RIMS
Referral Information Management System
Hosted by the Danish Refugee Council

DRC DANISH REFUGEE COUNCIL

MINISTRY OF FOREIGN AFFAIRS OF DENMARK
Danida

Co-funded by the European Union

RIMS: Q2 2026 Report

This quarterly report has been generated through the Referral Information Management System (RIMS) for the period of April to June 2026 (Q2), drawing on the analysis of more than 2,000 referral records complemented with qualitative inputs from RIMS partner organizations, which are used to better understand and triangulate quantitative trends observed.

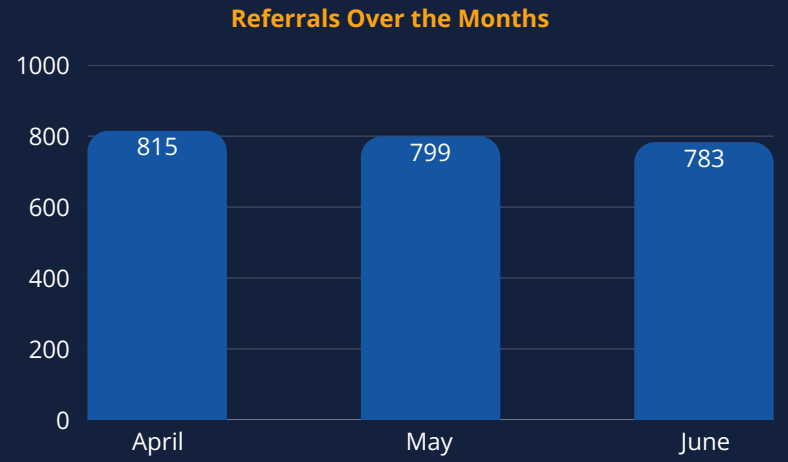
Key Findings

- **Sharp surge in humanitarian needs (+26%):** Total referrals increased from 1,909 in Q1 to 2,397 in Q2 (+26%), confirming a clear escalation in humanitarian pressure driven by displacement, economic collapse, and continued insecurity.
- **Nutrition emerges as the most critical pressure point:** Nutrition referrals surged dramatically to 721 cases (vs. 90 in Q1), making it the top sector of concern, driven by infant feeding needs, formula insecurity, and worsening food access.
- **Displacement is the main cross-sector driver of referrals:** Requests for cash assistance increased significantly in Q2 (61 → 192 cases), with widespread displacement from South Lebanon and Beirut suburbs, and rising demand for cash-for-rent and multi-purpose cash assistance.
- **Protection risks remain acute and interlinked in Q2:** Child Protection (414 → 554) and Protection (369 → 348) reflect persistent and overlapping risks, including: child labor and exploitation, child marriage, gender-based violence, psychosocial distress, and family breakdown.
- **Although there was a minor reduction, GBV referrals remains high and complex**: referrals for GBV services cases (215 → 195) continue to be dominated by cases involving intimate partner violence and child marriage, with strong links to economic dependency, legal insecurity, and displacement.
- **Children and women remain the most referred groups:** Women account for 66% of all cases referred, while children represent 42% of referrals, confirming that the crisis exacerbates and intersects with existing vulnerabilities.
- **Geographic concentration in high-pressure areas:** Referrals are concentrated in Mount Lebanon, Bekaa, Baalbek-El Hermel, and Akkar, with a notable increase in Beirut, reflecting displacement flows during the quarter.
- **The system has remained operational and resilient throughout the conflict, although sustained demand continues to place pressure on its performance:** 66% referral closure rate (↑ from 59%), 74% on-time response (slight improvement). However, 19% receive no feedback, showing persistent accountability gaps.
- Vulnerabilities are increasingly multi-dimensional: Cases increasingly overlap across economic hardship, legal status, disability, violence, and displacement, confirming that needs are no longer sector-specific but deeply interconnected.
- RIMS remains a critical coordination backbone: Despite rising pressure, RIMS continues to function as a key inter-agency system for referral tracking, protection monitoring, and service coordination across Lebanon.

Referral Trends

1. Referral Volume

During the second quarter (Q2) of 2026, RIMS recorded 2,397 referrals, representing a 26% increase compared to 1,909 referrals in Q1. This increased number of referrals in this quarter underscores the growing reliance on RIMS as the primary inter-agency referral coordination platform in Lebanon, while simultaneously reflecting the intensification of humanitarian and protection needs driven by ongoing escalation, displacement, and socio-economic deterioration.



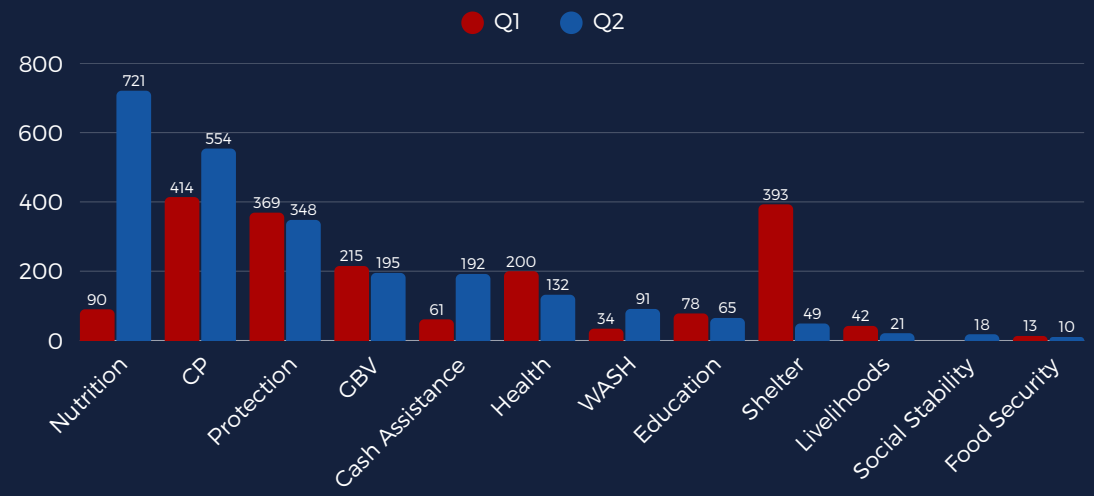
Referral activity remained consistently high throughout the quarter, with 815 referrals (34%) in April, 799 (33%) in May, and 783 (33%) in June. This stable yet elevated monthly pattern suggests a persistent level of crisis-driven demand rather than short-term fluctuations, indicating that humanitarian needs remained

continuous throughout the quarter including through various periods of ceasefire. It also reflects a system operating under sustained load, where increased humanitarian needs and assistance are being requested across sectors amid the ongoing escalation context.

2. Sectoral Trends:

Nutrition surged to become the largest referral sector during Q2, accounting for 721 referrals (30%), followed by Child Protection (554 referrals; 23%), Protection (348 referrals; 15%), GBV (195 referrals; 8%), Cash Assistance (192 referrals; 8%), and Health (132 referrals; 6%). The remaining referrals were distributed across WASH, Education, Shelter, Livelihoods, Social Stability, and Food Security.

Distribution of Referrals by Sector Between Q1 and Q2



Compared with Q1, several notable shifts were observed in referral patterns:

Nutrition referrals increased dramatically from 90 referrals in Q1 to 721 referrals in Q2 (+701%), becoming the most requested service. The sharp increase reflects both the escalation of the humanitarian and socio-economic crisis in Lebanon and increased awareness of services for nutrition-related assistance as reported by the partners. Within Nutrition referrals, a large proportion of cases are driven by requests for infant formula and diapers, indicating that the service is increasingly used to address urgent material needs in a context of displacement and reduced household purchasing power. Another key driver is perceived insufficient breastmilk supply, which frequently leads to early introduction of formula or mixed feeding. These cases are largely linked to stress, lack of breastfeeding support, and misinformation rather than confirmed clinical issues, highlighting a clear gap in lactation counselling services. Partners reported persistent breastfeeding difficulties, including latch problems, pain, and feeding complications, alongside a growing need for lactation support, particularly among mothers affected by displacement and crisis-related stress. Complementary feeding gaps remain evident among older infants, with cases reporting inappropriate feeding practices and limited dietary diversity. Cases are strongly influenced by conflict, displacement, and economic deterioration, with families reporting inability to afford formula, disrupted breastfeeding, and increased stress affecting feeding practices. Nutrition referrals were primarily concentrated in Mount Lebanon (22% of all nutrition referrals) and Baalbek-Hermel (17%). Of these referrals, 56% involved Lebanese beneficiaries and 41% were Syrian beneficiaries. The vast majority (97%) were adults aged 18–59 years.

Child Protection remained a critical sector in Q2 2026, with 554 referrals, increasing from 414 referrals in Q1 2026 (+34%). This rise reflects both growing protection needs among children in Lebanon and improved identification and referral through RIMS amid an increasingly fragile socio-economic and protection environment. The CP referrals include a major proportion of child labor and economic exploitation cases, including street vending, waste collection, and agricultural work. These children are frequently exposed to violence, harassment, and unsafe working conditions, highlighting the persistent vulnerability of children engaged in informal labor in the context of worsening household poverty. A strong link is observed between child labor, displacement, and psychosocial distress, with many children presenting symptoms such as nightmares, enuresis, aggression, withdrawal, and in some cases self-harm. These cases are often compounded by disrupted schooling and unstable living conditions, reflecting the cumulative impact of conflict, economic hardship and protection risks as reported by CP partners. While conducting a validation exercise with RIMS partners, they indicate ongoing cases of violence within the household, including physical abuse by caregivers and intra-family violence. In many cases, disclosure is indirect or behavioral, suggesting continued barriers to safe reporting and the need for strengthened detection and response mechanisms. Another key driver is family instability and breakdown, including separation, divorce, and absence of caregivers due to death, migration, or abandonment. These factors are closely associated with neglect and emotional distress among children, reinforcing cycles of vulnerability. In addition, cases reflect a growing burden of unaddressed disabilities and developmental needs, including autism, speech delays, and sensory impairments, often compounded by limited access to specialized services due to cost barriers. CP referrals were primarily concentrated in Mount Lebanon, accounting for 33% of all CP referrals, followed by Baalbek-Hermel with 21%. The majority of referrals (83%) involved Syrian beneficiaries, while 15% concerned Lebanese beneficiaries. Males represented 53% of referred children, with females accounting for the remaining 47%. In terms of age, 55% of referrals involved children aged 5–11 years, while 37% were adolescents aged 12–17 years.

Child Marriage: A total of 151 referrals involved cases of early child marriage, predominantly among Syrian adolescents aged 12–17 years, with the highest concentrations reported in Bekaa and Baalbek-Hermel. Of these cases, 38% involved individuals who arrived in Lebanon after December 2024. Many of the marriages were informal or unregistered, exposing girls to heightened protection and gender-based violence (GBV) risks, as well as significant legal documentation challenges.

These cases reflect the intersection of economic hardship, displacement, and prevailing social and cultural norms. While some girls arrived in Lebanon already married, others entered into marriage after displacement.
All reported cases were referred to case management for comprehensive risk assessment prior to any intervention. However, the referrals were distributed across Child Protection (CP), General Protection, and GBV sectors, suggesting some uncertainty among frontline staff regarding the appropriate referral pathway.
This pattern indicates the need for further capacity strengthening to improve frontline workers' confidence in identifying the primary protection concern and referring cases to the most appropriate sector, while ensuring coordinated, survivor-centered, and child-sensitive case management.

Protection referrals recorded 348 cases in Q2 2026, compared to 369 in Q1 2026, reflecting a slight decrease in volume (-7%). However, referral analysis and partners' feedback indicate that protection risks remain severe and increasingly complex, with cases concentrated with interlinked vulnerability areas rather than a real reduction in need. Across all case types, 38% of the total protection referrals indicates that there is a persistent legal and housing vulnerability layer, including eviction due to unpaid rent and lack of civil documentation, particularly among Syrian and stateless families. These legal gaps significantly restrict access to services and prolong protection risks. Protection referrals were primarily concentrated in Bekaa, accounting for 39% of all Protection referrals, followed by Baalbek-Hermel with 26%. The majority of referrals (78%) involved Syrian beneficiaries, while 18% concerned Lebanese beneficiaries. Females represented 63% of referrals, with males accounting for the remaining 37%. In terms of age, 55% of referrals involved PoCs aged 18–59 years, while 26% were adolescents aged 12–17 years.

GBV referrals decreased by 19% between Q1 and Q2, while indicating continued high levels of violence against women and girls amid Lebanon's ongoing economic and displacement crisis. Partners reported that they have been increasingly observing children exposed to incidents of GBV, especially in the light of repeated displacements, residence in collective shelters, overcrowded and stressful living conditions, and loss of privacy. Across the caseload, financial insecurity, displacement, and legal barriers continue to exacerbate GBV risks, limiting survivors' access to safety, legal protection, and independent livelihoods. The data also highlights the considerable mental health impact of GBV, including trauma, depression, and suicidal ideation. These referrals were mainly in Bekaa (32% of GBV cases), and Mount Lebanon (30%). The majority of the referrals involved Syrian beneficiaries (86%), mainly aged between 18 and 59 (64%) and 12-17 (34%).

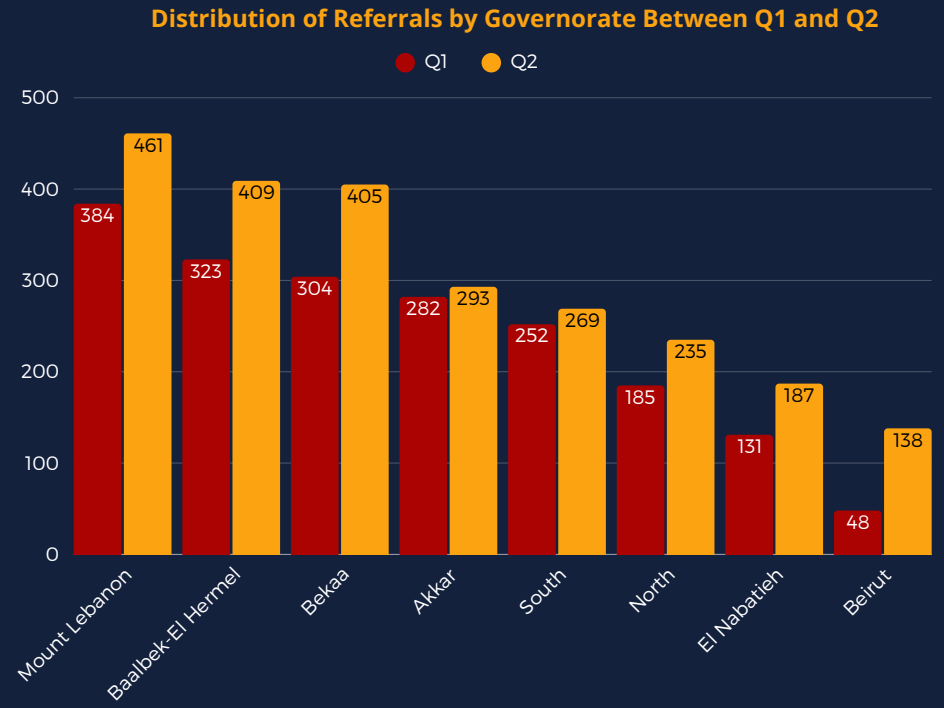
Cash Assistance referrals increased significantly from 61 cases in Q1 to 192 cases in Q2 2026, reflecting the growing humanitarian impact of the continued escalation in Lebanon and the increasing needs of conflict-affected households.

The cases show that the vast majority of referrals are linked to conflict-induced displacement, particularly from South Lebanon and Beirut's southern suburbs..
Most households requested cash assistance, primarily to cover rent and other essential needs, while facing overcrowded living conditions, loss of income, and heightened risk of eviction.
Female-headed households, older persons, people with disabilities, and families with chronic illnesses were among the most vulnerable groups identified, with many struggling to meet basic needs following displacement. Conversely, several sectors experienced noticeable declines compared with Q1.

Shelter referrals decreased significantly from 393 to 49 referrals, while Health referrals declined from 200 to 132 referrals, as a result of the limited funding and reduction in service availability. Education, Livelihoods, and Food Security referrals also recorded lower volumes during the quarter, possibly due to most schools going into summer sessions. These reductions may indicate changing humanitarian priorities, seasonal variations, or shifts in partner programming toward sectors experiencing greater demand for more immediate life-saving services or individuals being unable to meet their basic needs, particularly nutrition and cash assistance.

Overall, the evolving sectoral distribution demonstrates how humanitarian needs continue to shift over time and underscores the importance of maintaining adaptive referral pathways capable of responding to changing operational contexts.

3. Geographical Distribution



The geographic distribution of referrals remained relatively consistent between Q1 and Q2, while reflecting the overall 26% increase in referral volume, from 1,909 referrals in Q1 to 2,397 referrals in Q2. Mount Lebanon continued to record the highest number of referrals, increasing from 384 to 461, followed by Baalbek-El Hermel (323 to 409) and Bekaa (304 to 405).

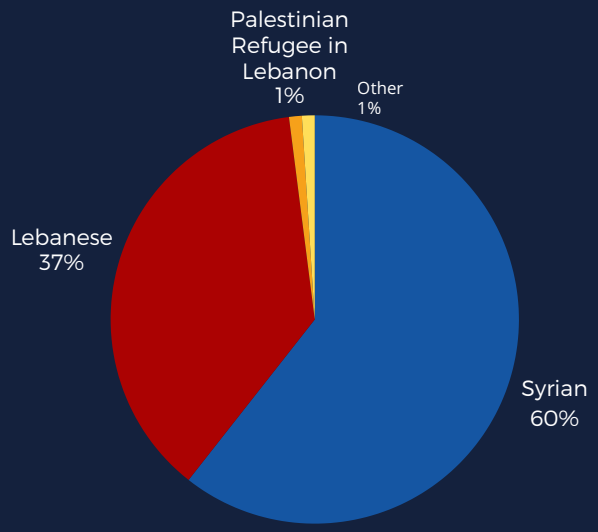
Notable increases were also observed in Beirut, where referrals nearly tripled from 48 to 138, and El Nabatieh, which increased from 131 to 187. These trends likely reflect the continued impact of displacement, evolving humanitarian needs, and increased service utilization following the escalation in Lebanon.

Overall, the geographic distribution demonstrates that while referral volumes increased across nearly all governorates, the nature of humanitarian needs continues to vary by location. Partners mentioned that access to specialized services remains uneven across governorates, whereby remote areas continue to face transportation challenges, limited specialized service providers, and lower partner presence, affecting both referral completion and access to assistance.

4. Demographic Distribution

Nationality:
The demographic profile of persons of concern remained largely consistent in Q2 2026, with Syrian nationals continuing to represent the majority of referrals. A total of 1,444 referrals (60%) involved Syrian individuals, increasing from 1,250 referrals in Q1, followed by 895 Lebanese referrals (37%), up from 606 in Q1. Referrals involving Palestinian refugees, stateless persons, and other nationalities, mainly migrants, remained comparatively low but reflect the continued diversity of vulnerable populations accessing services through RIMS.

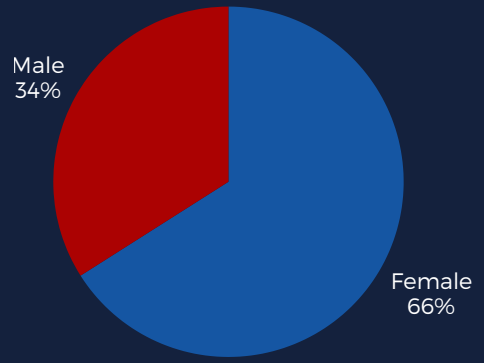
Distribution of Referrals by Nationality



Among Syrian beneficiaries, 1,209 (84%) were longstanding refugees in Lebanon, while 224 individuals (16%) were identified as post-December 2024 new arrivals following the change of Government in Syria mainly in Baalbek El Hermel (71%), Akkar (11%), and Bekaa (10%). This indicates that, while the majority of referrals continue to support protracted refugee populations, humanitarian actors are also responding to the protection and assistance needs of newly displaced individuals seeking safety in Lebanon.

Gender:
Women and girls continued to represent the majority of persons of concern, accounting for 1,591 referrals (66%), compared to 804 males (34%). This distribution is consistent with the nature of referrals recorded during the quarter, particularly the high demand for Nutrition, Child Protection, and GBV services, which predominantly target women, caregivers, and children.

Distribution of Referrals by Gender

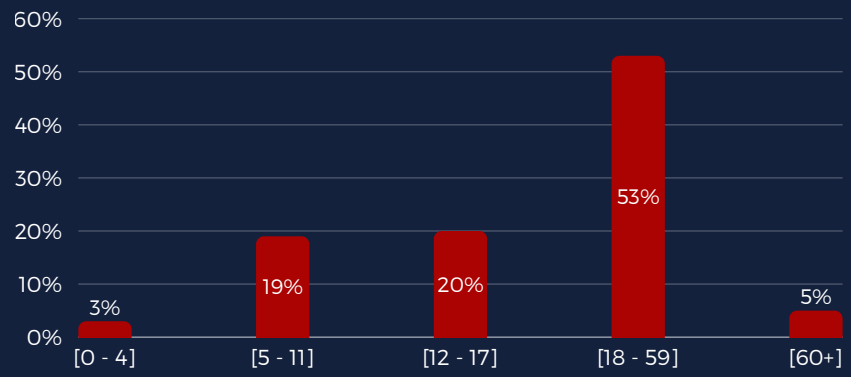


Disability:
240 persons (10%) were identified as having a disability. Although representing a smaller proportion of the caseload, qualitative findings across multiple sectors indicate that persons with disabilities often experience compounded vulnerabilities including limited access to healthcare, specialized services, livelihoods, and protection, particularly within displaced and economically vulnerable households.

Age Group:
Adults aged 18–59 years represented the largest proportion of referrals in Q2 2026, accounting for 1,262 cases (53%), followed by adolescents aged 12–17 years (472; 20%) and children aged 5–11 years (464; 19%). Older persons (60+) accounted for 118 referrals (5%), while children under five years represented 81 referrals (3%).
Overall, children under the age of 18 accounted for 1,017 referrals (42%), highlighting the continued need for child-focused interventions, particularly in Child Protection, Nutrition, and Education. The high proportion of working-age adults reflects the substantial demand for protection, GBV, health, and cash assistance services among caregivers and economically affected households.

The age distribution indicates that the humanitarian impact of the ongoing crisis continues to affect entire households, requiring responses that address both immediate protection and assistance needs for adults while ensuring sustained support for children and adolescents, who remain particularly vulnerable to exploitation, disrupted education, and psychosocial distress. Overall, the demographic profile shows that the humanitarian response continues to primarily serve Syrian refugees and vulnerable Lebanese communities, with women, children, newly displaced populations, and persons with disabilities remaining key groups requiring targeted, multi-sectoral support amid Lebanon's ongoing humanitarian crisis.

Distribution of Referrals by Age Group



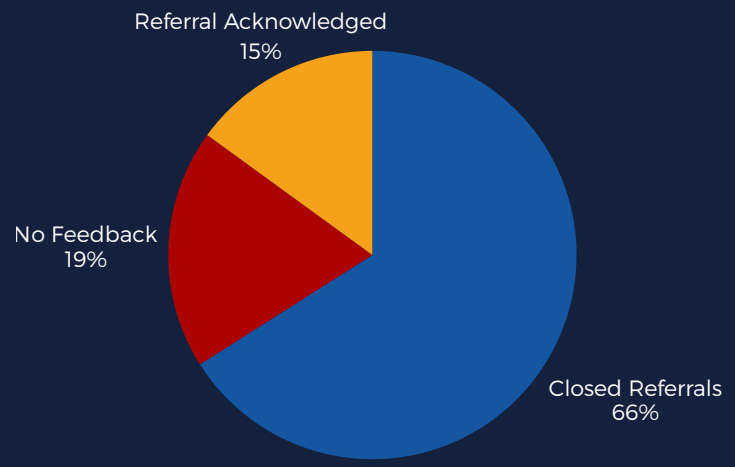
Referral Efficiency

1.Responsiveness

In Q2 2026, referral responsiveness improved compared to Q1, with 66% of referrals closed, up from 59% in Q1. However, 19% of referrals received no feedback and 15% were only acknowledged, indicating that while closure rates are improving, a significant proportion of cases still lack full feedback completion.
Sectoral analysis shows that Nutrition (542 closed referrals) and Child Protection (329 closed referrals) recorded the highest closure volumes, reflecting both high caseload and strong partner engagement in these sectors. However, sectors such as Health, GBV, Protection, and Shelter still show relatively higher proportions of incomplete feedback, suggesting uneven responsiveness across services. Partners have reported that staff capacity, case overload, and geographic access issues are causing delays in referral process.

A total of 309 referrals (13%) were not accepted, mainly due to out-of-area cases, eligibility criteria, lack of services, or capacity constraints, with Child Protection (72), Nutrition (62), GBV (51), and Protection (49) being the most affected sectors. This reflects both increased demand pressure [pures and structural service limitations within the response system.

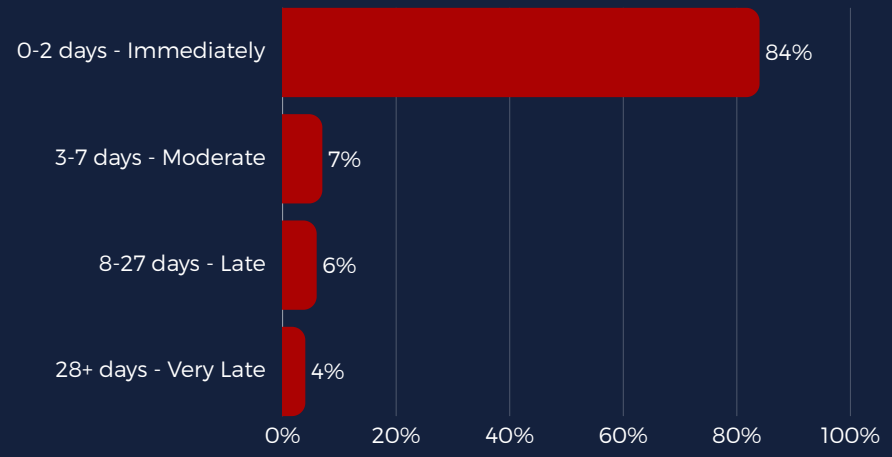
Responsiveness



2. Timeliness of Identification and Referral

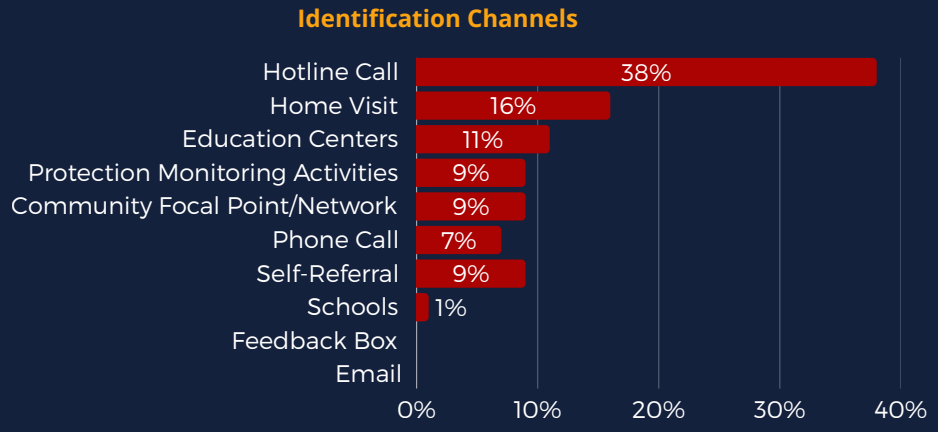
Referral timeliness indicators are measured at 3 main levels: i) timeliness for identification after an incident (if there was an incident), ii) timeliness for referring after identification, and iii) timeliness of responding after referring. At the system level, performance is almost evenly split: 51% of referrals were not referred on time after identification, compared to 49% referred on time. This indicates that delays remain a structural challenge in the referral workflow, particularly at the point between identification and activation of referral pathways. Despite this, 84% of cases were identified immediately (0–2 days), suggesting that the main bottleneck lies not in case detection but in referral processing and onward linkage to services.

Timeliness to Identify a Case After an Incident

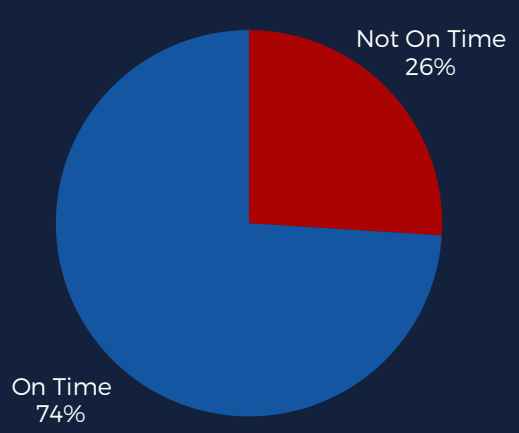


Referral identification continues to rely heavily on community-based and frontline mechanisms. The hotline remains the primary identification channel (38%), followed by home visits (16%), and education centers (11%). Community-based mechanisms, including protection monitoring activities and focal points, also contribute significantly to case identification.

Self-referrals account for a smaller but notable proportion, indicating increasing awareness of available services among communities. However, formal feedback mechanisms (such as email and feedback boxes) remain minimally used.



4. Timeliness of Response (Post-Referral)



Overall timeliness of response improved, with 74% of referrals responded to on time in Q2, compared to 72% in Q1, while 26% were not on time. This indicates a marginal but positive improvement in partner responsiveness despite the increased caseload. Partners reported that cases have become increasingly complex, with households presenting multiple, overlapping vulnerabilities. These cases require coordinated multi-sector interventions and longer case management follow-up, which in return make on time case closure hard to manage.

Sectorally, delays were most significant in Child Protection, Nutrition, GBV, and Protection, which also represent the highest caseload sectors, suggesting that workload pressure remains a key driver of delayed responses rather than disengagement alone.
Fast-track referrals show slightly lower timeliness performance, with a higher proportion of delays compared to regular referrals, indicating that urgent cases still face timely response bottlenecks.

Conclusion:

The Q2 2026 RIMS analysis demonstrates a significant escalation in humanitarian and protection needs across Lebanon, reflected in a 26% increase in referrals (2,397 vs. 1,909 in Q1) and a marked shift in sectoral demand, particularly the sharp rise in Nutrition and Cash Assistance caseloads. This increase is strongly driven by the compounded effects of the 2024–2026 escalation, continued displacement from South Lebanon and Beirut suburbs, and deepening socio-economic deterioration.

Across sectors, the data highlights a transition from stable service demand to a crisis-driven, multi-sectoral vulnerability environment. Nutrition referrals surged dramatically, driven by food insecurity, infant feeding challenges, and economic collapse. Child Protection and Protection cases reflect persistent and interlinked risks of child labor, violence, child marriage, and psychosocial distress. GBV remains consistently high, dominated by intimate partner violence and early marriage cases, while Cash Assistance increasingly functions as the primary response to displacement and loss of livelihoods.

Despite increasing caseloads, the system shows moderate operational resilience, with improvements in referral closure rates (66%) and timeliness (74%). However, persistent gaps remain in feedback provision, referral completion, and end-to-end timeliness, indicating structural bottlenecks in inter-agency coordination and capacity constraints within high-demand sectors.

Geographically and demographically, the response continues to be shaped by displacement dynamics and chronic vulnerability, with Syrian refugees, Lebanese vulnerable households, women, and children representing the majority of cases.

However, emerging needs among post-December 2024 arrivals and persons with disabilities (PWD) highlight the expanding scope of vulnerability beyond traditional caseloads.

Overall, the findings confirm that RIMS is operating within an increasingly high-pressure humanitarian environment, where needs are intensifying, intersecting, and diversifying. The system remains a critical coordination backbone, but requires further strengthening to ensure timely, equitable, and accountable service delivery

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Recommendations:

- **Donors:**
  - Increase flexible, multi-sector funding, prioritizing Nutrition, Child Protection, GBV, Protection, and Cash Assistance. The risks have been exacerbated by the March escalation and urgent action is needed immediately to prevent, mitigate and respond to these threats, otherwise we can anticipate that these threats will continue to increase, impacting vulnerable groups, with reduced cooping capacity and support mechanisms.
  - Support integrated and household-level response approaches, as vulnerabilities are increasingly overlapping. Although funding field staff and presence is expensive, it is critical in facilitating the safe identification of those most at risk and need. Investing in community-based interventions will reduce the risks and threats populations will face later.
  - Invest in prevention and early response, particularly for child protection, GBV, and IYCF services, including piloting multi-sectoral or integrated programming to ensure a more holistic response to growing risks.
  - Despite the various ceasefires, this has not resulted in a reduction in needs but provided an opportunity for increased access to address needs. Invest in and strengthen emergency surge capacity in high-pressure areas affected by displacement, which is needed now more than ever before.
- **To Government Counterparts:**
  - Improve access to civil documentation and legal registration, especially for refugees and stateless people. In the short term the GoL should issue a humanitarian waiver in times of crisis to facilitate the safe movement of Syrians without documentation through government-controlled checkpoints in areas under bombardment, or when there is a medical/health need.
  - Increase flexible and timely humanitarian funding to enable humanitarian organizations to assess and respond to the emergency needs of affected populations in Lebanon and ensure access to basic services for displaced populations, reducing negative coping mechanisms and the risk of further destabilization.
  - Strengthen legal protections and government responses for survivors of GBV and children exposed to violence, exploitation, abuse, and neglect, ensuring their safety and services that are survivor- and -child centered.
- **To Humanitarian and Inter-Agency Partners:**
  - Organize joint RIMS and inter-sectoral referral pathways analysis and lessons learned from the escalation (GBV, CP, Protection, Legal, Cash Assistance). Identifying challenges in identification of referrals, as well as how to ensure referrals are being conducted and responded to in a safe and timely manner, including reviewing referral mechanism and SoPs.
  - ISCG to respond to sector response needs, and ensure collective fundraising or support in expanding capacity in high-demand sectors to reduce delays and unmet needs.
  - Standardize eligibility and referral criteria across partners, by updating referral SoPs and rolling out interagency training on safe and ethical referrals, as well as CP and GBV core concepts.
  - Reinforce protection-sensitive and survivor-centered approaches across all services.
  - Improve data quality and consistency in high-volume sectors.
- **To Implementing Organizations:**
  - Individual organizations should reflect on RIMS report findings and work with their frontline and field teams to address gaps in referral feedback and accountability mechanisms.
  - Continue monitoring GBV and CP risks across the emergency response, ensuring sufficient coaching and supervision mechanisms for field colleagues.
  - Strengthen community-based outreach capacity on safe, confidential and ethical referrals, as it remains a key identification channel and layer of protection to at risk individuals.
  - Expand integrated case management for multi-layered vulnerabilities, and the centralization of services within case management agencies to ensure they have the ability to respond to clients' needs holistically instead of depending on constant referrals which contribute to delays and bottlenecks in accessing service.

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