## Background and methodology

The aim of the Emergency Needs Tracking (ENT) System is to track the key priority needs of internally displaced persons (IDPs) in northwest Syria, as well as identifying communities with households in direct need of humanitarian assistance. The ENT assesses communities that have experienced any of the following in the three days prior to data collection: more than 40 IDP arrivals, natural hazards (including storms, fires, and flooding), conflict escalation, or any other event which impacts humanitarian needs. This information should serve to better inform immediate humanitarian operations, as well as provide a wider contextual understanding of the ongoing situation. As the humanitarian situation remains complex, it is critical to fill information gaps across sectors to ensure a well-coordinated humanitarian response.

Data was collected between 12 July and 15 July. Information was collected via a Key Informant (KI) methodology with one KI interview conducted per community. Findings should be considered indicative only. 157 communities, including 13 camps, were assessed overall across northern Aleppo and Idleb governorates. The full dashboard can be accessed here and the full catalogue of datasets can be accessed here.

## **Protection**

Percentage of assessed communities in which KIs reported the presence of newly-arrived IDPs with the following vulnerability types:1

vuillerability types.	
	%
Women headed households	34%
Elderly headed households	26%
Orphans	9%
Disabled headed households	5%
Women travelling alone	4%
Elderly travelling alone	3%
Individuals with disabilities	3%
travelling alone	

## Food security

Most commonly reported food sources for newly-arrived IDPs in assessed communities:1

1	Stores/markets in this community	87%
2	Stores/markets in other communities	52%

Relying entirely on food stored previously 50%

of newly-arrived IDP households (1365) were reportedly eating one meal or more per day

### Shelter

Number and percentage of newly-arrived IDP households by shelter type:<sup>2</sup>

	#	%
Solid/finished buildings	664	47%
Functioning tents	399	28%
Unfinished/ damaged buildings	318	23%
Designated collective centers	15	1%
Residing without any form of shelter	0	0%
Makeshift shelter	0	0%

## NFI Non-Food Items (NFIs)

Number and percentage of newly-arrived IDP households without the following NFIs:2

	#	%
Households without fuel for cooking	478	34%
Households without bedding	243	17%
Households without sufficient mattresses	238	17%
Households without sufficient cooking utensils	216	15%

## Livelihoods

Most commonly reported currency used for purchasing basic/essential commodities:3

1 Turkish Lira	79%
2 Syrian Pound	17%
3 United States Dollar	4%



95%

of newly-arrived IDP households (1331) reportedly could access essential healthcare

## View the interactive dashboard here

This factsheet is supplementary to the interactive ENT dashboard which is updated on a daily basis with up-to-date information on humanitarian needs across northwest Syria.

For moreinformation, please contact Jimmie Braley - jimmie.braley@reach-initiative.org

<sup>&</sup>lt;sup>1</sup> KIs could choose from multiple answer options so answers may exceed 100%

<sup>&</sup>lt;sup>2</sup>Refers to percentage of total newly-arrived IDP households

<sup>&</sup>lt;sup>3</sup>Refers to percentage of assessed communities



Multi-purpose cash grants

New/additional shelters

Food rations (in-kind)

**Employment support** 

Water provision/rehabilitation

Cash for rent

Tools for repair

Cash for work

NFI kits

Hygiene kits

**Education support** 

Type

Top ranked priority needs for newly-arrived IDPs (by % of 157 assessed communities where KIs selected a first, second, and third priority need for IDPs):<sup>3</sup>

need (# of

assessed

reporting)

First priority First priority Second priority Second priority

need (# of

assessed

communities

reporting)

12

27

59

12

need (% of

assessed

reporting)

57%

1%

1%

8%

20%

3%

2%

1%

5%

1%

1%

0% 1%

0%

communities communities

89

13

32

4

	Humanitarian	Assistance
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Third priority need (% of assessed communities reporting)	7
6%	0
1%	0
0%	, D
4%	Ď
22%	0
8%	0
6%	5
22%	, D
9%	, D
1%	o o
19%	, D
1%	Ď
0%	, D

1%

Third priority

need (# of

assessed

communities

reporting)

10

0

35

12

10

34

14

30

0

In 114 communities, KIs reported that the preferred modality of assistance for newly-arrived IDPs was cash assistance

92%

In 144 communities, KIs reported that no barriers were present for humanitarian actors when accessing the community

# **♦** Water, Sanitation and Hygiene (WASH)

Reproductive health and obstetric

Medicines and other commodities

Most commonly reported drinking water sources for newly-arrived IDP households in assessed communities: 1, 3

Latrine and or bathing provision/rehabilitation

1	Informal water trucking	58%
	conducted by private citizens	

2 Combination of water network and private water trucking

3 Piped water network 21%

of newly-arrived IDP households (58) reportedly did not have access to a sufficient quantity of drinking water, while 6% (82) reportedly did not have access to a sufficient quantity of water for other purposes such as cooking, bathing, and washing

need (% of

assessed

communities

reporting)

8% 2%

1%

17%

38%

8%

4%

15%

4%

2%

2%

0%

0%

0%

15% of newly-arrived IDP households (215) reportedly did not have access to functioning hand-washing facilities with water and soap

7% of newly-arrived IDP households (103) reportedly did not have access to a functioning toilet

**57%** In 90 communities, KIs reported that soap and hygiene items are too expensive for some newly-arrived IDPs

### **About REACH**

Initiative REACH facilitates development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational **Applications** Satellite Programme (UNITAR-UNOSAT).