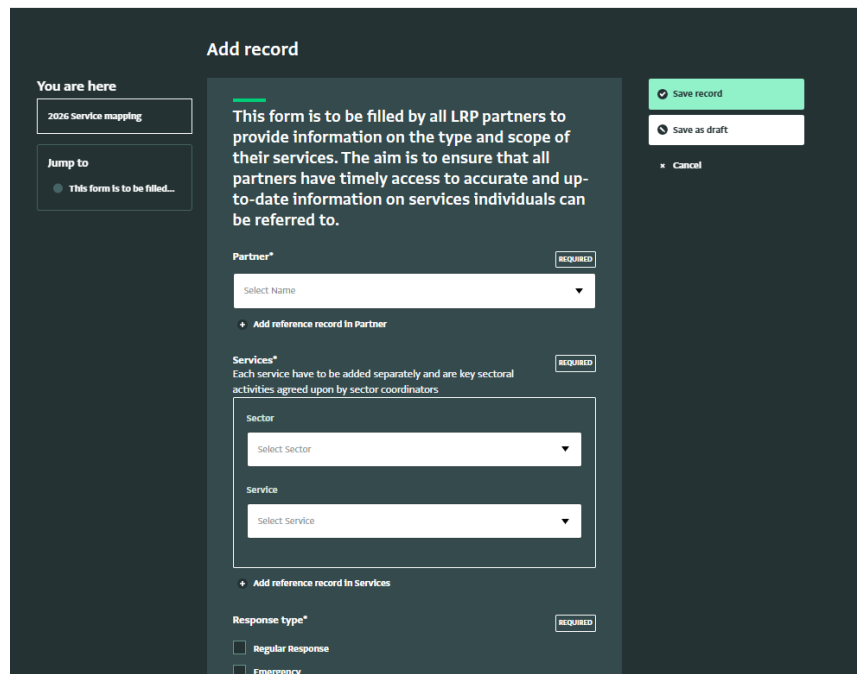


# Partner Guide: Completing the 2026 Service Mapping Template

## Objective of the Service Mapping Exercise

The **2026 Service Mapping** is a data collection exercise for all partner organizations under the Lebanon Response Plan (LRP). Its purpose is to gather detailed information on the **type and scope of services** that each partner provides. By completing this mapping, partners help ensure that **accurate, up-to-date information** on available services is accessible to everyone in the network. This information will feed into a **publicly accessible dashboard** that facilitates referrals between agencies, so it's critical to provide correct and complete details. Ultimately, this exercise helps individuals in need get referred to the right services more efficiently.

**Who should complete it?** Every LRP partner that offers services in 2026 should fill out the service mapping template. Each **distinct service** your organization provides should be recorded *separately* (one entry per service). This means if you offer multiple services (e.g. education support and cash assistance), you will submit multiple entries, one for each service. The template is designed to capture key details about each service, including where and when it's available, who it targets, accessibility features, and contact information for referrals.



**Add record**

**You are here**

- 2026 Service mapping
- Jump to**
  - This form is to be filled...

**This form is to be filled by all LRP partners to provide information on the type and scope of their services. The aim is to ensure that all partners have timely access to accurate and up-to-date information on services individuals can be referred to.**

**Partner\*** REQUIRED

Select Name

+ Add reference record In Partner

**Services\*** REQUIRED

Each service have to be added separately and are key sectoral activities agreed upon by sector coordinators

**Sector**

Select Sector

**Service**

Select Service

+ Add reference record In Services

**Response type\*** REQUIRED

☐ Regular Response

☐ Emergency

**Save record**

**Save as draft**

**Cancel**

## How to Fill Out Each Field (Column)

Below is a field-by-field guide on how to complete the Service Mapping reporting form on Activity Info. For each field, we explain what information is required, the expected format or input type, and give examples where helpful. **Required fields** must be filled in for every service entry, while optional fields can be left blank if not applicable (though providing information is encouraged).

### Basic Information

- **Partner – (Required; dropdown selection):** Select your **organization’s name** from the list of partners. This field identifies which partner is providing the service. *Format:* Choose one option from the dropdown (you should see your organization listed; if not, contact the coordinator). *Example:* Save the Children Lebanon (if that is the partner name).
- **Service – (Required; dropdown selection):** Choose the **service or activity name** from the predefined list of services. Each service corresponds to a key sector activity as agreed by sector coordinators. If your organization provides multiple services, remember to fill a separate template entry for each service. *Format:* Single select from list (one service per entry). *Example:* If you are mapping a child protection service, you might select Case Management for Children from the list.
- **Response Type – (Required; data field):** Indicate whether the service is delivered as part of a Regular Response, Emergency Response, or both.

#### Options:

- **Regular Response** – Ongoing, planned service delivery under regular programming.
  - **Emergency** – Service activated or scaled up specifically in response to an emergency or crisis.
  - **Both** – If the service is delivered under regular programming and can also be activated during emergencies.
- 
- **Activity End Date – (Required; date field):** Enter the **end date of your intervention or service availability**. This is the date when the service is expected to conclude (e.g. when funding ends or the project closes). Use the format **DD/MM/YYYY** (day/month/year) or select the date from the calendar picker. The date should be in 2026 or later (services ending before 2026 are generally not included in this mapping). *Example:* 31/12/2026 (for a service running through the end of 2026).
  - **Expired – (Automatic; no input required):** This field will **auto-calculate** based on the end date to indicate if the service is considered *expired*. You do **not** need to fill anything in this column. The system will show “Yes” if more than 30 days have passed since the

**Activity End Date**, meaning the service is no longer active, or “No” if the service is still active (within 30 days of or past the end date). This helps users quickly see if a listed service is current or not.

## Location and Coverage

- **Location coverage – (Required; multiple selection):** Specify **all the locations (cadasters)** where this service is available or implemented. You can select multiple locations from a dropdown list. If your service covers *every community within a district*, simply select the option for the **district** (usually labeled “District – [District Name]”) rather than listing each smaller locality. Otherwise, choose all the specific areas (cadasters) that apply. *Format:* Multi-select from a predefined list of locations (cadasters or districts). *Example:* If your service is available in several villages within Akkar, and it’s across the whole district, you could just pick District – Akkar. If it’s only in specific towns, select each relevant town (e.g. Halba, Kobayat, etc.).
- **Governorate – (Auto-filled; read-only):** This field will **automatically display the Governorate** corresponding to the locations you selected. You do not need to enter this manually. If you selected locations in more than one governorate, all will be listed. This is for information and filtering purposes on the dashboard. *Format:* Text (Governorate name is derived from chosen locations). *Example:* If you chose locations in Akkar district, this field will show North Lebanon (the Governorate name).
- **District – (Auto-filled; read-only):** Similar to Governorate, this will **automatically list the District(s)** of the selected locations. No manual input is needed. It concatenates all districts covered by your chosen locations. *Format:* Text (District name(s) derived from locations). *Example:* If you selected several areas all within Akkar district, it will show Akkar. If you chose locations in multiple districts, it might display Akkar, Tripoli (as an example).

## Service Details

- **Description of Service – (Required; text field):** Provide a brief **description of the service**. Describe what the service is and any key details that would help others understand it. Keep it concise but clear. *Format:* Free text (a short paragraph or sentence). *Example:* “Provides psychosocial support and case management for children at risk, including structured play therapy sessions and counseling for caregivers.”
- **Service Provided – (Required; multiple selection):** Indicate the **mode of service delivery** by selecting one or both options:
  - **Center-based** – if the service is provided at a fixed location (e.g. in a community center, clinic, school, etc.).
  - **Mobile** – if the service is delivered through outreach or mobile teams (not tied to a fixed site).
 You may select both if you offer the service in **both ways**. *Format:* Multi-select (choose

all that apply). *Example:* A health screening might be offered at a clinic **and** via a mobile van, so you would tick both “Center-based” and “Mobile”. If it’s only at a center, select only “Center-based.”

- **Targeted Population Group – (Required; multiple selection):** Select which **population groups** the service is intended for. Choose all that apply from the list of population categories:

- *Syrian Refugees*
- *Lebanese* (vulnerable host community members)
- *Palestinian Refugees from Syria (PRS)*
- *Palestine Refugees in Lebanon (PRL)*
- *Migrant workers*
- *Refugees of other nationalities* (e.g., Iraqi, Sudanese, etc.)
- *Stateless persons*

This information helps ensure services are matched to the right groups. *Format:* Multi-select (several categories can be chosen). *Example:* If your service is open to both Syrian refugees and vulnerable Lebanese, select **Syrian Refugees** and **Lebanese** from the list.

- **Targeted (Age/Gender) – (Required; multiple selection):** Indicate the **demographic groups** by age and gender that the service targets. Choose all that apply:

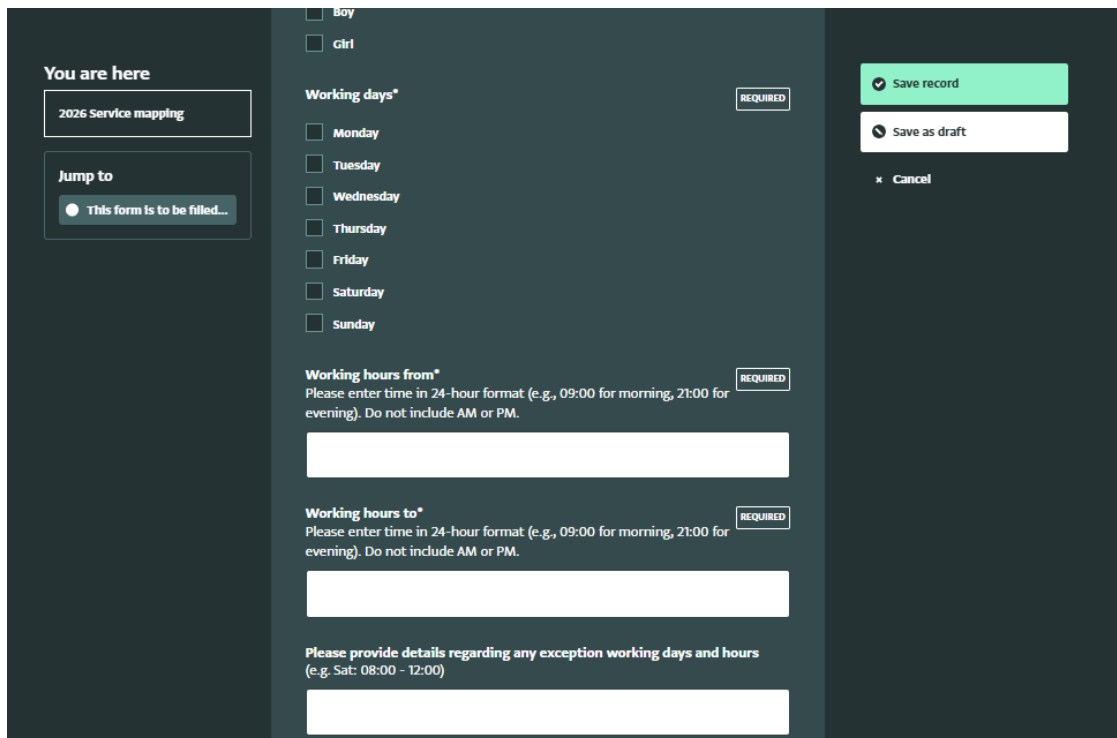
- *Women*
- *Men*
- *Girls* (typically under 18 female)
- *Boys* (typically under 18 male)

Select all relevant groups. For general services open to everyone, you might tick all options. *Format:* Multi-select checkboxes. *Example:* A child-focused program would select **Girls** and **Boys**. A women’s health service might select **Women** (and possibly **Girls** if adolescent girls are included).

- **Working days – (Required; multiple selection):** Mark on which **days of the week** the service is operational/available. You will have options for all seven days (Monday through Sunday); select each day that the service is open or provided. *Format:* Multi-select (days of week). *Example:* For a service that runs on weekdays, select **Monday, Tuesday, Wednesday, Thursday, Friday**. For a weekend-only activity, you might select **Saturday** and **Sunday**.
- **Working hours from – (Required; text/time input):** Enter the **start time** of the service on the days it operates, in **24-hour format**. Use HH:MM with 2-digit hours and minutes.

Do not include “AM” or “PM”. *Format:* Time as 24h clock, e.g. HH:MM. *Example:* **09:00** (for 9:00 AM) or **13:30** (for 1:30 PM). If the service has different start times on different days, use the typical or earliest start time here, and you can explain exceptions in the next field.

- **Working hours to – (Required; text/time input):** Enter the **end time** (closing time) of the service in **24-hour format** (HH:MM). This should be later in the day than the start time. *Format:* Time as 24h clock. *Example:* **15:00** (for 3:00 PM) or **17:30** (5:30 PM). Make sure the end time is after the start time (e.g., do not put 09:00 as the end if start is 13:00). If your hours vary by day, use the typical end time here and note any differences as exceptions.
- **Exceptions (working days/hours) – (Optional; text field):** Use this field to **note any exceptions** or special schedules for certain days. For example, if the service has different hours on a particular day or if it closes on public holidays, you can mention it here. This helps clarify variations that aren’t captured by the standard hours above. *Format:* Free text, short explanation. *Example:* "Sat: 08:00 - 12:00 (half-day)" – indicating that on Saturdays the service runs only in the morning. If no exceptions (same schedule every day selected), you can leave this blank.



The screenshot shows a web form for service mapping. On the left, a sidebar contains 'You are here' with a link to '2026 Service mapping' and a 'Jump to' section with a button 'This form is to be filled...'. The main form area has three sections: 1) 'Working days\*' with checkboxes for Monday through Sunday and a 'REQUIRED' label; 2) 'Working hours from\*' with a text input field, instructions to use 24-hour format, and a 'REQUIRED' label; 3) 'Working hours to\*' with another text input field, instructions to use 24-hour format, and a 'REQUIRED' label. Below these is a section for 'Please provide details regarding any exception working days and hours (e.g. Sat: 08:00 - 12:00)' with a text input field. On the right, a vertical bar contains three buttons: 'Save record' (green), 'Save as draft' (white), and 'Cancel' (white with an 'x' icon).

## Accessibility & Inclusion

- **Inclusive/Accessible for persons with disabilities – (Required; Yes/No dropdown):** Indicate whether the service is **inclusive and accessible for persons with disabilities**. Select **Yes** if your service can accommodate people with different disabilities (physical, visual, hearing, etc.), or **No** if it currently does not have such accommodations. *Format:*

Single-select (choose “Yes” or “No”). *Example:* If your center has ramps and your staff can accommodate people with disabilities, select **Yes**.

- **Disability inclusion measures (if yes) – (Required if previous is Yes; multiple selection):** *This field appears only if you answered Yes above.* It allows you to select **which specific measures or accommodations** are in place to make the service accessible. Choose all that apply from the list provided. The options typically include:

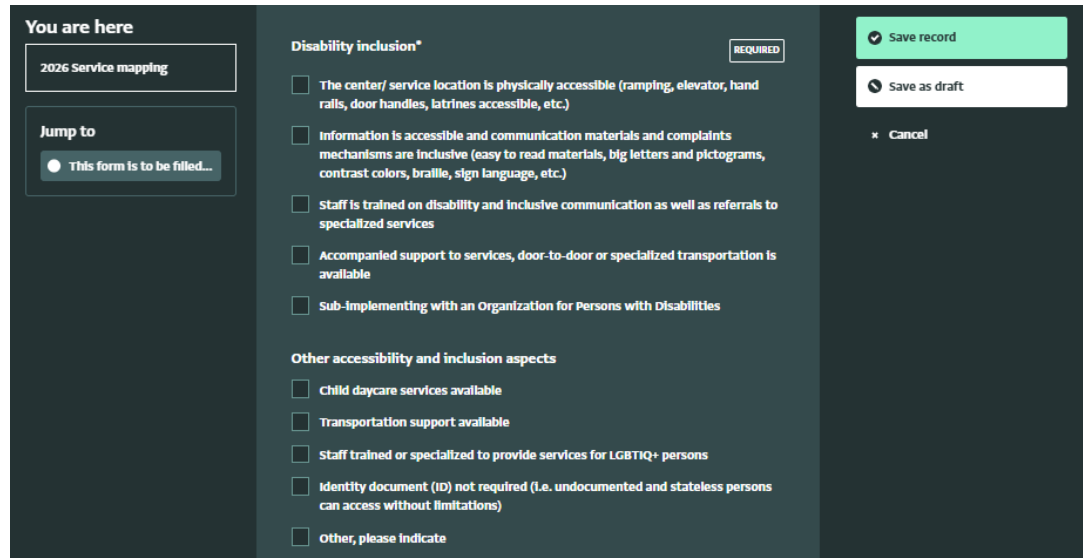
  - **Physical accessibility of the location** (e.g. ramps, elevators, handrails, accessible washrooms)
  - **Accessible communication/information** (e.g. materials in large print or braille, sign language interpretation, easy-read formats)
  - **Staff training on disability inclusion** (staff are trained in inclusive communication and referring individuals to specialized services)
  - **Transportation support** (e.g. accompanied support or specialized transport to help persons with disabilities reach the service)
  - **Partnership with disability-focused organizations** (e.g. working with an Organization of Persons with Disabilities for guidance or support)

*Format:* Multi-select checkboxes (appears only if you chose Yes to the disability inclusion question). Select all relevant options. *Example:* If your service location is wheelchair accessible and staff have been trained on disability inclusion, you would tick **physical accessibility** and **staff training** from the list.
- **Other accessibility & inclusion aspects – (Optional; multiple selection):** This field covers **additional inclusion measures or policies** your service may have. Even if not specifically about disability, these are practices that improve accessibility for various groups. Select any that apply:

  - *Child daycare services available* – if you provide childcare at the service location for attendees.
  - *Transportation support available* – if you offer transport assistance (for anyone, not just persons with disabilities).
  - *Staff trained for LGBTIQ+ inclusion* – if staff are trained or specialized to provide services to LGBTIQ+ individuals in a sensitive manner.
  - *ID not required* – if people can access the service **without an identity document** (important for undocumented or stateless persons).
  - *Other, please indicate* – any other inclusion measure not listed (you will specify it in the next field).

*Format:* Multi-select (choose all that apply, or none if none apply). *Example:* If your program does not require an ID and you also have a complaints mechanism accessible to illiterate persons (not listed), you would select **“ID not required”** and **“Other, please indicate”**, then describe the additional measure.

- **Other (please specify) – (Conditionally required; text field):** This field will be required only if you selected "Other, please indicate" in the previous field. Here, **describe the other accessibility or inclusion aspect** that wasn't covered by the given options. Be brief but clear. *Format:* Free text. *Example:* If you checked "Other" to indicate a special accommodation like "home visits for homebound elderly beneficiaries", write that description here.



## Contact Information & Consent

- **Contact: Hotline Number – (Optional; text/number field):** If your organization has a **general hotline phone number** for inquiries or referrals related to this service, provide it here. This could be a call center or helpline that anyone can call for information. Include the country code if possible. *Format:* Phone number (digits, possibly with + country code). *Example:* +961 01 234 567 for a Lebanon number, or a short code like 1212 if applicable. If no hotline exists, you can leave this blank.
- **Contact: Primary Focal Point (Full name) – (Required; text):** Provide the **full name** of the **primary contact person** for this service. This is the person whom other agencies can reach out to directly for referrals or coordination regarding the service. *Format:* Text (first and last name). *Example:* Jane Doe.
- **Contact: Primary Focal Point (Email) – (Required; email format):** Provide the **email address** of the primary focal point. Double-check for accuracy, as this will be used for communication. *Format:* Standard email format (username@organization.domain). *Example:* jane.doe@ngo.org.
- **Contact: Primary Focal Point (Phone number) – (Required; text/number):** Provide the **phone number** of the primary focal point. Include a country code and area code as needed, and format it clearly. This should be a direct number where the person can be

reached for referrals (mobile preferred if they are often in the field). *Format:* Digits (with +country code if international). *Example:* +961 71 234 567 (a mobile number in Lebanon).

- **Contact: Secondary Focal Point (Full name) – (Optional; text):** Provide the name of a **secondary contact person** (backup focal point) for this service, if available. This person can be contacted when the primary is unavailable. *Format:* Text (name). *Example:* John Smith.
- **Contact: Secondary Focal Point (Email) – (Optional; email):** Email of the secondary focal point. *Format:* email address. *Example:* john.smith@ngo.org.
- **Contact: Secondary Focal Point (Phone number) – (Optional; text/number):** Phone number of the secondary focal. *Format:* Digits with country code. *Example:* +961 71 765 432.

*Note:* Secondary contact details are not mandatory, but providing them is **highly recommended** to ensure there's always someone available to take referrals or answer questions.

- **Informed Consent (Share Contact Info on Dashboard) – (Required; Yes/No):** Answer the consent question regarding **publishing contact information**. Select **Yes** if you **agree to have the provided contact details (hotline and focal points)** displayed on the public service mapping dashboard for referral purposes. Select **No** if you prefer that your contact info *not* be publicly shown (it might then only be available to coordination teams internally). *Format:* Single-select (Yes or No). *Example:* If you are comfortable being contacted by any partner via the dashboard, choose **Yes**. If there are sensitivity concerns and you'd rather not publicize contacts, choose **No**.



You are here

2026 Service mapping

Jump to

● This form is to be filled...

Contact: Hotline Number

CONTACT: Primary Focal Point (Full name)\* REQUIRED

CONTACT: Primary Focal Point (Email)\* REQUIRED

CONTACT: Primary Focal Point (phone number)\* REQUIRED

CONTACT: Secondary Focal Point (Full name)  
Please add a back-up focal point

CONTACT: Secondary Focal Point (Email)

CONTACT: Secondary Focal Point (Phone number)

✓ Save record

⌂ Save as draft

✕ Cancel

## Complaints & Feedback

- COMPLAINT & FEEDBACK mechanism in place? – (Required; Yes/No):** Indicate whether your service has a **complaints and feedback mechanism** for beneficiaries. This refers to any system through which service users can submit complaints, feedback, or suggestions (e.g., a hotline, feedback box, form, etc.). Select **Yes** if such a mechanism exists for this service, or **No** if none is available. *Format:* Single-select (Yes or No). *Example:* If your project has a beneficiary feedback hotline or suggestion box, select **Yes**.
- How are complaints/feedback collected – (Conditionally required if above is Yes; multiple selection):** *This field is only shown if you answered Yes to having a mechanism.* Specify **how beneficiaries can make complaints or provide feedback**. Choose all the methods that apply:
  - *Hotline* – if you have a phone number dedicated to complaints/feedback.
  - *Form* – if you use a paper or online form for feedback.
  - *Link* – if you have a web link/online platform where feedback is submitted.
  - *Referrals* – if complaints can be made through referrals (for example, via another agency or inter-agency referral system).
  - *Complaint box* – if there are physical complaint boxes at service sites.*Format:* Multi-select (check all that apply). *Example:* If you have both a hotline and a physical complaint box, select **Hotline** and **Complaint box**. If you only collect feedback through in-person discussions and not formally, you might have selected **No** in the previous question and thus leave this blank.

**COMPLAINT & FEEDBACK\*** REQUIRED

Do you have a complaint & feedback mechanism in place for this service?

☒ Yes

☐ No

Please indicate how complaints are made

☐ Hotline

☐ Form

☐ Link

☐ Referrals

☐ Complaint Box

**Final Tips:** Double-check all entries for accuracy before submitting the form. Ensure required fields are filled – the system may not accept your submission if any required information is missing. Providing thorough information will make the service mapping more useful for everyone. If you have questions or run into any issues while completing the template, please reach out to the coordination team for support. Thank you for your cooperation in keeping the service data up-to-date and accurate!