

Supporting the humanitarian response through referrals analysis and evidence-based recommendations

Lebanon

July 2020

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REFUGEE
COUNCIL



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Photo taken by DRC

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EXECUTIVE SUMMARY

Maintenance of access of vulnerable communities to multi-sector services through efficient and accountable referral pathways is essential, especially as needs continue to increase in times of crisis. With the temporary and partial suspension of humanitarian operations during the COVID-19 lockdown, restricted access to vulnerable communities meant that service providers extensively relied on effective communication and coordination with each other, to continue to safely identify those in need and refer them to the appropriate services in a timely manner. This report explores the gaps and challenges in referral pathways and inter-sector coordination during the COVID-19 period, and draws recommendations to improve access to multi-sector services. Despite the remote work modality adopted by service providers during the lockdown, which allowed for better response to referrals, confusion over which services were still operating, and based on which eligibility and prioritization criteria, resulted in increasingly inaccurate referrals, as well as referrals left pending until service provision resumed. With significant gaps in the capacity of service providers to respond to the high needs, this prolonged the referral process and ultimate service provision for those in urgent need.

Findings from this report are based on quantitative analysis of referral data from March-June 2020 on the Referral Information Management System (RIMS). RIMS was created by DRC in 2017 to provide a common platform for service providers across sectors to manage, track and respond to referrals, as well as qualitative analysis from Focus Group Discussions conducted with service providers.

This report has been developed by the RIMS Team and complements the RIMS Snapshots produced every four months to highlight trends in referrals. The next analytical Snapshot and report will be published in September and November 2020 respectively. These reports will provide important insights into the consequences of the devastating explosion that took place in Beirut on the 4th of August 2020 - killing at a minimum 180 people, injuring 6,500, and leaving more than 300,000 without a shelter¹ - as well as the spike of COVID-19 infections, on the overall response, with the aim to provide timely evidence-based recommendations to improve the effectiveness and accountability of referrals.

INTRODUCTION

During the reporting period (March-June 2020), Lebanon delved into multiple, compounding crises which have not only significantly worsened the needs of vulnerable communities, but also reduced access to essential goods and services. The economic crisis that worsened at the end of 2019, resulted in shortages of foreign currency reserves, hyper-inflation reaching 89% as of June 2020², and widespread loss of employment. An estimated 90% of Syrians, 80% of Palestinians and 70% of Lebanese reported to have lost their employment or reduced their incomes as of July 2020.³ This is compounded by the COVID-19 outbreak declared in early March 2020, public health crisis which resulted in a two-months lockdown of all economic activities in Lebanon and further exacerbated an already fragile economic situation. Access to basic goods significantly reduced across all vulnerable communities in Lebanon; this was further exacerbated by the partial and temporary suspension of humanitarian activities during the COVID-19 lockdown. The Beirut Port Explosion on 4 August 2020 that resulted in at least 180 deaths, 6,500 injured and 300,000 people displaced, added another layer to an already severe crisis. Needs for food, cash and protection assistance worryingly increased across all communities, with severe protection risks and adoption of negative coping mechanisms as a result of the simultaneous crises.

1 Trading Economics, Lebanon's inflation Rate, Accessible at: <https://tradingeconomics.com/lebanon/inflation-cpi#:~:text=Inflation%20Rate%20in%20Lebanon%20is,macro%20models%20and%20analysts%20expectations.&text=In%20the%20long%2Dterm%2C%20the,according%20to%20our%20econometric%20models>.

2 Inter-Agency Coordination Lebanon (July 2020), "In focus: rise in evictions due to economic vulnerability", accessible at: <https://data2.unhcr.org/en/documents/download/77872>

3 OCHA, 21 August 2020. "Lebanon: Beirut Port Explosions Situation Report no. 6", accessible at: <https://reliefweb.int/report/lebanon/lebanon-beirut-port-explosions-situation-report-no-6-21-august-2020>

The challenging operational environment, with partial or full suspension and resumption of services, in addition to limited funding, in the midst of severe crises, requires efficient coordination across all sectors and humanitarian service providers. Efficient and accountable referral pathways, which connect service providers together, are therefore essential to ensure a holistic response to vulnerable communities' needs. Yet maintaining strong referral pathways and access to services during the COVID-19 lockdown and its aftermath proved challenging; not only because of the high volume of referrals received by service providers, which required prioritization of most urgent needs and lengthened the referral process and service delivery, but also because of the confusion over which services were still operating, and their eligibility criteria. All these factors together impacted the timeliness of the referral process and the ultimate service provision.

Findings from this report are based on referral data on the Referral Information Management System (RIMS), a referral platform created by DRC in 2017 to connect service providers across sectors and manage referrals. Analysis of referral data from March-June 2020 allows to identify gaps, challenges and bottlenecks in referral pathways at inter-agency level and in organizations own referral management, from which are derived evidence-based recommendations to inform programmatic adaptations, improvement in referral practices and multi-sector coordination, and the humanitarian response as a whole. RIMS is supported financially by ECHO, UNICEF and DRC's own funds.

Summary of Key Findings and Recommendations

- **Referrals increased by 50% compared to the previous reporting period, with most referrals sent to Protection (23%), Health (18.5%) and Basic Assistance (15%).** The proportion of referrals to Health decreased compared to the previous reporting period, while that of Protection, Basic Assistance and Food Security increased, likely because of high needs. Referrals to Basic Assistance and Food Security are increasingly geographically widespread, reaching the Mount Lebanon and Beirut areas, where no referrals to these sectors were reported previously.
- Yet despite such high needs across all these sectors, **only 6% of all referrals to Food Security were Accepted/Successfully Closed, therefore assuming service delivery, which is the lowest across all sectors, followed by 8% for Health, 13% for Livelihoods and 19% for Basic Assistance.**
- **The increase in Protection referrals can be partly attributed to the need for Cash for Rent,** as risks of evictions increased and Shelter actors were not able to match the demand for this support, as demonstrates the poor effectiveness in Shelter referrals and limited capacity to provide services. This therefore shifted these requests to Emergency Cash Assistance and other cash alternatives, overloading Protection actors. Efforts are ongoing to clarify responsibilities between Shelter and Protection actors when it comes to rent support, and advocacy for additional Shelter funding should be conducted.
- **A high proportion of Shelter referrals in Mount Lebanon and Beirut were considered Not Eligible (33% and 100% respectively),** while the rest were left with No Feedback Received. Shelter needs in both of these governorates are the highest across all governorates, where rents are particularly high. These gaps in Shelter support should be investigated and addressed through the respective field Shelter Working Groups.
- **The proportion of Lebanese referred on RIMS decreased throughout the COVID-19 period, despite escalating needs from the multiple crises.** While there may be multiple drivers to this trend, it is worth investigating how Lebanese in need of humanitarian support are identified by service providers. Identification through NGO frontline staff continue to be the most common identification channel of Lebanese communities (57%), but community focal points, which used to account for the second most common identification channel (29%) significantly diminished during the reporting period, while self-referrals of Lebanese increased to 18% of all referrals. Methods for identification of the most vulnerable Lebanese and for strengthening the outreach activities with the host communities should be further explored.
- Referrals dropped immediately after the Beirut Port Explosion, before increasing again on 10 August 2020. **Low response to referrals in the Beirut/Mount Lebanon area prior to the explosion, particularly in sectors with high needs such as GBV, Health and Child**

Protection, demonstrates the need for strong engagement with and commitment to referrals in the Beirut Port Explosion response.

- **The effectiveness of referrals deteriorated in terms of speed, timeliness and accuracy of referrals**, compared to the previous reporting period. However, **the level of response to referrals improved, partly driven by the remote work modality**, which suggests that service providers were better able to follow up on referrals when working from home. During the reporting period, the proportion of referrals with No Feedback Received decreased compared to the previous reporting period, now accounting for 37% of all referrals compared to 49% previously. Similarly, the proportion of closed referrals (Accepted/Successfully Closed, No Feedback Received, Not Eligible) increased from 21% to 29%. Mixed methods of safe identification and referrals (in the field, via phone) should be adopted to improve the response to referrals beyond the COVID-19 period, with resumption of field activities.
- However, **the timeliness of referrals severely deteriorated, with only 36% of referrals receiving a final status within 14 days compared to 70% previously**. This can be attributed not only to a higher volume of requests of services, but also to the fact that service providers who suspended their activities would leave the referral they received without a final status, until they resumed the provision of their services. Coordination agencies should play a supporting role in identifying possible other service providers providing that needed service, or similar services.
- **Confusion over which services were operating and which were suspended, coupled with changes in eligibility criteria of service providers, drove the increase of Not Eligible referrals from 3% to 7% during the reporting period**. It is essential for all humanitarian service providers to rely on and frequently update the Inter-Agency Service Mapping, particularly in times of crisis, to indicate whenever there is a change in the status or eligibility criteria of a service.
- **With an increasing proportion of Fast Track referrals (from 17% to 24%), a regular process of prioritization of referrals, comparing the incoming ones with the pending ones, based on needs**, must occur within each organization.
- **Prioritisation criteria should also be decided at sector level**, as service providers have varying definitions of what they deem urgent cases, yet urgency of the need this is the main criteria for prioritizing referrals. This prioritization criterion led by sector coordinator should also be shared to other sector coordinators.
- Multiple referrals for the same person to the same service were received by a variety of service providers, contributing to a high number of referrals, and highlighting the increased vulnerability of persons of concern coupled with their inability to reach services. **Assigning focal point agencies to geographical areas and services may reduce potential duplication of referrals and services, as well as tracking aid already received.**
- Person of concerns' heavy reliance on hotlines to acquire information on services, and access services during the COVID-19 lockdown and post-lockdown period, **reminds of the importance of hotline staff being familiar with Safe Identification and Referrals and with the Inter-Agency Service Mapping.**

METHODOLOGY

This report provides an analysis of national referral data gathered through RIMS over a four-month period, from March-June 2020, of 25 RIMS partners, up from 20 in the previous reporting period.

Mixed research methods were adopted to collect and triangulate data, and strengthen the meaningfulness and representativeness of findings and of analysis: **quantitative data analysis** of RIMS referral data, which counted 2,789 referrals during this time period, a 50% increase compared to the previous reporting period, likely due to increased usage of RIMS by its partners, as well as high needs resulting from a multi-layered crisis; and **qualitative analysis** to contextualise the findings, through

semi-structured Focus Group Discussions (FGD) with staff directly involved with receiving and sending referrals in the North, Bekaa and in the South, who were providing services across all sectors. This was completed by secondary data review to understand the enabling environment and triangulate findings.

In order to maintain confidentiality and neutrality on behalf of all RIMS partners, data presented throughout the report is not disaggregated by organisation, is anonymous and generalized.

Effectiveness indicators

Four indicators allow to measure the effectiveness and accountability of referrals and identify gaps and challenges in referrals from which can be derived recommendations to improve these referrals: the speed of referrals, timeliness of referrals, accuracy of referrals and response to referrals (see Assessing the effectiveness of referrals section below). These indicators are used throughout this report as a basis to measure trends in effectiveness and accountability of referrals throughout time.

Analytical framework

Referrals are not only a process between service providers to respond to the need of a person of concern, but are one part of the broader referral architecture which counts a variety of factors that influences referral pathways and process. Three components comprise the broader humanitarian referral system: the **referral pathway**, which is the process by which information relating to the beneficiary is transferred between and within organisations to facilitate access to services; the **enabling environment**, encompassing all external factors that influence the referral pathway (such as the funding landscape); and the **referral infrastructure** which comprises the factors that facilitate referrals to take place (staff capacity, training on safe identification and referrals).

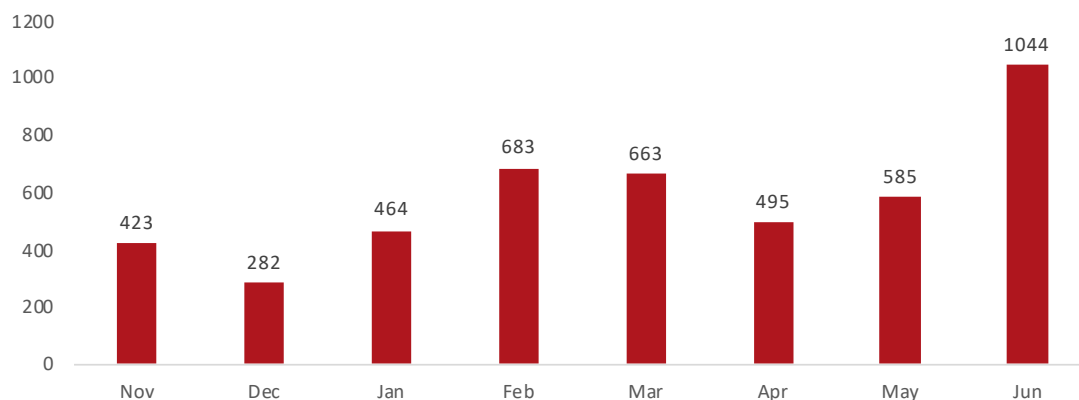
This report therefore analyses referrals with this systemic perspective and is able to draw recommendations not only on referral management, but on other factors that can influence referrals.

Key Limitations

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

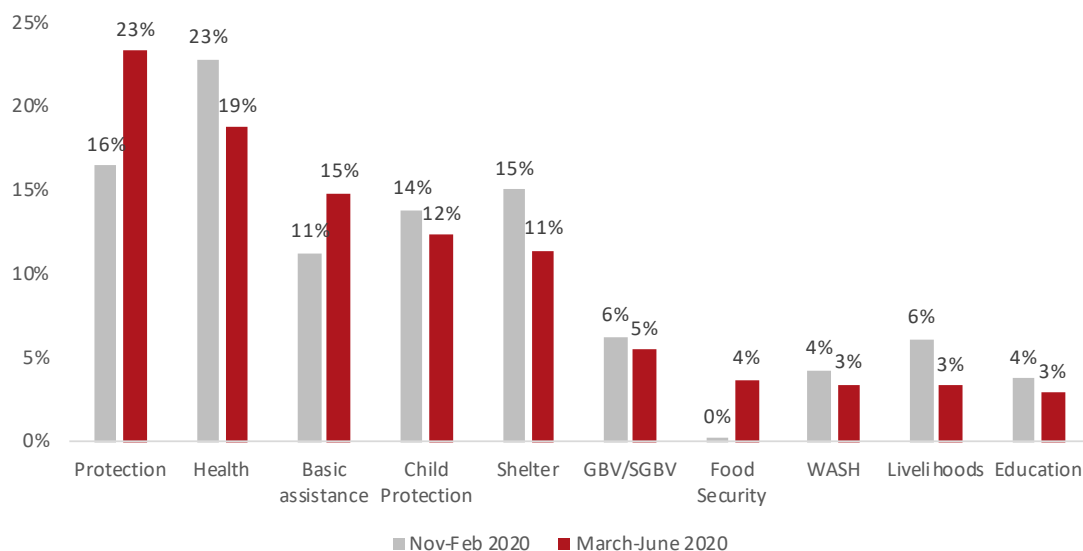
ANALYSIS OF REFERRAL TRENDS: MARCH-JUNE 2020

During the reporting period, referrals increased by 50% compared to the previous reporting period, reflecting the acute needs reported throughout Lebanon during this period. The COVID-19 lockdown in mid-March 2020 resulted in an initial drop in referrals in April 2020, as humanitarian actors temporarily suspended their operations and adopted new working modalities of remote work, and safety and security measures when conducting rare field activities. However, in May and June 2020, referrals increased significantly, reaching their highest level (1,044) yet recorded on RIMS (Graph 1).

Graph 1: Number of referrals pre and during COVID-19 lockdown

Referral trends by sector

Between March and June 2020, most referrals were sent to Protection (23%), followed by Health (18,5%) and Basic Assistance (15%) (see Graph 2), and all were sent mostly by Protection actors.

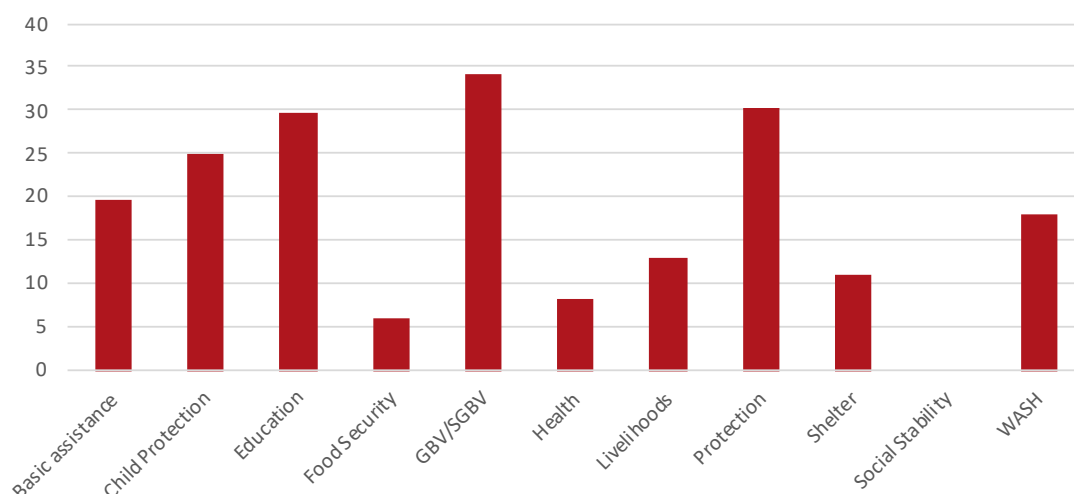
Graph 2: referrals to sectors across time

Contrary to expectations, with the COVID-19 outbreak, **referrals to Health which used to account for most of the referrals since September 2019, decreased compared to the previous reporting period.** This can be attributed to several factors such as: the partial suspension of some health services during the lockdown and the end of funding cycles/termination of activities of some health actors, the fact that COVID 19-suspected cases were not handled within the framework of the humanitarian response and that vulnerable communities were well-aware of the COVID-19 hotline, and the fact that only urgent cases were the priority for health actors during the public health crisis. As an underlying factor, cost of treatment continues to drive the low access to health with 68% of Syrians reporting this reason as their main obstacle to access to primary health care.⁴ These

4 UNHCR Wave II monitoring (May 2020). "Monitoring of the Effects of the Economic Deterioration on Refugee Households – Wave II", accessible at: <https://data2.unhcr.org/en/documents/download/77874>

combination of factors resulted in gaps in health services, and an overload of referrals to only one or two health actors which continued to operate, overload of referrals which outweighed the capacity of these actors to respond to Health referrals and provide Health services. Indeed, in the North, only 6% of all health referrals were Accepted/Successfully Closed, and 9% in Bekaa; overall, **health accounts for the second sector that provided least services as a result of referrals (8%) during the reporting period, after Food Security** (see Graph 3).

Graph 3: Proportion of referrals Accepted/Successfully Closed by sector (March-June 2020)



On the other hand, **referrals to Protection increased by 113% during the reporting period and now account for 23% of all referrals, compared to 16.5% before.** In the Bekaa, referrals to Protection increased by 250% and in the North, by 80% compared to the previous reporting period. The increase in Protection referrals reflects increased protection needs, with individuals no longer able to rely on their support network, as this network itself became more vulnerable with the ongoing economic crisis, therefore heightening protection risks. GBV and Child Protection needs increased, the proportion of mental health referrals increased as a result of increased tensions from the lockdown coupled with the economic crisis, with women and girls particularly affected, and 54% reporting a rise in sexual harassment in their household or community.⁵

Referrals to Basic Assistance and Food Security also increased by 98% and 2,450% respectively, and now account for 23% and 4% of all referrals during the reporting period. The increase in Basic Assistance referrals was most notable in the North with an increase in 172% in the number of referrals sent to Basic Assistance, and similarly for Food Security with an increase from 1 referral to Food Security in the North in the previous reporting period, to 79 during this reporting period. It is also worth noting that during the reporting period requests for services for Basic Assistance and Food Security started to be reported in Nabatiye, Beirut and Mount Lebanon areas, which was not the case in the previous reporting period. These requests for services suggest acute needs as a result of the economic crisis, coupled with other factors such as border closure with Syria from which food supplies were seldom procured, the suspension of some Food Security services, and the increase reliance on reduced food consumption as a negative coping mechanism. Indeed, 73% of surveyed Syrians reported the decrease in food consumption as a coping mechanism.⁶ **This trend in referrals to Basic Assistance and Food Security was matched by an 18% decrease in Livelihood referrals,** as more urgent needs were prioritized, and employment opportunities became more scarce. **Yet only 8% of Food Security referrals are Accepted/Successfully Closed, accounting for the**

5 Inter-Agency SGBV Task Force Lebanon (May 2020). "Impact of COVID-19 on the SGBV Situation in Lebanon". Available at: <https://reliefweb.int/report/lebanon/impact-covid-19-sgbv-situation-lebanon-inter-agency-sgbv-task-force-lebanon-may-2020>

6 Inter-Agency Coordination Lebanon (May 2020). "Inter-Agency Situation Update: Current Operational Context in Lebanon"

lowest service delivery rate from a referral, across all sectors. In Akkar, no food security referrals received a final status, although 67% of persons surveyed by WFP responded to be worried to put food on table as of June 2020, being the highest proportion of people worried about that across all governorates, and being a district with particularly high poverty levels.⁷

Overall, despite such **high needs across all these sectors, only 6% of all referrals to Food Security were Accepted/Successfully Closed, which is the lowest across all sectors, followed by 8% for Health, 13% for Livelihoods and 19% for Basic Assistance.**

Recommendations:

- The Health, Food Security, and Basic Assistance sector to investigate why so few referrals end up in service delivery
- The Food Security sector to identify gaps in referrals in the North and Akkar

Sector focus: Protection/Shelter

Cash for Rent (CfR) was reported as one of the highest needs during Focus Group Discussions with service providers, driven by higher rent from inflation, and sustained pressure from landlords to pay rent on time as they increasingly rely on rent for income and have reportedly become stricter with those who cannot pay on time. 81% of Syrians living in collective shelters reported to be unable to pay rent and 76% in individual housing, and a steep increase in collective evictions in the first half of 2020.⁸ Despite this high need, the proportion of Shelter referrals decreased during the reporting period, accounting for only 11% of all referrals, compared to 15% previously. At the same time, the proportion of Shelter referrals which were considered Not Eligible, increased from 1.5% to 6% during the reporting period, and the proportion of referrals with No Service Delivered, with the sector reporting the highest proportion of No Service Delivered across all sectors, being Shelter (5%). Both these indicators suggest a reduced capacity for Shelter actors to respond to Shelter referrals as well as the need to review the eligibility criteria in a way that responds to the evolving needs and therefore provide safe and timely access to Shelter services for those in need.

According to RIMS referral data, it is worth noting that Shelter referrals were not only conducted in the North and Bekaa, but also in Mount Lebanon and Beirut, where Shelter referrals were not reported in the previous reporting period. This may be explained by the fact that needs for rent assistance is particularly high in Mount Lebanon and Beirut given that people live in residential shelter where rent is high compared to the rest of the country.⁹ However, all referrals to Shelter in Beirut were deemed Not Eligible (100%) and 33% in Mount Lebanon, while the rest still have not received feedback. This indicated

significant gaps in Shelter services in Beirut and Mount Lebanon, despite high needs for shelter support. Similarly, Shelter referrals in the North that are Accepted/Successfully Closed are particularly low compared to Bekaa (6% and 22% respectively), and a majority of Shelter referrals in the North are left with No Feedback Received, likely due to severe Shelter underfunding in the North¹⁰.

Discussions with service providers pointed to the significant gaps in Shelter services already existing prior to the COVID-19 period, and which worsened during that period: during the lockdown, Shelter service providers temporarily suspended their services (rehabilitation of shelters for example), and safe shelter units (SSU) reached their capacity. Only one or two actors reportedly received emergency funding to support tenants at risk of eviction with CfR. Therefore, all persons in need of Shelter support were

7 WFP COVID-19 impact assessment (June 2020) <https://data2.unhcr.org/en/documents/download/77304>

8 Inter-Agency Coordination Lebanon (July 2020), "In focus: rise in evictions due to economic vulnerability", accessible at: <https://data2.unhcr.org/en/documents/download/77872>

9 Ibid

10 Inter-Agency Coordination Lebanon (July 2020), "In focus: rise in evictions due to economic vulnerability", accessible at: <https://data2.unhcr.org/en/documents/download/77872>

referred to these few actors providing CfR, who quickly met their targets and no longer accepted referrals. Protection actors, who play a key role in identifying people at risk of evictions, filled the gaps for Shelter actors, as they increasingly received referrals for cash assistance to cover Shelter needs, and provided Emergency Cash Assistance (ECA). In the first half of 2020, over half of UNHCR's ECA went to Shelter-related protection threats.¹¹ This dynamic contributes to explaining the significant increase in Protection referrals during the reporting period. However, Protection actors were overloaded with requests for cash assistance to support Shelter needs, in addition to the plethora of other protection risks which they needed to address. This resulted in a coordination effort to mainstream requests for cash assistance to support Shelter needs to only certain Protection actors, in order to avoid overload on all actors.

It is essential not only to address this coordination challenge to adequately provide for rent support, which Lebanese also increasingly need (50% increase in Shelter referrals for Lebanese), but also to increase funding to Shelter actor, as Shelter is only 8% funded as of May 2020.¹²

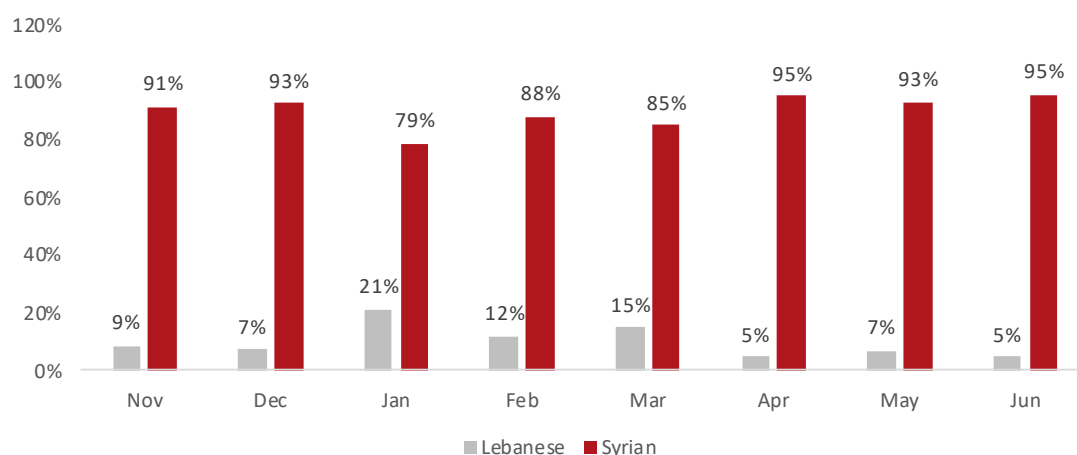
Recommendations:

- The humanitarian response to advocate for more Shelter funding to donors
- Shelter and Protection responsibilities to be clarified when it comes to provision of cash for rent support, and to be disseminated and explained to other sectors, with a clear pathway for safe identification, referral process, service delivery
- Shelter sector coordinator to investigate alternative and more sustainable solutions to substitute Cash for Rent
- Shelter Working Groups to review gaps in coordination in Mount Lebanon, Beirut, North, and establish clear referral pathways for Shelter support with focal points agencies and back up focal point agencies

Identifying Lebanese communities in need of services

During the reporting period, despite the increasing needs faced by the Lebanese community, with 64% of Lebanese surveyed by WFP in June 2020 reporting to use negative coping strategies such as spending less on health, education, selling productive assets, or begging, there was a decrease in the number and proportion of referrals of Lebanese communities on RIMS (see Graph 4).¹³ Drivers behind this trend are unclear: this could be attributed to the fact that the Lebanese community has the tendency to rely on its community network rather than external assistance, coupled with their lack of knowledge on how to access humanitarian services, in addition to more difficulties for humanitarian service providers to identify them during the remote work modality.

Graph 4: Proportion of referrals by nationality



¹¹ Ibid

¹² Ibid

¹³ WFP COVID-19 impact assessment (June 2020) <https://data2.unhcr.org/en/documents/download/77304>

This begs the question of how Lebanese are identified and referred. In general, the main channel of identification of vulnerable Lebanese is through NGO frontliners (56%), notably during awareness sessions, followed by community focal points (27%). However, during the COVID-19 period, there was a significant drop in identification of Lebanese through community focal points, only accounting for 9% of all other sources of identification of Lebanese compared to 27% previously. This reduction was matched with an increase in self-referrals accounting for 18% of all Lebanese identification, and a similarly high proportion of Lebanese identified by NGO frontliners. As service providers report to extensively rely on community focal points to maintain contact with beneficiaries during remote work, this channel for identification of Lebanese could be further strengthened, in addition to raising awareness on the types of services available to all and provided by the humanitarian community.

Recommendations:

- Service providers to explore strengthening ways of identifying vulnerable Lebanese notably by building networks with community focal points, increase outreach to Lebanese communities and strengthen awareness of existing services and to understand the reasons why there was such a big drop in identification through focal points.

Preliminary findings: Beirut Port Explosion

In the immediate aftermath of the Beirut Port Explosion that occurred on 4 August 2020, preliminary findings from RIMS referral data suggest that referrals temporarily dropped, before increasing again starting 10 August onwards, particularly to Child Protection, Health, Shelter, Protection, and GBV. These sectors are the same sectors which already received most referrals in Beirut Mount Lebanon (BML) prior to the explosion, during March-June 2020, coupled with Basic Assistance, suggesting that these already important needs will become acute in the coming period.

Yet data prior to the Beirut Port Explosion demonstrate that 75% of referrals in BML did not receive any feedback. Specific attention will need to be paid to improved coordination and referrals during the current response to the Beirut Port Explosion, in order to provide safe and timely access to services to affected communities.

More in-depth analysis BML referrals during the Beirut Port Explosion will be provided in subsequent reports.

Recommendation:

- Sector coordinators in BML to dedicate particular attention to reviewing and strengthening referral pathways and response to referrals across their partners, particularly the GBV, Health and Child Protection sectors.

STRENGTHENING REFERRAL PATHWAYS AND PRACTICES

1. Assessing the Effectiveness of Referrals during COVID-19

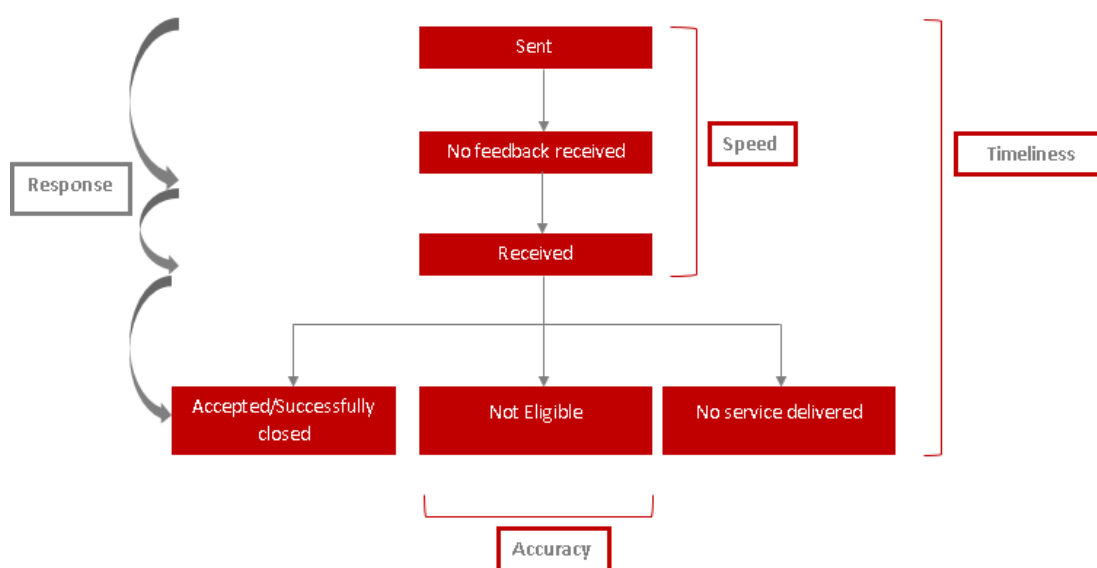
The effectiveness of referrals is measured through four key indicators developed by the DRC RIMS Team: the speed, timeliness, accuracy of, and response to referrals.

Figure 3. Effectiveness Indicators

<p>Speed refers to the time that it takes for the receiving agency or internal focal point to acknowledge receipt of the referral. It is measured by the <u>number of days</u> from when the referral was sent, to when it was received by the receiving agency or internal focal point. Referrals considered on time are referrals responded to within 24 hours for fast track referrals and 48 hours for normal referrals as per Referrals Minimum Standards.</p>	<p>Timeliness refers to the total time that it takes to complete the referral process. It is measured by the <u>number of days</u> from when the referral was sent, to when it received a final status (Accepted/Successfully Closed, Not Eligible, No Service Delivered). Referrals considered on time are referrals receiving a last status within 24 hours for Fast Track referrals and 14 days for Normal referrals</p>	<p>Accuracy refers to the volume of Not Eligible referrals. It is measured by the <u>percentage</u> of referrals with a Not Eligible final status.</p>	<p>Response refers to the level of response and follow up of the receiving agency on the referrals they receive. Response is measured by the <u>percentage</u> of “No Feedback Received” referrals, compared to “Received”, and “Not Eligible”/”No Service Delivered”/”Accepted/Successfully Closed” referrals.</p>
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Analysis of these four indicators was developed based on the Inter-Agency Minimum Standard for Referrals (see methodology section), including the below referral process and related statuses.¹⁴

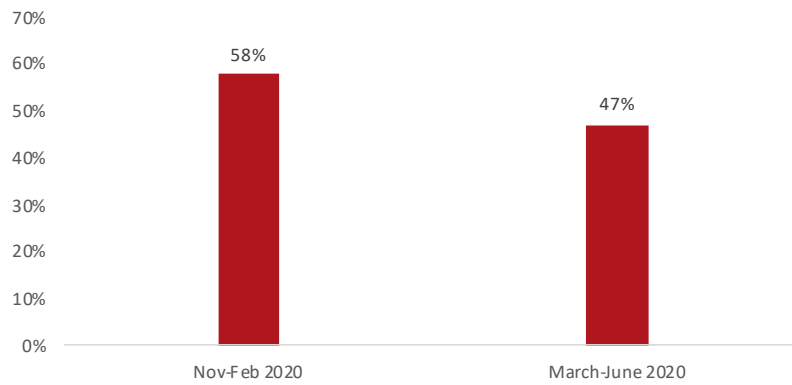
Figure 4. Referral process and effectiveness indicators



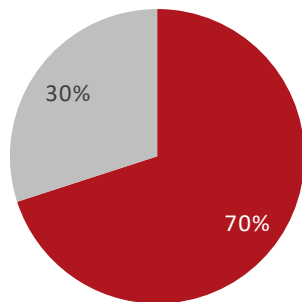
¹⁴ Inter-Agency Coordination, Lebanon. (2020). Minimum Standards and Procedures for Individual Referrals. Beirut, Lebanon. <https://data2.unhcr.org/en/documents/details/76370>

Overall, during the reporting period, **the effectiveness of referrals conducted on RIMS deteriorated across all indicators, except for the level of response.** Although it took longer to receive (speed) and assign a final status (timeliness) to referrals during the lockdown, service providers were more responsive to referrals (level of response), with less pending referrals and more referrals receiving a final status. The accuracy of referrals also worsened during the period.

The speed of response to referrals deteriorated with only 47% of referrals acknowledged on time, compared to 58% in the previous reporting period (see Figure 5). This is likely due to the high volume of referrals received by service providers and the inability to acknowledge receipt of the referral in a timely manner (within 24 hours for Fast Track referrals and 48 hours for Normal Referrals). This backlog in referrals also lengthened the timeliness of referrals, as only 36% of referrals received a last status within 14 days compared to 70% previously, in addition to the fact that, during the suspension of services, service providers tended to wait until their services resumed before assigning a final status to the referral (see Figure 6). Similarly, partial suspension of services and overwhelmingly high needs affected service providers' eligibility criteria, and confusion over which services operated based on what criteria deteriorated the accuracy of referrals to 7% compared to 3% before (See Figure 7). Nevertheless, the work from home modality seemed to have positively impacted the level of response to referrals, with referrals with No Feedback Received accounting for 37% of referrals (compared to 49% before) and Closed referrals for 29% instead of 21% (see Figure 8), as service providers tended to have more time to be responsive to referrals while working from home.

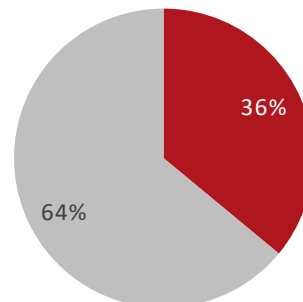
Figure 5. Overall Speed of Referrals**Figure 6. Overall Timeliness of Referrals**

Proportion of referrals closed on time in Nov-February (timeliness)



■ Less than 14 days ■ More than 14 days

Proportion of referrals closed on time in March-June (timeliness)



■ Less than 14 days ■ More than 14 days

Figure 7. Overall Accuracy of Referrals

Proportion of Not Eligible referrals (accuracy)

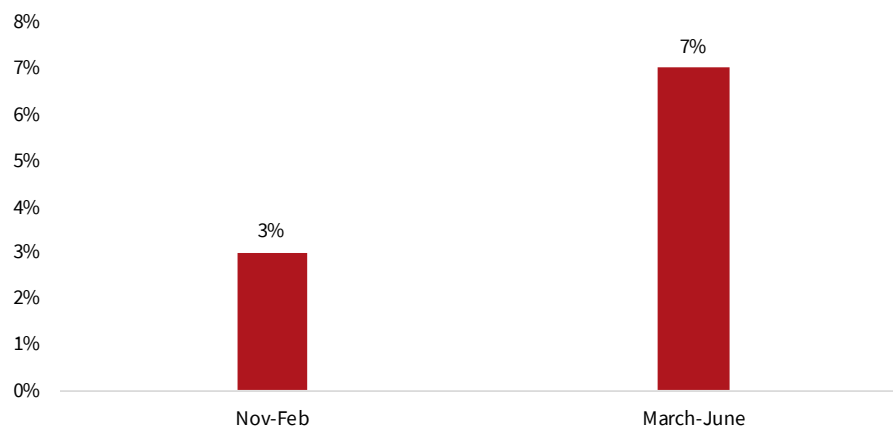
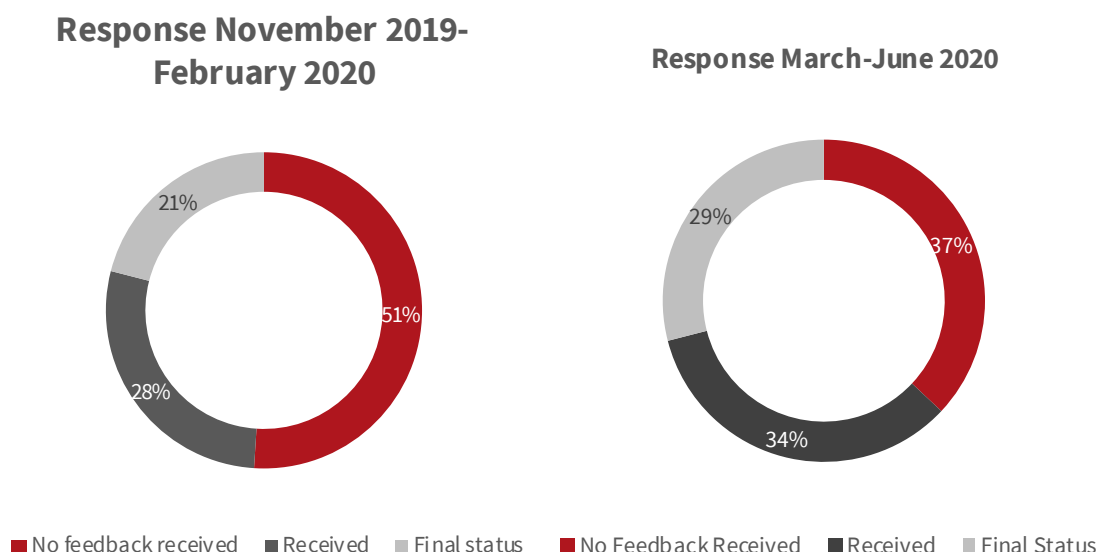


Figure 8. Overall level of response to referrals

2. Improving referrals effectiveness and referral management

Many factors of the enabling environment and key infrastructure impact the effectiveness of referrals presented above, and can be addressed to improve the effectiveness of referrals.

Level of response and timeliness of referrals

The level of response to referrals improved with remote work and the ability to focus more on referrals

During the reporting period, the proportion of referrals with No Feedback Received decreased compared to the previous reporting period, now accounting for 37% of all referrals compared to 49% previously. Similarly, the proportion of closed referrals (Accepted/Successfully Closed, No Feedback Received, Not Eligible) increased from 21% to 29% (see Figure 8). This suggests a higher level of response to referrals, with service providers not leaving as many referrals with No Feedback Received, but rather proceeding to the referral and eventually assigning a final status to more referrals (Closed). This improvement is significant, given that lack of follow up on referrals has traditionally been the main gap in ensuring effective and accountable referrals.

Indeed, during the COVID-19 lockdown, referrals were conducted by humanitarian actors remotely through the phone and via email mostly. According to service providers, this allowed for more responsiveness and follow up on referrals, because the frontline staff did not have to spend time going to the field and therefore had the capacity to properly respond to and address referrals. However, despite frontline staff' increased capacity to manage referrals, significant challenges were reported in remote safe identification and referrals, one of which was to maintain good quality communication with the beneficiary; fully understanding their situation and need, and the reliability of the information provided.

It is worth noting that despite overall more efficient follow up on referral, key sectors where high needs are reported such as Food Security and Health, record a high proportion of referrals with No Feedback Received (48% and 59% respectively) and only 13% and 11% of referrals respectively closed. This is concerning given the acute and urgent needs reported in those sectors. Similarly, in the South and across all sectors, 74% of referrals did not receive any feedback during the reporting period, and 14% only were closed.

To mitigate some of the challenges of remote safe identification and referrals, since the lockdown was eased and field work resumed in May/June 2020, some service providers adopted a mixed method of the referral process and follow up, which combines conducting the initial assessment in the field in person, in order to fully understand the situation and need of the person, and then follow up on the referral remotely through the phone, for timelier and more efficient referral.

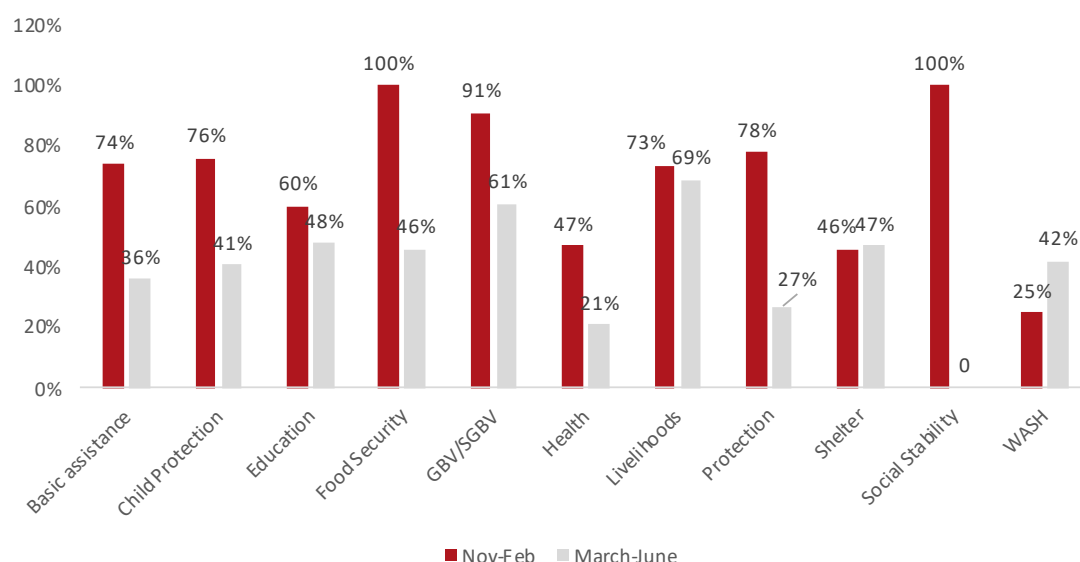
Recommendations:

- Service providers to review their referral process and follow up with the new operational context, to optimize human resources and ensure efficient referrals
- Food Security and Health actors to further discuss gaps in response to referrals and service provision
- South sector coordinators to further discuss gaps in response to referrals and service provision

However, temporary suspension of services means that service providers tended to leave referrals pending for a long time until they resumed operations, driving the decrease in the timeliness of referrals

In addition to the higher volume of referrals and therefore workload, the temporary suspension of an organisation's service, and the uncertainty of when services would resume, means that service providers tended to leave some referrals without a final status, until they would resume their services. It is unclear whether service providers did not re-refer the person to another agency because no other actor was providing the suspended service, or because of a lack of knowledge of which services were still operating. This contributed to lengthening the referral process, and notably the time to assign a final status (timeliness of referrals) and provide services. While 70% of referrals used to receive a final status within 14 days, now only 36% did. Graph 5 demonstrates a deterioration of the timeliness across all sectors during the COVID-19 period.

Graph 9: Proportion of referrals receiving a last status within 14 days (timeliness) by sector



Acknowledging the various challenges in service provision in times of COVID-19, service providers should investigate ways to continue to maintain access to multi-sector agencies, with the support of coordination actors.

Recommendations:

- Coordination actors to play an active role in supporting referral pathways by advising service providers who cannot provide services on where to re-refer
- Coordination agencies and service providers to consider whether similar services to the one being requested are operating, which could fill in the gap in the meantime

Eligibility criteria for service provision and prioritisation**Suspension of humanitarian services, and changes in eligibility criteria, contributed to inaccurate referrals**

During the reporting period, Not Eligible referrals increased from 3% to 7% of all referrals, going as far as reaching 11% in May 2020, with the majority of these referrals being external referrals, therefore highlighting a challenge in service providers' coordination. Protection continues to receive the bulk of Not Eligible referrals (45%), due to the fact that actors will by default refer to Protection actors whenever they identify a Protection need. Interestingly, most Not Eligible referrals to Protection were intra-sector referrals from the Protection sector, which is likely the Protection desks receiving and filtering a high number of referrals, as well as from GBV actors. This demonstrates the need for clarification of Protection services within the sector itself and with other Protection actors, before this can be extended to non-Protection actors. After Protection, most Not Eligible referrals were sent to Basic Assistance (14.5%). Significant confusion continues to be reported by service providers over 1) which actors, outside of the UN agencies, are providing cash and 2) what are their eligibility criteria.

Inaccurate referrals were partly driven by the partial suspension of humanitarian activities during the COVID lockdown. As some field operations were suspended and access to areas and population of concerns was reduced across March-May 2020, service providers changed and adapted their eligibility criteria: either; by restricting their eligibility criteria, in order to provide services for only the most at risk or in need, due to the overwhelming and acute needs and the difficulty to provide services, or by extending eligibility criteria to incorporate broader risks, for example not only the risk of eviction but challenges in paying rent, or to new areas. Further, some partners stopped receiving referrals during the COVID lockdown, to rather focus on their internal already identified beneficiaries to benefit from reduced programs. These changes were generally communicated during sector-specific working groups; however, from the perspective of coordination and access to services, it is essential that these changes in eligibility for services are communicated on a cross-sector basis, and primarily through an update to the Inter-Agency Service Mapping which is the reference document for all services and focal points across the humanitarian response in Lebanon.

Finally, some actors report a lack of details of certain eligibility criteria on the current Inter-Agency Service Mapping. This can be addressed by a review of the tool to see how it can be best fit for purpose for each specific sector, given the amount of room available for text and other information.

Recommendations:

- Protection actors to internally and externally clarify their services and eligibility criteria
- Actors providing cash to clarify synergies, complementarity and eligibility criteria and to make it apparent and known across sectors in the Inter-Agency Service Mapping
- At a minimum, all LCRP partners to create an account on Activity Info and ensure they have access to the Service Mapping function
- All service providers to have dedicated staff responsible for updating the Inter-Agency Service Mapping. These people to be kept abreast of programme adaptations which are particularly frequent in times of crises
- Sector coordinators to monitor that service providers within their sector update the Inter-Agency Service Mapping, regularly remind them, and liaise bilaterally if necessary
- Sector coordinators to ensure that the Inter-Agency Service Mapping is adapted to their sector to match their needs. This includes investigating the type and level of details of information necessary to be included in this service mapping.

The process of prioritization of referrals is essential during times of crisis where referrals increase, and capacity to respond and provide services is limited

A regular process of prioritization of referrals is essential in times of crises, as needs outweigh the capacity of humanitarian actors to deliver services. Discussions with service providers demonstrated a significant increase in the workload of humanitarian actors during the COVID-19 lockdown when it comes to requests for services and referrals, as demonstrates the 50% increase in referrals compared to the previous reporting period. Service providers highlighted that they did not have the capacity to assess and respond to all the referrals they received in a timely manner, which resulted in a backlog in referrals. As a result, they prioritized Fast Track, urgent referrals. Indeed, according to RIMS referral data, Fast Track referrals used to account for 17% of all referrals, while during the COVID-19 period they account for 24% of referrals. At the same time, the speed to acknowledge receipt of referrals deteriorated, with 47% of referrals acknowledged within 48 hours compared to 58% previously.

As already highlighted in a previous RIMS report¹⁵, prioritization of referrals occurs based on various criteria, depending on each specific service provider: some service providers report to prioritise referrals according to the urgency of the need, whereas others report to prioritise internal referrals, or based on already established partnerships with some actors. The escalating needs and high requests for services with the onset of the COVID-19 period, reminds service providers that it is essential that they prioritise referrals based on needs, rather than other factors.

Since urgency of a case is relative to other cases, a process of regular review and prioritization of referrals should occur within each agency. Indeed, it is essential that this process occurs frequently, for example on a weekly basis, in order to reassess the urgency of pending referrals compared to the incoming ones. For example, some agencies report to meet every few days or on a weekly basis, to review the received referrals, and to ensure that the most urgent ones are addressed in a timely and effective manner.

Recommendations:

- Service providers to establish a regular and clear process of prioritization of referrals within their organization
- Service providers to ensure that they prioritise solely on the urgency of the need

Understanding sector-wide prioritization criteria will improve cross-sector referrals

Cross-sector referrals tend to be more challenging, due to service providers' limited knowledge of other sectors service provision and eligibility criteria outside their own. During the COVID-19 period, due to the high request for services, humanitarian service providers prioritized specific profiles of vulnerable communities which were most at risk, or best fitting their services. While protection actors seem to have categorized and agreed upon their prioritization criteria at sector-level, these remain unclear for most non-protection sectors. Yet this will significantly influence 1) the receiving agency's follow up on referrals, as they are likely to not prioritise response to certain referrals which do not fit these prioritization criteria and 2) the length of response to the referral and ultimate service delivery, as service providers will focus on what they consider urgent referrals before they focus on less urgent referrals, creating a significant backlog, 3) the outcome of the referral, as referrals are more likely to be declined if they do not fit the criteria.

Recommendations:

- Sector coordinators to established prioritization criteria jointly with all partners at sector level and share externally to all sectors
- Sector coordinators to clarify referral pathways for agencies which manage urgent referrals, and for other agencies which manage less urgent referrals

¹⁵ Danish Refugee Council (March 2020). Referral Information Management System (RIMS) March 2020 Report. Accessible at: <https://reliefweb.int/report/lebanon/rims-informing-humanitarian-programming-through-referral-analysis-march-2020>

Reduced field access means increase reliance on hotlines for safe identification and referrals

Service providers who have hotlines, received a significant amount of calls and requests for services on their hotline. For example, the DRC hotline alone received three times more calls from March to June 2020. With such heavy reliance on hotlines for identification of those in need, it is first essential for hotline staff to be properly trained on safe identification and referrals (SIR). Then, internally within each agency, it is important that there is a clear referral pathway from hotline to programme staff, and that hotline staff is well-aware of the types of services provided within its organization and the focal points. For external referrals, hotline staff needs to be familiar and relies on up to date Inter-Agency Service Mapping in order to reduce the weight on program staff for external referrals, and for the hotline staff to refer immediately and appropriately to the right service provider. Familiarity with the Inter-Agency Service Mapping and sectors' services is even more important, as service providers reported that many people were calling for informational purposes rather than to receive a service, during the COVID-19 period. This underlines the importance of all service providers to regularly update service mapping information to strengthen the accuracy of service provision.

Recommendations:

- Service providers to ensure that hotline staff are properly trained on safe identification and referrals (SIR)
- Hotline staff to be trained on, and be familiar to be familiar with the Inter-Agency Service Mapping

Division of responsibilities for referral pathways

Duplication in requests for services further increased the pressure on already strained services

During the COVID-19 lockdown, due to the high needs and increased vulnerabilities, and the inability of persons of concern to go to service providers directly, persons of concern started calling more and more agencies, requesting the same service several times and therefore duplicating referrals. While this trend already existed prior to the COVID-19 lockdown, it worsened as a result of the crisis, and contributed to the high volume of referrals during the reporting period as well as to the strained capacity of service providers to respond. In order to avoid duplication of services, service providers receiving referrals asked people of concern whether they are already in contact with another agency to receive the same service, which was challenging due to remote communication.

In addition, service providers reported the same person calling multiple times for the same service, even after being explained that they could not be provided with this service, which put additional strains on already stretched capacity of service providers to respond to requests for services. Information on the person's profile was not always accurate, therefore lengthening the process of cross-checking the information and coming to the conclusion that this was the same person.

Recommendations:

- Coordination agencies to investigate the possibility of tracking 1) where people were previously referred and 2) what services they received, through IMS like RAIS/RIMS, and extend this to all sectors, in order to avoid duplication of services
- Field working groups to assign geographical areas and agencies focal point for certain services to avoid duplicating referrals, as well as back up agencies if the primary agency cannot accept the referral
- Referral focal points receiving more support in explaining and communicating to the PoC to ensure that the latter understands the need to be accurate and to request the service they truly need while giving a chance for other people also in need the opportunity to receive a service.

3. Key messages and recommendations

The below section outlines the most important recommendations derived from the analysis of RIMS referral data. In light of the rapidly evolving context in Lebanon following the devastating explosion in Beirut and a current spike in COVID-19 infections, the implementation of these recommendations is even more crucial in order to ensure timely and effective access to services by people of concern.

Sectors reporting the highest needs are amongst the ones that provide least services after the referral (Accepted/Successfully Closed), and that overall have the least amount of Closed referrals

- Food Security and Health actors to further discuss gaps in response to referrals and service provision
- The Health, Food Security, and Basic Assistance sectors to investigate why so few referrals end up in service delivery
- The Food Security sector to identify gaps in referrals in the North and Akkar
- South sector coordinators to further discuss gaps in response to referrals and service provision

Rent support is a high need yet limited capacity of Shelter actors and unclear referral pathways limit service provision

- The humanitarian response to advocate for more Shelter funding to donors
- Shelter and Protection responsibilities to be clarified when it comes to provision of cash for rent support, and to be disseminated and explained to other sectors, with a clear pathway for safe identification, referral process, service delivery
- Shelter sector coordinator to investigate alternative and more sustainable solutions to substitute Cash for Rent
- Shelter Working Groups to review gaps in coordination in Mount Lebanon, Beirut, North, and establish clear referral pathways for Shelter support with focal points agencies and back up focal point agencies

Prioritisation of referrals is essential to meet the needs of the most vulnerable in a timely manner

- Sector coordinators to establish prioritisation criteria jointly with all partners at sector level and share externally to all sectors
- Service providers to establish a regular and clear process of prioritisation of referrals within their organization
- Service providers to ensure that they prioritise solely on the urgency of the need

Frequent and dynamic update of the Inter-Agency Service Mapping is even more crucial for effective referrals during a crisis

- At a minimum, all LCRP partners to create an account on Activity Info and ensure they have access to the Service Mapping function
- All service providers to have dedicated staff responsible for updating the Inter-Agency Service Mapping. These people to be kept abreast of programme adaptations which are particularly frequent in times of crises
- Sector coordinators to monitor that service providers within their sector update the Inter-Agency Service Mapping, regularly remind them, and liaise bilaterally if necessary
- Sector coordinators to ensure that the Inter-Agency Service Mapping is adapted to their sector to match their needs. This includes investigating the type and level of details of information necessary to be included in this service mapping.
- Protection actors to internally and externally clarify their services and eligibility criteria
- Actors providing cash to clarify synergies, complementarity and eligibility criteria and to make it apparent and known across sectors in the Inter-Agency Service Mapping
- Hotline staff to be trained on, and be familiar to be familiar with the Inter-Agency Service Mapping

Coordination agencies play an essential role in supporting well-structured and efficient referral pathways and multi-sector access to services

- Coordination actors to play an active role in supporting referral pathways by advising service providers who cannot provide services, where to re-refer
- Coordination agencies and service providers to consider whether similar services to the one being requested are operating, which could fill in the gap in the meantime
- Sector coordinators to clarify referral pathways for agencies which manage urgent referrals, and for other agencies which manage less urgent referrals
- Field working groups to assign geographical areas and agencies focal point for certain services to avoid duplicating referrals, as well as back up agencies if the primary agency cannot accept the referral
- Coordination agencies to investigate the possibility of tracking 1) where people were previously referred and 2) what services they received, through IMS like RAIS/RIMS, and extend this to all sectors, in order to avoid duplication of services
- Sector coordinators in BML to dedicate particular attention to reviewing and strengthening referral pathways and response to referrals across their partners, particularly the GBV, Health and Child Protection sectors

Remote SIR requires an adaptation of the process, proper training of actors involved

- Service providers to ensure that hotline staff are properly trained on safe identification and referrals (SIR)
- Referral focal points to explain to the PoC the need to be accurate and request for the service they truly need and to give a chance for other people also in need the opportunity to receive a service
- Service providers to review their referral process and follow up with the new operational context, to optimize human resources and ensure efficient referrals
- Service providers to explore ways of identifying vulnerable Lebanese notably by building networks with community focal points

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