TAMARA STUPALOVA —
STUPALOV@UNHCR.ORG

Annex 5: Reporting Guidance | Inter-Agency Referral Monitoring

The Inter-Agency Referral Monitoring Platform aims to maintain an overview of referral practices between service providers in Lebanon and enhance accountability to referrals. It expands the good practices established by the protection sector to require all partners under the LCRP to report on the total number of referrals made to which sectors and their status on a quarterly basis.

Quarterly trends from the Inter-Agency Monitoring platform will be complemented with data from two individual referral systems, RAIS and RIMS. The analysis in the form of dashboards will be distributed through sectors, for focused sectoral discussions at the national- and field levels. The aim of the discussions and analysis is to facilitate a greater understanding of referral trends at a sectoral level, as well as to identify any bottlenecks in the delivery of services and learn about any gaps in coverage.

→ Communication process

LCRP partners will be requested to report into the Inter-Agency Referral Monitoring platform on a quarterly basis. This request will be made through sector working groups at the field and national levels.

→ Reporting Guidance

These instructions explain how to report on referrals conducted through the online Inter-Agency referral monitoring platform, hosted on Activity Info.

Who: Reporting Focal Points – (Activity Info Focal Points, IM Focal Points)

Reporting Timeline: Reporting is on a quarterly basis.

Reporting Period	Reporting Deadline	Comment
January, February, March (Q1)	April 7, 2023	Please note you will no longer be able to report for the quarter once the reporting deadline has closed.
April, May, June (Q2)	July 7, 2023	
July, August, September (Q3)	November 8, 2023	
October, November, December (Q4)	January 8, 2024	

Reporting Requirements: You will report on the final status of the referrals at the end of the three-month reporting period. This concerns all referrals made by your organization within the quarter, to any sector. There are four reporting categories in line with the Minimum Standards on Referral;

Status	Description
No Feedback Received	Referral sent, receiving agency has not confirmed receipt of referral
Referral Acknowledged	Receiving agency confirmed receipt of the referral
Referral Accepted	Receiving agency provided feedback that the referral is accepted and that the service will be provided
Referral Not Accepted	Receiving agency provided feedback that they cannot accept the referral (assessment may have been conducted but the individual/household does not meet criteria, the organization is at maximum capacity, lost contact with individual/household, etc.)

- **The reported total number is the number of referrals made, not the number of cases.**

This means that if an agency sends two referrals for the same case, they will record the two referrals.

Example: If you made a referral a referral to agency A, but they were not able to accept the referral, and you then sent the referral to agency B who accepted the referral, this should be reported as **two separate referrals**:

- o Referring agency reports -> 1 referral (to agency A) = Referral Not Accepted
- o Referring agency reports -> 1 referral (to agency B) = Referral Accepted

- **A referral can only be reported once per quarter according to the most recent status of the referral at the reporting deadline. This is the 15th of the following month.**

Examples:

o On 10th March, a referral was made to Agency A, but no feedback had been received by the reporting deadline (7th April). The status of the referral will be **'no feedback received'**.

o On 6th February, a referral was made to Agency A; the referral was acknowledged by the receiving agency on 10th February. On 20th February, the receiving agency confirmed acceptance of the referral. The status of the referral at the reporting deadline will be reported as **'Referral accepted'**, as this is the most recent status of the referral.

• Only referrals made during the reporting period should be recorded.

Examples:

- o A referral made on 31st March should be reported in quarter 1 on April 7th.
- o A referral made on 2nd April should be reported in quarter 2 on July 7th.

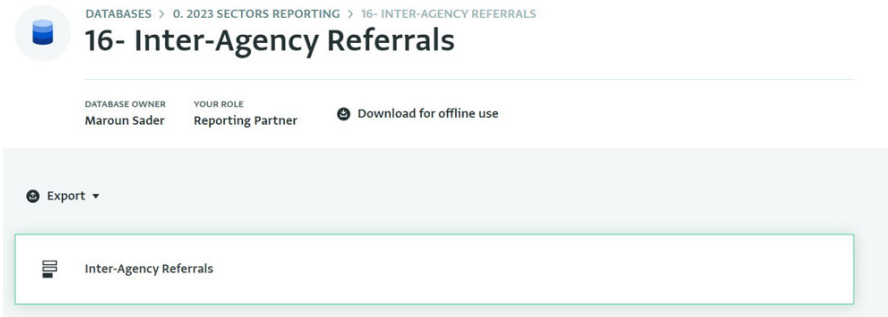
• Both **internal and external referrals** should be reported. This means, even if your organization has referred a case internally, this referral should also be included on the IA Referrals database.

• All partners are asked to report on IA Referrals. This includes:

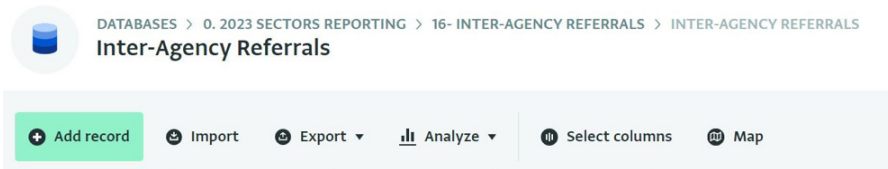
- o All LCRP- and non-LCRP partners
- o UN agencies
- o RIMS partners
- o RAIS users.

Reporting Steps:

1. Log in to <https://v4.activityinfo.org/>, go to the database 2023 Sectors Reporting
2. Select *16-Inter-Agency Referrals*, and click again on *'Inter-Agency Referrals'*



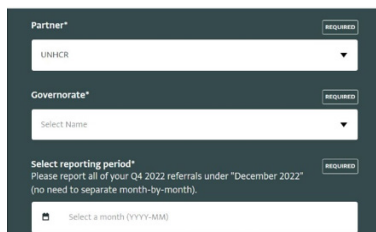
3. Select *'Add record'*



4. Using the drop-down menus, select your organization and the governorate you are reporting on. You will need to fill a new form for each governorate.

Next, select the reporting period, under which you will report all of your referrals for the past three months.

You should always record your referrals under the last month of the reporting period (e.g. June for all of your Q2 referrals). There is no need to separate your referrals month-by-month, as reporting is done quarterly.



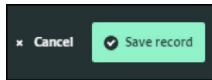
5. Click on the sector you want to report referrals to. Enter the **total number of referrals** you made to this sector within the selected governorate in the past 3 months.

6. **Dissagregate** the total number of referrals made by their status at the end of the reporting period (e.g., 31st March for Q1). There are 4 types of referral status;

- No Feedback Received
- Referral Acknowledged
- Referral Accepted
- Referral Not Accepted

You should verify the numbers are correct: "Total referrals to Child Protection" should be **the sum total of the breakdown** you have provided under distinct status categories, i.e. 'No feedback received' + 'Referral acknowledged' + 'Referral accepted' + 'Referral not accepted' = 'Protection: Total referrals'.

7. Once you have completed your reporting for all sectors within the specific governorate, click **'Save record'** Repeat this process for the other governorates.



CHILD PROTECTION

Referrals to Child Protection

Child Protection: Total Referrals
This number must be the sum total of the breakdown of the four categories below

Enter a number Referrals

Child Protection: No Feedback Received
Referral sent, receiving agency has not confirmed receipt of referral

Enter a number Referrals

Child Protection: Referral Acknowledged
Receiving agency confirmed receipt of the referral

Enter a number Referrals

Child Protection: Referral Accepted
Receiving agency provided feedback that the referral is accepted and a service will be provided

Enter a number Referrals

8. Once saved, you can amend any data entry you make by clicking on the record, which will then be highlighted in **green** and a menu will open up on the right side.

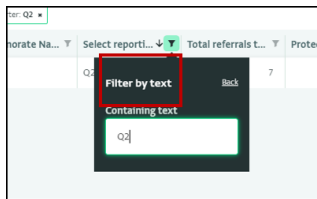
Filtered by: Partner Name: unhcr Clear all filters

Partner Name	Governorate Na...	Select reportin...	PROTECTION	Protection: Tot...	Protection: No ...	Protection: Ref...	Protection: Ref...
UNHCR	Beyrouth	2022-12	Referrals to PRO...	124	26	39	59

9. From the right-hand side menu, select **'Edit record'**. You can also click on the **"History"** tab to view who has edited the record and on which date.

Please note that you will not be able to edit your record after the reporting deadline has passed.

10. You can use the "filter" buttons to filter for a specific quarter or a governorate, for example:



Record Collapse >

Details

2020-11-09 4:43:39 PM
Record added
TAMARA STUPALOVA —
STUPALOV@UNHCR.ORG

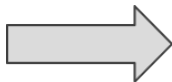
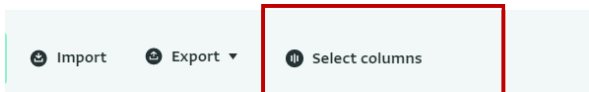
DATA VERIFICATION

As per the above, the 'Total referrals to Child Protection' should be the sum total of the breakdown you have provided under distinct status categories, i.e. 'No feedback received' + 'Referral acknowledged' + 'Referral accepted' + 'Referral not accepted' = 'Protection: Total referrals'

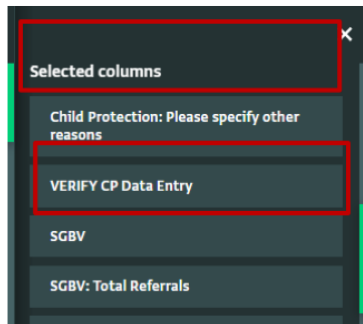
You can **verify** if you have done your data entry correctly in the following way:

1. Go to "Select columns" on the top bar

2. Drag the "Verify CP data entry" tab from "Available columns" to the right-hand side ("Selected columns"), in case it is not already there. This column will now appear in your database view.



3. You will know that you have entered your data correctly if the status under this column says "correct"



4. In case it says "incorrect", please go back to edit your record (using the "edit record" button) to ensure that your sum totals for each sector add up.

Child Protectio... ▼	VERIFY CP Data Entry ▼
	correct
	incorrect
	incorrect
	incorrect