

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 31 May and 6 June (excluding Friday and Saturday). Information was collected via a Key Informant (KI) methodology with one KI interview conducted per community. Findings should be considered indicative only. 160 communities, including 10 camps, were assessed overall across northern Aleppo and Idlib 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

	%
Women headed households	31%
Elderly headed households	27%
Orphans	9%
Individuals with disabilities travelling alone	3%
Women travelling alone	2%
Disabled headed households	2%
Child headed households/children travelling alone	1%

Food security

Most commonly reported food sources for newly-arrived IDPs in assessed communities:³

- 1 Stores/markets in this community 84%
- 2 Stores/markets in other communities 60%
- 3 Relying entirely on food stored previously 49%

96% of newly-arrived IDP households (1483) were reportedly eating one meal or more per day

Shelter

Number and percentage of newly-arrived IDP households by shelter type:²

	#	%
Solid/finished buildings	696	45%
Functioning tents	440	29%
Unfinished/ damaged buildings	383	25%
Designated collective centers	19	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	584	38%
Households without bedding	270	18%
Households without sufficient cooking utensils	264	17%
Households without sufficient mattresses	256	17%

Livelihoods

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

- 1 Turkish Lira 77%
- 2 Syrian Pound 19%
- 3 United States Dollar 4%

Health

96%

of newly-arrived IDP households (1472) 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 more information, please contact Jimmie Braley - jimmie.braley@reach-initiative.org

¹ KIs could choose from multiple answer options so answers may exceed 100%

² Refers to percentage of total newly-arrived IDP households

³ Refers to percentage of assessed communities

IDP Priority Needs

Top ranked priority needs for newly-arrived IDPs
(by % of 160 assessed communities where KIs selected a first, second, and third priority need for IDPs):³

Type	First priority need (# of assessed communities reporting)	First priority need (% of assessed communities reporting)	Second priority need (# of assessed communities reporting)	Second priority need (% of assessed communities reporting)	Third priority need (# of assessed communities reporting)	Third priority need (% of assessed communities reporting)
Multi-purpose cash grants	90	56%	12	8%	10	6%
Cash for rent	3	2%	5	3%	2	1%
Tools for repair	1	1%	1	1%	2	1%
New/additional shelters	19	12%	16	10%	3	2%
Food rations (in-kind)	33	21%	71	44%	17	11%
Cash for work	5	3%	10	6%	11	7%
Employment support	1	1%	9	6%	16	10%
NFI kits	0	0%	26	16%	53	33%
Water provision/rehabilitation	5	3%	5	3%	17	11%
Latrine and or bathing provision/rehabilitation	0	0%	2	1%	2	1%
Hygiene kits	0	0%	2	1%	21	13%
Education support	0	0%	0	0%	1	1%
First aid/emergency care	2	1%	1	1%	0	0%
Reproductive health and obstetric	1	1%	0	0%	0	0%
Medicines and other commodities	0	0%	0	0%	5	3%

Water, Sanitation and Hygiene (WASH)

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

- 1 Informal water trucking conducted by private citizens 59%
- 2 Combination of water network and private water trucking 30%
- 3 Formal water trucking conducted by authorities or an NGO 24%

6% of newly-arrived IDP households (94) reportedly did not have access to a sufficient quantity of drinking water, while 10% (149) reportedly did not have access to a sufficient quantity of water for other purposes such as cooking, bathing, and washing

13% of newly-arrived IDP households (206) reportedly did not have access to functioning hand-washing facilities with water and soap

9% of newly-arrived IDP households (132) reportedly did not have access to a functioning toilet

52% In 83 communities, KIs reported that soap and hygiene items are too expensive for some newly-arrived IDPs

Humanitarian Assistance

62%

In 99 communities, KIs reported that the preferred modality of assistance for newly-arrived IDPs was cash/ voucher assistance

94%

In 151 communities, KIs reported that no barriers were present for humanitarian actors when accessing the community

About REACH

REACH Initiative facilitates the 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 Satellite Applications Programme (UNITAR-UNOSAT).