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

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

### WHAT IS A REFERRAL?

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

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

### WHAT ARE THE GUIDING PRINCIPLES?

<table>
<thead>
<tr>
<th>Principle</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Respect Confidentiality</strong></td>
<td>By only sharing disclosed information and only allowing access to it after informed consent from the person is obtained.</td>
</tr>
<tr>
<td></td>
<td>By ensuring information is collected, stored and shared in a safe way.</td>
</tr>
<tr>
<td></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Obtain Informed Consent</strong></td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>By ensuring the person has the capacity, maturity and adequate information to know what they are agreeing to.</td>
</tr>
<tr>
<td></td>
<td><strong>There are only three exceptions to this rule:</strong> 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.</td>
</tr>
<tr>
<td><strong>Do Not Raise Expectations</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Respect Choices and Decision Making Capacities</strong></td>
<td>By listening in a non-judgmental manner, and accepting the persons choices and decisions. This is particularly important for survivors of gender-based violence.</td>
</tr>
<tr>
<td><strong>Prioritize The Safety and Security of The Individual First</strong></td>
<td>By considering and communicating the risks that the person might face when accessing the service or assistance.</td>
</tr>
</tbody>
</table>
REFERRAL PROCESS

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.

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

<table>
<thead>
<tr>
<th>HIGH RISK (FASTTRACK)</th>
<th>MEDIUM / LOW RISK (REGULAR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serious imminent risk to personal safety (life threatening situation) requiring immediate intervention within 1-48 hours.</td>
<td>Likelihood of serious risk to personal safety requiring speedy intervention within 1-14 days.</td>
</tr>
</tbody>
</table>
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.

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

<table>
<thead>
<tr>
<th>REFERRAL STATUS</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO FEEDBACK RECEIVED</td>
<td>Referral sent, receiving agency has not confirmed receipt of referral.</td>
</tr>
<tr>
<td>REFERRAL ACKNOWLEDGED</td>
<td>Receiving agency confirmed receipt of the referral.</td>
</tr>
<tr>
<td>REFERRAL ACCEPTED</td>
<td>Receiving agency provided feedback that the referral is accepted and a service will be provided)</td>
</tr>
<tr>
<td>REFERRAL NOT ACCEPTED</td>
<td>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)</td>
</tr>
</tbody>
</table>

- 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.
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.
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.

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 adaption.

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

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.

<table>
<thead>
<tr>
<th>Concern (Community Level)</th>
<th>Case (Individual/Household Level)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reported by</td>
<td>Community leader, individual or group, other service providers</td>
</tr>
<tr>
<td></td>
<td>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</td>
</tr>
<tr>
<td>Nature of report</td>
<td>Community leader says: “many children in the area are increasingly getting sick and diarrhea possibly due to a contaminated water source.”</td>
</tr>
<tr>
<td></td>
<td>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”</td>
</tr>
<tr>
<td>Appropriate support</td>
<td>Pass on information about the protection concern to the WASH focal point in your area.</td>
</tr>
<tr>
<td></td>
<td>Provide information about the health care services provided in the area and, if informed consent is received, refer the case to services.</td>
</tr>
</tbody>
</table>
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.

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.

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.

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

HELLO, I AM LAURA

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

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

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

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

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.
<table>
<thead>
<tr>
<th>Priority</th>
<th>Date of Identification</th>
<th>Referral Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>الأولوية الأولاية</td>
<td>تاريخ اكتشاف الحالة</td>
<td>تاريخ الإحالة</td>
</tr>
</tbody>
</table>

*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.*

<table>
<thead>
<tr>
<th>Fast-track (high risk) - serious imminent risk to personal safety (life-threatening situation) requiring immediate intervention within 1-48 hours</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>الإحالة الطارئة. خطر وشيك على السلامة الشخصية (حالة مهيدة للحياة) تتطلب التدخلсуري خلال 1-48 ساعة</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regular (medium/low risk) - likelihood of serious risk to personal safety requiring speedy intervention within 1-14 days</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>الإحالة الدائمة (موسطة / منخفضة المخاطر) - احتمال حذف مخاطر خطيرة على السلامة الشخصية تتطلب التدخل في غضون 1-14 يومًا</td>
<td></td>
</tr>
</tbody>
</table>

### Case Information (only include if consent has been obtained)

*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.*

<table>
<thead>
<tr>
<th>Name:</th>
<th>UNHCR Case Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>الاسم</td>
<td>رقم الملف لدى المفوضية</td>
</tr>
<tr>
<td>Address:</td>
<td>السامية للأمم المتحدة للشؤون اللاجئين</td>
</tr>
<tr>
<td>العنوان</td>
<td>Age:</td>
</tr>
</tbody>
</table>
**Phone:**
Phone number

**Belongs to Whom:**
Name

**Preferred method of contact:**
Preferred method of contact

**Preferred date/time for contact:**
Preferred date and time

**Sex:**
- [F] Female
- [M] Male

**Needs for specific services and assistance**

- **Child Protection:** This includes 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 forms of child labour – e.g. street-based, exploitative or physically dangerous work.

  حماية الطفل: يمكن أن تشمل الأطفال ذوي الاحتياجات الخاصة، ناجين/ أو المعرضين للإساءة أو الإهمال/العنف، المسؤولين عن رعاية أشقائهم من دون وصي، ربة الأسرة المتخصصة في أطفال الأصول غير المصحوبة من قبل وصي قانوني، المستخدمين في أسوأ أشكال عمال الأطفال والمعرضين لخطر الزواج المبكر على سبيل المثال: عمل الأطفال في الشوارع، العمل الاستغلال، العمل الخطر جسديا، وما إلى ذلك.

- **SGBV** (Prevention and response including safe spaces and psychosocial support): This includes survivors/ at risk of physical and/or psychological violence, abuse or neglect, exploitation, early marriage, tracking.

  العنف المبني على أساس النوع الاجتماعي (خدمات الوقاية والاستجابة للعنف المبني على أساس النوع الاجتماعي): يمكن أن يشمل الناجي من العنف/العذر

  لخطر العنف الجسدي و/أو العنف النفسي، الإساءة أو الإهمال، الاستغلال، الزواج المبكر، الخ.

- **Legal:** This includes 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).

---

**Caregiver information (when case is a minor below 18 years)**

- **Name of Caregiver:**
- **Relationship to Child:**
- **Address:**
- **Phone:**
- **Caregiver informed of the referral?**
  - [ ] Yes
  - [ ] No (If no, explain)

---

**Needs for specific services and assistance**

*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.*

- [ ] Child Protection
- [ ] SGBV
- [ ] Legal
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).

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)

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

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

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

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

Livelihoods: it can include vulnerable Lebanese in need of financial services (financial literacy, savings and loans) or vulnerable individuals or households (a) in need of financial literacy and savings (b) willing to enrol in short term vocational trainings (c) willing to engage in Labor 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.

Law: Article 165 (a) can be enforced by the Ministry of Social Affairs (MOA) to protect vulnerable persons, including those living in informal settlements and destroyed shelters due to fire or natural hazards.
Water, sanitation and hygiene: Only in informal settlements it can include rehabilitation or the construction of latrines, construction of grey water system, de-sludging services, water trucking requests and the distribution of hygiene kit, drainage kit, garbage bins, and water tank. In informal settlements and urban areas, it can include requests for hygiene promotion sessions.

Case Narrative

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

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.

[Consent form] 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.
<table>
<thead>
<tr>
<th>Checklist of Referral</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Check that you have considered all aspects of conducting a safe referral prior to sending the referral.</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No (If no, explain)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual is informed of available service options and consents to go ahead with the referral?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual has signed consent to release information.</td>
<td>Yes</td>
<td>No (If no, explain) Hotline Referral</td>
</tr>
<tr>
<td>Any contact preferences?</td>
<td>Yes</td>
<td>No (If yes, explain)</td>
</tr>
<tr>
<td>Any risks or immediate safety concerns observed/expressed?</td>
<td>Yes</td>
<td>No (If yes, explain)</td>
</tr>
</tbody>
</table>
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*. 

   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.
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.

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
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 Raffi Kouzoudjian, kouzoudj@unhcr.org and/or your sector IM officer at national or field level.
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.

<table>
<thead>
<tr>
<th>Reporting Period</th>
<th>Reporting Deadline</th>
<th>Reporting Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>January, February, March</td>
<td>April 15, 2022</td>
<td>You will no longer be able to report for the quarter once the reporting deadline</td>
</tr>
<tr>
<td>(Q1)</td>
<td></td>
<td>has closed.</td>
</tr>
<tr>
<td>April, May, June (Q2)</td>
<td>July 15, 2022</td>
<td></td>
</tr>
<tr>
<td>July, August, September (Q3)</td>
<td>October 15, 2022</td>
<td></td>
</tr>
<tr>
<td>October, November, December (Q4)</td>
<td>January 15, 2023</td>
<td></td>
</tr>
</tbody>
</table>

**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:

<table>
<thead>
<tr>
<th>Status</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Feedback Received</td>
<td>Referral sent, receiving agency has not confirmed receipt of referral</td>
</tr>
<tr>
<td>Referral Acknowledged</td>
<td>Receiving agency confirmed receipt of the referral</td>
</tr>
<tr>
<td>Referral Accepted</td>
<td>Receiving agency provided feedback that the referral is accepted and a service will be provided</td>
</tr>
<tr>
<td>Referral Not Accepted</td>
<td>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)</td>
</tr>
</tbody>
</table>

- **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 \(\rightarrow\) 1 referral (to agency A) = Referral Not Accepted
  - Referring agency reports \(\rightarrow\) 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 2022 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 (i.e. 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. Dissaggregate 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 period or a governorate, for example:

![Filtered Database View]

**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’ = ‘Shelter: 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

![Select Columns]

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

![Verify Shelter Data Entry]

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

![Correct Status]

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.

For any further questions or support please reach out to Collette Hogg hoggc@unhcr.org and Raffi Kouzoudjian, kouzoudj@unhcr.org