

Key Guidance on Remote Referrals

June 2020

Access to services for vulnerable communities is essential, and yet is a challenge to maintain during periods of restricted access to the field. Government enforced lockdowns due to concerns of transmission of COVID-19 across Lebanon combined with a fiscal, economic and health and humanitarian crisis has exacerbated already existing needs amongst vulnerable communities. Referrals remain critical to connect communities to multi-sector services to address their needs holistically. Service providers need to adapt their approach to service provision, ensuring that despite these operational constraints, vulnerable communities are able to access services in a safe, timely, and efficient manner.

This document provides guidance on remote Safe Identification and Referrals (SIR), drawing from inter-agency guidance on remote protection activities for vulnerable groups including elder persons, children at risk, children with disabilities, survivors of gender based violence (GBV), as well as two surveys conducted by DRC on access to services from beneficiaries' perspective, and by the Referral Information Management System (RIMS) on referral practices of service providers during COVID-19. This guidance aims to reinforce the [2020 Inter-Agency Minimum Standards on Referrals](#), while adapting service providers' way of working to continue to meet these guidelines, in the current context of remote work and safety risks.

This guidance is aimed at humanitarian organisations from all sectors to conduct SIR and service provision both *during* these crises when access to communities is limited, and as *preparedness measures* ahead of potential restriction of access to services in this unstable operational environment.

OVERALL ORGANISATIONAL PREPAREDNESS

Ensure strong communication channels

Ensure that **appropriate resources are dedicated to maintaining strong communication lines with communities and between partners** during remote work. Due to heavy reliance on phones to receive/send referrals, it is important to provide designated staff with work phones, sufficient phone credit, and unidentifiable private phone numbers. Staff should ensure that their **phones are functional, recharged, and that they are reachable throughout the day**. Landlines should be used whenever possible to avoid disruptions when communicating with an individual. Organisations should also consider providing financial assistance and/or phone credit to the individual to maintain communication. Specific measures need to be put in place for children.¹

¹ Please refer to Guidance note on Remote Child Protection case management developed by the National Child Protection Case Management Task Force https://unicef-my.sharepoint.com/:f/g/personal/mantossian_unicef_org/ElsW85v4mdPoXqB4ZCyZ8gBJ2DIwvVlftltzP9sKzh1A?e=HhlyI8

Follow COVID-19 safety measures

Ensure that **safety guidance is developed and widely disseminated within the organisation**, including on how to interact with beneficiary communities and deliver services in times of lockdown while maintaining safety measures. If field visits do occur during COVID-19, it is essential that minimum global standards set by WHO are implemented (i.e. protective gear, social distancing, sanitizing room etc.). Additional efforts need to be made to maintain distance from children², as they may be less likely to follow social distancing measures. Upon field visits, staff must **inform the individual of the safety measures that will be adopted during the encounter prior to any visit and ensure their full and informed consent**. If a vulnerable person is identified in the household, staff must follow the guidelines provided by the Protection Working Group on Community and Engagement with vulnerable people during COVID-19 for targeted actions.³ All staff members should be **familiar with key messages around COVID-19** and not propagate myths around the disease, and advise any individual who is showing COVID-19 symptoms or who has reported being in contact with a COVID-19 positive case to **call the MoPH COVID-19 referral hotline 01-594459**. Ensure that the hotline number of the organization is widely and systematically disseminated amongst communities through various communication channels, including innovative ones, to reach the most at risk.

Train all staff on SIR

Ensure trainings on SIR for all staff members, specifically related to GBV, Child Protection (CP) and other vulnerable groups. Use **simple, non-technical language** in all communications during the safe identification and referral process. Staff must **build on previously identified and trusted community networks, such as focal points/community leaders who serve as intermediaries to locate and access individuals**. These focal points should be trained on SIR and individuals should be informed of their role and provide informed consent. Consider **remote outreach exercises to identify new people in need**.

Abide by the Inter-Agency Minimum Standards for Referrals 2020

It is essential that guiding principles on referrals as in the [2020 Inter-Agency Minimum Standards on Referrals](#) are reinforced and measures are taken by service providers to continue to uphold these principles in the context of remote work. This includes following various **sector specific guidance on activities during COVID-19**⁴, as well as updated guidance on remote referrals. Update the **services provided by the organisation on the [Inter-Agency Service Mapping](#) on a weekly basis to support national coordination structures**. Organisations are recommended to assign focal points to update information on services as the operational context changes.

²https://unicef-my.sharepoint.com/:f:/g/personal/mantossian_unicef_org/ElsW85v4mdPoXqB4ZCyZ8gBJ2DIwvVlftIztxP9sKzh1A?e=HhyII8

³ https://www.dropbox.com/sh/c8prp4negm3qwlx/AADJYiS7gSeraQl-CWC475eVa/Plans%20%26%20Guidelines/Protection?dl=0&preview=Community+Engagement+during+COVID-19+Outbreak+-+Checklist.pdf&subfolder_nav_tracking=1

⁴ See key guidance during COVID-19 for each sector: https://www.dropbox.com/sh/c8prp4negm3qwlx/AACa_xU1iBgkLLIVE4zrxQ0oa?dl=0

REMOTE SAFE IDENTIFICATION OF VULNERABLE PEOPLE

Ensure that the individual feels comfortable to talk

When receiving a phone call from the individual, it is important first to ensure that the individual is comfortable talking to the frontliner on the phone. Individuals will likely be calling from their home, with other family members in their vicinity. If the individual does not seem comfortable to talk in these conditions, kindly request the individual to contact the frontliner again through a missed call/text/or any other means comfortable when they feel more at ease.

When the frontliner begins the conversation, **ensure that safety measures are in place**. This can be done by agreeing on a safe word in case the phone gets interrupted or if the individual no longer feels safe speaking and wants to end the call. Specific safety measures need to be taken into consideration for survivors of GBV and children at risk⁵. **The frontliner should also make sure that they are themselves in a safe and confidential space**. Information shared through the phone, just like face-to-face, is fully confidential. If the frontliner has not been trained on SIR (usual and remote), it is advised that they immediately forward the request to a colleague who is trained to do so in a safe manner.

Listen and trust the individual, and only collect information on a need-to-know basis

The conversation should start only when safety for the individual and confidentiality for the service provider can be ensured. The frontliner should properly introduce themselves, and explain the referral process, the services available, and take proper consent. When conducting remote referrals, it is highly challenging to fully understand the situation that the individual is in and to explain clearly the service provision. Therefore, it might be tempting to investigate. While clarity on the situation is essential to conduct accurate and efficient referrals, however, as per principles of data confidentiality and protection, **information on the individual should only be collected on a need-to-know basis** (i.e. only information that are relevant for the provision of specific service requested by the individual). It is best to let relevant actors with the technical knowledge, to conduct the more in-depth assessment. When in doubt, always trust what the individual is explaining or requesting.

Prioritise most urgent needs

Prioritise the needs based on the urgency of the case, as well as on the requests of the individual. It is advised to **go through the prioritisation process jointly with the individual**. Frontliners should make sure that they are familiar with the prioritization criteria shared by each sector when it comes to receiving/accepting referrals.

In the event that the individual is at **imminent risk of danger, ask if there is someone in the household that they trust to support them while you reach out to the relevant service provider**. In parallel, immediately inform the receiving agency for urgent referrals. If necessary, frontlines should reach out for support from their supervisors.

⁵ Please refer to guidance on remote GBV and CP case management during COVID-19 https://unicef-my.sharepoint.com/:f/g/personal/mantossian_unicef_org/ElsW85v4mdPoXqB4ZCyZ8gBJ2DIwvVlftztxP9sKzh1A?e=HhyII8

If details of the individual's needs are shared via email, make sure to respect all data protection measures

Make sure to send/receive only essential information about the individual, **without any identifiable information, and to encrypt the email and attached documents**. Please see the [2020 Inter-Agency Minimum Standards on Referrals](#) for more information on the process to follow.

SENDING REFERRALS REMOTELY

Explain the referral process and manage the individual's expectations on services

When introducing the referral service, provide the individual with full information on the current services available and close to them. Given the unpredictability of the current operational environment and the difficult to collect up to date information on available services, **inform the individual that there might be a delay in certain services/referrals, as some service providers suspended their activities and movement is limited**. Speak slowly and provide as much explanation as possible.

Select the agency to send the referral to, ideally in the vicinity of the individual

As many individuals still report accessing services through walking, even during COVID-19, it is advised to **prioritise referrals to agencies in the vicinity of the individual**, particularly for urgent protection cases which require the presence of a frontliner.

To send referrals to the right service provider, the frontliner should **ensure that they have access to and are familiar with the [Inter-Agency Service Mapping](#)**, which brings together all services across all geographical locations in Lebanon. If someone displays the COVID-19 symptoms, they should not be referred to a humanitarian service provider but rather should immediately call the **nationally-endorsed hotline specific to COVID-19: 01-594459**.

Ensure that the individual can continue to be reached by the agencies

Make sure that the individual is reachable through phone and let them know that they will be contacted soon by the referred agency. Double-check the individual's primary and secondary phone (i.e. back up phone or of someone they trust) numbers, and their preferred means of communication. Where possible and appropriate, provide the individual with a work phone number as well in case they need to contact the agency and the hotline number of the organisation.

Disseminate safety information on COVID-19

Before ending the call, disseminate safety information on COVID-19 and be prepared to answer questions and address misinformation about COVID-19. Be sure to inquire about the general health conditions of all household members or if any member is showing COVID-19 symptoms. It is important to use this opportunity for contact to strengthen outreach on COVID-19, by disseminating these key messages:

- Prevention of COVID-19 (handwashing, social distancing)
- How to recognize symptoms of the disease

- Modes of transmission and risks of infection
- Addressing discriminatory attitudes linking COVID-19 to certain groups in multiple formats
- Importance of preventive measures when interacting with people at risk
- Specific messages to caregivers of persons at risk, such as frequent handwashing before assisting the individual (see additional examples in Protection Working Groups guidance notes on COVID-19)
- COVID-19 referral pathways

These messages need to be explained in a **considerate, simple and non-medical manner**.

Store safely all information collected, even when at home

After filling out the Inter-Agency Referral Form (IRF), **ensure safe storage of any identifiable information about the individual in a safe place with a lock**. Documents prepared during remote referrals should be cared for in the same way as face-to-face referrals. The tracking sheet should have a protected password if it is online, or stored in a safe place somewhere in the house if it is a physical sheet. It is essential not to leave the individual's information in a public place or share the information with family members, even casually in a conversation. If the frontliner is using your personal laptop and someone else has access to their laptop at home, create a protected file to store all the beneficiary information.

RECEIVING AND FOLLOWING UP ON SENT/RECEIVED REFERRALS REMOTELY

Track referrals sent and received, to follow up in a timely manner

Once the referral is sent/received, it is highly **important to track these referrals on a tracking sheet or system, and to check that tracking sheet on a daily basis, in order to ensure timely follow up**. Referrals conducted through phones should then be summarized into an email, and input into tracking sheet or system. As needs are exacerbated in times of crisis, systematic and timely follow up on referrals is even more essential and proper tracking of this information can help.

Follow up regularly on referrals sent and received, particularly for urgent cases

Immediately inform the receiving agency when sending urgent referrals. While using referral tracking tools (such as RIMS), make sure to contact the receiving agency before or while login the referral on the System. In these urgent cases, the System does not replace a phone call. Do not await the agencies' feedback on the System, but rather **follow up regularly through phone calls until receiving feedback from the agency on whether they can provide the service**.

When receiving urgent referrals from other service providers, immediately contact the individual to conduct the assessment and inform the referring agency whether the organisation will be able to provide the service. **It is essential to provide feedback to the referring agency in a detailed and timely manner (24 hours for Fast Track referrals and 14 days for Normal referrals) so that the referring agency can re-refer to another actor if needs be**. As the operational environment is challenging, it is likely that service delivery will take more time, therefore timely and proactive follow up is essential.

Immediately re-refer when the agency is taking too long to respond or declines the referral

In case of difficulties to reach the receiving agency and/or if they decline the referral, it is essential **to re-refer the individual to another agency, ideally in the vicinity of the individual**, so that they can access it on foot. Re-referrals of Fast Track cases must be conducted within 24 hours of not hearing back from the receiving agency, or immediately after the receiving agency declines the referral, and within 14 days for Normal referrals.

Be sure that, **as long as the individual has not received the service that they need, the frontliner themselves is fully responsible for referring them to relevant actors and ensure that they ultimately do receive that service.**

Be prepared and available to respond to other agencies' referrals

Respond to referrals received from other organisations, and assess the case in a timely manner as per the [2020 Inter-Agency Minimum Standards on Referrals](#), especially for urgent cases. If it is not possible to provide the service, contact the referring agency to inform them immediately.