CASSION · PROJECT REPORT

Where the pathway loses people

Protection referral pathway performance

Organisation	Protection and GBV programme across six admin2 areas
Prepared for	Protection cluster coordinator and the GBV subcluster
Updated	July 26, 2026
Sectors	Protection
Standards and methodologies	Core Humanitarian Standard (CHS) · Sphere Standards
Data	`protection-referrals-2024`

> DECISION THIS INFORMS
>
> Which service line and which area receive additional capacity, and whether the disability gap needs a separate response.

Every dataset behind this report is synthetic. No record traces to a real person, and no figure here describes a real programme.

Read the project online at data-analysis.cassion.dev/projects/protection-referral-pathway

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Context

The problem

Fewer than half of the people who consented to a referral reached a service, but the pathway was reported as a single completion rate. A single number cannot say whether the failure is at intake, at issuing the referral, or at the receiving provider, so every corrective action taken in the previous year had been aimed at the wrong node.

1 Recommendation

Add capacity to **legal assistance and livelihood support**, and to **Saint-Louis-du-Nord**. Treat the disability gap as a separate response rather than as a consequence of the service mix.

The pathway was previously reported as a single completion rate, which named nothing actionable. Broken apart, it is not uniformly weak: health completes at 61.6% and livelihood support at 22.8%, and those two need different things.

2 The completion rate, measured correctly

Completion is measured over cases that **consented** to referral. Counting a non-consenting case as a pathway failure both misstates performance and misrepresents a person's decision — the pathway did what it should when someone declined.

	Value
Cases	1,850
Consented to referral	1,638 (88.5%)
Reached a service	757
Completion (consent-gated)	**46.2%**
Completion if all cases counted	40.9%

The two figures differ by 5.3 points, and the wrong one blames the pathway for 212 people who chose not to be referred.

3 Where capacity should go

Capacity goes where completion is low **and** the volume is large enough for the gain to matter. A line completing at 23% on 30 cases is a different problem from one completing at 23% on 200, and completion alone does not separate them.

The shortfall column below is the number of additional people who would reach a service if that line performed like the best-performing one. It is a crude estimate — it assumes the gap is capacity rather than need — but it is the right shape for a capacity decision.

Service line	**Cases**	**Completion**	**Shortfall**
Legal	257	30.7%	79
Livelihood support	193	22.8%	75
Safety and security	260	35.4%	68
Psychosocial	506	55.7%	30
Health	422	61.6%	0

Note that this ranks differently from completion. Livelihood support has the worst completion rate and legal has the larger shortfall, because legal carries 64 more cases. If the cluster's objective is people reached, legal comes first.

Area	Cases	Completion	Shortfall
Saint-Louis-du-Nord	219	30.6%	58
Port-de-Paix	351	45.9%	39
Hinche	251	42.6%	36
Mirebalais	161	36.0%	34
Saint-Marc	273	53.5%	9
Gonaïves	383	56.9%	0

Livelihood support at 22.8% is not caseworker performance. It is which services exist and have capacity — which is exactly what a capacity decision should act on.

4 The disability gap

Status	Cases	Completed	Completion
Disability reported	202	62	30.7%
No disability reported	1,436	695	48.4%

A gap of 17.7 points, chi-square $p < 0.001$.

It appears in four of the five service lines — safety and security is the exception, at roughly 35% either way — which makes it unlikely to be explained by the mix of services people with disabilities request.

Service line	No disability	Disability reported
Health	66.1%	32.1%
Legal	32.4%	21.1%
Livelihood support	23.6%	15.8%
Psychosocial	57.7%	38.5%
Safety and security	35.4%	35.1%

What this does not tell you is the mechanism — physical inaccessibility, pathways that assume mobility, or something else. That is answered by asking caseworkers, not by this table, and it is the first thing the sub-cluster should commission.

One detail worth recording: a single area recorded disability as `Yes`/`No` rather than `true`/`false`. Without normalising, the disaggregation fragments into four categories, two of them below the suppression threshold, and the gap would have been invisible.

5 Data quality, flagged rather than corrected

Contradiction	Cases
Service time recorded, referral not accepted	11
Service time recorded, no referral made	6
Accepted, no service time recorded	40

In case management a contradictory record is an entry issue to return to the caseworker, and deleting it destroys the only trace the case existed. These are returned, not dropped.

The 40 accepted referrals with no service time mean the **timeliness denominator is smaller than the completion denominator**. The two are reported separately and must never appear in a table implying a shared base.

6 What this does not establish

Referral records show what the pathway did, not what people needed. A service line with few referrals may be one nobody needs or one nobody offers, and this data cannot separate the two.

Timeliness is measured from referral, not from incident, because the dataset holds no incident date and under GBV information management principles it should not. A survivor who reached a caseworker late and a service quickly appears here as fast.

The shortfall metric assumes the gap is capacity rather than need. It is the right shape for a capacity decision and the wrong shape for a needs assessment.

7 Recommended next steps

1. **Fund legal assistance first**, on shortfall rather than on completion rate.
2. **Ask caseworkers about the disability gap** before designing a response. The data establishes that it exists and is not explained by service mix; it cannot establish why.
3. **Return the 57 contradictory records** to the originating caseworkers rather than resolving them centrally.
4. **Keep the suppression threshold at 20 cases** in anything published. It was agreed with the case management agency and is a protection decision, not a formatting preference.

About this edition

This report is generated from the same source as the project page, so the two cannot drift. The online edition carries the analysis notebook, the dataset and any corrections issued since this file was produced.

Read the project online at data-analysis.cassion.dev/projects/protection-referral-pathway

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