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: Referral Dynamics and Humanitarian Needs Analysis in Lebanon

I. Introduction

This report presents an analysis of referral trends captured through the Referral Information Management System (RIMS) between 02 March and 30 April 2026, covering a total of 1,255 referrals. The analysis spans the initial escalation period in March and the subsequent evolution of needs in April, providing a two-month comparative overview of humanitarian needs dynamics.

The report aims to provide an evidence-based understanding of evolving humanitarian needs, geographic distribution of vulnerabilities, and system performance in referral identification, processing, and response. By comparing March (starting from 02 March) and April, the analysis highlights shifts in the scale and nature of needs, as well as changes in operational dynamics, access conditions, and service delivery patterns over time.

II. Methodology

1. Data Source: This analysis is based on referral data recorded through the Referral Information Management System (RIMS) between 02 March and 27 April 2026. The analysis combines quantitative referral data extracted from RIMS with qualitative findings collected through Focus Group Discussions (FGDs) conducted with humanitarian partners and frontline actors.

2. Quantitative Analysis: Quantitative analysis was conducted using referral records submitted through RIMS during the reporting period. Descriptive statistics were used to analyze:

- Total referral volumes
- Sectoral referral trends
- Geographic distribution of referrals
- Demographic characteristics
- Referral responsiveness and timeliness

Percentages presented throughout the report reflect the proportion of referrals within the relevant reporting period unless otherwise specified.

3.Qualitative Analysis: Qualitative findings were generated through FGDs conducted with humanitarian partners and service providers involved in referral management and response activities.

The FGDs aimed to:

- Validate quantitative referral trends observed in RIMS
- Identify contextual drivers behind increases or decreases in referrals
- Explore emerging vulnerabilities and operational challenges
- Understand changes in service accessibility and response capacity

Qualitative findings were analyzed thematically and triangulated with quantitative referral data to support interpretation of observed trends.

4.Limitations: Several limitations should be considered when interpreting the findings:

- Referral data reflects only cases recorded through RIMS and may not represent the full scale of humanitarian needs.
- Variations in partner reporting practices, referral capacities, and service availability may influence referral trends.
- Increases or decreases in referrals may reflect changes in access, reporting behavior, or referral pathways in addition to actual changes in humanitarian needs.
- Some sectors may be underrepresented due to limited service availability or prioritization of emergency and survival-related needs during the reporting period.

Despite these limitations, the combined use of quantitative referral data and qualitative partner feedback provides valuable insight into evolving humanitarian needs and response dynamics during the reporting period.

III. Key Findings

- **Sharp increase in referral activity between March and April:** Between 02 March and 30 April 2026, RIMS recorded a total of 1,255 referrals, with referrals increasing from 440 cases in March to 815 cases in April. April alone accounted for 65% of all recorded referrals, reflecting a substantial escalation in humanitarian needs alongside improved outreach, stronger coordination mechanisms, and increased utilization of referral pathways.

- **Humanitarian needs became increasingly concentrated in protection and survival-related sectors:** While March referrals were relatively distributed across multiple sectors, April referrals became heavily concentrated in Nutrition (27%), Child Protection (19%), Protection (16%), GBV (15%), and Cash Assistance (15%). Together, these five sectors accounted for more than 90% of all referrals in April, indicating a shift toward increasingly interconnected survival, protection, and coping-related vulnerabilities.

- **Nutrition emerged as the dominant and fastest-growing sector:** Nutrition referrals increased from 38 cases in March to 217 cases in April, representing a 471% increase and making Nutrition the largest referral sector in April. Findings indicate growing concerns related to maternal and infant nutrition, stress-related breastfeeding challenges, unsafe formula feeding practices, and deteriorating living conditions among displaced populations.

- **Protection risks intensified across multiple dimensions:** Child Protection, General Protection, and GBV referrals all increased significantly between March and April. Partners reported rising child labour, early marriage, psychosocial distress, intimate partner violence, eviction threats, legal documentation challenges, and increased vulnerabilities among persons with disabilities and elderly individuals. These trends reflect the cumulative effects of displacement, financial strain, overcrowding, and prolonged instability.

- **Cash assistance needs increased sharply, reflecting worsening economic vulnerability:** Cash Assistance referrals increased from 18 cases in March to 124 cases in April, representing a 589% increase. Households increasingly required financial support to cover rent, medications, transportation, diapers, and other essential daily expenses, reflecting growing economic pressure and reduced household coping capacity.

- **Health and education referrals declined proportionally despite continued underlying needs:** Health referrals decreased from 20% of referrals in March to 4% in April, while Education referrals declined from 12% to 2%. This likely reflects a reprioritization toward immediate survival and protection needs, alongside possible barriers in access, outreach, and service availability, rather than a reduction in underlying sectoral needs.

- **Geographic pressure became more dispersed, with stronger concentration in northern and peripheral governorates:** While March referrals were concentrated mainly in Bekaa and Mount Lebanon, April showed a broader geographic spread led by Akkar (23%), Bekaa (21%), Mount Lebanon (19%), and Baalbek-El Hermel (16%). This pattern reflects evolving displacement dynamics, shelter distribution, and expanded outreach activities across northern and peripheral areas.

- **Syrian refugees remained the majority of referrals, while Lebanese vulnerabilities also increased substantially:** Syrians accounted for 57% of referrals in March and 63% in April, increasing from 250 to 510 referrals. Lebanese referrals also rose significantly, from 184 to 291 cases. Findings indicate increasing convergence in vulnerabilities across Syrian and Lebanese populations, driven by shared economic hardship, displacement pressures, and reduced access to services.

- **Underreporting and access constraints continue to limit full visibility of needs:** Despite increased referral activity, humanitarian actors consistently reported that actual needs remain substantially higher than reflected in RIMS data, particularly outside collective shelters. Limited outreach capacity, funding constraints, indirect communication structures, and operational access barriers continue to affect case identification and referral coverage.

- **Referral system performance remains functional but increasingly strained:** While case identification and response timeliness remain relatively strong, important gaps persist in referral follow-up and processing. Nineteen percent of referrals received no documented feedback, reflecting growing operational pressure on humanitarian partners during periods of increased caseload.

- **The crisis is evolving toward a more complex, protection-centered humanitarian context:** Overall findings indicate a transition from a broader emergency response profile toward a more protection-driven and survival-oriented crisis characterized by overlapping vulnerabilities, prolonged displacement, deteriorating living conditions, and increasing reliance on integrated multi-sectoral support mechanisms.

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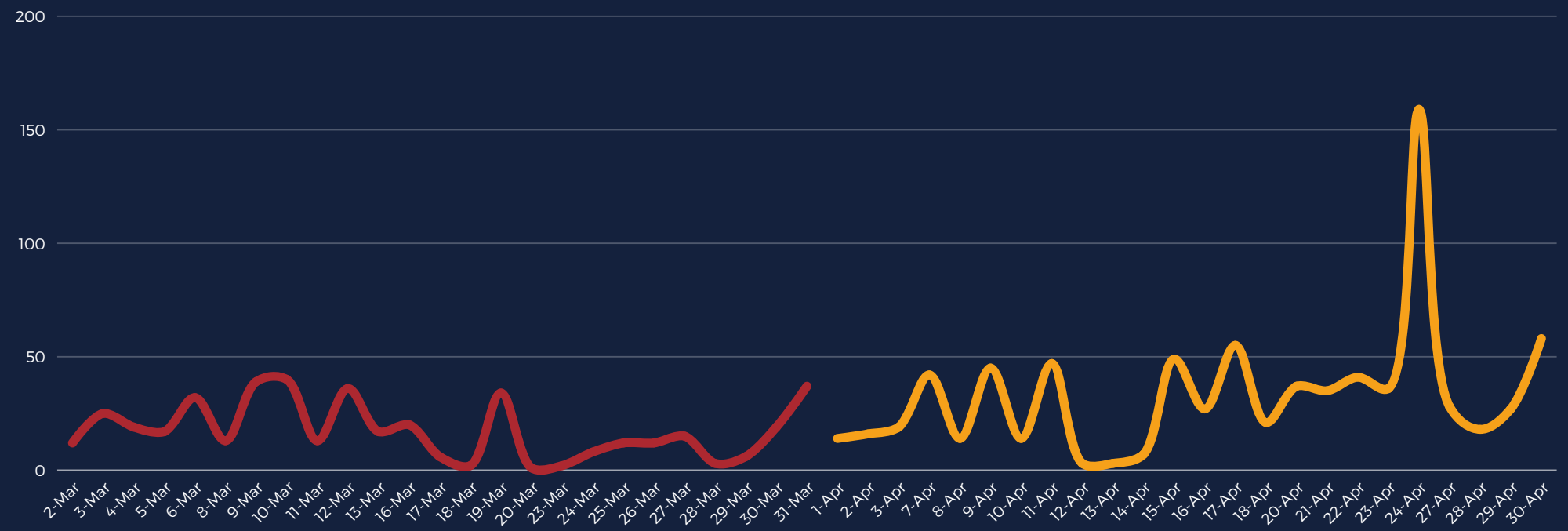
IV. Referral Volume

Referrals During March and April 2026



A total of **1,255 referrals** were recorded through RIMS during the reporting period, with **440 referrals in March (35%)** and **815 referrals in April (65%)**, indicating a clear increase in referral activity over time.
Referral trends show a notable rise between the two months, with April accounting for nearly two-thirds of all recorded referrals. This reflects an overall increase in service demand as well as evolving operational and contextual dynamics.

In March, referral activity remained relatively moderate and stable, with daily volumes generally consistent and no sustained high peaks. Based on qualitative findings from FGDs, this period was primarily characterized by direct distribution of core relief items and immediate life-saving assistance, with limited reliance on formalized referral pathways. As a result, referral system utilization remained comparatively lower.

In contrast, April recorded significantly higher referral volumes, alongside greater fluctuations in daily activity. Several peaks were observed throughout the month, including 4**2 referrals on 7 April, 47 on 11 April, 49 on 15 April, 55 on 17 April, and a major spike of 159 referrals on 24 April.** These fluctuations reflect a combination of factors, including displacement dynamics, intensified outreach activities, variations in access to services, partner response capacity, and broader security developments affecting population movements.

FGD findings further indicate that the increase in April is closely linked to a shift toward more structured and coordinated engagement with affected populations. During this period, partners reported improved access to collective shelters and strengthened coordination with focal points from the Ministry of Social Affairs (MoSA) and the Ministry of Education and Higher Education (MEHE). This enabled more systematic site visits, expanded protection outreach, and wider dissemination of hotline and awareness information. These developments contributed to improved identification of vulnerable individuals and greater utilization of referral pathways.
At the same time, the broader operational context in April, including ceasefire developments and reported violations, contributed to renewed displacement cycles and increased population instability. This further elevated humanitarian needs and increased reliance on collective shelters, where service delivery and coordination mechanisms are more active.

Despite the increase in referral volumes, partners consistently emphasize that RIMS data likely underrepresents the actual scale of needs. This is particularly evident among populations residing outside collective shelters, where access remains constrained due to limited organizational capacity, funding shortages, reduced service availability, and operational restrictions at both national and subnational levels.

Even within collective shelters, access is not always uniform. In several locations, humanitarian actors reported that engagement with affected populations follows a structured communication flow through MoSA and MEHE focal points, rather than direct access. While this coordination mechanism supports organization and oversight, it may also create information bottlenecks, limit direct case identification, and delay or miss referrals, thereby affecting the system's ability to fully capture existing needs and ensure a consistently principled, needs-based response. Additional barriers, including cultural sensitivities and limited engagement from some community leaders and municipalities, particularly in areas outside collective shelters, continue to constrain outreach efforts. Partners also highlight a significant reduction in response capacity compared to the 2024 escalation, driven by ongoing funding constraints, which have limited the ability of organizations to scale up activities and expand geographic and sectoral coverage.
Overall, the increase in referral volume from March to April reflects a combination of heightened humanitarian needs, improved access, stronger coordination mechanisms, and increased system sensitivity, rather than a single isolated driver. However, continued access constraints and capacity limitations suggest that the actual scale of needs is likely higher than reflected in reported referrals, reinforcing the dual role of RIMS as both a service delivery monitoring tool and a gap-analysis mechanism.

Comparison with the 2024 Escalation

To contextualize current trends, it is useful to compare the 2026 referral profile with data captured during the 2024 escalation (23 September – 27 November 2024), which generated 2,307 referrals over 66 days, a substantially higher caseload, though one achieved under more favorable funding and operational conditions. Despite the lower absolute volume in 2026, the nature and distribution of needs have shifted considerably. The most significant contrast lies in sectoral composition. In 2024, needs were relatively diversified, with health (21%), basic assistance (20%), food security (18%), and shelter (11%) collectively dominating the caseload, reflecting an immediate emergency response phase. In 2026, the profile consolidated sharply around protection and survival concerns: nutrition (24%), child protection (19%), protection (18%), GBV (15%), and cash assistance (13%) account for nearly 90% of April referrals. GBV referrals in particular rose from 2% of caseload in 2024 to 15% in 2026, while child protection increased from 5% to 19%, pointing to deepening and more complex exposure to protection risks driven by recurrent and prolonged displacement, economic deterioration, and psychosocial stress.

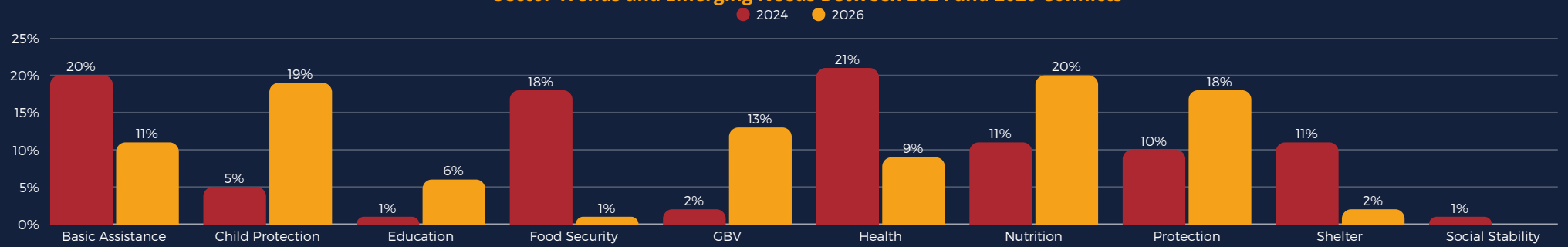
Partners noted that the shift in referral trends between 2024 and 2026 is mainly linked to improved preparedness and coordination. In 2024, the response was sudden with limited preparation, leading to higher referrals for basic assistance (including both cash and CRI) due to gaps in information and service access. In 2026, stronger coordination and better preparedness among partners, along with increased awareness among IDPs, led to more direct distributions and reduced reliance on referrals for cash assistance. For nutrition, its higher prioritization was attributed to increased partner capacity since 2024. Training on Infant and Young Child Feeding (IYCF) improved organizations' ability to identify, assess, and refer nutrition cases more effectively.

Geographically, referrals in 2024 were heavily concentrated in the North governorate (58% of referrals), whereas 2026 shows a more dispersed pattern led by Akkar (23%), Bekaa (22%), and Mount Lebanon (18%).

The demographic profile has also shifted. In 2024, Lebanese nationals represented the majority of referrals (63%) compared to Syrians (35%), reflecting the acute impact of the escalation on host communities. In 2026, this balance has reversed, with Syrians accounting for 61% of referrals, driven by limited shelter access for non-Lebanese populations, compounded vulnerabilities, and the presence of post-December 2024 arrivals with restricted service access. Lebanese households nonetheless remain a substantial share (38%), reflecting the increased proportion of Lebanese displaced due to the conflict.

Overall, the comparison underscores a shift from a high-volume, diversified emergency response in 2024 toward a more constrained but increasingly complex caseload in 2026, dominated by protection, nutrition, and coping-related needs, and shaped by a significantly more limited operational and funding environment

Sector Trends and Emerging Needs Between 2024 and 2026 Conflicts



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V. Sector Trend and Emerging Needs

A comparative analysis of sectoral referral patterns between March and April highlights a significant transformation in both the scale and nature of humanitarian needs, reflecting a shift from immediate emergency response toward more complex and layered vulnerabilities.

In March, sectoral referrals were relatively distributed across multiple areas, with no single sector overwhelmingly dominating the caseload. Protection (22%) was the highest reported sector, followed closely by Health (20%) and Child Protection (18%). Education (12%) also represented a notable share of referrals, reflecting continued service access and protection-related concerns during the early phase of the reporting period. GBV (9%) and Nutrition (9%) were present but at moderate levels, while Cash Assistance (4%) and Shelter (4%) remained relatively limited. Livelihoods and Food Security accounted for very small proportions of referrals, indicating that longer-term recovery needs were less prominent at this stage.

In contrast, April shows a marked transformation in the sectoral profile, with a clear concentration of referrals in survival- and protection-critical sectors. Nutrition emerged as the dominant sector (27%), followed by Child Protection (19%), Protection (16%), GBV (15%), and Cash Assistance (15%). Together, these sectors account for the vast majority of referrals in April, indicating a consolidation of needs around survival and protection-related concerns.

1. Nutrition: The sharp increase in nutrition-related referrals, from 38 cases in March (9% of March cases) to 217 cases in April (27% of April cases), represents a substantial increase in demand (+223%). This trend reflects a significant deterioration in the nutritional and health conditions of vulnerable groups, particularly pregnant and lactating women.

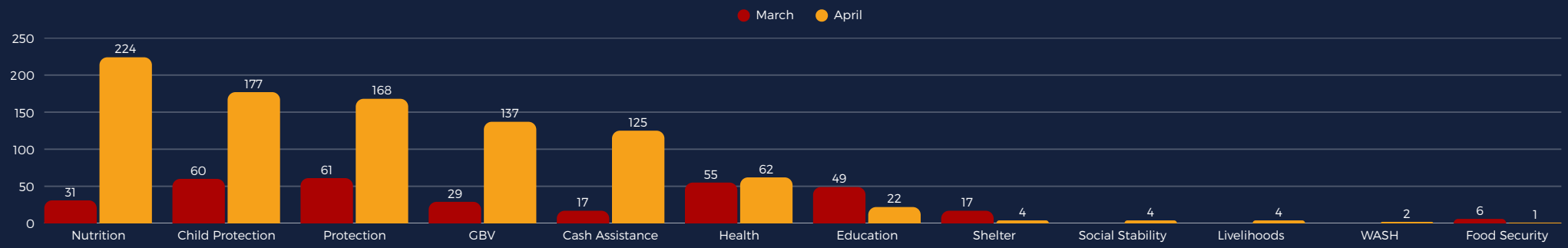
Findings from FGDs indicate that this increase is closely linked to the compounded effects of **displacement, overcrowding, and deteriorating living conditions**, affecting both populations residing inside and outside collective shelters.

Partners reported that pregnant women are facing multiple barriers to adequate care, including the inability to access regular medical follow-up due to displacement, financial constraints, and insecurity. Living conditions in shelters, such as sleeping on the floor, reliance on shared yet limited sanitation facilities, and lack of privacy, further exacerbate their physical and psychological stress, particularly in the lead-up to delivery. At the same time, lactating women are experiencing increasing challenges related to breastfeeding. Partners noted a shift in help-seeking behavior, where women are now reaching out for counseling earlier than usual due to heightened stress and anxiety. Reports of **increased milk formula needs** are becoming more frequent, with partners attributing this to the cumulative impact of psychological stress, inadequate nutrition, and unstable living conditions.

In response to these challenges, many lactating women are transitioning from breastfeeding to formula feeding. This shift is further influenced by the realities of living in overcrowded environments with limited privacy, where caregivers report feelings of distress when infants cry at night and have started to supplement the use of formula as a coping mechanism to prolong infant sleep, further impacting lactating mothers' breastmilk production. However, this transition is occurring in contexts where **safe formula feeding conditions** are not guaranteed, with many households lacking essential items such as sterilized bottles, access to clean water, and appropriate heating facilities.
Partners also highlighted the unintended consequences of early response practices, particularly the **uncoordinated distribution of infant formula** at the onset of the crisis, which may have contributed to increased reliance on formula feeding without adequate guidance. This has had longer-term implications, including reduced breastfeeding rates and increased dependency on external support.

Overall, the increase in nutrition referrals during April reflects not only a rise in needs but also a **shift in vulnerability patterns**, where maternal and infant nutrition is increasingly compromised by stress, displacement, and inadequate living conditions.

Referral Distribution by Sector During March and April



2. Child Protection: Child protection referrals increased from **March to April**, rising from **80 cases (18% of March cases) to 157 cases (19% of April cases)**. This represents a **96% increase in total child protection cases**, alongside a notable expansion in overall caseload between the two months.

Partners reported a notable rise in child labor as a coping mechanism, particularly among households living outside collective shelters and struggling to afford rent and basic living expenses. While street-connected children are typically identified from the age of six and above, partners highlighted a concerning increase in cases involving **children as young as four years old**, reflecting a severe deterioration in household coping capacities.

In parallel, partners observed increasing levels of violence, neglect, and psychosocial distress among children. Caregivers facing prolonged stress and financial hardship are reportedly struggling to maintain safe and supportive environments, particularly in overcrowded shelters and unstable living conditions. Children are also being negatively affected by fear, displacement, lack of safe spaces, and interruptions to their education. Additionally, FGDs further identified emerging cases of early marriage among both Syrian and Lebanese communities, linked to economic hardship and insecurity.

3. General Protection: Protection referrals increased from March to April, rising from 98 cases (22% of March cases) to 131 cases (16% of April cases). This represents a 34% increase in total protection cases between the two months. However, despite the increase in absolute numbers, the proportion of protection referrals slightly decreased in April, indicating that other sectors, particularly Nutrition and Cash Assistance, grew at a faster rate during the same period.

FGD findings reveal a high concentration of intersecting vulnerabilities linked to displacement, conflict-related trauma, disability, and deteriorating living conditions. Partners reported that many cases involve elderly individuals and persons with disabilities living in conditions of extreme dependency, often lacking adequate care, support systems, or safe shelter arrangements. These vulnerabilities are further compounded by repeated displacement and limited access to essential services.

Partners also highlighted increasing levels of acute psychosocial distress among affected populations, including cases involving severe anxiety, depression, emotional instability, and suicidal ideation. Prolonged uncertainty, financial hardship, overcrowded living conditions, and exposure to conflict were identified as key contributing factors affecting individuals' mental wellbeing and coping capacities.

In parallel, partners reported an increasing need for legal assistance, particularly among displaced individuals who fled without personal documentation or lost essential documents during displacement.

The lack of legal and civil documentation is limiting access to services, restricting movement, and reducing access to legal protection, thereby increasing vulnerability and dependency among affected populations. Partners also highlighted a growing number of eviction-related cases during the current escalation, with landlords requesting accumulated unpaid rent or increasing rental costs under the threat of eviction. In several cases, displaced households are at heightened risk of losing their accommodation as property owners seek to rent units to newly displaced populations who may be able to pay higher rental fees.

4. GBV: GBV referrals increased from March to April, rising from **41 cases** (9% of March cases) to **125 cases** (15% of April cases). This represents a **205% increase** in total GBV cases between the two months. The proportion of GBV referrals also increased significantly, from 9% to 15%, indicating a marked rise in GBV-related needs relative to other sectors during April. Partners reported a high prevalence of intimate partner violence (IPV), including physical, emotional, and economic abuse by spouses, alongside cases of sexual harassment in overcrowded living conditions and workplaces. Overall, the increase in GBV referrals highlights the growing protection risks faced by women and girls amid deteriorating living conditions, prolonged instability and protracted displacement.

5. Cash Assistance: Cash Assistance referrals increased from March to April, rising from 18 cases (4% of March cases) to 124 cases (15% of April cases). This represents a 589% increase in total cash assistance-related cases between the two months. The share of cash assistance referrals also increased substantially, from 4% to 15%, indicating a significant rise in households requiring immediate financial and basic needs support during April.

Partners reported that a proportion of households are requesting cash assistance to procure medications, particularly in instances where public dispensaries or humanitarian actors provide unbranded or generic medicines. While these medicines are therapeutically equivalent and meet standard treatment guidelines in terms of efficacy and active ingredients, they are sometimes perceived by patients as less effective compared to previously used branded formulations, influencing treatment acceptance and subsequent demand for cash-based access to preferred medications. The health sector has identified this as a recurring adherence and perception-related challenge affecting care-seeking behavior and continuity of treatment. In addition, affected populations highlighted the need for greater flexibility in meeting daily living expenses beyond food parcels, ready-to-eat meals, and dry food distributions, especially among households lacking access to kitchens or adequate cooking facilities.

FGDs also identified increasing demand for cash support to cover rent, diapers, and other child-related expenses, reflecting the mounting financial pressure faced by displaced and vulnerable households.

Overall, the increase in cash assistance referrals highlights the growing gap between available assistance and the evolving priorities and realities of affected populations.

6. Health: Health referrals **decreased from March to April**, declining from **87 cases** (20% of March cases) to 30 cases (4% of April cases). This represents a **65% decrease in total health-related referrals between the two months**. The sector's share of overall referrals also dropped significantly, from 20% to 4%, indicating a notable shift in caseload distribution away from health toward other sectors, particularly Nutrition, Cash Assistance, and GBV in April.

Partners reported that while some health services continue to be available, many critical needs remain difficult to address, particularly for individuals with chronic illnesses and cancer-related conditions requiring continuous treatment and specific medications. A recurring concern raised during FGDs relates to the limited availability of original prescribed medications, with many beneficiaries reporting worries with generic alternatives provided through available services.

In addition, partners highlighted growing unmet needs for assistive devices, including hearing aids and other specialized medical equipment, which remain inaccessible for many vulnerable individuals. Transportation costs were also identified as a major barrier, particularly for displaced and low-income households struggling to afford travel to healthcare facilities and service providers. It is also worth noting that **39% of all health referrals were related to mental health and psychosocial support (MHPSS),** highlighting the significant psychological impact of displacement, insecurity, financial hardship, and prolonged instability on affected populations.

6. Other Sectors: Education referrals decreased from **March to April**, declining from 53 cases (12% of March cases) to **18 cases** (2% of April cases). This represents a **66% decrease in total education-related referrals** between the two months. The sector's share of overall referrals also dropped markedly from 12% to 2%, suggesting a significant shift in caseload composition away from education-related needs during April.
This trend does not necessarily indicate a reduction in underlying educational needs, but may reflect a shift in prioritization toward more immediate needs such as Nutrition, Cash Assistance, GBV, and Protection. It may also be influenced by access constraints, changes in service availability, or differences in outreach and reporting coverage across sectors.

Overall, the data highlights a clear shift from a diversified needs profile toward one dominated by basic survival and protection concerns. The sharp increases in nutrition, cash assistance, and protection-related referrals suggest that affected populations are experiencing increasingly interconnected vulnerabilities, where escalation of conflict, economic hardship, food insecurity, and exposure to protection risks are reinforcing one another.

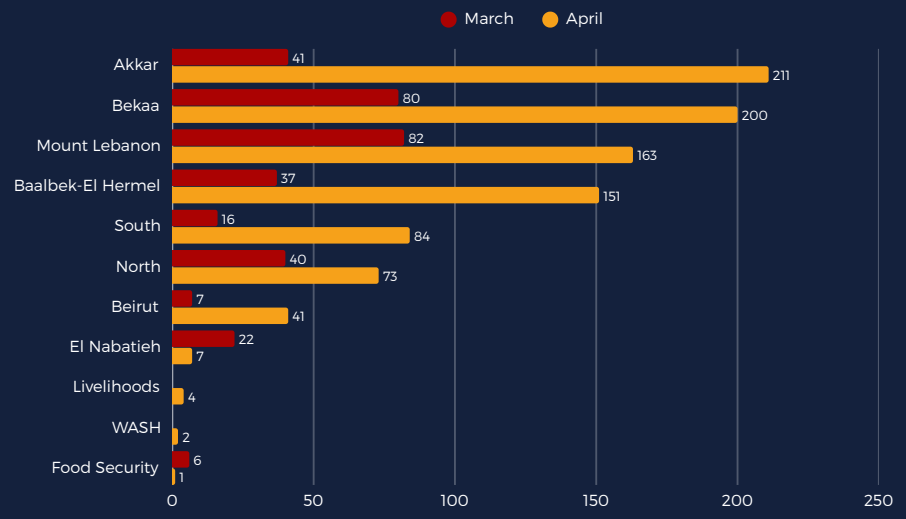
VI. Geographic Distribution:

The geographic distribution of referrals between **March and April** shows a noticeable shift in both concentration and spatial spread of needs, reflecting evolving displacement dynamics as well as changes in access and outreach capacity.

During **March,** referrals were relatively concentrated in a limited number of governorates. **Bekaa (112 cases; 25%)** and **Mount Lebanon (89 cases; 20%)** together accounted for nearly half of all referrals. They were followed by **Akkar (66 cases; 15%)**, **Baalbek-El Hermel (55 cases; 13%)**, **North (48 cases; 11%)**, **South (35 cases; 8%)**, **El Nabatieh (23 cases; 5%)**, and **Beirut (12 cases; 3%)**. This pattern reflects a distribution still anchored in central and eastern governorates, where population density and service presence are typically higher.

In April, the geographic pattern becomes more dispersed and rebalanced, with increased activity across all governorates and a clearer shift toward northern and peripheral areas. Akkar emerges as the highest reporting governorate (186 cases; 23%), followed by Bekaa (168 cases; 21%), Mount Lebanon (156 cases; 19%), and Baalbek-El Hermel (133 cases; 16%). The North and South (65 cases each; 8%) show moderate and equal activity, while Beirut (36 cases; 4%) and El Nabatieh (6 cases; 1%) remain comparatively lower. This shift highlights a stronger concentration of referrals in Akkar and Bekaa in April, alongside a broader geographic spread compared to March, possibly showing how conflict dynamics and operational constraints hinder referral activities and improved access is a facilitator for more integrated response.

Georaphical Distribution During March and April



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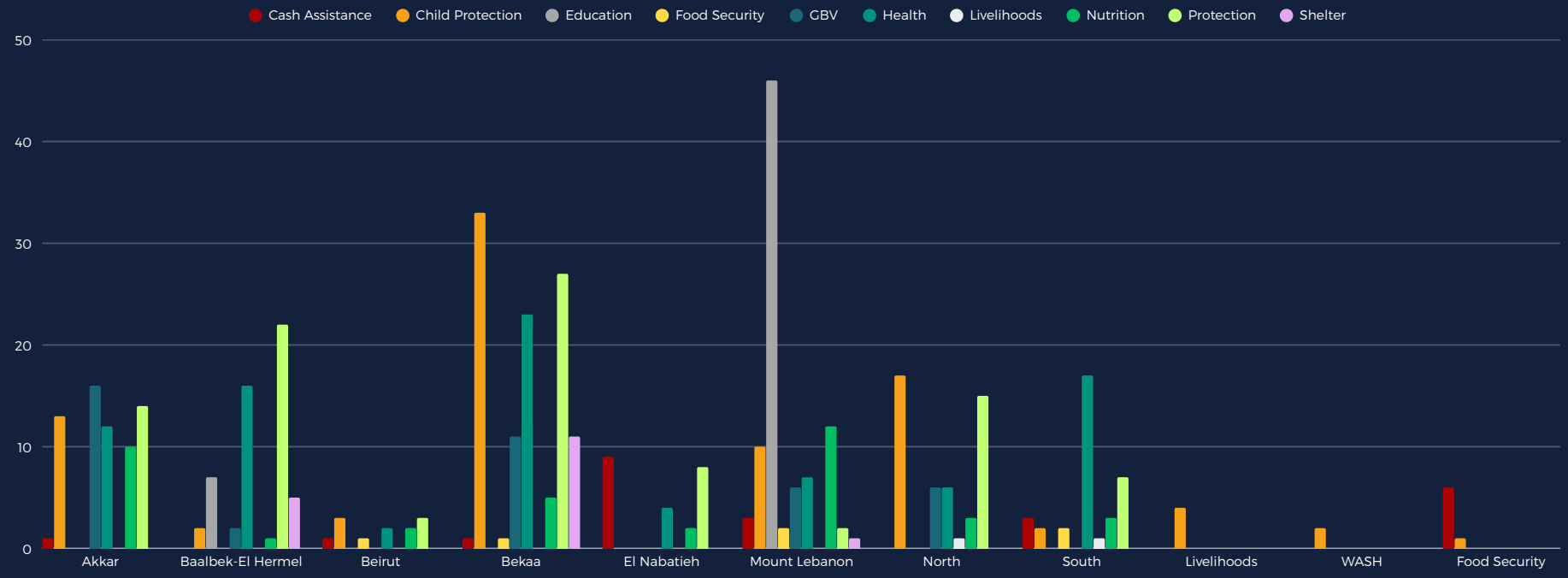
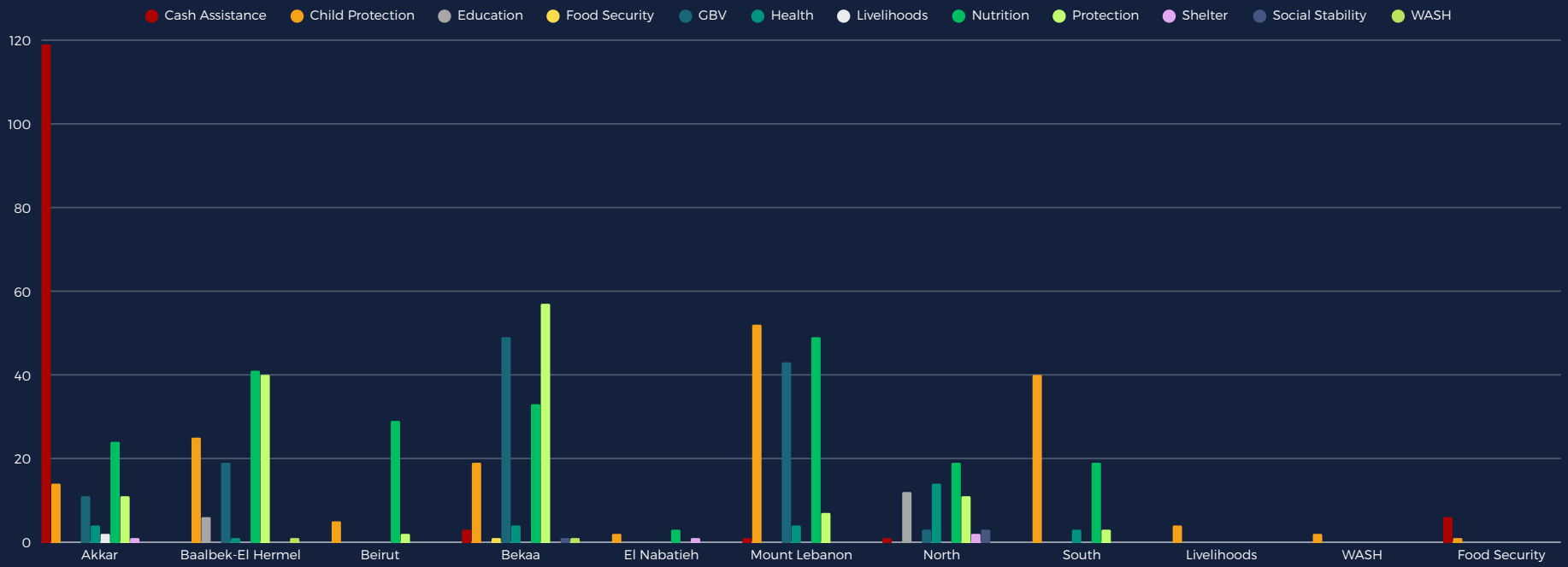
Distribution of Referrals by Sector and Governorate During March



Distribution of Referrals by Sector and Governorate During April



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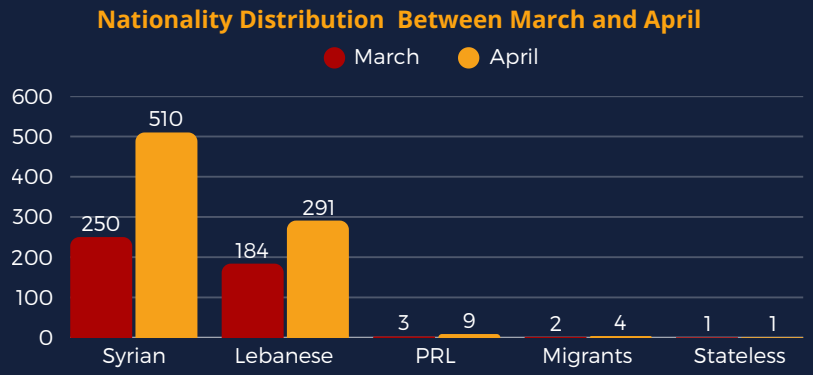
VII. Demographic

1.Nationality



The demographic profile of referrals indicates a clear predominance of refugee populations, with Syrian nationals accounting for the majority of cases in both March and April.

During March, Syrians represented 250 referrals (57%), followed by Lebanese with 184 referrals (42%). Smaller proportions included Palestinian Refugees in Lebanon (3 cases; 1%), alongside isolated cases categorized as Migrants (2 cases) and Stateless individuals (1 case).

In April, Syrian referrals increased substantially to 510 cases (63%), while Lebanese referrals rose to 291 cases (36%). Additional referrals included Palestinian Refugees in Lebanon (9 cases; 1%), Migrants (4 cases), and 1 Stateless case.
While Syrian refugees remain the most referred group, driven by the limited availability of collective shelters for non-Lebanese displaced populations, as well as the presence of post–December 2024 arrivals (representing 12% of Syrian referrals), many of whom face restricted access to services due to irregular entry status and lack of UNHCR registration, the reporting period is increasingly characterized by a narrowing gap in vulnerability between different nationalities residing in Lebanon. Lebanese households are now experiencing comparable survival and protection pressures.

A notable feature of current referral data is the significant **underrepresentation of Palestinian refugees and migrants** compared to baseline figures outside of emergency periods. In 2025, Palestinian referrals averaged approximately 27 cases per month and migrants approximately 10 cases per month through regular programming.
During the current reporting period, referrals for both groups are markedly lower, a gap that warrants explanation.

For Palestinian refugees, follow-up with partners suggests that a large proportion were not displaced by the current escalation, and those who were displaced largely relocated to Palestinian camps or to two Palestinian collective shelters. These shelters fall under the management of UNRWA and not MoSA, and have an alternative site management and coordination approach facilitating referrals through other means. Partners noted that Palestinian populations are not always being directly targeted within emergency response activities, and that identification and outreach remain limited, partly due to their specific displacement patterns.

For migrants, partners identified a combination of factors contributing to their low visibility in referral data. During previous periods, migrants would routinely reach out directly to organizations for services. However, following the funding cuts, many received notifications that services were no longer available. As a result, a significant portion of the migrant population still assumes that no services exist for them, indicating a critical awareness gap that has not been adequately addressed. Beyond this, migrants tend to have access to their own shelter arrangements during the crisis, reducing some of their immediate visibility as a displaced population. Partners also highlighted migrants' reluctance to share personal information with organizations due to concerns related to their legal status, making direct identification and outreach particularly challenging.

2.Gender

The gender distribution of referrals shows a consistent pattern across both reporting periods, with females representing the majority of cases (850; 68%) requesting nutrition (26% of females referrals), GBV (19%), and general protection services (18%), compared to males (404; 32%) mainly requesting child protection (30% of male referrals), cash assistance (20%), and general protection services (18%).

The increase in female referrals from 289 in March to 561 in April reflects the heightened exposure of women and girls to protection risks, caregiving burdens, and economic vulnerability. This trend is consistent with findings from sectoral analysis, particularly in GBV, nutrition, and child protection, where women are often the primary entry point for assistance-seeking on behalf of households.

The disproportionate representation of females also suggests that women are more likely to engage with humanitarian referral systems, either due to caregiving roles or increased exposure to vulnerabilities in displacement contexts.

3.Age Distribution

The age profile of referrals indicates that the majority of cases fall within the working-age group (18–59 years), accounting for 693 cases (55%) mainly requesting nutrition, protection, GBV, and cash assistance services, followed by children and adolescents (0-17) for both reporting periods. Whereas 0-4 years children are in need of nutrition services, and those aged 5-17 are in need of child protection and GBV services.

On one hand, the dominance of 18-59 age group reflects the centrality of economically active individuals in seeking assistance, particularly for basic needs, cash assistance, and household survival support. On the other hand, the significant proportion of children (0–17 years collectively representing 38%) underscores the extent to which child-related vulnerabilities are a major driver of referrals, aligning with the sharp increase observed in child protection and nutrition sectors.

The relatively lower proportion of elderly persons (6%) may indicate both lower service access and potential under-reporting, particularly given known mobility constraints and dependency barriers affecting this group.

4.Disability Status

10%

Data on disability status reveals that 122 individuals (10%) of all referrals are persons with disabilities. Mainly from Bekaa (21% of total PWD), 19% from Baalbek-El Hermel (19%), and Mount Lebanon (19%). Most were requesting health services, mainly assistive devices.

Although the data shows growing identification of persons with disabilities within the referral system, FGDs suggest that this figure is likely an underestimate of actual prevalence, due to accessibility barriers, and under-identification in community-based settings.

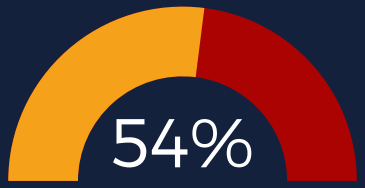
VIII. System Efficiency and Referral Management Performance

1.Overall Responsiveness

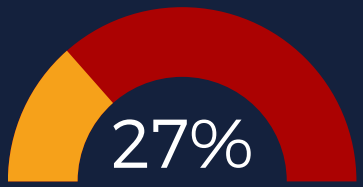
The analysis of referral system efficiency during the reporting period highlights a mixed performance in terms of responsiveness and feedback loops. Out of the total 1,255 referrals, only 54% of the cases were closed, while (27%) were acknowledged, and a significant proportion of 19% received no feedback at all.

This distribution indicates that while a portion of the system is functioning through acknowledgment and closure processes, a substantial share of referrals remain without documented feedback, pointing to gaps in follow-up and communication between referring and receiving actors. The high proportion of "no feedback received" cases is particularly indicative of systemic strain during peak operational periods, especially in April. The sectors with the highest number of referrals marked as "No Feedback Received" were cash assistance with 129 cases (37.9% of total no feedback referrals), followed by child protection with 64 cases (18.8%), protection with 47 cases (13.8%), and GBV with 30 cases (8.8%). Other sectors with notable numbers included education (25 cases; 7.4%), health (19 cases; 5.6%), and nutrition (18 cases; 5.3%).

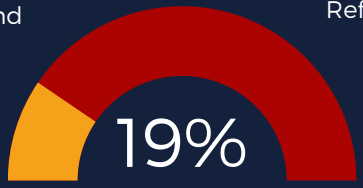
Among closed referrals, 25% were not accepted due to a combination of structural, eligibility, and access-related barriers, mainly in GBV with 34 cases (20% of total not accepted referrals), followed closely by nutrition with 33 cases (19.%), child protection with 32 cases (19%), health with 29 cases (17%), and protection with 23 cases (14%).



Closed Referrals
Cases fully processed and closed



Acknowledged
Referrals acknowledged but not yet closed



No Feedback
Referrals with no documented feedback — a critical gap

2.Timeliness of Case Identification

The timeliness of case identification after an incident shows a strong overall responsiveness, with the vast majority of cases being identified immediately. Out of the cases with an incident date, 85% were identified within 0–2 days. A smaller proportion were identified within 3–7 days (6%), while 8% experienced delays of 8–27 days. Only four cases were identified very late (28+ days), indicating that delayed identification remains minimal.

RIMS
Referral Information Management System
Hosted by the Danish Refugee Council

DRC DANISH REFUGEE COUNCIL

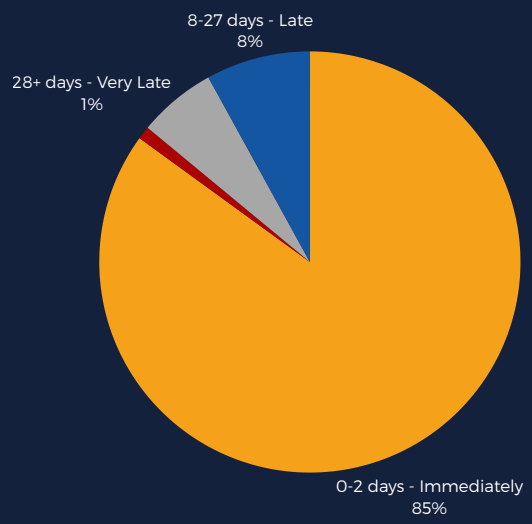
MINISTRY OF FOREIGN AFFAIRS OF DENMARK
Danida

Co-funded by the European Union

2.Timeliness of Case Identification

In terms of identification channels, the most prominent channel was the hotline and phone call (36%) followed by visits (289; 23%), highlighting the continued importance of both remote reporting mechanisms and proactive outreach. Community-based mechanisms also played a significant role, with community focal points / community-based networks accounting for 165 cases (13%).

Timeliness of Case Icentification



2.Timeliness of Referring Cases

49%

Referred On Time
Slight delay trend — 51% not referred within expected timeframe

The timeliness of referring cases after identification shows a relatively balanced performance, with a slight gap between timely and delayed referrals. Out of 1,255 cases, 619 (49%) were referred on time, while 636 (51%) were not referred within the expected timeframe, indicating a marginal delay trend in referral processes following identification probably given the organization capacity, and workload during the current emergency situation.

2.Timeliness of Responding:

In contrast, the timeliness of responding to cases demonstrates a stronger performance. Out of the closed referrals, 72% were responded to on time, while only 28% cases were not, reflecting a generally efficient and timely response capacity once cases are received and activated.

72%

Responded On Time
Strong response performance once cases are activated

IX. Conclusion

Between 02 March and 30 April 2026, RIMS recorded 1,255 referrals, increasing from 440 in March to 815 in April. This rise reflects both growing humanitarian needs and improved utilization of referral pathways through expanded outreach and coordination.

Referral trends were primarily concentrated in Nutrition, Child Protection, Protection, GBV, and Cash Assistance, indicating increasingly interconnected protection, socioeconomic, and basic needs vulnerabilities. Nutrition remained the dominant sector, while increases in GBV, Child Protection, and cash assistance referrals highlight worsening protection risks and economic hardship. In contrast, the proportional decline in Health and Education referrals likely reflects prioritization of urgent survival needs rather than reduced demand.

Referral activity became more geographically dispersed, with Akkar, Bekaa, Mount Lebanon, and Baalbek-El Hermel accounting for the highest referral volumes in April. Syrian refugees remained the largest referred population, while referrals among Lebanese communities also increased, demonstrating growing vulnerabilities across both displaced and host populations.

Although referral volumes increased, recorded cases likely underestimate the full scale of needs due to access constraints, funding shortages, and challenges reaching populations outside collective shelters and other hard-to-reach areas. While RIMS continues to support timely case identification and referrals, gaps in follow-up and feedback mechanisms remain evident.

Overall, findings highlight a humanitarian context characterized by overlapping protection, nutritional, psychosocial, and economic vulnerabilities, underscoring the need for integrated, protection-centered, and multi-sectoral responses across Lebanon.

X. Recommendations

For Humanitarian Actors / Service Providers:

- **Strengthen anticipatory emergency preparedness and surge capacity:** The sharp fluctuations in referral volumes, particularly following escalations of the conflict and displacement warnings, demonstrate the need for stronger anticipatory response mechanisms. Humanitarian actors should establish surge referral protocols, pre-position referral focal points, and maintain updated emergency service mapping to ensure continuity of assistance during sudden spikes in needs and displacement movements.
- **Strengthen referral follow-up mechanisms to reduce the 42% "no feedback"** rate, ensuring that every referred case is acknowledged, processed, or formally closed within a defined timeframe (24 hours for high risk, and 2-14 days for medium- low)
- **Improve referral timeliness between identification and referral** (currently only 49% on time) by simplifying internal approval workflows and reducing administrative bottlenecks.
- **Expand outreach beyond collective shelters:** Referral data and FGD findings consistently indicate that needs outside collective shelters remain significantly underrepresented. Humanitarian actors should prioritize mobile outreach, community-based identification, and decentralized service delivery models targeting populations residing in rented accommodations, informal settings, unfinished buildings, and host community arrangements, particularly in Beirut, Mount Lebanon, Bekaa, and peripheral areas.
- Prioritize integrated protection-centered programming: The strong concentration of referrals in nutrition, protection, child protection, GBV, and cash assistance demonstrates that vulnerabilities are increasingly interconnected rather than sector-specific. Response approaches should therefore shift from isolated sectoral interventions toward integrated case management and multi-sector response models capable of addressing overlapping risks within the same household.
- **Strengthen safe and confidential identification pathways** for GBV and protection cases, particularly in overcrowded and high-risk environments, while expanding community awareness and outreach activities to improve affected populations' understanding of available services and referral mechanisms including migrants and Palestinians. Increased awareness-raising efforts can help encourage safer disclosure, improve reporting of protection concerns, and strengthen access to available support services, particularly among underrepresented and hard-to-reach populations.

For Coordination Mechanisms (MOSA, MEHE, Inter-agency Structures)

- Improve direct access and case identification within collective shelters: While coordination through MoSA and MEHE focal points has facilitated organized access to shelters, partners report that indirect communication structures may delay or filter urgent needs. Coordination mechanisms should therefore ensure that humanitarian actors retain sufficient direct engagement with affected populations, particularly for protection, GBV, and urgent health cases requiring confidential identification.
- Strengthen coordination in non-shelter settings: Access constraints outside collective shelters continue to limit visibility over needs. Greater collaboration is required with municipalities, local leaders, and community networks to improve identification, referral follow-up, and service continuity among dispersed populations.
- **Strengthen inter-agency coordination on shelter-based information sharing** to avoid duplication, ensure complementarity of assistance, and improve overall caseload visibility. This can be operationalized through existing Operational Coordination Group (OCG) meetings at regional level, ensuring that emerging trends, operational challenges, and referral dynamics are systematically presented and discussed within established coordination structures led by MoSA and relevant stakeholders. Leveraging these existing forums would support more adaptive programming, improve information sharing across actors, and enhance the quality and coherence of assistance without duplicating coordination mechanisms.

For Donors and Funding Partners:

- Address the widening gap between needs and operational capacity: Compared to the 2024 escalation, humanitarian actors are responding within a significantly more constrained funding environment despite increasingly complex vulnerabilities. Funding reductions are directly affecting outreach capacity, service availability, referral follow-up, and geographic coverage. Immediate investment is required to prevent further deterioration in response to quality and accessibility.
- Prioritize flexible, multi-sectoral and multi-year funding modalities: The evolving nature of needs demonstrates the limitations of short-term and highly sector-specific funding models. Donors should prioritize flexible, multi-year, and multi-sector funding approaches that allow organizations to adapt rapidly to changing displacement patterns and emerging vulnerabilities.
- Reinforce RIMS as a national humanitarian coordination infrastructure/common service: The findings demonstrate that RIMS functions not only as a referral platform but also as a real-time monitoring and gap-analysis mechanism. Continued investment in system sustainability, interoperability, partner onboarding, data quality, and analytical capacity is essential to strengthen evidence-based humanitarian response in Lebanon.
- **In the humanitarian response in Lebanon, greater investment is needed in under-supported yet high-severity areas** including MHPSS, chronic illness treatment and medication continuity, maternal and infant nutrition, specialized GBV services, child protection case management, disability inclusion, and eviction prevention, as these needs remain consistently identified by partners despite insufficient resourcing and significant long-term consequences.

Cross-Cutting Recommendation:

- The overall response should shift toward a more integrated, protection-centered, and system-responsive approach, recognizing that vulnerabilities are interconnected across sectors (nutrition, protection, GBV, cash, and health) and cannot be addressed in isolation.

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