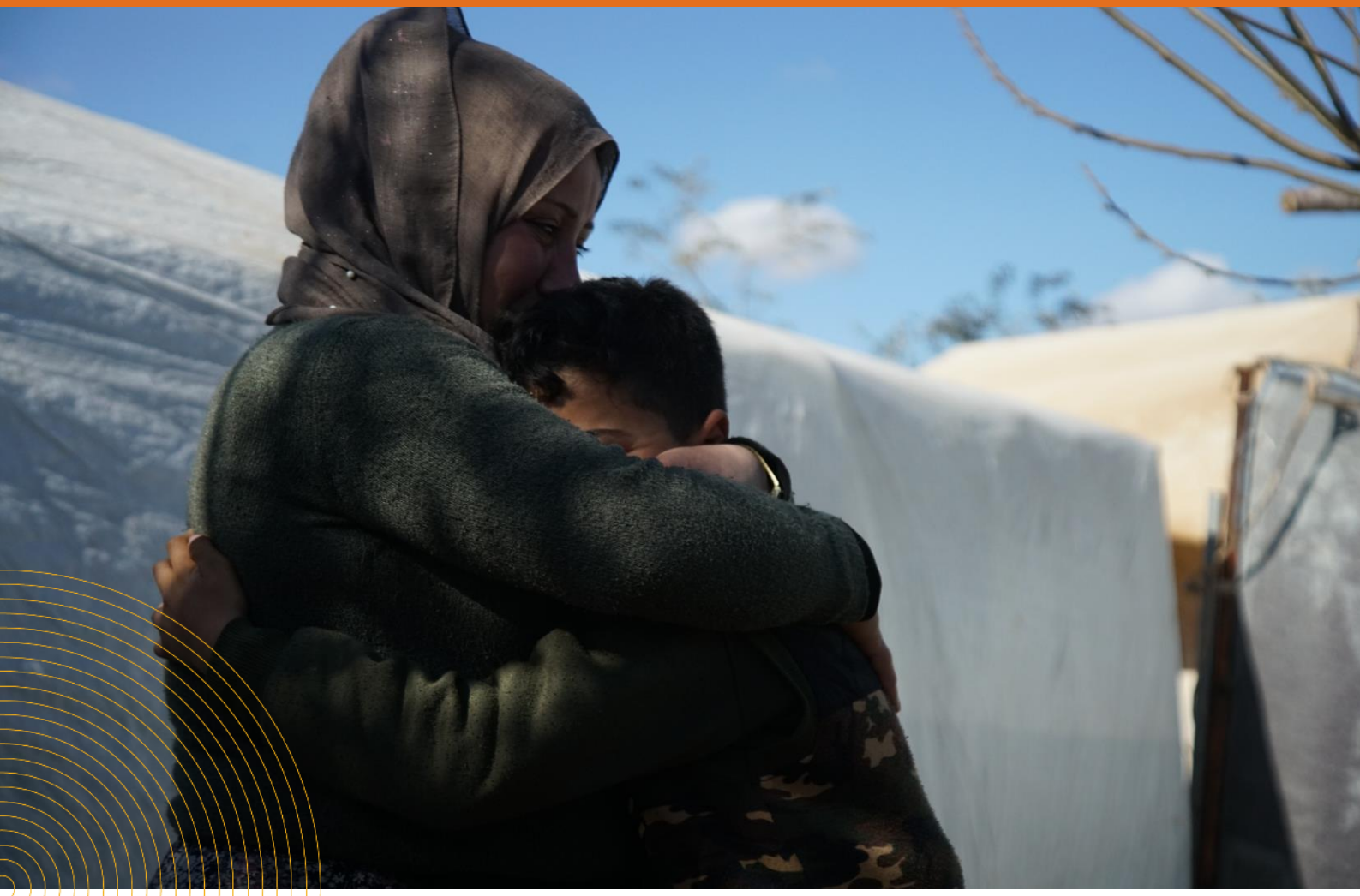


"In the Eye of the Storm":

Assessment of how Culture, Customs and Conflict are Deepening Protection Risks in Northwest Syria

September 2022

USAID FROM THE AMERICAN PEOPLE

care

ACKNOWLEDGEMENTS

SREO Danismanlik Limited Sirketi (SREO) would like to express its gratitude to CARE Türkiye for the opportunity to conduct this comprehensive protection needs assessment in Northwest Syria, and for their collaboration and feedback throughout the study. The assessment and data collection tools were designed by SREO in consultation with CARE International's protection specialists in Türkiye. Data was collected by SREO's field teams in NW Syria, with the report drafted, through several iterations, by SREO's research team.

Following collaboration with SREO, CARE engaged with an independent consultant Heather Cole who proposed the applied analysis framework and data analysis to provide in depth inquiry to the protection needs and risks, and authored the final report draft.

Thank you also to CARE Türkiye NWS Protection and Program Quality teams for guiding the process and providing multiple feedbacks which shaped the final version of this report. Special thanks to Burcak Arikan, Zeynep Topalan, Marlyn Alabdullah, Dr. Aroub Naana, Idil Borekci, and Aleksandra Godziejewska.

About CARE

CARE International is a multi-sector humanitarian and development agency working in 90 countries to fight social injustice. The humanitarian program in NW Syria started in 2013. Currently, CARE Türkiye manages a large program portfolio and works with five Syrian NGO partners across Aleppo and Idlib governorates but also via direct implementation in Jerablus, Aleppo. CARE's expertise lies in emergency response (implemented via cash, vouchers, and in-kind assistance), provision of water, sanitation, and hygiene services, shelter and settlement support, sexual and reproductive health services, protection, and gender-based violence support and prevention, as well as livelihoods, and economic recovery assistance.

About SREO

SREO Consulting is an independent monitoring & evaluation and research consultancy committed to serving humanitarian, stabilization and development actors operating in the most challenging environments around the world by providing unbiased and actionable data, analysis, and research. Its international team combines local insight with interdisciplinary expertise to deliver information from those in need to those who need it most. Contact: communications@sreoconsultingltd.com

Heather Cole is an independent Violence Against Women and Girls Technical Consultant and Technical Writer, PhD Candidate based in the UK.

USAID FROM THE AMERICAN PEOPLE

care

TABLE OF CONTENTS

Contents

LIST OF FIGURES

LIST OF TABLES

ACRONYMS AND ABBREVIATIONS

AGD:	Age, Gender, Diversity
CBO:	Community-Based Organisation
CSO:	Civil Society Organisation
CEFM:	Child, Early & Forced Marriage
DSD:	Disorders of Sexual Development
ERW:	Explosive Remnants of War
FGD:	Focus-Group Discussion
GBV:	Gender-Based Violence
GoS:	Government of Syria
GP:	General Protection
HLP:	Housing, Land & Property
HNAP:	Humanitarian Needs Assessment Programme
HNO:	Humanitarian Needs Overview
HSOS:	Humanitarian Situation Overview in Syria
HQ:	Headquarters
ID:	Identification (documents)
IDP:	Internally Displaced Persons
I/NGO:	International/ Non-Governmental Organisation
IRB:	Institutional Review Board
IP:	Implementing Partner
KII:	Key Informant Interview
LGBTIQA+:	Lesbian, Gay, Bisexual, Trans, Intersex, Queer, Asexual, Agender and other diverse sexualities & gender identities
M&E:	Monitoring and Evaluation
MHPSS:	Mental Health & Psycho-social Services
MISP:	Minimum Initial Services Package
MSF:	Medecins Sans Frontiers
MSNA:	Multi-Sectoral Needs Assessment
NGO:	Non-Governmental Organisation
NWS:	Northwest Syria
OCHA:	Office for the Coordination of Humanitarian Affairs
PLW:	Pregnant & Lactating Women
PNA:	Protection Needs Assessment
PPE:	Personal Protective Equipment
PWD:	People With Disabilities
PSHEA:	Protection against Sexual Harassment Exploitation & Abuse
RE:	Risk Education
RGA:	Rapid Gender Assessment
SEA:	Sexual Exploitation & Abuse
SGBV:	Sexual & Gender-based Violence
SRH:	Sexual & Reproductive Health
STI:	Sexually Transmitted Infection
SVR:	Site Visit Report
TWG:	Technical Working Group
UN:	United Nations
UNFPA:	United Nations Population Fund
VAWG:	Violence Against Women And Girls
WASH:	Water and Sanitary Hygiene
WGSS:	Women's & Girls' Safe Spaces
WFP:	World Food Programme

KEY TERMINOLOGY

Kidnapping or Abduction: The act of restraining, removing, taking custody, detention or capture of an individual, temporarily, or permanantly using force, threat, or deception for – including but not limited to - involvement in armed forces or armed groups, for participation in hostilities, sexual exploitation, forced labour, child, or early marriage, forced marriage, forced adoption, etc.[1]

Abuse: The misuse of power through which the perpetrator gains control or advantage of the abused, using and causing physical or psychological harm or inciting fear of that harm. Abuse prevents persons from making free decisions and forces them to behave against their will.[2]

Age Groups: For this study, age groups are categorized as follows with reference to Save the Children**3**: children (age 15 and below); adolescents (age 15 to 17); youth (age 18 to 24), and adults (age 25 and above). Elderly, on the other hand, refers to any individuals aged 60 and above.

AGD Approach: For this study, CARE uses an Age, Gender, Diversity approach, taking into consideration the specifc needs of different groups and ensuring that the intersections between these needs are fully recognized and accounted for[4].

Basic Services: Refer to the provision of goods and access to services addressing basic human needs such as food, water, sanitation, shelter, health (including reproductive health), education or livelihoods.

Child Labour: Any work performed by a child which deprives them of their childhood, their potential and their dignity, and that is harmful to their physical and mental development. [5]

Civil Documentation: Personal documentation and civil registries establish and provide evidence of civil and legal status of individuals, including in relation to birth, parantage, marriage and divorce, death, absence, and guardianship. In countries where such registries do not exist or are incomplete, other traditional systems can, to a certain extent, guarantee, the identity of individuals[6].

Gender-Based Violence: Violence that is directed against a person or a group based on their gender or sex. It includes acts that inflict physical, mental, or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty whether occurring in public or private life.[7]

---

[1] UNHCR MultiSector Needs Assessment, Protection Terminology, 2019.
[2] https://www.unhcr.org/47cfad9e2.pdf
[3] https://www.savethechildren.org.uk
[4] https://www.globalprotectioncluster.org/old/themes/age-gender-diversity
[5] https://www.unhcr.org/glossary/#c
[6] https://www.unhcr.org/4794b3042.pdf
[7] Ibid.

Internally Displaced Persons: Persons or groups who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular because of or to avoid the effects of armed conflicts, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized State border. [8]

Livelihoods: The combination of the recources used and the activities undertaken to live. The resources might consist of individual skills and abilities (human capital), land, savings, and equipment (natural, financial and physical capital, respectively) and formal support groups or informal networks that assist in the activities being undertaken (social capital).[9]

Movement Restrictions: Restrictions preventing individuals from moving freely and safely from one place to another.

Risk: In humanitarian action, risk is the likelihood of harm occuring from a hazard and the potential losses to lives, livelihoods, assets and services. It is the probability of external and internal threats occuring in combination with the existence of individual vulnerabilities.[10] For protection, risk refers to the likelihood that violations of and threats to human rights will manifest and cause harm to individuals.

Sexual Exploitation: Any actual or attempted abuse of a position of vulnerability, differential power, or trust for sexual purposes, including but not limited to profiting monetarily, socially or politically from the sexual exploitation of another.[11]

Social Norms: Social norms are the perceived informal, mostly unwritten, rules that define acceptable and appropriate actions within a given group or community, this guiding human behavour.

Threat: Threat refers to any event or action which has potentially harmful consequences for a population. The severity of the threat and the extent to which an individual, group or community is exposed are key determinants of their level of risk. Common threats may include violence (physical, psychological, sexual and gender-based etc.), exploitation (sexual, lab our incl. child labor etc.), abuse, harassment/intimidation, neglect or social isolation, eviction/exclusion from shelter, denial and exclusion from services (health, education etc.), deprivation, denial of a fundamental right, detention.[12]

[8] Ibid.
[9] Ibid.
[10] https://alliancecpha.org
[11] https://www.unhcr.org/47cfad9e2.pdf
[12] Minimum Standards for Child Protection in Humanitarian Action.

1. INTRODUCTION

Across Syria, there are estimated to be **6.9 million IDPs** and a total of **14.6 million people in need** of humanitarian assistance – an increase of 1.2 million from 2021[13] in NWS, around 4 million people, including around 3 million IDPs[14], need regular humanitarian aid to meet their basic needs. This includes 1.72 million people residing in 1,397 last-resort sites, of whom **80 percent are women and children**[15].

According to OCHA's Multisectoral Needs Assessment (MSNA) data from August 2021, the income gap has widened everywhere in Syria, with average household expenditure exceeding income by fifty per cent. Only 10 percent of households have an income above the cost of Syria's Minimum Expenditure Basket. Across the country, food insecurity remains extremely high – with an estimated 12 million severely food-insecure people, Syria ranked amongst the ten most food-insecure countries globally in mid-2021[16]. More recent data, from Humanitarian Situation Overview in Syria (HSOS)[17] in May 2022, and from Mercy Corps' research[18] into the wider impacts of the conflict in Ukraine, suggest a significant deterioration in 2022. 90% of wheat imported into Türkiye is of Ukrainian origin[19], which has catastrophic implications for the support provided to NWS; there is a dependency on relief aid for wheat and flour, with 90% of the flour in these areas being imported, largely from Türkiye[20]. The conflict in Ukraine, therefore, is underpinning both shortages and rapid price increases, putting further pressure on a population already experiencing severe hardship. HSOS in May 2022 report that 91% of assessed communities reported that essential food items were unaffordable, even within the context of reliance on aid[21]. Both host community residents and IDPs reported food as their highest priority need, closely associated with the need for livelihoods support; 92% of households reported insufficient income and 51% reported a lack of employment opportunities reinforcing the unaffordability of food[22].

[13] UNOCHA, Humanitarian Needs Overview (HNO), 2022 https://www.humanitarianresponse.info/en/operations/wholeofsyria/document/2022-humanitarian-needs-overview-syrian-arab-republic
[14] HNAP 2022 https://hnap.info/
[15] OCHA, Northwest Syria – Factsheet, October 2021
[16] OCHA, Syria Humanitarian Needs Overview, 2022
[17] https://www.reachresourcecentre.info/country/syria/
[18] https://www.mercycorps.org/research-resources/russian-ukrainian-conflict-food-security-syria
[19] ibid
[20] ibid
[21] https://www.reachresourcecentre.info/country/syria/
[22] ibid

A further area of concern is the reduced international commitment to resources for those affected by the protracted conflict in Syria; the emerging crisis in Ukraine has redirected attention and resources, and although the UN Security Council renewed a commitment to cross-border operations, this was for six months and will expire in January 2023. At the time of writing, there is uncertainty about whether this will be extended beyond January 2023, and there are currently no alternative plans should it not be renewed[23]. The provision and supply of humanitarian assistance, including essential services, looks likely to be increasingly restricted. The implications of these restrictions in relation to protection risks and needs are significant; poverty and food insecurity are crossing-cutting risks that create vulnerabilities for specific groups.

At the same time, the COVID-19 pandemic continues to affect the country with nearly 56,000 cases confirmed in Syria, including at least 3,150 deaths as of May 2022, further straining the health system and reducing people's access to both emergency and non-emergency care[24]. Statistics related to COVID-19 also need to be understood in the context of limited testing resources, and limited access to health care. It is highly likely that the prevalence has been considerably higher than the data suggests, and that further waves of new variants will also be higher than the data suggests. Access to vaccinations is limited, and health services also lack specific treatments, leaving vulnerable populations further exposed[25]. Overcrowding and density in rural and urban settings, a lack of necessary PPE in health services, shortages of medicine and equipment all contribute to the continuing risks of COVID-19, compounding the inadequacies and shortages of other resources.

Additionally, in September 2022, Government of Syria declared the Cholera outbreak. As of the 29th of October, a total of 4526 suspected cholera cases have been reported from NWS with 1517 (33.5%) suspected cases reported from IDP camps.[26]

It is essential to note that **these emerging pressures have specific – and different – impacts on men and women;** CARE's commitment to Gender Equality as both a goal and an impact area (Vision 2030 Gender Equality Impact Strategy) reflects an understanding of the differing social positions of men and women, and the disproportionate impacts of conflicts, crises and disasters on women and girls[27]. Aligned with CARE's commitment to Gender Equality, **Gender is the primary axis of disaggregation and as such, this PNA recognizes that the consequences of increasing food insecurity, increasing prices, and the on-going impact of public health crises have implications for women and girls**, not least their increased exposure to gender-based violence[28]. This PNA, therefore, gives dedicated attention to the specific vulnerabilities of women and girls.

The PNA is further disaggregated by age, and diversity, in alignment with CARE's commitment to accounting for intersecting vulnerabilities, inequalities and diversity, and recognizing the varying protection needs that arise from these. **The data is also analysed through the lenses of age and disability particularly, to ensure that the distinct risks and needs of different groups are both identified and addressed**. This means, for example, that the specific needs of boys (gender + age) are recognized and articulated, with the acknowledgement that child labour has a particular impact on adolescent boys, ending their education and putting them at risk of injury, recruitment into criminal activity, and isolating them from support. Child marriage is recognized as a specific concern for adolescent girls as both a mechanism of attempted 'protection' and as a way of reducing the resource needs of a family. Women and men with disabilities have protection needs related to their gender, in relation to care (the giving and receiving of), to employment and income-generating opportunities, and to their exposure to sexual exploitation and abuse. These risks and needs are explored throughout this report.

[23] https://press.un.org/en/2022/sc14963.doc.htm
[24] WHO, COVID-19 Response Tracking Dashboard NWS, 2022: https://app.powerbi.com/view?r=eyJrIjoiMmRiMGMxODMtNThkMi00NzA2LTk0MWUtYzc5YTgyNThlYWEyIiwidCI6ImY2MTBjMGI3LWJkMjQtNGIzOS04MTBiLTNkYzI4MGFmYjU5MCIsImMiOjh9&pageName=ReportSectionb57388c4c756b1036a93
[25] https://reliefweb.int/report/brazil/high-risk-low-priority-why-unlocking-covid-19-vaccine-access-refugees-and-internally
[26] WHO/Heath Cluter, Northwest Syria: Cholera Situation Report No. 5, Epiweek 43, 23rd – 29th October
[27] https://www.care-international.org/resources/care-vision-2030
[28] https://reliefweb.int/report/syrian-arab-republic/overview-gender-based-violence-syria-advocacy-brief-2022

1.1. PURPOSE AND SCOPE OF THE ASSESSMENT

CARE Türkiye has been providing humanitarian programs in NWS since 2013.To deliver its programs in NWS CARE currently works in partnership with five Syrian NGOs and implements directly in Jarablus, Aleppo governorate. CARE's expertise lies in emergency response (implemented via cash, vouchers, and in-kind assistance); water, sanitation, and hygiene services; shelter and settlement; sexual and reproductive health services; protection and gender- based violence response, prevention, and risk mitigation; livelihoods and economic recovery assistance.

In December 2021, CARE Türkiye commissioned SREO Consulting to conduct a comprehensive protection needs assessment (PNA) in NWS. The main goal of this PNA was to assist CARE, as well as other protection and non-protection actors, in developing protection-responsive humanitarian interventions and addressing NWS's complex humanitarian situation. The assessment aimed to include an age, gender, and diversity (AGD) lens to better understand critical protection concerns and needs of the diverse groups in the targeted communities. Particularly, the specific protection needs, concerns, and service access barriers of adolescents and youth, as well as persons with disabilities, have been assessed to inform well-tailored and well-targeted humanitarian responses. In July 2022 CARE engaged with Heather Cole, an independent technical writer to propose a revised analysis and the final shape of this report.

Figure 1 PNA Objectives

PNA Objectives

- Identify specific protection risks, concerns, and needs for women, girls, men, and boys (with a specific focus on adolescents, youth, and people with disabilities) and draw differences in the findings based on displacement status.
- Identify existing social community networks and their functions in terms of the protection coping mechanisms that individuals and community members refer through these networks.
- Inform the development of CARE's future protection programming approaches.
- Provide information that can assist the Protection Cluster and other humanitarian actors in Northwest Syria in prioritizing the affected areas needing further protection monitoring and in-depth assessment.
- Inform CARE's and other protection actors' advocacy efforts at the local and national level with various stakeholders, including United Nations (UN) agencies, clusters, (I)NGOs, public institutions, and non-protection actors.

2. METHODOLOGY

This PNA includes attention to a broad range of issues related to protection, including income and resources, employment opportunities, humanitarian assistance, available services, community relationships and social cohesion, civil documentation, sources of information and gender-based violence. The assessment invites respondents to share their experiences and their perspectives across the range of issues and to reflect on the impact of the situation on different groups of people. Discussions also include opportunities to reflect on the community coping mechanisms, the impact on mental health and the available services, and the kinds of organizations that are providing services and support. Respondents are lastly invited to consider the accessibility of the available services to different groups and the kinds of barriers – physical, resource, socio-cultural – that make accessibility more difficult.

The methodology for this assessment was based on a mixed methods approach and informed by CARE's commitment to disaggregation by AGD**.** SREO developed a survey to provide quantitative data, and a questionnaire to elicit qualitative input, inviting more detailed and richer reflections from respondents. The questionnaire was used with both individual Key Informants (KIIs), and with Focus Groups (FGDs) to enable the widest possible discussions. Within the survey and the questionnaire, specific questions focus around the AGD approach, asking specifically about particular demographics. In addition, the invitations to participate intentionally invited representatives across the age spectrum and across diverse groups. FGDs were organised with all-male and all-female groups to support the safe discussion of the particular issues facing those groups. Groups were also organised to reflect disaggregation of age as well as gender; for example, groups of young males were brought together, groups of older women, and so on.

The questionnaire was comprehensive and included sections on socio-economic patterns, the availability of services, specific protection sector risks, and stakeholders, with an optional question at the end for respondents to raise any issues that they felt had not been addressed in the interview.

2.1. STUDY ETHICS

This PNA was supported by CARE's GBV Research Ethics, adapted from the WHO Core Principles for ethical research on Violence Against Women and Girls (VAWG). These Research Ethics[29] are based in the foundational principles of:

- Safety and security of participants and the research team;
- The potential benefits to the respondents must be greater than the risks involved;
- Information gathering must be done in a manner that presents least risk to respondents, is methodologically sound, and builds on current experiences and good practice;
- Prior to research being conducted, the local availability of care and support services must be ascertained, and if there are no available services then research must not be undertaken;
- The confidentiality of individuals and the information they share must be protected at all times;
- All respondents must give informed consent before participating in the research;
- All members of the data collection teams must be carefully selected and trained for the research and supported through the research process.

In addition, data was stored in alignment with the GBV Ethics; securely, and confidentially**.** In the analysis and writing of the report, respondents have been anonymized to protect their confidentiality and ensure their privacy. Because this assessment was not asking directly about individual or personal experiences of GBV, an Institutional Review Board (IRB) process was not required. Both the survey and the questionnaire for KIIs and FGDs were structured to ensure that personal experiences were not the topic of the research conversations, and there was no expectation of personal disclosure.

Data enumerators were trained in advance of the data collection in March 2022 and provided with appropriate information for making referrals to services in the event of respondents raising issues that suggested they may benefit from additional support. Support, debriefing and guidance for the enumerators was provided through March on the principles of do no harm, confidentiality, informed consent, child protection, PSHEA, gender sensitivity, impartiality, data collection software, study instruments, and the methodological approach. Data enumerators also signed a confidentiality agreement prior to their work with respondents and were fully debriefed at the end of their work.

2.2. STUDY SAMPLING AND TARGETED COMMUNITIES

A total of 386 individuals were surveyed, with the SREO team aiming at a gender balanced sample, where possible. As noted above, CARE is committed to disaggregating data in relation to age, gender and diversity (AGD), and as such the data collection was organized to ensure that the relevant groups were fully represented. People with disabilities were included, along with a range of age groups, FGDs separately with men and women, and participation of both IDPs and host community members. The data from these disaggregated populations was then used to support analysis through the lens of AGD to identify the protection needs more concretely of each group. The sample for the individual surveys was based on a random stratified probability sampling with 95% confidence level and 5% margin of error based on population figures in the target locations.

[29] https://www.care.org/news-and-stories/resources/gender-based-violence-research-ethics/

After comprehensive desk review, SREO developed, translated, and piloted the data collection tools, with feedback and approval from CARE. The data was collected between 18 February and 1 March 2022, across 11 communities in the districts of Jarablus, Azaz, Harim and Idleb. Assessment locations can be found marked in the map and the table below.

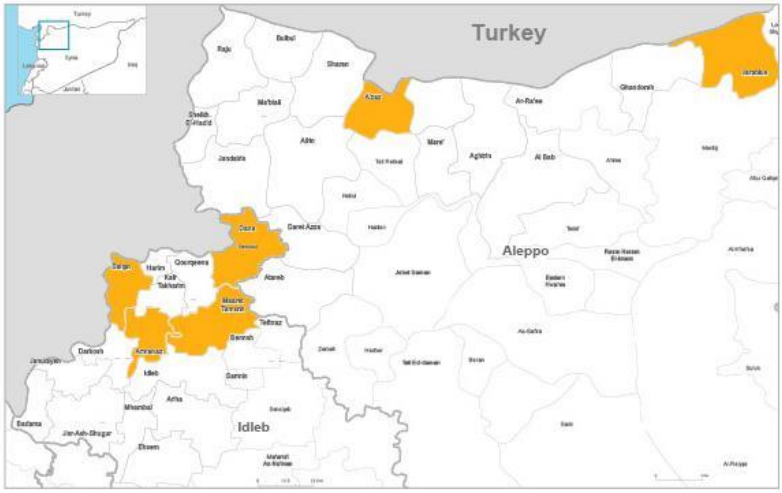


Figure 2 Map of NWS with PNA locations highlighted in purple

Table 1 PNA locations

Governorate	District	Sub-district	Community
ALEPPO	Jarablus	Jarablus	Al Zoghra and Jarablus City
	Azaz	Azaz	Salama and Azaz
IDLEB	Harim	Salqin	Salqin
	Idleb	Maaret Masrin	Kelly, Idleb City and Armanaz
		Maaret Masrin	Maaret Masrin City Center
		Dana	Deir Hassan/Dardana - Widow's camps and Sarmada

A total of 29 KIIs were conducted, including local NGO staff, women's association staff, local authorities, health and education sector informants, and experts from the GBV sub-cluster and SRH TWG. Any information that may potentially be used to identify participants has been removed from the body of the report.

Additionally, 11 FGDs were conducted in Jarablus (4), Azaz (3), Salqin (3) and Deir Hassan (1). This included five (5) FGDs with adult women, three (3) FGDs with adult men, and three (3) FGDs with adolescents and young women aged between 16 and 24. The FGDs each included five participants from the IDP and host community and were sampled by a snowball system. Any information that may be used to identify participants has been removed from the body of this report.

2.3. STUDY LIMITATIONS

SREO faced several key limitations and challenges while conducting the comprehensive PNA, as detailed below:

- **Representativeness of the PNA:** For logistical and cost reasons, this study covered selected locations in Northwest Syria (as described below). These locations were not selected at random. Therefore, although the sampling strategy used a 95% confidence level and 5% margin of error based on the population of NWS region, caution should be used in generalizing the findings beyond the eleven communities targeted by this assessment.
- **LGBTIQA+:** Due to prevailing social norms, asking questions about the experiences of LGBTIQA+ people were not possible. Questions on the topic of LGBTIQA+ were only asked to the GBV sub-cluster co-coordinator, SRH Technical Working Group (TWG) lead, CARE Headquarter (HQ) staff, local partner NGOs, and protection officers of protection centres. These questions were generally ignored and skipped by local partner NGO and protection officer informants, and in almost all cases, the key informants requested to stop recording the interview when LGBTIQA+ related questions were asked.

Based on feedback received from the field, SREO removed questions regarding LGBTIQA+ from the KIIs of local partner NGOs and protection officers but managed to discuss the topic with the GBV sub-cluster informant and SRH specialist. Similarly, the needs assessment could not reach out to people of diverse sexualities and genders living in NWS, since self-identification and disclosure of any non-binary genders aside from the traditional man/woman gender categories are rejected as a social phenomenon. Asking for such information could have placed field researchers and respondents at risk. The risks in NWS are high, and include the potential for detention, kidnapping, physical and/or sexual violence, which may result in life-changing injuries or death.

Figure 3 Photo by Violet, FGD with women in IDP camp in Idleb, NWS, ©Violet/CARE

2.4. DATA ANALYSIS

Once the data was collected through Kobo and voice recording/notetaking, the data was cleaned through removing errors, duplications and so on, working with the field enumerators and referring to the average values in the survey.

Qualitative data analysis incorporated transferring data into meaningful results, and it went through different steps: (1) organizing the data after transcribing interviews, (2) conducting a preliminary read-through of the database, (3) coding & organizing themes, (4) representing the data, and (5) forming an interpretation of them. This process involved rereading the quotes several times to ensure that the quotes were suitable for the theme. Finally, after identifying the main themes, the meanings behind the quotes of each theme were interpreted and written in the form of conclusions of the main findings.

Triangulation of data has been a key element of the data analysis process and was required to strengthen the rigor of the review. The primary data was analyzed and used to elucidate complementary aspects of the same subject through desk review. Data sources triangulation were based on triangulation of secondary documents review with primary qualitative data collection. It involved examining the consistency of different data sources within the same methods.

"No matter how much we try to raise awareness and provide advocacy on this matter, they immediately shut us down through our traditions and cultural norms. They immediately say "the prophet Mohammed got married at a young age" and at this point, we can't argue with them any more because they lack awareness..."(KII)

Identifying the specific needs of demographic groups involves analytic frameworks that help to parse out the structural and institutional dynamics underpinning the lack of protections, the implications of these, and ways to intervene that reduce those vulnerabilities. Bringing a structural lens to the analysis helps too to articulate the connections between protection needs, the ways in which they intersect, and the layers of potential impact. Prevention can also be used to reference approaches to programming and program design that can mitigate against further harms.

The diagram below provides the foundation for the data analysis applied in this assessment; each area outlines the specific contributing factors underlying and shaping protection needs. Aligned with CARE's Vision 2030 and the Gender Equality Impact Strategy, ***Patriarchal Systems*** refers to the primary social inequality of gender. Bringing this lens to protection needs helps to provide a richer understanding of the ways in which women and men, girls and boys are situated differently in relation to how their needs are met or unmet, the kinds of protection risks they face, and the impacts of those risks. **It also helps to illuminate the ways in which 'coping strategies' for some may become serious protection risks for others:** for an adult man responsible for his family, the early marriage of his daughter to another adult man may be a coping strategy in terms of meeting the family's needs for food, and other non-food items, in the context of severely constrained resources[30]. For an adolescent girl, however, this is a serious protection risk. Within a society shaped and defined through patriarchal system, a gender lens is essential for identifying the ways in which men's coping strategies may become protection risks for women and girls[31].

> ***"Due to the living conditions in the camps, child marriage and harassment are linked. For instance, if I had a young adolescent girl, I would get her married to place her in the protection of a man" (KII)***

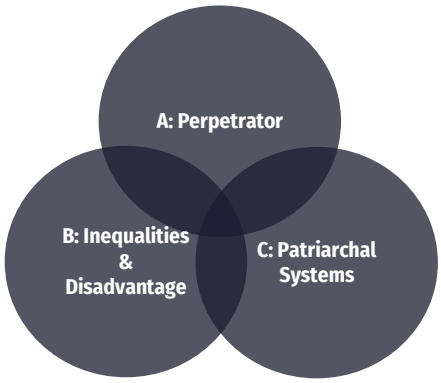


Figure 4 Analysis Model developed by Sarah Maguire and Heather Cole DAI 2021

The second area of attention is ***Inequalities and Disadvantage;*** this refers to the wider inequalities and discriminations that intersect with gender inequalities and respective protection risks. Disabilities, for example, have very different impacts on women and men within a patriarchal system; while men are likely to experience limited opportunities for income generation, and may also face social stigma, there are also likely to be women in their families who will be expected to provide care for them. For women with disabilities, this is much less likely, and it is unusual – though not impossible – that men will provide unpaid care for women with disabilities[32]. Further distinctions to be made around the intersections of gender inequality and disability are: firstly, the vulnerabilities of women with disabilities to sexual violence and exploitation in ways that men with disabilities are unlikely to face[33]; and secondly, the impact of care for women responsible for those with disabilities. This responsibility is unpaid, time-consuming, may be socially stigmatising and isolating; the combination of limited opportunities for paid employment and the resulting poverty, the isolation, and the social stigma leaves women in this position highly exposed to sexual exploitation and abuse, since they are in deep need of resources and have few protective mechanisms around them.

> ***"There are no special services for PwDs. They might only access the services of medicine or clothes, there is often no service to help them catch up with the news and the society. They do not find the proper support neither at home nor outside. People rarely intermingle with PwDs and that is the unfortunate truth of our society" (KII)***

[30] FGDs and KIIs
[31] FGDs & KIIs
[32] KIIs with women & with service providers around PWDs
[33] KIIs with women

Inequalities around age, too, need to be understood through the lens of patriarchal systems in order to fully recognise the constraints, risks and needs of women, men, girls, and boys. Adolescent girls and older women, especially widows, have specific needs that must be addressed[34]. The protection needs and vulnerabilities of boys involved in child labour also need particular attention[35].

The analytic lens, then, brings attention to AGD intersections. Patriarchal Systems underpin the ways in which age and other vulnerabilities manifest and are responded to individually and at the level of communities. The protection needs of older women – particularly widows – are different to those of older men because of the ways in which age intersects with gender in a patriarchal system. Equally, issues around disabilities are experienced differently for men and women because of the intersections between gender and disabilities in a patriarchal system. Thus, gender is the underlying first 'axis' of disaggregation with other intersecting vulnerabilities being compounded by the gender lens.

The final area of interest involves ***Perpetrators***. This does not mean any intent to work with perpetrators, or to programme for them as a 'beneficiary' group. Bringing a focus to perpetrators means analysing the people, norms and practices those present the greatest risks to target groups, the ways that they seek and find access, and the mechanisms through which this access can be made more difficult. Effectively, bringing a lens to who perpetrators are, who they are focused on, and the ways in which they operate helps to design programming that supports 'target-hardening', increasing the protections around the most vulnerable. This is also aligned with the CARE's International Safeguarding Policy[36], bringing due consideration to the ways in which staff are responsible for the protection of beneficiaries from sexual harassment, exploitation, and abuse. Some of this involves staff committing to behaviours and actions that increase the protection around specific vulnerabilities, and some of this work also involves mitigating against potential protection risks through the design of programming. Further issues for women and girls arise through the distribution of humanitarian assistance and the increased likelihood of sexual harassment, exploitation, and abuse in exchange for aid. Female-headed household are **nine times more likely** to be asked for personal relationships in exchange for humanitarian assistance and services (46%) compared to male-headed households (5%)[37]. It is also clear in the data that boys are at particular risk from adult men who are involved in recruiting adolescent boys into armed groups, or into participation in smuggling drugs[38], an area of concern and protection needs that affects boys specifically.

"We hear many stories of women who were sexually exploited in exchange for food assistance. And some delegates take a portion of the assistance from the project, and this also applies to the government. And there is a lack of feedback mechanisms, where it is not safe to report" (FGD, Adult Woman)

It may, for example, be aligned with the International Safeguarding Policy to actively recruit women staff to work with groups of women and adolescent girls, or to ensure that there are no men-only teams working with women and children, to support strong safeguarding. **"Prevention" does not only involve campaigns to change social norms; it also involves actively making the access, opportunity, and social cover[39] that perpetrators seek more difficult for them.** Working with approaches that align work around protection needs with safeguarding priorities has the potential to strengthen and mutually reinforce both areas of work simultaneously.

The framework outlined above is the lens through which all the PNA data was analysed to provide insight into the vulnerabilities and needs of specific groups, and the ways through which these needs may be met. This framework also provides a way in to considering the wider impacts of the specific protection concerns and needs, and who is most affected by these wider impacts. These kinds of insights will be used to inform recommendations aiming to mitigate against the most severe impacts and to target resources where they may be most effective.

[34] World Vision 2022 *'The Women and Children of Syria's Widow Camps; Hardest To Reach, Most At Risk'*
[35] CARE FGDs & KIIs
[36] https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwiVpcHJ9tj5AhUDUcAKHSDkD6cQFnoECAsQAQ&url=https%3A%2F%2Fwww.care-international.org%2Ffiles%2Ffiles%2FCARE%2520International%2520Safeguarding%2520Policy%2520effective%252015%2520April%25202020%2520English.pdf&usg=AOvVaw3FkMAQNRVChxZwx6KSKL8i
[37] Whole of Syria Inter-Agency PSEA Network Report Oct 2021
[38] CARE KIIs & FGDs
[39] CARE KIIs & FGDs

3. KEY FINDINGS

Patriarchal systems and expectations in NWS shape every aspect of the lives of women and men, boys and girls, and these systems have profound impacts on protection risks and concerns, as well as needs. Many of the issues raised by participants in the study are mutually reinforcing, with their roots deep in patriarchal systems; the early marriage of girls, for example, is driven by poverty, and the fear of harassment and abuse. However, **patriarchal social systems place the 'honour' of daughters, maintained through their sexual reputations and their sexual value in marriage as virgins, as a socio-cultural dynamic that makes child/ early marriage of girls appear to be a solution to poverty, and potential harassment and abuse. For adolescent girls, they are caught between two poles of patriarchy**; sexual harassment, abuse, and potential violence from many men if they are not seen to be under the 'protection' of a man in overcrowded shelters and camps, institutionalized rape, on the one hand and on the other, sexual abuse by one man when they are married to have this 'protection'. In neither instance are they safe.

Aligned with CARE's commitment to Gender Equality, and in recognition that patriarchal systems shape & influence across all other inequalities and disadvantages, the findings are organized around gender as a core concern, with intersecting inequalities included within these sections. The findings are organized around specific protection risks and concerns, with direct and indirect risks outlined, and include the wider consequences if these risks remain unaddressed.

It is critical to recognize that in relation to many of the protection concerns raised, the underlying threat and reality of violence against women and girls, or GBV, is a driving factor in both the current identified protection needs and the ways in which women, families and communities respond to those protection needs**. Heavily restricted movement for women and girls, for example, is a response to fears of kidnapping and abduction, as well as harassment and abuse; 30% of key informants identified widowed and divorced women, as well as adolescent girls, as facing significant restrictions on their movement**[40]. These limitations then generate further protection risks as these women and girls are prevented from having access to basic services and humanitarian assistance packages[41]. In relation to

> ***"Kidnapping increased in the community recently, so that we fear going outside the house. There are many incidents in the community, and we noticed that this age group (14-15) is exposed more to kidnapping" (FGD, Female Adolescents)***

[40] CARE Survey data
[41] CARE KIIs

kidnapping and abuse, adolescent girls are reported to be a particular target for ransom since their 'value' to their families is high in relation to their honour and their potential for marriage[42]. The sexual reputations of adolescent girls have specific meanings within a patriarchal social structure and these social dynamics underpin the ways in which the associated protection risks manifest. Once again, there may be a perception that it is 'safer' for them to be married early rather than risk being kidnapped or abducted[43], and girls are then caught between the two poles of patriarchy: the risk of abduction and violation by many men, or 'protection' through the institutionalized violations by one man[44]. It is therefore essential that this PNA is read alongside the recent RGA[45], and the relationship between the two used to enhance programming around protection.

3.1. PROTECTION RISKS

The sections below are organized around the specific concerns and risks emerging from the data analysis. Each section brings attention to a "Cross-cutting Risk" (poverty and food insecurity, for example, or limited access to services) and then explicates the impacts and protection risks these generate for specific demographics. These are captured in tables incorporated in each subsection outlining the specific risks to different groups, disaggregated by AGD. As noted in above, gender is taken as the first axis of disaggregation with further diverse inequalities and disadvantages recognized as intersecting with gender. Some of these protection risks are immediate and direct, and others are less direct and no less of a risk. The consequences of these risks being unaddressed are included as the final column of the Cross-cutting Risk tables included in the following sections.

It is important to note that **some of the most visible protection risks such as the potential for child marriage and child labour, for example, are not stand-alone risks; they are the indirect risks generated through a combination of poverty and insecurity intersecting with patriarchal systems and age.** As such, they need to be understood as risks generated through multi-layered issues, grounded in the Cross-cutting Risks. Programming and advocacy in relation to these protection risks need to be designed to take account of the underlying Cross-cutting Risks; child labour, for example, is a specific risk for adolescent boys, and is grounded in poverty and food insecurity in the context of patriarchal systems and age disadvantages. All interventions need to take into account the realities of poverty and food insecurity, as well as the impacts on the boys concerned.

All respondents reported high levels of GBV, including physical, sexual, emotional, and economic abuses, harassment, opportunistic assaults, sexual exploitation, and sexual threats[46].

Within the tables, the direct and indirect risks identified are, unless otherwise noted, derived from the data generated within CARE's KIIs and FGDs. These have not been individually referenced as the data is rich and comprehensive.

3.1.1. Poverty and Food Insecurity

Addressing poverty and food shortages were the priority for 30% of respondents, and this is connected to livelihood opportunities[47]. Again, gender inequalities and patriarchal systems profoundly shape the ways in which these needs are experienced and responded to by men and women. **Restricted movement limits women's opportunities to generate income for themselves, leaving them more dependent on the men in their families and communities, and more exposed to sexual exploitation**. When

> ***"Child labour is a significant problem; when you see the child that is supposed to be the founding stone for the future of the community begging on the street, roaming the streets, or working as a labour worker, it hurts me because this is not their normal place" (KII, Teacher)***

[42] CARE KIIs
[43] CARE FGDs
[44] CARE KIIs
[45] Rapid Gender Analysis | *Sacrificing the Future to Survive the Present: Findings from North-West Syria*
[46] CARE KIIs and FGDs
[47] CARE survey & KIIs

their restricted movement also limits their access to humanitarian assistance, their vulnerability is total. Unable to work and unable to benefit from the provision of aid, women's dependency on the men around them generates relentless protection risks, including domestic violence, and sexual exploitation and abuse. Access to and control over resources are foundational issues in the vulnerabilities and protection needs of women and girls; even within poverty, and with extremely limited resources, women and girls have the least control of their resources, leaving them highly dependent and exposed to abuse.

Table 2 Poverty and Food Security Related Protection Risks and Concerns per Group

Group	Direct protection risks	Indirect protection risks	Potential consequences
Adolescent girls	Hunger, malnutrition, unattended medical needs, inadequate clothing & warmth	Potential for sexual exploitation, early marriage, early motherhood, exploitation in prostitution and/ or survival sex. Recruitment into child labour48	Long-term health issues, sustained poverty, on-going poverty within their families, early pregnancy, curtailed education
Adult women	Hunger, malnutrition, unattended medical needs, inadequate clothing and warmth	Potential for exposure to domestic violence, sexual exploitation (SHEA)49 transactional or survival sex	Long-term health issues, sustained poverty, physical & sexual injury
Adult widows	Hunger, destitution, malnutrition, isolation, unattended medical needs, inadequate clothing & warmth50	Potential for exposure to sexual exploitation (SHEA)51 transactional or survival sex, social and/ or community isolation	Long-term health issues, sustained poverty, physical & sexual injury, social & community isolation, inability to survive
Adult women with caring responsibilities	Hunger, destitution, malnutrition, isolation, unattended medical needs, inadequate clothing & warmth52	Potential for exposure to domestic violence, sexual exploitation (SHEA)53, transactional or survival sex, social and/ or community isolation	Long-term health issues, sustained poverty, physical & sexual injury, social & community isolation, inability to survive, inability to provide care for others practically or emotionally
Adult women with disabilities	Hunger, destitution, malnutrition, isolation, unattended medical needs, inadequate clothing & warmth	Potential for exposure to domestic violence, sexual exploitation (SHEA)54 transactional or survival sex, social and/ or community isolation	Long-term health issues, sustained poverty, physical & sexual injury, social & community isolation, inability to survive, potential abandonment by family
Adolescent boys	Hunger, malnutrition, unattended medical needs, inadequate clothing & warmth	Potential for involvement in child labour, for recruitment into armed groups, and potential for involvement with drug trafficking	Curtailed education & reduced lifetime opportunities, injury & even death through fighting, criminalization through trafficking
Adult men	Hunger, destitution, malnutrition, isolation, unattended medical needs, inadequate clothing & warmth55	Potential for involvement in armed groups, drug trafficking & other criminality, abandonment of their families, violence within families	Increased fear & reality of criminality in communities, stress on social cohesion, fractured family bonds

[48] World Vision 2022 *'The Women and Children of Syria's Widow Camps; Hardest To Reach, Most At Risk'*
[49] Turkey Cross-border interagency PSEA Network, PSEA in Syria; Key findings from community consultations, Whole of Syria PSEA Programme 2018
[50] World Vision 2022 *'The Women and Children of Syria's Widow Camps; Hardest To Reach, Most At Risk'*
[51] Turkey Cross-border interagency PSEA Network, PSEA in Syria; Key findings from community consultations, Whole of Syria PSEA Programme 2018
[52] World Vision 2022 *'The Women and Children of Syria's Widow Camps; Hardest To Reach, Most At Risk'*
[53] Turkey Cross-border interagency PSEA Network, PSEA in Syria; Key findings from community consultations, Whole of Syria PSEA Programme 2018
[54] Turkey Cross-border interagency PSEA Network, PSEA in Syria; Key findings from community consultations, Whole of Syria PSEA Programme 2018
[55] World Vision 2022 *'The Women and Children of Syria's Widow Camps; Hardest To Reach, Most At Risk'*

Group	Direct protection risks	Indirect protection risks	Potential consequences
Adult men with disabilities	Hunger, destitution, malnutrition, isolation, unattended medical needs, inadequate clothing & warmth	Social and/ or community isolation, family abandonment	Isolation & marginalization, pressure on other family members, social & family fractures

There are significant physical risks to young and adolescent boys involved in heavy manual labour, as well as the longer-term disruption of their education, limiting their future opportunities and security. They are easy to under-pay, easy to exploit, and have limited recourse when they are hurt. World Vision[56] report that 58% of boys aged 11 and above in the so-called "widow camps" are involved in child labour, and in this context, 49% of girls of the same age are also forced to work[57], a finding confirmed through CARE's KIIs and FGDs in this assessment[58].

Lastly, concerns were expressed by respondents about the potential for boys and young men to become involved in drugs and substance misuse, both personally, and through involvement in cross-border movement of drugs[59], which has the potential to generate more income for them than the work available[60]. Key informants in A'zaz and Jarablus noted the connections between the trafficking of drugs and armed groups further raising concerns for adolescent boys and young men[61].

3.1.2. Inadequate and Precarious Shelter

> ***"People who live in non-formal camps and areas far away from the cities have the more challenges. In terms of groups, women and children have the more challenges as well. Some women have no access because of customs and traditions, the far distance, their husbands prevent them from accessing the services." (KII, Adult Male Health Care Provider)***

Among survey respondents, 50% live in rented accommodation, where, without proper rental contracts, housing is precarious, and families are subject to arbitrary rental increases[62]. **It also leaves female-headed households open to exploitation and abuse – including sexual - by their landlords, under threat of eviction[63]. In relation to families who own their homes, women are further disadvantaged by not having their names included on HLP (Housing, Land & Property) documentation, limiting their rights to the assets in the event of divorce or widowhood**: *"an example of a discriminatory HLP law, norm, or practice is the common practice of not including the names of women in HLP documentation which has the effect of limiting women's rights to HLP assets accumulated during the marriage at the time of divorce or death of their spouse"*[64]. Women may also be forced to renounce their inheritance rights at the point of divorce or widowhood, or when re-marrying, leaving them without access to or control over resources of their own, and reinforcing their dependency on the men around them[65]. Once again, women are positioned as highly exposed to violence both within and out-with their marriages and caught between the poles of patriarchal systems; they lose their rights to resources, making them more dependent on the men in their families or the men in their communities. A final issue raised by respondents involved those in camps reporting great insecurity in their shelters; of those who reported not being safe, 74% were women[66].

[56] ibid
[57] World Vision 2022 *'The Women and Children of Syria's Widow Camps; Hardest To Reach, Most At Risk'*
[58] CARE KIIs
[59] CARE KIIs
[60] https://www.rozana.fm/en/reports/2022/03/03pain-relievers-way-to-addiction-in-north-west-syria
[61] CARE KIIs
[62] CARE Survey
[63] CARE KIIs
[64] http://womenshlp.nrc.no | *"Displaced Women's Rights to Housing, Land & Property"*
[65] CARE KIIs & FGDs
[66] CARE Survey

> *"Some elderly people, and people with disabilities can't even get to the WASH facilities; in our camp, the WASH facilities are far from the tents. People with disabilities don't have wheelchairs, and there are no WASH facilities with seat toilets for them" (FGD, Adult Woman)*

Living in tents was reported as particularly unsafe by 20% of those responding, since it is impossible to lock them or to fully secure them. Women reported that their lack of safety revolved around potential violence – sexual and otherwise – from the men around them. **Focus group discussion participants and many key informants also noted that within the camps, there are deeply inadequate WASH and shelter conditions, further disadvantaging women and adolescent girls and enabling the access of perpetrators**[67]. Overcrowding in the camps brings men too close to women and girls they don't know and multiple opportunities for harassment & abuse. The lack of lighting, the lack of privacy and the distances to toilet and shower facilities in camps offer further opportunities to perpetrators and make it extremely difficult for women and adolescent girls in particular[68]. The inadequate infrastructure of camps contributes directly to the protection risks of women and adolescent girls. **In addition, there are specific issues for IDPs with disabilities since the WASH facilities are often too far away and not designed to meet their needs[69].**

> *"Women with disabilities suffer more because it is easier and socially more acceptable for anyone to help a male with a disability, by carrying him and helping him move, while it is not acceptable in the community to carry a woman or a girl with a disability, in addition to fear of harassment and rape" (KII with a women's association member)*

Table 3 Shelter Related Protection Risks and Concerns per Group

Group	Direct protection risks	Indirect protection risks	Potential consequences
Adolescent girls	Physical, emotional & sexual insecurity, constant sense of unsafety, SHEA in shelters & in WASH facilitie	Exposure to early marriage, to sexual violence & exploitation, to social isolation & marginalization, disruption of education	Child, early or forced marriage & early motherhood, long-term SRH consequences, physical & emotional health issues, sustained poverty
Adult women	Physical, emotional & sexual insecurity, constant sense of unsafety, SHEA in shelters & in WASH facilities	Inability to sustain adequate hygiene, exposure to sexual violence & exploitation, to social isolation & marginalization	Long-term SRH consequences, physical & emotional health issues, sustained poverty
Adult widows	Physical, emotional & sexual insecurity, constant sense of unsafety, SHEA in shelters & in WASH facilities, restricted movement	Inability to sustain adequate hygiene, exposure to sexual violence & exploitation, to social isolation & marginalization, inadequate access to information about services	Long-term SRH consequences, physical & emotional health issues, sustained poverty, untreated health conditions, potential unintended pregnancy, severe social isolation
Adult women with caring responsibilities	Physical, emotional & sexual insecurity, constant sense of unsafety, SHEA in shelters & in WASH facilities, restricted movement, inability to provide care for children, the elderly & those with disabilities	Inability to sustain adequate hygiene, exposure to sexual violence & exploitation, to social isolation & marginalization, inadequate access to information about services for themselves & their dependents	Long-term SRH consequences, physical & emotional health issues, sustained poverty, untreated health conditions, severe social isolation
Adult women with disabilities	Physical, emotional & sexual insecurity, constant sense of unsafety, SHEA in shelters & in WASH facilities, restricted movement, inability to maintain personal hygiene	Inability to sustain adequate hygiene, exposure to sexual violence & exploitation, to social isolation & marginalization, inadequate access to information about services for themselves	Long-term SRH consequences, physical & emotional health issues, sustained poverty, untreated health conditions, potential unintended pregnancy, severe social isolation

[67] CARE KIIs & FGDs
[68] CARE KIIs & FGDs
[69] CARE KIIs

Group	Direct protection risks	Indirect protection risks	Potential consequences
Adolescent boys	Physical & emotional insecurity, constant sense of unsafety, restricted movement, inability to maintain personal hygiene	Inability to sustain adequate hygiene, social isolation & marginalization, inadequate access to information about services, exposure to recruitment into armed forces, drug trafficking or child labour	Long-term exposure to potential injury, involvement in criminality and/ or armed activity, severe social isolation, separation from family
Adult men	Physical & emotional insecurity, constant sense of unsafety, restricted movement	Separation from family, social isolation, inadequate information about services	Social isolation, abandonment of family, involvement in drug use
Adult men with disabilities	Restricted movement, inability to maintain personal hygiene, humiliation & lack of dignity	Social isolation & marginalization, inadequate access to information about services for themselves	Physical & emotional health issues, sustained poverty, untreated health conditions, severe social isolation, potential abandonment by family & other supports

3.1.3. Civil Documentation

Civil documentation continues to be a major reported source of protection risks, impacting in multiple ways on the lives of the population. **The sustained war and on-going displacement mean that access to civil documentation remains a challenge, with a third of surveyed households (32%) not being in possession of any official documentation by the Government of Syria (GoS)**[70]. More than half of the households' respondents were women and girls (55%), and in addition, half of the 'youth' age group (49%) reported having no official GoS issued documentation. While there are several reported reasons for the difficulties in obtaining civil documentation, including fear of approaching GoS centres, no locations for the issuing of formal documents, uncertainty about the importance of documentation[71], the impact of the lack of documents is very different for men and women. **For men, the primary reported impact is around their freedom of movement (72%) since they cannot travel to regions under regime control without documentation, and difficulties in having access to humanitarian assistance (48%)**[72]. For women, the inability to register births, marriage and deaths have a major impact, alongside limiting their access to humanitarian assistance (57%) and registering children for school (54%), which then has an impact on their education[73].

> ***"We witness a child marriage one week followed by a divorce the following week. The result of this marriage is a child who isn't registered to any father due to the short marriage, and no legal documents were issued to legalise the marriage" (KII, Woman from CSO)***

For women and adolescent girls, their vulnerability is increased through the lack of registration of their marriages; a key informant noted that many marriages are observed orally by an Imam, and then not legalized in a court, **leaving women with no recourse in the event of divorce, since she has not certificate or paperwork to prove her marriage[74]. In her community she is likely to be blamed and stigmatized for "her" failure in marriage, while at the same time having no leverage to protect her rights**[75]. A further issue for women and their children is the difficulty of registering the birth of a child in a marriage approved by an Imam, but not registered with the State; Syria's nationality law does not allow children to acquire nationality through their mothers, only from the father, and without an official marriage certificate, it is difficult to obtain a birth certificate with the father's name[76]. The consequential statelessness of women's children because of these policies are

> ***"There is a lack of courts (juridicial courts, not religious courts), which results in the lack of registration for newborns, the lack of registration of marriage. People are relying on the verbal contract of an Iman, not by verifying it through a court" (KII, Deir Hassan)***

[70] CARE Survey Data
[71] CARE FGDs
[72] CARE Survey Data
[73] CARE Survey Data
[74] CARE KII
[75] CARE KIIs
[76] CARE KIIs & FGDs

a significant protection concern for women and their children, exacerbated by displacement, resulting in issues having access to aid and humanitarian assistance as well as basic state services[77].

Table 4 Civil Documentation Related Protection Risks and Concerns per Group

Group	Direct protection risks	Indirect protection risks	Potential consequences
Adolescent girls	Unregistered marriage leaving her exposed to potential abandonment & no legal rights in divorce, limited access to humanitarian assistance for herself & her children, leading to poverty & food insecurity, potential homelessness, unaddressed healthcare needs	Stigmatization & marginalization in her community, held responsible for any 'failure' in her marriage, statelessness for any children she may have, limiting their access to humanitarian assistance, education etc	Deep poverty and insecurity, profound social isolation, exclusion from access to services, including education, for herself & her children, abandonment by family & community
Adult women	Unregistered marriage leaving her exposed to potential abandonment & no legal rights in divorce, limited access to humanitarian assistance for herself & her children, leading to poverty & food insecurity, potential homelessness, unaddressed healthcare needs	Stigmatization & marginalization in her community, held responsible for any 'failure' in her marriage, statelessness for any children she may have, limiting their access to humanitarian assistance, education etc. she may also be left exposed to sexual harassment and abuse	Deep poverty and insecurity, profound social isolation, exclusion from access to services, including education, for herself & her children, abandonment by family & community
Adult widows	Unregistered marriages leave women with no rights in widowhood and no rights of inheritance. Women may be left destitute & homeless, with no rights to their land or houses. Limited access to humanitarian assistance	Stigmatization, marginalization in her community, left unsupported & with limited means to seek assistance. Deep poverty may leave her exposed to sexual exploitation and abuse	Sexual exploitation and abuse may leave significant physical & psychological harm, loneliness & exclusion from services can leave long-term consequences
Adult women with caring responsibilities	Unregistered marriage or unregistered children leaving her exposed to potential abandonment & no legal rights in divorce, limited access to humanitarian assistance for herself & her children, leading to poverty & food insecurity, potential homelessness, unaddressed healthcare needs	Stigmatization & marginalization in her community, held responsible for any 'failure' in her marriage, statelessness for any children she may have, limiting their access to humanitarian assistance, education etc. she may also be left exposed to sexual harassment and abuse	Deep poverty and insecurity, profound social isolation, exclusion from access to services, including education, for herself & her children, abandonment by family & community
Adult women with disabilities	Unregistered marriage leaving her exposed to potential abandonment & no legal rights in divorce, limited access to humanitarian assistance for herself & her children, leading to poverty & food insecurity, potential homelessness, unaddressed healthcare needs	Stigmatization & marginalization in her community, held responsible for any 'failure' in her marriage, statelessness for any children she may have, limiting their access to humanitarian assistance, education etc. she may also be left exposed to sexual harassment and abuse	Deep poverty and insecurity, profound social isolation, exclusion from access to services, including education, for herself & her children, abandonment by family & community

[77] CARE KIIs & FGDs

Group	Direct protection risks	Indirect protection risks	Potential consequences
Adolescent boys	Boys without documentation may be excluded from education and other services appropriate to them. Exclusion from education leaves boys without structure & exposed to involvement with child labour, drugs and drug trafficking, or other criminal activity	Exclusion from school & involvement in drugs, drug trafficking and/ or other criminal activities leaves boys exposed to physical & emotional violence, criminality & the potential to be used by older men.	Exclusion from school limits boys' long-term opportunities and leaves them exposed to deep poverty. No documentation means limited movement & constrained opportunities, potentially separation from their families, isolation & marginalization
Adult men	Restricted movement, insecure housing, limited access to services and to other family members and wider networks	Poverty, inability to support families, alienation from family support networks, isolation	Isolation and marginalisation, separation from family, involvement with drugs, unattended health needs
Adult men with disabilities	Isolation from services, separation from family, social isolation. Reinforced poverty & insecure housing, unmet health needs, lack of awareness of and connection to services	Social isolation reinforcing MHPSS needs, deep poverty, chronic health needs becoming acute health needs, vulnerability to violence	Increased disabilities, and more acute health needs unmet, isolation from family & other support networks, lack of info to support access to services

3.1.4. Responsibilities for the Care of Others

Within the patriarchal systems, women have overall responsibility for the care of children, whether they have the support of a husband or other males in the family. Women are more likely to go without food in order to feed their children, and more likely to make sacrifices for their children's education if it is possible within their limited means. **As in many contexts, women carry the double burden of reduced access to and control over resources, coupled with the wider responsibility for the provision of food and care for their family members and children.**

> ***"Some women might have lost their children to the war and as she comes into her fifties, she is still responsible for her grandchildren. In many cases we have orphans who are the responsibility of the grandmother, or even their step grandmother. In reality, they face problems in getting different things, such as medicine and food, for them and for the families they are responsible for" (KII, Woman)***

CARE's report into the experiences of adolescent mothers[78] suggests that **there are opportunities for young mothers to continue their education, although this is most likely to succeed when there is intensive working with the professionals around them to challenge the social stigma and discrimination, and to take them seriously.** Some of the women and girls participating had been married very young and others were not married. Many of them had been married as minors to men significantly older than themselves, and as such, have had limited negotiating power in their marital relationships. Others had been involved in unmarried relationships with men significantly older than them, which also had implications for their negotiating power. The importance of supporting them as young adults, and encouraging and enabling them to fully participate in reclaiming themselves and their futures was notable in the evaluation[79]. It was also notable that many health care professionals were still attached to the patriarchal systems idea that girls would need their husband's permission to use contraceptive methods or manage their fertility.

[78] CARE 2020 *'Adolescent Mothers Against All The Odds | Learning Report'*
[79] ibid

Table 5 Protection Risks and Concerns per Group Related to Care Responsibilities

Group	Direct protection risks	Indirect protection risks	Potential consequences
Adolescent girls	Poverty, food insecurity, end of education, limited opportunities, isolation from services, inability to protect children, abandonment	Exposure to sexual exploitation & abuse, exposure to CEFM & domestic violence & abuse, exposure to child labour, social isolation, social stigma, limited access to SRH services	Untreated injuries, potential for STIs, unintended pregnancy, limited control over birth spacing, financial dependency reinforcing poverty
Adult widows	Poverty, food insecurity, precarious housing, limited opportunities, isolation from services, inability to protect children	Exposure to sexual exploitation & abuse, domestic violence & abuse, social isolation, constrained movement.	Untreated injuries, potential for STIs, unintended pregnancy, chronic loneliness, hopelessness
Adult women with caring responsibilities	Poverty, food insecurity, precarious housing, limited opportunities, abandonment, limited access to services	Exposure to sexual exploitation & abuse, domestic violence & abuse, social isolation, constrained movement.	Untreated injuries, potential for STIs, unintended pregnancies, isolation, financial dependency
Adult women with disabilities	Poverty, food insecurity, precarious housing, limited opportunities, abandonment, isolation from services	Exposure to sexual violence & abuse, domestic violence & abuse, abandonment & social isolation, unsupported with disabilities & responsibilities for others	Untreated injuries, untreated health issues, highly constrained movement, severe isolation, financial destitution, unintended pregnancies, potential for STIs
Adolescent boys	Poverty, food insecurity, precarious housing, the end of education, limited opportunities	Exposure to child labor, recruitment by armed groups, recruitment into drugs trafficking, limited access to services, marginalization, separation from family	Untreated injuries, disconnected from services, involvement in criminality & drugs, involvement with armed groups, disconnected from family
Adult men	Poverty, food insecurity, precarious housing, limited opportunities for work	Social shame & stigma at 'failing to provide', stress & distress at 'failing' as the head of the household, frustration, limited movement	Abandonment of family, isolation, involvement in criminality, use of drugs and alcohol
Adult men with disabilities	Poverty, food insecurity, precarious housing, limited opportunities for work	Tensions between the need for care & support (usually provided by women) and the need to provide for & care for others, social isolation, social shame, limited movement, limited access to services	Abandonment of family, isolation, untreated health issues, social marginalization

In the context of limited resources, responsibility for children, difficulty in travel without the permission of men, many women find it challenging to access the available sexual and reproductive health services. **Several respondents referenced the need for more mobile services, particularly for women and girls who are displaced and living in camps[80].** It is overwhelmingly women's responsibility to provide care for those with disabilities, limiting their own opportunities, reducing their potential to work and to participate in public life, and limiting their access to resources[81]. If their children have disabilities their mothers may socially be held responsible – if not blamed - for these, and there is limited support available[82]. Women also carry the brunt of caring for those with conflict-related injuries and disabilities, a further unpaid and unrecognized domestic and reproductive load.

> ***"In general, women face double challenges because women within the family are responsible for the household works such as cooking and cleaning, so if she has a disability and doesn't do this, she feels that she is a burden upon her family. Women are responsible for the care of children, so there is an additional burden on them and there is no situation for employment. (KII, Adult Woman, Azaz)***

The burden of unpaid and invisible care falls heavily on women, of every age, and leaves them isolated, impoverished, and with limited access to services and support for their own needs. The impoverishment of women providing care in these circumstances, and their social isolation, leaves them exposed to sexual violence and exploitation, with limited support and severely restricted resources. Their poverty and their social isolation create a context where they are largely unprotected from sexual exploitation and have limited opportunities to seek appropriate help. In the intersection between patriarchal systems and other inequalities and disadvantages, there are specific issues for women and girls. There is not the same presumption of care, since women are the ones socially who provide care, and it is no-one's responsibility to support women in this position. The respondent cited also makes reference to the widespread experience of women and girls with disabilities of harassment and rape. Women and adolescent girls are not only physically but also socially extremely vulnerable and perpetrators can often act with impunity[83]. Physical restrictions also constrain access to services, and social expectations and norms may make it extremely difficult for women to know what is available to them, even before they think about how they might have access to what's there.

> ***"According to my experience, females of all ages are exposed to violence most. Some women, especially adolescents, from PWDs are exposed to violence, there are examples from the community that young girls were exposed to sexual exploitation and threatened not to report about this. Women from PWD are also exposed to sexual exploitation and rape" (KII, Adult woman, Azaz)***

3.1.5. Limited Access to SRH Services

Access to and uptake of sexual and reproductive health services are where patriarchal systems are perhaps most visible. **Married women often need their husband's permission to engage with services, and many women also do not have control over deciding the timing and spacing of their pregnancies[84].** 60% of women and girl respondents reported the expectation that husbands are the ones who make the decisions and give permissions[85]. The high levels of domestic violence reported in CARE's recent Rapid Gender Assessment (RGA) in NWS reinforces these expectations of decision-making by men within marriages[86]; where there is physical and emotional violence, there is also likely to be sexual violence, including marital rape and enforced pregnancies. These findings are consistent with the data reported within this assessment.

[80] CARE KIIs & FGDs
[81] https://www.womensrefugeecommission.org/research-resources/building-capacity-for-disability-inclusion-in-gender-based-violence-gbv-programming-in-humanitarian-settings-overview/
[82] CARE KIIs & FGDs
[83] CARE KIIs
[84] CARE KIIs & FGDs
[85] CARE Survey Data
[86] Rapid Gender Analysis | *Sacrificing the Future to Survive the Present: Findings from North-West Syria*

Table 6 Protection Risks and Concerns per Group Related to Limited Access to SRH Services

Group	Direct protection risks	Indirect protection risks	Potential consequences
Adolescent girls	Unintended and unwanted pregnancies, STIs, urinary tract infections, informal and/or unsafe abortions, health risks in pregnancy & birth, no post-natal care	Early pregnancy & early motherhood, too many pregnancies, no birth spacing, physical injury & exhaustion, complications from untreated STIs, poverty, dependency on the men around her, exposure to domestic violence and/or SHEA	Irreversible physical damage from pregnancy at too young an age, too many pregnancies, untreated physical injury, fertility issues through untreated STIs, post-natal depression, end of education, potential disability & death
Adult women	Unintended and unwanted pregnancies, STIs, urinary tract infections, informal and/or unsafe abortions, health risks in pregnancy & birth, no post-natal care	Too many pregnancies, no birth spacing, physical injury & exhaustion, complications from untreated STIs, poverty, dependency on the men around her, exposure to domestic violence and/or SHEA	Irreversible physical damage, too many pregnancies, untreated physical injury, fertility issues through untreated STIs, post-natal depression, limitations on employment prospects, potential disability & death
Adult widows	Unintended and unwanted pregnancies, STIs, urinary tract infections, informal and/or unsafe abortions, health risks in pregnancy & birth, no post-natal care	Too many pregnancies, no birth spacing, physical injury & exhaustion, complications from untreated STIs, poverty, dependency on the men around her, exposure to domestic violence and/or SHEA	Irreversible physical damage, too many pregnancies, untreated physical injury, fertility issues through untreated STIs, post-natal depression, limitations on employment prospects, potential disability & death
Adult women with caring responsibilities	Unintended and unwanted pregnancies, STIs, urinary tract infections, informal and/or unsafe abortions, health risks in pregnancy & birth, no post-natal care	Too many pregnancies, no birth spacing, physical injury & exhaustion, complications from untreated STIs, poverty, dependency on the men around her, exposure to domestic violence and/or SHEA	Irreversible physical damage, too many pregnancies, untreated physical injury, fertility issues through untreated STIs, post-natal depression, limitations on employment prospects, potential disability & death
Adult women with disabilities	Unintended and unwanted pregnancies, STIs, urinary tract infections, informal and/or unsafe abortions, health risks in pregnancy & birth, no post-natal care	Too many pregnancies, no birth spacing, physical injury & exhaustion, complications from untreated STIs, poverty, dependency on the men around her, exposure to domestic violence and/or SHEA	Irreversible physical damage, too many pregnancies, untreated physical injury, fertility issues through untreated STIs, post-natal depression, limitations on employment prospects, potential disability & death
Adolescent boys	Untreated STIs	Long-term damage to fertility, potential to infect partners	Infertility, leading to social stigma & shame, potential early death through vulnerability to infection as a result of HIV

Group	Direct protection risks	Indirect protection risks	Potential consequences
Adult men	Untreated STIs	Long-term damage to fertility, potential to infect partners	Infertility, leading to social stigma & shame, potential early death through vulnerability to infection as a result of HIV
Adult men with disabilities	Untreated STIs	Long-term damage to fertility, potential to infect partners	Infertility, leading to social stigma & shame, potential early death through vulnerability to infection as a result of HIV

Women's access to safe sexual and reproductive health services is a critical contributing factor to their protection[87]; however, when their access to this service is determined by the men in their families, and the services are not adequately equipped to support women's autonomy or best interests against the decisions of a husband, the value of these services is significantly reduced[88].

For adolescent girls and unmarried women who are exposed to sexual and gender-based violence, including exploitation in relation to their housing, to work, to resource, to access to aid, access to reproductive healthcare, including contraception, is essential. Patriarchal systems, however, pose significant challenges for them in terms of having safe access to this service; as noted above, the sexual reputations of women and adolescent girls are closely guarded and scrutinized, and any suggestion of 'impropriety' may lead to further violence as the honour of her family has been brought into question[89]. In the context of long-lasting insecurity and limited services, it is essential for women and adolescent girls to be accepted in their communities and there can be a deep tension between their need for SRH service and their need to maintain their reputations in their communities[90].

> ***"Two or three months ago, a woman died when she came to give birth. She was very healthy. She had an issue with bleeding during the c-section. There was a decision to do a hysterectomy, to remove the uterus which would stop the bleeding. The husband refused … the process took too long, and we lost the patient. A lot of incidents like this happen in NWS" (KII, Adult Woman)***

Women and adolescent girls living in camps reported the greatest difficulties in access to services, since the services were not available in their locations and travel was both difficult and too expensive, even if they had their husband's permission[91]. CARE's RGA *'Sacrificing the Future To Survive The Present'* reports limited supplies of medication, and shortages of skilled medical staff, perpetuating a commonly held belief that it is better to seek alternative sources of care than to go to a medical facility[9293]. Complications and deaths from home birth were reported by respondents to be more common as the fear of travelling to medical facilities increased[94]. This was especially true during the peak of the Covid-19 pandemic[95]. A continuing concern for women and adolescent girls is their on-going need for menstrual hygiene materials, with disposable sanitary pads being a core on-going need that it is hard for them to meet with their limited resources[96].

The broad vulnerabilities of adolescent girls were visible throughout the research process as young women they have the least access to and control over resources and are most likely to be sexually exploited and

[87] CARE Survey Data
[88] CARE KIIs
[89] CARE KIIs & FGDs
[90] CARE Survey Data
[91] CARE KIIs & FGDs
[92] Rapid Gender Analysis | *Sacrificing the Future to Survive the Present: Findings from North-West Syria*
[93] CARE KIIs & FGDs
[94] CARE KIIs and FGDs
[95] ibid
[96] CARE KIIs & FGDs

assaulted. They may also be understood *as* a resource in their families through the dowry their parents can collect on their marriage. **The scrutiny and policing of the sexual bodies of young women is a constant presence in their lives, including in services, and their awareness of this – and the stigma and marginalisation resulting from not meeting the 'acceptable' social standard is strong**[97]. Young mothers may find themselves very isolated and marginalised, particularly if they are not married. For adolescent girls to have access to the sexual and reproductive health they both need and are entitled to, considerable work needs to be done to improve the skills and approaches of the available health professionals[98]; adolescent girls need to be understood as vulnerable, as in need of care, and often protection, as much of their sexual experience is likely to be coerced at best.

It may also be extremely difficult for women and girls with disabilities to have adequate access to SRH services. Social expectations may be that women and girls with disabilities do not have sexual relationships, and the socially embedded patriarchal norms may make their sexual abuse invisible as perpetrators are justified and their actions minimised. Services may not be equipped, and physical access (including transport) may not be possible, to provide appropriate care and referrals to specialist GBV services, leaving women and girls very vulnerable to continued abuse with all the potential consequences.

A final finding of note was that SRH services and GBV services are not yet well-integrated[99], and that there are some "inappropriate actions and initiatives from health facility staff" in relation to GBV cases (UNFPA[100]). Some of the reasons for this are identified as social assumptions and patriarchal dynamics which are most likely to blame a survivor, especially if she is young[101]. Women and adolescent girls who have experienced sexual exploitation and abuse may also find themselves negatively judged for what is understood as their promiscuity[102]. There are, however, pockets of good practice and emerging guidance from the GBV Sub-Cluster & the SRH Cluster (Whole of Syria | Türkiye Hub 2021[103]). This guidance recognises the limitations of existing safe practice, including breaches of confidentiality, and privacy, and sharing information without discussing either safety or consent with survivors. **The on-going work to integrate GBV response services into SRH provision is a welcomed one, and should lead to the implementation of international minimum standards.** These guidelines also advocate for mobile clinics, flexible hours, specialised staff to work with adolescent girls, and same-sex service provision, including at management level[104].

3.1.6. Limited Reporting of Abuse to Protection Services

Disclosure of sexual and gender-based abuses is extremely difficult when women are dependent on the provision of humanitarian assistance; there are well-founded fears of losing future assistance, retaliation by a perpetrator, and the belief that a perpetrator will not face any consequences[105]. Women are caught in a web of patriarchal systems exposing them to potential abuse in every direction; they may be sexually exploited if they seek humanitarian assistance, and they may be sexually exploited if they don't, since they will then be dependent on the men in their families and communities[106]. They may be sexually harassed and exploited if they leave their houses and shelters by men they don't know in their communities, and they may be sexually abused and assaulted if they are married for their own 'protection'[107]. Every aspect of their basic needs for food, shelter and resources leaves them exposed to gender-based violence, and the options available to them for 'protection' from this violence often involves exchanging one kind of violence for another.

[97] CARE KIIs
[98] CARE 2020 *'Adolescent Mothers Against All The Odds | Learning Report'*
[99] CARE KIIs & FGDs
[100] UNFPA | SRH Gazantiep Turkey *'Ensure Appropriate Responses to GBV Cases in Health Facilities in NWS*
[101] CARE KIIs
[102] CARE KIIs & FGDs
[103] SRH Gazantiep Turkey | GBV Sub-Cluster Whole of Syria (Turkey Hub) *'Integrating Quality GBV Service Provision in SRH Service Delivery'*
[104] ibid
[105] Turkey Cross-border interagency PSEA Network, PSEA in Syria; Key findings from community consultations, Whole of Syria PSEA Programme 2018
[106] CARE KIIs & FGDs
[107] CARE KIIs & FGDs

Table 7 Protection Risks and Concerns per Group Related to Limited Reporting of Abuse to Protection Services

Group	Direct protection risks	Indirect protection risks	Potential consequences
Adolescent Girls	Ongoing vulnerability to abuse, untreated injuries, unsupported MHPSS issues, isolation, social shame & stigma, potential abandonment by family	Continued abuse, retaliation & threats by perpetrators, on-going injuries, isolation, shame, abandonment by families, exposure to STIs, unwanted pregnancies, untreated physical injury, on-going potential for domestic violence	Potential for life-changing injuries, potential for early death, sustained harm physically, sexually, emotionally, implications for their capacity to parent, their capacity to protect themselves
Adult women	On-going vulnerability to abuse, including sexual abuse & exploitation, untreated injuries, unsupported MHPSS issues, isolation, social shame & stigma, potential abandonment	Continued abuse, retaliation & threats by perpetrators, on-going injuries, isolation, shame, abandonment by families, exposure to STIs, unwanted pregnancies, untreated physical injury, on-going potential for domestic violence	Potential for life-changing injuries, potentially for early death, sustained harm physically, sexually, emotionally, implications for their capacity to protect themselves and others
Adult widows	On-going vulnerability to abuse, including sexual abuse & exploitation, untreated injuries, unsupported MHPSS issues, isolation, social shame & stigma, potential abandonment	Continued abuse, retaliation & threats by perpetrators, on-going injuries, isolation, shame, abandonment by families, exposure to STIs, unwanted pregnancies, untreated physical injury	Potential for life-changing injuries, potentially for early death, sustained harm physically, sexually, emotionally, implications for their capacity to protect themselves and others
Adult women with caring responsibilities	On-going vulnerability to abuse, including sexual abuse & exploitation, untreated injuries, unsupported MHPSS issues, isolation, social shame & stigma, potential abandonment	Continued abuse, retaliation & threats by perpetrators, on-going injuries, isolation, shame, abandonment by families, exposure to STIs, unwanted pregnancies, untreated physical injury	Potential for life-changing injuries, potentially for early death, sustained harm physically, sexually, emotionally, implications for their capacity to protect themselves and others
Adult women with disabilities	On-going vulnerability to abuse, including sexual abuse & exploitation, untreated injuries, unsupported MHPSS issues, isolation, social shame & stigma, potential abandonment	Continued abuse, retaliation & threats by perpetrators, on-going injuries, isolation, shame, abandonment by families, exposure to STIs, unwanted pregnancies, untreated physical injury, lack of awareness of other support services	Potential for life-changing injuries, potentially for early death, sustained harm physically, sexually, emotionally, implications for their capacity to protect themselves and others, no access to services that can provide other help
Adolescent boys	On-going vulnerability to child labor, untreated injuries, isolation in recruitment to armed groups and drug trafficking	On-going involvement in criminality, drugs, and organized groups. Isolation from families, friends, supportive networks, curtailed education, limited life opportunities	Potential for life-changing injuries, potential for early death. Sustained physical & emotional harm, marginalization from community, constrained life choices

Group	Direct protection risks	Indirect protection risks	Potential consequences
Adult men	Limited access to support services around MHPSS, limited access to services to support services around employment & other opportunities	Sustained poverty, sustained precarious housing & assets, limited capacity to protect self & family members, vulnerability to exploitation	Potential for life-limiting injuries & stress, untreated health issues, involvement in criminal activity, abandonment of families.
Adult men with disabilities	Isolation, inability to meet their own needs, severely constrained movement, no access to jobs or economic opportunity, no information about services	Vulnerability to on-going abuse, social isolation, inadequate food, housing & on-going unmet needs. Marginalisation contributing to further vulnerability & limited opportunities	Potential for life-changing injury, including early death. Untreated injuries, isolated from potential sources of support, on-going MHPSS issues unmet

3.1.7. Isolation and Marginalization

The isolation and marginalization of people with disabilities was emphasized by all respondents; they noted mobility issues because of injuries and amputations related to the conflict as well as less visible disabilities. **Many respondents[108] talked about the social isolation and loneliness of those with disabilities, emphasizing the distance from news and information as part of their reduced social contact.** This inaccessibility of formal or informal news and information contributes significantly to a lack of awareness of available support and services, and the ways to access them. It is essential not to underestimate the importance of 'social chat' as a mechanism for information-sharing, making recommendations, 'rehearsing' how to approach services and how to express needs. Many women will engage with services on the personal recommendation and positive experience of someone they know and trust; when people are isolated, these kinds of conversations are unavailable, and it is not uncommon for someone not to know what might be possible for them[109].

> ***"The community culture towards widows limits their movement and education. The same thing happens with divorced women, whose situation is much worse than widows because they are considered to have chosen the divorce. They are exposed to a lot of criticism from the community for being responsible – even if the husband was bad" (KII, Women's Association Member)***

For very marginalized women, such as the women and adolescent girls in the Widows' Camps, access to services is particularly difficult, since they have very limited access to any service provision within the camps, need the permission of the male camp manager to leave, and have no resources for transport. Given the high levels of sexual exploitation that marginalized women are exposed to[110], there are emerging questions about the potential for them living with unintended and unwanted pregnancies, untreated STIs and reproductive health complications, although significant further work is needed to fully understand their situations, and to articulate the specific protection risks for both women and their children in these circumstances.

Isolation may also be increased through limited movement; for men, this may result from their lack of civil documentation, and for women and adolescent girls, both the implications of the lack of civil documentation, and the constraints imposed by their fathers and husbands[111].

[108] CARE KIIs & FGDs
[109] CARE KIIs
[110] CARE KIIs & FGDs
[111] CARE KIIs & FGDs

Table 8 Protection Risks and Concerns per Group Related to Isolation and Marginalization

Group	Direct protection risks	Indirect protection risks	Potential consequences
Adolescent girls	Vulnerability & exposure to sexual exploitation & abuse, domestic violence & abuse, no information about & no access to services, on-going protection issues, on-going poverty & precarious housing	Untreated injuries, & STIs, unwanted pregnancies, on-going vulnerability to abuse, inability to meet the needs of selves & potential children, no access to support services	Disconnection socially & from information about & access to services, isolation from opportunities to build protective relationships & networks, exposure to on-going abuse
Adult women	Vulnerability & exposure to sexual exploitation & abuse, domestic violence & abuse, no information about & no access to services, on-going protection issues, on-going poverty & precarious housing	Untreated injuries, & STIs, unwanted pregnancies, on-going vulnerability to abuse, inability to meet the needs of selves & potential children, no access to support services	Disconnection socially & from information about & access to services, isolation from opportunities to build protective relationships & networks, exposure to on-going abuse
Adult widows	Vulnerability & exposure to sexual exploitation & abuse, domestic violence & abuse, no information about & no access to services, on-going protection issues, on-going poverty & precarious housing	Untreated injuries, & STIs, unwanted pregnancies, on-going vulnerability to abuse, inability to meet the needs of selves & potential children, no access to support services	Disconnection socially & from information about & access to services, isolation from opportunities to build protective relationships & networks, exposure to on-going abuse, unaddressed MHPSS needs
Adult women with caring responsibilities	Vulnerability & exposure to sexual exploitation & abuse, domestic violence & abuse, no information about & no access to services, on-going protection issues, on-going poverty & precarious housing	Untreated injuries, & STIs, unwanted pregnancies, on-going vulnerability to abuse, inability to meet the needs of selves & potential children, no access to support services	Disconnection socially & from information about & access to services, isolation from opportunities to build protective relationships & networks, exposure to on-going abuse, unaddressed MHPSS needs
Adult women with disabilities	Vulnerability & exposure to sexual exploitation & abuse, domestic violence & abuse, no information about & no access to services, on-going protection issues, on-going poverty & precarious housing	Untreated injuries, & STIs, unwanted pregnancies, on-going vulnerability to abuse, inability to meet the needs of selves & potential children, no access to support services	Disconnection socially & from information about & access to services, isolation from opportunities to build protective relationships & networks, exposure to on-going abuse, unaddressed MHPSS needs
Adolescent boys	On-going isolation, disconnection from education & adults who can support them, inability to meet their own needs	Vulnerability to recruitment into drug trafficking, armed groups & other kinds of criminality. Exploitation and isolation in child labour with little or no support, no information about services	Untreated injuries, increasing vulnerability to criminal activities, disengagement with families & other social support systems, no way to engage with services

Group	Direct protection risks	Indirect protection risks	Potential consequences
Adult men	On-going isolation, disconnection from families & other socially supportive relationships, inability to meet their own needs	Homelessness & on-going poverty, involvement in criminality, including drugs, unmet health needs, abandonment of family	Life-changing injury, unmet health needs, potential involvement with armed groups or drug-trafficking, no way to engage with services
Adult men with disabilities	On-going isolation, disconnection from education & others who can support them, inability to meet their own needs	Isolation, limited opportunities, unmet physical & social needs, lack of access to services & support, exposure to exploitation, abandonment by those who could help	Chronic health needs become acute health needs, malnutrition, disengagement socially leading to MHPSS needs & inability to access services

Older women, especially widows, are highly vulnerable and unsupported. **As noted, they may not have sustained their right to their inheritances through divorce or widowhood and may find themselves with extremely limited means. For widows who are responsible for children – their own children, or their grandchildren - this can leave them wholly exposed to sexual exploitation and abuse, and their children to exploitative and dangerous work.** Older women and widows have very limited voice in public or community decision-making, leaving them unsupported and unrepresented in their communities[112]. Their movement may be tightly constrained, their access to services and resource severely limited and their needs largely socially invisible. As identified by World Vision in their report into the circumstances of women in the Widow's Camps, and reinforced in CARE's KII and FGD data, their circumstances are bleak, heavily restricted movement, relentless sexual violence, inadequate food, and resources, and almost no access to services. Their children too are highly exposed to dangerous work, to witnessing & experiencing violence, and to being marginalized from their communities and from any supportive services[113][114].

> ***"In general, widows are the most vulnerable group in the community and they are followed by the girl brides where early marriage leads to domestic violence, in addition to elderly people who also suffer from a number of issues" (KII. Male. Youth Worker)***

3.2. PROTECTION NEEDS

The data indicates that perpetrators of abuse exploit the precarious situations of protracted conflict to have access and opportunity in relation to their targets. While several respondents suggested that domestic violence is the result of men's stress, poverty and/ or unemployment, this is not borne out in data. Patriarchal dynamics, including the assumption that men are the heads of families, that men are decision-makers, and that women's roles are primarily domestic and reproductive are much more related to the prevalence of domestic violence. In addition, the marriage of girls to men that are significantly older than them, and upon whom they are economically dependent, lays fertile ground for domestic violence[115]. For boys and young men, perpetrators take advantage of their precarity to exploit them in heavy labour, try to radicalise them or recruit them into armed groups, and/or try to recruit them into cross-border drugs trafficking.

[112] CARE KIIs and FGDs
[113] World Vision 2022 *'The Women and Children of Syria's Widow Camps; Hardest To Reach, Most At Risk'*
[114] CARE KIIs and FGDs
[115] CARE KIIs & FGDs

The sections below outline the core direct and indirect protection needs arising through the combinations of unmet needs, patriarchal systems and other inequalities and disadvantages (age, disability and so on).

It is essential to keep in mind that poverty, precarious housing/ shelter, and limited movement contribute to the foundations of these vulnerabilities and needs and must be addressed alongside any other interventions and services. It is also essential to keep in mind that insecure civil documentation plays a significant role in the underlying precarity and must also be addressed.

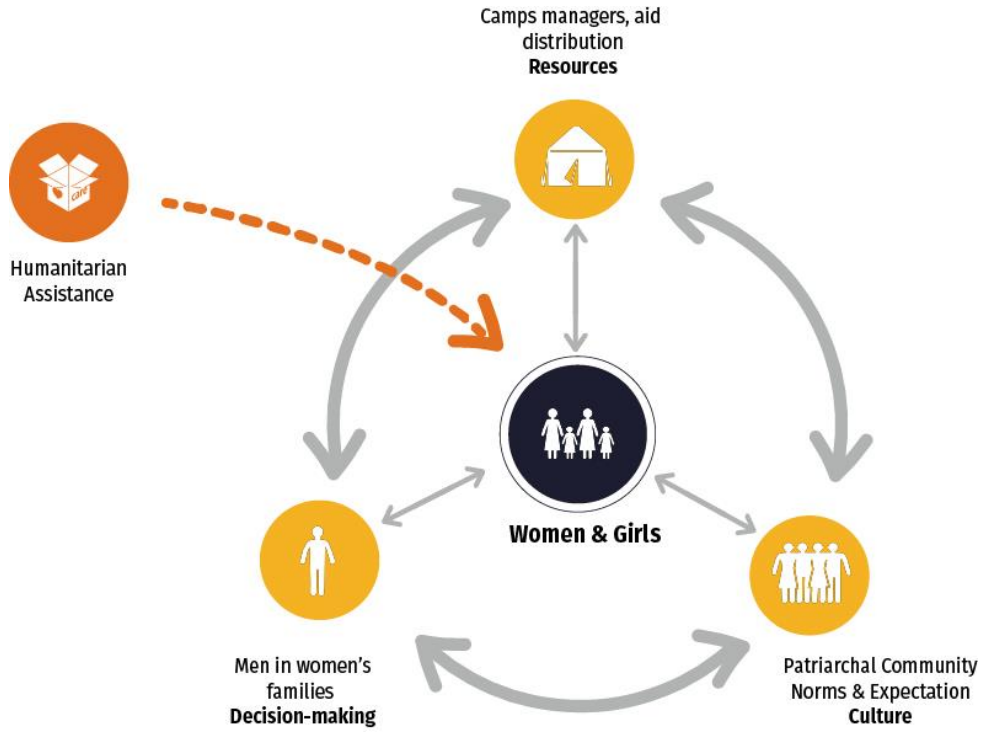
3.2.1. PROTECTION NEEDS RELATED TO SGBV

The social norms and discourses explaining patriarchal dynamics also contribute to the vulnerabilities of women and girls to GBV; women and adolescent girls are most likely to be blamed for the violence they experience, and to be socially stigmatised for it. The lack of social accountability towards perpetrators contributes to a conducive context for abuse. The shame of violence rests with the woman experiencing it; "there is no law to protect women from domestic violence in Syria, because women cannot speak out about violence due to shame. The travel law also prohibits mothers from escorting their children under the age of 18 when travelling without their husbands' permission" . The concept of family honour being carried through the bodies of women and girls also contributes to a conducive context for abuse, since the social and familial 'value' of women and girls are bound up in their sexual reputations and gendered expectations.

A further consideration is the inequality of power in terms of access to and control over resources. When women are deeply impoverished, when they are dependent on men for their access to the resources to meet their most basic of needs, when their employment opportunities and participation in public life are minimised, it is extremely likely that there will be sexual exploitation and abuse by the men who have the control of the resources. These may be men in women's families, in their communities, managing the camps, distributing aid, or providing necessary services.

The diagram below illustrates the ways in which women and girls particularly are surrounded by patriarchal dynamics, all of which contribute to a conducive context for potential abuse. Any of the actors surrounding women and girls may be involved in exploiting their poverty, vulnerability and/ or lack of protection. In the design of programming and interventions, it is essential that humanitarian actors recognise the different gate-keeping dynamics around women and girls and engage with them; work with these gate-keepers must be with the aim of reducing and transforming their power rather than inadvertently reinforcing and embedding it. As gate-keepers, the actors within these dynamics have the potential to work in the interests of women and girls, or to abuse their power as gate-keepers. Designing programming from a Safeguarding perspective would also help to mitigate against the potential for the abuse of power, and inadvertent contributions to opportunities, access, and social cover for perpetrators. Effective work with these dynamics of gatekeeping can contribute significantly to the safety and security of women and girls.

Figure 5 The Patriarchal Landscape of Women and Girls



While social norms change is still a long-term aim in programming, there are immediate direct and indirect protection needs to be met, and the ways in which programming is designed and implemented can contribute firstly to meeting those needs, and secondly to laying the foundations for longer-term gender-transformative work. Working intentionally to keep money & other resources in the hands of women not only helps to increase their protection in the present by making it more difficult to sexually exploit them, it also helps to introduce the idea that women can be in charge of decision-making around resources, and in control of their own decisions.

For *married women*, limitations on their movement is a contributing factor to the lack of access to services; in combination with the patriarchal norm of men making decisions for women over contraception, birth - spacing, and other kinds of sexual and reproductive health services, the limitations on movement severely constrain women's access to services in their own interests. Community relationships may also make it hard for them to have access to services if they think that someone is going to report back to their husbands[116]. The high levels of domestic violence[117] reported by respondents speak to the lack of accountability of perpetrators, the patriarchal assumptions underpinning marriage, and the dependence of women on their husbands for access to resources, and for access to services. In the context of conflict, with insecure shelter/ housing, highly constrained resources, and few opportunities for women to work, services responding appropriately and safely to domestic violence are a high protection need.

For *widows*, the vulnerability is extreme and the unmet needs enormous. Women are left with the responsibility for the care of others, no access to resources, and without the social protection of a husband. Their movement is constrained, their access to information and services heavily restricted, and their exposure to very high[118]. The isolation means that they have very limited connections with other women who might share information on where to seek help. Their access to SRH services is also highly constrained and it is not clear from the existing data how – or even whether – they have access to services.

[116] CARE KIIs & FGDs
[117] CARE KIIs & FGDs
[118] CARE KIIs & FGDs

For *women with caring responsibilities,* whether children, the elderly, or those with disabilities, the combination of their responsibility for others with their limitations on movement and their limited access to resources leaves them highly exposed to exploitation in transactional or survival sex, SHEA, and on-going sexual abuse. They may not be able to meet the needs of those they care for, physically, economically, or emotionally, and this reinforces their vulnerability. It may be that women are trapped in abusive marriages because they know that their decision is how they sustain their children, or the others who are dependent on them[119]. Having limited access to or control over resources, and having their access to services determined by their husbands constrains them further; they may stay in an abusive marriage, or they may leave themselves open to sexual exploitation and abuse[120].

> ***"Sexual exploitation, we fear very much, because in the camps there are a mix of men and women living together, overcrowded, and there are also kidnapping cases. We feel fear about our children because we send them to work because of poverty because the camps are not served well, our children of 13-14 years old go to work, and we as women also feel fear of going to the city because there is no safety or security" (FGD Adult Women)***

Respondents also reported high levels of need for appropriate, responsive services[121]. These include, for example;

- Humanitarian aid packages that provide women and adolescent girls directly with resources aligned to their specific needs, and including both cash and NFIs
- On-going access to opportunities to generate income and sustain money of their own
- SRH services combined with GBV services
- SRH & GBV services that understand transactional and/or survival sex as forms of abuse, and which are supportive and not judgemental
- SRH services that women can trust to keep their privacy & confidentiality, including from their husbands
- Mobile services that are embedded within other, less contentious services to support confidential access
- Remote and/or mobile case management services that support longer-term safety planning, resource options, movement to more secure places to live, networking and building protective relationships with other women
- Shelters and safe houses to provide temporary respite and as a step towards moving to safer places to live
- SRH & GBV services that can be accessed remotely, and which have confidentiality mechanisms built into their remote practice
- Safe spaces for women and girls to meet, to share information, to socialise, to build friendships, to seek information and support
- Service delivery that has protection and mitigation built in from the beginning, including aid distribution by women staff, outreach through women's groups and other services

[119] CARE KIIs and FGDs
[120] CARE KIIs and FGDs
[121] CARE KIIs and FGDs

A final consideration involves the provision of Shelter and WASH facilities for IDPs, and the ways in which these leave women and girls open to harassment, assault, and exploitation; many respondents noted that shelters are over-crowded, insecure, and there are unknown men around all the time, and that WASH facilities are inadequately lit, positioned badly, and insecure for women and girls to use[122].

3.2.2. PROTECTION NEEDS IN RELATION TO CEFM

The consequences of child and early marriage are serious for adolescent girls, as they are likely to have restricted movement, lose their access to education, and potentially be very young mothers. The levels of domestic violence for adolescent girls is very high[123], and the physical, sexual and emotional consequences of early motherhood have lifetime impacts.

> ***"We feel fear of the sexual and physical violence. We feel fear about our girls – we feel fear of kidnapping and rape, we also feel fear about the boys – we feel fear of kidnapping and crime" (FGD, Women's Group camp, Idleb)***

The services available are rarely supportive of adolescent girls; within their patriarchal environment, there is a great deal of negative judgement and shame visited upon them, and having access to appropriate services is very difficult. Many SRH healthcare providers do not have the skills or the attitudes necessary for effective working with young women, and young women are often too intimidated, through experience or the reputations of servies, to engage. They also have issues of access through restricted movement, no money for transport, and through the visibility of the services they want to engage with.

Adolescent girls need to be protected from child, early and forced marriage through greater resource security in their families and sustained access to education. For girls who have been married early, there is a significant need for a wide range of supportive services, including, but not limited to;

> ***"We have a room we call 'the sharing room', it is a secret room. For girls, it is even harder because it is so difficult to tell their families that they are coming to this 'sharing room'. That is why, under cover of trainings, they come to this 'sharing room' and can tell us about the sexual & verbal abuse they are experiencing" (KII, Adult Woman)***

- Age-appropriate SRH services that work supportively and non-judgementally with adolescent girls124
- SRH services that are both GBV- and trauma-informed, and which both ask relevant questions and connect adolescent girls to other relevant services
- Maternity and post-maternity care that supports them in finding their way into motherhood while they are still, in many instances, children themselves125
- Sustained and supported access to on-going engagement with education in order to have opportunities in their futures and to find ways out of their dependencies on the men they are married to, and the men in their families
- Community engagement in supporting their access to and engagement with services dependencies on the men they are married to, and the men in their families

[122] CARE KIIs and FGDs
[123] CARE KIIs and FGDs
[124] CARE KIIs and FGDs
[125] CARE KIIs and FGDs

3.2.3. PROTECTION NEEDS IN RELATION TO CHILD LABOUR

The protection issues faced by boys and young men as well as girls are equally underpinned by patriarchal systems; their involvement in heavy and hazardous labour, their potential radicalisation and/or recruitment into armed groups are very much aligned with patriarchal systems, and the men grooming, exploiting and recruiting them are also perpetrators. Boys in families with limited resources, and especially the sons of widows or single mothers, are often not able to sustain their education, and are involved in child labour to help to generate resources for a family[126]. The isolation for adolescent boys, in addition to the physical risks of the labour they are involved with, leaves them exposed to potentially exploitative recruitment into armed groups[127], and into involvement with drug trafficking[128]. The lifetime consequences of these are devastating, and generate further protection risks as boys become older.

> *"I saw one of my students herding sheep and he was a 4th Grade student last year. I asked him why he left school and he answered that he wants to work for a living and bring food for his brothers. He is an orphan and he is the eldest one among his brothers. His mother works but she cannot secure the whole family's needs" (KII, female educator)*

Adolescent boys need services including, but not limited to;

- Outreach to reduce their isolatiton and divert them away from involvement in criminal activity, and towards more educational and social activities
- Services that connect them with others of their own age and support them to develop friendships and socially supportive networks
- Services and activities that remove adult responsibilities from them, and allow them to be young, to be adolescent and to be involved in age-appropriate activities
- Services that encourage and enable their on-going learning and education

It is important to note that when women have greater control over resources they are also better able to protect their sons as well as their daughters. Ensuring that women have adequate resources so that their sons can sustain their education, for example, helps to meet the protection needs of boys and lays the foundation for them to have wider opportunities as they become adults. In addition, supporting women to support their children helps to build a layer of protection between boys and young men and their potential involvement in drug use and the drugs trade[129].

3.2.4. PROTECTION NEEDS: TRAUMA INFORMED SERVICES

The impacts of unmet protection needs, and the implications for particularly marginalised groups extend into issues of mental health and emotional well-being, both of which have implications for resilience and people's on-going capacity to cope. Across all demographics, there is consistent recognition of high levels of fear, distress and layers of traumatic and toxic stress[130]. The sources of it are very much present and continuing, with no suggestion that they will end in the foreseeable future. The multiple sources of this traumatic distress include: fear of kidnapping; fear of armed groups; relentless poverty; insecure shelter; on-going exposure to sexual violence, including sexual exploitation and abuse; domestic violence; early marriage; grief through deaths and family separations;

> *"Psychological stress from living situations, stresses on men which might reflect on the household, fear for the children due to insecurity and the spread of abduction cases, the lack of access to education, and the spread and fear of diseases, which leaves more psychological stress" (KII, Adult Woman, Idlib)*

[126] CARE FGDs & KIIs
[127] CARE KIIs
[128] CARE FGDs
[129] CARE KIIs
[130] CARE KIIs & FGDs

a sense of being overwhelmed and unable to cope; uncertainty about a future; powerlessness; feelings of abandonment and betrayal[131].

Many women and girls reported multiple negative feelings including depression, hopelessness and suicidal ideations[132]. There are widespread consequences of these kinds of mental health issues including to the physical and sexual health of the women and girls concerned, and their capacities to both cope and parent on an everyday basis. Isolation – physical, social, emotional – compounds these feelings and further wears down any sense of purpose or resilience. The constant fear, especially around sexual exploitation and violence, and the relentless sense of unsafety continually reinforce existing traumatic stress and distress.

> ***We noticed that as a result of the long stay in the camps, and the psychological pressure that women face in the camp environment; this can cause depression, and fear of everything as a result of displacement, and residence in displacement camps. Regarding men, living within camps causes great pressure. We noted a great deal of psychological pressure faced by women and men in general"***

These impacts are ubiquitous across all the groups involved; the manifestation of these issues may vary depending on the circumstances and situations of specific groups, but the underlying issues are not significantly different.

Similarly, it can be very difficult for adult women to approach GBV services if they feel or know that they will be judged or blamed for the violence they are experiencing[133], or that they will be exposed to retribution or reprisals from a perpetrator[134].

Across all demographics, a core protection need is services that are;

- Physically, economically, and socially accessible
- Safe, private, and confidential
- Delivered consistently and in trustworthy, predictable ways
- Holistic and provide an entry point into other relevant services
- Supportive, non-judgemental, and using trauma-informed approaches

3.2.5. PROTECTION NEEDS FOR LGBTQIA+ POPULATIONS

In relation to LGBTQIA+ populations, the assessment was not able to generate any meaningful data for several reasons. In part, there was high military and/or security presence, which may have inhibited the potential for respondents to engage. In part, this is a conservative patriarchal context and diverse sexualities, and gender identities are not easily or routinely publicly recognized. As a result, there is little data on the protection needs of these populations. Sexuality, Gender Identity, and Disorders of Sexual Development (DSDs) are three very separate populations which need to be disaggregated from the whole. In addition, there needs to be a gender analysis built in across the three populations: lesbian women face different risks and challenges to gay men; trans-identifying females (transmen) face different risks and vulnerabilities to trans-identifying males (transwomen); females with DSDs and males with DSDs face different issues socially and sexually in relation to their conditions[135]. There may be value in engaging in a separate piece of work specifically engaging with these populations in this context; an initial approach could be to develop a more detailed and targeted

[131] CARE KIIs & FGDs
[132] World Vision 2022; '*The Women and Children of Syria's Widow Camps: Hardest to Reach, Most at Risk*
[133] CARE KIIs & FGDs
[134] CARE KIIs
[135] https://www.ncbi.nlm.nih.gov/books/NBK64802/

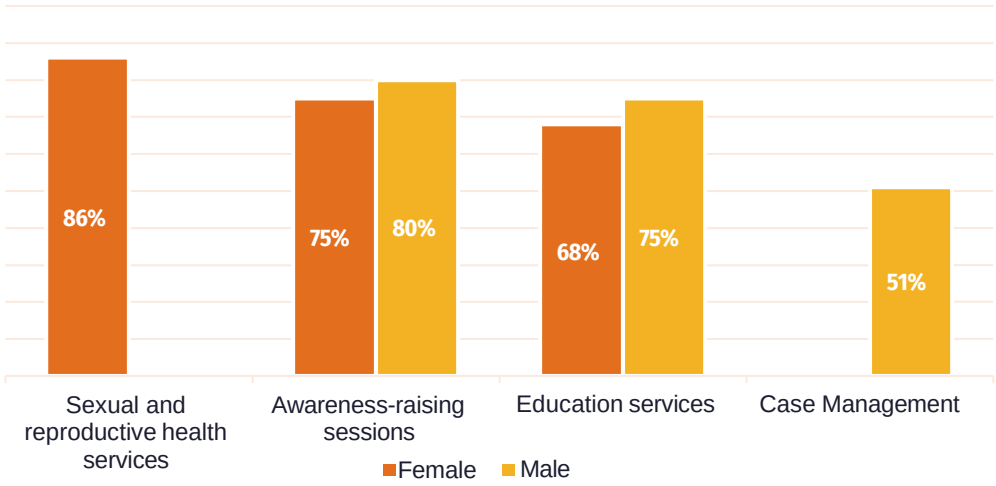
risk mapping exercise which could form the foundation of more nuanced research, taking into account the sensitivities and risks involved in asking and responding to the questions.

3.3. AVAILABILITY OF AND ACCESS TO SERVICES

As part of this assessment SREO conducted a comprehensive service mapping. The findings demonstrated that all locations visited have services available to some extent, but many respondents in the FGDs noted that available services are often insufficient or inappropriate, especially for camp residents[136].

According to the survey respondents, the services that are available to men and boys, women and girls are: (1) SRH services, (2) awareness raising sessions, (3) education services, and (4) case management for men and boys[137]. The chart below details the responses.

Figure 6 Available Services per Sex



86% of respondents stated that sexual and reproductive health services were available in all sub-districts[138]. At the time of data collection there were 65 facilities providing SRH services in the sub-districts where this needs assessment was conducted, and the awareness of those services appeared to be good[139].

Regarding basic and protection services available for persons with disabilities in their locations, awareness raising sessions were stated to be available all sub-districts (stated by 62% of the respondents)[140,] followed by case management services as indicated by 58% of respondents, and psychosocial support mentioned by 47% of respondents. Protection centres seem well spread and established across the surveyed locations; however, these centres do not have the ability to cover the needs of all groups due to the increased density of IDPs and host communities residing in the main urban zones[141].

96% of the survey respondents stated that the groups that have *the least* access to basic and protection services are IDPs[142]. They are geographically the most isolated, face the most restrictions in movement, and have limited access to resources to support the need to travel for services. This is compounded further for women and girls in particular by the control of their movements[143] and their engagement with services via their husbands or other men in their families[144]. It can be especially difficult for women and adolescent girls to have

[136] CARE FGDs
[137] CARE Survey Data
[138] CARE Survey Data
[139] CARE Survey Data
[140] CARE Survey Data
[141] CARE Survey Data
[142] CARE Survey data
[143] CARE KIIs
[144] CARE KIIs & FGDs

> *"Mostly, people residing in camps are struggling with such issues because they live in tents, meaning that they need everything. The people living in tents are stuggling a lot because there is no roof over their heads. There are also a lot of orphaned children in the camp and I don't even know how they are managing" (FGD Adult Women, Al Zoghra)*

safe access to SRH services, and privacy within those to discuss their needs[145].

Focus group discussions in Jarablus noted that pregnant women do not have access to the services that they need, with respondents talking about how far women need to travel to find SRH clinics[146].

Key informants also highlighted that there are no specialized facilities supporting PwDs to facilitate their integration into society[147]. There are also limited mental health services available despite psychological distress, depression and anxiety being particularly widespread across the target sub- districts covered by the assessment[148].

Survey respondents in Armanaz sub-district, Maaret Tamsrin sub-district, Salqin sub-district and Idleb sub-district, reported gaps in the services listed[149]. This may reflect limited availability and/or low awareness of these services among the groups targeted for those service; there are significant gaps noted, with issues of protection for unaccompanied children, and for survivors of SGBV being notable examples. While the mapping describes a wide variety of *available* services in the locations mapped, there are a number of other issues to be taken into consideration. Across all the areas, respondents noted that services for those with disabilities and the elderly are severely limited; respondents talked about the need for services extending social networks and reducing isolation as a core unmet need[150]. Mental health and psycho-social support services were also noted as lacking, along with services for survivors of SGBV[151].

Gaps in Services

Gender-sensitive hygiene kits
Legal Assistance
Alternative care for separated and unaccompanied children
Recreational activities
Caregiver groups and parenting skills
Life-skills for Adolescents
MHPSS
Support to SGBV survivors incl shelters, case management and specialised response services
Physiotherapy & rehabilitation
Safe shelter for women
Livelihood opportunities & trainings

While services may be *available* in many areas, there are separate issues of *accessibility* that have a significant impact on the uptake of those services. Some of these issues are practical and logistical, and others are rooted in the social norms around the patriarchal systems and how these intersect with other inequalities and disadvantages. For the elderly and those with disabilities, mobility is a significant issue shaping their access to services; services may be hard to access for those who have no-one to take them, or to support them[152]. Respondents also referred to issues of communication, and the potential for older populations not knowing how to use mobile phones, limiting their access to both information and remote services[153].

3.3.1 BARRIERS TO ACCESS

While being involved and engaged with wider communities is a critical component of reducing isolation and marginalisation, this mechanism of protection is not without problems of its own. As noted earlier in this report, **community dynamics may act as the cultural mechanism for the reinforcement of norms and**

[145] CARE KIIs & FGDs
[146] CARE FGDs
[147] CARE KIIs
[148] CARE Survey Data
[149] CARE Survey Data
[150] CARE Survey, KIIs & FGDs
[151] CARE KIIs & FGDs
[152] CARE KIIs & FGDs
[153] CARE KIIs

expectations that undermine protection for specific groups. For women and adolescent girls in particular, it can be extremely difficult to have appropriate access to services supporting their protection, inclulding SRH services and GBV response and case management services.

A particular concern is grounded in how SGBV is dealt with at the community level; within patriarchal systems, commununity responses may not be survivor-centred or in her best interests[154]. **While these responses may appear to provide some restitution, in reality it also exposes survivor to further violence and abuse. In similar ways, survivor of domestic violence may not find the support they are looking for in their communities**; they are likely to find themselves held responsible for the difficulties they are experiencing, to be blamed, and to find themselves stigmatised by the people around them[155]. This is a substantial barrier to women and girls seeking help and finding their way to services that can support them.

For adolescent girls too, community norms and expectations may impact on their access to services; **they may be subjected to social shame, stigma and some victimisation if they identify that they need SRH services, and this is a significant constraint**[156]. In a context where it is not acceptable for women to decide for themselves the timing and spacing of pregnancies, and she must get the permission of her husband, as reported by 60% of women and girl respondents[157], community mechanisms may work against the protection needs of women and girls, rather than in support of them.

In relation to experiences of violence, most respondents talked about turning to their friends and families for support as a first step, and this will depend on the kind of violence they have experienced, and the levels of trust they have with the people immediately around them[158]. **For widows, those with disabilities, and the elderly, their social isolation will make this more difficult and leave them with potentially no-one to approach in the first instance**. For many respondents, more formal reporting of violence depends on who the perpetrator is, and their level of fear in relation to potential retaliation or an escalation of the abuse and violence[159]. This, in combination with restricted movement, and the patriarchal systems that blame and stigmatise women and girls for the violence perpetrated against them, contributes to the difficulties in access to services.

> ***"If I go and complain about an incident and report the man, will he get out eventually and take revenge against me? Will he stalk me? Assault me? Wait for me at a certain place and beat me down? This would lead me to refrain from complaining about or reporting the man..." (FGD, Adult Woman, Azaz)***
>
> ***(KII, Adult Male, Jarablous)***

The reluctance to report perpetrators more formally speaks to levels of insecurity within communities and a lack of confidence that they will be able to protect a survivor from potential retaliation and revenge. It also speaks to the degrees to which communities are more or less stretched in their capacities to provide care and support to their most vulnerable**. For many, the difficulties in providing for and supporting their own families means that they have little scope to provide care for others, leaving the most marginalised very isolated and unsupported**. Their isolation and lack of social support contribute to the access and opportunity that perpetrators seek[160], compounding their vulnerabilities.

In relation to service provision, respondents noted that they do not always know, or have confidence, that they will be met well within the available services[161], which is a further barrier to access. **When there are such high level of fear of retaliation, or social shame, it is critical that outreach and information about services provide reassurance and clear information about the quality of services people can expect**. In addition, it is essential to note the ways in which people have access to information and the degree to which the reputations of services, and the experiences of people known to the survivor influence their decisions about

[154] CARE KIIs
[155] CARE KIIs
[156] CARE KIIs & FGDs
[157] CARE Survey
[158] CARE Survey
[159] CARE KIIs
[160] ibid
[161] CARE KIIs & FGDs

engaging with services[162]. In this sense too, **strengthening social networks and friendship groups contributes indirectly to increased protection as it can bring access to information, reassurance and encouragement to engage with other protection services.**

The issues of accessibility need particular attention, and involve more than geographical concerns, although for IDP populations these are significant**. Approaching services from a "hard to access" perspective may help to finds way to support stronger outreach, leading greater trust in services (particularly around privacy and confidentiality) and more approachable means of access**. Exploring the possibilities for extending mobile and remote services, using the lessons learned through the Covid-19 response may also help to make services more accessible to the most marginalised and isolated.

Work with communities to change the dynamics is of necessity long-term. However, building community engagement around interventions to support survivor access to services may prove to be more impactful than awareness-raising alone. **Working with communities – and specific groups with communities – to strengthen their bystander responding (supporting someone to engage with services, helping them to do that) is likely to enhance the informal and immediate mechanisms that are often the first step in help-seeking**. This to may contribute to changing the blaming and stigmatising norms that can be such an obstacle to accessing protection services.

[162] CARE KIIs

4. CONCLUSION

After 11 years of the crisis, due to various factors, protection risks are continuing, and new ones are emerging. Women and girls, men and boys with diverse backgrounds (age, disability etc.) have different risks due to their vulnerabilities and they experience different protection concerns. Addressing the protection risks are not only protection actors' responsibility but an obligation for all sectors. While this PNA provides contextual insights and recommendations on how to better address some of those, further analysis is needed for specific thematic areas.
We hope that all actors and all sectors in NWS will scale up safe programming that considers protection risks stated in this report- and that this report will be useful for this.

4.1. RECOMMENDATIONS

Programme design needs to take into consideration creative ways in which humanitarian assistance – both goods and services – can be brought to women and girls particularly without increasing their exposure to violence and abuse. Increasing their access to and control over resources without either relying on the goodwill and control of the patriarchal gatekeepers, or triggering their expressed disapproval or resistance is critical in increasing the protection of women and girls.

A further consideration in planning programme design and intervention is to focus around issues of 'safe to' rather than 'safe from'; increasing protections intended to build safety from potential abuse and exploitation can inadvertently reinforce the existing constraints and limitations, particularly for women and girls. Focussing on 'safe to' reframes the intention of the work, and brings a focus to the intended outcomes; in the context of patriarchal systems, inequalities and disadvantages, and the prevalence of perpetrators, what do the target beneficiaries need in order to be safe to participate in and benefit from humanitarian assistance? How might services be designed and operationalised in ways that support safety to engage and benefit?

The recommendations below are organised in three sections; **programming, advocacy, and further research**. All of the recommendations seek to build on the priorities identified through this report, and to strengthen both prevention of and response to the widespread GBV experienced by women and girls as a result of their unmet protection needs , as well as to mitigate against the consequences and impacts of the direct protection

risks.

4.1.1. PROGRAMMING, SERVICES AND COMMUNITY ENGAGEMENT

CARE	• Design programmes and recruit staff from a safeguarding and women's empowerment perpective; actively recruit and train women into key roles, including management, so both increase the safety of the women & girls using services, and provide livelihoods and training opportunities for women. Design Job Descriptions that speak to and recognise women's informal skills as well as their experience of formal education and training • Build skills in all staff and programme areas to be working from a trauma-informed approach and skill-set, in order to provide indirect MPHSS care as standard and to avoid contributing to further harm. • Build on the existing best practice and lessons learned through the Adolescent Mothers Against All Odds programme model through designing holistic interventions working simultaneously with adolescent girls, health service providers and commuities to extend their alignment with the needs of women and girls and improve service delivery on SRH. • Build on the existing best practice and lessons learned through the integrated GBV&SRH program model to continue the life saving and needed services for at-risk women and girls and to improve the quality and types of services for different groups. Expand the geographic coverage by identfying new funding opportunities • Improve GBV understanding, address cultural norms affecting caregivers, community leaders, health actors in their service to and interaction with survivors and/ or women and girls at risk. • Engage women & girls in the design of easy-to-access services including mobile services, services building on the skills of women and girls as peer agents for individual and community transformation and growth • Engage adolescent boys in the design of gender- and age- appropriate services for them • Build on existing community support mechanisms that support equitable gender and social norms and work together with them to increase women and girls' decision making role within the community such as informal women groups and networks, community groups active for collective protection of women, girls, boys and men with communication links to decision makers such as local authorities, local councils, camp managements in NWS. • If existing, prioritize working with women-led groups, if not, continue the efforts on empowering women and girls' agency through targeted interventions • Continue to integrate GBV risk mitigation efforts into all sectors in NWS, informed by the protection risks identified in this report, to ensure that programmes do not cause further harm & address the different barriers that different groups face • Engage women and girls in protection support networks and targeted programmes by building on their capacity and knowledge and by meaningful linkages to sustainable skills building, education and income generation opportunities. • Build intentional linkages between CARE Türkiye's Protection and Livelihood and Early Recovery programmes via integrated work with a focus on diversifying service entry points for adolescent girls, single women, GBV survivors, women- led households.

HUMANITARIAN ACTORS	• Design programmes in layered ways, grounded in 'safe to'; consider how to embed specialized services for women and girls within standard programming to increase their safe access (for example, 'sharing rooms' with confidential links and referrals to specialized GBV and SRH services as part of other, less contentious interventions) • Extend the reach and availability of mobile services, to improve access for women and girls, and to increase awareness of available services with those who are more isolated; attach outreach work alongside the delivery of services to extend awareness and to build trust with isolated populations • Prioritise working with formal and informal actors in decision making and community discourse shaping roles; engage community leaders such as religious actors, imams, women and men religious teachers in gender responsive activities. • Explore power dynamics that perpetuate gender biased community structures in targeted locations and identify 'gate openers' with a focus on trainers, teachers, religious leaders (women and men) in capacity to inform community norms and practice. • Build on the power of informal actors, networks such as community committees, informal leaders by identifying gender equality supportive gate keepers and engage in community based protection programming in longer term. • Prioritise refitting of Shelter & WASH facilities in camps to improve security; involve women and girls in decisions about the placements of facilities and ensure all toilets & showers have lights, doors & locks • Prioritise the needs of people with disabilities in the refitting of WASH facilities to ensure that they are fully accessible in both placement and in provision • Nurture supportive social networks to reduce the isolation of particularly marginalised women through offering social events, spaces to gather, activities for interest & indirect support. • Increase age-appropriate, GBV - informed SRH services that work supportively and with adolescent girls, their families and sensitise health service providers • Bring attention and awareness of all sectoral actors to the needs of women providing care for others, including to those with disabilities in , criteria setting, adapting service provision to special needs and considerations. • Prioritise meaningful inclusion of people with disabilities in all humanitarian assistance, conduct inclusion mainstreaming and inclusion audits with the input of people with disabilities. • Focus on increasing access to and control over resources, including revisiting the contents of aid packages with women to ensure they are relevant & appropriate • Ensure that distributions around winterisation prioritise the needs of marginalised women and girls to help to protect them against further exploitation
CLUSTERS & COORDINATON	• Approach programme design from a position of 'hard to access' services, rather than 'hard to reach' populations; what do these communities and groups need in order to be able to safely access these services and provision of aid. Ensure that 'access' is addressed beyond the geographical to include the social, emotional and practical barriers identified in this report

	• Build outreach and community engagement linked to service provision to foster community support for survivors, to encourage active intervention, referrals to services, and to increase access to services for survivors • Promote representation of women and girls, survivors, if they choose to, in planning processes and coordination meetings that affect service provision for themselves throught relevant working group, cluster fora. • Engage in meaningful conversations with women, girls, men and boys including community and religious leaders on mainstreaming gender programming, direct learning from communities into safe GBV prevention, risk mitigation and response planning. • Use learning from working remotely during the Covid pandemic to explore possibilities for working remotely with women and girls, and designing interventions that increase safety through their remote access • Focus on improving the economic opportunities for women and adolescent girls, particularly women with caring responsibilities, women headed households and widows, work across sectors for sustainable outcomes • Develop shared priorities for working with boys to sustain their access to education, build protective social networks and reduce their isolation, particularly the sons of widows and single mothers • Work cross-sectorally to strengthen work around protection; design joint programming to build on synergies and reinforce mitigation and reporting measures • Promote the integration of a 'protection-focussed' lens in programming & advocacy across sectors (WASH, Health, Education, Livelihoods in particular) to support the mitigation of the identified risks
DONORS	• Support the development of Safe Spaces for women, girls, and boys to build friendships, build relationships, and increase their social assets, including access to information and companionship, solidarity, and solace • Support the development of specialised MHPSS, GBV and gender responsive livelihoods services, with emphasis on inter-sectoral working to fully integrate protection • Support organisations focussing on community based programming in working with adolescent girls, their peers and power holder/decision makers such as caregivers, community leaders, camp power holders who can both enable or prevent working with women and girls. • Support longer-term, more predictable porgramming interventions that built trust and confidence in the affected populations and enhance the reporting and mitigation mechanisms in relation to protection risks • Prioritise gender-responsive programming with an emphasis on mainstreaming issues of inclusion (disabilities, diversity and so on)

4.1.2. ADVOCACY

CARE	• Women-for-women services as standard, including for work with adolescent girls • Specialist safe spaces for women and adolescent girls, including opportunities for women & girls with caring responsibilities, women & girls with disabilities, widows and single parents to find security, companionship, and solidarity as well as access to information and resources • Continued advocacy around meeting protection needs at community level with more activism in targeted governorates, IDP camps and through engagement with formal and informal community leaders • Trauma-informed practice in all services, ensuring that psychosocial 'first aid' is integrated into all service provision • Protection and gender mainstreaming to be standardised across all sectors and strengthening CARE and implementing partners capacity, aligned with & attached to safeguarding refresher training as well as actionable mainstreaming goals set for all sectors
HUMANITARIAN ACTORS	• Specialist services and resources for adolescent girls, including extending mobile & remote educational opportunities • Cash transfers and humanitarian assistance directly to women, rather than to 'heads of households' and support for interventions enabling women to sustain control of their resources • Advocacy around increased provision of humanitarian assistance through the winter, including increase that recognises the impact of the Ukraine crisis on the cost & availability of core foods including wheat, flour & oil
CLUSTERS & COORDINATION	• Prioritising the needs of very marginalised women, including widows, and single mothers & their children • Mobile & outreach services to improve accessibility, including the embedding of specialist GBV services within less contentious services • Consistent training in trauma-informed practice for all service providers to ensure that pyschosocial first aid is integrated across all services • Connect GBV, Health, Cashand Protection Clusters for effective cooperative working, shared priorities, & connected services • Explore options for better collaboration with conflict mediation and social cohesion initiatives under which Syrian women have increased access and influence on various level to utilize this potential for humantiarian purposes
DONORS	• Advocacy around increased resources to enable people to meet their basic needs through the winter, including in relation to the impact of the Ukraine crisis on basic food stuffs • Advocacy for prioritising the addressing of protection risks and needs, including allocating relevant and adequate resources • Advocacy around civil documentation and ways to improve access to the documentation that people most need (marriages, births, ID for travel)

4.1.3. RESEARCH AND DATA

CARE	• Research into the specific needs of women providing care to those with disabilities, and their experiences of violence, sexual and gender based exploitation and abuse, and the support they are looking for • Research into the impacts of community engagement as bystanders in protection issues, the ways in which they can support referrals to services and report issues in their communities effectively • Research into the informal networks of information-sharing between marginalised groups, how specific groups are encouraged & enabled to engage with services, and ways to nurture these networks. How do specific groups get information that they trust & will act on? • Research with small-size formal and informal women-led networks and initiatives into the ways in which they act as conduits of information, provide outreach, nurture relationships of trust among women, and contribute to the accessibility of services • Evaluation of integrated GBV-SRH programming including the impact on transforming gender norms, the differences to women & girls & the changes for service providers • Disaggregated research into the impact of multi-sectoral approaches towards transforming gender norms; identifying the strongest impacts for women, men, girls and boys
HUMANITARIAN ACTORS	• Specialist research into the specific protection risks & needs of LGBTQIA+ populations, disaggregated by sexuality, gender identity & DSDs, and including a gender analysis • Research into the roles and relationships between small organisations and networks and the LGBTQIA+ populations, to understand the safes and most effective ways of building accessibility into available services and protection interventions. • Detailed research into the pathways of boys into armed groups and drug trafficking; how are they recruited? What are they promised? What are the potential points of disruption and intervention?
CLUSTERS & COORDINATION	• In-depth understanding of the sexual health needs of women and girls who are multiply abused through exploitation, survival sex, transactional sex and so on, including, and not limited to, their exposure to STIs, access to testing and treatment, unwanted pregnancies, abortion, emotional trauma and coping strategies • In-depth understanding of how marginalised women & girls need services to be delivered safely, including cash transfers, the contents of aid assistance and so on. • Deeper understanding of the impacts of wheat, flour & oil shortages & prices increases through the Ukraine crisis, including connections to protection risks as contributors to the cross-cutting risks
DONORS	• Invest in research around the prevalence, risks and availability of abortion for women and adolecent girls, including abortions provided through SRH services and those induced informally, using traditional methods • Invest in research around the sexual health needs of women and girls who are highly exposed to sexual exploitation and abuse and the services and support available to them, including their difficulties in access to them

	• Support organisations to track the impact of bringing GBV services into SRH services in terms of uptake, interventions, increases in safety, psychosocial support, referrals to other services & consistency in practice • Commit to long-term research into the impact of gender-transformative approaches across sectors, to support building the evidence base and generating data to inform programming

BIBLIOGRAPHY

Alliance for Child Protection in Humanitarian Action;

Minimum Standards for Child Protection in Humanitarian Action, Standard 18

Resource Package | Mental Health & Psychosocial Support in CAAFAG Programmes

Primary Prevention Framework for Child Protection in Humanitarian Action

CARE Assessments;

SRHR GBV Integration Rapid Needs Assessment 2020, 2021

Multi-sectoral Needs Assessment Report

BHA Baseline Learning Review Report

BHA COMRES SRD GBV Safety Audit Report

Referral Forms, Service Mapping Forms

CARE Policies and Frameworks;

International Safeguarding Policy

Gender Equality Impact Strategy

GEWV Guidance Note

Guidance for Interviewing Children

Policy Against Harassment

Data Protection Protocols

GBV Research Ethics

CARE Reports;

2020 CARE RGA Idlib

2020 Adolescent Mothers Against All the Odds | Learning Report

2022 RGA in Syria; Sacrificing the Future to Survive the Present

COAR, LGBTQ+ Syria Experiences, Challenges, and Priorities for the Aid Sector

International Planned Parenthood Federation, MISP Readiness Assessment, 2020

Global Protection Cluster 2022 Age, Gender, Diversity Approach

Mercy Corps 2022 The Russian-Ukrainian Conflict and Its Food Security Implications in North-West Syria, 2022

National Library of Medicine 2011 The Health of Lesbian, Gay, Bisexual and Transgender People; Building a Foundation for Better Understanding 2011

OCHA 2021 Syria Humanitarian Needs Overview

OCHA 2021 Northwest Syria – Factsheet

OCHA 2022 Syria Humanitarian Needs Overview

REACH Resource Centre;

Syria Humanitarian Situation Overview (HSOS)

Syria Humanitarian Situation Monitoring

Syria Emergency Needs Tracking in NWS

Syria Rapid Needs Assessments in NWS

Save The Children Child Safe Programming Guidelines

UNFPA 2022 Compliance to MISP

UNFPA 2022 Gender Based Violence Overview in Syria, Advocacy Brief 2022

UNFPA HIV and AIDS Technical Note

UNFPA | SRH Gazantiep Türkiye 2022 Ensure Appropriate Responses to GBV Cases in Health Facilities in NWS

UNFPA 2022 Voices From Syria

WFP 2020 The Socio-Economic Impacts of the COVID-19 Pandemic in Syria, April-June 2020

Whole of Syria PSEA Programme 2018 Türkiye Cross-border interagency PSEA Network, PSEA in Syria; Key findings from community consultations

Whole of Syria PSEA Network 2021 Report Oct 2021

Whole of Syria SRH 2021 Gazantiep Türkiye | GBV Sub-Cluster (Türkiye Hub) *'Integrating Quality GBV Service Provision in SRH Service Delivery'*

WILF 2020 The Human Rights of Women in Syria; Between Discriminatory Law, Patriarchal Culture and the Exclusionary Politics of the Regime

Women's Refugee Commission & IRC 2015 I See That It Is Possible; Building Capacity for Disability Inclusion in GBV Programming in Humanitarian Settings

World Vision 2021 MHPSS Needs of Women and Children in NWS

World Vision 2021 High-risk, Low Priority; Why Unlocking COVID-19 vaccine access for refugees and internally displaced communities is critical for children

World Vision 2022 The Women and Children of Syria's Widow Camps; Hardest To Reach, Most At Risk


USAID
FROM THE AMERICAN PEOPLE


care