RIMS
Referral Information
Management System

Preparing for and responding to emergency crises with efficient and accountable referral pathways

Lebanon   November 2020

DRC DANISH
REFUGEE
COUNCIL

European Union
Civil Protection and
Humanitarian Aid

unicef

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TABLE OF CONTENTS

EXECUTIVE SUMMARY

As humanitarian needs increase and expand to all vulnerable communities across Lebanon in 2020, and the operational environment continues to be challenging due to COVID-19 lockdowns, it is essential to maintain access to multi-sector services for those in need, while prioritizing efficient and accountable referrals which connect service providers together and allow to avoid gaps and duplication in services. The 4 August 2020 Beirut Blast exacerbated the needs of vulnerable communities in Beirut, and resulted in a shift in the humanitarian response both at strategic and operational level with new coordination mechanisms falling outside of the LCRP framework as well as high presence of new actors in Beirut in addition to the already existing ones who were not systematically involved in humanitarian coordination prior to the Blast. This report focuses on the gaps and challenges in referral pathways and inter-sector coordination specifically in Beirut after the 4 August 2020 Blast, and presents recommendations to improve access to multi-sector services of vulnerable communities. It then looks towards the upcoming winter storms, which occur every year in Lebanon and are likely to see even higher needs this year with the new 2020 context, and advocate to focus on efficient referrals as a preparedness measure in order to effectively address the holistic needs of vulnerable communities likely to be affected by the storms.

Findings from this report are based on quantitative analysis of referral data from July-October 2020 on the Referral Information Management System (RIMS). RIMS was created by DRC in 2017 to provide a common platform for service providers across sectors to manage, track and respond to referrals, as well as qualitative analysis from Focus Group Discussions conducted with service providers.

This report has been developed by the RIMS Team and complements the RIMS Snapshots produced every four months to highlight trends in referrals. The next analytical Snapshot and report will be published in January 2021 and March 2021 respectively.

Summary of Key Findings and Recommendations

- **Between July-October 2020, referrals on RIMS increased by 135% due to new partners joining RIMS, increased usage of RIMS by partners and high needs from multi-layered crisis. This includes an increase by more than four times in referrals in Beirut** after the 4 August 2020 blast, with most referrals being for Livelihoods (54%), Child Protection (13%) and Shelter (10%) in areas in direct proximity to the Blast site as well as in other economically vulnerable areas of Beirut. Neighborhoods which reported the highest number of referrals were either close to the blast site, socio-economically vulnerable neighbourhoods with presence of Syrian refugees, and those with a high presence of humanitarian actors and pro-active coordination on referrals.

- **The effectiveness of referrals in Beirut improved after the Beirut Blast** when it came to the speed of response to referrals with 59% of referrals Acknowledged on time, the timeliness of referrals with 76% of referrals receiving a last status within the Inter-Agency timeframe of 14 days, and 29% of referrals with No Feedback. This is positive and unexpected, as a higher number of referrals generally leads to less efficient referrals due to limited capacity of humanitarian actors to respond, but **demonstrates the importance of prioritization of humanitarian actors. Indeed, Fast Track urgent referrals were consistently prioritized** and the speed of Acknowledgement of these Fast Track referrals improved to 83% acknowledged on time (from 40% before the blast).

- However, **service provision following referrals in Beirut after the blast deteriorated** compared to prior to the blast with 18.5% of referrals Accepted/Successfully Closed, compared to 20% before the blast. This could be a result of multiple factors including strict targets on service provision with specific eligible criteria, and pending funding for services.

- External referrals proved to have a significantly lower level of response than internal referrals. **Internal referrals are also more likely to receive a service following the referral, 38% of internal referrals were Accepted/Successfully Closed, compared to 9% for external referrals.** While this is in line with findings for the rest of Lebanon in the same time period, the difference in service provision following an internal/external referral is much more marked in Beirut than in other areas of the country.

- Although the effectiveness of Child Protection referrals in Beirut improved after the blast, **66% of those referrals remain with No Feedback, despite Child Protection being identified as one of the highest Protection need after the blast**, in addition to the general situation which leads to negative coping mechanism being adopted such as Child Labour. Increased follow up on Child Protection referrals in Beirut is essential, as well as increased mapping and coordination from Child Protection actors.

- **No Mental health referrals made during this reporting period were acknowledged or closed on time, which can be attributed to the gaps in service provision highlighted by many service providers in Beirut when it comes to Mental Health.** While mental health needs were high following the blast, it is reported that Mental Health actors were not particularly responsive and had strict criteria of whom they could accept, which focused strictly on high risk cases. Service providers also report that there are few health actors outside of local hospitals providing mental health in Beirut. Increased funding to, and visibility of mental health actors and response to referrals is essential.

- **No referrals to Shelter in Beirut were Accepted/Successfully Closed after the Blast,** which is surprising given the high prevalence of Shelter needs following the destruction of large parts of the city, coupled with the activity of Shelter actors. There was also less response to Shelter referrals after the blast and more time taken to provide feedback on referrals. These gaps need to be further investigated by the Shelter sector.

- **No referrals to Basic Assistance were closed (Accepted/Not Accepted) after the Blast** despite high demand, and the focus of the humanitarian response on this type of assistance. This is likely due to the amount of request for Basic Assistance services, coupled with the fact that UN agencies who are the major cash providers in Lebanon, have already established list of beneficiaries based on vulnerability criteria and therefore lacks flexibility in accepting new beneficiaries, and there is poor knowledge by service providers of other cash actors providing Basic Assistance beyond the UN. These gaps should be addressed by the Basic Assistance sector.

- **There was a deterioration in the length of response to Health referrals in Beirut after the blast**, likely due to the overwhelming health needs which do not match the capacity of actors to respond. Given that Health remains one of the highest need, this should be addressed by the Health Sector with improved coordination on referrals.

- **The level of response to Livelihoods referrals in Beirut improved, and is significantly better than other sectors'.** The Micro, Small, Medium Enterprise (MSME) Task Force set up in Beirut allowed for increased field coordination through designated focal points in each area of Beirut for MSME referrals, as well as commitment to referrals through the use of a common system, RIMS. MSME partners designated internal focal points internally for referrals, and close follow up allowed for internal referrals particularly to be responded to pro-actively. While there remain gaps in coordination to be addressed, lessons from this model should drive advocacy on the use of a common System for referrals within Working Groups, and particular emphasis on referrals to avoid duplication of services and improve coordination of service delivery.

- **Only a few Lebanese were referred to services in Beirut as a result of a self-referral (8% of all referrals), or through hotline calls (8%).** This could be attributed to little knowledge of Lebanese of humanitarian services, and reliance on civil society actors instead of humanitarian services. Considering that Lebanese communities are newly starting to rely on humanitarian services with the multiple crises this year, this may require 1) enhancing communities' knowledge of services available to support them, 2) disseminating hotline numbers and other information which will allow to request information on services and 3) increasingly coordination with civil society actors.

- Every year, winter storms occur across Lebanon and result in emergency WASH, Shelter, and Basic Assistance needs. Based on 2019/2020 data, winter storms affected areas of Lebanon with a high concentration of Syrians and vulnerable Lebanese, such as Arsal, Akkar and North Bekaa. **The multi-layered crises affecting Lebanon this year is likely to have an even higher impact on those communities affected by the winter storms this year.**

- **Gaps in referrals were identified in the sites affected by the 2019/2020 winter storms, notably when it comes to the level of response to referrals and the actual service provision as a result of referrals.** When looking at the sectors where needs are generally reported as a result of winter storms, referrals with no feedback were particularly present in Aarsal amongst Shelter, WASH and Health referrals, in Bekaa affected sites for Shelter and Health referrals, in the South for Shelter referrals, and in the North for WASH referrals.

- **These gaps in referrals are likely to further deteriorate as a result of increasing needs of 2020, and therefore increasing caseload in assistance, coupled with a challenging operational environment notably:** interrupted access to communities due to COVID-19 lockdowns, strained resources temporarily diverted to support the Beirut Blast response, and already existing gaps in essential services. **It is essential that referrals be prioritized in the response to winter storm this year, in order to ensure access to services of people in need, that communication with communities actively occurs in period where humanitarian actors have access to communities, and that relationships with community focal points are strengthened in order to maintain contact with communities potentially affected by winter storms.**

INTRODUCTION

During the June-October 2020 reporting period, the two months long country-wide COVID-19 lockdown ended and humanitarian operations resumed at varying pace and levels across the country, with humanitarian actors adopting precautionary measures in light of the health situation in Lebanon, which are at times challenging to balance against the humanitarian imperative and do-no-harm principle. At the same time, Lebanon was affected by yet another crisis, in addition to the already concerning and continuous deterioration of the political, economic and health context, which significantly exacerbated needs across all vulnerable communities of Lebanon since the end of 2019. The Beirut Blast took place on 4 August 2020 and resulted in the death of 200 people, over 6,500 people injured and the destruction of large parts of the city. Needs for immediate Basic Assistance, Protection and Shelter were acute, especially in the immediate aftermath of the explosion, as actors who were operating in other areas of Lebanon, or were already in Beirut providing different services, scaled up their humanitarian operations to address the needs of communities affected by the Blast. Referral pathways were essential to connect service providers together, avoid duplication of services and respond in a holistic manner to people's needs.

This report provides analysis and recommendations to improve the effectiveness and accountability of referrals both as a result of an emergency crisis (the Beirut Blast), and preparing ahead of other potential emergency crises (winter storms), where efficient coordination is essential to enable safe and timely access to services for people in need. In Beirut, there was a significant shift in the leadership of the humanitarian response which affected humanitarian operations, in addition to the saturation of humanitarian actors on the ground requiring efficient coordination. Several challenges were identified in referrals after the Blast, including, duplication of coordination fora and tools for referrals and mapping of services; new operating context for a high number of humanitarian actors; a zone-based coordination system that was not fully captured in the Inter-Agency referral platform data; increased focus service provision to Lebanese populations in addition to refugees (humanitarian actors in Lebanon had traditionally been working mostly with Syrian refugees since 2012); high presence of humanitarian actors in a small geographical area; and presence of civil society organisations who were not previously included in the humanitarian infrastructure and with whom it is essential to coordinate. RIMS referral data in Beirut, coupled with Focus Group Discussions with service providers in Beirut, allow to identify gaps in referrals and draw lessons on more efficient referral management.

Then, this report focuses on preparedness for the winter storms which occur every winter in Lebanon and generally last until March, and which result in needs for Shelter, Basic Assistance and WASH assistance in the most vulnerable areas of Lebanon hit by the storms. The changing context of 2020 with exacerbated needs and challenges in humanitarian operations from the COVID-19 crisis, is

likely to have a negative impact not only on needs as more people are found vulnerable and without capacity to overcome without support, including increasingly Lebanese communities, but also on humanitarian actors' ability to adequately respond to those needs, and therefore to provide access to multi-sector services in a timely and efficient manner. Acknowledging those gaps ahead of these heavy storms can help humanitarian actors better prepare for efficient coordination and referrals.

Findings from this report are based on referral data on the Referral Information Management System (RIMS), a referral platform created by DRC in 2017 to connect service providers across sectors and manage referrals. Analysis of referral data from July-October 2020 allows to identify gaps, challenges and bottlenecks in referral pathways at inter-agency level and in organizations own referral management, from which are derived evidence-based recommendations to inform programmatic adaptations, improvement in referral practices and multi-sector coordination, and the humanitarian response as a whole. RIMS is supported financially by ECHO, UNICEF and DRC's own funds.

METHODOLODGY

This report provides an analysis of national referral data gathered through RIMS over a four-month period, from July-October 2020, of 46 RIMS partners, up from 25 in the previous reporting period. Mixed research methods were adopted to collect and triangulate data, and strengthen the meaningfulness and representativeness of findings and of analysis: quantitative data analysis of RIMS referral data, anonymous and aggregated data, and qualitative analysis through Focus Group Discussions with frontline staff and secondary data review.

Effectiveness indicators: The DRC RIMS Team developed four indicators to assess the effectiveness and accountability of referrals:
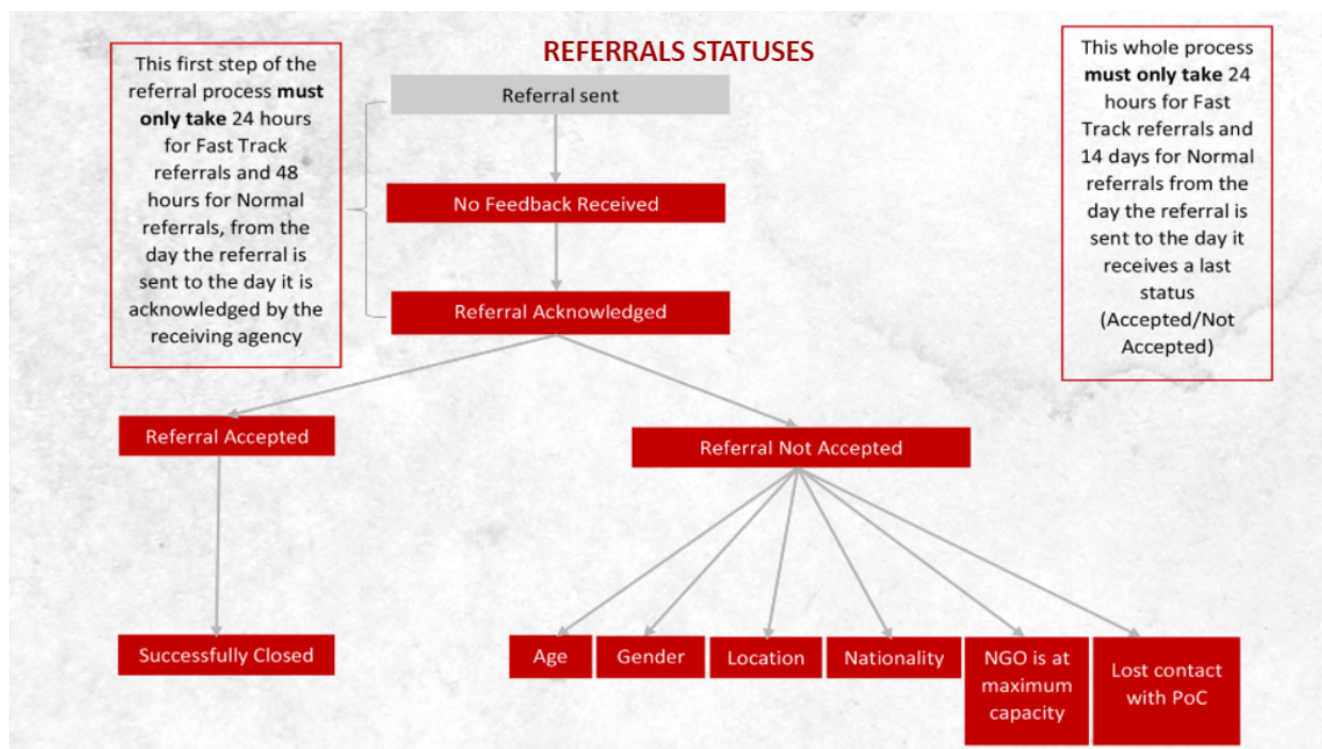
Figure 1. Effectiveness Indicators

Speed refers to the time that it takes for the receiving agency or internal focal point to acknowledge receipt of the referral. It is measured by the number of days from when the referral was sent, to when it was received by the receiving agency or internal focal point. Referrals considered on time are referrals responded to within 24 hours for fast track referrals and 48 hours for normal referrals as per Referrals Minimum Standards.	**Timeliness** refers to the total time that it takes to complete the referral process. It is measured by the number of days from when the referral was sent, to when it received a final status (Accepted/Successfully Closed, Not Eligible, No Service Delivered). Referrals considered on time are referrals receiving a last status within 24 hours for Fast Track referrals and 14 days for Normal referrals	**Accuracy** refers to the volume of Not Eligible referrals. It is measured by the percentage of referrals with a Not Eligible final status.	**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.

Analysis of these four indicators was developed based on the Inter-Agency Minimum Standard for Referrals (see methodology section), including the below referral process and related statuses.[1]

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1   Inter-Agency Coordination, Lebanon. (2020). Minimum Standards and Procedures for Individual Referrals. Beirut, Lebanon. https://data2.unhcr.org/en/documents/details/76370

Figure 2. Referral process and effectiveness indicators

Analytical framework: Referrals are not only a process between service providers to respond to the need of a person of concern, but are one part of the broader referral architecture which counts a variety of factors that influences referral pathways and process. Three components comprise the broader humanitarian referral system: the **referral pathway**, which is the process by which information relating to the beneficiary is transferred between and within organisations to facilitate access to services; the **enabling environment**, encompassing all external factors that influence the referral pathway (such as the funding landscape); and the **referral infrastructure** which comprises the factors that facilitate referrals to take place (staff capacity, training on safe identification and referrals). This report therefore analyses referrals with this systemic perspective and is able to draw recommendations not only on referral management, but on other factors that can influence referrals.

Key Limitations

Data quality: Despite continuous training on data quality on RIMS, data entry errors continue to be a challenge on RIMS, therefore affecting effective and consistent data entry and information management practices. The RIMS team has observed this challenge across humanitarian organisations, and it was necessary for some data to be discarded. Improvements to data quality are ongoing.

Representativeness: few referrals continue to be done in Beirut from RIMS partners, therefore analysis of these referrals is limited by the small sample on which is it conducted. However, the RIMS Team is onboarding an increasing number of partners operating in Beirut since the blast which will increase the representativeness of the data.
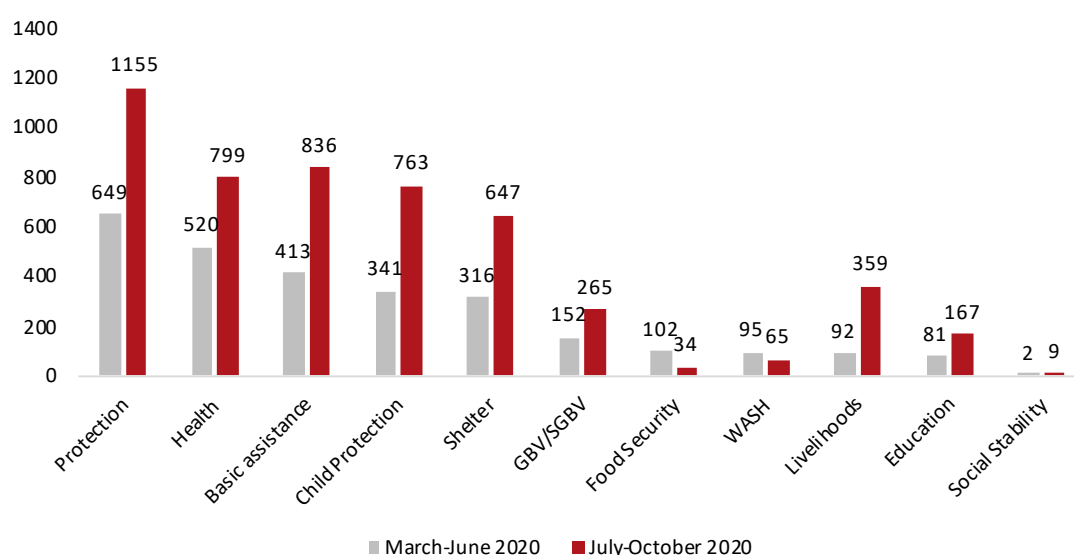
REFERRAL TRENDS ACROSS LEBANON AND IN BEIRUT SPECIFICALLY

1. Overview of referrals trends nationwide in July-October 2020

Between July-October 2020, there was a 135% increase in the number of referrals conducted on RIMS across the whole of Lebanon, with this time period accounting for the highest number of referrals made on RIMS as of November 2019. This significant increase in referrals is partly due to escalating humanitarian needs in 2020 from the COVID-19 lockdown, economic crisis and Beirut Blast, coupled with an increasing number of partners joining RIMS, notably after the Beirut Blast.

Across Lebanon, the Protection sector continued to receive most referrals, followed by Basic Assistance and Health (Graph 1). **Referrals to almost all sectors increased** compared to the previous reporting period, with the biggest increase recorded in referrals to Social Stability (from n=2 to n=9, 350% increase), which nevertheless remain very low compared to other sectors.

Graph 1: Number of referrals to sectors across time and across Lebanon

The only two sectors where referrals actually decreased were the Food Security sector (66% decrease) and WASH sector (30%). While needs assessment highlight that food insecurity continues to deteriorate in Lebanon in 2020,[2] the lower number of referrals could be attributed to actors referring to Basic Assistance instead of Food Security and using these sectors interchangeably. Clarification is needed when it comes to the division of responsibility between Food Security and Basic Assistance services. Further, frontline workers report that vulnerable communities request cash assistance compared to in-kind services, which may explain the increased referrals to Basic Assistance rather than Food Security.

Recommendations:

• Food Security and Basic Assistance sectors to clarify division of responsibility for food assistance

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2   WFP. June 2020. Assessing the Impact of the Economic and COVID-19 crises in Lebanon. Accessible at: https://reliefweb.int/sites/reliefweb.int/files/resources/WFP-0000116784.pdf
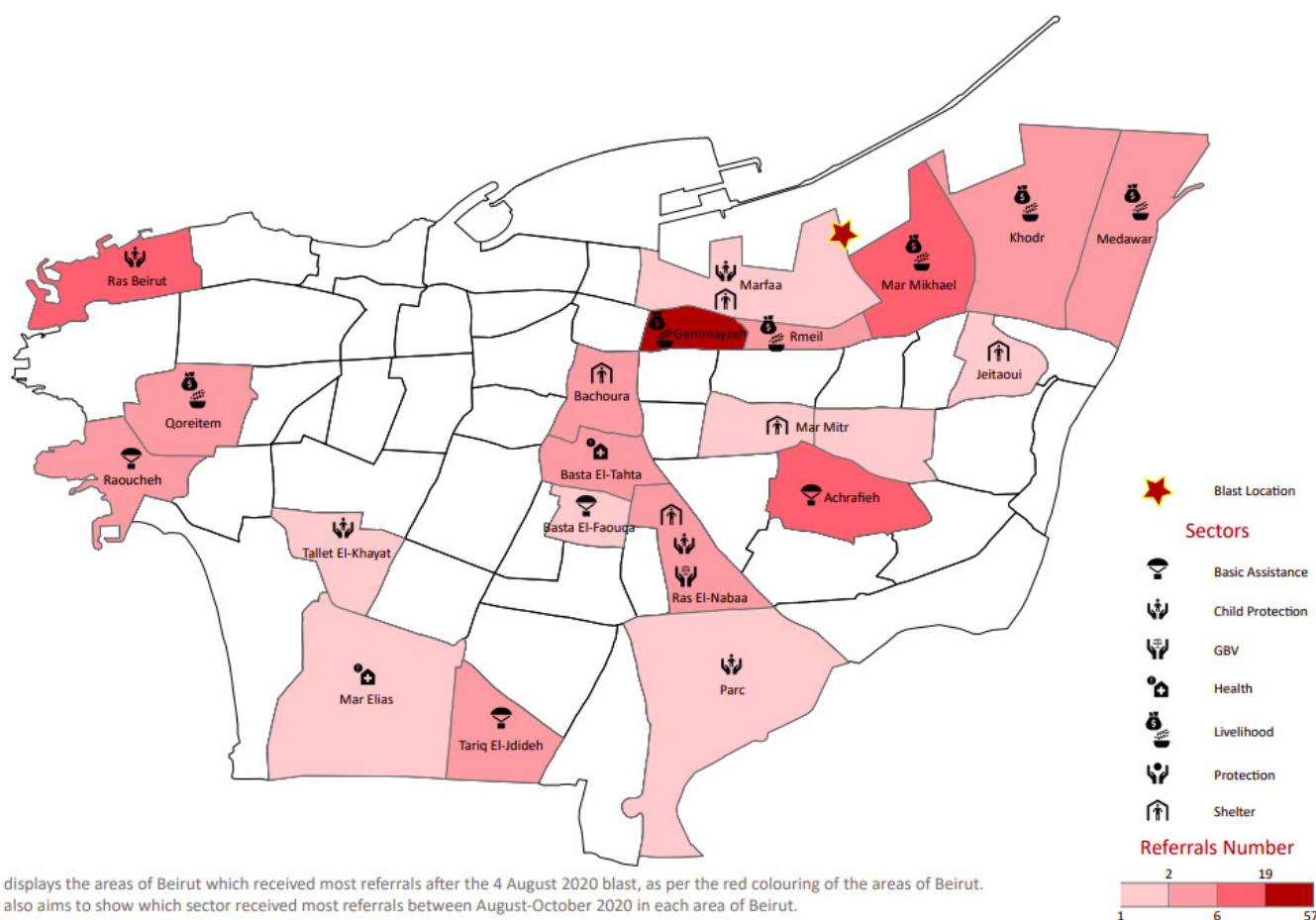
2. Referrals in Beirut after the 4 August 2020 Blast

The Beirut Blast which occurred on 4 August 2020, resulted in the loss of life of over 200 people, 6,500 injured and the destruction of large parts of the city, with high immediate shelter, basic assistance, food and protection needs, and an increase in referrals from 26 in May-June 2020 to 138 in July-October 2020. This significant increase in referrals is partly due to the fact that few RIMS partners operated in Beirut prior to the Blast and therefore there was a low number of referrals conducted in Beirut prior to the Blast.

The Beirut Blast exacerbated needs in Beirut on top of the compounding economic, political, and COVID-19 crises. Many humanitarian actors moved into Beirut to provide services, and others already in Beirut stepped up their humanitarian operations, saturating the humanitarian space, and contributing to more identification and referrals of people in need in Beirut. Indeed, service providers argue that beyond the effects from the Blast itself, the Beirut Blast response served as an entry point to identify and refer people who may already have been in need of services but who were not necessarily the focus of traditional humanitarian interventions to date, notably Lebanese community.

Most referrals on RIMS between August-October 2020 in Beirut were conducted in Gemmayzeh, Mar Mikhael, Ashrafieh and Ras Beirut (see map below[3]).

Referrals to sectors in Beirut after the blast (August - October 2020)

This map displays the areas of Beirut which received most referrals after the 4 August 2020 blast, as per the red colouring of the areas of Beirut. This map also aims to show which sector received most referrals between August-October 2020 in each area of Beirut.

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3 Disclaimer: this map is based on administrative boundaries of Beirut which do not include Bourj Hammoud and other areas in the eastern periphery of Beirut as part of the city, which are considered part of Mount Lebanon.

The prevalence of referrals in areas of Beirut is influenced by various factors:

- **Proximity to the blast and zone coordination initiated by OCHA**: as shown by the map, all areas immediately around the Blast site reported a high number of referrals relative to other areas of Beirut, as needs escalated from the blast, such as Gemmayze. In the immediate aftermath of the Beirut Blast, OCHA led in the development of a map of the affected neighborhoods of Beirut divided into zones to facilitate more detailed and neighborhood-level coordination. Service providers engaged in coordination mechanisms provided assistance accordingly. Most humanitarian actors who intensified their activities in Beirut after the blast were located around the port of Beirut where the blast occurred, which drives a high number of referrals in these areas. [4]

- **Socio-economic profile of households in Beirut**: areas of Beirut with a high proportion of vulnerable households are likely to be more vulnerable to shocks affecting Lebanon, notably the economic crisis, and therefore be in increasing need for services. Areas in the center and south of Beirut, along Bachoura and down to Mazra, have 50% of households with ''low income'' according to a vulnerability map developed by OCHA and show a relatively high concentration of referrals. Combining socio-economic vulnerability with the Beirut Blast, areas immediately east of the blast site, such as Mar Mikhael and Medawar, are also considered socio-economically vulnerable areas, and report a high concentration of referrals.[5] Areas affected by the Blast and recording a high proportion of socio-economically vulnerable households also have a strong presence of Syrian refugees such as Bourj Hammoud.

- **Pro-active coordination and prioritization of referrals**: As co-lead of the Micro, Small and Medium Enterprises (MSME) Task Force for Beirut and focal point for MSME support in Gemmayze, DRC has been pro-active in conducting referrals of businesses affected by the blast to other actors operating in Gemmayze, which has significantly increased the number of referrals in this area (see below Beirut Livelihoods focus for more details).

Increased referrals in Beirut partly demonstrates humanitarian actors 'commitment to ensure increased access to multi-sector services for people in need. However, the sheer volume of referrals does not ensure that affected communities ultimate receive the service, and in a timely manner. Indeed, significant coordination challenges have been identified at the onset of the emergency response, including a new coordination leadership, a new zone-based coordination system, duplication of tools for referrals and mapping of services, and a saturated humanitarian space where avoiding duplication of services is challenging and service providers are often moving in and out of different areas based on changes in funding, capacity, and resources from month to month.[6] Therefore, analyzing the effectiveness of referrals in Beirut in light of this operational environment is essential to evaluate the coordination of service provision through referrals.

4   OCHA. Beirut Port Explosions: Partners Presence as of 25 November 2020. Accessible at : https://app.powerbi.com/view?r=eyJrIjoiNzkxZTg4NmUtMmE3NS00NzdmLTlhYTctM2ZkMjNhMmIxZjc3IiwidCI6IjBmOWUzNWRiLTU0NGYtNGY2MC1iZGNjLTVlYTQxNmU2ZGM3MCIsImMiOjh9

5   OCHA. October 2020. Lebanon Beirut Port Explosions. Accessible at: https://reliefweb.int/sites/reliefweb.int/files/resources/Beirut%20Port_SitRep%20No.13.pdf

6   DRC. October 2020. RIMS Snapshot September 2020. Accessible at: https://reliefweb.int/report/lebanon/referral-information-management-system-rims-snapshot-september-2020
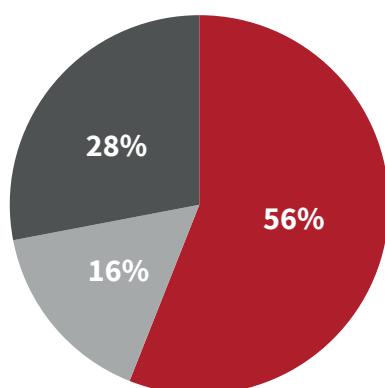
3. Assessing the Effectiveness of Referrals in Beirut after the Blast

The effectiveness of referrals is measured through four key indicators developed by the DRC RIMS Team: the speed, timeliness, accuracy of, and response to referrals (see section on Methodology).

In Beirut, overall, there was a **significant improvement in the effectiveness of referrals after the Beirut Blast (August-October 2020), compared to before the Blast** (May-July 2020). This is very positive, and unexpected, as previous analysis demonstrated that the effectiveness of referrals tends to deteriorate with the increasing volume of referrals as humanitarian actors have limited capacity to manage large amounts of referrals; yet despite the increase in referrals in Beirut, the effectiveness of referrals improved. This demonstrates the importance of prioritization of service delivery by humanitarian actors.
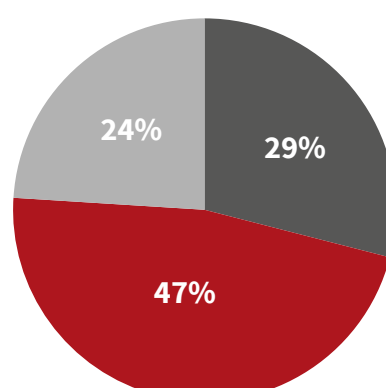
The **level of response to referrals in Beirut improved**, with referrals with No Feedback Received accounting for 56% of all referrals in Beirut prior to the Blast, to 29% after the blast. Yet there was no improvement in the proportion of referrals closed (receiving a last status) after the blast, with 24% of referrals closed after the blast, compared to 28% before the blast. This means that while there was less referrals with No Feedback, a large proportion of referrals stayed at the Acknowledged stage and the referral process was not completed, likely due to the steep increase in referrals in Beirut after the blast. Indeed, there was a decrease in service delivery following referrals from 20% of referrals Accepted/Successfully Closed before the blast to 18.5% after the blast. Multiple drives can be identified such as strict targets and eligibility criteria for humanitarian services, coupled with pending funding, which did not allow humanitarian actors to decide whether to accept/decline the referral.

**Level of response to referrals in Beirut
May/July 2020**

- No Feedback Received
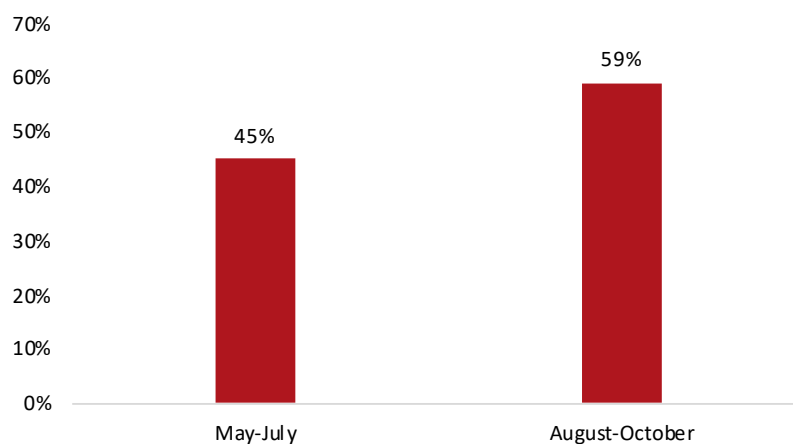- Acknowledged
- Closed

**Level of response to referrals in Beirut
August/October 2020**

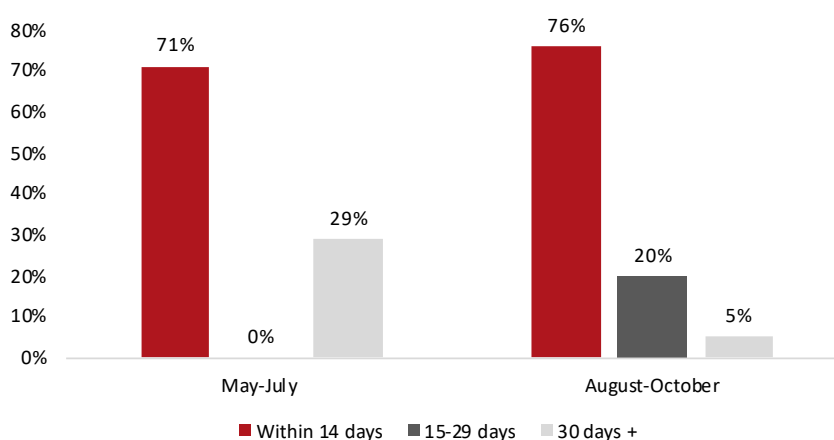

- No Feedback Received
- Acknowledged
- Closed

Of those referrals which were indeed closed (24% of all referrals in Beirut after the blast), the **speed of these referrals improved** from 45% referrals Acknowledged on time prior to the blast, to 59% after the blast. Specifically, there was a significant improvement in Acknowledgment of Fast Track referrals, from 40% on time before the blast to 83% after the blast, whereas the speed in Acknowledgement of Normal referrals deteriorated slightly, from 50% to 38%. This demonstrates humanitarian actors' prioritization of urgent needs in Beirut after the Blast.

**Referrals in Beirut Acknowledged on time within 48 hours
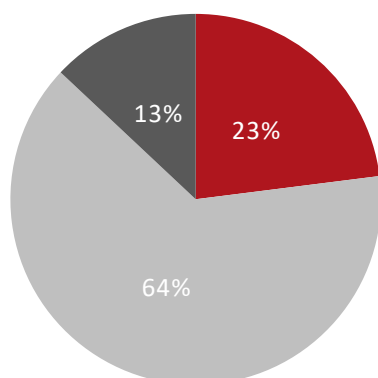(speed of referrals)**

The timeliness of referrals in Beirut improved from 71% to 76% of referrals in Beirut receiving a last status (Accepted/Not Accepted) within the inter-agency timeframe of 14 days. Similarly, the timeliness of fast track referrals was also the main improvement in timeliness of referrals, from 50% to 66%.
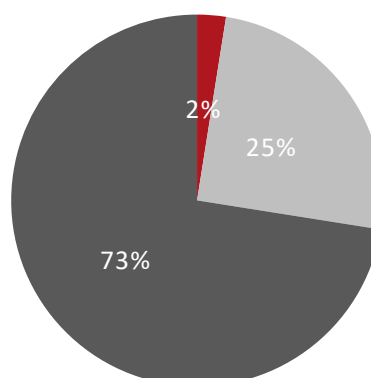
**Referrals closed (Accepted/Not Accepted)
on time within 14 days in Beirut (timeliness)**

Within 14 days   15-29 days   30 days +

There was a slight decrease in external referrals compared to internal referrals conducted in Beirut after the Blast, with internal referrals accounting for 35% of referrals compared to 27% before the blast. External referrals proved to have a significantly lower level of response than internal referrals, with 23% of them left with No Feedback compared to only 2% for internal referrals. **Internal referrals are also more likely to receive a service following the referral, 38% of internal referrals were Accepted/Successfully Closed, compared to 9% for external referrals.** While this is in line with findings for the rest of Lebanon in the same time period, the difference in service provision following an internal/external referral is much more marked in Beirut than in other areas of the country. It is unclear whether the lack of response to external referrals is driving the increased reliance on internal referrals, or the contrary, but this should be investigated as the poor state of external referrals demonstrate the need to re-focus on external coordination for multi-sector service provision.

Level of response to external referrals in Beirut
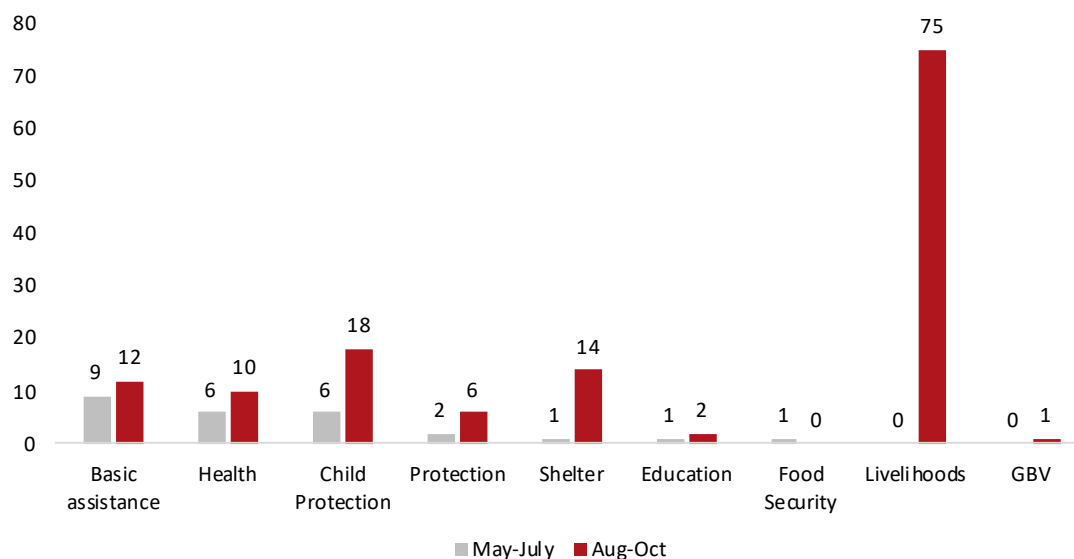

- No Feedback Received
- Acknowledged
- Closed

Level of response to internal referrals in Beirut

- No Feedback Received
- Acknowledged
- Closed

4. Gaps in effectiveness of referrals in Beirut after the blast

Although the effectiveness of referrals in Beirut overall improved after the blast, some gaps remain overall and for each sector, gaps which can be addressed at the sector coordination level.

Before the blast, between May-July 2020, most referrals in Beirut were to Basic Assistance (34%), followed by Health (23%) and Child Protection (23%), while after the blast, from August to October 2020, most referrals in Beirut were sent to Livelihoods actors (54%), Child Protection (13%) and Shelter (10%) (Graph 2).

Graph 2: Number of referrals to sectors in Beirut

- May-July
- Aug-Oct

Livelihoods: The significant increase in Livelihood referrals following the blast can be attributed to increasing needs and active coordination. Needs include immediate job loss from the destruction of essential businesses around the Port and prolonged economic crisis with service providers reporting that most beneficiaries that they interact with have some type of Livelihood needs.

However, it is worth nothing that while Livelihoods here appears as the sector receiving most referrals, this is less reflective of Livelihoods being the highest need, and more to the coordination that was conducted around Livelihood support after the Blast. The effectiveness of Livelihoods referrals in Beirut before and after the blast, and relative to other sectors, is analysed in focus below.

Child Protection/Mental Health**:** Child Protection and related Mental Health needs were reported by frontline actors in Beirut as one of the highest needs following the Beirut Blast. **The effectiveness of Child Protection referrals in Beirut improved slightly after the blast**, notably when it comes to the level of response to Child Protection referrals, with 66% of referrals with No Feedback and 11% closed, all of which were Accepted, highlighting service provision after the referral, compared to prior to the blast where all referrals to Child Protection were left pending with no follow up at all. **Increased follow up on Child Protection referrals in Beirut is essential given the high identified needs**, related to the mental health of children after the blast, but also when it comes to Child Labor, which service providers report continued to increase after the blast as a result of the loss of livelihood opportunities and basic belongings of multiple families in Beirut, coupled with the challenging educational opportunities due to COVID-19.

High needs of children for psychosocial support points out to the broader Mental Health problems affecting communities who lived through the Beirut Blast, in addition to the significant deterioration of the situation in Lebanon since end of 2019 which has exacerbated Mental Health issues. Indeed, Mental Health was highlighted throughout LCRP review discussions as one of the needs greatly exacerbated for both refugee and host communities throughout 2020, due to the lack of opportunities for people and for their children, lack of durable solution options, and coupled with the immediate effects of the Beirut Blast, on people's mental health.

Mental Health referrals in Beirut also improved slightly, with 33% of Mental Health referrals acknowledged and 33% closed after the blast, all of which were Accepted/Successfully Closed meaning that a service was delivered as a result of the referral, compared to no feedback on all Mental Health referrals prior to the blast. Yet, despite this improvement, **no Mental health referrals were acknowledged or closed on time, which can be attributed to the gaps in service provision highlighted by many service providers in Beirut when it comes to Mental Health**. While mental health needs were high following the blast, it is reported that Mental Health actors were not particularly responsive and had strict criteria of whom they could accept, which focused strictly on high risk cases. Service providers also report that there are little health actors outside of local hospitals providing mental health in Beirut.

Shelter: Shelter needs increased in Beirut as a result of the blast, from the significant structural damage to people's homes. In October 2020 specifically, Shelter referrals in Beirut doubled compared to August; this is likely due to increased focus from the humanitarian response on Shelter rehabilitation. Shelter needs in Beirut are likely to continue to intensify over the winter period in Lebanon as a result of heavy storms, which bring flooding and further fragilise already vulnerable structures affected by the blast.

According to RIMS referral data, **there seems to be significant gaps in Shelter referrals** in Beirut, with **no referrals to Shelter Accepted/Successfully Closed before nor after the Blast.** There was a **deterioration in the speed of Acknowledgement of Shelter referrals from 100% on time prior to the Blast to 55% only on time after the Blast, and a deterioration in the level of response to Shelter referrals from 100% closed prior to the blast** (although all were Not Accepted) to 62.5% of referrals with No Feedback after the blast, and 12.5% closed, all Not Accepted. This could be due to the high amount of requests for shelter services; however, it is surprising that none of these referrals were Accepted/Successfully Closed given the high shelter needs and presence of shelter actors in Beirut post-blast. It is reported that Shelter referrals are challenging due to stringent eligibility criteria related to the severity of the case, not only in Beirut but also in other areas of the country. This is concerning, because based on previous trends seen across Lebanon, people in need of cash for rent who cannot receive this support from Shelter actors tend to rely on Protection actors and Emergency Cash Assistance for this purpose, which puts a significant workload on Protection actors.

Basic Assistance: Needs for Basic Assistance were the most immediate needs after the Blast as people lost their homes and personal belongings. Almost all except one of Basic Assistance referrals in Beirut after the blast were to Cash Assistance.

No referrals to Basic Assistance were closed (Accepted/Not Accepted) after the Blast despite the high demand for this kind of assistance. On the other hand, all Basic Assistance referrals were Acknowledged on time post-blast, compared to none acknowledged on time pre-blast, demonstrating an increased commitment to respond in a timely manner to these referrals. Nevertheless, despite better timing in the response to Basic Assistance referrals, it remains concerning that none of Basic Assistance referrals were actually closed. There exist gaps in mapping of cash actors in the response, as UN agencies have already established criteria of whom they can support with cash, and there is little knowledge of other cash actors. This is likely exacerbated with the high demand for cash following the quick deterioration of the economic situation and the Beirut Blast in 2020.

Health: Health needs increased in Beirut, driven by the destruction and shutdown of several hospitals as a result of the blast, already fragilised health facilities across Lebanon due to the economic crisis and people's limited ability to afford health services, coupled with the stretched capacity of hospitals to provide health services because of COVID-19, and the immediate impact of the blast on people's physical and mental health.

There was a deterioration in the speed and timeliness of Health referrals in Beirut after the blast, likely due to the overwhelming requests of health services which resulted in backlog and delays in responding to these requests. However, it is worth noting that Health actors were more responsive to Health referrals, with 40% of Health referrals closed in Beirut after the Blast, all of which were Accepted/Successfully Closed, compared to no referrals closed before the blast.

Recommendations:

- Child Protection sector coordinator to identify gaps in low response to Child Protection referrals with Beirut partners, and engage in increased mapping of Child Protection actors in Beirut

- MHPSS Task Force to ensure increased visibility of mental health actors in Beirut and investigate gaps in Mental Health referrals with partners. Increased funding to Mental Health actors is essential

- Shelter sector coordinator to investigate with partners in Beirut why no Shelter referrals are Accepted/Successfully Closed in Beirut, low level of response and length of response to Shelter referrals.

- Basic Assistance sector coordinator to investigate why no referrals to Basic Assistance are closed and to encourage mapping of actors who are providing cash beyond traditional UN agencies

- Health sector coordinator to investigate delays in response to referrals with partners in Beirut

5. Improving referral management and access to services in Beirut

Commitment to referrals for de-duplication is essential for efficient field coordination of services
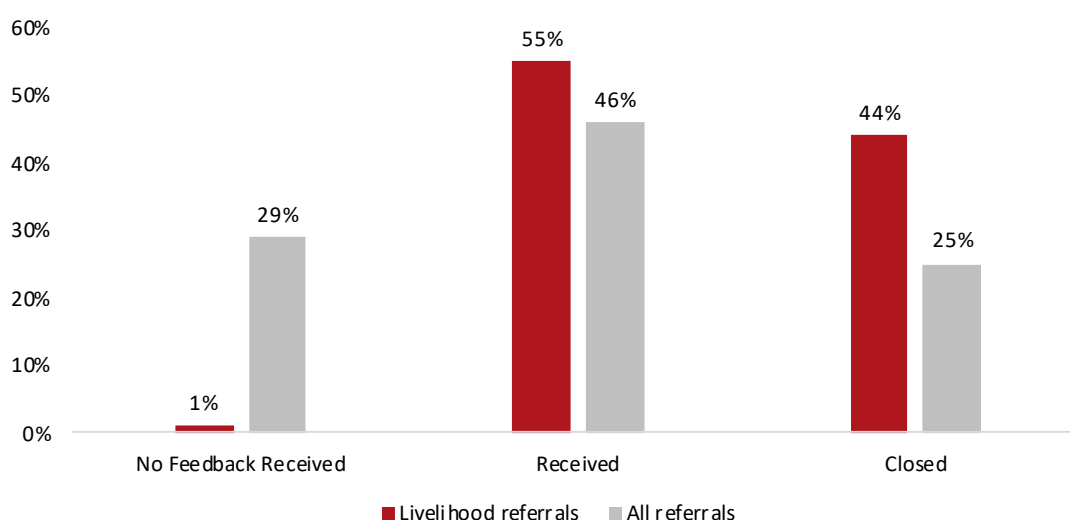
In September 2020, DRC was tasked with co-leading an inter-agency Micro, Small and Medium Enterprises (MSME) Task Force under the Food Security Sector along with WFP, with the objective of ensuring efficient field coordination between MSME actors and avoiding duplication of MSME services in Beirut. Most partners implementing MSME support in Beirut and part of this Task Force are active RIMS users, and the Inter-Agency Minimum Standards for Referrals (2020) were adapted specifically to MSME referrals on RIMS. RIMS is therefore use as the base system for field coordination and referrals of MSMEs in Beirut.

While various factors influence the quality of referrals, both external to individual organizations and internal to organizations (see humanitarian referral system page 3), analyzing Livelihoods referrals in Beirut since September brings new insight on the importance of close coordination between MSME actors all using the same platform to send/receive/track referrals.

Indeed, when assessing the effectiveness of Livelihoods referrals in Beirut after the blast, compared to referrals to all other sectors in Beirut after the Blast, the main conclusion that can be drawn is that there is a **significantly higher level of response to Livelihoods referrals in Beirut compared to other sectors, particularly for internal Livelihoods referrals, in line with the overall finding that internal referrals are more likely to receive a service than external referrals in Beirut**. Between August and October 2020, only 1% of Livelihoods referrals in Beirut were left pending with No Feedback Received, compared to 29% when looking at all referrals to all sectors in Beirut in the same time period. Similarly, 44% of Livelihoods referrals in Beirut were Closed, compared to 25% for all the other sectors (Graph 3). This is also quite an improvement from the May-July 2020 reporting period where all Livelihoods referrals in Beirut were left with No Feedback.

In order to avoid duplication of services, this Task Force relied on designated focal point agencies in each area of Beirut responsible for MSME referrals, as well as commitment to conduct referrals through the use of a common system, RIMS. MSME partners also designated internal focal points internally for referrals, and close follow up allowed for internal referrals particularly to be responded to pro-actively. These coordination mechanisms strengthened relationships between MSME actors and likely contributed to better response to Livelihood referrals in Beirut.

Graph 3: Level of response to referrals in Beirut August-October 2020

Further, referrals sent to the Livelihood sector, most of them related to MSME support, are more likely to receive services as a result of the referral, compared to other sectors in Beirut after the Blast. 24% of Livelihoods referrals in Beirut were Accepted/Successfully Closed compared to 18% across all sectors. This indicates a good knowledge of each other's services and eligibility criteria, and the ability to identify Livelihood actors which can realistically provide a service as a result of the referral. This was strengthened comprehensive and detailed MSME Service Mapping with clear focal points for referrals for each organization, coupled with the Inter-Agency Service Mapping.
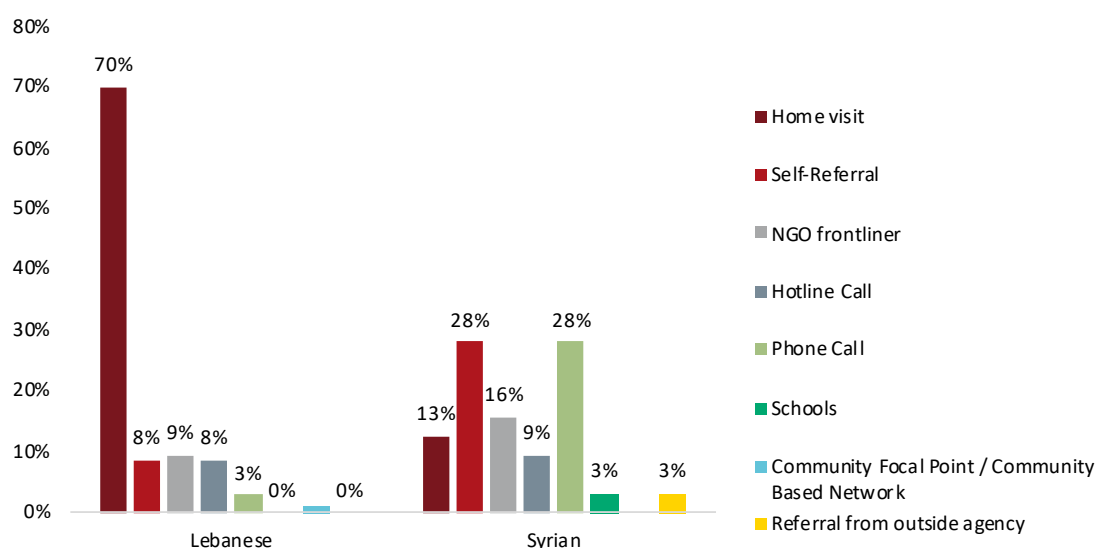
Recommendations:

- Commitment to using one tool for referrals at the sector and/or working group level, such as RIMS, is essential to encourage more referrals and more response to these referrals

- Assigning focal points for each sectors to be responsible for needs and referrals per geographical area allows for smoother coordination and referrals

- Relying on referrals for de-duplication of services is an option to be further considered across other sectors

Increased communication on services available is important to identify Lebanese in need of services

Vulnerable communities in need of services in Beirut after the 4 August 2020 Blast were identified mostly through home visits (56%) as a result of the significant increase in humanitarian activity in Beirut, followed by self-referrals (13%). Prior to the blast, a majority of people in Beirut accessed humanitarian services through self-referrals (46%). Indeed, the significant increase in activity of humanitarian actors and door-to-door outreach following the blast has allowed for a higher proportion of people to be identified directly by humanitarian actors.

There are interesting differences when it comes to identifying Lebanese and Syrian communities in need of services in Beirut. This is important because of the deterioration of the overall situation in Lebanon since end of 2019, and the fact that the Beirut Blast has served as an entry point to significantly scale up humanitarian support to Lebanese communities specifically, whereas since 2011 humanitarian operations in Lebanon have focused on Syrian refugees primarily. Indeed, after the blast between August-October 2020, 76% of referrals were of Lebanese communities in Beirut compared to 24% of Syrians. As a result, the question of how to identify vulnerable Lebanese in need of services, affected by the Blast but also beyond the Blast, is essential to be addressed by humanitarian actors in order to ensure access to services for those population who are not traditionally used to rely on humanitarian services.

After the Beirut Blast, RIMS data suggest that Lebanese were identified mostly through home visits (70%), whereas Syrians in Beirut were identified mostly through phone self-referrals and phone calls (28%) as shown by the graph below.

Source of identification of people in need of services in Beirut after the blast

Only few Lebanese are referred to services as a result of a self-referral (8% of all referrals), or through hotline calls (8%). This could demonstrate little knowledge of Lebanese communities of humanitarian services, as well as the fact that Lebanese people do not rely on humanitarian actors but rather civil society actors. According to DRC hotline data, 57% of calls in Beirut between August-November 2020 were from people asking for information on services in their areas, 66% of Lebanese calls and 52% of Syrian calls. Considering that Lebanese communities are newly starting to rely on humanitarian services with the multiple crises this year, this may require 1) enhancing communities' knowledge of services available to support them, 2) disseminating hotline numbers and other information which will allow to request information on services and 3) increasingly coordination with civil society actors.

A high proportion of self-referrals could indicate that communities have a good knowledge of the services that they can access in the area where they live. Considering that pre- and post-blast Syrians in Beirut were mostly identified through self-referrals, one could assume that self-referrals are a positive indicator that Syrians in Beirut have a good knowledge of the services that they can access. However, it can also be argued that self-referrals could be a result of a gap in humanitarian activity in a specific area, which then requires for communities to themselves pro-actively look for services. The fact that 52% of hotline calls to DRC from Syrians in Beirut were about information on services suggest that the level of knowledge of Syrian communities of services in Beirut remains quite poor. DRC will conduct further research on the level of knowledge of communities of services that they can access, in order to draw lessons learnt on identification and referrals of beneficiaries.

Recommendations:

- Partners and inter-agency coordination to work towards enhancing communities' knowledge of services available to support them, notably through the setup of help desks across Beirut

- Partners to actively disseminate their hotline to all communities in Beirut

- Partners to regularly conduct outreach exercises, regardless of the blast, to identify people in need, as Lebanese people have been affected by multi-layered crisis and need to be identified and referred to services

- Increased coordination with other non-traditional humanitarian actors who are providing services to all and Lebanese communities particularly, is essential

Pro-actively updating and using a compiled Inter-Agency Service Mapping continues to be essential to identify to relevant service provider to refer to

Four months into the Beirut Blast response, there continues to be confusion over which service mapping tool should be updated and used as a basis for referrals. Multiple service mapping efforts are ongoing, from 3Ws to document specific to referral pathways, to OCHA mapping of partners presence and the LCRP Inter-Agency Service Mapping. Duplication of tools to map not only created reporting confusion and exhaustion, but does not allow to have one compiled and up-to-date mapping where partners can find actors operating in Beirut across all sectors and facilitate cross-sector referrals. Further, the zone system in Beirut is difficult to navigate when it comes to mapping partners' activity, especially given that partners move in and out of zones based on changes in funding, activities, timeline of interventions, etc. These factors all contribute to less efficient coordination and referrals and ultimate access to services for population in need. With this remaining uncertainty, it is essential to remember that the most comprehensive, up-to-date, cross-sector mapping of services remain the LCRP Inter-Agency Service Mapping which extends beyond the LCRP.

Recommendations:

- Sector coordinator to requests partners to regularly update the Inter-Agency Service Mapping, regardless of other tools that may be used to support the response specific to the sector
- Partners to ensure that they have access to Activity Info to update their services

SNOW STORM ANTICIPATORY ANALYSIS

Every year, heavy storms strike Lebanon, leaving vulnerable communities in need of emergency assistance. This year, the changes in the operational context and the multiple crises affecting Lebanon are likely to have a higher impact on vulnerable communities affected by winter storms. Efficient referrals and coordination is all the more essential to ensure that these communities access the services that they need in a safe and timely manner.

Winter storms in previous years and referrals

Between December 2019 and February 2020, the Karim Winter Storm affected over 1,000 people across 86 sites in Lebanon.[7] Most sites affected by the winter storms were in the North of Lebanon in Akkar and Minnieh, in Baalbek-Hermel in Aarsal, in Bekaa around Zahle and North Bekaa, and in the South on the coast of the Chouf and Aley districts in Damour/Jiyeh.[8] WASH, Basic Assistance and Shelter needs were reported as highest with emergency assistance including core relief items, mattresses, blankets, winter clothes, shelter assistance, water proofing kits and desludging.[9] Those same sites were also affected by the 2018/2019 winter storms, which affected over 47,000 people in 678 sites.[10]

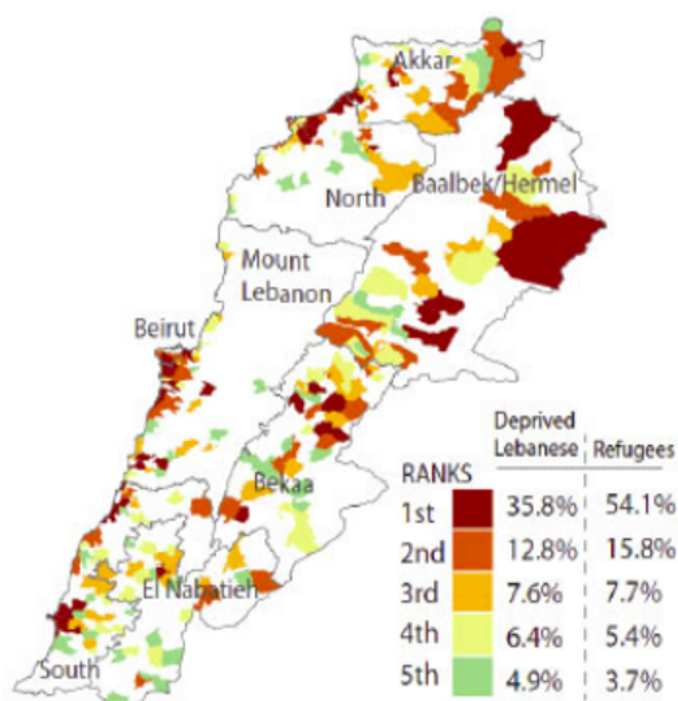7   Inter-Agency Coordination. February 2020. Karim Storm Situation Report. Accessible at: https://reliefweb.int/sites/reliefweb.int/files/resources/73948.pdf

8   Ibid.

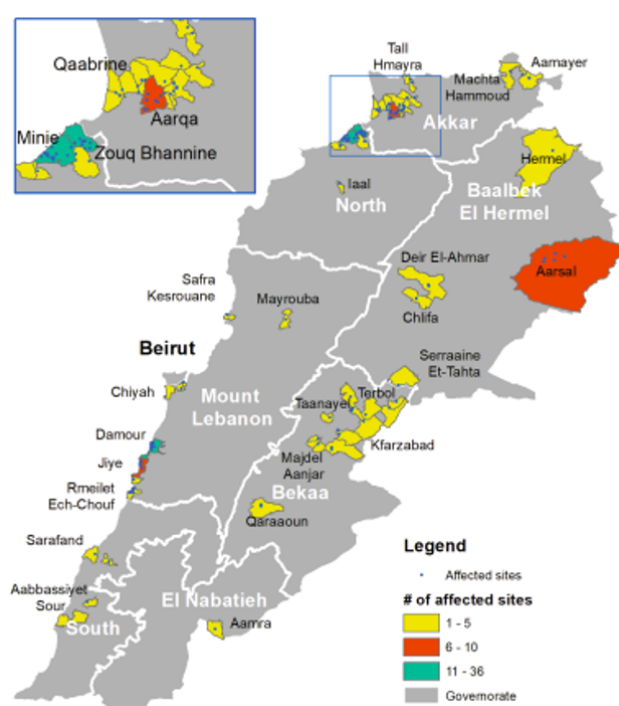9   Inter-Agency Coordination. February 2020. Karim Storm Situation Report. Accessible at: https://reliefweb.int/sites/reliefweb.int/files/resources/73948.pdf

10 Inter-Agency Coordination. Lebanon: Winter Storm Situation Report as of 24 January 2019. Accessible at: https://reliefweb.int/sites/reliefweb.int/files/resources/67773.pdf

A mapping of the most vulnerable cadasters in Lebanon conducted in 2015 (see map 2)[11], coupled with an up-to-date map of registered Syrian refugees in Lebanon in early 2020[12], demonstrate that the areas affected by the winter storms in 2019/2020 report a high concentration of Syrian refugees living in sub-standard conditions in informal settlements, as around 45% of refugees reside in the Bekaa region, and a high proportion of vulnerable Lebanese households. Indeed, these storm-affected areas are some of the most vulnerable cadasters of Lebanon with over 35.8% of vulnerable Lebanese and 54.1% of Syrian refugees. The winter storms therefore exacerbated already existing sub-standard conditions in some of the most vulnerable areas of Lebanon.

Map 2: 251 most vulnerable localities in Lebanon

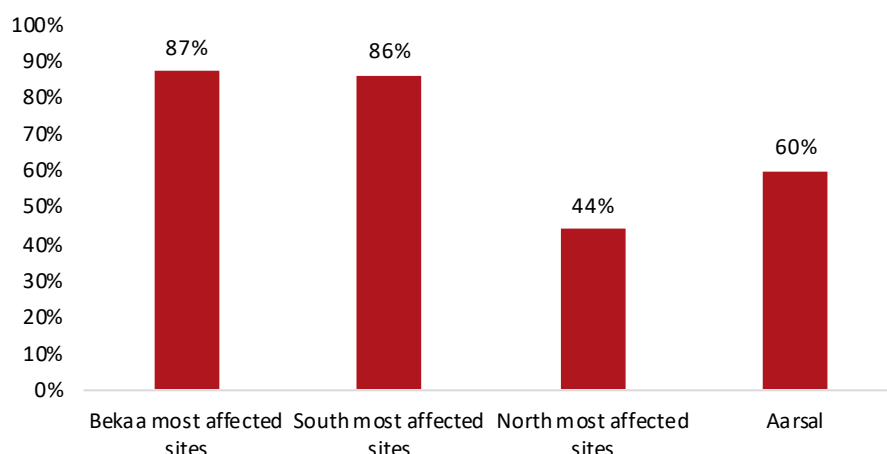**Map 3: Areas most affected by the 2019-2020 storms**

Despite these high needs from the storm, some significant gaps in coordination of service provision and access to services were identified between November 2019 and February 2020 from analysis of referral data on RIMS. Focusing on the effectiveness of referrals in the sites which were 1) most affected by the 2019/2020 storm (as per various maps and reports from winter 2019/2020), 2) ranking 1st and 2nd amongst the most vulnerable cadasters across Lebanon, and 3) for which referrals were conducted on RIMS, the below gaps in referrals were identified:

Low level of response to referrals: sites considered vulnerable cadasters and affected by the winter storm reported a low response to referrals in November 2019-2020, with a high proportion of referrals left with no feedback at all. This was particularly the case in the Bekaa most affected sites (Kfarzabad and Mardjel Anjar) with 87% of referrals with no response, in the South most affected sites (Sour, Abbassaiye, Sarafand) with 86% of referrals with no feedback, 60% in Aarsal, and 44% in the most affected sites of the North (Minnieh, Sammouniye and Zouq Bahnnine).

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11 Inter-Agency Coordination. 251 most vulnerable localities in Lebanon 2015. Accessible at: https://data2.unhcr.org/en/documents/details/45715

12 UNHCR. January 2020. Map of Registered Syrian Refugees by District. Accessible at: https://data2.unhcr.org/en/documents/details/74600

Graph 4: Referrals with No Feedback in November 2019-February 2020

When looking specifically at referrals to Shelter, WASH, Basic Assistance, which are the first needs reported as a result of the snow storm, and Health, there are specific gaps in Aarsal with Shelter, WASH and Health referrals which do not receive any feedback at all, in Bekaa affected sites with Shelter and Health, in the South with Shelter and in North with WASH.

Low service provision as a result of a referral: Very few referrals in the vulnerable winter-storm affected sites of 2019/2020 ended up in services delivery, that is, Accepted/Successfully Closed referrals. This is particularly the case for the Bekaa affected areas where no referrals were Accepted/ Successfully Closed during that time period, followed by the North affected sites where only 5.5% of referrals were Accepted/Successfully Closed during that time period, 9% in the South affected areas and 14% in Aarsal.

Low response to referrals and low service provision as a result of a referral are both indicators that there is reduced access to multi-sector services for people in need of services during a rapid emergency such as winter floods. These gaps in referrals are likely to be aggravated during the 2020/2021 winter as the context significantly deteriorated in Lebanon in 2020, with an increasingly population vulnerable to external shocks.

Forecasting for 2020/2021 winter storms

The identified gaps in referrals in the vulnerable sites affected by the 2019/2020 winter storms, are likely to be further aggravated in 2020/2021 both when it comes to increasing needs across Syrian and Lebanese population as a result of the multi-layered crises of 2020, coupled with the changing landscape of the humanitarian response. The below factors have changed in 2020 and are likely to exacerbate needs and contribute to challenging referrals as a response to the winter storms:

Needs: In winter 2020/2021, needs from winter snow storms are likely to be even higher than the previous year. Beyond the fact that winter storms affect areas where a high proportion of vulnerable Syrians reside, the severe deterioration of the living conditions of both Syrian and Lebanese communities since the end of 2019 has created high needs across Lebanon and also increasingly results in sub-standard living conditions as people are less and less able to afford basic services without humanitarian support, including Lebanese communities, for example, to repair their homes or access basic assistance should they be affected by floods.

Reduced access to communities: In 2020, temporary COVID-19 lockdowns resulted in reduced access of humanitarian actors to the communities that they serve, and of affected communities to assistance. Reconciling health imperatives with humanitarian ones is currently challenging. With reduced access to communities in need of services, it is essential to take the opportunity of the moments where field operations are possible to actively communicate with communities on services, notably through the dissemination of the hotline, which has proved quite important in enabling

access to services. Mainstreaming complaints and feedback mechanisms beyond organizational level, to sector and/or inter-agency level may be helpful to ensure harmonization of feedback channels, data collected and therefore enable identification of gaps. Working with community focal points is also essential in order to continue identifying and following up on people while working remotely, as was highlighted during the key guidance on remote referrals for COVID-19.[13] This will allow to maintain contact with people affected by the winter storms despite reduced access to communities.

Gaps in services: Gaps in Shelter services in Bekaa and the North have been raised by service providers several times in the past, and have reportedly worsened with funding being discontinued, and strict eligibility criteria for shelter services based on a scoring system which seems to differ across organisations. Similarly, confusion in which actors are providing Basic Assistance have significantly affected the state of referrals and efficient service provision. Gaps in Health services are also reported country-wide in addition to the difficulty to rely on local health infrastructures which are significantly weakened by the crisis. These gaps are likely to result in inefficient referrals and lack of access to essential services for communities affected by the winter storms.

Stretched capacity: The Beirut Blast has resulted in resources being diverted from the traditional humanitarian operations in Bekaa and the North, sometimes formally by dedicating teams to Beirut who were previously working in other areas of Lebanon, or informally by requesting usual teams to invest more time in going over a potential response in Beirut. As gaps in services were already highlighted in these areas outside of Beirut where communities are vulnerable and needs are high, sub-optimal capacity to support an increasing number of people in need aggravated by the winter storms is likely to have significant impact on service delivery. This is likely to lead to stricter prioritization of referrals from organisations with reduced capacity to operate, which was already ongoing during COVID-19 and resulted in significant backlogs in referrals and lack of access to assistance.

Fragility in Beirut: Beirut is considered one of the most vulnerable cadasters of Lebanon; the multi-layered crises that took place this year coupled with the Blast, puts Beirut in an increasingly vulnerable situation to winter storms which also affect the city every year. and affected by floods and strong winds. Already fragilised structures may be further affected by the winter storms as demonstrates the collapse of certain old buildings in Beirut during heavy rains.

This challenging operational environment and the high intensity of needs is likely to further exacerbate already inefficient referrals in sites usually affected by winter storms. Prioritising access to services and referrals during emergency assistance to people affected by winter storms will be essential.

Recommendations:

- Sector coordinators in sites usually affected by winter storms to pay specific attention to referrals by assigning focal points for each sector responsible for receiving referrals and ensuring good knowledge of services across actors operating specifically in these areas

- Partners to take the opportunity of the moments where field operations are possible to actively communicate with communities on services, notably through the dissemination of the hotline, which has proved quite important in enabling access to services.

- Inter-Agency Coordination to mainstream complaints and feedback mechanisms beyond organizational level, to sector and/or inter-agency level to ensure similar data collection, feedback channels

- Partners to rely on community focal points to continue identifying and following up on people while working remotely.

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13   DRC and Inter-Agency Coordination, June 2020, Key Guidance on Remote Referrals. Accessible at https://reliefweb.int/report/lebanon/lebanon-key-guidance-remote-referrals-june-2020