RIMS | Referral Information Management System

Informing humanitarian programming through referral analysis

Lebanon **March 2020**

DRC DANISH REFUGEE COUNCIL

European Union Civil Protection and Humanitarian Aid

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Photo taken by DRC.

ACKNOWLEDGEMENTS

The Danish Refugee Council (DRC) is grateful to all those who participated in the preparation of this analysis. This report has been produced with the support of the European Civil Protection and Humanitarian Aid Operations (ECHO) and UNICEF. The contents of this report are the sole responsibility of DRC and can in no way be taken to reflect the views of ECHO and UNICEF.

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EXECUTIVE SUMMARY

Effective and accountable referrals, which connect service providers together, are essential to provide and maintain safe and timely access to multi-sector services. Referrals are not only important in protracted crisis, as funding decreases while needs remain high, but also in emergencies, such as the COVID-19 outbreak. Indeed, quickly evolving contexts, increasing and emerging needs, all highlight the importance for a coordinated multi-sector humanitarian response, to continue to support the most vulnerable, while strengthening linkages between actors for a holistic response to the multitude of needs faced by vulnerable communities. This report explores the importance of referrals in supporting humanitarian actors' understanding of the context that they operate in, as well as the necessity to improve referral practices, particularly related to timely follow up and response to referrals, as it is service providers' ultimate responsibility to ensure that vulnerable communities are able to access the right service, in a timely manner, which will meet their need. This report nevertheless acknowledges the challenging funding context and its impact on referrals and service provision, and calls for actors to advocate for funds where needs are highest and capacity to respond is clearly overstretched.

Findings from this report are based on quantitative analysis of referral data from November 2019-February 2020[1] on the Referral Information Management System (RIMS), created by DRC in 2017 to provide a common platform for service providers across to sector to manage, track and respond to referrals, as well as qualitative analysis from Focus Group Discussions conducted with service providers.

The 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 July 2020 to further expand on some of these findings and continue to provide evidence-based recommendations to improve the effectiveness and accountability of referrals.

Summary of Key Findings and Recommendations

- Health, Protection and Shelter account for the most referrals during the reporting period. **The proportion of referrals sent to all sectors increased, notably referrals to WASH (130% increase), Education (91%), Health (47%), Basic Assistance (14%) and to a lesser extent Shelter and Child Protection, except for Protection and Livelihoods, which both decreased by almost half**. This can be partly attributed to increased needs related to the deterioration of the economic situation in Lebanon and movement restrictions that affected all communities, exacerbated by the storm that occurred during winter to a lesser extent, as well as continuous efforts for coordination across actors and sectors, and the emergence of new service providers, despite a noticeable gap in activities from service providers at the end of their funding cycle.
- **Health referrals increased by 47%, which was the largest increase across all sectors, and places health as the sector to receive most referrals**. The health system in Lebanon is under severe strains as a result of the economic situation limiting available medical supplies and abilities of households to financially access medical services, increasingly prompting Lebanese communities to resort to health humanitarian service providers for support, notably for mental health. Temporary suspension of activities and reduced movement of humanitarian actors in November 2019 only exacerbated the already existing backlog in health referrals. Despite the significantly increasing health needs, the effectiveness of health referrals continues to be challenging, partly due to lack of capacity of health actors compared to the needs, restrictions of movement and partial suspension of humanitarian activity, and the modality of health services operating in partnership with local hospitals, which would benefit from clarification and strengthening.

1 This report exceptionally also includes early March for COVID-19 analysis

- **The COVID-19 outbreak comes at a time where increasing health needs are not matched by the capacity of the health system in Lebanon, nor of health service providers in the humanitarian response**. As of the second half of March, referrals declined by 50% due to temporary suspensions of essential humanitarian activities, yet the impact of COVID-19 on needs and access to services across the vulnerable communities is still to be investigated.
- **Referrals of Lebanese communities increased during the reporting period, from 9% to 12% most notably to Shelter, Basic Assistance and Health**. Emerging needs of Lebanese, driven by the economic crisis, are likely to continue increasing, and while some service providers have enlarged their targeting to include these emerging needs, funding continues to be channeled to support mostly Syrian. Service providers and coordination structures are not fully equipped to respond to those emerging needs, and this will be reflected in the efficiency of referral pathways and access to services for Lebanese communities. These emerging needs must be further assessed by humanitarian indicators, and referral indicators can support in this. Analysis of these needs can support programmatic adaptations, sector strategy and donor channeling of funding, to meet the needs of the most vulnerable
- **The increase in referrals of children (46%), elderly (38%), and single (31%) and widowed persons (8%)** demonstrates the importance of monitoring these referrals indicators to meet the needs of the most vulnerable, particularly in times of crisis, where they are first affected.
- There was an improvement in the speed (from 35% to 59% of referrals responded to on time), timeliness (seven days to assign a final status instead of 9.5) and accuracy (4% Not Eligible referrals instead of 5%) during the reporting period, while the level of response significantly deteriorated, with **referrals with No Feedback Received accounting for 51% referrals, up from 28% in the previous reporting period**. Lack of follow up on referrals continues to be a major issue, and measures should be adopted such as increasing personal communication and partnerships between service providers, as well as ensuring that prioritization of urgent needs is conducted in the broader framework of overall request for services. Further oversight of referrals within organisations, and oversight and accountability from coordination mechanisms, is also necessary.
- **Re-referrals are an essential component of the referral process, as they ensure that the person being referred ultimately access the service that they need. Yet re-referrals are not yet systematically practiced across service providers: only 34% of referrals with Not Eligible/No Service Delivered status were re-referred.** This is partly due to confusion in division of responsibilities between the referring and the receiving agency on who should re-refer, as well as overall lack of follow up from some agencies, which generates uncertainty around the status of the referral. Guidance on the importance and process of re-referrals is essential, in addition to agencies maintaining a direct line of communication to ensure proper follow up and re-referrals.
- **Low capacity to respond to referrals and provide services continues to be a major driver of low service provision resulting from referrals**, which is affected by both funding and timing of grants. While health referrals account for the highest proportion of referrals during the reporting period, and high needs are reported, the health sector is only 54% funded as of end of 2019. This requires advocacy for increased funding for those sectors with high needs, as well as adaptation at organizational level to ensure that needs are being met regardless of targets and grant cycles.

INTRODUCTION

Over the past few months, changes in the operational environment impacted not only already highly vulnerable Syrian and Palestinians refugees but also Lebanese communities, as the economic crisis in Lebanon escalated to result in shortages of foreign currency, high inflation, closure of businesses, all which reduced access to basic goods and services and further exacerbated already existing needs. The protection environment for Syrians continues to be concerning, and the impact of the actions of the Lebanese Government adopted in early 2019 and implemented mid-2019 related to deportations, demolitions and crackdown on foreign labour, continues to have severe consequences on the living conditions of refugees. At the same time, the economic crisis affecting Lebanon in recent years escalated at the end of 2019, and significantly increased the vulnerabilities of the Lebanese communities who now increasingly turn to humanitarian service providers for help. Negative coping mechanisms are reported as a result, posing severe concerns for children notably. The declaration of the COVID-19 outbreak in Lebanon early March and the lockdown contribute to these needs and is likely to continue in an increasing manner, with a limited capacity of the health system to respond and diminishing livelihood opportunities.

Quick changes in the operational environment, coupled with exacerbated and new emerging needs, requires a closely coordinated, multi-sector humanitarian response, more than ever. The funding landscape continues to be restricted and does not match the high needs, which are only getting higher, and which are reflected notably in referrals. Therefore, in order to maintain the same access to multi-sector services for vulnerable communities, referral pathways play an essential role in connecting service providers together. Yet as described in this report, there continues to be significant gaps in the effectiveness and accountability of referral pathways, both at inter-agency and organizational level. It is essential that service providers follow up on a timely manner on the referrals that they send and receive, that they re-refer cases to other service providers in a timely manner and ensure that the person ultimately receives the service they need. In addition to the responsibility that service providers and coordination structures have to ensure access to services, limited capacity to respond to referrals and provide services continues to be a key gap and requires advocating for funding for specific sectors, based on new needs assessments and referral trends which help highlight vulnerabilities.

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 November 2019-February 2020[2] 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.

CONTEXTUAL AND OPERATIONAL DEVELOPMENTS

Between November 2019 and February 2020, events occurred which affected the humanitarian response, needs and coordination across Lebanon and impacts how organizations respond, adapt to and coordinate service delivery to exacerbated needs of already vulnerable communities and emerging needs. Starting on 17 October and through to November 2019, nation-wide protests erupted across Lebanon as a result of the quick deterioration of the economic situation, and with a political push to review current political institutions and governance in Lebanon. This movement led to the resignation of former Prime Minister Rafic Hariri, and negotiations took place in the following months until the new government was able to form on 21 January 2020, with Hassan Diab nominated as the new Prime Minister.[3] Protests occurred at different level of intensity, but overall resulted in road blockages and reduced movements. Most humanitarian operations were temporarily suspended and access to

2 This report exceptionally also includes early March for COVID-19 analysis

3 International Crisis Group (2020). Pulling Lebanon back from the precipice. 22 January [Online]. Available at: https://www.crisisgroup.org/middle-east-north-africa/eastern-mediterranean/lebanon/pulling-lebanon-back-precipice

vulnerable populations, and from vulnerable populations to service providers, was limited. This was reflected in the quality of referrals during this period, which significantly deteriorated and highlighted the difficulties to maintain coordination and access to multi-sector services for vulnerable populations. [4]

Linked to the above, the economic crisis which had been affecting Lebanon for years significantly deteriorated throughout 2019 and especially toward the end, with foreign currency reserves of dollars, on which Lebanon relies extensively, reaching an alarmingly low level, particularly for public reach. The Lebanese pound dropped by 40% against the dollar compared to August 2019, and inflation escalated, reducing access to basic services. [5] Foreign imports which are an important source of supply for Lebanon, decreased as Lebanon was not able to pay in dollars. As of November 2019, employees reported some salaries were cut off by 50% and many persons were laid off as businesses could no longer sustain themselves and were forced to close. [6] This situation affected not only the already highly vulnerable Syrian population in Lebanon, whose access to services and employment opportunities are limited, but also vulnerable Lebanese communities who can no longer afford some basic goods and services, and who risk losing their employment. It was estimated by the Work Bank that the poverty rate will increase from 30% to 50% following the economic crisis.[7] Negative coping mechanisms were increasingly reported across vulnerable communities, such as increased cases of child labour, which raises serious protection concerns. [8]In March 2020, Lebanon announced its first default in payment. [9]The economic situation continues to exacerbate the availability and quality of public services, and further reduces access to these services for vulnerable communities, most notably to health structures.

The public health emergency declared on 15 March 2020 as a result of the COVID-19 outbreak in Lebanon, resulted in a shutdown of non-essential activities across Lebanon, and will further exacerbate those already high needs and the economic crisis. The COVID-19 outbreak is putting strains on an already concerning health situation in Lebanon, where the government was struggling to make payments to both private and public hospitals, with lack of medical supplies and shortages of medicines. Dollar shortages and bank restrictions affected the imports of medical supplies including protective gears and ventilators, on which Lebanon heavily relies. [10] Most humanitarian actors reduced their operations in an attempt to reduce contact and contamination; at the same time, it is believed that Syrian refugees are intimated to come forward if they report any symptoms of COVID-19, in fear that this would expose them to further protection risks and stigma within their own communities. The current humanitarian coordination structure is adapting to support governmental efforts to respond to the crisis, while seeking for ways to support Syrian refugees in accessing safe and equitable health care and other urgent services.

In addition to these notable events, harsh winter conditions including flooding and extreme winds were reported during the reporting period, and particularly in December 2019, and end of January/ early February 2020, affecting over 1,000 individuals and with most damage in Arsaal. Need for shelter rehabilitation, NFIs and basic assistance were reported. [11]

On the response side, the end of the year marked a slow-down in humanitarian activity, due to the Christmas holidays as well as the end of several grants and projects, therefore affecting referrals and service delivery.

4 Danish Refugee Council (2020). Referral Information Management System (RIMS) January 2020 Snapshot. Accessible at: https://reliefweb.int/report/lebanon/referral-information-management-system-rims-snapshot-january-2020; Inter-Agency Coordination (2020). Inter-Agency Situational Update on the Current Operational Environment in Lebanon. February. Accessible at: https://www.un.org.lb/library/assets/Inter-AgencySituationUpdate_Jan-Feb_2020-125051.pdf

5 International Crisis Group (2020). Pulling Lebanon back from the precipice. 22 January [Online]. Available at: https://www.crisisgroup.org/middle-east-north-africa/eastern-mediterranean/lebanon/pulling-lebanon-back-precipice

6 Ibid

7 Ibid

8 Protection Working Group meeting minutes 12/12/2019.

9 Daily Sabah (2020). Lebanon to default on $1.2 billion loan payment amid financial crisis. 10 March. [Online]. Available at: https://www.dailysabah.com/business/economy/lebanon-to-default-on-12-billion-loan-payment-amid-financial-crisis

10 Human Rights Watch (2020). Lebanon: COVID-19 worsens Medical Supply Crisis. 24 March. [Online]. Available at: https://www.hrw.org/news/2020/03/24/lebanon-covid-19-worsens-medical-supply-crisis

11 Inter-Agency Coordination (2020). Lebanon: Karim Storm Situation Report. 11 February. [Online]. Available at: https://reliefweb.int/report/lebanon/lebanon-karim-storm-situation-report-11-february-2020

METHODOLODGY

This report provides an analysis of national referral data gathered through RIMS over a four-month period, from November 2019 to February 2020, of 20 RIMS partners, up from 12 in the previous reporting period. Non-DRC RIMS partners' referral data contributed to about 50% of referral data in this report.

Research methods

Different research methods were adopted to collect and triangulate data, and strengthen the meaningfulness and representativeness of findings and of analysis:

- Quantitative analysis: the dataset counts 1,868 referrals during this time period from 20 organizations, which is a 6% decrease from the past reporting period, likely due to the temporary suspension of some humanitarian operations during the protests that started on 17 October 2019, as well as the Christmas holidays in December 2019. Correlations were run across the data to identify correlations between variables and find patterns in referrals, and to examine gaps and bottlenecks in service provision. Sectors with a low number of referral were not systematically included in sector-disaggregated analysis (such as Food Security and Social Stability) in order not to skew the data.
- Qualitative analysis: Semi-structured Focus Group Discussions (FGDs) were conducted by the RIMS Team to contextualize and explore the findings from the quantitative analysis. FGDs were conducted with six service providers operating in the North, in the Bekaa and in the South, who were providing services across all sectors. These organizations were chosen based on their diversity in geographical coverage and provision of services, in order to collect more diverse and rich information. Structured Key Information Interviews (KIIs) with several actors in the response deemed key informants who could answer specific information concerns and explain certain trends were also conducted. 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. As such, findings and recommendations made throughout this report are generalised and not specific to individual organisations Further, data analysed by RIMS does not include any sensitive data.

Effectiveness indicators

The RIMS Team developed four effectiveness indicators which allow to measure the effectiveness of referrals, identify challenges and improve effectiveness of referrals, as well as enhance accountability of teams making referrals towards each other, persons of concerns and donors. These four indicators are the speed of referrals, timeliness of referrals, accuracy of referrals and response to referrals (see Assessing the effectiveness of referrals section below), and are used in this report as a basis to measure trends in effectiveness and accountability of referrals throughout time.

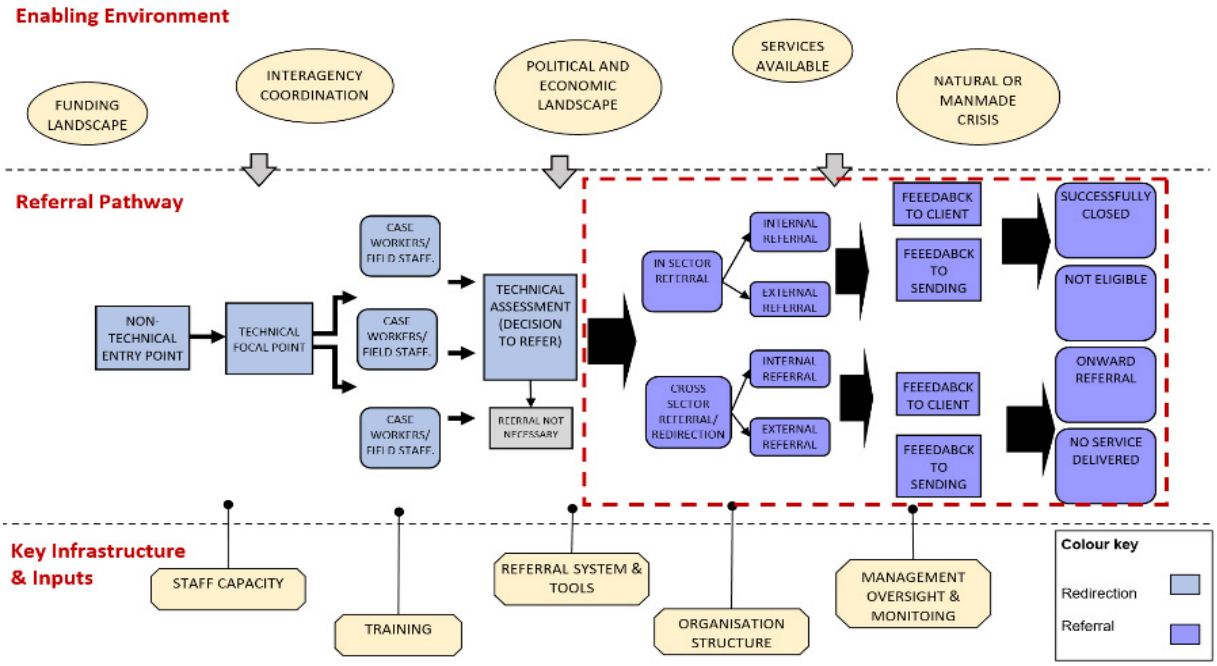
Analytical framework

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** 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 multi-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



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

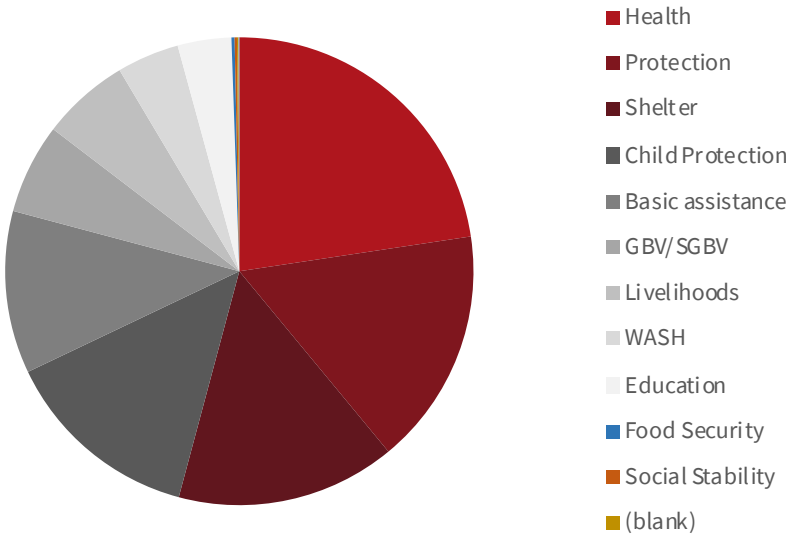
Data quality: Despite enhanced and refresher trainings conducted for all RIMS partners in 2019, and due to the continuous development of RIMS, data entry errors continue to be a challenge on RIMS, therefore affecting effective and consistent data entry and information management practices. The RIMS team has observed this challenge across humanitarian organisations, and it was necessary for some data to be discarded. At the same time, improvements to data quality are ongoing.

ANALYSIS OF REFERRAL TRENDS: NOVEMBER -2019FEBRUARY 2020

Referral trends by sector

Between November 2019 and February 2020, referrals from all sectors increased compared to the previous reporting period (July-October 2019), notably in WASH (130%), Education (91%), Health (47%), Basic Assistance (14%), and to a lesser extent, Shelter and Child Protection referrals, while the proportion of referrals from and to Protection decreased. [12] Most referrals were sent to Health (22%), Protection (16%), Shelter (15%) and Child Protection (13%) (Graph 1), similarly to the previous reporting period, yet referrals to Health overtook referrals to Protection and now account for the highest proportion of referrals during the reporting period.

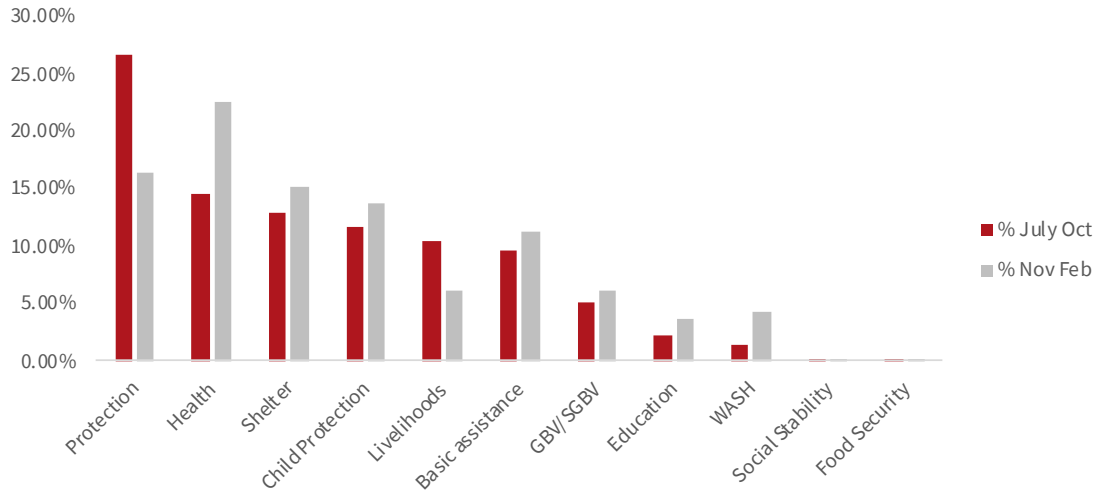
Graph 1: Referrals sent to sectors November 2019-February 2020



While the decline in the proportion of referrals to Protection can partly be attributed to a parallel increase in the proportion of referrals to other sectors, the decline in the absolute number of referrals to Protection can also be explained by the end of projects and targets achieved end of 2019, as well as a stagnation in the protection environment, with no major changes reported after the protests ended.

12 Sectors mentioned in this report are based on the Protection Working Group sectors for referrals

Graph 2: Proportion of referrals sent to sectors across time



The decreased in proportion of referrals sent to Protection was matched by an increase in the proportion of referrals sent to all other sectors (Graph 2), except for Livelihoods, which did not receive as many referrals at the end of 2019 and early 2020, partly due to the completion of some Livelihood projects. The overall increase in referrals to other sectors can be explained by several factors: first, contextual developments impact needs and referrals, with the economic crisis exacerbating all types of needs, and most notably Basic Assistance, Shelter, Health, and Education as a result of school closures and increased use of negative coping mechanisms such as Child Labour. This was compounded by adverse weather conditions which impacted immediate Shelter, Basic Assistance and WASH needs. Further, increased activity of new RIMS partners operating in sectors like WASH impacted referrals, as well as continuous efforts by agencies to improve cross-sector coordination through formal and informal partnerships, agencies designated as focal points for specific sectors, as well as the presence of new service providers, for example, health actors in the North, despite significant gaps reported in service providers in the North as a result of temporary suspension of funding with the end of several grants at the end of 2019, which affects the efficiency of referrals.

Sector focus: health

With WASH and Education still accounting for only a small number of referrals, health referrals saw the most important increase (47%(across sectors most active in sending and receiving referrals during the reporting period, and currently account for the highest proportion of referrals sent to sectors. Yet, despite increasingly high health needs, the health sector is only 54% funded as of Quarter 4 of 2019, the fifth sector least funded out of ten sectors, while it accounts for one of the highest need reported across both Syrian and Lebanese populations during the reporting period.[13] Health service provision continues to be highly challenging.

Several factors contributed to the increase in health referrals over the reporting period:

- The deterioration of the health system, aggravated by the economic crisis in Lebanon, resulted in additional barriers to access health facilities, and shortages of medicines from reduced imports. Lebanese communities are increasingly turning to humanitarian actors for support as they cannot always afford healthcare.
- Reduced activity of humanitarian actors and movement during the protests, resulted in a limited ability of service providers to maintain the same level of health services, despite high needs, and therefore created a backlog of persons in need of health support on waiting lists. This backlog still persists and limits the capacity of health service providers to respond to these needs.

13 Q4 2019 LCRP Aid tracking

- Service providers report a significant increase in request for mental health support, from both Syrians and Lebanese communities, as a result of the dire economic conditions. Most health referrals were sent by GBV actors, who indeed reported that they faced many requests for mental support. Mental health service providers are few as reported by service providers in the North, with strict eligibility criteria and limited capacity to provide support.

Despite these increasing health needs, the quality of health referrals is not improving. In line with the overall trends of referrals, the proportion of health referrals with the status No Feedback Received increased from 41% to 68% during the reporting period, and health referrals which are Accepted/ Successfully Closed decreased from 21% to 8%, indicating lesser service delivery.

While common drivers of inefficient health referrals have been mentioned in previous reports (health actors in PHCs relying on phone communication/fast track health cases are often complex cases which takes time to assess, and often requires being on a waiting list), further obstacles to accessing health services were identified by service providers, linked to the setup of health service providers and service delivery. Major humanitarian service providers operate based on partnerships with local hospitals, which influence the access to health services of vulnerable communities. These partnerships are important because they allow humanitarian service providers to cover most of the costs of health services delivered to these communities in local hospitals. While it is essential that vulnerable communities are referred to local hospitals that will be able to cover some of their medical costs, it is unclear the extent to which individuals managing referrals are aware of which local hospitals are in partnership with which service providers, and similarly for vulnerable communities. This affects the timeliness of referral processes as service providers seek to identify which local hospitals can provide support, and over people's access to health services in fear that they will have to cover the costs of their medical support. Further, while these local hospitals are spread across the country, it is commonly reported that vulnerable communities have to travel to access this hospitals, therefore incurring transportation costs.

Recommendations:

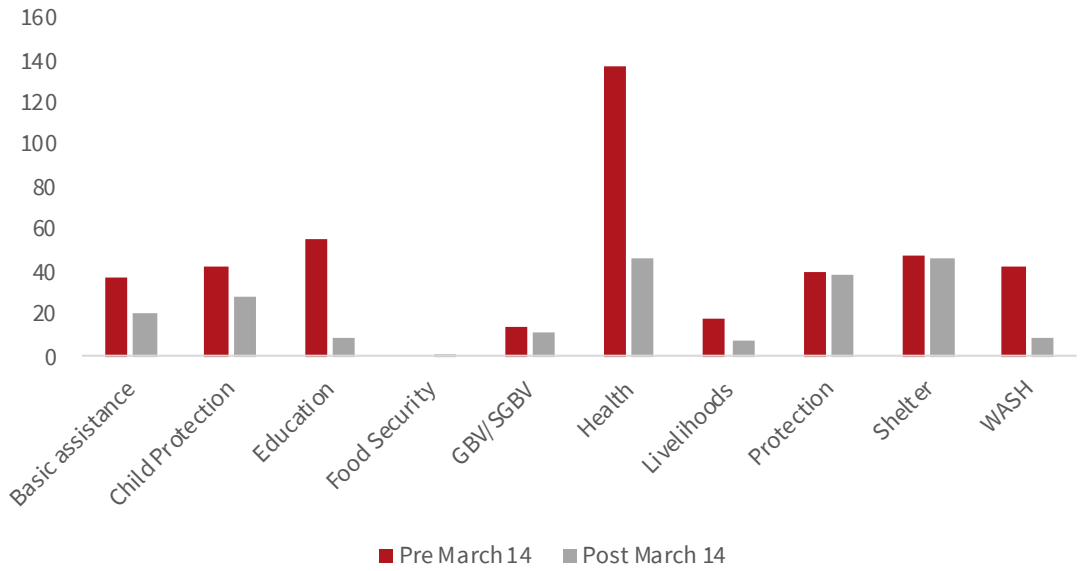
- Inter-agency service mapping to include the list of local hospitals supported by humanitarian actors, in order for other service providers to refer to the local hospital which will be able to cover medical costs for the person referred
- Service providers and local hospitals to strengthen coordination to ensure coverage and availability of the requested service
- Sector to ensure that supported local hospitals are located where most health needs are reported, and to include transportation costs when requested by beneficiaries
- Information on available services to be disseminated to vulnerable communities with this information and to be reiterated by all agencies in the area who will receive beneficiaries and conduct referrals
- Donors to consider the importance of supporting the health sector in Lebanon particularly in light of increased needs and reliance on the public health system from both refugees and vulnerable Lebanese

COVID-19

The COVID-19 outbreak started in Lebanon mid-February 2020, in the above highlighted circumstances of poor health infrastructure and limited capacity for humanitarian response. Referral trends captured on RIMS currently demonstrate similar trends as during the protests in October/November 2019, which is an immediate decline in overall referrals, yet these are only preliminary findings, and further analysis will be provided in the May 2020 RIMS Snapshot.

Between February and March 2020, referrals decreased by 23%. More specifically between 1-14 March and 14-27 March - 14 March being identified as the time that most actors had suspended their operation - there was a 50% decrease in the number of referrals. Yet not all sectors were equally affected by the decrease in referrals, as demonstrates Graph 3.

Graph 3: Referals pre-post March 14

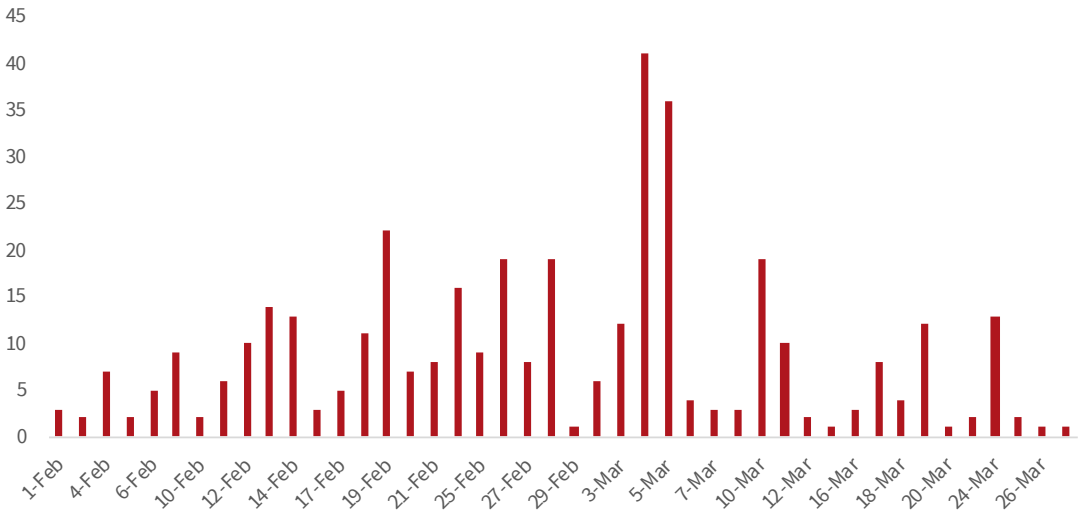


Protection and Shelter referrals barely decreased post 14 March 2020, which could be interpreted as highlighting the continued high needs in those sectors, which now account for the same number of referrals as Health. This could also be attributed to the fact that most referrals to these sectors are fast track, urgent cases. Indeed, the proportion of Fast Track referrals significantly increased from 15% before 14 March to 30% after 14 March, while normal referrals declined from 84.5% to 62.5%, suggesting that service providers are now focusing on most urgent cases.

However, the data demonstrates that while over half (64%) of referrals to Shelter were indeed Fast Track referrals, the second highest proportion of Fast Track referrals was then found in Child Protection (46%), followed by Basic Assistance and GBV (30% both), which all declined, and Protection with 25% and Health at 8.5% of Fast Track referrals, remained the same. This could contradict the above hypothesis of service providers focusing on fast track referrals, and will need to be further investigated.

Similarly, while service providers do not report being approached by vulnerable communities with requests for health services, health referrals spiked early March (Graph 4).

Graph 4: Health referrals February/March 2020



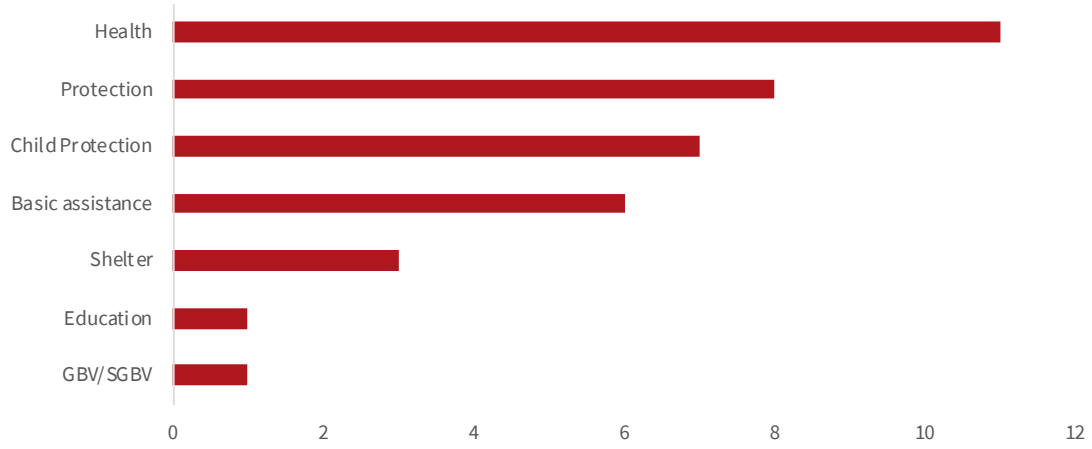
According to service providers this could be explained by a rush for service providers to manage their referrals before they suspended operations, and indeed is reflected in the overall trends of referrals across all sectors. Service providers also noted the below reasons for the minimal health referrals post 14 Marc 2020:

- Designated local hospitals by the Lebanese government are in charge of handling COVID-19 cases, rather than L/INGOs
- L/INGOs minimal readiness and capacity to respond to these cases
- Service providers have suspended most of their activities and this is known by beneficiaries
- Before suspension of activities, beneficiaries and community focal points were mostly requesting for awareness sessions on symptoms of COVID-19 and best practices on how to limit contamination
- It is believed that there is fear amongst beneficiaries to come forward to service providers/ local authorities if they displayed the symptoms of COVID-19 due to further protection risks that this could expose them to (lack of legal papers etc.)

It is important to note that during emergencies referrals tend to be conducted over the phone and that it is likely that, with more distance from the situation, RIMS data will better reflect what was happening at this time, as lessons learnt from the analysis of data from the protests showed, and as service providers retroactively log in their referrals on RIMS.

Finally, the last status of referrals pre/post 14 March demonstrated a significant increase in referrals with No Feedback Received, from 48% to 58%, due to lack of follow up, however, contrary to expectation, referrals Accepted/Successfully Closed improved from 15% to 21%, with services being delivered despite reduced humanitarian activity. According to Graph 5, sectors providing services following referrals are sectors that still report highest needs. It is likely that while humanitarian service providers focus on less referrals, they are able to prioritise and provide the relevant service for these few referrals.

Graph 5: Referrals Accepted/ Successfully Closed post 14 March 2020



NB: Sectors not included in Graph 5 are sectors which did not accept/successfully close referrals in that time period.

Further research on the impact of COVID-19 will be conducted with more distance in order to extract more meaningful trends.

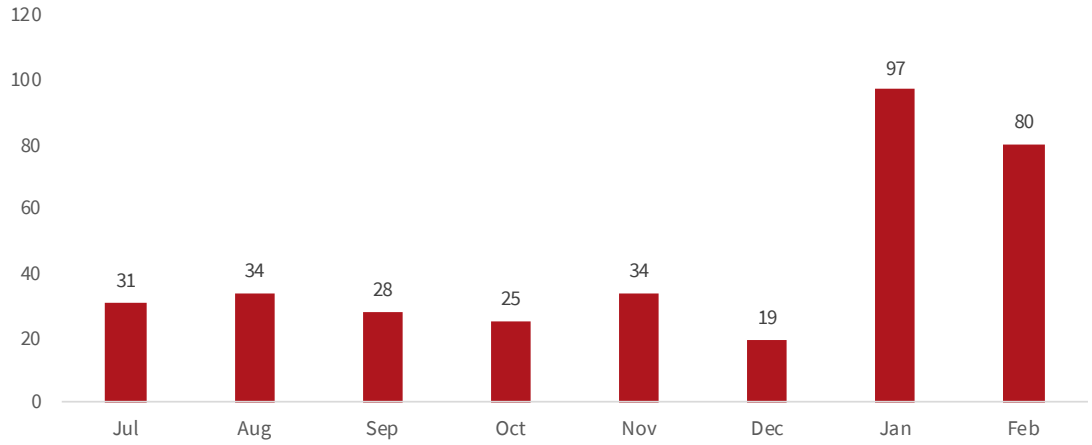
IDENTIFIYING NEEDS THROUGH REFERRAL PATHWAYS FOR PROGRAMMATIC AND SECTOR ADAPTATIONS

While needs assessments to capture evolving needs and inform programmatic adaptation are essential, there are other ways that are complementary to needs assessments that can help track the evolution of needs such as, contextual analysis, and referral trends. Trends in referrals can support in identifying changes in needs and emerging needs, and therefore programmatic and sectorial strategic adaptation to support the most vulnerable with the available funding. This is particularly important in times of emergency, for example since the protests that erupted on 17 October 2019 in Lebanon and with the significant deterioration of the economic situation, and during COVID-19, where it is necessary to not only capture these shifting needs to provide targeted support, but also to prioritise the most vulnerable based on available funding

Increase in Lebanese people being referred

Increased needs for Lebanese were reflected in referral trends during this reporting period, with an increase from 9% of Lebanese referred to 12% during the current reporting period, and a constant increase in absolute value (Graph 6).

Graph 6: Lebanese referred by month 2019-2020



Between November 2019-February 2020, most Lebanese were referred to Child Protection (29%), Health (25%) and Basic Assistance (21%). Increase in referrals of Lebanese can be attributed to emerging and more acute needs of Lebanese as a result of the economic crisis, most notably reflecting the below needs:

- **Shelter:** Shelter referrals for Lebanese communities increased from 1 in the previous reporting period to 10 in the current reporting period. It was reported by service providers that Lebanese communities approached them for shelter support related to cash for rent particularly, as the economic situation is increasingly hampering Lebanese from paying their rent, with a risk of eviction.
- **Basic Assistance:** Basic Assistance referrals for Lebanese communities increased from 8 in the previous reporting period to 49 in the current reporting period. With an average of 2% of PCAP referrals every month pre-October 2019, this number reached 6% in November 2019. By far most referrals to Basic Assistance were sent by Protection actors (60%), who report that they continuously receive request for cash and for food items.
- **Health:** Referrals of Lebanese to health services over doubled during the reporting period. As explained in the health section above, a large proportion of these referrals were to health services.

While some service providers have enlarged their targeting to include these emerging needs, as reflected in the last status of referrals of Lebanese which currently matches referrals of Syrians, despite services being more tailored to Syrian communities, funding continues to be channeled to support mostly Syrian. Available services for Lebanese are not only scarce but Lebanese communities are not necessarily aware of how to access them. Indeed, service providers report few Lebanese people approach services providers, compared to the high reported needs. There are currently no standardized tools at inter-agency level to be able to properly and systematically capture those emerging needs of Lebanese communities and adapt the response as a result and if necessary.

Recommendations:

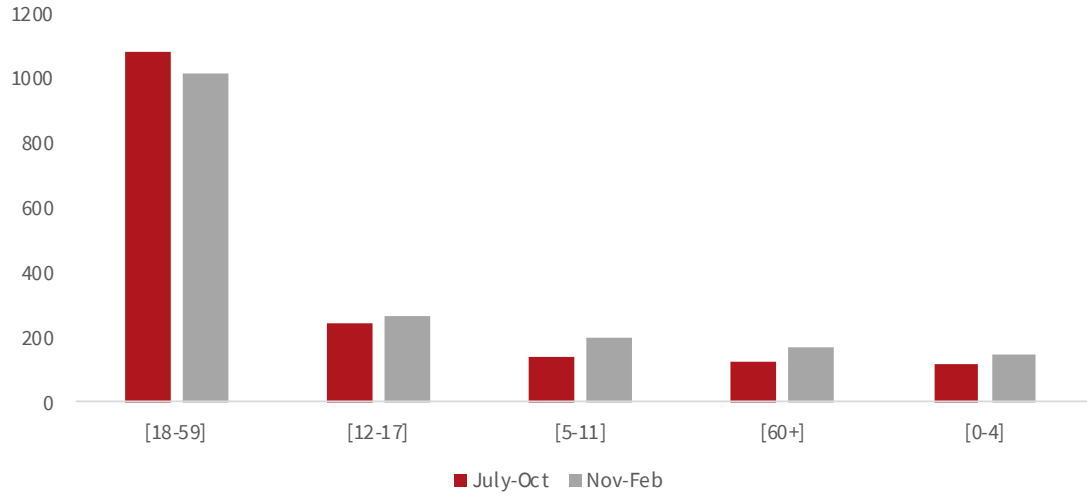
- Service providers whose programs are not nationality based, to raise awareness on the fact that their services are available to all communities
- Donors to reconsider their criteria for funding to be needs-based as diversity of funding in the humanitarian sector to recognize the instability in Lebanon as a host country
- Coordination agencies to lead a multi-sector mapping of services that can be provided for Lebanese, and lead on discussions related to potential inclusion of some services for Lebanese for certain agencies
- Sector strategies and tools to adapt to be able to assess to, and respond to these emerging needs

Evolving needs of vulnerable populations

Monitoring referrals with specific focus on vulnerable groups, such as elderly persons, also brings to light important trends which can complement needs assessments and contribute to programmatic adaptation to meet the needs of the most vulnerable. Sector strategies of the LCRP generally focus on addressing the needs of the ''most vulnerable'', as funding continues to reduce and prioritization if necessary, yet this can be hard to capture despite already existing assessment tools. Referrals can provide important information on shifting dynamics and needs of vulnerable groups to support these sector strategies and organisations' own programmatic adaptations.

For example, it is possible to notice that, during the reporting period, referrals of adults (18- 59 years old) decreased, while referrals of all other age groups increased (Graph 7). Specifically, referrals of elderly people (over 60 years old) increased by 38% compared to the previous reporting period, with most elderly people referred to Health, Protection and Shelter services.

Graph 7: Referrals by age group across time



Referrals of infants (0-4) increased by 27%, and of children (5-11) by 46%, both age groups mostly referred to Health, Child Protection and Basic Assistance.

Similar trends were also noticed when monitoring the marital status of persons referred, with:

- Single persons referred increasing by 31% (people under 17 years old were excluded from this calculation)
- Widowed persons referred increased by 8%

These findings are supported by Focus Group Discussions who reported a larger diversity of individuals attending support sessions.

Increase in these referrals can likely be explained by the same factors as the overall increase in referrals to certain sectors; indeed, it is expected that the economic crisis in Lebanon exacerbate first and foremost the situation of the most vulnerable, that is, children and elderly people, as well as those whom we can assume do not necessarily have the same support network (singles, widowed people). In addition, other factors influence the profile of people referred, such as their nationality (more single young persons from Lebanese communities will be referred, while more married young persons from Syrian communities will be referred), and cultural practices of seeking for support.

Nevertheless, while increased needs due to the economic crisis would call for a blanket increase in capacity to respond to these needs, it is essential to consider how these events specifically impact the most vulnerable, and to adapt programming in such a way as to capture and respond to those new trends. Programs are generally developed on previously assessed vulnerabilities of certain communities, which may become less relevant as the context evolves along with needs.

Recommendations:

- Sectors and service providers to include tracking of referrals indicators (age, gender, marital status, nationality and others) as part of their needs and context assessments
- Sectors and service providers to adapt programs to meet the needs of the most vulnerable as a result
- Institutional donors to consider funding flexibility for their partners in times of shocks and crisis to enable better adaptation capacity

STRENGTHENING REFERRAL PATHWAYS AND PRACTICES

1. Assessing the Effectiveness of Referrals

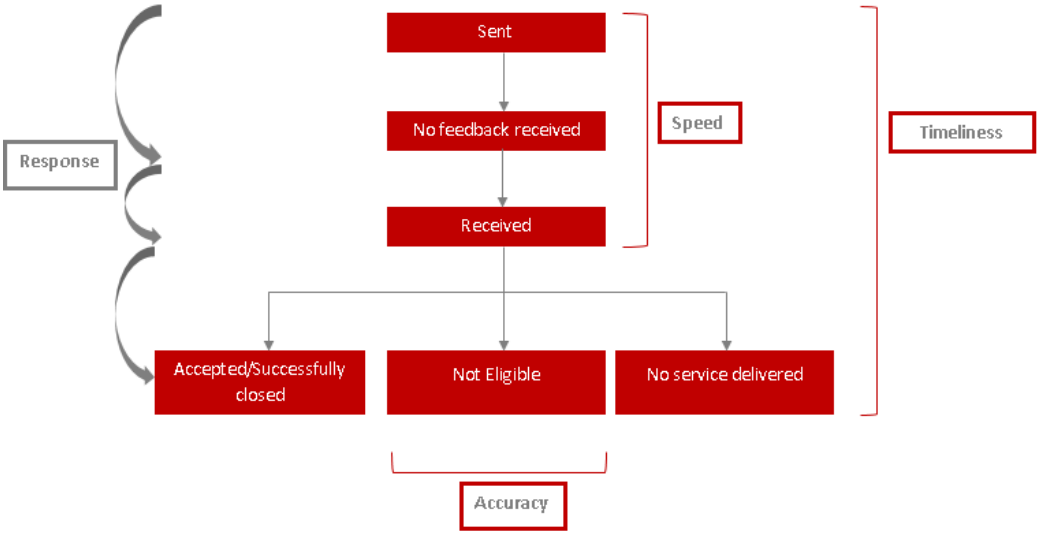
The effectiveness of referrals is measured through four key indicators developed by the DRC RIMS Team: the speed, timeliness, accuracy of, and response to referrals.

Figure 3. Effectiveness Indicators

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 number of days 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.	**Timeliness** refers to the total time that it takes to complete the referral process. It is measured by the number of days between the day the referral was sent by the referring agency, to the day the referral received a final status.	**Accuracy** refers to the volume of Not Eligible referrals. It is measured by the percentage of referrals with a Not Eligible final status.	**Response** refers to the level of response and follow up of the receiving agency on the referrals they receive. Response is measured by the percentage of ''No Feedback Received'' referrals, compared to ''Received'', and ''Not Eligible''/''No Service Delivered''/'' Accepted/ Successfully Closed'' referrals.

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

Overall, during the reporting period**, the effectiveness of referrals conducted on RIMS improved when it comes to speed and timeliness and accuracy of referrals, but deteriorated in the level of response to the referral and Accepting/Closing referrals.**

Speed of referrals provides important information on the extent to which receiving agencies respond within the Inter-Agency timeframe to referral requests. Between November 2019 and February 2020, 58% of all referrals, including fast track and normal referrals, were responded to ''on time'' within the 48-hour designated timeframe set by the Inter-Agency Minimum Standards for Individuals Referrals, which is a significant improvement from 35% between July and October 2019. Similarly, the **timeliness** of referrals, which helps assess the length of the referral process, also improved as it took on average seven days to assign a final status to a referral during the reporting period compared to 9.5 days before. Individuals managing referrals focused on the high risk, fast track cases due to the many restrictions that occurred during the reporting period and proved to respond in a timely manner, when they did.

The **accuracy** of referrals slightly improved from 5% of Not Eligible referrals previously to 4% currently. This is generally the margin of error encountered when conducting referrals. Accuracy of referrals is essential to ensure that the referring agency sends referrals to the right service providers, which significantly impacts the efficiency and length of the referral process.

Response to referrals deteriorated, from only 28% of referrals with No Feedback Received between July-October 2019, to 51% between November 2019 and February 2020. This can be attributed to several factors related to the protests in November 2019 (diminished coordination, less response to referrals, fear of Syrian refugees moving around), as well as referrals management (see section below).

Figure 5. Overall Speed of Referrals

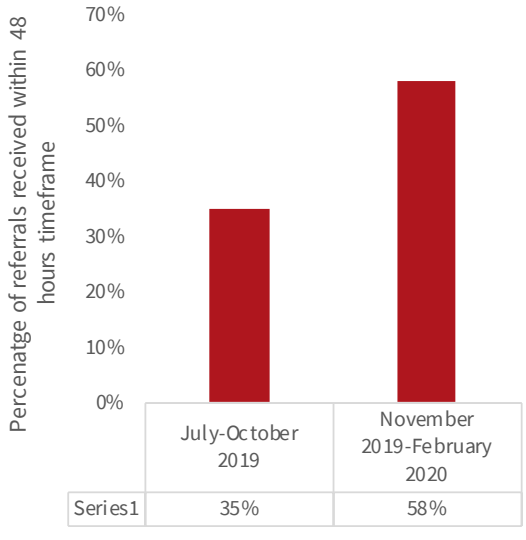


Figure 6. Overall Timeliness of Referrals

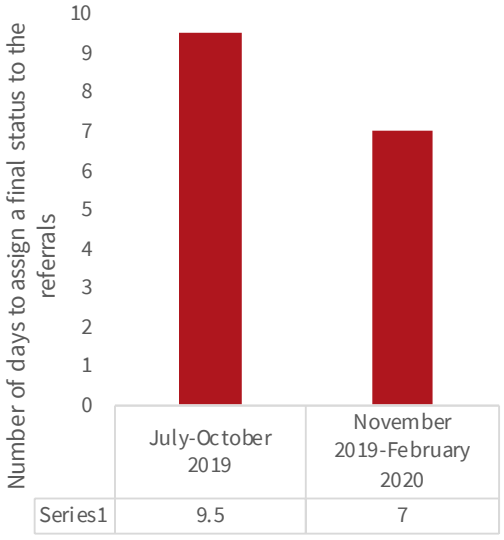


Figure 7. Overall Accuracy of Referrals

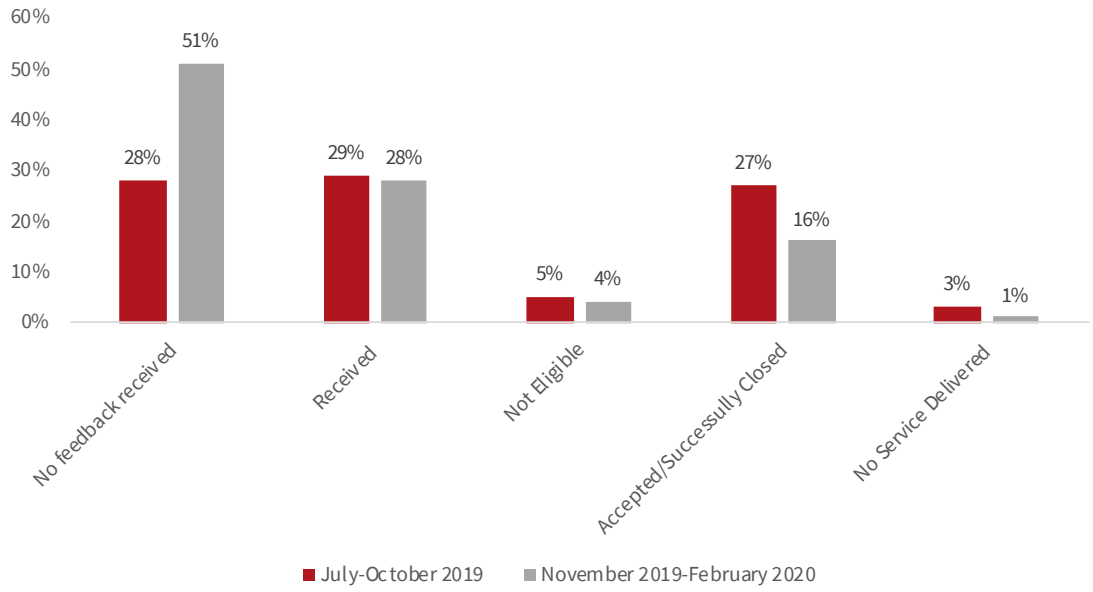
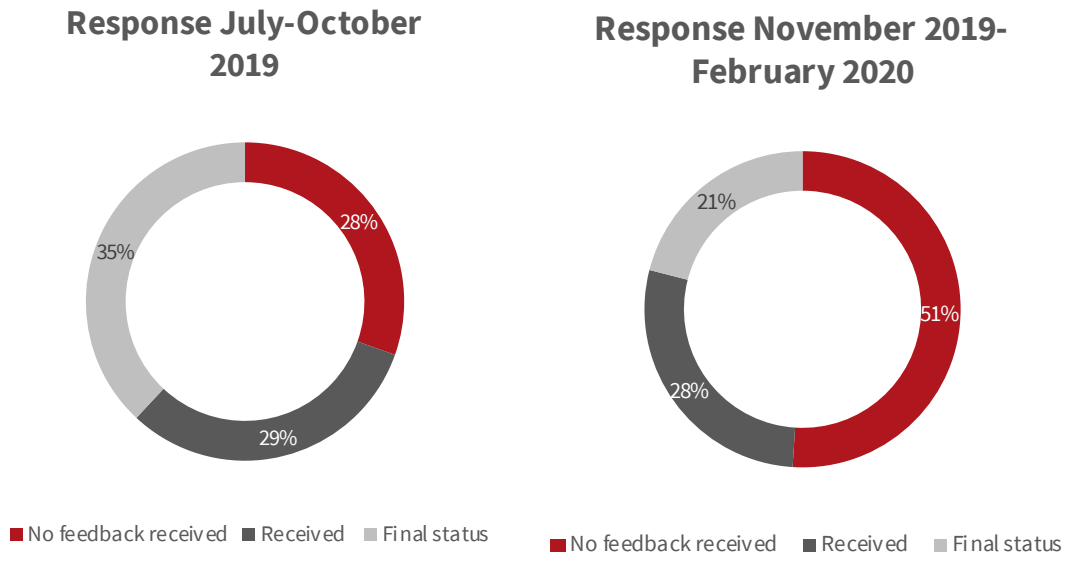


Figure 8. Overall level of response to referrals



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.

Accountability of referrals

The level of response and follow up to referrals continues to be highly concerning and depends on a variety of factors which must be improved

51% of referrals across the reporting period never received any feedback, which is a notable increase from 28% in the previous reporting period. This is most notable in the sectors for which referrals increased in line with needs: lack of feedback on Shelter and Basic Assistance referrals increased from 42 to 62%, and Child Protection increased from 37% to 41%. Lack of follow up on referrals has been identified many times as a challenge by service providers, regardless of the tool used to track referrals, and must be taken seriously as it impacts not only the timely service delivery, but questions service providers' commitment in responding to those in needs in a coordinated and holistic manner.

Although the proportion of referrals with no follow up increased during the reporting period, the total number of referrals decreased compared to July-October 2019, which indicates that organisations had to respond to less referrals yet they followed up on referrals that they receivedeven less than before. Contextual factors such as the protests and the Christmas holidays impacted follow up on referrals, yet three additional factors related to referrals management can be identified:

- The increase in fast track referrals during the reporting period, which suggests a stronger focus on urgent needs and at the same time, fast track referrals are more complex cases which are either followed up on immediately through phone, or which take time to be addressed due to long assessments and dedicated resources
- Prioritisation of certain agencies in responding to their internal cases first, or their partners. Indeed, only 21% of internal referrals are No Feedback Received compared to 60% for external, and 36% of internal referrals receive a final status compared to 17% for external referrals. Personal connections play an important role in ensuring follow up on referrals both internally and between partners. While formal/informal partnerships have a positive impact on the effectiveness of referrals between the different partners in responding in a timely manner to the referral and ultimately providing the service, this also suggests that some referrals are left pending because they are not prioritized. Yet prioritization should be based on needs rather than on partnerships.
- Complicated procedures which lengthens the follow up on the referral. Procedures include request for several administrative documents, as well as a complex hierarchy to decide on the fate of the referral.

Not only does limited feedback on referrals impact service delivery, but some service providers report that they sometimes receive feedback from beneficiaries themselves on whether they receive the service or not, rather than the receiving agencies. This is concerning as this puts further strains on already vulnerable people and takes away the responsibility of receiving agencies to properly inform the referring agency of the status of the referral.

Organisations also play an essential role in ensuring that accountability and program quality is taken seriously at management level, and in reinforcing oversight on referrals management by the teams notably through regular review of referrals jointly with the teams.

Recommendations:

- Service providers to ensure that a re-assessment takes place when receiving referrals in light of the urgency of the case, rather than because it is a referral from a partner
- Service providers to constantly communicate between them and inform the person on the process at each step of the way, in order to manage expectations

- Service providers to re-refer when the follow up is taking too long as per the timeframes in the inter-agency Minimum Standards for Referrals (2019)
- Service providers to actively participate in coordination structures notably during all sector working groups but also in different inter-agency fora to enhance connection strengthen linkages which will impact the efficiency of referrals.
- Inter-Agency coordination and sector working groups to strengthen the value of these face-to-face meetings and to place referrals as a systematic agenda item of those forums
- Service providers to ensure commitment to and oversight over referrals management by teams in order to ensure timely and effective follow up
- Sector leads to strengthen oversight and accountability of service providers' referrals through systematic analysis of Inter-Agency referral monitoring system and clear action points to improve referrals

Different agencies practice re-referrals at different points of the referral process/in different scenarios/timeframe, creating confusion on the process itself

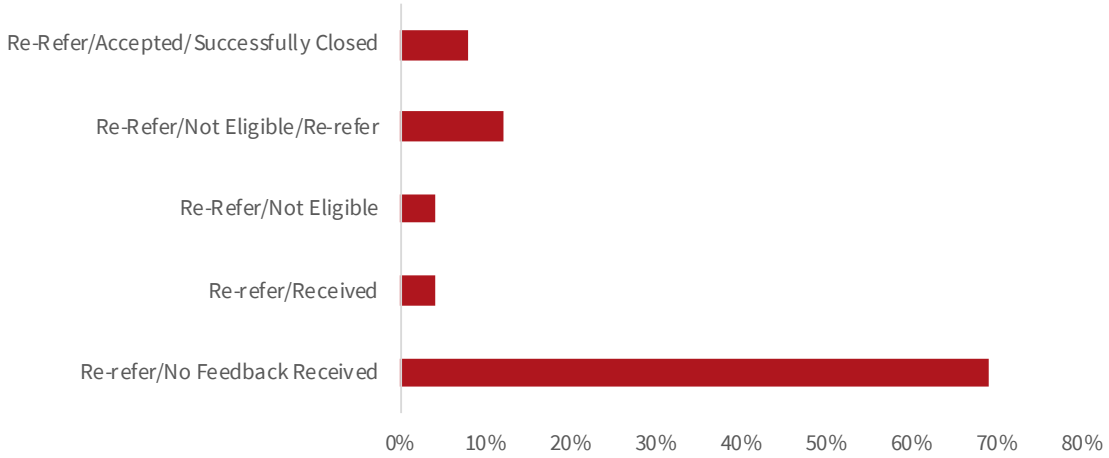
Re-referrals are important because they allow the person who is being referred to eventually access the relevant service. Indeed, a referral should be re-referred, when necessary, until the person is able to access the service that meets their needs. Re-referrals should occur in two scenarios:

- **Scenario 1:** When the referral does not receive feedback (No Feedback Received), or stays at the status (Received) for over 14 days
- **Scenario 2**: When the referral is deemed Not Eligible/No Service Delivered

From RIMS data, it is possible to see that in scenario 1, no re-referrals are made. As a result, the referral is left as No Feedback Received indefinitely. Most service providers report that they would indeed not re-refer if the referral is awaiting feedback, because they are unsure of whether the agency will follow up. Yet some service providers explain that they do re-refer fast track cases if they do not hear back from the receiving agency. It is important to note that lack of follow up of receiving agency on referrals generates uncertainty over the status of the referral, and that direct communication lines should be established with the receiving agency in order to ensure that they will follow up on the referral.

On RIMS, most re-referrals occur in scenario 2. Off the 68 referrals whose status was Not Eligible/No Service Delivered, 34% resulted in a re-referral – the majority from Not Eligible, normal, referrals. This demonstrates an attempt by service providers to ensure that the person of concern is able to ultimately access the service required to meet their needs, and is a positive practice. However, from the re-referrals that were indeed conducted (23), the large majority (69%) were not followed up on a second time by the receiving agency, and therefore remain No Service Delivered. Of the re-referrals that were responded to a second time, and were again deemed Not Eligible, some stayed at that status while others were re-referred again. Eventually, only two referrals were Accepted/Successfully Closed (Graph 8), suggesting that only two persons eventually received the service they needed after several consecutive referrals.

Graph 8: Re-referrals follow up and status



On average, it took one day for referrals with Not Eligible/No Service Delivered status to be re-referred. This is very positive, especially for fast track referrals, for which it actually took less than a day. Indeed, service providers confirm that they will closely follow up with, and re-refer, fast track referrals as a priority. Yet only one third of Fast Track referrals with the last status Not Eligible/No Service Delivered were re-referred. This could be attributed to Fast Track referrals being re-referred over the phone and not capture on RIMS, or Fast Track referrals being left pending which is concerning.

Referrals that were re-referred were mostly referrals coming from the Protection sector and sent to the Health sector, with other referrals also conducted by the Health, GBV, Basic Assistance and Child Protection sectors to a range of other sectors. These sectors account for some of the highest number of referrals over the reporting period and highest needs, and therefore it is positive that these are the sectors conducting re-referrals.

While re-referring is a new feature of RIMS and data on re-referrals will improve over time and with more extensive trainings on these, these preliminary findings demonstrate a willingness for re-referrals by service providers, and yet a low actual final rate of service delivery. This is due to different barriers such as service providers' limited knowledge of referral processes and re-referrals, the lack of response on referrals by service providers which creates uncertainty around the status of the referral, as well as an unclear division of responsibility between the referring agency and the receiving agency regarding whose responsibility it is to re-refer and ultimately ensure that the service is received.

Recommendations:

- Service providers to ensure that they develop direct communication lines with the receiving agency in order to closely follow up on the referral and re-refer if necessary
- Coordination structures to provide guidance and SOPs on re-referrals

Capacity of referrals management and service delivery

Capacity of service providers to respond to, follow up on referrals and provide services is an underlying factor driving poor referrals effectiveness and restricting ability to meet need

Capacity of service providers to receive referrals and provide services has been previously identified as a major driver behind poor referrals effectiveness, yet as needs increase and are not matched by service delivery, it is necessary to investigate other ways, than previously identified structured referral pathways with back up agencies, to address this.

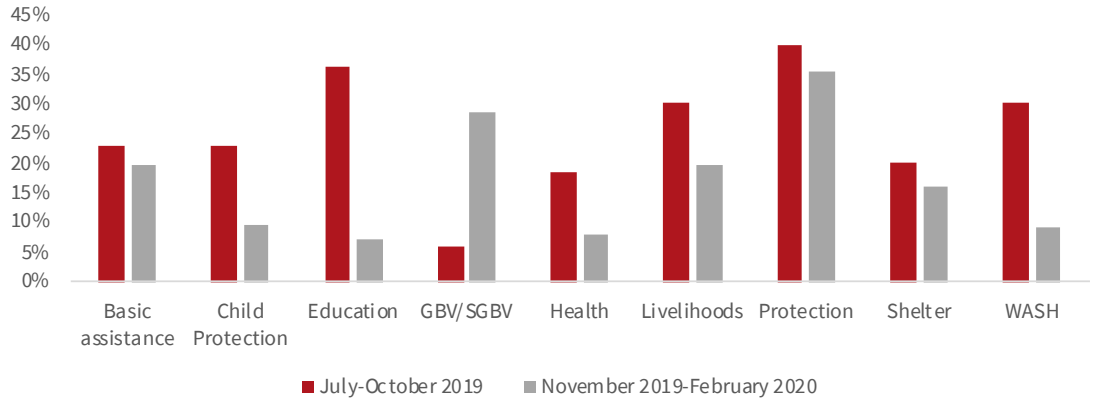
Referrals with No Service Delivered account for a very small proportion of all referrals, likely because

organisations who cannot actually deliver services do not follow up at all on referrals in the first place (see section on referrals level of response and follow up). Yet analysis into the reasons for the referrals which are assigned with a No Service Delivered status highlight that the reason for No Service Delivered is almost always insufficient funds, lack of capacity and targets already reached, highlighting clear capacity gaps. Most referrals which has No Service Delivered were referrals to Shelter, GBV and Protection service, followed by Basic Assistance, Health and Child Protection. Specifically, across areas it is possible to notice that:

- In the Bekaa, the main gaps were highlighted in Shelter services
- In Nabatiye No Service Delivered were referrals to GBV services
- In the North, in GBV, Protection, Basic Assistance and Shelter
- In the South, No Service Delivered were referrals to Health services.

During Focus Group Discussions, service providers reported temporary suspension of projects at the end of 2019 across all locations, for either projects that have reached an end and will no longer be funded, or projects with gaps awaiting new funds. Response to referrals and service delivery was impacted as a result: referrals Accepted/Successfully Closed decreased from 27% in the previous reporting period to 16% across November 2019-February 2020, indicating a decrease in service delivery from service providers. The decrease is most notable in those sectors with high number of referrals and high needs (Graph 9).

Graph 9: Referrals Accepted/ Successfully Closed across time (%)



Capacity of service providers to deliver services is mostly affected by funding. The Q4 2019 LCRP Aid tracking demonstrates that despite increasing needs in Basic Assistance, Shelter and Health, these sectors are only funded at 46%, 23% and 54% as of Q4 of 2019, and are part of the leave five under-funded sectors out of the 10 sectors. [15]

Finally, grants cycle continue to significantly affect response to referrals, not only with interruption in funding but with service providers reporting that they do not necessarily provide services once they have reached their targets. Yet it is essential that service providers provide services based on needs and not targets.

Recommendations:

- Service providers, groups and sectors to jointly advocate for increased funding to specific sectors based on most acute and emerging needs
- Service providers to ensure continued activity, reception of referrals and service delivery regardless of targets achieved

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3. Key messages and recommendations

Health needs are escalating yet effectiveness of health referrals continues to be a challenge and impact timely and adequate service delivery

- Inter-agency service mapping to include the list of local hospitals supported by humanitarian actors, in order for other service providers to refer to the local hospital which will be able to cover medical costs for the person referred
- Service providers and local hospitals to strengthen coordination to ensure coverage and availability of the requested service
- Sector to ensure that supported local hospitals are located where most health needs are reported, and to include transportation costs if necessary
- Information on available services to be disseminated to vulnerable communities with this information and to be reiterated by all agencies in the area who will receive beneficiaries and conduct referrals
- Donors to consider the importance of supporting the health sector in Lebanon

Referral trends monitoring provide important complementary information on needs and will help shape programs

- Sectors and service providers to include tracking of referrals indicators (age, gender, marital status, nationality and others) as part of their needs and context assessments
- Sectors and service providers to adapt programs to meet the needs of the most vulnerable as a result

Needs are increasing and changing and adaptation from all actors in the response is necessary

- Service providers whose programs are not nationality based, to raise awareness on the fact that their services are available to all communities
- Donors to reconsider their criteria for funding to be needs-based as diversity of funding in the humanitarian sector to recognize the instability in Lebanon as a host country
- Coordination agencies to lead a multi-sector mapping of services that can be provided for Lebanese, and lead on discussions related to potential inclusion of some services for Lebanese for certain agencies
- Sector strategies and tools to adapt to be able to assess to, and respond to the new needs

Despite increasing needs, continuity of service delivery continues to prove challenging

- Service providers, groups and sectors to jointly advocate for increased funding to specific sectors based on most acute and emerging needs
- Service providers to ensure continued activity, reception of referrals and service delivery regardless of targets achieved

Re-referrals practices vary yet re-referrals are essential to ensuring timely access to services

- Organisations to re-refer when the follow up is taking too long as per the timeframes in the inter-agency Minimum Standards for Referrals (2019)
- Guidance and SOPs to be provided at inter-agency level on re-referrals

Partnerships and connections between service providers plays an important role in enhancing effectiveness of referrals

- Service providers to ensure that they develop direct communication lines with the receiving agency in order to closely follow up on the referral and re-refer if necessary
- Service providers to activity participate in coordination structures notably during all sector working groups but also in different inter-agency fora to enhance connection strengthen linkages which will impact the efficiency of referrals.
- Inter-Agency coordination and sector working groups to strengthen the value of these face-to-face meetings and to place referrals as a systematic agenda item of those forums

Constant follow up on referrals and ensuring actual service provision at the end of a referral is essential

- Service providers to constantly communicate between them and inform the person on the process at each step of the way, in order to manage expectations
- Service providers to ensure commitment to and oversight over referrals management by teams in order to ensure timely and effective follow up
- Sector leads to strengthen oversight and accountability of service providers' referrals through systematic analysis of Inter-Agency referral monitoring system and clear action points to improve referrals

Prioritisation of referrals is not always done within the broader framework of referrals received and current cases inside the organisation

- Service providers to ensure that a re-assessment takes place when receiving referrals in light of the urgency of the case, rather than because it is a referral from a partner

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