



# Rapid Gender Analysis North West Syria (Idlib and Aleppo)



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Cover page photo: Idlib displacement in May 2019

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The views in this RGA are those of the author alone and do not necessarily represent those of the CARE or its programs, or DFID's other partners



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## Abbreviations:

CVA	Cash and Voucher Assistance
DFID	Department for International Development
FGD	Focus Group Discussion
GAGE	Gender and Adolescence Global Evidence
GBV	Gender Based Violence
GiE	Gender in Emergencies
HNO	Humanitarian Needs Overview
IDP(s)	Internally Displaced Person(s)
IPV	Intimate Partner Violence
IRC	International Rescue Committee
KII	Key Informant Interview
MEAL	Monitoring, Evaluation and Learning
NFI	Non-Food Items
NGOs	Non-Government Organisations
RGA	Rapid Gender Analysis
SRC	Syria Resilience Consortium
SRHR	Sexual and Reproductive Health and Rights
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNOCHA	United National Office for Coordination of Humanitarian Affairs
WASH	Water, Sanitation, and Hygiene

## Executive Summary

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This Rapid Gender Analysis (RGA) focused on gendered work practices and attitudes, access to services, protection and coping mechanisms. Past research indicated that the role of women has been further marginalised during the protracted conflict and there was gap in information around gender dynamics, trends, roles and responsibilities and power dynamics in Idlib. Understanding these trends and patterns helps to inform program activities and procedures, including how to better target women and girls in ways that are safe, equitable, and empowering within the local context. Information about effective male engagement is also required to understand what actions and processes are useful to help reinforce the work of supporting women, elderly women and men and adolescent women and men during the protracted crisis.

The RGA focused on the Aleppo and Idlib Governorates in North West Syria. The objectives are focused on capturing the approach that has worked in reaching and supporting vulnerable women and men of different ages under the Water, Sanitation and Health (WASH), shelter, rapid response, cash for work / livelihoods and protection sectors; analyse the level, type and extent of changes that have occurred and are taking place as a result of conflict and displacement at household and community levels in relation to gender and power differentials (structure, relations and agency) and the reasons / factors behind those changes; review the functionality of formal or informal support structures established for Gender Based Violence (GBV) survivors of any age and to develop a set of actionable recommendations, short and medium-term, based on key findings.

The RGA used a mixed methods approach based on the CARE RGA<sup>1</sup> methodology and GAGE methodology.<sup>2</sup> It included a household survey of 282 participants, 22 focus group discussions (FGD) and 26 key informant interviews (KII) reaching a total of 461 respondents and participants (261 women and 200 men).

### Summary of key findings:

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#### Roles and responsibilities

**The RGA found that women and men's traditional roles and responsibilities had shifted somewhat within the household, particularly in relation to women's work outside of the household a result of the conflict.** Prior to the conflict, men and women were largely fulfilling traditional gender roles with men as the head of the household, main providers and protectors and women as home-makers and child-carers.<sup>3</sup> Conflict and displacement which has led to many men being absent, injured, killed or unable to find work resulted in some shifts in traditional gender roles including women taking up the role as household breadwinner. This was due to a decrease in employment of men and increased poverty for families due to displacement which has resulted in women taking up more formal paid work than prior to the conflict, particularly in daily labour and working with NGOs. Men have had decreased access to farming, livestock and vocational income as well as skill-based work such as carpentry and tailoring. Men in focus group discussions reported that they had disabilities due to the conflict which limited their ability to work.

However, many traditional gender roles and norms were found to prevail in society, particularly with regard to household decision making and the division of household work. While there were some small shifts in household decision making, **men predominantly made household decisions, particularly final decision and women were still predominantly responsible for household work even if they were working outside of the home.**

There was **a perception by men that women had increased access to and participation in paid work.** However, the household survey found that **men were more likely to be more engaged in paid**

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<sup>1</sup> CARE *Rapid Gender Analysis Toolkit*: <https://insights.careinternational.org.uk/in-practice/rapid-gender-analysis>

<sup>2</sup> GAGE (2019) Baseline Report Series: Adolescent well-being in Jordan: exploring gendered capabilities, contexts and change strategies.

<sup>3</sup> Glick et al (2004) 'Bad but Bold: Ambivalent attitudes towards men predict gender inequality in 16 nations', *Journal of Personality and Social Psychology*, Vol.86. No.5. 713-728.

**labour and working more hours of paid work per day than women.** The perception that women were working more resulted in negative attitudes towards women from both men and older women about women challenging traditional gender roles by not fulfilling their gendered household duties and replacing men in the workforce. In contrast, many women mostly saw their increase in paid work as a positive change.

**Men had not shifted from their traditional gender roles to increase their child rearing and household work and women, including those with paid work, remained responsible for household work increasing their overall burden of work.**

There was evidence of a reduction in agricultural activities for both men and women, with a slight increase of women working in daily labour and small trade. Other income generating activities shifted from being skill-based (such as carpentry and tailoring) to external sources (such as humanitarian aid and relatives) with **women more likely to rely on humanitarian assistance.**

**Women's increased access to income has not resulted in changes in household decision making, particularly financial decisions where men have the final say.**

Key informants discussed that when **women and girls act against gender norms, the results range from facing rejection from her family and community to physical and sexual abuse.** If men and boys act against gender norms, the result can be not being accepted by the community, a loss of status and reputation and he can be seen as weak. **Men and women suggested that to change these norms organisations can provide further awareness sessions and advocacy for gender equality and psychosocial support for men.**

## Control of cash and voucher assistance

**Three times more men than women received cash transfers and four times more women than men received vouchers.**

**For those households receiving cash transfers, men reported that decisions on how to spend the transfers were generally made together by the husband and wife.** However, women reported being much less confident that decisions are made together. **The majority of women who received cash transfers reported that it did not increase security risk.** However, global research on cash and voucher assistance is inconclusive with evidence of cash and voucher programming empowering women as well other research indicating that cash and voucher programming may increase risk of domestic violence relating to shifts in gender roles and norms.

## Access to humanitarian assistance

Approximately half of the respondents to the household survey thought that everyone could had access to humanitarian assistance, with a third responding no (the remainder were unsure). **Women were less confident than men that everyone can receive assistance** with over a third of women stating not everyone can access assistance compared to a quarter of men (the remainder were unsure). Women's lack of access to humanitarian assistance is due to: limited mobility and not being able to access services by their families, the location of services was not convenient for women and girls, it was unsafe to travel to services, there were no female staff providing services and the hours were not convenient for women and girls. This is significant as women are more dependent on humanitarian aid than men. Survey respondents and focus group discussion participants also reported that people with disabilities were unable to access humanitarian services.

## Coping mechanisms

**The highest frequency of coping strategies and behaviours common for both men and women included eating less preferred / expensive foods.** Women tended to borrow food or rely on help from friends and family more than men which is likely related to their gendered primary responsibility for food preparation and cooking. Women tended more often than men to limit their intake of food in order for small children to eat. Men reported reducing the number of meals on average at least one day a week.

Early and forced marriage of girls, boy's involvement in child labour and women's increased work outside the home were described by FGD participants as coping strategies. FGDs participants also identified accessing assistance from relatives, men working in unskilled jobs and with hard conditions, rationing expenses, selling belonging as coping mechanisms.

However, a number of FGD participants stated that they **'were not able to adapt' or were having difficulties adapting due to restricted mobility and wanted to migrate**. Another common response when asked about coping mechanisms included crying, patience and turning to religion. There were not significant differences between men and women. Both men and women reported that men did not have people to talk to. Some women referred to relying on family and friends for emotional support.

Men reported having no income slightly more than women in the household survey. Where women or men were earning an income, women were the **most likely to have a monthly income of between 1 and 10,000SYP**. **Men were more likely to have an income between 10,000 and 20,000SYP** and equal numbers of men and women reported incomes over 50,000SYP.

**Twice as many women reported that they had access to income outside of their paid livelihood and women were over twice as likely to rely on humanitarian assistance and remittances compared to men, although more men than women receive assistance**. Men and women equally reported that they had access to assistance from family for financial support, shelter and in-kind assistance. Women were likely to have sole ownership of jewellery and men were more likely to have ownership of housings.

**Child labour was frequently referred to as a coping mechanism and children, particularly boys, were reported to be leaving school early to work to earn income to support their families.** ®

## Mobility

**Women and girls experienced far greater restrictions on their movement both within and outside their communities, compared to men. Women and girls had limitations on their mobility prior to the conflict but these have increased as a result of conflict and displacements.** In addition to traditional norms, many displaced women noted that there was a lack of transportation, fear of shelling when gathering in large groups and lack of markets and shops. Women were most likely to be able to visit neighbours or family within the same locale without restriction, however they must usually be accompanied by another woman or a male relative to visit the local shops or health centre. Moving outside their community to visit family in another location or the nearest town required them to be accompanied by a male relative. Men had higher levels of mobility with the exception of displaced men moving outside of their communities. Displaced boys also reported lower levels of mobility due to not knowing their way around and being subject to abuse and violence.

## Access to services

**The majority of respondents reported access to health services.** This is a surprising finding given the damage to hospitals and many of the FGD participants referred to mobile health services. Men and women reported lower access to specialists. However, **women and girls reported that they did not know if they could access family planning services and less than half of women reported safe access to maternal health services.**

**The majority of household survey respondents felt that hygiene needs were being met and that the toilets were safe.** Of those who reported that toilets and showers there were unsafe, the women were based in Idleb and men and boys were based in Atma. For those that felt unsafe accessing WASH services, the majority of both men and women indicated there was not much they can do to change the situation, with a small number indicating that they want another water point or toilet they consider to be safer. FGD participants in Idleb reported that there was access to water but that there were difficulties with transportation which was expensive and difficult to access for people with disabilities. In Aleppo water was reported by be available but expensive and in Jabal Sam'an Darat it was reported that there was not enough water from pumps and tanks. In Azaz no public latrines were available for women.

**Secondary data shows that women with disability face barriers to accessing support including attitudinal and cultural beliefs.** Women with disability face physical barriers as many public spaces

and forms of public transport do not accommodate people with disabilities. The number of people with disabilities has increased as a result of the conflict.

**Nearly half of household survey respondents reported that prior to the conflict, their children, both girls and boys, attended school and this has reduced to a quarter since the conflict began.**

FGD participants related these changes to early and forced marriage for girls, assisting with domestic work and paid work for boys and a lack of money to send children to school.

## Protection

Different safety concerns were expressed by men, women, boys and girls. Key challenges reported by men and women who have been displaced include personal security, documentation and the ability to move safely.

**Women and adolescent girls reported a greater number of risks compared to men and boys. For women and girls, the highest protection risks reported were risks of attack while travelling outside of the community, violence in the home, closely followed by no safe place in the community.** Women and girls also reported that they were most concerned about not being able to access services<sup>4</sup> and resources. Women and girls reported sexual violence as a risk where men and boys did not. Adolescent girls also ranked being asked to marry by their families as a high risk.

**For men, the highest number reported no problems followed by risks of attack when moving within and outside of the community. Boys also rated moving within the community highly, along with lack of privacy at home, and reporting that they had no problems.**

Overwhelmingly, those facing risks and those who had experienced violence reported relying on informal networks of family and friends for support. **Women who experienced violence reported that they primarily relied on friends and family networks and not trusting authorities while men reported being more likely to report to the authorities and community leaders. Boys reported that they did not have anyone to talk to when they experienced risks which was particularly true for displaced boys.**

**Child labour was reported as a key issue that was increasing** in both Aleppo and Idlib and it was seen to predominantly affect boys, aged as young as 10 years old. It was also seen to prevent boys from attending school.

**An increase in early and forced marriage**, related to poverty and being seen as a protective coping mechanism for girls and their families, was reported by FGD participants as the key negative consequence of the conflict particularly affecting girls aged from 12.

## Key recommendations

### Engage men and women in norm-change interventions alongside all programs

- Norm-change interventions aimed to address structural issues such as power dynamics and cultural norms, are a key component of achieving gender equality. These approaches promote changing knowledge and attitudes about gender equality, household decision making, involving men in taking on greater housework and men supporting women to take on non-traditional work and support programs that include women and marginalised groups. CARE has a number of tools for this such as Social Analysis in Action<sup>5</sup> which can be used with staff, service providers, partner organisations and community groups.

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<sup>4</sup> Services include humanitarian services such as distribution of non-food items (NFIs), vocational training, etc.

<sup>5</sup> CARE Social Analysis and Action Global Implementation Manual

## **Mainstream GBV prevention and response into all programs**

- Mainstream GBV into all interventions which includes monitoring of reported incidences of GBV, mapping existing referral pathways and training staff on responding to disclosures of violence and referral to appropriate GBV-response services.
- Ensure staff understand GBV risk mitigation as being a core component of their programming responsibilities and can identify gendered risks and work with technical specialists to mitigate, across the program cycle.<sup>6</sup>

## **Gender mainstreaming/integration**

- Improve consultation and targeting of marginalised groups through setting targets of numbers to reach for each group (men, women, adolescent girls and boys, people with disabilities).
- Use the Washington Group Short Set of questions in all rapid needs assessments to reach people that do not identify as having a disability due to stigma.
- Continue recruiting female staff and volunteers and aim for gender-balanced teams in recognition that it is better for women to consult and work directly with women and girls.

## **Distributions**

- Ensure that the distribution point is accessible to men, women, adolescent boys and girls and people with disabilities and that there are separate distribution lines for women and adolescent girls.
- In the longer term, address cultural norms that limit women and girl's mobility through approaches such as Social Accountability in Action<sup>7</sup>.

## **Food security and livelihoods**

- In designing cash and voucher programmes, include monitoring of household decision making and GBV risks to women. Engage men and women in gender equality training along with cash and voucher programming. Ensure that staff are trained in managing disclosure and referral to appropriate GBV response services<sup>8</sup>.
- Engage men when promoting women's livelihood programming through gender equality workshops including topics such as exploring cultural gender norms, household decision making, household work and support to women attending training and working.
- Consider women's and girl's existing burden of work when designing FSL programs. Cash for work programs or women starting a small business will likely increase women's existing burden of work. Consult with program participants and consider unconditional cash grants, home-based income generation options<sup>9</sup> and the time and location of any training.
- In combination norm-change programs, experiment with women, men, boys and girls undertaking work in non-traditional sectors such as livelihood activities, cash-for-work and vocational training (which can risk reinforcing traditional gender norms) and continue to investigate the interests of program participants and encourage people to take on non-traditional roles where feasible.

## **WASH and menstrual hygiene management**

- Include women and girls in all consultations regarding water points to minimise their time collecting water.

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<sup>6</sup> For further information see CARE (2019) *A Framework for Addressing Gender -Based Violence in Emergencies*: [https://webcache.googleusercontent.com/search?q=cache:aar3Zw41g4kJ:https://insights.careinternational.org.uk/images/in-practice/GBV/GBV\\_Brief\\_care\\_gbvie\\_approach\\_2018.pdf+&cd=3&hl=en&ct=clnk&gl=au](https://webcache.googleusercontent.com/search?q=cache:aar3Zw41g4kJ:https://insights.careinternational.org.uk/images/in-practice/GBV/GBV_Brief_care_gbvie_approach_2018.pdf+&cd=3&hl=en&ct=clnk&gl=au) and CARE (2015) *Guidance of Gender Based Violence Monitoring and Mitigation within Non-GBV Focused Sectoral Programming*: <https://www.google.com/search?q=CARE+GBV+mainstreaming&oq=CARE+GBV+mainstreaming&aqs=chrome..69i57j35i39.4133j0j4&sourceid=chrome&ie=UTF-8>

<sup>7</sup> CARE *Social Analysis and Action Global Implementation Manual*:

<sup>8</sup> For further information see CARE (2019) *A Framework for Addressing Gender -Based Violence in Emergencies*: [https://webcache.googleusercontent.com/search?q=cache:aar3Zw41g4kJ:https://insights.careinternational.org.uk/images/in-practice/GBV/GBV\\_Brief\\_care\\_gbvie\\_approach\\_2018.pdf+&cd=3&hl=en&ct=clnk&gl=au](https://webcache.googleusercontent.com/search?q=cache:aar3Zw41g4kJ:https://insights.careinternational.org.uk/images/in-practice/GBV/GBV_Brief_care_gbvie_approach_2018.pdf+&cd=3&hl=en&ct=clnk&gl=au) and CARE (2015) *Guidance of Gender Based Violence Monitoring and Mitigation within Non-GBV Focused Sectoral Programming*: <https://www.google.com/search?q=CARE+GBV+mainstreaming&oq=CARE+GBV+mainstreaming&aqs=chrome..69i57j35i39.4133j0j4&sourceid=chrome&ie=UTF-8>

<sup>9</sup> The SRC 2018, *Exploring Livelihood Opportunities in Syria* identified a number of home-based options.

- Include people with disabilities in consultation and monitoring about access to latrines and water points to understand barriers to access.
- Include disposable pads in WASH and NFI distributions for women as these are by far the most requested items<sup>10</sup>.

#### **Health and reproductive health**

- Continue to provide mobile health clinics and ensure that these provide reproductive and sexual health and maternal health services and referral to GBV response services.
- Offer sexual and reproductive health services at youth centres and Women and Girls Safe Spaces.
- Include sexual and reproductive health information in awareness session.

#### **Psychosocial support**

- Target psychosocial support to men and boys as well as women and girls.

#### **Accountability**

- Improve communication with stakeholders regarding the selection and targeting criteria to enhance transparency and improve the accountability.
- Conduct outreach to gather feedback from individuals who may have limited mobility or are unable to access regular complaint mechanisms.
- Identify female staff as focal points or women and girls in the community to provide feedback.

#### **Recommendations from adolescent boys and girls aged 15-17<sup>11</sup>**

- Boys in Idlib suggested a number of improvements for aid programs including literacy courses, improved security in markets, awareness raising, centres to support male and female youth and vocational training. Boys suggested improving safety by sending children back to school and providing better security, fences and lighting for camps.
- Girls in Aleppo suggested programs to increase gender equality and provide work opportunities for girls, as many families have lost their breadwinner and are counting on the girls to work and have a source of income for the family.

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<sup>10</sup> According to the RGA household survey

<sup>11</sup> This feedback was provided during FGDs from the CARE RGA

# Introduction

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## Background Information

The Syrian Civil War, which started in March 2011, has led to 570,000 deaths, nearly 6.2 million internally displaced people and 6.7 million refugees who have fled to other countries.<sup>12</sup> North West Syria experienced an increase in conflict in 2019. According to *United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA)* in September 2019<sup>13</sup>:

- 3 million people reside in North West Syria.
- It is estimated that 51% are children and 25% are women for whom the impact of hostilities has been particularly severe.
- Nearly 630,000 million people of the overall North West Syria population are estimated to be displaced with nearly half of those displaced since May 2019.

The most recent wave of displacement depleted what little resources civilians in North West Syria have and exacerbated their vulnerability to further shocks with **women and children disproportionately affected**. Health centres, including paediatric and maternity hospitals were targeted which had a direct impact on women and children. Female- or child-headed households were exposed to higher levels of risk and exposure to different forms of exploitation, including early and forced marriage or child labour. Female-headed households were more vulnerable to food insecurity.

The 2019, Humanitarian Needs Overview (HNO)<sup>14</sup> reported that **Aleppo had the highest number of people in need (2.54 million) and people in acute need (1.01 million)**. In January 2018, the conflict in the Aleppo Governorate exacerbated the humanitarian needs of the already displaced population, who were living in difficult conditions such as temporarily residing in empty houses, collective shelters and camps.

According to the 2018 United Nations Development Program (UNDP) Human Development Report<sup>15</sup>, Syria has a **Gender Inequality Index of 136 out of 160 countries**. The Gender Inequality Index is composed of percentage of women in parliament (13.2%), the percentage of adult women who have a secondary level of education or higher (42.6%), the maternal mortality rate (68 per every 100,000 live births), the adolescent birth rate (38.6 per 1000 of adolescent girls aged 15-19) and female participation in the labour market (11.9% compared to 70.2% for me).

## The Rapid Gender Analysis Objectives

The geographic focus of this Rapid Gender Analysis (RGA) is Aleppo and Idleb Governates in North West Syria. The objectives are to:

- ✓ Capture the methods, techniques and approaches that have worked in reaching and supporting vulnerable women and men of different ages in the following services provided by CARE Syria: Water, Sanitation and Health (WASH), shelter, rapid response, cash for work / livelihoods and protection.
- ✓ Analyse the level, type and extent of changes that have occurred and are taking place as a result of conflict and displacement at the household and community level in relation to gender and power differentials (structure, relations and agency) and unravel the reasons / factors behind those changes, or lack thereof.
- ✓ Review the functionality of formal or informal support structures established for GBV survivors of any age.<sup>16</sup>
- ✓ Develop a set of actionable recommendations, short and medium-term, based on key findings.

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<sup>12</sup> Figures from: <http://www.syriaahr.com/en/?p=120851> and 2018 figures of displaced persons from UNHCR: <https://www.unhcr.org/globaltrends2018/>.

<sup>13</sup> United Nations Office for Coordination of Humanitarian Affairs (UNOCHA), Humanitarian Needs Overview (HNO) 2019: <https://hno-syria.org/#resources>.

<sup>14</sup> UNOCHA, HNO 2019 <https://hno-syria.org/#resources>.

<sup>15</sup> UNDP (2018) Briefing Note for Countries on the 2018 Statistical Update, Syrian Arab Republic: [http://hdr.undp.org/sites/all/themes/hdr\\_theme/country-notes/SYR.pdf](http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/SYR.pdf).

<sup>16</sup> This objective focused on reaching this group without compromising on the safety and security of women and adolescents and therefore is also based on secondary research.

## Methodology

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The RGA provides information about the different needs, capacities and coping strategies of women, men, boys and girls in a conflict. The RGA was built up progressively and used a range of primary and secondary information to understand gender roles and relations and how they may have changed during the conflict.

The purpose of the RGA is to provide practical programming and operational recommendations to meet the different needs of women, men, boys and girls and to ensure we 'do no harm' and adapt them to the tight time-frames, rapidly changing contexts, and insecure environments that often characterise humanitarian interventions.

The RGA team adapted the CARE Rapid Gender Analysis Tools<sup>17</sup> and the North East Syria RGA in 2014. The FGD methodology piloted a participatory approach with activities including timelines, community mapping for adolescents and vignettes covering the topics of early and forced marriage and child labour which were adapted from the Gender and Adolescence Global Evidence (GAGE) tools developed for Jordan<sup>18</sup>.

In addition to the RGA tools, the Washington Group Short Set of Disability Questions<sup>19</sup> was used as the primary tool to identify persons with disability in the communities for the household surveys. This is a validated and endorsed tool developed to collect data on functional difficulties, so as to avoid under-reporting of disability. The questions were used in the household survey tool, to capture information on prevalence by using the "functional difficulty" approach, which asks the survey participants if they have any difficulties doing certain activities. For KIIs and FGDs, research participants were selected from the community based on self-reported disabilities.

The RGA 2019 built on the RGA 2018 which was primarily based on secondary sources. Data included in this report provides new insights and a broader and deeper data set from which to analyse and develop findings. The RGA 2018 primarily utilised secondary data from the Humanitarian Needs Assessment 2018 and the Voices from Syria 2018 Report, with limited primary data. Where possible comparisons were made between the RGA 2019 and RGA 2018 reports. However, given the introduction of new and more comprehensive methodologies, these comparisons could not all be systematically tracked.

A two-day training was conducted for enumerators (over skype) that focused on ethical issues such as informed consent, particularly related to working with adolescents with the team developing new tools for informed consent for parents of adolescent participants. Enumerators also received training on facilitating FGD and participatory activities as many of the enumerators had previously focused on household surveys. Finally, the enumerators went through all household survey questions to ensure that the questions were understood, and the survey was updated following their feedback. All data collection tools are included in Annex 3.

### Primary data collection

Field work methodologies included data collection, through FGD, KII and household surveys. Prioritised secondary data was used to support the analysis and give context to the findings. A list of secondary sources is included in Annex 4.

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<sup>17</sup> CARE *Rapid Gender Analysis Toolkit*: <https://insights.careinternational.org.uk/in-practice/rapid-gender-analysis>.

<sup>18</sup> GAGE (2019) Baseline Report Series: Adolescent well-being in Jordan: exploring gendered capabilities, contexts and change strategies

<sup>19</sup> Washington Group Short Set Questions: <http://www.washingtongroup-disability.com/washington-group-question-sets/short-set-of-disability-questions/>.

**Table 1: FGD participants in RGA 2019**

Age Range (years)	No. of Participants				
	Male	Female	Male with Disability	Female with Disability	Total
60 +	25	27			52
18-59	30	46	3	0	79
15-17	26	12			38
<b>Total</b>	<b>81</b>	<b>85</b>	<b>3</b>	<b>0</b>	<b>169</b>

The KII were conducted with 26 people and used qualitative data collection techniques, using a set of open and closed questions.

**Table 2: Key Informant Interviews**

Age Range (years)	No. of Participants				
	Male	Female	Male with Disability	Female with Disability	Total
60 +					
18-59	5	6	2	2	15
15-17	3	6			9
<b>Total</b>	<b>8</b>	<b>12</b>	<b>2</b>	<b>2</b>	<b>24</b>

The household survey was entered into *Kobo* for mobile data collection using electronic tablets. While a minimum sample size of 282 households was determined using a confidence level of 90%; 5% margin of error and .5 standard deviation, the team decided to set a higher target of 350 households anticipating challenges in data collection due to the conflict.

### Demographic details of House Survey Respondents

There were in total **282 respondents**. **62% were female and 38% male respondents**.

In the age range of 60+ there were 39 women and 32 men. Household respondents for adults (aged 19-59) were **primarily women** with 81 women and 40 men participating. There were 54 adolescent girls and 36 adolescent boys that responded to household survey.

**Graph 1: Sex and age disaggregation of household survey respondents**

	No. of Participants			
	Female	Male	# of total respondents	% of total respondents
12-17 years	54	36	90	32
18-59 years	81	40	121	43
60+ years	39	32	71	25
<b>Total</b>	<b>174</b>	<b>108</b>	<b>282</b>	<b>100%</b>

**Of all respondents, 23% were men living with disabilities and 18% were women living with disabilities.** Households were 18% female-headed and 82% male-headed. In 12% of female headed households, women were widowed and 2.5% divorced. The average age of the head of household was between 18-60 years old (71%) with 24% being elder-headed households (>60) and 5% being child-headed households (<18).

**Graph 2: Breakdown of respondents by village (%)**

Village	# of respondents	% of respondents
Atma	99	35
Salqin	31	11
Albab	31	11
Idlib	31	11
Azaz	25	9
Daret Ezza	23	8

Dana	20	7
Jarablus	22	4
Atarab	9	3
Marret Tamsin	3	1
<b>Total</b>	<b>282</b>	<b>100%</b>

The **majority of respondent households were located in an urban area** (urban: 65% rural: 35%) and were not exposed to active or frequent fighting in their communities at the time of the research (100% report conflict less than once a month with no shelling, or damages, injuries or death).

**The majority of households were internally displaced** (65%) and of those displaced 34% were living in a collective centre, 31% were living with a a host family and 35% were residing in host communities.

## Limitations

The RGA had several limitations. The security situation in Idleb was challenging during the data collection period and led to limited access to project sites and respondents. The field operations manager monitored environmental threats and associated risks. This was anticipated by the team and to compensate for this, the team oversampled for the household survey.

Not all consultant teams of enumerators had experience with qualitative data and although this was a limitation, it was also an opportunity for capacity building which will continue to improve gender analysis going forward. This was addressed through a two-day training including training on how to facilitate FGD and participatory activities. CARE Syria provided extra support for this training through the Monitoring, Evaluation and Learning (MEAL) and Protection teams. For the FGD, there were separate methodologies for adults and adolescents to ensure that the activities were targeted and appropriate.

The team used a participatory methodology for the data collection including FGDs and service mapping, unfortunately and due to time constraint service mapping for adolescents did not take place. This resulted in limited data available on adolescent's experience in accessing services. This participatory methodology was effective in engaging for participants to enrich the quality of the data collected but at the same time resulted in a large amount of qualitative data that needed to be translated and analysed. This needs to be a consideration in any future research to avoid delay in the overall RGA process.

The enumerators had challenges in accessing some of demographic groups in the sample. In particular, there were challenges in reaching adolescent girls for FGDs with only one FGD for adolescent girls. The enumerators were unable to reach older people (60+) and people with disability for KIIs. There were also challenges in targeting adolescent girls for KIIs and it took the enumerators many attempts to meet survey targets for this age group. The survey targets were met and more time to reach specific target groups is also a consideration for future RGAs.

There were also challenges with adolescents understanding some questions in the survey and in future specific survey questions should be developed for adolescents. As with the FGDs, these challenges became an opportunity to improve skills in reaching more diverse groups for research.

## Demographic Profile

### Sex and Age Disaggregated Data

<u>Sex and Age Disaggregated Data</u> Idleb and Aleppo Governates <sup>20</sup>				
<u>Area: Idleb</u>	Age 0-19	Age 10-19	Age 20 and up	Total #

<sup>20</sup> United Nations Population Fund (UNFPA) and GBV Area of Responsibility Whole of Syria (2019): *Voices from Syria: Assessment Findings of the Humanitarian Needs Overview*.

Female % of affected pop	16%	11%	22%	<b>49 %</b>
Female #	369,079	272,038	517,179	<b>1,142,232</b>
Male % of affected pop	16%	12%	23%	<b>51%</b>
Male #	390,214	284,049	547,090	<b>1,237,418</b>
Total				<b>2,379,650</b>
<b>Area: Aleppo</b>				
	<b>Age 0-19</b>	<b>Age 10-19</b>	<b>Age 20 and up</b>	<b>Total #</b>
Female % of affected pop	14%	11%	28%	<b>53%</b>
Female #	533,506	407,596	1,046,476	<b>1,821,757</b>
Male % of affected pop	13%	10%	24%	<b>47%</b>
Male #	508,506	374,239	924,816	<b>1,973,571</b>
Total				<b>3,795,328</b>

**Graph 3: Sex and Age disaggregated data: Idleb and Aleppo Governorates**

## Findings and Analysis

The findings and analysis reflected in the following sections is drawn from data collected during the fieldwork component of the RGA, supported by secondary data. In some instances, the qualitative and quantitative data report different findings, providing an interesting opportunity to analyse and interpret gender equality changes through different lenses. The quantitative data presented here is primarily sourced from the household survey data conducted as part of the RGA 2019 research, unless otherwise referenced. Qualitative data is sourced from KII and FGD unless otherwise referenced.

### Gender Roles and Responsibilities

#### Access to and control of resources

Key informants responded that traditional norms and practices regarding the access and control of resources between men and women include inequality between men and women in society and male domination within the family. **Women need to be accompanied when going out and avoid mixing with men which limits the types of work available to women and limits their ability to go to distribution sites on their own to access humanitarian services.**

*Where there is a difference in financial priorities, women and men are in agreement that the husband has the final say'. (100% of respondents from the household survey)*

**The majority of respondents in the household survey (F: 53%; M: 64%) reported sharing income with their spouse within the household.** For those households where women reported managing their own income and making decisions on how it was spent, the majority were female-headed households. A small number of respondents (F: 8%; M: 9%) reported sharing only a part of their income and keeping a part for personal use.

**Priorities for how income should be spent included rent, food, medicine, electricity, water, household items and school supplies.** Overall, 45% of women and 55% of men believed they share these priorities with their spouse, with the remainder being unsure. **Where there was a difference in priorities, women and men were in agreement that the husband has the final say (100% of respondents).**

In the majority of women's FGDs reported that financial decision making had changed to being shared more equally since the conflict, but the majority of men reported that men had the final word in all decisions. Prior to the conflict, men had more household decision making power. "Before the conflict the man is responsible for deciding everything, currently women have a big role in managing income." (Woman FGD participant, Albab). "Men still have full control over the family, and he is the decision-maker" (Older woman, FGD participant Salqin). In some instances, though not the majority, some women stated that they had control over household spending.

The household survey findings showed that **75% of households stated that neither the man or woman within the household has money of their own that they alone decide how to use**, with no significant difference between men and women (F: 75%; M: 74%).

### Control of cash and voucher assistance

**9% of household survey respondents received cash transfers** with half of the respondents displaced and half lived in host communities. **Three times more men than women received cash transfers.** For those households receiving cash transfers, decisions on how to spend the transfers were generally made together by husband and wife together or by the husband. All of respondents (both male and female) stated that having access to cash transfers has not increased security risks. However, this is a very small sample.

**18% of household survey respondents reported receiving vouchers with 66% of those displaced and 34% from host communities. 82% of cash vouchers were received by women and 18% by men.** For those households receiving vouchers, decisions on how to spend the vouchers were generally made together. The majority of female-headed household reported making the decisions by themselves. 80% of respondents stated that receiving vouchers has not increased security risks, however 10% say it has increased risks (10% are unsure). All of those who said that the security risk from vouchers had increased were all displaced women, however this is also a very small sample and requires further investigation.

Drawing on evidence from recent studies, Cash and Voucher Assistance (CVA) programming is reported to have mixed results with regard to its impact on joint household decision making and risk factors associated with intimate partner violence (IPV) and GBV in the context of the Syrian response. **While there is evidence to suggest CVA has the potential to lower economic stressors in the short-term, it can also result in men using violence to re-assert power where women are being given increased access and control to finances which challenges gender norms and inequality.** To mitigate risks and increase the likelihood of promoting shared economic decision making, overall program design must be well-considered and informed by pre-conflict gender dynamics, analysis of the needs of target beneficiaries and risks associated with changing relational gender dynamics occurring as a result of cash programming.<sup>21</sup>

As an example, evidence from an International Rescue Committee (IRC) unconditional cash transfer program targeting heads of households in Raqqa Governorate in 2018, showed similar results to the RGA. Married women reported increased joint decision making and unmarried women reported increased independent decision making, and decisions were generally on smaller household expenditure such as food and paying down debt that was owed to shops and family members. Other decisions requiring larger financial commitments or involving children did not change were made jointly by men and women or by men. Data suggested that **women were trading off their independent decision making to balance household tensions associated with having access to cash, and therefore power. These findings on decision making also need to be considered alongside findings of increased economic abuse and IPV** across the 3-month intervention, including husbands and male relatives displaying controlling behaviours. Because there was no comparative group, the rise in violence cannot be attributed to cash programming, and program staff believe other factors, such as trusting relationships prompting increased disclosure, were at play.

Conversely, a 2016 study on IRC's CVA programming within a Women's Protection and Empowerment program for displaced Syrians in Jordan, **found that women perceived cash to reduce household tensions as well as levels of IPV and domestic violence between parents and children.** Qualitative data from counsellors also corroborated the link emphasising however that in some cases, cash exacerbated tensions and that this aspect of programming is dependent on a range of factors including particular household and intra-family dynamics (for example with Mother's in Law and polygamous

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<sup>21</sup> IRC and UK Aid (2018) What works to prevent violence against women and girls in conflict and humanitarian crises, *Cash Transfers in Raqqa Governorate, Syria: Changes Over Time in Women's Experiences of Violence & Wellbeing*: <https://www.rescue-uk.org/sites/default/files/document/1943/p856ircsyriacashtransfersreportlr.pdf> p. 5.

marriages) and requires careful monitoring, preferably using a case management approach.<sup>22</sup> This study also found that cash transfers significantly shifted women's roles within the household as economic decision-makers, however both studies note that such changes seemed to be temporary; lasting only as long as the cash-based interventions.

To increase the sustainability of positive effects occurring as a result of challenging entrenched gender roles through cash programming, the IRC project in Jordan **integrated its CVA interventions within its Women's Protection and Empowerment program, making CVA conditional on beneficiary participation in Gender Discussion Groups and other supportive activities.** With cash designed as one intervention in a package of complementary services, greater resilience to domestic and GBV, which are normalised and highly prevalent in the context was noted.

The *Cash and Voucher Assistance and GBV Compendium: Practical Guidance for Humanitarian Practitioners* notes that the efficacy of CVA programs is highly reliant on overall program design which should be based on rigorous, gendered situation and risk analysis and which must **incorporate an investigation of the risks associated with particular program components such as beneficiary targeting, different cash and voucher modalities and community awareness and engagement.** Programs must also consider the merits of complementary gender sensitisation and potentially transformational elements alongside CVA and carefully monitor risks throughout the program cycle. The Compendium notes: *"It is the entire program comprising CVA (including other types of assistance and services, as well as the strengths of underlying assessments and their application to the design and objectives of the program) rather than the conditionality of the CVA that will have a greater impact on GBV-related outcomes."*<sup>23</sup>

## Division of (domestic) labour

The 2018 CARE RGA found that: *"Increased pressure on families to earn an income has meant that women have taken up more responsibilities outside the house yet remain responsible for unpaid domestic work."* This was consistent with findings in 2019. **Women and men's roles in regard to unpaid labour remains largely unchanged, with women continuing to do the majority of household work in addition to their increasing roles in paid work.** Women who work outside of the home were also found to be responsible for maintaining work within the home which impacts on their overall burden of work. *"Women and girls are widely affected, as they need to work and take care of children while fulfilling household and children needs."* (Older man FGD participant, Albab).

The household survey found that for division of labour across productive and income generating activities, **women and men reported being equally responsible for working in productive value chains such as agricultural and livestock (F: 34%; M: 32%),** though it should be noted the RGA did not explore which parts of the value chain women are present in and whether their labour was paid. Adolescent boys and girls were equally likely to support households on productive value chain tasks, though at a relatively low rate (G: 18%; B: 15%).

**Men and adolescent boys were found to be much more likely to be engaged in paid labour (skilled or unskilled) - usually outside the home - than women and adolescent girls.** Men and women in FGDs agreed that young women should not work outside of the house because of cultural norms and traditions that limit women and girl's mobility.

In terms of the division between productive and reproductive labour, household survey respondents reported that **men spent much more time on productive tasks than household tasks, and the reverse was true for women.** Women were more likely to be totally or partially involved in childcare, housework, cooking, and the healthcare of relatives, while men were more likely to be totally or partially involved in collecting firewood and making household purchase at market whether it be food or non-

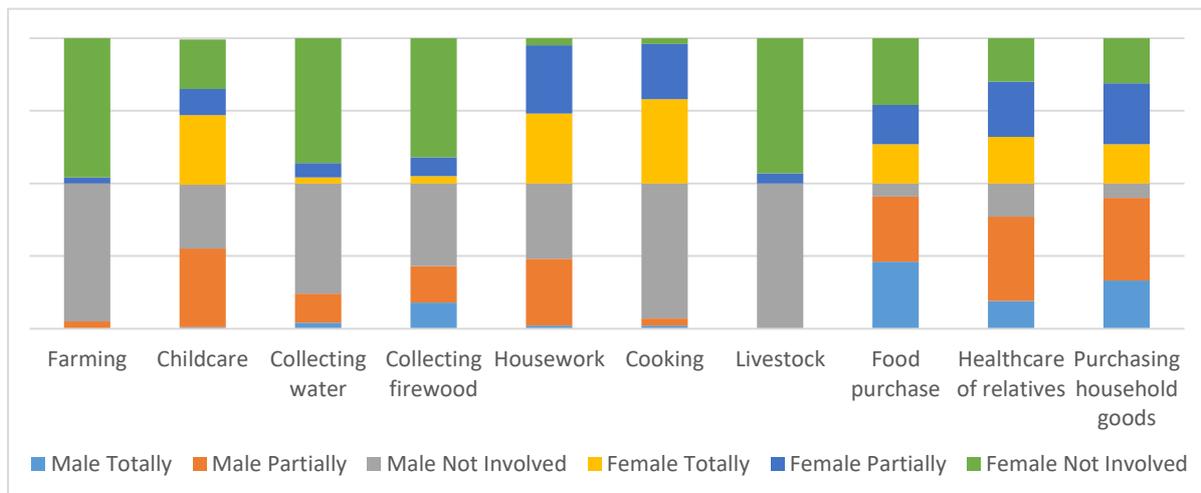
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<sup>22</sup>UNHCR and IRC (2015) *Integrating Cash Transfers into Gender-based Violence Programs in Jordan: Benefits, Risks and Challenges*: <http://www.cashlearning.org/downloads/erc-irc-action-research-web.pdf> p. 19

<sup>23</sup>CARE USA and the GBV Advisory Group to the IASC GBV Guidelines Reference Group (2019) *Cash & Voucher Assistance and Gender-Based Violence Compendium: Practical Guidance for Humanitarian Practitioners: A Companion guide to the IASC GBV guidelines*: <http://www.cashlearning.org/downloads/user-submitted-resources/2019/05/1557937891.CVA%20GBV%20guidelines%20compendium.FINAL.pdf>.

food items. **Women carrying the bulk of the household work was also the case prior to the conflict. The change since the conflict was the addition of increased paid work for women.**

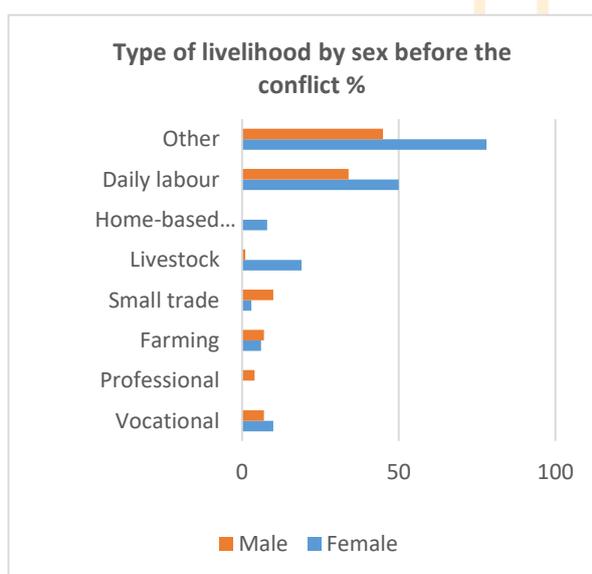
**Graph 4: How much are you personally engaged in the following household tasks?**



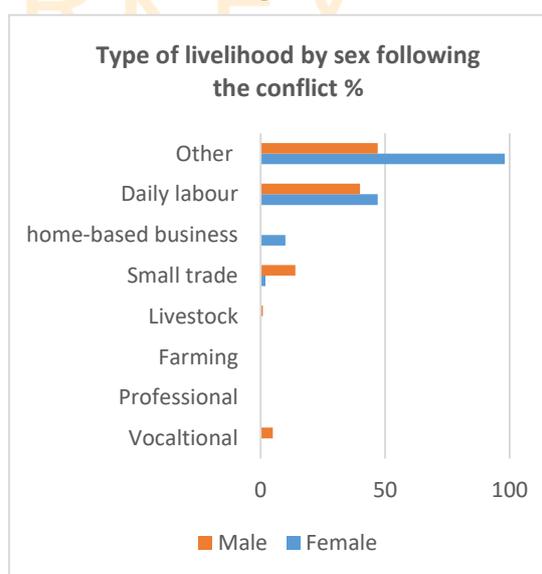
### Earning income

The RGA 2018 report found that women were increasingly participating in earning income and assuming responsibilities outside of the home. In addition, men felt they had lost their traditional roles as the household's main provider and protector. The RGA 2019 provides more nuanced insight into perceived and actual changes experienced by men and women, often with contrasting results. The RGA 2019 FGD findings continue to reflect that there was a **perception by men that women have increased access to and participation in paid work outside the home and that men lack access to paid work outside the home.** This was reported by nearly all FGDs as the most significant change in gender relations as a result of the conflict. However, the household survey found that **while women were more likely to be engaged in some types of work compared to prior to the conflict, men were more likely to be engaged in paid labour and working more hours of paid work per day than women.**

**Graph 5: Type of livelihood by sex before the conflict**



**Graph 6: Type of livelihood by sex following the conflict**



The household survey found that **there were some small changes in income earning patterns since prior to the conflict with the greatest change being a reduction in agricultural activities, for both men and women.** Farming, livestock, and vocational activities as sources of income have all decreased since the conflict began. Prior to the conflict, 19% of women reported being engaged in livestock, including 13% of men and women were involved in farming 10% of women and 7% of men in vocational

activities before the conflict, whereas in 2019, no households reported being engaged in farming with less than 1% in livestock, and 3% of men are involved in vocational activities. There were slight increases in both men and women participating in daily labour. **Particularly noteworthy was the increase in “other” income generating activities, particularly for women. This type of work has changed from being skill-based (such as carpentry and tailoring) to a reliance on external sources (such as humanitarian aid and relatives).**

Men reported that they were more likely to be engaged in paid work than women, while women were more likely to rely on humanitarian aid than men who tended to have access to a greater range of supplementary income generating activities. As reported above, this contradicted the perceptions of FGD participants who reported that women were working more than men. **On average, women reported doing 2.5 hours of paid work per day while men reported doing 5 hours.** Both men and women reported additional income outside their paid livelihood, including remittance, humanitarian assistance and support from relatives.

Key informants indicated the types of work that are **suitable for women which were primarily in education and health centres.** Non-government organisations (NGOs) and humanitarian agencies were also seen as suitable workplaces for women along with **traditionally gendered work such as sewing, cooking, cleaning, housekeeping and hair dressing.** Finally, agriculture and day labour were mentioned by over half of those interviewed.

The household survey found that **men were twice as likely (50%) to either own or manage a small business / enterprise compared to women (25%).**

### Gender norms

The 2018 RGA found that evidence available at a national level from the National Human Development Report (2005) provided a useful indication of gender attitudes in Syria prior to the conflict. The report, which was a multi-country study on gender attitudes in 16 countries, showed that Syria had the highest rates of men and women fulfilling traditional gender roles with the man as the head of the household and main provider and protector and the woman as a home-maker and child-carer.<sup>24</sup>

Key informants discussed that when **women act against gender norms, the results range from facing rejection from her family and community to physical and sexual abuse.** When girls act against gender norms, it can reduce her chances of getting married, she can be criticised and excluded by the community and subject to physical and sexual abuse. However, if men act against gender norms, the result can be not being accepted by the community, a loss of status and reputation and he can be seen as weak. If a boy acts against gender norms he can be verbally abused and called a woman, he can lose respect and can be rejected by the community. **Men and women suggested that to change these norms organisations can provide further awareness sessions and advocacy for gender equality and psychosocial support for men.** Some men responded that these norms were difficult or impossible to change.

### Attitudes about women in paid work

There was a difference in the results between FGD and the household survey in relation to attitudes towards women working, which reflects a potential tension and uneasiness with the perceived changes in gender relations in this economic sphere. The household survey reflected **positive shifts in attitudes by men and women towards women earning an income, except for women with disabilities.** However, **where women had increased access to income, this did not translate into changes in household decision making, in particular financial decisions, which continues to be a male dominated role.**

The change in women's increased work outside of the home appears to cause tension, particularly with men. **A number of men discussed negative views towards women working outside the home and that women were ‘replacing’ men.** *“The situation becomes very difficult, husbands are humiliated*

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<sup>24</sup> Glick et al (2004) “Bad but Bold: Ambivalent attitudes towards men predict gender inequality in 16 nations”. *Journal of Personality and Social Psychology*. Vol.86. No.5. 713-728.

*because they don't have money or work, and the wives work and do not care for the children or household affairs as organisation prefer women over men.... A lot of changes took place in the society"* (Male FGD participant, Atma). Voices from Syria<sup>25</sup> described pressure from men's unemployment and women's role in work threatens the traditional balance of power in families and to counteract this, men can resort to violence against their wife and children.

A small number of women also expressed negative attitudes towards women's increased work outside the home. Women were seen to have to work due to the economic situation and perceived that *"Men feel like a burden to the family, especially when women need to work for earning income for the family while the man cannot do anything"* (Woman FGD participant, Atma). Many women commented on the fact that their husbands could not find work. Older women in FGDs displayed negative attitudes towards women's increase in work outside the home and that it negatively affects children.

**The men's FGDs demonstrated that men generally perceived women's work opportunities have increased, and this shift was viewed negatively as it challenged the traditional gendered roles, where men previously acted as the primary provider and protector of the family.** The men also considered that women's increased participation in the workforce has had a detrimental impact on the family and in carrying out household duties. Women's FGDs reported an increased level of responsibility and additional burden as women took on the dual roles of household work and income earning duties. While women have found it necessary to adapt and taken on new roles, men have found it more challenging to shift from their traditional roles and take on and value the role of supporting childcare and other household duties.

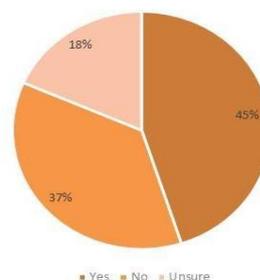
However, these findings were not reflected in the household survey which found that **the majority of men and boys were supportive of women's access to and participation in the workforce. 86% of respondents agreed that married women and girls should be able to work outside their home** and to earn an income with women were more likely to support this (90%) compared to men (79%). Both adolescent boys (86%) and girls (95%) were supportive of women and girls earning an income. Men were more likely to disagree (20%) compared to women (6%)<sup>26</sup>. The reasons for disagreement included the poor security situation, and customs and traditions that dictate a woman's role should be to manage the home and raise the children and religious teachings.

Overall, **89% of survey respondents agreed that widowed women and unmarried women and girls should be able to work outside their home and earn an income.** Women were more likely to support this (92%) compared to men (77%). Adolescent boys (91%) and girls (93%) were equally supportive of this. Men were more likely to disagree (18%) compared to women (3%)<sup>27</sup>. Reasons for disagreement were similar to those given above although respondents indicated that if the need was dire, then it was understood a woman must work to support her family, however her work should still be within in the home.

Overall, **respondents were divided on whether women with disabilities should work outside the home to earn an income** with 45% believing that they should and 37% that they should not with no significant differences between the views of men and women (18% were unsure). Reasons for why men and women responded that women with disability should not work outside the home included: physical capability and mobility; that workplaces were biased against people with disability, viewing them as less competent; that there were no suitable work opportunities / job types for people with a physical disability; that workplaces were not designed for people with disabilities in terms of ease of

**Graph 7: Should women with disability work outside the home?**

Do you think that women with disabilities should be able to work outside the home to earn an income?



<sup>25</sup> UNFPA and GBV Area of Responsibility Whole of Syria (2019): Voices from Syria: Assessment Findings of the Humanitarian Needs Overview, p.24.

<sup>26</sup> 1% of men and 4% of women reported that they were unsure

<sup>27</sup> 5% of men and 5% of women reported that they were unsure

access and access to facilities such as bathrooms; the poor security situation and that it was the role of the family to care for those with disabilities rather than them earning an income.

Interestingly, **when asked the same question about whether men with disability should work outside of the home, 78% agreed, 18% disagreed and 4% did not know**. Women’s and men’s FGDs reported that there has been an increase of men with disabilities as a result of conflict and that has restricted men’s ability to access work: *“I had hands and I used to work in carpentry but after losing my limbs, I cannot work anymore.”* (Male FGD participant, Albab).

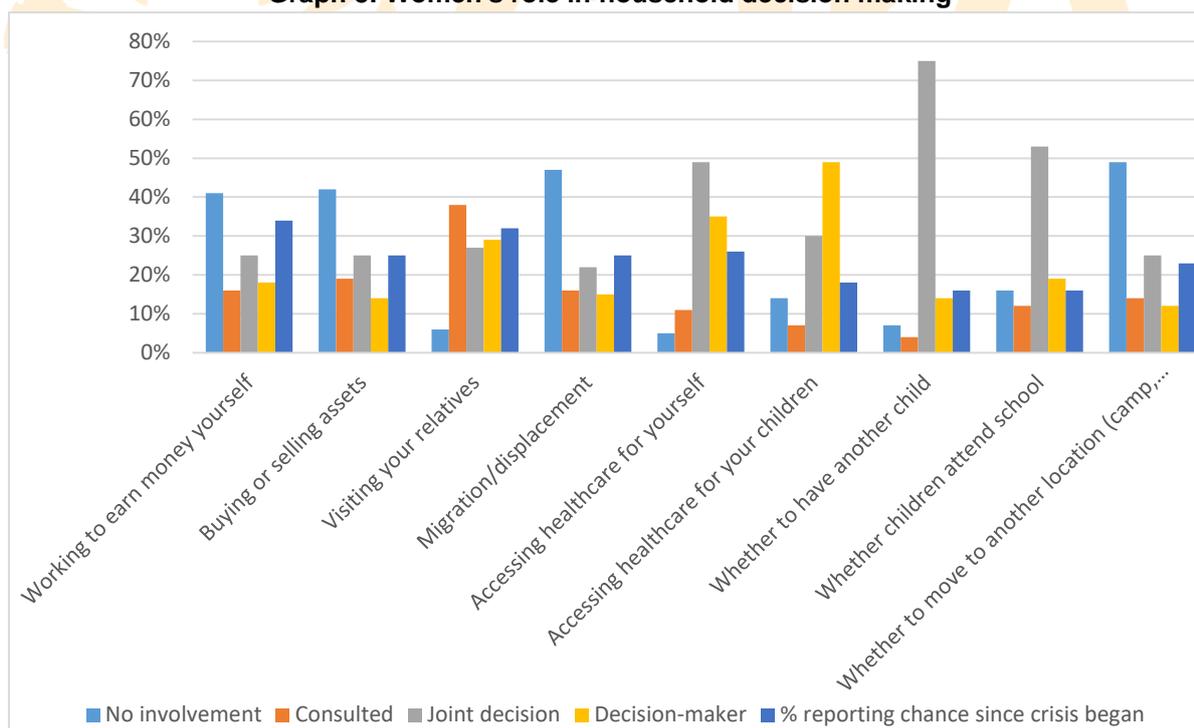
Overall, **77% of respondents believed that older men (>55) are able to work outside the home to earn an income with no significant difference between men and women respondents (F: 74%; M 79%) or age groups**. For those who disagreed (14%)<sup>28</sup>, reasons given included: workplace preference for young men who are fit and strong; physical limitations of older men; limited job opportunities; and respect for elders and that the community should care for such individuals.

### Decision making within the household

The household survey and FGD indicated that household decision making was shared more often now than before the conflict. However, there were still discrepancies between the degree to which women and men perceived shared decision making with men consistently reporting higher perceptions of shared decision making than women. **Though norms may be shifting, men were still seen as the ultimate authority with regard to financial decision making.**

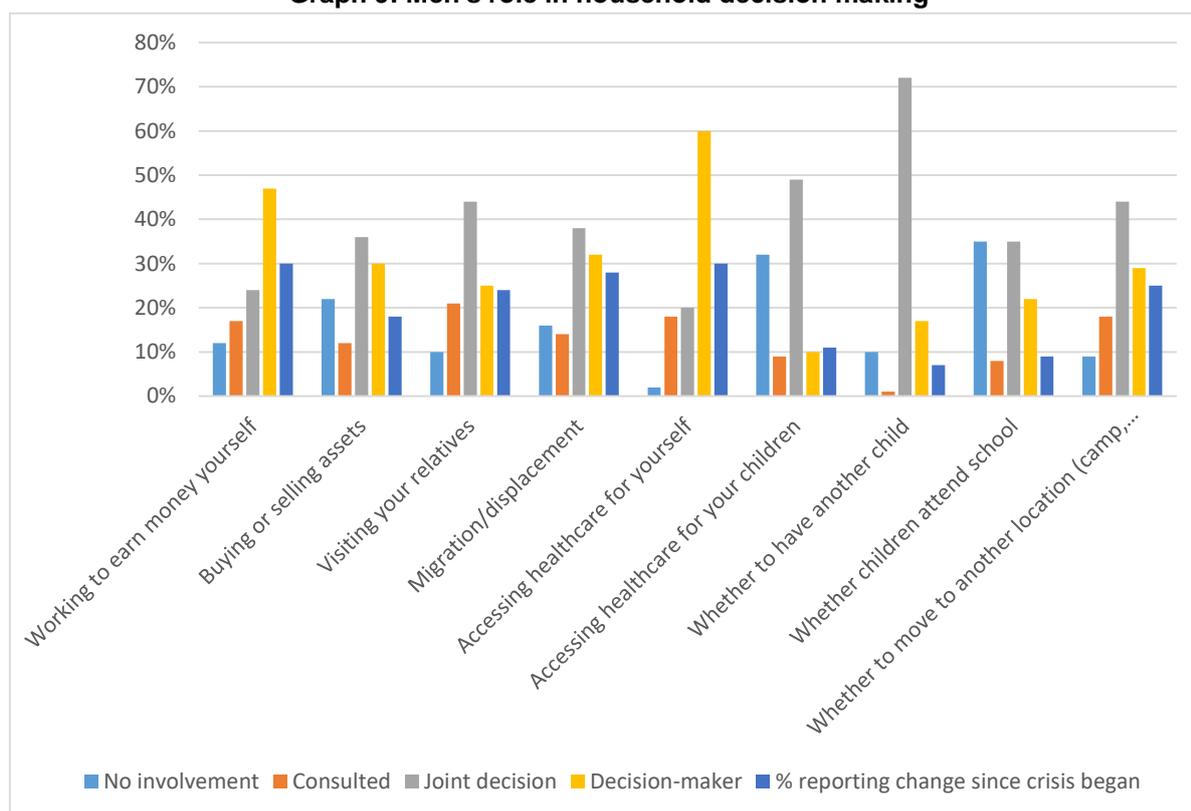
The following graphs represent women and men’s perspectives on their roles in household decision making, beyond financial decisions:

**Graph 8: Women's role in household decision making**



<sup>28</sup> 9% were unsure

**Graph 9: Men's role in household decision making**



**Both women and men reported that the greatest area of change in decision making since the conflict began has been around income generation (M: 30%; F: 34%).** Men were largely responsible for making decisions on who in the family will work to earn an income with 47% having reported being the primary decision-maker). 41% of women reported they had either no involvement or 16% reported that they were only consulted. Only 18% of women reported being able to make the decision on whether to work for themselves.

**Regarding the purchase and sale of assets, men were more likely to be the main decision-maker (30%) compared to women (14%).** Men were more likely to feel that it was a joint decision (36%) compared to women (25%) and 42% of women stated they had no involvement in such decisions.

**While women were able to make decisions regarding children's access to healthcare (49% reported being the main decision-maker and 30% reported making the decision jointly) when it came to decisions regarding their own healthcare, only 35% of women reported being able to make that decision themselves and 49% reported making the decision jointly.** This was in contrast to men who tended to make decisions regarding their health care themselves (60%).

**Both men and women agreed that family planning and the decision to have another child was shared jointly by men and women (F:75%; M: 72%). Most women and men made the decision together (F: 35%; M: 53%) about whether to send children to school.**

**The majority of women felt they had no involvement (49%) or are consulted only (14%) regarding whether to move to another location and men were more likely to see this as a decision taken together (44%).**

### Community decision making

The majority of key informants who were asked about who had access to community meetings, responded that **men primarily attended community meetings** with some women attending.

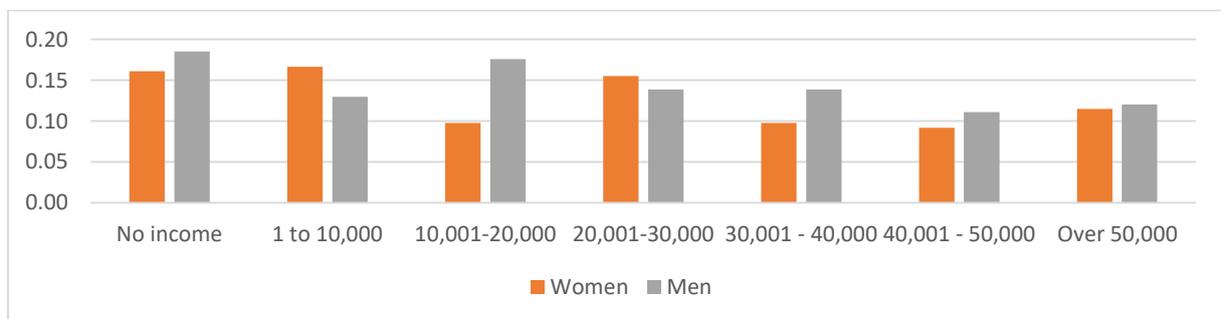
## Capacity and Coping Mechanisms

FGD participants discussed a number of coping mechanisms, particularly around accessing assistance from relatives, women's increased paid work, men working in unskilled jobs and in with hard conditions, rationing expenses and selling belonging. However, a number of FGD participants stated that they 'were not able to adapt' or were having difficulties adapting due to restricted mobility and wanted to migrate. Other common responses were crying, patience and turning to religion. *"I wasn't able to adapt because in my village of origin we had a lot of land for agriculture and now we have nothing here"* (Adolescent boy, FGD participant, Atarib). There were no significant differences between men and women. Both men and women reported that men did not have people to talk to and some women primarily relied on family and friends for emotional support.

## Income

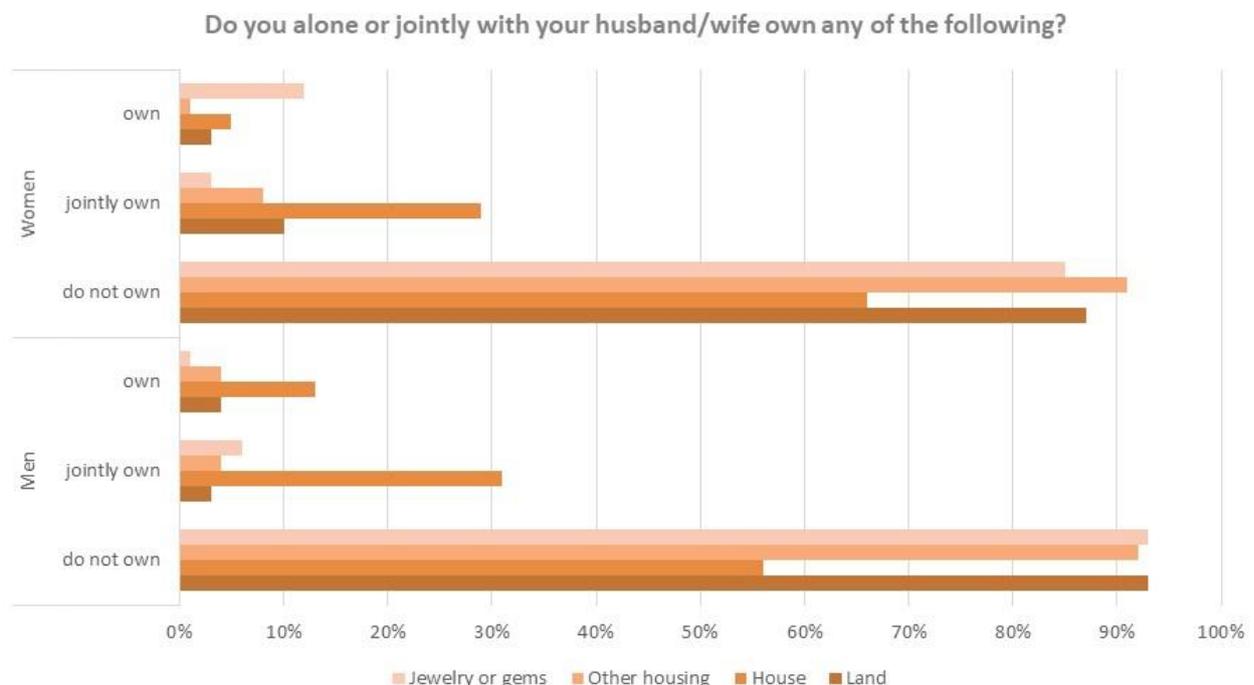
The household survey found that **men reported having no income slightly more than women** (F: 16%, M: 19%), women were the most likely to have a monthly income of between 1 and 10,000 SYP (F: 17%, M: 13%), men were more likely to have an income between 10 and 20,000 SYP (F: 10%, M: 18%) and equal numbers of men and women reported incomes over 50,000 SYP (F: 11%, M: 12%).

**Graph 10: Estimated monthly income for women and men (%)**



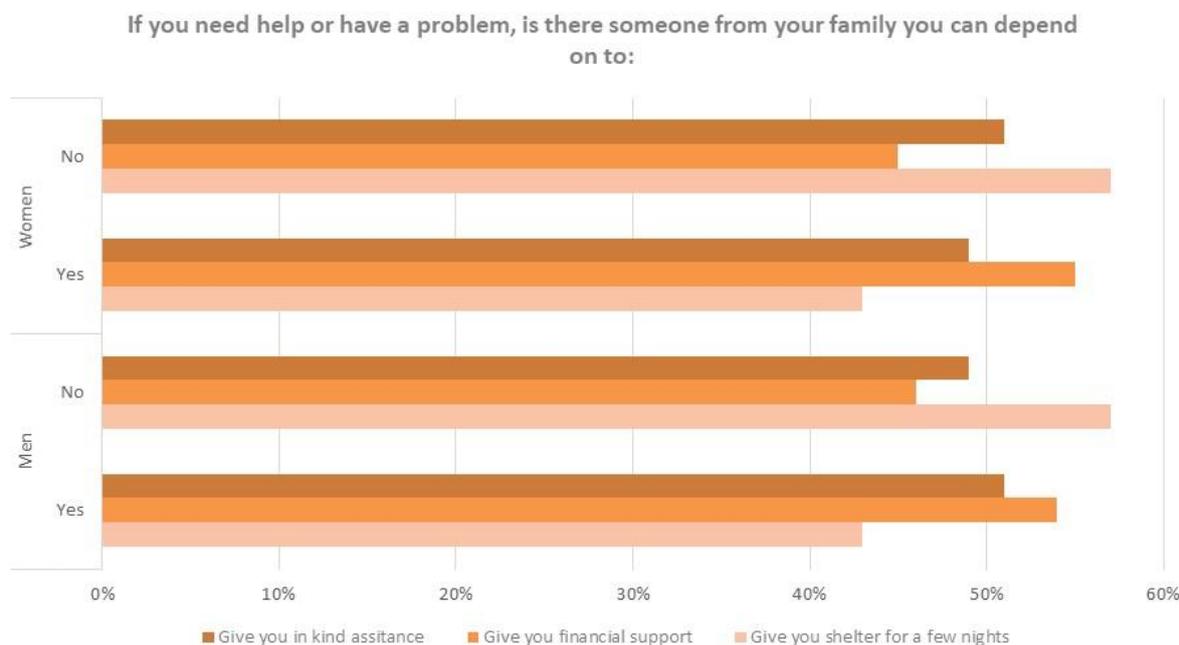
52% of women and adolescent girls and 22% of men and adolescent boys reported that they had access to income outside of their paid livelihood. **Women were more likely to have sole ownership of jewellery and gems, while men were more likely to have sole ownership of housing.** Overall both men and women regard themselves as having joint ownership over housing (current dwelling); other housing and land. **Men were more likely to have access to a more diverse range of additional income sources including driving a taxi, leasing land and renting property. Women were more likely to rely on humanitarian assistance (F: 38%, M: 15%) and remittances (F: 10%, M: 3%) for additional income.**

**Graph 11: Ownership of assets**



Regarding support-seeking behaviours, men and women reported to rely upon family members equally for shelter, financial and in-kind support.

**Graph 12: Support accessible from family**



### Restricting food

The highest frequency of coping strategies and behaviours common for both men and women included eating less preferred / expensive foods (F: 80%; M: 80%) on average 4 days a week. Women tended to borrow food or rely on help from friends and family more than men (F: 36%; M: 29%) on average 3 days a week, which is likely related to their primary responsibility for food preparation and cooking.

While women tended more often than men to limit their intake of food in order for small children to eat (F: 29%; M: 21%), men tended to limit their portion size (F: 32%; M: 48%) and reduce the number of meals per day (F: 32%; M: 46%) on average at least one day a week.

**Graph 12: Coping strategies, food restriction**

COPING STRATEGIES USED WHEN FACING SHOCK/STRESS	WOMEN	AVERAGE # OF DAYS A WEEK	MEN	AVERAGE # OF DAYS A WEEK
Eating less preferred / expensive foods	80%	4	80%	4
Borrowing food or relying on help from friends and relatives	36%	3	29%	2
Limiting portion size at mealtime	32%	2	48%	2
Limiting your intake in order for small children to eat	29%	1	21%	1
Reducing the number of meals per day	32%	1	46%	1

### Child labour

In many contexts, there is work undertaken by children that assists families without being exploitative or harmful. However, RGA data and secondary data demonstrated that **the conflict in Syria has exacerbated the issue of families and young people resorting to harmful forms of child labour as a negative coping mechanism**, particularly to deal with issues such as displacement and a lack of economic opportunities for adult men. Child labour is discussed further in the section on Protection.

## Access

*“Due to security and safety issues, including the threat of violence and (sexual) harassment, as well as social and cultural norms, women and girls are not able to move very freely throughout Idleb, especially in rural and remote areas. This has a number of repercussions, including limiting women’s ability to earn an income, and limiting women and girls’ access to distribution sites to receive aid, and to WASH facilities.” (CARE RGA, North West Syria, 2018)*

### Mobility analysis

Both men and women in FGDs from **host communities expressed adverse attitudes towards displaced people**; that they were outsiders and that they did not trust them. FGD participants from **displaced groups reported feeling isolated and not trusting of local authorities.**

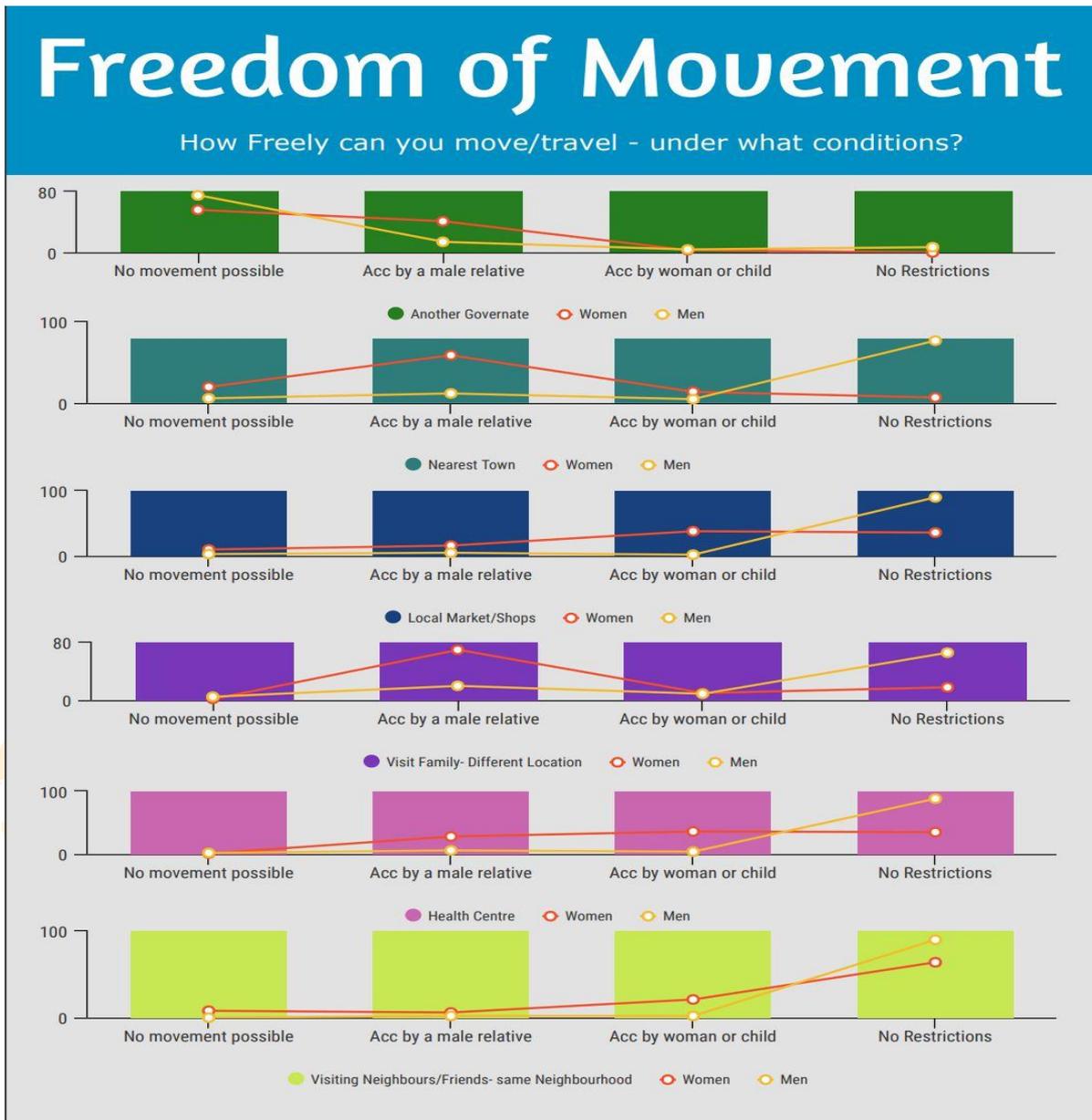
*“100% of men believe that their freedom of movement has changed since the conflict compared to 78% of women. 90% of both women and men believe their freedom of movement has changed as a result of displacement” (household survey).*

**100% of men with disabilities believed that their freedom of movement has changed since the conflict compared to 91% of women with disabilities.** 93% of men with disabilities and 83% of women with disabilities believed that their freedom of movement has changed as a result of displacement. In terms of the factors that limit freedom of movement, security and cost of transportation were the main limiting factors for both men and women. However, women also faced the cultural barriers to their movement (16%) whereas men experienced none (0%).

**96% of women responded that their freedom of movement has changed as a result of the conflict and 94% of women responded that their freedom of movement has changed as a result of displacement.** The FGDs identified that **women experienced far greater restrictions on their movement both within and outside their communities, compared to men.** Women were most likely to be able to visit neighbours or family within the same locale without restriction, however they must usually be accompanied by another woman or a male relative to visit the local shops or health centre. Moving outside their community to visit family in another location or the nearest town required them to be accompanied by of a male relative. Female FGD participants reported fearing harassment from men. Older women reported that women were limited by traditions and norms, fear of harassment and fear of kidnapping *“Norms and traditions do not allow women to go out at night when they are not accompanied by a husband or son”* (Man FGD participant, Salqin). Men in Jarablus also commented that since the conflict there had been increased control of women's clothing. In addition to norms, many displaced women noted that there was a lack of transportation, fear of shelling when gathering in large groups and lack to markets and shops to access (Women’s FGD, Idleb).

**Men on the other hand experienced the ability to move without restriction when travelling within and outside their communities** and were able to visit friends, family, shops, health centres all with relative freedom. The main exception to men’s mobility was travelling to another governorate - given security concerns. Men in FGDs referred to a lack of documentation, lack of transportation and the high cost of transportation as restrictions. In Azaz, men referred to not being able to move out of the area due to the regime, but overall men and women in FGDs confirmed that men had unrestricted movement within their communities.

Graph 13: Men and Women, Freedom of movement



100% of adolescent boys believed that their freedom of movement has changed since the conflict compared to 90% of girls. 88% of adolescent boys and 90% of girls believed that their freedom of movement has changed as a result of displacement. However, in the household survey, 100% adolescent boys reported no restrictions within the same neighbourhood, compared to 50% of adolescent girls and approximately 70% of girls reported that they had to be accompanied by male relatives within their neighbourhood and nearly 60% needed to be accompanied to visit a health centre.

*“After the war came, we thought we would have to worry about fighter planes and bullets, but instead we found ourselves worrying about harassment, kidnapping, and rape. We don’t leave our houses anymore. Some girls cannot even go to school because their families won’t let them.” (Girl quoted in UNFPA, Unbroken, p. 8).*

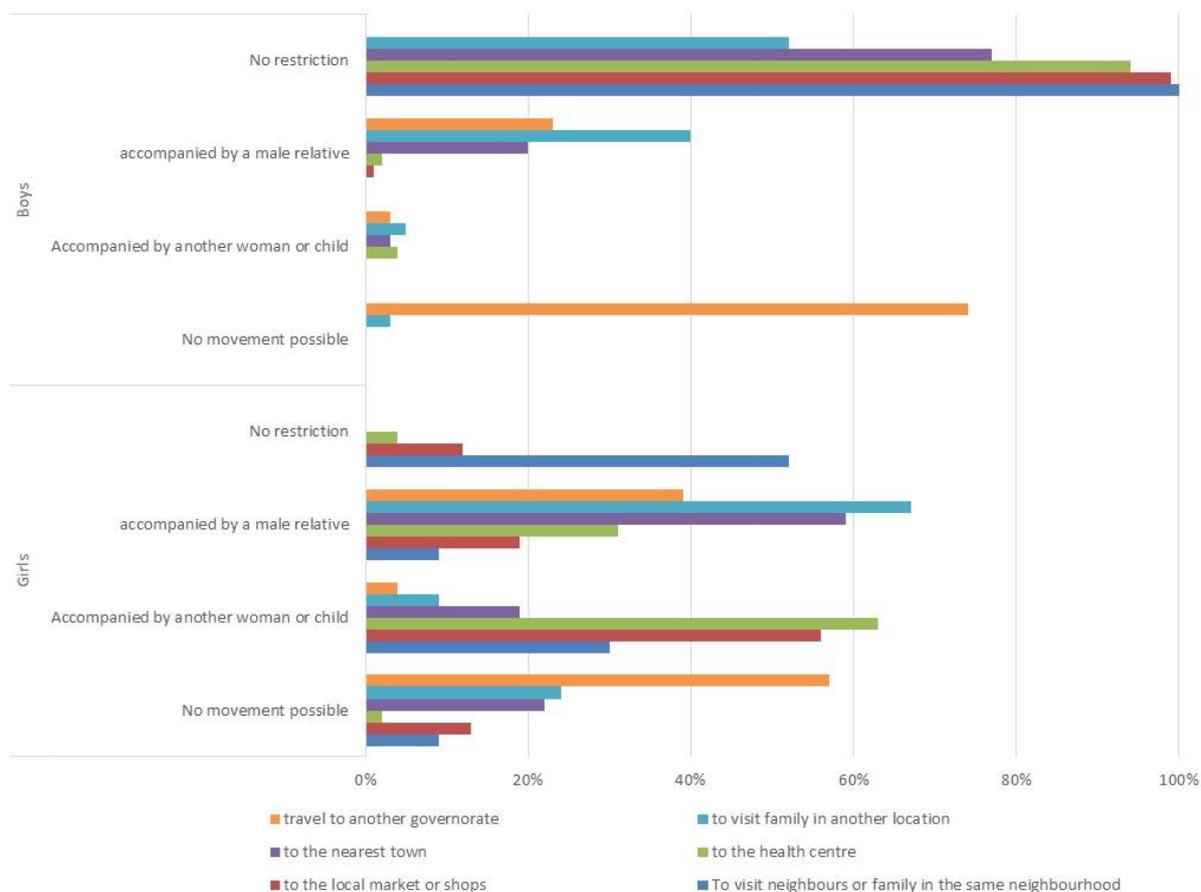
Adolescent Girls in a FGD in Aleppo discussed that adolescent boys “...can go anywhere any time because they will become adults in the near future and they are free to do what they want to do” and that they can go places such as pools, police stations and parks; places that girls cannot go due to traditions and customs. **Adolescent Girls reported that they wished they could go to pools, ice cream shops, markets and mosques.** Adolescent boys from Idleb also reported that girls were much more limited in where they could go, even when girls are over 18 years old and that this was the case prior to the conflict. Specifically, adolescent girls could not go to the market or mosque since the conflict

started. **Girls' limited mobility impacts on their ability to access services including humanitarian aid.** Adolescent boys in a camp in Idleb discussed that adolescent girls need to be supervised at all times and that girls *'are not allowed because of kidnapping and it is also forbidden by Sharia'*. Other reasons given for by adolescent boys for girl's lack of mobility were fear of kidnapping and harassment.

All three FGD of displaced adolescent boys reported that adolescent boys from host communities had more freedom and displaced boys were more restricted because they didn't know the places well. They also reported **displaced youth were subject to harassment, abuse and violence.** One boy in Idleb reported that he was not allowed to sit outside because women and girls pass by the house.

**Graph 13: Adolescent boys' and girls' mobility**

How freely can you move or travel to the following places and under what conditions?



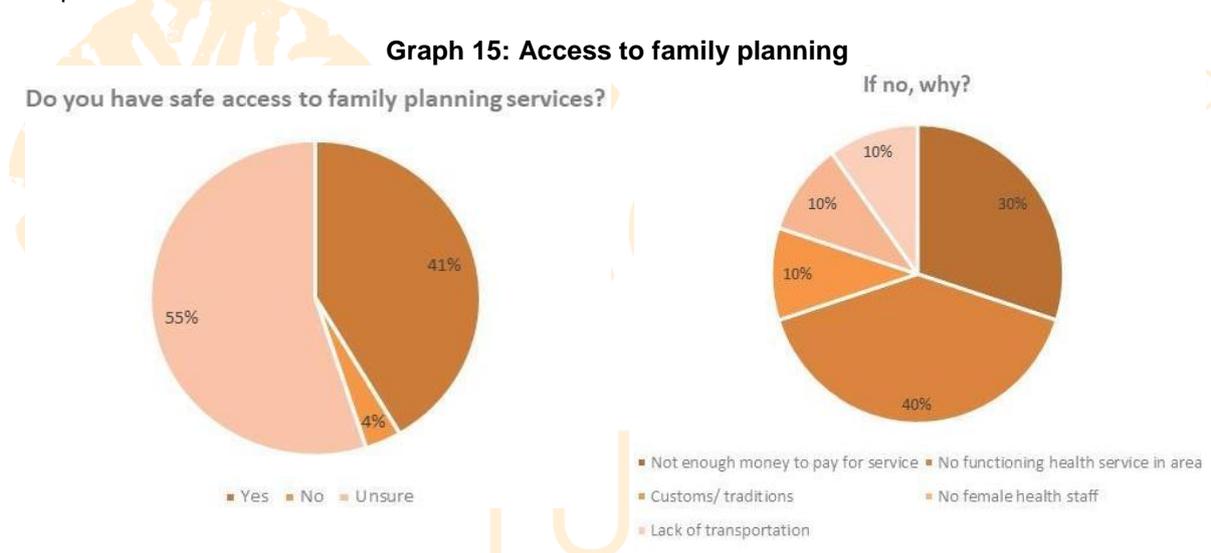
### Health services:

**Overall, 93% of household survey respondents reported having safe access to health facilities with no significant difference between men and women respondents (F: 94%; M: 93%).** Of the 4% that state they do not have safe access, women were more likely (55%) to report that they did not have safe access compared to men (45%). This was reflected in some FGDs where a number of men and women and older men and women, said they had improved access in some areas in Idleb. *“For example, in the past, it was difficult for the families to access the medical services, however, nowadays, and as a result of the wide spread of the medical field (mobile clinics), everybody can access the services easily especially myself”.* (Displaced woman FGD participant, Idleb). Both male and female FGD participants also said that mobile health clinics had improved health access, however, men and women reported that reduced access to pharmaceuticals and specialists compared to prior to the conflict. Reasons for lack of safe access included: not enough money to pay for healthcare (50%); poor safety when travelling to health facilities (10%) and other (40%, reliance on other family members for transportation; and limited mobility due to disability and lack of appropriate transport).

Women and adolescent girls and boys and men who accessed health services in the last 30 days did so for similar reasons including diabetes, diarrhoea, cardiovascular disease, arthritis and joint inflammation epilepsy and physical injury.

**39% of women reported that they had safe access to maternal health services, with 10% saying no access and 51% unsure.** There were no significant differences between women and adolescent girls, with 34% of girls reporting they have safe access, 7% saying no access and 53% unsure. There were also no significant differences between women and women living with disabilities. For women and girls who stated they did not have access, reasons included no functioning health services in the area (66%); not enough money to pay for services (29%); custom and traditional barriers (3%) and attitudes of health staff (2%). There were no significant differences in reasons for adolescent girls not having safe access compared to women.

**41% of women reported having safe access to family planning services, with 4% saying no access and 55% unsure.** Adolescent girls were less likely to report having safe access (28%) and were more likely to be unsure than women (71%). This may indicate that a lack of awareness of family planning services among young women. There were no significant differences between women and women living with disabilities. For those who stated that they did not have access, reasons included no functioning health services in the area (36%), not enough money to pay for services (27%), custom and traditional barriers (9%), no female health staff (9%), lack of transportation (9%) and attitudes of health staff (10%). There were no significant differences in reasons for girls not having safe access compared to women.



## Water, Sanitation and Hygiene services

**Overall, 68% of household survey respondents felt their hygiene needs were being met (F: 73%; M: 60%) with 30% saying they are not and 2% unsure.**

**Men reported that they collected water more frequently than women with 24% of men fully or partially involved compared to 14% of women fully or partially involved. For men that collect water, it was more likely to be boys (52%) or older men (26%).** The majority of men estimated that it typically took between 30 and 60 minutes (80%); more than 60 minutes (8%) with the majority unsure (65%).

**For displaced respondents living in a collective centre or host family, 100% felt that the location of water points was safe, 83% felt that the location of toilets was safe and 17% did not. 89% felt that the location of showers was safe and 11% did not.** Of those that did not feel safe, boys aged 15-17 were more likely to be feel unsafe (36%) compared to girls and women (6%).

**All of those reporting that they toilets and showers were unsafe, the women were based in Idleb and men and boys were based in Atma.** For those that felt unsafe accessing WASH services, the majority indicated there was not much they can do to change the situation with a small number indicating

they went to another water point or toilet they consider to be safer. There was no difference in response between men and women.

These findings were different to the 2018 RGA which found that several WASH facilities were unsafe, and latrines were high-risk areas for sexual violence and that latrines in camps were far away in camp settings and often unlit.

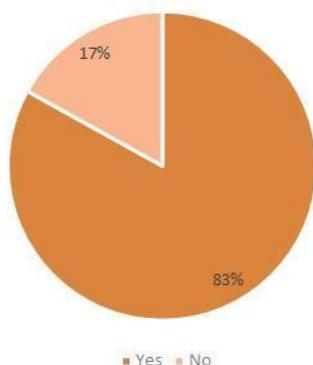
Men, women, older men and older women in FGDs reported that **WASH resources were accessible in Idleb, but that in Atma there were difficulties with transportation and the distance to residences.** Older women in Maraath Tamsarin reported that there was good WASH access for everyone, women in Al-dana, older women in **Salqin reported that WASH resources were expensive and difficult to access for displaced people and girls** in Idleb reported that WASH were accessible for everyone with difficulty.

In Aleppo, older men in Albab reported that water was available, older women in **Darat Azel reported that water was available to everyone except displaced people but that it was expensive,** older men in Jabal Sam'an reported that there was not enough water from pumps and tanks, **men in Jarabulus reported that there were poor water services** and men in **Azaz reported that water was only available to purchase from tanks and that latrines were not available for women** and that there were no private toilets.

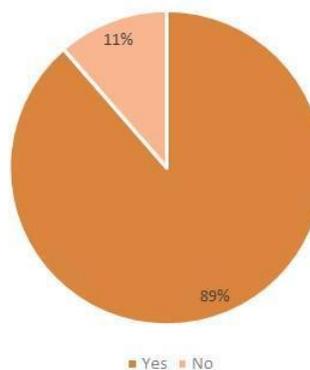
**Women stated that their greatest menstrual hygiene needs were disposable pads (94%)** with far smaller numbers reporting the need for washing and disposal facilities (4%) and reusable clothes (3%). 25% of women and **18% of adolescent girls reported that their menstrual hygiene needs were not being met.**

**Graph 16: Safety of toilets and showers**

Do you feel that the location of the toilets are safe?



Do you feel that the location of the showers are safe?



### Access to humanitarian assistance:

When asked if everyone in the community is able to access humanitarian assistance, only 55% of respondents said yes, with 30% responding no and 15% unsure. **Women were less confident than men that everyone can receive assistance** with 34% of women stating that not everyone can access assistance compared to 24% of men. **For those who answered that not all people can access assistance, explanations included: people with disabilities being unable to access (27%); girls / women are not permitted to access services by their families (22%); location of services are not convenient for girls / women (15%); priority is given to men (14%); not safe for girls / women to travel to service sites (14%); no women staff providing services (4%); and hours are not convenient for girls / women (4%).** Other reasons mentioned include lack of information on registration processes; nepotism and corruption in council bodies; lack of coordination and poor targeting of the most vulnerable such as widows and people with disability. **Key informants supported these finding and reported that key barriers were lack of access for people with disability and women and girls were not able to**

access services due to customs and traditions that limit their mobility. This was seen to particularly limit women and girl's access to vocational training.

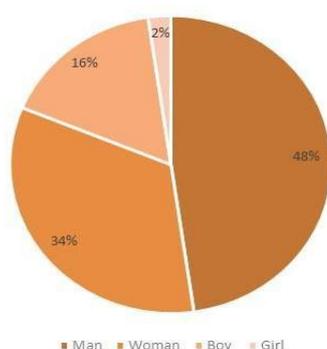
Some displaced women, men and adolescent boys aged 15-17 in FGDs expressed a distrust of aid organizations with a perception that access to aid is failing and that access to humanitarian aid is based on having status and connections such as being powerful and wealthy people. Most men and women reported perceiving that aid is focused on widows and divorced women with an additional perception among older men that humanitarian assistance, and particularly vocational training, is focused on women. In additions, a number of men linked women's perceived increased access to vocational training to their increased ability to access work compared to men. Older women perceived that cash transfers were more available to men than women. Older men in FGDs commented that receiving aid is humiliating. This indicates that more work is required to engage men and for organisations such as CARE to be explicit about the aims of and rationale for gendered targeting of programs.

The CARE Quarterly Accountability Report 2019 found that CARE's partners received 1272 complaints in the last quarter 2019. 62% of these complaints were negative feedback complaints with most of these complaints from Idleb (65%). Projects related to Emergency and Rapid Response mechanisms received the highest numbers of the complaints received (46%) followed by project related to Protection (36%), Food Security and Livelihoods with (17%) and WASH and Shelter with 1% respectively. Complaints from women increased in the first quarter 2019 with 50% compared with female complainants in the last quarter of 2018 with 17%. It is positive that women have increased their access to the complaint's mechanism, and more can be done to understand gendered nature of complaints.

*“Accessibility (for aid) is to female widows as most of the projects are targeted to them.” (Older Man FGD participant, Salqin)*

**Graph 17: Responsibility for collecting humanitarian assistance**

Who is responsible for collecting humanitarian assistance?



During the household survey, 46% of both resident and displaced households in a collective centre or with a host family reported receiving humanitarian assistance in the last 30 days. These were primarily adult-male-headed households (77%).

For those households receiving assistance, the person within in the household most likely to collect the assistance was the man (48%); with 34% of households being the woman and 16% an adolescent boy. In far fewer households (2%) an adolescent girl received assistance. The CARE 2018 RGA<sup>29</sup> found that in Idleb adolescent girls are often not able to attend distribution sites as families view it as shameful, mostly because the

distribution sites are seen as a very male dominated environment. In FGD, adolescent girls said that the sites are overcrowded and that they are often harassed. Distributors are mainly men, and when women and girls go to distribution sites, they reported often having their photo taken without their consent, which makes women feel very uncomfortable. This is an important point for NGOs to ensure to be sensitive when monitoring at distribution sites, to not make women feel more unsafe or unintentionally shame them. Widows and divorced women also raised the issue of sexual exploitation at distribution sites.

Secondary data also indicates that women with disability face barriers to accessing support including attitudinal and cultural beliefs. They also face physical barriers as many public spaces

<sup>29</sup> CARE (2018) Rapid Gender Analysis Syria – Idleb Province 2018.

and forms of public transport do not accommodate people with disabilities.<sup>30</sup> Households caring for people with disabilities face greater food insecurity and women with disability are at greater risk of domestic and sexual abuse and neglect.

86% of household survey respondents stated that they have not been personally consulted about their household needs and priorities by aid agencies (F: 89%; M: 81%); while 11% say they have. Of those who had been consulted, men were twice as likely as women to have been consulted (F:7%; M:18%).

## Education:

*The school year is due to start on 21 September, however hundreds of thousands of children are at risk of not attending. It is estimated that only half the schools are functional. Schools in Internally Displaced Persons (IDP) areas are overcrowded and have limited capacity. 73% of camps in Idleb and Aleppo have no education services at all. (HNO: 2019).<sup>31</sup>*

45% of household survey respondents reported that prior to the conflict, their children – girls and boys – attended school with no significant difference between men and women respondents (F: 53%; M: 47%). 25% of respondents reported that since the conflict, their children – both boys and girls – were attending school and 13% reported that neither boys nor girls were attending school. 4% stated that only girls are attending and 3% reported that only boys are attending school with no significant differences between men and women respondents. UNICEF reported that prior to the conflict that primary school enrolment was high, 76% on average<sup>32</sup>.

In FDGs, both women and men reported that **children's lack of access to education was one of the worst consequences of the conflict. The majority of FGD participants discussed early and forced marriage for girls and boys dropping out of school to work- sometimes as early as age 9 or 10.** The majority of FGD participants stated that education was **more accessible for host communities than for displaced children and for people with greater access to resources to pay for fees and supplies.**

**For those who indicated only their boys are attending school, reasons given included not enough money to send all children to school (44%),** girls stay home to help with domestic tasks (22%), not acceptable or safe for girls to attend school (11%) and other (22%), girls will be married in the future and therefore they do not need an education.

**For those who indicated only their girls attended school, reasons given included boys are required to stay home and participate in paid labour to support the family (66%)** and not enough money to send all children to school (34%). A women's focus group in Jarabulus also reported that parents removed girls from school for fear of kidnapping and this issue is related to both protection and mobility issues.

**For those who indicated neither their boys or girls attended school, reasons given included not enough money to send all children to school (43%);** children need to stay home to support domestic labour (27%); children need to stay home to participate in paid labour (14%); and other (16%, distance; poor security and perceived lack of importance for education in the context of an ongoing conflict).

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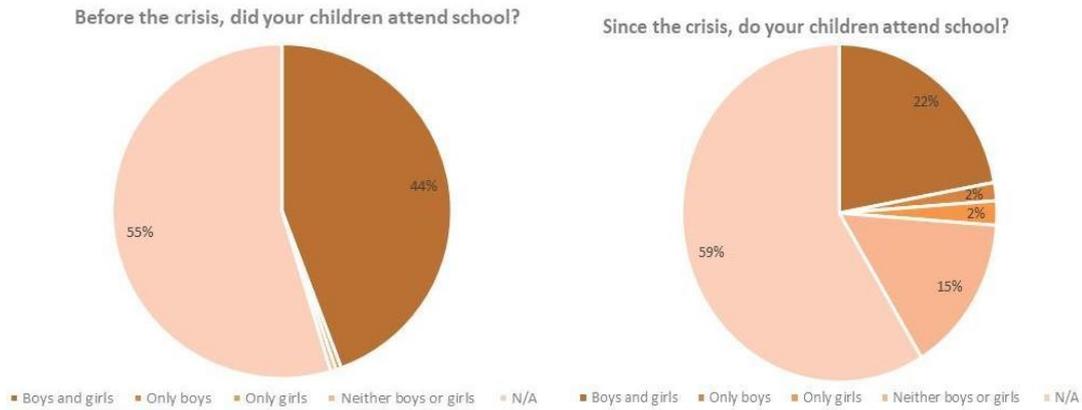
<sup>30</sup> UNFPA and GBV Area of Responsibility Whole of Syria (2019): *Voices from Syria: Assessment Findings of the Humanitarian Needs Overview*, p.24.

<sup>31</sup> UNOCHA, HNO 2019 <https://hno-syria.org/#resources>

<sup>32</sup> Whole of Syria Education Focal Point and UNICEF (2015) *Syria Education Sector Analysis: The effects of the crisis on education in Syria 2010-2015:*

[https://www.unicef.org/mena/media/6771/file/The%20effects%20of%20the%20crisis%20on%20education%20in%20Syria%20\(2010-2015\)%20Executive%20Summary\\_EN.pdf%20.pdf](https://www.unicef.org/mena/media/6771/file/The%20effects%20of%20the%20crisis%20on%20education%20in%20Syria%20(2010-2015)%20Executive%20Summary_EN.pdf%20.pdf).

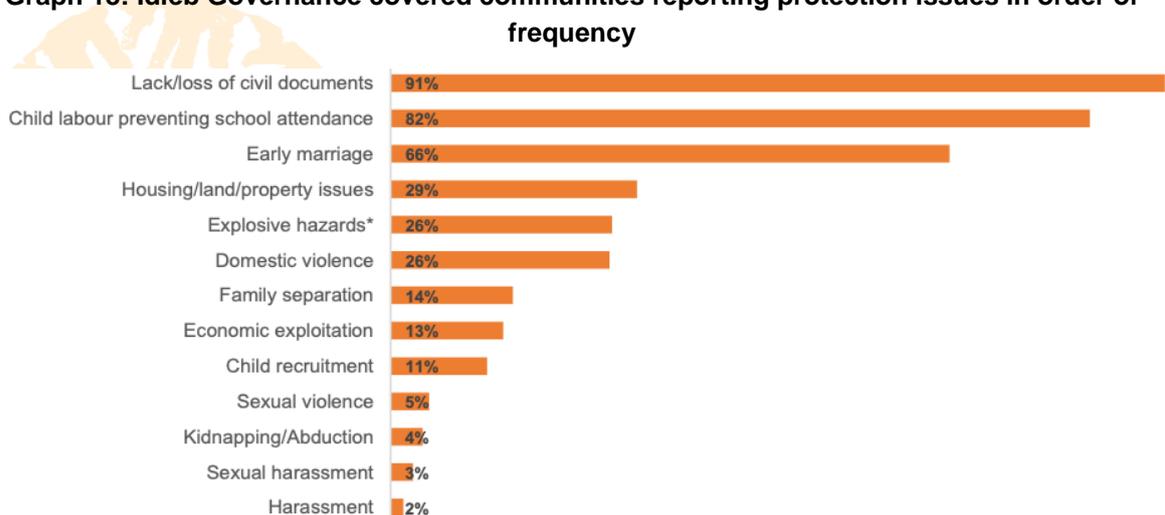
**Graph 17: School attendance before the conflict and now**



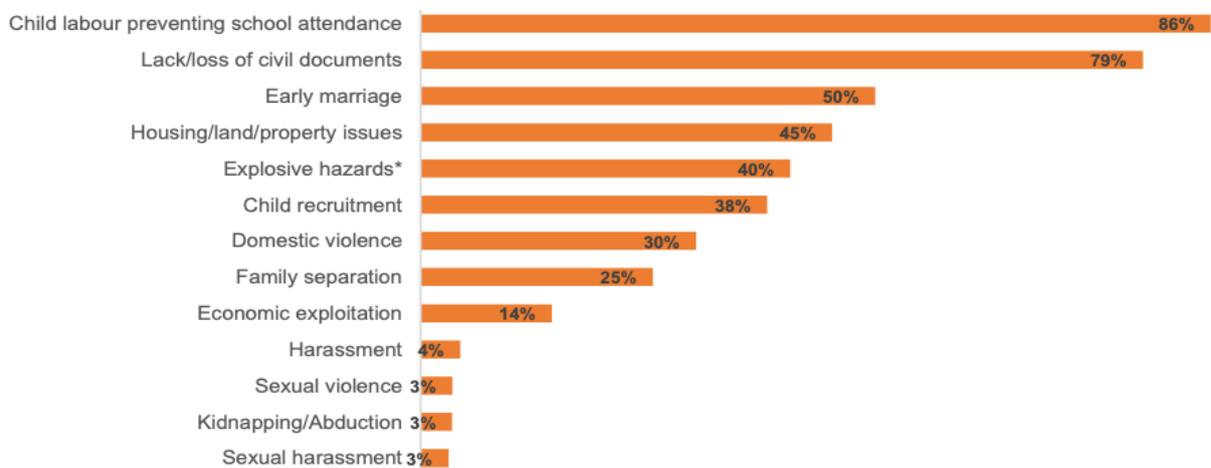
## Protection

*The Whole of Syria Protection Needs Overview 2018*, provides a snapshot of the key protection issues in Aleppo Governorate and Idleb and these are presented in the following graphs:

**Graph 18: Idleb Governance covered communities reporting protection issues in order of frequency**



**Graph 19: Aleppo Governance covered communities reporting protection issues in order of frequency**



Not all of the issues represented Graph could be covered in the RGA, however, many key protection issues reported in the *Whole of Syria Humanitarian Overview 2018* are gendered and therefore explored further with additional data from the RGA and other secondary sources.

## Early and forced marriage

*“Before the crisis, girls were able to decide to accept or refuse the marriage proposal, however, considering the current circumstances, girls may be forced to get married due to many reasons, including poverty, number of girls in the one family” (Older women, FGD participant, Salqin).*

**20% of household survey respondents reported that at least one female family member was married before turning 18. Of those, nearly half were married before the age of 16.** Nearly half of respondents reported more than one girl in their family having been married before the age of 18. Some of the FGDs discussed girls as young as 12 and 13 being married and a small number of respondents to the household survey stated that girls in their family aged 13 and 14 were married.

Women’s FGDs in both Aleppo and Idlib, reported that the **key negative consequence of the conflict for girls was early and forced marriage**. Respondents discussed a range of negative perceptions of the practice including that it was seen to ruin a girl’s future. Many women also had concerns that the marriages would end in divorce *“...she will not be able to perform her duties as a wife because she is a child who wants to play and enjoy and she won’t take care of the household issues”* (Woman, FGD participant, Idlib). Women also expressed concerns about girl’s health related to childbirth.

Early and forced marriage was perceived by women and older women FGD participants to have existed prior to the conflict, though mainly as an option for poor women and more often in rural rather than urban areas. **Some women in FGDs perceived early and forced marriage as a negative coping mechanism expressing supportive views of early and forced marriage depending on the man and his status and economic situation.** For example, if the man had money, it was perceived to be able to reduce the poverty of her family and *‘reducing the burden on her parents’* (Woman, FDG participant, Atma). Early and forced marriage was reported by men in an FGD in Jarablus to protect girls from sexual violence: *“At the time of Dahesh, early marriage cases has increased, as families encourage their girls to marry at a young age for safety reasons”*. This finding was also echoed in the *Voices from Syria 2019*<sup>33</sup> in both Aleppo and Idlib, which reported that the age of marriage was getting younger as a result of the conflict.

### Early and forced marriage

*.. a girl forced into early marriage in 2011 may by now have become a widow or a divorcee — sometimes more than once — with children of her own to protect and feed. It is likely she would have had to forgo her education as a result of her untimely marriage, resulting in significantly diminishing her prospects for a livelihood and personal growth. This, in turn, not only puts her at greater risk of additional forms of discrimination to which divorcees are typically subjected, but it also substantially increases the risk of exploitation and negative coping mechanisms such as polygamy, survival sex, and the like.*

UNFPA, 2019, Unbroken

Save the Children<sup>34</sup> detailed the impacts of early and forced marriage **on girls including that girls are less likely to stay in school, face increased social isolation, experience higher risk of physical and sexual violence and experience health consequences** such as death in childbirth. In terms of services, the needs of married girls are different to their peers. For example, they need sexual and reproductive health and family planning services and parenting, GBV and livelihoods programs that are specifically targeted to them as a population but married girls are rarely catered for.

## Child labour

While both **boys and girls were found to be engaging in child labour, girls were more likely to do so in the home**. Men and women’s FGD participants expressed that girls are not allowed to work outside

<sup>33</sup> UNFPA and GBV Area of Responsibility Whole of Syria (2019) *Voices from Syria: Assessment Findings of the Humanitarian Needs Overview*.

<sup>34</sup> Save the Children, Human Rights Centre (2018) *Toward an End to Early marriage: Lessons from research and practice in development and humanitarian sectors*: [https://www.girlsnotbrides.org/wp-content/uploads/2018/07/child\\_marriage\\_report\\_june20181.compressed.pdf](https://www.girlsnotbrides.org/wp-content/uploads/2018/07/child_marriage_report_june20181.compressed.pdf).

of the home due to traditions and customs and fears for girl's safety when they are mobile. "Girls at that age (9 to 10 years old) cannot recognise right from wrong where boys are aware" (Male FGD participant, Albab). It was seen that it was better for girls to help their families with domestic work. The reasons for home-based work being necessary for girls are highly gendered and relate to entrenched norms and values which can be harmful for girls restricting their movement and increasing their overall work burden.

Boys' labour outside of the home has protection repercussions for **boys who are not only engaging in child labour, but who may be engaging in hazardous work**. Boys who responded the household survey also reported that their main protection risk was fear of attack while travelling within the community (see Graph 20). Men and women's FGD participants also identified **child labour and boys dropping out of school as the key change for boys since the conflict began** which was supported by secondary data.

*Voices from Syria*<sup>35</sup>, also found high numbers of boys involved in child labour, which impacted on their ability to finish school, and found that one of the **most dangerous forms of child labour is armed recruitment** which was primarily experienced by boys and **that boys are at risk of sexual harassment, exploitation and violence**.

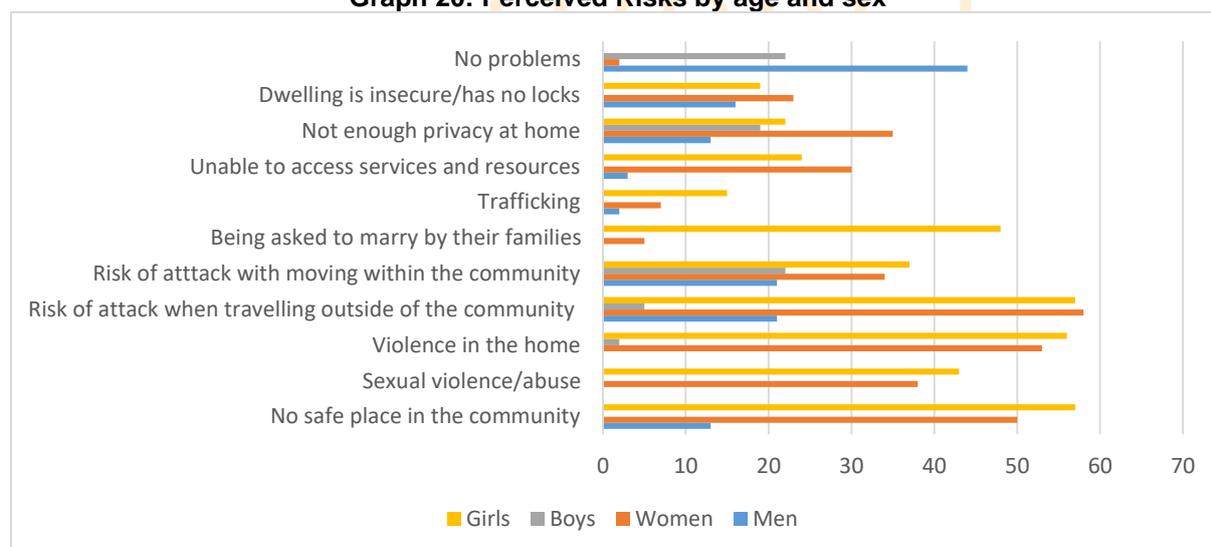
*The Whole of Syria Protection Needs Overview 2018*<sup>36</sup> found **child labour to be the number one protection issue in Aleppo and the number two protection issue in Idleb**. The Report also found that while both boys and girls were involved in child labour, respondents felt adolescent boys were the most impacted group with the highest rate of occurrence being perceived in boys aged 15-17 (81%), boys aged 12-1 (75%) and girls aged 15-17 (70%). The Report confirms that boys were said to be more likely involved in hazardous forms of labour such as combat and support roles, smuggling, operating heavy machinery in factories and workshops and working in oil refineries while girls are reported to be more involved in domestic work. Both girls and boys are involved in agriculture work.

## Gendered protection risks

**98% of household survey respondents reported security concerns facing women and girls have increased since the conflict began and 97% of respondents report that security concerns facing men and boys have increased.**

Specific security concerns facing women, girls, men and boys were ranked in order of concern visualised in the Graph below:

**Graph 20: Perceived Risks by age and sex**



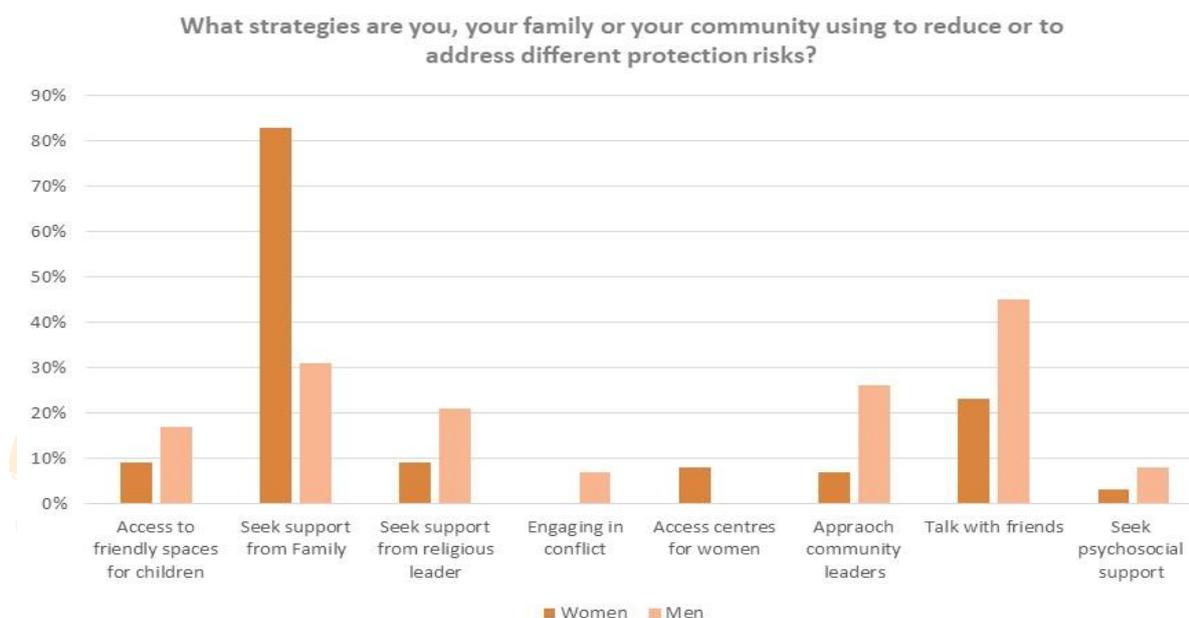
<sup>35</sup> UNFPA and GBV Area of Responsibility Whole of Syria (2019) *Voices from Syria: Assessment Findings of the Humanitarian Needs Overview*.

<sup>36</sup> Whole of Syria Protection Needs Overview 2018, p72.

**Women and adolescent girls reported a greater number of risks compared to men and boys. For women and girls, the highest protection risks reported were risks travelling outside of the community, no safe place in the community, closely followed with violence in the home.** Women and girls also reported that they were most concerned about not being able access services<sup>37</sup> and resources. Women and girls reported sexual violence as a risk where men and boys did not. Adolescent girls also ranked being asked to marry by their families as a high risk.

**For men, the highest number reported no problems followed by risks of attack when moving within and outside of the community. Boys also rated moving within the community highly, along with lack of privacy at home, followed by reporting that they had no problems.**

**Graph 21: Strategies to reduce protection risks by sex**



Overwhelmingly, those facing risk and those who have experienced violence reported relying on informal networks of family and friends for support rather than existing authorities who were not trusted by women. **Women were much more likely to rely on family (83%) and friends (23%) for support compared to men who in addition to family and friends were also likely to seek support from religious (21%) and community leaders (26%).** Boys reported that they did not have anyone to talk to when they experienced risks.

### Gender based violence

According to *Voices from Syria*<sup>38</sup> **women and girls are still disproportionately affected by GBV as a result of protracted conflict.** Women and girls fear for their safety which affects their freedom of movement, in turn impacting their ability to participate in all realms of social and cultural activities, including gaining an education, earning a living and accessing services such as health and psychosocial support.

The *Voices from Syria*<sup>39</sup> report found in Aleppo and Idlib, **women are most at risk of sexual violence, which was a particular concern to girls, divorcees, widows and women with disabilities.** These groups were perceived as more at risk in part due to their lack of male protection and because they were seen as physically weaker and therefore more vulnerable. In Idlib abduction for the purposes of sexual

<sup>37</sup> Services include humanitarian services such distribution of non-food items (NFIs), vocational training, etc.

<sup>38</sup> UNFPA and GBV Area of Responsibility Whole of Syria (2019) *Voices from Syria: Assessment Findings of the Humanitarian Needs Overview*.

<sup>39</sup> UNFPA and GBV Area of Responsibility Whole of Syria (2018): *Voices from Syria: Assessment Findings of the Humanitarian Needs Overview*.

violence was highlighted as a key protection issue for boys and girls along with sexual exploitation of women due to poverty which was linked to workplaces. In Idleb, so-called honour killing of women and girls resulted from girls who had experienced sexual violence due to cultural and social shame. Girls were seen to bring shame on their families when they experience sexual assault which reduces the likelihood of girls reporting or seeking help for sexual violence.

**Family and domestic violence is also a form of GBV with women and girls as the primary victims in both locations.** More women in Idleb reported domestic violence than Aleppo. *Voices from Syria*<sup>40</sup> indicates that domestic violence has increased due structural factors compounded by the conflict to the conflict which include the following:

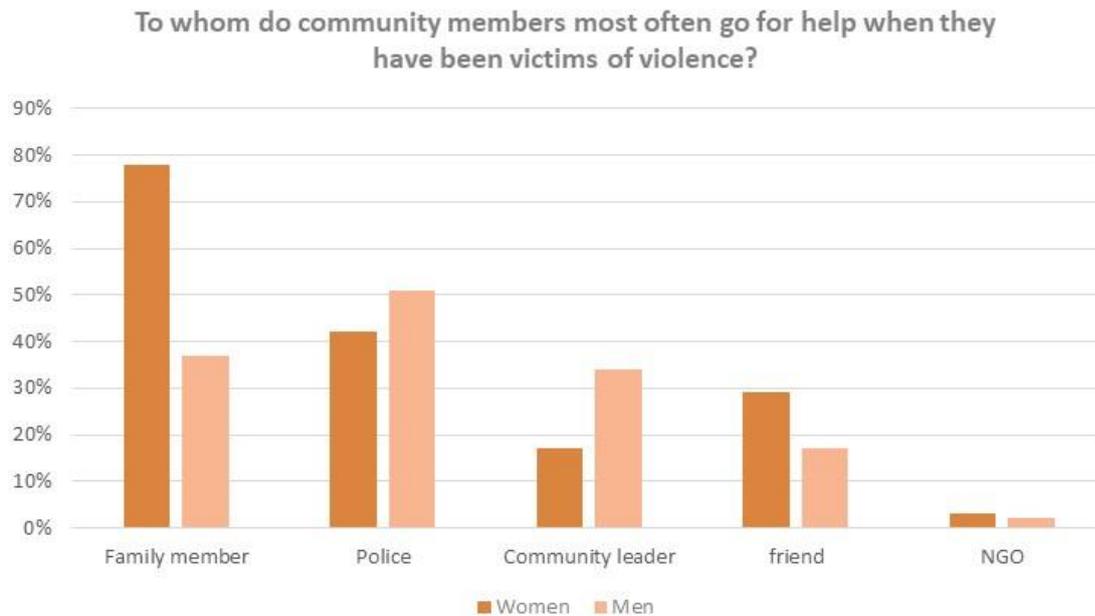
**Figure 3: Contributing Factors to Increased Domestic Violence**



Women in Aleppo and Idleb reported **restrictions of movement related to custom and tradition and safety concerns due to sexual harassment and violence** in public spaces resulting in isolation, depression and limited access to services.

<sup>40</sup> UNFPA and GBV Area of Responsibility Whole of Syria (2018) *Voices from Syria: Assessment Findings of the Humanitarian Needs Overview*, p. 29.

**Graph 22: Help seeking following an incidence of violence**



When asked to whom community members most often go for help when they have experienced violence, **women responded that they are much more likely to rely on family members (78%) and friends (29%) compared to men who are more likely to go to formal community level structures and institutions including police (51%) and community leaders (34%).** No adolescent boys or girls reported relying on NGOs, however adolescent FGD participants in Aleppo, said that they could go to a women’s support centre in the village. The same girls said that there was no one for boys to talk to. Adolescent boys in Idleb reported that girls can speak to their families and boys can speak to camp managers, friends, courts and humanitarian organisations. Displaced adolescent boys in Idleb also said that ‘*at school no one listens to us*’, and that “*we are new immigrants and we don't know if the teacher or religious preachers will listen to us*” (Displaced boy, FGD participant, Atma). **Women with disabilities also reported that they turned to family members and friends** whereas men with disabilities were more likely to rely on a diverse range of support including community leaders.

**Women in both Idleb and Aleppo perceived that they could not go to the authorities for help.** The exception was Azaz, where older resident women responded that they felt safe to access police. A majority of women stated that there was no one that they could go to for help, though women’s centres are trusted when they are available. For example, older women in Darat, Azzeh and Salqin reported that they felt safe reporting concerns to women’s centres. Displaced women said that they could not seek help from the council, but women from host communities found their communities safe. Older men reported that they would go to the police and the local council, but many **displaced men reported that they had nowhere to go to express safety concerns.**

**Lack of documentation**

*The Whole of Syria Protection Report* <sup>41</sup> reported that **lack or loss of civil documentation, including legal identity, features as another top protection issue in both Idleb and Aleppo** where 91% and 79% respectively, reported lack / loss of civil documentation. Women and adolescent girls considered this an issue 88% and 87% respectively. **Lack of documentation was particularly problematic where social norms and customs restrict the rights and movement of women and girls.** Without legal identity, it can be challenging to assert claims during civil proceedings (i.e. divorce, custody and maintenance, and property ownership) and criminal matters with regard to sexual abuse, exploitation

<sup>41</sup> Whole of Syria Protection Needs Overview – Aleppo and Idleb Governorates.

and rape.<sup>42</sup> Lack of documentation can also impact access to services such as education and health, housing, and employment.

**Male FGD's also reported the lack of official documentation as a priority concern with impact of negatively affecting mobility and access to services and resources such as hospitals and health clinics** [we have] *no access [to health clinics], they ask for documentations and because of transportation*' (Adult men FGD, Azaz). The 2018 RGA found that *'both women and men of all ages are reported to lack or have limited access to civil documentation in Idleb Governorate. Official documentation can be obtained but the safety risks as well as the costs were deemed by many as too high'*.<sup>43</sup>

## Recommendations

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### Overarching recommendations for all partners and stakeholders

#### Engage men and women in norm-change interventions alongside all programs

- Norm-change interventions aim to address structural issues such as power dynamics and cultural norms are a key component of achieving gender equality. These approaches promote changing knowledge and attitudes about gender equality, household decision making, involving men in taking on greater housework and men supporting women to take on non-traditional work and support programs that include women and marginalised groups. CARE has a number of tools for this such as Social Analysis in Action<sup>44</sup> which can be used with staff, service providers, partner organisations and community groups.

#### Mainstream GBV prevention and response into all programs

- Mainstream GBV into all interventions which includes monitoring reported incidences of GBV, mapping existing referral pathways and training staff on responding to disclosures of violence and referral to appropriate GBV-response services.
- Ensure staff understand GBV risk mitigation as being a core component of their programming responsibilities and can identify gendered risks and work with technical specialists to mitigate, across the program cycle.<sup>45</sup>

#### Gender mainstreaming/integration

- Improve consultation and targeting of marginalised groups through setting targets of numbers to reach for each group (men, women, adolescent girls and boys, people with disabilities).
- Engage with CSOs that specialise in reaching diverse populations (for example disabled people's organisations)
- Use targeted sampling where necessary to reach diverse groups.
- Use the Washington Group Short Set of questions in all rapid needs assessments to reach people that do not identify as having a disability due to stigma.
- Recruit female staff and volunteers and aim for gender-balanced teams in recognition that it is better for women to consult and work directly with women and girls.
- When hiring consultants, include gender analysis and mainstreaming/integration skills in TORs for all sectors.

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<sup>42</sup> UNFPA and GBV Area of Responsibility Whole of Syria (2019): Voices from Syria: Assessment Findings of the Humanitarian Needs Overview, p. 37

<sup>43</sup> CARE (2018) *Rapid Gender Analysis Syria – Idleb Province 2018*, p. 11.

<sup>44</sup> CARE Social Analysis and Action Global Implementation Manual

<sup>45</sup> For further information see CARE (2015) *Guidance of Gender Based Violence Monitoring and Mitigation within Non-GBV Focused Sectoral Programming*, which includes details of more detailed referral mapping and how staff can manage disclosures of violence.

- Interview and hold separate focus group discussions for men, adolescent girls and boys and marginalised groups.

## Distributions

- Ensure that the distributions are team is gender balanced.
- Ensure that the distribution point is accessible to men, women, adolescent boys and girls and people with disabilities and that there are separate distribution lines for women and adolescent girls.
- Depending on the type of distribution, separate distributions on the same day targeting men and women at different times.
- If distribution points are not appropriate or accessible, suggest undertaking house-to-house distribution to access the women and adolescent girls, elderly women, people with disabilities and others with limited mobility.
- In the longer term, address cultural norms that limit women and girl's mobility through approaches such as Social Accountability in Action<sup>46</sup>.

## Sector specific recommendations

### Food security and livelihoods

- In designing cash and voucher programmes, include monitoring of household decision making vs GBV risks to women. Engage in men and women in gender equality training along with cash and voucher programming. Ensure that staff are training in managing disclosure and referral to appropriate GBV response services<sup>47</sup>.
- Engage men when promoting women's livelihood programming through gender equality workshops including topics such as exploring cultural gender norms, household decision making, household work and support to women attending training and working.
- Consider women's and girl's existing burden of work when designing FSL programs. Cash for work programs or women starting a small business will likely increase women's existing burden of work. Consult with program participants and consider unconditional cash grants, home-based income generation options<sup>48</sup> and the time and location of any training.
- Provide transportation and childcare for training.
- In combination norm-change programs, experiment with women, men, boys and girls undertaking work in non-traditional sectors such as livelihood activities, cash-for-work and vocational training (which can risk reinforcing traditional gender norms) and continue investigate the interests of program participants and encourage people to take on non-traditional roles where feasible.

### WASH and menstrual hygiene management

- Include women and girls in all consultations regarding water points to minimise their time collecting water.
- Include people with disabilities in consultation and monitoring about access to latrines and water points to understand barriers to access.
- Include disposable pads in WASH and NFI distributions for women as these are by far the most requested items<sup>49</sup>.

### Health and reproductive health

- Continue to provide mobile health clinics and ensure that these provide reproductive and sexual health and maternal health services and referral to GBV response services.
- Offer sexual and reproductive health services at youth centres and Women and Girls Safe Spaces.

<sup>46</sup> CARE Social Analysis and Action Global Implementation Manual

<sup>47</sup> see CARE (2015) Guidance of Gender Based Violence Monitoring and Mitigation within Non-GBV Focused Sectoral Programming

<sup>48</sup> The SRC 2018, Exploring Livelihood Opportunities in Syria identified a number of home-based options.

<sup>49</sup> According to the RGA household survey

- Include sexual and reproductive health information in awareness session.

### **Psychosocial support**

- Target psychosocial support to men and boys as well as women and girls.

### **Accountability**

- Improve communication with stakeholders about how and selection criteria and targeting.
- Conduct outreach to gather feedback from individuals who may have limited mobility or are unable to access regular complaint mechanisms.
- Identify female staff as contact people for women and girls in the community to provide feedback.

#### **Recommendations from adolescent boys and girls aged 15-17<sup>50</sup>**

- ❖ Boys in Idlib suggested a number of improvements for aid programs including literacy courses, improved security in markets, awareness raising, centres to support male and female youth and vocational training. Boys suggested improving safety by children going back to school and providing better security, fences and lighting for camps.
- ❖ Girls in Aleppo suggested programs increase gender equality and provide work opportunities for girls, as many families have lost their breadwinner and are counting on the girls to work and have a source of income for the family.



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<sup>50</sup> This feedback was provided during FGDs from the CARE RGA

## Recommendations for CARE

### Overarching Recommendation

This RGA should be updated and revised as the conflict unfolds, and relief efforts continue. Up-to-date gender analysis of the shifting gender dynamics within affected communities allows for more effective and appropriate programming and will ensure humanitarian assistance is tailored to the specific and different needs of women, men, boys and girls. It is recommended that organisations continue to invest in gender analysis, that new reports are shared widely, and that programming will be adapted to the changing needs.

### Monitoring and evaluation

- Continue to build on qualitative data collection and analysis to monitor changes in attitudes and behaviours for programs aimed at challenging power dynamics, qualitative data is also required, through focus group discussions and key informant interviews.
- Questions from this RGA can be used or the CARE 2015 Toolkit Measuring Transformative Change<sup>51</sup> has further tools for analysis of financial decision-making and unpaid work at the household level. These are key qualitative indicators of measuring gender equality. This can be used for livelihood programs including cash for work and cash transfers.
- Revisit program monitoring and evaluation frameworks to include qualitative indicators.
- Continue to disaggregate evaluation data by age to continue to build CARE's understanding and capacity to target adolescents for design, research and programs

### Gender and GBV mainstreaming

- Based on the findings of this RGA, revisit current programs and adapt the gender action plans for projects in NW Syria to include risk mitigation and referral for GBV.
- Continue to build the capacity of staff and partners in gender analysis.
- Continue to monitor, analyse and action complaints from women.

### Access to services

- Girl's lack of access to service was reported as a key risk for girls linked to their lack of mobility, cultural restrictions. A service mapping was planned as part of this RGA but was unable to be carried out due to time constraints. Conduct the service mapping for adolescent boys and girls to better understand service and program gaps using the participatory GAGE tools<sup>52</sup>.
- Continue to work with service providers to ensure that referrals are targeted, youth-friendly sexual and reproductive health services are provided for adolescent girls.

### Protection

- Explore possibilities for starting programming to discourage early and forced marriage. CARE globally has a program approaches focused on ending child marriage including CARE Child, Early and Forced Marriage: CARE's Global Experience<sup>53</sup> and the Tipping Point Project<sup>54</sup>. These program approaches are aimed at providing livelihood opportunities and addressing social norms that support child, early and forced marriage and providing health services to adolescent girls.

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<sup>51</sup> [https://www.care.org/sites/default/files/documents/working\\_paper\\_aas\\_gt\\_change\\_measurement\\_fa\\_lowres.pdf](https://www.care.org/sites/default/files/documents/working_paper_aas_gt_change_measurement_fa_lowres.pdf)

<sup>52</sup> GAGE (2019) Baseline Report Series: Adolescent well-being in Jordan: exploring gendered capabilities, contexts and change strategies

<sup>53</sup> CARE Child, Early and Forced Marriage: CARE's Global Experience: <https://www.care.org/child-early-and-forced-marriage-cares-global-experience>

<sup>54</sup> Resource for the Tipping Point Project: <https://caretippingpoint.org/resources/>

## Annex 1: Gender in Brief

### Gender in Brief

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#### Summary statistics

- **Population Sex Disaggregation: Idleb – 51% male to 49% female and Aleppo – 52% male to 48% female<sup>i</sup>**
- **Population Age Disaggregation: 0-14 years 31.422%; 15-64 years 64.075%; >65 years 4.5%<sup>ii</sup>**
- **Average household size: Five to six<sup>iii</sup>**
- **Gender Inequality Index for Syria (2018) 136 out of 160<sup>iv</sup>**
- **Literacy Rates 15-24 years: male X%; female X%<sup>v</sup>**
- **Infant Mortality rates: 14 per 1000 live births<sup>vi</sup>**
- **Maternal Mortality rate: 68 per 100.000 live births<sup>vii</sup>**
- **Adolescent Birth rate: 38.6 per 1000**
- **Proportion of the population aged 12+ with a disability: 27%<sup>viii</sup>**

#### Introduction:

The Syrian Civil War, which commenced in March 2011, has resulted in 570,000 deaths, nearly 6.2 million internally displaced people and 6.7 million refugees.<sup>ix</sup> In 2019, there has been an increase in conflict in North West Syria. 3 million people reside in North West Syria and it is estimated that 51% are children, and 25% are women.<sup>x</sup> This Gender in Brief reflects key findings of the *CARE Rapid Gender Analysis: North West Syria* (2019), focused on the Aleppo and Idleb Governorate, which included field work (household survey, focus group discussions and key informant interviews) and a desk review of secondary data.

#### Gendered Work Patterns:<sup>xi</sup>

Prior to the conflict, men and women were largely fulfilling traditional gender roles with men as the head of the household, main providers and protectors and women as home-makers and child-carers.<sup>xii</sup> Conflict, displacement and many men being absent, injured, killed or unable to find work has seen some shifts in traditional gender roles.

Men perceived that women have increased access to and participation in paid work and that men lack access to paid work. However, the household survey found that while women were more likely to be engaged in some types of work compared to prior to the conflict, men are still more likely to be more engaged in paid labour and working more paid hours. Women mostly saw their increase in paid work as a positive change, but some men perceive this change as negative and challenging traditional gender roles. Most respondents, 86% (W: 90%; M: 79%), agreed that married women and girls should be able to do paid work outside their home. This reduced to 45% when asked about women with disabilities. However, 78% agreed that men with disabilities should be able to do paid work outside the home.

Men have not shifted from their traditional gender roles to support childcare and household work. Women, including those with paid work, remain responsible for household work increasing their overall burden of work.

There has been a reduction in agricultural activities, primarily for men, with an increase in daily labour and small trade. "Other" income generating activities has shifted from being skill-based (such as carpentry and tailoring) to external sources (such as humanitarian aid and relatives) with women more likely to rely on humanitarian assistance (W: 38%; M: 15%) and remittances (W: 10%; M: 3%).

Women's increased access to income has not resulted in changes in household decision-making, particularly financial decisions, with men the ultimate authority. The majority of exceptions were female headed households.

### **Protection:**<sup>xiii</sup>

Girls are more likely to do home-based child labour due to gender norms including safety concerns. Boys were likely to be involved in hazardous work (such as combat, smuggling, heavy machinery and oil refineries).<sup>xiv</sup>

Lack or loss of civil documentation was a top protection issue.<sup>xv</sup> There are increased challenges for women to access legal remedies (civil and criminal) and services such as education and health, housing, and employment without legal identity. Lack of civil documentation can also affect men's mobility and access to services.<sup>xvi</sup>

While existing before the conflict, child marriage was identified as a key negative consequence of the conflict for girls. Girls who are married are less likely to stay in school, face increased social isolation, are at higher risk of experiencing physical and sexual violence, and experience negative health consequences.<sup>xvii</sup>

All household survey respondents perceived movement outside of communities as the greatest safety risk since the conflict began. Women reported a greater number of risks including fear of violence within the home and sexual violence and abuse, particularly for girls, divorcees, widows and women with disabilities. Girls also expressed fear of being asked to marry while boys were more likely to fear violence within the home.

Overwhelmingly, those who have experienced violence reported relying on informal networks of family and friends for support rather than authorities. Women reported that they could not go to the police or authorities for help and that they face difficulties accessing services and resources. Men did not report any difficulties.

### **Access to services:**<sup>xviii</sup>

45% of household survey respondents reported that prior to the crisis, their children, both girls and boys, attended school. This reduced to 25% since the crisis began. Reasons given where:

- Only boys attended school: not enough money to send all children to school (44%), girls stay home to support domestic labour (22%), not acceptable or safe for girls to attend school (11%), and other (22%: girls will be married and do not need an education).
- Only girls attended school: boys stay home to support paid labour (66%) and not enough money to send all children to school (34%).
- Neither boys or girls attended school: not enough money to send all children to school (43%), children stay home to support domestic (27%) or paid labour (14%), and other (16% distance; poor security and perceived lack of importance for education in the context of an ongoing crisis).

While the majority of respondents felt they had safe access to health services, 51% of women were unsure if they had safe access to pharmaceuticals and maternal health services. 10% of women reported having no access. 94% of women reported disposable pads as their greatest menstrual hygiene need.

68% of household survey respondents felt their hygiene needs were being met (F: 73%; M: 60%). Women reported being twice as likely to be responsible for collecting water than men but the majority (65%) were unsure how much time this took. For displaced respondents living in a collective centre or a host family, the majority reported that the location of water points (100%), showers (89%) and toilets (83%) were safe.

46% of resident and displaced households reported receiving humanitarian assistance in the last 30 days with 77% being adult-male-headed households. Some displaced women, men and boys expressed a distrust of aid organisations. 86% of household survey respondents stated they had not been personally consulted about their household needs and priorities by aid agencies (F: 89%; M: 81%).

**Mobility Analysis:**<sup>xix</sup>

Women were more likely to be able to visit neighbours or family within the same locale without restriction but they were usually required to be accompanied by another woman or a male relative to visit the local shops or health centre and by a male relative when moving outside their community. Men experienced the ability to move without constraint except restrictions relating to security concerns.

Men (100%), women (78%), boys (100%), girls (90%) and, men (100%) and women (91%) with disabilities reported their freedom of movement has changed since the conflict with displacement the most common reason.

**Capacity and Coping Mechanisms:**<sup>xx</sup>

Men and women reported eating less preferred/expensive foods (W: 80%; M: 80%) on average 4 days a week. Women borrowed food or relied on help from friends and family more than men (W: 36%; M: 29%) on average 3 days a week which likely relates to their household roles. While women tended to limit their intake of food in order for small children to eat (W: 29%; M: 21%), men tended to limit their portion size (W: 32%; M: 48%) and reduce the number of meals per day (W: 32%; M: 46%) on average at least one day a week. Men and women appeared to rely upon family members equally for shelter, financial and in-kind support.



## Annex 2: Schedule of Visits

### Household survey:

Date	Villages
24 Aug 2019	Atma, Albab, Jarabulus, Daret Ezza, Salqin
25 Aug 2019	Idleb, Albab, Atarab , Jarabulus, Azaz, Dana,
26 Aug 2019	Maaret Tamsin, Atma, Azaz, Dana, Daret Ezza, Albab,
27 Aug 2019	Dana, Salqin, Atma, Idlib, Azaz,
28 Aug 2019	Atma, Azaz,
29 Aug 2019	Atma
1 Sep 2019	Jarabulus

### Key Informant Interviews:

Date	Villages
21 Aug 2019	Atarab, Idleb, Maaret Tamsin
22 Aug 2019	Albab, Azaz
24 Aug 2019	Salqin, Daret Ezza, Atma, Albab
25 Aug 2019	Jarabulus, Dana, Azaz
26 Aug 2019	Daret Ezza, Azaz
27 Aug 2019	Idleb, Dana, Salqin
28 Aug 2019	Atma
29 Aug 2019	Atma

### Focus Group Discussions:

#### Girls

Date	Village	Demographics	
25.08.19	Atarib	Girls 12-17	10

#### Boys

25.08.19	Idleb Harem Al Dana	Boys 12-17	12
27.08.19	Atma Camps	Boys 12-17	8
28.08.19	Atma Camps	Boys 12-17	8

#### Older women

26.08.19	Darat Azzel	Women 60+	8
26.08.19	Idleb Maraata Tamasrin	Women 60+	11
27.08.19	Salqin	Women 60+	8

### Older Men

24.08.19	Salqin	Men 60+	7
26.08.19	Idleb Maarat Tamsarin	Men 60+	7
27.08.19	Aleppo Jabal Sam'an Durat	Men 60+	11

### Women

25.08.19	Idleb	Women 18-59	6
28.08.19	Ezaz	Women 18-59	7
25.08.19	Aleppo Albab	Women 18-59	7
27.08.19	Al Dana	Women 18-59	6
26.08.19	Atma	Women 18-59	8
29.08.19	Aleppo Jarablus	Women 18-59	12

### Men

29.08.19	Aleppo Ezaz	Men 18-59	6
26.08.19	Atma	Men 18-59	7
25.08.19	Aleppo Albab	Male 18-59	7
25.08.19	Idleb	Men 18-59	6*
28.08.19	Aleppo Jarablus	Men 18-59	7

\*missing data, assume average

## Annex 3: Tools and Resources Used

CARE *Rapid Gender Analysis Toolkit*: <https://insights.careinternational.org.uk/in-practice/rapid-gender-analysis>

GAGE (2019) Baseline Report Series: Adolescent well-being in Jordan: exploring gendered capabilities, contexts and change strategies

Washington Group Short Set Questions: <http://www.washingtongroup-disability.com/washington-group-question-sets/short-set-of-disability-questions/>

## Annex 4: References

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CARE (2019) *A Framework for Addressing Gender -Based Violence in Emergencies*

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Whole of Syria (2018) *Protection Needs Overview.*

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