

New Arrivals to North Lebanon

2 April 2025



29,079 new arrivals from Syria (6,216 Syrian families and 365 Lebanese families)



30 locations across North and Akkar Governorates, Northern Lebanon

The hostilities in the Tartous, Latakia, Homs, and Hama Governorates of Syria in early March continue to displace people into the North and Akkar Governorates of north Lebanon reaching now nearly 30,000 people with further arrivals expected. Newly arrived refugees are now across 30 distinct locations, predominantly in Akkar in 27 villages near to the border with Syria. Local authority official figures from Disaster Risk Management (DRM) cite [20,553 individuals \(4,105 families, including 165 Lebanese families\) as of 2 April in Akkar](#). The highest concentrations are in Massaaoudiye (8,082 individuals/1,200 families), Hokr ed-Dahri (2,118 individuals/432 families), Hissa (1,573 individuals/340 families), Tall Hmayra (1,549 individuals/361 families) and Tall Bire (1,522 individuals/347 families).

Following the Lebanese Red Cross's enumeration exercise, [an increased total of 2,111 families/8,526 individuals were counted in North Governorate](#), of which an estimated 200 are Lebanese families. Geographically, most families are residing in Jabal Mohsen area of Tripoli (1,702 families), Dhour el Hawa (195 families) and Koura (73 families). Arrivals continue in the low hundreds across both Governorates, noting that the increase of over 8,000 individuals in the last ten days was mostly due to further identification of people during enumeration and distribution exercises.







Core Relief Items Distribution in Massaaoudiye ©UNHCR



Needs and Response

- Families continue to arrive through unofficial border crossing points having fled under duress from Syria, and report difficulties in reaching the border, without having personal documents and using savings to fund their journey after experiencing the direct effects of conflict. Many report to have directly witnessed friends and family members being killed. Flight and now displacement has exacerbated underlying health conditions, while children show signs of trauma.
- Most new arrivals are still being generously hosted by local communities including by relatives and friends, with concerns as to the sustainability of caring for large numbers of additional people across

small villages with limited access to services. 91% of the population is living outside of collective shelters. Municipalities have now opened an increased number of 25 collective shelters, 22 in Akkar and 3 in North for those without alternative accommodation options. These buildings, mainly religious institutions, municipal halls, and disused buildings are accommodating approximately 1,925 people (413 families) at present and are already severely overcrowded and do not have sufficient latrines or showers.

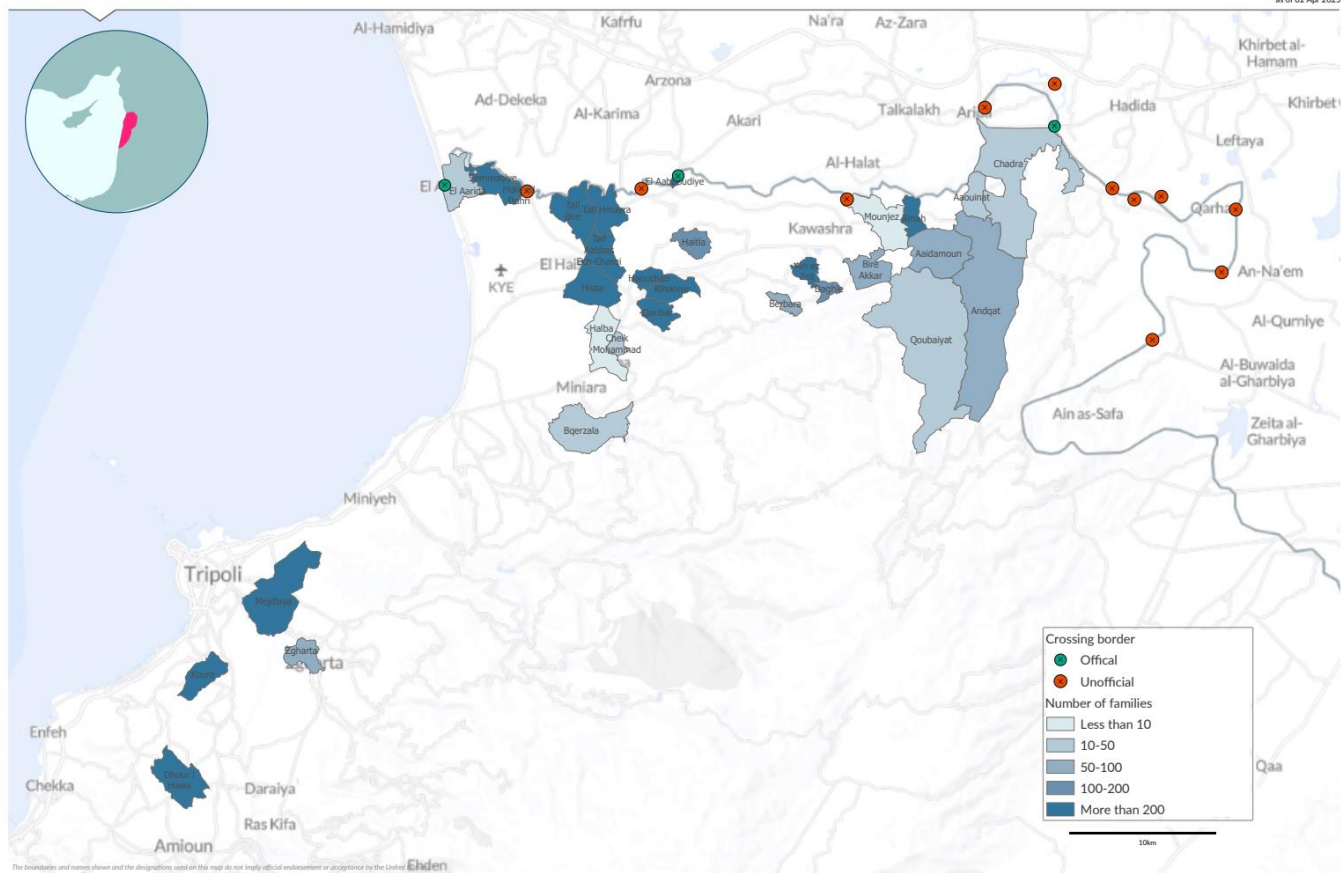
- Basic items are being provided to the newly identified additional arrivals in North Governorate. In coordination with and supported by the Lebanese Red Cross (LRC), 380 kitchen sets, 1,603 sleeping mats, and 1,597 blankets were distributed to 380 households (1,603 individuals) in Jabal Mohsen in Tripoli, North Governorate, along with Rapid Response Mechanism (RRM) basic item kits for newly arrived families. Similarly, in the preceding week, 142 kitchen sets, 1,157 sleeping mats, and 1,154 blankets were distributed to 271 families (1,157 individuals) in Dhour El Hawa and Koura, with RRM kits also provided. Two additional distribution days are planned in Jabal Mohsen to complete assistance for the full caseload by the end of the week. In Akkar, additional villages will also be targeted for CRI distributions, including carpets and clothing.

Sector	Partners	Activities
	AICA, CARE, 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, SI, WFP	■ Ready-to-Eat and hot meals are being provided
	Caritas, ICRC, IOM, LRC, MSF-B, MoPH, Order of Malta, PUI, UNFPA, UNICEF, WHO	<ul style="list-style-type: none"> - Vaccination of children - Mobile medical teams - TB screening - Limited MHPSS services - Weapon wounded treatment - Support to safe deliveries - 2 Primary healthcare Satellite Units (PSU) - Nutrition screening
	AKKAROUNA, AND, DRC, Himaya, IMPOSSIBLE, ABAAD, UNHCR/INTERSOS, IRC, AICA, UNHCR/LECORVAW, UNHCR/Caritas, RMF, UNHCR/IOCC, NRC, PUI, SCI, UNHCR, War Child Holland, SHIFT,	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - 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,	<ul style="list-style-type: none"> - 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** Access to medical services is severely limited, especially in remote villages like Tall Hmayra, where no clinics are available. Chronic conditions, such as hypertension and epilepsy, go untreated, and urgent surgical needs, including the removal of shrapnel or catheters, remain unmet. Pregnant women and lactating mothers lack prenatal and postnatal care, further endangering maternal and child health and most are afraid to travel to hospitals due to arriving illegally so afraid of crossing checkpoints.
- **Protection** The psychological toll of displacement is evident, with many individuals exhibiting signs of trauma. Children, in particular, suffer from distress due to exposure to violence and the disruption of their daily lives. Psychosocial support services are being provided but MPHSS support is scarce, and child-friendly spaces are urgently needed to provide a safe environment for minors. Parents express deep concern over their children's interrupted education, as schools are inaccessible.
- **Shelter** Overcrowding in collective shelters, such as mosque halls and warehouses, has led to unsanitary conditions and a lack of privacy. Many sites lack hot water, as well as partitions as space is inadequate for the number present, and adequate hygiene facilities, exacerbating health risks. Shelter kits and fire extinguishers are available, but supplies are limited across partners.
- **WASH** The locations where people are arriving to are not connected to municipal water supplies, have limited water storage capacity and water trucking is not yet fully operational. There are also gaps in solid waste management for the collective sites, many of which have very limited WASH facilities. A total of 34 external latrines are urgently needed to adhere to emergency standards.
- Host communities have played a crucial role in providing shelter, food, and other necessities for people arriving. Local initiatives, such as community kitchens in Jabal Mohsen, have alleviated some of the immediate hardships. However, the sustainability of this support is uncertain as the number of arrivals grows, particularly as communities are mostly hosting people within private homes in the short term. Similarly, while humanitarian partners can cover some of the most pressing needs such as food and basic items, a larger number of additional arrivals would overwhelm even immediate response capacities. A little over a month after most arrivals occurred due to escalation of hostilities in the coastal regions of Syria, funding for partners is greatly needed across a range of immediate areas, most notably shelter, WASH, access to healthcare, support for the most vulnerable and psycho-social support.



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