INCREASING EFFECTIVENESS & ACCOUNTABILITY IN REFERRAL PATHWAYS

REFERRAL INFORMATION MANAGEMENT SYSTEM (RIMS)

Lebanon **March 2019**

DANISH REFUGEE COUNCIL

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.

DRC employee takes consent of a Syrian beneficiary in Lebanon prior to a referral. Photo taken by DRC.

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ACKNOWLEDGEMENTS

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EXECUTIVE SUMMARY

Within the humanitarian response in Lebanon there is growing recognition that **strengthening multi-sector referral systems and pathways is fundamental to increasing the effectiveness of the response and enhancing accountability to people of concern**. Within the response there are several sector level referral tools supporting manual referral systems. However, there remains a gap in common systems and tools to facilitate multi-sector referrals with many sectors and individual organisations manually and inconsistently tracking referrals.

The Referral Information Management System (RIMS) provides organisations with a common platform to facilitate, track, follow-up and monitor referrals and extract referral data across sectors. The analysis that can be derived from referral data can provide valuable insights into understanding the drivers of effectiveness of referrals, and thus support the identification of evidence-based solutions to gaps and bottlenecks in referrals and subsequent service provision.

To analyse effectiveness and accountability within referral pathways, data from RIMS between September 2018 and February 2019 has been analysed to better understand where and how effectiveness of multi-sector referrals is positively and negatively influenced using speed, timeliness and accuracy as indicators.

RIMS was developed in 2017 and initially piloted across five organisations. In 2019, RIMS is expected to be used by 24 organisations. This report has been developed by DRC and will be followed by additional thematic reports diving into some of the initial findings stated here. Another further two general analytical reports such as this will be produced over 2019.

Summary of key findings and recommendations

- **Ensuring accurate and coordinated documentation of referrals using common indicators for measurement enables analysis of how to continue to increase the effectiveness of referrals:** Using data to generate evidence on where and how effectiveness within referral pathways can be gained, and indeed how it is undermined, enables an evidence-based targeted approach to strengthen multi-sector referral pathways. It would be beneficial for coordination bodies to look at using the common indicators of speed, timeliness and accuracy to define and analyse the effectiveness of multi-sectors referrals to enable concerted efforts towards improving cross-sector referrals.

- **Using internal accountability mechanisms appears to positively impact referral effectiveness:** Within individual organisations, ensuring consistent monitoring of referrals at individual user and management levels is in and of itself central to enhancing accountability around referrals and ultimately, improving the effectiveness of referral pathways, as shown through referral data between RIMS users.
- **Child Protection bottlenecks:** Bottlenecks identified in Child Protection case management, particularly in the Bekaa, indicate a gap in coverage of service availability as compared to other sectors. This finding needs further consultation with the relevant sector coordination representatives as well as Child Protection actors to determine appropriate recommendations.
- **Challenges with the accuracy of referrals:** There is a clear gap in effectiveness of referral pathways in the area of referral accuracy. Accuracy of referrals is measured through the percentage of referrals that were 'Not-Eligible' compared to those that were 'Successfully Closed/Accepted' or 'No Service Delivered'. There is a need for more concerted and streamlined efforts across sector coordination to map eligibility requirements across services.
- **Cross-agency referral coordination appears to have a positive impact on the effectiveness of referrals:** Using data from RIMS as a baseline, referrals made after cross organisation referral coordination efforts can be measured for effectiveness as it relates to speed, timeliness and accuracy. As such it is possible to determine how to design components of cross organisation coordination efforts to impact different indicators of effectiveness. RIMS data can additionally support individual organisations to target which sectors and which other organisations to coordinate with based on their own historical referral data.
- **RIMS system usage appears to positively impact effectiveness:** Initial findings have shown that referrals between RIMS-users are more effective than referrals between RIMS users and non-RIMS users. This point of analysis will require further monitoring of a larger dataset from a wider net of organisations gathered through RIMS.
- **Distinguishing between redirections and referrals is important to improve effectiveness within referral pathways:** Ensuring that those who are responsible for referrals are appropriately trained to carry out technical assessments is essential for improving the overall effectiveness of referrals, specifically in terms of accuracy, as well as ensuring appropriate confidentiality for individual beneficiaries. RIMS recommends that a distinction is made between the role of those redirecting information (such as staff working on helpdesks or hotlines) and those making referrals.
- **The use of referral targets appears to positively influence the volume of referrals:** The use of referral targets as typically seen within the protection sector appears to positively impact the volume of referrals. Sector coordination and humanitarian organisations could determine appropriate approaches to introduce referral targets across non-protection sectors to increase the practice and volume of cross sector referrals.
- **Referral capacity and emergency response planning:** Findings indicated that during the emergency flood response in early 2019 referrals increased significantly but the overall duration of these referrals was slower than those in other months analysed. Further analysis supported by qualitative data collection methods should be conducted to develop a better understanding on how best to target referral capacity within disaster preparedness planning.

- **Response coordination:** Throughout the analysis it is evident that response coordination plays a significant role in influencing the effectiveness of referral pathway as seen when comparing coordination approaches in northern Lebanon and the Bekaa. Further analysis and additional consultation is required to identify which specific aspects of coordination can positively influence referral pathways.

BACKGROUND

The Role of Referrals in the Lebanon Response

Entering the eighth year of the Syrian refugee crisis, the humanitarian response in Lebanon is becoming increasingly underfunded with less than half of the response needs covered in 2018 (UNHCR, UNICEF, WFP, 2018). Now, more than ever, effectively coordinated service delivery, driven by increased accountability, is integral to ensure ongoing support to individuals and communities most in need. As the response continues to protract, pre-existing development constraints are exacerbated and the needs of those impacted are gaining in complexity and span across traditional humanitarian sectors. The findings of this report and global knowledge on the role of referrals in accountable humanitarian practice suggest that ineffective referral coordination and processes can undermine humanitarian response. This report reinforces the assumption that service delivery siloed by sector and organisation is ineffective, calling for stronger cross-sector, cross-agency systems for coordination and referral to address service gaps that have been observed within the Lebanon response.

There is growing recognition that strengthening multi-sector referral systems and pathways is fundamental to increasing the effectiveness of the response and enhancing accountability to people of concern. Accountability mechanisms across referral pathways, ensuring the appropriateness, timeliness and effectiveness of referrals, are largely lacking, with administrative burdens on follow-up and tracking identified as key barriers. The inefficiency within, or complete lack of existing systems, decrease the quality of timely and appropriate service delivery and, subsequently, the overall accountability to both beneficiaries and donors funding humanitarian programs. Within the response there are some sector-level referral tools; however, there has been a gap in common, interlinking systems and tools to facilitate multi-sector referrals. The lack of a common referral approach and infrastructure has resulted in individual organisations manually and inconsistently tracking referrals across sectors. This not only undermines the effectiveness of referrals in terms of responsiveness and accuracy of referrals, but also impedes accountability to the recipient of the needed assistance. At the analysis level, stakeholders within the Lebanon response are rarely looking to referral data to inform humanitarian programming; however, this report clearly suggests that referral data can provide valuable evidence-based insights into the drivers of ineffectiveness of referrals and thus support the identification of evidence-based solutions.

Referral Information Management System

The Referral Information Management System (RIMS) was developed by DRC Lebanon in response to the need for more accountable, timely and effective multi-sector referral processes. Modelled on the Inter-Agency 'Minimum Standards and Procedures for Individual

Referrals', RIMS started as an internal referral system for DRC in 2016 and was piloted as a multi-organisation tool in September 2017 with five partners, and has since been expanded to include a total of 24 partners.[1] RIMS is currently undergoing a transition and the third version of the System will go live in May 2019. RIMS is continuously updated and improved upon based on user feedback and learning from data analysis. As an online and offline platform, RIMS enables field staff to facilitate referrals for beneficiaries to the best placed service provider in a systematic manner and track and follow up on the status of the referral after it is initiated. The System enables analysis of inputted data and generates information on referral trends that are essential to further enhancing referral pathways and accountability. Both standard and bespoke dashboards for management staff make referral oversight easy to increase the accountability of referrals. The information generated through RIMS can be used to guide programming, operational decisions, and to identify gaps and bottlenecks in service availability: thus, increasing accountability towards affected populations. The overall strategic vision of RIMS is that **the humanitarian response in Lebanon is improved and influenced through effective and accountable referral pathways**. Through the provision of and guidance on key referral infrastructure and inputs, RIMS strengthens referral systems on two key levels: (1) by improving the processes and infrastructure required for effective referral pathways; and (2) by positively influencing the enabling environment for accountable referral practices. At the same time, RIMS endeavours to complement existing referral tools and initiatives.

INTRODUCTION

The Humanitarian Referral System: frequently discussed but rarely dissected

To better understand how to analyse effectiveness and accountability within referral pathways, the common components of referral pathways from a multi-sector perspective must be identified: within Lebanon and other humanitarian responses, actors have often jumped to establish sector level mechanisms without analysing and understanding cross-sectoral referral requirements. Through identification and analysis of the core components within the broader referral system(s) within Lebanon, poor referral practices and obstacles to effective referral facilitation can be isolated and analysed to identify where exactly effectiveness can be built. This type of analysis at both pathway and referral system levels using actual referral data, rather than data that is secondarily reported by actors for information management purposes, is uncommonly conducted. This analysis has the capacity to introduce greater accountability at a response level and for the referral management for individual organisations.

1 Action Against Hunger (ACF); Akkar Network for Development (AND-Lebanon); Akkarouna; AlMidan; AlRibat; Amel; Concern; DRC; GVC Italia; Humanity and Inclusion (HI); INTERSOS; Lebanon Protection Consortium (LPC); Leb Relief; LOST; LRD; MEDAIR; OXFAM; Plan International; RMF; Secours Islamique France (SIF); Solidarites International (SI); NRC; Mercy Corps; Save the Children.

Components of a referral system

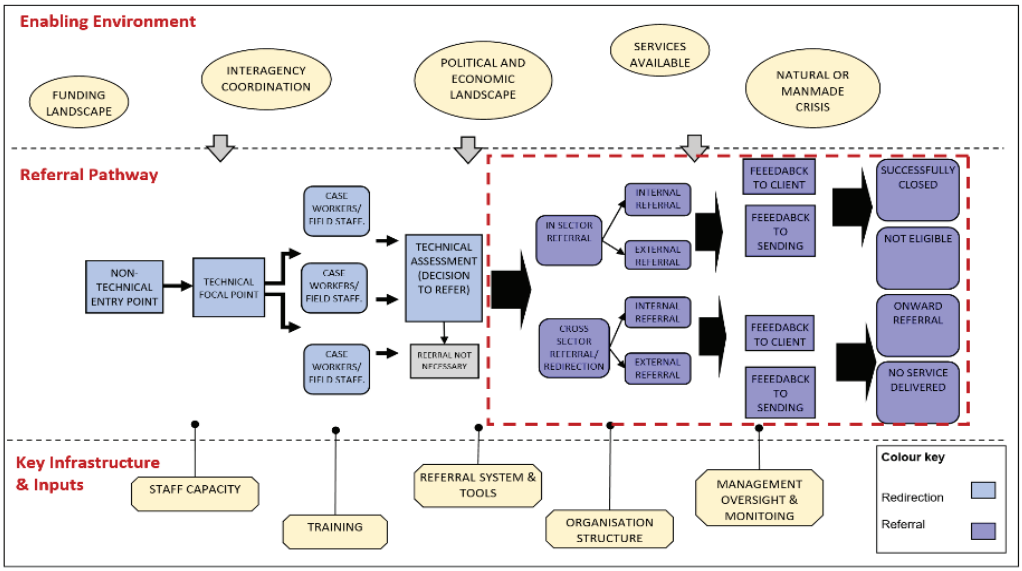
What is a humanitarian referral system?

A humanitarian referral system encompasses a network of service providers involved in connecting individuals in need with the appropriate assistance or service in a timely manner. The system includes various forms of infrastructure, inputs and services and it operates within the context of political and environmental factors, the funding landscape, and the humanitarian coordination system.

DRC March 2019

Based on a review of the humanitarian response in Lebanon, DRC has identified three core components making up the broader referral system, as visualised through the following diagram:

1. **The referral pathway:** The referral pathway itself is the process by which information relating to the beneficiary is transferred between and within organisations to facilitate access to services within the pathway. Using a systems perspective, rather than a beneficiary/service perspective, humanitarian actors can identify commonalities across sectors and thus analyse the effectiveness of the multi-sector referral pathway itself. Effectiveness within referrals pathways can then be measured using three indicators: speed, timeliness and accuracy of referrals.
2. **The enabling environment:** The enabling environment comprises all aspects within the context that are outside of the referral pathway, but significantly impact the effectiveness of referral pathways, including: the services available; funding landscape; natural or manmade crises; coordination mechanisms and efforts; and the political and economic environment.
3. **Key infrastructure and inputs:** From training, staff capacity, referral tools and information management systems and the management and structure of organisations, this part of the System encapsulates all aspects that facilitate referrals to take place. RIMS itself falls within this component as it supports in facilitating the referral pathway.



Based on observations of the referral system, effectiveness of referrals can be influenced by individual referral management within the referral pathway itself, and through influencing factors within the enabling environment and the key infrastructure and inputs. Evaluating these three components in greater depth can provide more accurate analysis and targeted recommendations. Accordingly, the report and presentation of findings has been structured over the referrals system framework and thus divided into three parts:

1. Referral Pathways: Analysing the effectiveness and reflecting on accountability within referral pathways
2. Enabling Environment: Influence of the enabling environment on the effectiveness of referral pathways
3. Facilitating Effective Referrals: Referral infrastructure and inputs

METHODOLODGY

To identify findings on how the effectiveness and accountability can be enhanced in referral pathways, this report provides an analysis of national referral data gathered through RIMS over a six-month period, from September 2018 to February 2019. In total, RIMS users facilitated 3,180 referrals through the System during this period. Following data cleaning, 132 referrals were removed from the analysis[2], leaving a total of 3,048 referrals to be used for the analysis.

Data analysis framework

DRC evaluated effectiveness of referral pathways based on three key indicators: speed, timeliness, and accuracy. Further disaggregation of sector/sub-sector, governorate, internal and external referrals and RIMS user or non-RIMS user were used over the effectiveness indicators of speed, timeliness and accuracy to provide a more in-depth analysis.

Quantitative analysis process

At the first level, the researchers undertook a descriptive analysis of the data to determine absolute numbers across analysis metrics and disaggregation points as relevant to summarize individual variables and find patterns. To identify relationships between multiple variables, correlations were run across the data in terms of speed, timeliness, gaps, bottlenecks and accuracy of the referral.

2 These referrals were unusable because of incomplete data, multiple blanks at key data points.

Definitions and measurement of speed timeliness and accuracy

Speed of referral 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.	**Timeliness** 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** is defined by the volume of referrals by final status, Accepted/ Successfully Closed; No Service Delivered; Not Eligible.

Measuring speed

Speed of referral refers to the time taken from when the referral is sent to when it is responded to by the receiving agency or internal organisational focal point. As per the 'Inter-Agency 2018 Minimum Standard and Procedures for Referrals', a referral should be categorised as either 'fast track' or 'normal', depending on risk level and urgency of a case. The timeframe for fast track (urgent) referrals is defined as 24 hours, and for regular (normal) referrals it is seven days. Within RIMS, measurement has been taken from the date a referral is sent within the System to the date it is marked as either 'received' or 'pending'.[3] Of the total 3,048 referrals within the dataset, DRC analysed 2,545 in terms of speed, as not all referrals within the dataset had been completed to include the received or pending data points. In order to measure accurately the speed of the response for both fast track and normal cases the sub-datasets were separated and measured relevantly to the set time frames.

Measuring timeliness

Timeliness 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[4]. While analysis of the speed of a referral may allow us to understand how quickly an actor is responding to an initial referral request, the analysis of timeliness allows us to understand the overall time required for a beneficiary to physically receive a service. Of the total dataset, 1,618 referrals (including both fast track and normal referrals) were used in the timeliness analysis. Referrals that did not have a final status updates were eliminated, as were those with an erroneous negative referral time.

Measuring accuracy

Accuracy is defined by the volume of referrals with the final status, 'Not Eligible', and calculated as a percentage of all referrals with a final status of either Accepted/Successfully Closed, No Service Delivered or Not Eligible.

Data consultation focus group discussions

Using the initial data findings, DRC held data consultation meetings with staff making referrals in the Bekaa and northern Lebanon in March 2019. As further noted in the limitations section, a large portion of the data within the system is from DRC made and received referrals; as such, consultations were held only with DRC staff.

3 As per the 2019 Iinter-Agency SoPs, 'pending' is now considered as no feedback received

4 Per Inter-Agency Minimum Standards and Procedures for Individual Referrals (2018): Accepted/Successfully Closed; No Service Delivered; Not Eligible

Secondary data review

Secondary data was used most notably in the enabling environment analysis as a point of triangulation for findings. Data sources are cited throughout this report.

Data protection and privacy

Beneficiary data protection

Data used from RIMS for analysis does not include any beneficiary bio-data, data that can be related back to an individual including name, contact information or UNHCR number. As per the RIMS data protection policy, this confidential information can only be accessed by those managing the referral.

RIMS partners' data privacy

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. Should the organisations that contributed data through the reporting period wish to further analyse their organisational data against the findings, data extractions can be shared with the relevant organisation upon request.

Limitations, constraints and caveats

Number of partners contributing data

At time of writing, 24 partners signed the memorandum of understanding with RIMS. However, many of these partners signed either at the end of 2018 or in early 2019, and as such were not using the System over the analysis period. As such, the data analysed over the six-month period is only representative of referrals from the four active RIMS partners which were part of the RIMS pilot phase. The largest portion of data is contributed by DRC system users and cannot be found as representative across all contributing partners. DRC plans to release an analytical report summarizing findings from the period of March to June 2019 in July 2019. By this time, DRC anticipates that RIMS will reflect more diverse, representative and robust analysis of data generated from all active users.

RIMS system development

RIMS is continuously developing in response to the needs of organisations and learning from analysis of data and feedback from users. In this first RIMS report, the RIMS analytical approach to referrals is introduced and key findings from the data thus far are shared. However, continued and improved system use by partners and increase in the total number of partners using the system are integral to ensuring the analysis and findings derived from RIMS data are representative of the overall response in Lebanon.

Data quality

While the system is used by partners, there are still issues with the consistency and quality of the data entered. In the large part this is due to practice around fast track referrals, which are being entered into the System after the initial action. Actions have been taken to ensure proper training of all staff with an understanding of how the System operates; however, DRC has observed challenges generally throughout humanitarian organizations in relation to effective and consistent data entry and information management practices. As such, it is anticipated that behaviour change as it relates to data entry will take time. As such, through the cleaning process, some data points within RIMS were entered retroactively based on information gathered from other sources, such as related emails and notes.

Beneficiary perspectives

The report discusses enhancing accountability within referral pathways; however, to date, beneficiaries' perspectives on referrals are not yet captured within the System. Through 2019, DRC will explore ways to capture relevant beneficiary data that can shed light on how referral processes impact the receipt and quality of services received.

Geographic representation

Geographically most current active partners are based in the Bekaa and northern Lebanon, with very few referrals taking place in the South and Mount Lebanon. Given the small numbers, referrals in the latter two areas have not been included in the analysis with geographic disaggregation only noted at governorate level for the Bekaa and northern Lebanon.

Referral definitions

The Inter-Agency 'minimum standards and procedures for individual referrals' are the only cross-sector standards available for referrals and provide a baseline of agreement between basic referral definitions and actions in Lebanon[5]. However, through the data analysed additional details on some definitions and procedures are required to better provide analysis and recommendations on strengthening the effectiveness of referrals. For example, per Inter-Agency guidelines the 'Accepted/Successfully Closed' status refers to both those cases which have received services and those which have been accepted to receive services. Under the current definition, it is not possible to differentiate between those cases which have received services and those which have yet to do so. The 'No Service Delivered' status is frequently used in the analysis to identify lack of capacity of referral-receiving organisation(s)/sector(s). The 'Not Eligible' status has been used as the main indicator of where the case does not match the eligibility criteria of the receiving organisation.

5 An updated of the Inter-Agency minimum standards and procedures for individual referrals was released in February 2019; however, given that these updates were not in place during the period used for analysis, the 2018 version was used for definitions.

Recommendations for future analysis

As the data used in this analysis is not representative across a larger number of RIMS partners, some recommendations have been made with the caveat that further analysis should be conducted to identify continued trends and to strengthen the call for recommendations. Where findings are concrete, recommendations have been made. DRC will endeavour to explore some of these issues in greater depth in upcoming reports throughout 2019 that will continue to leverage RIMS data and other sources of information; however, this report is also meant to be used as a starting point for any interested humanitarian practitioner to explore certain trends and themes in greater depth.

ANALYSIS AND KEY FINDINGS

1. Analysing the Effectiveness and Reflecting upon Accountability within Referral Pathways

Through an analysis of the effectiveness of referral pathways, assessed by DRC based on speed, timeliness and accuracy, it is possible to ascertain where gaps and bottlenecks can be found within and across referral pathways. This level of analysis enables the development of hypothesis for future analysis and suggestions on immediate solutions for referral pathways strengthening. The following section details key findings on effectiveness and indicates gaps and bottlenecks identified. Through clear identification of the main drivers of effectiveness, it is then possible to determine appropriate accountability measures to support the strengthening of pathways.

Key definitions

Speed of referral refers to the time taken from when the referral is sent to when it is responded to (marked as received) by the receiving agency or internal focal point.	**Timeliness** 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** is defined by the volume of referrals by final status, Accepted/ Successfully Closed; No Service Delivered; Not Eligible.

Speed of referrals

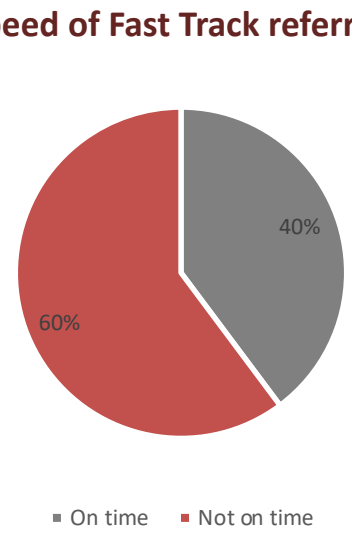


Figure 1: Percentage of on time and not on time fast track referrals

Speed of fast track referrals

Of the fast track referrals facilitated through the system, 40% were responded to on time, within the 48 hours response timeline as delineated by the Inter-Agency guidance, with 60% of fast track referrals not responded to on time. On average it takes five days to respond to fast track referrals. Because of the high-risk nature of fast track referrals, they typically take more time than normal referrals to be responded to. Often the initial follow-up occurs in person or on the phone and is documented afterwards. Additionally, it is possible to see that some cases are identified as urgent, although they could be categorized as normal. Following focus group discussions (FGD) conducted with the field workers, DRC concluded that the nature of urgent cases is often very complex and the definition of urgent cases across sectors varies significantly, leading to inconsistent and often inaccurate classifications of urgent referrals. As such, additional training would likely be of benefit to minimize as much as possible the subjectivity that will always influence the determination of case priority. It is also possible that through further research into the types of cases in Lebanon that additional priority statuses could be identified beyond fast track and normal.

Speed of normal referrals

Of the normal cases analyzed for speed, 42% referrals were on time, responded within seven days, as per the Inter-Agency guidelines, and 58% not on time. This shows that normal referrals, as with fast track referrals, are mostly not on time. Of course, there could be multiple reasons for the delayed response time, of which an in-depth qualitative analysis would be required. However, the predominant assumption through consultations with field staff is that this is likely due to prioritization practices of field staff who are more typically involved in field work rather than following up on emails and documentation. Allocating adequate time and ensuring proper management oversight of this aspect of the role will be crucial to addressing this in the future.

Most common pathways for fast track referrals

The most common pathway for fast track referrals is from the Protection Sector to the Protection Sector. Out of the 26% fast track referrals, 22% were sent from Protection to Protection, of which 50% were on time. The second most common pathway for fast track referrals is from Protection to Child Protection, where only 28% of the cases were received on time. Finally, the third most common pathway is from Child Protection to Child Protection with only 17% of the referrals on time. Further findings on the speed of Child Protection referrals are detailed later in this section. As such, it could be beneficial to prioritise building cross-sector intra-sector referral capacities of both Protection and Child Protection field staff as a key entry point for high-risk and urgent beneficiary need identification.

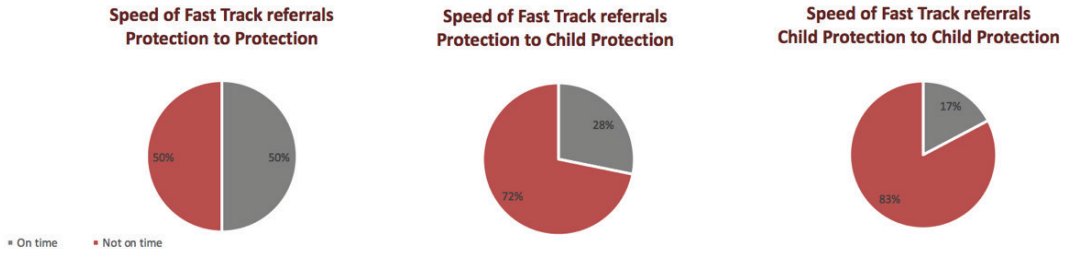


Figure 2: Speed of in-sector and cross-sector fast track referrals

Speed of internal and external referrals

Fast track: On average internal fast track referrals are responded to in five days, whereas external fast track referrals are responded to in eight days. We can see the large gap between internal and external referrals and the average time it takes to respond to the referral.

Normal: Contrary to previous assumptions, normal referrals appear to be much faster (in terms of speed) than fast track referrals. On average, normal internal referrals take 3.5 days to be responded to, and one day for external referrals.

The above appears to provide rather contradictory information, where the opposite of what we would expect from the speed of referrals is reflected in the data. There may be multiple variables at play that can explain this pattern, some of which are mentioned above and some of which would have to be explored through further analysis. However, the most commonly agreed upon and logical explanation is to do with the approach to follow up for fast track and normal referrals. In the case of high-risk fast track cases, it was found through consultations that field staff are far more likely to conduct all follow-up by phone or in person, so the action precedes the documentation within RIMS, in order to ensure the fastest response. When the documentation of the case is done, it is completed but with the additional time-lag resulting from the number of days between the action/follow-up and the documentation within the system. This delayed documentation of fast track referrals largely accounts for the delay we see in the data for fast track referrals, as such additional training will be provided to RIMS-users to address this to ensure accurate documentation. For normal referrals these are more typically dealt with through the System in real time. As such, it is understood that the reason for faster external referrals is due to increased accountability as a result of additional visibility that comes from communication with external organisations. This is further corroborated by the fact that from a timeliness perspective, external referrals slow down once past the initial information exchange with the external partner, once the referral is being addressed

internally. Findings on the speed of fast track and normal internal/external referrals certainly require further qualitative analysis, including a larger dataset of non-DRC referrals to determine if this finding is consistent across organisations.

Timeliness of referrals

Increasing the efficiency of referrals

On average, the overall timeframe (from sent to end status) of normal referrals is five days. As noted above, the average speed of (from sent to received) normal referrals is two days. As such, through reducing the referrals speed (initial response times), it would be possible to reduce the overall timeliness of referrals by an average of two days. Therefore, if the initial average response time for normal cases could be decreased from three days to one day, the overall average timeless of the referral could be reduced from five to three days.

Fast track referrals have a longer timeliness span than normal referrals, with an average of 8.5 days, due to the combination of the complexity of cases and in to the delay in documenting the referral after phone/in person follow up on high risk cases. As per normal referrals the same theory applies whereby efficiencies could be gained in the overall timeframe of the referral through increasing response speed. The average timeliness of fast track referrals is 8.5 days (from when the fast track referral was sent to final status), and the average speed is five days. So again, by decreasing the initial average response time for normal cases from five days to one day, the timeliness of fast track referrals could be decreased from 8.5 days to three days.

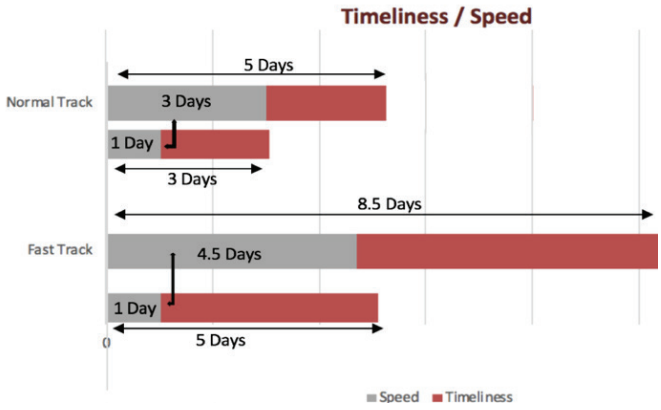


Figure 3: The possibility to decrease the overall timeframe of the referral by increasing of speed of response from 5 days to 3 days for Normal referrals, and from 8.4 days to 5 days for fast track referrals.

Accuracy of referrals

External referrals are all referrals made to another organisation, whether within the same sector or across sectors.

Internal referrals are all referrals made within an organisation, whether within the same sector or across sectors.

External referrals less accurate than internal referrals

On average, both fast track and normal ***external*** referrals are less accurate than internal referrals with 21% of external referrals not eligible, compared to 14% of internal referrals not eligible. This could be indicative of several things: 1) Lack of understanding and training on various services and relevant eligibility criteria in different organisations. This is presumed to be observed more frequently in the case of external referrals because theoretically staff within the same organization are more familiar with internal eligibility criteria or can more easily engage one another to follow up on referrals; 2) Better understanding of various services is needed throughout all sectors particularly the distinction between eligibility for clearly linked services; 3) Onward referrals are not currently captured with the RIMS system[6], we may be seeing that referrals to the protection sector are more frequently referred onwards, so protection is used as a 'focal point/redirection' role; 4) Sub-sector disaggregation, as noted by user consultations, due to the lack of service level options under the different sectors. For example, referrals are often made to the sub-sector 'People with Specific Needs (PWSN)' as a catch-all for other protection activities. However, through staff consultation it was identified that the most likely reasoning behind the inaccuracy is a result of eligibility criteria mismatch across external service providers, such as agency differences between the level of risk, populations targeted, and so on. As noted elsewhere in this report, with the large degree of variation between agencies' eligibility criteria, even within sectors and across the same services, much work is needed to map commonalities between criteria, an action that could be led and coordinated by sector technical leads.

Cross-sector referrals inaccuracy

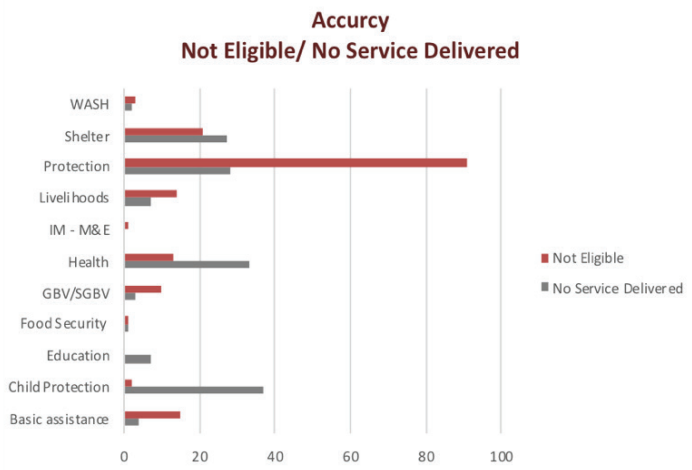


Figure 4: Eligibility as measured for cross sector referrals showing accuracy as received by each sector.

As expected, the data shows a higher occurrence of inaccurate ('Not Eligible') referrals, compared to no service delivered, resulting from cross-sector referrals 58% (145 refs). From further analysis of the data, the largest drivers of this are understood as: 1) Inaccuracy of referrals from lack of distinction between a redirection and a referral (see organisational structure in analysis section 3); 2) Lack of standardized service categories; 2) Lack of targeted cross-sector referral training, nor a thorough understanding on what type of training would be effective; 3) Lack of commonly agreed processes across sectors; 4) Lack of understanding

6 Version 3 of RIMS to be released in May 2019 will include the function to make and track onward referrals

of program structure, in terms of project dates; in take periods; and 5) Quotas for the volume of referred cases that can be responded to. According to RIMS data, at national level, internal cross-sector referrals have a slightly higher volume of 'Not-Eligible' cases than 'No Service Delivered'. This is surprising as it indicates there remains significant work to be done within organisations to understand internal referral pathways.

Key findings across effectiveness indicators

Increased accountability appears to positively influence the speed of external referrals

Contrary to DRC's previous assumptions, external referrals are responded to faster (speed) than internal referrals. Further analysis[7] and consultation on this finding determined that this is likely a result of: 1) The emphasis on follow-up on external referrals and; 2) The overall increased accountability as a result of visibility that comes with external referrals. This is further corroborated as from a timeliness perspective, external referrals slow down once past the initial information exchange with the external partner, once the referral is being addressed internally.

Referrals in the north of Lebanon are notably more effective than those in the Bekaa

From a geographic perspective, referrals sent and received within the Bekaa were markedly less effective in terms of speed timeliness and accuracy compared to those of other governorates, particularly northern Lebanon. This trend held true through disaggregation by sector, internal/external and RIMS/non-RIMS users. While not conclusive, feedback from staff in the Bekaa concur that this is related to the decentralised and expansive nature of inter-organisation coordination in the Bekaa, and the sheer number of organisations who are part of the response. Finally, initial discussions with DRC and non-DRC staff across the Bekaa and northern Lebanon point to a difference in coordination mechanisms. The North's coordination, particularly in protection has been noted to include a specific focus on the effectiveness of referrals, whereas in the Bekaa it is reported that the level of focus on referral effectiveness is not equally reflected across coordination fora. At this time DRC needs more information before we can follow up on the impact of geographic coordination variations on effectiveness of referrals; however, this may serve as a basis for further analysis in relation to existing coordination mechanisms.

Nationally Gender-Based Violence (GBV) referrals are most effective

Across all referrals, those sent by and received by the GBV sector are much faster than other sectors (in terms of both speed and timeliness). Notably this appears to be the result of two main factors. Firstly, the high-risk level associated with both fast track and normal referrals within GBV cases encourages more frequent and thorough follow-up by staff. For example, a female survivor of domestic violence who needs to leave her husband's residence and access an alternative safe shelter in a timely manner. Secondly, as part of the GBV Information Management System (GBVIMS), GBV actors must report monthly on the timeliness of case identification and service delivered. Therefore, GBV cases workers and managers are more

7 Analysis of RIMS users compared to non-RIMS users, geographic variations and across sectors.

accustomed to accountability in data entry around timeliness of cases including the component of referral, and of this data being regularly analysed by GBVIMS focal point. This again highlights the impact of referral pathway accountability including the role of effective coordination.

Bottleneck in Child Protection referrals

The most prominent sector-level finding might suggest an under-resourcing of Child Protection services, particularly those of case management. From the demand side, of all referrals made through the System, referrals to Child Protection account for 14% (427 referrals). Further analysis across effectiveness indicates that there is a gap in the availability of Child Protection services and response capacity. As noted below, there is a consistent trend with CP referrals being significantly slower than other sectors in speed/response time, the overall timeliness of the referral from when the referral was sent to the final status and, the overall accuracy of referrals with higher instances of referrals resulting in 'no service delivered' than other sectors. These trends were seen across both fast track and normal referrals and are consistent when further disaggregated by internal and external referrals, and by geographic location.

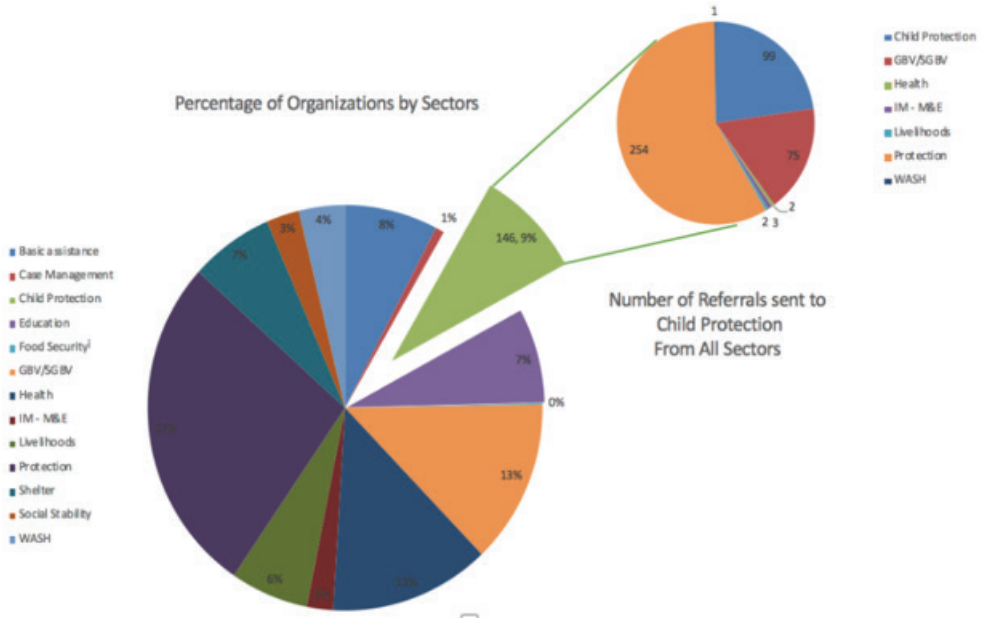


Figure 5: The percentage of Available Child Protection Organizations in correlation with the number of Referrals sent to Child Protection Sector

Need: CP referrals account for 14% of all referrals, the second highest number of referrals are sent to CP).

Speed: Of all fast track referrals sent from the Child Protection sector, 58% were sent to Child Protection, significantly higher than other intra-sector referrals. Of those referrals only 17% were responded to on time, also significantly slower than the average initial response time of five days for fast track intra-sector referrals.

Timeliness: Of fast track referrals it took an average of 26 days for Child Protection referrals to reach an end status when compared to the average across other sectors of nine days.

Accuracy: Compared to other sectors, referrals to Child Protection had a notably higher number of referrals with the end status 'No Service Delivered', indicating a consistent gap in capacity to respond to cases.

Service availability: Cross analysing the service availability against the RIMS service mapping, Child Protection service providers nationally account for 17% of the overall service providers. While the service mapping is not entirely comprehensive of all service providers, when combined with the data it demonstrates a clear gap in Child Protection services.

Through discussion with field staff, the gap in Child Protection case management was flagged as an issue, particularly in the Bekaa. Although geographic zoning to ensure organisational coverage by Child Protection service providers is used in the Bekaa, there appears to remain a gap in capacity to respond to Child Protection needs particularly in case management. Furthermore, the lack of service options for refugees to address common Child Protection issues, such as child labour or education services, was noted as a major challenge: the extreme prevalence of Child Protection issues results in the need to prioritise only the highest risk cases. While this finding is still limited due to the larger portion of data that is derived from DRC referrals, consistency of this finding was found when analysing all non-DRC data indicating a gap in resources required to be able to respond appropriately to these cases and should be further investigated.

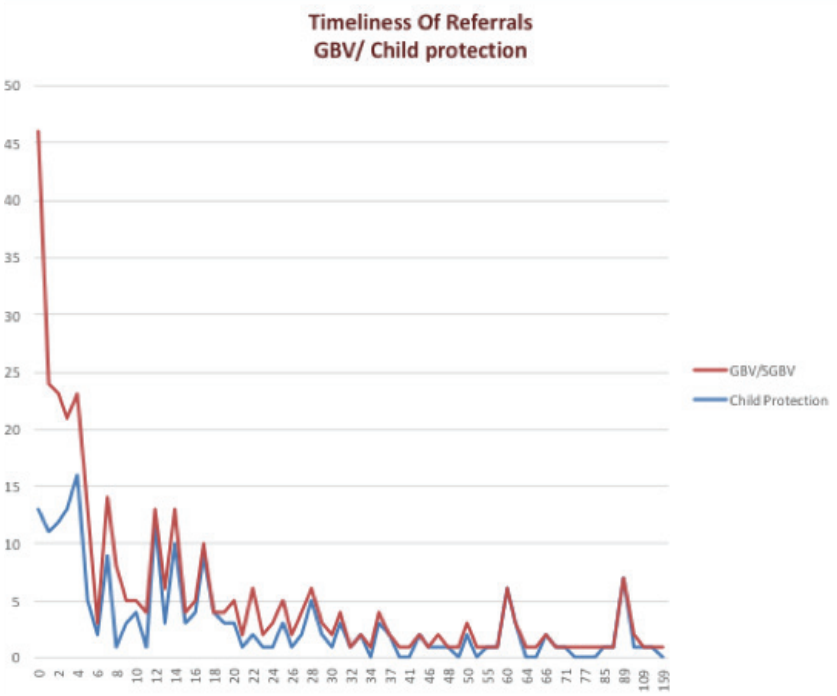


Figure 6: Timeliness of referrals sent to each GBV and Child protection Sectors

2. Influence of the Enabling Environment on the Effectiveness of Referral Pathways

The enabling environment within the referral system refers to those factors which influence, enable or challenge referral pathways, including: the funding landscape and service availability, coordination, the political and economic landscape, natural or man-made crises, and seasonal/ cultural factors. The following section outlines correlations found between referral trends and contextual factors and where there are findings linking to the impact on the effectiveness of referrals. While some findings are not conclusive in this report, monitoring these trends over time will enable operational decisions on planning, resourcing, training needs, and targeted coordination.

Coordination

Positive impact of cross-agency referral coordination efforts in the field

Efforts invested in strengthening coordination between RIMS partners have contributed to an increase in the number of cross-sector referrals and in the total number of accepted referrals. Through using field level referral coordination events led by Solidarity International in mid-January as a date reference point to analyze external referrals it was found that this type of coordination has positive impacts on both the speed and timeliness of these referrals. Overall the volume of referrals between the relevant partners from mid-January onwards spiked from ten, between September and the end of December, to 43 referrals by the end of February. The timeliness of these referrals also significantly improved, from an average total referral timeframe of 25 days to six days to complete the referral. The speed of response to referrals between these partners increased from an average of 23 days to one day. However, the analysis also showed that despite the increased frequency of referrals, a high number of these referrals (37%) were considered as ineligible, demonstrating that there remains work to be done in understanding different eligibility criteria between the relevant organizations. At this point, while cross-organization referral coordination has proven to be effective at increasing the volume, speed and timeliness of referrals, it has not been effective at enhancing the accuracy of referrals, integral to overall effectiveness. While these coordination events did include presentations from attendees on eligibly criteria, these findings suggest that further work on mapping both intra and cross-sector eligibility criteria to identify commonalities and organization specific pathways is likely essential to improving the accuracy and overall effectiveness of referrals.

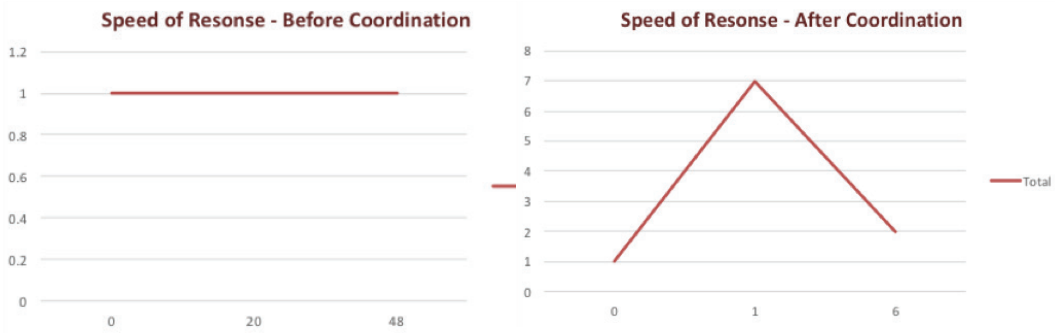


Figure 7: Speed of response by receiving agency before coordination efforts vs. speed of response by receiving agency after coordination efforts.

Coordinated results-based approach to enhance cross-sector referrals

As an active organization in both protection and livelihood sectors, DRC piloted a results-based referral coordination approach between January and December 2018, which improved internal cross-sectoral referrals, and governorate-based referrals. The project established ambitious targets for referrals from protection activities to specific livelihoods services to which the appropriate staff awareness and training was built into the project to facilitate this component. Analyzing referral trends over this period showed that the accuracy of referrals had improved noticeably between the protection and the livelihood sectors with all internal Protection to Livelihoods referrals made during this period 'Accepted/Successfully Closed'. Nevertheless, there were some effectiveness issues related to the timeliness of the referrals; even though there were no ineligible cases, 30% of cases had 'Received' as their final status. This could be related to proper system usage or is demonstrative that there was gap in proper follow-up and documentation practice, an area for future training investment for RIMS users.

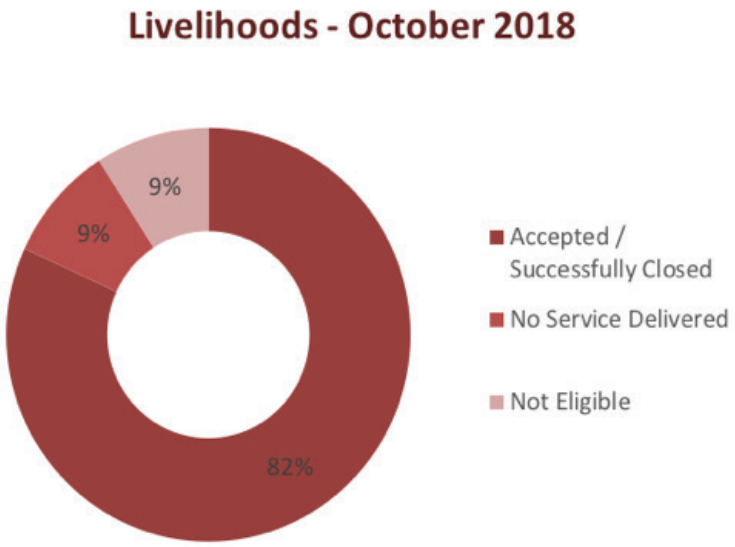


Figure 8: Status of Referrals sent by Protection to livelihoods after increased coordination efforts in October 2018

Political and economic landscape

Increase in Shelter, Basic Assistance and Protection referrals during periods of increased collective evictions

Over the analysis period, a significant spike in collective evictions was seen, specifically in the month of October 2018 (Inter-Agency Coordination, Lebanon, 2018). Reviewing the data during this period, DRC also observed a spike in referrals sent to Protection, Shelter and Basic Assistance sectors in the month of October as compared to other months. The referral pathway sectoral relationships through October show the increase in referrals from shelter or basic assistance to legal aid services, likely because evictions are frequently related to lack of legal residency and inability to pay the rent. Enhancing coordination and/or coordinated assessments between Shelter, Basic Assistance and Protection actors during

periods of increased evictions, and as part of response preparedness efforts could improve the effectiveness of service delivery for eviction cases.

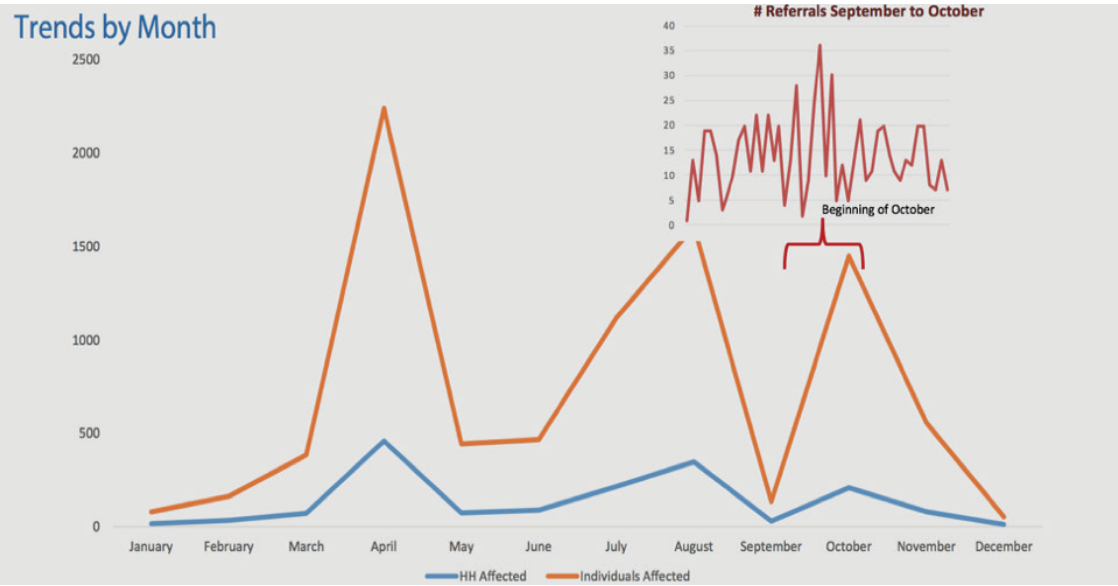


Figure 9: Inter Agency Eviction Dashboard during 2018 in correlation with number of referrals generated through RIMS during September and October 2018.

Natural or Manmade Emergencies

Early 2019 flooding increase in shelter referrals and protection as an entry point

In early 2019, Lebanon endured a series of extreme winter storms. Storm 'Norma' hit Lebanon on the third of January and was compounded by storm Miriam on the 15th of January. Households living in informal settlements, sub-standard shelters, and persons with specific needs were most affected by harsh winter conditions, including heavy rainfall, snowfall and flooding (Inter-Agency Coordination, Lebanon, 2019), which is well reflected in referrals data showing the largest volume of referrals over the analysis period. The increase of referrals around these dates were specifically to the Shelter and the Basic Assistance Sectors, Health and Protection sectors, but also across all sectors due to the multiplicity of needs generated from the impact of the storms.

Volume of referrals and sectoral relationships

The highest number of referrals were to the Protection sector, with 25% of the total referrals sent in January, 2019. The second highest number of referrals were to GBV, accounting for 18% of referrals made in January, with the fewest referrals to the Food Security Sector (only seven referrals in total). These clear linkages between Protection and GBV indicate the need for intentional planning and coordination between these sectors and actors during and in preparation for winter storm responses. Both throughout the responses to the storms and through other months, the data also shows a clear relationship between Basic Assistance and Shelter sectors, such that whenever Basic Assistance referral numbers were high, the Shelter

referrals number echo the same frequency. As noted above, enhancing referral coordination between these sectors could enhance the efficiency and effectiveness of responses to ensure adequate resources are allocated to the response for referrals and the required follow-up.

Response needs through the referral lens

Unsurprisingly the main need seen through volume of referrals to sectors was Shelter and Basic Assistance. Due to heavy rains and snowfall, many people were relocated to schools, mosques and ITSs other than those in which they reside. An increase in referrals to WASH was also observed, specifically for drainage kits. Finally, contrary to reported needs of core relief items (Inter-Agency, Lebanon, 2019), data showed an increase in referrals for cash assistance/ monetary support with only six core relief item referrals versus 33 cash assistance referrals. However, the 12th January winter storm update (Inter-Agency, Lebanon, 2019) reported only 1% of assistance being provided through cash assistance. This shows that referrals data can be an important source of information to triangulate needs and beneficiary preference of service delivery.

Overall effectiveness of referrals during the winter storm response

The average timeliness of response to referrals during January and February was two days for urgent cases, and one day for normal cases, while from September to December it was six days for normal cases, and seven days for urgent cases. This is a good indicator that in a time of crisis, organizations are being more responsive to beneficiaries, and following up urgently with their cases despite the increased workload, to the point that referral timeliness can be reduced by an average of five days. However, during this period there are more referrals that are pending (largely from GBV and Health sectors), January (12%) and February (31%), than all other months during the analysis period. This is most likely due to the large number of referrals sent during these two months, and the lack of capacity to follow up with these referrals on time. This challenge can be further corroborated by the high number of referrals across all sectors with one status update i.e. only marked as received (38% for January and 35% for February), which also indicates the large number of referrals and the lack of capacity to follow up effectively. As such, while speed on referrals was increased, it can be concluded that the effectiveness of referrals made during the response is relatively low as a result of the delayed follow up to cases, which reduced the overall timeliness compared to other months analyzed. To improve referral effectiveness during emergency response, organizations should investigate increasing resources for referrals and focusing on coordination between likely cross sector referral pathways, such as those between Shelter, Basic Assistance and Protection.

Funding

The volume and effectiveness of referrals were measured against specific periods of time where funding cycles changed. At this time no significant findings were identified though it is likely that once a larger number of organization's data is used, it may be possible to map gaps or bottlenecks in referrals that correlate with funding cycles.

Seasonal/cultural factors

Holiday season and impact on referral effectiveness

During the holiday season between December 21st and January 2nd, the number of referrals sent significantly decreased. December has the least number of referrals accounting for only 12% of the total numbers of referrals between September 2018 and February 2019. During this period the overall timeliness of the referrals is also reduced with only 52% of referrals made in December being handled in December, compared to other months whereby approximately 70% of the cases are responded to within the same month. This could be explained by the fact that many staff take leave during the holidays, and a lot of NGOs reduce their activities or have transitions between funding cycles. While it is common to take this period off, ensuring adequate coverage during holiday periods is essential to ensure consistency in referral effectiveness.

Agricultural seasons

The analysis period from the beginning of September covers major harvest periods. The data was analyzed over this timeframe to identify findings such as anticipated increase in Child Protection referrals due to the increased use of child labor over the harvest period; however, there were no substantial findings at this time. In future analysis it would be interesting to analyze the total number of referrals during the agricultural season and compare to those numbers in non-agriculture seasons. This data could provide valuable information over the types of sector referrals expected to see during these season and perhaps indicate whether people of concern are more self-reliant during these seasons.

An increase in Child Protection cases at the beginning of the school year

From September 2018 to October 2018, the number of referrals sent to the Child Protection sector is high (74 -73 referrals). As per the Ministry of Education in Lebanon, the enrollment period in schools for the year 2018 starts from September until early October (10/10/2018). Children who are not attending school during the day in September and October are either employed or staying at home; thus, frontline staff are more capable of identifying child labor cases. As a result, we see a high number of Child Protection cases in October which could be a critical time of year for organizations to plan for additional Child Protection resources.

3. Facilitating Effective Referrals: Referral Infrastructure and Inputs

Referral pathways are defined as the process by which information relating to the beneficiary is transferred between and within organisations to facilitate access to services. It is impossible to analyse the effectiveness or to identify opportunities to strengthen referral pathways without thoroughly understanding and assessing the infrastructure underlying these pathways, such as systems, tools, human resources, trainings and staffing structures in place, as well as other inputs. The following section provides analysis and findings on how and where referral pathway infrastructure and tools have influenced the effectiveness of referral pathways.

Organisational structure

Improving effectiveness through separating redirections and referrals

Through analysis of the data and staff consultations, it was found that the effectiveness, particularly in terms of accuracy of referrals, was significantly impacted by the role of the person making the referral. For example, the data showed that referrals from staff in non-technical roles such as staff on helpdesks or those making referrals via hotlines, were much less accurate than those made by frontline staff: an average of 31% of cases sent by non-technical staff were 'Accepted/Successfully Closed', compared to an average of 73% of cases 'Accepted/ Successfully Closed' sent by technical staff. Furthermore, the risk of compromising beneficiary data confidentiality and 'Do No Harm' principles by the disclosing of sensitive information to non-trained staff is heightened by this approach. When looking at the definition of a referral according to the Lebanon Inter-Agency working group, the referral should be made by someone who is able to connect people of concern with relevant services or service providers, enabling them to seek assistance by addressing blockages. Where the referral entry point is with technically un-trained staff members, it is likely that the person of concern is interviewed first by the entry point staff and then again by a technical staff member during the more in-depth assessment.

What is a referral?

Referrals help facilitate refugees' and host community members' access to services by:

- Putting directly in contact individuals in need of a service with the service providers
- Enabling people to seek the assistance and support them in receiving the service/ assistance, by addressing specific blockages or limitations and challenges

What is not a referral?

- Provision of general information on services
- Provision of information to an individual about how they can independently approach a service provider to seek services.

Lebanon Inter-Agency 'Minimum Standards and Procedures for Referrals' 2019

Based on the above definition on referrals, this study has found that it is integral to make the distinction within referral pathways between a redirection and a referral both in terms of referral effectiveness, but also with regards to do no harm principles. To this end, two possible actions within the referral pathway are required

- **Redirection:** The identification of requested needs at sector level and basic contact information to be redirected to a technical focal point for leading on the technical assessment.
- **Referral:** As above, a referral should be made by a technically trained person with the skills, knowledge and capacity to identify the person of concerns needs and actively connect them with appropriate service delivery requirements.

This recommendation has been captured within the third version of RIMS to improve accuracy of referrals for all RIMS partners.

Using the separate role of redirection and referral to influence cross-sector referral accuracy

Through the analysis of data, it has been hypothesized that the application of the two roles of redirection or referral could enhance the accuracy of cross-sector referrals. Where referrals across sectors are oftentimes challenging due to the level of knowledge required to accurately identify and connect needs from different sectors with specific sector service provision, redirecting the referral to a relevant technical focal point who can assign the case to a technical specialist (case worker or trained field assistant), will enable more accurate assessment of sector needs and reduce duplication of assessments required to ensure the correct match of needs and services for the beneficiary.

Staff capacity and training

DRC analysed its own RIMS data to identify if any correlations could be found between training dates on referrals and impact on effectiveness; however, during the period analysed there were no specific trainings beyond new staff inductions. For future reports, this will continue to be monitored in effort to ascertain the correlation between training and the impact on referral effectiveness indicators

Referral systems and tools

Faster referrals between RIMS users

Analysing the speed and timeliness of referrals between RIMS users and non-RIMS users, it was found that referrals between RIMS users take significantly less time. Between the two most frequent RIMS users, 97% of cross-sector referrals (both fast track and normal) were responded to on time. This finding is expected as RIMS users have made an organisational commitment to improving referrals and importantly, the System enables enhanced accountability over referral management from start to finish. Use of the internal referral monitoring tools in RIMS enables those making referrals to track and follow up on referrals all in one place and the managers/supervisors of those making referrals through RIMS can see dashboards of all staffs' referrals and the status of each referral, something that is not possible with manual referral systems.

Referral systems and tools

Overall, DRC has observed a large gap in referrals between non-protection sectors. This is likely a result of sector specific requirements to facilitate referrals. Non-protection sectors are not typically required to make referrals from a target or service delivery perspective to the extent that Protection sector case worker staff are. Secondly, where referrals from non-protections do take place, in some cases there are organisation specific in-sector referral tools meaning that referrals are not also captured within the RIMS system. For example, the UNHCR PCAP referral tool, education referrals through UNICEF and shelter site referrals through RAIS. As this report has demonstrated, the ability to analyse multi-sector referrals is essential to improving effectiveness and addressing challenges or barriers to effective multi-sector service delivery. RIMS is working together with relevant coordination bodies to address this, for example through connecting RIMS and RAIS to ensure referrals are captured within both systems and through tracking PCAP referrals through RIMS and ensuring data captured is fed back into coordination tracking of referrals.

Sector siloed systems and tools for referrals

In order to analyze different systems overlapping with RIMS, DRC took as an example Education and Basic Assistance referrals. Even though there is high need of Education and Basic assistance, DRC only observed a small number of referrals sent to these sectors through RIMS. This is indicative of the varied referral mechanisms available for different sectors, and the gap in cross sector referral systems outside of RIMS. From September 2018 until February 2019, RIMS shows only 40 referrals to the Education sector, which is not reflective of reported needs. As mentioned by some of the field staff, some humanitarian organizations do not accept referrals to the Education sector through RIMS, which skews the data on Education referrals. A similar finding was observed with Cash Assistance; from September 2018 to February 2019, there are only 220 referrals, not representative of the need or volume of actual total referrals to Cash Assistance. While sector-level referral tools and systems are not necessarily less effective for intra-sector referrals, it does make analysis of the effectiveness of these mechanisms for cross sector referrals difficult which hinders the efficiency and drive towards increased effectiveness of cross-sectoral referrals.

KEY MESSAGES AND RECOMMENDATIONS

This report has laid out the RIMS framework for analysing effectiveness within multi-sector referral pathways including the influencing factors within the wider referral system. It has aimed to identify drivers of effectiveness, and conversely those factors which undermine the effectiveness of referrals, with the aim to understand where and how targeted accountability mechanisms can be used to enhance the overall accountability of multi-sector referral pathways in Lebanon. As a further result of the analysis, a wealth of findings has been identified, pointing to areas where further monitoring or more in-depth analysis is required and can be conducted for future recommendations and advocacy purposes. The below outlines the summary of findings on multi-sectoral referrals pathways and, where the data strongly points towards causality, provides recommendations.

1. Ensuring accurate and coordinated documentation of referrals enables analysis of how to continue to increase the effectiveness of referrals.

An essential preliminary step in improving the effectiveness of referrals is ensuring accurate referral data is available for analysis. As demonstrated in this report, using data to generate evidence on where and how effectiveness can be gained, and indeed how it is undermined, enables an evidence-based targeted approach to strengthen multi-sector referral pathways.

Recommendation: Training for individual organisations on RIMS system use and Inter-Agency referral guidelines to ensure correct understanding. Supported by consistent data validation practices within organisations tracking referrals.

2. The use of common indicators for referral effectiveness across sectors can support analysis to strengthen referrals.

From the available data, it appears that GBV sector reporting requirements on case timeliness, including time spent on referrals, positively influences the overall effectiveness of referrals from and to GBV both in terms of timeliness, speed and accountability. While this level of follow up is not necessarily practical for all sectors, introducing common indicators when discussing

effectiveness of referral pathways within and across sectors (speed, timeliness and accuracy) would likely enable more focused discussion on how to improve cross-sectoral referrals, as demonstrated in this report. For RIMS users, these indicators can be easily tracked and monitored by those managing referrals themselves as well as managers overseeing teams managing referrals.

Recommendation: Coordination bodies to look at using the common indicators of speed, timeliness and accuracy to define and analyse the effectiveness of multi-sectors referrals as a shared accountability framework for referral pathways.

3. Using internal accountability mechanisms positively impact referral effectiveness.

Within individual organisations, ensuring consistent monitoring of referrals at management level is in and of itself central to enhancing accountability around referrals and ultimately, improving the effectiveness of referral pathways as seen in the data comparing the effectiveness of referrals from RIMS users as compared to non-RIMS users. For RIMS partners, the System offers customizable dashboards for easy monitoring of referrals by individual users and at manager level.

Recommendation: Use of RIMS system to enable accountability of referral management at individual organisation level.

4. Cross-agency referral coordination appears to have a positive impact on the effectiveness of referrals.

In the instance analysed, cross-agency referral coordination appears to have positively influenced the effectiveness of referrals in terms of speed and timeliness, but not in terms of accuracy (due to challenges related to eligibility). Based on these findings, further efforts to strengthen relationships and program awareness across organisations commonly referred to and from would be beneficial to enhancing effectiveness.

Recommendation: Using data from RIMS as a baseline, referrals made following cross organisation referral coordination efforts can be measured for effectiveness as it relates to speed, timeliness and accuracy. Using these indicators, it is possible to determine how to strengthen the design of cross organisation coordination efforts to impact different indicators of effectiveness, specifically eligibility. RIMS data additionally can support individual organisations to target which sectors and which other organisations to coordinate with based on their own historical referral data.

5. The distinction between redirections and referrals is important to improve effectiveness within referral pathways.

One of the clearest drivers of effectiveness identified through the data analysis is that of staff roles within referral pathways. Ensuring that those who are responsible for referrals are technically trained to carry out technical assessments is essential for improving the overall effectiveness of referrals, specifically in terms of accuracy, as well as ensuring appropriate confidentiality for individual beneficiaries. The distinction between these roles within the referral pathway have been included within RIMS.

Recommendation: RIMS to continue to monitor the overall indicators of effectiveness for referral pathways specifically as it related to the use of these two roles between RIMS users

and non-RIMS users. Organizations using RIMS should identify and designate staff who will make referrals and those who will redirect referrals based on their roles and qualifications.

6. The use of referral targets appears to positively influence the volume of referrals.

The standard use of targets for referrals by protection actors impacts the volume of referrals generated by this sector compared to other sectors. This is seen throughout the data. The more frequent use of appropriate referral targets across sectors, whether internally or donor mandated, would likely encourage an increase in the volume and practice of making referrals across other sectors.

Recommendation: Sector coordination and humanitarian organisations to determine appropriate approaches to introduce referral targets.

7. Planning for coverage during seasonal staffing gaps.

Findings indicated a significant drop in referrals over the Christmas and New Year holiday period. Awareness of the impact of staffing gaps and impact on negative impact on referral effectiveness needs to be addressed at individual organisation level by ensuring appropriate staffing coverage at this time.

Recommendation: Individual organisations use referral effectiveness indicators to monitor and support planning for staff coverage needs. Donors also to take into consideration the timing of grants which often close at the end of the calendar year.

8. There is a clear need to address understanding and awareness around eligibility to improve accuracy of referrals.

There is a clear gap in effectiveness of referral pathways in the area of referral accuracy. Accuracy of referrals is measured through the percentage of referrals that were 'Not-Eligible' compared to those that were 'Successfully Closed/Accepted' or 'No Service Delivered'. There is a need for more concerted and streamlined efforts across sector coordination to map eligibility requirements across services.

Recommendation: Sector technical leads to identify an agreed upon approach to map eligibility variations within sectors that can be used across sectors to support the improvement of accuracy of referrals. RIMS to provide further information on improving accuracy in future analyses.

AREAS FOR FURTHER ANALYSIS

Through this study a scoping analysis was conducted across all RIMS data points to ascertain and share the main findings. Where possible the data was used to pinpoint specific findings on where and how effectiveness can be gained within referral pathways. However, many findings require further cross analysis to strengthen the findings.

- ***Child Protection bottle necks:*** The bottlenecks flagged in Child Protection case management indicate a gap in coverage of service availability. This finding needs further consultation with the relevant sector coordination representatives as well as Child Protection actors.
- ***Referral capacity and emergency response planning:*** Further analysis supported by qualitative data collection methods should be conducted to develop a better understanding of the role that referrals have in disaster preparedness.
- ***Response coordination:*** Throughout the analysis it is evident that response coordination plays a significant role in influencing the effectiveness of referral pathway as seen when comparing coordination approaches in northern Lebanon and the Bekaa. Further analysis and additional consultation is required to identify which specific aspects of coordination can positively influence referral pathways.
- ***RIMS system usage:*** An ongoing area for monitoring is that of the impact on effectiveness indicators of those using RIMS compared to those who are not. Initial findings have shown that using RIMS demonstrates higher effectiveness. This point of analysis will require further monitoring as a larger dataset from a wider net of organisations is gathered through RIMS.
- ***Cross sector connections:*** Throughout the report common referral relationships between sectors have been identified, both across the data in general and when mapped against contextual anomalies. The mapping of these relationships should be continually monitored to identify where enhanced referral coordination can be targeted across sectors and organisations.
- ***Funding landscape:*** Through this report it has not been possible to pinpoint or specifically identify the impact of funding patterns over referrals. This is likely because the dataset only analyses a six-month period with no comparison period, and that largest part of the data is from DRC, which means it is primarily reflective of DRC grant coverage. However, in future reports analysis will be inclusive of a larger number of RIMS users.

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