



Developing a Referral Path for Essential Protection Services during COVID-19

As per the guidance in CRS Safe & Dignified Programming During COVID-19, certain protection risks are exacerbated by emergency situations and public health outbreaks. An increase in gender-based violence, intimate partner violence, violence against children, and family separation, among others, are being reported in most countries impacted by the virus. Through our general programming during COVID-19, it is likely we will encounter these, and other, protection issues and needs CRS does not have the capacity to respond to directly¹.

This toolkit provides steps and supporting tools to develop a referral path to support people to meet these essential needs, by referring those in need to other actors that have the expertise and capacity to act.

Principles for COVID-19 related guidance

In undertaking programming activities, CRS project staff and partners should:

- **Ask ourselves how critical it is** to carry out the activity against risk to staff, partners and participants.
- **Adopt a “Do No Harm” approach:** CRS and partners need to understand how COVID-19 is transmitted and implement general basic preventative measure to both protect themselves and reduce the risk of spreading the virus during program implementation (See guidance at [WHO - COVID 19 - General Information](#) and [WHO - COVID 19 - Prevention measures](#)). These measures include the following for all people with whom we work, including CRS staff, partners, volunteers, program participants and community members, service providers, vendors, etc.
 - **Maintain Physical Distancing**
 - **Follow Recommended Hygiene Practices**, especially proper hand washing, respiratory (cough) etiquette and not touching your eyes, mouth and nose
 - **Do Not Participate in Program Activities when Feeling Unwell;** anyone who is feeling unwell should stay home; if exhibiting signs/symptoms of COVID-19, they should follow Ministry of Health (MOH) protocols for seeking medical support/advice (e.g. calling before seeking medical care)

People should operate under the assumption that anyone they encounter is a suspected COVID-19 case. Maintain transparent communication with communities about activities, changes, and the community's comfort level and needs related to the health implications of continued programming.

- **Keep up to date on and follow WHO and Government/Ministry of Health (MOH) protocols and messaging around COVID-19:**
 - Follow government restrictions and request authorization for carrying out essential services/activities, as needed;
 - Work with local health actors/cluster to ensure health messaging related to COVID-19 is consistent and contextualised.
 - **Adapt programming guidance to your context and be ready to further adjust as the situation evolves:** Elements of the guidance may need to be modified based upon community risk levels, types of programming activities undertaken, social norms and perceptions, local capacities, operating environment and feedback from donors in each country we work in. For assistance, please contact the COVID-19 focal points in your Region and/or on HRD or the relevant programming technical advisor.
-

This document provides additional recommendations from CRS, to be used in conjunction with and to supplement guidance provided by Inter-Agency Standing Committee (IASC), WHO and the local MOH as relevant.

Please note that this guidance may be updated periodically and check on [CRS Programming Resources](#) to ensure that you have the latest version.

¹ Please note that in some countries, in development programming, CRS does have the capacity to respond to specific protection needs. This guide is aimed at country programs where CRS does not have specialized protection expertise.

Disclaimer: CRS COVID-19 program resources and guidance are developed after consideration of international guidance from relevant international organizations such as the World Health Organization (WHO), Inter-Agency Standing Committee (IASC), and other humanitarian bodies. CRS COVID-19 program resources and guidelines are updated regularly as new information becomes available. Partner and peer organizations wishing to refer to and use CRS resources and guidance should ensure that they are also referring to the latest information available from WHO and IASC.

Steps

1. Identify key protection actors:

- a. Identify who is the lead in providing protection services in your context – this could be the government, a UN body, or a local or international NGO. Determine if the Protection Cluster (and sub-clusters) are activated in your context.
- b. Ideally, the government and/or Protection Cluster in country maps available protection services, and develops a referral pathway. If the Protection Cluster is activated, contact them first for guidance on how to proceed. Alternatively, if you are aware of a government or UN body as the lead in protection services, contact them for guidance/to request a referral pathway.
- c. If there is no referral process or Protection Cluster, you will need to identify which actors are responsible for certain issues or have expertise in that area. Do this by researching the roles of different organisations. Contact government institutions and local authorities to help identify relevant actors if needed.
- d. Think through whom the actors are, their influence and relationships. Carry out one actor analysis for each protection problem. Consider different actors, particularly those at the local level including: CBOs, NGOs, local media, national and local women's organisations, clubs and groups, academics, social networks, village or community leaders, charities, religious institutions, local businesses, unions, local government officials or departments, police, social services, INGOs, the UN and ICRC.
- e. Identify with whom you will coordinate carefully according to who has the practical means or the mandated authority to respond, and whether you need a referral pathway at the national, regional or local level. The more local the referral pathway, the more useful it will be for people with protection needs, however larger actors may be mandated to respond to certain protection issues.

2. Prepare a list of key informants:

- a. From the above mapping, identify initial key informants to contact to begin mapping available services/service providers. Start with larger, national actors who have a specific protection mandate and oversee protection services rather than directly provide them (e.g. government, UN etc.).
- b. Identify a second list of service providers for the second round of interviews. These could be smaller, local actors who provide services to meet one specific protection need (e.g. women's shelters, health services, women and children helplines, family tracing and reunification, services for people with disabilities etc.).

3. Contact key protection actors to determine what services are still functioning/can be accessed and by whom:

- a. For larger protection actors, use [Tool 1A](#), to get an overview of service providers for protection services they are aware of and promote based on the safety, quality and accessibility of services. If there is more than one lead or influential national protection actor, aim to contact all of them, to round out/triangulate information on service providers.

- b. Following these discussions, contact service providers directly, using **Tool 1B** to discuss their current services, mode of operation, who can access services (are they child-friendly/disability-friendly etc.), financial contribution required for access etc.

4. Adopt, adapt or develop a referral card:

- a. Using **Tool 2** as a basis, document service providers in a short table.
- b. Where possible, share the referral card with the service providers to verify accuracy.
- c. Translate into local languages/languages of program participants as necessary.
- d. Print in a pocket-sized format.
- e. Ensure all staff/volunteers have a copy on their person during field activities. Follow [CRS Guidance on Community Engagement in Light of COVID-19](#) for safe practices.
- f. Consider other means of sharing this information e.g. posting visual representations of the pathways, announcements on local radio, and/or hotline numbers in select safe locations.

5. Orient staff/volunteers on how to respond when informed of a protection need, share the following information (further guidance on what to say/what not to say can be found [here](#)):

- a. If an incident is disclosed to you by the person affected/survivor – introduce yourself. Ask how you can help. Practice respect, safety, confidentiality and non-discrimination. If the disclosure is made face to face, ensure physical distancing is practiced.
 - i. Communicate accurate information about available services.
 - ii. Refer them to those services if they give permission for you to do so by communicating detailed information about the available resource/service including how to access it, relevant times and locations, focal points at the service, safe transport options etc.
 - iii. Do not share information about the survivor or their experience to anyone without explicit and informed consent of the survivor. Do not record details of the incident or personal identifiers of the survivor.
- b. If an incident is disclosed by someone else other than the survivor (e.g. a family member), provide up-to-date and accurate information about any services and support that may be available to the survivor. Encourage the individual to share this information safely and confidentially with the survivor so that they may disclose as willing. **NOTE: DO NOT seek out the survivor/person affected. If a child is the survivor, please report to the lead child protection actor.**
- c. If a disclosed incident involves a [CRS staff member or affiliate](#), follow CRS reporting procedures – through [EthicsPoint](#), to the Country Representative, to your supervisor, or local HR. **Please go directly to EthicsPoint where possible. Do not discuss with anyone else.**

6. Review your process and continue to check the protection service availability regularly. Confirm that services are operational before providing information. Add new services as they become available:

- a. Using **Tool 3**, review your process and adjust as possible in the current environment/capacities allow.
- b. Reach out regularly (e.g. every week to two weeks) by phone or email to national protection actors and service providers to assess if anything has changed.
- c. Update referral pathway accordingly and redistribute to staff.
- d. If you have any concerns about the safety/quality of services, forward these to the service provider and any other relevant protection actor. If the Protection Cluster is activated follow up with them to do a quality check on services.

Tool 1a: Sample Key Informant Interview guide – National protection actors

Introduce yourself and present the purpose of the discussion:

- Introduce CRS and scope of our programming (if not known by the KI)
- Advise you are seeking to develop/update a referral card for staff serving people and communities so people with protection needs can be given accurate information on how to access essential protection services in the context of COVID-19
- Advise you are asking them for their input and expertise on available protection services nationally/in X location, that continue to operate now.

QUESTIONS

1. Can you give me an overview of protection services you currently recommend for different types of protection issues²? (SGBV, child protection/separation, trafficking in persons, legal support, psychosocial support etc.)³
2. What sort of checks do you usually conduct/have you conducted on these services? (prompt for accessibility regardless of gender, age and other diversity factors, acceptability, quality – see [AAAQ Framework](#) here for further guidance)
3. What current limitations are protection services facing? Are there any national plans being developed to address these limitations?
4. Are there any service providers you do not recommend? For what reason?

ORGANISATION	CONTACT PERSON	SERVICE
ORGANISATION NAME	NAME	SERVICE 1
LOCATION	EMAIL ADDRESS	SERVICE 2
START DATE/END DATE	PHONE NUMBER	SERVICE 3

*ADD ADDITIONAL TABLE FOR EACH SERVICE PROVIDER

² Please note if a referral pathway already exists, ask if it has been updated due to COVID-19. If not, ask will it be updated. If the answer is NO to both these questions, follow the rest of the process as outlined.

³ Use table provided to capture details on each protection service/organisation – taken from [IFRC Hotline in a Box Tools page 30](#)

Tool 1B: Sample Key Informant Interview guide – Local Protection Service Providers

Introduce yourself and present the purpose of the discussion:

- Introduce CRS and scope of our programming (if not known by the KI)
- Advise you are seeking to develop/update a referral card for staff serving people and communities so people with protection needs can be given accurate information on how to access essential protection services in the context of COVID-19
- Advise you are asking them for their input and expertise on available services that continue to operate now, related to X⁴ protection issue, including any modifications to the mode of delivery.


QUESTIONS

1. Are your services continuing to function? Have there been any changes in mode of delivery? Accessibility? Opening hours? Do we have your permission to share these details with participants of our humanitarian programming? (Probe: If in-person services remain active, please ask about the precautions taken for the service and survivors to prevent COVID-19 contamination)
2. Who can access them? (probe for any access restrictions based on gender, age, ability/disability, ethnicity, religion etc.). Is there a cost to access your services?
3. What safeguarding procedures do you have in place?
4. If you receive a report of another protection issue you cannot address directly (e.g. child separation, trafficking, PSS etc.), to what services are you able to refer people? Do you have specific contacts/focal points in those services? How frequently are the contacts updated?
5. How do we feed back to you if we hear of any positive or negative experiences of or suggestions for your service?
6. What are some of the achievements and challenges your organisation is experiencing, particularly in the context of maintaining services for people in need during the COVID-19 crisis? (prompt on services for vulnerable groups specifically e.g. women and girls, elderly, people with disabilities – contextualise as relevant)

⁴ Adjust to the specific protection service on offer by the local actor

Tool 2: Referral Card Template (see excel Tool 2 for use)⁵

Referral of Protection Cases

If you are informed of a protection incident (violation of rights, gender-based violence, etc.)															
<p>1. Provide a safe and caring environment for the survivor and respect his/her wishes and the principle of confidentiality</p> <p>2. Ask what are his/her immediate needs</p> <p>3. Provide clear and honest information about available services</p>	<p>NO REFERRAL WITHOUT explicit consent, except:</p> <ol style="list-style-type: none"> 1. When there is a threat to the life of the survivor 2. When a survivor threatens to cause serious harm to another person 3. In case of suspicion of abuse or neglect towards a child and in child best interest <p>In the event of rape, inform the victim of the importance of accessing medical care within 72 hours.</p> <p>If the survivor agrees and requests, ask for his/her informed consent and carry out referrals and support for accessing services.</p>														
	<p>If the survivor has given consent, the immediate response should be:</p> <table border="1"> <thead> <tr> <th>Sexual violence</th> <th>Physical violence</th> <th>Safety risk</th> <th>Psychological violence</th> </tr> </thead> <tbody> <tr> <td>Prioritise health care</td> <td>Prioritise safety</td> <td>Prioritise safety</td> <td>Psychosocial support</td> </tr> <tr> <td>Hospital or Healthcare NGO</td> <td>Police</td> <td>Police</td> <td>Counselling/Mental health care</td> </tr> </tbody> </table>			Sexual violence	Physical violence	Safety risk	Psychological violence	Prioritise health care	Prioritise safety	Prioritise safety	Psychosocial support	Hospital or Healthcare NGO	Police	Police	Counselling/Mental health care
Sexual violence	Physical violence	Safety risk	Psychological violence												
Prioritise health care	Prioritise safety	Prioritise safety	Psychosocial support												
Hospital or Healthcare NGO	Police	Police	Counselling/Mental health care												
Update : DATE															
What services are available?															
SGBV	<p>ORGANISATION</p> <p>Point focal: Name - Contact details (phone & email)</p> <p>Services provided:</p> <p>Target group:</p> <p>Opening hours:</p>	<p>ORGANISATION</p> <p>Point focal: Name - Contact details (phone & email)</p> <p>Services provided:</p> <p>Target group:</p> <p>Opening hours:</p>													
MHPSS	<p>ORGANISATION</p> <p>Point focal: Name - Contact details (phone & email)</p> <p>Services provided:</p> <p>Target group:</p> <p>Opening hours:</p>	<p>ORGANISATION</p> <p>Point focal: Name - Contact details (phone & email)</p> <p>Services provided:</p> <p>Target group:</p> <p>Opening hours:</p>													
Health / nutrition	<p>ORGANISATION</p> <p>Point focal: Name - Contact details (phone & email)</p> <p>Services provided:</p> <p>Target group:</p> <p>Opening hours:</p>	<p>ORGANISATION</p> <p>Point focal: Name - Contact details (phone & email)</p> <p>Services provided:</p> <p>Target group:</p> <p>Opening hours:</p>													
Protection & Legal assistance and advice	<p>ORGANISATION</p> <p>Point focal: Name - Contact details (phone & email)</p> <p>Services provided:</p> <p>Target group:</p> <p>Opening hours:</p>	<p>ORGANISATION</p> <p>Point focal: Name - Contact details (phone & email)</p> <p>Services provided:</p> <p>Target group:</p> <p>Opening hours:</p>													
Education	<p>ORGANISATION</p> <p>Point focal: Name - Contact details (phone & email)</p> <p>Services provided:</p> <p>Target group:</p> <p>Opening hours:</p>	<p>ORGANISATION</p> <p>Point focal: Name - Contact details (phone & email)</p> <p>Services provided:</p> <p>Target group:</p> <p>Opening hours:</p>													

⁵ See TOOL 2, Excel version for adaptation

Please note, this list is not exhaustive, please add/adjust as per your context, and relevant protection needs and issues

Tool 3: Referral ChecklistAdapted from PMWG: Taken from: Trócaire - *Referral Checklist*

		Yes/No
1	Is there an existing referral process/pathway in place? Either government or Protection Cluster (or Sub-Cluster)?	
2	If no referral pathways are in place, have you carried out an <i>actor mapping</i> ⁶ to identify all the key actors directly or indirectly involved or who have influence over a particular protection problem?	
3	Does the referral process ensure informed consent? (<i>Ensure the survivor is consulted and takes part in the decisions affecting them.</i>)	
4	Have you ensured that everyone within the organisation (from drivers to the head of office) understands what is expected of them and of their staff or managers (in terms of when and how to refer cases), as well as the organisational limits (e.g. what cases the organisation can and can't get involved in)?	
5	Do you ensure that staff members are aware that they should never share sensitive information (including HIV status) with anyone not directly involved in the survivor's care without the survivor's permission? (<i>Ensure there are steps in place to protect medical/other records, including during emergencies, from falling into the hands of potential/existing perpetrators.</i>)	
6	Does your referral process ensure that specialist organisations are informed by your organisation about any information you have so that they can take further action? ⁷	
7	Are you giving communities information about where they can go to access other agencies directly?	
8	Are you behaving appropriately by considering the person's culture, age, ability and gender? (<i>Respect safety, dignity and rights. Treat the patient/survivor with respect. Ensure all communications are done in a safe place. Respect people's rights to make their own decisions.</i>)	
9	Are you following any existing Standard Operating Procedures at all times?	

⁶ At the planning and information collection stage; think through whom the actors are, their influence and relationships. Carry out one actor analysis for each protection problem. Consider different actors, particularly those at the local level including: CBOs, NGOs, local media, women's organisations, clubs and groups, academics, social networks, village or community leaders, charities, religious institutions, local businesses, unions, local government officials or departments, police, social services, armies, INGOs, the UN and ICRC. Identify with whom you will coordinate carefully according to who has the practical means or the mandated authority to respond.

⁷ Sometimes you may not know which agency to go to, or the issue may concern several. In this case, you can use humanitarian co-ordination mechanisms, such as the Global Protection Cluster. At field level, the cluster will meet regularly to share information.

References/Further Resources

1. Trócaire Guidelines for Developing a Referral Pathway
2. IASC Identifying & Mitigating Gender-based Violence Risks within the COVID-19 Response, <https://gbvguidelines.org/wp/wp-content/uploads/2020/04/Interagency-GBV-risk-mitigation-and-Covid-tipsheet.pdf>
3. GBV AOR Remote Service Mapping Template COVID-19, <https://gbvaor.net/sites/default/files/2020-03/Remote%20Service%20Mapping%20Template%20GBV%20AoR%281%29.pdf>
4. WRC, GBV Pocket Guide, https://gbvguidelines.org/wp/wp-content/uploads/2018/03/GBV_PocketGuide021718.pdf
5. IFRC Hotline in a Box, https://www.communityengagementhub.org/wp-content/uploads/sites/2/2020/03/200325_Tools.pdf