



SACRIFICING THE FUTURE TO SURVIVE THE PRESENT: Findings from the whole of Syria

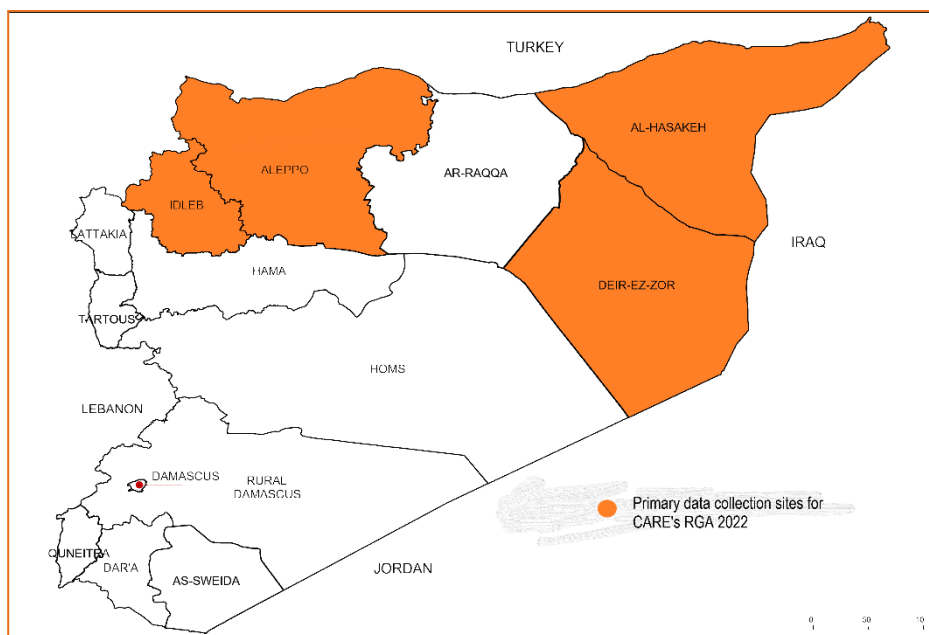
RAPID GENDER ANALYSIS



Background

Syria's conflict continues to drive one of the world's most complex humanitarian, moral and geopolitical challenges. For the last 11 years, amid continued armed violence and violations of human rights and international humanitarian law, Syrians have suffered a deepening economic crisis - including an inflation rate of 140% - political fragility, profound environmental stressors - in part the result of climate change - and the Covid-19 pandemic.¹

The cumulative impact has rippled across the region and the globe. Five foreign armies are currently active in Syria and many countries - particularly Turkey, Lebanon, Jordan and Germany - struggle to cope with one of the largest refugee movements in recent history, including more than a million children born



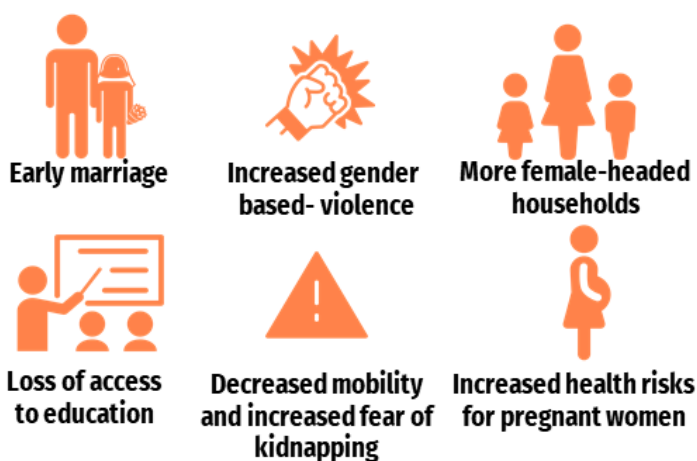
¹ <https://www.ohchr.org/en/press-releases/2022/03/syrias-abyss-un-syria-commission-warns-escalating-violence-plummeting>

in exile.² Within Syria, about 14.6 million people depend on humanitarian assistance to survive, 9% more than last year and 32% more than in 2020.³

Syria is divided into three main zones: the western, central and eastern areas controlled by the government; the north-west and northern areas along the Turkish border controlled by the opposition and supported by Turkey; and the north-eastern areas controlled by the Autonomous Administration of North and East Syria (AANES) and its military, the Syrian Democratic Forces (SDF). Each region has its unique needs, characteristics and political agendas, but the protracted crisis has had a significant impact on all Syrians in every sphere of life. The most vulnerable groups include women - and most notably widows and divorcees - children, internally displaced people (IDPs) and those with disabilities.

From food insecurity to limited economic opportunities and a growing risk of gender-based violence (GBV), women and girls experience heightened and compounding vulnerabilities in accessing basic services and exercising their rights, including sexual and reproductive care rights. Men and boys for their part experience increasing pressure to maintain their socially ascribed roles while facing a growing risk of detention in inhumane conditions, conscription or recruitment by armed actors and child labor.

How 11 years of war, insecurity, and a shattered economy are affecting women and girls



Conflict and insecurity since March 2011 had led to the death and disappearance of more 500,000 people as of December 2020. Idlib governorate recorded the highest death toll in 2021, accounting for 19.35% of the total countrywide, followed by Aleppo with 18%, Daraa 16.5%, Deir Ez-Zour 15.5% and Hasaka 12.12%.⁴

More than 90% of Syrians live below the poverty line, compared with 10% before the start of the conflict.⁵ The number of female-headed households (FHHs) has also risen, leaving many unable to meet their basic needs. Food is among the most pressing and pervasive needs people face. Shortages are systemic and acute, with the number reporting food insecurity nearly doubling since 2019 to reach more than 60% of the population. Regional inflation rates have increased import costs and decreased remittance rates, reducing people’s capacity to purchase essential items. The nepotism and corruption that shaped the pre-war economy have continued to define the evolving economic landscape.

Families’ top three needs

-  ▪ **Food**
-  ▪ **Livelihood opportunities**
-  ▪ **Healthcare & psychosocial support**

The Covid-19 outbreak triggered a major health crisis, the extent of which is not fully known given limited testing capacity and the devastation of the country’s health system. More than half the population are in dire need of healthcare services, and at least 15% require mental

² <https://reliefweb.int/report/syrian-arab-republic/darkest-decade-what-displaced-syrians-face-if-world-continues-fail-them>

³ <https://news.un.org/en/story/2022/02/1112762>

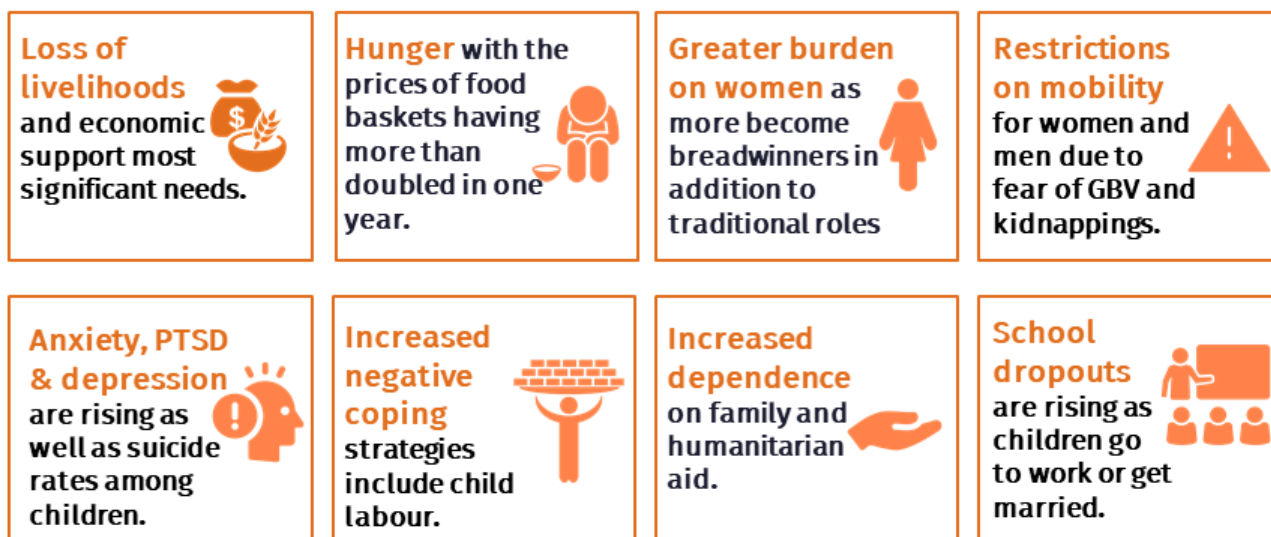
⁴ <https://www.bbc.com/news/world-middle-east-35806229>

⁵ <https://www.unicef.org/media/112346/file/2022-HAC-Syrian-Arab-Republic.pdf>

health and psychosocial services.⁶ Shortages of safe drinking water, due in part to fuel shortages and the deliberate targeting of water networks, have left up to 35% of the population reliant on alternative and often unsafe sources.⁷

As Syria's crisis continues to evolve, humanitarian needs are expected to increase exponentially, both within the country and across the region as a whole.

Key findings of CARE's rapid gender analysis



MOST VULNERABLE GROUPS: Divorced and widowed women and girls, especially internally displaced people, are uniquely vulnerable to discrimination, mobility restrictions, economic exploitation, and increased safety risks amidst entrenched gender norms.

Key recommendations

The recommendations of this rapid gender analysis (RGA) are a direct reflection of the needs and requests expressed by vulnerable people and marginalized groups affected by Syria's crisis.

For international and local NGOs

- Design and plan programs that target women with vocational training, food security, livelihood and cash assistance interventions, and ensure tools and processes support their engagement. In particular, do more to reach FHHs, IDPs, people with disabilities, widows and adolescents.
- Provide more agricultural inputs such as fodder, dairy product processing kits, seeds and fertilizers, specifically targeting women and particularly female heads of household, IDPs and widows.
- Monitor informal high-risk work opportunities to ensure women are safe and their protection needs are met. Monitor informal high-risk jobs, create prevention pathways and pressure responsible entities to take required safety precautions for employees to work with dignity (especially for adolescent boys).

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<http://www.emro.who.int/media/news/statement-by-whos-regional-director-for-the-eastern-mediterranean-on-the-10th-year-of-the-syria-crisis.html>

⁷ Ibid

- Reduce barriers to women's participation by providing transportation and childcare arrangements.
- Increase door-to-door case management for the routine monitoring of food distribution needs in project activities.
- Integrate GBV risk mitigation measures into all cash and voucher programs for food and multi-purpose use, and into all health-related interventions.
- Identify targeted strategies to engage men and boys in increasing women's voices and participation in the public sphere, and on GBV awareness. Engage men and boys on the stressors and fears they face and strategies to provide better support.
- Build the capacity of health and nutrition service providers to integrate basic mental health and psychosocial support (MHPSS) into individual infant and young child feeding (IYCF) counseling.
- Create and expand training for women on safe birth practices and lactation, and increase the availability of skilled local attendants during birth and the postnatal period.
- Form partnerships with local female-led organizations to strengthen their capacity and structures, and activate peer support networks for women and girls by involving community groups, informal and formal networks and GBV prevention organizations at the community level.
- Ensure women are included in leadership and decision-making roles.

For donors

- Increase the accountability of international NGOs in the collection, analysis and use of data disaggregated by age, sex and diversity to improve the quality and effectiveness of emergency response plans.
- Invest in research and initiatives on evolving social and cultural norms of masculinity and the correlation between them and women's participation in economic activities and decision making.
- Advocate for more targeted distributions of food assistance, including via cash interventions, according to the specific needs of women, men, girls, boys and other vulnerable groups.
- Increase funding for the training of community health professionals, particularly in rural areas, and equip them to diagnose and treat symptoms of post-traumatic stress disorder (PTSD).
- Increase support and funding for GBV integration across all sectors and for more strategic integration of context-specific GBV risk mitigation and response strategies.
- Increase support for local female-led organizations to strengthen systems on behavior change programming and GBV risk mitigation and responses.
- Stand by Grand Bargain commitments to increase the volume and quality of funding provided directly to local organizations, including women's organizations.

Objectives

The overarching objective of this RGA is to highlight the differentiated impacts of the Syrian conflict on women, men, girls and boys, and the specific needs, barriers and opportunities they face. It is intended to provide actionable recommendations for CARE and other humanitarian organizations in the design and implementation of more inclusive, equitable and targeted program interventions in key priority areas.

The sub-objectives were to:

- Identify gender-based constraints, including GBV and mobility restrictions, that hinder equitable participation in and access to humanitarian services, resources and programs.

- Understand the different coping strategies, capacities and priority needs of women, men, girls and boys, and how they have changed in response to the evolving crisis.
- Unpack potential shifts in attitudes, behaviors, roles and responsibilities among women, men, girls and boys in the household, workplace and community that may enable or prevent more equitable participation in the planning of humanitarian programs and responses.
- Understand the direct and indirect impacts of Covid-19 on livelihoods, food security, nutrition, safety and access to resources, services and information for women, men, girls and boys.
- Analyze women's participation in decision making and power over resources in the household and community so as to understand the extent to which these factors influence their ability to thrive and access humanitarian services and resources both directly and indirectly.
- Highlight the importance of collecting and using data disaggregated by sex and age (SADD) as the basis for more informed, tailored and inclusive decision making, which leads to more effective humanitarian action.

Methodology

This RGA was built up progressively, using a range of primary and secondary information to understand gender roles and relations and how they may change during a crisis. It provides practical programmatic and operational recommendations to deliver targeted assistance that meets the different needs of women, men, girls, boys and specific at-risk groups.

Primary data collection

took place in north-east and north-west Syria between 6 Dec 2021 and 9 Jan 2022.

An RGA is the tool recommended by the Inter-Agency Standing Committee (IASC) in its Gender Handbook for Humanitarian Action.⁸ This one also applies CARE's Gender Analysis Frameworks adapted to the shorter timeframes, rapidly changing contexts and insecure environments that often characterize humanitarian interventions.⁹ This approach is intended to ensure that timely data is available to inform humanitarian responses and more equitable recovery and preparedness strategies.

Primary data collection took place concurrently in four governorates of north-east and north-west Syria from 6 December 2021 to 9 January 2022, based on CARE's operational program sites: Al-Hassakeh governorate, including Areesha, Hassakeh, Sfia and Shadadeh sub-districts; Deir-ez-Zor governorate, including Kisreh and Sur sub-districts; Idleb governorate, including Ariba, Harim, Idleb and Jisr-Ash-Shughur districts; and Aleppo governorate, including A'zaz, Al Bab, Jebel Samaan and Jarablus districts, the latter including Zoghara camp.

The data was then analyzed, consolidated and triangulated with a thorough desk review. A validation session was held with operational teams to develop actionable recommendations. As the conflict continues to evolve, the findings and recommendations will be updated accordingly.

⁸ <https://www.gihahandbook.org/#en/Section-B/Topic-1>

⁹ [Gender Analysis Framework – CARE Gender Toolkit](#)

THE RESEARCH INCLUDED:

- **1,040** household surveys - 493 women, 547 men and 69 girls and 27 boys aged between 10 and 19
- Six gender protection audits
- Six community mappings
- **25** focus group discussions - nine with women, 10 with men, three with adolescent girls and three with adolescent boys
- **17** key informant interviews – five with women, 12 with men
- **14** individual stories -four from women, six from men, two adolescent girls and two from adolescent boys
- **Five** field observations
- Secondary data review

LIMITATIONS

- Primary data collection was hampered by safety and access limitations caused by the conflict, Covid-19 restrictions and intermittent security incidents.
- Piloting the Voice App, described in annex 1, required research teams to navigate issues related to limited internet connectivity, low bandwidth and interruptions in the data collection process.¹⁰
- Multiple layers of translation across teams led to challenges in managing data accuracy and quality.
- Outreach and disaggregation for respondents who identified as living with a disability was limited because of the short timeframe and remote locations, which made sample selection more challenging.
- Challenges in accessing female respondents safely as a result of cultural barriers led to fewer than anticipated taking part in household surveys, key informant interviews and individual stories.

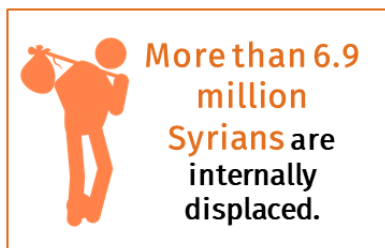
Demographic overview

Around 14.6 million people, or about 75% of Syria's population, require humanitarian assistance, an

¹⁰ The Voice app automates translation and transcription of qualitative responses in real-time using Google's speech-to-text technology via an Android-based mobile application, which enabled more efficient, timely and robust data sets.

increase of 1.2 million since 2021.¹¹ Of those in need, 6.9 million are IDPs, 29% of whom live in informal settlements, and 6.5 million are children.¹² Women make up about half of the total population, youth aged from 10 to 24 account for 27%, and people aged 65 and over 5%.¹³ The fertility rate is about 2.7 per woman.¹⁴ Life expectancy is around 72 for men and 79 for women.¹⁵ Nearly one in three households are female-headed.¹⁶

There were nearly 5.7 million Syrian refugees and asylum seekers registered in neighboring countries as of March 2022, of whom 48% were women and 47% children.¹⁷ Most live well below the poverty line.¹⁸ Turkey hosts the largest number, followed by Jordan, Lebanon, Iraq and Egypt.¹⁹



An average of 37,000 refugees a year have returned to Syria since 2020, mostly from Turkey, but many go back to a life of internal displacement.²⁰ Around 6.9 million Syrians are internally displaced, 37% of whom are over 12 and living with a disability.²¹ About a third of the adult population have a disability, which is twice the global average, of whom 40% are heads of household.²²

Most of the country's population live in urban areas and the average household size is about five people.²³ Ninety-two per cent of people live in residential areas, 7% in informal camps and 1% in formal camps.²⁴ In north-west Syria, 39% of households live in informal displacement camps and 8% in formal camps.²⁵ Family separation is particularly high among IDPs, and most notably in the north-east. One of three displaced households report at least one missing member.²⁶


Sunni Muslims make up around 74% of Syria's population and Shia Muslims 13%, split around 11% Alawite and 2% Ismaili.²⁷ Christians account for around 9% and Druze 3%. Arabs are the largest ethnic group, making up around 90% of the population, and the country is also home to two million Kurds, between 750,000 and 1.5 million Syrian Turkmen and between 900,000 and 1.2 million Assyrians.²⁸ The Kurds inhabit the greater part of Al-Hasaka governorate and the areas surrounding Kobane, Jarabulus and Afrin near the Turkish border.

¹¹ <https://www.ohchr.org/EN/HRBodies/HRC/Pages/NewsDetail.aspx?NewsID=28240&LangID=E;>
<https://www.unfpa.org/data/world-population/SY;>
<https://www.unicef.org/mena/reports/2022-humanitarian-needs-overview-syrian-arab-republic>
¹² [https://www.unhcr.org/news/briefing/2022/3/623055174/eleven-years-mounting-challenges-push-displaced-syrians-brink.html;](https://www.unhcr.org/news/briefing/2022/3/623055174/eleven-years-mounting-challenges-push-displaced-syrians-brink.html)
<https://gho.unocha.org/syrian-arab-republic;>
<https://reliefweb.int/sites/reliefweb.int/files/resources/UNICEF%20Whole%20of%20Syria%20Humanitarian%20Situation%20Report-28%20February%202022.pdf>
¹³ <https://www.unfpa.org/data/world-population/SY>
¹⁴ Ibid
¹⁵ Ibid
¹⁶
<https://reliefweb.int/sites/reliefweb.int/files/resources/UNFPA%20Syrian%20women-%20headed%20households%2C%20hoping%20to%20survive%20and%20move%20on.pdf>
¹⁷ <https://data2.unhcr.org/en/situations/syria;>
<https://reliefweb.int/sites/reliefweb.int/files/resources/Syria%20and%20Iraq%20situ%202022%20response%20overview.pdf>
¹⁸ <https://www.unhcr.org/news/briefing/2022/3/623055174/eleven-years-mounting-challenges-push-displaced-syrians-brink.html>
¹⁹ <https://data2.unhcr.org/en/situations/syria>
²⁰ https://data2.unhcr.org/en/situations/syria_durable_solutions
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[https://reliefweb.int/sites/reliefweb.int/files/resources/2022_03_04%20USG%20Syria%20Complex%20Emergency%20Fact%20Sheet%20%234-2.pdf;](https://reliefweb.int/sites/reliefweb.int/files/resources/2022_03_04%20USG%20Syria%20Complex%20Emergency%20Fact%20Sheet%20%234-2.pdf) https://hi.org/sn_uploads/document/IB-4-inclusion-finale-2022.pdf
²² Ibid
²³ https://sheltercluster.s3.eu-central-1.amazonaws.com/public/docs/shelter_situation_-_summer_2021_hnap_report_series.pdf
²⁴ https://www.sheltercluster.org/sites/default/files/docs/shelter_situation_-_summer_2021_hnap_report_series.pdf
²⁵ Ibid
²⁶ https://reliefweb.int/sites/reliefweb.int/files/resources/syria_2021_humanitarian_needs_overview.pdf
²⁷ <https://reliefweb.int/sites/reliefweb.int/files/resources/2016%20minority%20report%20FINAL%202%20Single%20pages.pdf>
²⁸ <https://www.vya.net/op-ed/conflict-and-population-the-situation-of-syria/>



“One of my children, Bushra, has a disability and is in a wheelchair. We cannot get treatment for her because of the war. A camp is no place for children, and certainly not for children who have disabilities.”

Farah, a single mother, lives with her five children in a camp for IDPs.



FINDINGS & ANALYSIS

Gender roles and responsibilities

Social norms in Syria are instilled through family building blocks, which are based on foundations of patriarchy in which husbands and sons have primary responsibility for and authority over their households. Traditions vary according to religion, ethnicity and between rural and urban areas, but overarching social expectations generally place women secondary to and dependent on men. Their primary role in managing their household is expected to be meal preparation, cleaning and tending to children, elderly and sick family members, while men are the main breadwinners.

The conflict, however, has led to an evolution of traditional women's roles as a result of the death, injury, migration or recruitment of male heads of household. This has created a growing space for women in the labor market. It has their also increased and complicated their family responsibilities, forcing them to take on roles as both caregivers and breadwinners. Women reported shouldering greater burdens and psychological stress as the conflict evolved.

Divorcees and widows, and particularly those who are also internally displaced, are disproportionately disadvantaged because they are required to head their households despite increased discrimination, mobility restrictions, economic exploitation and safety risks that arise from entrenched gender norms.²⁹ Without civil status or property documents that are usually ascribed to or controlled by men, for example, women may struggle to access life-saving assistance such as shelter or food.

Although women's roles have evolved, participants in focus group discussions (FGDs) said gender norms had continued to limit their participation in decision making, the labor market and the

²⁹ <https://reliefweb.int/report/syrian-arab-republic/guidance-note-mitigating-protection-risks-idp-sites-exclusive-widowed>

emergency response.



At 61, Hala (name changed) has worn several different hats in life. She's been a cook, cleaner, mother, father, grandmother, breadwinner and caregiver for multiple children and grandchildren.

When her husband died, Hala took over full responsibility for their eleven children. And then when one of her sons was killed in an airstrike while working at a grocery store, she became responsible for his children too.

Today, Hala lives in a displacement camp with her grandchildren. "Before, I had my own house and everything. Now I worry about securing a decent living for me and my grandchildren," says Hala.

"Adapting to displacement has been very difficult but I don't want anything more from this world, just to live long enough to see my children grow up and become self-sufficient."

MOBILITY

Limitations in mobility driven by safety fears emerged for both men and women, and all respondents said the conflict had increasingly restricted their freedom of movement. Most female respondents said they were able to travel short distances within the community independently, but that when required to travel longer distances, to health centers or markets, for example, they had to ask

permission and be accompanied by a male. If the husband is unavailable, brothers or uncles are consulted. They also said they preferred to travel locally in pairs or groups to mitigate cultural taboos and rumors. Men did not identify any restrictions when traveling within their governorates.

"Men are in danger of being kidnapped and killed. Everyone has heard the story of the burned body of a man that was found on the road, and no one knows why he was killed. We hear stories everyday of kidnappings and robberies. Men are afraid of moving, especially by public transportation, or travelling outside of the camp."

- Man from Harim-Ariba/Shafak, FGD, RGA 2022

Traveling between governorates heightened security concerns for both men and women and was discouraged. The main fears women described were of harassment and exploitation, while for men they were kidnap or recruitment by armed actors. There were reports of men and boys taking on additional household duties outside the home, such as traveling to markets and collecting water, as a result of heightened security concerns. Both men and women

also cited logistics and cost as obstacles to travel.

DECISION MAKING

The majority of respondents agreed with the statement that social norms dictated women's main role and responsibility should be to take care of the home and family. Ninety-six per cent of women and 98% of men also confirmed expectations that the male head of the household should have the final word in decision making. Fifty-seven per cent of women said that in practice most household

matters were jointly discussed and decided upon - including matters relating to finances, healthcare and childcare, but 96% agreed that men should take the final decisions. Men were also considered responsible for the family and their perspectives seen as holding more weight in decisions made in both in the public and private sphere. Male respondents consistently reported that decision making was shared more than women did, while female FGD participants said they felt they should have more of a say if they were contributing to the household income.

Neither male nor female respondents thought that Covid-19 alone had shifted social norms in terms of household decision making, but they did feel that the combined factors of the pandemic and the protracted conflict had forced a change by creating more female-headed households and separated and/or displaced families. The shift in decision making did not, however, necessarily equate to greater access to resources, income-generating opportunities or control of assets.

“Before the crisis my husband and I used to take decisions together, but now I am the sole decision maker because he is away from home most of the time.”

- Woman in Azaz refugee camp, FGD, RGA 2022

Both male and female respondents said local councils were the main decision-making bodies at the community level, but that information on protocols and participation in meetings was limited. Nearly all respondents also said that women’s participation in other political structures and community associations was limited. Key obstacles include a lack of education opportunities for women, limited safe spaces for women’s civil society organizations (CSOs) to operate in and the dominant patriarchal culture.

Syria’s constitution and legal systems do not prohibit women’s equal participation, but social norms and traditions do not promote it. Ninety-nine per cent of female respondents and 89% of their male counterparts confirmed the belief that men were better leaders and decision makers.



“I never had the chance to go to school. In my village women weren’t allowed to get an education. It is important for a woman to be educated, for herself, and for her children. Every woman should be educated. Thankfully the role of women is changing in the community. When I learned how to read my daughter’s name, it was the happiest moment of my life. I am proud I can read. And I am proud of my children, as they motivated me to get an education.”

Maha, widow and mother of 10 children, participated in CARE’s literacy program.

Access to services and resources

Male and female respondents both said the most significant impacts of the conflict were related to loss of livelihoods and the severe economic crisis. All were profoundly affected by the ripple effects of inflation and job losses that heightened food insecurity, combined with the psychological stressors of the conflict itself, prolonged displacement and increased safety concerns, including GBV.

LOSS OF LIVELIHOODS AND FOOD INSECURITY

Syria is among the world's 10 most food insecure countries.³⁰ Around 12.4 million people were food insecure as of March 2021, up from 7.9 million in 2020.³¹ That equates to about 64% of the population and includes 6.4 million children.³² Of the total, 1.3 million people were severely food insecure.³³ Given social and economic disparities, female-headed households and particularly those who are displaced have greater difficulty than those headed by men in securing food and resources.

A number of factors have impeded agricultural production, including shortages of essential inputs such as fertilizers and seeds, particularly certain varieties such as wheat and barley, limited irrigation, and supply chain issues such as high transportation costs and conflict-related inefficiencies. Other stressors, such as a 78% devaluation of the Syrian pound, the rising cost of basic items, and fuel shortages that have affected supply chains, have aggravated widespread food insecurity.³⁴ The average price of a food basket increased by 236% in 2020 and has continued to climb to record levels in 2022.³⁵ Given the severe decline in national wheat production, any disruption of grain imports, particularly as a result of the war in Ukraine, threaten to further exacerbate the situation.

"We reduced the amount of food we eat a lot and we no longer eat vegetables as we cannot afford them. Nor can we afford to buy gas and so we cook on a primus stove. Life has become exhausting, and our minds and hearts are tired. We can no longer go to hospitals because the costs are too high. Medicine is very expensive. My children eat less, and I can hardly give them any milk. I used to feed them with the produce of my animals, but the circumstances were so dire that I had to sell my cows."

- Woman in Moyleh, Deir-ez-Zor, individual story, RGA 2022

About 90% of Syria's population was living below the poverty line in 2021, a 10% increase on the figure for 2020.³⁶ Socioeconomic stressors have left families already living in fragile conditions unable to meet even their most basic needs. Female-headed households are most vulnerable to economic shocks given their reduced purchasing power and high poverty rate. Their income deficit relative to the national average is 30%, compared with 15% among male-headed households.³⁷ All participants in this RGA identified access to food and livelihood opportunities as their most pressing

³⁰ <https://news.un.org/en/story/2022/02/1112762>

³¹ https://www.unicef.org/mena/media/13036/file/syria_2021_humanitarian_needs_overview.pdf.pdf

³² Total population recorded as 19.4 million, <https://www.unfpa.org/data/world-population/SY>; https://executiveboard.wfp.org/document_download/WFP-0000132231?_ga=2.141833142.503594626.1643411835-8083640.1641928949

³³ <https://reliefweb.int/report/syrian-arab-republic/wfp-syria-situation-report-2-february-2022>

³⁴ <https://www.unicef.org/media/112346/file/2022-HAC-Syrian-Arab-Republic.pdf>;

https://api.godocs.wfp.org/api/documents/d3eccb6988014d5d936801d938eaada7/download/?_ga=2.222036888.1249861382.1643141968-8083640.1641928949

³⁵ https://fscluster.org/sites/default/files/documents/wfp_syria_price_bulletin_january_2022.pdf

³⁶ <https://www.unicef.org/media/112346/file/2022-HAC-Syrian-Arab-Republic.pdf>;

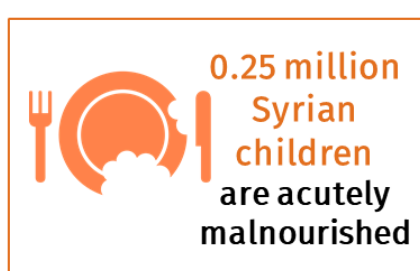
https://reliefweb.int/sites/reliefweb.int/files/resources/2022_01_07%20USG%20Syria%20Complex%20Emergency%20Fact%20Sheet%20%232.pdf

³⁷ Ibid

needs. Adolescents in north-west Syria identified food and education, and girls also prioritized healthcare.

Both men and women said they depended mainly on day labor for income over arable or livestock farming, which had previously been more prevalent sources. IDPs and people with disabilities are disproportionately affected as a result of social stigmatization and obstacles to social cohesion and participation. The conflict has driven an increase in the number of people over 12 living with disabilities that limit their participation in income-generating activities to around 32% of males and 27% of females.³⁸

Amid economic hardship and food insecurity, high stunting rates suggest that chronic malnutrition - which leads to a higher risk of impaired physical and cognitive development and vulnerability to infectious disease - is a nationwide problem, particularly among women and girls. Nearly 500,000 children are stunted and 245,000 acutely malnourished.³⁹

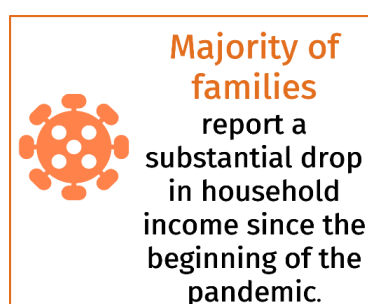


The nutritional wellbeing of a population begins with the mother because her nutrition has a significant effect on newborn health, but in Syria 32.8% women of reproductive age – between 15 and 49 - are suffer from anemia and other micronutrient deficiencies. At least 265,000 pregnant and lactating women have acute wasting.⁴⁰ The number of acutely malnourished mothers is five times higher than in 2019.⁴¹ A malnourished pregnant woman is more likely to give birth to an underweight infant and face challenges breastfeeding, which in turn increases an infant's propensity to disease and stunting.⁴²

Among children under five, 27.9% are affected by stunting and 11.5% by wasting, both figures higher than the regional averages of 21.8% and 8.9% respectively.⁴³ Syria's obesity rate, another indicator of food insecurity, is also high. It affects 38.3% of women and 24.1% of men aged 18 and over, compared with regional averages of 10.3% and 7.5% respectively.⁴⁴ Women of reproductive age and children under five have been disproportionately affected by the country's economic and food security crises.

North-east Syria

North-east Syria has historically served as the country's breadbasket, but climate change and the deterioration of farmland have reduced wheat yields, fueling food security and threatening agricultural livelihoods.⁴⁵ Many mills have also been damaged and machinery stolen during the conflict. The war in Ukraine has further aggravated the food insecurity situation across the region. All these factors have pushed up the market prices of staples such as bread and flour.⁴⁶ Seasonal workers, of whom more than 70% in rural areas are women,



³⁸ <https://www.hi-deutschland-projekte.de/Inob/wp-content/uploads/sites/2/2021/09/hnap-syria-disability-prevalence-and-impact-2021.pdf>

³⁹ <https://reliefweb.int/sites/reliefweb.int/files/resources/Hidden%20Hunger%20in%20Syria-CC-2020.pdf>;

https://reliefweb.int/sites/reliefweb.int/files/resources/hno_2022_final_version_210222-2.pdf

⁴⁰ <https://globalnutritionreport.org/resources/nutrition-profiles/asia/western-asia/syrian-arab-republic/>;

https://reliefweb.int/sites/reliefweb.int/files/resources/hno_2022_final_version_210222-2.pdf

⁴¹ <https://reliefweb.int/sites/reliefweb.int/files/resources/Hidden%20Hunger%20in%20Syria-CC-2020.pdf>

⁴² Ibid

⁴³ <https://globalnutritionreport.org/resources/nutrition-profiles/asia/western-asia/syrian-arab-republic/>

⁴⁴ Ibid

⁴⁵ https://reliefweb.int/sites/reliefweb.int/files/resources/REACH_SYR_HSOS-factsheet_NES_December2021_0.pdf and

<https://reliefweb.int/report/syrian-arab-republic/we-feared-dying-war-now-we-fear-dying-hunger-ukraine-crisis-propelling>

⁴⁶ https://www.srtfund.org/projects/589_enhancing-food-security-in-northeast-syria-nes

have been among the most affected by the sharp decline in the agriculture sector.⁴⁷

Eighty-five per cent of female respondents and 91% of their male counterparts said their households' incomes had dropped significantly since the onset of the Covid-19 pandemic, and that they had to dedicate all of their earnings to covering their basic needs. Despite the difficulties in sustaining agriculture given the lack of inputs and severe water shortages, 79% of men said farming and day labor in areas such as construction were their primary sources of livelihood, while 52% of women said they depended on day labor.

The fragility of the food system and the collapse of the labor market have heightened chronic malnutrition in the region, where one in three children is malnourished.⁴⁸ Maternal anemia and micronutrient deficiencies in children are also prevalent.⁴⁹ Respondents said the main reasons for shifts in food consumption were high prices, reduced or late rainfall affecting harvests, lower incomes and high debts. Deir ez-Zor has the highest malnutrition rate in the country.⁵⁰

North-west Syria

Eighty per cent of the population in north-west Syria are food insecure and 97% live in extreme poverty on less than \$2 a day.⁵¹ Arable and livestock farming were previously the main sources of income, but the loss of assets, animals and productive land have increased food insecurity. Seventy-eight per cent of adult respondents said they were unemployed or lacked a stable source of income, and 42% of men aged between 18 and 59 had not worked at all in the previous month.

Securing livelihoods and incomes has become exponentially more challenging, particularly for people with disabilities and IDPs, who reported discrimination and distrust when looking for work. As the conflict drives up disability rates, more are unable to compete in the labour market because of social stigma, particularly women who face an increased risk of exploitation. Sixty-two per cent of men living with a disability said they were working, compared with 7% of women.⁵²



Sixty-two per cent of male respondents and 42% of their female counterparts said they depended on irregular day labor for their livelihoods and on humanitarian aid to cover their basic needs. Female-headed households represent over half of both categories. Fifty-five per cent of male and 77% of female respondents said their income was used first and foremost to cover their basic needs and secondly to repay debts.

Nutritional status in Syria was poor even before 2011, particularly in the north-western governorates of Idleb and Aleppo. Infant and young child feeding (IYCF) practices were substandard and micronutrient deficiencies prevalent, particularly in vitamin A, iron and iodine, and the ongoing conflict and socioeconomic crisis have only made the situation worse.⁵³ One in six children in north-west Syria are stunted, and the prevalence of anemia is a key indicator of negative

⁴⁷ https://reliefweb.int/sites/reliefweb.int/files/resources/water_crisis_response_plan-september_2021.pdf

⁴⁸ <https://www.bmz.de/en/news/archive-press-releases/unicef-war-in-syria-63588>

⁴⁹ <https://reliefweb.int/sites/reliefweb.int/files/resources/Hidden%20Hunger%20in%20Syria-CC-2020.pdf>

⁵⁰ https://reliefweb.int/sites/reliefweb.int/files/resources/water_crisis_response_plan-september_2021.pdf

⁵¹ https://reliefweb.int/sites/reliefweb.int/files/resources/hno_2022_final_version_210222-2.pdf;

https://reliefweb.int/sites/reliefweb.int/files/resources/nws_and_raata_sitrep32_october2021_0.pdf;

<https://reliefweb.int/report/syrian-arab-republic/recent-developments-northwest-syria-and-raata-situation-report-no-31>

⁵² https://hi.org/sn_uploads/document/IB-4-inclusion-finale-2022.pdf

⁵³ Ibid

reproductive outcomes, low birth weight and compromised child development.⁵⁴ Anemia rates in the region are 46% among children aged between six months and 56 months, and 54% among women of reproductive age.⁵⁵ A significant proportion of identified malnutrition cases involve children aged between six months and 17 months, which can be attributed to poor IYCF practices and limited support for breastfeeding mothers.⁵⁶

The impacts of the food crisis are widespread, but IDPs, children - particularly girls of reproductive age - pregnant women and lactating mothers are particularly vulnerable to the intergenerational legacy of malnutrition.⁵⁷ Food insecurity and the severe strain on livelihoods have also forced increasing numbers of people to resort to negative coping mechanisms. Respondents highlighted behaviors such as taking children out of school, eating less food, reducing food quality, going into debt, child labour, early marriage and willingness to take on high-risk income-generating activities. Respondents with elderly household members also said they had been forced to make trade-offs between food and essential medication during the Covid-19 pandemic.

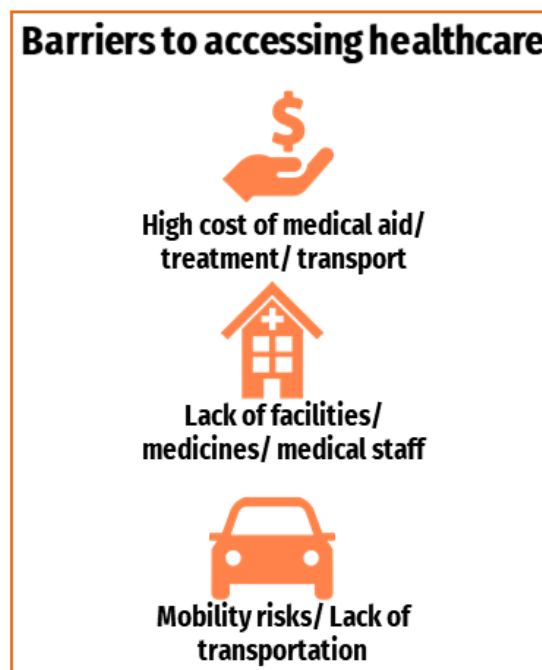
HEALTH AND PSYCHOSOCIAL SERVICES

Syria's health system has been devastated by the conflict itself and related stressors including sanctions and soaring fuel costs. Those facilities still operating struggle to provide basic services because of increasing rates of waterborne disease driven by reduced access to safe water and their inability to train and retain health workers. Only 6.8% of the country's population is fully vaccinated against Covid and the capacity for systematic testing is severely limited.⁵⁸

The main barriers to healthcare are widespread insecurity, a lack of equipped facilities, the absence or high cost of transportation and the high cost of services.⁵⁹ These challenges affect women and girls in particular given that they have less access to financial resources and safe transportation.

People's exposure to violence, trauma and extreme stress as a result of the conflict and living in prolonged displacement has also led to a deterioration in mental health and psychosocial wellbeing which is likely to have long-term implications for both adults and children. Signs of significant psychological distress have been reported among children in a third of households.⁶⁰

Up to 50% of Syria's health facilities have been destroyed and there is a severe shortage of healthcare providers, leaving more than 12.2 million people in need of services.⁶¹ About 4.4 million



⁵⁴ <https://reliefweb.int/sites/reliefweb.int/files/resources/Hidden%20Hunger%20in%20Syria-CC-2020.pdf>;

https://www.who.int/data/gho/data/themes/topics/anaemia_in_women_and_children

⁵⁵ https://reliefweb.int/sites/reliefweb.int/files/resources/nut_06_2021_pac_nws_survey_final_report.pdf

⁵⁶ Ibid.

⁵⁷ Ibid.

⁵⁸ https://reliefweb.int/sites/reliefweb.int/files/resources/who_presentation_syria_4_april_final.pdf;

https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/who_syria_covid-19_special_report_2021.pdf (p5)

⁵⁹ https://reliefweb.int/sites/reliefweb.int/files/resources/REACH_SYR_Factsheet_Northeast-HSOS-Regional-Factsheet_July2020.pdf

⁶⁰ https://reliefweb.int/sites/reliefweb.int/files/resources/hno_2022_final_version_210222-2.pdf

⁶¹ <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-021-00762-9>

are IDPs, 1.3 million are children under five, including around 503,000 newborns, and 3.4 million are women of reproductive age.⁶² IDPs are at a higher risk of communicable diseases, including Covid-19, as a result of overcrowding and poor sanitary conditions in their settlements. Around 1.3 million people with disabilities also face significant barriers to access.

Persistent insecurity and the Covid-19 pandemic have combined to significantly overburden an already fragile system, reducing capacity for case management, particularly GBV and mental health referrals, and routine services such as outpatient consultations and antenatal and postnatal care. There is an overall lack of information about the reproductive, maternal and new-born health services available, but pregnant women are said to have increasingly chosen birth by cesarean section to minimize their stay in hospitals, which are known to be targets for attack. By one estimate such procedures have doubled in number since 2011.⁶³

North-east Syria

Ongoing insecurity and attacks on facilities have left north-east Syria with a chronic shortage of healthcare personnel.⁶⁴ Around 50% of physicians have left the region, leaving only four districts able to meet the minimal emergency thresholds for staff as of the second quarter of 2021.⁶⁵ The shortfall has created severe gaps in antenatal and postnatal services and specialized care for those injured in conflict. It also deters those with medical needs from seeking attention.



"I would have killed myself eventually if I hadn't joined CARE's program. Three of my children have asthma, one is disabled and needs money for rehabilitative surgery. I think about the expenses I'm responsible for and it suffocates me. All I wanted was to provide for my children. Now I can't even send them to school."

-- Noura, single mother of six children, lives in a camp in north-east Syria

Other barriers to health services include misinformation, distance and cost, all of which disproportionately affect women, girls and people with disabilities.⁶⁶ Most female respondents said they tended not seek medical care and reserved consultations for only the most pressing needs.

Only one of 16 hospitals in north-east Syria is fully functional. Nine function partially and six not at all.⁶⁷ Only about half of the region's 281 public health centers function, and then only partially. Key challenges include insecurity, a shortage of medical supplies and the worsening water crisis.

The severe limitations on essential services have heightened protection risks, particularly for displaced women and girls in camps such as Al Hol, where they make up 96% of the population.⁶⁸ Two-thirds are under 18.⁶⁹ Poor referral processes perpetuate psychological and emotional burdens that increase rates of trauma and post-traumatic stress disorder (PTSD) for patients and health workers alike. More women than men said they had difficulty in accessing services.

⁶² https://reliefweb.int/sites/reliefweb.int/files/resources/who_syria_emergency_appeal_2022.pdf

⁶³ <https://reliefweb.int/sites/reliefweb.int/files/resources/PHR-Syrian-Health-Disparities-Report-Dec-2021-Executive-Summary-English.pdf>

⁶⁴ https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/who_northeast_syria_flash_appeal_january_2022_final.pdf

⁶⁵ https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/who_northeast_syria_flash_appeal_january_2022_final.pdf

⁶⁶ <https://phr.org/our-work/resources/syria-health-disparities/>

⁶⁷ https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/who_northeast_syria_flash_appeal_january_2022_final.pdf

⁶⁸ <https://news.un.org/en/story/2020/01/1055921>

⁶⁹ <https://www.msf.org/covid-19-has-devastating-knock-effect-northeast-syria>

North-west Syria

About 78% of the 4.6 million people in north-west Syria are in need of health assistance. Around 2.8 million are IDPs and 1.3 million are living with disabilities.⁷⁰ As of 2020, about 1.2 million were women and girls of reproductive age, of whom adolescents made up almost half and pregnant women 69,000. Around 8,500 women were giving birth each month.⁷¹ All districts are considered high-risk and face critical health challenges related to displacement, staff shortages and widespread poverty and insecurity. IDPs, female-headed households and those with disabilities are among the most vulnerable.

Of the region's 610 health facilities, 131 are non-functional.⁷² Most of those that are operating serve both IDPs and their host communities. Eighty-three per cent of facilities are in host communities and 17% in camps.⁷³ Most people categorized as vulnerable who experience mental health issues do not receive any treatment.⁷⁴ Psychological trauma, acute anxiety and PTSD, especially for children born into the conflict, adolescents and health professionals, are pervasive challenges.⁷⁵

Participants in the RGA cited mental health needs as a key area of concern. Women were more likely than men to discuss mental health concerns in focus group discussions, but this should not be taken to mean that the latter experience fewer issues. More research is needed to better understand the specific interventions required to respond to the trauma experienced by men, women and adolescents.

"There aren't enough medicines. There is a medical center, but people don't go there with their children because it's far away and public transportation doesn't come to the camp."

- Woman in Zoghara camp, FGD, RGA 2022

All respondents in north-west Syria, including adolescents, identified movement restrictions and transportation costs as key barriers to healthcare, including maternal health and family planning services. Most female respondents said they would only travel to a health facility with another woman or a child, and would not feel safe or comfortable traveling independently without informing a male family member. Men said they were able to travel to medical facilities within their governorate without restriction.

Shortages of medicines and skilled staff also help to perpetuate the commonly held belief that it is better to seek alternative sources of care than go to a health facility. This was particularly true during the Covid-19 pandemic when concerns about social distancing were also an issue. Respondents said they were more likely to try home remedies or visit local pharmacies than to seek professional help at clinics. This was even more true for those who identified as having a disability.

WATER, SANITATION AND HYGIENE

The convergence of climate change and conflict have significantly affected communities across Syria and particularly the north-east. The country has up to 40% less drinking water than in 2011, the result of drought, critically low water levels in the Euphrates river, which provides irrigation and drinking water for more than five million people, and the destruction of infrastructure.⁷⁶ Ninety-eight per cent of people in cities and 92% in rural areas had reliable access to clean water before 2010,

⁷⁰ https://reliefweb.int/sites/reliefweb.int/files/resources/fsl_cluster_nws_fact_sheet2_14102021.pdf

⁷¹ https://www.unfpa.org/sites/default/files/resource-pdf/UNFPA_Regional_Situation_Report_for_the_Syria_Crisis_-_June_2020_-_FA.pdf

⁷² https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/herams_q3_2021_report.pdf

⁷³ https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/herams_q3_2021_report.pdf

⁷⁴ https://reliefweb.int/sites/reliefweb.int/files/resources/WVSR_MHPSS%20Policy%20Brief_GAC2021.pdf

⁷⁵ https://reliefweb.int/sites/reliefweb.int/files/resources/hno_2022_final_version_210222-2.pdf

⁷⁶ <https://reliefweb.int/report/syrian-arab-republic/united-nations-resident-coordinator-and-humanitarian-coordinator-12>;

<https://reliefweb.int/report/syrian-arab-republic/syria-water-crisis-40-less-drinking-water-after-10-years-war#:~:text=Before%202010%3A%2098%25%20of%20people.systems%20function%20properly%20across%20Syria>

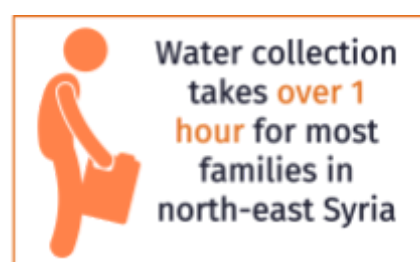
but only half of the country's water and sanitation systems now function properly, with serious knock-on effects for agriculture and the health system.⁷⁷

Irregular electricity supplies have also reduced the output of pumping stations, forcing many households and particularly those displaced to use alternative water sources that are often contaminated. This in turn has led to an increase in communicable and non-communicable waterborne diseases.⁷⁸ Water scarcity and the disrepair of water and sewage infrastructure has led to greater instability, particularly in areas heavily affected by the conflict and significant influxes of IDPs.

North-east Syria

The reduction of water resources in the agricultural sector has led to significant harvest and income losses affecting 72% of farmers in north-east Syria. Women have been particularly hard given that they make up 70% of the agricultural workforce, and female-headed households, which account for a quarter of the region's population, have also been disproportionately affected.⁷⁹

Fifty-six per cent of female RGA respondents and 70% of their male counterparts said collecting water took an average of more than an hour a day. Buying water accounted for more of 27% of households' expenses. The scarcity of clean water, wastewater floods and damaged infrastructure have led to widespread contamination, particularly for those living in already fragile conditions in formal and informal camps.⁸⁰



The water crisis in north-east Syria has had dire health and hygiene implications, with a heightened impact for women and girls in terms of menstrual hygiene, pregnancy, breast feeding and access to safe and clean latrines and bathing sites. Thirty-six per cent of female RGA respondents and 34% of their male counterparts said they did not have safe access to latrines because of a lack of locks and lighting. Inadequate latrines and reliance on alternative sources of drinking water in places such as the Al-Hol camp has led to increased rates of acute diarrhea and malnourishment, particularly among young children.⁸¹ Other waterborne diseases, such as leishmaniosis and typhoid fever, are also increasingly reported.⁸²

Extreme cases of leishmaniosis are concentrated in the eastern countryside of Deir-Ez-Zor and rural areas of Al-Hassakeh near the Khabur river.⁸³ Insanitary conditions have also made precautionary measures to curb the spread of Covid-19 impossible, leading to a rise in cases, though figures may not fully reflect the severity of the situation because of underreporting and lack of testing. The increased prevalence of disease also adds to women's care burden.

North-west Syria

Historically low water levels and the disrepair of water and sewage infrastructure have increased people's vulnerability to waterborne disease in north-west Syria, particularly in areas heavily affected by the conflict and significant influxes of IDPs. Limited electricity to power pumping stations has

⁷⁷ Ibid

⁷⁸ <https://www.icrc.org/en/document/syria-water-crisis-after-10-years-war>

⁷⁹ https://reliefweb.int/sites/reliefweb.int/files/resources/water_crisis_response_plan-september_2021.pdf

⁸⁰ <https://genevasolutions.news/explorations/the-water-we-share/war-or-peace-in-syria-water-flows-both-ways>

⁸¹ <https://www.msf.org/covid-19-has-devastating-knock-effect-northeast-syria>

⁸² <https://reliefweb.int/report/syrian-arab-republic/water-crisis-northern-and-northeast-syria-immediate-response-and-0>

⁸³ https://reliefweb.int/sites/reliefweb.int/files/resources/who_syria_emergency_appeal_2022.pdf

forced many households and particularly those displaced to use alternative water sources that are often contaminated.⁸⁴

Further research is needed to better understand how the most vulnerable groups access water, sanitation and hygiene (WASH) resources, and how households use water to meet everyone's needs, including women's and girls' menstrual hygiene. Women and adolescent girls who participated in the RGA consistently identified disposable sanitary towels and better latrine lighting to improve safety at night as their priority needs.

All respondents said it took less than 30 minutes to fetch water and that distribution points were safe, findings consistent with the 2020 RGA. Both men's and women's daily water needs seem to be being met, and there was no indication that needs had increased despite Covid-19 prevention strategies recommending greater water use for heightened hygiene and sanitary practices.

“Because of water shortages, my children could bathe only once every ten days. They caught lice and scabies. Sewage flowed right outside our tent. We just couldn't keep clean. When COVID-19 hit our camp, the whole family caught the virus.”

- Bayan, 43, lives with her three children and invalid husband in a camp for internally displaced people in north-west Syria.



Participation

Women play a vital role in the humanitarian response. They make up 70% of healthcare workers and are central to improving their communities' social cohesion and resilience networks.⁸⁵ There have been some positive steps toward addressing inclusion gaps - such as amendments to the country's personal status law, achieving nearly 30% representation on the constitutional committee, more capacity-building activities directed at women and an increase in the number of female breadwinners and entrepreneurs – but women continue to face obstacles to their participation in political life and discriminatory legislation still exists.

Local female-led CSOs and activists highlight four key areas in their advocacy:

- 1) The recognition and mitigation of violence against women as the main barrier to their participation in decision making and peacebuilding.⁸⁶
- 2) The importance of legitimizing and validating the contributions and experiences of local women in the international arena, and strengthening ties between international, national and local stakeholders in peacebuilding and humanitarian responses.⁸⁷
- 3) The need to confront the deeply patriarchal nature of Syrian society by reshaping cultural narratives, cultivating male allies, on local councils for example, amplifying the diverse roles of women, particularly in the public sphere and peacemaking, and developing leadership skills among women.⁸⁸

⁸⁴ <https://www.icrc.org/en/document/syria-water-crisis-after-10-years-war>

⁸⁵ <https://arabstates.unwomen.org/en/what-we-do/peace-and-security/syria-wps-programme>

⁸⁶ <https://efi-ife.org/syrian-women%C2%B4s-rights-civil-society-conference-combating-vawg-main-barrier-women%E2%80%99s-participatio>

⁸⁷ [https://arabstates.unwomen.org/sites/default/files/Field%20Office%20Arab%20States/Attachments/2018/Women%20on%20the%20front](https://arabstates.unwomen.org/sites/default/files/Field%20Office%20Arab%20States/Attachments/2018/Women%20on%20the%20front%20lines-WEB-REV.PDF)

⁸⁸ <https://kvinnatillkvinna.org/wp-content/uploads/2018/10/1-Syrian-women-in-political-processes.pdf>

- 4) The need to expand the operational sphere for formal female-led CSOs and increase meaningful and continuous consultations with informal women's rights activists and young women to better understand their evolving needs, recognizing that many women's and youth organizations are unable to obtain registration or funding but remain active.

The extent of women's participation in the public sphere across Syria depends on the political, military and business alliances controlling each area. Negotiating a wider sphere of influence in each area requires strategic coordination and broad alliance building to ensure as much safety and international visibility as is feasible in each situation.

Coping mechanisms and capacity

Trade-offs, limitations and opportunities in a protracted conflict can fundamentally shift a community's resilience and trajectory, while also challenging or reinforcing social and cultural norms. In the face of an intensifying economic crisis and conflict, coping mechanisms adopted by men and women have affected all spheres of life. Drawing from CARE's Gender-Sensitive Livelihood Assessment, the majority of respondents rank high or medium on the reduced coping strategies index threshold. Forty per cent of men and 32.8% of women rank high, and 58% of men and 63.6% of women rank medium. This suggests a high degree of vulnerability to change and the need for a range of coping strategies.

All female respondents, who tend to be responsible for managing their households, described coping mechanisms such as reducing their own meals or portion sizes to ensure their children eat, using poor quality ingredients, borrowing food from friends or relatives and adjusting their cooking to stretch limited resources. For women unsupported in breastfeeding, the challenges of providing nourishment for their infants are significant. The high cost of formula and limited access to clean water has led some families to make trade-offs that create high risks of malnutrition and other more severe digestive complications.⁸⁹

"We depend primarily on relief aid, but it is not enough and most of the time we sell it so we can buy milk and diapers for kids. Some families have started taking their girls out of school and putting them to work loading vegetables to bring in income."

- Man in Azaz/Shafak refugee camp, FGD, RGA 2022

Other coping mechanisms cited to cover basic needs included taking on increased debt or relying on credit, spending savings, seeking the support of family for housing, cash or in-kind help, taking children out of school and selling assets such as livestock. As stressors and economic insecurity increase, both men and women expressed growing concerns about the trade-offs required to sustain their households, including choices between education, food and healthcare.

Given the emphasis on economic stimulation and job creation, all respondents viewed the greatest opportunities to be in cash voucher assistance (CVA) and reviving work opportunities. Both male and female respondents with experience of CVA said husbands and wives shared decision making on its usage. CVA was generally viewed as safe, the main concern being theft.

In terms of job creation, women described economic entry points for themselves in agriculture, raising sheep and starting small market stalls. Cultural norms dictate that some jobs can only be undertaken by women, such as roles in reproductive health, psychosocial support for women and

⁸⁹ <https://npasyria.com/en/54158/>

girls and education. For security reasons, women preferred income-generating activities that did not require long journeys or which ideally could be carried out from home, such as sewing, making handicrafts and packaging goods for small businesses and the market. Female respondents also said they had less access to social networks and education and training opportunities, which was seen as inhibiting their growth.

Male respondents viewed agriculture to be their best livelihood opportunity, and highlighted the need for machinery and material inputs such as fodder, fertilizer, sewing machines or construction materials to initiate business development.

When Najwa's husband died of a heart disorder shortly after the family was displaced from their home, the 44-year-old mother of two suddenly found herself thrust into the role of breadwinner. With her husband's grocery store, their home and all their possessions, having been destroyed, Najwa has had to depend on loans and donations from family and friends to feed her children.

Without formal training or work experience, it has been especially difficult for her to find employment. But through a work placement program run by CARE through its partner, Shafak, Najwa has a temporary job picking olives at a nearby plantation.

"My daughters are young, and my mother cannot work. We have no one to spend on us. We need proper housing. My mother needs medicine, and my daughters should be in school," she says. "I thank God for Shafak. It's been difficult. Since my husband died, I've been looking for work, doing any odd jobs I can to earn a living."



Protection and safety

Amid dire economic and humanitarian conditions, protection concerns are on the rise. An increase in GBV such as early marriage and domestic abuse has been reported, combined with greater risks of exploitation including child labor.

GENDER-BASED VIOLENCE

GBV and cultural stigmatization are among the most significant barriers to women's mobility and social and political participation, including access to justice and the peacebuilding process.⁹⁰ Syrian laws have been amended but customary practices prevail, leading to a fear of cultural shaming and retribution and widespread impunity that perpetuates the underreporting of GBV.

One in three women worldwide experience GBV in their lifetime, and that rate increases during times of crisis or displacement, particularly if prevention and support services become less available.⁹¹ Reported GBV cases in Syria rose dramatically from 300 when the crisis began in 2011 to 6,000 in 2013.⁹² The UN declared rape a weapon of war in the country in 2012.⁹³

⁹⁰ <https://euneighbours.eu/sites/default/files/publications/2022-01/Brief%20-%20Civil%20Society%20Conference.pdf>

⁹¹ <https://reliefweb.int/report/syrian-arab-republic/days-unbreakable-work-against-gender-based-violence-together-let-days-be>

⁹² <https://blogs.worldbank.org/arabvoices/mena-must-take-bold-action-against-gender-based-violence-gbv>

⁹³ <http://www.hhronline.org/articles/2016/11/12/un-inaction-and-rape-as-a-weapon-of-war-in-syria>

GBV rates increased further in 2021 as a result of Covid-19 restrictions, food insecurity and deepening socioeconomic stressors, but given the difficulties and dangers of reporting incidents the figures available are unlikely to reflect the true scale of the phenomenon.⁹⁴ RGA respondents said domestic violence continued to be greatest protection risk for women and adolescent girls. Anxiety, depression and PTSD have increased significantly among women at the same time, correlating with the combined stressors of protracted conflict and chronic insecurity in the private and public sphere.

When discussing reporting practices, most female RGA respondents said they would turn to family members to share protection concerns, while men turned to community leaders. Adolescent girls in north-west Syria said they would go to both family members and community leaders, while adolescent boys would go to community leaders and the police. All respondents said they would prefer to turn to family members for support in reducing protection risks, and stressed the importance of establishing strong familial and social safety systems. This was particularly the case for IDPs and those who had experienced family separation.



Divorced women, widows, female IDPs, female heads of households and women and girls with disabilities are most vulnerable to GBV, but men and boys are not immune and male survivors also experience shame and stigmatization.⁹⁵ Reported incidents involving men and boys have taken place during detention, abduction and recruitment as fighters. Women are exposed to a broader range of GBV including early and forced marriage, domestic violence, verbal and psychological violence, intimate partner violence and sexual exploitation.⁹⁶

Women and girls who participated in the RGA described feeling unsafe when carrying out their daily activities in public places, particularly in markets, streets, camps and shelters, at aid distribution points, while navigating roadblocks, during visits to hospitals and clinics, and at water access points such as river banks, communal bathrooms and kitchens.⁹⁷ Girls said they feared walking to and from school, fetching water, working in overly crowded or deserted environments such as fields and markets, and sexual harassment online.⁹⁸ Female heads of household are particularly susceptible to sexual exploitation while seeking access to basic services or humanitarian assistance.⁹⁹

All RGA respondents said traveling long distances heightened the risk of GBV, and that many women and girls opted to stay close to their homes or within their immediate communities as a result. To alleviate safety concerns, both female and male RGA respondents highlighted the need for more health and protection centers and services to strengthen social cohesion. Adolescent girls and boys in north-west Syria raised the need for lights and secure boundaries, such as doors for their dwellings and walls around camps.

CEFM AND EXPLOITATION

Child, early and forced marriage (CEFM) took place before the crisis at a rate of 13% for children

⁹⁴ https://reliefweb.int/sites/reliefweb.int/files/resources/wos_gbv_aor_2022_gbv_advocacy_brief_-_evf1.pdf; https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/voices_from_syria_2022_online_version_final_draft.pdf

⁹⁵ <https://storymaps.arcgis.com/stories/e0528e5d89ad46668bd2125d2bc359c9>

⁹⁶ <https://www.sams-usa.net/2021/12/08/violence-has-many-faces-gbv-in-the-syrian-conflict/>

⁹⁷ https://reliefweb.int/sites/reliefweb.int/files/resources/voices_from_syria_2019.pdf

⁹⁸ Ibid

⁹⁹ https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/voices_from_syria_2022_online_version_final_draft.pdf

under 18, but it has become far more prevalent since.¹⁰⁰ Estimates of the current rate vary, but it stood at around 46% for girls as of 2019.¹⁰¹ The legal age of marriage for girls is 17, but legal loopholes allow them to be married younger if it is deemed in their best interests.¹⁰² Displaced children are more vulnerable to early marriage than those in host communities, and displaced girls were 15% more likely to perceive protection as a key driver of the phenomenon than their host community counterparts.¹⁰³

The psychological distress CEFM causes and the anticipatory fear of it have been linked to higher rates of depression, self-harm and suicide among young adolescent girls (see box).¹⁰⁴ School attendance, by contrast, has been shown to delay CEFM and is linked to many positive developmental milestones. It was a common expectation across all RGA respondents, however, that girls who get married should stop going to school.


That said, the main reason respondents cited for taking children out of school was financial hardship, and cultural norms mean pressure on girls to help manage their household and on boys to start work and provide for the family. Young boys who join the labor market are at higher risk for lower pay, exploitation and kidnap. They experience anxiety and fear of forced recruitment by armed actors or incarceration in detention centers, which are known for their inhumane conditions.¹⁰⁵ At least 25,000 children are held in detention centers and camps nationwide.¹⁰⁶

Adolescent girls engage in day labor such as picking olives while boys collect trash and plastics to sell or work as market porters. Psychosocial distress is reported in 42% of households, demonstrating the cumulative toll on child and adult mental and physical wellbeing, and increased exposure to alcohol, cigarettes and drugs at a young age.

Asma (name changed) never wanted to be a wife or mother at 16. Five years ago, she was a happy sixth grader. She went to school, loved to play, and had lots of friends. But then bombs began to rain down on her home, and the family fled to a displacement camp in north-east Syria.

Asma still lives in the same camp but she is now mother to a six-month-old baby. She lives with her husband and infant in a small tent that they share with his sister and her four children. “I was married off because my parents were afraid they wouldn’t be able to protect me from rape or harassment, especially if something happened to them. My pregnancy was hard. I had to be taken to a hospital outside the camp.”

Asma took part in CARE’s AMAL program for first-time teenage mothers. “I don’t feel so alone anymore. Every woman here has a story. I’ve made friends and we talk about our problems and try to encourage each other. I want to be a good mother for my child. I want her to be happy and healthy and go to school and have a good life.”



¹⁰⁰

<https://www.wvi.org/sites/default/files/2020-07/Stolen%20Future-War%20and%20Child%20Marriage%20in%20Northwest%20Syria-Online.pdf>

¹⁰¹[https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/voices from syria 2022 online version final draft.pdf](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/voices%20from%20syria%202022%20online%20version%20final%20draft.pdf);

<https://stj-sy.org/en/early-marriage-hits-high-rates-in-some-areas-of-syria/#:~:text=In%20al%2DHasaka%20province%2C%20northeast,course%20of%20the%20Syrian%20conflict>

¹⁰² <https://plan-international.org/news/2021-11-25-girls-rights-are-casualty-syria-conflict>

¹⁰³

<https://reliefweb.int/sites/reliefweb.int/files/resources/Stolen%20Future-War%20and%20Child%20Marriage%20in%20Northwest%20Syria.pdf>

¹⁰⁴ https://reliefweb.int/sites/reliefweb.int/files/resources/wos_gbv_aor_2022_gbv_advocacy_brief_-_evf1.pdf

¹⁰⁵ <https://reliefweb.int/report/syrian-arab-republic/northeast-syria-fate-hundreds-boys-trapped-siege-unknown-enar>;

<https://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=28054&LangID=E>

¹⁰⁶ <https://www.unicef.org/media/112346/file/2022-HAC-Syrian-Arab-Republic.pdf>

School attendance and the psychological impact of CEFM

Adolescent girls and boys who participated in this RGA highlighted the importance of school attendance for their mental health and personal development. In north-west Syria, however, the number of children taken out school rose by 39% between December 2019 and January 2022. Children with disabilities have even lower attendance levels because of social taboos and logistical barriers.

Girls' early withdrawal from school has a significant effect on the prevalence of CEFM and their psychological wellbeing. Their fear and anxiety about CEFM is significant. Eighty-one per cent of adolescent female RGA respondents and 78% of women confirmed social and cultural expectations that a girl would have to stop attending school once married to prioritize caring for the household. The psychosocial benefits of school attendance require more in-depth research, particularly its role in reducing the risk of CEFM and building emotional resilience.

Nearly a third of young girls in north-west Syria identify CEFM as a key reason for self-harm, and attribute an increase in suicide rates in those aged 16 to 20 to attempts to head off marriage.² Rising suicide rates have also been linked to an increase in chronic depression, GBV and CEFM, particularly among female IDPs.³ Almost one in five recorded suicides and suicide attempts in north-west Syria involve children.⁵

- https://reliefweb.int/sites/reliefweb.int/files/resources/nws_and_raata_sitrep_35_january_2022.pdf
- <https://reliefweb.int/report/syrian-arab-republic/accessing-education-midst-syria-crisis>
- https://givinghopeforthem.com/2021/11/29/the-new-humanitarian-warnings-of-worrying-rise-in-northwest-syria-suicide-rate-among-women/nws_and_raata_sitrep_35_january_2022.pdf (humanitarianresponse.info)
-
- <https://plan-international.org/news/2021-11-25-girls-rights-are-casualty-syria-conflict>



CONCLUSION & RECOMMENDATIONS

Conclusion

This RGA report should be updated and revised as the crisis unfolds and relief efforts continue. Up-to-date analysis of the shifting gender dynamics in affected communities enables more effective and appropriate programming and will ensure humanitarian assistance is tailored to the specific needs of women, men, girls and boys. Organizations should continue to invest in gender analysis, share reports widely and adapt programming to changing needs.

Recommendations

All of the recommendations below target CARE, other international NGOs, local NGO partners and donors involved in response planning and implementation.

To stimulate jobs and create livelihood opportunities

CARE and other international NGOs should:

- Increase the provision of agriculture inputs such as fodder, dairy product processing kits, seeds and fertilizers, specifically targeting women – and widows, IDPs and female heads of household in particular - and review tools to support their engagement.
- Continue to provide technical and vocational training, particularly for widows, female divorcees, women with disabilities and those displaced, in topics such as climate adaptive agriculture, water management, vegetable gardening, financial management and business skills.
- Increase meaningful consultations with affected populations, including adolescents and formal and informal women's CSOs, on the planning and design of programs.

- Continue to create short-term employment opportunities via targeted cash-for-work schemes, unconditional direct cash assistance targeted at market stimulation and startup grants for small businesses, including initiatives to facilitate women's participation such as providing transportation and childcare arrangements.

Local NGO partners should:

- Strengthen peer-to-peer networking spaces for women to discuss opportunities and experiences of the job market.
- Identify targeted strategies for engaging men and boys in increasing women's voices and participation in the public sphere.
- Create forums to incentivize small business owners, with a focus on agricultural initiatives.

Donors should:

- Increase international NGOs' accountability in the collection, analysis and use of data disaggregated by age, sex and diversity to improve the quality and effectiveness of emergency response plans.
- Increase funding to support activities that help men and women manage the long-term impacts of shifts in livelihood, social and cultural norms.

To strengthen healthcare provision, including psychosocial support and sexual and reproductive health services

CARE and other international NGOs should:

- Subsidize the cost of transportation to health facilities and increase the number of mobile units.
- Build the capacity of health and nutrition service providers to integrate basic mental health and psychosocial support (MHPSS) into individual IYCF counseling, including the provision of trauma-informed care, recognizing signs of severe distress in mothers and infants, and ensuring that specific GBV referral pathways are available to caseworkers.
- Engage youth leaders and respected community members in a series of workshops related to mental health, positive coping mechanisms and resilience building.
- Integrate GBV risk mitigation measures into all health-related interventions.

Local NGO partners should:

- Provide forums for targeted groups to hold facilitated discussions on the psychological impacts of the crisis in the presence of trained case managers, trauma-informed counselors and/or GBV professionals.
- Establish and expand training for women on safe birth practices and lactation, increasing the availability of skilled local attendants during birth and the postnatal period.

Donors should:

- Increase awareness of the risks community healthcare workers face and ensure appropriate funding and support for incentivization systems and safety measures.
- Recognize and fund the increasing needs of men, women, girls and boys for GBV risk mitigation and response.

To provide increased food, nutrition and emergency programming to the most vulnerable

CARE and other international NGOs should:

- Continue to support women's and girls' safe spaces to help young mothers cope with their new reality and enhance their resilience and re-engagement with their communities.
- Repair and upgrade irrigation systems in targeted agricultural areas, including small garden plots, including the installation of solar pumps, and increase community trucking services in key locations.
- Increase door-to-door case management for routine monitoring of food distribution needs, particularly for the most vulnerable such as pregnant women, people with disabilities, elderly people and children under five.
- Integrate GBV risk mitigation into the design and implementation of cash and voucher programs for food and multi-purpose use, and in ongoing monitoring systems around risk mitigation indicators on GBV risks.

Local NGO partners should:

- Improve safe spaces for women and girls and continue to develop programming that is inclusive of men and boys.
- Ensure staff across all sectors receive orientation and training on IYCF and breastfeeding practices.

Donors should:

- Advocate more strongly for food distributions that better target the specific needs of women, men, girls, boys and other vulnerable groups.
- Support and subsidize school meal programs for girls and boys.

To provide safe, dignified and effective access to case management and referrals for psychosocial services, with a focus on GBV survivors

CARE and other international NGOs should:

- Form partnerships with local female-led organizations and engage adolescent champions and respected local leaders to strengthen local GBV referral and support systems, particularly for community-level first responders.
- Expand socio-emotional skills-building programs for women and girls, and activate peer-to-peer support networks for young parents to enable them to reduce the stresses of daily life while raising awareness on GBV.
- Provide targeted protection services for widows, female divorcees and women with disabilities, including transportation.
- Increase consultation with program participants to better understand how to create safer enabling environments for women and girls to participate more widely in household and community decision making.

Local NGO partners should:

- Engage men and boys on the stressors and fears they face and strategies to provide better support.
- Improve referral pathways for GBV and intimate partner violence at the local level, and

activate adolescent champions and respected formal and informal community leaders.

Donors should:

- Increase support and funding for GBV integration across all sectors and more strategic integration of context-specific risk mitigation strategies.
- Increase support for local female-led organizations to strengthen systems on behavior change programming and GBV risk mitigation and response.

ANNEXES

ANNEX 1: VOICE APP BRIEF

https://careinternational.sharepoint.com/:p/t/Handover-HumanitarianMEALSpecialist/ETKEMkgogQNLnSsBP_JMgKMBD4fzr72oe53Ghel8C65-3Q?e=T6O5UC&CID=C6DC148B-9F14-4878-AA2D-F6C6F4F32508&wdLOR=c0E77D682-AAB0-45CE-98F6-8C73F223B53E



About CARE Syria

CARE has been working in Syria since 2013, reaching more than seven million people affected by the conflict. We deliver emergency assistance and longer-term support. We strengthen people's resilience, supporting them in absorbing and adapting to recurring shocks and stressors after a decade of conflict. Our approach involves increasing their capacities and assets, addressing the drivers of risk, supporting an enabling environment and ensuring forward-looking decision making and flexibility in our initiatives. Whenever possible, emergency assistance and building resilience go hand in hand. Our expertise lies in emergency response, food security, livelihoods and WASH support, women's economic empowerment and the protection of vulnerable groups.

More information: www.care-international.org/syria

CARE in Syria is funded by:

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