



ANTICIPATORY REPORT: EFFECTIVE HUMANITARIAN RESPONSE TO BEIRUT BLAST REQUIRES EFFICIENT REFERRAL PATHWAYS

INTRODUCTION

On 4 August 2020, a large-scale explosion in the Beirut Port caused the deaths of 180 people, injuries to over 6,500 individuals, and displacement of hundreds of thousands of residents in Beirut, leaving countless Lebanese and non-Lebanese people in need of various services.¹ A humanitarian emergency response was quickly activated to address the immediate needs of affected populations and the United Nations and its humanitarian partners launched a Flash Appeal to mobilize nearly \$565 million in assistance for a target of 300,000 persons of concern, as well as the medium to long-term needs for psychosocial support, basic assistance and eventually recovery and reconstruction.² As coordination between respondents in Beirut is ongoing, the Beirut emergency response will require the establishment of effective referral pathways, which connect service providers, facilitate access of affected populations to multi-sector services in a safe and timely manner, and help minimize duplication and fill gaps in assistance.

OBJECTIVES

The purpose of this report is to anticipate gaps in referral pathways and provide key recommendations to mitigate them, in order for all actors working on the Beirut Blast to work towards improving the effectiveness of referrals, with the ultimately objective of ensuring better access to services for those affected by the Beirut Port Explosion. This report draws upon lessons learned from:

1. Previous analysis of referral pathways prior to the Beirut Blast explosion in Beirut Mount Lebanon (BML) prior to the explosion, and;
2. Immediate first-hand experiences of partners operating in Beirut following the explosion.

This report also highlights the importance of **adopting a common referral platform such as the Referral Information Management System (RIMS)**.

1 IOM MSNA

2 OCHA Flash Appeal. 14 August 2020. Accessible at: <https://reliefweb.int/report/lebanon/lebanon-2020-flash-appeal-august-enar>

METHODOLOGY

This report is based on two sources of information: 1) quantitative data from March-June 2020 from the Referral Information Management System (RIMS), created by DRC in 2017 to strengthen cross-sector referrals and now used by over 50 local and I/NGOs across all sectors in Lebanon to send/receive/track their referrals, and 2) a RIMS Beirut Blast survey, that assessed referral practices and coordination on the ground since the Beirut Blast, rolled out at the end of August 2020 to 17 RIMS and non-RIMS partners, currently and/or planning to provide services to those affected by the Beirut Blast.

In October 2020, once a larger number of referrals of persons affected by the Beirut Blast will have been conducted on RIMS, a more in-depth analytical report of the efficiency of referrals in Beirut post-4 August 2020 will be published.

FINDINGS

As funding for the Lebanon County Response Plan (LCRP) continued to decrease, while needs escalated for both Syrian and other vulnerable communities, the Inter-Agency Coordination has been invested in improving cross-sector coordination and referrals, to continue to maintain access of vulnerable communities to multi-sector services. The Inter-Agency Minimum Standards for Referrals 2020 were revised to provide up to date, multi-sector guidance on referrals, coupled with the development of the Inter-Agency Service Mapping, which is the unified platform bringing together information on services of all partners operating in Lebanon. Extensive trainings on these tools and processes were conducted to field staff working in all sectors, with the objective of building capacity of actors across all sectors on safe identification, referrals and service mapping and strengthen referrals. Finally, the Inter-Agency Referral Monitoring System was extended to non-Protection actors, who now report to the Inter-Agency on their referrals on a quarterly basis, data from which a quarterly joint analytical report is produced, including RIMS and RAIS data, to discuss trends and gaps in referrals during working groups and adopt tangible actions to improve field coordination.

Nevertheless, as the implementation of these initiatives is still ongoing, and the operational environment in 2020 is challenging, gaps in referrals continue to exist. Based on RIMS referral data in BML prior to the Beirut Blast (May-June 2020), as well as findings from the RIMS Beirut Blast survey, specific attention must be paid to the below challenges in referrals in BML:

1. A variety of different tools used for referrals are likely to hamper efforts for efficient cross-sector field coordination

Respondents to the RIMS Beirut Blast survey **reported to receive referrals using a variety of tools** such as phone calls (50%), RIMS (22%), an email with the attached Inter-Agency Referral Form (IRF) (15%), a brief email (5%), and Whatsapp (5%). Non-RIMS partners, mostly rely on phone calls to receive referrals (71%), followed by an email with the IRF (15%) and brief emails (15%). While phone calls are the most efficient way to manage urgent referrals, these referrals still need to be thoroughly tracked and monitored for effective analysis and to ensure services are provided and avoid duplication of services. Therefore, it is essential to ensure that all information shared during phone calls is transferred on a referral tracking tool to ensure proper management and follow up. A referral tracking system such as RIMS will enable efficient referrals tracking and coordination between actors.

Key Recommendation:

As more actors deploy inside Beirut and the humanitarian space becomes increasingly saturated, using a common tool for sending/receiving/tracking referrals, such as the Referral Information Management System (RIMS) which brings together over 50 L/INGOs from all sectors on the same platform, is essential to ensure effective coordination between these actors and provide safe and timely access to services.

2. Response to referrals, traditionally low in BML, is likely to stay relatively low despite high requests for services

Prior to the Beirut Port Explosion (March-June 2020), according to RIMS referral data, **BML recorded a particularly low response to referrals, with over 75% of referrals never receiving any feedback.** Only 6% of referrals to BML were Accepted/Successfully Closed during that time period. This indicates significant gaps in humanitarian service providers following up on referrals, and ultimately providing a service as a result of the referral, and therefore reduces access to services for those in need. Further, while preliminary impressions from Beirut service providers suggest that receiving agencies are, in most cases, following up on referrals since the blast (RIMS Beirut Blast survey), **12% of respondents still reported that they would not inform the referring agency if they received a referral and cannot provide the service**, all of which were non-RIMS users. All RIMS users reported to provide feedback to the agency when they cannot deliver the service. Providing feedback on referrals is particularly essential when the referral is declined, because the referred person will not access the service that they need and therefore needs to be re-referred to another service in a timely manner. This will also ensure that service providers uphold their accountability towards the population that they serve.

Low response to referrals is most noticeable across key sectors where needs are most reported in Lebanon: between March and June 2020, **100% of GBV referrals in BML never received any feedback, 90% of Health referrals, and 89% of Child Protection referrals, and 76% of Basic Assistance referrals.** Prior to the Beirut Port Explosion, the highest proportion of referrals to BML were recorded in those exact same four sectors where gaps in response are identified, indicating already pre-existing high needs in this area and for these services. With the Beirut Port Explosion, these needs have become further exacerbated; low level of follow up on referrals specifically for those sectors, therefore, is all the more concerning.

As more humanitarian activity takes place in Beirut, and needs are high, it is likely that referrals will increase. Yet the current coordination challenges identified on the ground, coupled with a high workload of actors operating in Beirut, will likely lead to difficulties keeping up with referrals, creating a backlog and therefore continuous low level of follow up in these referrals.

Key Recommendation:

Although BML referrals used to only account for 2.5% of all RIMS referrals between March-June 2020, the number of referrals in this area is expected to rise with escalating needs and increased humanitarian presence and activity in response to the Beirut Blast, and therefore pro-active, regular response and follow up on referrals between service providers will be essential to ensure access to services and accountability to affected populations.

In order to ensure timely follow up on referrals, respondents in Beirut should also ensure that all their frontline staff are trained on Safe Identification and Referrals (SIR), attending trainings such as the one provided by the Inter-Agency. Particular attention will need to be devoted to newly recruited staff operating in Beirut.

3. Poor efficiency of Health and Basic Assistance referrals is likely to be challenging as needs escalate in Beirut

Previous RIMS reports³ highlighted recurrent **bottlenecks with both Health and Basic Assistance referrals country-wide**, while requests for these services escalated with the economic crisis and the COVID-19 pandemic. Bottlenecks in referrals to these sectors are likely to be exacerbated given the high requests for these specific services since the Beirut Blast, and the challenges already existing with referrals to these sectors, during the inception of the response and as more actors move into Beirut.

³ RIMS Snapshot May 2020, accessible at: <https://reliefweb.int/report/lebanon/referral-information-management-system-rims-snapshot-may-2020>; RIMS March report 2020, accessible at: <https://reliefweb.int/report/lebanon/rims-informing-humanitarian-programming-through-referral-analysis-march-2020>

Overall, there is generally a low level of follow up on Health referrals, with 60% of Health referrals with no feedback between March-June 2020, accounting for the sector receiving least feedback on its referrals, in addition to long timeframes to assign a final status to those referrals, with only 21% of Health referrals closed within the required 14-day timeframe, again accounting for the sector with least referrals closed within 14 days. This is partly driven by an overload in Health referrals compared to the capacity of Health actors to respond, the complexity of urgent health cases, as well as Health actors' tendency to prioritise internal cases rather than external referrals. With health actors reporting that only half of assessed Primary Health Centers (PHC) in Beirut are still operational⁴, this is only going to put more pressure on Health actors to provide more services in Beirut, as well as outside Beirut as people move outwards to seek emergency health support.

Similarly, already existing bottlenecks in Basic Assistance referrals will need to be addressed: the timeliness of Basic Assistance is the third lowest after Health with only 36% of Basic Assistance referrals receiving a final status within 14 days, and 38% of Basic Assistance referrals do not receive any feedback, which is above the average of all sectors. Indeed, confusion remains over which actors provide cash support in the response, and there is little flexibility for the main cash service providers to receive referrals. The efficiency of Health and Basic Assistance referrals will need to be improved in order to respond to the likely needs in these sectors following the Beirut Port Explosion.

Key Recommendations:

Specific referral pathways for Health actors will need to be designed to ensure a balanced division of responsibility between actors, and ensure capacity to receive referrals and address requests for services. Further, it will be necessary to ensure that partners are aware of which health facilities are supported by humanitarian actors, and to clarify eligibility criteria, in order to ensure that people referred to these services are eligible for low cost/free healthcare.

A clear mapping of Basic Assistance and cash services will need to take place in order to ensure that referrals can occur to this sector.

Discussions in the Health and Basic Assistance working groups in BML will need to take place around referrals, to identify the exact gaps in field coordination on the ground, and take concrete actions to improve referral pathways. These actions, already proposed in previous RIMS reports, can include: assigning focal point agencies and back up focal point agencies according to geographical area and/or activity type, to send referrals to, a regular and comprehensive update of the Inter-Agency Service Mapping including key documents to be provided by the person if they are referred to certain institutions, the strengthening of cross-sector linkages to make sure that other sectors clearly understand referral pathways to the sector and eligibility criteria, and developing guidance specific to the sector for referrals if need be.

4. Referrals in Beirut are likely to take time to be responded to, lengthening the referral process and ultimate service provision

According to the RIMS Beirut Blast survey, although many actors started providing services in Beirut, a large majority of them (88%) reported that they are not sending referrals, and the main reason cited for not sending referrals was that they will "do it later". While this can be interpreted in many ways, it is important to be reminded of the importance of referral pathways as a key aspect of any humanitarian response, not only to **provide timely access to services to those in need, and notably those in urgent need who should be referred within 24 hours of identification as required by the Inter-Agency Minimum Standards for Referrals 2020, but also to avoid accumulated backlog in referrals, which will lead to increase workload and further delays in service provision.** Similarly, 37.5% of respondents reported that they receive a response to their referrals within 2-5 days and 12.5% later than five days, which highlights important gaps in timely follow up. As requests for services increase in Beirut and actors' capacity to provide these services is not yet matching the needs, awaiting funding for programming, timely referrals, response and follow up will be essential to address urgent needs in an efficient manner.

4 Health Sector Meeting minutes 18 August 2020

5. High proportion of ineligible referrals in BML is likely to increase with parallel service mapping exercises

Across all governorates, BML recorded the **highest percentage of Not Eligible referrals between March-June (10%), well above the 7% average**, partly driven by confusion over eligibility criteria of service providers, particularly in times of crises when services provided and eligibility criteria change, as well as lack of updates of a common tool for mapping services. More specifically, a **high proportion of Shelter referrals in Beirut (33%) and Mount Lebanon (100%) were considered Not Eligible**, while the rest were left with No Feedback Received. Shelter needs in both of these governorates were already particularly high for Syrian refugee populations, who live in residential shelters, and likely also for other vulnerable groups who assumingly were already increasingly affected by the economic crisis in their capacity to pay rent.⁵ Destruction of people's homes following the Beirut Port Explosion will only exacerbate Shelter needs, while referrals analysis suggests significant gaps in Shelter referrals in this area which should be addressed.

Confusion over service providers' eligibility criteria is likely to increase with the Beirut Port Explosion as actors operating outside Beirut receive funding and move into Beirut, re-shuffling the area of operations of already existing actors. According to the RIMS Beirut Blast survey, the main challenge to provide services currently in Beirut, is the duplication of services and lack of coordination between responders on the ground on the ground (55%), highlighting the essential role that referrals and referral tracking on a common platform, play in providing services. The ongoing geographical split exercises between actors must be regularly reviewed, and assigning focal agencies for referrals by sector or geographical area will help reduce the confusion, and ensure that referrals are eligible and result in service delivery.

Ineligible referrals are also driven by outdated, parallel service mapping exercises. The RIMS Beirut Blast survey indicates that services providers are **using various service mapping tools to refer persons affected by the blast, including their own internal service mapping, the RIMS service mapping, the UNICEF Service Mapping, Working-group specific Service Mappings, RAIS and UNHCR-related information**. No one mentioned using the Inter-Agency Service Mapping which is the reference tool for all services across sectors, and 61% of respondents reported that they were asked to update their services on more than one tool. While most people reported that these tools were very useful (61%) and that they could easily locate the service provider that they needed to refer to (76%), 57% reported that the information that they found in there was not up date, and challenges were particularly identified with cross-sector referrals where 24% of respondents reported to struggle to locate service providers outside of their sectors while only 10% within their sectors. As multiple service mapping exercises emerge for the Beirut Blast response, it is essential to avoid duplication of efforts, compile service information on the Inter-Agency Service Mapping, and further discuss how to consolidate various Working Groups service mapping exercises going on into a unified, easy to access document.

5 Inter-Agency Coordination Lebanon (July 2020), "In focus: rise in evictions due to economic vulnerability", accessible at: <https://data2.unhcr.org/en/documents/download/77872>; ACTED (July 2020), "Urban residents under pressure", accessible at: http://www.lhif.org/uploaded/Items/71ab215156464c6186ca7ee476657dacUrban%20Needs%20Assessment%20in%20Beirut%20and%20Mount%20Lebanon_Final.pdf

CONCLUSION

Overall, 42% of respondents to the RIMS Beirut Blast survey reported that referrals were somewhat challenging since the Beirut Blast, and 14% reported that they are difficult. Most people report to ask for support from sector coordinators in case of difficulties, indicating the key role that sector coordinators play with field coordination and referrals. Considering the gaps already known in referral pathways with RIMS referral data prior to the blast in BML, and the preliminary responses of service providers in Beirut when it comes to field coordination and referrals, it is essential to dedicate specific efforts and resources to ensure efficient referrals in the Beirut Blast response, and provide holistic services to those affected.

Additional recommendations

Coordination agencies

- Engage non-humanitarian actors into the Beirut Blast response and integrate them into referral pathways
- Ensure the consolidation of various tools such as the service mapping exercises

Sector coordinators

- Discuss with sector partners, challenges and action points for referrals both 1) intra-sector, amongst partners and 2) inter-sector, with key strategic sectors
- Discuss with sector partners how to address gaps in follow up to referrals
- Ensure that all partners have updated the Inter-Agency Service Mapping and know how to use it for referrals. This may require refresher trainings and awareness sessions on the tools being used to map services at Inter-Agency level.
- Engage with other working groups on service mapping efforts.
- Ensure that focal point agencies and back up focal point agencies are designated by sector or area, along the geographical split, to receive referrals
- Regularly review the geographical split as new actors come in and update referral pathways
- Act as focal point to be contacted by sector partners in case referrals are left pending for too long
- Develop and ensure strong referral pathways for Basic Assistance, Health and Shelter specifically

Partners

- Use a common referral system such as RIMS
- Put increased efforts in updating the Inter-Agency Service Mapping with new services/new referral focal points, at least on a weekly basis
- Ensure accurate reporting of services provided by your organization and as detailed as possible
- Ensure that referrals are part of the workflow of frontline staff in the field
- Train new staff on Safe Identification and Referrals (SIR) if they have not been trained
- Dedicate specific resources to referrals, follow up and field coordination

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