RIMS SNAPSHOT
REFERRAL INFORMATION MANAGEMENT SYSTEM

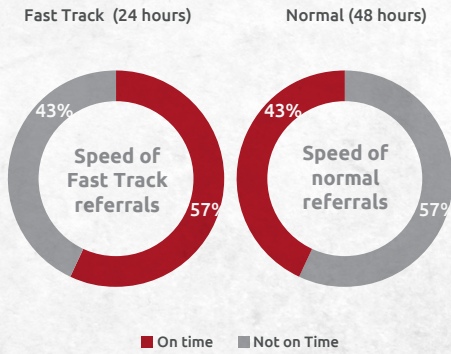| LEBANON	SEPTEMBER 2019

OVERVIEW

The RIMS snapshot summarizes key data of referrals conducted through the Referral Information Management Systems (RIMS) in Lebanon. This snapshot is designed to complement the RIMS' analytical reports, which contain in-depth analysis of those referral trends, as well as effectiveness and accountability in referral pathways. This series of snapshot is produced every four months and covers a four-month reporting period (May to August 2019).

Total number of referrals

January to April
2,643

May to August
1,575

in the Bekaa
738

in the North
1,905

in the Bekaa
427

in the North
1,082

Proportion of referrals sent by sectors

2%
14%
20%
5%
58%

- Child Protection
- GBV/SGBV
- Livelihoods
- Protection
- Others (basic assistance, health)

Proportion of referrals received by sectors

1%
10%
10.50%
1.50%
8.50%
14.50%
7%
34%
9%

- Basic assistance
- Child Protection
- Education
- GBV/SGBV
- Health
- Livelihoods
- Protection
- Shelter
- WASH

Referrals by gender

32%
68%

- Female
- male

Referrals by location

1%
28%
71%

- North
- Bekaa
- Others (South, Nabatiye, Mount Lebanon, Beirut)

Referrals by age groups

7%
5.50%
8%
11.50%
68%

- 0 - 4
- 5 - 11
- 12 - 17
- 18 - 59
- 60y+

cross-sector and intra-sector referrals

26%
74%

- Cross-sector
- Intra-sector

Disclaimer: Trends for this snapshot take into account all referrals conducted made across Lebanon during the reporting period although the Bekaa and the North of Lebanon continue to account for most of the referrals conducted on RIMS
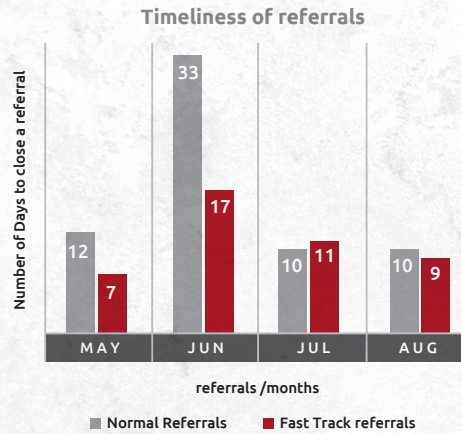
EFFECTIVENESS OF REFERRALS: SPEED, ACCURACY AND TIMELINESS

Speed

Fast Track (24 hours)

43% | 57%

Speed of Fast Track referrals

Normal (48 hours)

43% | 57%

Speed of normal referrals

■ On time ■ Not on Time

The **speed of referrals** refers to the time taken from when the referral is sent to when it is responded to by the receiving agency or internal focal point. According to the Inter-Agency referral SOPs, fast track referrals needs to be received within 24 hours and normal referrals within 48 hours.

Timeliness

Timeliness of referrals

Number of Days to close a referral / referrals /months

MAY: 12, 7
JUN: 33, 17
JUL: 10, 11
AUG: 10, 9

■ Normal Referrals ■ Fast Track referrals

Note: only referrals with a final status are included in this graph.

Timeliness of referrals is referred to as the total time taken for a referral to take place, from when the referral is sent to when it is assigned a final status.

Accuracy

final status of referrals

8% | 20% | 72%

■ Accepted ■ Not Eligible ■ No Service Delivered
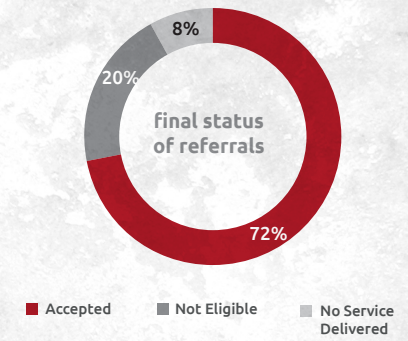
Note: only referrals with a final status are included in this graph.

Accuracy of referrals is defined by the volume of referrals by final status, Accepted/Successfully Closed; No Service Delivered; Not Eligible (the more Not Eligible cases, the less accurate the referrals are).

THEMATIC FOCUS: ANALYZING REFERRAL DATA TO SUPPORT ENHANCED SERVICE COORDINATION

Strengthening linkages and referral pathways between specific services is essential to anticipate the multitude of needs faced by a beneficiary and provide a timely and accurate holistic response. Analysis of RIMS data can provide insight into the most recurrent needs identified amongst beneficiaries, and in turn strengthen inter-sectoral coordination and multi-sector provision of services.

As per the Inter-agency Referral Form (IRF), "Specific Needs" include a list of needs identified during the assessment of the beneficiary, which fall under different sectors of the response. Analysis of RIMS data from May to August 2019 highlighted that, amongst all referrals sent during that period, %89 of those referrals identified only one need for the beneficiary, while %11 identified a multitude of needs faced by a beneficiary. Analysis of the multiple needs faced by a beneficiary demonstrated that basic assistance and shelter were most often identified together (47 times), followed by health and Person with Specific Needs (PwSN) and shelter and health (see graph below).
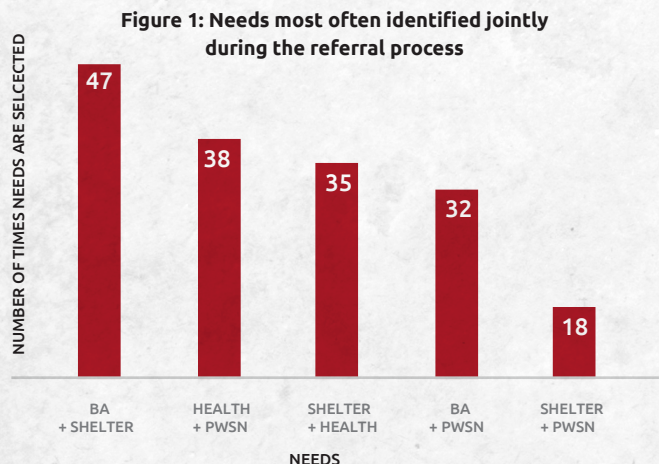
This can be explained by the fact that basic assistance and shelter are generally the most immediate needs faced by those affected by demolitions as have happened over the monitoring period and to a lesser extent by newly arrived refugees . As per focus group discussions with service providers operating in North Lebanon, the usual referral process upon arrival or after a demolition, is first to refer the person in need of cash assistance, then to shelter, followed by health and/or legal services depending on the context. This demonstrates that strengthening efficient and accountable referral pathways between basic assistance, shelter and health is the priority, in order to adequately and quickly respond to the needs of beneficiaries in a holistic way.

Knowing that some needs are recurrently identified together, such as health and Person with Specific Need (PwSN), will allow for a pro-active institutionalization and reinforcement of communication lines between the health and the protection sectors and their focal points, and facilitate referrals for beneficiaries in need of both services, thereby ensuring services complementarity and a holistic response to beneficiaries' needs.

Identifying needs patterns will also improve emergency response coordination and service delivery, by anticipating needs resulting from a crisis not only from the perspective of one sector, but with a multi-sector approach, based on most needs patterns observed. Needs patterns can be incorporated in preparedness and emergency response plans, ensuring the proper planning and institutionalization of referral pathways to other sectors and agencies. These referral pathways can be activated immediately at the onset of the crisis, therefore anticipating and immediately responding to beneficiaries' multitude of needs, in addition to preparing for the expected caseload that is likely to be referred to the organisation during the crisis.

Further, identifying needs patterns can inform strategic decisions at all stages of an organization's program development process, notably during the proposal development and the project design stages. Analysis of needs patterns will support and help understand multi-sector needs assessment findings and recommendations, which will then inform the project design process. Needs patterns will also highlight priorities for sector integration, allowing for integrated programming. In addition, needs patterns can help identify gaps in services, and inform programmatic design and priorities for service delivery.

Finally, identifying need patterns can also support join advocacy efforts at sector level, and coordinated action and programs for funding opportunities, which increasingly call for strengthened service coordination.

Figure 1: Needs most often identified jointly during the referral process

NUMBER OF TIMES NEEDS ARE SELCECTED / NEEDS

BA + SHELTER: 47
HEALTH + PWSN: 38
SHELTER + HEALTH: 35
BA + PWSN: 32
SHELTER + PWSN: 18

KEY UPDATE: IMPROVING REFERRAL FEEDBACK FOR MORE ACCOUNTABLE AND EFFICIENT REFERRALS

In order to increase the accountability and effectiveness of referrals, and from the challenges identified by service providers when conducting referrals, Version 3 of RIMS incorporates more detailed feedback on referrals. As per the Inter-Agency Standard Operation Procedures (SOP) on referrals (Minimum Standard for Referrals 2029), the three final statuses that the receiving agency can assign to a referral are: Accepted/Successfully Closed, Not Eligible and No Service Delivered.

Figure 2: Referral process and statuses
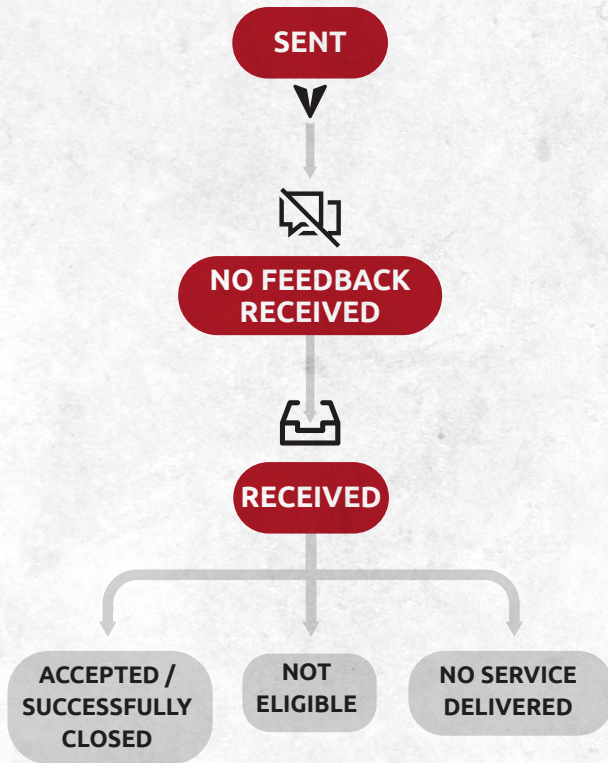
Accepted/Successfully Closed means that the referral was accepted by the receiving agency and that the beneficiary will be provided with the service; Not Eligible means that the beneficiary is not eligible to receiving the service from this particular agency, because they do not meet certain criteria such as age, gender, nationality; No Service Delivered means that the receiving agency was not able to deliver the service. In both cases, the beneficiary will need to be re-referred to another agency who can provide the service. On RIMS, partners can track and follow up their referrals, and therefore monitor the status of the referral including the three referral statuses described above.

Focus group discussions on referral pathways conducted by the RIMS Team, and the RIMS satisfaction survey, highlighted the need for more detailed feedback from receiving agency on the reasons for accepting or declining referrals. As a result, Version 3 of RIMS includes detailed feedback on referrals:

- Accepted/Successfully Closed are now two separate statuses. Receiving agencies who can deliver the service first need to select Accepted, which means that they accepted the referral, and then Successfully Closed, which means that the service was provided.

- Not Eligible referrals now include a variety of reasons for the ineligibility: gender, location, nationality, other.

- No Service Delivered referrals now include reasons for the fact that the service was not delivered: insufficient funds, other.

This detailed feedback on referrals aims at increasing accountability between organizations, who now need to give a reason for why they assigned such status. It also seeks to increase referrals effectiveness, by improved feedback which will help the referring agency to increase their understanding of eligibility criteria and capacity to provide services of other agencies. Lack of understanding of referral feedback was identified as one of the driver of referral fatigue and errors on the behalf of the referring agency. Finally, detailed feedback allows to measure time that it takes to provide a service, as well as most common drivers behind referrals not accepted by receiving agency, which will inform recommendations for more effective referrals. These modifications were shared with, and are currently being reviewed at Inter-Agency level, to ensure a coordinated effort in improving referral feedback and follow up.