

UNITED NATIONS POPULATION FUND

# IN THE AFTERMATH

Gender Considerations in Assessments of Syrian Regions Affected by the 2023 Earthquake

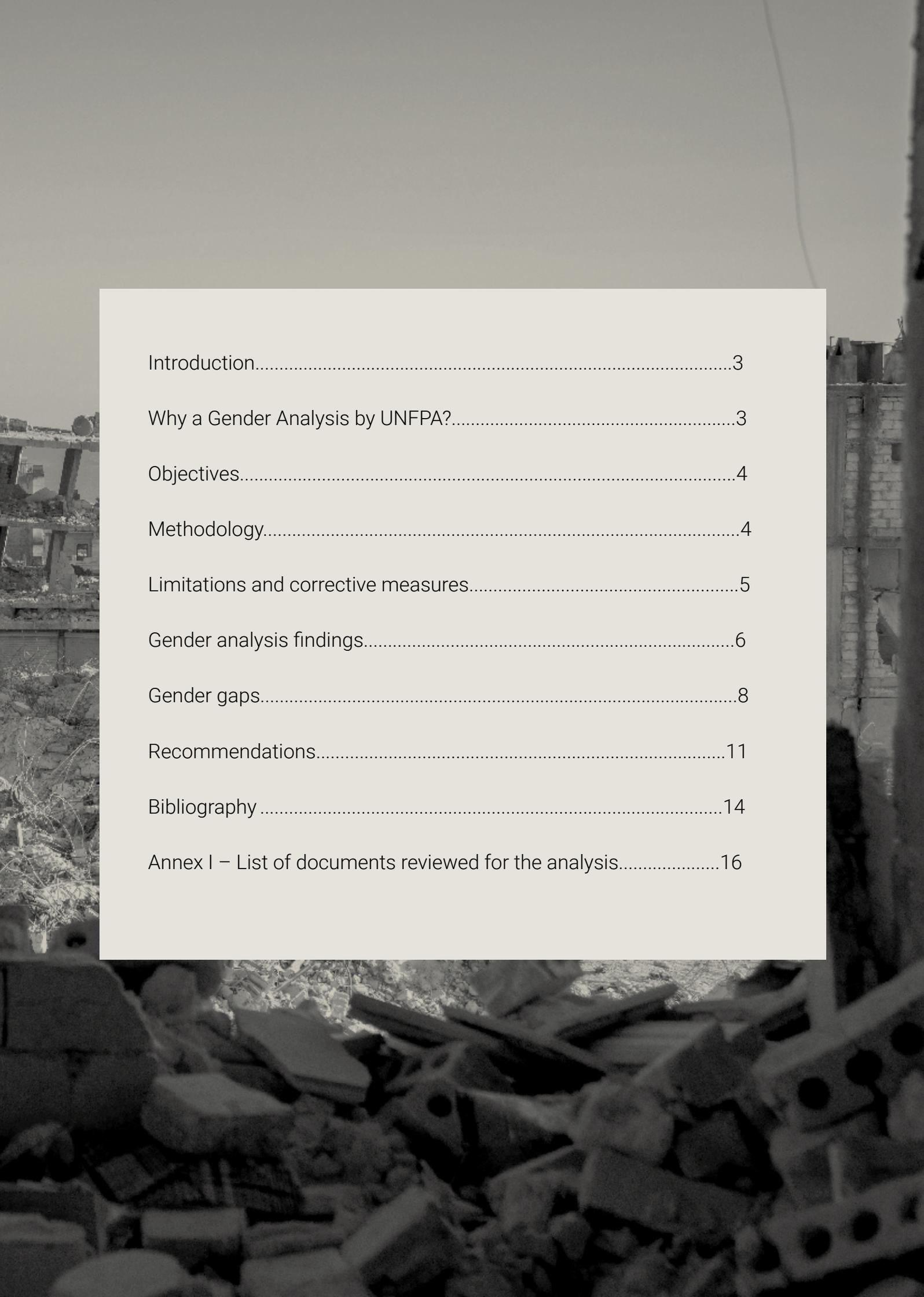
Rapid Review / Analysis

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## Background

UNFPA is a member of the Syria Strategic Steering Group (SSG). Based on UNFPA's recommendation and in line with the Inter Agency Standing Committee (IASC) Centrality of Protection, the IASC GBV Accountability Framework and guidelines to mitigate the risks of GBV and the IASC Gender Accountability Framework, the SSG endorsed four key priorities to address GBV and gender over 2023:

- Increase measures to mitigate the risks of GBV throughout the Humanitarian Programme Cycle (HPC).
- Improve the gender analysis throughout the response.
- Include the specific needs of women and girls in leadership conversations.
- Increase representation of women in general and Syrian women in leadership forums.

In the context of the second SSG priority, UNFPA committed to leading the gender analysis of existing Humanitarian Needs Overview (HNO) data which would also support gender mainstreaming and GBV risk mitigation in ongoing assessments.

UNFPA is accountable for reporting back to the SSG on the analysis at the next face to face SSG meeting.

To that effect, UNFPA commissioned Marta Pérez del Pulgar, who also received support from Clara Rodríguez Ribas, to conduct this initial gender review of the earthquake response.

# Introduction

## Why a Gender Analysis by UNFPA?

On 6 February 2023, a magnitude 7.8 earthquake and multiple severe aftershocks struck Syria and Türkiye, affecting multiple governorates including Idlib, Aleppo, Latakia, and Hama. Prior to the earthquake, 15.3 million people were estimated to need humanitarian assistance throughout Syria.<sup>1</sup> For most Syrians, this earthquake only compounds existing suffering; 15 March marks 12 years since the start of the conflict which has caused massive displacement, economic collapse, and widespread violence. With approximately 1.9 million people living in around 1,430 camps or self-settled sites in the north-west of Syria (NWS), with 80% (1.5 million) being women and children,<sup>2</sup> Syria remains the world's largest internal displacement crisis. The earthquakes have caused new internal displacement movements and at least 86,000 people were reportedly newly displaced since the earthquake happened.<sup>3</sup>

In times of crisis, pre-existing gender inequality can be exacerbated, leading to discrimination, exploitation, and impacting an individual's access to humanitarian, recovery and development assistance, and their access to human rights.<sup>4</sup> Gender inequalities that existed prior to a crisis can exacerbate these differential impacts, making it even more important to incorporate a gender perspective into the response.<sup>5</sup>

Women and girls are disproportionately affected by crises in comparison to their male counterparts, including reduced life expectancies, maternal mortality and morbidity, and gender-based violence.<sup>6</sup> Furthermore, when emergencies strike, the rights and choices of women and girls are far too often trampled on or side-lined.<sup>7</sup> While gender inequality represents a major barrier to equitable access to humanitarian assistance and the protection of human rights, activities and approaches implemented during an emergency response are not neutral, and have the potential to either increase and reinforce existing inequalities or challenge them.<sup>8</sup>

In spite of existing global commitments to make gender equality and the empowerment of women and girls a core principle of humanitarian action,<sup>9</sup> the Inter-Agency Humanitarian Evaluation (IAHE) on Gender Equality and the Empowerment of Women and Girls (GEEWG) conducted in 2020 highlighted how the quality and frequency of inter-cluster gender analyses and the integration of GEEWG issues into the initial phase of the response (beyond Gender-Based Violence -GBV and Protection from Sexual Exploitation and Abuse- PSEA) remains a gap. In particular, the collection and reporting of sex and age-disaggregated data (SADD) is less common at the point of initial responses.<sup>10</sup>

Effective integration of gender equality in programming not only increases the effectiveness of humanitarian action, but also upholds moral and legal obligations of the humanitarian actors to protect the dignity and rights of all people by operating according to the principle of non-discrimination and bolstering organizational mandates to serve the most vulnerable individuals.<sup>11</sup>

1 OCHA, "Humanitarian Needs Overview: Syrian Arab Republic, 2023," December 2022, 3

2 UNHCR, "Whole of Syria Emergency Response to the Earthquake - Update 4 | Global Focus," March 9, 2023,

3 OCHA, "Earthquakes: North-West Syria Situation Report No. 1 (As of 7 March 2023) - Syrian Arab Republic | ReliefWeb," March 8, 2023,.

4 OCHA, "Policy Instruction on Gender Equality 2021-2025," 2021,...

5 Inter-Agency Humanitarian Evaluation Steering Group (IAHE SG), "The Inter-Agency Humanitarian Evaluation (IAHE) on Gender Equality and the Empowerment of Women and Girls (GEEWG)," October 2020,

6 Ibid.

7 UNFPA, "Humanitarian Action 2023 Overview" (New York, 2023), 3

8 CARE International, "Gender in Emergencies - CARE Toolkit," accessed March 14, 2023, <https://www.careemergencytoolkit.org/gender/gender-in-emergencies/>.

9 The World Humanitarian Summit (2016), the Sustainable Development Goals (SDGs), the Inter-Agency Standing Committee (IASC) Gender Policy (2017) and the IASC Gender Accountability Framework (2018).

10 Inter-Agency Humanitarian Evaluation Steering Group (IAHE SG), "The Inter-Agency Humanitarian Evaluation (IAHE) on Gender Equality and the Empowerment of Women and Girls (GEEWG)." "

11 InterAgency Standing Committee, "IASC Gender in Humanitarian Action Handbook," 2018,

## Objectives

The aim of this review is to provide an overview of the initial gender specific findings that emanate from the 6 February Earthquake needs assessments and response analysis.

Complementarily, the review will serve as a basis for one of the IASC system-wide scale up operational benchmarks endorsed by the Syria Strategic Group (SSG) with a focus on ensuring that all assessments are gender-sensitive and include sex and age disaggregated data (SADD), and assessment teams include (at minimum 30%) female staff.

## Methodology

The methodology consisted of a desk review of various documents, which were analysed based on a set of guiding questions which were developed for the conduct of this report. The analysis included a review of the Syria Needs Assessment Tool (SYNAT), inter-sector and sector-specific needs assessment reports, population data, presentations, briefs, assessments findings, Flash Appeals and Flash Updates, among others.<sup>12</sup>

Guiding questions were developed to guide the review of documents, drawing on existing validated methodologies for the conduct of gender equality assessments in humanitarian settings, including the 2018 IASC Gender Handbook for Humanitarian Action, the IASC Gender with Age Marker (GAM), the Sphere Manual and CARE's Rapid Gender Analysis Toolkit.

The guiding questions were arranged around key humanitarian sectors, including Inter-sector, Water and Sanitation and Hygiene (WASH), Protection, including GBV and Child Protection Areas of Responsibility (AoRs), Food Security and Agriculture, Nutrition, Health, Education, Camp Coordination and Camp Management (CCCM) and Shelter, Early Recovery and Livelihoods.



<sup>12</sup> For full list of documents refer to Annex I – List of documents reviewed.

## Limitations and corrective measures

Limitation	Corrective measure
<p><b>Time limitations:</b> Due to time constraints, it was not possible to thoroughly triangulate the data or verify with combined research methods.</p>	<p>The future study to analyse HNO data will allocate more time for data collection and analysis, which can allow for the use of multiple research methods, to provide a more comprehensive and accurate analysis.</p>
<p><b>Secondary data analysis:</b> the study relied solely on secondary data sources, which may limit the breadth and depth of the analysis.</p>	<p>The methodology of the future study to analyse HNO data will consider collecting primary data through various methods, such as interviews, surveys or focus groups or direct work with assessment platforms (such as REACH and HNAP13).</p>
<p><b>Use of different non-comparable methodologies:</b> Information reported in this Gender Briefing Note proceeds from assessments, observation and consultations that took place starting from the 6th of February 2023 in relation to the Earthquake humanitarian response. Data gathering exercises have used different methodologies and questions and, therefore, data are not comparable.</p>	<p>This study was conducted using a systematic approach to data analysis. Specific research questions were identified and used in a standardised manner across all documents reviewed. Despite that, gender concerns identified remain consistent in both GoS14 and NWS and allow for the initial analysis presented in this brief.</p>
<p><b>Sampling:</b> not all existing assessments have been reviewed and analysed, which can potentially result in the reflection of information or perspectives that are not sufficiently accurate.</p>	<p>The study has expanded the type and quantity of documents reviewed, including multi-sector and sector-specific tools and needs assessments from various sources, as well as both pre-earthquake and post-earthquake data to identify trends and inform the findings and recommendations.</p>

# Gender analysis findings

**Women and girls were amongst the most vulnerable prior to the earthquake:** Prior to the earthquake, the humanitarian situation in Syria was having catastrophic effects on the lives of women and girls, representing half of the 15.3 million people in need according to the 2023 Humanitarian Needs Overview (HNO). Gender, age, displacement status, disability, and marital status were identified as factors that exposed the population to GBV risks. Together with widows and divorcees, older women and female IDPs are most at risk, especially if combined with disabilities. These risks are compounded for women who are the heads of households and responsible for meeting the financial/material needs of their families. The HNO stressed significant engendered impacts of the Syria crises among adolescents. While adolescent boys are more likely to be killed and injured, separated from family, detained, and recruited by armed groups or to be involved in child labour, adolescent girls are particularly at risk of child marriage, online harassment, and other forms of GBV, including sexual violence. The earthquake on 6 February has further compounded the crisis, exacerbating their pre-existing vulnerabilities and exposure to risks of women and girls.

**Disproportionate impact on women:** By the end of February 2023, there were an estimated 1.9 million IDPs hosted in 1,437 sites across NWS. As stated previously, over 1.5 million (80%) are women and children.<sup>15</sup> Protection Cluster assessments conducted in NWS and in Government of Syria (GoS) areas highlighted the disproportionate impact of the earthquake and dire needs of Women Who Head Households (WVHH) and Pregnant and Lactating Women (PLW).<sup>16</sup> Conditions for female-headed households are particularly poor, where household members are more likely to go hungry due to lack of food.<sup>17</sup> According to HNO data, 93% of female headed households purchased less expensive food at least once a week, and 63% reduced the meal size at least once a week.

**Nutrition concerns for women:** The earthquake has impacted 3.7 million children and PLW, and will exacerbate the nutrition situation of vulnerable children and women that was already alarming.<sup>18</sup> According to CARE Gender Rapid Analysis Policy Brief, in NWS, 54% of women of reproductive age (WRA) suffer from anaemia, and they are more likely to adopt harmful coping strategies, such as reducing their number of meals per day or borrowing money to purchase food. Nutrition partners conducted screening for malnutrition in earthquake-affected areas across Syria to 25,443 pregnant and lactating women, of which 3,993 of them or over 15% were found to be malnourished.<sup>19</sup>

**Sexual and Reproductive Health:** Prior to the earthquake Basic services and other critical infrastructure were on the brink of collapse, with only 59% of hospitals, 57% of primary health care facilities and 63% of specialised centres being fully functional.<sup>20</sup> The earthquake has further amplified the challenges of an already weak and fragile health system with 146 health facilities damaged -two completely destroyed, including 55 health facilities in Northwest Syria. In Aleppo, Hama and Latakia collectively, 91 health facilities are reported to have been damaged, including at least 7 hospitals.<sup>21</sup> Among the 8.8 million people estimated to have been affected by the earthquake in Syria, UNFPA estimates there are approximately 2.2 million women and adolescent girls of reproductive age, including 133,313 currently pregnant women and girls. An anticipated 44,483 women and girls will give birth in the next three months and more than 6,600 will require emergency obstetric care due to complications. Continuity of health care services, especially for women, children, elderly, persons with non-communicable diseases, is identified as a priority need. Reports indicate health services, including SRH services (with explicit mention of clinical management of rape and access to (emergency) contraceptives are not adequately prioritised in shelters and there is lack of systematic referral mechanisms in shelters, including for Sexual and Reproductive Health (SRH) and safe deliveries. Despite efforts to upscale the response to provide life-saving Reproductive Health (RH) services, systematic referral mechanisms in shelters, including for SRH and safe deliveries are insufficient to meet the needs.

<sup>15</sup> UNHCR, "Whole of Syria Emergency Response to the Earthquake - Update 4 | Global Focus."

<sup>16</sup> WVHH in both Protection Assessments by 74% of KIs. and PLW by 70% of KIs in NWS Protection Assessment

<sup>17</sup> OCHA, "Humanitarian Needs Overview: Syrian Arab Republic, 2023."

<sup>18</sup> UN, "Flash Appeal: Syrian Arab Republic Earthquake (February - May 2023) | United Nations in Syrian Arab Republic," February 2023.

<sup>19</sup> OCHA, "Syrian Arab Republic: Earthquakes - Syria Situational Updates - As of 1 March 2023 - Syrian Arab Republic | ReliefWeb," March 1, 2023.

<sup>20</sup> OCHA, "Humanitarian Needs Overview: Syrian Arab Republic, 2023."

<sup>21</sup> WHO, "Whole of Syria Earthquake Response Situation Report," February 19, 2023, hospitals and specialized centres, and management of noncommunicable disease (NCDs)

**High incidence of psychosocial distress, harmful coping strategies, and emerging risks:** Psychosocial distress amongst the affected population is of great concern. One of the assessments found women suffering from bleeding and cramps due to the stress induced by the shock.<sup>22</sup> In reports where sex and age disaggregation is available, there is evidence of high incidence of psychosocial distress among women and children. Emerging harmful coping strategies such as child labour, begging and violence against women and children have been reported among the affected population.

**Access to adequate hygiene and sanitation facilities and supplies is a major concern for women and girls:** The 2022 HNO highlighted challenges related to women and girls' menstrual hygiene management, and additional protection and GBV risks, especially for women and girls. United Nations Disaster Assessment and Coordination (UNDAC) assessments conducted in 111 shelters in Aleppo reported that, while most shelters are connected to the main water network, a significant proportion of respondents (almost 25%) reported challenges accessing functioning toilets and WASH facilities. Of those who faced these challenges, 41% reported and highlighted specific protection challenges. Furthermore, more than one third of respondents indicated that cleaning products were one of their top three priorities and 80% reported challenges accessing hygiene supply items, including a range of specific items. Sanitary pads ranked third in the "hygiene supply items" needed, with 59% of respondents who reported the need for sanitary pads, while 81% of female respondent over 60 years old reported on lack of general access to adequate hygiene supplies. In 25% of the shelters, main challenges were reported in relation to the lack of gender-separated toilets and bathroom areas.

**GBV risks and need for gender-sensitive programming in shelters and IDP sites:** According to the 2023 HNO, approximately 8.5 million people needed GBV assistance prior to the earthquake (a 1.2 million increase from 2022), of which 55.7% are women and 37.5% are girls (93% are female vs 7% male). Affected communities, in particular women and girls, were reported to be more vulnerable to GBV risks, and to sexual exploitation and abuse by humanitarian and non-traditional actors involved in providing humanitarian assistance. Because of the earthquake and massive displacement, overcrowding has significantly increased in temporary shelters and there is a lack of gender segregation, coupled with the absence of partitions and lighting. In an overall situation of lack -or insufficient- WASH facilities, partitions, locks, and gender-segregated bathrooms are missing, leading to concerns about elevated GBV risks. There is a need for GBV mainstreaming in shelter, WASH, and temporary settlements (primary needs identified). Through

assessments conducted in Aleppo, surveys highlighted that women and girls are the most affected by protection concerns (53% and 48% respectively). Additionally, 27% of respondents reported incidents of sexual harassment and a further 20% expressed fear of harassment and/or a lack of privacy due to the lack of separate WASH facilities. While numbers allow to highlight the severity of the situation, it is important to note that the concerns around GBV risks and the need for gender-sensitive programming in shelters and IDP sites must be addressed regardless of the data available.

**Impact of earthquake on GBV service points and delivery of assistance:** The earthquake has impacted on the services that were being provided to respond to the specific needs of women and girls. For example, in NWS, 10 out of 93 previously available GBV service points were put out of function due to devastation by the earthquakes. As a result, the capacity to deliver assistance through specialised GBV services, including case management and psychosocial support, dignity kits and cash-based interventions has been hampered.

**Increase in negative coping mechanisms:** While information on negative coping mechanisms captured in the reviewed reports is minimal, available evidence shows a high risk of increased incidence of negative coping strategies, which were already prevalent prior to the earthquake. One of the assessment tools reviewed for NWS included a specific question on negative coping mechanisms.<sup>23</sup> However, there is no evidence or analysis captured in the assessment report. A report from GoS identified concerns around child labour, begging and violence against women and children. While available information suggests that current vulnerabilities will lead to an increase in harmful practices and negative coping mechanisms if needs are not responded to, lack of disaggregation will make it difficult to identify the targeted interventions that are necessary to minimise future negative impacts.

**Vulnerable groups facing barriers to access humanitarian aid:** UNFPA and its partners observe the following groups as being the most vulnerable facing barriers to access humanitarian aid: people with disabilities, older women, adolescent girls and divorced and widowed women and girls, migrants, and refugees. In UNDAC assessments in Aleppo, women and girls in the surveyed shelters also reported a critical need for dignity kits and menstrual items including pads and pain killers. In addition, the findings of the assessments reveal serious protection concerns ranging from sexual harassment and potential instances of exploitation and abuse to loss of documentation. While the assessment does not specify which population groups expressed higher concern or are

<sup>22</sup> Action For Humanity, "Rapid Needs Assessment Report - Earthquake Response (NWS), 6th February Earthquake - Syrian Arab Republic | ReliefWeb," February 17, 2023.

<sup>23</sup> Under the section of Access to Basic Services: Are people forced to engage in negative coping strategies, such child labour, child marriage, drug and/or alcohol abuse, etc? If so which?

most vulnerable to protection risks, it is noted that women (51% of respondents) and girls (43% of respondents) in the shelters are most affected by protection concerns.

**Gender dimensions of accountability to affected populations and community feedback and complaint mechanisms:** Reference to the establishment and functioning of community feedback mechanisms for Accountability to Affected Populations (AAP) and PSEA and in establishing safe and accessible communication mechanisms with communities was only referenced in one assessment: 20% mentioned that the affected population does not know where to go if they wish to make a complaint and 15% of interviewed KIs reported that the affected people do not trust the available complaint mechanisms because they could not reach anyone when trying to call or their issues were not solved when they complained.

**Findings among affected Palestinian refugees:** The earthquake has severely impacted Palestinian refugees living in Aleppo, Latakia, and Hama, amongst whom 22,429 are estimated to be female.<sup>24</sup> There are high concerns about the protection risks of the Palestinian refugees residing in collective shelters. Women and children constitute almost 90% of the residents who stay overnight in the shelters. Men were seen to visit the centres only during the day to meet families and to collect food and other Non-Food Items (NFI) assistance and go back to sleep at their respective homes in the night. Men who reside in the centres are older persons or have some kind of disability

The following GBV risks were identified during the conduct of the assessment:

It was observed that men object to their wives talking to other men during the day.



Cases of physical violence were observed.



There are no separated toilets for men and women and while signs have been put up, there have been instances of mix up.



## Gender gaps

**Lack of consistent disaggregation of Sex, Age, and Disability Data in assessments and reports:** Overall, there is a dearth of sex, age, and disability disaggregated data (SADDD) reported across data collection tools, assessments, situation updates, and reports. Out of the 11 assessment reports reviewed, only 1 had strong sex with additional age and disability disaggregation of data based on a desk review of pre-earthquake data, three of them did not include any level of disaggregation and therefore did not allow for any kind of gender analysis. The remaining seven assessment reports reviewed did include some level of gender, age, and disability disaggregation. However, disaggregation was not consistent throughout the reports, with no (or minimal) gender analysis to identify barriers or underlying factors leading to the potential overlook of vulnerable population groups. Regretfully when the data emerging from the assessments is provided, the disaggregation is lost, hence impeding a gendered analysis of responses received. Meaningful engagement of women's commissions, women-led organizations, is also absent from reviewed assessments.

**Insufficient representation of women in assessment teams:** Of the eleven assessments reviewed for this analysis,<sup>25</sup> six of the assessments reviewed did not provide information on the gender composition of the enumerator teams, making it impossible to assess the level of participation of female enumerators in data collection. Only one assessment team reached the benchmark of 30% female enumerators<sup>26</sup> and two assessments<sup>27</sup> were conducted through a desk review of available data and therefore did not send teams of enumerators to the affected areas. Two assessment reports stated having at least one female enumerator in 95% of the shelters assessed.<sup>28</sup> While it is not possible to know if participation of female enumerators reached the 30% benchmark with the information provided, it is clear that approximately 10 assessments<sup>29</sup> were conducted by male-only teams. The absence of female enumerators can make it difficult to collect data on gender-specific issues, as women and girls may be less likely to disclose sensitive information to male enumerators. This can result in gender-specific issues such as gender-based violence and child marriage being underreported or overlooked.

24 UNRWA, "Earthquake in Syria Rapid Assessment Report- Latakia, Aleppo and Homs | UNRWA," February 16, 2023,

25 See Annex I – List of documents reviewed for the analysis

26 UNRWA, "Earthquake in Syria Rapid Assessment Report- Latakia, Aleppo and Homs | UNRWA."

27 CARE International, "Rapid Gender Analysis Policy Brief: Türkiye & Northwest Syria Earthquake Response, 16 February 2023," February and Rashmin Gunasekera et al., "Global Rapid Post-Disaster Damage Estimation (GRADE) Report : February 6, 2023 Kahramanmaraş Earthquakes - Türkiye Report (English)" (Washington, D.C., 2023).

28 600 enumerators conducted 197 assessments in 116 shelters.

29 Approximately 5% of the total 197 assessments conducted in 116 shelters.

### **Insufficient level of disaggregation in data**

**collection tools:** None of the three data collection tools analysed<sup>30</sup> included sufficient and consistent level of disaggregation by sex, age, and disability data throughout the questionnaire. Even when such questions are included, disaggregation is not consistently applied or reflected in the assessment reports. For example, one tool did include questions around key gender aspects such as GBV, SRH, or availability of sanitary pads. The tool, also included specific references to basic needs of women and girls with regards to water, food, services, privacy, hygiene management, etc. However, none of these issues have been reflected in the assessment report. Another data collection tool used in NWS included specific questions on separation and security (locks and lighting) of WASH facilities, signs of SEA and engagement in negative coping strategies (including child marriage). However, data analysis in the report, does not reflect the findings around these questions and does not offer sufficient level of disaggregation to analyse gender impacts of the crisis. Another of the tools reviewed does include sex and age clear disaggregation in the first section on population data. However, questions around vulnerability assessment do not include gender disaggregation and therefore do not allow to identify or analyse the intersecting gender implications. Sex and age disaggregation is also not consistently integrated across sectors, whereby, for example, there is no sex and disability disaggregation on out of school children or reference to menstrual hygiene or WASH in schools.<sup>31</sup>

### **Lack of sectors' capacity to effectively incorporate gender, age and disability disaggregated data (SADDD) into assessments and reports:**

It is important to note that knowledge and skills for the integration of gender (and age and disability) considerations should have already been place as part of each sector's responsibility as per the IASC Gender Policy and its Accountability Framework. This is particularly relevant 12 years into the Syria crisis, where sectors should have presumably addressed any capacity gaps in compliance with the Gender Policy and its accountability framework and in the use of available tools, with a particular focus on the application of the IASC Gender Handbook.

<sup>30</sup> Syria Needs Assessment Tool (SYNAT), NWS REACH NGO Forum and NWS (TXB) Guidance on Rapid Protection Assessment.

<sup>31</sup> Menstruation has significant implications for adolescent girls, particularly in humanitarian contexts. The loss of privacy, fear of seeking assistance, and shame associated with menstruation can negatively impact their mental health. Additionally, unhygienic practices may increase the risk of reproductive tract infections. Inadequate access to menstrual products can result in girls and women queuing for long periods for lifesaving supplies, hindering their ability to access essential needs. The extra challenges of a crisis can exacerbate these issues, leading to decreased school attendance due to the lack of appropriate WASH facilities in temporary learning centers. These challenges highlight the urgent need for increased attention and investment in menstrual hygiene management for adolescent girls in humanitarian settings. For more information see UNICEF Guidance on Menstrual Health and Hygiene.





**Limited information on addressing the intersectional needs of particularly vulnerable groups:** While there is evident effort to identify specific groups who are particularly vulnerable (such as people living with disabilities, older persons, women who head households, unaccompanied children or persons with chronic illnesses), none of the tools and reports reviewed allow to identify the intersectional experiences of individuals who belong to more than one disadvantaged group, for example, reports that provide information on women-headed households and child-headed households, do so in separate categories and it is not possible to tell from the available data how many of the women in these households are adolescent girls or older women, or whether any of the women or girls who head households have a disability. As a result, current assessment data does not allow for targeted tailored interventions to address urgent humanitarian needs of affected people facing multiple intersecting vulnerabilities, risks, barriers, and forms of exclusion.

**GBV risk mitigation and response addressed in an inconsistent manner across sectors:** Despite recognizing the GBV risks faced by women and girls, including the risk of sexual exploitation and abuse, reports and assessments do not address this issue consistently across all sectors. For example, one report identified protection priorities among women heading households, including intimate partner violence, GBV, exploitation and abuse, overcrowding, house, and land property (HLP) and barriers to access services. However, activities designed to respond to such priorities are only addressed by the GBV AoR, and WWHH are invisible throughout all other priorities addressed in the report. This highlights

a crucial gap in the response to the crisis, as gender-based violence remains a significant concern in disaster-affected communities. In addition, anecdotal evidence suggests that sexual violence against boys has occurred, emphasizing the need for greater attention to this issue and to apply a gender analysis to sexual violence prevention, and when designing specialised services to respond to this violence.

**Absence of attention to adolescent girls:** Adolescent girls are alarmingly absent from tools, assessments and reports reviewed, which highlights a gap in understanding the specific vulnerabilities they face. The lack of age and sex-disaggregated data collection makes it challenging to understand the specific needs and vulnerabilities of adolescent girls affected by the earthquake. In addition, the clustering of all children together (with no further age or sex disaggregation) makes it impossible to know how many of these children are adolescent girls. This lack of attention is particularly worrying given the specific and compounding vulnerabilities faced by adolescent girls in areas affected by the earthquake, at risk of gender-based violence, exploitation, and trafficking, which can further exacerbate their vulnerability. The risk of child marriage and early pregnancy are of particular concern. Given the evidence available before the earthquake of the prevalence of child marriage in Syria,<sup>32</sup> and the reportedly high numbers of unaccompanied children, increase in school dropouts, and increase in negative coping mechanisms, it is surprising to see how child marriage is lacking from inter-sector data collection tools and is only referred to in one assessment among a broader list of negative coping mechanisms.

<sup>32</sup> According to the UNICEF MICS 2014 report, approximately 13% of Syrian girls aged 15-19 were married or in a union, while 6% were married or in a union before the age of 15. The same report also notes that child marriage rates have increased since the conflict began, but precise figures are difficult to obtain due to the ongoing conflict and displacement.

**Risk of reinforcing gender biases in analysis of assessment findings:** There is a risk that some analysis of the findings from assessments may be reinforcing gender biases and stereotypes: Reports on the number of individuals seeking assistance for mental distress being predominantly women and children fail to account for the social norms which may impede men from reaching out for these services as well. In turn, women are projected as vulnerable, and assessments fail to reflect their capacities, agency, and contributions to the response. For example, assessments may not/are not adequately considering the unpaid caregiving work that has likely increased significantly for women and girls following the earthquake yet is an important contribution toward response, recovery, and even family and social cohesion.

## Recommendations

Based on the identified gender-equality related findings and gaps, this section provides a set of recommendations as per the agreed standards of the IASC Gender Policy.

**Improving disaggregation of sex, age, and disability data:** In line with the IASC Gender Policy and IASG Gender Handbook, it is critical to improve the disaggregation of sex, age, and disability data in data collection tools, with consistent application and reflection in the assessment reports. **Sex and age disaggregation should be consistently integrated at the inter-sector level and across all sectors to identify the gender inequalities that lead to different power, vulnerabilities, capacities, voice and participation of diverse women, girls, men, and boys, and how these intersect with other inequalities.** The results are to inform decision making, prioritization, planning, programming, and funds allocation. Existing guidance and tools are available,<sup>33</sup> and cluster/sector leads organizations need to have clear and consistent guidelines for the collection and reporting of SADDD.

**Enhancing accountability of the sectors/clusters to meet relevant policies, commitments, and standards:** It is important to note that capacities to apply the IASC Gender Policy and the Gender Handbook should have been in place prior to the earthquake. **Ensuring capacities are in place is crucial to identify specific gender related vulnerabilities and needs and in line with the “Do No Harm” principle. Rapid gender trainings on the use of existing tools (such as the IASC Gender Handbook), rapid gender training for clusters/ sector members, training for enumerators on how to collect SADDD data, and mechanisms to ensure that SADDD data is consistently analysed and reported in assessments to inform strategic planning and resource allocation should be prioritised.**

It is essential to ensure that gender expertise and leadership are in place to address identified gaps and ensure that the IASC Gender Policy’s standards and commitments are reflected in inter-sector and sector-specific activities and funding allocations. Furthermore, also in line with the IASC Gender Accountability Framework, it is important that all humanitarian actors fulfil their duty to “prevent, mitigate and respond to GBV and Sexual Exploitation and Abuse (SEA), through systematic gender mainstreaming that addresses harmful societal and institutional gender norms”.

**Increasing representation of female enumerators in assessment teams: A concerted effort to increase the representation of women in assessment teams to reach the minimum 30% SSG agreed benchmark is needed.** This could include recruiting and training more female enumerators, ensuring that women are represented in leadership positions in assessment teams, and creating safe spaces for women to participate in assessments. Regardless of their gender, it is crucial that all enumerators are trained on key gender issues such as gender equality, GBV and PSEA.

**Improving disaggregation in data collection tools: To improve the level of disaggregation in data collection tools, it is recommended to review existing tools (inter-sector and sector specific) and ensure that they include questions that capture the intersecting vulnerabilities, risks and needs of affected people, including women and girls, explicitly including adolescent girls.** They should also ensure that disaggregation is consistently applied throughout the tool and not in population data only, and that SADDD findings are reflected in the assessment report. This will help to identify gender and age-specific issues and ensure that interventions are targeted and tailored to the needs of affected populations.

**Addressing the intersectional needs of particularly vulnerable groups: Integrate intersecting variables (through SADDD) in data collection, analysis, and assessment reports to take into consideration intersectional dimensions of vulnerability and exclusion of the different crisis-affected groups.** The conduct of intersectional analysis will allow to identify the needs of particularly vulnerable groups with intersecting vulnerabilities, barriers, and discrimination, to ensure that interventions are tailored to their specific needs. Data collection should not only focus on single independent characteristics, such as age or gender, but also seek to identify the complex interactions between different dimensions of vulnerability, discrimination and/or exclusion. For example, surveys and questionnaires could include questions that capture both age and disability status of women household heads. By considering gender and other intersectional factors, this approach to analysis avoids any potential negative effects and allows to factor into strategic planning the differentiated needs, barriers,

<sup>33</sup> Such as the IASC Gender Handbook, the Gender and Age Marker or the CARE Rapid Gender Analysis Toolkit.

opportunities, and coping mechanisms of the different affected population groups, facilitating access to those that are most at risk of being left behind and avoiding unintended harm.

**Addressing GBV risk mitigation and response in a consistent manner across sectors:** Every sector should integrate GBV risk mitigation into all sector-specific assessment tools, providing training for enumerators on how to collect data on GBV, and ensuring that gender-based violence is adequately addressed in response plans and monitoring tools in line with the IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action and the Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming.

**Addressing the compounding vulnerabilities and needs of adolescent girls:** It is crucial to prioritise data collection and analysis that is disaggregated by age and sex to better understand the specific needs of adolescent girls and to develop targeted interventions to address their vulnerabilities. In line with the guiding principles for working with adolescent girls in humanitarian settings,<sup>34</sup> it is also essential to involve adolescent girls in the design and implementation of programmes that are tailored to their specific needs. This includes providing safe spaces where adolescent girls can access information, support, and services, as well as ensuring that their voices are heard in decision-making processes.

**Making Child Marriage explicit in assessments and reports:** Child marriage is prevalent in Syria, and it is essential to address this issue in assessments and reports. To do so, specific questions on child marriage should be included in assessment tools, and targeted assessments should be conducted to identify the drivers, risks, of child marriage. When carrying out assessments, it is crucial to ensure that adolescent girls, including married girls, are included as key respondents in data collection. In addition, assessments and reports should capture the environmental and cultural factors contributing to child marriage among affected communities and consider underlying factors such as gender equality and social norms.<sup>35</sup>

**Stronger focus on women's agency, capacities and opportunities:** This involves engaging with diverse groups of women, which may include widows, women with disabilities, older women and/or adolescent girls) and women-led organizations to assess their capacity to respond to the crisis and counteract the common perception of women and girls as vulnerable victims.<sup>36</sup>

Hiring female service providers is a way of doing this and systems must be in place to ensure their wellbeing, safety, security, and duty of care. Women and girls representing diverse groups (adolescent girls, older women, WWHH, women with disability, PLW, etc.) should be asked and should participate in data collection and responding to surveys, and their perspectives should be adequately represented in the data collected and the analysis to inform decision making, programme planning and resource allocation.

**Strengthening the meaningful participation of women in humanitarian decision-making processes:** In line with recommendations from the Inter-Agency Humanitarian Evaluation on Gender Equality and the Empowerment of Women and Girls to “strengthen meaningful participation of women in humanitarian decision making”, the participation of diverse groups of women and girls in the design of humanitarian needs assessments is crucial to ensure that their unique needs and perspectives are adequately addressed in crisis response efforts. It may be necessary to develop a quick mapping of women's organisations or informal networks available in the areas to be covered, ensuring these represent diverse groups of affected women. To this end, it may be necessary to assess if there are barriers for their participation and have these addressed as part of the data collection design. Engagement with these organizations can cover various areas, including assessments, programme design, monitoring, coordination fora, community engagement, and social cohesion activities (particularly were tensions among IDPs or between IDPs and host community have been identified). It is essential to involve women's organizations or informal networks in these processes to ensure that women's needs and perspectives are represented and addressed. If necessary, support should also be provided to enhance the networks, capacities, and participation of women-led organizations in the response. When conducting data collection activities (surveys, focus groups discussions or others) it is important to take into consideration the availability of women, organizing the activities at times when they are available and in places that are safe for them to get to and express themselves, for example.

**Strengthening Accountability to Affected Populations and Community Feedback and Complaint Mechanisms:** It is recommended that assessments include specific questions on the establishment and functioning of community feedback mechanisms for Accountability to Affected Populations (AAP) and PSEA. This includes creating safe and accessible communication channels that allow community members to provide feedback or make complaints without fear of retaliation or discrimination. To ensure that these mechanisms are effective, it's important to establish trust with affected populations, provide information about where they can go to make a complaint, and ensure that their complaints

<sup>34</sup> See UNFPA, “A Strategy to Address the Needs of Adolescent Girls in the Whole of Syria | HumanitarianResponse,” March 1, 2018.

<sup>35</sup> UNFPA and UNICEF, “Addressing Child Marriage In Humanitarian Settings: Technical Guide for Staff and Partners of the UNFPA-UNICEF Global Programme to End Child Marriage” (New York, February 2021), <https://www.unfpa.org/sites/default/files/resource-pdf/Child-marriage-humanitarian-settings-technical-guide-2021-v2.pdf>.

<sup>36</sup> This is also in line with the IASC Gender Accountability Framework self-assessment questions for Inter-Cluster Coordination Groups or their equivalent.

are taken seriously and addressed promptly. It is key to identify the barriers and keep in mind that different population groups, including women, men, adolescent boys, and girls, and those with disabilities and other intersecting vulnerabilities may face different barriers and may have different information needs and use different channels. For example, people with disabilities may not be able to read banners or write a complaint, women and girls from very conservative families may not be allowed to participate in meetings, men may fear conscription, menstruating women, and girls with no access to sanitary pads may not be able to participate, some may fear retaliation, or some groups may not be comfortable speaking in front of others.

**Defining both gender mainstreaming and gender targeted interventions:** While there is a need to strengthen and integrate gender and age considerations throughout data collection and analysis, findings from this analysis allow to identify some pressing sector specific targeted interventions to respond to gender specific needs per sector/cluster.

## Gender integration interventions across sectors:

### **For WASH, protection, livelihoods, and food security:**

It is recommended to carry out gender-age-disability intersectional assessments for sectors for which higher risks have been identified: WASH, protection, livelihoods, and food security, to identify gaps and bottlenecks in programming, establish a baseline for monitoring progress, and plan targeted interventions for humanitarian programmes. These assessments should be used to guide mainstreaming efforts across sectors, and to monitor progress and measure impact. It is important to take programme corrective measures as needed to ensure that the needs of all population groups are being addressed and that programming is inclusive and effective.

## Targeted interventions:

### **Inter-sector:**

- Conduct a gender analysis to identify gender barriers to access humanitarian assistance and design specific measure to overcome them.

### **Protection:**

- In conjunction with other sectors/clusters and existing working groups and tasks forces (as appropriate), strengthen coordination, reporting, protection, and accountability to affected populations setting up functional, safe, confidential, and reliable community

feedback and complaint mechanisms, including PSEA. The inclusion of women leaders and advocates from the affected communities is essential to design the mechanisms and encourage reporting.

- GBV AoR: To provide technical support to the work of other sectors on GBV risk mitigation.
- Child Protection: Identify specific needs and priorities for adolescents disaggregated by sex and work collaboratively with GBV AoR and other sectors (WASH, education, health) to ensure that programs for adolescent girls are integrated into broader humanitarian response efforts, rather than being viewed as a separate or secondary issue.

### **WASH:**

- Ensure locks, safe access and lights to latrines and showers for women and girls – separate from those of men.
- Ensure distribution and availability of sanitary napkins and safe disposal in WASH facilities for women and adolescent girls.

### **CCCM and Shelter:**

- Provide gender segregation and minimum level of privacy by putting in place measures to include partitions and lighting in shelters.
- Ensure safe access to essential services, including WASH facilities, health, food distribution and other critical services.
- Establish mechanisms and systems to engage with diverse women / women's groups in camps/shelters for needs assessments and programme design, prioritisation, and distribution of assistance. Where camp committees exist, ensure participation and representation of women in governance and leadership positions.

### **Health:**

- SRH: Identify contraceptive needs for adult women and adolescent girls and SRH needs for pregnant and lactating women and adolescent girls to design targeted programme interventions.

### **Cash and voucher assistance:**

As the lack of gender analysis will have multiple implications for multi-purpose cash interventions, it will be important to work closely with the GBV AoR and Protection sectors to have risk mitigation measures in place.

Furthermore, it is critical to have gender considerations factored in CVA interventions, including identification of vulnerable populations to receive cash assistance, social or cultural social norms and barriers affecting women decision over the use of cash, for example.

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# Annex:

## List of documents reviewed for the analysis

### Assessment tools

Inter Sector Coordination Group - Syria Needs Assessment Tool (SYNAT)

Protection Cluster NWS Guidance on Rapid Population Assessment Tool

REACH NWS Earthquake Rapid Needs Assessment Tool

### Assessments

Action For Humanity. "Rapid Needs Assessment Report - Earthquake Response (NWS), 6th February Earthquake - Syrian Arab Republic | ReliefWeb," February 17, 2023.

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## Situation Reports and Flash Updates

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OCHA Syrian Arab Republic: Earthquakes - Situation Report (As of 07 March 2023)

OCHA Flash Appeal: Syrian Arab Republic Earthquake (February - May 2023)

Population Data May 2022 final 09092022 with SADD, developed for the HNO

UNFPA Earthquake Situation Reports: UNFPA Turkey Earthquake Situation Report #4 - March 2, 2023 - Turkey | ReliefWeb

Whole of Syria Emergency Response to the Earthquake - Update #4 (9 March 2023) - Syrian Arab Republic | ReliefWeb

## Other documents

Presentation with SSG Endorsed GBV priorities

OCHA 2023 Humanitarian Needs Overview (December 2022)

Shelter & Non-Food Items Sector Strategy Earthquake Response, 19th Feb 2023

Whole of Syria Joint Statement: Protecting Maternal, Infant and Young Child Nutrition during the Earthquake response in Syria (12th of February 2023) [EN/AR] - Syrian Arab Republic | ReliefWeb

Data Friendly Space (DFS) and iMMAP - Türkiye & Syria- Earthquake February 2023 Daily Highlights, 8 February 2023 | ReliefWeb

IMMAP A Political Analysis of the Earthquake Response and its Impact on the Humanitarian Landscape in Syria. March 3rd, 2023

# IN THE AFTERMATH

Gender Considerations in Assessments of Syrian  
Regions Affected by the 2023 Earthquake

