



SACRIFICING THE FUTURE TO SURVIVE THE PRESENT: Findings from north-east Syria

RAPID GENDER ANALYSIS

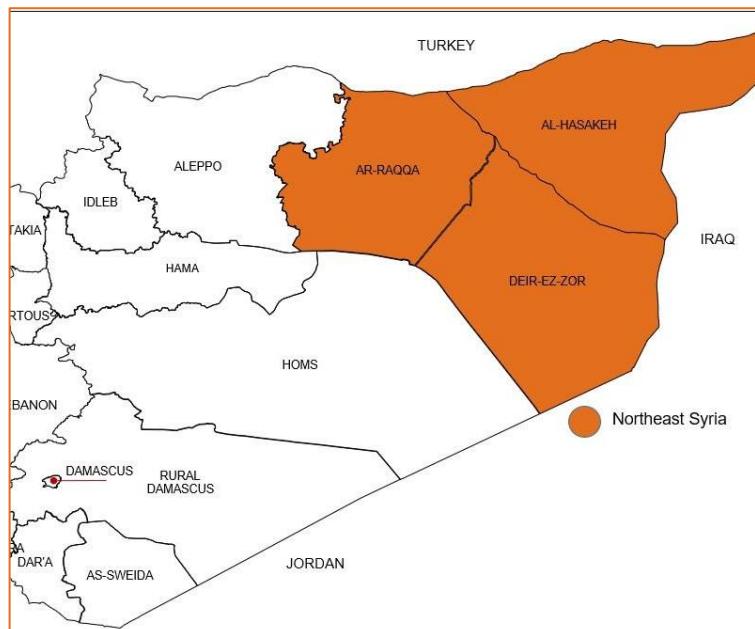
BACKGROUND & SUMMARY

Background

The war in Syria, one of the most devastating humanitarian crises of our time, has left 14 million people unable to meet their basic needs.

Syria has been deeply embroiled in a complex civil and ethnic conflict which has also had wide-ranging economic and political consequences. Conditions in north-east Syria have deteriorated not only as a result of the conflict but also the Covid-19 pandemic, skyrocketing inflation, loss of livelihoods and incomes and a lack of essential services, all factors that have taken a heavy toll on families in desperate need.

The region is home to nearly three million people, of whom 1.9 million are in need of humanitarian assistance.¹ Around 700,000 people are internally displaced. The majority live in host communities, but about 130,000 live in camps or informal settlements.² Drought has destroyed large swaths of rain-fed crops and killed off livestock, decimating farmers' incomes. Low water levels in the Euphrates river



¹ https://reliefweb.int/sites/reliefweb.int/files/resources/who_northeast_syria_flash_appeal_january_2022_final.pdf; <https://reliefweb.int/report/syrian-arab-republic/who-syria-flash-appeal-northeast-syria-27-january-2022>

² https://reliefweb.int/sites/reliefweb.int/files/resources/who_northeast_syria_flash_appeal_january_2022_final.pdf

threaten the water supply of millions of people.

Amid a tense and fragile security situation, both male and female participants in this rapid gender analysis (RGA) identified their main concerns as their loss of income and livelihoods and the increased cost of food. The intensifying food crisis is further aggravated by disruptions to wheat production, climate change, continued insecurity and the war in Ukraine, which has significantly reduced Syria's grain imports.³

The fragility of the food system, combined with the water crisis and the near collapse of the labor market, has aggravated chronic food

insecurity and malnutrition in the region, leading to profound short and long-term impacts on health and resilience. One in three children face malnutrition, and those under five need nutritional interventions, as do pregnant and lactating women.³

Most households that took part in this RGA said their food needs were not being met despite aid distributions. Female-headed households, widows and people with disabilities are particularly vulnerable. About 38% of households living in camps for internally displaced people (IDPs) are female-headed.

The number of female heads of household and other women in the labor market has increased, but limitations on women's mobility, economic participation and decision making persist, as do social and cultural expectations about the role of men as main decision makers and community leaders.

All respondents said the conflict was increasingly restricting their freedom of movement. Women's main fears in terms of their mobility related to harassment and exploitation, and men's to kidnap or recruitment by armed actors. All respondents identified lack of transportation, high costs and insecurity as the main obstacles to accessing health services.

Socioeconomic stressors and women's increased caregiving burdens in the household have amplified the conditions for gender-based violence (GBV) and cases have increased. Many communities lack appropriate support systems, referral pathways and skilled professionals to attend to survivors' diverse needs.



“One of my children, Bushra, has a disability and sits 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 internally displaced people.



Costs of essential food items are skyrocketing and unaffordable for many families.



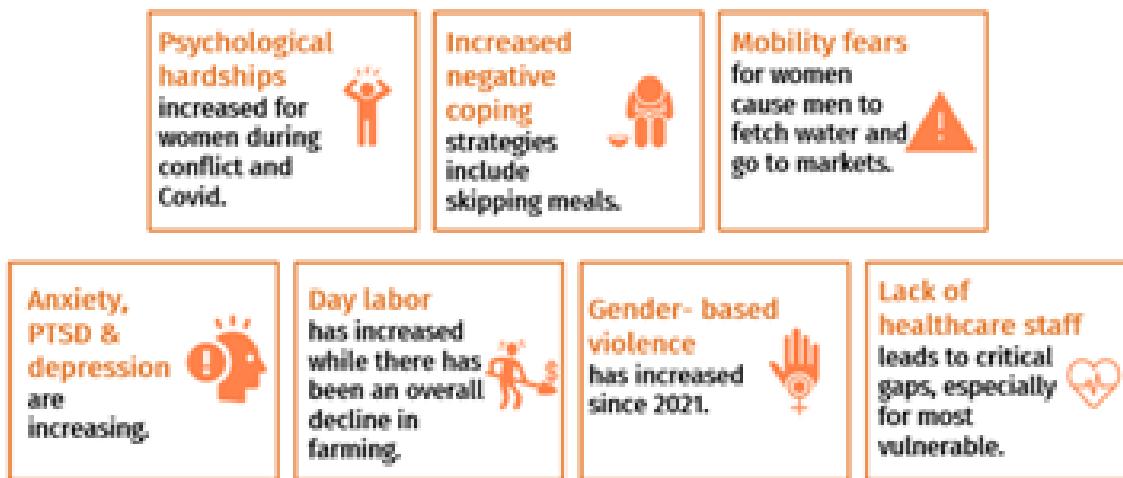
One in three children in Northeast Syria faces malnutrition.



Health services, including psychosocial assistance, are unavailable for most people.

³ <https://www.bmz.de/en/news/archive-press-releases/unicef-war-in-syria-63588>; <https://reliefweb.int/sites/reliefweb.int/files/resources/Hidden%20Hunger%20in%20Syria-CC-2020.pdf>

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

This RGA's recommendations are a direct reflection of feedback given by people affected by the crisis in north-east Syria. The following are an abridged summary of those that appear at the end of this report:

For international and local NGOs

1. Ensure nutritionally vulnerable groups such as widows, female divorcees, pregnant and lactating women, IDPs, children under five, elderly people and those living with disabilities are included in food and income-generating activities, and that safe tools and processes support and increase their meaningful participation.
2. Promote the distribution of complementary food and micronutrient supplements in highly food insecure areas, targeting children under five and pregnant and lactating women, while boosting local communities' own production of food to increase their self-reliance and resilience against shocks.
3. Engage mothers, men, youth and community leaders in disseminating information on infant and young child feeding (IYCF) and safe birth practices through peer group structures, modeled on CARE's Adolescents Against All Odds (AMAL) initiative.
4. Establish a cadre of community-based female health and nutrition volunteers for activities including screening for acute malnutrition, the referral of cases to appropriate treatment programs and services and the promotion of good health, nutrition and hygiene practices.
5. Seek to address the unique barriers that female heads of household, widows, female divorcees, IDPs, and people - particularly women - with disabilities face to participation in food security, nutrition, livelihood and protection activities by providing transportation and childcare arrangements.
6. Increase door-to-door case management for routine monitoring of food distribution needs consistent with community traditions and norms, and ensure case management teams have an

- appropriate gender balance.
7. Apply [CARE's strategies on engaging men and boys](#) to identify targeted and context-specific approaches to better understanding their experiences of masculinity and to support the increase of women's voices and participation in the household and the public sphere.
 8. Increase the availability of skilled local attendants during birth and the postnatal period while building the capacity of health and nutrition service providers to integrate basic mental health and psychosocial support (MHPSS) and protection from sexual exploitation and abuse (PSEA) into individual and group IYCF counseling.
 9. Form partnerships with local female-led organizations to strengthen the capacity of local structures and activate women's and girls' peer support networks in resilience-building activities and GBV risk mitigation at the community level.
 10. Prioritize local partnerships and facilitate spaces for women and other affected people to play a leading role in decision making at all stages of program design and implementation.

For donors

1. 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.
2. Support initiatives that target the first 1,000 days of life through the promotion of maternal and childcare nutrition services, and improve funding for nutrition-sensitive food, agriculture, water, sanitation and hygiene (WASH) and health programming.
3. Increase investment in sustainable agriculture and food systems to improve the availability of affordable nutritious foods.
4. Increase funding for resilience programming, particularly market access and strengthening through small grant initiatives and MHPSS to manage the short-term and long-term impacts of the war.
5. Increase awareness of the risks community healthcare workers face and ensure appropriate funding for incentivization systems and safety measures.
6. Support educational opportunities for adolescents and youth.
7. Increase funding and support for GBV risk mitigation across all sectors and for local female-led organizations to strengthen systems on behavior change programming and GBV risk mitigation and response.
8. 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.

An RGA is the tool recommended by the Inter-Agency Standing Committee (IASC) in its Gender Handbook for Humanitarian Action.⁴ 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.⁵ The approach aims to ensure that data is available in a timely manner to inform humanitarian response efforts and contribute to more equitable recovery and preparedness strategies.

Primary data collection took place between 16 December 2021 and 9 January 2022 in two governorates based on CARE's operational program sites: Al-Hassakeh, including Aresha, Hassakeh, Sfia, Shadadeh sub-districts; and Deir-ez-Zor, including Kisreh and Sur sub-districts. 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.

Primary data collection

took place between December 2021 and January 2022 in Al-Hassakeh and Deir-ez-Zor governorates.

⁴ <https://www.gihahandbook.org/#en/Section-B/Topic-1>

⁵ [Gender Analysis Framework – CARE Gender Toolkit](#)

THE RESEARCH INCLUDED:

203 household surveys - 81 women and 122 men

Six gender protection audits - four in Al-Hassakeh and two in Deir-ez-Zor

Six community mappings - four in Al-Hassakeh and two in Deir-ez-Zor

11 focus group discussions - five with women and six with men

Eight key informant interviews - one with a woman and seven with men

Eight individual stories - three from women and five from men

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.⁶
- Multiple layers of translation across teams led to challenges in managing data accuracy and quality.
- Disaggregation for respondents who identified as having a disability by type was explored, but given the RGA's scope, the time available and the sample size, it was not undertaken.
- Challenges in accessing female respondents as a result of cultural barriers led to fewer than anticipated taking part in household surveys, key informant interviews and individual stories.

⁶ 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.



Gender roles and responsibilities

Social norms in north-east 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.⁷ Traditions vary according to religion and ethnicity and between rural and urban areas, but overarching social expectations generally place women secondary to and dependent on men.⁸ Their primary role in managing their household is expected to be cooking, cleaning and tending to children, elderly and sick family members, while men are the main breadwinners.

Eighty-one per cent of male household survey respondents said they did not contribute to housework, while many women said they contributed to agricultural activities and engaged in day labor whenever possible on top of their caregiving responsibilities and housework.

The conflict 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, but it has also increased and complicated their responsibilities in the home, particularly in the case of widows and female heads of household. Women who took part in the RGA said they had taken on greater burdens and increased psychological stress as the conflict evolved.

Double burden
of paid and unpaid
work especially high
for divorced, single
and displaced
women.



⁷ <https://reliefweb.int/sites/reliefweb.int/files/resources/The-human-rights-of-women-in-Syria-single-pages.pdf>

⁸ <https://gltn.net/download/the-status-of-gender-equality-and-womens-rights-in-syria-english/?wpdmdl=17630&refresh=624d2086972b51649221766>

Women and girls who are divorced, widowed and/or displaced are among those required to assume the role of head of household, but they are also uniquely vulnerable to discrimination, mobility restrictions, economic exploitation and heightened safety risks as a result of entrenched gender norms.⁹ Civil status or property documents tend to be controlled by men, for example, making it more difficult for women to access life-saving aid such as shelter and food. Lack of such documents was among the three main challenges that displaced respondents identified, and female respondents highlighted the issue as a barrier to accessing basic services twice as often as men.

Although women's roles in the labor market have increased, female participants in focus group discussions (FGDs) said limitations on their mobility, economic participation and decision making persisted, as did social and cultural expectations about their participation in the public sphere and expanding roles in the household.

"I told him we are partners in this house. You have to help me"

Rayyan, 27, works as a nurse and midwife and is mother to three small children. She struggled for a long time with the double burden of providing healthcare on the frontlines in a war zone at the same time as doing housework and caring for her children. After participating in CARE's psychosocial support program, Rayyan learned about equality. "I had a conversation with my husband afterwards. I told him we are both working so we are partners in this house and you have to help me. He started making the dinner for us," she says. "Most women have to juggle housework, caring for their children and providing an income. It's hard. Listening to other women in the support group broke my heart."

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. Eighty-four per cent of 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.



29% of men and 21% of women report travelling between governorates is not possible due to heightened security concerns.

Women 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. Traveling between governorates heightened security concerns for both men and women and was discouraged. Twenty-nine per cent of men and 21% of women said it was simply not possible.

The main fears women described related to mobility were of harassment and exploitation, while for men they were kidnap or recruitment by armed actors. There were also reports of men and boys taking on additional household duties outside the home as a result of heightened security concerns. Most male respondents said they were twice as likely as women to go to markets and fetched water

⁹ <https://reliefweb.int/report/syrian-arab-republic/guidance-note-mitigating-protection-risks-idp-sites-exclusive-widowed>

twice as often. Both men and women also cited logistics and cost as obstacles to travel.

DECISION MAKING



**35% of men
and 5% of
women**
report being
the main
decision-maker
in the family.

The majority of respondents agreed with the statement that social norms dictate 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.

Male respondents said decisions about household matters were more often jointly taken than women reported, which suggests women may not feel as involved in such processes as men perceive. Female FGD respondents also 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 led to a change by creating more female-headed households and separated and/or displaced families, which obliged women to step into the role of main breadwinner and decision maker. These greater responsibilities did not, however, necessarily equate to shifts in gender norms or greater access to resources, income-generating opportunities or control of assets.

Both male and female respondents said local councils were the main decision-making bodies at the community level, but women said information on protocols and participation in meetings was limited. Participation in other political structures was also limited. Ninety-one per cent of women interviewed were not part of any community decision-making structures and 93% were not members of a community association.

Governance systems in north-east Syria show a men-centered concentration of power. The country's constitution and legal systems do not restrict 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. Key obstacles to women's participation include lack of literacy, including political, professional and cultural literacy, limited safe spaces for women's civil society organizations (CSOs) to operate and obtain legal registration, and the dominant patriarchal culture.

Findings suggest that women may not
feel as involved in household decision
making as many men perceive.
Ultimately, most respondents believed
final decisions should be made by men.



"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

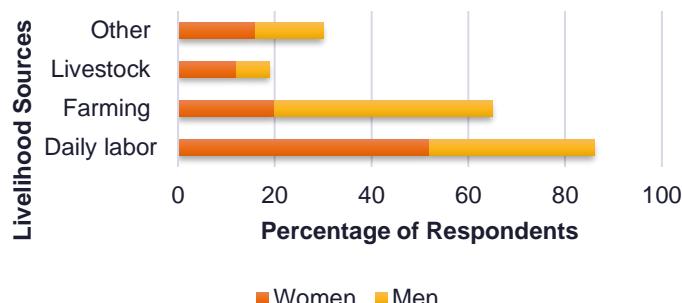
The following topics were selected based on findings highlighted by RGA respondents. They are not intended as an exhaustive exploration of each issue, but rather to identify the main priorities for programmatic interventions.

LOSS OF LIVELIHOODS AND FOOD INSECURITY

The combination of conflict, economic deterioration and a mounting food crisis have had catastrophic impacts across Syria. Both male and female respondents in the north-east identified loss of livelihoods and financial stress as the most significant. The main challenges reported by residents, IDPs and returnees related to accessing markets, lack of cash and low purchasing power, the latter attributed to the devaluation of the Syrian pound and exchange rate fluctuations.¹⁰ Respondents identified people with disabilities as among the most vulnerable given their inability to sustain employment and meet their own needs.

North-east Syria has historically been a major wheat producer, but gaps in governance systems that previously managed market access and regulation, combined with the impacts of climate change and

What is your main source of livelihood?



the deterioration of farmland, have reduced wheat yields, aggravating food insecurity and threatening agricultural livelihoods.¹¹ Many mills have also been damaged and machinery stolen during the conflict. The war in Ukraine has further exacerbated the food insecurity situation across the region. All these factors have pushed up the market prices of staples such as bread and flour.¹² Seasonal workers, of whom more than 70% in rural areas are women, have been among the most affected by the sharp decline in the

agriculture sector.¹³

Day labor has become an important avenue for income generation for those whose agricultural livelihoods have come under strain. Sixty-six per cent of male respondents and 37% of their female

¹⁰ https://reliefweb.int/sites/reliefweb.int/files/resources/REACH_SYR_Analysis_Cash-Markets-Snapshot-for-Northern-Syria_July-2021.pdf

¹¹ 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>

¹² https://www.srtfund.org/projects/589_enhancing-food-security-in-northeast-syria-nes

¹³ https://reliefweb.int/sites/reliefweb.int/files/resources/water_crisis_response_plan-september_2021.pdf

counterpart said farming had been their main source of income before the conflict, and 22% of men and 32% of women cited day labor. The proportion dependent on farming has since declined to 45% of men and 20% of women, while the proportion citing day labor has increased to 34% of men and 52% of women. This is likely to be the result of a combination of factors, including an increase in displacement that has led to loss of land and inability to afford agricultural inputs.

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. Lockdowns that overstressed supply chains and closed businesses hastened the economic decline, but most respondents saw the pandemic as part of a wider landscape of challenges rather than the main stressor. The overall reduction of household purchasing power has made it difficult to meet basic needs, including for materials recommended for Covid prevention, leaving families with difficult trade-offs to make such as choosing between food, child formula or soap.



Majority of families
report a substantial drop in household income since the beginning of the pandemic.

The decreased availability of high-quality food sources, the rising cost of fuel and reduced household purchasing power have made the average food basket unaffordable for most families. As of January 2022, food prices had risen by 34% over six months and 86% over 2021 as a whole.¹⁴

Livelihood challenges are having a direct impact on the health and nutrition of households, especially the most vulnerable. Children under five and pregnant and lactating women are in dire need of nutrition activities and preventive interventions, particularly given the increased malnutrition rates linked to higher risk of water contamination. One in three children in north-east Syria are malnourished, and maternal anemia and micronutrient deficiencies in children are also prevalent.¹⁵ The fragility of the food system and the collapse of the labor market have heightened chronic malnutrition across the region as a whole, and Deir-ez-Zor has the highest rate nationwide.¹⁶

Malnourishment is high in north-east Syria, especially among children, and the situation is particularly difficult for internally displaced families. Nutrition deficiencies can have lifelong and irreversible impacts.

¹⁴ <https://reliefweb.int/sites/reliefweb.int/files/resources/2022%20WFP%20Syria%20External%20Situation%20Report%20January%202022.pdf>

¹⁵ [https://www.bmz.de/en/news/archive-press-releases/unicef-war-in-syria-63588;
https://reliefweb.int/sites/reliefweb.int/files/resources/Hidden%20Hunger%20in%20Syria-CC-2020.pdf](https://www.bmz.de/en/news/archive-press-releases/unicef-war-in-syria-63588; https://reliefweb.int/sites/reliefweb.int/files/resources/Hidden%20Hunger%20in%20Syria-CC-2020.pdf)

¹⁶ https://reliefweb.int/sites/reliefweb.int/files/resources/water_crisis_response_plan-september_2021.pdf

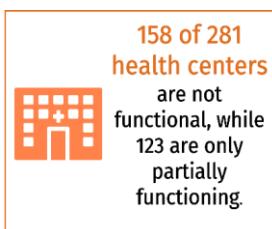


HEALTH AND PSYCHOSOCIAL SERVICES

Functioning health facilities are rare in north-east Syria, and Covid-19 cases are severely underreported. The increased costs of care mean that most of the population are unable to afford private services. Both male and female respondents also said misinformation and distance were significant barriers accessing healthcare. All three factors disproportionately affect women, girls and people with disabilities.¹⁷

Most health facilities are unable to meet the full scale of needs. Only one of the region's 16 hospitals is fully functional, nine are partially functional and six don't function at all.¹⁸ Only about half of the 281 public health centers are operating, and then only partially.¹⁹ Services are further hampered by shortages of medical supplies, insecurity and a worsening water crisis that is putting further strain on the health system.

Targeted attacks on health facilities, particularly in large displacement camps such as Al-Hol, have also made it extremely difficult to retain staff.²⁰ 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 2021.²¹ 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



¹⁷ <https://phr.org/our-work/resources/syria-health-disparities/>

¹⁸ https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/who_northeast_syria_flash_appeal_january_2022_final.pdf

¹⁹ Ibid

²⁰ https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/who_northeast_syria_flash_appeal_january_2022_final.pdf

²¹ Ibid

attention.

Most female respondents said they tended not seek medical care and reserved consultations for only their most pressing needs. Most also said that in terms of menstrual hygiene their most significant needs were disposable sanitary towels and waste disposal facilities. Both men and women said they had access to information about family planning, but more data is needed on how this information is used and by whom.

The absence of social support systems during pregnancy, particularly for displaced women, has led to an increase in postnatal depression and challenges in child feeding practices that have long-term developmental impacts.²² Given the limitations of case management and a shortage of skilled birth attendants, further research is needed to fully understand the situation.

The severe limitations on essential services have also heightened protection risks, particularly for displaced women and girls in camps such as Al Hol, where they make up 96% of the population.²³ Two-thirds are under 18.²⁴ 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 female than male RGA participants said they had difficulty in accessing services, a situation aggravated by the Covid-19 pandemic and growing security risks.



"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 Northeast Syria ---

WATER, SANITATION AND HYGIENE

The water crisis in north-east Syria is a product of the convergence of climate change and conflict. Insufficient rainfall combined with historically low water levels in the Euphrates river have reduced access to drinking water and triggered substantial increases in waterborne diseases. Most of the water stations are not working anymore due to the destruction by conflict and resulting lack of maintenance and repair. Internally displaced people, who already struggle to survive, are worst hit. Many of them live in camps or informal settlements that are rarely connected to the water systems.

²²

<https://www.researchgate.net/publication/338132908> Prevalence and risk factors for postpartum depression among women seen at Primary Health Care Centres in Damascus

²³ <https://news.un.org/en/story/2020/01/1055921>

²⁴ <https://www.msf.org/covid-19-has-devastating-knock-effect-northeast-syria>

They are dependent on water trucking from humanitarian organizations.

Respondents said their daily water needs could safely be met, but the risks related to compromised water systems disproportionately affect more vulnerable groups such as pregnant and lactating women, those living with disabilities, children, elderly people and IDPs in formal and informal camps. Further research is required to better understand household needs for water and hygiene resources and social norms for those most affected people.



72% of farmers report significant income losses due to the water crisis. ~70% of farmers in NES are women.

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 hit 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.²⁵

Buying water accounted for more of 27% of households' expenses, and 56% of female RGA respondents and 70% of their male counterparts said collecting water took an average of more than an hour a day. 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.²⁶

The water crisis has had dire health and hygiene implications, with a heightened impact for women and girls in terms of menstrual hygiene, pregnancy, breastfeeding 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.²⁷

Other waterborne diseases, such as leishmaniosis and typhoid fever, are also increasingly reported.²⁸ Extreme cases of leishmaniosis are concentrated in the eastern countryside of Deir-Ez-Zor and rural areas of Al-Hassakeh near the Khabur river.²⁹ 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.

ACCESS TO HUMANITARIAN AID

Both male and female RGA participants identified their most significant needs as greater access to capital, particularly for women and female heads of household, and creating job opportunities,

The water crisis has aggravated the region's already dire health and hygiene situation. Waterborne diseases and malnourishment have increased sharply, and more than a third of respondents said they lacked access to adequate latrines.

²⁵ https://reliefweb.int/sites/reliefweb.int/files/resources/water_crisis_response_plan-september_2021.pdf

²⁶ <https://genevasolutions.news/explorations/the-water-we-share/war-or-peace-in-syria-water-flows-both-ways>

²⁷ <https://www.msf.org/covid-19-has-devastating-knock-effect-northeast-syria>

²⁸ <https://reliefweb.int/report/syrian-arab-republic/water-crisis-northern-and-northeast-syria-immediate-response-and-0>

²⁹ https://reliefweb.int/sites/reliefweb.int/files/resources/who_syria_emergency_appeal_2022.pdf

Families' top three needs



- Food
- Water, sanitation and hygiene
- Health care

female, said their most significant needs were income-generating opportunities, civil documentation, shelters that withstand the elements and stronger social support networks. They also reiterated the personal psychological toll of the conflict and displacement and increasing stressors on their children and communities. There are few local support systems and skilled professionals to attend to these diverse psychosocial support needs.

Most respondents said they had neither received humanitarian aid in the last 30 days, nor been consulted about their needs. More data is needed on how information is shared, particularly with more vulnerable groups, and the effects of corruption on local systems.

especially in farming and entrepreneurship. Women also highlighted household needs including food, clean water - particularly for IDPs - and medical supplies - especially for people with disabilities. Both men and women stressed the importance of providing safe spaces and education opportunities for children, and all respondents identified widows, girls and people living with disabilities as the most vulnerable groups.

Displaced respondents, both male and

“ The biggest change in my life is that my psychological wellbeing deteriorated. I feel helpless and distressed toward my children because I cannot secure anything for them.”

Woman in Aresha. Al-Hassakeh

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. Women in north-east Syria who are responsible for managing their households said they resorted to the following

“We reduced the amount of food a lot. We no longer eat vegetables as we cannot afford them. We cannot afford to buy gas and are now cooking on a primus stove. Life has become very tiring, our minds and heart 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.”

Individual story of a woman in Moyleh, Deir-

coping mechanisms to stretch the limited resources they have: skipping meals, reducing their portion sizes to ensure their children could eat, adjusting their cooking by using poor quality ingredients, and borrowing food from friends or relatives.

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.³⁰

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

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 and voucher assistance (CVA) and reviving work opportunities. 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 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 and resilience.

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

In terms of CVA, households revealed a preference for direct cash over vouchers. Eighty-four per cent of male respondents and 81% of their female counterparts with experience of CVA said husbands

³⁰ <https://npasyria.com/en/54158/>

and wives shared decision making on its usage. CVA was generally viewed as safe, the main concern being theft.

Protection and safety

GENDER-BASED VIOLENCE

Intensifying socioeconomic stressors combined with increased security risks create an enabling environment for increasing violence against women and girls. Discriminatory laws and cultural norms that protect perpetrators lead to the underreporting of violence against both men and women, and available figures are unlikely to reflect the true scale of the phenomenon.

The number of reports of GBV in north-east Syria nonetheless increased in the first half of 2021, when 657 cases of violence against women were recorded, including physical abuse, murder, rape and child marriage.³¹ 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.



“Gender-based violence continues unabated in Syria, with women and girls subject to a range of violations. They are particularly vulnerable and face an array of challenges that have only been made worse by the ongoing conflict.”

UK Independent Commission of Inquiry on

IDPs, widows, female heads of households and young girls and boys are particularly vulnerable. Both male and female respondents also said traveling longer distances heightened GBV risks. IDPs fleeing or returning, for example, are at risk of sexual exploitation on their journeys and of early and forced marriage to reduce the cost of return.³² People living in informal camps and settlements, overcrowded rented apartments, unfinished buildings or the open air are particularly vulnerable to violence, exploitation and abuse.

nets make it difficult for them to seek legal redress or access health and protection services. When discussing reporting practices, both male and female respondents said they would turn to community leaders, and particularly the police, but more women than men were likely to turn first to trusted family members. Women identified the importance of strong family and social support systems in reducing protection risks, particularly for IDPs, while men emphasized the role of community leaders.

CHILD LABOR AND EXPLOITATION

Adolescent boys are most likely to be exposed to child labor and taken out of school to contribute economically to the household.³³ Those interviewed said they faced increasing pressure to support their families as employment opportunities for their caregivers became more limited.

Young boys who join the labor market are at higher risk of low pay, kidnap and exploitation. They also experience anxiety and fear about the risk of forced recruitment by armed actors and detention in centers known for their inhumane conditions.³⁴ At least 25,000 children are held in detention centers

³¹ <http://smne-syria.com/eb/?p=1608&fbclid=IwAR0r04aKJXQpXwITGZ2fOg4yaYBMDy7uSKYoOqCVPcd74C-ZzkEXAwIYml>

³² https://reliefweb.int/sites/reliefweb.int/files/resources/2022_01_07%20USG%20Syria%20Complex%20Emergency%20Fact%20Sheet%20%232.pdf

³³ <https://reliefweb.int/sites/reliefweb.int/files/resources/2022-HAC-Syrian-Arab-Republic.pdf>

³⁴ <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>

and camps nationwide.³⁵

Psychosocial distress was reported in 42% of households, demonstrating the cumulative toll on child and adult mental and physical wellbeing.

CHILD, EARLY AND FORCED MARRIAGE



The decline of school attendance combined with households' increased economic stressors has a direct effect on the rate of child, early and forced marriage (CEFM). The CEFM phenomenon was an issue before the crisis at a rate of 13% for children under 18 across the country as a whole, but it has become far more prevalent since.³⁶ Estimates of the current national rate vary, but 71% of communities surveyed in March 2022 flagged child marriage as an issue for adolescent girls.³⁷

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.³⁸ This perceived link between child marriage and protection is erroneous, given the high rates of domestic violence and exploitation that ensue.³⁹ Further research is needed to determine the prevalence of CEFM in north-east Syria, but evidence suggests that pre-existing trends have continued if not worsened.

Fifty-five per cent of male RGA participants and 59% of their female counterparts said girls were expected to stop going to school if they got married. 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.⁴⁰



Asma, 16, never wanted to be a mother or wife at her age. 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 had to flee. At just eleven years old, Asma couldn't comprehend what was happening. She didn't understand why she had to leave. Today, Asma is the mother of 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."

³⁵ <https://www.unicef.org/media/112346/file/2022-HAC-Syrian-Arab-Republic.pdf>

³⁶ <https://www.wvi.org/sites/default/files/2020-07/Stolen%20Future-War%20and%20Child%20Marriage%20in%20Northwest%20Syria-Online.pdf>

³⁷ <https://www.mei.edu/publications/syrias-education-crisis-sustainable-approach-after-11-years-conflict>

³⁸ <https://reliefweb.int/sites/reliefweb.int/files/resources/Stolen%20Future-War%20and%20Child%20Marriage%20in%20Northwest%20Syria.pdf>

³⁹ <https://www.sams-usa.net/2021/12/08/violence-has-many-faces-gbv-in-the-syrian-conflict/>

⁴⁰ https://reliefweb.int/sites/reliefweb.int/files/resources/wos_gbv_aor_2022_gbv_advocacy_brief_- evf1.pdf



CONCLUSION & RECOMMENDATIONS

Conclusion

This RGA report should be updated and revised regularly 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. Their focus reflects the main needs cited by the RGA participants, which include livelihood opportunities, better health services, food and nutrition support, mental health and psychosocial support (MHPSS) and protection interventions.

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.

- Expand vocational opportunities as extensions of each training program and improve market access for vulnerable groups through grants for micro, small and medium-sized businesses, including in areas suggested by female respondents such as sewing, handicrafts and packaging goods for small businesses and the market.
- Increase meaningful consultations with affected populations, including adolescents, 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 GBV risk mitigation initiatives, and facilitate women's participation by providing or funding transportation and childcare arrangements.

Local NGO partners should:

- Strengthen peer-to-peer networking spaces for women to discuss traditional and non-traditional employment and education opportunities geared toward market stimulation.
- Identify targeted and context-specific strategies for engaging men and boys in increasing women's voices and participation in the private and public sphere.
- Create forums to incentivize small business owners and strengthen markets across the value chain 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.
- Invest in resilience and recovery programming and education opportunities for youth and adolescents.
- Require increased partnerships with local female-led organizations and groups to strengthen the capacity of local economic systems and activate formal and informal women's networks with a focus on GBV risk mitigation at the community level.

To strengthen health systems, including psychosocial support 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 MHPSS into individual IYCF counseling, including the provision of trauma-informed care, recognizing signs of severe distress in mothers and infants, and ensure that specific GBV referral pathways are available to caseworkers.
- Increase awareness of healthy hygiene practices, including menstrual hygiene management.

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 culturally appropriate training for women on safe birth practices and lactation, increasing the availability of skilled local attendants during birth and the postnatal period, and integrate peer-to-peer programming and young mother clubs that include adolescents modeled on the [Adolescents Against All Odds \(AMAL\) Initiative](#).

Donors should:

- Increase awareness of the risks community healthcare workers face and ensure appropriate funding and support for incentivization systems and safety measures.
- Increase funding to support activities that help men and women manage the short and long-term psychological impacts of prolonged instability, war and shifting cultural expectations.

To provide increased food and nutrition support for the most vulnerable

CARE and other international NGOs should:

- Ensure nutritionally vulnerable groups such as children under five, pregnant and lactating women, elderly people and those living with disabilities are included in food and income-generating activities through increased and more targeted outreach and SADD collection.
- Promote the distribution of complementary food and micronutrient supplements in highly food insecure areas, targeting children under five and pregnant and lactating women, while boosting local communities' own production of food to increase their self-reliance and resilience against shocks.
- Engage mothers, men, youth and key community leaders in disseminating information on IYCF to increase uptake of optimal practices in the community, and in building resilience through peer group structures such as young mother's clubs modeled on the [AMAL Initiative](#) and using a wide range of media.
- 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, and ensure case management teams have an appropriate gender balance.

Local NGO partners should:

- Improve safe spaces for women and girls and continue to develop programming that is inclusive of men and boys.
- Establish a cadre of community-based female health and nutrition volunteers for activities including screening for acute malnutrition and the promotion of good health, nutrition and hygiene practices, and strengthen referral pathways to food, CVA, WASH and protection services.
- Ensure staff across all sectors receive orientation and training on IYCF and breastfeeding

practices.

Donors should:

- Support initiatives that target the first 1,000 days of life through the promotion of maternal and childcare nutrition services and improve funding for nutrition-sensitive food, agriculture, WASH and health programming.
- Increase investment in sustainable agriculture and food systems to improve the availability of affordable nutritious foods, and in more targeted distributions according to the unique needs of women, men, girls, boys and other vulnerable groups.
- Fund and support increased education opportunities for adolescents and youth on nutrition and sustainable solutions to the food crisis.

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 groups to strengthen the capacity of local structures and raise awareness on GBV.
- Activate women and girls' peer support networks by involving community groups, informal and formal networks and local GBV prevention organizations.
- Increase consultation with program participants to better understand how to create safer enabling environments for women and girls to take a wider role 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.



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

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SYRIA RESILIENCE
CONSORTIUM

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Annex 1

VoiceApp

care

Digital Qualitative Data Collection Tool



The **VoiceApp** is a digital qualitative data collection tool developed by CARE to improve the quantity and quality of data collection across use cases, including Rapid Gender Analysis (RGA) work. It is designed to reduce the time and effort required to conduct unstructured qualitative data collection by automating pieces of that process. Built for Android mobile devices – and leveraging the support of Google’s Speech-to-Text language services – the **VoiceApp** allows enumerators to interview respondents in various languages while **automating the transcription, translation and data centralization** processes to enable more rapid data analysis, leading to more comprehensive and better-quality datasets.

Currently, the **VoiceApp** is designed to complete Key Informant Interviews (KIs) in a face-to-face setting and can collect **both quantitative and qualitative information**. Collected data is uploaded to the administrative website dashboard as interviews are completed, where responses are immediately available to be reviewed, proofed and exported for analysis.

Supported by the USG Bureau for Humanitarian Assistance (BHA) and Sall Family Foundation, the **VoiceApp** is in the development and piloting phase in various countries. Recently, CARE teams in Northeast and Northwest Syria completed a Syria-wide RGA using the **VoiceApp**.

Benefits

- Designed for **flexible** data collection needs
- Intuitive user interface, with **minimal barrier to uptake** and easy onboarding processes
- Extremely **low-cost solution**, with no cost to respondents
- Primary focus on the **safety, security and comfort** of enumerators and respondents
- **Multiple layers** of data and user security, including capturing **no personally identifiable information (PII)** by default
- Reduces time needed for data collection and collation by **automating transcription and translation** for supported languages
- Designed to work in multiple environments, including **online and offline** (with varying language support)
- Available in **English, Spanish, French, and Arabic**
- Accompanied with user manual guide and video trainings on how to administer surveys with the **VoiceApp**



Locations where VoiceApp is used

"The VoiceApp bridges the gap between quantitative and qualitative data collection. Before, qualitative data collection was much [more] cumbersome...the VoiceApp reduces the turnaround time from data collection to analysis, making it very useful. The icing on the cake is the user-friendly platform."

– Adoga Ogah, MEAL Coordinator, CARE Nigeria

Key Features

Safety and security

- **Clarity of roles and responsibilities for data security**
 - **Admins:** Full access to settings, projects, interviews, reports, and can create/manage all users
 - **Assessment Leads:** Access to projects, interviews, and reports for the projects they have been assigned to
 - **Enumerators:** Only provided access to the VoiceApp and the projects they have been assigned to; they do not have access to the Admin platform.
- **Clear consent process**
 - Before a survey starts, enumerators explain to survey participants the interview process and how the data collected will be used. Once explanation is complete, respondents are asked to answer questions to ensure they understand that their information is secured and that they can stop the interview at any time.
 - At the end of the interview, respondents are asked for their consent one more time before submitting answers.
- **Personal security**
 - In addition to not capturing personally identifiable information (PII), respondents' answers are transcribed and voices are not recorded.

Ease of use

- **Built-in onboarding guide**
- Single code, multi-code, and open response with Google's Speech-to-Text language services
- **Skip logic**
- **Ability for survey participants to retake responses**
- **Flag questions** Flag any response that may disclose safeguarding or security concerns for researchers conducting analysis to be aware of
- **Star questions** Star any response that would be insightful for a researcher conducting analysis
- Ability for enumerators to add probing questions during the interview
- **Enumerator notes**
- **Interview Overview** Once all the questions are asked, enumerators can review the interview and see which **questions** were flagged, starred, skipped, and added. This is also an opportunity for respondents to retake questions or remove the answers previously given.

