RIMS SNAPSHOT

REFERRAL INFORMATION MANAGEMENT SYSTEM

RIMS
Referral Information Management System

DRC DANISH REFUGEE COUNCIL

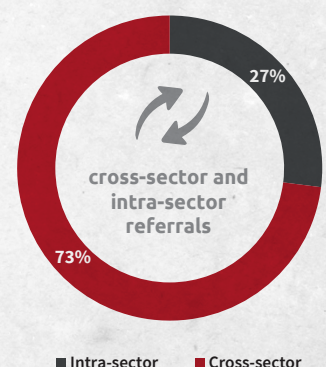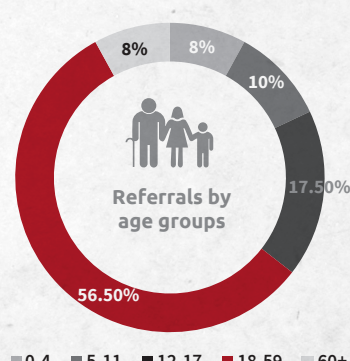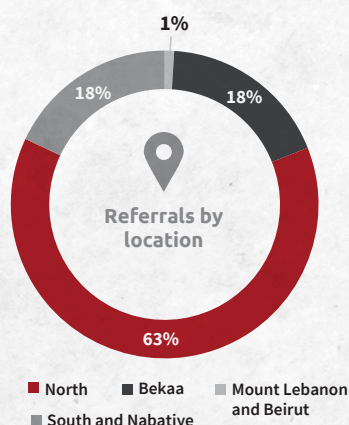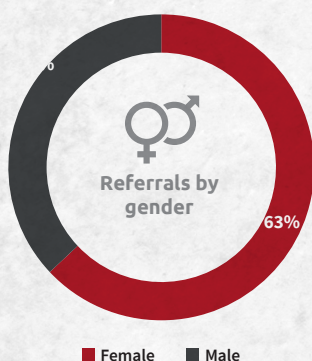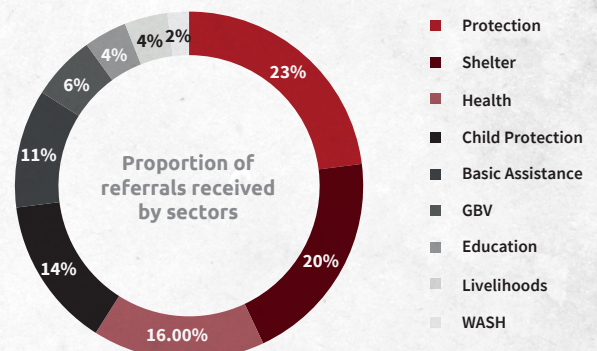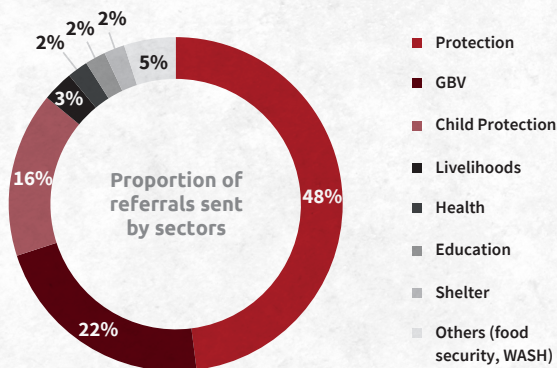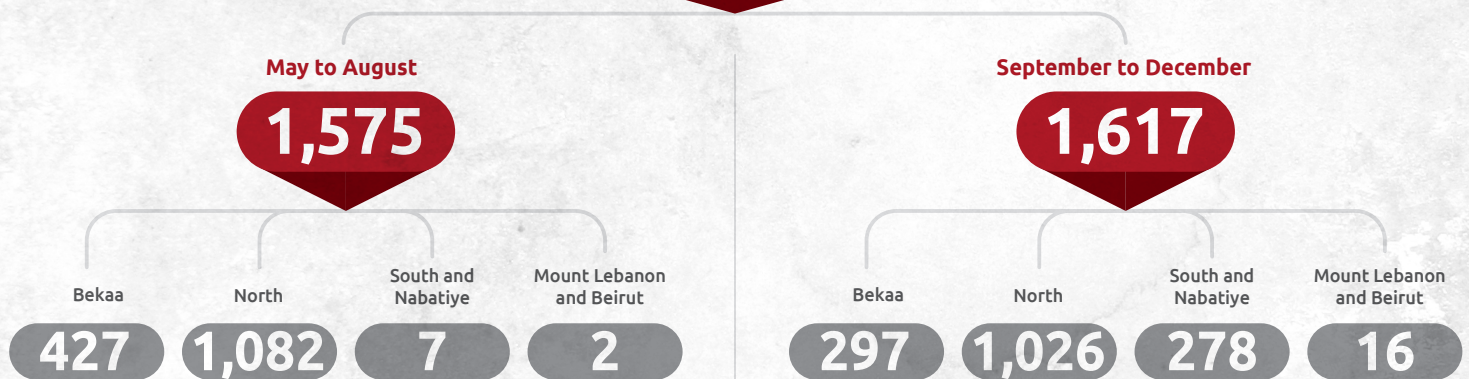Funded by European Union Civil Protection and Humanitarian Aid
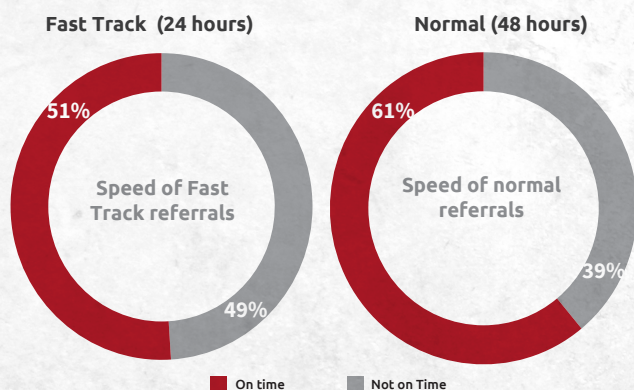
OVERVIEW

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.

Total number of referrals

May to August
1,575

Bekaa	North	South and Nabatiye	Mount Lebanon and Beirut
427	1,082	7	2

September to December
1,617

Bekaa	North	South and Nabatiye	Mount Lebanon and Beirut
297	1,026	278	16

Proportion of referrals sent by sectors

- Protection — 48%
- GBV — 22%
- Child Protection — 16%
- Livelihoods — 3%
- Health — 2%
- Education — 2%
- Shelter — 2%
- Others (food security, WASH) — 5%

Proportion of referrals received by sectors

- Protection — 23%
- Shelter — 20%
- Health — 16.00%
- Child Protection — 14%
- Basic Assistance — 11%
- GBV — 6%
- Education — 4%
- Livelihoods — 4%
- WASH — 2%

Referrals by gender

- Female — 63%
- Male

Referrals by location

- North — 63%
- Bekaa — 18%
- Mount Lebanon and Beirut — 18%
- South and Nabatiye — 1%

Referrals by age groups

- 0-4 — 8%
- 5-11 — 8%
- 12-17 — 10%
- 18-59 — 56.50%
- 60+ — 17.50%

cross-sector and intra-sector referrals

- Intra-sector — 73%
- Cross-sector — 27%

EFFECTIVENESS OF REFERRALS:
SPEED, ACCURACY, TIMELINESS, RESPONSE

Speed

Fast Track (24 hours)

51%
49%

Speed of Fast Track referrals

Normal (48 hours)

61%
39%

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.
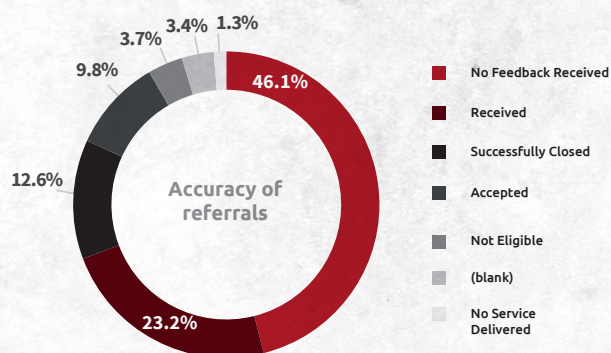
Timeliness

Timeliness of referrals

Fast track: 11, 14
Normal: 16, 7

■ May-August   ■ September-December
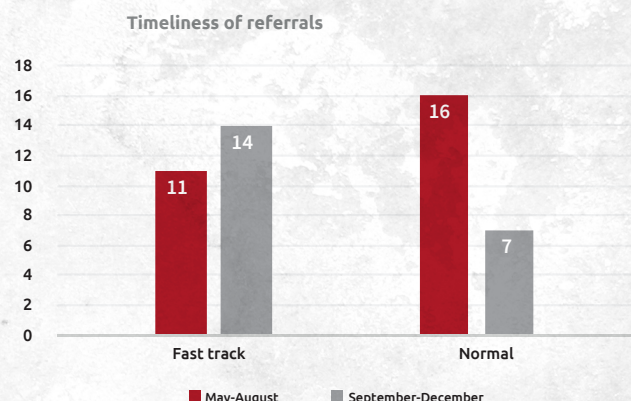
Note: only referrals with a final status are included in this graph.

Timeliness of referrals refers 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

46.1%
1.3%
3.4%
3.7%
9.8%
12.6%
23.2%

Accuracy of referrals

■ No Feedback Received
■ Received
■ Successfully Closed
■ Accepted
■ Not Eligible
■ (blank)
■ 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).

Response

18%
55%
27%

Response

■ No feedback received
■ Received
■ Closed
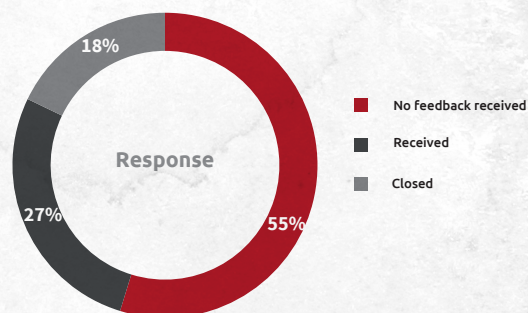
Response refers to the level of response and follow up of the receiving agency on the referrals they receive. Response is measured by the percentage of "No Feedback Received" referrals, compared to "Received", and "Not Eligible"/"No Service Delivered"/ Accepted/Successfully Closed" referrals.

THEMATIC FOCUS: REFERRAL PATHWAYS IN TIMES OF CRISIS

While several information products explore increased and emerging needs of vulnerable communities since the nation-wide protests that started on 17 October 2019 in Lebanon, it is also necessary to explore the supply side of the humanitarian response, that is the provision of services and level of coordination amongst humanitarian agencies in ensuring that provision of assistance is maintained despite severe movement restrictions. Referral pathways, connecting humanitarian service providers together, provide insight on the strength of the operational coordination between these service providers during the crisis.

Following the start of the protests in Lebanon on 17 October, and over the course of October to December 2019, referral data from RIMS highlight two major gaps in referral pathways: 1) decreased follow up on referrals and 2) decline in actual service provision following the referral.[i]

RIMS referral data demonstrates a clear and continuous deterioration in **the level of response** of receiving agencies to referrals after 17 October 2019, with a notable increase from 32% to 45% in referrals with No Feedback Received from September to October 2019. The level of response to referrals was low especially for **external referrals**, which are referrals conducted between service providers, as opposed to internally

across different activities of the same service providers. Indeed, the proportion of external referrals with No Feedback Received increased from 49% in September to 65% October, reaching 71% in December. According to discussions with service providers, as several service providers momentarily suspended their activities due to reduced movement following the beginning of the protests, delay in reception, assessment and follow up on referrals hampered linkages and coordination between service providers, and only follow up on urgent, high risk cases, when possible (for example, through hotlines) was conducted. This is compounded by the fact that RIMS end-users likely followed up informally through various different channels which was not tracked and reflected on RIMS, as many could not access the office and computers. Delayed assessment in beneficiaries needing referrals also resulted in a backlog for receiving agency, which increased the number of pending cases and the length in addressing these cases. While disruption in operational coordination may be explained at the onset of the crisis, it is particularly concerning that the proportion of referrals with No Feedback Received continued to increase in the following months. This suggests a long-term impact on the timely, safe and efficient access to assistance of vulnerable populations.

While timeliness and speed of referrals slightly improved overall during the protests, this can likely be attributed to field staff's ability to respond in a quicker manner to the referrals that they did respond to; yet, as explained above, a very high proportion of referrals was left pending. Further, it is necessary to examine the last status which was assigned to

those referrals: indeed, a decreasing proportion of referrals were **Accepted/Successfully Closed**, from 34% in September, to 23% in October, and down to 13% in December 2019. This is particularly the case for external referrals where only 9% were Accepted/Closed as of December 2019, compared to 22% for internal referrals. Therefore, while referrals that were responded to receive a last status faster, few referrals were actually accepted and service provision following referrals considerably reduced.

Health was particularly affected by the crisis: while needs escalated, and referrals almost tripled between September and November, response to referrals considerable deteriorated.[1] Different drivers influenced response to health referrals of health service providers including, the lack of funding to pay for medicines imported from abroad coupled with the fact that these medicines had to be paid in dollars, the road blockages which interrupted the flow of medicines being received in health facilities, and the perception that doctors were not always able to reach health centers,[2] With a high proportion of health referrals that were not responded to (from 33% in September to 73% in November), those that were actually responded to had a lower likelihood of actually receiving a service than usual, with Closed referrals dropping from 4% in September to 2% in October. Though service delivery seemed to resume in November, there was also a slight increase in referrals with No Service Delivered amongst health referrals, suggesting lack of capacity and funds to respond to those patients.

In the **North of Lebanon** particularly, acts of road blockages were reported all throughout October, November and December 2019, hampering access of service providers to people in need and interrupting usual activities with vulnerable communities. Indeed, RIMS referral data suggest that response to referrals in the North was particularly low compared to other geographical areas, and consistently decreased from 30% of No Feedback Received in September, to 46% in October and 58% in November. Similarly, Accepted/Closed cases declined from 34% in September to 21% in November.

Overall, the decrease rate of response to referrals and low service provision resulted in reduced capacity to maintain continuous, timely, safe and efficient access to services for vulnerable populations. This is enhanced by the ongoing absence of established referral pathways with clear focal points across sectors of the humanitarian response, and of back up focal points which could manage and follow up on referrals when primary receiving agencies are not able to do so. The practice of re-referrals must also be more used and advocated for amongst partners, in order not to wait on receiving agencies' feedback for extended period of time, and rather addressing different service providers who may be able to respond quicker. In times of crisis, coordination structures must be flexible in not only holding regular information sharing platform where service providers provide update on services, but reviewing areas of coverage for organisations that continue to operate to fill in the gaps when they have better access to certain vulnerable populations. These lessons learnt will support flexibility in preparedness exercises and response to sudden shocks and crisis, by adapting operational work and building on established referral pathways to continuously provide access to services for vulnerable communities.

1   Lebanese Red Cross, 30/12/2019 ''Civil Unrest Emergency Plan of Action number 1'', accessible online at:
     https://reliefweb.int/report/lebanon/lebanon-civil-unrest-emergency-plan-action-update-n-1-dref-n-mdrlb008
2   Human Rights Watch, ''Lebanon Hospital Crisis Endangering Health'', 10/12/2019,
     https://www.hrw.org/news/2019/12/10/lebanon-hospital-crisis-endangering-health

KEY UPDATE: CLOSING THE REFERRAL LOOP THROUGH RE-REFERRALS

The new version of RIMS launched in mid-2019 enables RIMS end-users to re-refer cases. Indeed, referrals that are not followed up by the receiving agency, and whose status is No Feedback Received, and referrals which have been Received but do not have a current status, should only be left pending by the receiving agency for 14 days. After which, it is considered that this referral will never receive a final status. As a result, it is the responsibility of the referring agency to re-refer the person to another service provider, in order to ensure that the person of concern is likely to refer a service that responds to their need in a timely manner.

Further, referrals whose last status is Not Eligible/No Service Delivered should similarly be re-referred. Although there continues to be confusion over whether the referring or receiving agency is responsible for re-referring the person, it is essential that this person is re-referred in a timely manner to another service provider. Similarly, gaps identified between referrals Accepted and not Closed, when they are linked to an unforeseen inability to provide the service, should be re-referred. On RIMS, agencies will be able to track the whole referral pathways, until ultimate service delivery.

Re-referrals are an essential part of organisations' accountability to beneficiaries. Indeed, service providers are not only responsible to refer persons of concern to the right service provider in a safe and timely manner, but they are also responsible to ensure that the person ultimately accesses the services that they need.

Extraction of re-referrals data on RIMS will be conducted for the March analytical report, and will be able to provide key information on how widely this is practiced by organisations, in what circumstances, and how long this takes. This will provide us with some important insights on organisations' accountability to their referrals and to persons of concern, from which will be drawn recommendations to form the basis of advocacy for increased accountability.

i   This snapshot seeks to complement the immediate analysis of RIMS referral data in pre-October 17 and post-October 17 (see RIMS November report), by taking a broader
      comparative perspective of the few months between the protests and the few months after the protests (August to December 2019).