



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 provider¹.

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

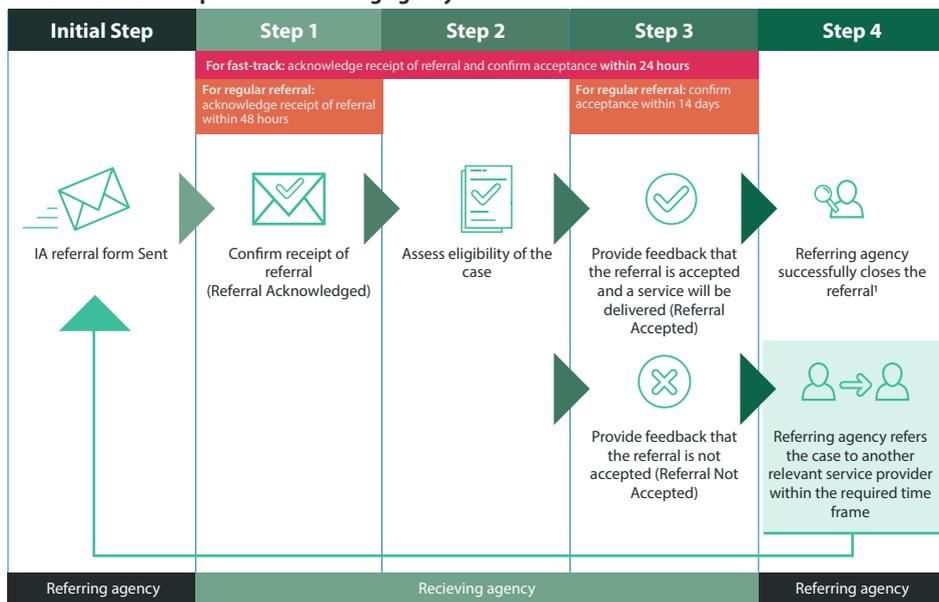
- Record referral information including feedback received from the receiving agency and follow-up actions made in your individual referral management system (if available) or in your password-protected individual referral Excel tracking sheet. You should keep track of the referral until the final status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

¹ For 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
 - 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.
 - The right to refuse to answer any question they prefer not to.
 - The right to ask questions or ask for explanations at any time.
 - The right to be asked for consent when conducting an onward referral by an agency.

ANNEXES

Annex 1: FAQs

Annex 2: Guidance on Informed Consent

Annex 3: Inter-Agency Referral Form

Annex 4: Inter-Sector Service Mapping

Annex 5: Inter-Agency Referral Monitoring Platform

ANNEX 1: FREQUENTLY ASKED QUESTIONS

→ WHAT IS AN INDIVIDUAL REFERRAL MANAGEMENT SYSTEM?

An **individual referral management system** provides organisations 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 include the Referral Information Management System (RIMS) which was developed by DRC in 2017, and Refugee Assistance Information System (RAIS) which was developed and is used by UNHCR and some of its partners.

Organisations 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. Through the manual extraction of this data, reporting and analysis of non-identifying referral can be done.

→ WHAT IS THE ROLE OF THE INTER-AGENCY COORDINATION GROUP IN REFERRALS?

The IA Coordination Group is not directly involved in the referral management of individuals / households 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 referral process between agencies and promotes accountability to affected populations, through:

- Developing and regularly reviewing the IA minimum standards for referrals and promote compliance to these standards;
- Ensuring that accurate and up-to-date information on available services and assistance across sectors and regions is accessible in order 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 programme adaptation.

→ WHAT IS THE DIFFERENCE BETWEEN AN INDIVIDUAL/HOUSEHOLD 'CASE' AND A 'CONCERN' AT COMMUNITY LEVEL?

A referral can be made for both an individual/household 'case' and a community level 'concern'.

An individual/household 'case' is where an individual or household has been, or is being affected by circumstances that have increased their vulnerability. A community level 'concern' is a general issue increasing the vulnerability of the community as a whole. They derive from a range of factors that contribute to increased vulnerability for the community. Some service providers only respond at an individual and household level, while others respond at a community level.

	Concern (Community Level)	Case (Individual/Household Level)
Reported by	Community leader, individual or group, other service providers	The individual or household most affected by a specific act or circumstance and/or (in cases other than SGBV) someone close to the individual most affected by a specific act or circumstance
Nature of report	Community leader says: "many children in the area are increasingly getting sick and diarrhea possibly due to a contaminated water source."	Woman says: "My newborn baby is severely sick for more than three days, he has extremely bad diarrhea and will not eat anything. This might be from the water I am using in his formula but I have no other choice"
Appropriate support	Pass on information about the protection concern to the WASH focal point in your area.	Provide information about the health care services provided in the area and, if informed consent is received, refer the case to services.

→ WHAT IS THE DIFFERENCE BETWEEN A 'COMPLAINT' AND A '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



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.

ANNEX 3: INTER-AGENCY REFERRAL FORM

This IA Referral Form has been updated in April 2020. In order to make a referral, staff must complete this IA Referral Form.

Priority أولوية	Date of identification تمت الإحالة عبر	Date of referral تاريخ الإحالة
<i>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.</i>		
<input type="checkbox"/> Fast-track (high risk) - serious imminent risk to personal safety (life-threatening situation) requiring immediate intervention within 1-48 hours <input type="checkbox"/> Regular (medium/low risk) - likelihood of serious risk to personal safety requiring speedy intervention within 1-14 days		

Referred By الإحالة إلى	Referred To الإحالة
<i>Insert the contact information for the referring agency.</i>	<i>Insert the contact information of the agency you are referring to.</i>
Sector: Agency/Center: المنظمة/المركز الصحي Location: المنطقة Focal Point Name: جهة الاتصال Email: Phone: رقم الهاتف	Sector: Agency/Center: المنظمة/المركز الصحي Location: المنطقة Focal Point Name: جهة الاتصال Email: Phone: رقم الهاتف

Case Information (only include if consent has been obtained) معلومات العميل		
<i>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.</i>		
<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Name: الإسم Address: العنوان Phone: رقم الهاتف Preferred method of contact: Preferred day/time of contact: </td> <td style="width: 50%; vertical-align: top;"> UNHCR Case Number: رقم الملف لدى المفوضية السامية للأمم Age: العمر Sex: [F] [M] الجنس [ذكر] أو [أنثى] Additional: </td> </tr> </table>	Name: الإسم Address: العنوان Phone: رقم الهاتف Preferred method of contact: Preferred day/time of contact:	UNHCR Case Number: رقم الملف لدى المفوضية السامية للأمم Age: العمر Sex: [F] [M] الجنس [ذكر] أو [أنثى] Additional:
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ANNEX 3: INTER-AGENCY REFERRAL FORM

Caregiver information (when case is a minor (below 18 years) / for adults who usually have a caregiver)

إذا كان العميل قاصراً

Remember: if it is not appropriate to involve the child's caregiver (for instance if the caregiver is involved in the abuse), informed assent should be sought from the younger child.

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)

Needs for specific services and assistance

الاحتياجات الخاصة

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.

إذا واجهت إحدى الحالات التالية، يرجى إحالة الملف وفقاً للإجراءات المحددة

- 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، ضحايا / أو المعرضين للإساءة أو الإهمال/ العنف ، المسؤولين عن رعاية أشقائهم من دون وصي، رب(ة) الأسرة، المنفصلين عن الأهل البيولوجيين/ غير المصحوبين من قبل وصي قانوني، المستخدمين في أسوأ أشكال عمالة الأطفال - على سبيل المثال: عمل الأطفال في الشوارع، والعمل الاستغلالي، والعمل الخطير جسدياً، وما إلى ذلك - الضحايا / المعرضين لزواج الأطفال

- SGBV (Prevention and response including safe spaces and psychosocial support).** This can include survivor/ at risk of physical and/or psychological violence, abuse or neglect, exploitation, early marriage, trafficking.

المساجات الآمنة والدعم النفسي والاجتماعي (خدمات الوقاية والاستجابة للعنف المبني على أساس النوع الاجتماعي): يمكن أن يشمل الضحية / المعرضة) لخطر العنف الجسدي و / أو العنف النفسي، الإساءة أو الإهمال، الاستغلال، والزواج المبكر الخ

- Legal:** This can include family members arrested / detained / at risk of deportation, or in need of mediation with landlord, employer, service provider or support for other legal issues (i.e. residency, birth or marriage registration).

قانونية: يمكن أن يشمل أفراد الأسرة الموقوفين / المعتقلين / الصادر بحقهم(ا) أمر مغادرة، في حاجة إلى الوساطة مع مالك الأرض/البيت أو صاحب العمل أو مزود الخدمة أو الحاجة إلى الدعم الفردي في المسائل القانونية (أي تسجيل الإقامة أو الولادة أو الزواج)

- Protection:** This can include persons with specific needs, such as older person or person with disability or person with serious medical condition unable to care for self and/or lacking a caregiver, single parent caring for dependents (<18 years or adult who needs a caregiver), persons facing specific protection risks (e.g. risk of eviction, security incident or harassment).

الأشخاص ذوي الاحتياجات الخاصة: يمكن أن يشمل الشخص المسن غير القادر على الرعاية الذاتية، الأسرة ذات الوالد الواحد المعيل للقاصرين ما دون 18 سنة والمسنين، أو الشخص ذو الإعاقة الذي يفتقر إلى مقدم الرعاية و / أو غير قادرة) على رعاية نفسه، والأفراد الذين يواجهون مخاطر حماية معينة (مثل خطر الإبعاد، المضايقة من قبل أفراد المجتمع / السلطات، وغيرها)

- 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)

المساعدة الأساسية/المساعدة الغذائية: يمكن أن تشمل أرقام 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

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 enroll in short term vocational trainings (b) willing to engage in agricultural seasonal/casual labor. 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.

Health: This includes individuals in need of primary and secondary healthcare (not otherwise covered by UNHCR/NEXtCARE) and in need of specialized mental health services.

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)

Education: This includes children not attending school or at risk of dropping out from school, or community learning spaces, rejected enrolment of children by public school. It also includes children and youth who have specific learning needs or are in need of other 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 اللفظية من قبل المعلمين أو أقرانهم في المدارس العامة، ورفض تسجيل الأطفال في المدارس الحكومية. ويشمل أيضا الأطفال والشباب ذوي الاحتياجات الخاصة أو المحتاجين إلى دعم تعليمي أو إحالة إلى الخدمات المتخصصة

Shelter: This can include new arrivals/homeless/eviction cases with no shelter, bad shelter conditions in informal settlements, residential and non-residential structures, heavy flooding 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 / الغمر الشديد في المستوطنات غير الرسمية، والملاجئ المدمرة بسبب الحريق أو الأخطار الطبيعية

Livelihoods: This can include vulnerable Lebanese in needs of financial services (financial literacy, savings and loans) or vulnerable individuals or households (a) in need of financial literacy and savings (b) willing to enroll in short term vocational trainings (c) willing to engage in Labour Intensive Projects; 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 اللبنانيين الضعفاء المحتاجين إلى خدمات المالية (الالمام بالأمور المالية، الإيداع والقروض) أو الأفراد أو الأسر الضعيفة (أ) المحتاجين إلى الالمام بالأمور المالية والإيداع (ب) المستعدين للتسجيل في دورات تدريبية مهنية قصيرة المدى، (ج) المستعدين للانخراط في مشاريع العمل المكثفة، تطبيق الشروط والأحكام بالنسبة لغير اللبنانيين بحسب القوانين، القواعد، والأنظمة اللبنانية. على سبيل المثال يقتصر عمل السوريين على القطاعات التي تحددها قرارات وزارة العمل. يجب أن يكون التركيز على النساء والشباب

Case Narrative

معلومات حول خلفية / سبب الإحالة: (وصف المشكلة، مدتها، مدى تكرارها، وما إلى ذلك)

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 SGBV, CP and Protection case management, do not provide details of the case or incident.

Consent to Release Information

(الموافقة على مشاركة المعلومات (اقرأ مع العميل(ة) وأجب عن أي أسئلة قبل أن يوقع/توقع أدناه)

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.

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.

إن مقدم الخدمة، _____، قد شرح لي بوضوح إجراءات الإحالة وأدرج المعلومات المحددة التي منحت موافقتي على مشاركتها. من خلال التوقيع على هذا النموذج، أوافق على مشاركة المعلومات مع مقدم(ي) الخدمة المحددة لغاية تقديم المساعدة لأسرتي و / أو نفسي

Signature of Individual/Caregiver:

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.

Individual is informed of available service options and consents to go ahead with the referral? Yes No

(If no, explain) _____

هل تم إبلاغ العميل بالإحالة؟ نعم كلا (إذا كان الجواب كلا، الرجاء الشرح)

Individual has signed consent to release information? Yes No (If no, explain)

هل وقع(ت) العميل(ة) الموافقة على مشاركة المعلومات؟

نعم كلا (إذا كان الجواب كلا، الرجاء الشرح)إحالات الخط الساخن

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

هل هنالك أي قيود على الإتصال أو غيرها؟ نعم كلا (إذا كان الجواب كلا، الرجاء الشرح)

Any risks or immediate safety concerns observed/expressed? Yes No (If yes, explain) _____

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)

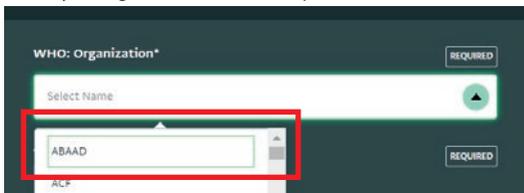
Frequency: Once monthly.

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

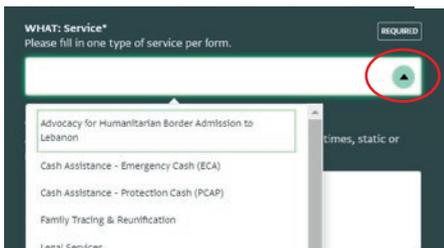
1. Log into <https://v4.activityinfo.org/>, go to *0. Lebanon Service Mapping*.
 - a. If you do not see this, please contact your sector IM at national or field level.
 - b. If you do not have an account please send an email to your Sector IM at national or field level who will set one up for you.
2. 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'



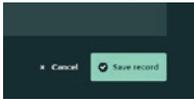
6. Select your organization from the drop-down menu:



7. 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'



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



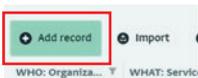
→ Reporting Guidance for complaint and feedback mechanisms (who, what, where)

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.

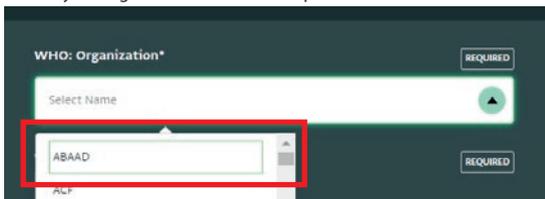
Who: Reporting Focal Points – (Activity Info Focal Points, IM Focal Points)

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

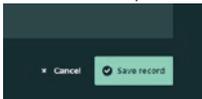
1. Log into <https://v4.activityinfo.org/>, go to *0. Lebanon Service Mapping*
2. Select *Complaint & Feedback Mechanisms* (Who, What, Where)
3. Select 'Add record'



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



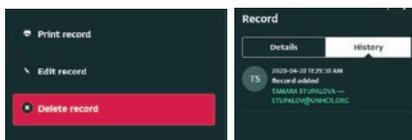
5. Fill in all the 'required' fields for your service, and click on 'Save record' in the bottom-right / top-right corner



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'



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



For technical support questions please reach out to Tamara Stupalova, stupalov@unhcr.org and/or your sector IM officer at national or field level.

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 practice 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. The referral analysis that will be generated will be complemented by data from the RAIS and RIMS individual referral systems. This will provide a more detailed analysis of referral trends to better understand blockages in assistance and 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 for services and assistance

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	Reporting Period
January, February, March (Q1)	April 15, 2020	You will no longer be able to report for the quarter once the reporting deadline has closed.
April, May, June (Q2)	July 15, 2020	
July, August, September (Q3)	October 15, 2020	
October, November, December (Q4)	January 15, 2021	

Reporting Requirements:

You will report on the final status of the referrals made at the end of the three month reporting period. There are 4 reporting categories in line with the Minimum Standards on Referral;

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, NGO is at maximum capacity, lost contact with individual/households)

- **The number of referrals made is reported not the number of cases.** This means that if you send two referrals for the same case you will record the two referrals. Example: If you make a referral to agency A, but they were not able to accept the referral, and you send the referral to agency B and they accept the referral. This should be reported as **two separate referrals**.
 - Referring agency reports -> 1 referral (to agency A) = Referral Not Accepted
 - 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.**
 - On 10 March, a referral was made to Agency A, but no feedback has been received by the reporting deadline. The status of the referral will be 'no feedback received'.
 - On 6 February, a referral was made to Agency A, the referral was acknowledged by the receiving agency on 10 February. On 20 February, the receiving agency confirmed acceptance for the referral. The status of the referral at the reporting deadline would be reported as 'Referral accepted'. It is the most recent status of the referral which will be reported in the database.
- **Only referrals made in the reporting period should be recorded.**
 - A referral made on 31st March should be recorded in quarter 1 on April 15th.
 - A referral made on 2nd April, should be recorded in quarter 2, on July 15.

Reporting Steps:

1. Log into <https://v4.activityinfo.org/>, go to the database *LCRP 2020 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 organisation, the governorate you are reporting on, and the reporting period. You are reporting on referrals made in the last three months. You will need to select the month you are reporting in which represents the previous quarter (ie. Q1 you will select April, Q2 you will select July).

You will need to fill a new form for each governorate.

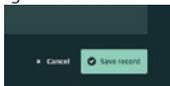
5. Click on the sector you want to report referrals to. Enter the total number of referrals made to this sector within the governorate in the past 3 months.

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

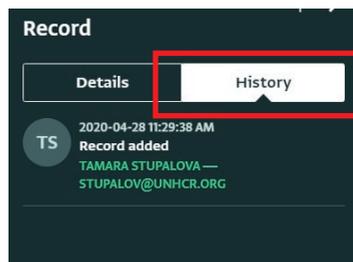
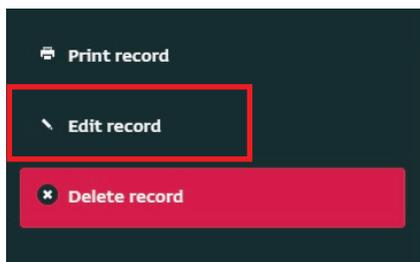
- No Feedback Received
- Referral Acknowledged
- Referral Accepted
- Referral Not Accepted

You should verify the numbers are correct: "Total referrals to Shelter" 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'.

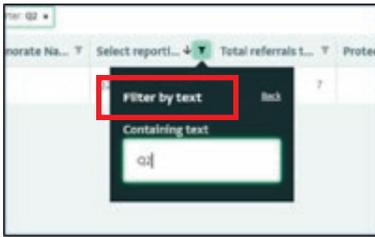
7. Once complete for all sectors within the specific governorate, click 'Save record' Repeat this process for the other governorates.



8. Once saved, you can amend any record you make by clicking your input, which will open up a menu on the right hand side. Scroll down and select 'edit record'. You can also click on any record, to track who has edited this record and when, under the 'history' tab.



9. You can use the “filter” buttons to filter for a specific quarter or a governorate, for example:



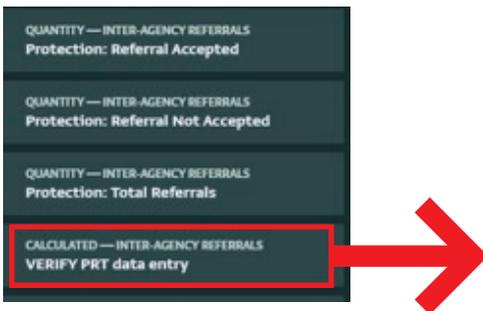
DATA VERIFICATION

As mentioned, the ‘Total referrals to Shelter’ 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’

1. You can verify if you have done your data entry correctly in the following way:
2. Go to “Select columns” on the top bar



3. And drag the “Verify PRT data entry” tab from “Available columns” the right hand side (“Selected columns”). It will now appear in your database view.



4. You will know that you have entered your data correctly if the status under this column says “correct”.

Protection: Ref...	Protection: Tot...	VERIFY PRT dat...
0	7	correct
7	4	incorrect

5. 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.