

New Arrivals to North Lebanon

21 March 2025



21,637 new arrivals from Syria (4,493 Syrian families and 393 Lebanese families)



27 locations across North and Akkar Governorates, Northern Lebanon

Background

The hostilities in the Tartous, Lattakia, Homs, and Hama Governorates of Syria in early March continue to displace people on a steady daily basis into the North and Akkar Governorates of north Lebanon. Newly arrived refugees are now across 27 distinct locations, predominantly in Akkar in 24 villages near to the border with Syria. Local authority official figures from Disaster Risk Management (DRM) cite [14,108 individuals \(3,126 families\) as of 20 March in Akkar](#). The highest concentrations are in Massaaoudiye (2,649 individuals/515 families), Hokr ed-Dahri (2,069 individuals/421 families), Hissa (1,481 individuals/319 families), Tall Hmayra (1,434 individuals/337 families) and Tall Bire (1,426 individuals/280 families).

Following the Lebanese Red Cross's enumeration exercise, [a total of 1,760 families/7,529 individuals were counted in North Governorate](#), divided into 1,567 Syrians and 193 Lebanese families. Geographically, most families are residing in Jabal Mohsen area of Tripoli (1,447 families) and Dhour el Hawa (256 families). Numbers overall have therefore increased due to identification during the enumeration exercise rather than a large additional number of arrivals in the last week, while daily arrival rates have been in the low hundreds.

Needs and Response

- Fleeing families are continuing to cross unofficial border crossing points including through rivers on foot, and are arriving exhausted, traumatized, and hungry, with ongoing reports of insecurity hampering people's movements before they reach Lebanon. Common profiles are pregnant women, elderly, and persons with chronic medical needs; some cancer patients have also been identified among those arriving.
- A substantial proportion of new arrivals are still being generously hosted by local communities including by relatives and friends. In addition, Municipalities have now opened an increased number of 17 collective shelters, 15 in Akkar and 2 in North for those without alternative accommodation options. These buildings, mainly religious institutions, municipal halls, and disused buildings are accommodating approximately 1,977 people (418 families) in total at present and are already severely overcrowded.



New arrivals crossing the river to Lebanon © UNHCR

Sector	Partners	Activities
	AICA, ANERA, IOM, IRC LRC, NRC, SC, UNICEF/AND, UNHCR, WVI	- Blankets, mattresses, and other basic items are being delivered to individuals as they arrive.
	AICA, Caritas, DRC, LRC, WFP	- Ready to Eat and hot meals are being provided
	Caritas, ICRC, IOM, LRC, MSF-B, Order of Malta, PUI, UNFPA, UNICEF, WHO	- Vaccination of children - Mobile medical teams - TB screening - Limited MHPSS services - Weapon wounded treatment - Support to safe deliveries - 2 Primary healthcare Satellite Units (PSU)
	AKKAROUNA, AND, DRC, Himaya, IMPOSSIBLE INTERSOS, IRC, LECORVAW, NRC, PUI, SC, UNHCR, War Child Holland	- Protection monitoring to understand risks and vulnerabilities and provide referrals - Identification and referrals of UASC - Case management for vulnerable children - Identification and referral for specialized services - GBV case management
	NRC, PU-AMI, SI, UNHCR/RMF	- 15 of 17 collective shelters will have minor repairs using sealing off kits to ensure partitions and minor WASH works - Fire extinguishers are being distributed in collective shelters with partitions
	AND, Arche- Nova/Tankamel Sawa, Caritas, LRC SI, UNICEF,	- Hygiene kits, disinfection kits, RRM kits and bottled water are being distributed - Water testing across 11 shelters, with 4 sites having a contaminated water source - Shelter repairs are being complemented with WASH repairs where needed

GAPS

- **Health** MHPSS services need much greater capacity due to trauma experienced enroute from those arriving and due to exhausted budgets/existing caseloads of MPHSS only one partner has capacity to support. There is extremely limited access to secondary healthcare services for those with chronic and severe illnesses and, unless lifesaving, no support for those who suffer from cancer, kidney dialysis and thalassemia.
- **Protection** There is currently inadequate infrastructure for safe and confidential case management, with mobile infrastructure being considered as a potential option. There are no child friendly spaces thus a lack of recreational activities for children.

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