02 TOOLS TO SUPPORT LOCAL SHOCK-RESPONSIVE SYSTEMS

2.3 Developing a Referral Pathway for Essential Protection Services

To help local DRR and humanitarian actors map protection services and develop referral pathways

Photo by Will Baxter/CRS

02 Tools to Support Local Shock-Responsive Systems

Introduction to Tools to Support Local Shock-Responsive Systems

2.1 Context Analysis and Consultation Tool for Feedback Mechanisms

2.2 Feedback Mechanisms Standard Operating Procedures (SOPS)

2.3 Developing a Referral Pathway for Essential Protection Services

2.4 Code of Conduct Toolkit

2.5 Simulation Exercise (SIMEX) Facilitation Guide

Developing a Referral Pathway for Essential Protection Services

Introduction

Referral pathways enable people to access relevant protection services designed to prevent or respond to situations of harm, abuse or exploitation. These may include child protection, legal help, psychosocial support or healthcare. As disaster risk reduction (DRR) actors may not be qualified to offer these services, it is important to have reliable, clear information on referral pathways to protection service providers.

The tool deals with two key areas of information: 1) mapping services and 2) developing referral pathways. It does not address a third area—making protection referrals.

1. **Mapping protection actors and services**. This involves finding and documenting all the relevant protection actors in each area. This can include services that governments, non-governmental organizations (NGOs) and community-based and other civil society organizations offer. If the government or Protection Cluster has not already conducted an up-to-date mapping, DRR and humanitarian actors should collect this information, ideally with help from a local protection actor.

2. **Developing a referral pathway.** After mapping the protection actors in the local context, DRR and humanitarian actors can use this information to develop a referral pathway. This is a document that shows organizations and program participants how to access essential protection services; it tells them where to go and who to contact for help with a specific protection need. This information can then be shared widely to orient people affected by protection risks toward the services they need.

3. **Making a protection referral.** This means referring at-risk or vulnerable people to appropriate protection actors identified during the protection mapping. Trained staff accompany people with protection needs throughout the referrals process, so they receive the service they need and can access any other recommended services. This should not be undertaken without specific case-management and protection expertise.

Purpose of the tool

This tool is designed to support DRR and humanitarian actors to:

- Map key protection actors
- Develop a referral pathway
- Help actors coordinate to create an efficient and safe referral pathway

When to use the tool

This tool should be used during emergency preparedness activities. However, it is important to update pathways and mappings regularly, particularly after an emergency or disaster. This is because crises often worsen existing protection risks. Services can also be severely affected.

How to use the tool

Step 6: Regularly review the referral pathway checklist

Step 5: Familiarize DRR stakeholders and local humanitarian organizations on how to respond

Step 4: Choose, adapt or develop a referral card

Step 3: Work out which services are working well

Step 2: Create a list of key sources

Step 1: Identify key protection actors and find out if a referral pathway exists
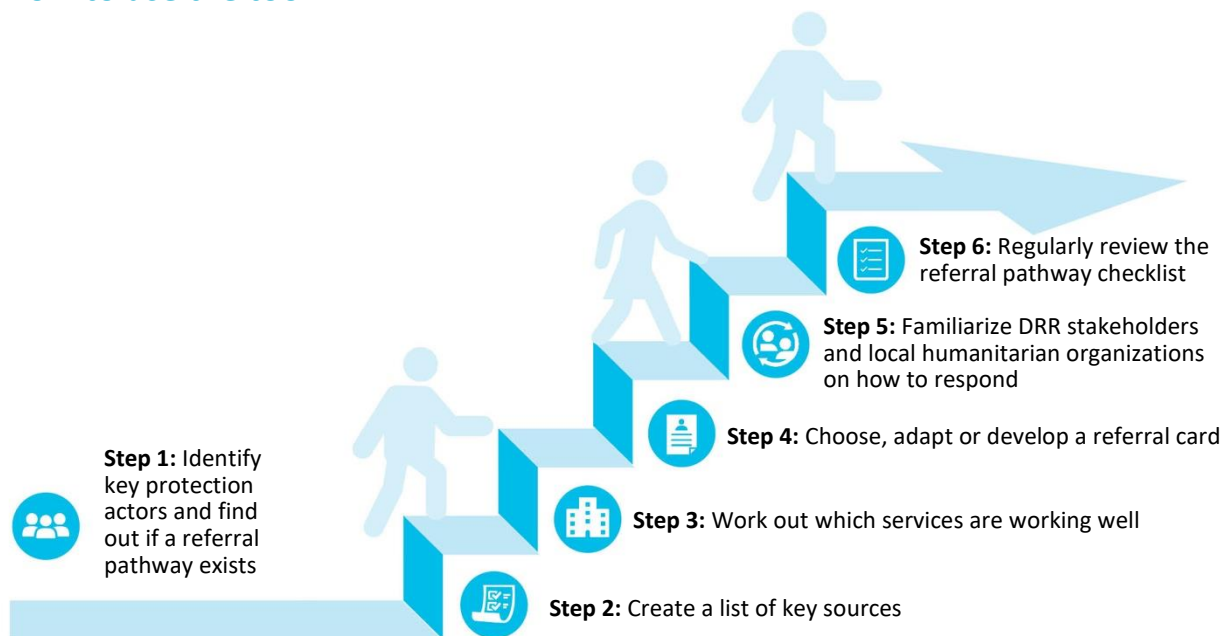
Who to involve?

The process should involve national and local protection actors and local communities. It is important to share the information with all staff.

Key definitions

Confidentiality: This involves an obligation to make sure that information about a person is not shared without explicit permission.

Referral pathway: A referral pathway is a safe way for people to find different kinds of help, e.g., medical care or help from the police.

Survivor: This is a person who has been harmed, sexually exploited or abused.

Survivor-centered approach: This is an approach that puts survivors' wishes, safety and well-being at the center of the process, at all times and in all situations.

Step 1: Identify key protection actors and find out if a referral pathway exists

- Find out who is the lead in providing protection services in the area. This could be the government, a United Nations (UN) body, a local or international NGO, private sector groups or community-based organizations (CBOs). Check whether the Protection Cluster and Sub-Clusters are activated; if so, contact them and ask what you should do next.

- Ideally, the government and/or Protection Cluster will map available protection services and develop a referral pathway.[1] If a government or UN body is the lead in protection services, contact them for guidance or ask for a referral pathway.

- If there is no referral pathway, find out who is responsible for protection concerns or has expertise in these areas. Do this by researching the roles of different organizations. If necessary, contact government institutions and local authorities to help you find relevant actors.

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[1] For an example of a referral pathway from the Rohingya response in Cox's Bazar, Bangladesh, see: https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/referalpathway_220417.pdf.

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- Think through who the actors are, their relationships and how much influence they have and where. Do an actor analysis for each protection problem (use data on protection risks using a bubble analysis).[2] Consider different actors, particularly at the local level, such as:
  - CBOs
  - 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
  - The International Committee of the Red Cross
- Find out with whom you should coordinate. This could include actors who either can respond or have the mandated authority to respond. The more local the referral pathway is, the more useful it will be for people with protection needs. However, only larger actors may be mandated to respond to certain protection issues.

Step 2: Create a list of key sources

- Use the mapping to create a list of the key actors to meet. Start with larger national actors with specific protection mandates that oversee protection services rather than offering them directly, including:
  - National governments
  - The UN
  - International non-governmental organization (INGOs)

Prepare another list of service providers for a second round of interviews. These could be smaller local actors that work on specific protection needs, such as:
  - Local governments
  - CBOs
  - Private sector organizations
  - Women's shelters
  - Health services
  - Women's and children's helplines
  - Family tracing and reunification services
  - Services for persons with disabilities

Refer to the Disaster Responders Mapping from the Community-Led Disaster Risk Management (CLDRM)+ guide.

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[2] For an example of a bubble analysis see Annex 2 of: Catholic Relief Services. *Protection Risk Analysis: Step-by-Steph How-To Guide for Country Program and Partner Project Teams*. 2019.

Step 3: Work out which services are available and working well

- Use **Tool 1A** to get an overview of the service providers that the larger protection actors promote. If there is more than one lead or influential national protection actor, try to contact them all.
- Next, contact service providers directly, using **Tool 1B,** to talk about their services. It is important to understand how they work and who can use their services (e.g., are they child-friendly? are they accessible to people with disabilities? which languages do staff there use?).
- Finally, conduct a community-led analysis to find out about formal and informal protection services using **Tool 2**.
- Consider how hazards affect service providers themselves and whether they are resilient enough to keep offering services during or after an emergency or disaster.

Step 4: Adopt, adapt or develop a referral card

- Use the information from **Tool 1A**, **Tool 1B** and **Tool 2** to list the service providers in a table. If possible, develop a referral card (**Tool 3**), update it regularly, especially after emergencies or disasters.
- Where possible, share your referral card with service providers to check if it is accurate.
- Translate referral cards into local languages or the preferred languages of program participants.
- Print the referral card in a pocket-sized format. Make sure all staff and volunteers have a copy with them during activities. Consider other ways to share this information—such as posters, social media or phone messages.

Step 5: Familiarize DRR stakeholders and local humanitarian organizations on how to respond

Familiarize DRR stakeholders and local humanitarian organizations with the following information:[3]

- If a person affected/survivor tells you about an incident, introduce yourself. Ask how you can help. Remember the importance of respect, safety, confidentiality and non-discrimination.
- Share correct information about available services.
- If they give permission, give them information about relevant resources and services—including how, when and where to access them, focal points at the services, safe transport options, etc.
- Do not share information about a survivor or their experience with anyone unless they give you explicit and informed consent. Do not record details of the incident or personal information about the survivor.
- If someone other than the survivor (for example, a family member) shares information about someone who has experienced harm, abuse or exploitation, give the former up-to-date and correct information about services and support that are available to the survivor. Encourage them to share this information safely and privately with the survivor. DO NOT approach the survivor yourself. If the survivor is a child, please report the case to the lead child protection actor.

Step 6: Regularly review the referral pathway checklist

- During periodic reviews, use the questions in **Tool 4** to adjust as necessary.
- Contact national protection actors and service providers regularly to find out if anything has changed. This is particularly important after a disaster. It will help you to understand whether any groups are finding it hard to access services and how to improve this (for example, by changing the language and format of communications or making adjustments for people with disabilities).
- Share the updated referral pathways with staff.
- If there are any concerns about the safety or quality of services or any barriers to access, tell 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.

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[3] You can find more advice on what to say and what not to say on pages 7–10 of: Inter-Agency Standing Committee. *How to support survivors of gender-based violence when a GBV actor is not available in your area*. 2015.

Tool 1A: Sample discussion guide—national protection actors

Introduction

Introduce yourself and your organization, and present the purpose of the discussion:

- You are developing or updating a referral card for staff serving people and communities. This will help you give people with protection needs accurate information on how to access essential protection services.
- In this conversation, they will give you some personal information—such as mobile numbers and addresses. As far as they are aware, you want to make sure this does not violate local privacy laws.
- You are asking for their input and expertise on protection services that are available nationally or locally.

Questions

Please give me an overview of protection services you recommend for different types of protection issues. For example:

- Sexual and gender-based violence
- Child protection
- Family separation
- Trafficking in persons

Please note: If a referral pathway already exists, ask if it has been updated after a disaster. If not, ask if it will be updated. If the answer to both these questions is "no," follow the rest of the process below. Use the information below to record the details of each protection service/organization.

_____

_____

What checks have you done on these services to understand if they are safe and accessible to someone regardless of gender, age, legal status and diversity factors, etc?[4]

_____

_____

What challenges do these protection services face? Are any national plans being developed to address these challenges?

_____

_____

How could a disruption—such as a disaster—affect these services? Do the providers have contingencies built in for disaster situations?

_____

_____

Are there any service providers you do not recommend? Why?

_____

_____

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[4] For further guidance, see: UNICEF. _Availability, Accessibility, Acceptability, Quality framework: A tool to identify potential barriers to accessing services in humanitarian settings_. 2019.

Add a new table for each service provider mentioned:

ORGANIZATION	CONTACT PERSON	SERVICE
Organization name	Name	Service 1
Location	Email address	Service 2
Languages services provided in	Phone number	Service 3

ORGANIZATION	CONTACT PERSON	SERVICE
Organization name	Name	Service 1
Location	Email address	Service 2
Languages services provided in	Phone number	Service 3

ORGANIZATION	CONTACT PERSON	SERVICE
Organization name	Name	Service 1
Location	Email address	Service 2
Languages services provided in	Phone number	Service 3

ORGANIZATION	CONTACT PERSON	SERVICE
Organization name	Name	Service 1
Location	Email address	Service 2
Languages services provided in	Phone number	Service 3

DEVELOPING A REFERRAL PATHWAY FOR ESSENTIAL PROTECTION SERVICES

Tool 1B: Sample discussion guide—local protection services providers

Introduction

■ Introduce yourself and your organization and present the purpose of the discussion.

■ Explain that you are developing or updating a referral card for staff serving people and communities so that people with protection needs can receive accurate information on how they can access important protection services.

■ Say you are asking for their input and expertise on the services that are operating in response to *[insert the particular issue this service focuses on]*. You are also interested in any changes there have been after an emergency or disaster.

Questions

Are your services continuing to work? Have you changed anything (e.g., is it easier or more difficult for people to access your services; have you changed your opening hours; do we have your permission to share these details with our program participants)?

_____

_____

Who can access your services (look for any access restrictions based on gender, age, disability, ethnicity, religion, legal status, etc.)? Do people have to pay to access your services? What language(s) are available for services? If users need information on the services (e.g., after-care guidance, instructions for taking medicines), which languages and format are offered?

_____

_____

What safeguarding procedures do you have in place?

_____

_____

If you receive a report of another protection issue you cannot deal with directly (e.g., child separation, trafficking, psychosocial support), to what services do you refer people? Do you have specific contacts or focal points in those services? How often do you update your contacts?

_____

_____

If we hear of any positive or negative experiences or suggestions about your service, how do we pass them on to you?

_____

_____

Have emergencies or disasters ever disrupted your services? *[mention any specific examples if possible.]* If yes, were you able to overcome these problems? Did the challenges affect how you provided services, particularly to vulnerable groups (specifically women and girls, older persons or persons with disabilities)?

_____

_____

Tool 2: How to map formal and informal protection services and structures in disaster-affected communities

Adapted from: Protection Mainstreaming Working Group. *Protection Mainstreaming Facilitation Guide*. 2018, and Catholic Relief Services. *Community Led Disaster Risk Management+ Guidance*. 2022.

Step 1: Preparing the exercise

Work out the location covered by the mapping (e.g., a rural community, village or camp).

Step 2: Introducing the exercise and discussion

Welcome and introduction

- Welcome participants and invite them to introduce themselves.
- Introduce the facilitator and notetaker, including names, organization and positions.

Explain the process

In a language participants understand, explain:

- The purpose of the discussion, how the participants were chosen, and how you will use the information that you collect.
- The exercise is to develop a conceptual map, not a physical one. The aim is to discover the formal and informal groups and organizations that exist in and around the community.
- There are no right or wrong answers.
- Participation is voluntary. Participants can refuse to participate or stop at any point, with no consequences. Their answers will not affect whether they receive services.
- You do not expect people to talk about specific incidents of violence. They should never reveal any identifiable personal information—such as the names of survivors or perpetrators.
- The team will take notes and may collect some data about participants but will not share it unless participants agree.
- If anyone has any confidential concerns or complaints, they can share them with the facilitator after the session.
- You can share a consent form a few days before the exercise for children, people with disabilities and other vulnerable groups. Consider explaining the form in person if a written text is difficult for them to understand.
- Help all groups express themselves—including older people, people with disabilities, religious groups, ethnic minorities, people of different genders and speakers of different languages. Consider holding separate mapping exercises for different groups.

Clarify terminology

- Introduce key terms/language so that everyone understands the terms in the same way. You can introduce terms at the beginning of the discussion or gradually as you move from topic to topic. Please see the Glossary (PART 5) for terms used, and make sure that you have found the most suitable translation for each term.

Step 3: Conducting the mapping exercise

Part A

- Ask participants to think about the following questions:
  - What do you do when you face a protection threat before or during a disaster?
  - Who do you go to for help?
- In the middle of a large sheet of paper or on the ground, draw a large circle with a sick person inside it. Then draw three more circles around the central one. Explain that:
  - The inner circle represents the **survivor**, the person who has been harmed.
  - The next circle represents the people **closest** to that person. They might be the people the survivor turns to first for support or help (e.g., their mother, brother, sister, father or friend).
  - The next circle represents those **closer** to the survivor. These might be people, groups or organizations the survivor may go to next for support or help (e.g., a teacher, nurse, doctor, priest, community leader, women's group or midwife).
  - The outer layer represents those who are only **close** to the survivor. These are people, groups or organizations in the community that the survivor has a more formal relationship with (e.g., the police, health clinics, lawyers and schools).
- Ask participants to think about specific people for each circle in their local area. For example, would parents, grandparents or siblings be included in the **closest** ring? Would healthcare providers or education actors be in the **close** ring?
- Record information about the people, groups or organizations in layers two (closer) and three (close). You can compare it later with the information the protection actors give you in **Tools 1** and **2** to see if they overlap or if there are any differences.
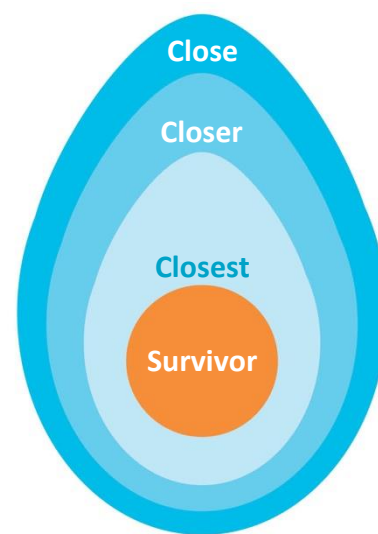
MATERIAL ADAPTATION FROM CRS SAFE AND DIGNIFIED PROGRAM

Part B

- Draw a line down the middle of each circle to divide them into two halves. Explain that the left half refers to "pre-disaster" and the right half refers to "post-disaster."
- Ask participants to place the actors they identified in part A inside the circle and decide if they play a key role "pre-disaster," "post-disaster event," or both.

Step 4: Concluding the discussion and following up

- Go back over everything that participants shared and ask if anything is missing.
- Photograph or record the output of the session so you can share this information with the people who are developing the referral pathway.
- Give the participants contact information in case they want to share anything else with the facilitation team.
- Thank participants for their time and ideas.
- Inform the relevant person (e.g., your protection focal point) of any sensitive issues or complaints that were raised and offer contact information.

Tool 3: Referral card template

Note: This list is not exhaustive. Please expand and adjust according to context.

Referral of Protection Cases

Use 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 his/her wishes and the principle of **confidentiality.**
2. Ask what are his/her **immediate needs.**
3. Provide clear and honest information about **available services.**
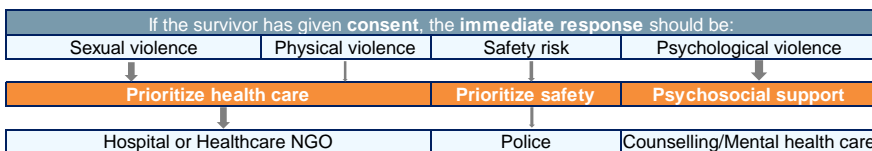
NO REFERRAL WITHOUT **explicit consent, except:**
1. When there is a threat to the life of the survivor
2. When a survivor threatens to cause serious harm to another person
3. In case of suspicion of abuse or neglect towards a child and in child's best interest

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 his/her informed consent and carry out referrals and support for accesssing services.

Update : DATE

If the survivor has given **consent**, the **immediate response** should be:			
Sexual violence	Physical violence	Safety risk	Psychological violence
Prioritize health care		**Prioritize safety**	**Psychosocial support**
Hospital or Healthcare NGO		Police	Counselling/Mental health care

What services are available?

SGBV	**ORGANIZATION** **Point focal:** Name, contact details (phone/email) **Services provided:** **Target group:** **Opening hours:** **Languages services provided in:**	**ORGANIZATION** **Point focal:** Name, contact details (phone/email) **Services provided:** **Target group:** **Opening hours:** **Languages services provided in:**
MHPSS	**ORGANIZATION** **Point focal:** Name, contact details (phone/email) **Services provided:** **Target group:** **Opening hours:** **Languages services provided in:**	**ORGANIZATION** **Point focal:** Name, contact details (phone/email) **Services provided:** **Target group:** **Opening hours:** **Languages services provided in:**
Health/Nutrition	**ORGANIZATION** **Point focal:** Name, contact details (phone/email) **Services provided:** **Target group:** **Opening hours:** **Languages services provided in:**	**ORGANIZATION** **Point focal:** Name, contact details (phone/email) **Services provided:** **Target group:** **Opening hours:** **Languages services provided in:**
Protection and Legal assistance/advice	**ORGANIZATION** **Point focal**: Name, contact details (phone/email) **Services provided:** **Target group:** **Opening hours:** **Languages services provided in:**	**ORGANIZATION** **Point focal:** Name, contact details (phone/email) **Services provided:** **Target group:** **Opening hours:** **Languages services provided in:**
Education	**ORGANIZATION** **Point focal**: Name, contact details (phone/email) **Services provided:** **Target group:** **Opening hours:** **Languages services provided in:**	**ORGANIZATION** **Point focal**: Name, contact details (phone/email) **Services provided:** **Target group:** **Opening hours:** **Languages services provided in:**
WASH	**ORGANIZATION** **Point focal**: Name, contact details (phone/email) **Services provided:** **Target group:** **Opening hours:** **Languages services provided in:**	**ORGANIZATION** **Point focal:** Name, contact details (phone/email) **Services provided:** **Target group:** **Opening hours:** **Languages services provided in:**

DEVELOPING A REFERRAL PATHWAY FOR ESSENTIAL PROTECTION SERVICES

Tool 4: Referral pathway checklist

Adapted from: Trócaire. *Humanitarian Protection Handbook*. 2014.

	CHECKLIST	YES/NO
1	Is there an existing referral pathway? Was it developed by the government or Protection Cluster (or Sub-Cluster)?	
2	Are existing referral pathways reliable and responsive during emergencies?	
3	Is it easy for community members to access and understand information about the referral pathways? • *Are different communication channels used to share this information?* • *Which languages are used to share this information?*	
4	Are there referral pathways set up in evacuation centers, temporary shelters or isolation facilities?	
5	Do local disaster risk reduction and management offices use a standard referral pathway for disaster victims?	
6	If there are no referral pathways, have you done a mapping to find all the key actors who offer services or who have influence over a particular protection problem?	
7	Does the referral process ensure informed consent (i.e., clear and full permission from survivors) and a survivor-centered approach? • *Do survivors fully understand what they are agreeing to, including what options they have and any risks?* • *Do survivors' needs and preferences take priority? Does the survivor take part in decisions that affect them? Are they treated with respect and dignity?*	
8	Have you ensured that everyone in the organization (from drivers to the head of office) understands when and how to orient people to these services? Does everyone understand organizational limits, including what cases the organization can and cannot get involved in?	
9	Do you make sure that staff members know they should never share sensitive information with anyone who is not directly involved in a survivor's care unless they have the survivor's permission?	
10	Does your referral process ensure that your organization shares information with specialist organizations so they can take further action?	
11	Are you giving communities enough information about where they can access other agencies directly? • *Which languages and communication channels do you offer?*	
12	Are you considering survivors' culture, age, ability, language and gender? • *Does all communication happen in a safe place?* • *Are survivors' rights to make their own decisions respected?*	
13	Are you following existing standard operating procedures at all times?	

Further resources

IASC. April 6, 2020. *Identifying and Mitigating Gender-based Violence Risks within the COVID-19 Response*.

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*.

IFRC. 2020. Hotline in a Box. IFRC.

CRS. 2021. Strengthening Partners in Protection Against Sexual Exploitation and Abuse—A Toolkit for Local and National Organizations.