

ENHANCING ACCOUNTABILITY OF SERVICE PROVIDERS THROUGH MORE RESPONSIVE, EFFICIENT REFERRALS

REFERRAL INFORMATION MANAGEMENT SYSTEM (RIMS)

Lebanon

November 2019



European Union
Civil Protection and
Humanitarian Aid

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



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). The contents of this report are the sole responsibility of DRC and can in no way be taken to reflect the views of ECHO.



Referral Information Management System.



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EXECUTIVE SUMMARY

Effective, accountable and coordinated referral pathways are essential for improved referrals management between service providers and better, more holistic service delivery to persons of concern, particularly, in the context of an unstable funding landscapes which results in regular interruption/resumption of services and an unpredictable political and economic situation in Lebanon which affects vulnerable communities and service provision. In this report, strengthening of referral pathways and processes continues to be a major priority in order to better connect services, as well as clear divisions of responsibilities between agencies to ensure accountability to persons of concern is in service delivery. Further, more in depth understanding the reasons behind lack of response and follow up from receiving agency, inaccurate referrals, discrepancy between accepted referrals and actual service provision is essential to improve referrals effectiveness and ultimate gaps and challenges in service provision.

Quantitative data analysis of the Referral Information Management System (RIMS) created by DRC in 2017 to enable organisations in Lebanon to coordinate and manage referrals across sectors., as well as Focus Group Discussions conducted by service providers across Lebanon providing a wide range of services, allows to identify those gaps, challenges and bottlenecks in referrals, and provides recommendations to improve referrals effectiveness and accountability. These recommendations feed into discussions with inter-agency actors to review referral procedures and processes across Lebanon for improved coordinator of multi-sector service provision.

In this report, RIMS data from July to October 2019 has been analysed to better comprehend the factors that influence multi-sector referrals using speed, timeliness, and accuracy as indicators, and assess the effectiveness of referral pathways.

This report has been developed by the RIMS team and complements RIMS Snapshots produced every four months demonstrating trends in referrals. Another analytical report will be published in March 2020 to build upon key findings found in referral data and continue to provide evidence-based recommendations to inform referral management and effectiveness.

Summary of Key Findings and Recommendations

- **Referrals significantly increased** during the reporting period, particularly to WASH, Livelihoods and Protection, potentially due to more active RIMS partners conducting referrals on RIMS, reported increases in movement restrictions on Syrian refugees driving an increase in needs, and better coordination efforts on behalf of partners organisations, therefore increasing referral and strengthening referral pathways.
- Most referrals are **conducted in districts with most Syrian refugees registered with UNHCR**, however presence of services, socio-economic and contextual factors, and capacity for referrals management also influence the number of referrals conducted in each district and therefore, access to services.
- Being in direct contact with aid workers of technical expertise, also known **as self-referrals, shows persons of concern are more likely to receive the service.** Trainings on safe identification and referrals is essential for all individuals in contact or potential contact with persons of concern, including community focal points who often play a role in the referral process by referring persons of concern to service providers.

- **Discrepancy and gaps were identified in the inter-agency service mapping**, which calls for an improved cross-sector service mapping exercise, bringing together regularly updated information of services providers across all sectors in each district of Lebanon, with detailed information on eligibility criteria, and clear focal points for referrals.
- **Gaps in referrals management** were also identified in certain districts and for certain sectors, however, it is essential that organisations within each sector appoint enough individuals to manage referrals with a wide area of coverage, regardless of their actual areas of operation, in order to facilitate access to services nation-wide and for all sectors.
- Gaps in service provision interrupt referral pathways and affect service provision, as demonstrates the temporary gap in shelter services in July and August in the North, which affected the number and efficiency of referrals to shelter. **With frequent interruption/resumption of services due to changes in the funding landscape, it is important to establish clear referral processes between organisations**, with back up agencies who can step in to manage the referral and provide the service should other agencies reach their targets or temporarily suspend their operations, in order to mitigate these operational challenges.
- **Effectiveness of referrals slightly decreased** during the reporting period in terms of speed, timeliness and accuracy of referrals, however, response to referrals significantly improved. Timely follow up and service delivery continues to be challenging due to many factors such as prioritization of cases, gaps in services, achieved targets by organisations, and beneficiaries' response to services.
- The **most common reason cited for Not Eligible referrals is differences in assessments of protection risks by different agencies**, as well as sending the referral to the wrong sector/sub-sector, which demonstrates the importance of clarifying protection risks and eligibility criteria amongst protection actors, and with non-protection actors in order to improve the accuracy of referrals.
- **Referrals that are ultimately declined (No Service Delivered/Not Eligible) take the longest time to receive this final status**, as service providers focus on updating the status of the referrals that they will Accept. This significantly lengthens the time of the referral process for persons of concern whose referral is declined, and therefore of timely service provision. Individuals managing referrals need to respond and follow up to all referrals in a timely manner, in order to ensure timely re-referrals and service provision.
- **Only half of the Accepted referrals are Successfully Closed, demonstrating a significant gap in service delivery.** While a variety of factors explain this gap, it is essential that organisations mitigate the factors which they have control over to ensure that the service is actually provided, and re-refer the person in a timely manner if the service cannot be delivered. Similarly, inter-agency tools should clarify the difference between Accepted and Successfully Closed statuses, for more accurate feedback on referrals and improved accountability to service providers and persons of concern.
- **Access to services is partly reduced with less referrals conducted in times of crisis, and a higher proportion of referrals declined by the receiving agency or with No Feedback Received**, which requires for coordination agencies to develop contingency referral processes based on the service providers still providing services during times of crisis, in order to ensure continuity in service provision.
- **Referrals and service provision is significantly influenced by the quality of services and the behavior of the persons of concern**, which demonstrates the importance of proper feedback and complaints mechanism to review the quality of services provided.

INTRODUCTION

Over the past few months, needs of the Syrian refugee population have continued to increase, with no progress towards durable solutions. Livelihood opportunities have further reduced due to national policies further restricting refugees access to labor and shop closures for businesses owned by, or hiring Syrians; shelter needs resulted from dismantlement and demolitions of permanent and semi-permanent structure constructed by refugees; and protection needs increased with heightened risk of arbitrary arrests and deportations of refugees. These measures have further reduced access to employment, free movement, housing and legal stay in Lebanon for Syrian refugees. The humanitarian community continues to respond to these exacerbated needs, despite little available emergency funding and a challenging operational context. In addition, living conditions for Palestinians in refugee camps continue to deteriorate with no sign of improvement. On top of that, UNRWA's financial crisis leaves thousands of Palestinian refugees in desperate conditions being the sole UN agency mandated to preserve their rights and basic needs. Increased pressures over resources and shrinking livelihood opportunities not only affect Syrians but also Lebanese host communities who suffer from an alarming economic decline in Lebanon, with an estimated 25% unemployment in 2019¹ and 145% public debt, in addition to a much-felt impact of the Syrian refugee crisis in Lebanon. The deteriorating economic situation across Lebanon culminated into nation-wide protests predominantly calling for political change and reforms at the end of October 2019.

Despite these increasing needs, the protracted nature of the Syrians refugee crisis in Lebanon sees reduced funding across the years for the Lebanon Country Response Plan (LCRP), funding which is being redirected towards other humanitarian emergencies in the world. As a result, humanitarian actors must adapt or cut down their activities, while maintaining quality services for vulnerable communities. This is compounded by the political and economic crisis in Lebanon which escalated in 2019, and further disrupts service provision, physical movement and access to services of persons of concern. Efficient multi-sector service provision is key to adequately and comprehensively meet the needs of vulnerable populations and refugees in Lebanon. Referrals are an essential step in fulfilling beneficiaries' needs because they connect service providers together and individuals in need with the appropriate assistance or service in a timely manner. This report analyses trends in referrals and provides recommendations with the aim of improving referral pathways, to ensure that humanitarian actors conduct efficient and accountable referrals, for timely and accurate service provision to persons of concern.

Referrals data analysed in this report are extracted from the **Referral Information Management System (RIMS)**, a referral platform created by DRC in 2017 initially as an internal referral tool, which then expanded to external partners, and counts 30 partner organizations as of end of October 2019. RIMS was created from the identified gaps and challenges in referrals in Lebanon; notably, the lack of a unified platform to conduct, manage and follow up on referrals; the absence of cross-sector referral standards and indicators; the lack of understanding of each other's services which restricts the ability to conduct cross-sector referrals; and the lack of analysis of referral pathways and factors that influence those pathways, which hinders the possibility of identifying gaps and challenges in referrals as well as

1 Blominvest Bank (2019). 'The McKinsey report in a nutshell', 15 February [Online]. Available at: <https://blog.blominvestbank.com/wp-content/uploads/2019/02/1274-pages-in-15-pages-The-McKinsey-Report-in-a-Nutshell-2.pdf>

strengthening and improving referral pathways, and ultimately improving coordination. RIMS provides organizations from all sectors with a common platform to conduct, track and manage referrals, with the dual purposes of 1) enhancing multi-sector service coordination for a holistic response to people's needs in the Lebanon response, and 2) providing analysis of referrals with tangible, actionable recommendations to improve referral pathways in Lebanon and referrals effectiveness and accountability to persons of concern, service providers and donors.

This report provides **analysis and recommendations to improve referrals effectiveness and accountability**, from July to October 2019, based on quantitative analysis of RIMS data and qualitative analysis through Focus Group Discussions (FGD) and interviews with service providers.

CONTEXTUAL DEVELOPMENTS

Contextual developments in Lebanon influence needs identified amongst vulnerable population, and current and expected referral trends as a result. Ongoing political, economic, and social developments also impact how organisations operate, prioritize, forecast and coordinate service delivery for both refugees and Lebanese communities. During the reporting period (July-October 2019), livelihood opportunities for Syrian refugees further reduced as a result of the crackdown by the Ministry of Labour (MoL) in July and August 2019, coupled with an increase in protection risks, notably arrests, and a likely long-term impact of increased reliance on negative coping mechanisms. In June 2019, the Lebanese MoL implemented the "Action Against Illegal Foreign Employment on the Lebanese Territory", which requested that foreign workers regularize their situation and obtain a work permit by 9 July, in a likely move to halt irregular Syrian labor.² Starting 10 July and in the first two weeks of the implementation of the policy, 600 cases of fines, warnings and shop closures were reported.³ Specifically, from 11 July to 29 August, according to internal DRC data, 834 fines were reported, 197 warnings and 30 shops were closed across the country, further reducing livelihood opportunities for Syrian refugees.⁴

Dismantlement and demolitions of refugees' shelters also impacted shelter and protection needs in July and August 2019, which are likely to continue escalating during the winter season, coupled with an expected increase in health needs as people are exposed to adverse winter conditions. On 25 May, based on the seldom implemented 2006 Lebanese Construction Law Act, the Lebanese Higher Defense Council requested for Syrian refugees to dismantle any hard or semi-permanent housing constructed on agricultural land, where most Syrian refugees set up shelter upon arrival to Lebanon for lack of formal, accessible housing, and replace them with less protective materials, before 10 June (deadline which was then extended to 1 July), or face demolitions. The order was mostly enforced in Arsal and in Baalbek-Hermel areas, both with high concentration of Syrians; in Arsal, around half of the 3,500-3,600 households

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

3 ECHO Daily Flash (2019). 'Lebanon – Protection of Refugees' 01 August. [Online]. Available at file:///C:/Users/new/Desktop/Danish%20Refugee%20Council/DRC%20LEBANON%20-%20RIMS/09.%20Analytical%20reports/8.%20November%20report/Secondary%20sources/Shop%20closure/IMPORTANT_shop%20closures%20ECHO.html

4 DRC Internal (2019). 'The McKinsey Report – Snapshot', 22 October.

were expected to be impacted.⁵ Prior to the deadline, some refugees started to dismantle their homes, despite shortages of replacement materials and no alternative housing, and demolitions conducted by the Army in informal settlements were reported starting 1 July and throughout August.⁶ Protection concerns were also reported with brief arrest of Syrians during the raids for lack of legal documents.⁷

The protection environment continued to reduce, with increased risks of arrests and deportations of Syrians back to Syria. On 13 May 2019, the Lebanon general director of General Security decided to deport all Syrians who have been found to have irregularly crossed the border after 24 April, and return them directly to Syrian government authorities.⁸ The Lebanese General Security Office of the MoI, reported that an estimated 2,731 Syrians were deported back to Syria between 21 May and 28 August.⁹ There were also reports of Syrians arrested by Syrian authorities immediately upon their return to Syria, with additional reports of disappearances of those who were handed back to the Syrian authorities.¹⁰

Increasing needs for the Syrian community in Lebanon is compounded by the precarious living conditions of Lebanese communities, affected by high unemployment (25%), with around a third of the population living under the poverty line and a reported increase in 3% in the poverty rate in 2019.¹¹ The critical economic situation of Lebanon resulted in nation-wide protests that erupted on 18 October, immediately after a decision of the Lebanese government to impose a new tax on communication, and which resulted in the Lebanese Prime Minister resigning. Protests are still ongoing as of end of November, demonstrating the accumulation of grievances of Lebanese, as a new government is still to be formed. Protests resulted in road blocks and restrictions of movement and temporary suspension of humanitarian operations, which is alarming given the continuous high needs of vulnerable communities in Lebanon. The economic situation continued to worsen during the protests, with bank closures and limited access to liquidities, increased cost of living from inflation, deteriorating public services such as healthcare institutions not being able to pay suppliers with medicines, all which affected vulnerable communities as well as the ability of humanitarian organisations to provide support to those communities.

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

6 DRC, NRC, Save the Children et al (2019). 'Joint Agency Statement following the demolitions of refugees home in Arsal, Lebanon'. 1 July. [Online]. Available at <https://www.savethechildren.net/news/joint-agency-statement-following-demolition-refugees-homes-arsal-lebanon>

7 Human Rights Watch. (2019). 'Lebanon: Syrian Refugee Shelters Demolished.' Human Rights Watch, 5 July [Online]. Available at <https://www.hrw.org/news/2019/07/05/lebanon-syrian-refugee-shelters-demolished>.

8 The Legal Agenda, Frontiers Right et al (2019). 'Position Paper: On the decision to summarily deport Syrian nationals who entered Lebanon illegally' [Online]. Available at: <https://www.legal-agenda.com/uploads/Position%20Paper%20on%20the%20decision%20to%20summarily%20deport%20Syrian%20nationals%20who%20entered%20Lebanon%20irregularly.pdf>; The New Humanitarian (2019). 'Syrians deportations leave behind hardship, fear in Lebanon'. 17 September. [Online]. Available at: <https://www.thenewhumanitarian.org/news-feature/2019/09/17/Syrian-refugees-deportations-Lebanon>

9 The Daily Star (2019). 'More than 2,700 Syrians deported from Lebanon under new rule', 27 August. [Online]. Available at: <http://www.dailystar.com.lb/News/Lebanon-News/2019/Aug-27/490475-more-than-2700-syrians-deported-from-lebanon-under-new-rule.ashx>

10 Human Rights Watch (2019). 'Syrians deported by Lebanon arrested at home', 2 September. [Online]. Available at: <https://www.hrw.org/news/2019/09/02/syrians-deported-lebanon-arrested-home>

11 CNN (2019). 'Lebanon is at a cross-road between a new star or a return to unrest', 27 October. [Online]. Available at: <https://edition.cnn.com/2019/10/26/middleeast/lebanon-protests-crossroads-intl/index.html>

METHODOLOGY

This report provides an analysis of national referral data gathered through RIMS over a four-month period, from July 2019 to October 2019, of 12 RIMS partners active on RIMS out of the 30 RIMS partners in that period.

Research methods

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

- Quantitative analysis: the dataset counts 2,285 referrals during this time period from 12 organizations, which is a 38% increase from the past reporting period, partly due to increased activity of RIMS partners on RIMS. 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.
- Qualitative analysis: Semi-structured Focus Group Discussions (FGD) were conducted by the RIMS Team to contextualize and explore the findings from the quantitative analysis. FGD were conducted with four service providers operating in the North, the Bekaa and 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 used from RIMS for analysis does not include any beneficiary bio-data, which contains information that can be connected to an individual, such as their name, contact information or UNHCR number.

Effectiveness indicators

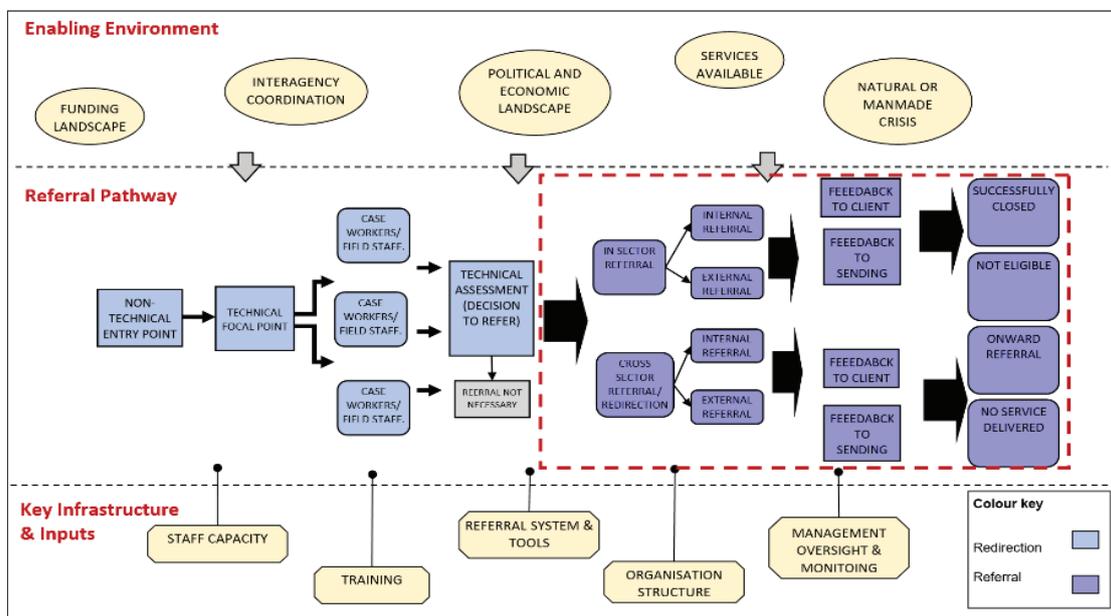
The RIMS Team developed four effectiveness indicators which allow to measure the effectiveness of referrals, identify challenges and improve effectiveness of referrals, as well as enhance accountability of teams making referrals towards each other, persons of concerns and donors. These four indicators 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

Number of partners contributing data: Quantitative analysis of RIMS data is based on the referral data of 12 RIMS partners for this reporting period, which is a significant improvement from seven during the last report. Although DRC referrals continues to account for 64% of referrals made on RIMS in October 2019, the proportion of DRC data has significantly decreased from 95% in July, to 90% in August, 84% in September and 64% in October, due to increased usage of RIMS by RIMS partners. Further measures to enhance the representativeness of the data were taken, which included a stronger qualitative data analysis with in-depth focus group discussions with active RIMS partners to corroborate quantitative data findings and identify gaps and challenges in making referrals across different sectors.

RIMS system development: RIMS is continuously developing in response to the needs of organisations and learning from data analysis and feedback from users. User feedback culminated in the launch of Version 3 of RIMS on 10 June 2019. Some technical challenges occurred after the launch of RIMS V3, resulting in a decline in the number of referrals made through RIMS in July and August 2019.

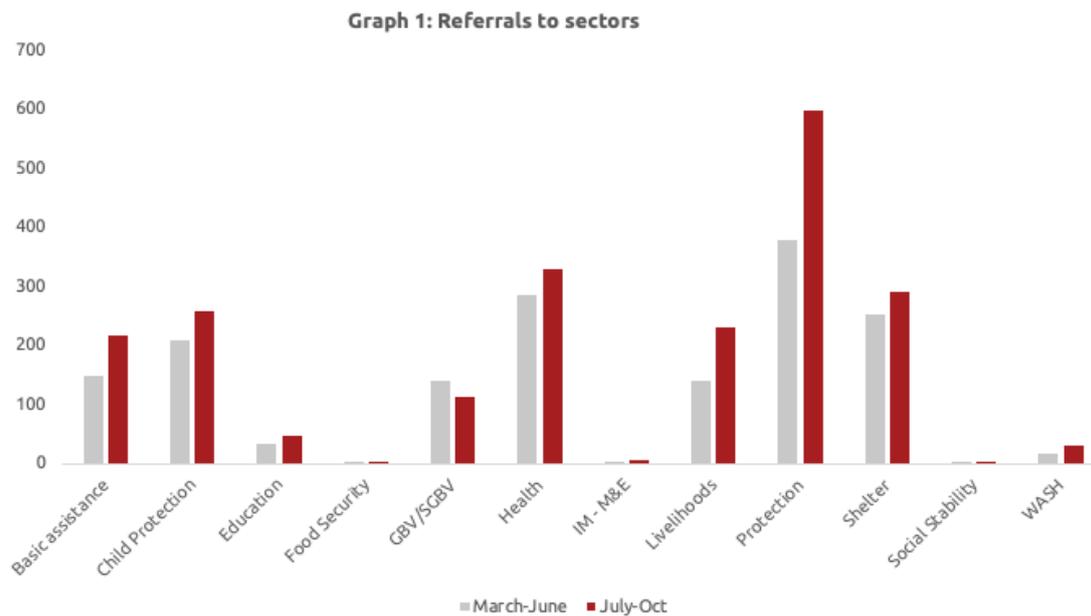
Data quality: Despite enhanced and refresher trainings conducted for all RIMS partners between April-June 2019, data entry errors continue to be a challenge on RIMS, therefore affecting effective and consistent data entry and information management practices. The RIMS team has observed this challenge across humanitarian organisations, and it was necessary for some data to be discarded.

ANALYSIS OF REFERRAL TRENDS: JULY-OCTOBER 2019

1. Trends in referrals by sector

Between July and October 2019, there was a 38% increase in the number of referrals compared to the previous reporting period, with most referrals sent to the Protection sector, followed by Health, Shelter, Child Protection and Livelihoods.¹² The increase can partly be attributed to more activities of RIMS partners on RIMS, as well as increasing needs due to the changing contextual developments. However, needs are not sufficient to fully explain the rise in referrals, highlighting the importance of other factors such as coordination with other actors in the response, and presence of services.

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



The highest increase was reported in **WASH** referrals (77% increase). Service providers explain this rise in WASH referrals by closer cooperation with WASH actors, which results in better understanding of services, increased communication and referrals between service providers.

Referrals to **livelihoods** increased by 65%, which is the second highest increase all sectors. This can partly be explained by the implementation of the MoL plan towards shops owned or hiring Syrians. According to service providers, referrals received by livelihoods service providers were partly related to Syrian refugees looking to acquire new professional skills to seek for different work opportunities as a result of restrictions on work permits and shop closures. Other factors also contributed to the increase in livelihood referrals, such as better coordination of services from Livelihood actors notably in the Bekaa, more updated service mapping, and widening eligibility criteria for receiving Syrian refugees for livelihood services.

Finally, **protection** referrals increased by 58%, with the highest number of referrals sent to Person with Specific Needs (PwSN), followed by Legal Aid. Tightening of legal restrictions for Syrian refugees, notably the ability to work, resulted in increasing requests for basic assistance and cash for protection, as well as seeking legal counsel. This was compounded by the yearly review of the UN's beneficiaries list eligible for basic assistance, which leads to changes in who receives aid, and therefore more requests for cash from other sectors such as protection.

Contrary to expectations, **shelter** referrals only increased by 12% during the reporting period despite the dismantlement and demolition of refugees' shelters in July and August 2019. This highlights the fact that increase in referrals is not only impacted by needs, but by other factors including the number and types of RIMS partners conducting referrals on RIMS, and the gaps in services. In the T5 area of the North, temporary gaps in shelter services were reported in July and August 2019 which affected the number and response to referrals. Further, restrictions on laws for shelters also resulted in stricter eligibility criteria for shelter service providers providing services, notably on the regulations to set up new tents, as well as agencies' focusing on their own shelter cases and not taking on new shelter referrals from other agencies.

Figure 2: Referrals to sector by district

Sectors receiving most referrals by district	
Akkar	Protection
Baalbek	Livelihoods
Zahle	Health
Tripoli	Protection
El Minnieh Dennie	Protection
Beirut	Health
West Bekaa	Child Protection/Health
Saida	Child Protection
El Meten	Education
Nabatiye	Basic Assistance/Child Protection/Health
Sour	Child Protection
Zgharta	Protection
El Koura	Protection
El Batroun	Protection
Hasbaya	Health
Bent Jbeil	Child Protection

Yet the gap in referrals in the Mount Lebanon area, where the number of registered Syrian refugees is high and therefore high need is expected, demonstrates the limits of referrals only reflecting needs on the ground. Other factors influence the number of referrals, such as:

- Gaps in services: for example, El Hermel district has a low number of services, partly due to the fact that Syrian refugees have moved forward to other governorates when entering Lebanon, and that it is close to the border with a complex security situation. The gap in services in El Hermel affects service provision to vulnerable communities in this district.
- The level of institutionalisation and capacity for referral pathways: The fourfold increase in referrals in Baalbek district during the reporting period can partly be explained by an increase in staff capacity to manage referrals in this area, according to discussions with service providers. Therefore, institutionalisation of referral pathways through exhaustive service mappings and fully trained focal points managing referrals, as well as staff capacity to manage referrals and areas of coverage, significantly affects the number of referrals conducted.
- The time of year: Summer period is reportedly a time where persons of concern can more easily move around, therefore, access to services is eased. Further, long days allows for persons of concern to participate in activities, such as livelihood activities. Summer is also generally the time of preparation for harsh winter conditions, therefore humanitarian activity increases, for example with shelter reinforcement.
- The location of RIMS partners: as referral data are retrieved on RIMS, the number of referrals is heavily influenced by the activity of RIMS partners significantly. of partners on RIMS also affects the geographical representation of referral data.

3. Source of identification

Based on the Minimum Standards for Individuals Referrals (2019)¹³, there are three ways to identify individuals in need of referrals: self-referrals, NGO frontliners and community focal points. During the reporting period, 33% of referrals identified through self-referrals were Accepted/Successfully Closed, compared to 27% identified by NGO frontline staff and 14.5% identified by community focal points. According to discussions with service providers, this is due to the fact that, during self-referrals, the person of concern directly interacts with specialised staff who have the technical expertise to conduct the assessment of the person, or with the information desk which has a high level of knowledge of services. On the other hand, NGO frontliners can be any technical or non-technical operate and therefore the assessment is less likely to be accurate as reported by some service providers. Therefore, the level of technical knowledge and specialisation of individuals conducting assessments has an impact on the quality of the referral.

Further, livelihood service providers report to significantly rely on community focal points for referrals, as community focal points help identify persons of concern to participate in livelihood activities. As a result, it would be essential to provide the safe identification training to the regular focal points that service providers interact with and rely on for referrals, in order to ensure safe and secure referrals. Further investigation on how community focal points can be part of established referral pathways is necessary.

Recommendations

- All staff in contact or potential contact with persons of concern, including those conducting needs assessment and monitoring, to be fully trained on safe identification and referrals, and to have access to service mapping with clear eligibility criteria
- Regular community focal points to be trained by organisations on safe identification and referrals

ESTABLISHING AND INSTITUTIONALISING REFERRAL PATHWAYS

Access to services for vulnerable communities is driven by different factors: physical access to services based on geographical considerations such as distance to services, and geographical terrain; presence, density and diversity of the services in a given geographical location; knowledge and understanding of those services from the community; and referral pathways to connect persons of concern to the multitude of services, and these services between each other. Establishing referral pathways between service providers is the basis of an integrated, multi-sector approach to people of concerns' needs, and is first done through comprehensively, timely and accessible information on service provision, generally channeled through the service mapping. Then, it is necessary to ensure that sectors have enough individuals managing referrals across the country in order to ensure a comprehensive access

¹³ Inter-Agency Coordination, Lebanon. (2019). Minimum Standards and Procedures for Individual Referrals. Beirut, Lebanon. <https://data2.unhcr.org/en/documents/download/69395>.

to services. Finally, it is necessary to establish processes to ensure that the referral is fully managed, and responded to by the relevant service provider and that the service is ultimately provided. All these elements are particularly important in the context of unstable service provision with regular services discontinuation/resumption, due to interruption in funding, as well as access to updated information on services and clear processes to mitigate operational challenges in service provision.

Inter-agency service mapping to be comprehensive, regularly updated and detailed, to serve as a basis for referral pathways

The inter-agency Service Mapping exercise provides information on different organisations' services throughout Lebanon. A secondary data review of 13 different documents of service mapping, produced by sector and coordination agencies at different levels and in different governorates of Lebanon, demonstrates discrepancies in terms of:

- 1. Format:** different levels and types of information are provided for each of the service mapping, which results in significant information gaps when it comes to comparing and consolidating the documents.
- 2. Sectors:** some service mappings are sector-specific, while others combine all sectors. Combining all sectors on one service mapping is key to ensure that all service providers have the same level of information on each other's' services across sectors, for enhanced coordination and communication between sectors, and a multi-sector approach to service provision.
- 3. Geographical areas:** some service mappings provide information on services available in districts and villages of Lebanon, while others only provide information of services provided in governorates. Providing detailed information on areas of coverage of services is important to facilitate access to services for persons of concern and ensure accurate, efficient referrals. Further, some service mappings provide information on only one governorate, some on a few districts, and others focus on large geographical location in Lebanon depending on the coordination of the response.
- 4. Referral information:** in order to refer an individual to a service, it is necessary to be provided with at a minimum, the contact details of the agency providing the service, if not the email address of the specific person in charge of managing referrals, their position within this agency and for this specific service. Service mappings vary in terms of the provision of contact details, and for those that do provide contact details, phone numbers continue to be widely used compared to email addresses. Email addresses will also serve as a basis to receive referrals via a common platform such as RIMS.
- 5. Eligibility criteria:** few of the 13 service mapping include eligibility criteria (gender, age etc.) for each of the services provided. Sharing clear and detailed eligibility criteria for each service provided is essential in order to conduct more targeted referrals (around 5-6% of referrals continue to be Not Eligible), and ensure an efficient referral process by reducing the number of multiple re-referrals and repeated sharing of confidential beneficiary information across different agencies. Clear, detailed eligibility criteria are also important as organisations increasingly tighten their criteria for service provision, based on donor priorities (high risk cases etc). It would also be helpful to include the minimum requirement for documentation (prescription etc.) for each service to be able to receive and manage a referral, which will improve the efficiency of referral.

6. **Updating:** Information provided on service mapping documents is updated irregularly, depending on the geographical area and the sector, which results in service providers conducting their own internal tracking of service providers located around them. Further, parallel forums to Working Groups where discussions of updated service take place are reported.
7. **Dissemination:** only two of the 13 service mappings were publicly available and easily accessible online. Several agencies reported receiving information on discontinuation/resumption of services during working groups. While all agencies should participate in coordination meetings, where updated service mappings are often circulated, it is necessary to ensure that service mappings can be easily accessible online for all service providers.

It would be helpful for the Inter-Agency service mapping exercise to be conducted by each sector for all districts of Lebanon, and then consolidated into one dynamic document bringing together all services for all sectors per districts of Lebanon at field coordination level (North, South, Bekaa), feeding into the final service mapping provided at national level. The national level compilation would allow to establish referral pathways across governorates, which is a practice that many organisations already report based on their personal connection with other service providers. This service mapping would include information on all services for all sectors provided at district level, with clearly detailed eligibility criteria and required documents for each of these services, which would be regularly updated by sectors and disseminated by coordination agencies, publicly available and easily accessible. Most importantly, good practices from the North Service Mapping can be highlighted as having a clear focus on referrals, with an agency appointed as referrals focal point, and with a backup focal point to be included in the communication with the focal point.¹⁴

Recommendation:

Inter-Agency to ensure a regularly updated, cross-sector service mapping with information on services provided at district level, clear focal points for referrals, and detailed eligibility criteria.

Capacity for referrals management within each sector and adequate geographical coverage is essential for enhanced access to services

A comparison of the RIMS Service Mapping¹⁵ and some of the Inter-Agency service mapping documents available, demonstrated that while there are sometimes designated individuals managing referrals in districts where sectors provide services (depending on the available information in the inter-agency service mapping), there is **no designated individuals managing referrals for districts where sectors do not provide services** in the Inter-Agency service mapping documents. For example, according to the Livelihoods service mapping, there

14 North Lebanon service mapping

15 The RIMS Smart Service mapping is an online service mapping tool, which allows RIMS users to send each individual referral to a person managing referrals, for a specific service, within a specific organisation, who will receive the referral and will identify whether they can provide that service to that beneficiary. Information in the RIMS Service Mapping is based off the Inter-Agency service mapping, but aims to go beyond services' areas of operation provided in the Inter-Agency service mapping, by providing information on individuals' area of coverage in referrals management, through RIMS users' own updating on the service mapping.

are no livelihood services in Bcharre and Bent Jbeil districts.¹⁶ Yet the RIMS Service Mapping, whose aim is to ensure full geographical coverage for referrals management, records that there are individuals managing referrals for livelihoods in these two districts.

It is necessary for all sectors to have individuals managing referrals across all districts, where refugee population and host communities live (all districts of Lebanon)¹⁷, even if humanitarian service providers for that specific sector do not operate in these areas. This is important for different reasons: first, accountability purposes. All refugee population and individuals in need should be able to express their need and their request for services, regardless of the presence or absence of humanitarian service provision coverage in Lebanon. Secondly, the unit of analysis of districts or governorates of Lebanon is limited, to the extent that persons of concern may live in one district and be able to access services in the neighboring districts. Districts should not be seen as isolated entities, and it is important to acknowledge the fluidity of human population even despite the restrictions of movement which Syrian refugees face. Further, for preparedness purposes, should there be a sudden increase in needs due to a specific event or new displacement in those districts which do not currently have operations, it is important to have focal points who can identify, assess and refer people in need. Finally, it is important to note that referrals conducted by humanitarian actors can be addressed and responded to by non-humanitarian actors who are not traditionally included in the Inter-Agency service mapping exercise. Given the protracted nature of the Syrian refugee crisis in Lebanon, and the increase strain on traditional humanitarian funding, other actors are increasingly able to fill the gaps or limited capacity of humanitarian services, such as local NGOs not under the LCRP, or local hospitals. Humanitarian organization can act as mediator between humanitarian operations and more development oriented operations not under the LCRP, which fill in the gap that is increasing from reduced funding for humanitarian purposes. As such, the presence of individuals managing referrals in all districts of Lebanon is essential to reinforce the network of service provision from all parts, and reinforce the transition between humanitarian and development activities.

Recommendation:

Sectors to ensure that there are appointed individuals/organisations managing referrals for all districts, even if there are no services delivered for that sector in that district for holistic access to services

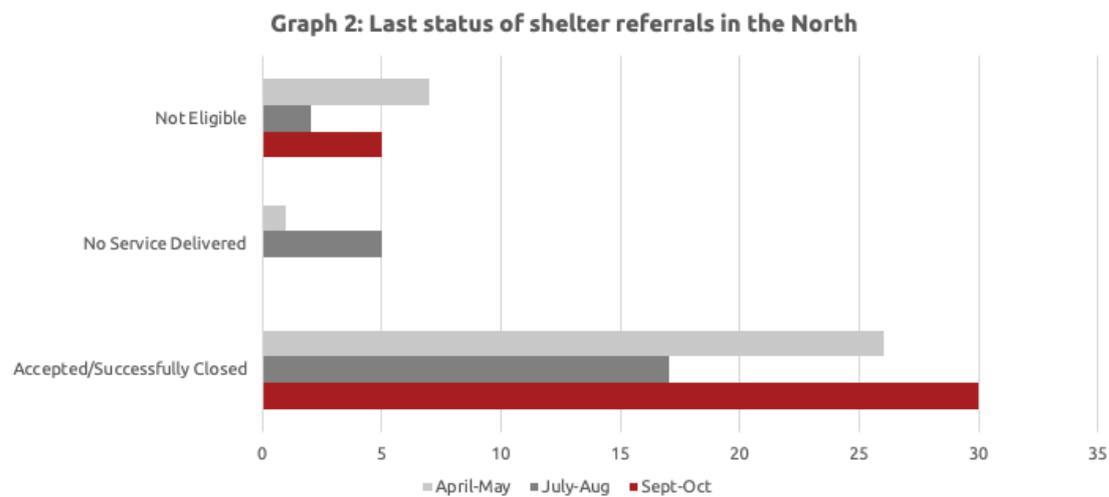
Establishing clear referral processes can help mitigate operational challenges in service provision

Funding cycles and grants management, such as organizations' own targets, affect organisations' capacity to manage referrals and deliver service. Discontinuity in funding and inability to take on additional cases strongly affects the strength and continuity of established referral pathways, as it creates gaps in connection between services and multi-sector service provision. It is a major driving factor behind timely and adequate referrals management and service provision. Therefore, it is important to mitigate the impact of these gaps in services by establishing clear referral processes which will allow to maintain connections between service providers despite changes in the funding environment and ensure continuity in service provision.

¹⁶ Livelihoods Service Mapping (2019). Available at: <https://data2.unhcr.org/en/documents/details/71584>

¹⁷ UNHCR (2019) . 'Map of Registered Syrian Refugees in Lebanon', October. [Online]. Available at <https://data2.unhcr.org/en/documents/download/72528>

For example, a gap in shelter services was temporarily reported in the T5 area in the North in July and August, as one of the key shelter service provider reached its target for cash for rent and could no longer support refugees with cash for rent. As such, around one agency was covering for shelter needs in the T5 area until shelter actors resumed operations in September, which was reflected in the number and effectiveness of referrals to shelter services during that time period. Referrals to shelter services in the North dropped to 55 in July and August, compared to 118 between April and May and 145 between September and October. Further, there was a high number of referrals with the last status No Service Delivered in July and August, and a low number of Accepted/Successfully Closed, compared to the preceding and succeeding reporting period as per the graph below, which suggests that organisations were not able to deliver services. Ability to deliver services was also influenced by new shelter restrictions.



Finally, the overall time to close a shelter referral in the North decreased from 57 days between July/August to 16 days between September/October, which clearly suggests past delays in service provision.

To maintain referral pathways and service delivery despite gaps in services, one of the practices shared by shelter partners in the North is that the referring agency will refer to the designated focal agency for this sector in this area, who will accept or decline the referral. Should the referral be declined, the referring agency will refer the beneficiary to the backup focal agency. Should this second referral also be declined, the referring agency will refer to the sector coordinator in this area, who will then re-refer to the service provider able to receive the referral and deliver the services. While it is unclear whether this practice was applied in the case of shelter referrals in the North in July/August, this type of practice in referral process should be further investigated to address gaps in service provision. Finally, it could be helpful to investigate the role that organisations with emergency/flexible funding could play, should other agencies who first received the referral not be able to provide the services.

Recommendation:

Inter-Agency actors to establish clear referral pathways with back up organisations who can manage referrals and provide services to fill gaps in service providers.

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

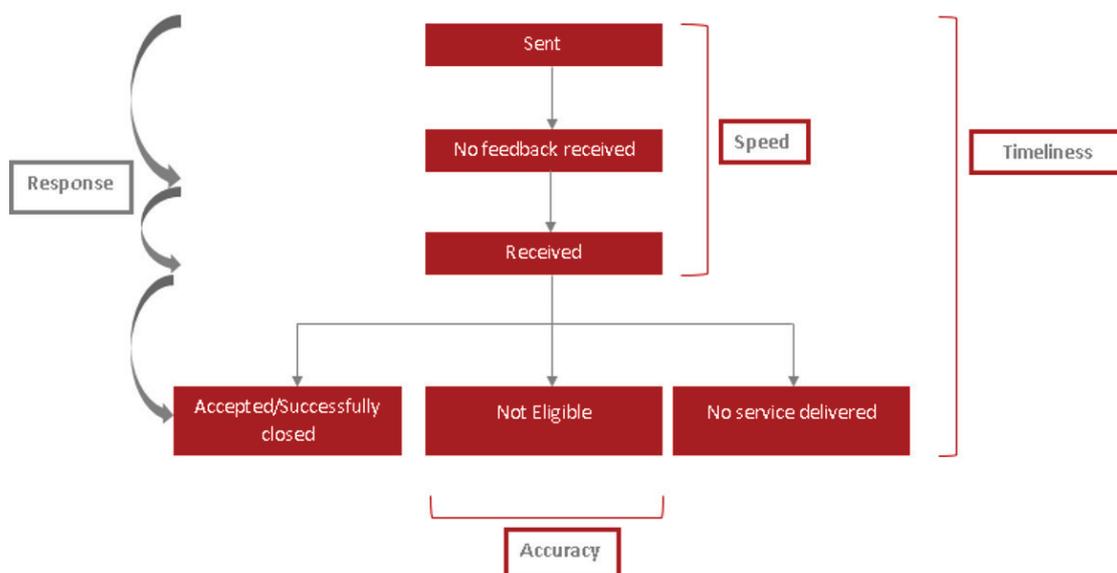
<p>Speed refers to the time that it takes for the receiving agency or internal focal point to acknowledge receipt of the referral. It is measured by the <u>number of days</u> from when the referral was sent, to when it was received by the receiving agency or internal focal point. Referrals considered 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> between the day the referral was sent by the referring agency, to the day the referral received a final status.</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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The RIMS Team identified significant gaps in organisations’ response to, and follow up on referrals, which has important implications not only on the effectiveness of referrals, but also on the accountability of service providers to beneficiaries and to each other. As a result, a new effectiveness indicator, “response” was developed to assess the level of response and follow up of receiving agencies on referrals. There are three level of responses: the referral was sent, and there is “No Feedback Received”, which means no response from the receiving agency; the referral was “Received” by the receiving agency, which is the first step of the response; the referral was closed (received a final status) by the receiving agency, which is the final step of the response to the referral.

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.¹⁸

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

Figure 4. Referral process and effectiveness indicators



Overall, during the reporting period, **the effectiveness of referrals conducted through RIMS slightly deteriorated in speed, timeliness and accuracy of referrals, but improved in response to referrals.**

Speed of referrals provides important information on the extent to which receiving agencies respond within the Inter-Agency timeframe to referral requests. Between July and October, only 35% 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, down from 66% between March and June 2019. The speed of response to referrals was likely affected by the protests in Lebanon that started on 17 October, which resulted in a suspension of humanitarian operations for many organisations, as demonstrated by the 30% referrals responded to on time in October alone, compared to 43% for August and September respectively. Further, technical challenges in following up on referrals on RIMS also affected the speed of response in July with only 24% of referrals responded to on time. Similarly, the timeliness of referrals, which helps assess the length of the referral process, also lengthened from four days in March-June 2019, to 9.5 days between July-October 2019.

The accuracy of referrals slightly decreased, with 5% of Not Eligible referrals during the reporting period, compared to 4.5% before. This is generally the margin of error encountered when conducting referrals; accuracy of referrals of protection actors is the highest, likely because of the familiarity with referral processes and services. 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. Coordination efforts continued to share information on services at field coordination level, and improvement in service mapping exercise as suggested above will likely positively impact the accuracy of referrals.

Lastly, response to referrals significantly improved during the reporting period; indeed, while 40% of referrals in the past reporting period had No Feedback Received, only 28% have this status during this reporting period. In parallel, the proportion of “Received” referrals increased from 21% to 29% and referrals closed from 30% to 35%. This suggests a higher

level of response and follow up on behalf of receiving agencies. Receiving agencies generally priorities response to referrals from their donors and/or partners, which also affects the level of response to referrals.

Figure 5. Overall Speed of Referrals

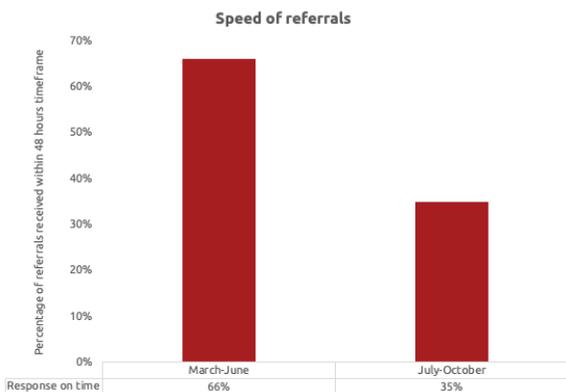


Figure 6. Overall Timeliness of Referrals

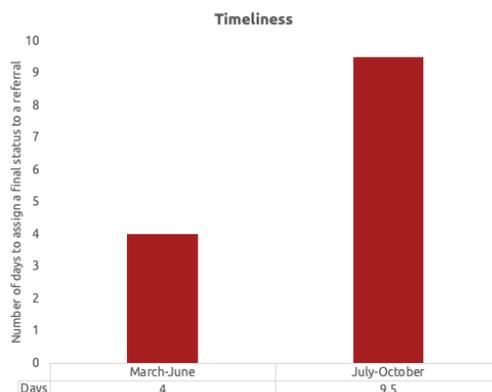


Figure 7. Overall Accuracy of Referrals

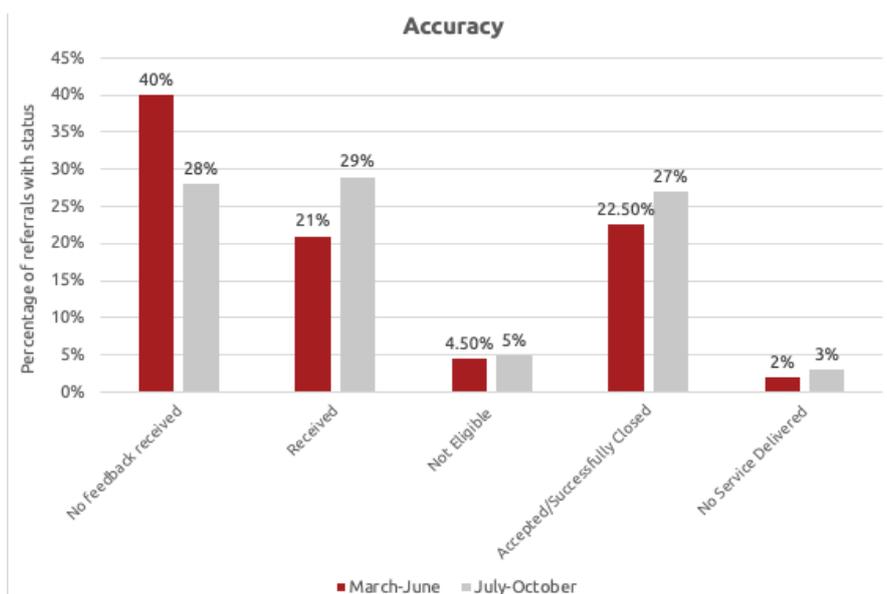
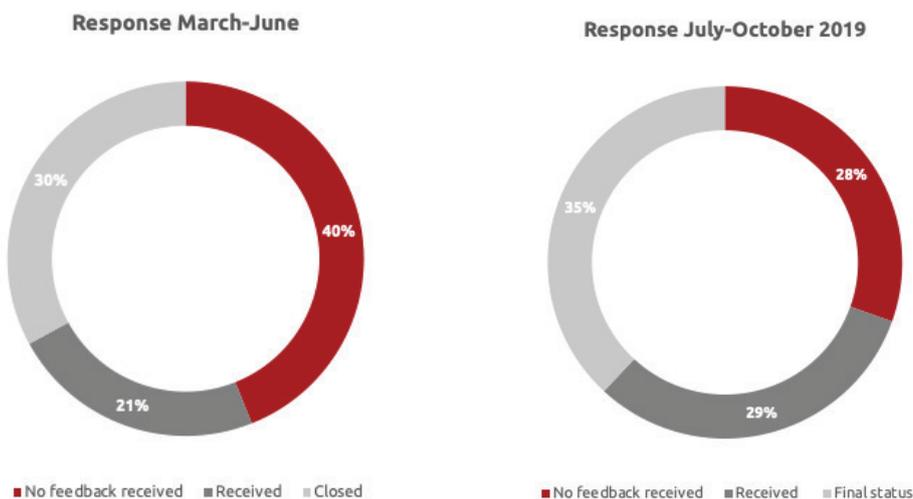


Figure 8. Overall level of response to referrals



2. Improving referrals effectiveness and referral management

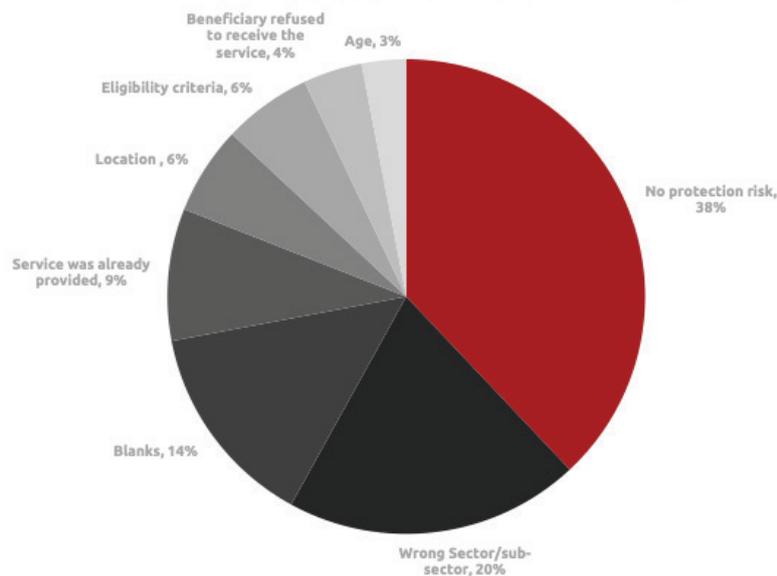
Many factors of the enabling environment and key infrastructure impact the effectiveness of referrals presented above, and can be addressed to improve the effectiveness of referrals.

Accuracy

Gaps in understanding of protection services most impact the accuracy of referrals

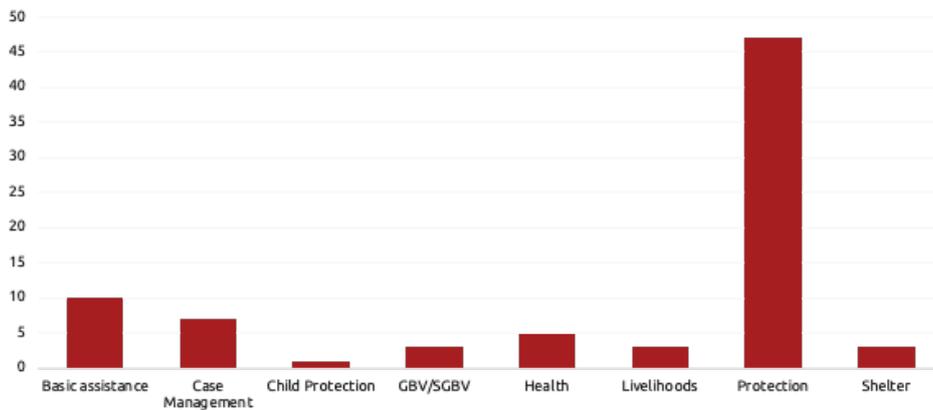
Usually, Not Eligible referrals account for 5% of all referrals. An investigation into the reasons for why these referrals are Not Eligible highlights that the most commonly cited reason for assigning a Not Eligible status to a referral is that the receiving agency assessed that there was no protection risk (38%), although the referring agency had presumably identified a protection risk (see graph 3). This is contrary to expectations, where it was assumed that the eligibility criteria was the most common obstacle in sending accurate referrals.

GRAPH 3 : REASONS FOR NOT ELIGIBLE REFERRALS



The gap in protection risk highlights differences in assessments of the person of concern across agencies and individuals conducting the assessment, as well as varying understandings and different definitions of protection risk from different agencies. Further, 20% of referrals were Not Eligible because they were sent to the Wrong Sector/Sub-Sector, which is most often related to Protection being used as a catch all category for referrals. As suggests Graph 2, Protection receives by far the highest number of Not Eligible referrals, and service providers report the fact that Person without Specific Need (PWSN) is used by non-protection actors as a catch-all category for receiving protection services.

Graph 4: Sectors Receiving the most Ineligible cases



Recommendations:

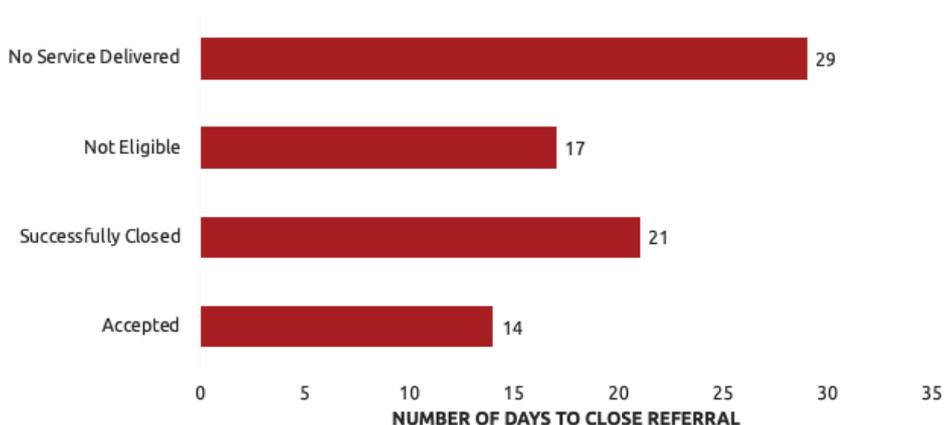
- Protection Working Group (PWG) to clarify to non-protection actors the types and characteristics of protection risks and the associated services, for increased accuracy of protection referrals
- PWG to clarify between protection actors the levels of protection risks and the areas of specialization of each agency for increased alignment in assessments of protection risks

Timeliness

Referrals that are declined take longest to be closed, which reduces the chances for persons of concern to be re-referred to the right service provider and receive the service in a timely manner

Accepted/Successfully Closed referrals take the least time to be closed (14 days), whereas Not Eligible referrals take on average 17 days to be closed, and No Service Delivered 29 days. One of the most prominent factor highlighted during discussions with service providers is the tendency for individuals managing referrals to respond and close quickly the referrals for which they can provide a service, while they put aside the referrals which they cannot provide the service to, and delay assigning a final status.

Graph 5: Timeliness per Status



This is concerning because it suggests that persons of concern who cannot receive the service will be left waiting for their referral to be updated, before they can be re-referred to another agency. Indeed, referrals that are Not Eligible/No Service Delivered will need to be re-referred, yet this cannot happen in a timely manner if referrals are delayed to be declined.

Recommendation:

Individuals managing referrals to ensure prompt follow up on all referrals, so that the referral can be re-referred in a timely manner when the receiving agency cannot provide the service.

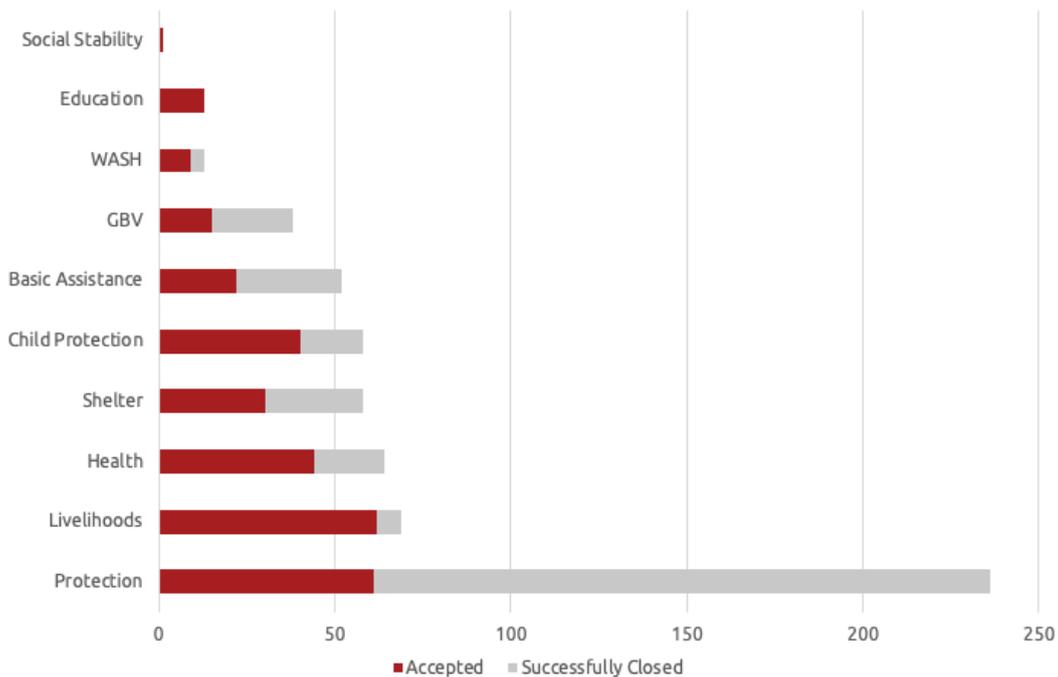
Accountability of referrals

Referrals “Accepted” are not always “Successfully Closed”, pointing out to the poor actual rate of service delivery following up on referrals

In the new version of RIMS launched in June 2019, the Inter-Agency status of “Accepted/Successfully Closed” was divided into two statuses, in order to better reflect different steps of the referral process, identify actual service provision, assess gaps between referrals and service delivery and increase accountability of service providers to actual service provision.

Overall, only 14% of referrals conducted between July and October 2019 received a service, as per the status “Successfully Closed”. 308 of the 600 accepted referrals are closed (a bit over 50%), which suggests a clear gap between those referrals Accepted and those referrals who actually receive a service (Successfully Closed). Out of all Accepted referrals, Protection closes most cases (74%), followed by GBV (60%) and Basic Assistance (10%). On the other hand, Education and Social Stability close none of the referrals they have accepted, although it is important to note that only few referrals continue to be made by the Education and Social Stability actors, followed by Livelihood referrals which only closed 10% of the referrals it accepts.

Graph 6: Number of referrals Accepted compared to Successfully Closed



Focus Group Discussions with service providers highlighted a number of factors that influence the gap between the referrals that are Accepted by the receiving agency, and the referrals Successfully Closed by the receiving agency. These include: the receiving agency's delay in updating the referring agency on the delivery of the service, which points to shortcoming in accountability; the time it takes to deliver the service, notably for case management services and legal assistance which depends on the availability of judges and the courts; a sudden change in circumstances such as loss of, or temporary discontinuation of funding for an organization; the beneficiary attitude, for example the beneficiary declining the service which does not meet their expectations, or the beneficiary being no longer available/reachable; long waiting lists for services, notably in the case of complex health cases requiring surgery; organizations' policies to reduce a high risk case to medium before considering the case closed.

Most importantly, there is a general lack of clarity on what it means to 1) accept and 2) close a referral, which leads to confusion in feedback and follow up on referrals between service providers. Livelihood service providers pointed out to the fact that they accept a livelihood referral for registration and coaching sessions but that sometimes the beneficiary is not eligible for further training or other livelihood opportunities and therefore the case that was accepted is never closed. The difference between closing a referral and closing a case is unclear, notably in case management, and so is the timeframe when the case should be closed (when case management officially starts, or when it ends and there is no longer a need for service). Finally, it is unclear what happens to the referrals that have been accepted and are not closed: it is unlikely that these referrals are re-referred to other service providers. This points out to the accountability of service providers in not only accepting referrals, but providing the service, and re-referring should the service not be available.

Recommendation:

- Inter-Agency tools to clarify the definition of accepting and closing a referral and to distinguish between the two statuses.
- Organisations to ensure that an Accepted referral is Successfully Closed in a timely manner, and, if change in circumstances, is re-referred to a different service provider

Referral management practices

Access to services is reduced during crisis times, partly due to less referrals, and more referrals with No Feedback Received or declined

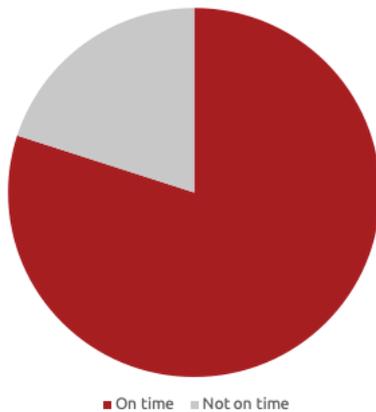
During the protests in Lebanon, which started on 18 October, there was a significant decrease (80%) in referrals conducted on RIMS, from 597 referrals between 1-17 October to 123 between 18-30 October.

This is likely due to reduced movement which prevented services providers from fully delivering services, as well as accessing beneficiaries and their office, in addition to a partial suspension of operations for some service providers. Mount Lebanon and most areas of the North completely stopped conducting referrals, which were some of the hotspots of the protests, notably Beirut, Batroun, El Meten and Nabatiye at the beginning of the protests. On the other hand, referrals continued to be conducted in districts with most refugees notably Akkar, Baalbek and Zahle, which is positive as there is a high need in these districts. Further, the proportion of referrals sent by protection actors only decreased from 90% between 1-17

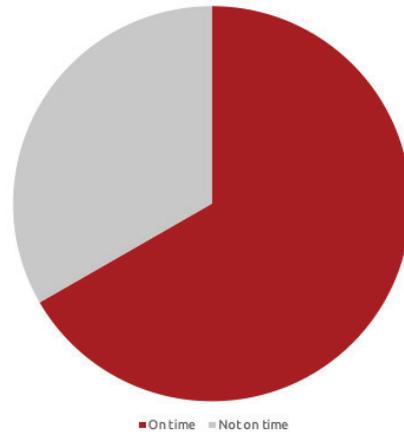
October to 80% between 18-30, which reflects the prioritization of protection actors of high risk cases during the period of reduced access to vulnerable populations.

Overall, the speed of response to fast track referrals deteriorated (Graph 3 and 4), with less fast track referrals responded to on time, and the timeliness of fast track referrals increased (Graph 9), which means a lengthened referral process. This is likely due to the partial suspension of some field operations, where services could not always be provided and therefore assigning a final status to referrals was delayed, as well as the fact that service providers followed up on fast track referrals via phone instead of on RIMS, delaying the response time on RIMS.

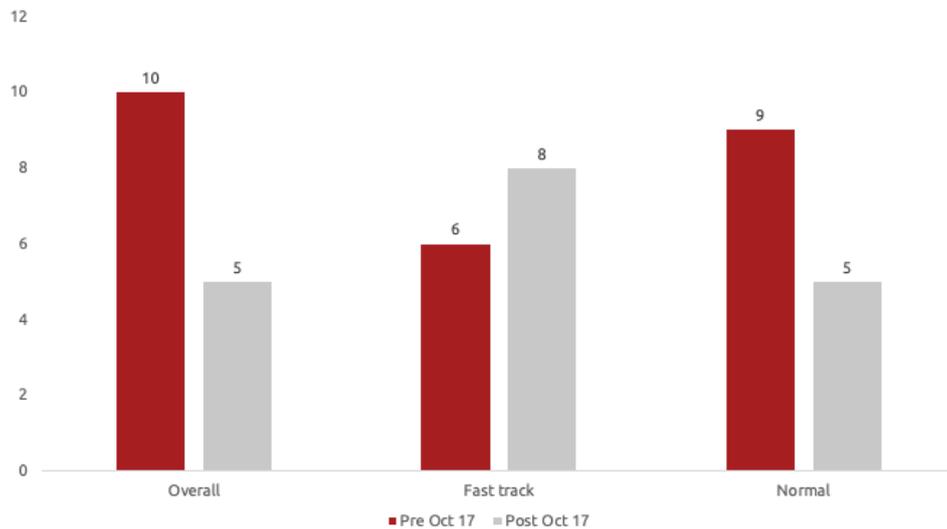
Graph 7: Pre Oct 17 Speed of Fast track referrals



Graph 8: Post Oct 17 Speed of Fast track referrals

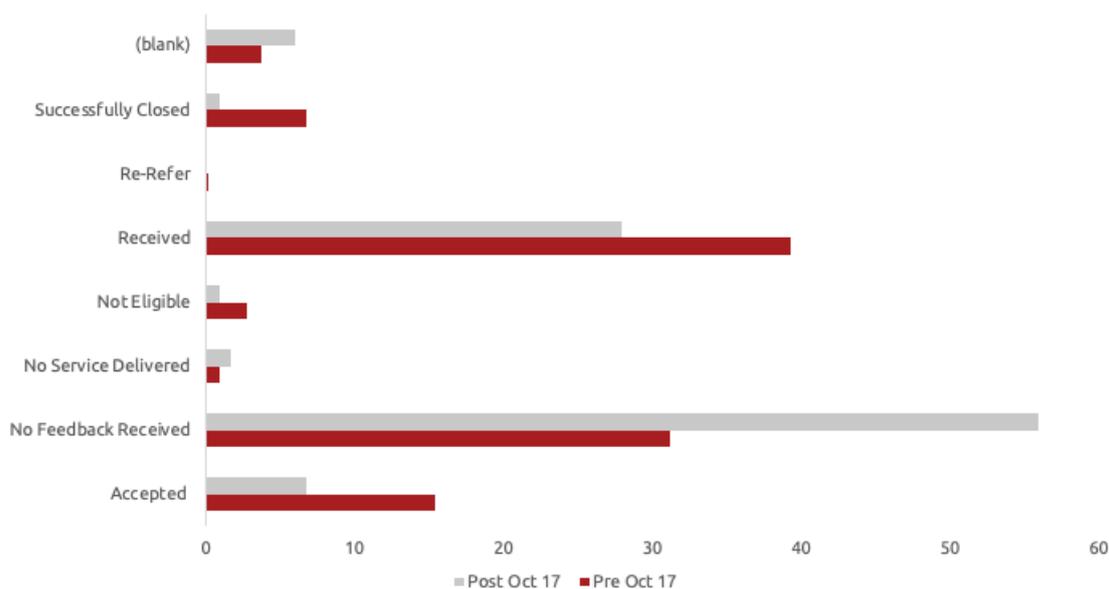


Graph 9: Number of days to close pre/post Oct 17



In contrast, the overall timeliness of referrals decreased after 17 October, for which it took less time to receive a final status. Although referrals overall, and normal referrals specifically, received a final status faster during the first weeks of the crisis, it is necessary to look at which type of final status they received (Graph 6): a smaller proportion of referrals were Accepted/Successfully Closed, a higher proportion of referrals received the final status No Service Delivered.

Graph 10: Statuses of referrals pre/post Oct 17



While this is in line with some of the actors’ partial suspension in services, it is important to ensure that they are designated service providers who can manage referrals and continue to provide services. Further investigation of these trends with more distance to the events will allow for a more in-depth understanding of these referral trends.

Recommendations:

- Coordination efforts to be adapted during emergency times in order to ensure continuity in response to requests for services, as well as in service provision with designated actors managing referrals and providing services

The last status of referrals depends not only on service providers, but also on the quality of the service and the attitude of persons of concern towards the service

The last status of referrals (Not Eligible, No Service Delivered, Accepted/Successfully Closed) generally depends on the receiving agency’s capacity to provide the service, the accuracy of the referral sent by the referring agency, and level of follow up of the receiving agency. However, service providers point out to cultural norms and persons of concerns’ attitudes towards services as an important influencing factor when it comes to the last status of the referral.

For shelter notably, it is a regular occurrence that persons of concern decline being referred to safe shelter units (SSU) because it requires sharing with other families (generally, around four families) which poses concerns of safety. This is particularly the case for families with several girls, where overcrowding in one tent heightens the risk of gender-based violence. As a result, some persons of concern would allow accept Cash for Rent (CfR). This poses questions on the quality of the service providers and whether they are adapted to the needs of persons of concerns.

Similarly, for cultural reasons, it is reported by service providers that married couple less often receive services, first because they are not prioritized as they are two to support each other, but also because it is less socially acceptable for a married woman to seek for help outside her husband. Indeed, a smaller proportion of married couples are referred (43%). Finally, persons of concern’s own preferences include the fact that the amount of money is too small,

the service is too far, the timing of the service do not work. Overall, it is important to ensure that complaints and feedback mechanisms are well in place to collect, analyse and respond to feedback and ensure quality services to persons of concern.

Recommendation:

Organisations to ensure adequate feedback loops for persons of concern to provide feedback on services

KEY MESSAGES AND RECOMMENDATIONS

Efficient referrals process and service delivery is highly dependent on clear referral processes between agencies

Recommendations:

- Inter-Agency actors to establish clear referral pathways with back up organisations who can manage referrals and provide services to fill gaps in service providers, notably organisations with flexible funding
- Coordination efforts to be adapted during emergency times in order to ensure continuity in response to requests for services, as well as in service provision with designated actors managing referrals and providing services

Comprehensive training on safe identification and referrals to all individuals in contact or in potential contact with people in need is essential for efficient referrals

Recommendations:

- All individuals in contact or potential contact with persons of concern to be fully trained on safe identification and referrals, and to have access to service mapping with clear eligibility criteria
- Regular community focal points to be trained by organisations on safe identification and referrals

Detailed, regularly updated information on services across Lebanon with clear focal points for referrals and eligibility criteria is the basis of all referral processes and pathways

Recommendations:

- Inter-Agency to ensure a regularly updated, cross-sector service mapping with information on services provided at least at district level, clear focal points for referrals with email addresses to receive those referrals, and clear eligibility criteria.

- Sectors to ensure that there are appointed individuals/organisations managing referrals for all districts, even if there are no services delivered for that sector in that district for holistic access to services

Follow up on referrals must be timely and accurate in order to ensure effective and timely service provision

Recommendations:

- Organisations to ensure that an Accepted referral is Successfully Closed in a timely manner, and, if change in circumstances, is re-referred to a different service provider
- Individuals managing referrals to ensure prompt follow up on all referrals, so that the referral can be re-referred in a timely manner when the receiving agency cannot provide the service.

Complaints and feedback mechanisms are closely linked to referrals and adequate service provision

Recommendations:

- Organisations to ensure adequate feedback loops for persons of concern to provide feedback on services

Clarifying eligibility criteria and vocabulary of the referral process is important for accurate referrals and follow up

Recommendations:

- Inter-Agency tools to clarify the definition of accepting and closing a referral and to distinguish between the two statuses
- Protection Working Group (PWG) to clarify to non-protection actors the types and characteristics of protection risks and the associated services, for increased accuracy of protection referrals
- PWG to clarify between protection actors the levels of protection risks and the areas of specialization of each agency for increased alignment in assessments of protection risks

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