RIMS SNAPSHOT

REFERRAL INFORMATION MANAGEMENT SYSTEM
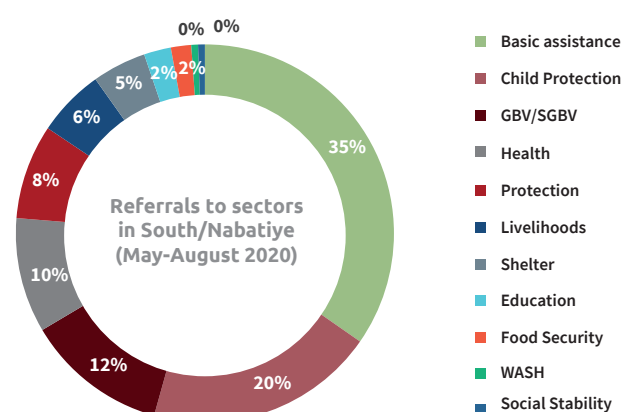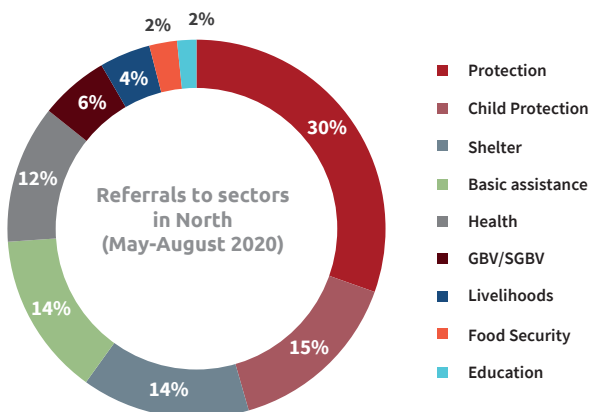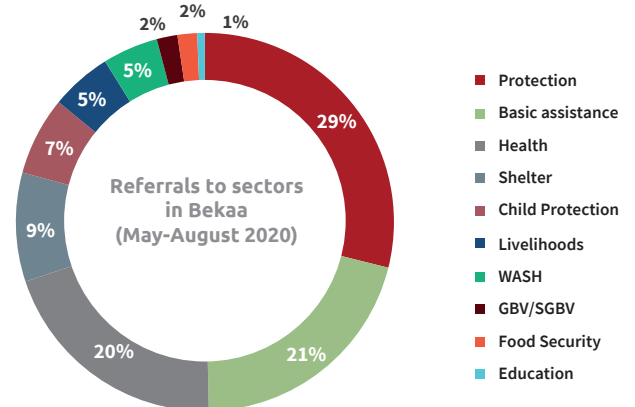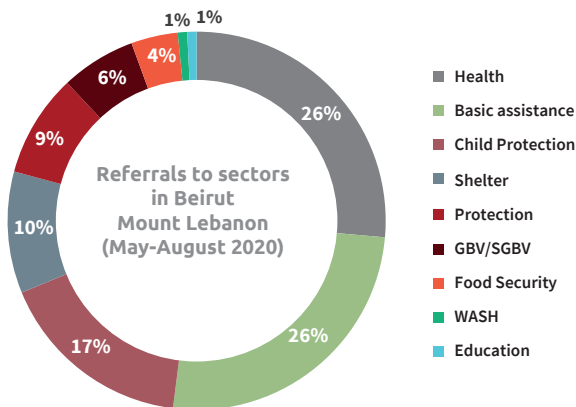
RIMS | Referral Information Management System

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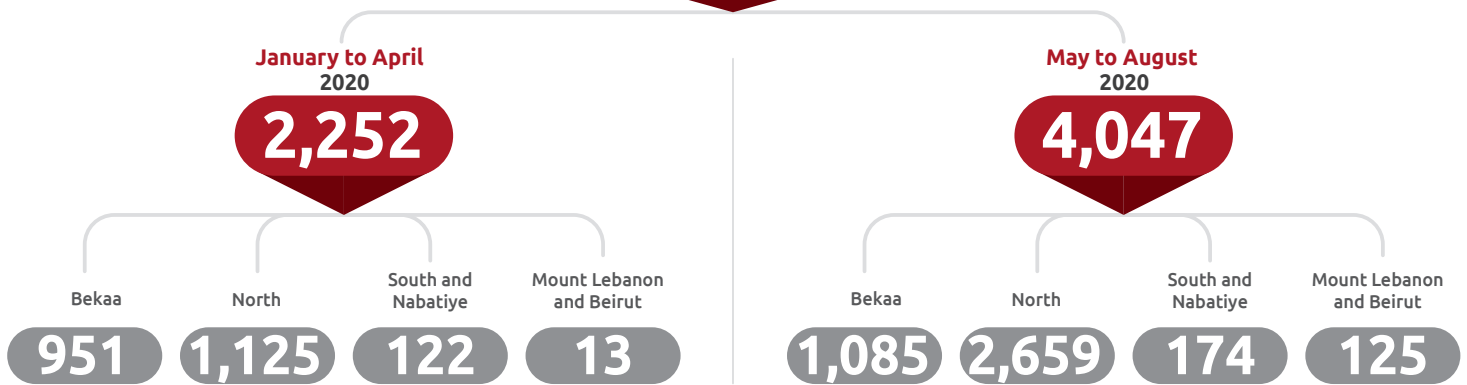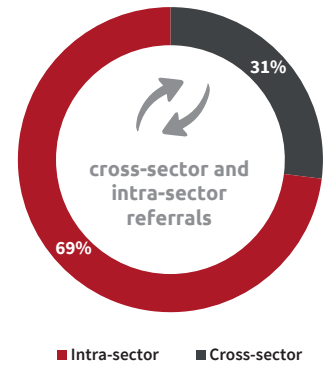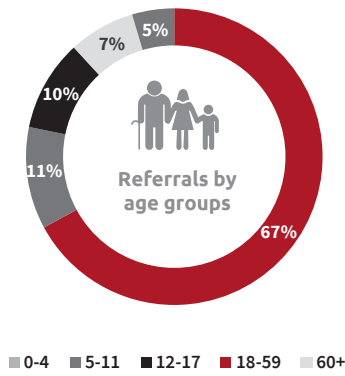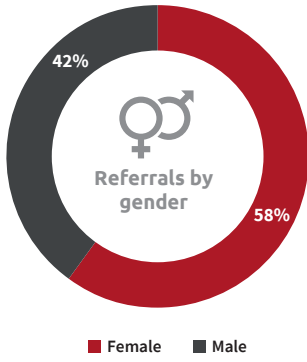
OVERVIEW

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 effectiveness and accountability in referral pathways. This series of snapshot is produced every four months and covers the last four months' period.[1]

Total number of referrals

January to April 2020
2,252

Bekaa	North	South and Nabatiye	Mount Lebanon and Beirut
951	1,125	122	13

May to August 2020
4,047

Bekaa	North	South and Nabatiye	Mount Lebanon and Beirut
1,085	2,659	174	125

Referrals to sectors in Beirut Mount Lebanon (May-August 2020)
- Health — 26%
- Basic assistance — 26%
- Child Protection — 17%
- Shelter — 10%
- Protection — 9%
- GBV/SGBV — 6%
- Food Security — 4%
- WASH — 1%
- Education — 1%

Referrals to sectors in Bekaa (May-August 2020)
- Protection — 29%
- Basic assistance — 21%
- Health — 20%
- Shelter — 9%
- Child Protection — 7%
- Livelihoods — 5%
- WASH — 5%
- GBV/SGBV — 2%
- Food Security — 2%
- Education — 1%

Referrals to sectors in North (May-August 2020)
- Protection — 30%
- Child Protection — 15%
- Shelter — 14%
- Basic assistance — 14%
- Health — 12%
- GBV/SGBV — 6%
- Livelihoods — 4%
- Food Security — 2%
- Education — 2%

Referrals to sectors in South/Nabatiye (May-August 2020)
- Basic assistance — 35%
- Child Protection — 20%
- GBV/SGBV — 12%
- Health — 10%
- Protection — 8%
- Livelihoods — 6%
- Shelter — 5%
- Education — 2%
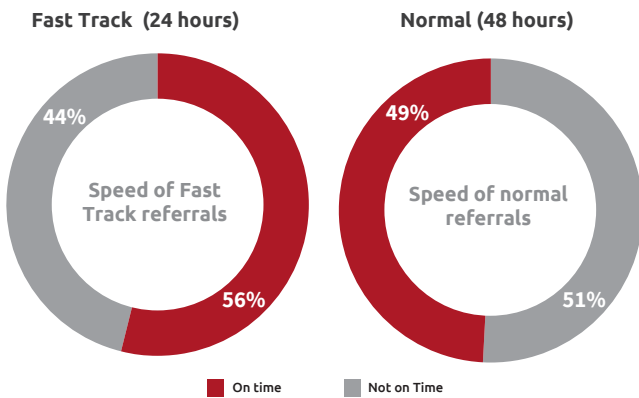- Food Security — 2%
- WASH — 0%
- Social Stability — 0%

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1   Although key trends in this snapshot focus on the four-months period of May-August 2020 data (first section), compared to the previous four months, the second part of this snapshot focuses specifically on trends in referrals prior and after the Beirut Blast that occurred on 4 August 2020, with a comparison of RIMS referral data of 1 May-5 August and 6 August-20 September included.

Referrals by gender

42% Male
58% Female

Legend: Female | Male

Referrals by age groups

5% 60+
7%
10%
11%
67% 18-59

Legend: 0-4 | 5-11 | 12-17 | 18-59 | 60+

cross-sector and intra-sector referrals

31% Cross-sector
69% Intra-sector

Legend: Intra-sector | Cross-sector

EFFECTIVENESS OF REFERRALS:
SPEED, ACCURACY, TIMELINESS, RESPONSE

Speed

Fast Track (24 hours)

Speed of Fast Track referrals

44%
56%

Normal (48 hours)

Speed of normal referrals

49%
51%

Legend: 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 need to be Acknowledged within 24 hours and normal referrals within 48 hours.
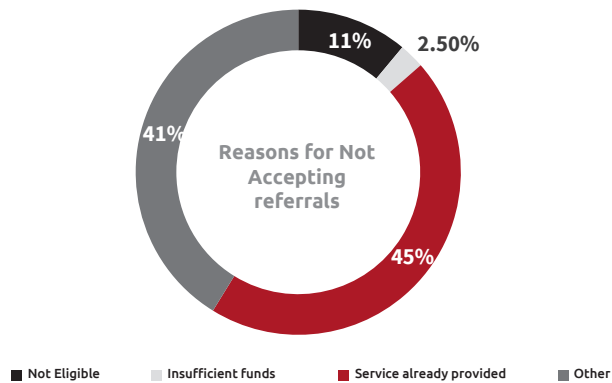
Timeliness

Timeliness of referrals

25%
55%
20%

Legend: Within 14 days | 14-29 days | 30 days and over
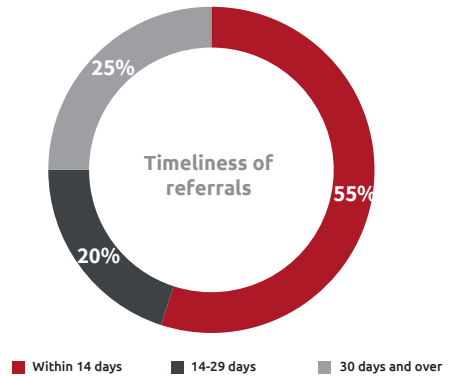
Note: only referrals with a final status are included in this graph.

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. As per Inter-Agency standards, referrals should receive a final status within 14 days.
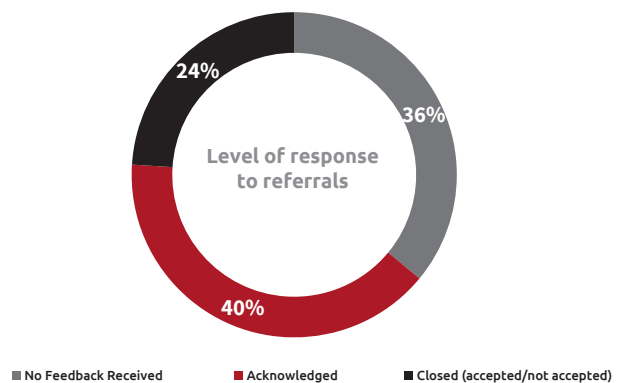
Accuracy

Reasons for Not Accepting referrals

11% 2.50%
41%
45%

Legend: Not Eligible | Insufficient funds | Service already provided | Other

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

Accuracy of referrals is defined by the volume of referrals with the final status Not Eligible (the more Not Eligible referrals, the less accurate the referrals are).

Response

Level of response to referrals

24%
36%
40%

**Legend:** No Feedback Received | Acknowledged | Closed (accepted/not accepted)

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 "Acknowledged", and "Accepted"/"Not Accepted" referrals.

THEMATIC FOCUS: REFERRAL PATHWAYS IN THE BEIRUT BLAST RESPONSE

Following the Beirut Blast that occurred on 4 August 2020 in the port of Beirut, referrals of affected communities in Beirut increased by 69%, from 29 referrals between 1 May and 5 August, to 49 referrals between 4 August and 20 September (unlike part 1 of the snapshot, the below analysis takes into account referrals beyond August 2020, until 20 September included).

Graph 1: Monthly number of referrals in Beirut
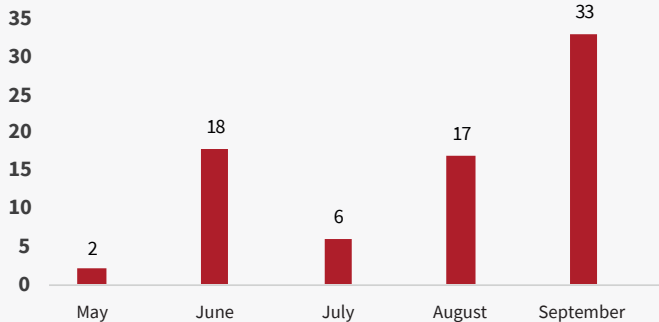
This increase in referrals can be attributed to immediate needs resulting from the blast, and increased humanitarian activity in Beirut,

notably of RIMS partners: a low number of RIMS partners used to operate in Beirut, focusing instead on the most vulnerable cadasters across the country (as per the LCRP mandate). However, as a result of the unprecedented catastrophe, they are now starting new activities in the Beirut area to meet the needs of affected populations as a result of the blast, and therefore identifying people in need and conducting referrals. According to RIMS referral data, most referrals after the blast were a result of home visits in Beirut after the blast (48%), while they used to be a result of self-referrals before the blast, likely partly due to COVID-19 measures which no longer applied to the blast-affected parts of Beirut after 4 August 2020.

The total number of referrals on RIMS in Beirut remains relatively low compared to other areas in Lebanon. This is likely partly due to 1) the time it has taken for new activities to be fully operational in Beirut, and therefore referrals to occur, and 2) methodological challenges of referrals not having been captured on RIMS as new staff were recruited to support Beirut programmes and could not immediately receive training on the System, therefore referrals would have been off RIMS. A steeper increase in Beirut referrals can be expected in the following weeks of the emergency and recovery phases. Nevertheless, analysis of these preliminary RIMS referral data allows to identify trends, needs and gaps in field coordination and access to services in Beirut and draw recommendations to improve the response.

Sectors receiving referrals after the blast

In general, similar sectors[2] have been receiving referrals in Beirut pre- and post-blast (Basic Assistance, Child Protection, Health, Shelter), indicating an exacerbation of already existing needs. While these sectors recorded a similar numbers of referrals in Beirut pre- and post-blast, but in a shorter amount of time (a bit over one month after the blast, compared to three months before the blast), the highest increase was referrals to Livelihoods services after the blast (from 4 August to 21 September included, see graph 2 below). Most referrals after the blast in Beirut were sent to Livelihood services (45%); this does

not indicate that the highest need is for Livelihood services after the blast, despite significant damages to businesses in the blast-affected areas, but it rather highlights the importance of enhanced coordination between Livelihoods partners providing Micro, Small and Medium Enterprises (MSME) support, who committed to using RIMS for referrals in order to bridge the gaps in various levels of funding and actors' diverging capacity to support affected MSMEs in Beirut. Identification of businesses in need of support likely intensified after the blast, with needs assessment being conducted, and dedicated programming to support businesses in Beirut, coupled with strengthened coordination and use of RIMS, allowed for referrals to increase.

Graph 2: Referrals to sectors: pre/post blast

◼ 1 May-5 August　◼ 6 Aug-20 Sept
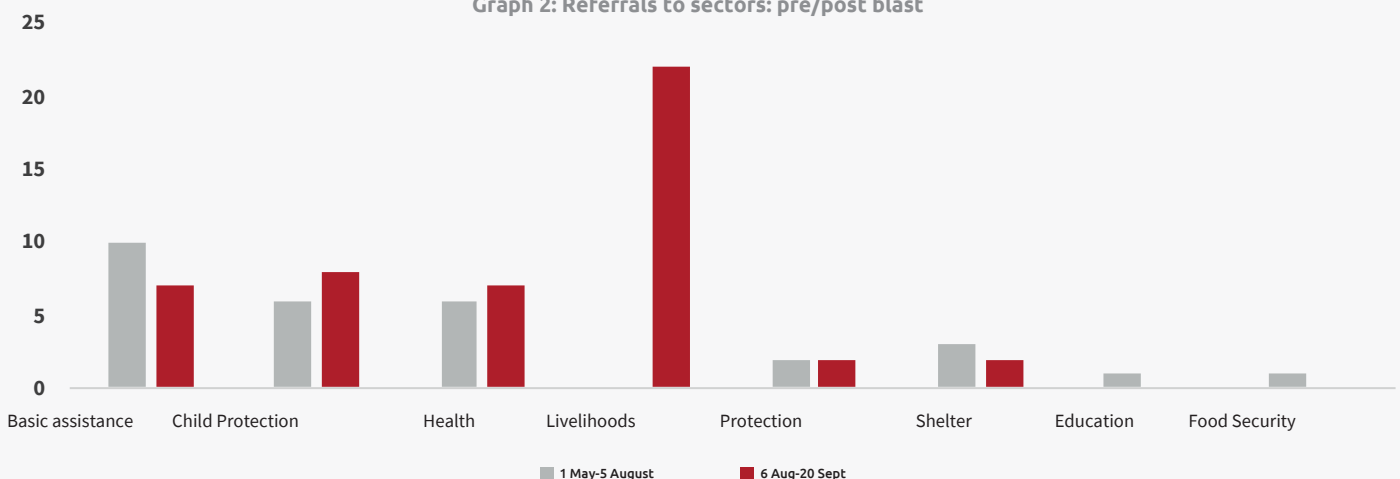
Improved effectiveness of referrals in Beirut pre/post blast but gaps in follow up on referrals remain

The effectiveness of referrals in Beirut (speed, timeliness, and level of response), improved significantly after the blast, which demonstrates an effort for enhanced coordination between service providers to ensure access to services, yet gaps remain in order to

ensure safe and timely access to those services. After the blast, 93% of referrals in Beirut were Acknowledged within the Inter-Agency timeframe of 24 hours for Fast Track referrals and 48 hours for Normal referrals, compared to 43% in the months previous to the blast (speed of referrals). Improved speed in referrals suggests a more pro-active acknowledgement of referrals received, with stronger communication linkages between service providers operating in Beirut.

2　Note: sectors mentioned in this document align to the ones in the Inter-agency Referral Form (IRF)

Similarly, the overall level of response to referrals improved, with 40% of referrals in Beirut with no feedback, compared to 50% before the blast, and 32% of referrals closed (Accepted/Not Accepted), compared to 25% prior to the blast (level of response to referrals). Of those referrals that were closed in Beirut after the blast (Accepted/Not Accepted), all of them (100%) were assigned their final status within the Inter-Agency timeframe of 14 days, while this was only 70% before the blast. This improvement in the level of response to referrals is contrary to expectations, given the challenges faced in field coordination in the aftermath of the blast; it could partly be attributed to more pro-active, readily available information on service providers operating in Beirut led by sector coordinators following the blast. Increased level of response to referrals is an important and positive step to achieve access to multi-sector services for those affected by the blast[3], and is bolstered through the adoption of a common referral platform such as RIMS, where partners across all sectors can jointly send/receive/track referrals in a safe and timely manner.

Despite this overall improvement in the effectiveness of referrals, some **gaps remain when it comes to the level of response to referrals, with 40% of referrals still with no final status.** This could be attributed to the fact that attributing a final status to referrals in the emergency phase of the response was not prioritised. Protection, Shelter and Basic Assistance referrals after the blast were neither Acknowledged nor received a final status (Accepted/Not Accepted). Follow up on referrals to Basic Assistance deteriorated, with all (100%) of Basic Assistance referrals sent after the blast with no feedback, compared to 66% previously, despite an overall decrease in referrals to Basic Assistance (Graph 2). In addition, while, the level of response to Health referrals improved with only 57% Health referrals with No Feedback after the blast compared to 83% prior to the blast, health referrals were only Acknowledged but never received a final status (Accepted/Not Accepted). Specific challenges with Basic Assistance and Health referrals were explained in the RIMS anticipatory report of September 2020, and deserve specific attention in the wake of the Beirut Blast and the high needs in these sectors.[4]

No Livelihood referrals remain without feedback, which demonstrates that **close and increased coordination through commitment to use the same tool to send/receive/track referrals such as RIMS, has significant impact on the level of follow up to referrals, and therefore in providing access to services.**

Increased service delivery after referrals occured in Beirut, which can still be improved

When it comes to actual service delivery following referrals (accepting referrals), there was also an improvement in referrals which ended up in service delivery in Beirut, with 19% of referrals in Beirut Accepted/Successfully Closed after the blast, up from 4% before the blast. Almost all referrals Accepted/Successfully Closed after the blast in Beirut are Livelihoods referrals, due to the close coordination between Livelihoood partners on MSME referrals, and good knowledge of eligibility criteria. Similarly, less referrals were declined in Beirut after the blast, with 10.5% of referrals after the blast Not Accepted, down from 12.5% before. Referrals Not Accepted after the blast were also Livelihood referrals, mainly due to the fact that these MSMEs were not considered as in need of support as others given the limited capacity for service provision, that they did not match the eligibility criteria of the receiving agency and that they had already been provided with services. Overall, **service delivery after referrals can be improved with closer coordination between partners and sectors.**

External referrals received more follow up and response

95% of referrals in Beirut after the blast were external referrals (to other service providers), compared to 66% prior to the blast, demonstrating the level of reliance on coordination between service providers for referrals and service provision, coupled with the stretched capacity of actors to provide those services. External referrals were the ones that received a final status, and were followed up on, compared to internal referrals: this is likely due to the fact that internal referrals were conducted off the System, and that new projects are still being set up in Beirut with organisation of programmes still being determined. Such heavy reliance on external coordination in the Beirut Blast response demonstrate the key role of referrals to ensure access to multi-sector services.

Cross-sector referrals continue to account for an important proportion of all referrals

27% of referrals in Beirut prior to the blast were intra-sector referrals, and the remaining 73% were cross-sector referrals. This trend changed after the blast with 73% of intra-sector referrals and 27% cross-sector referrals. Most of these intra-sector referrals come from Livelihoods actors who committed to using RIMS to fill the gaps in various funding levels and capacity to support MSME in Beirut by relying on referrals. However, if those specific Livelihoods referrals are not considered in the dataset, 48% of referrals would be intra-sector referrals and 52% cross-sector, demonstrating the continued heavy presence of cross-sector referrals and therefore necessity for engaging in cross-sector knowledge of services. Most of these cross-sector referrals are from Protection to Basic Assistance, highlighting the importance of enhancing coordination between basic assistance and food security and the protection focused Emergency Cash Assistance (ECA) provided by Protection actors. The challenges in cash-based interventions had been highlighted in the July RIMS report.[5]

3   See RIMS anticipatory report
4   RIMS September 2020, https://reliefweb.int/report/lebanon/anticipatory-report-effective-humanitarian-response-beirut-blast-requires-efficient
5   RIMS July report 2020, https://reliefweb.int/report/lebanon/rims-supporting-humanitarian-response-through-referrals-analysis-and-evidence-based

Most people referred in Beirut after the blast are Lebanese, with a significant proportion being elderly

In the last two years, although there has been an increase in Lebanese people being referred on RIMS as a result of the multiple crises, referrals of Lebanese people never exceeded referrals of Syrian refugees across geographical areas in Lebanon. However, for the first time, **most referrals after the blast in Beirut were referrals of Lebanese** (73%), with an increase from 5 to 35 referrals pre/post blast, due to the large majority of Lebanese population living in areas affected by the blast, as well as humanitarian service providers shifting to supporting Lebanese in Beirut.

All Lebanese referred on RIMS after the blast were above 18 years old, contrary to the Syrians referred in Beirut after the blast who were mostly under 18, and 17% of the referrals of Lebanese were of elderly people (to Livelihoods and Health), none of whom were referred in Beirut prior to the blast. It will be worth investigating the increased vulnerability of elderly Lebanese communities and their need for humanitarian services, as well as the absence of referrals of Lebanese children, and beyond, the needs of other vulnerable communities such as refugees, stateless individuals, migrant workers and other marginalized groups have also

been exacerbated due to the compounding crises in Beirut, and how they need to continue to be reached in all upcoming responses, even if they are harder to identify and access in Beirut than in other areas of Lebanon.

Prior to the blast, the five referrals of Lebanese population in Beirut never received a final status: they were either with no feedback (60%), or Acknowledged (40%), but were never Accepted/Not Accepted, which suggests that no service were ever delivered as a result of these referrals. However, after the blast, response to referrals of Lebanese in Beirut improved: although 31% of referrals of Lebanese population in Beirut have not yet received any feedback, 23% of referrals were Accepted/Successfully Closed, all of them to Livelihood services. As humanitarian service providers are not always familiar with requests for services from Lebanese, and Lebanese population were not used to turning to humanitarian service providers for help, **building on the established civil society networks who were already providing support to Lebanese, such as the Lebanon Humanitarian and Development NGO Forum (LHDF), and connecting together with humanitarian service providers will be key to enhance service provision after referrals.**

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