RIMS | Referral Information Management System

Improving Access to Services for Communities during COVID-19 Lockdowns

Lebanon **March 2021**

DRC DANISH REFUGEE COUNCIL

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Summary of Key Findings and Recommendations

- Between November 2020 and February 2021, RIMS saw an increase of 60% of referrals conducted through its platform across the whole of Lebanon. In February 2021, a total of 1,741 referrals were recorded, **the highest number ever to be referred on RIMS within a one-month period**, with most referrals to Basic Assistance, Protection and Health. This is an important indication of the magnitude of needs in Lebanon.
- **The effectiveness of referrals during the January and February lockdown overall improved** compared to the November and March-June lockdowns, particularly when it comes to the speed and timeliness of referrals as well as service provision as a result of referrals. Service providers have adapted to remote safe identification and referrals, and referrals have increasingly been made a priority in various coordination fora. However, some challenges remain and continue to hamper referral pathways and access to services.
- The January and February lockdown was the strictest lockdown since the beginning of the COVID-19 pandemic in Lebanon, with the adoption of a platform to request permission to move. This hampered not only service providers' ability to maintain humanitarian activities, but also communities' ability to move to access services. **Supporting communities with using the IMPACT platform and closely collaborating with governmental authorities on this is essential.**
- Remotely identifying people in need of services continues to be challenging, coupled with the expansion of needs, which makes it difficult for humanitarian actors to prioritise requests for services and cross-check information to ensure eligibility without face-to-face interactions. **Continuing to abide by do-no-harm principles, ensuring inclusion of the most vulnerable in eligibility criteria, adopting alternative mechanisms to cross-check information, and leveraging community volunteers in these efforts is essential to avoid exclusion errors and respect the safety, dignity and integrity of persons of concern.**
- With increased reliance on hotlines and community focal points to communicate with communities, there are gaps when it comes to the overwhelming number of channels used for communication on services, the confusion over which channels should be used by communities to reach service providers, the lack of response of service providers on communities' request for services, and the fact that it is unclear whether these channels are actually adapted and able to reach the most at-risk. **Coordinated engagement with all communities is essential, in order to identify preferred channels for communication, disseminate information on available services in a coordinated and pro-active manner and measuring the impact of the information disseminated, which is particularly important during COVID-19 lockdowns, and strengthening the role of community focal points in linking humanitarian service providers with communities.**

INTRODUCTION

During the reporting period (November 2020-February 2021), Lebanon experienced one of the strictest COVID-19 lockdowns since the beginning of the pandemic, which significantly disrupted much-needed humanitarian assistance as needs continued to escalate for all communities across Lebanon. Referrals on the Referral Information Management System (RIMS) reached an all-time high in February 2021, indicating the extent of humanitarian needs, particularly for Basic Assistance and Livelihood support, as well as support related to the increased inability to pay rent. At the same time, the strict January and February 2021 lockdown significantly reduced service providers' access to communities, and in turn communities' access to services. While service providers have adapted their ways of working to identify and refer people in need of services despite reduced access to those communities, there continue to be challenges related to restricted access to areas of implementation, remote identification, eligibility for services, and channels and means of communication with communities on services.

By leveraging referral data from the Referral Information Management System (RIMS), this report explores challenges in maintaining access to humanitarian services for communities across Lebanon, and incorporates both the perspective of service providers through Focus Group Discussions, and the perspective of communities through consultations with community focal points. It provides recommendations to improve access to multi-sector services for these communities with a specific focus on access to services during COVID-19 lockdowns, but which are applicable and to be extended beyond those lockdowns.

METHODOLODGY

This report provides an analysis of national referral data gathered through RIMS over a four-month period, from November 2020-February 2021, of 55 RIMS partners, up from 46 in the previous reporting period. Mixed research methods were adopted to collect and validate data: 1) quantitative data analysis of RIMS referral data, 2) qualitative data analysis of Key Information Interviews with community focal points, and 3) Focus Group Discussions with frontline staff.

Effectiveness indicators: The DRC RIMS Team developed four indicators to assess the effectiveness and accountability of referrals:

Figure 1. Effectiveness Indicators

Speed refers to the time that it takes for the receiving agency or internal focal point to acknowledge receipt of the referral. It is measured by the number of days from when the referral was sent, to when it was received by the receiving agency or internal focal point. Referrals considered on time are referrals responded to within 24 hours for fast track referrals and 48 hours for normal referrals as per Referrals Minimum Standards.	**Timeliness** refers to the total time that it takes to complete the referral process. It is measured by the number of days from when the referral was sent, to when it received a final status (Accepted/Not Accepted). Referrals considered on time are referrals receiving a last status within 24 hours for Fast Track referrals and 14 days for Normal referrals	**Accuracy** refers to the volume of Not Eligible referrals. It is measured by the percentage of referrals with a Not Eligible final status.	**Response** refers to the level of response and follow up of the receiving agency on the referrals they receive. Response is measured by the percentage of ‘’No Feedback Received’’ referrals, compared to ‘’Received’’, and ‘’Not Eligible’’/’’No Service Delivered’’/” Accepted/ Successfully Closed’’ referrals.

Key Limitations

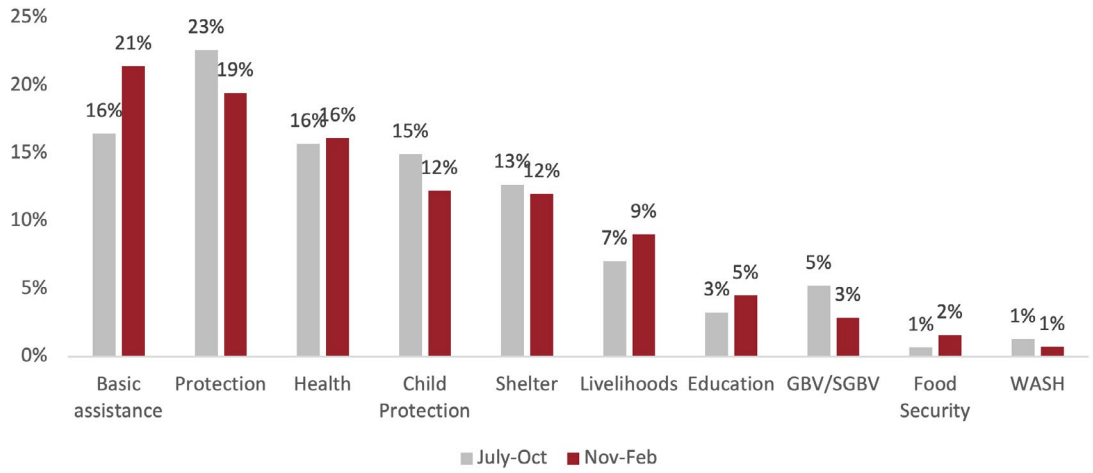
Data quality: Despite continuous training on data quality on RIMS, data entry errors continue to be a challenge on RIMS, therefore affecting effective and consistent data entry and information management practices. The RIMS team has observed this challenge across humanitarian organisations, and it was necessary for some data to be discarded. Improvements to data quality are ongoing.

1. Overview of referrals trends (November 2020-February 2021)

Between November 2020 and February 2021, RIMS saw an increase of 60% of referrals conducted through its platform across the whole of Lebanon. In February 2021, a total of 1,741 referrals were recorded, the highest number ever to be referred on RIMS within a one-month period. This speaks volumes to the high levels of needs present across Lebanon, driven by a deepening economic crisis and a record depreciation of the Lebanese pound during this period.

As opposed to the period of July – October 2020, the highest number of referrals were made to the Basic Assistance sector (1,117), followed by Protection (1,014), Health (840), Child Protection (637) and Shelter (625).

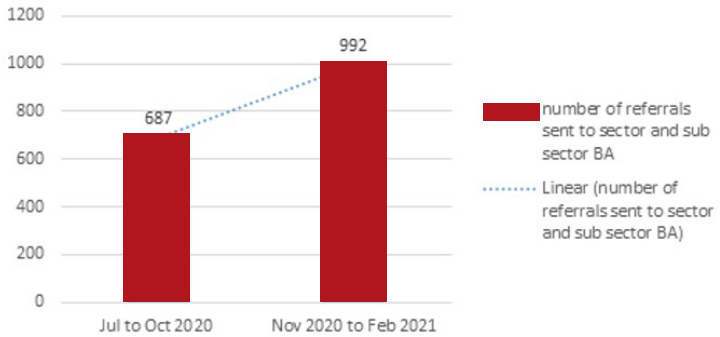
Proportion of referrals to sectors across time



Both **the Basic Assistance and the Livelihoods sector** recorded an increase in referrals in the period of November – February compared to July – October 2020, reflecting the increasing needs of people of concern in these areas. These needs were exacerbated during the January and February lockdown, in which a stark depreciation in the value of the Lebanese currency occurred, which led to a significant increase in prices of goods and services and in the raw materials of production. As a result, a large number of factories and shops from different product lines were closed due to their inability to continue production, inability to pay wages of employees and the inability to pay the utilization cost of factories (electricity, oil, etc.). In addition, the decrease in the purchasing power due to the above-mentioned reasons was also a main factor driving businesses to (temporarily) close.

All of the above led to a significant increase in the unemployment rates, which also negatively impacted an increasing number of households in their ability to meet basic needs, and in turn resulting in an increase in requests for emergency and basic assistance from I/NGOs (see graph below).

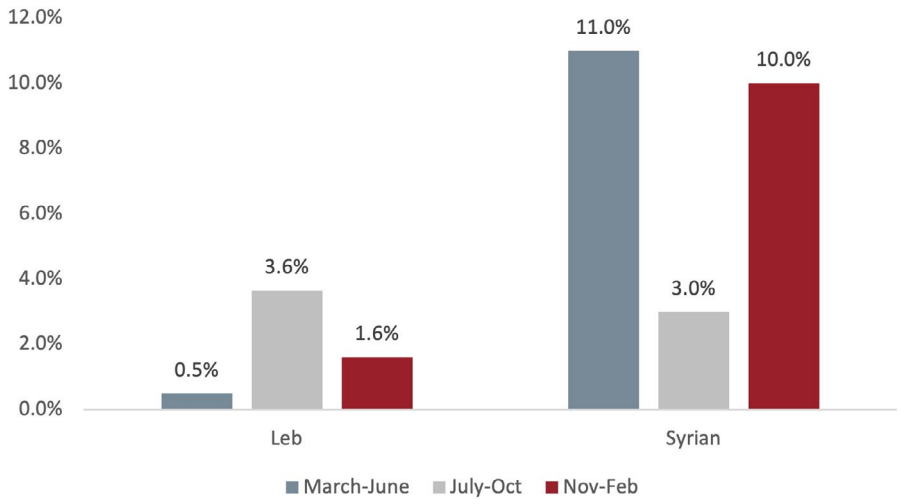
Number of referrals sent to sector and sub sector BA



This is corroborated by community consultations, which consistently point to the loss of employment and a significant increase in prices for basic commodities as major challenges affecting communities, exacerbated by the long duration of the lockdown and the need to request permission through the IMPACT system. Based on information from community consultations, these challenges are directly related to an increased inability to secure basic needs. The fact that referral trends are reflecting the most pressing needs as expressed by communities is a positive indication, however, there remain concerns about the capacity of the humanitarian community to address the explosion of needs, with only half of Livelihoods referrals and only 20% of Basic Assistance referrals ending in actual service provision during the time period. At the same time, the Protection sector has seen a decrease in referrals in November – February 2021 by 4% compared to the previous four-months period, with Child Protection and GBV referrals also decreasing by 3% and 2% respectively in the same time period, indicating that communities are prioritizing their most basic needs over protection concerns.

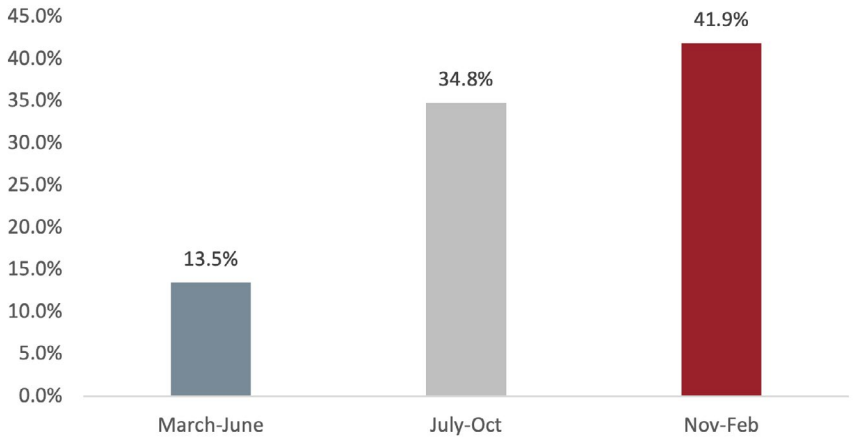
Furthermore, the lockdown, along with the deterioration of the economic and financial situation negatively affected the ability of both the host and refugee community to pay rental fees, and furthermore resulted in increased tension with landlords. Winter storms occurring during the lockdowns further led to an increase in requests for shelter support. RIMS data clearly indicates the continuous increase in **shelter requests** for both Lebanese and Syrian community as follows:

Proportion of Shelter referrals by nationality



As per feedback from Protection agencies, many requests received for cash assistance were related to paying rental fees, in addition to many requests for mediation between renters and landlords, which also resulted in an increase of legal referrals related to housing land and property rights as mentioned in the graph below (legal Aid). It is worth to note that many landlords are equally affected by the economic situation, relying on rental payments in order to be able to maintain their families' basic needs.

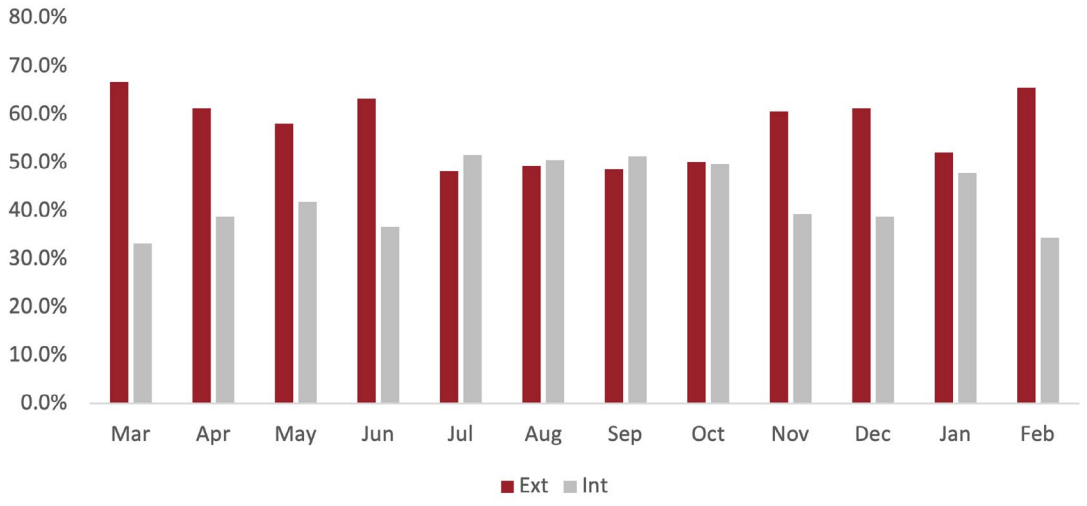
Proportion of Legal Aid referrals across all Protection activities



2. Assessing the Effectiveness of Referrals across Lockdowns

According to RIMS referral data, and supported by discussions with service providers, the effectiveness of referrals improved overall in the January and February 2021 lockdown compared to the 2020 lockdowns, as service providers were better prepared for the remote work modality as well as for the coordination around services and referrals. This improvement in the effectiveness of referrals is all the more important given the increased reliance on cross-agency coordination during lockdowns, which is highlighted by the high proportion of external referrals during those periods (see graph below), particularly for the Basic Assistance and Health sectors, likely driven by reduced access to communities in need of services.

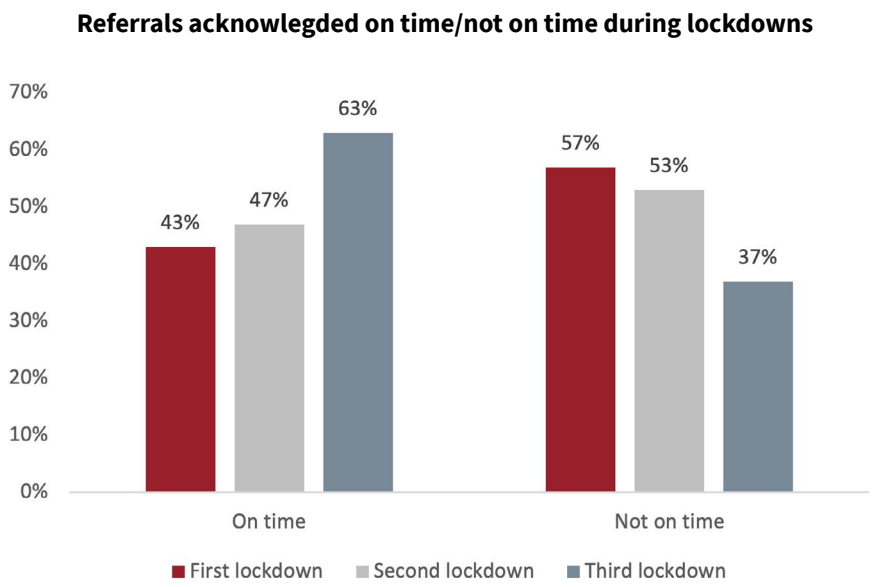
Proportion of external/internal referrals by month on RIMS



There was a noticeable improvement in the time it took to Acknowledge referrals (speed of referrals) and to assign a final status to referrals (timeliness of referrals) during the January and February 2021 lockdown compared to the lockdowns in 2020. 63% of referrals were Acknowledged on time,[1] compared to 47% in the November and 43% in the March-June lockdown (see graph below).

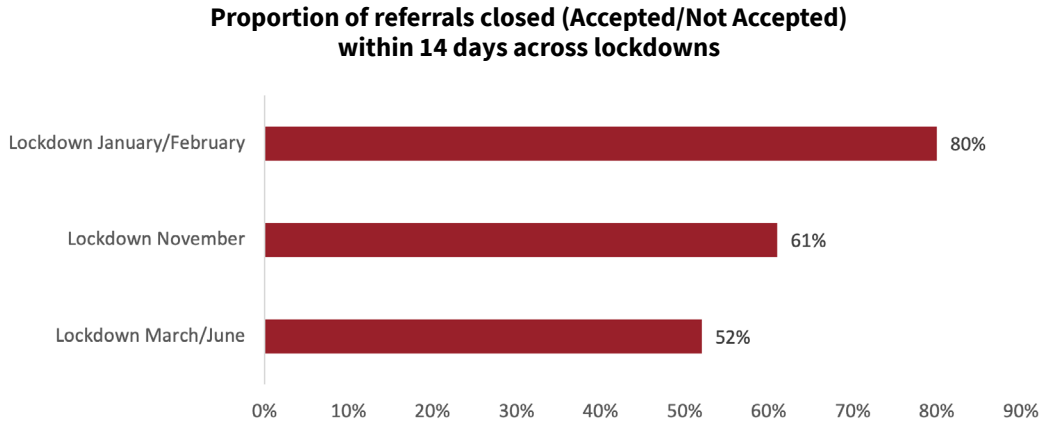
1 Within the Inter-Agency timeframe of 24 hours for Fast Track and 48 hours for Normal referrals.

Speed of referrals

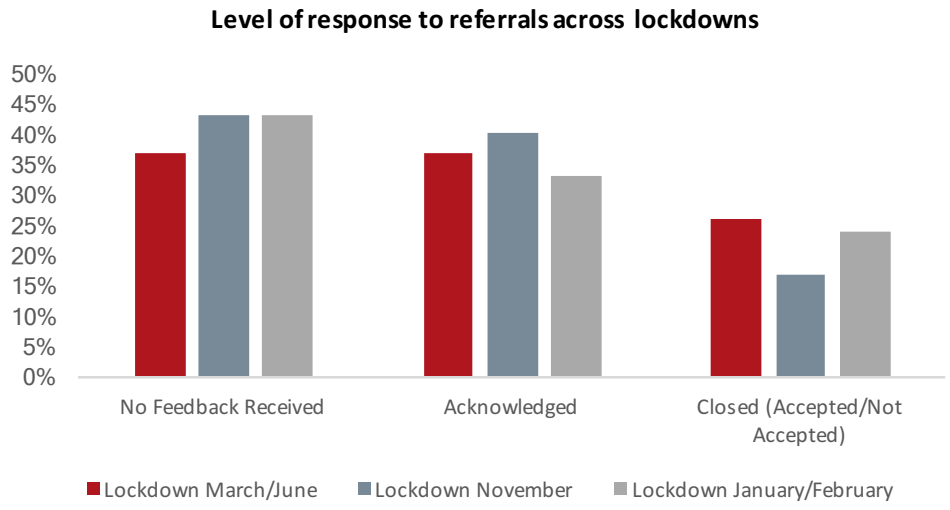


In addition, an exceptionally high proportion of referrals (80%) were closed within 14 days (Accepted/ Not Accepted), compared to 61% during the November and 52% during the March/June lockdown, reflecting service providers' commitment to finalise the referral process in a timely manner

Timeliness of referrals



This improvement is likely due to service providers being better prepared to know which services to prioritise and how to more effectively implement activities remotely. Nevertheless, during Focus Group Discussions, service providers highlighted the fact that it still took quite a long time to receive a response to referrals, due to the suspension of a large number of activities and the time it took to clarify and get used to the procedures for receiving permissions to engage in field activities. This is reflected in RIMS data, which shows that the levels of response to referrals slightly deteriorated compared to the first long lockdown. 43% of referrals did not receive any feedback in both November and January/February lockdowns, compared to 37% in the March/June lockdown, and 24% of referrals were Closed compared to 26% in the first lockdown. One contributing factor to this high proportion of referrals with no feedback, could be the increased confusion reported by service providers during the January-February lockdown around properly identifying needs remotely, with little ability to fully understand the extent of needs through field visits (see below challenges on remote identification).



In terms of service provision following referrals, there was a significant improvement, with 36% of referrals Accepted/Successfully Closed during the January/February lockdown compared to 23% in November and 30% in March/June, suggesting that the proportion of service delivery in relation to the number of referrals received improved. Similarly, only 7% of referrals were Not Accepted compared to 10.5% in the November lockdown and 12% in the March-June lockdown.

Across the three lockdowns, GBV and Protection referrals consistently reported the highest proportion of Accepted/Successfully Closed referrals, that end up in actual service provision. This could be due to the fact that they are considered life-saving activities and therefore are prioritized in times of lockdowns, and that service providers manage to get access to communities for high risk cases, as well as provide remote support. On the other hand, Livelihoods and Shelter have the highest proportion of referrals Not Accepted during lockdowns (around 25% of all their referrals during those time periods).

During the January and February lockdown, service providers reported that coordination between actors was overall easier compared to the previous periods, with better knowledge of operating services, and better response to referrals from external service providers. According to those interviewed, this can be attributed to 1) better coordination around referrals and mapping of services through field Working Groups and 2) more awareness of service providers on the importance of coordinating referrals. Further, the fact that organisations are much better prepared for conducting

activities remotely helped in avoiding some of the previously found major disruptions in service provision, and indicates that there was a successful, collective shift amongst humanitarian service providers to adapt to new working modalities and ensure continuation of service provision.

Nevertheless, it is worth noting that there continued to be challenges during the January and February lockdown when it came to service provision, with these challenges being slightly different in nature compared to the previous lockdowns. New factors that impeded service provision and posed new challenges to coordination specifically, were first the uncertainty around procedures for getting permission to implement field activities, which had not happened since mid-March 2020, with a total shutdown of services until these procedures were clarified and streamlined. Secondly, the escalation in needs resulted in a high caseload of referrals. At the same time, January and February are often a time for renewal of projects and the end of Christmas holidays, meaning that the high caseload of referrals was often met with reduced capacity for response.

3. Challenges with referrals and access to services during the January and February lockdown

Despite the improvement in the effectiveness of referrals during the January and February lockdown, with an improved ability of service providers to adapt to the COVID-19 lockdown remote work modality, challenges to access services continue which can be addressed from not only the perspective of the referral process but also from increased community engagement.

Movement restrictions and permission to access services:

The January-February 2021 lockdown was one of the strictest lockdowns that Lebanon has experienced since the first lockdown of March-June 2020, for which for the first time an electronic system was put in place to request movement permissions. The IMPACT system was the online system developed by the Government of Lebanon where any person in Lebanon with access to a phone could request permission, in exceptional circumstances, to move without penalty. This was not adapted to humanitarian service providers at first, but rather to every day citizens' life, which meant that humanitarian operations were strictly speaking suspended at the onset of the lockdown, while UN agencies negotiated with the Government of Lebanon for special permission to maintain humanitarian operations. The system to request permission to operate for humanitarian operations was unclear and changed over time, which made it difficult to clarify. While humanitarian service providers awaited confirmation of the requests for movement process by the Government of Lebanon, and then adapted to the various ways in which to receive permission, service provision was discontinued while needs were extremely high. During Focus Group Discussions, some organisations reported that they never heard back from their request to operate, and that discussions during Working Groups around these processes were not systematic. On the other hand, from the side of the community, it was reported by community focal points that people in need of services found it challenging to understand the process of requesting permissions to access these services, lacked information on how to fill the form, and did not always have access to phones or internet in order to request permissions. Although some community volunteers pointed to some positive efforts by the humanitarian community to provide information, for example through remote awareness raising sessions through WhatsApp groups, some pointed out that particularly illiterate individuals were not able to access this information if received in writing. Further, there was no category for humanitarian services in the IMPACT form which would have helped people in need of humanitarian services to know which option to use to receive a derogation to access services. Finally, some people did not have Lebanese phone numbers which stopped them from applying for permission through the platform. Overall, permissions around movement restrictions significantly affected people's ability to access humanitarian service providers, and humanitarian service providers' ability to access people, in this lockdown.

Recommendations:

- Strengthen pro-active engagement with communities on how to use the IMPACT platform for movement and work closely with government authorities to ensure broad dissemination of information

- Ensure relevant information on how to request movement permission is disseminated through channels accessible to the most vulnerable
- Ensure harmonized messaging from various in country response mechanisms (EOC and LCRP) to reduce implementing partners confusion.

Remote identification and eligibility for services

Service provision continued during the January-February lockdown to mitigate the increasingly dire consequences of the pandemic and the economic and financial crisis in Lebanon. However, frontline staff claimed that particularly the remote identification of beneficiaries proved to be challenging, a concern that was echoed by community volunteers due to their inability to move around during the lockdown. First of all, it was difficult to identify persons in need or at risk without conducting field activities, but rather relying solely on remote identification via phone calls. Secondly, frontline staff considered that remote identification processes were unreliable due to perceived uncertainty about whether persons of concerns were providing accurate information about their situation, especially when requesting basic assistance services, and that there was no way to verify their concerns due the inability to conduct home visits. Frontline staff reported that beneficiaries were often facing very similar vulnerability concerns, which made them doubt the reliability of the information provided.

Such practices are cause for concern, as they risk excluding individuals or households from humanitarian service provision, can cause harm and negatively impact trust communities have in humanitarian service provision. Conversations with community volunteers highlight the risks specifically related to trust and give insights into how the situation is perceived by communities. One community volunteer for example told DRC that organizations are failing to support communities in meeting their basic needs, despite relentless and continuous requests for the provision of services. As a majority of persons of concern are affected in similar ways by the multifaceted crisis in Lebanon, it is more than plausible that many are also facing similar needs, underlined by the fact that community concerns raised by volunteers independently are similar across locations. Where doubts arise during the assessment of cases, and in such cases only, it should be the responsibility of humanitarian service providers to adapt the ways of verifying information in a safe manner, rather than dismissing claims of people of concern. In line with the inter-agency minimum standards on referrals, frontline staff should listen in a non-judgmental manner, giving beneficiaries the benefit of doubt and respect their decision-making capacities and preferences.

Moreover, it is very important to make sure that the choices made by frontline staff on whether to accept or reject requests for assistance follow humanitarian standards and principles, such as the do no harm principle, safety, dignity and integrity. High needs require even more careful targeting and selection of cases that are based on clear and standardized eligibility criteria**.** Service providers should prioritize accountability and demonstrate they are mitigating potential occurrence of social tensions, exclusion and discrimination related risks related to identification of needs and service provision.

Finally, both remote identification and service delivery should be monitored making sure that the chosen mechanisms are safe and accessible to female beneficiaries and those who face exclusion due to issues such as age, disability, and other factors that might affect access to assistance.

Recommendations:

- Frontline staff to continue abiding by the Inter-Agency Minimum Standards on Referrals and particularly by the do-no-harm principle, by giving persons of concern the benefit of the doubt.
- Partners and inter-agency coordination to standardize eligibility criteria to ensure careful targeting and selection of cases
- Frontline staff to make sure that decision for selection for services on the case respects humanitarian standards and principles.

- Partners to ensure that mitigation measures are in place to minimize the risk of exclusion in identification and service delivery mechanisms.
- Put alternative mechanisms in place for the verification of information if there are doubts about the credibility of information provided.
- Include community volunteers in these efforts, as they often face similar concerns regarding the identification of beneficiaries and verification of information.

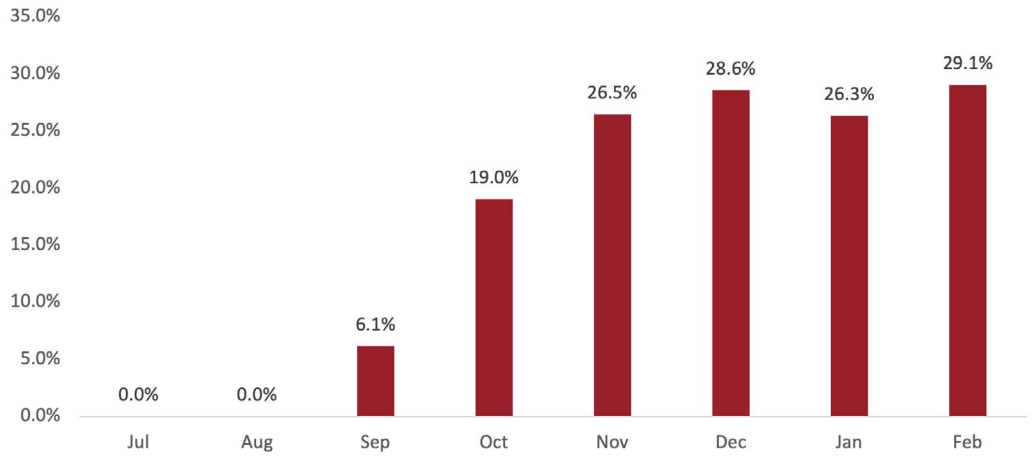
Communication with communities on services

In addition to quality safe identification and referral practices, information dissemination on available services to affected communities is paramount in order to empower these communities to access the services that they need. Yet there is currently limited coordination around information dissemination on available services to affected communities, in general and during COVID-19 lockdowns, which is particularly important given the suspension of services during those times, and which reduces people's ability to understand which services they can benefit from and how to access them independently, when they need this support. Data collected by DRC through its Complaints, Feedback and Response Mechanisms (CFRM) highlights that 47% of the feedback received relates to requests for information on services, which suggests a real need in the provision of information on services.

Suspension and resumption of humanitarian services as a result of the successive COVID-19 lockdowns, only exacerbates confusion over which services are available to affected communities. The Risk Communication and Community Engagement (RCCE) Task Force set up as part of the response to the COVID-19 outbreak in Lebanon provides coordinated messages to affected communities around COVID-19; there is no other cross-sectoral fora responsible for coordinating communication with communities in Lebanon beyond this COVID-19 specific Task Force. There is limited coordination to ensure information on suspended/ongoing services during COVID lockdowns is properly disseminated to affected communities through coordinated and streamlined channels. The Inter Agency Service Mapping, which is an essential source of information on available services, is populated by humanitarian service providers and is not accessible to affected communities. These challenges contribute to a disconnect between humanitarian actors and the communities they serve, and reduces communities' ability to access the services that they need. Community consultations confirm that there existed a lot of confusion around the availability of services during the January-February lockdown, leading to delays for people of concern to access services. Delays in service provision, the inability to contact service providers or the unresponsiveness of service providers were amongst the most important barriers mentioned in community consultations to accessing humanitarian services. Most service providers report that they provide communities with information on services when people contact them through the hotlines to ask questions about services, rather than pro-actively disseminating information on a regular basis to communities, which can exacerbate reduced access to information particularly during COVID-19 lockdowns. This is exacerbated by many community members who do not necessarily have access to phones, or who struggle to pay for phone credit to pay for multiple calls to hotlines.

Hotlines: Since the beginning of the COVID-19 pandemic in Lebanon and the necessity to adopt to remote work modalities, there has been a shift towards increased reliance on hotlines and phone communications for people to access humanitarian services, as opposed to face-to-face interactions during NGOs outreach or activities (see below graphs).

Proportion of referrals identified through hotline calls on RIMS (July 2020-February 2021)

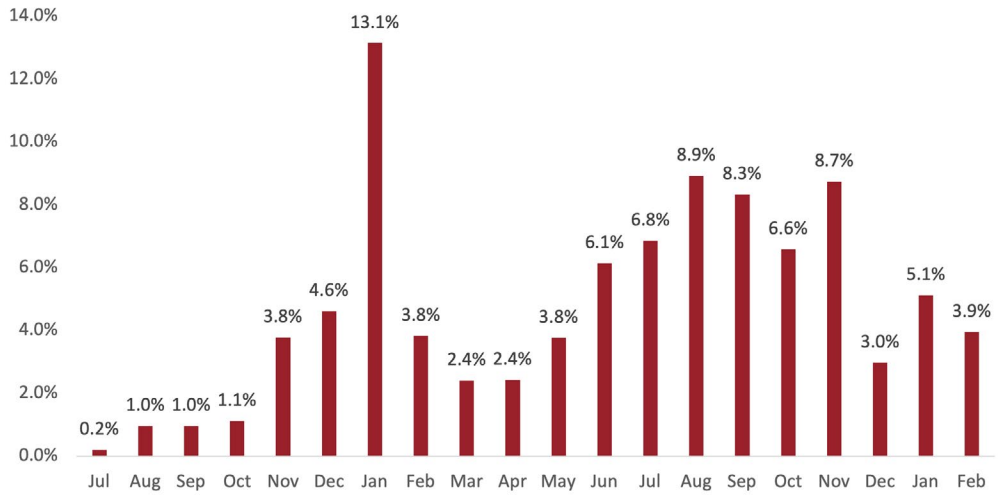


Reportedly, service providers strengthened outreach during the non-lockdown periods by disseminating information on their services and their channels to provide feedback. This contributes to the high number of hotline calls received by various service providers. However, consultations with community focal points consistently highlight the lack of response on hotlines, as well as incorrect hotline numbers provided by humanitarian services providers, leading to delays in service provision, which raises questions around the humanitarian response's ability to remain accountable to the communities that it serves. The unresponsiveness of service providers has moreover negatively affected relations between community volunteers and community members, who are often the first persons to be targeted with blame or anger from community members who are unable to access services due to the inability to contact service providers. Furthermore, community volunteers have highlighted that the lack of response from hotlines has negatively impacted the level of trust communities have towards humanitarian service providers. These issues are further compounded by the multiple channels used to provide feedback: indeed, a review of the hotline systems across organisations demonstrates the multiplication of hotlines not only within one sector, but also within a same agency with different hotline numbers being dedicated to different services. The duplication of channels to reach humanitarian service providers is oftentimes highly confusing, and as FGDs with service providers highlight, people in need of assistance tend to consistently call the hotline they find to be the most responsive, regardless for which service/sector/organisation it is, confirming the feedback from community focal points that there are significant challenges with effectively communicating with service providers.

Confusion around hotlines to access services is exemplified by the case of the COVID-19 MOPH hotline, which is the main channel that people should use in case of COVID-19 symptoms, and which was widely disseminated across service providers and assumingly, across communities during the first March/June 2020 lockdown. On the other hand, since mid-2020, there has been less information dissemination around the COVID-19 MOPH hotline. Indeed, this is confirmed by humanitarian service providers who reported to have received a high number of calls related to COVID-19, with people raising the fact that they did not have the right information on who to reach in case they reported symptoms of COVID-19. This contributed to a high pressure on health service providers, who, according to communities, were hard to reach, and who as a result could not get the treatments that they needed. Community consultations also found that particularly access the emergency health services were reduced during the January-February lockdown.

Community focal points: Reliance on community focal points to access services has also increased with reduced face-to-face interactions, according to RIMS referral data (see graph below).

Proportion of people identified through community focal points



During the March-June lockdown, service providers overwhelmingly reported that community focal points played a key role in maintaining contact with communities and identifying people in need of services. Since then, service providers report to have strengthened engagement with those focal points ahead of COVID-19 lockdowns, which likely contributes to more referrals having been identified through these community focal points. Yet the role of those community focal points in linking communities with humanitarian services is to be strengthened.

Overall, in the COVID-19 context, service providers come to rely on different channels to identify and refer people in need of services beyond traditional face-to-face interactions. This calls for a re-think around which channels communities prefer to rely on when it comes to receiving information on services and providing feedback on those services, for Syrian communities but also Lebanese communities, which are not traditionally used to rely on humanitarian services and whose preferred channels are likely to be different. Indeed, service providers continue to report that there is a relatively low number of Lebanese people contacting them for services, with 15% of hotline referrals only of Lebanese people in January and February according to RIMS referral data, which highlights the importance of strengthening engagement with those communities. In addition, it is necessary to ensure that this shift towards new channels of communication with communities, enables to continue to engage with the most vulnerable and at-risk. A key challenge with remote communication (phone, social media, TV) is that those channels may not necessarily be adapted to the most vulnerable and at-risk individuals. Finally, it is necessary to ensure a strong monitoring system that would allow to assess whether communities fully comprehend the messages that are being disseminated, which is currently a major gap both for COVID-19 messages and beyond.

Recommendations:

- Working Groups and Partners to mainstream communication channels with communities and to clarify usage of those channels
- Partners to dedicate adequate resources to responding to requests from communities
- Inter-Agency Coordination structures to consider a coordinated cross-sector mechanism to communicate and engage with communities, beyond COVID-19 specific messaging, including:
    - Around preferred channels for engaging communities, providing information and receiving feedback
    - Across different communities, including Lebanese communities
    - Channels of information dissemination need to consider specific challenges of communities, particularly illiteracy, to ensure inclusive access to information

  - Notably, communicating with communities jointly and pro-actively on available services, to be adapted during times of COVID-19 lockdown, where this information is all the more essential given the suspension/resumption of services
  - Ensuring a monitoring system that can evaluate whether communities actually understand the information being provided to them

- Inter-Agency Coordination structures to review and strengthen the role of community volunteers in connecting humanitarian services providers with communities, by considering their role in awareness raising on services, and referrals possibly through trainings on Safe Identification and Referrals (SIR)
- Service providers to ensure a protection mainstreaming and inclusion approach to hotlines and safe identification and referral practices, including selection of and working with community focal point and volunteers.

Reminder of good practices on accepting referrals: Referrals are commonly sent to a service provider for a specific need identified that can be addressed through this service. However, during focus group discussions, some aid workers reported that they do not only accept referrals based on the specific criteria related to the service requested, but rather related to general eligibility criteria that can also relate to other services. This means that even if the receiving agency is not able to provide the originally requested service, the referral might still be accepted if it is eligible for other services. This may cause confusion for the sending agency, who believes that the referral was accepted and the service was provided, which is not the case, and the receiving agency whose workload will increase as it will need to link the person with the relevant services and will duplicate the role of both the receiving and sending agency, since they will be both responsible of ensuring that the person of concern receives requested services. This confusion is likely to negatively impact the person's ability to receive the service that they need. Service providers are encouraged to continue abiding to guiding principles for referrals 1) Informed consent, 2) Respecting the person of concerns capacity, maturity and wishes when referring them to service that they requested and gave consent to 3) Not raising the person of concern expectation's 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.