

# RIMS SNAPSHOT

## REFERRAL INFORMATION MANAGEMENT SYSTEM

**RIMS** | Referral Information  
Management System

**DRC** DANISH  
REFUGEE  
COUNCIL



Funded by  
European Union  
Civil Protection and  
Humanitarian Aid



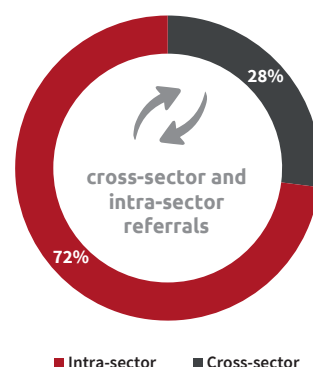
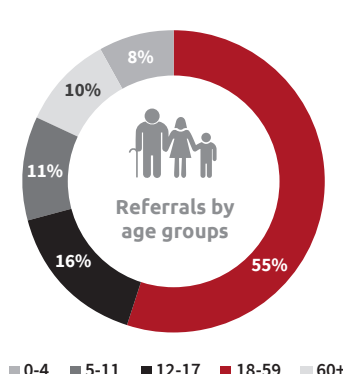
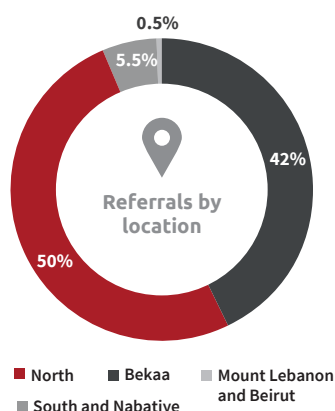
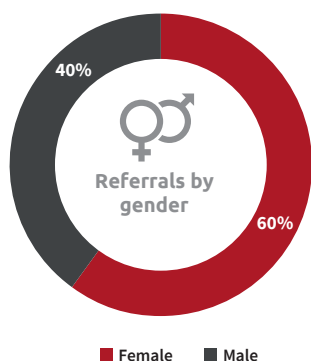
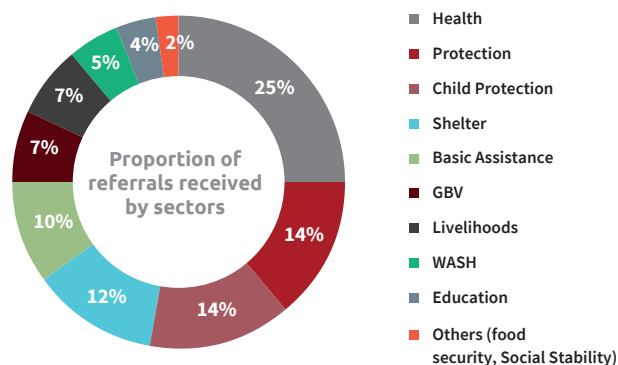
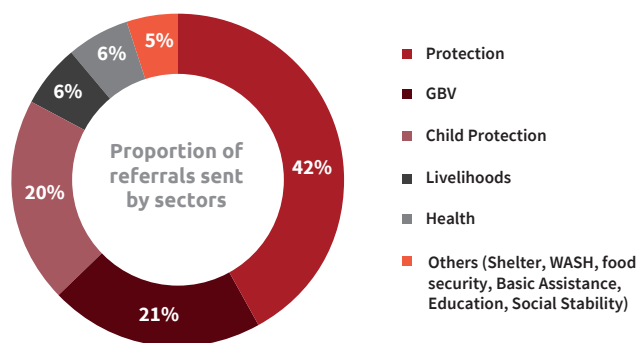
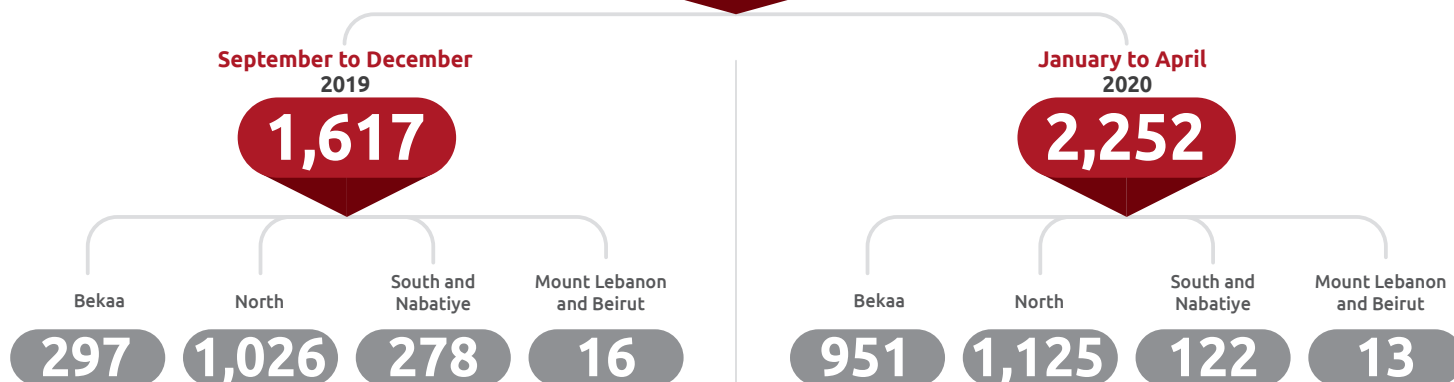
LEBANON

MAY 2020

## OVERVIEW

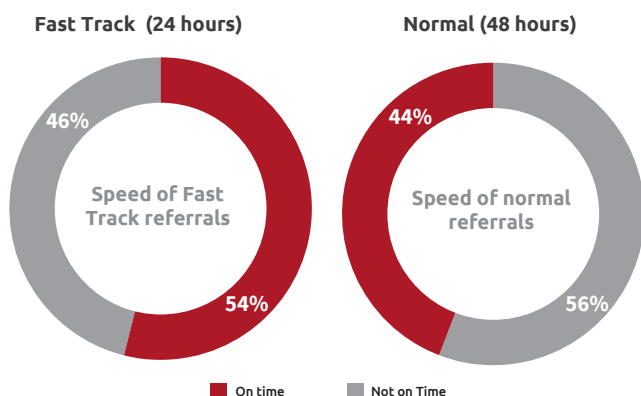
The RIMS snapshot summarizes key data of referrals conducted through the Referral Information Management Systems (RIMS) in Lebanon. This snapshot is designed to complement the RIMS' analytical reports, which contain in-depth analysis of effectiveness and accountability in referral pathways. This series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

### Total number of referrals



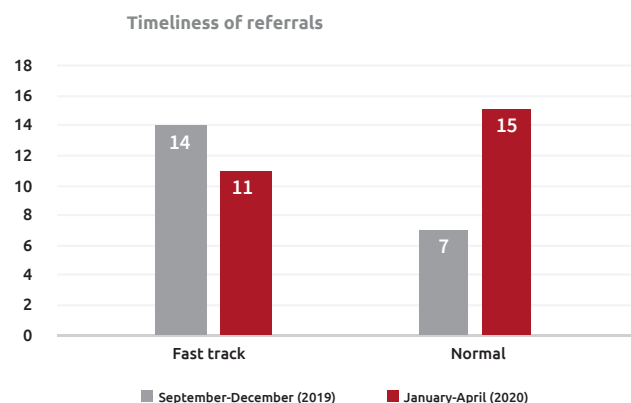
# EFFECTIVENESS OF REFERRALS: SPEED, ACCURACY, TIMELINESS, RESPONSE

## Speed



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 received within 24 hours and normal referrals within 48 hours.

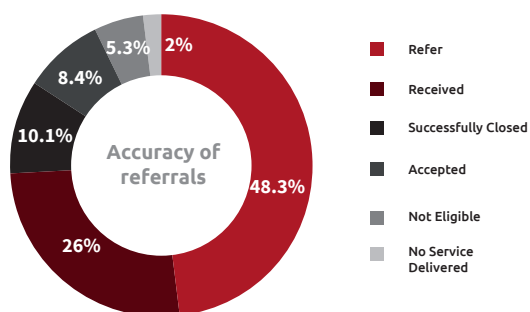
## Timeliness



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.

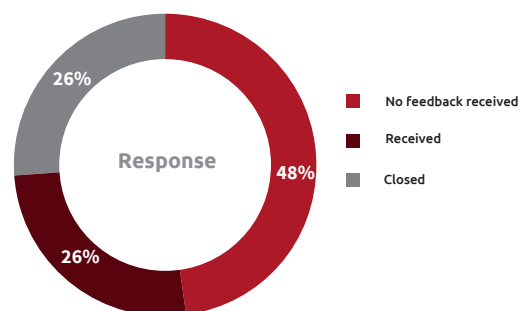
## Accuracy



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



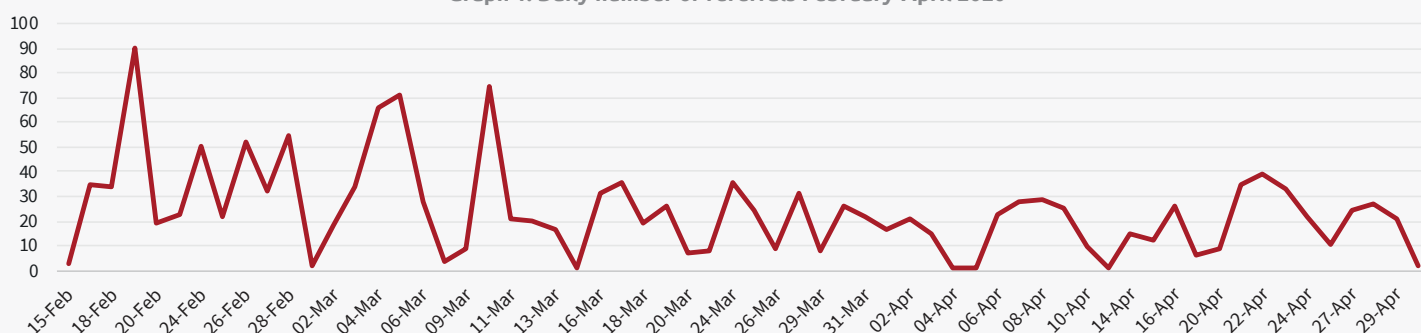
**Response** refers to the level of response and follow up of the receiving agency on the referrals they receive. Response is measured by the percentage of "No Feedback Received" referrals, compared to "Received", and "Not Eligible"/"No Service Delivered"/"Accepted/Successfully Closed" referrals.

## THEMATIC FOCUS: MAINTAINING EFFECTIVE AND ACCOUNTABLE ACCESS TO MULTI-SECTOR SERVICES DURING COVID-19

While Lebanon is experiencing several compounded crises simultaneously, which are significantly exacerbating needs of vulnerable communities, it is more than ever essential to ensure that safe and timely access to multi-sector services is maintained during this time period, through effective and accountable coordination of humanitarian service providers and referral pathways which connect service providers together. According to RIMS referral data from January to April 2020, **referrals decreased**

**immediately following the implementation of the lockdown from COVID-19 on 16 March 2020 in Lebanon (Graph 1). Referrals then continued to stay low in April, reaching a lower level than in January 2020.** This decrease can be attributed to the temporary and partial suspension of some of the humanitarian activities as well as vulnerable communities' inability to access services due to limited freedom of movement from the COVID-19 lockdown.

Graph 1: Daily number of referrals February-April 2020



The decrease in referrals does not mean that needs for services decreased; in fact, **requests for services spiked in April 2020**, reaching a higher number than in February pre-lockdown, according to the DRC hotline data. This indicates escalating needs in vulnerable communities to access services. Indeed, while people in need of support continue to be mostly identified by NGO frontline workers (48%) according to RIMS data, self-referrals increased from 25% to 35% in April, demonstrating that vulnerable communities are increasingly reaching out to service providers for services. 93% of phone calls received across mid-February to mid-May were calls for requests for assistance. As highlighted in the many assessments conducted by humanitarian actors on humanitarian needs during COVID-19, and further reinforced by the DRC hotline data during that time period, most requests for assistance focused on Basic Assistance (cash), Food Security, Protection (notably related to cash for rent and the risk of eviction) and Health.

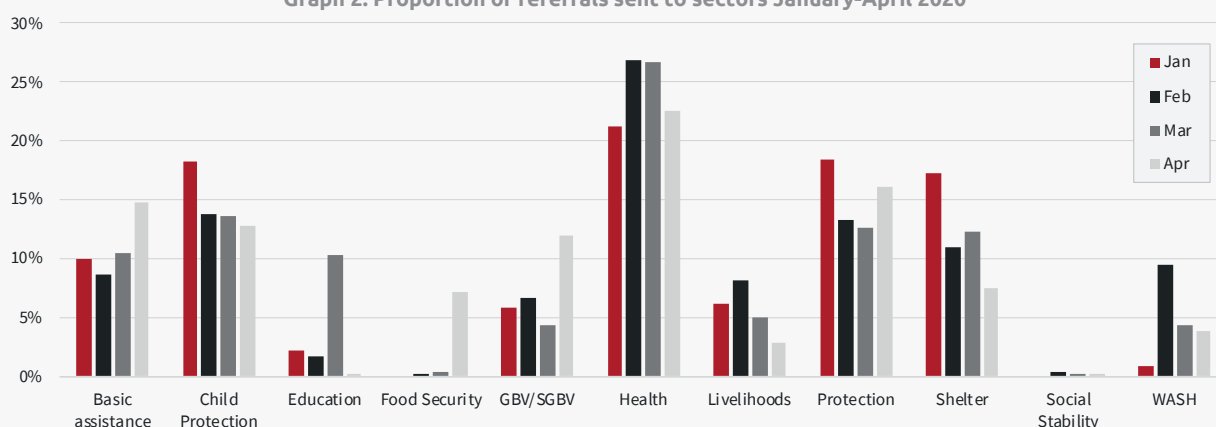
## Referrals and needs by sector during COVID-19

During March-April 2020, despite an overall decrease in the absolute number of all referrals, the proportion of referrals sent to some sectors, such as Basic Assistance, Food Security, Health and GBV remained high or even increased, reflecting the exacerbated vulnerability of communities,

as a result of both the lockdown from COVID-19, coupled with the severe economic crisis affecting Lebanon.

Contrary to expectations, **referrals to Health, which continue to account for the highest proportion of referrals month after month, declined from March to April 2020**, highlighting reduced access to health services (Graph 2). Indeed, 19% of people surveyed by ACF reported that their access to health services declined from March to April.<sup>1</sup> This could be attributed to different factors, such as the suspension of activities of many medical service providers, their prioritization of more urgent, internal cases, as well as the fact that COVID-19 cases were exclusively handled by Lebanese hospital infrastructure rather than medical humanitarian service providers. Further, high costs in healthcare hampers access to services for vulnerable communities, which was forecasted to escalate as people are losing their source of income.<sup>2</sup> Although referrals to Mental Health account for a relatively small proportion of all health referrals (15%), mental health referrals stayed consistent throughout the four months, indicating the continuous need for this support, and overwhelmingly within the Syrian population. Most referrals to Health were sent by GBV actors in April 2020, with an increase in the proportion of GBV to Health referrals from 10% in January 2020, to 36% in April 2020, likely due to the need for mental health support for GBV survivors during the lockdown.

Graph 2: Proportion of referrals sent to sectors January-April 2020



### The reduced proportion of health referrals was matched with an increase in the proportion of other sectors' referrals:

- The proportion of **referrals to Basic Assistance increased** over the past four months, now accounting for 15% of all referrals in April compared to between 8-10% in the previous months. High referrals to Basic Assistance, which were already increasing at the end of 2019 as a result of the economic crisis, are partly driven by the continuous inflation, as well as the loss of income incurred from the suspension of economic activity during the COVID-19 lockdown, which led to a need for immediate cash assistance. Referrals to Basic Assistance were mostly sent by Protection, Child Protection and GBV actors, although there was a notable increase in Livelihoods actors referring to Basic Assistance in March 2020, which suggests a need for more immediate cash or in kind support rather than longer term livelihoods services, as well an increase from Education and Shelter actors referring to Basic Assistance in April 2020. The diversification of sectors referring to Basic Assistance highlights the extent of the need for this type of support.
- The proportion of **Food Security referrals spiked** in April 2020. Food Security referrals used to account for less than 1% of all referrals every month, and now account for 7% of referrals in April. Increased requests for food assistance were reported during the lockdown, with an estimated additional 405,000 individuals in need compared to the VASyR figures, according to the Food Security sector<sup>3</sup>, in addition to vulnerable Lebanese and Palestinian population which are not captured in the VASyR and are increasingly food insecure. This is compounded by the reported rise in 47% of standard minimum expenditure basket (SMEB) between September 2019 and March 2020.<sup>4</sup> Referrals to

Food Security were mostly sent by Protection, GBV and other Food Security actors across the reporting period, but with a notable increase in Child Protection and Social Stability actors referring to Food Security in April 2020.

- Protection referrals also increased** in April 2020, mostly from other Protection actors, GBV and Livelihood service providers. Service providers reported increased risk of eviction during this time period, notably from landlords waiting for people to pay back their accumulated, unpaid rent. **GBV referrals** which used to account for around 5% of referrals every month, now account for 12% of referrals in April. Referrals to GBV are mostly sent by Protection and GBV actors. However, in April 2020, 80% of referrals were intra-sector referrals within the GBV sector. According to the latest GBV Task Force Assessment, 54% of respondents reported an increase in harassment, violence and abuse against women and girls during COVID-19, of which 85% were reported at home, likely due to entrapment of survivors and perpetrators in the same place during lockdown.<sup>5</sup> This could partly account for the high rate of intra-sector referrals, with GBV actors referring to safe shelters for women and families.

The consistent linkages between Protection-related services, and Food Security and Basic Assistance, should be further strengthened through increased coordination between these sectors and referrals.

After a significant increase in Lebanese being referred since October 2019, when nationwide protests erupted as a result of the economic crisis, **referrals of Lebanese dropped** from 20% in January 2020 to only 3% in April 2020, **while the number of Syrians referred increased** from 77% in January to 94% in April 2020. This will be further investigated over the next RIMS analytical report.

1 ACF (March 2020). Perceptions of COVID-19 response by Syrian refugees.

2 IRC (April 2020). Protection Monitoring Report 30 March-3 April.

3 ACF (March 2020). Perceptions of COVID-19 response by Syrian refugees.

4 DRC (April 2020). Labour Market Assessment Report.

5 GBV Task Force (May 2020). Impact of the COVID-19 on SGBV in Lebanon.

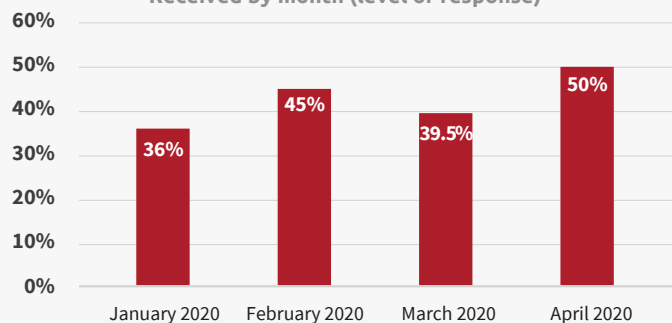
## Effectiveness and accountability of referrals

Between January and April 2020, the level of response and accuracy of referrals deteriorated, while speed and timeliness of referrals improved. With less referrals sent, received and followed up on in March and April, the smaller number of referrals actually led to a smaller workload for service providers, and therefore more timely follow up, as referrals received a final status faster than the previous months.

Some of the driving factors behind poorer effectiveness of referrals in April 2020, include the **challenges of remote safe identification and referrals experienced both by service providers and vulnerable communities**. Despite severe movement restrictions during the lockdown, according to a survey conducted by RIMS on remote referral practices of 29 service providers, almost all service providers reported that they continued to identify new cases and send referrals remotely through phones and emails, during COVID-19. Yet they reported that they encounter several challenges while doing this work remotely, most notably: poor phone and internet connection (33.5%), not being able to reach the person of concern (PoC) (28%), and difficult communication, accuracy and reliability of information collected through the phone (13%), followed by lack of phone credit and/or absence of phones from staff and PoC, and inability to maintain confidentiality while conducting the assessment from home (see Key Guidance on Remote Referrals note for recommendations on addressing these challenges). Heavy reliance on phones to access services was also reported by persons of concern (PoC) during the DRC Multi-Sector Needs Assessment (MSNA): when in need of a service, most people reported that they would call a service provider (46%) and then rely on family/community support (21%), although the Bekaa mostly reported people relying on walking to access services. Challenges encountered by PoC to access services are similar to the ones that service providers are facing, namely low phone credit, and inability to reach service providers, as well as fear of being in contact with the disease when moving around. These reported challenges contribute to explaining some of the gaps identified in RIMS data when it comes to the effectiveness in referrals during this time period.

**Lack of follow up on referrals** is a continuous issue highlighted not only in RIMS referral data, but also in surveys conducted with both PoCs and service providers, an issue which was exacerbated during the lockdown in April 2020. Half of referrals never received any feedback in April 2020, compared to around 35%-45% in other months, and 22% of referrals were closed (receiving a final status), compared to generally over 25% in the previous month (Graph 3).

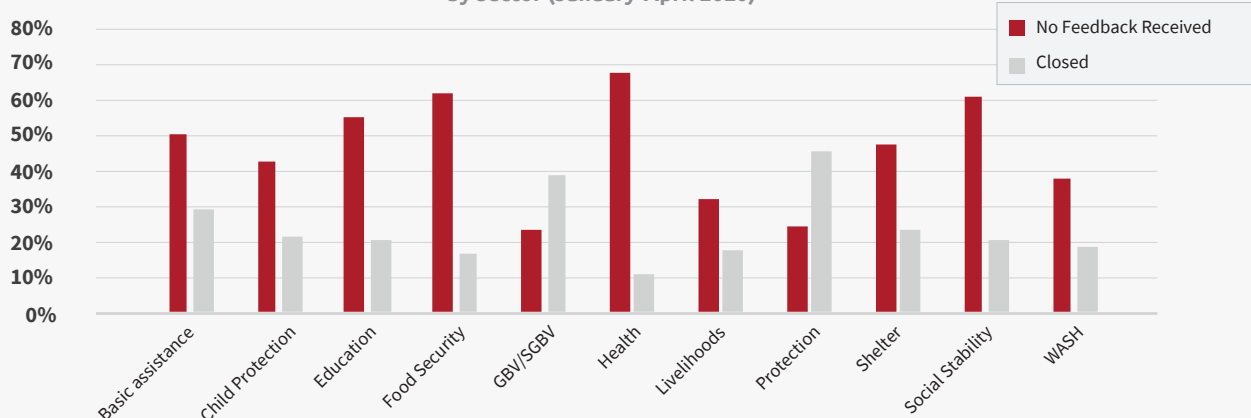
Graph 3: Proportion of referrals with No Feedback Received by month (level of response)



Lack of follow up on referrals and services was also reported by PoCs during the DRC MSNA as a major challenge for them to access services: 22% of respondents reported lack of follow up of humanitarian service providers as the main challenge for them to access services, after inability to reach service providers (28%) and low phone credit (36%). Although most service providers who responded to the RIMS remote referral practices survey affirmed that they follow up on referrals during times of COVID-19, 70% of them reported that follow up is taking longer, over half of them reporting over 10 days. Minimum Standards for Individual Referrals 2020 request that acknowledgement, receipt and assessment of fast track referrals be conducted within 24 hours, and acknowledgement of normal referrals in 48 hours and assessment completed in 14 days. Although service providers reported that they will re-refer the PoC if they cannot provide the service (85%), which is a good practice, 85% of PoC who report to not be able to access the service they need, also report that no other agency contacted them to provide the service. This highlights significant bottlenecks in the referral process, timely and adequate access to multi-sector services and ultimate service delivery, as well as the need to improve communication with PoC on the status of their referral.

**Lack of follow up on referrals was identified amongst some of the sectors with the highest needs:** between January and April 2020, 67% of Health referrals never received any feedback and only 11% were closed, 61% of Food Security referrals never received any feedback and only 16% were closed, 50% of Basic Assistance referrals never received any feedback although 29% were closed, which is one of the highest sector to close referrals during this time period. On the other hand, Protection actors demonstrated quite some responsiveness in following up on referrals, with a majority of referrals responded to, and a high proportion of referrals closed (see Graph 4).

Graph 4: Proportion of referrals with No Feedback Received by sector (January-April 2020)



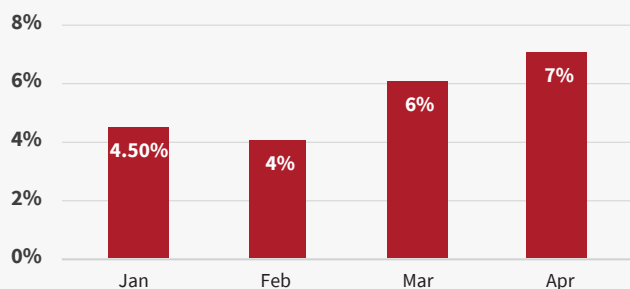
**Gaps in follow up on referrals were most acute in the South of Lebanon**, with 81% of referrals with No Feedback Received and only 9% of referrals closed. Service providers in the South reported less activity and more movement restrictions during the RIMS remote referral practices survey, compared to the North and particularly the Bekaa, which reported more activity and demonstrates higher response to referrals. Some of these gaps in referrals in the South specifically should be investigated in field working groups, with actional recommendations to improve coordination.

Overall, internal referrals perform significantly better than external referrals when it comes to following up on referrals, which

demonstrates the challenges faced in coordination between service providers. During the reporting period, response to external referrals was significantly lower (57% of referrals with No Feedback Received) compared to internal referrals (only 22%). and more referrals were closed when internal (32%) than external (17%). Service providers generally report that they will prioritise their own beneficiaries when operational constraints occur, previously during the protests in Lebanon and now during the COVID-19 lockdown; however, coordination with external actors in these circumstances is highly important in times of emergency, to review prioritization and provide access to the most vulnerable, as different populations may be impacted by the crisis differently.

The **accuracy** of referrals also deteriorated from 4.5% in January 2020 to 7% in April 2020, likely due to inability of agencies to deliver certain services due to lockdown and therefore more referrals considered Not Eligible, and more strict eligibility criteria to deliver services (Graph 5).

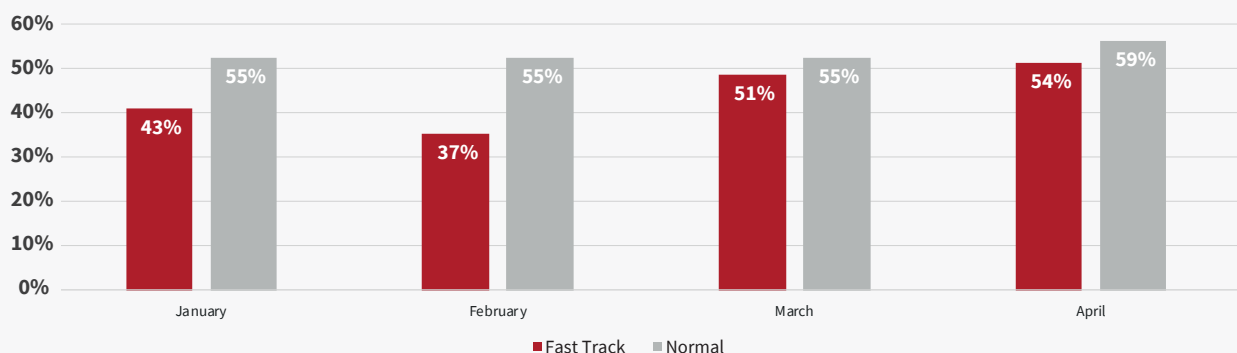
**Graph 5: Proportion of Not Eligible referrals by month (accuracy)**



Some service providers report that when lockdown started in March 2020, agencies started to provide their hotline numbers to PoC and conducting referrals, paying less attention to the availability of the service or the eligibility criteria, likely as a way to manage increased requests for services and needs. This suggests a potential rush to referrals to maintain access to services in times of crisis, but compromising the quality of referrals. Despite regular service mapping exercises conducted by working groups during the COVID-19 crisis, it remained challenging to have access to compiled, cross-sector, up to date information on suspended and ongoing services in the inter-agency service mapping tool.

**Despite reduced accuracy and follow up on referrals, speed and timeliness of referrals** improved in April 2020: 59% of Fast Track referrals were responded to on time, compared to less than 55% in the previous months (since November 2019), and 54% of Normal referrals were responded to on time, compared to less than 51% in the previous months (Graph 6).

**Graph 6: Proportion of referrals received on time by month (speed)**



Further, in April 2020, it took only eight days on average for service providers to assign a final status to a referral, compared to over 15 days in the previous five months (Graph 7).

Nevertheless, across the reporting period of January-April 2020, less than 50% of referrals to Social Stability, Shelter, Livelihoods and Basic Assistance were received within the Inter-Agency timeframe of 48 hours, particularly in the South. WASH, (42), Livelihoods (26), Shelter (17), Protection (16), GBV (15) sectors continue to exceed the 14 days timeframe set by the Inter-Agency to assign a final status to referrals, particularly in the North. These findings should be discussed at sector field working groups specifically in order to understand and address the gaps in referrals and coordination in times of crisis.

**Graph 7: Number of days to assign a final status to referrals by month (timeliness)**

