# IMPROVING SERVICE COORDINATION THROUGH TIMELY, EFFICIENT, AND ACCOUNTABLE REFERRALS

## REFERRAL INFORMATION MANAGEMENT SYSTEM (RIMS)

**Lebanon**                                                    **July 2019**

The Danish Refugee Council assists refugees and internally displaced persons across the globe: we provide emergency aid, fight for their rights, and strengthen their opportunity for a brighter future. We work in conflict-affected areas, along the displacement routes, and in the countries where refugees settle. In cooperation with local communities, we strive for responsible and sustainable solutions. We work toward successful integration and – whenever possible – for the fulfillment of the wish to return home. The Danish Refugee Council was founded in Denmark in 1956, and has since grown to become an international humanitario organization working in more than 30 countries.

*A group of children run in an informal settlement in Tripoli, Lebanon. 2015. Photo by: Eduardo Soteras Jalil*

RIMS

Referral Information Management System

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# EXECUTIVE SUMMARY

With ongoing waves of displacement from Syria and a precarious economic situation for many Lebanese communities, the humanitarian response has increasingly necessitated effectively coordinated service delivery to ensure targeted and continuous support to individuals in need. **The referral process plays a key role within this response, in that effective and accountable referral pathways are fundamental to adequately and comprehensively deliver services to vulnerable populations.**

Despite the recognition that strengthening cross-sector referral systems improves service coordination and accountability, there still remain gaps in facilitating cross-sector referrals and establishing a unified and institutionalised technical system and process for making and understanding referrals.

Thus, the Referral Information Management System (RIMS) was created by DRC in 2016 to enable organisations in Lebanon to coordinate and manage referrals across sectors. RIMS not only seeks to improve coordination between humanitarian actors and sectors by providing a common platform to facilitate, manage, and follow up on referrals, but it also aims to generate evidence on referrals and the environment that influences them. The examination of RIMS data can provide high quality analysis on the effectiveness of referrals and gaps and bottlenecks within service provision, as well as evidence-based recommendations on improving referral management and accountability.

To assess the effectiveness of referral pathways, RIMS data from March to June 2019 has been analysed to better comprehend the factors that influence cross-sector referrals using speed, timeliness, and accuracy as indicators.

This report has been developed by the RIMS team and complements RIMS Snapshots produced every four months demonstrating trends in referrals. Another analytical report will be published in November 2019 to build upon key findings found in referral data and continue to provide evidence-based recommendations to inform referral management and effectiveness.

## Summary of Key Findings and Recommendations

- **Using a common tool to manage, track, and follow up on referrals facilitates referral processes and coordination:** A unified technical system to facilitate referrals provides a platform for strengthened cross-sector referrals and coordination among all actors. A common tool eliminates issues with the duplication of systems and indicators, while also assists in furthering a holistic and institutionalised response for understanding and making referrals. In addition, a unified system supports updated and accurate service mapping and establishes pathways for analysis of referral data to inform programming and evidence-based recommendations.

- **Clarity on referral vocabulary, categories, and processes is essential to ensuring efficient referral management and accountability between service providers:** Actors involved in the referral system must ensure a shared understanding of referral statuses and categories, which can be strengthened

through the clarification of certain terms, more detailed feedback on the status of referrals and refresher trainings on Inter-Agency Minimum Standards for Referrals. While RIMS conducts trainings that include Inter-Agency referral SOPs, organisations could benefit from further clarification of specific procedures and categories. Further, unclear expectations on the timespan that referrals take to receive a final status for each sector should be clarified to guarantee informative feedback to the referring agency and increase accountability between service providers.

- **Ensuring flexibility in reviewing coordination, responsibility, and areas of coverage between actors based on funding and contextual developments improves referral efficiency:** Funding priorities and gaps, as well as the enabling environment, affect an organisation's capacity to provide services and how actors interact and share responsibilities among each other. Thus, changes in the funding, political, or economic landscape can lead to inefficient service provision due to an unclear division of responsibility between actors. This was notable for Child Protection actors in the Bekaa in the previous report, which have since conducted a rezoning to better assign responsibilities and areas of coverage.

- **Strengthening formal and informal information sharing on services improves collaboration between service providers and referral effectiveness:** Increased communication through a variety of formal and informal fora have enhanced the referral process, namely in disseminating necessary information about available services, clarifying and detailing evolving eligibility criteria, and updating regional or sectoral service mapping. Strengthened communication on services provided by each organization in the form of face-to-face meetings, joint information sessions between sectors, and interactive and localized service mappings can enhance the number and accuracy of referrals, in addition to clarifying sector and sub-sector activities for all actors to have a common understanding of who to send referrals to.

- **Developing clear internal referral processes and assigning designated staff for each sector filtering referrals facilitates the referral processes:** Having clear internal referral processes and referral focal points for each sector and activities has proved to facilitate coordination and management as it allows designated staff with technical expertise to filter and allocate referrals internally and externally, which inevitably assists in promoting cross-sector referrals.

- **Grants management throughout funding cycles is essential to ensure continuous and real-time service provision to beneficiaries and accountability between service providers:** It is reported that some organisations, notably in Basic Assistance, delay their response to referrals and service delivery until the end of their funding cycles or reporting periods when they must meet targets. Planning and adapting program activities according to grants cycles is important in order to maintain quality and timely service provision to beneficiaries and effective coordination within the referral system, as well as to ensure that there are no gaps in coverage in a specific location or sector due to the loss of funding of a service provider.

- **Management oversight and monitoring is critical to guarantee follow up on referrals, and to increase accountability to beneficiaries, service providers and donors:** Seven out of ten referrals still have not received a final status, which is a significant increase from three in ten in the previous report. This can partly be

attributed to a rise in in the proportion of external referrals, which results in less control over referral follow up. It also could be a result of the fact that referrals are facilitated to non-RIMS partners, which requires extra work for RIMS partners as they must update the system on behalf of non-partners.  Organisations with close management oversight prove more active in responding to and following up on referrals, which enhances accountability to beneficiaries, service providers and donors.

- **Non-protection actors became increasingly more active in sending referrals, likely due to better coordination between actors, new services provided, and increased needs from contextual developments:** More non-protection actors started sending referrals, such as from Livelihoods, and a greater diversity of sectors received referrals, notably health and shelter. This could be attributed to better coordination between actors from different sectors sharing information on their services and strengthening their referral pathway. The current context of evictions, demolitions, deportations, and continuous waves of new arrivals of refugees from Syria also resulted in increased needs across a wide array of sectors due to an increasingly reduced protection environment within Lebanon.

- **The overall capacity of organisations to manage referrals, including funding, staff, and infrastructure bolsters referrals:** Organisational capacity significantly influences the number of referrals, as demonstrated by the case study of DRC, in which four-fifths of referrals were conducted in the North as compared to the Bekaa. The more funds, staff and activities in place in the North to manage referrals allowed for a greater number of referrals to be conducted, managed and followed up on in comparison to the Bekaa.

- **Changing contextual developments and corresponding awareness sessions can contribute to increasing access to information on service provision and self-referrals:** While most beneficiaries referred on RIMS are identified by NGO front liners, self-referrals have significantly increased, now accounting for 42% of identification mechanisms from previously 33%.  Self-referrals are characterised by a beneficiary independently approaching a service provider and then being referred to the right service matching their needs. Contextual developments, such as new laws on legal status and employment opportunities, encourage beneficiaries to seek guidance from an information desk, which is where most referrals are conducted. In addition, awareness sessions organized by partners in recent months have contributed to increased access to information for beneficiaries who have approached service providers and been referred as a result.

# INTRODUCTION

As the refugee crisis enters its ninth year and the protection environment within Lebanon continues to deteriorate, coordinated and integrated multi-service provision is more necessary than ever to respond to the plethora of urgent and critical needs facing vulnerable individuals. While international agencies and humanitarian actors have been working to address key issues, funding has steadily decreased under the Lebanon Country Response Plan (LCRP) since 2017 as a result of the protracted nature of the conflict and the redirection of humanitarian funding to other emergencies. Thus, humanitarian actors in Lebanon have been forced to cut down or optimalise existing programming and activities, while simultaneously delivering quality services in a timely and efficient manner according to people's needs.

Protection concerns for Syrian refugees have only increased, namely as a result of ongoing evictions, demolitions, and arrests related to barriers in accessing legal documentation. Additionally, Syrian refugees face substantial obstacles to employment in legal terms, such as in obtaining a work permit and accessing different sectors for work, but above all in terms of job availability and decent work conditions. The Lebanese Ministry of Labour's  enforcement of the labour law through an action plan implemented in June 2019 has exacerbated the employment challenges faced by Syrians, implementing fines in the absence of work permits and for employers not complying with the legislation according to the ILO translation.[1] Furthermore, increased pressure on the existing limited services in Lebanon has exacerbated the needs of already vulnerable Lebanese communities, as well as Palestinians.

Efficient cross-sector service provision is key to adequately and comprehensively meet the needs of vulnerable populations and refugees in Lebanon. Referrals are an essential step in fulfilling beneficiaries' needs because they connect service providers together and individuals in need with the appropriate assistance or service in a timely manner.

However, despite the importance of referrals in effective service provision, significant gaps continue to exist in Lebanon, including the lack of a unified platform for actors from all sectors to conduct, manage and follow up on referrals, which ultimately would enhance effectiveness and accountability. The Referral Information Management System (RIMS) was created by DRC to address these gaps and to enable partners from all sectors to coordinate and manage referrals, with the aim of quickly, effectively and holistically responding to the multitude of needs of beneficiaries. RIMS ultimately seeks to improve the effectiveness and accountability of referrals to beneficiaries, donors, and between service providers in order to improve the humanitarian response in Lebanon.

This report analyses referrals conducted on RIMS from March to June 2019, and provides recommendations on referral management and capacity to enrich the effectiveness and accountability of the referral system.

## Gaps in referrals

Despite ongoing programming that seeks to facilitate effective service provision to both displaced and vulnerable populations, there still exist a number of challenges in making referrals in the Lebanon humanitarian response.

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1    Lebanon Ministry of Labour (2019). Action Against Illegal Foreign Employment on the Lebanese Territory. (ILO Translation)

These challenges include the absence of a unified technical system and a still developing institutionalisation and implementation of referral practices in Lebanon, which results in the duplication of systems and tools to conduct referrals across sectors and organizations.

While some sectors have developed their own referral information management systems, traditional barriers to conduct cross-sector referrals persist in the Lebanon humanitarian response.  There remains an absence of cross-sector standards and indicators, as well as a lack of tailored trainings on safe identification for each sector, therefore affecting the ability to make cross-sector referrals due to lack of technical expertise.

Additionally, various organisations have not identified a dedicated focal point and their service mapping remains outdated, which greatly hinders effective and coordinated referral management.

Lastly, the lack of analysis on referrals is also significant, in that there has been minimal understanding of the effectiveness of referral pathways and the impact of factors influencing referrals, which ultimately limits the possibility of strengthening coordination, efficiency, and accountability of cross-sector service provision.

## Referral Information Management System (RIMS)

In response to the need for more accountable, timely and effective referral management and coordination, the Referral Information Management System (RIMS) was developed by DRC in Lebanon and piloted in September 2017 with five agencies. Modelled along the Inter-Agency Minimum Standards and Procedures for Individual Referrals, RIMS provides organisations with a common platform to facilitate, track, follow-up and monitor referrals and extract referral data across sectors.

The fundamental purposes of RIMS are (1) to improve coordination between humanitarian actors and sectors by providing one platform to facilitate, manage and follow up on referrals; and (2) to generate evidence on referrals and the environment that influences them in order to provide high quality analysis and evidence-based recommendations on the effectiveness and accountability of referrals.

Since its inception, RIMS has greatly expanded its membership and is now utilized by 30 partner organizations as of August 2019.  The system has been continuously updated and improved based on partner feedback and data analysis, which culminated in the third version of RIMS that was launched in June 2019.  It now features an online and offline platform; enhanced data security; and the ability to redirect and forward referrals to enable field staff to track and forward referrals to the best placed service provider.

## RIMS Strategic Vision and Objectives

The strategic vision of RIMS is that the humanitarian response in Lebanon is improved and influenced through effective and accountable referral pathways. With its purpose to improve coordination and generate analysis on the effectiveness and accountability of referrals to influence decision-making, RIMS seeks to influence referral processes and systems in Lebanon through three objectives:

1. **By enhancing referral pathways** through developing a common platform to conduct and manage referrals; streamlining pathways and developing a shared vision of referral systems; facilitating participation and knowledge-sharing among a variety of service providers; and conducting capacity-building and enhancing accountability to beneficiary, donors and service providers.

2. **By increasing the frequency of cross-sector referrals** through partnering with organisations from a diversity of profiles, sectors and geographic areas who will conduct referrals across sectors and share knowledge on how to enhance cross-sector referrals and respond holistically to the multitude of needs of beneficiaries in a cohesive matter.

3. **By generating evidence to provide recommendations on improving accountability and effectiveness of referrals** through the production of high quality data; the development of indicators for assessing the effectiveness of referrals; and the production of reports with recommendations to advocate for solution-based improvement in referral effectiveness.

## RIMS within the Humanitarian Referral System

While referrals are typically conceived as a process with Standard Operating Procedures (SOP) regulating the sending and receiving organisations, many factors influence the referral pathway. These include the capacity of the staff to conduct referrals; the knowledge of services and technical expertise of other sectors within the humanitarian response; the funding and targets that each organization has to conduct referrals; and lastly, natural disasters, and other emergencies. As a result, referral pathways are characterized by the RIMS Team as a system rather than only as a process.

The RIMS Team has identified three core components that comprise the broader humanitarian referral system, which include the referral pathway, the enabling environment, and key infrastructure and input:

- The **referral pathway** is the process by which information relating to the beneficiary is transferred between and within organizations to facilitate access to a range of services. Through the referral pathway, humanitarian actors can identify commonalities across sectors and thus analyse the effectiveness of the cross-sector pathway itself.

- The **enabling environment** encompasses all external factors that influence the referral pathway that significantly impact referral effectiveness. This includes the funding landscape, interagency coordination, the political and economic landscape, the services available, and natural or manmade crises.

- The **infrastructure and inputs** component is comprised of the central factors that facilitate referrals to take place. This includes staff capacity, trainings, the referral system and tools, the organizational structure, and management oversight and monitoring. RIMS itself falls within this component as a key platform that facilitates the referral pathway.

**Figure 1. The Humanitarian Referral System**
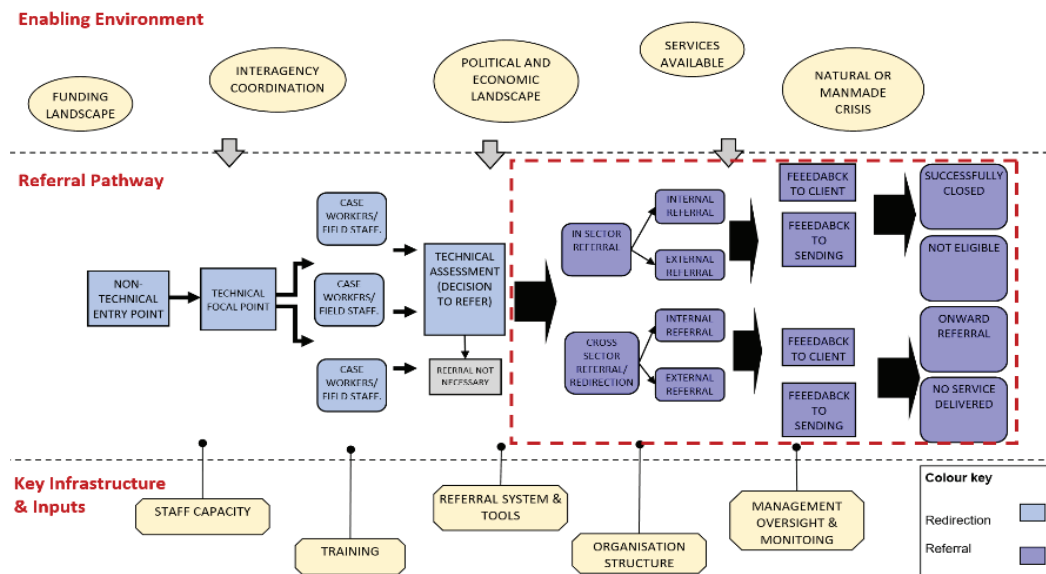


RIMS has been conceived as a referral management tool that ultimately strives to strengthen referrals within each of the three components of the system, namely in facilitating the pathway for information to be shared and transferred; positively influencing the enabling environment for coordination; and improving the infrastructure required for effective referrals.

This report therefore analyses referrals with this systemic perspective and is able to draw recommendations not only on referral management, but on other factors that can influence referrals.

## CONTEXTUAL DEVELOPMENTS

In order to add context to the trends seen in RIMS data, it is vital to examine the recent developments that have influenced the humanitarian response in Lebanon and ultimately the larger humanitarian referral system from March to June 2019.  Ongoing political, economic, and social developments have a significant impact on how organisations can operate, prioritize, and coordinate service delivery for both refugees and Lebanese communities.

With regards to the Syrian refugee crisis, the protection space in Lebanon has become increasingly restrictive as there remain heightened barriers for Syrian refugees to not only obtain civil documentation, but also to regularly enter Lebanon.  It is estimated that 78% of the Syrian population aged 15 and older do not have valid legal residency in Lebanon, presenting protection needs and affecting the enabling environment of referrals.[2]  In addition, deportations have occurred as a result of the change in the law in April 2019 with regards to Syrians entering Lebanon irregularly.[3]

The current political climate in Lebanon has also resulted a rise in evictions and demolitions of the housing structures of Syrian refugee households.  In 2018, approximately 11,300 Syrian households were evicted from their homes with the highest rates in the Bekaa, the North,

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2    Preliminary Findings of VASyR 2019. (DRAFT).

3    Human Rights Watch. (2019). 'Lebanon: Syrians Summarily Deported from Airport.' Human Rights Watch, 24 May [Online]. Available at https://www.hrw.org/news/2019/05/24/lebanon-syrians-summarily-deported-airport.

and Nabatieh, greatly increasing shelter needs. [4] In April 2019, the Lebanese Higher Defense Council declared that any hard or semi-permanent housing structures constructed by refugees had to be taken down within several months.[5] By the first of July, the Lebanese army had destroyed concrete settlements in Arsal and it is feared that other semi-permanent structures will continue to be demolished in Baalbek and Hermel.[6]

The ability of the humanitarian community to respond to the multitude of government initiatives that have been enforced during the same period of 2019 has revealed gaps in access to emergency funding and a lack of willingness of the Lebanese government to continue to apply leniency to previously agreed upon laws resulting in relatively safe asylum of Syrians in Lebanon. The new implementation of deportation of Syrians found without correct documentation, including reports of minors being deported, has increased the legal counselling need for Syrians. However, with these actions falling outside of the Lebanese legal framework, there is little action that can be taken through judicial means for humanitarian legal actors.

In terms of employment, the 2018 VASyR estimates that only one in four employed Syrian refugees reported having "regular work", and the obstacles that Syrians face have worsened in the last months after the Lebanese Ministry of Labour's enforcement of the labour law.[7] The action and campaign seek to halt irregular Syrian labor and effectively encourage Lebanese employers not to hire Syrian refugees who do not have a work permit. the recent report of the Ministry of Labour, according to the ILO translation, stated that the action plan demanded that Syrians who had been working had to report to the Ministry of Labour to settle their situations and that Lebanese employers will be fined if they do not hire at least 75 percent Lebanese workers.[8] In addition, Palestinian refugees in Lebanon have also been negatively affected by the implementation of this action, specifically in now requiring them to obtain work permits and shutting down businesses if Palestinian owners do not have valid permits.[9]

Furthermore, the crisis in Syria, border closures, increased poverty levels, income inequality and unemployment have had significant effects on Lebanese communities, as well as on the Lebanese economy. It is estimated that approximately 200,000 Lebanese have been pushed into poverty since the onset of the Syrian crisis, while an additional 250,000 to 300,00 Lebanese citizens are estimated to be unemployed.[10] This has not only resulted in heightened tensions directed at Syrian refugees with regards to the stagnant economic conditions and competition for employment, but also in a rise in negative coping strategies, which include child labor and child marriage.[11]

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4    Ibid.

5    Human Rights Watch. (2019). 'Lebanon: Syrian Refugee Shelters Demolished.' Human Rights Watch, 5 July [Online]. Available at https://www.hrw.org/news/2019/07/05/lebanon-syrian-refugee-shelters-demolished.; The Daily Star. (2019). 'Army Demolishes Concrete Refugee Settlements in Arsal.' The Daily Star, 1 July [Online]. Available at http://www.dailystar.com.lb/News/Lebanon-News/2019/Jul-01/486511-army-demolishes-concrete-refugee-settlements-in-arsal.ashx.

6    Terre des Hommes. (2019). 'Demolition of Syrian homes in Arsal: At Least 15,000 Children Will Be Made Homeless.' Terre des Hommes, 4 June [Online]. Available at https://www.tdh.ch/en/press-releases/demolition-syrian-homes-arsal-least-15000-children-will-be-made-homeless.

7    UNHCR, UNICEF, WFP. (2018). Vulnerability Assessment of Syrian Refugees. Beirut, Lebanon. https://www.unhcr.org/lb/wp-content/uploads/sites/16/2018/12/VASyR-2018.pdf.

8    Action Against Illegal Foreign Employment on the Lebanese Territory, Ministry of Labour, June 2019. (ILO Translation)

9    Younes, Ali. (2019). 'Palestinians in Lebanon Protest Crackdown on Unlicensed Workers.' Al-Jazeera, 17 July 17 [Online]. Available at https://www.aljazeera.com/news/2019/07/palestinians-lebanon-protest-crackdown-unlicensed-workers-190716183746729.html.

10   The World Bank. (2019). 'The World Bank in Lebanon: Overview.' 1 April [Online]. Available at https://www.worldbank.org/en/country/lebanon/overview.

11   UNHCR, UNICEF, WFP. (2018). Vulnerability Assessment of Syrian Refugees. Beirut, Lebanon. https://www.unhcr.org/lb/wp-content/uploads/sites/16/2018/12/VASyR-2018.pdf.

# METHODOLODGY

To analyse trends, effectiveness and accountability of referrals and provide recommendations, this report provides an analysis of national referral data gathered through RIMS over a four-month period, from March 2019 to June 2019, of seven active RIMS partners out of the 26 RIMS partners in that period.

## Data analysis framework:

The RIMS Team developed three indicators to measure the effectiveness of referrals: the speed, timeliness and accuracy of referrals, which are analysed in this report alongside overall referral trends. Further disaggregation of sector and sub-sector, governorate, internal versus external, and RIMS versus non-RIMS partners were used over the effectiveness indicators of speed, timeliness and accuracy to provide more in-depth analysis. The RIMS Team conducted both qualitative and quantitative analysis to explore trends and assess referral effectiveness.

In compiling this report, the RIMS team began by preparing the data set for the analysis. RIMS active users had to validate the referrals created and received on RIMS Version 2 starting 1 March until 9 June 2019. Once users checked and updated the status of their referrals, the RIMS team circulated a checklist to each user highlighting missing data and data entry errors to be addressed. Finally, the Information Management team extracted, anonymized the data, and categorized it.

## Quantitative analysis:

The dataset included 1,613 referrals for this time period, from seven organizations including DRC.

Researchers analysed the data to determine absolute numbers across specific indicators and disaggregation points to explore correlation between variables and find patterns. Numerical averages were conducted to measure the effectiveness of referrals across the three indicators of speed, timeliness and accuracy. Additionally, to identify relationships between multiple variables, correlations were run across the data to examine gaps and bottlenecks in service provision.

## Qualitative analysis:

**Focus Group Discussions (FGDs):** Focus Group Discussions were conducted by the RIMS Team to contextualize and understand the findings from the quantitative analysis explained above. FGDs were semi-structured, involving both precise questions and open discussions of the findings, and focused on the context in which referrals are made, as well as referral management. Four FGDs were conducted across three active RIMS partners, including two FGDs of DRC staff in the Bekaa and in the North. Each group was composed of 5-10 people, including both frontline staff conducting referrals and team leaders. The profile of organisations that participated in the FGDs were selectively chosen to reflect a diversity of sectors and areas of operation, including health, protection, livelihoods, shelter, and WASH.

**Key Information Interviews (KII):** The RIMS Team conducted structured interviews with several actors in the response deemed key informants who could answer specific information

concerns and explain certain trends. The DRC Protection Desk staff members in the North were notably interviewed.

**Secondary Data Review:** Secondary data was used most notably in the enabling environment analysis as a point of triangulation for findings. Data sources are cited throughout this report.

## Effectiveness indicators:

**Figure 2. Definitions and measurement of the three referral effectiveness indicators: speed, timeliness and accuracy**

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|---|---|---|
| **Speed** refers to the time taken from when the referral is sent to when it is responded to by the receiving agency or internal focal point. | **Timeliness** refers to the total time take it takes to make the referral, from when the referral is sent to when it is assigned a final status. | **Accuracy** refers to the volume of referrals with the final status Not Eligible. |

**Speed:** Speed refers to the time taken from when the referral is sent to when it is responded to by the receiving agency or internal organisational focal point. As per the Inter-Agency 2019 Minimum Standard and Procedures for Referrals, referrals are categorised by either 'fast track' or 'normal', depending on risk level and urgency of a case. A fast track referral must be responded to within 24 hours, whereas a normal referral must be responded to within 48 hours.

Speed is measured by the number of days between when the referral is first sent to when it is received by the other organisation. The number of days is then measured along the Inter-Agency standards of 24 and 48 hours to distinguish between referrals received 'on time' and 'not on time'. Through RIMS, the number of days is calculated from the date the referral is sent on the System (Pending or No Feedback Received as per the 2019 Inter Agency Standard operating procedures), to the day it is marked as 'Received'. Measuring the speed of referrals allows for examination of how quickly actors respond to initial referral requests.

Of the total 1,613 referrals within the dataset, DRC analysed 353 referrals in terms of speed. In order to measure accurately the speed of the response for both fast track and normal cases, the data was separated and measured relevantly according to each time frame. Referrals that did not have the 'Received' first status designation were eliminated, as were those with an erroneous negative referral time.

**Timeliness:** Timeliness refers to the total time it takes for a referral to be closed from when the referral is first sent to when it is assigned a final status[12]. Referrals are expected to be managed within 14 days as per the Inter-Agency referral SOPs.

On RIMS, timeliness is measured by the number of days from the date the referral is sent on the System, to the date when it is assigned one of the three final statuses of "Successfully Accepted/Closed", "Not Eligible" or "No Service Delivered". Measuring timeliness of referrals allows for an assessment of the overall time required for a beneficiary to receive a service.

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12  Inter-Agency Coordination, Lebanon. (2019). Minimum Standards and Procedures for Individual Referrals. Beirut, Lebanon. https://data2.unhcr.org/en/documents/download/69395.

Of the dataset, 466 referrals, which included both fast track and normal, were used in the timeliness analysis. Referrals that did not have a final status were eliminated, as were those with an erroneous negative referral time.

**Accuracy:** Accuracy refers to the volume of referrals with the final status, 'Not Eligible'.

Accuracy is measured by the percentage of 'Not Eligible' referrals across the total number of referrals with a final status of either Accepted/Successfully Closed, No Service Delivered or Not Eligible. Referrals are deemed 'Not Eligible' when the case's priority or the beneficiary profile does not match the services or eligibility criteria of the receiving service provider. Measuring the accuracy of referrals allows us for an examination of the extent to which organisations sending referrals target the right service providers to respond to beneficiary needs.

To measure overall accuracy, all referrals with final statuses were taken into account. However, when looking at the performance of sectors sending referrals, sectors who sent less than five referrals were removed from the dataset.

## Data protection and privacy

**Beneficiary data protection:** Data used from RIMS for analysis does not include any beneficiary bio-data, which contains information that can be connected to an individual, such as his or her name, contact information or UNHCR number. As per the RIMS data protection policy, this confidential information can only be accessed by those managing the referral.

**RIMS partners' data privacy:** In order to maintain confidentiality and neutrality on behalf of all RIMS partners, data presented throughout the report is not disaggregated by organisation. As such, findings and recommendations made throughout this report are generalised and not specific to individual organisations. Data extractions specific to individual organisations can be shared with the relevant organisation upon request for further internal analysis.

## Limitations

**Number of partners contributing data:** At time of writing, 30 partners signed the memorandum of understanding (MoU) with RIMS. As of June 2019, which is the end of the period that this report explores, there were 26 RIMS partners; however, several partners were not yet trained on RIMS and were therefore not using the System over the analysis period. As a result, the data analyzed is only representative of referrals from seven partners who were active during the identified time period on RIMS, of which the largest proportion of referrals was contributed by DRC.

Measures to enhance the representativeness of the data were taken, which included a stronger qualitative data analysis with in-depth focus group discussions with active RIMS partners to corroborate quantitative data findings and identify gaps and challenges in making referrals across different sectors.

With the launch of a more-user friendly version of RIMS in June 2019, and an ongoing plan to increase partner engagement on RIMS, it is expected that the November analytical report will reflect a more diverse, representative and robust analysis of data generated from active users.

**RIMS system development:** RIMS is continuously developing in response to the needs of organisations and learning from data analysis and feedback from users. User feedback culminated in the launch of Version 3 of RIMS  on 10 June 2019. Some technical challenges occurred immediately after the launch of RIMS V3, as expected during the launch of a new System, resulting in a decline in the number of referrals made through RIMS.  Thus, no data extraction was made from RIMS V3 because of the minimal number of referrals conducted and incomplete data.

**Data quality:** Despite enhanced and refresher trainings conducted for all RIMS partners between April-June 2019, 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.

**Beneficiary perspectives:** While the report discusses enhancing accountability of referrals to improve service provision for vulnerable communities, beneficiaries' perspectives on referrals are not yet captured within the System. A pilot beneficiary survey will be conducted in September 2019 to explore how referral processes impact the receipt and quality of services received, from which findings will be derived that could inform the next report and help provide recommendations on enhancing referrals.

**Geographic representation:** Most partners active on RIMS during the time period analyzed are based in the Bekaa and northern Lebanon, with very few referrals taking place in the South, Beirut and Mount Lebanon. Although the findings result from an analysis of all referrals made across Lebanon, given the small number of referrals in the South, Mount Lebanon and Beirut, these were not included in the analysis with geographic disaggregation only noted at the governorate level for the Bekaa and northern Lebanon.

**Comparisons across time:** Comparisons with the findings of the previous report are highly valuable, albeit limited to the extent that the previous report analyzed data over a six-month time period, whereas the current report focuses on data over the span of four months.

**Referral definitions:** Modelled along the Inter-Agency Minimum Standards and Procedures for Referrals, RIMS includes the three final statuses of Accepted/Successfully Closed, Not Eligible and No Service Delivered. There remains confusion over the exact definition of these three statuses across organisations despite clarifications during Inter-Agency Working Groups and trainings. Further, it is difficult to comprehend the reasons behind the statuses due to the fact that they do not require detailed information for the status in the system. As such, it is unclear why some organisations do not deliver services. Focus Group Discussions helped understand those referral practices, and the new version of RIMS includes a place for explanations on why a certain status was assigned.

**Recommendations for future analysis:** As the data used in this analysis is not representative across a larger number of RIMS partners, some recommendations have been made with the caveat that further analysis should be conducted to identify continued trends among a wider array of partners. Where findings are concrete, recommendations have been made. The RIMS Team will endeavor to explore some of these issues in greater depth in upcoming reports throughout 2019 that will continue to leverage RIMS data and other sources of information.
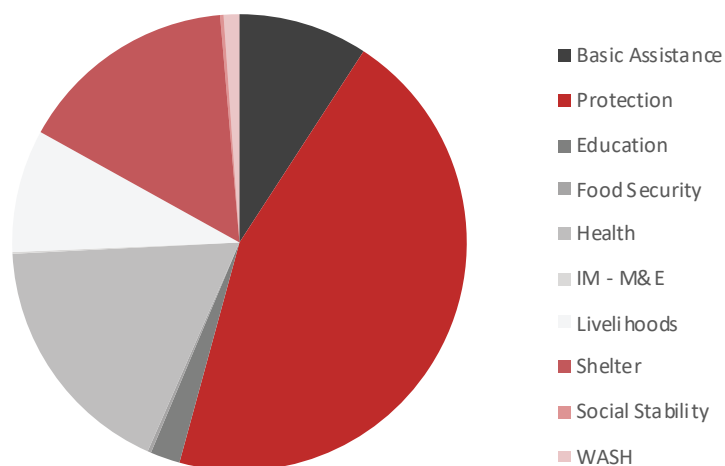
# ANALYSIS AND KEY FINDINGS

## 1. Overall trends in referrals

### Increased Activity of Non-Protection Actors

Over the period of March to June 2019, non-protection actors became increasingly more active in sending referrals, from 6% of all referrals sent in March ultimately to 13% of all referrals sent in May.  This represents increased participation on RIMS and the larger referral system in the specified time frame.

Additionally, in this period, of the 1,613 referrals facilitated through RIMS, 54.9% of referrals were sent to non-protection actors.  This represents a decrease in the proportion of referrals sent to protection, which encompasses child protection and GBV/SBV, as compared to 60% in the September through February period. There was an increase in the percentage of referrals sent to health and shelter, specifically a 28.5% increase sent to health and a 35.7% increase sent to shelter.

**Figure 3. Number of Referrals Sent to Sector, March to June 2019**



- Basic Assistance
- Protection
- Education
- Food Security
- Health
- IM - M&E
- Livelihoods
- Shelter
- Social Stability
- WASH

In addition, there was a rise in the proportion of referrals sent by Livelihoods.  From March to June, the percentage of referrals sent by Livelihoods increased by 3.6%, thus diversifying actors sending and receiving referrals.

This increase in activity on behalf of non-protection actors can be attributed to three main factors from the enabling environment: an increase in coordination between actors; the addition of new services provided; and lastly, increased needs from a change in the context and political and economic landscape.

### Coordination between Actors

Through focus group discussions with field staff, the rise in referrals sent to the health and shelter sectors could primarily be attributed to increased coordination and communication between both protection and non-protection actors operating in these sectors and greater knowledge of services provided over time.

Improved coordination in the North has supported organisations in increasingly interacting and communicating with each other in responding to referrals. For example, actors in the North have developed a localized, more personalized service mapping to enhance coordination between partners and share information about eligibility criteria and services provided according to location. This initiative is based on personal meetings and communication over the phone in order to bolster efficiency and accuracy in responding to referrals.

Likewise, in the Bekaa, shelter actors are dependent on coordination for referrals due to the fact that only 9.9% of actors work in shelter of all NGOs operating in the area captured in RIMS service mapping.

Increased communication and coordination among partners through consistent meetings, working groups, and joint programmes could assist in facilitating a higher number of cross-sector referrals from non-protection actors. Overall, referrals are more timely and receive more feedback when bolstered by face-to-face meetings and collaboration among partners.

**New Services Provided**

Organisations have adapted the services provided in order to fill gaps in coverage or respond to increased needs, which has led to a rise in activity among actors from a diverse array of actors.

In the North, a local organisation began providing new health services to refugees, which diversified the actors operating in the area and filled a gap after previously relying on a small number of organisations. Similarly, actors in the Bekaa have established new services according to need, such as in providing mental health services, and have disseminated information to make other actors more aware of these services and areas of coverage. Thus, greater collaboration has occurred to address the needs of beneficiaries not covered within the services of specific organisations or sectors.

**Natural and man-made emergencies, political and economic environment**

The rise in referrals to health and shelter can also be attributed to increased needs due to evictions among refugees, as well as the arrival of new refugees as a result of ongoing violence in Syria.

There were heightened needs within shelter as a result of the evictions that occurred in the North, namely in Batroun, Minieh, and Akkar, as well as demolitions in Arsal in the Bekaa. Field staff in the North reported that increased numbers of refugees were unable to pay their rent because of the challenges in finding agricultural work in the winter. Thus, eviction risks increased and referrals sent to shelter in the North ultimately increased by 35.7% compared to the September to February timeframe.

Additionally, field staff stated that after demolitions, referrals are typically sent to basic assistance to provide beneficiaries with cash, followed by referrals to shelter. With regards to the entry of new arrivals, referrals are often made first for emergency cash assistance within one month of their entry, representing an increase in referrals to cash assistance, followed by referrals to shelter.

With regards to health, Focus Group Discussions among caseworkers centered on the high level of vulnerability in Tripoli, which resulted in increased health needs due to extreme weather in both winter and summer. Health referrals in the North were sent primarily by protection actors, namely GBV/SGBV and and Child Protection.

Thus, in situations of heightened needs or periods of emergency, namely in the face of demolitions or with the arrival or newcomers, increased coordination between actors is generally noted, as seen in the increased referrals between the health, shelter, and basic assistance sectors.  However, the lack of funding will also necessitate stronger coordination to support referrals and adequately cover gaps in services.

## More Referrals in the North than in the Bekaa

The overall capacity of organisations to manage referrals, including funding, staff, and infrastructure, is reflected in the total number of referrals made. Although more Syrian refugees are located in the Bekaa as compared to the North—36% in the Bekaa and 26.4% in the North—a greater number of referrals were captured by RIMS in the North.  This points to the role that the capacity of an organisation has on the number of referrals it can make.

In particular, organisational capacity is highly dependent on funding levels, number of staff or designated focal points, and mechanisms to manage referrals.  In using the Danish Refugee Council as a case study, there are a greater proportion of referrals made in the North as compared to the Bekaa as a result of funding levels and number of staff working in both service provision and referral management.

Focus Group Discussions iterated that the number of field staff working on referrals and the designation of a focal point to manage referrals greatly affects how referrals are made, managed, and ultimately closed.  The workload of caseworkers and an organisation's ability to designate staff specifically for referral management has an impact on the number of referrals made by organization by governorate.

Mechanisms for stronger referral infrastructure assist in increasing the number of referrals made by location.  For example, the DRC Protection Information Desk in the North not only disseminated information about protection services provided, but it also made the bulk of referrals.  In comparison, the DRC office in the Bekaa does not have this mechanism and thus finds it harder to reach higher targets because it is generally the first entry point for referrals.

Lastly, the greater number of referrals in the North could also be attributed to the number of active organisations operating in specific sectors by area. In protection, there are more actors—to the point of saturation—in the North and therefore are more organisations to make referrals to, as compared to the Bekaa.  Thus, a higher number of actors supports greater capacity to respond across geographic spaces.

## Increased in self-referrals

Most people who were referred on RIMS during the reporting period were identified by NGO front liners, namely during outreach sessions, (57%), followed by self-referrals (42%), in which people go directly to service providers, and finally by community-based networks (1%), such as community leaders, or the shawish.

**Figure 4. Percentage of Referral Identified By**



- Community Focal Point / Community Based Network
- Govermental Authority
- NGO frontliner
- Self-Referral
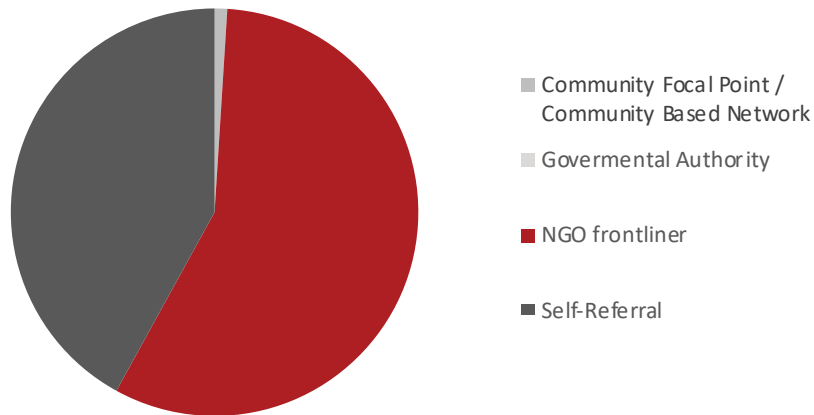
There was an increase in self-referrals compared to the last report from 33% to 42%, and an associated decrease in identification by NGO front liners, from 63% to 57%. According to the DRC Protection Desk Service, there was a particularly high increase in Syrian refugees going to the DRC Protection Desk, which can partly be explained by the new laws implemented by the Government of Lebanon that encourage Syrian refugees to look for information on their status in Lebanon. Additionally, the UNHCR list of beneficiaries for food and cash assistance is reviewed in August, which drives refugees to seek information on whether they will be kept on the list.

It was also reported that there was an increase in beneficiaries asking for health services in the reporting period. This could be explained by increased awareness sessions on health services and insurance provided for refugees in the past few months, notably by health providers in the North. Disseminating information on services to beneficiaries is central to maintaining accountability to beneficiaries, who must be informed on the services they can expect to receive from the humanitarian community. Therefore, efforts to increase beneficiaries' access to information could contribute to improved access to services independently of outreach sessions and activities organized by humanitarian actors, who cannot always reach all people in need.  As a result, increased self-referrals during the reporting period may be explained by better access to information.

## 2. Assessing the Effectiveness of Referrals and Influencing Factors from the Enabling Environment and the Key Infrastructure

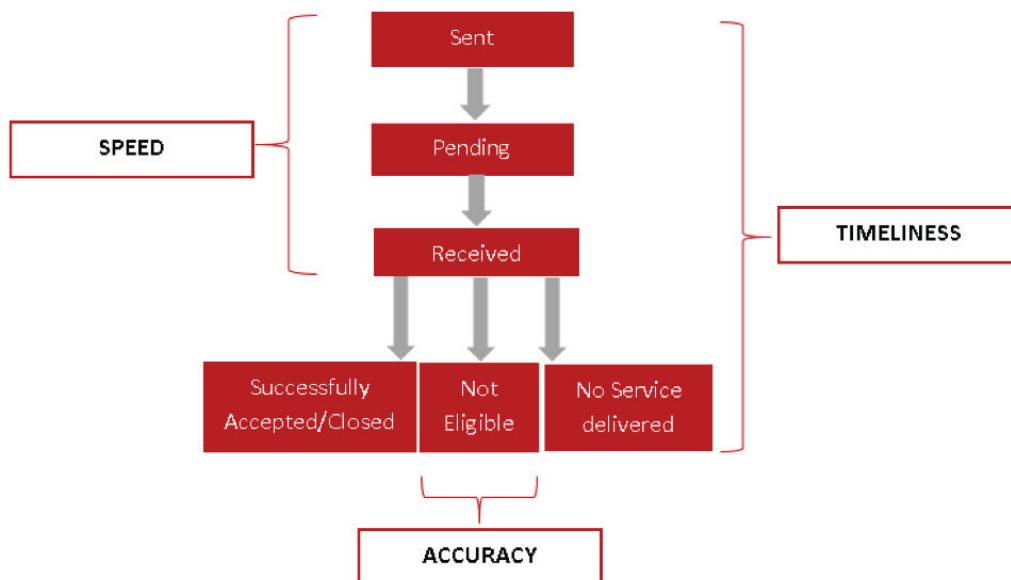### Overall Effectiveness of Referrals

The effectiveness of referrals is measured through three key indicators developed by the DRC RIMS Team: the speed, timeliness, and accuracy of referrals (see methodology section for further details).

**Figure 5. Effectiveness Indicators**

| | | |
|---|---|---|
| **Speed** refers to the time taken from when the referral is sent to when it is responded to by the receiving agency or internal focal point. | **Timeliness** refers to the total time take it takes to make the referral, specifically from when the referral is sent to when it is assigned a final status. | **Accuracy** refers to the volume of referrals with a Not Eligible final status. |

Analysis through these three indicators was developed based on the Inter-Agency Minimum Standard for Referrals (see methodology section), including the below referral process and related statuses.

**Figure 6. Referral process and effectiveness indicators**



Overall, during the reporting period**, the effectiveness of referrals conducted through RIMS improved** in speed, timeliness and accuracy, compared to the last report. With regards to speed, 66% of all referrals, including fast track and normal, were responded to "on time", meaning within the 48-hour designated timeframe set by the Inter-Agency Minimum Referral Standards, compared to 41% in the previous report. The timeliness of referrals also improved, as it took an average of four days to assign a final status to referrals, as compared to seven days in the previous reporting period. Lastly, accuracy improved as only 4.5% of referrals were considered

Not Eligible, compared to 7% in the previous reporting period. This enhanced effectiveness of referrals can be attributed to a variety of factors, ranging from better coordination between agencies to improved understanding of services provided by organisations.
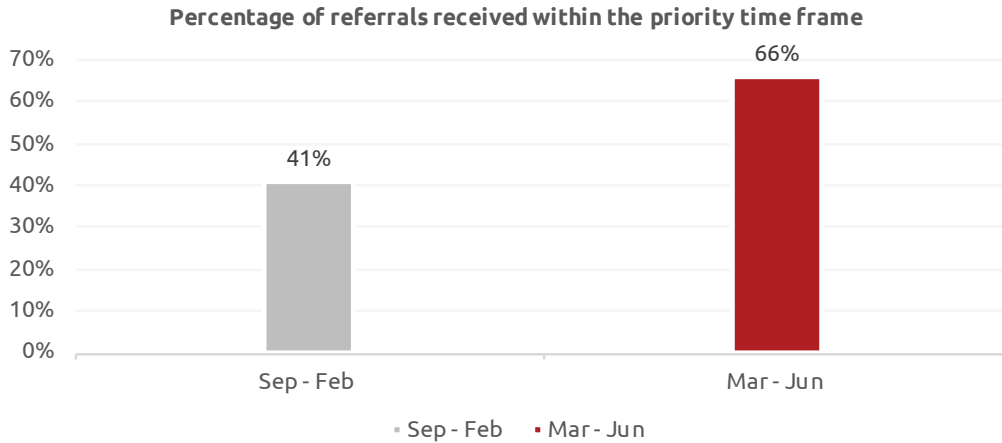
**Figure 7. Overall Speed of Referrals**

Percentage of referrals received within the priority time frame



**Figure 7. Overall Timeliness of Referrals**



| | Sep - Feb | Mar - Jun |
|---|---|---|
| ■ Timeliness | 7.00 | 4.00 |

**Figure 8. Overall Accuracy of Referrals**

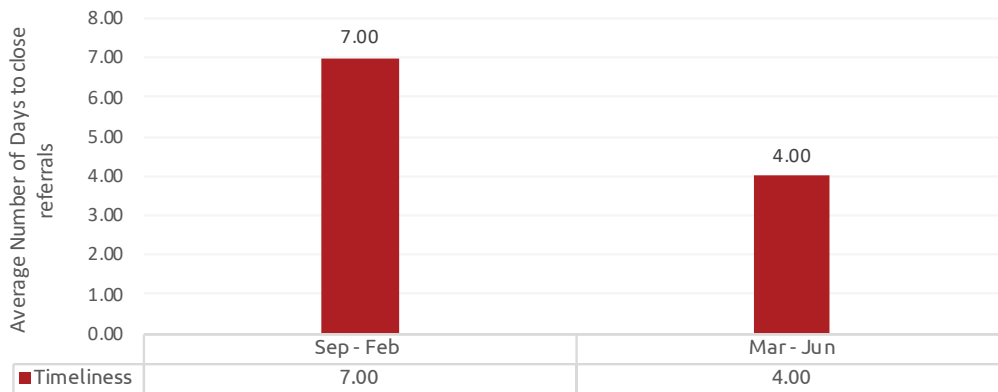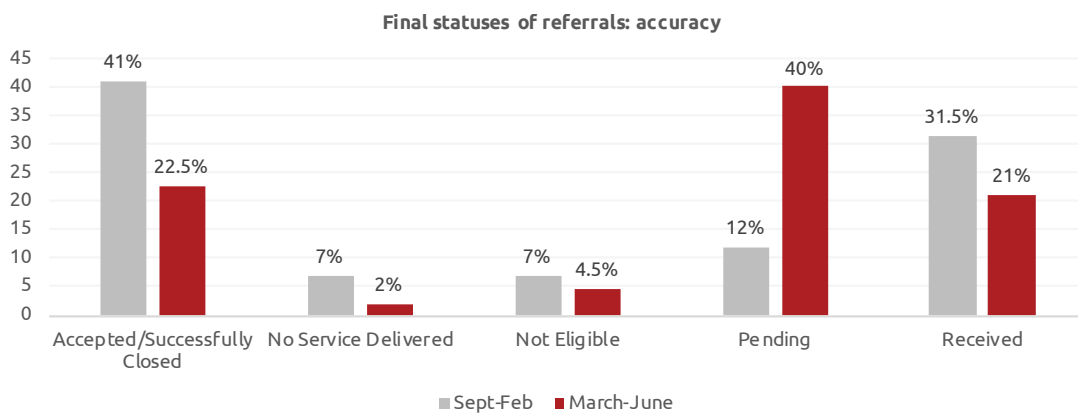Final statuses of referrals: accuracy

## Factors Influencing the Effectiveness of Referrals

While overall effectiveness of referrals on RIMS increased during the reporting period, it is necessary to explore how factors from the enabling environment, namely the coordination of the response and the funding landscape, as well as key infrastructure, including staff capacity and trainings, influenced the referral effectiveness. The below section provides analysis and key findings and identifies the most prominent factors that influenced the effectiveness of referrals from the enabling environment and the key infrastructure, drawing conclusions and providing recommendations for improving referral management and accountability. Some of the findings apply to several of the effectiveness indicators and therefore are combined, while others are specific to one effectiveness indicator.

### Speed and Timeliness

**Internal Organizational Referral Processes Facilitate Referral Management**

Organisations often conduct referrals internally across departments when they have the capacity to provide the service. Some actors have assigned focal points for each type of activity, in which frontline staff can send the referral directly to the focal point for that specific activity within the organisation.  This designated individual can then re-assign the referral to one of their staff members who can provide the service, or to another department.

However, it is most common that frontline staff make referrals directly to external organisations without going through an internal focal point, as it is assumed that staff have the required knowledge of their sector to refer beneficiaries to the right service provider inside or outside the organization.

for organisations providing cross-sector services, assigning an internal focal point for each sector has also been a common and effective practice proven to facilitate referral processes, particularly for cross-sector referrals that entail specific barriers. Cross-sector referrals are often challenging as staff do not have the technical expertise of other sectors; therefore, assigning a focal point for each sector within the organization who can receive, filter, and re-assign referrals has streamlined referral processes for frontline staff. The focal point with specific sectoral knowledge is best placed to decide which service a beneficiary should be referred to and whether this service can be provided internally or should be referred to an external actor.  For example, DRC teams in the North explain that when Protection teams need to make a referral to a Livelihoods actor (both sectors in which DRC operates), they will first refer to a Livelihood staff member inside DRC who assesses whether DRC provides the right type of livelihood service for this specific need, and, if not, refers the beneficiary to an external actor.

**Figure 9. Referral Timeliness by Sector**

**Livelihoods referral timeliness vs other sectors timeliness**
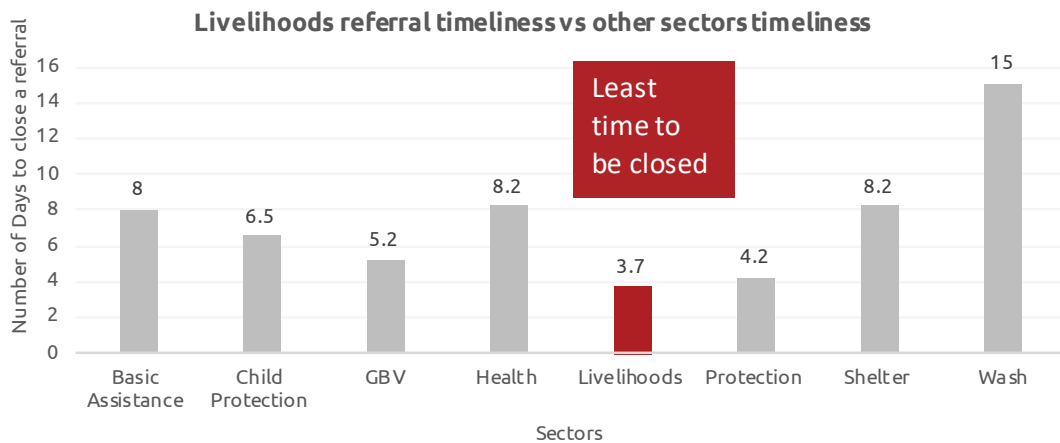


The above graph could suggest that one reason why Livelihoods referrals are closed faster than other sectors is due to the identification of internal focal points that lead to better management of referrals and improve timeliness, notably in DRC's livelihoods programmes. Several organisations have also reported to have developed such referral processes internally.

Thus, designated focal points could benefit from a formalization process both within and between organisations in order to share contact details and move away from an exclusive reliance on hotlines, which has been reported as challenging due to the fact that hotline staff are often not trained to conduct referrals, which prolongs the process and negatively impacts referral timeliness.

Further, data analysis suggests that internal referrals are more effective than external referrals in terms of timeliness and accuracy: it takes an average of 3.5 days to assign a final status to an internal referral compared to four days for external referrals. In addition, of the Not Eligible referrals, 53% are comprised of external referrals while only 46% of internal referrals. This supports the claim for strong internal referral processes within organisations to increase referral effectiveness and facilitate referral management.

**Recommendation:** Organisations to assign an internal focal point for each activity and sector and develop clear internal referral processes in order to filter and re-assign referrals to the appropriate type of service, which would enhance the referral making process, particularly for cross-sector referrals.

**Funding and Staffing for Services Influence the Speed and Timeliness of Referrals**

Funding and staffing impact the speed and timeliness of referrals as they impact an organisation's capacity to respond to referrals in a timely and efficient manner.

As the refugee crisis in Lebanon has turned into a protracted crisis, funding has been declining in the last several years, as demonstrated by the graph below.

**Figure 10. LCRP Donor Contribution**
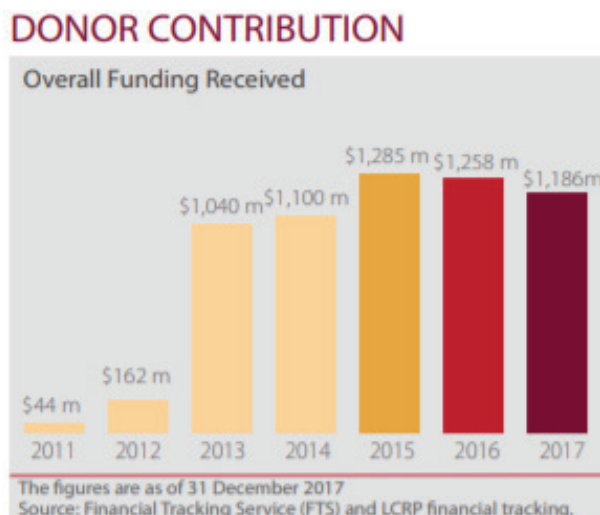


*Source: LCRP 2019*[13]

Reduced funding for programmes often forces actors to cut down on services and staffing despite the fact that needs remain similar, if not higher, due to the restrictive protection environment. This is notably the case for disability services in the Bekaa, where few actors provide disability services and decreases in funding result in an inability of operating organisations to meet all needs. Furthermore, a decline in funding for one organisation could result in a gap in services if the organisation is the sole actor providing a service in a specific area.  If there are other organisations providing similar services, a decline in funding for one organisation could produce an overload in cases sent to remaining organisations, whose capacity to respond has not increased while the same level of need for services remains.

As funding evolves and organisations adapt their services consequently, it is necessary to ensure flexible and responsive coordination between service providers to avoid duplication and gaps in services. The rezoning of services and clarification of areas of coverage between service providers improves referral coordination and effectiveness with regards to speed and timeliness. In the last RIMS report,[14] significant bottlenecks for Child Protection referrals in the Bekaa were highlighted as a result of a zoning issue, in which areas of coverage and responsibilities between different Child Protection actors operating in the Bekaa were ambiguous. This led to a lack of clarity and unequal delegation over which organisations were

13  Government of Lebanon and the United Nations. (2019). Lebanon Country Response Plan 2017-2020 (2019 update). https://data2.unhcr.org/en/documents/download/67780.

14  Danish Refugee Council. (2019). Increasing Effectiveness and Accountability in Referral Pathways. https://data2.unhcr.org/en/documents/download/69199.

managing Child Protection cases, causing an overload of cases to some actors and leaving them unable to respond to referrals or provide timely services due to the backlog. However, in the past few months, coordinating agencies took the lead in clarifying areas of coverage of Child Protection actors in the Bekaa by reassigning workloads and responsibilities between Child Protection agencies. This has significantly improved coordination of Child Protection services, first demonstrated by the increase in Child Protection referrals that now account for 27.4% of referrals in the Bekaa, as compared to 13.4% previously. In addition, timeliness and speed of Child Protection referrals improved, as highlighted by the graphs below.

**Figure 11. Timeliness of Child Protection Referrals**
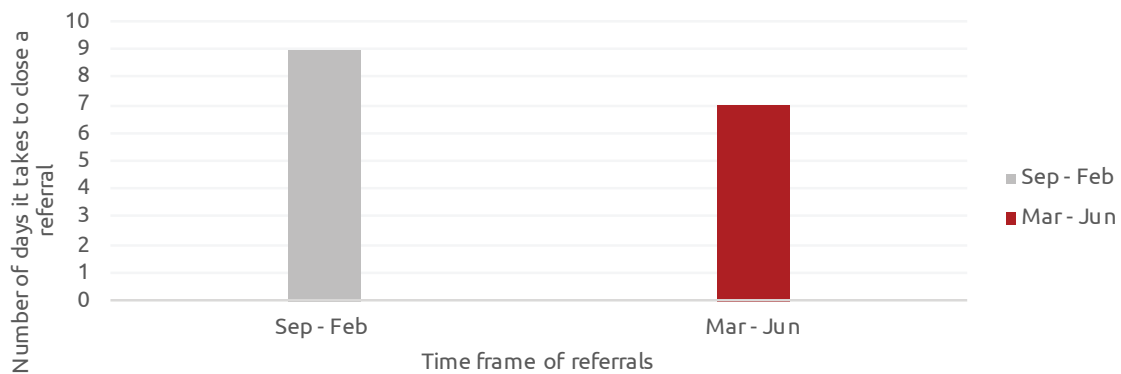


Child Protection referrals took on average of seven days to receive a final status in this reporting period compared to nine days in the last report.

**Figure 12. Speed of Child Protection Referrals**
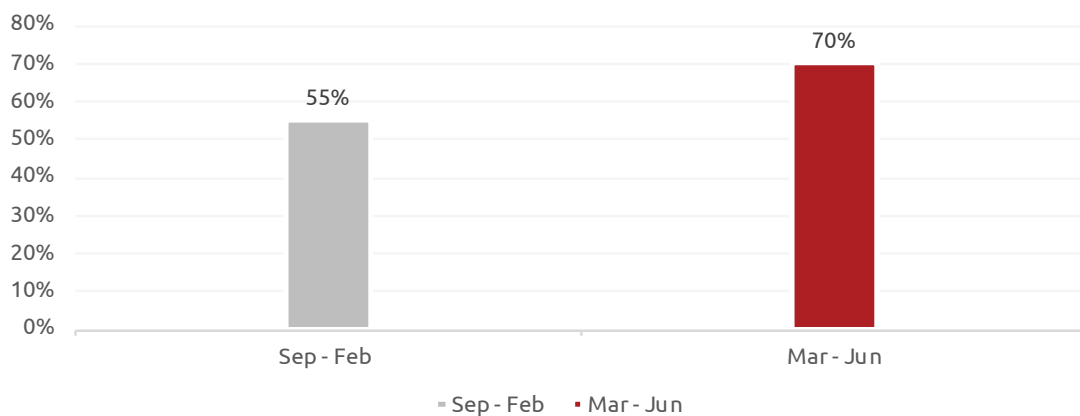


70% of Child Protection referrals were responded to on time within 48 hours, as compared to only 55% in the last report.

While funding affects service provision and referral capacity, increased coordination demonstrates more efficient referrals and likely better service provision.

**Recommendation:** Coordination actors to continue reviewing, re-assigning and clarifying tasks and responsibilities between actors based on the funding landscape and contextual developments to ensure more accurate and timely referrals and better facilitate referral processes.

**Targets and Grants Cycles Influence the Speed and Timeliness of Referrals**

According to Focus Group Discussions conducted with staff making referrals, the speed and timeliness of referrals are affected by an organisation's individual targets, funding and grant cycles. Seemingly, some organisations tend to delay their responses to referrals and to the provision of services until they reach the end of their grant cycles or reporting periods, in when they must reach specific targets. This was notably raised for PCAP and ECAP referrals, which are characterized within cash assistance services. It is also alleged that some organisations wait until the end of the year to respond to these Basic Assistance referrals and only provide services when it is time to liquidate funds. This could be corroborated with the timeliness of Basic Assistance referrals at an average of eight days to be closed, which represents a lengthened period compared to other sectors. The below graph suggests that Basic Assistance referrals are left pending for an extended time before being addressed, potentially supporting the claim that Basic Assistance referrals delay their services until a strategic time.

**Figure 13. Timeliness of Referrals by Sector**
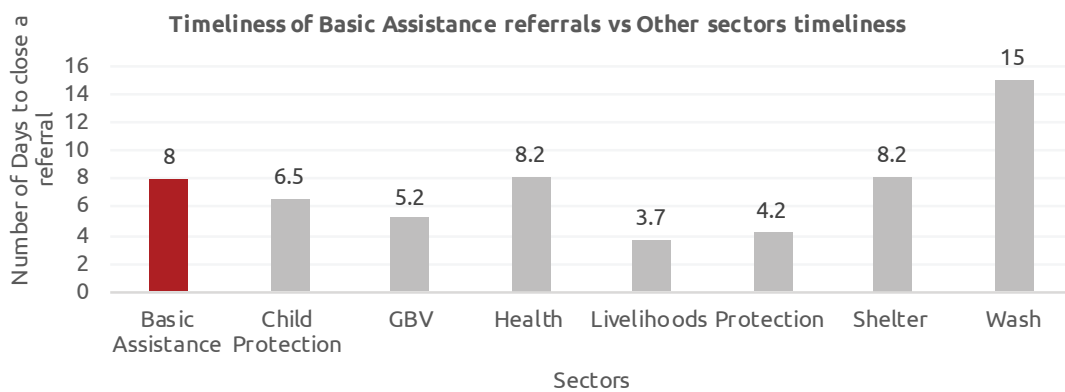


'Although this may be anecdotal evidence that requires further investigation, it highlights the importance of grants management in providing timely services to beneficiaries. accountability to beneficiaries and to other organisations is enhanced through consistent follow up on referrals throughout the year and the timely provision of services to beneficiaries.

**Recommendation:** Planning and adapting program activities, budget, and grants management are important to respond in real-time to the needs of the beneficiary and ensure quick, timely, and accurate referrals.

**Timeliness**

**There are unclear expectations of the timespan for each sector to assign a final status to a referral**

Assigning a final status to a referral should be done within 14 days, according to the Inter-Agency Minimum Standards for Referrals. However, assigning a final status varies widely across sectors and activities, and can vary from 3.7 to 15 days, as demonstrated by the graph below:

**Figure 14. Timeliness of Referrals by Sector**

**Timeliness of Referrals by Sector**
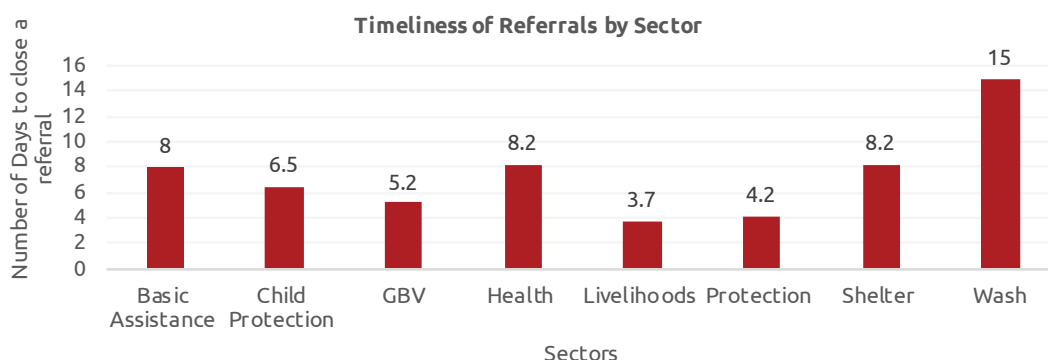


While timeliness can be influenced by a variety of factors, such as organizational capacity, it can also be explained by the fact that certain sectors handle complex cases, which not only requires an in-depth assessment of the beneficiary, but also the provision of services that take extended amounts of time. If the service is in high demand, or if only a few actors could provide this service, a backlog could result and ultimately prolong the timeliness of the service. For example, WASH activities in construction, rehabilitation or maintenance may require additional construction materials, which need to be ordered on the market and take time to be received. In addition, health referrals have a longer time span, notably with physical therapy and surgery, due to long waiting lists and the complexity of the cases.

On the other hand, Livelihoods programmes have a definitive end to their activities due to the explicitly defined timeframe within the sector. The sector also conducts an immediate and clear beneficiary assessment to determine eligibility for programmes in a prompt and efficient manner. Thus, livelihoods referrals only take 3.7 days to assign a final status, which is the lowest timespan for all sectors.

This variation in timeliness impacts not only the feedback on the referral, but also the referring agency's expectations towards the receiving agency. A lengthened timespan can lead to frustration among staff making referrals who do not understand the lack of follow up on the behalf of certain agencies and sectors, particularly in the case of cross-sector referrals, as actors only have limited knowledge of other sector's practices when receiving a referral.

It may be beneficial to set an estimated timespan for each sector to assign a final status in order to manage expectations. However, having too severe of timeframes to respond to referrals within organisations can result in staff assigning a final status to a referral solely to meet the timeframe and returning later to provide the service. This would not be captured in the referral and ultimately would not be known by the sending agency. Therefore, clarification

of timespans across sectors may be useful for reference, primarily to increase accountability between service providers.

**Recommendation:** Sectors to develop minimum standards in time frames for assigning a final status to referrals in order to manage referring agencies' expectations and increase accountability between service providers

**Normal referrals receive a final status faster than fast track referrals, regardless of the fact that fast track are intended to be urgent cases addressed quickly.**

In general, fast track cases are initially responded to within the assigned timeframe (24 hours for fast track referrals), compared to normal referrals (within 48 hours). Of the fast track referrals, 70% were responded to within the priority timeframe of 24 hours, compared to 63% for normal referrals (within 48 hours). This is in line with expectations as response and follow up to fast track referrals, which are urgent cases, must be quick and on time.

However, in terms of timeliness, assigning a final status is significantly longer for fast track referrals than for normal referrals. Fast track referrals ultimately receive a final status on average within 4.5 days, whereas normal referrals receive a final status on average within 3 days.

While fact track cases require immediate assistance and close follow up, they are generally complex cases with acute needs and therefore take longer to be assessed and managed by the receiving agency. As explained above, fast track health cases are prolonged because they typically involve complex medical procedures, such as surgery. As a result, while the reception of a fast track referral might be immediate within the first 24 hours as per Inter-Agency minimum referral standards, it takes a longer amount of time to assess the case and assign a final status.

In addition, there are different perceptions of what constitutes fast track and normal referrals. The Inter-Agency Minimum Standards defines fast track referrals by "immediate threat, danger, or lifesaving situations".[15] However, the understanding of this definition varies widely between sectors, organisations, and individuals assessing the needs of the beneficiary. Some sectors have developed internal categories that can be assimilated into fast track and normal cases. For example, Child Protection distinguishes between high, medium and low priority cases, in which generally high priority cases would require a fast track referral. However, this likely varies between individual assessments of the beneficiary and it is not clear to staff from other sectors who lack the technical knowledge to assess a Child Protection case or understand how it is characterized as high priority. As a result, what one actor might classify as fast track might be considered by the receiving actor as normal and therefore could become a less urgent priority. This is not always communicated by the receiving agency, which may create confusion over the lack of prompt follow up.

Further, some fast track referrals require specific documentation in order to be processed immediately. Fast track shelter cases often require proof of legal documentation from the beneficiary before providing the service. However, when making cross-sector referrals, some actors do not have the knowledge of what type of documents are needed before referring a complex case, which significantly lengthens the service delivery process and affects the

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15  Inter-Agency Coordination, Lebanon. (2019). Minimum Standards and Procedures for Individual Referrals. Beirut, Lebanon. https://data2.unhcr.org/en/documents/download/69395.

accuracy of the referral. This issue is likely to become increasingly problematic as funding shifts towards "high risk" cases, which will inevitably result in a higher number of complex and fast track cases.

**Recommendations:**

- Inter-Agency tools to clarify definitions and characteristics of fast track and normal referrals to ensure a shared understanding of priority cases and enhance understanding of follow up
- Service providers to include the documentation needed to process certain referrals and deliver services to improve the efficiency of referrals

## Accuracy

**Enhanced understanding of organisations' services through informal and formal information sharing platforms improves referral coordination and accuracy.**

Coordination between service providers was identified as a clear factor in increasing the accuracy of referrals. While cross-sector referrals can prove challenging due to the lack of technical expertise in other sectors and the absence of cross-sector standards, the Livelihoods and Protection sectors, for example, have taken the lead in organizing joint informal sessions to assess the usual barriers encountered by both sectors in facilitating referrals to each other. These obstacles include a lack of clarity and understanding on services provided by each sector; different target populations for each sector, affecting beneficiary eligibility in receiving both protection and livelihood services; a difficulty in accessing services due to long distances to be travelled and reduced transportation; a lack of legal status affecting freedom of movement; minimal timeframe to complete livelihood activities; and lastly, confidentiality of beneficiary information from protection.

The overall proportion of Not Eligible cases has declined from 7% in the previous report to 4.5% during this reporting period, indicating better accuracy in referrals. This can partly be attributed to an effort for closer collaboration between service providers. Following a donor initiative for organisations to meet and communicate on their respective services in the North, actors have established regular contact with each other, resulting in a localized online service mapping with enhanced information sharing on referrals that have increased accuracy. This initiative has notably allowed for a more detailed explanation of eligibility criteria for each service compared to the overall service mapping that has broader eligibility criteria, thereby reducing the chance for error and increasing the accuracy of referrals.

**Recommendations:**

- Sectors to organise joint information sessions between actors operating in similar areas to share information on their services directly
- Sectors to develop more localized, actionable and interactive service mappings

**Shifts in donor priorities influence eligibility criteria and accuracy of referrals**

As an overall trend, it has been noted that organisations tend to adapt their programs and eligibility criteria to funding cycle requirements, such as in November and December as actors reach their targets by the end of project cycles.

Further, as funding declines for the overall response, donors have increasingly prioritised high risk cases. In Child Protection, high priority cases are characterised as when a child is significantly harmed or in immediate, serious risk of harm, thus requiring an urgent response and frequent follow up; medium priority as a child harmed or at risk of serious future harm, requiring response and follow up; and low priority as when a child is at risk of harm and monitoring is required. Activities in Child Protection have become increasingly focused on high priority cases in line with donor requirements, and therefore are increasingly strict on the referrals they accept and the cases to whom they deliver services to.

As eligibility criteria is adapted, it is necessary to ensure that organisations within and across sectors share these new eligibility standards, and ensure that they detail them enough, in order to refer the beneficiary to the right service provider and enhance referral accuracy. Further, if possible, it is helpful to have organisations complement each other's services with some focusing on high priority cases and others on medium and low. In the North, for example, it is noted that shelter actors have divided their activities along complementary eligibility criteria. This may not be possible because of donor funding channeled into specific activities; however, it is essential to continue covering the multitude of needs that vulnerable communities face in Lebanon.

**Recommendation:**

- Organisations who are prioritizing certain cases over others to share their eligibility criteria to other sector actors through service mapping and dialogue within the sector in order to enhance referral accuracy and promote access to services for beneficiaries

- Organisations to be flexible in seeking other funding opportunities outside the humanitarian realm to adapt to the protracted nature of the crisis and ensure complementarity of services to adequately cover needs. In particular, for medium to low priority cases, organisations can collaborate with donors at the humanitarian-development nexus. Organisations to continue the practice of linking low priority cases to LNGO/CBOs for follow up, based on previous agreements at GBV and CP sector levels.

## 3. Improving referral management practices

In addition to assessing the effectiveness of referrals, reviewing general referral management practices helps identify areas for improvement and reinforcement. The below findings and recommendations relate directly to the referral management practices of actors making and receiving referrals.

**There is a lack of clear feedback when assigning a final status to referrals**

When assigning one of the three final statuses of Accepted/Successfully Closed, Not Eligible, and No Service Delivered, it has been noted by teams making referrals that there is a lack of clear explanation and feedback from partners as to why such status was assigned. At times, this can be linked to the nature of the case, such as with resettlement referrals, which are highly confidential in that feedback is seldom received on whether the beneficiary will be resettled. However, more generally, this can be attributed to the fact that the three final statuses remain broad, which limits understanding as to why the referral is or is not accepted. It is necessary to either distinguish between more options within each final status or require an explanation by the receiving agency that would not breach the beneficiary's confidentiality in order to enhance feedback and referral practices. Further, it would be helpful to clarify these categories as there remains ambiguity over the difference between Not Eligible and No Service Delivered across actors conducting and managing referrals.

**Recommendations:**

- Inter-Agency tools to develop sub-categories for each final status of referrals to increase understanding of feedback on referrals and of partner's delivery services to enhance the referral management process and improve effectiveness
- Coordination actors to conduct refresher trainings on Inter-Agency Minimum Referral Standards to reinforce the shared understanding of SOPs and review their implementation within the changing context in Lebanon

**A very high proportion of referrals are still pending and have not yet received a final status due to a lack of communication between partners and the continued use of a different internal and external tools to manage referrals**

During the reporting period, 70% of referrals did not receive a final status and remain pending, received or blank, which significantly increased from 30% from September 2018 to February 2019. Across all statuses, 33% of referrals are still pending, which accounts for the highest proportion of all referral statuses conducted during this time period. This shows a general lack of follow up on behalf of the receiving agencies. While some referrals may have been followed up on by phone or email, there is no possibility of tracking them in a unified manner since they were not done through the System.

In addition, there has been an increase in external referrals from 48% to 60.5% during the reporting period, meaning less predictability and accountability in other partners' follow up on referrals. Based on trends in RIMS data and discussions with frontline staff, close managerial follow up with teams making referrals has proved to increase activity and the response rate for referrals on the System.

Other factors can also be identified to have contributed to the proportion of referrals with no final status. The sectors with the highest percentage of referrals with no final status are WASH, Education, Health and Livelihoods, with over 80% of their cases lacking a final status. The commonality between these sectors is that it generally takes a lengthened period of time to deliver the services, such as for WASH due to material needs or health for long waiting lists for services. However, this does not explain why those referrals do not receive a final status at all.

**Figure 15. Percentage of Referrals without a Final Status by Sector**
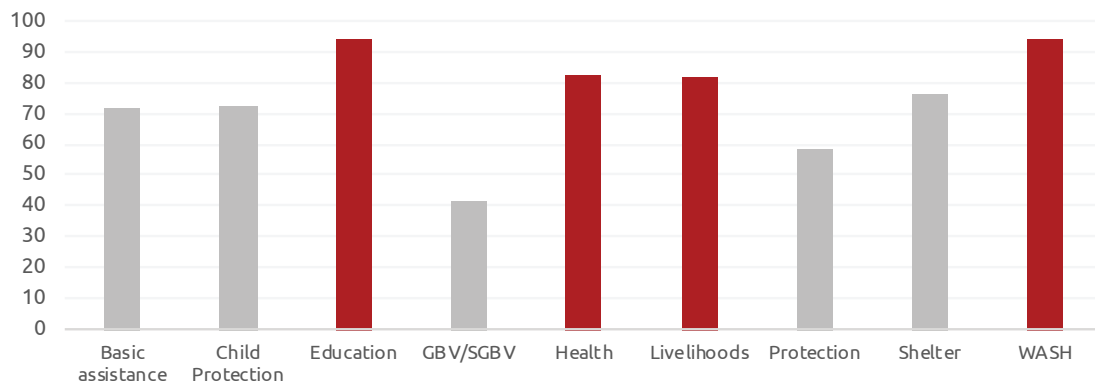


Findings from Focus Group Discussions suggest that many actors in the humanitarian response and in government institutions do not use email to respond to referrals and rarely respond to phone calls. As a result, it is reported by staff that at times beneficiaries are referred to organisations despite the fact that the referring agency is not able to contact the receiving agency. This was particularly noted for health actors, who mostly rely on landlines in their Primary Health Center (PHC) as an official means of communication. This issue contributes to a high number of referrals lacking a final status, as evidenced by 82% of health referrals remaining pending, which is the second highest proportion after education.

Referrals without a final status could also be explained by the fact that RIMS partners need to update the referral status on the behalf of non-RIMS partners on the platform. 57% of referrals without a final status were sent to non-RIMS partners. This creates significant additional work for RIMS partners who prioritise updating their own referrals before updating the statuses on the behalf of non-RIMS partners. The fact that many partners continue to use a diversity of internal and external tools to track and monitor referrals ultimately reduces possibilities for coordinated and informed follow up on one platform.

**Recommendations:**

- Organisations to strengthen management oversight and monitoring of the referral management process conducted by their teams in order to ensure adequate, follow up on referrals

- Actors to use a unified platform, such as RIMS, to conduct, manage and follow up on referrals to adequately coordinate and enhance accountability towards each other, as well as to beneficiaries

# KEY MESSAGES AND RECOMMENDATIONS

## Clarity on referral vocabulary, categories and processes is essential to ensuring efficient referral management and accountability between service providers

### Recommendations:

- Sectors to develop minimum standards in time frames for assigning a final status to referrals in order to manage referring agencies' expectations and increase accountability between service providers

- Inter-Agency tools to clarify fast track and normal referrals definition to ensure a shared understanding of priority cases and enhance understanding of follow up

- Inter-Agency tools to develop sub-categories for each final status of referrals to increase understanding of feedback on referrals and of partner's delivery services to enhance the referral management process and improve effectiveness

- Coordination actors to conduct refresher training on Inter-Agency Minimum Referral Standards may be beneficial to reinforce the shared understanding of those SOPs and review their implementation within the changing context in Lebanon

## Ensuring flexibility in reviewing coordination, responsibility and areas of coverage between actors based on changing funding and contextual developments improves referral efficiency

### Recommendation:

- Coordination of the response to continue reviewing, re-assigning and clarifying tasks and responsibilities between actors based on the funding landscape and contextual developments, to ensure more accurate referrals and facilitate referral processes.

- Organisations to be flexible in seeking other funding opportunities outside the humanitarian realm to adapt to the protracted nature of the crisis and ensure complementarity of services to adequately cover needs. In particular, for medium to low priority cases, organisations can collaborate with donors at the humanitarian-development nexus.  Organisations to continue the practice of linking low priority cases to LNGO/CBOs for follow up, based on previous agreements at GBV and CP sector levels.

**Strengthening formal information sharing through more detailed and updated service mapping, as well as through informal means, such as one-on-one meetings and information sessions, will improve collaboration between service providers and referral coordination and effectiveness**

### Recommendations:

- Sectors to organise joint information sessions between actors operating in similar areas to share information on their services directly
- Sectors to clarify their sub-sectors and activities and share this information with other sectors, and reinforce training on these activities in order to ensure adequate knowledge of services for accurate referrals
- Organisations who are now prioritizing certain cases over others to share their new, more detailed, eligibility criteria to enhance referral accuracy.
- Sectors to develop more localized, actionable and interactive service mappings
- Service providers to include the documentation needed to process certain referrals and deliver services to improve the efficiency of referrals

## Developing clear internal referral processes and assigning designated staff for each sector facilitates the referral process

### Recommendation:

- Organisations to develop clear internal referral processes in order to filter and re-assign referrals to the appropriate type of service, which would enhance the referral making process, particularly for cross-sector referrals.

## Using a common tool to manage, track and follow up on referrals facilitates referral processes and coordination

### Recommendation:

- Actors to use a unified platform, such as RIMS, to conduct, manage and follow up on referrals to adequately coordinate and enhance accountability towards each other, as well as to beneficiaries

## Grants management throughout funding cycles is essential to ensure continuous and real-time service provision to beneficiaries and accountability between service providers

### Recommendation:

- Planning and adapting program activities, budget, and grants management are important to respond in real-time to the needs of the beneficiary and ensure quick, timely, and accurate referrals.

**Management oversight and monitoring is critical to guarantee follow up on referrals, and to increase accountability to beneficiaries, service providers and donors**

**Recommendation:**

- Organisations to strengthen management oversight and monitoring of the referral management process conducted by their teams, in order to ensure adequate, follow up on referrals.

# AREAS FOR FURTHER ANALYSIS

This report focused on key findings that are corroborated both by the qualitative and quantitative analysis. However, several areas require further analysis, namely:

- **GBV Not Eligible cases**: GBV actors appear to send a high number of Not Eligible cases to other GBV actors. Some elements of response included inaccurate assessment of the beneficiary needs, notably by staff untrained to make referrals. While this was identified in the previous report and the distinction between redirection and referral was established, there must be further investigation regarding the number of Not Eligible cases. Additionally, it would be interesting to analyse why a GBV actor would need to refer externally to another GBV actor, namely in examining whether this is based on a lack of capacity within an organisation or whether it is for a specialized service the organiisation does not deliver, such as in case management or cash. Programmatic or response interventions could be highlighted on the basis of these findings through the RIMS system.

- **Pending cases**: further analysis is necessary to examine the reasons behind the high number of pending cases in health, shelter and basic assistance, since these cases have been pending since March 2019.

- **Cross-sector referral accuracy:** it remains unclear whether accuracy is better for intra-sector referrals, compared to cross-sector referrals. Further analysis is necessary to examine the ways to improve intra-sector accuracy.

- **Use of referrals tools and impact on referral management:** many organisations who are not RIMS partners continue to use a diversity of internal and external referral systems. The use of a multitude of referral tools likely has an impact on staff fatigue and ultimately referral management in general.

- **Service mapping**: agencies report that they save referrals as drafts on RIMS when they need to refer a beneficiary but there is no service provider in an area. It would be interesting to investigate the draft referrals on RIMS to examine what it conveys about available services and gaps in specific geographic areas or sectors and sub-sectors.

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