Referral Information Management System
Hosted by the Danish Refugee Council

DANISH REFUGEE COUNCIL

MINISTRY OF FOREIGN AFFAIRS OF DENMARK
Danida

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RIMS: Q3 2025 Report

This quarterly report presents key and system performance insights from the **Referral Information Management System (RIMS)** covering the period of July to September 2025 (Q3). Through a mixed-methods approach, analyzing over **2,000 referral records** and integrating qualitative feedback from some RIMS partners, the report provides a data-driven overview of emerging needs, service demand, effectiveness of referral pathways, and coordination and operational trends across Lebanon.
The report aims to support evidence-based decision-making among donors and humanitarian partners on resource allocation for inclusive, multisectoral, and holistic service delivery. By illustrating how needs and capacities evolve over time, RIMS contributes to more strategic, efficient, and equitable humanitarian responses across the country.

Key Findings

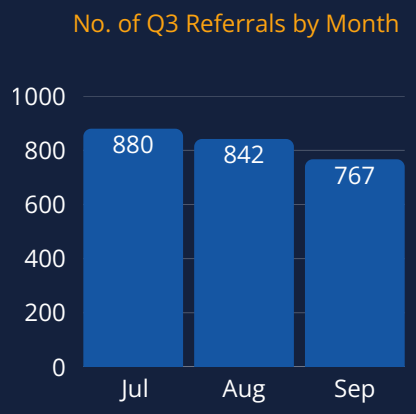
- **Overall Referral Trends:** A total of **2,489** referrals were recorded in Q3, a **5%** decrease from Q2 (2,617 referrals). Activity peaked in **July–August (70% of referrals)** before dropping in September, likely reflecting the **impact of refugee returns**, **funding reductions**, and **operational pauses** among partners.
- **Despite this decline,** referral systems continue to function effectively, demonstrating strong partner engagement amid constraints, considering that **71% of referrals were addressed and closed, and 67% within the required timeframe.**
- **Sector Priorities and Gaps: Child Protection (CP)** (**26%** of referrals) remained the priority request for referrals, followed by **Protection** (19%), **Health** (11%), and **Shelter** (10%). While **Education** and **Nutrition** referrals rose, **GBV**, **Livelihoods**, and **Basic Assistance** declined, pointing to **uneven service availability and potential underreporting** in key life-saving sectors. This shift risks leaving high-risk households without essential protection and support.
- **Regional Variations**: **Baalbek-El Hermel** (21%) remained the most active area, driven by Child Protection and General Protection cases. **The North** (20%) and **Mount Lebanon** (15%) saw moderate declines across several sectors, while the **South and El Nabatieh** (19%) experienced a sharp rise of 99% in referrals from Q2, particularly in Protection, Shelter, and Livelihoods, reflecting the evolving displacement and service dynamics in the south.
- **Nationality Breakdown: Syrian refugees** continued to represent the majority, constituting 70% of the total referrals, although decreasing by **8%** from Q2. The main referrals were clearly for Child Protection (29%), Protection (19%), Shelter (10%), and Education (10%) services. **Lebanese households** accounted for **27%**, a **slight increase,** mainly in Protection (21%), Child Protection (20%), and Nutrition (14%), highlighting growing local vulnerabilities amid the economic crisis. **Palestinian refugees and other nationalities** represented a smaller share, mostly in Shelter and Protection, suggesting limited-service coverage or reporting for these groups.
- **Demographics and Inclusion: Females represented 60%** of all referrals, primarily in Protection, Child Protection, GBV, and Shelter sectors. **Children (ages 0–17) comprised 50%**, **adults 49%**, and **older persons 1%**, underscoring the dominance of child- and family-related needs. Additionally, **14% of persons of concern (POCs)** reported a disability, emphasizing the ongoing need for **inclusive, accessible, and specialized interventions** across all sectors.
- **Referral Performance and Efficiency:** 71% of referrals were closed (up from 67% in Q2), with nearly half resulting in successful service delivery. Timeliness improved to 67% of referrals completed on time (from 57%), reflecting stronger case follow-up and coordination. However, 25% of referrals were not accepted, 16% received no feedback, and 13% were only acknowledged, revealing persistent communication and tracking challenges that may affect accountability and outcomes. Fast-track cases remain a concern, with only 38% meeting their deadlines.
- **Emerging Risks and Implications:** The data highlights interconnected vulnerabilities among children, female-headed households, and individuals with health or psychosocial needs. As service availability continues to fluctuate, inclusive and multi-sectoral approaches are crucial to ensure continued access to life-saving support. Strengthening direct outreach channels (home visits, hotlines, community focal points) and addressing coordination bottlenecks will be key to reaching underserved groups and sustaining the system's impact

Referral Trends

1. Referral Volumes

A total of **2,489** referrals were recorded in Q3, a 5% decline compared to Q2 (2,617).

While modest, this shift reflects both reporting limitations and broader contextual dynamics in Lebanon and the region. Referral activity peaked in **July and August (70% of the quarter's caseload**) before declining in September, coinciding with the launch of UNHCR's official voluntary repatriation program on July 1st and the Directorate of General Security's circular waiving exit fees and re-entry bans for Syrians and Palestinian refugees from Syria for individuals crossing through land borders, which was extended until the end of December.



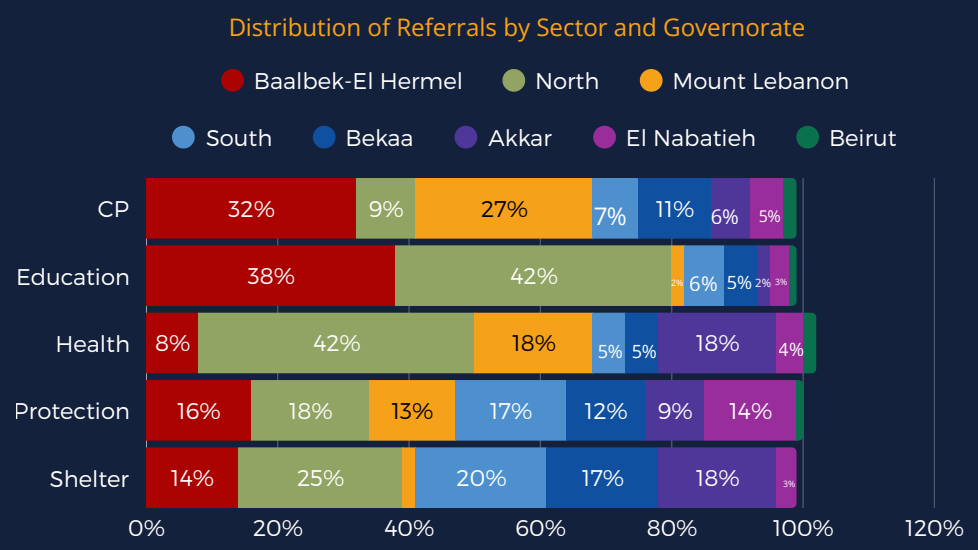
WFP's August Situation Report further noted a surge in returns by late August, which may have shifted caseload composition and referral pathways. Additional potential contributing factors could include seasonal variations in service demand, project phase-out or closure, funding and operational adjustments, reduced partner capacity, or delays in reporting.
At the same time, some partners reoriented towards prioritizing only high-risk cases or paused non-critical services due to funding constraints, further contributing to the decline in referrals. These factors warrant closer monitoring to determine whether the decline is temporary or indicative of a sustained shift in referral dynamics.
Despite these contextual and operational challenges, **RIMS continued to demonstrate its value as a reliable coordination and monitoring mechanism**. Referral activity remained steady throughout the quarter, evidencing both the system's efficiency and partners' sustained engagement even under reduced coverage.

2. Sectoral Trends:

Despite the reduced volume, case severity and complexity increased, particularly in Child Protection, General Protection, Shelter, and Health which together represented more than two thirds **(66%)** of all referrals. This concentration highlights the growing intensity of needs among the most vulnerable households.

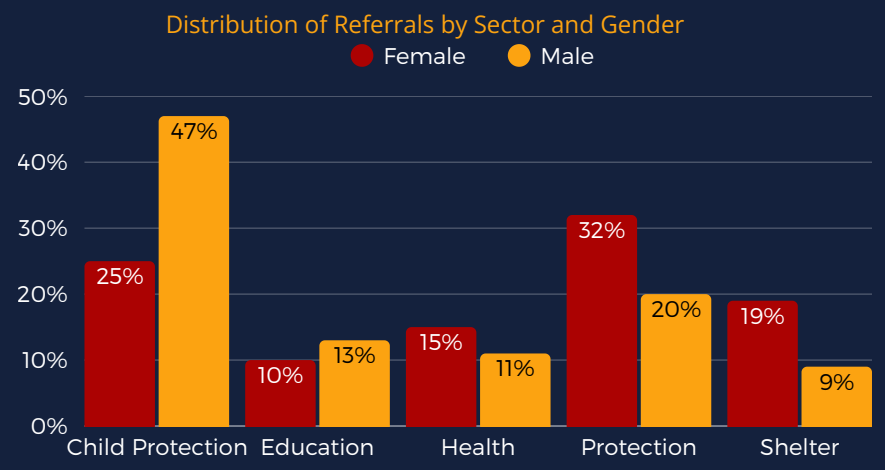
2.1. Child Protection (CP):

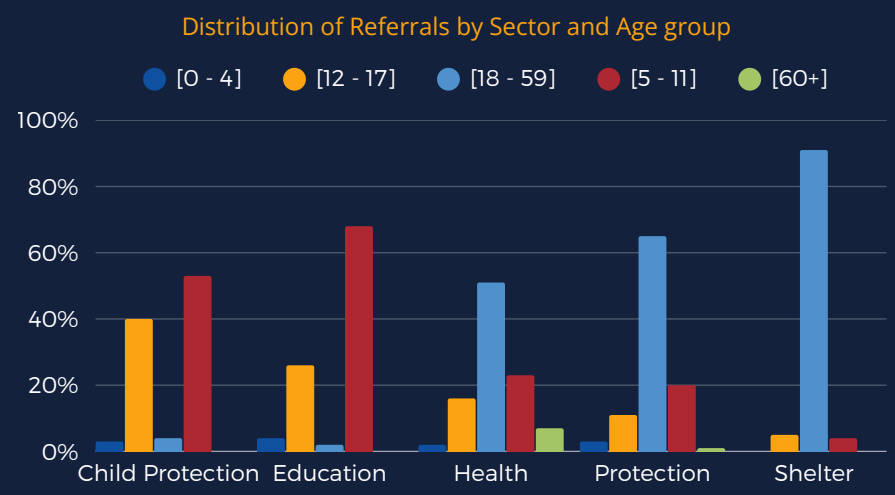
Child Protection (CP) remained the most requested sector in Q3 2025, with 655 referrals (26% of all cases), 8% increase from Q2. Most referrals (91%) were for case management, and 7% for psychosocial support.



Children face multiple risks, including child labor, school dropout, early marriage domestic violence, and psychosocial distress, often compounded by household issues such as parental separation or substance abuse. Girls are particularly at risk of early marriage and exploitation, while boys are more often engaged in hazardous labor. GBVIMS midyear data show 33% of child-GBV cases involved forced or early marriage, disproportionately affecting girls. Refugees and marginalized children remain highly vulnerable.

Referrals were highest in Baalbek-El Hermel (212 cases, 32%) and Mount Lebanon (176 cases, 27%). Syrian children accounted for 78% of cases, Lebanese 20%, and other nationalities the remainder. Most cases were boys (62%), with children aged 5–11 representing 53%, adolescents 12–17 at 40%, and ages 0–4 at 3%. Children with disabilities made up 8% of referrals, underscoring the need for targeted inclusive protection interventions.





2.2. Protection:

In Q3, **Protection** referrals totaled **485 cases**, up **11%** from Q2, reflecting ongoing acute risks, particularly for women-headed households, single caregivers, and displaced families among both Lebanese and refugee populations. Challenges include limited access to legal documentation, safe housing, and specialized legal support, especially for Syrian refugees.
FGDs by the DRC protection team confirmed these patterns, identifying legal insecurity as a key issue in 11 of 12 discussions. Legal referrals accounted for 32% of all protection cases, with 12% related to civil documentation and 11% to general legal aid, restricting mobility, school enrollment, and employment opportunities.
Referrals were concentrated in North (18%), South (17%), Baalbek-El Hermel (16%), and Mount Lebanon (13%). Syrian refugees comprised 69% of cases, Lebanese 29%. Women accounted for 65% of referrals, men 35%; adults 18–59 years 65%, children 0–17 years 34%, and persons with disabilities 14%, highlighting the need for targeted, inclusive interventions.

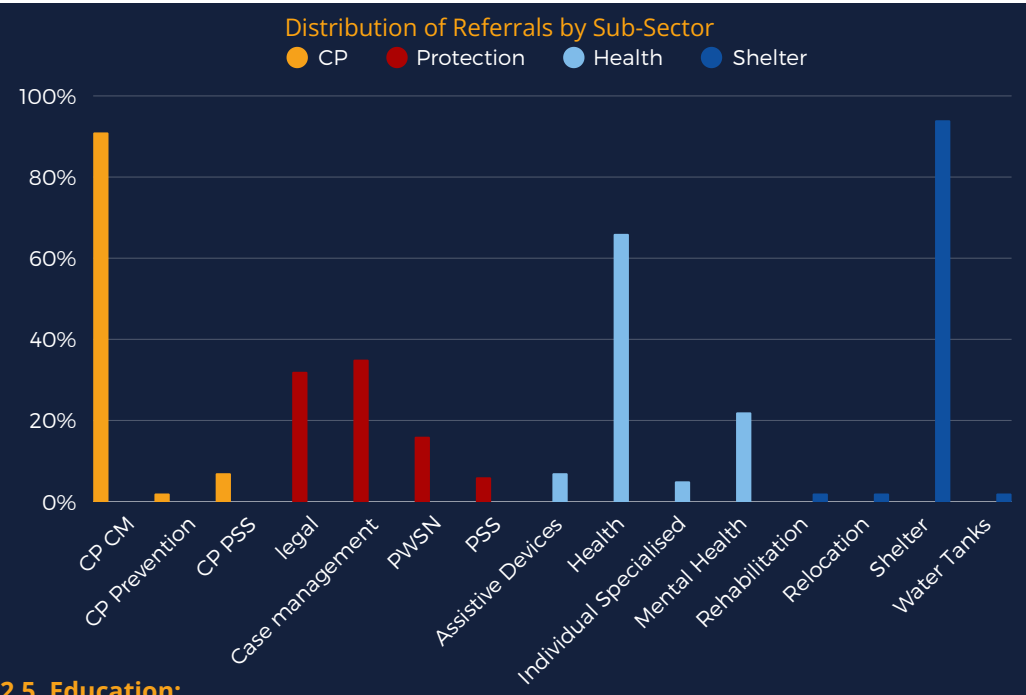
2.3. Health:

Health referrals decreased by **27%** to 243 cases most probably because of lack of access to health services and limited funds; however, critical medical (66% of health referrals) and mental health (22% of health referrals) needs persist. These include children and adults with chronic illnesses, disabilities, or urgent surgical requirements, as well as individuals experiencing severe mental health distress due to trauma, domestic violence, or displacement. These households face additional pressure and hardship on top of their existing difficulties. The data highlights the urgent need for financial support to cover health expenses, access to specialized care, and integrated psychosocial services to prevent further deterioration in health and well-being.

Referrals were largely concentrated in the North (42%), followed by Akkar and Mount Lebanon (18% each). Women accounted for 60% of cases, men 40%. Adults (18–59 years) comprised 51%, children (0–17 years) 41%, and older adults (60+) 7%. Persons with disabilities represented 35% of referrals.

2.4. Shelter:

Shelter remains a critical need, accounting for **10%** of referrals, especially among displaced and female-headed households. Many families live in unsafe or temporary housing, damaged shelters, tents, or overcrowded apartments, and face eviction due to unpaid rent of 2–8 months. Health issues, disabilities, or caregiving responsibilities further limit income, increasing vulnerability. RIMS data show shelter referrals were concentrated in the North (25%) and South (20%). Syrian households made up 68% of cases, Lebanese 22%, and Palestinian refugees 9%. Women accounted for 69% of cases, adults 18–59 years 91%, and persons with disabilities 11%, highlighting the need for safe, inclusive housing interventions.



2.5. Education:

While some sectors experienced declines in referrals, Education referrals surged by 50% (from 103 in Q2 to 206 in Q3), reflecting preparations for the start of the academic year and urgent demand for school enrollment. Additionally, many referrals involve out-of-school children aged 6 to 16 who require basic literacy and numeracy (BLN) programs, as well as remedial classes. The majority of these children are Syrian (89%), including new arrivals who may be facing challenges due to recent displacement or lack of legal documentation. Furthermore, some Lebanese individuals (9%) are seeking financial support for education-related services, likely due to the difficult economic situation.
Gender distribution among cases was 46% female and 54% male, with the majority aged 5–11 years (68%) and 12–17 years (26%). Children with disabilities accounted for 8% of cases, highlighting the importance of inclusive education support. High-priority areas included the North (42%) and Baalbek-El Hermel (38%), where displacement and limited school access remain key challenges.

2.6. Other Sectors:

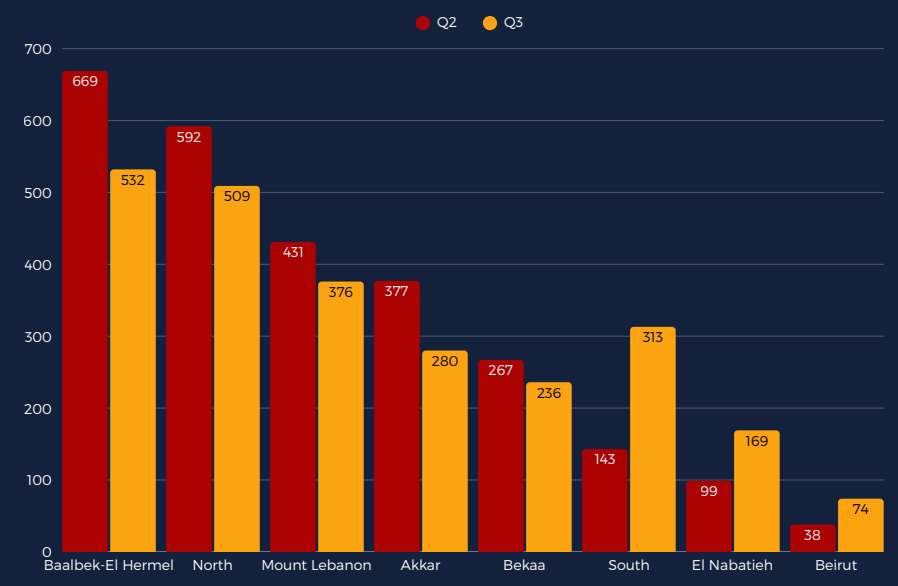
Nutrition referrals also increased by **35%**, indicating a sustained need for support among children and pregnant women, particularly for infant formulas, which have become unaffordable for many families. Lebanese represent 55% of the referred PoCs, while Syrians represents 42%.
Conversely, sectors such as **Basic Assistance** (-39%), **Livelihoods** (-39%), and **GBV** (-40%) experienced significant decreases, suggesting potential gaps in service delivery and access, as well as possible underreporting of sensitive cases.

3. Population Profile and Data Disaggregation

3.1. Regional Distribution:

- Referrals in Baalbek-El Hermel declined by 26% between Q2 (669) and Q3 (532). However, the governorate's continued lead in total referrals highlights persistent vulnerabilities among children and families, compounded by economic challenges and restricted access to services.
- The North Governorate experienced a slight decrease in referral numbers, dropping from 592 in Q2 to 509 in Q3, representing a 14% decline. Despite this reduction, the continued high number of referrals highlights persistent challenges related to healthcare access, housing instability, and legal support for displaced populations.
- In Mount Lebanon, referrals decreased from 431 in Q2 to 376 in Q3 reflecting ongoing protection needs among Syrian families and populations in conflict-affected areas.
- Other governorates showed a more distinct trend. In the South and El Nabatieh, referrals rose sharply from 242 in Q2 to 482 in Q3, representing a 99% increase. The surge was driven primarily by needs related to Protection, Shelter, and Livelihoods, likely reflecting the heightened insecurity in these areas and their direct targeting. The increase also corresponds to the widespread loss of housing and employment opportunities faced by many households due to the conflict.

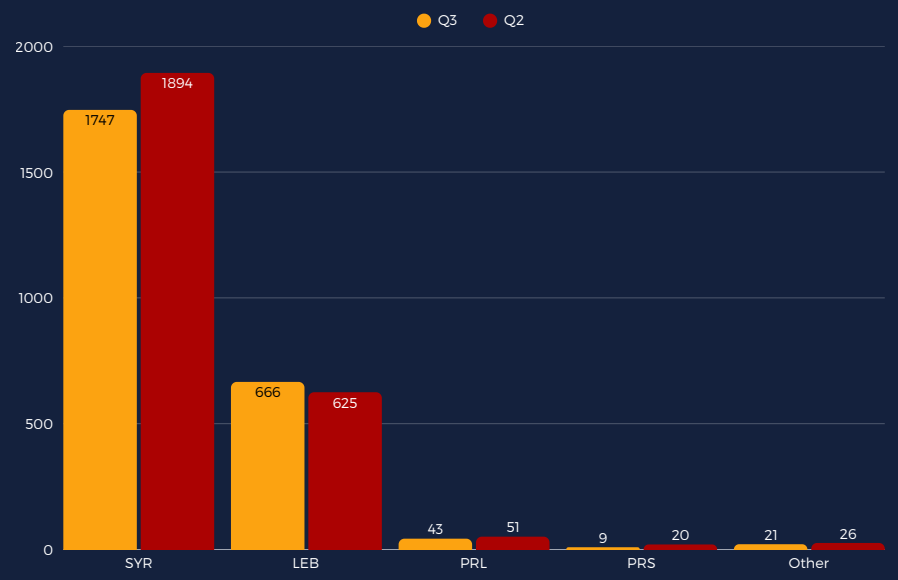
Distribution of Referrals by Governorate Between Q2 and Q3



3.2. Nationality Distribution:

- Between Q2 and Q3 of 2025, the majority of the referrals in Lebanon continued to represent Syrians, although their numbers slightly declined from 1,894 in Q2 to 1,747 in Q3, representing an 8% decrease. Despite UNHCR reporting that has inactivated over 295,000 refugees from its records to reflect verified or presumed returns, the number of referrals for Syrian POCs remains high. This trend is likely driven by several factors: the arrival of 105,000 new Syrian individuals have been recorded since December; ongoing hardships faced by long-term Syrian residents, including increased economic pressures and reduced access to services compared to 2024. Additionally, some individuals reported as "returnees" may have crossed back into Lebanon after temporarily returning to Syria, often to check on property or relatives, rather than permanently resettling.
- **Lebanese** remained the second-largest group, with an increase from 625 to 666 individuals, representing a 7% rise.
- Meanwhile, the number of **Palestinian refugees in Lebanon (PRL)** referrals declined from 51 to 43, and **Palestinian refugees from Syria (PRS)** decreased from 20 to 9.
- Other nationalities, such as stateless persons, Ethiopians, and Iraqis, had few referrals, reflecting both their smaller population sizes and potential challenges

Distribution of Referrals by Nationality Between Q2 and Q3



3.3. Disability, Age Group, and Gender

- In Q3 2025, the profile of POCs highlights the persistence of multidimensional vulnerabilities across age, gender, and disability. **Females represented 60%** of the caseload, underscoring the acute risks faced by women. **Males accounted for 40%.**
- Children (0–17 years) constituted half of all cases (50%), demonstrating the extent to which the crisis is affecting younger populations, while adults (18–59 years) made up 49% of referrals. Although only 1% of cases involved older persons, this group remains at risk of being underreported despite their heightened needs.
- From a protection lens, **14% of POCs reported a disability**, a significant proportion that calls for strengthened mainstreaming of inclusive services and specialized support. As reported by key informants to DRC protection team, older persons, people with disabilities, and those with chronic illnesses face serious challenges in the community, including lack of affordable medicines, limited access to quality healthcare, and difficulty reaching services due to weak infrastructure and high transport costs.

4. Referral Efficiency:

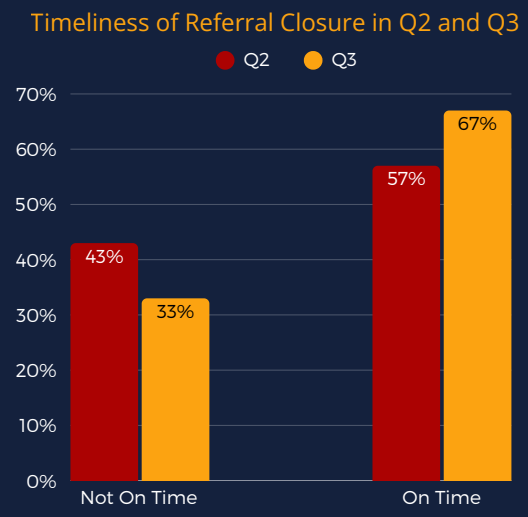
4.1. Responsiveness

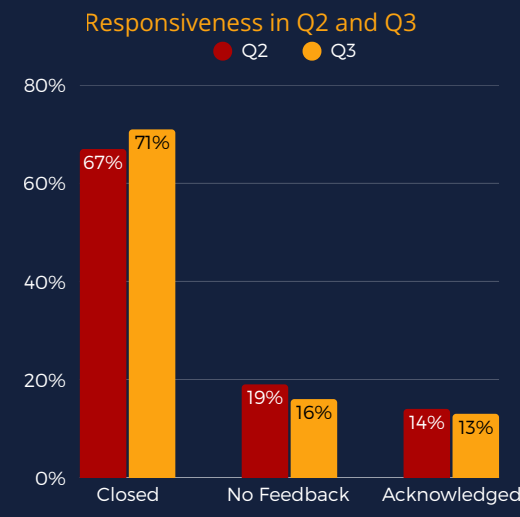
The responsiveness analysis indicates that 71% of referrals were closed in Q3, an improvement from 67% in Q2, with nearly half of these resulting in successful service delivery. This demonstrates encouraging progress in the efficiency of referral pathways specifically with the additional follow-up conducted by the DRC RIMS team. However, significant challenges persist, affecting responsiveness and equitable access.

Approximately 25% of closed referrals were not accepted, primarily due to geographical coverage limitations or restrictive eligibility criteria. Agencies often reported being unable to support children with disabilities or families residing outside their operational areas. Narrative feedback also highlighted systemic issues such as limited capacity, high caseloads, project end dates, and resource constraints.
Furthermore, 16% of all referrals received no feedback, while 13% were only acknowledged without any further action. Although the proportion of pending cases has decreased compared to Q2, these figures still reveal persistent gaps in communication and accountability. During our follow-up with some partners, they reported operational challenges rather than inefficiencies. In certain border areas, weak connectivity makes it difficult to reach beneficiaries by phone. High referral volumes force teams to prioritize cases by risk level, delaying lower-risk cases. For GBV cases, detailed assessments and privacy safeguards, such as limited information on referral forms, PoCs requesting field visits, or preferring in-person meetings, extend response times. These factors highlight that delays often stem from contextual barriers and protection protocols rather than systemic gaps.

4.2. Timeliness of Referral Closure:

By Q3, timeliness improved significantly, with 67% of referrals completed on time (57% in Q2) and only 33% delayed (43% in Q2). This represents a 10-percentage-point improvement, reflecting stronger adherence to referral standards and more effective follow-up.
A closer look at Q3 shows that timeliness varied between fast-track and regular referrals. While fast-track cases are designed for urgent follow-up (within 0-48 hours), only 38% (161 out of 428) were completed on time, compared to 77% of regular referrals (within 0-14 days).
This suggests that although the system is increasingly effective in handling standard referrals, significant challenges persist in ensuring urgent cases are addressed promptly.
Delays in fast-track cases are particularly concerning, as they often involve individuals at higher risk. These delays may stem from capacity limitations, difficulties reaching beneficiaries, or procedural bottlenecks in addressing sensitive cases such as GBV or high-risk protection needs. Strengthening mechanisms for fast-track follow-up will therefore be critical to sustaining improvements in timeliness while ensuring that the most vulnerable receive timely support.





4.3. Timeliness of Case Identification:

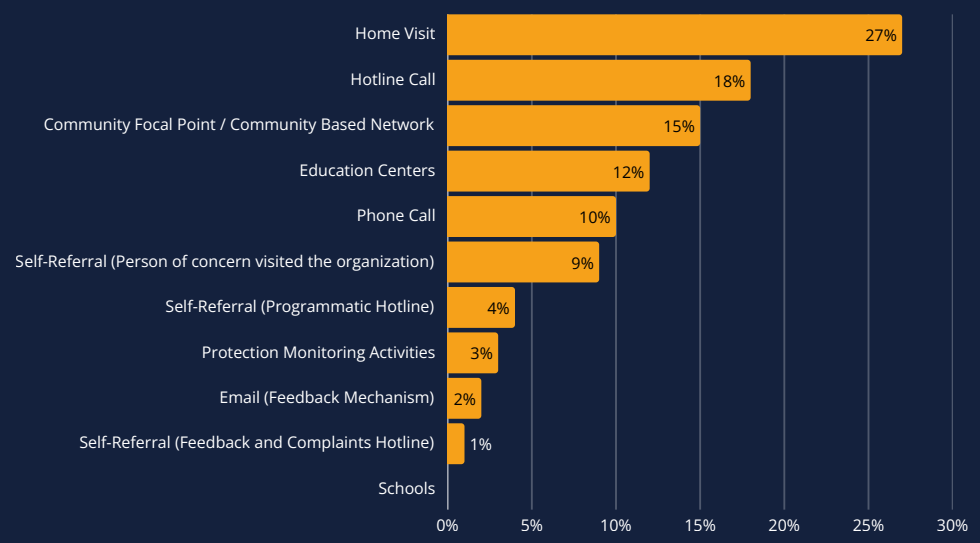
Although recording the incident date is not mandatory in RIMS, nearly half of all cases include this information, providing a useful benchmark for assessing outreach efficiency. Analysis of the time elapsed between the incident and case identification reveals an average duration of 9.5 days, indicating that most cases are identified relatively promptly. However, it is important to note that a small subset of cases, approximately 33, experienced significantly delayed identification, being recorded more than 100 days (over three months) after the incident. These cases were mainly referred to Protection (10 cases: requesting legal assistance), Shelter (8 cases), and Cash assistance (6 cases).
These outliers suggest potential gaps in outreach, follow-up, or reporting processes for certain cases, which may require targeted attention to ensure timely response and support.

4.4. Timeliness of Referring Cases:

The efficiency of referrals, measured by comparing the case identification date with the referral date, shows that 53% of regular cases, which should be referred within a maximum of 48 hours after identification, were not referred on time, while 47% were referred on time this could be linked to the delays in identifying the right service provider due reduced service availability.

Looking at the identification channels of the regular cases that were referred on time provides further insights into outreach effectiveness. The largest contributions came from Home Visits (27%), Hotline Calls (18%), and Community Focal Points / Community-Based Networks (15%), followed by Education Centers (12%), Phone Calls (10% cases), and Self-Referrals (Person of Concern visited the organization, 9% cases). This distribution indicates that direct outreach mechanisms, such as home visits, hotlines, and community focal points, play a key role in timely referrals. Strengthening underutilized channels and ensuring more consistent follow-up could further improve overall referral efficiency and case management outcomes.

Identification Channels for Regular Cases Referred on Time



Conclusion:

The Q3 2025 RIMS data indicate a 5% decline in overall referral activity compared to Q2, primarily due to a significant drop in September. Although volumes decreased, the severity and complexity of cases increased, with Child Protection, Protection, and Health remaining the most requested sectors. Referrals for Education and Nutrition rose, reflecting seasonal and economic pressures, while GBV, Livelihoods, and Basic Assistance experienced notable declines, suggesting potential service gaps or underreporting.

Regionally, Baalbek-El Hermel, the North, and Mount Lebanon recorded the highest needs, particularly in child protection and social services. Syrians and Lebanese remain the largest groups of concern, with women (60%) and children (50%) disproportionately affected. Persons with disabilities and older adults remain underrepresented but face significant risks.

Referral efficiency has improved, with 71% of cases closed and 67% completed on time. However, urgent fast-track cases continue to experience delays, and more than half of regular cases are referred late. Outreach efforts through home visits, hotlines, and community focal points remain the most effective, while other channels require strengthening. Overall, the findings underscore the need for multi-sectoral, and well-coordinated responses to address persistent vulnerabilities.

Recommendations:

Donors:

- With increasing intersectional risks affecting vulnerable populations of all nationalities, sustainable funding is needed to continue integrated services combining Child Protection and Education services, as well as Protection, Health, Shelter, and Livelihoods, and address root causes of vulnerability.

Sectoral/ Programmatic focal points and M&E/ MEAL:

- Review delayed or unaddressed cases systematically to identify operational gaps and corrective measures.
- Establish monitoring and accountability mechanisms for fast-track cases to reduce delays and ensure high-risk individuals receive timely support.
- Ensure that referral pathways are inclusive and accessible, including physical access, adapted communication, and specialized support services for people with disabilities.
- Design outreach and service delivery strategies that proactively identify and support older adults, including home visits, health access, and social protection programs. Tailored interventions should address chronic illnesses, limited mobility, and social isolation to reduce vulnerability.

Coordination/ Programme/ Sector FPs:

- Regular collaboration between MoSA, Protection Sector, and inter-agency bodies is needed to facilitate coordination, service mapping, and ensure aligned referral pathways.

Community Outreach, Communication, and Programme Staff:

- Launch community awareness campaigns to promote self-referrals and inform Persons of Concern about available services.
- Strengthen outreach campaigns, multilingual communication, and legal support services to address the unique needs of migrants.

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