



RAPID GENDER ANALYSIS

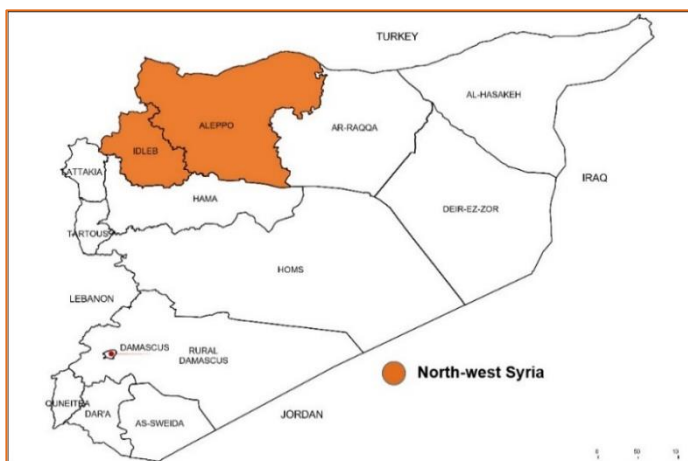
SACRIFICING THE FUTURE TO SURVIVE THE PRESENT: Findings from north-west Syria

BACKGROUND & SUMMARY

Background

The war in Syria has fueled one of the world's most complex protracted humanitarian crises. The combination of mounting insecurity, economic decline, environmental stressors and the Covid-19 pandemic has had a catastrophic impact. After 11 years of conflict, north-west Syria, which is home to more than 4.6 million people, continues to experience recurring waves of violence and forced displacement and disruptions in the provision of humanitarian assistance.¹ Idleb governorate recorded the highest death rate as a result of the conflict countrywide in 2021, accounting for more than 19% of the national toll, followed by neighboring Aleppo with 18%.²

More than 90% of Syrians live below the poverty line, compared with 10% before the start of the conflict, and as of the end of 2021, 60% of the population were food insecure, a 57% increase on the figure for 2019.³ The agricultural sector continues to decline, and average food prices have risen by more 97% in a year.⁴



¹ https://reliefweb.int/sites/reliefweb.int/files/resources/SNFI_Factsheet_January_2022.pdf

² <https://www.bbc.com/news/world-middle-east-35806229>

³ <https://www.unicef.org/media/112346/file/2022-HAC-Syrian-Arab-Republic.pdf>; <https://news.un.org/en/story/2021/11/1105722>

⁴ https://api.godocs.wfp.org/api/documents/d3eccb6988014d5d936801d938eaada7/download/?_ga=2.222036888.1249861382.1643141968-8083640.1641928949

The situation in the north-west is even more acute. Food prices have gone up by more than 120%, further increasing households' dependency on humanitarian aid.⁵ The ongoing food crisis is expected to significantly amplify stressors on the most vulnerable, particularly the region's 2.8 million internally displaced people (IDPs), as well as female-headed households, widows, women in general and children.

The severe strains on households' livelihoods and food security have led an increasing number to resort to negative coping mechanisms, such as taking children out of school, selling household and productive assets, consuming less food, reducing food quality, going into debt, child labor, early and forced marriage and willingness to take on high-risk income-generating activities.

Families' top three needs



- Food



- Livelihood opportunities



- Healthcare & psychosocial support

All participants in this rapid gender analysis (RGA), including adolescents, identified food, livelihood and health support as their main needs. Adolescents also highlighted the need for better education opportunities. The conflict and severe economic strain have led to more women becoming main breadwinners, but social and cultural barriers continue to impede their greater participation in decision making in the household and the public sphere.

Widows and female divorcees, and particularly those who are also displaced, face some of the greatest challenges because they assume the role of head of household while having to confront discrimination, movement restrictions, economic hardship and increased protection risks. The most significant concerns for IDPs are lack of civil status documentation, unemployment and family separation. Those living with disabilities also encounter significant barriers in accessing livelihood opportunities and basic services, resulting in increased dependence on family networks and humanitarian aid.

The Covid-19 pandemic has further complicated the situation, triggering a major health crisis the extent of which is not fully known given limited testing capacity and the devastation of the country's health system. Around 75% of the most vulnerable have not received treatment for their mental health needs, and the impacts of post-traumatic stress disorder (PTSD), anxiety and depression are intensifying, particularly among women, with cumulative and long-term effects on resilience and recovery.⁶

How families have responded to 11 years of war, insecurity and a shattered economy



Early marriage



Child labor



Skipping meals



Selling jewelry and assets











Going into debt

⁵https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/nws_and_raata_sitrep_34_december_2022.pdf

⁶<https://reliefweb.int/report/syrian-arab-republic/shattered-lives-understanding-mental-health-and-psychosocial-needs-women;>
https://reliefweb.int/sites/reliefweb.int/files/resources/WVSR_MHPSS%20Policy%20Brief_GAC2021.pdf

Key findings of CARE's rapid gender analysis

<p>Loss of livelihoods and economic support most significant needs.</p> 	<p>Hunger with the prices of food baskets having more than doubled in one year.</p> 	<p>Greater burden on women as more become breadwinners in addition to traditional roles</p> 	<p>Restrictions on mobility for women and men due to fear of GBV and kidnappings.</p> 
<p>Anxiety, PTSD & depression are rising as well as suicide rates among children.</p> 	<p>Increased negative coping strategies include child labour.</p> 	<p>Increased dependence on family and humanitarian aid.</p> 	<p>School dropouts are rising as children go to work or get married.</p> 



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

Key recommendations

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

For international and local NGOs

- Specifically target women for vocational training and in food security, livelihood and cash assistance program design and planning, and ensure tools and processes are in place to support their engagement, doing more to reach female heads of household, IDPs, widows, adolescents and those with disabilities and incorporating risk mitigation measures for gender-based violence (GBV) into all initiatives.
- Increase homebased income-generating opportunities for women, such as sewing, handicrafts and packaging goods for small businesses and markets, through village savings and loan associations (VSLA) programming.
- Invest in resilience programming by supporting value chain and community cohesion activities, including for young mother's clubs as in CARE's [Adolescents Against All Odds \(AMAL\)](#), and stimulate vocational opportunities in areas where women already have skillsets through training, small business grants and the repair of light infrastructure.
- Provide more agricultural inputs such as fodder, dairy product processing kits, seeds and fertilizers, specifically targeting women and particularly female heads of household, IDPs and widows.
- Monitor informal high-risk work opportunities to ensure safety and that women's and children's protection needs are met.
- Integrate GBV risk mitigation measures into all cash and voucher programs for food and multi-purpose use, and in all health-related interventions.
- Identify targeted strategies to engage men and boys in increasing women's voices and participation in the public sphere, and on GBV awareness. Engage men and boys on the stressors and fears they face and support positive coping strategies.

- Build the capacity of health and nutrition service providers to integrate basic mental health and psychosocial support (MHPSS) into individual infant and young child feeding (IYCF) counseling.
- Increase safe spaces, social safety nets and protection centers for women, while training local community health workers to identify GBV cases and refer them appropriately.
- Establish and expand training for women on safe birth practices and lactation, increasing the availability of skilled local attendants during birth and the postnatal period.
- Form partnerships with local female-led organizations to strengthen their capacity and structures, and activate peer support networks for women and girls by involving community groups, informal and formal networks and GBV prevention organizations at the community level. Local female-led organizations should play a leading role in planning and decision making.

For donors

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

Objectives

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

The sub-objectives were to:

- Identify gender-based constraints, including GBV and mobility restrictions, that hinder equitable participation in and access to humanitarian services, resources and programs.
- Understand the different coping strategies, capacities and priority needs of women, men, girls and boys, and how they have changed in response to the evolving crisis.
- Unpack potential shifts in attitudes, behaviors, roles and responsibilities among women, men, girls and boys in the household, workplace and community that may enable or prevent more equitable participation in the planning of humanitarian programs and responses.

- Understand the direct and indirect impacts of Covid-19 on livelihoods, food security, nutrition, safety and access to resources, services and information for women, men, girls and boys.
- Analyze women's participation in decision making and power over resources in the household and community so as to understand the extent to which these factors influence their ability to thrive and access humanitarian services and resources both directly and indirectly.
- Highlight the importance of collecting and using data disaggregated by sex and age (SADD) as the basis for more informed, tailored and inclusive decision making, which leads to more effective humanitarian action.

Methodology

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

An RGA is the tool recommended by the Inter-Agency Standing Committee (IASC) in its Gender Handbook for Humanitarian Action.⁷ This one also applies CARE's Gender Analysis Frameworks adapted to the shorter timeframes, rapidly changing contexts and insecure environments that often characterize humanitarian interventions.⁸ This approach is intended to ensure that timely data is available to inform humanitarian responses and more equitable recovery and preparedness strategies.

Primary data collection took place between 6 and 28 December 2021 in two governorates based on CARE's operational program sites: Idleb, including Ariba, Harim, Idleb and Jisr-Ash-Shughur districts; and Aleppo, including A'zaz, Al Bab, Jebel Samaan and Jarablus districts. The data was then analyzed, consolidated and triangulated with a thorough desk review. A validation session was held with operational teams to develop actionable recommendations.

Primary data collection

took place between 6 and 28 December 2021 in Idleb and Aleppo governorates.

THE RESEARCH INCLUDED:

837 household surveys - 412 women, 425 men, and 69 girls and 27 boys aged between 10 and 19

14 focus group discussions - four with women, four with men, three with adolescent girls and three with adolescent boys

Nine key informant interviews – five with women and four with men

Six individual stories – one from a woman, one from a man, two from adolescent girls and two from adolescent boys

Five field observations in New Zoghara, Old Zoghara and AlYaman camps in Idleb; and Harem in Aleppo

Secondary data review

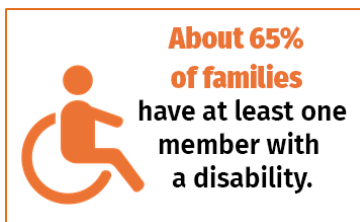
⁷ <https://www.qihahandbook.org/#en/Section-B/Topic-1>

⁸ [Gender Analysis Framework – CARE Gender Toolkit](#)

LIMITATIONS

- Primary data collection was hampered by safety and access limitations caused by the conflict, Covid-19 restrictions and intermittent security incidents.
- Piloting the Voice App, described in annex 1, required research teams to navigate issues related to limited internet connectivity, low bandwidth and interruptions in the data collection process.⁹
- Multiple layers of translation across teams led to challenges in managing data accuracy and quality.
- Disaggregation for respondents who identified as having a disability by type was explored, but given the RGA's scope, the time available and the sample size, it was not undertaken.

Demographic overview



Of north-west Syria's population of 4.6 million, about 3.4 million people are living in need, 2.8 million are IDPs and 1.7 million are school-aged children.¹⁰ Around 25% of the population lives with a disability, rising to 36% among IDPs, compared with the global average of 15%.¹¹ About 65% of households have at least one member living with a disability, rising to 70% among displaced families.¹² The average household size is five.¹³

Around 80% of people in need in are women and children living in displacement camps, of whom 7% are female heads of household.¹⁴ Thirty-nine per cent of people in need live in informal camps.¹⁵ Of 1.2 million women and girls of reproductive age, 49% were adolescent and 6% pregnant women as of 2020.¹⁶ Given the limited nature of SADD in north-west Syria and the challenges of data collection in a dynamic protracted conflict, demographic findings are not consistently available nor comparable across years. Greater investment in the collection of SADD is needed to better understand and meet the needs of men, women, girls and boys.

⁹ The Voice app automates translation and transcription of qualitative responses in real-time using Google's speech-to-text technology via an Android-based mobile application, which enabled more efficient, timely and robust data sets.

¹⁰ https://reliefweb.int/sites/reliefweb.int/files/resources/SNFI_Factsheet_January_2022.pdf; https://reliefweb.int/sites/reliefweb.int/files/resources/hno_2022_final_version_210222-2.pdf; <https://www.unicef.org/media/112346/file/2022-HAC-Syrian-Arab-Republic.pdf>; <https://reliefweb.int/sites/reliefweb.int/files/resources/2022-HAC-Syrian-Arab-Republic.pdf>; <https://www.hi-deutschland-projekte.de/inob/wp-content/uploads/sites/2/2021/09/hnap-disability-in-syria-investigation-on-intersectional-impacts-2021.pdf>

¹¹ https://reliefweb.int/sites/reliefweb.int/files/resources/nws_and_raata_sitrep32_october2021_0.pdf

¹² https://reliefweb.int/sites/reliefweb.int/files/resources/hno_2022_final_version_210222-2.pdf

¹³ <https://reliefweb.int/sites/reliefweb.int/files/resources/Shelter%20conditions%20across%20north-west%20Syria%2C%20Summer%202021.pdf>

¹⁴ https://reliefweb.int/sites/reliefweb.int/files/resources/syria_2021_humanitarian_needs_overview.pdf

¹⁵ https://www.sheltercluster.org/sites/default/files/docs/shelter_situation_-_summer_2021_hnap_report_series.pdf

¹⁶ https://www.unfpa.org/sites/default/files/resource-pdf/UNFPA_Regional_Situation_Report_for_the_Syria_Crisis_-_June_2020_-_FA.pdf

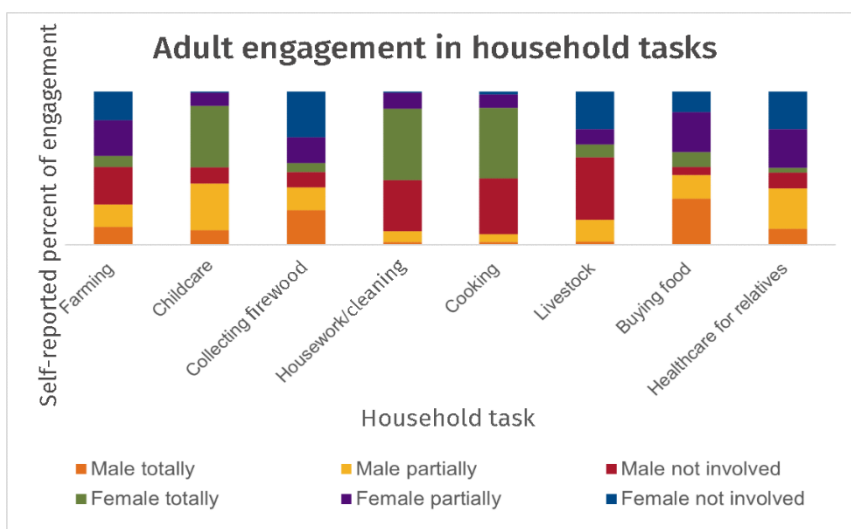


Gender roles and responsibilities

Social norms in north-west Syria are instilled through family building blocks, which are based on foundations of patriarchy in which husbands and sons have primary responsibility for and authority over their households.¹⁷ Traditions vary according to religion and ethnicity and between rural and urban areas, but overarching social expectations generally place women secondary to and dependent on men.¹⁸ Their primary role in managing their household is expected to be cooking, cleaning and tending to children, elderly and sick family members, while men are the main breadwinners.

Eighty-eight per cent of household survey respondents - 47% of them women and 41% men - confirmed shared cultural expectations that women should primarily occupy the private sphere as mothers and caregivers.

Eighty per cent of female respondents said they did all of their household's cooking and cleaning, while 57% of their male counterparts said they did not do any. Among those who did take on household tasks, 56% said they were fully



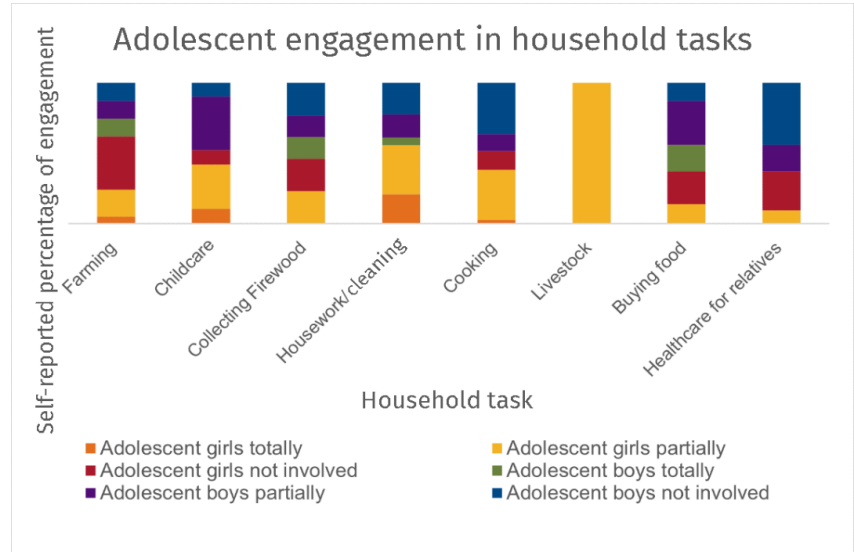
¹⁷ <https://reliefweb.int/sites/reliefweb.int/files/resources/The-human-rights-of-women-in-Syria-single-pages.pdf>

¹⁸ <https://gltn.net/download/the-status-of-gender-equality-and-womens-rights-in-syria-english/?wpdmdl=17630&refresh=624d2086972b51649221766>

responsible for buying food from markets, 49% that they were partially responsible for childcare and 41% that they were partially responsible for attending to relatives' healthcare needs.

Adolescent girls said they contributed mainly to food preparation and cleaning, while their male counterparts made more contributions outside the home, such as buying food and fetching water. Eleven per cent of adolescent girls said they were fully responsible for childcare. None of their male counterparts said they were, but 40% said they were partially responsible.

The breakdown of household responsibilities is largely consistent with findings from CARE's 2020 north-west Syria RGA, though there appears to have



been a notable increase in men's role in childcare. Fifteen per cent of male respondents said they took full responsibility, compared with 6% in 2020. The percentage taking partial responsibility also rose from 42 to 47, while the percentage of women taking full responsibility decreased.

Also consistent with trends reflected in the 2020 RGA, the conflict has continued drive the evolution of women's traditional roles because of the death, injury, migration or recruitment of male heads of household.¹⁹ Women's growing presence in the labor market has become a notable trend, though it has also increased and complicated their responsibilities in the home.²⁰ Female divorcees and widows are among those most challenged by these shifts, because as they assume the head of household role, they also face discrimination, mobility restrictions, economic exploitation and safety risks in trying to meet their families' basic needs.²¹

Their lack of civil status and property documentation, which are usually ascribed to or controlled by men, mean they also face more barriers in claiming inheritance, registering children in their custody and accessing life-saving aid such as shelter and food.²² This is particularly the case for those who are also displaced. Both male and female RGA participants identified lack of documentation among the main obstacles for IDPs, along with unemployment, family separation and mobility limitations caused by security risks, particularly for women.

The socioeconomic stressors on households amplified by the conflict have challenged the traditional male role as main breadwinner, and although women's role in the labor market has increased, social and cultural norms appear not to have caught up with of these shifts. Some male participants in focus group discussions (FGDs) welcomed them, but others felt the notion of women as breadwinners was undesirable and shameful. Similarly, some said they had taken on household responsibilities while their wives worked outside the home, but others expressed anger, frustration and helplessness at their inability to provide for their families.

Female FGD participants said they were interested in expanded livelihood opportunities but felt impeded by mobility limitations and cultural expectations about their participation outside the home. They also said that as their responsibilities had increased in all spheres, so had the psychological burden and anxiety they

¹⁹ <http://careevaluations.org/wp-content/uploads/Rapid-Gender-Analysis-Report-North-West-Syria-CARE-Turkey.pdf>

²⁰ https://www.wvi.org/sites/default/files/2020-03/book%20world%20vision%20%20logo%20print_compressed.pdf

²¹ <https://reliefweb.int/report/syrian-arab-republic/guidance-note-mitigating-protection-risks-idp-sites-exclusive-widowed>; <https://www.al-monitor.com/originals/2022/02/women-northwest-syria-take-physically-demanding-jobs>

²² https://reliefweb.int/sites/reliefweb.int/files/resources/hno_2022_final_version_210222-2.pdf

experienced. Further research is needed to unpack the effect of their economic participation on social and cultural norms in the household and the community.



Ahmad (name changed), 70, spends much of his time seated outside the door of his tent, gazing out into the distance. Having lost his leg in shellfire, he can no longer work for a living. With little to occupy his time in the displacement camp in north-west Syria where he lives, Ahmad's thoughts often turn to memories of a not-so-distant past. War, displacement and loss of wealth have diminished men's role, he says. "We had the primary role as providers, but now we're the ones who are dependent. We're the ones who need support."

A self-made man who owned land and several businesses, today Ahmad finds himself dependent on the goodwill of friends, relatives and aid organizations. "It has been a big shock. I can't sleep at night. Here I am, living like this, dependent on the kindness and charity of others whereas in the past it was I who helped my family, my relatives and my neighbours"

MOBILITY

This RGA confirms findings from 2020 that both men and women identify challenges, limitations and fears related to mobility as a critical issue.²³ All respondents said freedom of movement had become increasingly restricted, further complicated for women by cultural taboos about them traveling unaccompanied. Most female FGD participants said they were able to travel short distances within the community independently, but that when required to travel longer distances, to health centers or markets for example, they had to ask permission and be accompanied by a male. If the husband is unavailable, brothers or uncles are consulted.

Women also said they preferred to travel locally in pairs or groups to mitigate cultural taboos and rumors, while men described having significantly more mobility within their governorate. They were nearly three times more comfortable traveling to local shops and markets.

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

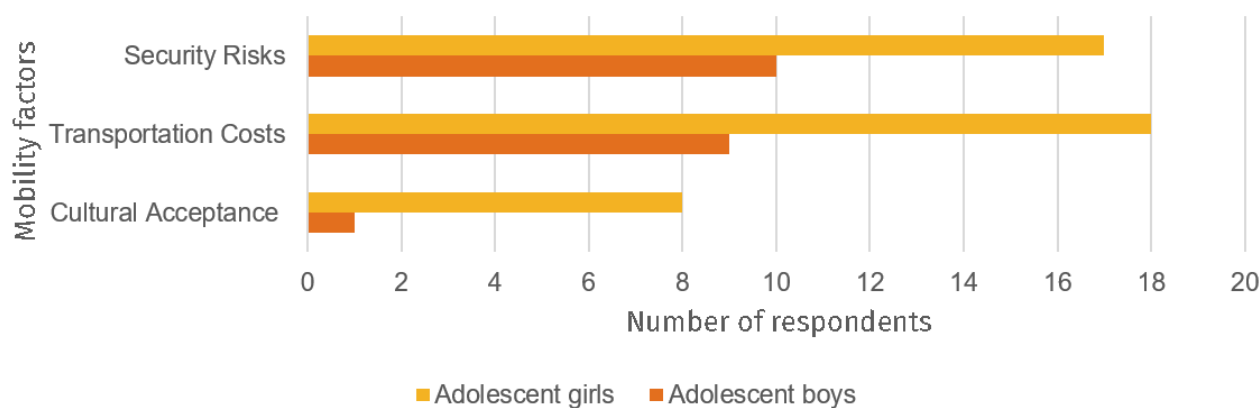
- Man from Harim-Ariba/Shafak, FGD, RGA 2022

Traveling between governorates heightened security concerns for both men and women and was discouraged. Thirty-six per cent of men and 52% of women said it was simply not possible. Women's main fears were related to harassment and exploitation, and men's to kidnap or recruitment by armed actors.

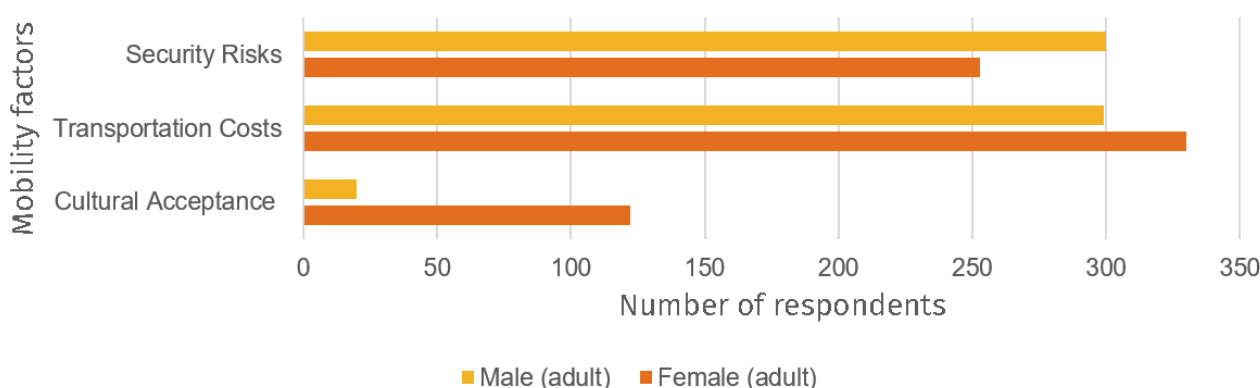
Men and adolescent boys cited security risks and transportation costs as their main barriers to mobility, while women and adolescent girls identified transportation costs. Women experienced cultural barriers to their mobility about six times more than men, with adolescent girls particularly affected. Nineteen per cent of adolescent girls interviewed reported cultural norms as a barrier, compared with 5% of adolescent boys.

²³ <http://careevaluations.org/wp-content/uploads/Rapid-Gender-Analysis-Report-North-West-Syria-CARE-Turkey.pdf>

Adolescents' main barriers to mobility



Adults' main barriers to mobility



DECISION MAKING

 **Nearly 90% of women not involved in community decision making.**

In accordance with social and cultural norms, 55% of women surveyed confirmed the belief that the male head of the household should have the final decision on family matters. Sixty-nine per cent of women and 62% of men also believed men make better leaders than women. Both male and female respondents said women were consulted about decisions in all matters, including finances, selling assets, healthcare, relocation, school

attendance, and family planning, but that men held the power to have the final say. Adolescents were not involved in any decision making.

Consistent with findings from the 2020 RGA, men are ultimately considered responsible for the family and their perspectives hold more weight in all decisions in the public and private sphere.²⁴ Female FGD respondents did, however, say they felt they should have more of a say if they were contributing to the household income.

More research is needed to better understand women's sphere of influence in household decision making and the shifting experience of masculinity as pressures increase and more women become breadwinners.

Neither male nor female respondents thought that Covid-19 alone had shifted social norms in terms of household decision making, but they did feel that the combined factors of the pandemic and the protracted

²⁴ <http://careevaluations.org/wp-content/uploads/Rapid-Gender-Analysis-Report-North-West-Syria-CARE-Turkey.pdf>

conflict had led to a change by creating more female-headed households and separated and/or displaced families, which obliged women to take on greater roles. Their new responsibilities did not, however, necessarily equate to shifts in gender norms on the broader community level.

Decisions at the community level are primarily made by local councils, which are largely attended and controlled by men. Women's limited social networks and social taboos about their public roles seem to impede their participation in community-level decision-making structures. Ninety per cent of female respondents said they were not part of such bodies, compared with 59% of their male counterparts.

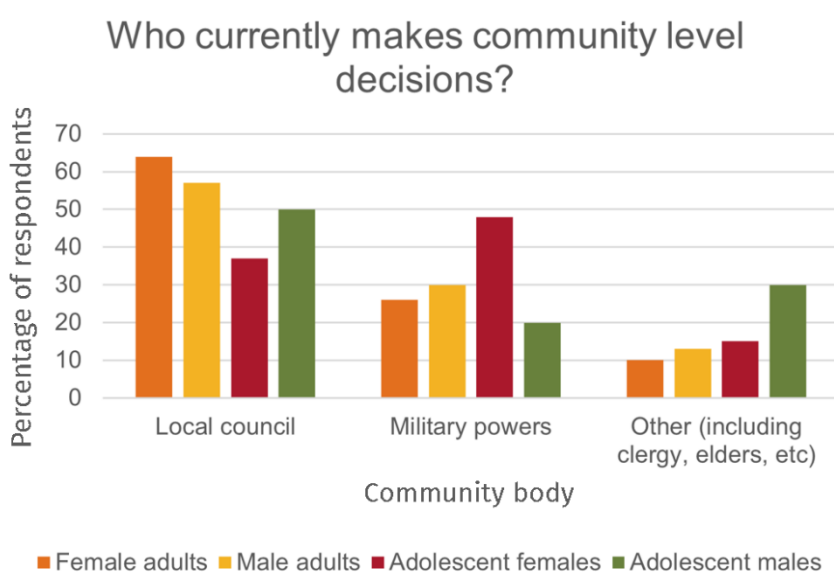
“Before the crisis my husband and I used to take decisions together, but now I am the sole decision maker because he is away from home most of the time.”

- Woman in Azaz, displacement camp, FGD, RGA 2022

The figures for membership of community associations more generally were more balanced, at 80% and 73% respectively, but men and adolescent boys said they had more access to social networks than women and adolescent girls.

Further research would be useful to determine the specific types of social networks that exist for men and women, and what their barriers to participation are.

Sixty-four per cent of women and 55% of men said humanitarian organizations had consulted them personally about their needs. Adolescents, however, felt more excluded. Seventy per cent girls and 90% of adolescent boys said they had not been consulted.



Access to services and resources

The following topics were selected based on priorities RGA respondents highlighted for programmatic intervention.

LOSS OF LIVELIHOODS AND FOOD INSECURITY

Eighty per cent of north-west Syria's population are food insecure and 97% live in extreme poverty on less than \$2 a day.²⁵ IDPs, and particularly displaced women and children, are most vulnerable to food insecurity and more dependent on humanitarian aid.²⁶

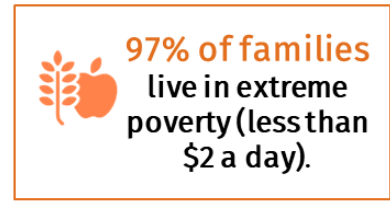
Arable and livestock farming used to be the main sources of income in the region, but a lack of affordable inputs such as fertilizers, fodder, seeds and machinery, the disruption of key imports such as wheat and fuel

²⁵ https://reliefweb.int/sites/reliefweb.int/files/resources/hno_2022_final_version_210222-2.pdf; https://reliefweb.int/sites/reliefweb.int/files/resources/nws_and_raata_sitrep32_october2021_0.pdf; <https://reliefweb.int/report/syrian-arab-republic/recent-developments-northwest-syria-and-raata-situation-report-no-31>

²⁶ https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/nws_and_raata_sitrep_34_december_2022.pdf

and the depletion of fertile land for cultivation have led to a shift away from such livelihoods and increased food insecurity.²⁷

Participants in the 2020 RGA identified livestock rearing as the second most important income-generating activity for women and the third most important for men, but now only 2% of female respondents and 1% of their male counterparts cite the activity as a significant source of earnings.



97% of families live in extreme poverty (less than \$2 a day).

Securing a stable income has become exponentially more challenging, particularly for IDPs, who described facing discrimination and distrust when looking for work, and people with disabilities, who face social stigma and risk exploitation. Sixty-two per cent of men living with disability said they were engaged in the labor force, compared with 7% of their female counterparts.²⁸

“A woman faces a lot of pressure inside and outside the home. Sometimes she has to accept an unsuitable job to provide for her family. She may even be forced to accept assault or violence in the workplace to keep her job.”
- Woman in Azaz, displacement camp, FGD, RGA 2022

Sixty-two per cent of male respondents and 42% of their female counterparts, including 80% of adolescent boys and 42% of adolescent girls, said they depended on irregular day labor as an income source. Forty-six per cent of men and 37% of women said they depended on humanitarian aid to meet basic needs. Fifty-five per cent of men and 77% of women said their income was primarily used to cover basic needs and secondly to repay debts.

All respondents agreed that Covid-19 had not dramatically changed their employment situation. Seventy-five per cent of men and 55% of women said their households’ income had fallen since the start of the pandemic, but they attributed the drop to the ongoing conflict.

Soaring inflation has left households unable to meet their basic needs, most importantly for food and nutrition. Average food prices have risen by more than 97% in a year nationwide and by 120% in the north-west, further increasing dependency on humanitarian aid.²⁹ Female heads of household, elderly people, widows and those with disabilities have least access to financial resources and food inputs.³⁰ They are often forced to take on dangerous work such as smuggling fuel in exchange for a small financial return, or as female RGA participants described, accept jobs in the informal sector that carry a high risk of violence or exploitation.³¹

All respondents cited food and livelihood opportunities as their most pressing needs. Adolescents identified food and education, and girls also prioritized healthcare.

Food insecurity and low nutritional intake affect communities’ resilience, and lack of essential micronutrients and stunting are persistent challenges as the food crisis in north-west Syria intensifies.

²⁷ https://reliefweb.int/sites/reliefweb.int/files/resources/REACH_SYR_Factsheet_NWS_RNA_March_2020.pdf

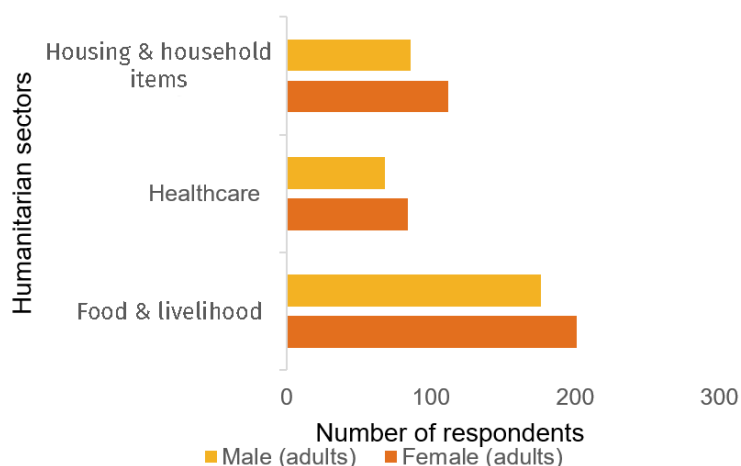
²⁸ https://hi.org/sn_uploads/document/IB-4-inclusion-finale-2022.pdf

²⁹ https://api.godocs.wfp.org/api/documents/d3eccb6988014d5d936801d938eaada7/download/?_ga=2.222036888.1249861382.1643141968-8083640.1641928949
https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/nws_and_raata_sitrep_34_december_2022.pdf

³⁰ https://reliefweb.int/sites/reliefweb.int/files/resources/hno_2022_final_version_210222-2.pdf

³¹ <https://syriadirect.org/between-hardship-and-exploitation-fuel-smuggling-a-livelihood-for-northwestern-syrias-women-and-children/>
<https://www.al-monitor.com/originals/2022/02/women-northwest-syria-take-physically-demanding-jobs#ixzz7MMFpg3nP>
https://reliefweb.int/sites/reliefweb.int/files/resources/WVSR_MHPSS%20Policy%20Brief_GAC2021.pdf

Humanitarian priorities



One in six of the region's children are stunted.³² The anemia rate in 46% among children between six and 56 months and 54% among women of reproductive age.³³ The prevalence of anemia is a key indicator of negative reproductive outcomes, low birth weight and compromised child development.³⁴ Children aged six to 17 months account for a significant proportion of malnutrition cases, which can be attributed to poor IYCF practices and limited support for breastfeeding mothers.³⁵

Nutritional status in Syria was poor even before 2011, particularly in Idleb and Aleppo governorates. IYCF practices were already substandard and micronutrient deficiencies prevalent, particularly in

vitamin A, iron and iodine, and the ongoing conflict and socioeconomic crisis have only made the situation worse.³⁶ The impacts of the food crisis are widespread, but IDPs, children - particularly girls of reproductive age - pregnant women and lactating mothers are particularly vulnerable to the intergenerational legacy of malnutrition.³⁷

Food insecurity and the severe strain on livelihoods have also forced increasing numbers of people to resort to negative coping mechanisms. Respondents highlighted behaviors such as taking children out of school, eating less food, reducing food quality, going into debt, child labor, early marriage and willingness to take on high-risk income-generating activities. Respondents with elderly household members also said they had been forced to make trade-offs between food and essential medication during the Covid-19 pandemic.

HEALTH AND PSYCHOSOCIAL SERVICES

Adult RGA participants identified access to healthcare as among their three most pressing humanitarian needs. Female respondents reported a 5% decrease in safe access to health facilities compared with 2020 data, and male respondents a 2% decrease.³⁸ All respondents, including adolescents, said the main barriers to access were mobility limitations caused by insecurity, ill-equipped health facilities and transportation challenges.

Most female respondents said they would only travel to a health facility with another woman or child and would not feel comfortable traveling independently without informing a male family member. Men said they were able to travel to medical facilities within their governorates without restriction. All respondents, including adolescents, identified lack of transportation as the main barrier to seeking maternal health and family planning services.

Limited supplies of medication and shortages of skilled medical staff also perpetuate the commonly held belief that it is better to seek alternative sources of care than go to a medical facility. Complications and deaths from home births were reported to be more common as fear of traveling to medical facilities

³² <https://reliefweb.int/sites/reliefweb.int/files/resources/Hidden%20Hunger%20in%20Syria-CC-2020.pdf>

³³ https://reliefweb.int/sites/reliefweb.int/files/resources/nut_06_2021_pac_nws_survey_final_report.pdf

³⁴ https://www.who.int/data/gho/data/themes/topics/anaemia_in_women_and_children

³⁵ Ibid

³⁶ Ibid

³⁷ Ibid

³⁸ <http://careevaluations.org/wp-content/uploads/Rapid-Gender-Analysis-Report-North-West-Syria-CARE-Turkey.pdf>

increased.³⁹ This was particularly true during the Covid-19 pandemic when concerns about social distancing were also an issue. Respondents said they were more likely to try home remedies or visit local pharmacies than to seek professional help at clinics.

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

- Woman in Zoghara camp, FGD, RGA 2022

All districts in the north-west are considered high-risk and face critical health challenges related to displacement, staff shortages and widespread poverty and insecurity. Of the region’s 610 health facilities, 131 are non-functional.⁴⁰ Most of those that are operating serve both IDPs and their host communities. Eighty-three per cent are in host communities and 17% in camps.⁴¹

RGA participants cited mental health needs as a key area of concern. Most people categorized as vulnerable who experience mental health issues do not receive any treatment.⁴² Psychological trauma, acute anxiety and PTSD, especially for children born into the conflict, adolescents and health professionals, are pervasive challenges.⁴³

Women were more likely than men to discuss mental health concerns in FGDs, but this should not be taken to mean the latter experience fewer issues. More research is needed to better understand the specific interventions required to respond to the trauma experienced by men, women and adolescents.

Attacks on health facilities and workers have increased over the last four years.⁴⁴ Many healthcare professionals have chosen to leave their roles, which has led to gaps in service, particularly for more specialized needs such as antenatal and postnatal care, psychosocial support and care for people with disabilities.

WATER, SANITATION AND HYGIENE

Historically low water levels and the disrepair of water and sewage infrastructure have increased people’s vulnerability to waterborne disease in north-west Syria, particularly in areas heavily affected by the conflict and significant influxes of IDPs. Limited electricity to power pumping stations has forced many households and particularly those displaced to use alternative water sources that are often contaminated.⁴⁵

Male and female RGA participants said they had safe access to water and that their hygiene needs were largely being met, the result of significant investments by the humanitarian community, but more research is needed to better understand how the most vulnerable groups access water, sanitation and hygiene (WASH) resources, and how households use water to meet everyone’s needs, including women’s and girls’ menstrual hygiene. Women and adolescent girls identified disposable sanitary towels as their priority need, a finding consistent with the 2020 RGA.

³⁹ <https://www.motherjones.com/politics/2021/12/in-syrias-endless-war-health-workers-are-not-only-collateral-damage-theyre-targets/>

⁴⁰ https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/herams_q3_2021_report.pdf

⁴¹ Ibid

⁴² https://reliefweb.int/sites/reliefweb.int/files/resources/WVSR_MHPSS%20Policy%20Brief_GAC2021.pdf

⁴³ https://reliefweb.int/sites/reliefweb.int/files/resources/hno_2022_final_version_210222-2.pdf

⁴⁴ <https://reliefweb.int/sites/reliefweb.int/files/resources/Health%20Sector%20Coordination%20Meeting%20-%20Damascus%2C%20Syria%20%288%20February%202022%29.pdf>

⁴⁵ <https://www.icrc.org/en/document/syria-water-crisis-after-10-years-war>

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

- Bayan, 43, lives with her husband, who has a disability, and her three children in a camp for IDPs in north-west Syria.



All respondents said it took less than 30 minutes to fetch water and that distribution points were safe, findings consistent with the 2020 RGA. Men and women living in CARE program areas said their daily water needs were being met, and there was no indication that needs had increased despite Covid-19 prevention strategies recommending greater water use for heightened hygiene and sanitary practices.

Coping mechanisms and capacity

Trade-offs, limitations and opportunities in a protracted conflict can fundamentally shift a community’s resilience and trajectory, while also challenging or reinforcing social and cultural norms. Female respondents responsible for managing their households described coping mechanisms such as skipping meals or reducing portion sizes to ensure their children eat, borrowing food from friends or relatives and adjusting their cooking to stretch limited resources.

Household survey responses revealed that women felt more able to ask their families for help in meeting their finance or shelter needs and for in-kind support. Male respondents said they would not be able to ask their families for help except for in-kind support.

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

- Man in a displacement camp in Azaz, FGD, RGA 2022

For women unsupported in breastfeeding, the challenges of providing nourishment for their infants are significant. The high cost of formula and limited access to clean water has led some families to make trade-offs that create high risks of malnutrition and other more severe digestive complications.⁴⁶

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

Given the emphasis on economic stimulation and job creation, all respondents viewed the greatest opportunities to be in cash and voucher assistance (CVA) and reviving work opportunities. Women described economic entry points for themselves in agriculture, raising sheep and starting small market stalls.

Cultural norms dictate that some jobs can only be undertaken by women, such as roles in reproductive health, psychosocial support for women and girls and education. For security reasons, women preferred income-generating activities that did not require long journeys or which ideally could be carried out from home, such as sewing, making handicrafts and packaging goods for small businesses and the market. Female respondents

⁴⁶ <https://npasyria.com/en/54158/>

also said they had less access to social networks and education and training opportunities, which was seen as inhibiting their resilience and growth.

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

In terms of CVA, households revealed a preference for direct cash over vouchers. Eighty-four per cent of male respondents and 81% of their female counterparts with experience of CVA said husbands and wives shared decision making on its usage. CVA was generally viewed as safe, the main concern being theft.

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

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

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



Protection and safety

GENDER-BASED VIOLENCE



Intensifying socioeconomic stressors combined with increased security risks create an enabling environment for increasing violence against women and children. All respondents, including adolescents, agreed that security concerns had increased since the start of the Covid-19 pandemic. Women also highlighted the need for improved safe spaces in their communities more than men, given that they were more likely to face risks in the home because of a lack of privacy and overcrowding.

Men said their greatest safety and protection risks occurred while traveling to and from work or outside their communities, when they were most vulnerable to kidnap, recruitment and violence. Displaced adolescents identified family separation as increasing their risks. Women and girls said the absence of familial social safety nets and community support networks was the reason they felt unsafe.

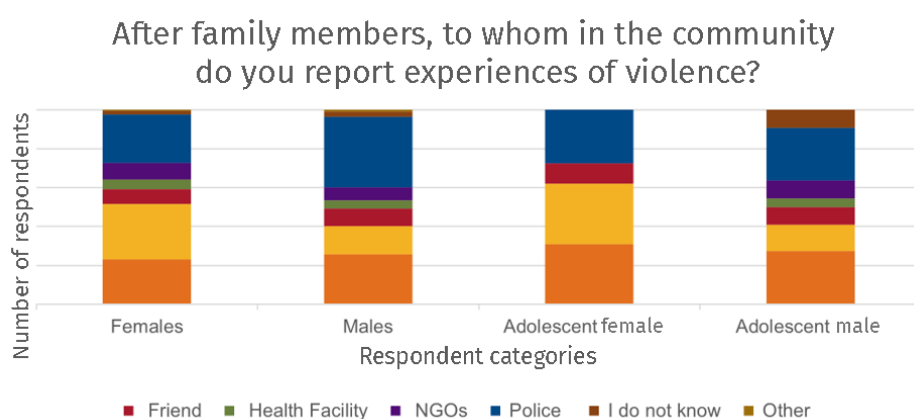
A lack of efficient written and unwritten rules leads to the under-reporting of violence against both men and women, and available figures are unlikely to reflect the true scale of the phenomenon, but the number of reported cases has nonetheless increased since the beginning of 2021.⁴⁷ The prevalence of domestic violence is the main protection risk for women and adolescent girls, consistent with findings from the 2020 RGA.

⁴⁷ <http://smne-syria.com/eb/?p=1608&fbclid=IwAR0r04aKJXQpXwITGZ2fOq4yaYBMDy7uSKYoOqCVPcd74C-ZzkEXAwllYml>

PERCEPTIONS

Top safety and security concerns for women 		Top safety and security concerns for men 	
Women	1) Domestic violence 2) Lack of privacy at home 3) Lack of safe space in community	Women	1) Travel for work 2) Danger of attack when traveling outside of the community 3) Lack of safe space in the community
Men	1) Danger when traveling outside the community 2) Working on agricultural land 3) Traveling for work	Men	1) Danger of attack when traveling outside the community 2) Travel for work 3) Inability to access services and resources
Adolescent girls	1) Domestic violence 2) Working on agricultural lands 3) Danger when traveling outside of the community	Adolescent girls	1) Danger of attack when traveling outside the community 2) Travel for work 3) Work on agricultural lands
Adolescent boys	1) Working on agricultural lands 2) Traveling for work 3) Danger of attack when traveling outside the community	Adolescent boys	1) Travel for work 2) Danger of attack when traveling outside of the community 3) Inability to access services and resources

When discussing reporting practices, most female respondents said they would turn to family members for support, while men turned to community leaders. Adolescent girls said they would go to both family members and community leaders, while adolescent boys would go to community leaders and the police. All respondents said they would prefer to turn to family members for support in reducing protection risks, and stressed the importance of establishing strong familial and social safety systems. This was particularly the case for IDPs and those who had experienced family separation. Protection risks are amplified for IDPs, widows, female heads of household and adolescents separated from their support systems.



All respondents said traveling long distances heightened the risk of GBV, and that many women and girls opted to stay close to their homes or within their immediate communities as a result. IDPs fleeing or returning, for example, are at risk of sexual exploitation on

their journeys and of early and forced marriage to reduce the cost of return.⁴⁸ People living in informal camps and settlements, overcrowded rented apartments, unfinished buildings or the open air are particularly vulnerable to violence, exploitation and abuse.

⁴⁸ https://reliefweb.int/sites/reliefweb.int/files/resources/2022_01_07%20USG%20Syria%20Complex%20Emergency%20Fact%20Sheet%20%20232.pdf

To alleviate safety concerns, both female and male respondents highlighted the need for more health and protection centers and services to strengthen social cohesion. Adolescents raised the need for lights, secure boundaries, such as doors for their dwellings and walls around camps, and places to shelters from shelling and attacks.

CHILD LABOR AND EXPLOITATION

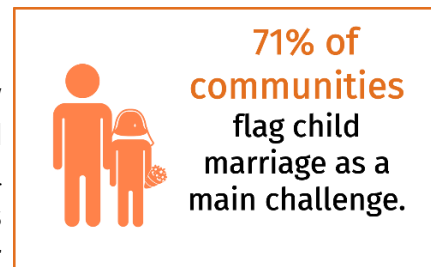
Adolescent boys are most likely to be exposed to child labor and be taken out of school to contribute economically to the household.⁴⁹ Eighty per cent of those who took part in the RGA and 42% of their female counterparts said they engaged in irregular day labor to boost their families' income. Adolescent boys described increasing pressure to do so as employment opportunities for their caregivers became increasingly limited, including having to accept jobs that are potentially overdemanding, unsafe and exploitative such as working in construction, smuggling and loading heavy materials for trade. These types of role significantly increase their overall vulnerability.

Adolescent boys have greater mobility than their female counterparts, but they also reported greater fear of bombing and shelling, harassment and kidnap while pursuing economic opportunities.

CHILD, EARLY AND FORCED MARRIAGE

The economic and safety pressures on households have a direct effect on rates of child, early and forced marriage (CEFM). The phenomenon was an issue before the onset of Syria's crisis at a rate of 13% for children under 18 across the country as a whole, but it has become far more prevalent since.⁵⁰ Estimates of the current national rate vary, but 71% of communities surveyed in March 2022 flagged child marriage as an issue for adolescent girls.⁵¹

Displaced children are more vulnerable to early marriage than those in host communities, and displaced families were 15% more likely than their non-displaced counterparts to resort to CEFM as a coping strategy to mitigate fears of violence for their girls.⁵² Further research is needed to identify the true prevalence of CEFM in north-west Syria and potential mitigation measures, but evidence suggests that pre-existing trends have continued if not worsened. School attendance is a key indicator for CEFM, and with 59% of the region's children out of school, many are likely to face heightened risks.⁵³



⁴⁹ <https://reliefweb.int/sites/reliefweb.int/files/resources/2022-HAC-Syrian-Arab-Republic.pdf>

⁵⁰ <https://www.wvi.org/sites/default/files/2020-07/Stolen%20Future-War%20and%20Child%20Marriage%20in%20Northwest%20Syria-Online.pdf>

⁵¹ <https://www.mei.edu/publications/syrias-education-crisis-sustainable-approach-after-11-years-conflict>

⁵² <https://reliefweb.int/sites/reliefweb.int/files/resources/Stolen%20Future-War%20and%20Child%20Marriage%20in%20Northwest%20Syria.pdf>

⁵³ <https://reliefweb.int/sites/reliefweb.int/files/resources/2022-HAC-Syrian-Arab-Republic.pdf>

School attendance and the psychological impact of CEFM

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

Fear and anxiety about CEFM is significant, particularly among adolescent girls who are out of school. Eighty-one per cent of adolescent female RGA respondents and 78% of women confirmed social and cultural expectations that a girl would have to stop attending school once married to prioritize caring for the household. The psychosocial benefits of school attendance require more in-depth research, particularly its role in reducing the risk of CEFM and building emotional resilience.

In what is a growing trend, nearly a third of young girls in north-west Syria identify CEFM as a key reason for self-harm and attribute an increase in suicide rates in those aged 16 to 20 to attempts to head off marriage.² Rising suicide rates have also been linked to an increase in chronic depression and GBV, particularly among female IDPs.³ Almost one in five recorded suicides and suicide attempts in the region involve children.⁴

https://reliefweb.int/sites/reliefweb.int/files/resources/nws_and_raata_sitrep_35_january_2022.pdf

<https://reliefweb.int/report/syrian-arab-republic/accessing-education-midst-syria-crisis>

<https://givinghopeforthem.com/2021/11/29/the-new-humanitarian-warnings-of-worrying-rise-in-northwest-syria-suicide-rate-among-women/>; [nws_and_raata_sitrep_35_january_2022.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/nws_and_raata_sitrep_35_january_2022.pdf) (humanitarianresponse.info)

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



CONCLUSION & RECOMMENDATIONS

Conclusion

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

Recommendations

All of the recommendations below target CARE, other international NGOs, local NGO partners and donors involved in response planning and implementation. Their focus reflects the main needs cited by the RGA participants, which include livelihood opportunities, better health services, food and nutrition support, and safety and protection interventions.

To stimulate jobs and create livelihood opportunities

CARE, other international NGOs and local NGO partners should:

- Create more avenues for people affected by the crisis, including adolescents, to participate in program design and planning to ensure more effective livelihood interventions. Do more to reach female heads of household, IDPs, people with disabilities, widows and adolescents, and incorporate GBV risk-mitigation measures into all initiatives.
- Increase the provision of agricultural inputs such as fodder, dairy product processing kits, seeds and fertilizers, specifically targeting women, and female heads of household, IDPs, widows and divorcees in particular.

- Provide technical and vocational training, particularly for widows, female divorcees, women with disabilities and those displaced, in topics such as climate adaptive agriculture, water management, vegetable gardening, financial management and business skills. Consider training in non-traditional gender roles to provide new opportunities for both men and women.
- Invest in resilience programming by supporting value chain and community cohesion activities, including for young mother's clubs as in CARE's [AMAL initiative](#), and stimulate vocational opportunities in areas where women already have skillsets through training, small business grants and the repair of light infrastructure.
- Create short-term employment opportunities via targeted cash-for-work schemes, unconditional cash assistance and start-up grant initiatives for small businesses, including interventions to facilitate women's participation such as providing transportation, childcare arrangements and home-based income generating opportunities through VSLAs.
- Strengthen peer-to-peer networking spaces and use VSLAs, particularly for IDPs, to strengthen internal solidarity systems and positive coping mechanisms among female participants, and engage in discussions on gender roles and norms.

Donors should:

- Require international NGOs to collect and use data disaggregated by age, sex, disability and diversity to improve the quality and effectiveness of emergency response plans.
- Encourage and support the implementation of gender-transformative livelihoods for sustainable solutions.
- Invest in research and initiatives on evolving social and cultural norms of masculinity and their correlation between women's participation in economic activities and decision making.

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

CARE, other international NGOs and local NGO partners should:

- Integrate GBV risk mitigation measures into all health-related interventions and build the capacity of health and nutrition service providers to integrate basic trauma-informed MHPSS and IYCF counseling into casework.
- Subsidize transportation to health facilities, especially those providing sexual and reproductive health services and MHPSS.
- Create interactive training modules for women and adolescent girls on safe and culturally relevant birth practices and lactation support, increasing the availability of skilled local attendants during birth and the postnatal period.
- Increase safe spaces and protection centers for women, while training local community health workers to identify GBV cases and refer them appropriately.
- Engage youth leaders and respected community members in workshops related to mental health, positive coping mechanisms and resilience building.

Donors should:

- Increase awareness of the risks community health workers face and include program funding to provide them with incentivization systems and safety measures.

- Recognize and fund the increasing needs of women and girls for GBV risk mitigation measures integrated in health interventions.
- Increase funding for the training of community health professionals, particularly in rural areas, while equipping them to diagnose and treat symptoms of PTSD.

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

CARE, other implementing INGOs, and local NGO partners should:

- Repair and upgrade irrigation systems in targeted agricultural areas, including small garden plots and including the installation of solar pumps, and increase community trucking services in key locations.
- Integrate GBV risk mitigation indicators into the design and monitoring of CVA programs for food and multi-purpose use.
- Improve partnerships with locally respected leaders and adolescents to strengthen social support networks led by trained case managers, trauma-informed counselors and/or GBV professionals with a focus on the psychological impacts of the food crisis.
- Build the capacity of health and nutrition service providers to integrate basic trauma-informed MHPSS and individual IYCF counseling into casework.
- Ensure staff receive orientation and training on IYCF and breastfeeding practices and raise awareness of the cross-sector importance of nutrition on resilience building, particularly for mothers and girls of reproductive age.
- Identify targeted strategies to engage men and boys on their coping strategies, stressors and perceptions of evolving cultural norms and differential household responsibilities.

Donors should:

- Advocate more strongly for better targeted distributions of food and CVA according to the specific needs of vulnerable groups.
- Allow and fund flexible mechanisms for ongoing evaluation such as rapid feedback assessments.

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

CARE, other international NGOs and local NGO partners should:

- Form partnerships with local female-led organizations and engage adolescent champions and respected local leaders to strengthen local GBV referral and support systems, particularly for community-level first responders. Local women-led organizations should play a leading role in planning and decision-making.
- Increase consultation with program participants, including adolescents and men, to raise awareness of GBV protection services and better understand how to create safer enabling environments across programs.
- Expand socio-emotional skills-building programs for women and girls, and activate peer-to-peer support networks for young parents to enable them to reduce the stresses of daily life while raising awareness on GBV.

- Encourage and provide education opportunities and strengthened social networks for adolescents, particularly adolescent girls and IDPs, with sensitivity to mental health needs.
- Monitor informal high-risk jobs, create prevention pathways and pressure responsible entities to take required measures to provide employees, particularly adolescent boys, with safe and dignified work.

Donors should:

- Recognize the pervasiveness of GBV and increase funding for the strategic and context-specific integration of prevention and risk mitigation strategies across all sectors.
- Increase support for local female-led organizations to strengthen programming on social and behavior change and GBV risk mitigation and response.
- Increase funding for safe spaces and protection centers, and the training of female community health professionals in rural areas, while equipping them to diagnose and treat symptoms of PTSD.

Areas for further research

Many topics for further research emerged during interviews for this RGA. Below is a list of suggested follow-up themes for exploration.

The intersection of livelihood, decision-making and gender norms

- How do women perceive their increased participation in the labor market as breadwinners? What roles do they aspire to? How does this influence perceptions of gender norms? Is there a backlash by men, and if so how does it manifest?
- Is there a correlation between women's contribution to household income and their decision-making role? What influence do women have on household decision making if men have the final say?
- How does the decline in livelihood opportunities for men shape masculinity and their perceived role in the household?

The intersection between GBV, livelihoods and food

- What social safety networks exist for men, women, boys and girls, both separately and collectively, and what are their barriers to participation? What specific roles do these social safety networks play?
- Which positive coping strategies do women and men, girls and boys employ? What types of generative skills or adaptations have emerged?
- Does corruption and nepotism play a role in livelihood opportunities? And if so does it affect IDPs and returnees in particular? What are the associated risks or trade-offs for different groups?

The different needs of sub-groups in terms of access to basic resources

- What modifications are needed to support people with disabilities in accessing WASH services? How is water distributed within the household to meet everyone's needs, including women's and girls' menstrual hygiene?
- What combination of mental health interventions would be socially and culturally appropriate and desirable to respond to the long-term and intergenerational trauma of men, women, boys, and girls? What are men's and boys' experiences of chronic anxiety, fear and PTSD?
- What quality of care is available for pregnant and lactating women?
- How do shelter conditions affect women, men, girls and boys differently? What safety and protection needs are highlighted across differing shelter conditions and how do they differ?



About CARE's north-west Syria response

CARE's humanitarian response in north-west Syria is managed from our Turkey country office. After four years' continuous growth, we are one of the largest NGOs responding to the crisis in north-west Syria. We deliver emergency assistance and longer-term support. We strengthen people's resilience, supporting them in absorbing and adapting to recurring shocks and stresses after more than a decade of conflict. Our approach to resilience involves enabling people and systems to increase their capacities and assets, addressing the drivers of risk, supporting an enabling environment and ensuring forward-looking decision making and flexibility in our initiatives. Emergency assistance and resilience-building go hand in hand whenever possible. We work through partner organizations in north-west Syria and implement some initiatives directly. We manage programs across the WASH, shelter, economic recovery and livelihoods, protection, sexual and reproductive health and emergency response sectors using in-kind and CVA interventions.

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

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