

A photograph of a woman in a red dress and purple headscarf walking past a row of tents in a refugee camp. She is carrying a white water jug. The tents are made of white and grey fabric and are set up on a gravelly ground. The woman is walking from right to left. The text 'UNTIL EVERY NEED IS MET' is overlaid on the left side of the image.

UNTIL EVERY NEED IS MET

A GENDER ANALYSIS OF THE 2022-2023 HUMANITARIAN NEEDS OVERVIEW (HNO), HUMANITARIAN RESPONSE PLAN (HRP), AND SECTORAL ASSESSMENTS

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ACRONYMS

AAP	Accountability to Affected Populations
CCCM	Camp Coordination and Camp Management
CSS	Central and South Syria
CVA	Cash and Voucher Assistance
ERL	Early Recovery and Livelihoods
FGDs	Focus Group Discussions
FHH	Female-Headed Households
GAM	Gender and Age Marker
GBV	Gender-Based Violence
GEEWG	Gender Equality and the Empowerment of Women and Girls
GFP	Gender Focal Points
HLG	Humanitarian Liaison Group
HLP	Housing, Land, and Property
HNAP	Humanitarian Needs Assessment Programme
HNO	Syria Humanitarian Needs Overview
HPC	Humanitarian Programme Cycle
HRP	Humanitarian Response Plan
IAHE	Inter-Agency Humanitarian Evaluation
IASC	Inter-Agency Standing Committee
IDP	Internally Displaced People
IYCF	Infant and Young Child Feeding
KIs	Key Informants
KIIs	Key Informant Interviews
MHH	Male-Headed Households
MSNA	Multi-Sector Needs Assessment
NEET	Not in Education, Employment or Training
NES	North-East Syria
NWS	North-West of Syria
PSEA	Protection from Sexual Exploitation and Abuse
PSS	Psycho-Social Support
RAATA	Ras Alain Tal and Abyad
SADD	Sex and Age-Disaggregated Data
SADDD	Sex, Age and Disability-Disaggregated Data
SMEB	Survival Minimum Expenditure Basket
SNFI	Shelter and Non-Food Items
SSG	Syria Strategic Steering Group
UNDAC	United Nations Disaster Assessment and Coordination
WASH	Water, Sanitation and Hygiene
WLOs	Women-Led Organisations
WoS	Whole of Syria
WRA	Women of Reproductive Age
WWHH	Women Who Head Households

1. INTRODUCTION



1. INTRODUCTION

1.1 INSTITUTIONAL FRAMEWORK



GENDER EQUALITY AND THE EMPOWERMENT OF WOMEN AND GIRLS IN HUMANITARIAN ACTION

In times of crisis, pre-existing gender inequality can be exacerbated, leading to discrimination, exploitation, hindering individuals' access to humanitarian, recovery, and development assistance, as well as their ability to exercise their human rights.¹ To address this, it is essential to incorporate a gender perspective into all aspects of humanitarian action, ensuring that pre-existing gender inequalities do not deepen and worsen existing vulnerabilities.²

Women and girls are disproportionately affected by crises in comparison to their male counterparts, including reduced life expectancy, maternal mortality and morbidity, and gender-based violence (GBV).³ Furthermore, when emergencies strike, the rights and choices of women and girls are far too often trampled on or side-lined.⁴ 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.⁵

In spite of existing global commitments to make gender equality and the empowerment of women and girls a core principle of humanitarian action,⁶ the Inter-Agency Humanitarian Evaluation (IAHE) on Gender Equality and the Empowerment of Women and Girls (GEEWG)⁷, 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 GBV and Protection from Sexual Exploitation and Abuse (PSEA) – remains a gap.⁸

Overall, the evaluation concluded that the humanitarian system's lack of gender capacity – both globally and at the field level – is directly correlated to the lack of prioritisation of the gendered needs of women and girls beyond GBV and PSEA, the lack of women's voices in humanitarian planning, and in accountability for humanitarian lifesaving services in their communities.

The evaluation also underlined the existence of a **Gender Funding Myth** based on an assumption amongst many humanitarian stakeholders and donors that gender considerations can be adequately integrated into response planning and implementation without resources, including funding for the placement of sustained expertise. On the contrary, the evidence shows that successful GEEWG implementation requires the allocation of dedicated resources to support gender expertise positions at both strategic and cluster levels to inform GEEWG programming, and this expertise needed to be present throughout the duration of a response.

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 organisational mandates to serve the most vulnerable individuals.⁹



GENDER EQUALITY AND THE EMPOWERMENT OF WOMEN AND GIRLS IN SYRIA

More than 12 years since its onset, the Syria crisis remains one of the world's worst and longest humanitarian situations, causing massive displacement, economic collapse, and widespread violence.

On 6 February 2023, a devastating 7.8 magnitude earthquake and subsequent aftershocks struck the South of Turkey and Syria, affecting multiple governorates, and further compounding the existing suffering.

The earthquake's impact has amplified the humanitarian crisis in Syria, exacerbating the pre-existing vulnerabilities and risks faced by women and girls, who comprised half of the 15.3 million people in need according to the 2023 Syria Humanitarian Needs Overview (HNO).

1 OCHA, "Policy Instruction on Gender Equality 2021-2025," 2021, https://www.unocha.org/sites/unocha/files/OCHA_Policy_Instruction_on_Gender_Equality_updated%292021-FINAL_Signed.pdf.

2 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, <https://interagencystandingcommittee.org/system/files/2021-01/The%20Inter-Agency%20Humanitarian%20Evaluation%20on%20Gender%20Equality%20and%20the%20Empowerment%20of%20Women%20and%20Girls%2028GEEWG%29-Report.pdf>.

3 Ibid.

4 UNFPA, "Humanitarian Action 2023 Overview" (New York, 2023), https://www.unfpa.org/sites/default/files/pub-pdf/Humanitarian_Action_2023_Overview_UNFPA-PDF%20version.pdf.

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

6 The World Humanitarian Summit (2016), the Sustainable Development Goals (SDGs), the Inter-Agency Standing Committee (IASC) IASC Policy on Gender Equality and the Empowerment of Women and Girls in Humanitarian Action (2017) and the IASC Gender Accountability Framework (2018).

7 Available at <https://interagencystandingcommittee.org/system/files/2021-01/The%20Inter-Agency%20Humanitarian%20Evaluation%20on%20Gender%20Equality%20and%20the%20Empowerment%20of%20Women%20and%20Girls%2028GEEWG%29-Report.pdf>

8 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,

9 InterAgency Standing Committee, "IASC Gender in Humanitarian Action Handbook," 2018, <https://www.gihahandbook.org/>.

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 internally displaced persons (IDPs) are most at risk, especially when 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 gendered impacts of the Syrian crisis 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, marital rape, early pregnancies, online harassment and other forms of GBV, including sexual violence.



THE STRATEGIC STEERING GROUP (SSG) GENDER COMMITMENTS

The Strategic Steering Group (SSG) endorsed, at the suggestion of UNFPA, four key priorities to enhance their responsibilities towards GBV risk mitigation and gender mainstreaming across the response:

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

In the context of the second SSG priority, UNFPA was tasked to lead the gender analysis of existing HNO and other assessments' data.

The four key priorities are 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.

1.2 OBJECTIVES

This gender analysis has two key objectives:

1. Provide a gender sensitive analysis of existing data to inform the upcoming 2024 Whole of Syria (WoS) HNO and feed into the Humanitarian Response Plan (HRP).
2. Understand the gaps and provide evidence to inform SSG members' and humanitarian leadership's advocacy efforts to strengthen gender considerations throughout the HPC and ensure proper accountability.

1.3 METHODOLOGY

The gender analysis employed a feminist intersectional approach, which recognises how various social identities such as gender, age, disability, and others, intersect and how they shape individuals' experiences of privilege and oppression. This approach acknowledges the interconnected nature of these identities and the mutually reinforcing systems of power and oppression. Through this approach, the report aims to examine the potential impacts of these intersecting forms of exclusion and discrimination on the assessment of needs and the access to humanitarian goods and services for the affected population.

Mixed methods for data collection were used, combining secondary data collection through desk review, complemented with primary data collection through four (4) Key Informant Interviews (KIIs) with selected stakeholders. Secondary data consisted of HNO inter-sector and sector-specific assessments, data collection tools and data sets, as well as other relevant reports that were used to inform the gender analysis.¹⁰

It is important to note that this methodology does not encompass other sources of data, information, or research, whether from Syria or other locations. Furthermore, the analysis does not encompass a review of the projects submitted by partners. The findings, conclusions, and recommendations presented in this report are specific to the information and data sources referenced above.

While the analysis does not intend to provide a quantitative assessment of the gender impacts of the Syria crisis, it will provide evidence-based information to inform the upcoming 2024 WoS HNO and HRP and to advocate for a stronger integration of gender equality throughout the humanitarian response.

The methodology involved four main phases: design, data collection, data analysis, and report drafting.¹¹

¹⁰ For details on the documents reviewed for the secondary data analysis see Annex I – List of documents reviewed

¹¹ For details on the different phases of the methodology, refer to Annex I – Phases of the methodology and limitations

2. FINDINGS



2. FINDINGS

2.1 KEY FINDINGS

This section presents a summary of the findings that are explained in detail in the report. Findings have been organised around data collection, needs assessment, humanitarian programming and, finally, gender coordination and leadership.



DATA COLLECTION

- Gaps in sex, age, and disability disaggregation in data collection tools hinder gender and intersectional analysis:** While some tools and data sets include sex and age disaggregation, there are still significant gaps in the level of disaggregation, particularly in relation to disability and other intersecting identities. The lack of consistent disaggregation in data can hinder gender and intersectional analysis, making it difficult to identify and address the specific needs and vulnerabilities of different population groups.
- Challenges in ensuring presence of female enumerators in data collection:** While there has been progress in increasing the proportion of female enumerators, persistent challenges such as cultural norms and safety concerns continue to hinder their representation and effectiveness in assessments. Female enumerators are crucial in data collection as they help create a safe and comfortable environment for female respondents to share information that they may hesitate to disclose to male enumerators. In some circumstances, a male-dominated enumerator team may not fully capture the comprehensive needs of women, regardless of the gender of the respondents, potentially resulting in incomplete or biased data regarding women's needs.
- Limited number of female respondents during data collection:** Despite efforts in increasing the number of female respondents, challenges prevail. Limitations have been identified in ensuring input from female respondents with limited capacity to ensure sufficient representation, engagement and meaningful participation to inform humanitarian programming and prioritisation. Although some data collection tools and data sets include information on female respondents, this is not consistently applied across all questionnaires.
- Low level of disaggregation in 2022 Syria Multi-Sector Needs Assessment (MSNA) sectoral data:** The level of

sex, age, and disability disaggregation across sectors in the 2022 Syria MSNA appears to be low, with 50% of sectors lacking disaggregation by sex or age. The data gaps identified in the MSNA questionnaire and data set, such as the lack of disaggregation in questions related to civil documentation, household hunger and healthcare access, further emphasise the need for more comprehensive and intersectional data collection to inform needs assessments and programming.



INCLUSION OF GENDER CONSIDERATIONS IN NEEDS ASSESSMENT REPORTS

- The crisis in Syria is having disproportionate compounding impacts on women and girls:** Households headed by women face higher economic vulnerability and security concerns. When compounded with disability, age and marital status, the marginalisation of these groups is further deepened. In North-West Syria (NWS) up to 80% of IDP camp residents are women and children living in informal camps, disproportionately affected by land insecurity with no mechanisms to claim their rights. Internally displaced female-headed households (FHH) living in camps are particularly challenged, with 92% reporting a complete inability or insufficient ability to meet their household's basic needs¹². 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.
- Patriarchal norms and cultural beliefs continue to perpetuate discrimination against women and girls,** increasing their vulnerability to GBV and hampering their access to services, participation in decision making and other activities. GBV and gender discrimination are also systematically and socially normalised and accepted through patriarchal gender norms, traditions, and institutions that maintain gender inequality.¹³
- Limited information on addressing the intersectional needs of particularly vulnerable groups:** The intersectional analysis of the data shows that gender, disability, age and marital status intersect to create compounded vulnerabilities for women and girls across Syria. Households headed by women are already at a disadvantage in terms of economic vulnerability and security concerns, and this is further compounded by disability, marital status or age. While there is evident effort to disaggregate data by sex, age and disability in the data collection tools analysed, most of the reports reviewed do not allow the identification of intersectional experiences among individuals who belong to more than one disadvantaged group. For example, reports that provide information on women-headed households

¹² Syrian Arab Republic: 2023 Humanitarian Needs Overview (December 2022)

¹³ Voices From Syria, Whole of Syria GBV AoR (2023)

do not break down that same information by age and disability, and it is therefore 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 the humanitarian needs of affected people facing multiple intersecting vulnerabilities, risks, barriers and forms of exclusion.

Moreover, the absence of data gathering and reporting that focuses on LGBTQ+ population groups' access to humanitarian response, further hinders the analysis of their compounding needs and risks. This data gap is more difficult to overcome because social, religious, and historical factors can militate against self-identification and disclosure of LGBTQ+ identity.¹⁴

- **Engendered barriers to participation and to access equitable humanitarian assistance:** Barriers that women and girls face to participate, and access equitable humanitarian assistance are not consistently captured in data collection tools and are consequently not adequately reflected in needs assessment reports and humanitarian programmes. In cases where barriers are recognised, such as those faced by women and girls in camps, these are not systematically addressed throughout the proposed humanitarian programme interventions. The lack of women's committees in IDP sites limits the opportunities for women to provide feedback and engage in accountability to the affected population systems. It also undermines the effectiveness and accountability of humanitarian interventions and further limits women's access to participate in decision making.
- **Inadequate data disaggregation and analysis for adolescents:** Most data on the adolescents age group appears clustered together with data on children, with no further sex or age disaggregation. This lack of disaggregation makes it very difficult to know how many of the children are adolescents and what specific engendered needs, risks and vulnerabilities they face. While the HNO captures significant differences in the impacts of the Syria crises among adolescent boys and girls, these are not always addressed in a targeted and differentiated manner. Moreover, this lack of attention is particularly worrying given the specific and compounding vulnerabilities faced by adolescent girls, at risk of GBV, exploitation, trafficking, malnutrition, school dropout and early pregnancy.
- **Inconsistency in addressing GBV risk mitigation across sectors:** GBV remains a significant concern for women, fuelled by factors such as age, displacement status, disability, or marital status. Although there is widespread acknowledgment of GBV risks, not all sectors explicitly include GBV risk assessments or mitigation measures in their programmes. Even in cases where GBV risk mitigation measures are proposed, not all of them are accompanied by indicators to measure their achievements and impacts



and report them. This inconsistency has serious implications for accountability.

- **Lack of recognition on women's agency, capacities and opportunities:** While some of the needs assessment reports do acknowledge the significant needs, vulnerabilities and barriers that women and girls face, only the Voices from Syria 2023 report was found to intentionally recognise and support women's agency and the relevance of their active participation in identifying needs and gaps. This perpetuates gender stereotypes and reinforces the notion that women are helpless and dependent, leading to disempowerment and hindering their ability to fully participate in humanitarian decision making, planning and programming.



HUMANITARIAN PROGRAMMING

- **There are significant gaps between identified needs and humanitarian programme planning:** Despite the identification of significant vulnerabilities, barriers, discriminations and risks overwhelmingly affecting women and girls, these are not being systematically addressed in humanitarian programming. As much as the gender analysis in the assessments findings is often reflected in the HRP, the analysis is not systematically integrated into inter-sector and sectoral programming, nor are gender-targeted interventions consistently designed to facilitate equitable access for the groups identified as most vulnerable.
- **While gender and patriarchal norms hinder women's empowerment and access to humanitarian assistance, these are not being addressed in the HRP.** Despite

¹⁴ Centre for Operational Analysis and Research. (2021). LGBTQ+ Syria: Experiences, Challenges, and Priorities for the Aid Sector. <https://reliefweb.int/report/syrian-arab-republic/lgbtq-syria-experiences-challenges-and-priorities-aid-sector>



efforts to address gender-based discrimination and targeted interventions for vulnerable groups of women, gender and patriarchal norms continue to perpetuate discrimination against women and girls, hindering their access to services, participation in social life, and opportunities for empowerment. The patriarchal system and cultural norms increase the risk of GBV, which is further exacerbated by the lack of consistent implementation of interventions. Moreover, the impact of gender norms extends to women's access to livelihood opportunities and employment. Traditional labour distribution and domestic responsibilities are significant barriers for women seeking employment. This is particularly concerning, as females aged 15-24 are three times more likely to be Not in Education, Employment or Training (NEET) compared to males in the same age group.

- **Barriers to women's participation in decision-making in humanitarian programming persist:** Despite some sectors making explicit efforts to improve women's participation in decision-making, the compounding effects of gender norms and practices, along with other forms of discrimination, are not consistently addressed across humanitarian programming. While the protection sector recognises the importance of women's participation and supports localisation and local civil society organisations, including those led by women and youth, engagement with women-led

organisations (WLOs) appears to be limited in terms of their participation in sector coordination and access to partnership and funding opportunities.



COORDINATION AND LEADERSHIP

- **The lack of clear gender leadership and accountability at the WoS level undermines the translation of gender commitments and standards into concrete measurable action.** There is a need for strengthened inter-cluster gender accountability and responsibility and to have context-tailored accountability systems in place to ensure effective implementation of the IASC Policy on Gender Equality and the Empowerment of Women and Girls in Humanitarian Action¹⁵.
- **The lack of a gender coordination mechanism at the WoS level and uneven gender coordination capacities in the different hubs,** with no clear gender leadership and accountability, hamper the capacity of translating gender commitments and standards into actions.

¹⁵ <https://interagencystandingcommittee.org/system/files/2020-11/IASC%20Policy%20on%20Gender%20Equality%20and%20the%20Empowerment%20of%20Women%20and%20Girls%20in%20Humanitarian%20Action.pdf>

2.2 GENDER IMPACTS PER SECTOR

The primary objective of this section is to deepen the understanding of the gender dimensions of the humanitarian crisis in Syria, based on existing data and evidence gathered from the desk review. It presents the findings of the gender impacts within each sector of the 2023 Syria HNO¹⁶. In order to identify these impacts, various sources were analysed, including the HNO, needs assessments, sector-specific reports, and inter-sector reports.¹⁷



INTER-SECTOR

- **Patriarchal norms increase risks of GBV against women and girls:** The 2023 Voices from Syria report¹⁸ stressed how the patriarchal system and cultural norms continue to perpetuate discrimination against women and girls, leading to risks of GBV that hamper their access to services, participation in social life, and opportunities for empowerment.
- **Economic vulnerability is higher for FHH in all population groups:** According to the 2023 HNO, households headed by women were found to have higher economic vulnerability than households headed by men in all population groups. They have higher food needs and are, on average, more likely to report security concerns, highlighting the gendered nature of the risks faced by households in Syria.
- **Older persons and people with disabilities have different priority needs:** According to the 2023 HNO, households headed by an older person over the age of 60 expressed different priority needs than the rest of the population, with 55% reporting the need for health services, medicine and/or disability-specific services, and 11% of them who remain in unfinished shelters.

Most vulnerable female groups

Women are not a homogeneous group, and the most vulnerable include women with disabilities, divorced and widowed women, and adolescent girls. Significant barriers remain for women and girls to access services:

- **Women and girls with disabilities** face multiple barriers including discrimination, limited access to education, resources, and services, insecurity, and inadequate care at health facilities. They also

experience extreme challenges to employment, livelihoods, and housing.

- **Displaced women and adolescent girls** face extreme barriers to accessing services due to their location in camps, which include movement restrictions, lack of transportation, documentation, and fears of GBV. They also face heightened amounts of sexual exploitation and abuse (SEA) at distribution points, creating additional barriers to accessing goods. Displaced women also face heightened barriers to employment and access to housing.
- **Adolescent girls and women who are widowed and divorced** face heightened social stigma that creates extreme barriers to services. Specifically for divorced women and girls, a combination of heightened levels of social stigma, as well as the movement restrictions by their families creates substantial barriers for this group to access resources, including education, protection services, women's and girls' safe spaces (WGSS), assistance distribution, employment, and housing.
- **Older women** experience extreme barriers to services, including movement restrictions, a lack of transportation, a reliance on accompaniment to service providers, a lack of knowledge of services, as well as a lack of inclusion in services and measures to increase their meaningful access to services and other types of assistance, including GBV services.

Participation of women and girls

- **Recognition of the importance of women's participation by male key informants:** The NWS 2022 Rapid Gender Analysis (RGA) report revealed that some male key informants in NWS and Ras Alain and Tal Abyad (RAATA) recognise the importance of women's participation in government, as they had prior to the conflict.
- **Supporting WLOs in GBV Coordination:** The 2023 Voices from Syria report highlights the efforts of the cross-border GBV sub-cluster coordination team in supporting 39 WLOs to enhance their participation in GBV coordination and access partnerships and funding opportunities.
- **Women's participation in decision-making varies based on earning status:** The 2023 Voices from Syria reports also reflects that, while men were typically the final decision makers when it came to long-term plans, women did participate in decision making to varying degrees. Participation was more common for women with an income generating role within the family.

¹⁶ Syrian Arab Republic: 2023 Humanitarian Needs Overview (December 2022)

¹⁷ Full list of documents reviewed is available in Annex II – List of documents reviewed

¹⁸ Whole of Syria Gender-Based Violence Area of Responsibility and UNFPA: Voices from Syria 2023 - Assessment Findings of the Humanitarian Needs Overview



CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)

- **Severe underrepresentation of women in camp committees:** The vast majority of the individuals living in camps are women and children. In North-East Syria (NES), of the 278,200 individuals living in camps, 57% are female and 54% are children.¹⁹ In NWS, up to 80% of IDP camp residents are women and children living in informal camps, disproportionately affected by land insecurity with no mechanisms to claim their land and properties' rights.²⁰ Paradoxically, 91% of IDP sites in NWS do not have women's committees that would enable them to participate in planning, decision-making processes and to advocate for their rights and needs. Ultimately, the lack of women's committees in IDP sites also undermines the effectiveness and accountability of humanitarian interventions, as it limits the opportunities for women to provide feedback and be engaged in accountability to affected populations systems.
- **Overcrowding and lack of lighting in IDP sites pose protection risks:** According to 2023 HNO data, IDP sites are critically overcrowded in NWS (79%) and NES (60%). This poses increased protection risks, including GBV, exploitation, abuse and exposure to climate-related disasters, particularly for women, girls, and persons with disabilities. This is particularly

concerning in NWS, where 65% of IDP sites do not have lighting on the main roads.²¹ As a consequence of the massive displacement caused by the earthquake, overcrowding has significantly increased in temporary shelters and there is a lack of gender segregation, coupled with the absence of partitions and lighting.

- **FHH across all population groups are disproportionately disadvantaged to meet basic needs:** MSNA data shows that FHH across all population groups, including IDPs and residents, are disproportionately disadvantaged when it comes to their ability to meet basic needs. In particular, internally displaced FHH living inside and outside of camps are particularly challenged, with 92%²² inside camps and 93% outside of camps reporting a complete inability or insufficient ability to meet their household's basic needs.



EARLY RECOVERY AND LIVELIHOODS²³

- **Significant gender disparities in employment:** The 2022 Socioeconomic Conditions report²⁴ highlights significant gender disparities in employment rates, with 85% of males aged 18-64 being employed compared to only 27% of females in the same age group in the WoS. Disparities across the different regions are notable, with 10% employed females in North Syria (NS) compared to 33% in Central and South Syria (CSS). While there are variations in the data from different reports, consistent trends have been identified. The 2022 NWS Livelihood Situation Analysis reveals that 82% of males in the region are employed, while only 6% of females are employed. Among the employed females, 33% are engaged in short-term or daily wage work. Furthermore, 11% of males aged 18-64 are unemployed and not seeking work, whereas a staggering 82% of females in the same age group are unemployed and not seeking work.
- **Traditional distribution of labour is a barrier to women's employment:** Reviewed reports consistently indicate that traditional labour distribution represents a barrier for women to seek employment. The vast majority of women who do not work reported not working due to domestic responsibilities²⁵ and/or care work²⁶. This is particularly relevant taking into consideration that nearly one in three female-headed IDP households report that more than two-thirds of their household members are dependents.²⁷



19 Syrian Arab Republic: 2023 Humanitarian Needs Overview (December 2022)

20 GenCap and OCHA. (2022). Rapid Gender Analysis, Humanitarian Situation in Northwest Syria (NWS) and the Ras Alain Tal and Abyad (RAATA) Regions

21 Syrian Arab Republic: 2023 Humanitarian Needs Overview (December 2022)

22 Ibid.

23 Specific information from North-West Syria has been extracted from the 2022 North-West Syria Livelihood Situation Analysis

24 HNAP Socioeconomic Conditions - Summer 2022 Report Series

25 HNAP Socioeconomic Conditions - Summer 2022 Report Series

26 IN NWS, 86% of females who are out of work and not seeking employment, cite traditional labour distributions, like that of domestic care work as the primary inhibiting factor from seeking employment, according to the 2022 North-West Syria Livelihood Situation Analysis report.

27 IDP Demographics-HNAP 2022 IDP Report Series



Female heads of IDP households are three times more likely to have no formal education than their male counterparts.

- **High Rates of Young Females Not in Education, Employment or Training (NEET):** Females aged 15-24 are three times more likely to be NEET compared to males in the same age group, with particular concern in NS, where 74% of females are NEET compared to 13% male. In NWS, young females (18-34) face cultural barriers to find employment despite having advanced education, leading to higher rates of females seeking employment but being out of work.
- **In NWS, 20% of employed females and 23% of employed males belong to households that are critically below the Survival Minimum Expenditure Basket (SMEB).** Furthermore, 50% of females who are unemployed but actively seeking work are also members of households that are critically below the SMEB threshold. This highlights the financial vulnerability and economic challenges faced by employed male and female, and additional barriers faced by unemployed females, in meeting basic survival needs.²⁸
- **The “working poor”, are unable to cover the cost of minimum expenditure despite having one or more earners in the family.** This group includes FHH, families with people with disabilities, and IDPs.
- **FHH face particular challenges in meeting their basic needs** with 7% of them relying on children between the ages of 15-17 to help generate income, compared to only 2% for male-headed households (MHH).²⁹
- **to and within schools.** Moreover, attacks on education facilities, military use of schools, and other security concerns also affect the availability and safety of education services, particularly in NS, where there have been five verified attacks on education facilities and 22 verified incidents of military use of schools³¹.
- **Poor WASH conditions in schools are impacting enrolment and retention of girls:** 56% of students reported poor WASH conditions in schools, with an adverse effect on overall enrolment, especially for girls. This is critical, as global evidence shows that girls who drop out of school are more vulnerable to early marriage and adolescent pregnancy. In contrast, girls who are better educated are less likely to be married off as children and are more likely to have opportunities to build a healthier and more prosperous life for themselves and their families.³² Furthermore, in NWS, none of the adolescent girls participating in the 2022 RGA had received any form of menstrual hygiene management (MHM) education.
- **Disparities in school attendance among children with disabilities:**³³ For boys and girls aged 6-11 with disabilities, there is a much higher percentage of those who are not in school compared to children without disabilities. In the 6-11 age group, 23% of males with disabilities and 21% of females with disabilities are not in school, compared to 2% of their counterparts without disabilities. For ages 12-14, 35% of males with disabilities are not in school compared to 21% of females with disabilities. For the 15-17 age group, the trend is reversed, with a higher percentage of females with disabilities out of school compared to males with disabilities. Specifically, 46% of male students with disabilities are out of school compared to 50% of females with disabilities.



EDUCATION

- **Significant gender disparities in formal education among IDP households in NWS:** Female heads of IDP households are three times more likely to have no formal education than their male counterparts.³⁰
- **Harassment, violence, and GBV risks are among the major barriers to access education:** The HNO identifies multiple challenges that learners face in accessing education, including transportation, potential harassment, violence, and GBV risks en route



FOOD SECURITY AND AGRICULTURE³⁴

- **Food insecurity is higher amongst FHH and women of reproductive age (WRA):** A higher percentage of FHH (71%) reported food as an unmet need compared to MHH (58%). The earthquake has had a significant

28 North-West Syria Livelihood Situation Analysis – H NAP 2022

29 Syrian Arab Republic: 2023 Humanitarian Needs Overview (December 2022)

30 IDP Demographics - H NAP 2022 IDP Report Series

31 Syrian Arab Republic: 2023 Humanitarian Needs Overview (December 2022)

32 <https://www.unicef.org/education/girls-education>

33 Disability -Prevalence and Impact - H NAP SPRING 2022 REPORT SERIES

34 Syrian Arab Republic: 2023 Humanitarian Needs Overview (December 2022)

impact on WRA in NWS, with 54% of them experiencing anaemia. With record levels of inflation, WRA in NWS were found to be more likely to adopt harmful coping strategies, such as reducing their number of meals per day or borrowing money to purchase food.³⁵

- **Lack of iron-rich foods intake:** 64% of households in Syria reported never having consumed iron-rich foods in the seven days preceding interviews, further deteriorating the quality of diets and increasing risks of nutrient deficiency and malnutrition for children under five years, as well as pregnant and lactating women (PLW).
- **Increased GBV risks:** The effects of economic deterioration and lack of livelihood opportunities further expose women and girls to the risk of sexual exploitation, abuse and other forms of GBV in their effort to access food and job opportunities. On the other hand, where women and girls have fewer resources, GBV can serve as a driver of food insecurity, preventing them from accessing food and livelihood opportunities.

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.⁴⁰

- **Limited access to antenatal (AN) and postnatal (PN) healthcare:** A key concern is the limited access to AN and PN healthcare with a large portion of pregnant women not having a single visit in the first (85%), second (82%) and third trimester (44%). In addition, a high rate of planned caesarean deliveries has been observed due to mobility issues adding to the challenges of pregnant women accessing health care services.
- **High early pregnancy rate and limited AN care:** Overall in Syria, 24% of pregnant women are adolescents due to the increase in early marriage.⁴¹ In NWS, only 10% of pregnant girls under 18 years access AN care, and each month about 1,828 pregnancies end in miscarriage or unsafe abortions, with adolescent girls representing more than 50% of these cases.⁴²



HEALTH

- **Increased health risks for women:** Women's health has suffered during the crisis including sexual and reproductive health (SRH), menstrual irregularity, unintended pregnancies, and preterm birth.³⁶ Gender roles and social norms such as taking care of the sick, collecting (unsafe) water, (lack of) access to information and services and participation, affect women's knowledge about health issues, put them at risk and make them more vulnerable to communicable disease outbreaks.³⁷
- **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.³⁸ The February earthquake has further amplified the challenges of an already weak and fragile health system with 146 health facilities damaged, two of them completely destroyed.³⁹ 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



NUTRITION⁴³

- **Malnutrition affecting PLW and children under five years of age:** Approximately 5.5 million children under five years of age, and PLW need nutrition interventions, with 40% assessed as catastrophic, 44% in extreme conditions, and 16% in severe conditions.⁴⁴ Maternal malnutrition is also extremely concerning, with acute malnutrition prevalence ranging from 11% in NWS and parts of Damascus to 25% in NES. Approximately 544,752 PLW suffer from moderate to acute malnutrition, including 460,124 PLW suffering from anaemia. Nutrition partners conducted screening for malnutrition in earthquake-affected areas across Syria to 25,443 PLW, of which 3,993 of them or over 15% were found to be malnourished.⁴⁵
- **Heightened gender barriers and GBV risks:** Women and girls are already disproportionately affected by the impact of the crisis on nutrition, and nutritional insecurity can greatly increase the risk of GBV. Similar to mental health, GBV is a key barrier for uptake of optimal infant and young child feeding (IYCF) practices and one of the key drivers in the worsening nutrition situation in Syria.

35 CARE International. (2023). Rapid Gender Analysis Policy Brief: Türkiye & Northwest Syria Earthquake Response. <https://www.care-international.org/resources/rapid-gender-analysis-policy-brief-turkiye-northwest-syria-earthquake-response>

36 Syrian Arab Republic Public Health Situation Analysis (PHSA) Long-form, December 2022

37 Vlassoff C. Gender differences in determinants and consequences of health and illness. *J Health Popul Nutr.* 2007 Mar;25(1):47-61. PMID: 17615903; PMCID: PMC3013263.

38 Syrian Arab Republic: 2023 Humanitarian Needs Overview (December 2022)

39 WHO, "Whole of Syria Earthquake Response Situation Report," February 19, 2023, <https://www.emro.who.int/images/stories/syria/whole-of-syria-sit-rep-13-19-feb-2023.pdf?ua=1>.

40 UNFPA, "Whole of Syria Situation Report #1: Türkiye-Syria Earthquake - 08 February 2023," February 2023, <https://www.unfpa.org/resources/unfpa-whole-syria-situation-report-1-turkiye-syria-earthquake-08-february-2023>.

41 Syrian Arab Republic Public Health Situation Analysis (PHSA) Long-form, December 2022

42 GenCap and OCHA. (2022). Rapid Gender Analysis, Humanitarian Situation in Northwest Syria (NWS) and the Ras Alain Tal and Abyad (RAATA) Regions

43 Unless otherwise cited, source of information is Syrian Arab Republic: 2023 Humanitarian Needs Overview (December 2022)

44 Syrian Arab Republic Public Health Situation Analysis (PHSA) Long-form, December 2022

45 OCHA, "Syrian Arab Republic: Earthquakes - Syria Situational Updates - As of 1 March 2023 - Syrian Arab Republic | ReliefWeb," March 1, 2023, <https://reliefweb.int/report/syrian-arab-republic/syrian-arab-republic-earthquakes-syria-situational-updates-1-march-2023>.



- Early marriage contributes to increased malnutrition:** Early marriage compounds the malnutrition burden of adolescent girls as they often drop out of school after marriage or due to pregnancy, contributing to increased malnutrition levels. During pregnancy, adolescents have increased needs for healthy diets, energy from nutrition sources and key micronutrients, but most adolescents tend to fall short of their daily quotas of calcium, iron and zinc due to poor eating habits and lack of access to nutritious food.⁴⁶ The risk of preterm delivery, growth restriction and low birthweight of babies is higher when born to adolescent mothers.⁴⁷ Moreover, global evidence shows that the children of young mothers have higher mortality rates, worse nutritional outcomes, and tend to be less educated.⁴⁸

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The risk of preterm delivery, growth restriction and low birthweight of babies is higher when born to adolescent mothers.



PROTECTION

- Unsafe living conditions in camps disproportionately affect women and girls:** The MSNA revealed that 33% of households reported women and girls feeling unsafe in certain areas in their community/neighbourhood: 58.9% of them in public transportation; 54.8% crossing checkpoints; 55.9% at markets. The 2023 HNO highlights that 15% of households in camps reported areas in their community where women and girls feel unsafe, with half of them identifying latrines and bathing facilities as the most unsafe, followed by distribution sites and markets. Overcrowded, unsafe, and undignified living conditions in camps disproportionately affect women and children, increasing the risks of GBV, particularly in NWS where 79% of camps are critically overcrowded.

⁴⁶ Montgomery, Kristen S. "Improving nutrition in pregnant adolescents: recommendations for clinical practitioners." *The Journal of perinatal education* vol. 12,2 (2003): 22-30. doi:10.1624/105812403X106801

⁴⁷ Wallace, Jacqueline M. "Competition for nutrients in pregnant adolescents: consequences for maternal, conceptus and offspring endocrine systems." *The Journal of endocrinology* vol. 242,1 (2019): T1-T19. doi:10.1530/JOE-18-0670

⁴⁸ <https://www.unfpa.org/child-marriage-frequently-asked-questions>



- **Displaced women face particular barriers in accessing their housing, land, and property (HLP) rights** due to persistent discriminatory social norms and practices. While women are legally allowed to own property under Syrian and Sharia law, most communities in NWS and RAATA do not permit women to own, transfer or inherit property.⁴⁹
- **Sexual Exploitation and Abuse are particularly concerning**, affecting women and girls' coping strategies and depleting their resilience. With children, including adolescent boys and girls, facing violence, abuse, and exploitation⁵⁰, 10% of FHH who reported to be dissatisfied with the aid provided, indicated that their dissatisfaction was due to aid being provided in exchange for favours, services, or personal relations, compared to no exposure registered for MHH.⁵¹ Furthermore, data emanating from the protection KII assessment revealed that 8% of women and 15% of girls are living in locations with requests for personal relationships in exchange for (or as a condition of) receiving humanitarian assistance/services.
- **Differentiated gender risks for adolescent boys and girls:** Adolescent boys are more likely to be killed, injured, separated from their family, detained, or recruited by armed groups, or involved in child labour. Adolescent girls are particularly at risk of early marriage, online harassment, and other forms of GBV.⁵² According to the 2022 MSNA, early marriage was the number one reason for family separation for girls, and one of the most frequent risks amongst adolescent girls who were unaccompanied⁵³.
- **Early marriage is prevalent and primarily affects girls:** According to the 2022 protection needs assessment, 85% of children live in locations where early marriage is occurring to girls aged 15 to 17 years old, with 53%

of children residing in areas where it is very common.⁵⁴ According to the 2023 HNO, adolescent girls are exposed to child marriage for traditional mechanisms of protection, financial hardship, social/cultural practices, and sharing shelter with other households to normalise a forced co-living situation due to crowded housing (especially in IDP camps). Analysed data from the MSNA datasets indicates that both adolescent boys and girls are married at very young ages, with some as young as 10 years old. The vast majority of married, separated, divorced, or widowed adolescents 15-19 years old are female (89%), out of which 70% are pregnant or lactating.

- **Gender-based discrimination:** Discrimination on the basis of race, political beliefs, religion, class, age, sex, marital status or disability was identified as a significant concern by 20% of FHH compared to 8% of MHH.
- **Gender disparities in safety and security at home, GBV risks and exploitation and abuse:** Safety and security issues at home are also more prevalent among FHH (18% compared to 12% of male), and FHH are more likely to perceive exploitation and abuse as a threat (7.5% of FHH compared to 2% of MHH).⁵⁵ While some types of violence, such as kidnapping, appear to affect all groups, GBV remains rampant in the country, highlighting the deeply rooted gender inequalities and discrimination that are prevalent in Syrian society. Provision of GBV services has been hampered by the earthquake, affecting the delivery of specialised GBV services, including case management and psychosocial support (PSS), distribution of dignity kits and cash-based interventions.
- **Nearly four in five FHH have missing or deceased male members**, likely due to conflict-related casualties, compared to just over one in four MHH.⁵⁶
- **20% of females with disabilities are widowed**,⁵⁷ facing compounding vulnerabilities, and exacerbated levels of exclusion and discrimination. Marital and disability status intersect and increase their risk of experiencing social isolation, heightened GBV risks, inadequate access to shelter, inability to access inheritance and other HLP challenges, reduced resources to take care of families, economic hardship, and limited access to support systems. They may face additional barriers in accessing healthcare, education, livelihood opportunities and participation, or lack equitable access to humanitarian assistance.
- **Child registration challenges for women with no marriage certificate:** In NWS, women, including widows with no marriage certificate, or women who bore children due to rape, sometimes register their children under a grandfather's or uncle's name, raising future concerns about the genealogy of the child and potential stigma.⁵⁸

49 GenCap and OCHA. (2022). Rapid Gender Analysis, Humanitarian Situation in Northwest Syria (NWS) and the Ras Alain Tal and Abyad (RAATA) Regions
50 Ibid.

51 Syrian Arab Republic: 2023 Humanitarian Needs Overview (December 2022)

52 Ibid

53 Voices From Syria - Whole of Syria GBV AoR (2023)

54 Ibid.

55 HNO Workshop II (.ppt).

56 Demographic Overview from HNP Summer 2022

57 Disability -Prevalence and Impact - HNP SPRING 2022 REPORT SERIES

58 GenCap and OCHA. (2022). Rapid Gender Analysis, Humanitarian Situation in Northwest Syria (NWS) and the Ras Alain Tal and Abyad (RAATA) Regions



SHELTER AND NON-FOOD ITEMS (SNFIS)⁵⁹

- **Inadequate shelter conditions and limited access to NFIs, combined with overcrowding are increasing the possibility of exposure to protection and GBV risks:** The households noting a 'lack of privacy' has doubled in the past year (increasing from nine to 18 per cent), significantly exposing the most vulnerable population in shelters to significant protection concerns, including GBV risks.⁶⁰ As a consequence 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. Due to the lack of – or insufficient – WASH facilities, partitions, locks and gender-segregated bathrooms are missing, leading to concerns about increased GBV risks.
- **Gender disparities in access to shelter repairs:** The 2022 Shelter Situation report highlights gender disparities in access to shelter repairs, with FHH facing more issues with their shelters compared to MHH. This includes difficulties in affording repairs, lack of tools and knowledge for repairs, and higher rates of shelters lacking light and ventilation. These disparities may be linked to traditional gender roles in construction, which are often male dominated.
- **Sharing common housing with unrelated people as a driver for early marriage:** According to the Voices from Syria 2022⁶¹ report, families living in shelters considered that sharing housing with unrelated people could also contribute to the phenomenon of early marriage as a mechanism to make the mixed gender sharing in the shelter socially acceptable. The report also indicates that there are communities relying on early marriage as a measure to protect girls against harassment, and families against social stigma, when sharing shelters with non-related families.



WASH⁶²

- **Women and girls, people living with disabilities, elderly, widows, single mothers, FHH and people living in areas of difficult access face more constraints and protection risks, including GBV, in accessing WASH services.** In IDP camps and sites, there is a widespread reluctance of women to use public bathing facilities.⁶³
- **Many women cannot afford sanitary pads,** which impacts on several aspects of their life including health, dignity, participation, access to livelihoods or education.⁶⁴ The United Nations Disaster Assessment and Coordination (UNDAC) assessments conducted in 111 shelters in Aleppo after the 6 February earthquake, revealed that sanitary pads ranked third in the "hygiene supply items" needed, with 59% of respondents reporting the need for sanitary pads, while 81% of female respondent over 60 years old reported a lack of general access to adequate hygiene supplies.
- **Households are adopting negative coping mechanisms due to water scarcity:** Water insufficiency is forcing households to resort to negative coping mechanisms such as changing hygiene practices or increasing household debt to afford water costs.



59 Shelter Situation - H NAP SUMMER 2022 REPORT SERIES 5

60 Syrian Arab Republic: 2023 Humanitarian Needs Overview (December 2022)

61 Whole of Syria Gender-Based Violence Area of Responsibility and UNFPA: Voices from Syria 2022 - Assessment Findings of the Humanitarian Needs Overview

62 Given the limited information available to conduct a gender analysis of the WASH sector, unless otherwise noted, highlights provided in this segment have been extracted from the Syrian Arab Republic: 2023 Humanitarian Needs Overview (December 2022)

63 WASH Cluster. (2022). WoS WASH Assessment

64 Ibid.

NEEDS AND VULNERABILITIES OF ADOLESCENT GIRLS

According to the HNO, 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 early marriage, early pregnancies, sexual exploitation, online harassment and other forms of GBV, and face cultural, physical and other types of barriers to access essential services.

The MSNA revealed important challenges in obtaining a clear understanding of the specific needs and vulnerabilities of adolescent girls, as well as the importance of acknowledging that adolescent girls often lack opportunities for participation and remain invisible within the overall scope of intersectional analysis, particularly when considering gender and age factors.⁶⁵

In spite of the gaps on available data on adolescent girls, the analysis has provided relevant findings on their needs, vulnerabilities and risks:

Health and Nutrition:

Data from this analysis shows that in Syria, 24% of pregnant women are adolescents due to the increase in early marriage.⁶⁶ About 5.5 million children under five years of age and PLW need nutrition interventions.⁶⁷ The staggering prevalence of anaemia among women of reproductive age, including adolescents, highlights the need for a holistic intervention approach in collaboration with WASH, health, food security and education sectors.⁶⁸

Reports reviewed did not include age disaggregation on the levels of malnutrition among pregnant and lactating adolescent girls or their children. Evidence shows that the children of young mothers and child brides have higher mortality rates, worse nutritional outcomes, and tend to be less educated.⁶⁹ According to WHO, adolescent mothers (aged 10–19 years) face higher risks of eclampsia, puerperal endometritis and systemic infections than women aged 20–24 years, and babies of adolescent mothers face higher risks of low birth weight, preterm birth, and severe neonatal conditions.⁷⁰

Early marriage and other types of GBV:

Adolescent girls experience denial of their rights and freedoms through numerous modalities, including denial to education and work, as well as forced marriage,⁷¹ with 84% of children living in locations where early marriage is an issue for girls aged between 15 and 17 years.⁷² Early marriage compounds the malnutrition burden, and adolescent girls often drop out of school after marriage or due to pregnancy.⁷³

Education and WASH:

This analysis did not find evidence of targeted interventions from the education sector to explicitly address early marriage or adolescent pregnancies, and no information was found on school enrolment of children of adolescent mothers or widows. WASH needs in schools are growing – 56% of students complained to their parents about WASH-related issues – with poor hygiene conditions affecting overall enrolment, especially the attendance of girls.⁷⁴ When basic needs such as access to clean water and sanitation facilities are not met, girls may be more likely to miss school or drop out altogether, which can have long-term consequences for their health and well-being. In many cases, girls who drop out of school are more vulnerable to early marriage and may face limited opportunities for economic and social mobility. Research has shown that girls who receive a quality education are less likely to be married off as children and more likely to have the tools they need to build healthier, more prosperous lives for themselves and their families.⁷⁵

A higher percentage of female adolescents (15–17) with disabilities are out of school compared to males with disabilities. This higher dropout rate among girls may suggest that girls with disabilities may be more likely to experience forced marriage and further analysis would be necessary to explore the causes and design targeted interventions.



65 Recognising that the MSNA follows a random sampling methodology, it is important to note that there were no females under 18 amongst the survey's household respondents, compared to a limited number of male respondents between 15–18 years old.

66 Syrian Arab Republic Public Health Situation Analysis (PHSA) Long-form, December 2022

67 Ibid.

68 HNO

69 From: <https://www.unfpa.org/child-marriage-frequently-asked-questions>

70 <https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy>

71 VOICES

72 HNO

73 Ibid.

74 Ibid.

75 <https://www.unicef.org/education/girls-education>

2.3 TRANSLATING GENDER IMPACTS INTO GENDER PROGRAMMING

The purpose of this section is to examine the process of translating gender impacts identified in the HNO and other needs assessments into concrete measurable actions within humanitarian programming. Building upon the findings presented in section 2.1, the analysis in this section aims to assess the extent to which gender-related data, encompassing specific needs, vulnerabilities, barriers and risks, has informed humanitarian programming, with particular emphasis on its integration into the HRP.

While this report did not assess the extent to which gender balance has been achieved in leadership and other humanitarian meetings and coordination mechanisms, it is important to highlight that the HRP, under its Action Plan for Change,⁷⁶ aims to ensure gender balance in all humanitarian meetings and coordination mechanisms. This is an important first step to strengthen compliance with the IASC Gender Policy, but it alone is not sufficient to ensure that gender concerns are effectively addressed in humanitarian coordination, decision making and programming. As the discussions within the SSG have highlighted the gaps and challenges in attaining gender balance at the leadership level, positive outcomes have resulted from concrete intentional efforts to ensure equal gender representation at leadership level. However, it is essential to recognise that decisions regarding agency recruitment processes ultimately lie within the agencies themselves, and are beyond SSG and humanitarian coordination decision-making capacities.

The HRP acknowledges the importance of addressing gender-based discrimination, unequal gender practices and social norms, and gender inequitable access, and there is a clear articulation in the rationale to argue for the need of gender interventions. However, the gender analysis revealed that findings from the HNO and sector assessments are not consistently translated into engendered humanitarian actions. As reflected in this section, the assessment shows there is limited gender analysis and the application of gender concepts in proposed interventions and strategies is not consistent across sectors. Without deliberate and targeted efforts to overcome specific barriers faced by the most vulnerable groups of women and girls across all sectors, this commitment to gender equality may not translate into meaningful action. Moreover, there are few instances where gender interventions are measured with indicators in the inter-sector and sector response frameworks, further limiting the ability to measure and evaluate the impact of such interventions.



INTER-SECTORAL INTERVENTIONS

As much as social norms are often rigidly enforced during crisis, increasing discrimination and exacerbating GBV,⁷⁷ the analysis at the inter-sector level shows that the patriarchal norms are not being adequately addressed in the HRP. While there are some targeted interventions for groups of vulnerable women, they were not found to be consistently implemented or addressed in a holistic manner. The protection sector does recognise the importance of women's participation and explicitly supports it through promoting localisation and supporting local civil society organisations, including those led by women and youth. However, in terms of explicitly supporting women's and women-led organisations' participation, there are no indicators that make specific reference to them.

The HRP explicitly "seeks to promote the inclusion of diverse voices, advance gender equality and gender balance and centre Syrian civil society in humanitarian work". However, it is not clear how this intention will be translated into action as part of the Accountability to Affected Populations (AAP) mechanisms and systems that will be put in place.

⁷⁶ Draft HRP page 41.

⁷⁷ Swedish International Development Cooperation Agency (SIDA, 2015), *Preventing and Responding to Gender-Based Violence: Expressions and Strategies*.



CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)

The CCCM sector is taking measures to mitigate protection and GBV risks such as overcrowding and lack of lighting in IDP sites, by focusing on maintaining infrastructure and facilities, improving access to facilities like latrines, showers, and ensuring the presence of female staff during distributions. Moreover, the sector will put in place GBV risk mitigation measures in distribution sites by ensuring the presence of and, where possible, increasing the number of female staff during distributions, as well as increasing distributions conducted with attention to GBV risk mitigation measures. While the CCCM sector has no targeted interventions to support FHH in camps to meet basic needs, it will address protection risks specific to informal settings such as "widow camps" in NWS, by working closely with the protection sector and especially the GBV and child protection sub-sectors. Despite these efforts, the CCCM sector currently lacks indicators to track the success or impact of these interventions.

Regarding women's participation, the CCCM sector aims to encourage representation and active participation of women in camp management and committees. The sector explicitly states it will strive "to effectively coordinate services in and monitor the situation in IDP sites, establish and strengthen camp management and committees and encourage representation and active participation of women". Although the sector includes an explicit reference to women's participation in the indicator to measure the promotion of participatory management structures, which is also linked to the accountability to affected communities framework, there is no explicit reference to addressing the underrepresentation of women in camp committees.



EARLY RECOVERY AND LIVELIHOODS (ERL)

The ERL sector response plan does not build on the engendered findings from needs assessment reports and does not explicitly address gender disparities in employment or traditional barriers that prevent women from accessing employment opportunities. Despite findings reflected in the assessment reports, there is no reference in the HRP to the overwhelming unemployment among widows, or the higher financial vulnerability and economic challenges faced by female headed households in meeting basic survival needs. Despite findings related to the "working poor", which include FHH, families with people with disabilities, and IDPs, there is no gender or intersectional analysis in the proposed interventions to address the specific needs of these groups.

There are no indicators in place to track progress towards reducing gender disparities in employment or addressing the economic challenges faced by women in the sector.



EDUCATION

The Education sector acknowledges the impact of poor WASH conditions on girls' education and commits to rehabilitating, improving, or constructing gender-sensitive and disability-sensitive WASH facilities in schools. While collaboration with the GBV and child protection sectors to prevent violence in schools is foreseen, the education sector HRP does not include plans to work with the GBV and child protection sectors to raise awareness on risks related to early marriage and early pregnancies with the intention of decreasing gendered barriers to education. The sector prioritises the needs of underserved groups such as children with disabilities, IDP children living in camps, adolescents and youth, and younger learners, but there are no specific interventions or strategies detailed out for each of these groups. It will also provide incentives for teachers, which may benefit women since the majority of teachers are female, but this assumption could be explored further to become part of a sector's gender strategy.

The education sector has included an indicator to measure progress in improving WASH conditions in schools. However, it does not provide gender specific indicators for the other proposed interventions.



FOOD SECURITY AND AGRICULTURE (FSA)

While the FSA sector's targeting and vulnerability criteria consider household demographic status, residency status, employment status of the household's head, and other factors from a food security lens, there are no gender-specific interventions to address the higher food insecurity among FHH. The sector acknowledges the lack of iron-rich food intake and aims to address it, but there is no indicator to measure progress. The FSA sector recognises the critical priority of addressing child labour and early marriage, and plans to work in close coordination "with ERL, education and other basic service interventions to address the complex, underlying causes for these harmful coping mechanisms". While there is explicit reference to how sector partners conducted Focus Group Discussions (FGDs), assessments, analysis of complaints and response mechanism (CRM) and post distribution monitoring (PDM) reports, including the quality and appropriateness of ongoing assistance or risks related to PSEA and GBV, there is no reference to encourage women's participation in such mechanisms or engaging women and girls in the two-way communication to strengthen AAP systems. Indicators are in place to measure GBV risk mitigation measures and female participation in agriculture and livelihoods activities.



HEALTH

As much as public health situation analysis clearly reflects that women's health has suffered during the crisis, including sexual and reproductive health, menstrual irregularity, unintended pregnancies, and preterm birth, the health sector does not address women's health in a holistic manner in the HRP. Although there is a reference to AN care provision, there is no reference to PN care, and no specific measures to address the high adolescent pregnancy rate. The HRP acknowledges the impact of early marriage on a girl's health and the negative birth outcomes arising from maternal malnutrition and unskilled child feeding and care practices, but there are no specific objectives, activities or indicators to address/measure these gaps.



NUTRITION

The nutrition sector does address malnutrition among PLW and children under five years of age. It aims to provide timely life-saving treatment for acute wasting in inpatients and outpatients, as well as PLW. Additionally,

the sector plans to tackle the rise of micronutrient deficiencies, particularly iron-deficiency anaemia, in children and PLW through micronutrient supplementation, blanket supplementary feeding programmes, and nutrition-sensitive dietary diversity approaches. Nutrition sector partners envision prevention activities, such as capacity building among health workers, and scaling up messaging and counselling to support PLW. The sector recognises the heightened gender barriers and risks of GBV and will collaborate with the GBV Area of Responsibility (AoR) to coordinate and strengthen referral pathways for specialised services related to GBV, PSEA, and child protection.

Furthermore, the nutrition sector aims to empower mothers and caregivers through capacity building initiatives, including scaling up mother-to-mother support group approaches, and assure equitable access to services for women and children with disabilities. The sector also includes specific indicators to measure the above interventions, including an indicator on the number of frontline workers and personnel who are trained and equipped with information on available GBV response services and referral procedures to support GBV survivors.

However, the sector does not address early marriage as a compounding factor to increased malnutrition among adolescent girls, with specific potential nutritional impacts on those who are mothers, pregnant or lactating.





PROTECTION

The protection sector acknowledges and includes a concrete objective on GBV prevention and response under the GBV AoR, with specific indicators to measure progress and impact. However, while GBV risk mitigation and response are under the GBV AoR, the sector lacks consistency in integrating gender equality considerations across other key protection areas.

The protection sector HRP does not specifically address the particular barriers of displaced women facing HLP rights, but it envisions monitoring and analysis of the protection environment across Syria, including identification and documentation of barriers to freedom of movement, risks to safety, access to civil documentation and HLP rights, which are crucial factors disproportionately affecting women. The resulting analysis will inform the response and advocacy to eliminate/reduce structural barriers to accessing rights and it will be therefore critical that this exercise integrates the specific gender barriers that displaced women face with regards to their HLP rights.

Relevant gaps have been identified in the interventions proposed by the protection sector HRP to address engendered protection needs, as the sector does not explicitly aim to address unsafe living conditions in camps, which are disproportionately affecting women and girls, the differentiated gender risks for adolescent boys and girls, child registration challenges for women with no marriage certificate, or specific measures for 20% of females with disabilities who are widowed.

While early marriage and gender-based discrimination (race, political beliefs, religion, class, age, sex, marital status or disability) are referred to under the protection sector, other than activities and indicators planned



under the GBV, there do not appear to be clear targeted interventions reflected under other sectors in the HRP and there are no specific indicators to measure progress or impact.



SHELTER AND NON-FOOD ITEMS

Similarly to the findings reflected in section 2.1., which revealed significant gender gaps in needs assessments, in the HRP, the SNFIs sector was not found to explicitly address the gender disparities in access to shelter repairs or the inadequate shelter conditions, in limitations to access NFIs, and in overcrowding, which increase the possibility of exposure to protection and GBV risks. While the sector recognises the importance of providing shelter, basic household items, and winter assistance, there is a lack of a specific gender focus on these interventions. As such, the sector misses the opportunity to address the gender-specific needs that arise from the shelter situation reports.



WASH

The WASH sector acknowledges that women and girls, people living with disabilities, elderly, widows, single mothers, FHH, and people living in areas of difficult access face more constraints and protection risks in accessing WASH services. In this regard, the sector commits to creating opportunities for all people to provide inputs to projects, and partners will ensure the involvement of women, men, adolescents (boys and girls), and people with disabilities during the designing, planning, implementation, and monitoring of the projects.

Regarding GBV risks related to the access and use of latrines or toilets, the WASH sector acknowledges the importance of coordination with the protection sector to maintain shared WASH facilities within adequate protection-related WASH standards or increase the number of private WASH facilities in IDP camps and sites. An indicator has been added in the inter-sector framework of the HRP, however, it does not give the opportunity to measure and identify specific efforts.

The WASH sector does not specifically address some of the key gaps identified, including the fact that women and girls are more affected by the poor quality of services in IDP sites, gender impacts of households adopting negative coping mechanisms due to water scarcity, or the inability of many women to afford sanitary pads. Despite its impacts in the lives of women and girls, MHM is rarely

mentioned or analysed in assessment reports and is hardly referred to in the HRP. Not being able to properly manage menstrual hygiene can affect women's and girls' lives in many ways, as it limits their mobility, freedom and choices; affects attendance and participation in school, job opportunities and community life; compromises their safety; and causes stress and anxiety.⁷⁸

2.4 GOOD EXAMPLES OF GENDER TARGETED INTERVENTIONS AND GENDER INTEGRATION

A GOOD EXAMPLE OF A GENDER TARGETED INTERVENTION:

Gender analysis was used to design targeted, multisectoral interventions in the following way:

Pilot GBV Livelihoods Programme to respond to the identified concerns in IDP sites exclusive to widowed and divorced women and children in North-West Syria

The pilot GBV Livelihoods Programme was based on existing evidence, from various sources, that widowed and divorced women and their children in NWS were particularly vulnerable to GBV and exclusion from humanitarian assistance and services. By putting these women at the centre of the response and providing livelihood opportunities as an entry point, the pilot programme was able to yield additional benefits, such as greater freedom of movement, a safe space for women to speak about their issues, and changes in how men treat women and girls through awareness raising programmes targeting men and boys outside the segregated sites.

The success of the pilot programme has led to plans to scale up the intervention and develop a multi-sectoral response that addresses short, medium, and longer-term strategies. By taking a holistic approach that includes dedicated GBV programming, child protection programming, and livelihoods support, this intervention has the potential to improve the lives of widowed and divorced women and their children in NWS, and provide a model to be adapted for future gender-targeted interventions in other contexts.⁷⁹

GOOD EXAMPLES OF GENDER INTEGRATION IN ASSESSMENT REPORTS:

Out of all the assessment reports reviewed for the conduct of this gender analysis, two represent good examples of gender integration and gender analysis:

Disability Prevalence and Impact - Humanitarian Needs Assessment Programme (HNAP) SPRING 2022 REPORT SERIES

The report describes disability and its impacts in Syria as percentages of people experiencing one or more functional difficulties in one or more functional domains, exploring how this, subsequently, increases risk of exclusion, deprivation or disability.

The report does not consistently integrate sex and age disaggregation across all sections, hampering the capacity to analyse findings from a gender perspective; however, there are sections where the data on disability is disaggregated by sex, age and geographical area. Humanitarian actors can analyse the data to identify engendered gaps and needs, and so design a targeted response.

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On average, females are slightly more likely than their male counterparts to have disabilities due in part to gender bias in the allocation of scarce resources and in access to services. Likewise, the rate of persons with disabilities increases significantly amongst older populations: 81% of females and 80% of males over the age of 55 have disabilities.

Additionally, the report's analysis of marital status of persons with disabilities provides a valuable intersectional analysis, with insights into the multifaceted discrimination widows with disabilities face on the basis of gender, marital status and disability.

78 UNFPA. 2022. 'Menstrual Hygiene Management in Emergencies: Guidance Note for Integrated Programming in the Arab Region'. https://syria.unfpa.org/sites/default/files/pub-pdf/mhm_report_-_english_-_f3_0.pdf.

79 See June 2022 Widows Camp Presentation for Inter-Cluster Response



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20% of females with disabilities are widowed. Widowed females may be missing part of essential social support networks, potentially compounding the challenges of conducting daily activities. Findings may also evidence the combined discriminatory effects of sex, disability and ageing in conflict-affected areas.

The report also offers sex and age disaggregated data on access to education but lacks a more in depth look at the specific challenges faced by boys and girls with disabilities in accessing education.

Overall, by providing data and analysis that is disaggregated by gender, age, marital status and region, the report recognises the specific and intersecting needs and challenges faced by people with disabilities and provides valuable insights to inform inclusive humanitarian decision making and programming. However, it is important to note that the report is primarily descriptive and does not delve into the reasons behind the trends or analyse potential gender dimensions in the findings.

North-West Syria Livelihood Situation Analysis – HNAP 2022

The NWS Livelihood Situation Analysis – HNAP 2022 report stands out as an excellent example of gender integration and analysis as a result of a collaborative effort between HNAP, UNDP, and the ERL cluster to improve the socio-economic component of HNAP's annual spring household assessment tool.

While it only covers NWS and does not offer a picture of the situation in other areas, it includes a clear and consistent sex and age disaggregation of the findings by population group (IDPs, returnees and residents), also including a specific segment on people living with disabilities disaggregated by sex.

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Of those in employment, the highest proportion of males with disabilities currently own their own businesses (61%). Thirty-nine percent of females with disabilities own their own business (compared to 20% of those without disabilities) [...]. The highest proportion of persons with disabilities engage in the agriculture sector, one of the lowest paying industries [...].

The analysis allows for a more accurate and comprehensive understanding of the needs and experiences of different groups within the population and, subsequently, designing and implementing targeted interventions that address the intersecting needs and challenges faced by these groups.

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Young females, those aged between 18-34 were the most likely to report that they were out of work, but actively seeking employment. This population group could represent an optimal target group for livelihood investment.

Beyond the disaggregation of data, the report also offers a qualitative analysis that takes into consideration gender dynamics. It examines the roles and dynamics between women and men regarding livelihoods, as well as social and cultural restrictions affecting the choice of livelihoods.

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Sex and age disaggregation of in-work rates may indicate that males continue to face unique or disproportionate pressure to maintain presence in the labour market in order to compensate for overall household income insufficiencies or deprivation.

The report also disaggregated data on skills, education levels, work experience, coping strategies, market access, and opportunities available.



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Chronic gaps in employment availability are the primary reason for both males and females seeking jobs to remain unemployed. [...] Females are more likely than males to lack sufficient skills to meet the market demands (29%), compared to males (17%). Women were also disproportionately impacted by housework or care responsibilities (36%, compared to 1% of males).

Through this approach, the report identifies barriers that affect women's access to livelihood opportunities, as well as engendered barriers limiting males and females from seeking employment.

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Females who are out of work and not seeking employment, cite traditional labour distributions, like that of domestic care work (86%) as the primary inhibiting factor from seeking employment.

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[...] the high proportion of females not seeking employment demonstrates the gendered barriers of the labour market in NWS. Indeed, chronic female exclusion from the labour market is present across all population groups [...]



2.5 ANALYSIS OF GENDER GAPS AND CHALLENGES

This section presents an analysis of gender gaps and challenges identified. It examines, on the one hand, gaps and challenges identified in gender expertise and gender coordination, and, on the other, the level of disaggregation by sex, age, and disability in these data sources. Furthermore, it assesses if and how data collection tools capture data with the minimum level of disaggregation necessary to inform an engendered analysis, which in turn can inform needs assessments and serve as the basis for programming.



GENDER LEADERSHIP, EXPERTISE AND GENDER COORDINATION

KIIs revealed relevant limitations in gender expertise to ensure appropriate level and quality of gender analysis to inform programming. Moreover, the lack of a gender coordination mechanism at the WoS level and the significant differences in terms of expertise, coordination and capacities in the different hubs, do not allow for consistent and quality gender needs analysis and programme design.

Limited gender expertise

The limited (or lack of) gender expertise identified poses challenges for conducting robust gender analysis, which hinders sectors' ability to fully utilise available information for informed decision-making, prioritisation, targeting, and resource allocation in humanitarian response.

While the Humanitarian Liaison Group (HLG) coordinated response and the Humanitarian Coordination Team (HCT) coordinated response have both established Gender Focal Points (GFP) networks, this is not the same for the NES NGO Forum coordinated response, nor the WoS. Additionally, the expertise, capacities, dedication, and seniority of the GFPs vary significantly across hubs, creating disparities.

It is crucial to recognise that according to the IASC Gender Policy and its accountability framework, all humanitarian actors and leadership should have a minimum understanding of gender equality, GBV risk mitigation and the empowerment of women and girls in humanitarian action. It is important to emphasise this requirement to ensure that gender analysis and gender equality humanitarian programming are not neglected due to the lack of dedicated gender expertise. While some GFPs may not be full-time gender specialists or have the authority to influence decision-making and programming

beyond their advisory or technical roles, it is still essential for all actors to actively work towards integrating gender considerations into their work.

Limited gender coordination

The fact that there is no full-time dedicated expertise and gender coordination mechanism at the WoS level hampers the capacity of the GFPs in the hubs to ensure that data collection tools allow the collection of relevant gender data, support gender analysis, inform programming and influence decision making, prioritisation and funding. At the WoS level, it hinders sectoral and inter-sectoral work to foster knowledge sharing, support training and other capacity building activities, and to ensure there is consistency and alignment across hubs.



PARTICIPATION OF WOMEN AND GIRLS AND AAP

The HRP explicitly recognises "that the women, men, girls, and boys living in Syria are the primary stakeholders of the humanitarian response, the response has sought to centre them in its needs analysis and give them a voice in humanitarian planning and response." Under its AAP section, the HRP "seeks to promote the inclusion of diverse voices, advance gender equality and gender balance and centre Syrian civil society in humanitarian work". It also seeks to ensure "participation of affected people in humanitarian coordination meetings, including HLG, clusters etc."

However, there is a lack of clarity regarding the specific strategies to address the gender dimensions of accountability to affected populations and community feedback and complaint mechanisms. Findings from the Gender Considerations in Assessments of Syrian Regions



Affected by the 2023 Earthquake report,⁸⁰ commissioned by UNFPA, revealed limitations in the establishment and functioning of community feedback mechanisms for AAP and PSEA. The report indicated that after the earthquake, there were challenges in establishing effective and accessible communication channels with the affected communities. Weaknesses in the AAP feedback mechanisms were identified, with 20% of respondents indicating that the affected population does not know where to go if they wish to make a complaint and 15% of interviewed KIs reporting 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.⁸¹ This is particularly concerning considering the number of beneficiaries who identified concerns related to protection from SEA reflected in the HNO report.



DATA COLLECTION TOOLS

Increased proportion of female enumerators

Three⁸² out of the four data collection tools analysed included information on sex disaggregation of enumerators, which would allow a better level of understanding of the participation of female enumerators in data collection.

Key informants (KIs) revealed the number of female enumerators has increased significantly from 10% to 37% for the H NAP. While REACH does not have female-only enumerator teams, it consistently pairs male and female enumerators for household assessments. Despite

these positive steps, findings from the UNFPA's rapid review and analysis of the gender considerations in assessments of Syrian regions affected by the February 6 Earthquake revealed persistent insufficient representation of women in assessment teams.

KIIs revealed the key challenges against increasing the number of enumerators to conduct surveys and assessments:

- Enumerators are not specifically trained on gender-related issues.
- Cultural norms in some conservative communities prevent women from wanting to be enumerators, particularly when entering people's houses to ask questions.
- When conducting KIIs, female enumerators are often not recognised by male community leaders as valid interlocutors.
- Recruitment of female enumerators is challenging due to few qualified applicants and travel difficulties.
- Female enumerators may be exposed to harassment and other forms of GBV.

To mitigate these risks, enumerators often travel in groups; there are complaint and feedback mechanisms in place; enumerators are trained on applying safety measures during data collection; there are continuous follow up and dedicated groups for female enumerators to discuss their challenges and concerns.

MSNA questionnaire

All sectors' sections⁸³ of the MSNA questionnaire were analysed to assess if they had sufficient levels of disaggregation to enable gender and intersectional analysis of data to inform assessments and, ultimately, inform programming. It is important to note that the MSNA 2022 dataset was disaggregated by gender, age and disability status of the head of household, which, compared to 2021, further disaggregates gender age, disability of population groups, allowing an assessor to zoom in on displaced or out-of-camp FHH.

The findings highlighted that 50% of the sectors lacked sex or age disaggregation in their data, and even for sectors that did include such disaggregation, it was not consistently applied across sector-related questions that would require a better understanding of the impacts of the crises on different population groups. Only the education sector had questions that included disaggregation by sex, age, and disability; while protection had sex and age disaggregation. Age disaggregation was found in questions related to emergency and telecommunication (ETC), while some questions in nutrition and health included sex disaggregation.

80 Available at https://arabstates.unfpa.org/sites/default/files/pub-pdf/earthquake_gender_report_08.pdf

81 See Protection Cluster. 2023. 'Rapid Protection Assessment Findings: Syria Earthquake, February 2023 Protection sector Report - Syrian Arab Republic'. <https://reliefweb.int/report/syrian-arab-republic/rapid-protection-assessment-findings-syria-earthquake-february-2023-protection-sector-report>.

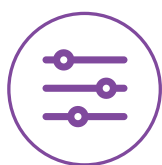
82 2022 MSNA Questionnaire, Key Informant WoS Protection Needs Assessment and the "Widow Camp" mapping questionnaire.

83 Including Protection, Inter-sector / cross-cutting themes, Early Recovery and Livelihoods, Education, Food Security and Agriculture, Health, Nutrition, Shelter and Non-Food Items, WASH, and ETC

Some examples of gaps in the disaggregation of data in the MSNA

- The **protection** sector's questionnaire lacks sex, age, disability disaggregated data (SADDD) in questions related to civil documentation, preventing the creation of profiles for population groups without civil documentation, while safety questions do not include age disaggregation to allow to differentiate between women and girls' protection needs.
- The **FSA** sector lacks age or sex disaggregation in questions related to household members going to bed hungry. It has been broadly recognised that social norms may induce women to take less or poorer quality food, causing women to make consumption choices that are nutritionally harmful for them.⁸⁴ While there is one question on reducing consumption by adults for small children to eat, the sex or age of the household member who reduced consumption is unknown.
- While the **health** sector questionnaire includes sex disaggregation on the question on barriers to access health facilities are disaggregated by sex, it lacks disaggregation by sex *and* age for individuals who needed to access healthcare in the household and were not able to obtain it in the last three months. Additionally, there are no questions on SRH.

In spite of the challenges identified with regards to the level of disaggregation of the MSNA questionnaire, it does enable the collection of data with some level of disaggregation, which can be used for gender analysis to inform needs assessments.



DATA SETS

In the analysis of five data sets, it was found that none of them included information on the sex or age of the enumerators. Four⁸⁵ of the data sets included sex disaggregation of respondents, enabling the identification of the percentage of female versus male respondents. Out of the five data sets, four⁸⁶ included sex and age disaggregated data, which allows for potential gender and intersectional analysis of the findings.

MSNA data set

While the HNO sample is amongst the largest globally, with approximately 35,000 households interviewed, it is important to acknowledge that achieving a fully representative sample at the district level for all population groups and across all age and gender categories is not feasible.

It is worth noting the increase in female respondents to the MSNA with 45% of female respondents in 2022 compared to 35% in 2021. The MSNA data set includes age and sex disaggregation of respondents and includes sex and age disaggregated data of the head of the households integrated throughout some of the indicators. Despite the positive increase in the proportion of female respondents, when examining the data by age group, significant variations emerge. For the population group over 65 years of age, only 15% are female compared to 85% male respondents. Additionally, the vast majority of respondents who are heads of households are male (89%), and there is no representation (0%) of females among the respondents who are adolescent heads of households.



84 CARE. (2020). Gender Equality and Women's Empowerment in the context of Food Security and Nutrition

85 REACH. Syria Analysis – HSOS Urban Hasakeh, January 2023, REACH. Syria Analysis – HSOS Urban Raqqa, January 2023, 2022, MSNA Dataset House Holds, and 2022 MSNA Dataset Individuals.

86 REACH. Syria Analysis – HSOS Urban Hasakeh, January 2023, REACH. Syria Analysis – HSOS Urban Raqqa, January 2023, 2022, MSNA Dataset House Holds, and 2022 MSNA Dataset Individuals.



ASSESSMENT REPORTS BY SECTOR

Inter-Sector

Overall, the assessment reports reviewed did not include consistent references to differentiated needs, risks and vulnerabilities impacting women and girls, persons with disabilities, and other marginalised sub-populations. Furthermore, the analysis has identified limited reference to differentiated restricted mobility and other barriers to service access.

The data analysis indicates a low level of disaggregation by sex, age and disability across sectors in the 2022 Syria MSNA household questionnaire. Notably, half of the sectors (WASH, SNFIs, FSA, ERL, and inter-sector/crosscutting) lack specific disaggregated information on sex or age. This is particularly relevant as gender biases may persist in the responses provided by household heads, resulting in potential gaps in understanding the distinct needs and vulnerabilities of different groups, including diverse groups women, men, girls, boys, and people with disabilities. However, despite the potential for disaggregation offered by the MSNA, its use in assessment reports by sectors was found to be inconsistent.

While some assessments did include specific references to FHHs or specific GBV risks, the reports reviewed lacked sufficient level of disaggregation to allow for a gender intersectional analysis. This has also been found in the HNO, which includes data disaggregated by the categories of sex, age and disability for all sectors. However, the data provided does not break down each of the categories (sex and age break down of people with disabilities, or sex disaggregation of the different age groups, for example) and it is therefore not possible to analyse how they each intersect with each other.

The difficulty in identifying female respondents⁸⁷ indicates a potential gap in the participation of women in needs assessments, which is critical to understanding their specific needs and vulnerabilities. Engaging female respondents is either limited or non-existent in the reports reviewed, except for the Voices from Syria 2023 report, which intentionally includes direct consultations with crisis-affected women and girls. GBV practitioners facilitating FGDs to inform the Voices from Syria 2023 report shared that finding appropriate times that would allow for many women and girls to participate in discussions was challenging due to women and girls working in the agricultural sector. Barriers to the inclusion and participation of local women's organisations are not captured in data collection tools or assessed in any of the reports reviewed.

This is particularly relevant, as findings from the desk review revealed the gender power imbalance in decision-making within families and communities in NWS and RAATA, with men occupying the majority of key leadership positions. Women's decision-making power is limited, and women are often not allowed to speak or share their opinions in public, in front of men or in community forums, therefore ensuring female-to-female and gender disaggregated interviews represent a safe and crucial measure to have access to gendered disaggregated and meaningful information.

CCCM

The participation and representation of women in governance, leadership, and camp committees is severely lacking in IDP sites, including those hosting Palestinian and Iraqi refugees. In NWS, for instance, less than 10% of sites have women's committees, thereby indicating insufficient engagement with women and women's groups in camps and shelters for needs assessments and programme design and coordination.

The assessment reports analysed did not address changes in gender norms or traditional roles and activities of women and men in the camp/shelter setting, nor did they highlight potential opportunities for gender equality and empowerment of women and girls. Given that over 80% of the population living in IDP camps is women and children, this is a critical oversight.



⁸⁷ According to the Multi-sectoral needs assessment (MSNA) Field Feedback (2022), 26% of respondents noted that identifying a female respondent was either difficult (20%) or very difficult (6%).



Education

While the majority of women are employed as teachers in the education sector, no gender assessment or strategy was found to be in place for female teachers.

Learning environments are often dilapidated, which can hinder learning due to overcrowding, lack of school furniture and supplies, and inadequate heating, lighting, and WASH facilities. Although MHM is mentioned, there is no indication of specific measures such as increasing WASH facilities that allow safe and appropriate menstrual hygiene, distributing menstrual hygiene products, or addressing menstrual hygiene waste management in schools. The education sector does not appear to address the issues of early marriage and adolescent pregnancies.

Early Recovery and Livelihoods

As much as the *NWS Livelihood Situation Analysis* has been identified as a good example of gender integration, the approach has not been consistently followed across the ERL sector assessments.

While there seem to be significant differences by area – particularly in Government of Syria (GoS) territories and NWS – affecting the choice of livelihoods, the assessment reports did not provide information on the social and cultural restrictions affecting men and women in making decisions and having livelihood opportunities.

Food Security and Agriculture

In the reports reviewed, the food security and agriculture sector either did not include or provided limited information or analysis on how gender and age affect the ability of household heads and members to access and distribute food, or the gender roles in food production, collection, and preparation.

Health

While the Public Health Situation Analysis (PHSA) report includes an explicit reference to women's health, it lacks gender analysis in key areas, such as priority health threats. Furthermore, it does not provide age disaggregated data on women's health indicators, such as menstrual irregularity, unintended pregnancies, preterm birth, limitations in access to AN and PN healthcare.

The WoS Acute Watery Diarrhoea/Cholera Response Plan (January – June 2023), considers male and female health workers, surveillance and response officers, and key actors in training and readiness efforts. However, simply including both male and female professionals is not enough to identify the gendered aspects of the crises, address gender issues or access barriers, which may still exist and hinder effective health interventions.

Challenges remain in finding female enumerators for data collection in conservative areas.

Nutrition

As reflected in section 2.2 of this report, the HNO nutrition chapter does include references to how GBV and nutrition are linked to each other, as well as references to how early marriage compounds the malnutrition burden. Reports analysed that included information on nutrition consistently provided specific data on pregnant and lactating women and girls. However, none of the reports disaggregated this information by age, making it challenging to assess the levels of malnutrition among pregnant and lactating adolescent girls and their children.

Protection

The report lacks sex, age, and disability disaggregated information on the access and use of feedback and complaint mechanisms. It is therefore not possible to identify whether women and girls face additional barriers in accessing these mechanisms in a safe and confidential manner.

While negative coping mechanisms like child labour and early marriage are identified, they are often listed without a gender analysis to identify the underlying factors. For instance, early marriage has a high prevalence in Syria but appears to be low among the negative coping mechanisms reported by respondents. It would be pertinent to better understand the reasons behind this and whether early marriage, being socially accepted, has been normalised and, therefore, not perceived as a negative coping mechanism.

SNFI

The level of gender and age disaggregated demographic information provided for the SNFI sector is insufficient to conduct a comprehensive gender analysis. None of the reports analysed that included information on the SNFI sector address the unique needs, risks, and vulnerabilities faced by women and girls, persons with disabilities, and other marginalised sub-populations who may be relevant to the sector interventions.

Although the reports acknowledge the exposure of vulnerable groups to significant protection concerns, they do not provide age, sex, or disability disaggregated data to conduct a gender and/or intersectional analysis of these concerns.

WASH

The WASH assessment includes questions regarding MHM; however, there is a lack of adequate coverage and analysis in the reports. This is particularly concerning given the fact that water scarcity is forcing households to resort to negative coping mechanisms, including changes to hygiene practices.

While a specific WASH KIIs questionnaire for NWS IDP sites includes questions that guide the identification of GBV risks and the specific needs of women and girls, it lacks clarity about the gender of respondents and enumerators involved. Additionally, the questionnaire does not assess safety considerations for accessing WASH facilities by women and men during the day and night. Furthermore, the questionnaire fails to mention the importance of MHM and the proper disposal of menstrual hygiene items in the latrines.



While the Public Health Situation Analysis (PHSA) report includes an explicit reference to women's health, it lacks gender analysis in key areas, such as priority health threats.

3. RECOMMENDATIONS



3. RECOMMENDATIONS



FOR THE SYRIA SSG

Establish a system for increased accountability of the inter-sectoral group to integrate gender mainstreaming and GBV risk mitigation in the humanitarian response across hubs and sectors, to respond to the gendered and intersectional needs of the affected population in line with IASC Gender Policy and its accountability framework.

Commission the development of a WoS gender strategy to operationalise GEEWG integration across hubs and sectors in a harmonised and coherent manner.

Ensure that gender expertise and leadership are in place at WoS and hub levels to address identified gaps and ensure that the IASC Gender Policy's standards and commitments and the IASC guidelines to integrate GBV in humanitarian action are reflected in inter-sector and sector-specific activities and funding allocations.

Strive to increase representation and meaningful participation of women, including women-led, women rights organisations and networks, in leadership and humanitarian decision-making forums, as well as in coordination mechanisms. Invest in their capacities to respond and participate in humanitarian coordination, decision making and programming, resource them financially, and protect the spaces in which they can operate, in support of localisation. Foster common platforms across these actors for the coordination of GEEWG programming.

Engage and strategise with donors, agree on funding gender priorities for the two years duration of the HRP. To this end, it will be critical to share the gender analysis, report findings and recommendations.

SSG members and humanitarian leadership to emphasise women and girls' needs and resources in all relevant advocacy documents, speeches and bilateral or multilateral meetings with key stakeholders.



FOR THE INTER-SECTORAL GROUPS AND SECTORS

Inter-sectoral Groups to consider setting up a gender coordination mechanism at both the WoS and hub level with dedicated gender expertise to ensure quality and coherence of gender integration, GBV risk mitigation and compliance with the IASC gender and GBV accountability frameworks. At the same time, efforts should be made **to maximise gender synergies across hubs**, including enhanced collaboration as well as expertise and knowledge sharing.

Inter-sectoral groups to enhance accountability and monitoring of the sectors/clusters efforts to meet gender policies, commitments, standards and reduce and address GBV risks across humanitarian interventions. It is essential to ensure that gender expertise and leadership are in place to address identified gaps, set up a strong monitoring system, and ensure that the IASC Gender Policy's standards and commitments and the IASC GBV guidelines are reflected in inter-sector and sector-specific activities and funding allocations.

Improve data collection tools to bridge gender gaps: Humanitarian actors are encouraged to invest in disaggregating data collection tools and to integrate GEEWG considerations in the conduct of needs assessments to enable gender intersectional analysis. In addition, they should address the challenge of female enumerator representation through increased recruitment and training and by increasing the involvement of diverse groups of female respondents. It is also imperative to provide opportunities for adolescent girls to participate in data collection.

Regularly conduct inter-sectoral and participatory gender analysis at the WoS level that follow the IASC Gender Handbook to identify gender inequalities that lead to different power dynamics, vulnerabilities, capacities and voices of diverse women, girls, men and boys, and how these intersect with other inequalities. While the gender analysis presented in this report draws on existing assessments and reports, the proposed gender analysis should build upon these findings by addressing the identified gaps and opportunities, utilising participatory methods, as well as engaging women-led organisations and women's rights organisations to collect and analyse new data. Use the results of gender analysis to inform GEEWG responsive humanitarian programming.

Improve needs assessment to bridge gender gaps: It is vital to enhance gender expertise by not only collecting disaggregated data by sex and age but also having experts who can analyse and interpret the data to identify the specific needs and vulnerabilities of different groups of women and girls. Additionally, analysing intersecting variables is crucial for considering intersectional vulnerabilities and exclusion among crisis-affected groups.



Ensure that interventions are informed by gendered findings: Humanitarian interventions should be guided by the insights on gendered and GBV-related risks. The inter-sector groups and sector coordinators should analyse, compile and share the existing findings on gender and GBV risks, thus enabling the development of targeted and measurable strategies to address identified risks collectively.

Prioritise gender-responsive programming: It is important to strengthen intersectoral programs that address gender-specific needs identified in assessment reports consistently and systematically. Consistent measures should be taken across sectors to mitigate and respond to GBV risks, including by integrating GBV risk mitigation indicators into existing monitoring systems and consistently reporting on them. Attention should be given to addressing the compounded vulnerabilities and needs of adolescent girls through targeted interventions, involving them in programme design and implementation, and providing safe spaces for their access to information, support, and services. Lastly, it is crucial to integrate gender impact measurement into humanitarian monitoring and evaluation frameworks by including specific indicators, baselines, and targets to ensure equitable improvement in the lives of people in need.

Increase focus on women's agency, capacities and opportunities in humanitarian planning and programming: Engage with diverse groups of women (which may include widows, women with disabilities, older women and/or adolescent girls) and women-led organisations to assess their capacity to respond to the crisis and counter the common perception of women

and girls as vulnerable victims, while promoting gender transformative programming. This can also entail hiring female service providers, while creating systems to ensure their wellbeing, safety, security and duty of care.

Strengthen the meaningful participation of women in humanitarian decision-making processes: 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, 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". To this end, it is important to identify potential barriers to their participation and address them during the data collection design.

Strengthen 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 AAP and PSEA, to identify the barriers that different population groups face in accessing different reporting channels.

Focus on localisation through the capacity building of local women's organisations and networks to engage in humanitarian planning, decision making and monitoring/accountability (with a focus on those organisations that work with crisis affected women and girls, including those at heightened risk of violence, sexual exploitation, harassment, and abuse).

Conduct regular rapid gender equality and GBV risk mitigation 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 should be prioritised to ensure that SADDD data is consistently analysed and reported in assessments to inform strategic planning and resource allocation. Allocate resources and time for regularly conducting GBV risk mitigation trainings in line with context developed and internationally endorsed material.

Integrate ways to measure gender impacts in humanitarian M&E frameworks: It is crucial that the HRP inter-sector and sector response frameworks include at least gender and age specific indicators, baselines and targets to measure the impact the projects are having on different groups, how the humanitarian programme is contributing to improving the lives of women, men, girls and boys in need in an equitable manner, and to measure changes in the lives of affected people.

Foster the exchange of good practices and lessons learned on gender integration and GBV risk mitigation in humanitarian programming across hubs. While the analysis has identified clear limitations in the integration of gender and GBV risk mitigation practices in the conduct of needs assessments and humanitarian programming, the review has also allowed the identification of windows of opportunities and good practices.



Support women's groups and women leaders to engage in the response through financial backing of and scaled up partnerships with women's groups, networks, and organisations.



FOR DONORS

Reinforce accountability structures by ensuring that humanitarian leadership, sectors, and actors live up to their commitments, particularly with regards to implementing relevant policies and standards on safeguarding the rights and well-being of women and girls, gender mainstreaming, and GBV risk mitigation.

Invest in the placement of sustained gender expertise at both strategic and cluster levels to inform GEEWG programming. Organise targeted capacity building for humanitarian leadership, sectors and partners to deliver on commitments to gender equality and the empowerment of women and girls at the policy, strategic and programming level.

Support women's groups and women leaders to engage in the response through financial backing of and scaled up partnerships with women's groups, networks, and organisations. Provision of core funding to local women/ women's organisations may be considered with a focus on most-at-risk groups to engage in and advocate for gender in contingency plans, humanitarian response and recovery efforts.

Invest in the conduct of gender analyses, with the collection of sex and age disaggregated data (SADD), 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 to inform gender mainstreaming and targeted action for GEEWG in preparedness, response, and recovery.

Address gender inequality through structured, long-term transformative action that is inclusive of men and boys, while also challenging social norms which compound discrimination and violence against women and girls, such as those that marginalise people with disabilities, displaced people, widows, divorced women and girls, elderly women and adolescent girls. Consider making financial provisions to fully resource GEEWG programming for both mainstreaming and equitable targeted actions.

4. ANNEXES



4. ANNEXES

4.1 ANNEX I – PHASES OF THE METHODOLOGY AND LIMITATIONS

DESIGN PHASE

During the design phase, initial meetings were held with UNFPA and the Gender Task Force⁸⁸ to review the approach and methodology and clarify questions. An inception report and work plan were developed, identifying key sectors and data sources relevant to the 2023 HNO. Guiding questions for inter-sector and sector-specific questions were also developed, including KIIs.

Developing guiding questions:⁸⁹

Research questions were formulated to guide the analysis, including questions that assessed the extent to which data collection tools and data sets allowed for gender analysis, and questions that evaluated if assessment reports integrated gender analysis and could be used to inform humanitarian decision-making and programming. These research questions provided a framework for the analysis and helped ensure that the specific objectives of the gender analysis were addressed.

DATA COLLECTION PHASE

The data collection phase involved compiling inter-sector and sector-specific data sets, dashboards, and reports used for the 2023 HNO. The HNO and other needs assessments, surveys, and reports were reviewed, and KIIs were conducted.

Reviewing sector-specific and multi-sectoral needs assessment reports:

An in-depth review of sector-specific and multi-sectoral needs assessment reports was conducted to identify how gender has been integrated into the assessments. This involved analysing the extent to which gender considerations were taken into account in data collection, analysis, and findings, as well as identifying any gaps or limitations in addressing gender equality considerations. In addition, positive examples of gender integration were sought. An intersectional approach was applied to examine the extent to which specific needs of women and girls were addressed, taking into account intersecting forms of discrimination based on factors such as age, disability or location.

Exploring the impact of gender findings on programming:

Once the key findings from the various data collection tools, data sets and assessment reports had been systematised, the HRP was cross-checked to identify the extent to which each of the findings had been addressed in the proposed interventions and in the inter-sector and sector response framework.

DATA ANALYSIS PHASE

During the data analysis phase, existing HNO data provided by the Gender Task Force and sectors' data was reviewed, synthesised and analysed. This served to identify gaps and challenges in existing data, as well as to identify reports that provide sex, age, and disability disaggregated data or analysis that may represent good examples or practices.

⁸⁸ The Gender Task Force is led by OCHA and UNFPA. It is comprised of a select group of participants, consisting of approximately 10 representatives from ISG and SSG members. This includes sector coordinators, gender focal points at the hub level, and representatives from UN agencies and INGOs.

⁸⁹ Detailed guiding questions for each document category are provided in Annex III – Guiding questions for secondary data analysis.

Triangulating findings:

To ensure the validity and reliability of initial findings, these were, whenever possible, triangulated cross-referencing data from different sources and methods. This helped to minimise bias and increase the robustness of the analysis.

Analysis of the use of gender data

Once all the findings have been extracted and systematised, an analysis was conducted to assess if and how gender specific information have informed assessment reports and, consequently, if and how gender findings from the assessment reports have been used to inform humanitarian programming, particularly the HRP. This has been key to understand if and how gender analysis has been translated into concrete actions and to identify any challenges or successes in integrating gender considerations into programming decisions.

Identifying good examples of gender targeted interventions and gender integration and mainstreaming in assessment reports

The data analysis identified good examples of assessment reports where gender considerations have been integrated in a systematic and consistent manner to inform gender programming, including the analysis of gender-specific needs and vulnerabilities, and the identification of gender-specific barriers to accessing assistance. During the systematisation of data, a gender targeted programme was identified and is examined in this report.

REPORT DRAFTING PHASE:

The report drafting phase involved synthesising the findings of the gender analysis into a draft report, reflecting findings and conclusions, and identifying recommendations.

Informing recommendations:

The recommendations have been developed based on the evidence from the previous steps, aiming to guide future humanitarian programming and decision-making processes to address gender dynamics in an equitable manner.

LIMITATIONS

LIMITATION	CORRECTIVE MEASURE
Not all sectors provided data and information to inform the desk review, limiting the analysis capacity and making it difficult to have a triangulated and balanced analysis across all sectors.	To address data gaps from sectors that did not provide information, data was sourced from inter-sector assessments and tools, including the HNO, MSNA, HNAP, and REACH, to supplement the analysis and ensure a more comprehensive assessment.
Non-comparable data and differences in data collection tools used by each partner and type of assessment limited analysis capacity and comparability.	Gender indicators and research questions for all sectors were standardised. While specific relevant findings for specific sectors have been highlighted in the report, the analysis has focused on the common trends.
The gender analysis relies primarily on secondary data, which may lead to inaccurate or incomplete findings.	Secondary data analysis was complemented with four (4) KIIs from selected stakeholders, providing qualitative information and a deeper understanding of the context, gaps, and opportunities for gender integration.
The timeframe and number of days were limited for an in-depth analysis of all data collection tools, data sets and assessments from all sectors and across years. It did not allow the conduct of KIIs with sector leads and sector gender focal points, which would have facilitated and informed the analysis in a substantive manner.	KIIs were prioritised and selected in consultation with UNFPA. The secondary analysis focused on prioritising relevant and most recent data sources.

4.2 ANNEX II – GUIDING QUESTIONS FOR SECONDARY DATA ANALYSIS

The documents for the secondary data analysis have been categorised and research questions looking at specific gender indicators have been designed for each category as follows:

Category	Research questions
Data collection tools	<ul style="list-style-type: none"> Does it include information on the sex of the enumerators? Does it include information on the age of the enumerators? Does it include information on the sex of the respondents? Does it include information on the age of the respondents? Does it include information on the sex, age <i>and</i> disability of the respondents? Does it include disaggregation by female-headed and male-headed households? Does it include sex disaggregated questions? If it includes sex and/or age disaggregated questions, are these integrated in a consistent manner? Does it include information on the sex, age <i>and</i> disability in the questions? Does the data allow the assessor to make a gender analysis? Does the data allow the assessor to make an intersectional analysis?
Data Sets	<ul style="list-style-type: none"> Does it include information on the sex of the enumerators? Does it include information on the age of the enumerators? Does it include information on the sex of the respondents? Does it include information on the age of the respondents? Does it include information on the sex, age <i>and</i> disability of the respondents? Does the data allow the assessor to make a gender analysis? Does the data allow the assessor to make an intersectional analysis?
HNAP Reports	<ul style="list-style-type: none"> Does it include information on the sex of the enumerators? Does it include information on the age of the enumerators? Does it include information on the sex of the respondents? Does it include information on the age of the respondents? Does it include information on the sex, age <i>and</i> disability of the respondents? Does it include disaggregation by female-headed and male-headed households? Does it include sex disaggregated findings? Does it include sex disaggregated findings? If it includes sex and/or age disaggregated findings, are these integrated in a consistent manner? Does it include information on the sex, age <i>and</i> disability in the findings? Does it include a gender analysis? Does it include an intersectional analysis?

Category	Research questions
REACH Reports	<p>Does it include information on the sex of the enumerators?</p> <p>Does it include information on the age of the enumerators?</p> <p>Does it include information on the sex of the respondents?</p> <p>Does it include information on the age of the respondents?</p> <p>Does it include information on the sex, age and disability of the respondents?</p> <p>Does it include disaggregation by female-headed and male-headed households?</p> <p>Does it include sex disaggregated findings?</p> <p>Does it include sex disaggregated findings?</p> <p>If it includes sex and/or age disaggregated findings, are these integrated in a consistent manner?</p> <p>Does it include information on the sex, age and disability in the findings?</p> <p>Does it include a gender analysis?</p> <p>Does it include an intersectional analysis?</p>
MSNA-related documents	<p>Does it include information on the sex of the enumerators?</p> <p>Does it include information on the age of the enumerators?</p> <p>Does it include information on the sex of the respondents?</p> <p>Does it include information on the age of the respondents?</p> <p>Does it include information on the sex, age and disability of the respondents?</p> <p>Does it include disaggregation by female-headed and male-headed households?</p> <p>Does it include sex disaggregated findings?</p> <p>Does it include sex disaggregated findings?</p> <p>If it includes sex and/or age disaggregated findings, are these integrated in a consistent manner?</p> <p>Does it include information on the sex, age and disability in the findings?</p> <p>Does it include a gender analysis?</p> <p>Does it include an intersectional analysis?</p>
2023 HNO	<p>Questions per sector:</p> <p>Does it include specific information on the adolescents age bracket?</p> <p>Does it include sex disaggregated findings?</p> <p>Does it include sex disaggregated findings?</p> <p>Does it include information on the sex, age and disability in the findings?</p> <p>Does it explore engendered barriers to access assistance?</p> <p>Does it include a gender analysis?</p> <ul style="list-style-type: none"> • If yes, is it limited? <p>Does it include an intersectional analysis?</p> <ul style="list-style-type: none"> • If yes, is it limited? <p>Does it explicitly look into:</p> <ul style="list-style-type: none"> • GBV risks • Child / early marriage • PLW • Social norms • PSEA • MHM (WASH, health and education) • SRH (health only)

4.3 ANNEX III – LIST OF DOCUMENTS REVIEWED

ID	Document	Category
1	Syrian Arab Republic: 2023 Humanitarian Needs Overview	HNO
2	2022_MSNA_English_draft_21june2022	Data collection tools
3	Widow camp mapping	Data collection tools
4	Key Informant WoS Protection Needs Assessment	Data collection tools
5	WASH/GBV questions for KIs in NWS IDP sites	Data collection tools
6	REACH_SYR_Analysis_HSOS-Urban_Hasakeh_January-2023-2	Data sets
7	REACH_SYR_Analysis_HSOS-Urban_Raqqa_January-2023	Data sets
8	REACH_SYR_HSOS_Dataset_January2023_NWS	Data sets
9	2022-09-06_SYR_MSNA2022_dataset_individuals	Data sets
10	2022-09-06_SYR_MSNA2022_dataset_HHs	Data sets
11	Guidance for Responsible Data Management in the 2022 Syria MSNA_Ver2	MSNA documents
12	Final_HNO_Workshop_presentation_14_sep_(ISG)	MSNA documents
13	HNO_Workshop_II_presentation_05_OCT_Final	MSNA documents
14	Multi-sectoral needs assessment (MSNA) Field Feedback_2022	MSNA documents
15	MSNA_2022_IS_Compedium_20Oct2022	MSNA documents
16	Shelter Situation -HNAP SUMMER 2022 REPORT SERIES 5	Reports HNAP
17	SOCIOECONOMIC CONDITIONS- HNAP SUMMER 2022 REPORT SERIES2	Reports HNAP
18	PRIORITY NEEDS AND SERVICES - HNAP SUMMER 2022 REPORT SERIES3	Reports HNAP
19	DEMOGRAPHIC OVERVIEW - HNAP SUMMER 2022 REPORT SERIES	Reports HNAP
20	2022 Widows Camp Presentation for Inter-Cluster Response	Reports HNAP
21	IDP Demographics-HNAP 2022 IDP Report Series-1	Reports HNAP
22	Disability -Prevalence and Impact - HNAP SPRING 2022 REPORT SERIES	Reports HNAP

ID	Document	Category
23	SOCIOECONOMIC CONDITIONS- HNAP SUMMER 2022 REPORT SERIES2	Reports HNAP
24	NWS LIVELIHOOD SITUATION ANALYSIS - UNDP-ERL-HNAP 2022	Reports HNAP
25	REACH_SYR_Factsheet_-Daily-ENT-Weekly-Bulletin_9-May-15-May-2022	Reports REACH
26	REACH_SYR_HSOS-factsheet_Greater-Idleb_January2023	Reports REACH
27	REACH-SYR-Factsheet-MNA-Greater-Idleb-September-2022	Reports REACH
28	REACH_SYR_Factsheet_-Daily-ENT-Weekly-Bulletin_4-April-10-April-2022	Reports REACH
29	REACH_SYR_Factsheet_-Daily-ENT-Weekly-Bulletin_28-March-3-April-2022	Reports REACH
30	CBA_AI-Hasakeh-Situation-Overview_October2022	Reports REACH
31	Whole of Syria Shelter and NFI Sectors - Multi-sector Needs Assessment, Humanitarian Needs Overview 2022	Other
32	GenCap / OCHA Humanitarian Situation in NWS and the RAATA Regions, January 2022	Other
33	Methodological Note: Gender of Interviewer and Respondent Effect Analysis, HSOS data - NES, April 2021	Other
34	IASC Gender Policy	Other
35	Voices from Syria 2023	Reports GBV
36	Voices from Syria 2022	Reports GBV
37	FINAL 2023 HPC GBV Analysis (9NOV2022) (1)	Reports GBV
38	Final WoS SYRIA AWD_CHOLERA RESPONSE PLAN Jan June 2023 V7 Feb 15 2023	Reports Health
39	WoS PHSA Draft	Reports Health
40	WoS - WASH Assessment 2022	Reports WASH



“Young females, those aged between 18-34 were the most likely to report that they were out of work, but actively seeking employment. This population group could represent an optimal target group for livelihood investment.

Developed by the United Nations Population Fund

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UNTIL EVERY NEED IS MET

A GENDER ANALYSIS OF THE 2022-2023
HUMANITARIAN NEEDS OVERVIEW (HNO),
HUMANITARIAN RESPONSE PLAN (HRP),
AND SECTORAL ASSESSMENTS

