Hungary
Inter-Agency Minimum Standards on Referrals

Organizations and private individuals encounter refugees in need of assistance. While they play a crucial role to support in their various capacities, there are times when meeting these needs goes beyond their expertise or the scope of their programs. In such cases, there are two key options. The person or household in need can, first, be provided with information on available support, enabling them to seek assistance elsewhere on their own. Secondly, an organization or individual can act as intermediary, connecting those in need directly with other service providers, ensuring they get the help they require. This guidance is designed to establish a consistent approach to identifying needs and referring refugees to appropriate assistance, setting a minimum standard for safe and accountable referrals.

This guidance is directed at civil society and non-governmental organizations, and individuals such as volunteer coordinators working with refugees under the Ukraine Refugee Response Plan. It is essential to recognize that the primary responsibility for providing services and assistance lies with the relevant state authorities in Hungary. This document references available key state service providers in the annexed service mapping and specialized referral pathways. While this guidance is not integrated with the state system, referring entities are encouraged to adhere to the minimum standards in their interactions with state entities, in addition to other legal or administrative obligations that may apply.

What is a referral?

A **referra**l 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, scope or resource capacity of the current service provider. This process involves the coordination between at least two persons from different organizations: The **referral sender** shares the necessary personal information to ensure the person receives the appropriate care or service from the **referral receiver**.

Referral options are advertised in **specialized referral pathways** which are periodically updated by national mechanisms, or the Inter-Agency Coordination directly. Referrals of **serious child protection** cases, suspected or disclosed **gender-based violence** cases or **trafficking in human beings** and allegations of **sexual exploitation or abuse**, should always be handled based on specialized pathways.

What are other forms of directing someone to available support elsewhere?

Counselling includes informing an individual or household about available services from other organizations or state actors, to enable them to seek help on their own. If an individual or household makes the request for a service themselves directly, it is also called *self-referral*.

Even though **this is not a referral**, it is recommended that the organization/individual that counsels (intermediary) ascertains that another organization currently can receive clients. Depending on availability, a hotline number of an organization may also be provided. Counselling should include possible limitations and consequences of turning to another organization by one's own accord.

Counselling is guided by the **Inter-Agency Service Mapping** and state service mappings, as available. Annex 1 provides more information.

What are the guiding principles for referrals that organizations or individuals assisting refugees need to follow?

Obtain valid consent for the referral

- A referral must be based on valid consent, which means it must be voluntary, unambiguous and informed, and the person consenting must have the capacity to make the decision. In more detail:
  - *Voluntary:* The decision to either consent or not to consent to the referral must be made by the person and must not be influenced by pressure or fear of retaliation from any staff, friends, or family.
  - *Unambiguous:* Consent must be given by clear and explicit affirmative action. For example, a (digital) written statement or an oral statement. A pre-ticked box on a form signed by an individual, silence or inactivity should not be seen as unambiguous consent.
  - *Informed:* The person must be given all the information about what the referral to another service provider involves, including the benefits and risks, whether there are reasonable alternative solutions, and what will happen if the referral does not go ahead. This information should be given as early as possible and before the individual shares their personally identifiable information and incident details, so that they can make an informed decision about the information they wish to disclose.
  - *Capacity:* The person must be capable of giving consent, which means they understand the information given to them and can use it to make an informed decision.
- Consent can be given verbally, or in writing. In sensitive cases, such as those involving gender-based violence, written consent directly from the person should be sought, ideally. In cases where this is operationally not possible, the referral sender will still need to ensure that they can later demonstrate that consent was given (for example, through recording, or a witness).
- Consent can be withdrawn at any time, without impacting the right to assistance or other negative consequences. The person needs to be informed where they can turn for withdrawal of their consent. This applies in particular to a victim/survivor of sexual misconduct by a staff member/personnel.

There are four exceptions to this rule, relating to a person's vital interest and/or specific national legislation: (1) There are indications that a person is planning to take their own life or (2) they are planning to seriously harm the safety or life of others; (3) an adult or child is in need of emergency medical attention, and (4) a child is at risk of serious harm in accordance with Hungary's child protection signaling system.[1] In all cases such referrals can be made without informed consent, considering a person's best interest and situational circumstances.[2]

Respect confidentiality

- The process should capture and transfer only the minimum necessary and relevant information required - on a 'need to know' basis - to allow the referral receiver to respond to the referral.
- The person will be counseled on the information that will be shared by the referral sender. Do not keep it vague like 'all necessary data will be shared' - clearly spell out, like name, contact info, date of birth, etc.
- All captured information shall be collected, stored, and shared in a safe way. Staff interacting with referral data and storage files should sign a confidentiality agreement.

[1] Act XXXI of 1997 on the Protection of Children and on Childcare Administration, Article 17.
[2] As a rule of thumb, the referral sender should assume that persons with disabilities and/or mental health concerns have the capacity to provide informed consent independently (see also Annex 6). Specifics around consent and assent in cases of child referrals are covered in Annex 5.

- Any mandatory reporting procedures[3] should be explained, including their implications for limitations on confidentiality.
- Similar to the above limits to the requirement for consent, there are ethical limits to confidentiality, whether adult or child, that exist to when there is a vital interest: a) when an individual is at risk of hurting or killing themselves; b) at risk of being hurt or killed by someone else; c) at risk of hurting or killing another person; d) injured and in need of immediate medical attention. Similar consideration may be applicable to serious child protection case referrals.

Do not raise expectations

- A clear explanation of the steps of the referral process and the expected time is required, without making promises about the outcome of the referral.
- It should be ascertained by the referral sender that the services from the referral receiver exist and are available to the person in need. Referral pathways, and service maps provide necessary contact information.

Respect dignity, choices and decision-making capacities

- Throughout the interaction with an individual in need, the referral sender shall listen in a non-judgmental manner and accept the person's choices and decisions. Expressing unsolicited opinions, judgment, or blame should be refrained from. So should be negative stigmatizing attitudes and language, for example in relation to individuals in need that are perceived to belong to a specific social group.

Prioritize the safety and security of the individual

- The risks that the individual in need might face when accessing the service or assistance should be considered and communicated by the referral sender.
- Risk may change over time, and ways to seek emergency support should always be communicated, and what they imply. Specialized referral pathways give additional insights.

What considerations apply in cases of children, and for adults who disclose gender-based violence, sexual exploitation and abuse or a safeguarding concern?

Best interests of the child

- Decisions and actions aimed at addressing protection risks and needs for children (under 18 years of age) have to be in their best interests.
- Where mandatory reporting applies ("Signaling System"), permission should be sought from the child for the referral, depending on their age and maturity (assent). In an age-suitable manner, inform them of the mandatory procedures and expected next steps.
- Consent of the holder of parental responsibilities should be sought for all children, if they do not contradict the child's best interest. As for the holder of parental responsibilities, reasonable efforts should be made to verify that the person is indeed a holder of parental responsibility.
- More information on consent concerning children, see Annex 5.

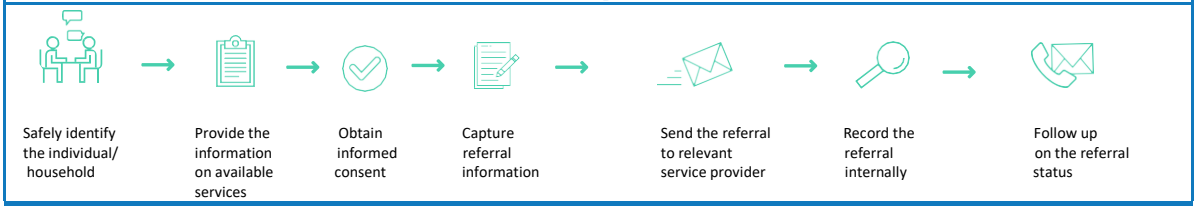
[3] There are two types of mandatory reporting: one concerns allegations of sexual misconduct (SEA – Sexual Exploitation and Abuse) for humanitarian staff within their own entities or for Inter-Agency referral. The other one refers to the Hungarian national legislation that applies for instance to child abuse ("Signaling System").

Survivor-centered approach for those at risk or survivors of gender-based violence

- The rights, wishes, needs, safety, dignity, and well-being of the adult survivor must be at the center of all measures concerning sexual exploitation and abuse, sexual harassment, and other forms of gender-based violence.

What does the Inter-Agency referral process look like in Hungary?

Referral process



Safe identification

1. Safely identify the individual/household

- Introduce yourself, prioritize 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 by themselves and need for additional support. In cases of high risk and/or compelling need, and where referral pathways are established, always offer to undertake a referral. Explain the benefits of such support and the risks of seeking help by one's own account.

2. Provide information on available services

- Refer to the established specialized referral pathways to understand what services and assistance are available in your area. Your counselling may further be guided by the Inter-Agency Service Mapping. Always ascertain that your information is correct and up to date and seek to describe it accurately.
- Inform the person about the services and assistance available which may address his/her need in a way that they can understand. 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, for further explanation.

3. Obtain valid consent (referral sender)

- Ask if he/she would like to be referred to the relevant service provider based on the information provided.
- Determine if they can understand the information and their decisions; and ensure that the decisions are voluntary and not coerced by others (e.g. family members, caregivers or even services providers).
- If consent is not obtained, do not proceed with the referral. Instead, explain how to access the service if they change their mind at a later stage.
- Always explain that a person can withdraw their consent to participate in the process or receive a service at any time, without impacting their right to assistance. This applies in particular to victims/survivors of sexual misconduct by a staff member/personnel.
- Limitations to consent may apply in cases of risk to one's life including a medical emergency, risk of life to others, and cases of serious child endangerment in line with the signaling system.
- Additional consideration for children and for adults with impaired capacity, respectively, is given in the Annexes of this guidance note (see Annex 5 and 6).
- The Inter-Agency Standard Referral Form may be used to record written consent (Annex 4).
- A person may believe that a referral was made to which they did not consent to. Organizational complaint mechanisms should always be made known to all individuals that an organization is in contact with.

Referral management

4. Complete the referral information (referral sender)

- Capture the referral information to be transmitted to the referral receiver, to the minimum extent required for them to initiate the service delivery.
- Determine how quickly the referral receiver needs to respond and convey this to them.
- You may use the Standard Inter-Agency Referral Form, or your organization's internal equivalent.

5. Send the referral information to relevant service provider (referral sender and receiver)

- Send an email with the referral information to the relevant service provider. The service provider should also be contacted directly by phone (or otherwise if feasible) to speed up the response.
- To respect data confidentiality, the referral should be sent securely. Use an encrypted format, where the IT systems allows it. Use password protection in documents in cases where emails are sent to a referral receiver not using encryption email mode. A password should be sent in a separate email or by phone. Only the focal point(s) for this service should be copied in the email, as determined by the organizational data protection policy and referral pathways.[4]
- Consider sending the referral immediately when protection concerns warrant to do so. Otherwise, it is good practice to send a referral within 24 hours.
- For complex cases, an organization may draw on the expertise of a specialist inside or outside their organization for advice - without sharing any identifying information when discussing the case. The refugee coordination team may also be contacted for advice regarding referral options in complex situations. This is strictly distinct from other forms of professional support or supervision, for example in the frame of a case conference.
- The referral management for cases of alleged sexual exploitation and abuse/ or child safeguarding, is outlined below.

6. Record the referral made (referral sender and receiver)

- It is advised to record referral information including feedback received from the referral receiver and follow-up actions made in your internal system (if available) that complies with data protection laws.

7. Follow up on the status of the referral (referral sender and receiver)

- 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 a reasonable timeframe via phone, email, or in-person until the acceptance of the referral is ascertained. Possible referral status options are:
  - ✓ Referral Acknowledged and Accepted: the receiving service provider acknowledged receipt of the referral. They said that the referral is well-received, and that they will now proceed to contact the person in need of the service, to conduct the assessment, and decide whether they can provide the service.
  - ▫ Referral Accepted/Not Accepted: the receiving service provider has conducted the assessment of the person's Protection need and conclude that they can/cannot provide the service. Using those statuses may be helpful to track the status of each referral and ensure appropriate and timely follow-up.
  - × No Feedback Received: the referral was sent to the service provider, but the service provider did not pick up the phone/respond to the email of the referral.
- In instances where, despite follow-up, no feedback is received from the receiving agency (referral receiver), the referral sender should send the referral to another service provider.

[4] UNHCR is an available source for providing information on available safe IT solutions, including low-cost ones.

What are specifics of the referral management for cases of alleged sexual exploitation and abuse or safeguarding?

Referral management for sexual exploitation and abuse (SEA allegations) and will follow different pathways, according to three possible scenarios detailing how a complaint may be received.[5]

1) Complaint received implicates a person with a contractual link (including a community volunteer, mobilizer, supplier, partner, etc.) with your own organization: The internal PSEA/Safeguarding procedures of your organization should be followed, in accordance with a Victim/Survivor-Centered Approach.

2) Complaint received implicates personnel affiliated with a different organization, or the subject of the complaint is unknown but from a known organization, or the complainant is anonymous: Firstly, follow the same path as point 1 above. Secondly, the internal PSEA or Safeguarding Focal Point/trained staff should then complete the referral form and refer to the PSEA FP of the concerned organization.

3) The organization of the alleged perpetrator is unknown or unclear: The PSEA/Safeguarding Focal Point or trained staff should complete the referral form and share with the Interagency PSEA Coordinator[6], based on informed consent by victim/survivor. The PSEA Coordinator will undertake a basic inquiry (not an investigation) and refer the complaint to the concerned entity, then cease the inquiry as soon as the entity of the perpetrator can be identified. If the perpetrator's entity cannot be identified, the PSEA Coordinator will refer the complaint to the Refugee Coordinator (UNHCR Representative) for support and guidance.

Always remember:

- The referral sender's responsibilities lie in providing a safe, caring environment and respecting the confidentiality and wishes of the survivor/complainant when receiving a direct complaint. They are to explain mandatory reporting obligations and provide counselling on the available solutions.
- It is NOT the responsibility of personnel receiving a SEA complaint to ascertain whether or not the allegation is true or to make any investigation into the allegation, in order to make a referral. It is their responsibility to report the allegation via the agency's established PSEA/Safeguarding reporting procedure.

- The PSEA/Safeguarding Focal Point (or alternate designated person) in the referral receiving organization should identify whether the complainant/survivor has received assistance through trusted assistance mechanisms, preferably via pre-established pathways, within 24 hours, and follow-up to resolve any blockages in case assistance has not yet been provided.
- The internal PSEA/Safeguarding procedures of the relevant organization should be followed to ensure all relevant actions are taken.

[5] The list of Safeguarding/PSEA Focal Points can be found here or can be sought from the PSEA Resource Hub's Coordinator or a designated alternate actor, should the PSEA Coordinator no longer be present.
[6] or alternate person, in case the Interagency PSEA Coordinator and the PSEA Resource Hub are no longer active.

Annex 1: The Inter-Agency Service Mapping

The Inter-Agency Service Mapping was launched in February 2023 and shows in an interactive way what services are provided in the different counties across Hungary, with the possibility to filter by sector, service, and location in its public version. Besides general contact details, key contact information is available to facilitate communication between organizations (the partners can indicate if the information are public, otherwise they are listed only on the internal, password protected pdf excerpt of the database that is circulated among the registered partner organizations. Please e-mail hunbuim@unhcr.org if your organization wishes to register).

The mapping facilitates service counselling and self-referrals, but also helps to avoid duplication in the response. This is key given the current funding landscape and the multiple humanitarian crises ongoing in the world. Although the data can be updated 24/7 by logging in to the database, the pdf is circulated on a quarterly basis.

In February 2025, UNHCR and the Hungarian Red Cross organized a workshop to discuss the purpose of service mapping, its current usage, related challenges and preferences, as well as the fundamental difference with referral pathways. An updated, translated and simplified service mapping proved to be of significant interest, and increased uptake is expected as the results will from now on be shared in a pdf format via email as well.

The service mapping can be accessed as follows:

- Data entry form (ActivityInfo)
- Service mapping dashboard (public information on the Operational Data Portal)
- Public list for the refugee audience (UNHCR Help site)

Annex 2: Specialized Protection Referral Pathways

❖ Gender-Based Violence

In 2023, the Inter-Agency Coordination established the gender-based violence referral pathway, meant to guide all actors to refer GBV survivors and those at-risk. The latest version is publicly available on the Operational Data Portal.

❖ Child Protection

In 2023, the Inter-Agency Coordination established the Child Protection referral pathway, meant to guide all actors encounter and intend to refer children at risk. The latest version is publicly available on the Operational Data Portal.

Presently in Hungary, the so-called signaling system institutions provide care and different services to enforce children's right to protection from abuse. These institutions work according to a set of uniform principles to prevent and eliminate the vulnerability of children.

A Q&A developed by the Hungarian Child Protection Sub Working Group on the Hungarian signaling system is available here.

❖ Mental Health and Psychosocial Support

The updated referral pathway for refugees in need of mental health and psychosocial support in Hungary is under development in 2025. They will be linked in this document when available.

Annex 3: Other complementary guidance on service referrals

❖ Services for children with development delays and disabilities

In 2023, the Inter-Agency Coordination established guidance for Temporary Protection Status Holder Parents about the Services and Educational Opportunities for Children with Developmental Delays and Disabilities. It is available on the Operational Data Portal.

Annex 4: The Inter-Agency Standard Referral Form

CONFIDENTIAL

Consent to release information

I, _____(person name), understand that I am giving _____ (name of referral sending organization) permission to share specific information that includes identifiable information with the service provider(s) I have indicated. I understand that shared information will be treated with confidentiality and respect and shared only as needed to provide the assistance I request. I understand the referral procedure and the exact information that is to be disclosed.

I understand that releasing this information means that a person from the organization or service indicated below may contact me. At any point, I have the right to change my mind about sharing information with the designated organization(s) / focal point listed below. I would like information released about the following referral:

(specify name of referral receiving organization)

(specify ways to contact the client, if at all)

By signing this form, I authorize this exchange of information: Yes () No ().
I have taken note of the following contact, which I can use to withdraw my consent: _____
(email address or alternative contact, of the referral sending organization's referral focal point)

Signature[7]:

Date:

Indication of assent from the child (if applicable)[8]: Yes () No ().

[7] Signature of the caregiver if person is a child. Indicate if assent of the child was obtained.
[8] Obtain assent of the child in addition to the caregiver's consent. Sign on behalf of them if assent is given verbally and they cannot sign.

Personal information[9]	
Name:[10]	Age:
Relevant contact details:	Legal status:
Nationality:	Language needs:
Caregiver name (if applicable):	
Services requested / explain information necessary to complete the referral	
Please explain any requested services / information ready to be released:	
Details of Referral (mark as applicable)	
Follow up expected via: ( ) Phone ( ) Email ( ) In-Person By date (DD/MM/YY):	
Any preferred modalities and details of (re-)contacting? If so, please explain:	

Annex 5: Guidance on informed consent for child referrals

- Typically, informed consent for a referral in the case of a child, who is everyone under 18 years of age, is received from the person holding parental responsibilities. If not contradicting the child best interests, such consent from the holder of parental rights should always be sought. Reasonable steps should be undertaken to verify the identity of the parental rightsholder, and to validate their right to consent.
- A child has the right to be involved in decisions that affect them, keeping their age and maturity in mind. The expressed willingness of a child to participate in a referral, or service, is referred to as *assent*. It should generally be sought for children old enough to understand and agree to participate in services.
- In cases of serious child abuse where the Hungarian Signaling System applies, providing informed assent is equally recommended, depending in situational circumstances. If it is inappropriate to involve the child's parent or primary caregiver (in instance of abuse), informed assent should be sought from the child without involving the parent or primary caregiver. However, signaling may happen even in the lack of assent / consent.

Table: Overview of informed consent/assent for different age groups[11]

Age range	Child	Caregiver	If no caregiver or not in the child's best interests[12]
0-5	Not applicable	Informed consent	Other trusted adult's or social worker's informed consent, in line with their legal obligation under Hungarian law for cases that fall under the signaling system.
6-11	Informed assent	Informed consent	Other trusted adult's or social worker's informed consent, in line with their legal obligation under Hungarian law for cases that fall under the signaling system.
12-14	Informed assent	Informed consent	Other trusted adult's or social worker's informed consent, in line with their legal obligation under Hungarian law for cases that fall under the signaling system. For other cases, the child's view should take due weight according to maturity level.

[9] This selection is based on typically captured minimum data, but it might not be necessary for all cases
[10] If referred person is a child, indicate name of child, and of the caregiver including relationship.
[11] Adapted from Caring for child survivors of sexual abuse guidelines, IRC and UNICEF (2023), p. 97
[12] Including if the case falls under the Signaling System

15-17	Informed assent/informed consent for over 16	Obtain informed consent with child's permission	Other trusted adult's or social worker's informed consent, in line with their legal obligation under Hungarian law for cases that fall under the signaling system. For other cases, the child's view should take due weight according to maturity level.[13]

Annex 6: Note on informed consent of persons with disabilities or mental health concerns

- In Hungary, someone's legal capacity to consent is presumed until proven otherwise (for example with a court decision).[14] The referral sender should always assume that all persons with a disability (including those with intellectual disabilities) or a mental health concern have the capacity to provide informed consent or, in the case of a child, informed assent.
- It is the referral senders responsibility to:
  » ask the non-offending caregiver or another trusted adult or family member for guidance on communicating with the person in need;
  » adjust communication using a range of styles;
  » ask the person if there is someone they would like to support them with communication;
  » make decisions based on the best interpretation of the person's will and preferences, and, in the case for children, in accordance with their age, development and understanding.
- The referral sender may also contact a specialized state actor, service provider or an organization of persons with disabilities to ask for support in how to effectively communicate with the client if needed but should not reveal identifying information.
- 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.
- It is advised to involve the person in determining the appropriate means of communicating to them; and offer information in a form they will understand (with the support e.g. of pictures, symbols, sign Language, gestures). Where appropriate, another person who knows the person best, such as their caregiver, can be consulted 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 not automatically legally permitted to consent to or refuse a service on behalf of a person.
- In cases of court-based altered legal capacity in adults, all reasonable efforts should be made to establish contact with the person holding caregiving rights, initiating cross-border tracing if needed, unless there is a serious concern for the individual's safety or wellbeing. In cases where tracing is not successful, the individual should be considered capable to consent based on the information given in this guidance. The individual should be asked to allow a referral to a legal expert who may work with state entities to review the current living and care arrangement and find a solution in the best interest of the individual in need of a service or assistance.

Informed Consent for individuals with disabilities or with mental health conditions[15]:

1. **Assume Capacity**
2. **Provide information** in a way the individual will understand.
3. **Allow time** for the individual to think and ask questions.

[13] Minors between 14 and 18 generally are allowed to make "everyday life" legal declarations and transactions, and transactions and declarations, which are solely for their benefits (under the Civil Code Article 2:12). GDPR consent for data processing is valid from the age of 16 and Hungary does not defer from this rule. This table recommends obtaining consent from the holder of parental responsibility until age 18, but give due weight to the child's view.
[14] Reference to: Act V of 2013 on the Civil Code, Article 2:8.
[15] Reference to: Applicants with Mental Health Conditions or Intellectual Disabilities in UNHCR RSD Procedures | UNHCR I Refworld (2020)

4. **Observe communication methods:** If the individual does not speak, look for alternative ways they can indicate agreement or disagreement (e.g., gestures).
5. **Ask about preferred communication methods** (e.g., gestures, writing, sign language, support persons). If feasible, facilitate these means, including scheduling another meeting if necessary.
6. **Does the individual remember the information?** Can they repeat it back in their own words?
   - **Yes** → Go to step 7.
   - **No** → Repeat steps 2-4. If understanding is still not achieved, proceed to step 12.
7. **Does the individual understand they have options?** Can they describe them?
   - **Yes** → Go to step 8.
   - **No** → Repeat steps 2-4. If still not understood, go to step 12.
8. **Does the individual understand risks and benefits of each option?**
   - **Yes** → Go to step 9.
   - **No** → Repeat steps 2-4. If still not understood, go to step 12.
9. **Does the individual understand the consequences of not receiving services?**
   - **Yes** → Go to step 10.
   - **No** → Repeat steps 2-4. If still not understood, go to step 12.
10. **Assess coercion:** Is the individual being influenced by others (e.g., caregivers, family members)?
    - **No** → Go to step 11.
    - **Yes** → Go to step 12.
11. **Can the individual explain the reason for their decision?**
    - **Yes** → Follow the informed consent process.
    - **No** → Go to step 12.
12. **If informed consent is not possible**, determine the individual's will and preferences based on available information. Document:
    - Steps attempted but not achieved
    - Who was consulted in making the decision
    - Potential positive and negative outcomes on the individual's well-being
13. **Is this the least harmful course of action?**
    - **Yes** → Go to step 14.
    - **No** → Seek supervisor advice before proceeding to step 17.
14. **Explain the decision** to the individual in a way they can understand.
15. **Allow time** for them to think and ask questions.
16. **Use the preferred communication method** to confirm understanding and agreement.
17. **Is the action aligned with the individual's wishes?**
18. **Carry out actions** based on the best interpretation of the individual's will and preferences.

Annex 7: Frequently asked questions

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. A *self-referral* may happen when an individual or household makes a request for assistance directly to the service provider themselves, for example 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.
- A person may also believe that a referral was made to which they did not consent to or raise a grievance about another aspect of the referral process. Organizational complaint and reporting mechanisms should therefore always be made known to all individuals that an organization is in contact with as part of the organizations commitment to Accountability to Affected Populations.

What if I am a receiver of a referral and when contacting the case, I find the initial assessment by the organization to be incomplete, or incorrect?

- The basis of the referral is the expressed need by the individual, and the information available to any referral sending organization about referral options including intake criteria. Before

undertaking the referral, the referral sender has the obligation to ascertain that a service is clearly explained to the individual in need, and understood, and that the service is available, open to receive clients, and accessible to the individual. The referral receiver has the obligation to report incorrect or incomplete referrals to the referral sender, as soon as possible. The accountability in this case continues to lie with the referral sender, for finding an alternative solution.

- Strengthening the effectiveness of referral pathways is a process over time. Thus, it is important to periodically share feedback about the general quality of the referrals bilaterally between organizations. At the same, the Inter-Agency Coordination Mechanism relies on feedback regarding gaps and challenges and has the responsibility to facilitate capacity building of all actors. The respective focal points shall be contacted for feedback.