

# Developing a Referral Pathway for Essential Protection Services

## **T** Tools

- Tool 1: Sample KII guide: National protection actors
- Tool 2: Sample KII guide: Local protection service providers
- Tool 3: Referral card template
- Tool 4: Referral checklist

## Audience



PSEA/safeguarding/  
protection  
focal points



MEAL  
staff



Program  
staff

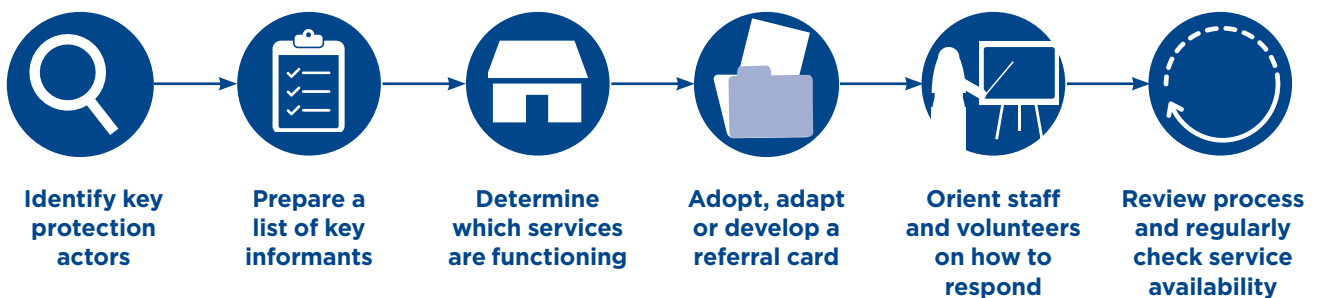
There are two key reasons for developing a referral path: to address protection risks in the communities we serve and to strengthen our safeguarding practices. According to the guidance in CRS' [COVID-19: Safe and dignified programming](#) (2020) and CRS' general approach to programming, it is crucial to understand and respond to protection risks that are exacerbated by emergency situations and public health outbreaks. As CRS is not a stand-alone protection actor, particular protection risks within the communities we serve—such as gender-based violence, intimate partner violence, violence against children, and family separation—need to be addressed through referral to specialized protection service providers. By developing and activating an efficient referral path, we assist people in need of protection from these particular risks to access services that CRS cannot provide directly.

Furthermore, with a referral pathway in place, we ensure adequate response to any safeguarding issues, such as all forms of exploitation and abuse, and sexual abuse and exploitation (SEA) in particular, by assisting victims/survivors to access vital services. This toolkit provides STEPS and supporting tools to develop a referral pathway to support people to meet these essential needs, by referring them to other actors with the necessary expertise and capacity to act:



*By developing and activating an efficient referral path, we assist people in need of protection to access services that CRS cannot provide directly*

## Key steps to developing a referral pathway



### 1. Identify key protection actors

- Identify who is the lead in providing protection services in your context; this could be the government, a United Nations body, or a local or international nongovernmental organization (NGO). Determine whether the Protection Cluster (and sub-clusters) are activated in your context.
- Ideally, the government and/or Protection Cluster in the country maps available protection services, and develops a referral pathway. If the Protection Cluster is activated, contact it 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 or to request a referral pathway.
- If there is no referral process or Protection Cluster, identify which actors are responsible for certain issues or have expertise in those areas. Do this by researching the roles of different organizations. Contact government institutions and local authorities to help identify relevant actors, if necessary.

- Think through who 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 community-based organizations (CBO), INGOs and NGOs, local media, national and local women's organizations, clubs and groups, academics, social networks, village or community leaders, charities, religious institutions, local businesses, unions, local government officials or departments, police, social services, the UN, and the International Committee of the Red Cross.
- Identify with whom you will coordinate, 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

- 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).
- Identify a second list of service providers for a 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's and children's helplines, family tracing and reunification, and services for people with disabilities).

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

- Use **Tool 1A** to get an overview of the service providers the larger protection actors promote based on the safety, quality and accessibility of their services. If there is more than one lead or influential national protection actor, aim to contact them all, to round out/triangulate information on service providers.
- Next, contact service providers directly, using **Tool 1B** to discuss their services, mode of operation, who can access services (are they child-friendly, disability-friendly, etc.), cost of access, etc.

## 4. Adopt, adapt or develop a referral card

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

## 5. Orient staff and volunteers on how to respond when informed of a protection need

Share the following information (further guidance on what to say and what not to say can be found in the [GBV Pocket Guide](#) (IASC 2015):

- 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 in person, practice physical distancing.
  - Communicate accurate information about available services.
  - If they give permission for you to do so, refer them to those services 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.
  - Do not share information about the survivor or their experience to anyone without the explicit and informed consent of the survivor. Do not record details of the incident or personal identifiers of the survivor.
- 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 can disclose]. NOTE: DO NOT seek out the survivor/person affected. If a child is the survivor, please report the case to the lead child protection actor.
- 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 human resources department. Please go directly to EthicsPoint where possible. Do not discuss it 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.

- Using **Tool 3**, review your process and adjust as possible as the current environment and capacities allow.
- 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.
- Update referral pathway accordingly and redistribute to staff.
- If you have any concerns about the safety or quality of services, forward these to the service provider and any other relevant protection actor. If the Protection Cluster is activated, follow up with it for a quality check on services.

# Tool 1 Sample KII guide: National protection actors

## Introduction

Introduce yourself and present the purpose of the discussion:

- Introduce CRS and scope of our programming (if not known by the key informant).
- Tell them you are developing or updating a referral card for staff serving people and communities, so that people with protection needs can be given accurate information on how to access essential protection services.
- Say you are requesting their input and expertise on currently available protection services nationally or in a specific location.

## Questions

1. Please give me an overview of protection services you recommend for different types of protection issues (sexual and gender-based violence (SGBV), child protection/separation, trafficking in persons, legal support, psychosocial support etc). Please note: If a referral pathway already exists, ask if it has been updated due to COVID-19. If not, ask whether it will be updated. If the answer is NO to both these questions, follow the rest of the process as outlined. Use table 1 provided to capture details on each protection service/organization.

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2. What sort of checks do you usually conduct or have you conducted on these services? (prompt for services that are accessible to someone regardless of gender, age and other diversity factors; acceptability; and quality) (see the WHO [Availability, Accessibility, Acceptability, Quality \(AAAQ\) Framework](#) for further guidance).

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1. [Hotline in a Box](#) (IFRC 2020), page 30.

3. What limitations are these protection services currently facing? Are there any national plans being developed to address these limitations?

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4. Are there any service providers\* you do not recommend? For what reason?

Organization	Contact person	Service
Organization name	Name	Service 1
Location	Email address	Service 2
Start date/end date	Phone number	Service 3

\*Add additional table for each service provider

# Tool 2 Sample KII guide: Local protection service providers

## Introduction

Introduce yourself and present the purpose of the discussion:

- Introduce CRS and the scope of our programming (if not known by the key informant).
- Explain that you are developing or updating 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.
- Say you are requesting their input and expertise on available services that continue to operate now, related to [particular 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?

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2. Who can access these services? (probe for any access restrictions based on gender, age, ability/disability, ethnicity, religion, etc.). Is there a cost to access your services?

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3. What safeguarding procedures do you have in place?

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\* Adjust to the specific protection service on offer by the local actor.

4. If you receive a report of another protection issue you cannot address directly (e.g. child separation, trafficking, psychosocial support, 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?

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5. If we hear of any positive or negative experiences or suggestions about your service, how do we feed them back to you?

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6. What are some of the achievements and challenges your organization is experiencing, particularly in the context of maintaining services for people in need during the COVID-19 crisis? (prompt for services for vulnerable groups specifically women and girls, elderly, people with disabilities - contextualize as relevant).

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# Tool 3 Referral card template\*

If you are informed of a protection incident (violation of rights, gender-based violence, etc.)

1. Provide a **safe** and **caring** environment for the survivor and respect their wishes and the principle of **confidentiality**
2. Ask what their **immediate needs** are
3. Provide clear and honest information about **available services**

**NO REFERRAL WITHOUT explicit consent, except:**

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 toward a child and in the child's best interest

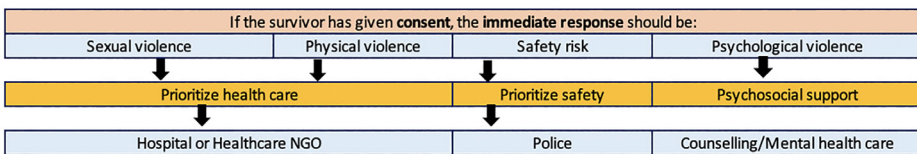
In the event of **rape**, inform the victim of the importance of accessing medical care within 72 hours.

If the survivor agrees and requests, ask for their informed consent and carry out referrals and support for accessing services.



Update : DATE

What services are available?



SGBV

Organization  
 Point focal: Name - Contact details (phone & email)  
 Services provided:  
 Target group:  
 Opening hours:

Organization  
 Point focal: Name - Contact details (phone & email)  
 Services provided:  
 Target group:  
 Opening hours:

MHPSS

Organization  
 Point focal: Name - Contact details (phone & email)  
 Services provided:  
 Target group:  
 Opening hours:

Organization  
 Point focal: Name - Contact details (phone & email)  
 Services provided:  
 Target group:  
 Opening hours:

Health / nutrition

Organization  
 Point focal: Name - Contact details (phone & email)  
 Services provided:  
 Target group:  
 Opening hours:

Organization  
 Point focal: Name - Contact details (phone & email)  
 Services provided:  
 Target group:  
 Opening hours:

Protection and legal assistance and advice

Organization  
 Point focal: Name - Contact details (phone & email)  
 Services provided:  
 Target group:  
 Opening hours:

Organization  
 Point focal: Name - Contact details (phone & email)  
 Services provided:  
 Target group:  
 Opening hours:

Education

Organization  
 Point focal: Name - Contact details (phone & email)  
 Services provided:  
 Target group:  
 Opening hours:

Organization  
 Point focal: Name - Contact details (phone & email)  
 Services provided:  
 Target group:  
 Opening hours:

WASH

Organization  
 Point focal: Name - Contact details (phone & email)  
 Services provided:  
 Target group:  
 Opening hours:

Organization  
 Point focal: Name - Contact details (phone & email)  
 Services provided:  
 Target group:  
 Opening hours:

\* This can be edited in the Excel version. Please note, this list is not exhaustive, please add or adjust according to your context, and relevant protection needs and issues.

# Tool 4 Referral checklist

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 analysis</i> <sup>2</sup> 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 organization (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 organizational limits (i.e. what cases the organization 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 victim/survivor's care without the victim/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 organizations are informed by your organization of any information you have so that they can take further action? <sup>3</sup>	
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 existing standard operating procedures at all times?	

Adapted from [Humanitarian Protection Handbook](#) (Trócaire 2014).

2. At the planning and information collection stage, think about who 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 community-based organizations, INGOs and NGOs, local media, women's organizations, 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, the UN and ICRC. Identify with whom you will coordinate according to who has the practical means or the mandated authority to respond.
3. Sometimes you may not know which agency to go to, or the issue may concern several. In this case, use humanitarian coordination mechanisms, such as the Global Protection Cluster. At the field level, the cluster will meet regularly to share information.

## References and further resources

Gender Based Violence AOR, Global Protection Cluster. 2020. [Rapid Assessment Remote Service Mapping Template](#) (COVID-19).

IASC. 2015. [How to support survivors of gender-based violence when a GBV actor is not available in your area: A step-by-step pocket guide for humanitarian practitioners.](#)

IASC. April 6, 2020. [Identifying & Mitigating Gender-based Violence Risks within the COVID-19 Response.](#)

IFRC. 2020. [Hotline in a Box.](#)

Trócaire. 2014. [Humanitarian Protection Handbook.](#)