

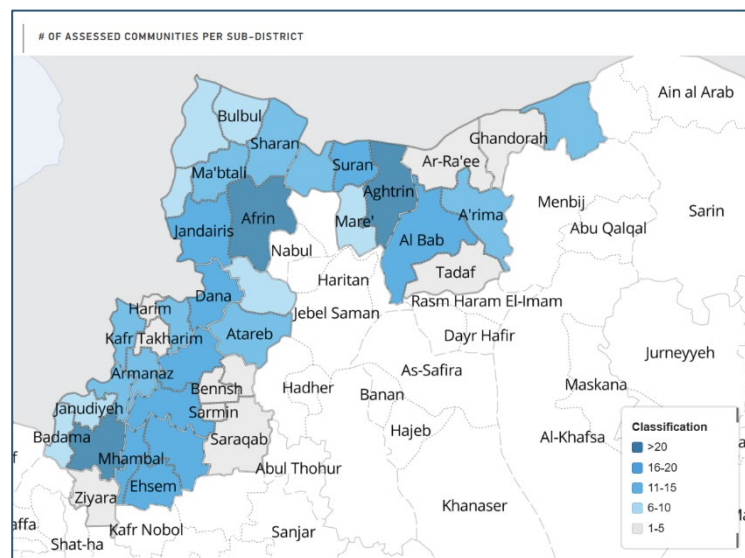
INTER-CLUSTER RAPID NEEDS ASSESSMENT

Introduction

Coordinated in Northwest Syria by the Assessment and Analysis Working Group (NWS AAWG) and co-chaired by UNOCHA, REACH and IRVD (AI-AMEEN), Rapid Needs Assessments (RNAs) constitute vital initiatives to address the immediate humanitarian needs arising from sudden crises and emergency situations. In late 2024, Syria experienced significant events that dramatically affected its humanitarian and political landscape. A series of events beginning in November culminated in the collapse of the government in Damascus on 8th December 2024, marking a pivotal shift in the country's dynamics. While these changes have spurred hopes for stability in some quarters, they have also heightened uncertainty, with millions of people grappling with the fallout.

In response to these rapid changes, the AAWG launched an RNA in December 2024, which included the AAWG's 15 partners in the NWS. **The assessment was launched to provide a swift and standardized overview of the situation, identifying the most urgent needs and informing the prioritization of humanitarian responses.** By consolidating efforts into a single inter-agency tool, the RNA reduces redundancy, minimizes assessment fatigue, and fosters information sharing across stakeholders. Covering multiple sectors, as shown in the next infograph, this comprehensive rapid assessment was designed to maximize efficiency and impact in responding to crises.

The data for this assessment was collected **between 8th and 14th December 2024**, focusing on **38 sub-districts overseen by the cross-border response** based in Gaziantep **across the Aleppo and Idleb** governorates (see map on the right). Data was collected through structured interviews with Key Informants (KI) at community level, either remotely or through in-person interviews. In every assessed community, one KI was asked to report on the situation and living conditions. Findings should therefore be considered loosely indicative of the situation.



The findings provide vital insights into the extent of damages, the needs of displaced populations, and the gaps in basic services and infrastructure.

Assessment objectives

The primary objective of the **RNA was to deliver up-to-date information on humanitarian conditions in Northwest Syria** following the escalation of the conflict in late 2024. As data collection occurred between 8th and 14th December 2024, the information captured includes conditions following the collapse of the former government and subsequent stabilization of the security situation in large parts of Northwest Syria.

The assessment focused on communities in 38 subdistricts of Aleppo and Idlib, with the aim of:

- Identify the most pressing **needs and priorities** across sectors such as health, education, food security, shelter, protection, etc.
- Provide **actionable data** to guide humanitarian actors in designing effective response strategies.
- **Reduce duplication of efforts** by providing comprehensive data on assessed locations.
- Foster **collaboration and information-sharing** among humanitarian organizations to ensure a coordinated and impactful response.
- **Support decision-making for resource allocation** and intervention planning by highlighting critical gaps in services and infrastructure.

Key Findings

The escalation, and subsequent collapse of the government, were followed by **significant population movement**. An estimated 306,000 individuals were reported by KIs to have arrived in the 38 assessed subdistricts in Aleppo and Idlib. The majority of KIs in assessed communities (69%), reported that IDPs have moved to these communities. Of the overall responses provided by KIs that reported IDP movement to their community (subset = 316) 25% of the overall responses indicated reason was due to family connections and 24% was due to improved security situation in the area of arrival.

Damage to essential infrastructure, including roads, bridges, water networks, health and electricity facilities, continue to severely disrupt early recovery efforts and livelihoods. In assessed communities, 57% of overall responses indicated that men have lost livelihood assets, primarily due to destruction and looting, while 21% indicated the same for women. Insecurity and discrimination further prevent many individuals from resuming economic activities.

Access to healthcare was reportedly limited, with 61% of KIs in assessed communities citing unavailable services due to transportation challenges, lack of medicines, and inadequate facilities. Findings suggest that women and children face particularly acute health needs, with gaps in maternal care and pediatric services. **Nutrition challenges** remain significant, with 58% of KIs in assessed communities reporting that children and pregnant or lactating women experience unmet needs for infant formula, dietary diversity, and food supplements.

Recent developments have severely disrupted education. In assessed communities, 92% of KIs reported that education services had been somehow affected since the recent crises, particularly due to the lack of teaching and learning supplies (15% of overall responses) and unsuitable environments in education facilities (13%). Key informants also reported that not all children attended school at the time of data collection in 94% of assessed communities, with no children attending school in 1 out of 4 communities. The most commonly reported reasons for children being out of school were child labor (27% of overall responses) and safety and security concerns (25%). Most commonly reported education needs included the provision of teaching materials (18% of overall responses), new learning spaces (12%) and the rehabilitation of damaged schools (10%). Winterization was also reported as a critical concern in many communities, with 17% of overall responses identifying the need for heaters in classrooms, and 10% of overall responses indicating the need for winter kits for children.

Severe food shortages amongst IDP populations were identified as a critical concern, while no data was collected on host populations. IDP households were reportedly unable to meet their immediate food needs, according to 70% of KIs in assessed communities. Among these communities (subset = 320), 83% of KIs reported that IDP households were facing severe food shortages. While

emergency food distributions were still reported as an urgent priority in 84% of assessed communities, KIs pointed to cash transfers and food vouchers as the preferred forms of assistance for IDP populations. Worryingly, KIs in 86% of communities indicated that there were no ongoing food assistance activities. Furthermore, KIs widely reported limited access to staple foods (such as rice and wheat flour), protein sources (meat and beans), cooking fuel, and clean water, all of which are critical to addressing immediate food security and nutrition challenges.

The assessment identified widespread protection challenges. KIs reported a high need for psychosocial support (27% of overall responses), legal services (27%), protection of house, land and property related rights (22%) and access to civil documentation (21%). Children, women, and older persons reportedly faced heightened risks such as child labor, gender-based violence, and psychological distress. Targeted protection interventions were identified as essential to address these risks and safeguard the well-being of affected populations.

Access to drinking water was found to be inadequate, with many households in the assessed communities reportedly relying on insufficient or unreliable sources for their daily needs, such as water trucking or damaged networks according to the informants. In assessed communities, 43% of KIs reported critical issues with drinking water availability in their community, including shortages and poor quality. The most common primary water sources included water trucking (42%), piped water networks (35%), closed wells (11%), and open wells (7%). Although the amount of water available aligns with humanitarian standards in some areas (according to 56% of KIs), challenges remain, with KIs in 43% of communities (31% of overall responses) expressing concern over insufficient water volume.

Sanitation challenges, including limited access to hygiene facilities and latrines, exacerbated health risks. Private household-level latrines being the predominantly reported functioning facility according to 96% of KIs, while 25% of overall responses indicated that at least half of the population had developed irregular bathing habits due to lack of water in their community. Additionally, 17% of overall responses showed that households had been unable to do laundry for over two weeks again due to lack of water, suggesting negative adjustments in hygiene practices due to water shortages.

To support decision-making and transparency, OCHA has prepared an **online dashboard** that visualizes main findings from the collected data, encompassing responses from the **460** KIs, each represents a different community across **38** sub-districts in the Aleppo and Idleb governorates. This dashboard is accessible in the following link: [OCHA Dashboard](#).

Methodology

The assessment targeted communities in 38 subdistricts of Aleppo and Idleb governorates. The assessment was conducted via **Key Informant (KI) Interview, with one KI submission per community**. The tool was structured into 13 sections that addressed the core information needs of each sector. In communities where 1 KI could not answer all 13 thematic sections of the RNA tool, multiple KIs were consulted to complete the survey submission. This RNA employed a Kobo survey tool, developed through an iterative process with input from all relevant clusters.

This approach was selected to ensure rapid assessment of as many communities as possible with the **data collection window (8th – 14th December 2024)**. This approach leveraged the knowledge of individuals who were well-acquainted with local conditions in assessed communities. This approach allowed for a swift data collection despite logistical challenges and time constraints.

Data collection was carried out by AAWG partners and member organizations in coordination with REACH, either remotely or through in-person interviews, depending on access and feasibility. Data was primarily collected through face-to-face interviews (60%), while remote methods accounted for 40%. To ensure high-quality data, pre-prepared cleaning scripts automated much of the data cleaning process, complemented by manual checks for quality assurance. The data was hosted on a secure server, aggregated by OCHA, and analysed using standardized scripts that generated actionable insights for clusters. The findings were visualized through an interactive dashboard and further supported by this brief report, enabling stakeholders to quickly identify critical needs and respond effectively.

While the methodology was designed for speed and efficiency, the RNA acknowledged inherent limitations of KIIs, as they do not produce representative results and could potentially be biased. Therefore, **the results presented in this document from 460 KIIs in Aleppo and Idlib are indicative of the situation at community level.** Additional limitations of the assessment were related to the logistical constraints in accessing certain areas. The RNA utilized a coverage mapping exercise, which identified partner access and capacity to cover communities in the 38 targeted subdistricts within NWS. The sampling strategy aimed to include communities from across NWS, while also seeking to ensure even gender distribution of KIIs at the subdistrict level. This approach ensures that the data collected reflects the diverse perspectives and knowledge across the assessed communities.

Demographics

The total population in the assessed communities, including newly arrived internally displaced persons (IDPs) since the escalation, was estimated at approximately 4.7 million individuals in the assessed communities,¹ with women and girls constituting the largest share. Women above 18 years make up 28% of the population, followed by girls under 18 at 28%. Men and boys represent slightly smaller proportions, with men above 18 accounting for 22% and boys under 18 constitute a 22%. **The data indicates considerable displacement dynamics, as nearly 306,000 individuals¹ were identified as newly arrived IDPs following the recent crisis.** A majority of the KIIs reported their community was indirectly affected by the recent crisis (61%), while a smaller but notable proportion (36%) reported being directly impacted.

FINDINGS

1. Camp Coordination & Camp Management (CCCM)

KIIs in most communities (69%) reported that **there had been arrivals following the escalation and collapse of the government in Damascus.** The remaining 31% of KIIs reported no arrivals to their community. The most common pull factors, which KIIs perceived to be influencing movements into the assessed communities, included family ties or host community relationships (reported by 25% of overall responses), followed by an improved security situation in the arrival location (24%). Other notable reasons included proximity to the origin or last place of departure (12%), the area being unaffected by natural disaster or conflict (9%), and access to shelter or shelter support (8%).

Regarding the expected duration of stay, findings were inconclusive. KIIs in 24% of communities were unable to estimate how long newly arrived individuals would remain in the community. 20% of KIIs perceived that most arrivals had no intention to stay in their community, 13% believed that arrivals would plan shorter stays of 4–6 months, and 13% believed that arrivals planned to stay in over one year. These findings highlight the urgent need for intentions surveys with a representative sample of

¹ OCHA, [Northwest Syria RNA Dashboard](#).

IDP households, along with tailored support addressing both immediate needs and longer-term solutions for displaced populations.

2. Early Recovery and Livelihoods (ERL)

The assessment suggested significant damage to community infrastructure as a result of almost 14 years of conflict, which severely impacted infrastructures, services and access to livelihoods in the affected areas. Roads and streets were among the most affected, with 67% of KIs reporting partial damage, and 15% reporting complete destruction in their communities. Bridges and culverts reportedly also experienced considerable damage, with complete destruction reported by 52% of KIs and partial damage reported by 8% of KIs in assessed communities. Additionally, telecommunication and internet coverage were also impacted, with 29% of KIs reporting partial damage and 7% reporting complete destruction in their community.

Electricity and water supply networks were identified as critical services in need of restoration.

- Over half of KIs in assessed communities (53%) reported that most people had access to water supply. Partial damage was reported to small drains (52% of KIs) and to water supply networks (50% of KIs). Complete destruction of water supply networks was reported by 10% KIs.
- Partial damage to electricity networks was reported by 34% of KIs in assessed communities. A further 10% of KIs reported complete destruction of electricity networks in their community, while 60% reported that their community had consistent access to electricity.

Accessibility of essential services was reported as a challenge. Services for persons with disabilities were particularly scarce, with 59% of KIs reporting no availability at all in their community, underscoring a significant gap in inclusivity.

Rehabilitation priorities identified by KIs include roads and streets as the top concern (reported by 26% of overall responses), followed by water supply networks (22%) and bridges (13%). Addressing these priorities is essential to restoring connectivity, supporting livelihoods, and ensuring access to basic services, paving the way for sustainable recovery efforts.

The assessment also highlighted the **significant challenges faced by individuals and households in terms of livelihood opportunities** due to the 14 years of ongoing crisis. KIs estimated that a substantial number of people had seen their livelihood assets destroyed or looted, as the majority of responses (57%) indicated that livelihood assets belonging to men were either destroyed or looted in their community. Similarly, 21% of responses indicated that livelihood assets belonging to women had been destroyed or looted in their community.

At the time of data collection, the majority of KIs in assessed communities (31% of overall responses) indicated that **casual labor and petty trade was a main source of income** for people affected by the crisis. Other notable income sources include agriculture (20%), humanitarian assistance (13%), and the sale of assets (13%).

Insecurity reportedly prevented many from engaging in livelihood activities, with 44% of overall responses indicating that insecurity was a major barrier for men to resume work and 33% indicating the same for women in their community.

Discrimination also played a role in hindering livelihood activities, which exacerbated the reliance on negative coping mechanisms for men and women in most communities.

The ongoing crises for 14 years have caused a notable disruption across various sectors, particularly **impacting home-based enterprises**. The majority of KIs (62%) reported that home-based enterprises were at least partially affected in their community, meaning they experienced some interruptions or reductions in activity, while 15% reported that they were totally affected. Similarly, **wage employment**, both skilled and unskilled, faced substantial setbacks: 65% of KIs reported that both skilled and unskilled wage employment was partially affected. Over a quarter (27%) of KIs reported that skilled jobs were totally disrupted, and 26% reporting the same for unskilled jobs in their community. **Trading activities** were also impacted, with 63% of KIs reporting that they were partially affected and 22% reporting that they were totally affected, while **manufacturing and market shops** reportedly saw similar challenges. Market shops were partially affected according to 67% of KIs in assessed communities, as well as manufacturing businesses (48%), while 30% of KIs reported that manufacturing businesses were totally affected and 14% reported the same for market shops.

The rehabilitation priorities identified by the KIs reflect the urgent need for restoring livelihood opportunities, with many advocating for the reconstruction of homes and workplaces to support economic recovery. Addressing the damage to businesses and infrastructure, particularly in the areas of trade and manufacturing, is essential for the recovery of local economies and the re-establishment of sustainable livelihoods.

3. Education

The education sector in assessed communities was severely disrupted, with a significant proportion of school-aged children reportedly not attending school at the time of data collection. 35% of KIs reported that in their community, most of the children (76%-99%) attended school, in almost a quarter (24%) it was reported that no children were attending school, while only 5% of KIs reported that all of the children within the affected population are currently attending the school at the time of data collection. Among the variety of factors mentioned as contributing to this situation, child labour was reported by almost half of KIs (27% of overall responses), followed by safety and security concerns (25%), loss or destruction of school materials (14%) and psychological distress of children and/or teachers (11%). Additionally, 13% of overall responses indicated that parents were unable to afford schooling costs in their community.

The lack of adequate education services is evident, with many schools either closed or unable to operate fully. Just under a third of KIs (11% of overall responses) reported that no schools or not enough schools were open and working in their community. Poor quality of education was reported by 10%, and unsuitable learning environments such as lack of heat, furniture, and basic facilities by 13%. Furthermore, 15% of overall responses indicated disruption to education was reportedly compounded by a lack of teaching materials in their community.

Safety concerns in relation to conflict related violence (clashes, attacks, airstrikes, etc.) reportedly made it too dangerous for students to travel to/from school or stay inside school buildings, as reported respectively by 25% and 11% of overall responses.

In terms of capacity, **73% of KIs reported that schools had the ability to accept internally displaced children aged (6-17)**. In communities where schools cannot accommodate additional children, the primary reasons included overcrowded classrooms and insufficient learning materials (reported by 49% and 28% of overall responses, respectively).

Key educational needs, according to KIs, include the provision of essential teaching materials (such as textbooks and stationery (18% of overall responses), the establishment of new learning spaces (12%), and the rehabilitation of existing learning spaces (10%). There is also a reported need for heaters for classrooms (17%) and winterization kits for children (10%).

4. Food Security and Livelihoods (FSL)

The most immediate food needs for IDPs were access to staple foods (like rice and wheat flour; 26% of overall responses), cooking fuel (20%), and protein sources like meat, beans, and lentils (19%). Regarding food assistance preferences, **the majority of KIs (81%) identified cash transfers as the most preferred in their communities**, 62% reported food vouchers as second choice, and 67% reported in-kind distributions as third choice.

A majority of KIs reported that **displaced households had food shortages, with 70% stating the displaced households did not have enough food to meet their immediate needs** and 83% of KIs indicating severe food shortages. Additionally, 86% reported the absence of ongoing food assistance programs.

Lastly, 84% of KIs in assessed communities highlighted an urgent need for emergency food distributions, underscoring the critical food insecurity among the displaced population.

5. Health

A considerable proportion of KIs reported limited access to healthcare services in their communities, with 61% reporting the absence of available services. Among the 177 KIs who reported access in their communities, the primary service modalities included outpatient care for primary health services (33% out of overall responses) outpatient departments for secondary care, and minor trauma management (21%).

The majority of KIs (73%) reported the **unavailability of services specifically for women and girls in their community**. Among the available services, the most commonly offered included antenatal care (22% of overall responses), skilled care during childbirth (16%), family planning (14%), and postpartum care was provided in 13%.

Barriers to accessing healthcare were multifaceted, with several challenges hindering affected populations. **The main obstacles identified include a lack of medicines and medical supplies** (17% of overall responses), transportation issues (16%), and the distance to healthcare facilities (15%). These barriers collectively contribute to the limited access to essential healthcare services for many individuals.

A vast majority of KIs (78%) reported that IDPs experienced unmet health needs. The most urgent health requirements identified were, first aid and emergency care for injuries (30% of overall responses), access to essential medicines (23%); and treatment for chronic diseases (19%). These findings highlight the critical healthcare gaps faced by IDPs, underscoring the need for immediate and ongoing medical support.

6. Nutrition

The nutrition sector faces significant challenges in meeting the needs of newborns, toddlers, and pregnant or lactating women in the assessed communities. Among **newborns** (0-6 months), key issues included lack of support for non-breastfed infants (42% of overall responses), insufficient distribution of infant formula (29%), and breastfeeding difficulties (26%). For **toddlers** (6-23 months), the primary problem was insufficient dietary diversity (46%), poor food quality (28%), and inadequate meal frequency (16%).

Available services for children under five and pregnant or lactating women were reportedly sparse, with no services reported by in over half (36% of overall responses) of KIs. Among the few services provided, KIs reported that infant and young child feeding counselling (16%) and high-

energy biscuits (12%) were the most available. KIs reported that **some health facilities and rapid response teams faced shortages of nutrition supplies**, with 28% indicating stockouts, 53% reporting no shortages, and 19% providing no response. These findings highlight critical gaps in nutrition support and infrastructure, emphasizing the need for targeted interventions to address these urgent needs.

7. Protection

The assessment revealed the primary protection needs within assessed communities. **Psychosocial supports were identified as a need** by 27% of overall responses provided, followed closely by legal services (27%). Other protection needs included housing, land, and property rights (22%), and the provision of civil documentation (21%).

The majority of KIs in assessed communities (71%) reported that some members of their community did not have access to their house, land, or property. When asked about the presence of unexploded ordnance (UXO), 69% of KIs reported that UXOs were not identified in their area. In contrast, incidents related to UXOs were reported by 25% of KIs.

The data highlights several critical concerns related to child protection. Child labour was identified as the most prevalent issue, which was reported by 26% out of the overall responses, followed by psychological distress (12%), begging (11%), and child marriage (10%). For **children with disabilities**, the most reported challenges include a lack of assistance (27%) and limited access to specialized services, as reported by 26% out of the overall responses.

In terms of safety and security for adult women and adolescent girls, the most pressing reported issues were the inability to access services and resources (32% of overall responses), violence within the home (16%), and forced marriages (16%). **Barriers to accessing health and psychosocial services for female survivors of gender-based violence (GBV)** were also highlighted by KIs. The most frequently reported challenges included fear of being identified as a survivor (28% of overall responses) and the distance to health facilities (22%). These findings emphasize the critical need for targeted interventions to address protection and safety concerns.

The Rapid Protection Assessment Dashboard 2024, developed by the Protection Cluster, provides an overview of key findings and trends to support evidence-based protection responses.²

8. Shelter and Non-Food Items (SNFI)

The majority of the population resides in solid, finished residential buildings (approximately 30,695 individuals), followed by substandard buildings (approximately 6,587 individuals) and emergency shelters (approximately 2,854 individuals). Of the estimated total number of shelters (approximately **774,154**), KIs estimated that **35,606** shelters (5%) were as **completely damaged**, and **69,670** shelters (9%) were **partially damaged**. These figures represent the sum of estimated numbers of damaged buildings across areas, with the KI in **Harim** community reporting the highest number of completely damaged shelters (approximately **10,030**), negatively affecting overall living conditions.

Regarding **Non-Food Items (NFIs)**, the data from KI responses indicates that **2,723 individuals received NFIs post-incident**, while **6,212 individuals received shelter assistance**. The most common needs reported by KIs were fuel (25% of overall responses), winter clothing kits (20%), and standard NFI kits (19%).

² Protection Cluster, [Rapid Protection Assessment Dashboard 2024](#).

In terms of market availability, KIs reported that most items, such as blankets (68%), mattresses (69%), and kitchen sets (72%), were available. However, some items, including tents and heaters, had lower availability. For winter-related needs, 71% reported the availability of winter clothing, while 65% indicated that winter fuel was accessible.

According to KIs, key shelter challenges faced by newly arrived IDPs include overcrowding (19% of overall responses), affordability of shelter/rent (22%), and insufficient privacy in shelters (15%). These findings highlight the urgent need for improved shelter solutions and greater availability of essential NFIs within the community.

9. WASH

Findings show that households in the assessed communities relied on multiple water sources to meet their needs. The most commonly reported primary drinking water source was water trucking (42% of overall responses), followed by piped water networks (35%), closed wells (11%), and open wells (7%). Data on average daily water availability indicated that more than half of the population received 15–30 litres (23%) or 30–50 litres per day (27%), which aligns with minimum humanitarian standards for water access.³

Despite this, severe **challenges** related to water sources were identified. While KIs reported no major issues with their main water source in the assessed communities (34% of overall responses), **31% cited insufficient water volume as a critical concern.** Furthermore, 11% of overall responses indicated water unavailability, and 8% for water networks operated for less than three hours per week.

Water shortages have also adversely affected hygiene practices in the community. Although 43% of overall responses indicated no significant changes in hygiene behaviours, 25% showed that individuals were not bathing regularly, and 17% indicated that laundry had not been done for over two weeks.

In terms of **sanitation**, 96% of KIs reported that **private household latrines were the predominant type of functioning facilities.**

10. Humanitarian Access

In the assessed communities, **humanitarian actors face various barriers to delivering assistance.** While KIs in 288 assessed communities reported no restrictions to access (49% of overall responses), some challenges remain for the rest. The most commonly reported barriers include military operations and ongoing hostilities (18 communities from Aleppo and 53 communities from Idleb), cited by 12% of overall responses, followed by the perceived denial of the existence humanitarian needs or of entitlements to assistance (9%).

Coordination with key actors is crucial for effective delivery of humanitarian assistance. The majority of KIs identified coordination with humanitarian affairs or relief offices as essential (55% of overall responses), followed by coordination with local civilian authorities (42%).

11. Accountability to Affected Populations (AAP)

According to KIs, the most reported preferred method of receiving information within the community is through WhatsApp (38% of overall responses), followed by face-to-face conversations (21%). However, certain groups within the community reportedly face challenges in accessing information and providing feedback on humanitarian aid. According to KIs, the primary

³ Sphere standards, [Humanitarian Charter and Minimum Standards in Humanitarian Response](#).

groups experiencing these difficulties are people who cannot read (17% of overall responses) and people with disabilities (15%). Women over the age of 59 years (15%) and child- or women-headed households (11%) reportedly also encounter substantial barriers. According to the KIs, men over 59 years (11%), displaced individuals (8%), and children, with girls under 18 (10%) facing more challenges than boys under 18 (6%).

The KIs reported a substantial need for information on specific services, with health services being the most mentioned, highlighted by KIs by 22% out of overall responses. Other critical services include nutrition services (20%), children’s services (16%), shelter services (15%), and NFI services (14%). KIs most frequently reported that the areas where more information is needed on how to access health care services (17%) and services for people with disabilities (12%). Information on cash assistance (12%) and how to obtain food (10%) was also frequently reported as needed.

The KIs identified several critical areas where more information is needed to enhance child safety. A majority of KIs (25% of overall responses) expressed a desire for guidance on proper behavior with children, while 20% indicated need information on accessing child and women protection services. Other priorities include parental guidance on safeguarding children (18%) and educating families about children's rights and well-being (17%).

12. Cash and markets

Households prioritize spending on essential needs, with KIs in 73% of communities identifying food purchases as the household top priority. Fuel purchases were identified as the second highest priority, reported by 29% of KIs, followed by household NFIs, reported by 16%. A majority (90%) indicated that, in their perception, the community prefers to receive cash assistance in **US Dollars**, while (10%) favor Turkish Lira (TRY).

Market accessibility is largely favorable, with 55% of KIs reporting full accessibility, however, 39% indicated only partial access. The latest changes in Syria since late November 2024 have also impacted market visitation patterns, with 29% of KIs noting a slight increase in market visitation and 13% reporting a significant increase in activity, while a combined 37% observed a decline in their area.

NWS AAWG Partners Contributed to the RNA

