Referral Information Management System
Hosted by the Danish Refugee Council

DANISH REFUGEE COUNCIL

MINISTRY OF FOREIGN AFFAIRS OF DENMARK
Danida

Co-funded by the European Union

RIMS: Q4 2025 Report

This quarterly report has been generated through the **Referral Information Management System (RIMS)** for the period of **October to December 2025 (Q4)**, drawing on the analysis of **more than 3,000 referral records** complemented with qualitative inputs from RIMS partner organizations.
Referral activity increased markedly compared to the previous quarter, reflecting both escalating humanitarian needs and growing reliance on RIMS as a coordination mechanism. These findings inform donors and humanitarian actors on service demand, referral pathway performance, and coordination dynamics across Lebanon, supporting more strategic, efficient, and equitable multisectoral decision-making.

Key Findings

- **Referral activity surged sharply in Q4 2025,** with 3,141 referrals recorded in Q4 2025, a **26%** increase from Q3 (2,489 referrals) indicating both escalating unmet humanitarians needs and growing reliance on **RIMS as a national coordination mechanism**. Monthly activity remained high during the quarter, peaking in November (1,152 referrals).

- **Sector Priorities and Gaps:**
  - Shelter remained the sector with the highest number of referrals (43%), reinforcing that inadequate housing, eviction risk, and rent arrears are no longer isolated shelter concerns but central drivers of protection, GBV, and child protection risks. The fact that 71% of shelter referrals originated from Protection and GBV actors highlights cash-for-rent and shelter support as preventive protection interventions, essential to reducing eviction, exploitation, GBV exposure, and negative coping mechanisms.
  - Protection and Child Protection together accounted for 30% of all referrals, confirming continued exposure to serious risks among women-headed households, children, and displaced families.
  - GBV referrals rose sharply (+72%), with women and girls comprising 97% of cases, including a notable proportion of adolescent girls, pointing to intensifying gendered risks amid economic stress, displacement, and housing instability.

- **Regional Variations:** The South saw the largest surge, nearly doubling referrals (+129%), followed by El Nabatieh (+53%), signaling localized surges in needs and potential service saturation. Moderate increases were reported in Baalbek-El Hermel, Bekaa, Akkar, and Mount Lebanon, while the North experienced a 29% decline. These shifts indicate evolving patterns of vulnerability, and service demand and availability across Lebanon.

- **Nationality Breakdown:** Syrian refugees remained the most affected group (63%), including recent arrivals post–December 2024, facing compounded barriers related to documentation, housing, and reduced assistance. Lebanese referrals increased by 43%, confirming the continued impact of ceasefire violations, restricted reconstruction and spillover of the economic crisis into host communities. While referrals among Palestinian refugees, stateless persons, and migrants nearly tripled, indicating growing but still under-identified vulnerabilities among groups with limited access to services and outreach.

  - **Demographics and Inclusion:**
  - Females represented 68% of referrals, adults aged 18–59 comprised the largest group (67%), and children 5–17 accounted for 24%.
  - Persons with disabilities made up 14% of cases, underlining the need for inclusive services across all sectors.

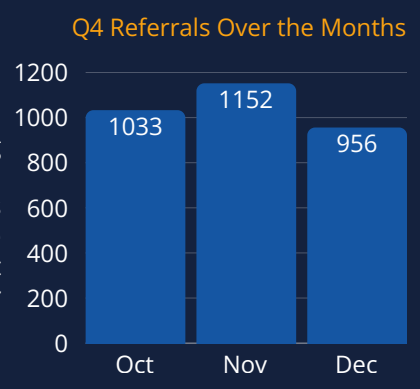
- **Referral Performance and Efficiency:**
  - 61% of referrals were closed, demonstrating continued partner engagement and system functionality.
  - However, timeliness remains a concern, particularly for fast-track, high-risk cases, where only 41% were closed on time.
  - Delays are driven by capacity constraints, complex assessments, funding limitations, and access challenges, underscoring the need to reinforce fast-track prioritization and follow-up for the most vulnerable.

- **Community-based identification remains critical:**
  - 77% of cases were identified through community and protection outreach, including monitoring, home visits, hotlines, and community focal points, confirming that investment in outreach directly translates into protection outcomes.
  - Delays in identification for a small subset of cases highlight gaps where mobility, staffing, and security constraints limit timely detection.

Referral Trends

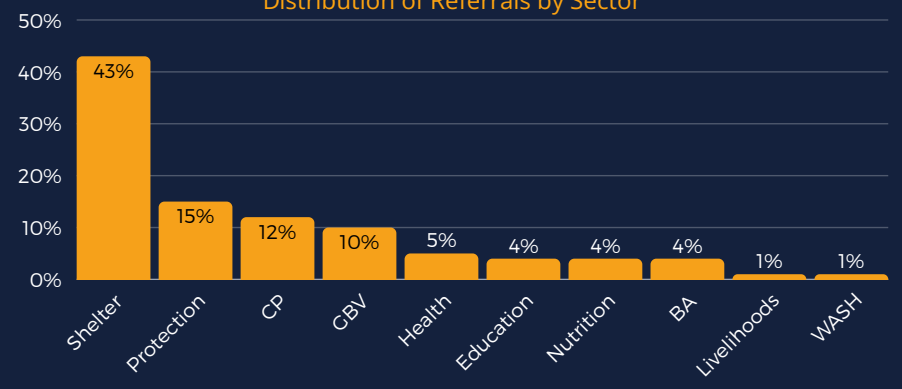
1. Referral Volumes

A total of 3,141 referrals were recorded during Q4 2025, representing a 26% increase compared to Q3 (2,489 referrals). Monthly referral volumes remained consistently high throughout the quarter, with November recording the highest number of referrals (1,152), followed by October (1,033) and December (956).



As reported by some partners, the overall increase coincides with the onset of winter conditions, which are typically associated with heightened shelter, protection, and basic needs in addition to the continuous economic challenges. December referrals slowed slightly due to funding gaps, suspension of some emergency activities, and seasonal holidays. Monitoring referral trends in January will be critical to assess whether winter-related needs translate into sustained or increased referral demand during the peak winter period.

Distribution of Referrals by Sector

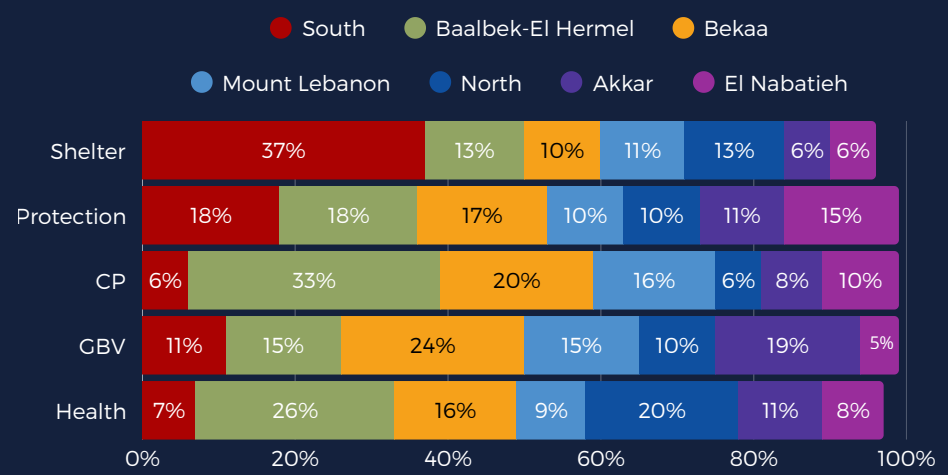


2. Sectoral Trends:

2.1. Shelter:

Shelter is the most referred to sector during Q4, accounting for 43% of all referrals. Feedback from RIMS shelter partners indicates many households continue to reside in inadequate, unsafe, or temporary housing, and face an increased risk of eviction due to accumulated rent arrears. This is corroborated by Protection Monitoring (SPEAC Nov Monthly Report) data, which highlights inability to pay rental fees and increase in fees as the main reasons for eviction threats.

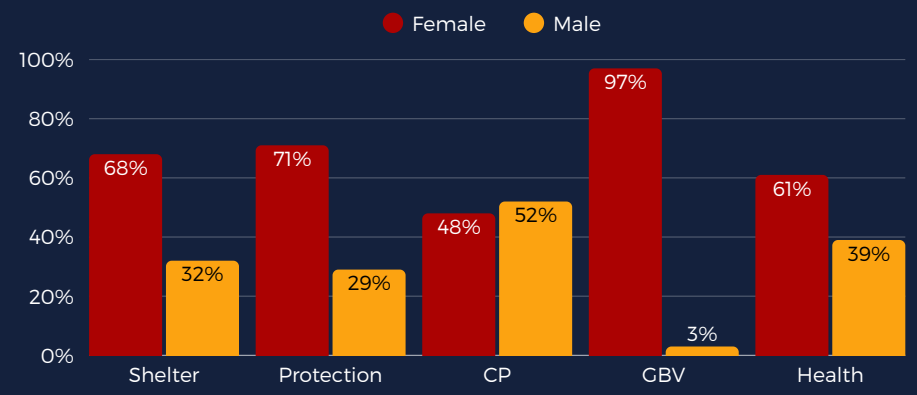
Distribution of Referrals by Sector and Governorate



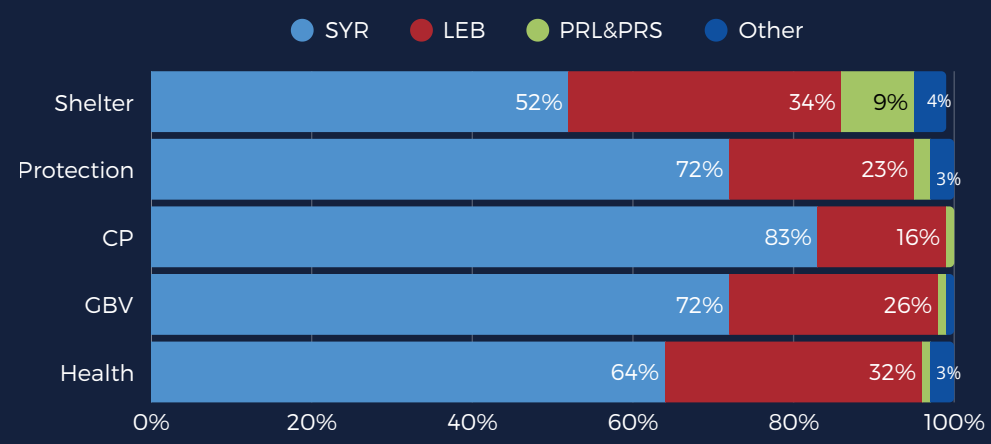
Some of the shelter partners reported that they have increasingly coordinated with organizations operating in different geographic areas to strengthen outreach and service coverage.

Shelter referrals were primarily concentrated in South Lebanon (37%), followed by North (13%), Baalbek–El Hermel (13%), Mount Lebanon (11%), and Bekaa (10%), highlighting widespread housing insecurity across both urban and rural contexts. Syrian nationals represented the majority of shelter referrals (52%), followed by Lebanese (34%) and Palestinian Refugees in Lebanon (PRL) (8%). Adults aged 18–59 comprised 88% of referrals, while females accounted for 62%, underscoring elevated housing and protection risks among female-headed households. Notably, 71% of shelter referrals originated from Protection and GBV actors, reinforcing that cash-for-rent assistance functions not only as a shelter response but as a critical, integrated protection intervention to prevent eviction, mitigate GBV risks, reduce child protection concerns, and support access to essential services and dignified living conditions.

Distribution of Referrals by Sector and Gender



Distribution of Referrals by Sector and Age group



2.2. Protection:

Protection referrals remained stable compared to the previous quarter, accounting for 15% of total referrals, with the majority requesting case management services (41% of protection referrals) and legal assistance (30%).
Geographically, referrals were primarily concentrated in South (18%), Baalbek–El Hermel (18%), and Bekaa (17%). The caseload was predominantly Syrian (72%), followed by Lebanese (23%), with smaller proportions of stateless persons, Palestinian refugees, and migrants.
Most protection referrals concerned adults aged 18–59 (68%); however, adolescents aged 12–17 (14%) and children aged 5–11 (9%) were also represented, highlighting persistent protection risks across age groups. Women and girls constituted the majority of protection referrals (71%). The referrals highlight ongoing exposure to serious protection risks, especially for women-headed households, single caregivers, and displaced families, with Syrian refugees facing additional challenges due to limited access to legal documentation, safe affordable housing, and specialized legal support.

2.3 Child Protection (CP):

CP referrals were the third most referred to sector in Q4, representing 15% of total referrals (391 cases). This represents a 40% decrease compared to Q3 (655 referrals), likely driven by funding constraints that limited service availability and outreach activities, despite CP partners reporting a clear increase in child labor, particularly in agriculture and informal work, as well as higher levels of neglect and psychosocial distress as reported by some CP partners.
With most requests related to CP case management and psychosocial support (PSS), children referred to this sector experience a range of overlapping vulnerabilities and risks, such as child labor, school dropout, early marriage, domestic abuse, and significant psychosocial challenges.
Geographically, referrals were primarily concentrated in Baalbek–El Hermel (33%) and Bekaa (20%), followed by Mount Lebanon (16%) and El Nabatieh (10%). The majority of cases involved Syrian children (83%), with Lebanese children also notably represented.
In terms of age, referrals mainly concerned children aged 5–11 (46%) and adolescents aged 12–17 (40%), reflecting continued exposure to child labor and adolescent protection risks. Gender distribution was relatively balanced, with a slight predominance of boys (52%) compared to girls (48%).

2.4 Gender-Based Violence (GBV):

GBV referrals increased significantly in Q4, rising by 72% compared to Q3 and accounting for 10% of Q4 total referrals. Most referrals requested GBV case management services.
Referrals were geographically concentrated in Bekaa (24% of GBV referrals), Akkar (19%), Mount Lebanon (15%), and Baalbek–El Hermel (15%). The caseload was predominantly Syrian (72%), of whom 12% were post–December 2024 arrivals. Additionally, 20% of Syrian GBV cases reported lacking official documentation. Whereas Lebanese represented 26% of the GBV referrals.
Women and girls constituted the vast majority of GBV referrals (97%). Adults aged 18–59 represented the largest group (72%), while adolescent girls aged 12–17 accounted for 23% of cases, underscoring persistent and heightened risks faced by younger females..

2.5 Health (148 referrals):

Health referrals saw 39% decrease compared to Q3. The referrals were primarily reported from Baalbek-El Hermel (26%), North (30), and Bekaa (20%). Syrians constituted the majority of the caseload (64%), followed by Lebanese (32%). Referrals are dominated by severe and overlapping health, protection, and psychosocial needs, including chronic illness, disability, and mental health issues, often exacerbated by conflict, displacement, and extreme poverty. Barriers such as high service costs, limited access to specialized care, caregiver burden, and socioeconomic collapse prevent timely interventions, leaving families unable to meet basic needs or access essential medical, rehabilitation, and protection services.

2.6 Education (129 referrals):

Education referrals experienced 37% decrease compared to Q3. Referrals were concentrated in Mount Lebanon (52% cases), followed by Baalbek-El Hermel (14%) and Bekaa (12%). The majority of cases involved Syrian children (94%), with limited referrals among Lebanese children. Most Education referrals concerned children aged 5–11 (64%) and 12–17 (28%) reflecting school-age vulnerabilities. Gender distribution was relatively balanced, with 56% males and 44% females. This likely indicates widespread and prolonged school exclusion among children, particularly Syrian refugees and newly arrived families, driven by poverty, child labor, displacement and lack of legal documentation.

2.7 Nutrition (119 referrals):

Nutrition referrals were primarily reported from Baalbek–El Hermel (25%), Akkar (23%), and Mount Lebanon (18%), with the majority of cases involving Lebanese nationals (78%) and Syrian refugees (22%). The findings point infant and young child feeding (IYCF) challenges, with many children under five and pregnant and lactating women presenting moderate to severe nutritional risk and frequently identified through repeated screenings, indicating chronic rather than acute vulnerability. These needs are likely closely linked to compounded socioeconomic stressors, including food insecurity, displacement, loss of income, and inadequate shelter.

2.8 Other Sectors (196 referrals combined):

Referrals in Basic Assistance (114), Livelihoods (41), WASH (24), Social Stability (9), and Food Security (8) remained limited but targeted. These referrals were primarily adult-focused and geographically dispersed, reflecting constrained program availability and selective eligibility criteria across these sectors.

3. Population Profile and Data Disaggregation

3.1. Regional Distribution:

- The largest increase was observed in the South, which nearly doubled from 313 in Q3 to 718 in Q4 (129% increase), highlighting a sharp surge in reported cases or service needs in that region. El Nabatieh also saw a substantial increase of 53%, rising from 169 to 258.
- Other governorates showed more moderate changes: Baalbek-El Hermel increased slightly by 8%, Bekaa and Akkar had minor increases of 7-3%, while Mount Lebanon rose modestly. In contrast, the North governorate experienced a 29% decline, from 509 in Q2 to 359 in Q3, indicating a potential decrease in reported cases or referrals. Beirut remained relatively stable.
- Overall, the data indicates significant regional variations in the number of referrals, with the South and El Nabatieh experiencing notable surges, while the North saw a decline.

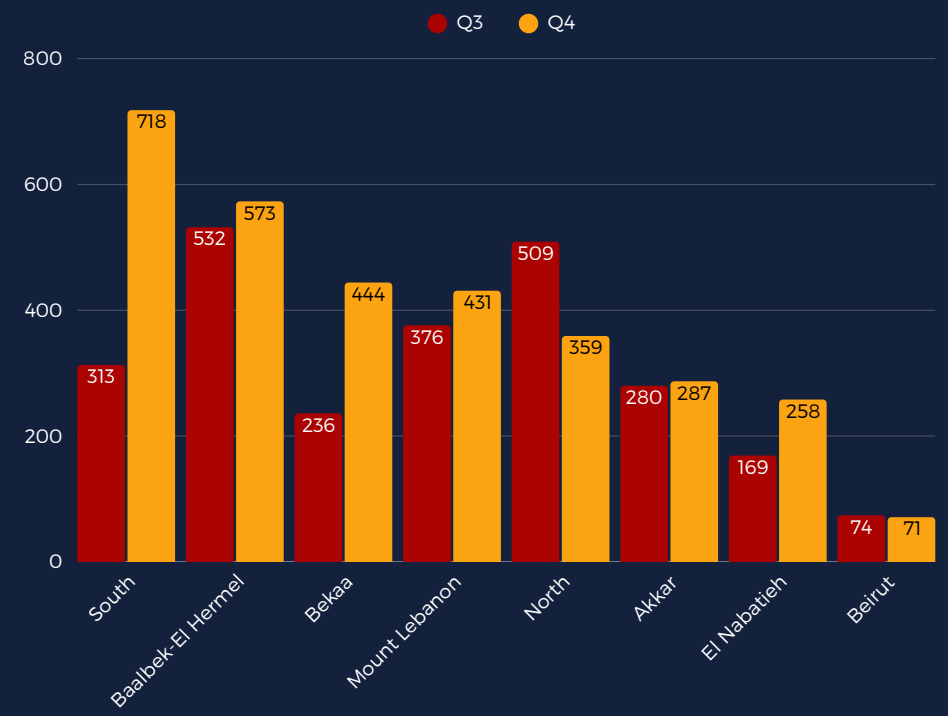
3.2. Nationality Distribution:

- Syrian remained the largest group, comprising 63% of referrals, increasing from 1,747 in Q3 to 1,973 in Q4, 14% of them arrived post December 2024 This is likely linked to multiple compounding challenges, including reduced UNHCR assistance and health coverage, mobility, recent security incidents, and arrivals occurring after December.
- Referrals for Lebanese rose by 43% over the same period, likely due to continuous economic challenges and ongoing ceasefire violations preventing recovery.
- Other nationalities, including stateless individuals and migrants (Iraqi, Ethiopian, Sudanese, and Bangladeshi), experienced a significant increase from 21 referrals in Q3 to 83 in Q4 (+295%), primarily seeking shelter and protection services. Partners indicated that this population group is likely underreported or insufficiently captured due to limited access for assessment.
- PRL nearly tripled, rising from 43 to 120 referrals. Overall, the data reflects both a growth in absolute numbers across all groups and increased diversity, highlighting a rising demand for services among multiple nationalities.

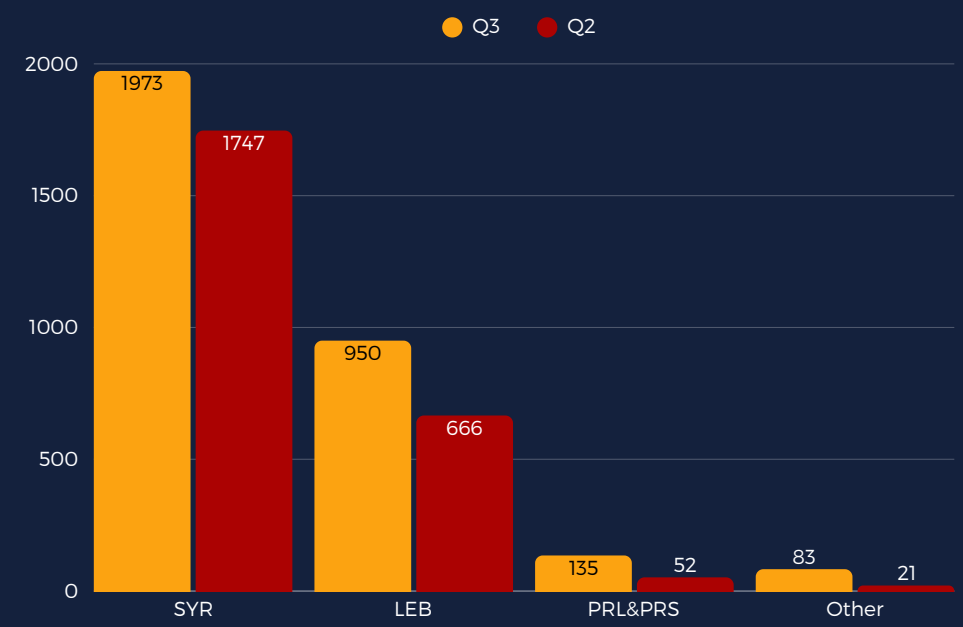
3.3. Gender, Age Group, and Disability

- Females accounted for 68% of referrals (2,145 cases), reflecting both higher vulnerability and stronger identification pathways for female POCs.
- Adults aged 18–59 constituted the largest group (2,120 cases), followed by adolescents aged 12–17 (394 cases) and children aged 5–11 (346 cases). Although older persons accounted for only 1% of cases, they remain a vulnerable group whose needs are likely underreported.
- 431 referrals (14%) involved persons with disabilities, underscoring the need for inclusive and specialized services.

Distribution of Referrals by Governorate Between Q3 and Q4



Distribution of Referrals by Nationality Between Q3 and Q4



4. Referral Efficiency:

4.1. Responsiveness

- During Q4 2025, 61% of referrals were closed, indicating effective service delivery or case resolution. Among the closed cases, 689 referrals (22%) were not accepted by receiving partners. Shelter accounts for nearly half of all non-accepted referrals (344 cases; ~50%), followed by Protection (94 cases; 14%), Child Protection (59 cases; 9%), Basic Assistance (55 cases; 8%), and GBV (50 cases; 7%). Geographically, non-acceptance was concentrated in specific governorates, with Baalbek-El Hermel representing the largest share (150 cases; ~22%), followed by the South (143 cases; ~21%) and the Bekaa (112 cases; ~16%), highlighting both high demand and capacity constraints in these areas. Analysis of reasons for non-acceptance indicates that most cases were declined due to ineligibility based on age, location, or vulnerability criteria, as well as limitations in service capacity and funding.

- However, 24% of referrals were acknowledged but remain pending follow-up, likely due to the need for extended engagement, high caseloads, and case complexity as reported by some partners.15% received no feedback, underscoring persistent gaps in partner responsiveness and follow-up mechanisms. 27% of these pending cases are of high risk, while 73% are regular.

- Analysis of Q4 unresolved referrals shows that the highest cases were in the Shelter sector (51%), followed by CP (11%), Protection (10%), and GBV (10%). Follow-up by the RIMS team revealed that some partners reported extended assessment processes, particularly for shelter and case management-related referrals, which require field visits, assessments, waiting lists, contributing to delays in feedback and service provision.

4.2. Timeliness of Referral Closure:

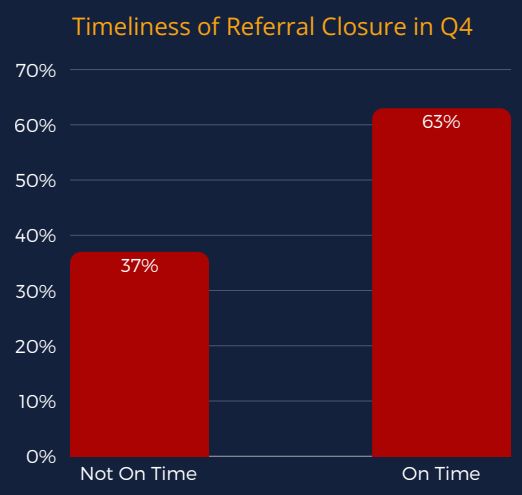
In Q4, 63% of referrals were closed on time, slightly down from 67% in Q3, while 37% were closed late. This can likely be attributed to limited staffing capacity; the complexity of certain cases requiring multi-sectoral coordination; delayed field access due to insecurity and movement restrictions; beneficiaries' limited availability for in-person interviews compounded by transportation cost; and funding constraints, all of which reduced partners' ability to rapidly accept new cases, resulting in waiting lists and slower referral closures.

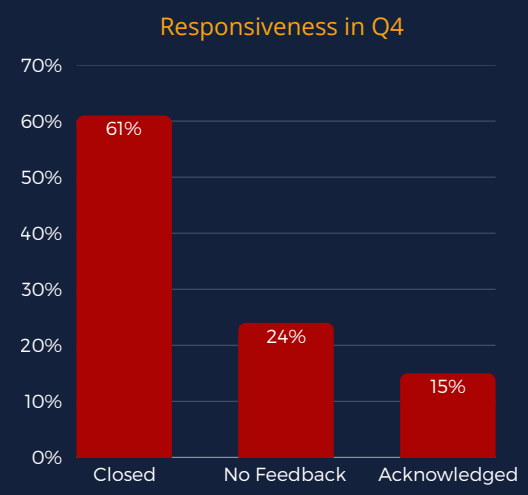
A breakdown by referral type shows regular-track referrals performed better, with 70% closed on time, compared to 41% for fast-track cases. On average, response times were 11.5 days for fast-track and 11.4 days for regular-track referrals. Delays in fast-track cases are concerning, as these often involve higher-risk individuals, and may result from capacity constraints, beneficiary accessibility challenges, or procedural bottlenecks in sensitive cases (e.g., GBV or high-risk protection needs). Strengthening fast-track follow-up mechanisms is essential to improve timeliness and ensure timely support for the most vulnerable.

4.3. Timeliness of Case Identification:

While recording the incident date in RIMS is not mandatory, nearly 40% of cases include this information, providing a benchmark for outreach efficiency.

On average, cases are identified 14.76 days after the incident, indicating generally prompt identification. However, a small subset of approximately 58 cases experienced significant delays, being recorded over 100 days after the incident. These outliers highlight potential gaps in outreach, follow-up, or reporting processes that may require targeted attention to ensure timely response and support. It was reported by some RIMS partners that security issues, seasonal factors, and limited number of staff have affected staff mobility, timely outreach and follow-up in certain areas.





4.4. Timeliness of Referring Cases:

Timeliness of Referring Cases: The efficiency of referrals, measured by comparing the case identification date with the referral date, shows that 45% of regular cases, which should be referred within a maximum of 48 hours after identification, were not referred on time, while 46% were referred on time.

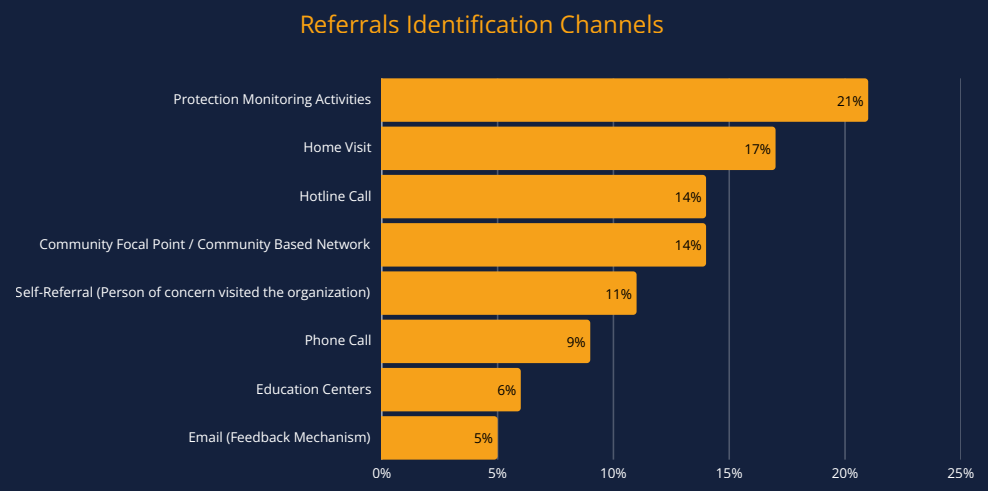
Looking at the identification channels of the cases that were referred on time provides further insights into outreach effectiveness.
The largest contribution came from Protection monitoring activities accounted for 675 cases (21%), followed by home visits with 542 cases (17%). Hotline calls contributed 453 cases (14%), while community focal points identified 441 cases (14%). Self-referrals through organizational visits accounted for 342 cases (11%). This distribution underscores the importance of maintaining a mix of both community-based and institutional identification pathways to ensure broad outreach and timely case detection.

Referral Information Management System
Hosted by the Danish Refugee Council

DANISH REFUGEE COUNCIL

MINISTRY OF FOREIGN AFFAIRS OF DENMARK
Danida

Co-funded by the European Union



Conclusion:

Q4 2025 reflects sustained high levels of vulnerability and continued reliance on RIMS as a coordination and referral platform. With 3,141 referrals recorded, a 26% increase from Q3, the data highlights both rising needs and expanding system use. Shelter, GBV, protection, and child protection remain the most referred sectors, with particular vulnerability among Syrian nationals, women and girls, and children. While 61% of cases were successfully closed, timeliness challenges persist, particularly for fast-track and high-risk referrals, underscoring the need to strengthen follow-up mechanisms and outreach.

The diversity of identification channels, ranging from protection monitoring to home visits and self-referrals (77% of all identification), demonstrates the importance of maintaining both community-based and institutional pathways. Overall, Q4 findings emphasize the need for targeted, inclusive, and timely service delivery to ensure that the most vulnerable populations across Lebanon receive appropriate support.

Recommendations:

- **Donors:**
  - As vulnerable and at-risk populations face increasingly complex and intersecting risks, sustained funding is critical to maintain integrated service delivery. The 26% increase from Q3 in referrals is an indication of both the rising humanitarian needs and the reliance on RIMS as a referral system. Continued support is needed for programs combining Child Protection and Education, as well as Protection, Health, Shelter, and Livelihoods interventions, to address both immediate needs and the underlying causes of vulnerability.

- **Sectoral/Programmatic Focal Points:**
  - Systematically review delayed or unresolved cases to identify operational gaps and implement corrective actions, building on partners' ability to monitor and follow up on pending cases alongside RIMS monthly follow-up processes.
  - Engage sector leads, in coordination with RIMS, to deliver refresher guidance on fast-track referral criteria, ensure sustained prioritization of these cases by partners, and strengthen sector-level enforcement of fast-track protocols.
  - Ensure sectors continue to invest in outreach where identification and referral of those most at risk continue, and are strengthened to ensure they remain inclusive and accessible, incorporating physical accessibility, adapted communication, and specialized services for persons with disabilities.

- **Coordination/Programme/Sector Focal Points:**
  - Maintain regular collaboration among MoSA, Protection Sector actors, and inter-agency partners to support coordination, service mapping, and alignment of referral pathways, especially fast-track cases.

- **Community Outreach, Communication & Programme Staff:**
  - Conduct community awareness campaigns that intentionally develop outreach strategies to those who may be falling through the cracks and to encourage referrals/self-referrals and ensure Persons of Concern are informed about available services.

For more information Contact: Maya Hamzeh, Head of Program, maya.hamzeh@drc.ngo