


11 YEARS OF CRISIS IN SYRIA

 **6.7 million** are internally displaced.

 **12.4 million** are food insecure and 14.6 million need assistance.

 **50%** of water and sanitation systems across Syria do not function properly.

 **90%** of the population lives below the poverty line.

CARE has conducted a **Rapid Gender Analysis** in Northwest (NWS) and Northeast Syria (NES) between December 2021 and February 2022.

CARE's Rapid Gender Analysis will help further understanding of the evolving situation in Syria, improve humanitarian and resilience programming, and inform the wider humanitarian community.

CARE's research included:

- **Surveys in 1040 households in Northwest and Northeast Syria**
- **25 focus group discussions**
- **11 field observations**
- **8 Gender Protection Audits**

CARE has been working in Syria since 2013 and has so far reached more than 9 million people.



” Life is mentally and physically exhausting. We can no longer go to hospitals because healthcare and medicines are so expensive. My children eat less. They no longer have milk because I had to sell my cows. We eat a lot less and we no longer eat vegetables because they are expensive”

--- Woman living in a camp in Northeast Syria ---

KEY FINDINGS



Women and men report having to **resort more to coping strategies** such as reducing food, selling assets, child labor and marriage, increasing household debt.



The economic crisis, drought in NES, COVID-19 restrictions and the ongoing conflict result in record-high prices, while families' **livelihoods are lost**.



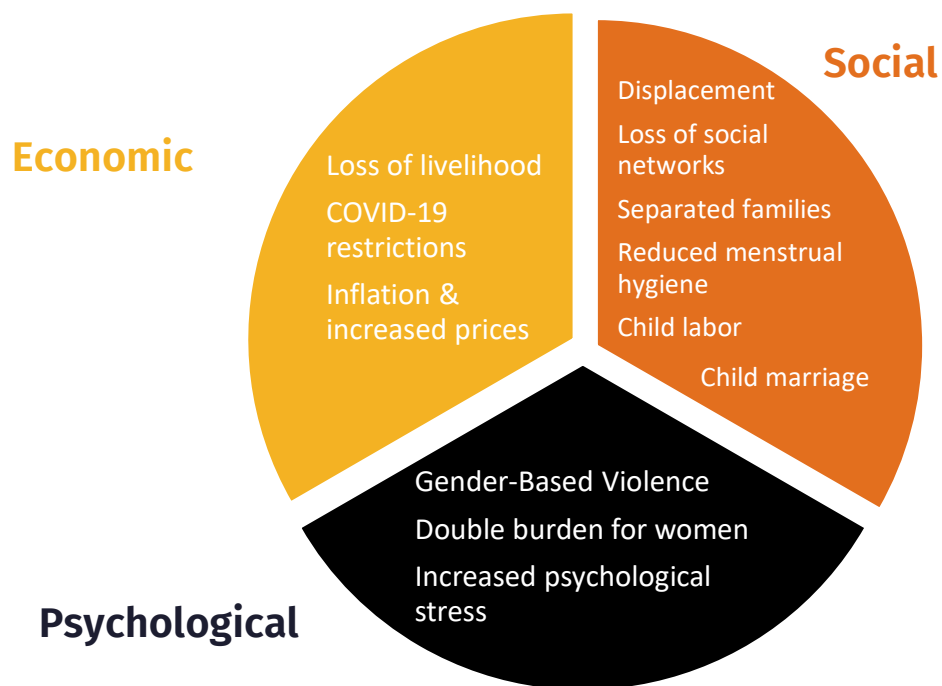
Parents report **increased psychological stress** due to feeling unable to feed their children, and risks to their health and safety. Women fear domestic violence.





MAIN CHALLENGES FACED BY WOMEN, GIRLS, BOYS AND MEN

Unequal power relations, gender inequalities and discrimination mean that women and girls are often hardest hit during a crisis and will take longer to recover.



MOST VULNERABLE GROUPS: Widows and divorced women, orphans, girls, people with disabilities, the elderly.



KEY COPING STRATEGIES

Households respond to the conflict, economic crisis and climate extremes in various ways. **Coping strategies have intensified as the economic situation deteriorates.**

Reduced food intake

Reduction in the number of meals consumed per day. Parents report eating less to ensure their children are fed. People also compromise the quality of food, i.e., are unable to buy vegetables, meat or oil.

Child labor and marriage

Boys and girls are removed from school as economic conditions deteriorate, increasing domestic work and early marriage for girls, child labor for boys.

Selling assets and accruing more debts

Men sell assets such as sheep due to high fodder prices and farmers cultivate less land. Households accrue more debts and are unable to purchase essentials such as fuel for heating or paying for medicine.

MAIN CHALLENGES AND THREATS FACED BY SYRIANS

LOSS OF LIVELIHOODS



Inflation of over 200% since 2020, record-high prices for daily needs, drought in NES and COVID-restrictions have put fresh food, clothing, fuel and sanitation out of reach for many respondents. In NWS, roadblocks, port closures and high transportation costs made it difficult for men to earn an income abroad. **Most vulnerable are female-headed households.**

” **Some men have to work two or three jobs to secure the family’s living. Often, the children have to work as well, either in shops or in agriculture.**”

MENTAL HEALTH & PROTECTION



Respondents reported a significant impact on their psychological health due to fear of further displacement, lack of livelihoods and income and food insecurity.

Services providing mental health support and safe spaces for women and adolescent girls are rare.

In 2020, one in five suicide attempts and deaths in NWS were by children.

” **My psychological state deteriorated. I feel helpless and stressed. I cannot do anything for my children. I don’t feel free with my husband as we live with his family**”



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

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

REDUCED FOOD INTAKE

60% of women and men in Northern Syria report reducing their food intake to ensure their children are fed. People also compromise the quality of food, unable to buy vegetables, meat or oil. **One in 5 children in NES, and 1 in 6 children in NWS is stunted, and pregnant and lactating women are at risk due to nutritional deficiencies.**

In NES, the worst drought since decades negatively impacts food availability. In NWS, 97% of the population live from less than 2\$ per day.

“We are working hard for our children. They keep us going. But we are collapsing. Before the crisis we were self-sufficient. Now we try to buy the cheapest food to save some money.”

WATER & SANITATION

In NES, only 35% of respondents report having safe access to toilets. Collecting water takes more than 60 minutes on average.

Women report sanitary pads, waste disposal and safe latrines as their greatest needs.

HEALTHCARE

Nearly half of health facilities have been destroyed. Insecurity, COVID-19 and health staff shortage have reduced capacity for GBV and mental health referrals.

High costs, lack of facilities and transportation are the biggest barriers to accessing healthcare, especially for women and their children.



DOUBLE BURDEN FOR WOMEN

Nearly 1 in 3 Syrians aged 12 or older has a disability – almost twice the global average. Women are usually the ones responsible for caring for them, children and the elderly.



Many women also do paid work to support their families. Nevertheless, more than 80% of male respondents stated that a woman’s main responsibility is to take care of the home and family. More than 80% of female respondents state doing the full share of cooking and cleaning. **99% (NES) and 94% (NWS) of women believe men are better leaders and decision-makers than women.**

DROUGHT



The worst drought in decades has led to significant harvest and income losses for over 70% of farmers in NES, disproportionately affecting women who are the majority of the work force.

The costs of buying water accounted for about one-fifth or more of the budget for 27% of households.

The water crisis is also impacting COVID-19 prevention, access to menstrual hygiene products, and safe access to latrines. Higher than usual rates of acute diarrhea are being reported.

” When we farmed, we used to eat vegetables daily. But now we buy a quarter of the previous quantity and in many cases we are still hungry after our meal.”

Sexual and Reproductive Health



Lacking access to antenatal and postnatal care services for pregnant women, as well as lack of contraceptives (IUDs, oral contraceptives, injectables, male condoms).

” We only have one 3-year-old child and have decided not to have another child for now. My wife is afraid to go to any medical facility with the spread of the Corona virus.”

SECURITY & SAFETY



Women and girls express feeling unsafe carrying out their daily activities in public spaces. Men expressed fear of forced recruitment and travelling outside the community. Women expressed fear of GBV/early/forced marriage, harassment and kidnapping. In NWS, domestic violence was women’s highest security concern. For IDPs, inadequate housing is a major concern.

” I think the working woman is the most vulnerable. She faces lots of pressure, has to accept unsuitable jobs to provide for her family, and may even be forced to accept assault or violence in the workplace not to lose her job.”



” When the airstrike hit our house, my father was injured in his leg, and we fled. My dad rented a room for us underground. It was humid and full of mold. Sewage water entered our room. My father was sad for us because we all got sick. We moved six times, now we live in a camp. When it rains, I’m scared our tent will fly away. In the winter, I’m scared the gas heater will burn the tent down. We used to have a beautiful house. I wish there was a school here. We, a whole generation, what is our crime that we must remain uneducated?”

--- Amra, 11, lives with her family in a camp in Northwest Syria---

RECOMMENDATIONS

- ❖ **Increase humanitarian funding for Syria** that concurrently support life-saving interventions and early recovery and resilience programming.
- ❖ **Ensure humanitarian response activities address the distinct needs of vulnerable groups** regarding the following identified priority needs, based on a gender, age and disability approach:
 - **Create jobs and livelihood opportunities** while supporting market stimulation by providing women with agricultural inputs, technical trainings, small business start-up grants, short-term employment opportunities, and cash assistance.
 - **Build and strengthen health systems and increase safe access to psychosocial services** by investing in the integration of mental health and psychosocial support, increased GBV services, support and incentivization for community health workers, and improved healthcare access through mobile units and subsidized transportation costs.
 - **Increase food and agriculture support** to the most vulnerable by revitalizing irrigation systems and community water trucking in key areas, increasing monitoring of food distribution needs and improving targeting for vulnerable groups (such as pregnant and lactating women and children under 5), and subsidizing school food programs.
- ❖ **Increase accountability** in the collection, analysis and consistent application of age, sex, and disability disaggregated data to improve the quality and effectiveness of the emergency response plans.
- ❖ **Ensure solutions are locally led** by strengthening investments in Syrian partners, including women's organizations, community engagement, and women's leadership in humanitarian response and modalities such as community forums, peer-to-peer networking, capacity building, and increased consultation with program participants.
- ❖ **Address the gendered impact of shifting social roles** in Syria by increasing engagement of men and boys in psychosocial support and GBV prevention and response, strategies to increase women's voice in the public sphere and in household and community decision-making.

