

REPORT

# Northwest Syria: Gender Assessment of the Impact of the 2023 Earthquake and the Resulting Humanitarian Needs



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## About this study

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## List of acronyms

ACU	Assistance Coordination Unit
CBS	Central Bureau of Statistics (Syria)
CWDs	Children with disabilities
FGDs	Focus group discussions
FHHHs	Female-headed households
GBV	Gender-based violence
GDP	Gross Domestic Product
HHs	Households
IDPs	Internally displaced persons
INGOs	International non-governmental organization
KIIs	Key informant interviews
MHHHs	Male-headed households
MHPSS	Mental health and psychosocial support
NFIs	Non-food items
NGOs	Non-governmental organizations
NWS	Northwest Syria
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PwDs	Persons with disabilities
RDNA	Rapid Damage and Needs Assessment
SWS	Southwest Syria
TVET	Technical and vocational education and training
UN	United Nations
UN Women	The United Nations Entity for Gender Equality and the Empowerment of Women
UNICEF	United Nations International Children's Emergency Fund
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
WASH	Water, sanitation and hygiene
WHO	World Health Organization
WROs	Women's rights organizations

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## Executive summary

UN Women commissioned this gender assessment following the earthquake that struck northern and western Syria (NWS) and southern Turkey on 6 February 2023, occasioning severe human and material damage and exacerbating the already dire humanitarian situation in conflict-affected areas. This has increased needs for shelter, protection and food security. The casualties were significant, with over 4,500 deaths and 10,400 injuries reported – 43 per cent of the injured are women and girls, and 20 per cent are children aged 5 to 14. Through this assessment, UN Women sought to understand the specific needs and perspectives of women, girls, men and boys affected by the earthquakes. The analysis utilizes a comprehensive methodology, incorporating primary data collected through surveys, focus groups and interviews, as well as secondary data from key informants and literature reviews. The objective of the study is to inform a gender-responsive humanitarian response that ensures equal access to essential services, prioritizes the safety and protection of women and girls, and addresses the unique needs of female-headed households in the affected areas.

**Key demographic and social impacts:** The NWS region is primarily comprised of displaced households, with 67 per cent having experienced displacement before the earthquake. Female-headed households were more likely than those headed by males to report pre-earthquake displacement. Following the earthquake, 34 per cent of the surveyed population had to relocate to different communities, again with a higher likelihood among female-headed households. The impacted population has larger families, predominantly composed of children and women of reproductive age, underscoring the greater need for childcare, health care and reproductive services and emphasizing the heightened responsibilities and challenges faced by women in terms of unpaid care work. Additionally, after the earthquake, a significant proportion (4.4 per cent) of households reported a change in the head of the household, with the majority transitioning to female-headed households due to the loss of husbands or fathers. Children under 18 years old accounted for almost half of the affected population. The survey also revealed an increased prevalence of disability, with 27.6 per cent of households reporting at least one member with a disability after the earthquake, slightly higher than the pre-earthquake rates. Female-headed households reported slightly higher rates of disability compared to male-headed households.

**The gendered impact of the earthquake:** This gender analysis sheds light on the distinct challenges, needs and vulnerabilities of different groups, particularly women, girls and marginalized populations. From the detrimental impact on shelter and housing conditions to the heightened risks of gender-based violence (GBV), this assessment underscores the critical importance of prioritizing gender needs. It also emphasizes the central role of protection in response efforts, as vital to ensuring the overall well-being, safety and dignity of the affected vulnerable populations. The intersection between protection and other sectors, such as health, water, sanitation and hygiene (WASH), livelihoods, food security, shelter, electricity and education, further emphasizes the interconnectedness and cross-cutting nature of these differential needs. Understanding these sector-specific impacts is crucial for developing targeted interventions that address the unique needs and vulnerabilities of women, girls and marginalized populations. Sectoral needs include:



**Shelter:** The earthquake has significantly deteriorated housing conditions, with a considerable number of residences reporting complete or partial damage. Female-headed households (38 per cent) are more likely to report full damage to their homes compared to male-headed households (30 per cent). Limited access to electricity is associated with protection concerns, including increased incidents of sexual harassment, GBV and violence against children, particularly girls. This issue is prevalent in camps where access to electricity is constrained. Furthermore, existing gender disparities in home ownership and rental agreements indicate that women were already at a higher risk of insecure housing even before the earthquake. The earthquake exacerbated these disparities, where more female-headed households have been displaced as a result (39 per cent), compared to male-headed households (33 per cent).

**WASH:** Water shortages have significant implications for safety, GBV and health services. Females in households with water shortages, regardless of the gender of the household head, report higher rates of feeling unsafe than males (89 per cent versus 77 per cent) and experience more GBV incidents. Access to wastewater networks is influenced by displacement and region of origin. Among internally displaced persons (IDPs), a lower percentage (42 per cent) from outside the NWS region have access to wastewater networks compared to IDPs from the NWS region (51 per cent) and the non-displaced population (73 per cent). Gender disparities are also evident in the shortage of water for personal hygiene and the availability of hygiene products. Women prioritize access to water for personal hygiene to a higher extent than men, and report higher levels of water shortage. Eight in 10 female heads of household express concerns about the availability of hygiene products.

**Health:** The majority of female-headed and male-headed households (81 and 76 per cent, respectively) are facing difficulties in affording medicine and health-care services. However, the impact is more pronounced in female-headed households. A significant disparity is observed in accessing primary health care, with 78 per cent of female-headed households experiencing a decline compared to 58 per cent of male-headed households. Pregnant women and lactating women also report negative effects on their access to prenatal and postnatal services. These challenges are particularly prominent among younger couples and internally displaced women. Notably, one-third of earthquake-affected households include lactating or pregnant women, underscoring the urgent need for improved and immediate access to reproductive health services.

**Food security and nutrition:** The gender assessment highlights a significant decline in food security across all groups. Most household heads (71 per cent) report a deterioration in their ability to purchase or secure food. Female-headed households have been particularly affected by the earthquake, experiencing higher levels of food insecurity compared to male-headed households. Additionally, 57.5 per cent of households report having a female member with iron deficiency, with similar rates observed among both male- and female-headed households.

**Livelihoods:** The earthquake has exacerbated existing socioeconomic vulnerabilities in the NWS region, reinforcing the marginalization of certain groups and creating newly marginalized groups. Female-headed households and IDPs are particularly affected. The impact on both formal and informal economic activities is evident, with women facing higher levels of vulnerability. Women are 3.4 times more likely than men to own or run a home-based business or to engage in informal income sources. Women in female-headed households own the majority of informal income-generation activities. Female-headed households experience a higher loss of informal activities (20 per cent) compared to male-

headed households (10 per cent). On the other hand, a larger proportion of male-headed households (28 per cent) report the loss of a formal business compared to female-headed households (17 per cent). Another reported loss of business is observed among IDPs from outside of the region, 13 per cent of whom lost informal, income-generating work at home. Two third of them were owned by women (many of whom are widowed, divorced or abandoned). This is compared to only 10 per cent among non-IDPs, who report male and female joint ownership of informal business in 52 per cent of the cases and only 10% of them were owned by females.

**Social protection, GBV and safety:** The incidence of gender-based violence is perceived to be increasing, with 73 per cent of females report that violence at home has either increased or remained the same compared to before the earthquake. Additionally, 70 per cent of females indicate that community violence against women had increased or remained the same. A staggering 82 per cent of females report that they have felt a deterioration in their safety at home, while 70 per cent feel less safe walking around in their community. Children emerge as vulnerable groups susceptible to abuse, violations and exploitation during emergencies. The assessment indicates a significant decline in their feeling of safety, with a 63 per cent decrease reported equally among both genders since the earthquake. Widowed and divorced females are also identified as particularly affected groups lacking sufficient social protection. Disturbingly, 77 per cent of widowed females report feeling unsafe in their place of residence, while 68 per cent cite a lack of safety while walking around. The situation is even more alarming for divorced and separated females, with a striking 94 and 90 per cent respectively reporting feelings of insecurity.

**Education:** The earthquake has significantly disrupted education, leading to an undisclosed number of students and children being forced to leave schools due to various challenges. These challenges include but are not limited to displacement, deteriorating economic conditions, unsafe school environments caused by building damage, long distances to accessible schools and overcrowded classrooms. During focus group discussions, families reported resorting to adverse coping mechanisms as a result. Male children have been driven to engage in income-generating work, while female children have been forced into early marriages or unpaid care work.

**Gender roles:** Overall, the analysis reveals that women continue to shoulder the burden of household work in the aftermath of the earthquake. Women predominantly undertake unpaid care work, providing emotional support and caring for dependents, including the injured, disabled and elderly. Men, on the other hand, are more likely to assume responsibilities related to household finances, securing food and managing external relationships. The data highlight the gendered division of labour, with men primarily responsible for meeting cash, food and electricity needs, as well as accessing health services for the family.

**Home ownership:** The majority of households live in camps or rely on arrangements with relatives and friends, lacking ownership rights. Prior to the earthquake, male family members dominated home ownership, regardless of the gender of the household head. Only a small percentage of IDPs owned their homes, with male IDPs owning the majority. Renting or living in free arrangements was common among respondents (59 per cent).

**Decision-making:** The assessment suggests that the earthquake has negatively influenced the ability of all household members to make decisions, but for females in particular. Around 28 per cent of households reported a decline in females' decision-making

ability, resulting in a net loss of 16 points. Female-headed households faced greater turmoil due to changes in household gender dynamics, primarily caused by the loss of husbands/fathers. Male-headed households were comparatively less affected, with 62 per cent noting no change in female decision-making and 57 per cent reporting no change in male decision-making. In contrast, only 36 per cent of female-headed households observed no change in male decision-making capacity.

As evidenced by the above findings of the gender analysis, the impacts of the earthquake are highly gendered, affecting specific groups differently based on gender, age, displacement and disability, with the intersection of these factors further marginalizing them. The likelihood and severity of threats and protection concerns have reached unprecedented levels for these groups, with the potential for further deterioration. The current realities reveal a complex dynamic where pre-existing inequalities and signs of increasing discrimination are evident across all areas.

It is critically important to ensure a holistic response to the crisis that addresses gender inequalities. To ensure an inclusive and equitable post-earthquake response in the shorter and longer term, it is crucial to prioritize the immediate needs of women, men, girls and boys, particularly those from vulnerable groups, to prevent further exacerbation of their vulnerabilities. By focusing on meeting their needs and ensuring access to essential services, in particular protection and support, humanitarian actors can mitigate the immediate impacts of the earthquake and contribute to their overall well-being. In the longer term, humanitarian actors should adopt a transformative approach to addressing the underlying causes of gender inequalities. This requires challenging the social norms, discriminatory practices and unequal power relations that perpetuate gender disparities. Investments in programmes and interventions that promote women's empowerment, gender equality and women's rights must be prioritized. A comprehensive list of recommendations is included in Chapter 7.

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## Chapter 1: Background, purpose and objectives

### Background

The total population of the Northwest Syria (NWS) region is 4.5 million, with an estimated 65 per cent reporting having been displaced prior to the earthquake. Among IDPs and refugees, such as Palestinians and Iraqis, 1.9 million, or 42 per cent of the total population, reside in camps. According to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), as many as 4.1 million people (91 per cent of the total population) are in need of assistance, with 3.3 million (73 per cent) experiencing food insecurity.<sup>1</sup> Challenges faced by Syrians in NWS have been escalating with each passing year, the result of a protracted violent conflict that has intensified displacement and had a catastrophic humanitarian toll. Moreover, NWS has been grappling with an inadequate economic structure, a lack of preparedness for disasters, and social structures that reinforce traditional gender roles and norms, all of which serve to exacerbate the already dire circumstances, especially for the most vulnerable.

Amid a severely strained economy, the prices of fundamental basic commodities have risen sharply in previous years, pushing households into deeper levels of need, triggering further displacement and jeopardizing the provision of critical services. Pervasive power outages have forced over half of the population to rely on candles for illumination, while access to functioning medical facilities remains a challenge for those in need of health care. Widespread poverty and high unemployment rates have exacted a profound toll on all aspects of life and service-provision, including health care, education, social protection and safety. The agricultural and industrial sectors, crucial for supporting livelihoods, have been in constant decline since the onset of the conflict. To cope with these overwhelming adversities, immediate action and robust support over the course of the past decade were imperative to alleviate suffering and preserve some possibility of hope among the population of NWS.<sup>2</sup>

However, compounding the existing hardships and suffering endured by this population, on 6 February 2023, a series of earthquakes, registering a magnitude of 7.7 on the Richter Scale, hit southern Turkey and NWS. The epicentre was near the Turkey-Syria border and at least 1,206 aftershocks have been confirmed. The earthquake caused immense human and material damage, especially in the Aleppo, Hama, Idlib and Latakia Governorates. According to OCHA, as of 8 March, at least 7,259 people had been reported killed with more than 10,000 injured across all regions.<sup>3</sup> Many were still trapped under rubble at the time these figures were issued. The earthquake has affected 8.8 million people in Syria, exacerbating both pre-existing humanitarian needs, logistical and access constraints, winter conditions and an ongoing cholera outbreak, while also creating new needs. Public service-provision, of as water, electricity, heating and social services are under severe pressure, with hospitals overwhelmed and a lack of fuel and heavy machinery hampering efforts to reach those in need.

Vulnerable groups in the NWS region, such as women, children, older persons and persons with disabilities (PwDs), are experiencing disproportionate impacts. The destruction and disruption have affected access to basic and quality essential services across all sectors and

<sup>1</sup>UNOCHA. 2023. North-West Syria Situation Report. <https://reports.unocha.org/en/country/syria/>

<sup>2</sup>OCHA. 2023. Humanitarian Needs Overview. <https://reliefweb.int/report/syrian-arab-republic/syrian-arab-republic-2023-humanitarian-needs-overview-december-2022-enar>

<sup>3</sup>OCHA. 2023. March 2023 Situation Report. <https://reliefweb.int/report/syrian-arab-republic/syriaturkey-earthquakes-situation-report-7-march-8-2023>

resulted in additional displacement due to damaged and unsafe shelters, while also diminishing the prospects for the safe return of IDPs from earthquake-affected areas. Table one includes the most recent figures, reported by the Assistance Coordination Unit (ACU)<sup>4</sup> of OCHA, on affected communities, population, number of injuries and casualties, and other losses in the region.

**Table 1: Reported casualties resulting from the earthquake in the NWS region**

Indicator	Number (22 March 2023)
Impacted communities <sup>5</sup>	148
Population of impacted communities	2,968,380
IDPs	110,261
Homeless households	11,000
Tents needed	174,660
Deaths	4,540
Injuries	8,786
Buildings completely destroyed	1,869
Buildings partially destroyed	8,731

In the context of such a disaster, the core mission of the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) is to promote gender equality and safeguard the rights of women and girls by fully integrating their needs, priorities and perspectives in all aspects of the humanitarian response architecture. This includes ensuring that women and girls have equal access to basic services, such as health care and education, and that their protection and safety are prioritized. UN Women also works to support women’s leadership and participation in decision-making processes related to humanitarian action. In support of its mission in Syria, UN Women concentrates its efforts and interventions on the realization of the following strategic goals: mainstreaming gender in governance, peace and security; supporting women’s economic security and rights; and promoting women’s rights and protection against violence.<sup>6</sup>

<sup>4</sup> ACU .2023. Humanitarian Situation in North-West Syria Following the Devastating Earthquake. March. [https://acu-sy.org/wp-content/uploads/2023/03/ACU\\_Earthquake-NW-Syria\\_SitRep45\\_22032023.pdf](https://acu-sy.org/wp-content/uploads/2023/03/ACU_Earthquake-NW-Syria_SitRep45_22032023.pdf)

<sup>5</sup> The ACU defined affected communities as those that were directly impacted by the loss or injury of a family member due to the earthquake or the destruction of their homes completely or partially. It also includes those that were indirectly impacted because they were forced to move, or lost income sources due to the devastating earthquake and the continued aftershocks.

<sup>6</sup> For more, refer to UN Women: <https://www.unwomen.org/en/about-us>

## Scope, purpose and objectives

In pursuit of its mission, UN Women undertook the present Gender Assessment of the impact of the earthquake on NWS and the resulting humanitarian needs for women, men, girls and boys. The assessment builds on the premise that women, men, girls and boys experience disasters differently. As a result, their respective responsibilities and priorities are different. Understanding the influence of gender roles, power dynamics, and the positioning of women and girls in determining their experiences, coping strategies and needs during disasters is crucial in highlighting sector-specific and inter-sectoral gender needs and priorities to ensure that the humanitarian response to the earthquake is gender-responsive and equitable. With that in mind, the scope of gender analysis is also expected to add a focus on gender-related risks by exploring and highlighting the gendered norms and practices that contribute to increasing GBV risks, as well as women's priorities and recommendations for prevention and risk mitigation.

### Specific objectives

- To produce evidence on the differential impact of the earthquake and its aftermath on various groups, including women, men, girls, boys, and other vulnerable groups including IDPs, refugees, PwDs, older and widowed women, and female and male adolescents. Such a focus entails an approach that is based on intersectionality and a recognition of the mutually reinforcing nature of marginalization, vulnerability and gender inequality.
- To provide a gender-based analysis of coping strategies, capacities, roles and responsibilities, ownership, access to resources and services, power dynamics and decision-making.
- To analyse diverse needs and priorities in alignment with the existing humanitarian cluster system (shelter, WASH, protection, food security, livelihood, health and education).

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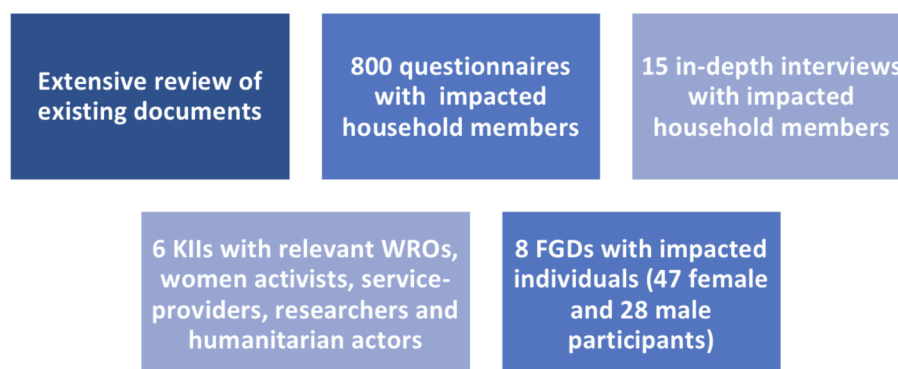
## Chapter 2: Approach and methodology

The assessment adopted an approach and methodology relevant to the region, leveraging regional and international expertise in conducting analysis on gender and women's empowerment in post-disaster contexts. It features a gendered analysis of the experiences, lived realities, roles, needs and perspectives of women, men, girls and boys within the broader social context, encompassing both private and public spheres. This required extensive knowledge of existing gender-based vulnerabilities and the integration of a gendered perspective in programming operations. In addition, gender analysis requires an intersectional approach taking disability, age, displacement and other variables into consideration. Gender-focused approaches play a key role in establishing partnerships with local women's organizations for needs assessments and implementing interventions.<sup>7</sup> Such partnerships allow women in general, and women activists and professionals with direct knowledge of the community in particular, to voice their views and share their perspectives. Such an approach provides women's organizations with an opportunity to raise their awareness and build their capacity in the field of humanitarian work and pave the way for further involvement in future design, implementation and monitoring in this field. These organizations are often uniquely positioned to advocate for the specific needs and priorities of women and girls due to their in-depth knowledge, understanding and proximity to the realities and challenges faced by these individuals on the ground. Furthermore, the assessment utilized a multi-dimensional approach to analysing the impact of disasters, which considers the immediate, post-disaster impacts while taking into account the historical legacy of marginalization, vulnerability, gender inequality and evolving economic and political fragilities.

### Methods and tools

The assessment used a mixed-method approach, employing quantitative and qualitative data-gathering tools, with the main primary data source being a statistically significant survey of impacted populations in NWS. Qualitative methods were also utilized and included key informant interviews (KIIs) with service-providers, women's rights organizations (WROs) and professional experts. This was complemented by in-depth interviews with members of impacted households and the organization of focus group discussions (FGDs) in the affected areas. The assessment was further informed by a review of existing literature on gendered power dynamics and relationships, social norms and practices. In addition, the research reviewed and incorporated existing resources, including the numerous assessments carried out immediately after the earthquake.

**Figure 1: Assessment methods and tools**



<sup>7</sup> This approach was adopted by AWRAD in a number of previous gender assessments including the latest on the gendered impact of the war in Gaza. See UN Women. 2022. "After the May 2021 Escalation: A Multi-Sectoral Gender Needs Assessment in the Gaza Strip." [https://palestine.unwomen.org/sites/default/files/2022-05/D6\\_A%20Multi-Sectoral%20Gender%20Needs%20Assessment%20in%20the%20Gaza%20Strip\\_110522.pdf](https://palestine.unwomen.org/sites/default/files/2022-05/D6_A%20Multi-Sectoral%20Gender%20Needs%20Assessment%20in%20the%20Gaza%20Strip_110522.pdf)

## Existing data and sources

The study drew on relevant data and assessments conducted in the region both before the earthquake and in its aftermath. It also reviewed available data sources – albeit many of which were limited and fragmented – as well as similar work around the world.<sup>8</sup> The review of the documents allowed the research team to capture the scope of the disaster and the immediate actions taken after the earthquake by relevant actors. A review of the post-earthquake rapid assessments up to the point of this report found there to be a lack of comprehensive disaggregated data. Rather, the primary focus of most assessments has been post-earthquake physical losses and human casualties, with limited information provided on the differential impacts based on sex, age, disability, education, displacement and other factors.<sup>9</sup>

## Primary: quantitative data

The assessment produced original and baseline data for the region through a survey with women and men in the impacted households. To ensure that the sample was representative of conditions across the impacted localities and communities in Aleppo and Idlib, the research team utilized a stratified random sample of households, with strata size proportional to the geographical distribution of the impacted population across the NWS region. The household survey sampling methodology ensured equal participation of women and men (50 per cent each), who are responsible adults in their households and have sufficient information on the situation. The sample distribution was based on an index score that was generated through an aggregate average score derived from the following variables:

1. Extent of physical damage to buildings.
2. Number of victims (deaths and injuries).
3. Number of displaced persons (to or from the community).<sup>9</sup>

The household survey sample size was 800 respondents, with a confidence level of 95 per cent and a margin of error of less than 3.5 per cent. The distribution is illustrated in table two.

Table 2: Sample distribution (Number of IDPs, deaths and injuries and damaged buildings)

Governorate <sup>10</sup>	Community	IDPs (old and new)	Score - IDPs <sup>11</sup>	Casualties and injuries	Score - casualties and injuries <sup>12</sup>	Buildings totally and partially destroyed	Score - buildings <sup>13</sup>	Score - total <sup>14</sup>	Sample size <sup>15</sup>
Idlib	<a href="#">Salqin</a>	21,275	0.36	2,817	0.29	352	0.09	0.25	160
	Harim	1,260	0.02	1,028	0.11	125	0.03	0.05	40
	<a href="#">Armanaz</a>	343	0.01	349	0.04	165	0.04	0.03	24
	Idlib	206	0.00	135	0.01	115	0.03	0.02	18
	<a href="#">Besnaya</a>	40	0.00	731	0.07	31	0.01	0.03	25
	<a href="#">Termanin</a>	1,094	0.02	25	0.00	46	0.01	0.01	18
	<a href="#">Aqrabat (Dana)</a>	390	0.01	90	0.01	25	0.01	0.01	20
	<a href="#">Maaret Tamsrin</a>	1,020	0.02	44	0.00	5	0.00	0.01	22
	<a href="#">Ariha</a>	0	0.00	292	0.03	38	0.01	0.01	19
	<a href="#">Atma</a>	0	0.00	240	0.02	500	0.13	0.05	49
	<a href="#">Sarmada</a>	0	0.00	1016	0.10	165	0.04	0.05	50
	Dana	390	0.01	90	0.01	25	0.01	0.01	18
	Kelly	5,635	0.09	2	0.00	26	0.01	0.03	24
Aleppo	<a href="#">Jandairis</a>	366	0.01	1,930	0.20	1388	0.37	0.19	120
	<a href="#">Atareb</a>	0	0.00	616	0.06	170	0.05	0.04	30
	Bulbul	1355	0.02	0	0.00	20	0.01	0.01	18
	Afrin	21,275	0.36	186	0.02	434	0.12	0.16	109
	<a href="#">A'zaz</a>	5,275	0.09	163	0.02	83	0.02	0.04	36
Total		59,924	1	9,754	1	3,713	1.00	1	800

<sup>8</sup> For updated data and reporting, please refer to <https://www.unocha.org/syria>, and for a list of reports and assessments, refer to the website of the Assistance Coordination Unit (ACU): [https://acu-sy.org/periodic\\_imu\\_reports/syria-earthquake-situation-update/](https://acu-sy.org/periodic_imu_reports/syria-earthquake-situation-update/)

<sup>9</sup> ACU. 2023. Humanitarian Situation in North-West Syria Following the Devastating Earthquake. [https://acu-sy.org/wp-content/uploads/2023/03/ACU-Earthquake-NW-Syria\\_SitRep40\\_17032023.pdf](https://acu-sy.org/wp-content/uploads/2023/03/ACU-Earthquake-NW-Syria_SitRep40_17032023.pdf)



The questionnaire was designed to examine and capture the diverse realities, needs and experiences of various groups across various aspects of their lives. The questionnaire specifically focused on key themes such as living conditions, shelter, education, WASH, protection, food security/livelihood and health. Furthermore, it took into consideration the differential impacts and specific challenges faced by different groups. The questionnaire was piloted and tested to ensure the validity and sensitivity of the questions addressed.

The Team Leader assembled an experienced team of female and male enumerators, with extensive field and community work. All completed a comprehensive training and benefited from continuous coaching and supervision. The enumerators were divided into four teams, each consisting of two males and two females. They were supervised by a team of experienced researchers who provided support to the team and monitored the quality of their performance.

The team collected data through the use of tablets, using Kobo Toolbox as a programming application. This approach promoted rigorous quality control and monitoring of the data, allowing for close supervision and early detection of any errors, course correction and adjustment regarding the sample representation.

### **Primary: qualitative methods**

The qualitative methods were based on three tools: In-depth interviews, KIIs and FGDs.

**In-depth interviews:** The research team carried out 15 in-depth interviews with members of families that suffered from various forms of victimization, including death, injury, displacement, loss of shelter, business and access to land, among other examples. Women, men, girls and boys (five males and 10 females, ranging from 16 to 67 years of age), from the most impacted communities participated in the interviews. They included participants still residing in their communities and others who were displaced and staying either in shelters or with host families. The participants represented varying groups according to gender, age, displacement, marital status, locality, disability and health status.<sup>16</sup>

**KIIs:** The research team conducted six KIIs with relevant WROs, women activists, service-providers, researchers and humanitarian actors. They focused mainly on experts with first-hand experience in the field who witnessed the events and/or provided support to victimized families. The KIIs were implemented via online platforms based on the preferences of the interviewees.<sup>17</sup>

**FGDs:** The team organized eight FGDs, seven of which were conducted with women, men, girls, boys, female and male youth, GBV survivors, PwDs, elderly people and other impacted groups (businesses, entrepreneurs, farmers, etc., taking into consideration women and men). One FGD was carried out with WROs and NGOs. Seventy-five females and males (47 and 28, respectively, ranging from 12 to 71 years old) participated, representing a range of communities and social cohorts. The team conducted face-to-face FGDs with community members, each taking place in available community associations, camps and local councils.<sup>18</sup> Each FGD was facilitated by three researchers: one responsible for discussion, one for transcription, and one for logistical support.

**Ethical considerations:** Assessments conducted in areas of conflict, gender and age inequality, humanitarian crisis, and with displaced and refugee populations must exert extra precautions to avoid causing any harm, ensure confidentiality, manage expectations and guarantee the neutrality and objectivity of the research team, while allowing the true voices

<sup>10</sup> Ibid.

<sup>11</sup> The score equals IDPs (new and old) per community/total IDPs.

<sup>12</sup> The score equals casualties and injuries per community/total.

<sup>13</sup> The score equals buildings destroyed (totally and partially) per community /total.

<sup>14</sup> The score is average of the three scores.

<sup>15</sup> The sample size equals 800\*score; it must be noted that minor changes in the original sample resulted in minuscule addition/subtraction in some communities (by 1-4 respondents) from the originally envisioned sample.

of the impacted population to be represented. In working with children under 18, the team followed ethical guidelines consistent with those adopted by UNICEF<sup>19</sup> and Save the Children.<sup>20</sup> The team also followed cholera protocols to ensure no harm was caused to the population or the research team.

### Limitations and risk mitigation

NWS is a region with no formal agency to produce updated primary data on key populations and other livelihood indicators. The latest population census was carried out by the Syrian Central Bureau of Statistics (CBS) in 2004, with updated estimates of population size regularly updated until 2018. More official statistics were produced in 2014, which measured population movement and displacement, as well as official estimates of economic and infrastructure indicators. Most of the updates on population are based on estimates by international parties, including some governments and international and UN agencies. However, it should be noted that these measurements also employ definitions and scales that may not consistently align with international standards and definitions, such as on employment, head of household and literacy, among others. Therefore, sensitivity should be applied when reviewing such data, as the presence of variations across sources, periods of time and varying definitions and measurements of indicators presents a challenge in obtaining comparative data across the region and timeframes.

The research team was comprised of highly experienced staff with varied and complementary expertise in the field of research and data collection, and proficiency in both quantitative and qualitative methodologies. The team adhered to ethical principles to safeguard the dignity, rights and welfare of research participants, while also demonstrating a deep understanding of the local culture and maintaining objectivity and independence throughout the data-collection process.

At the outset of the research, the team worked to ensure it minimized any risks related to the spread of cholera or COVID-19. This entailed developing and integrating an understanding of the existing local and international protocols to prevent such a spread. In addition, supervisors remained in continuous communication with authorities in the Directorate of Health in the region for any updates or development.

The period of data collection coincided with the month of Ramadan, during which the population was focused primarily on religious commitments, including fasting and prayers. This presented a challenge as individuals observed reduced working hours and prioritized their religious practices. Nevertheless, the research team acknowledged and respected this cultural aspect, ensuring that data-collection activities were conducted in accordance with the local routine and cultural practices of the population.

#### Field work dates

The results must be placed within the context in which the data were collected. Data collection for the survey and in-depth interviews commenced on 6 April (2 months after the earthquake) and ended on 16 April 2023. The team carried out the FGDs and KIIs between 1 May and 30 May 2023.

<sup>16</sup> Please refer to Annex 1 for further details.

<sup>17</sup> Please refer to Annex 2 for the list of KIIs.

<sup>18</sup> Please refer to Annex 3 for further details.

<sup>19</sup> UNICEF: <https://www.unicef.org/montenegro/en/ethical-guidelines-reporting-children>

<sup>20</sup> Save the Children: <https://www.savethechildren.org.uk/content/dam/global/reports/advocacy/save-the-children-ethical-standards-and-requirements.pdf>

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## Chapter 3: The impacted population

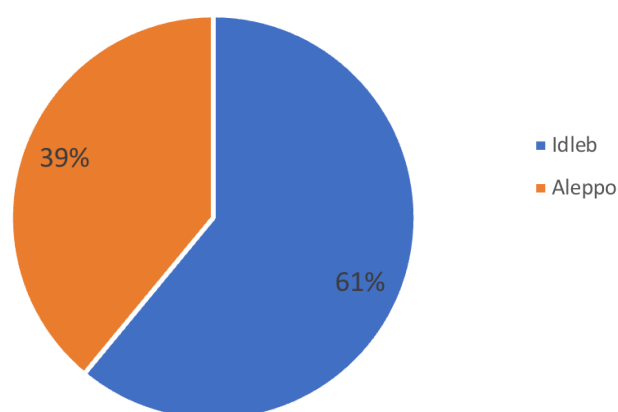
The findings reveal that the assessment's sample distribution is representative of the characteristics of the study population. It is largely aligned with available – albeit limited – data on the demographic makeup of the NWS population. In cases where no secondary sources are available, the assessment provides original data, able to constitute a base for future research, planning and implementation of programmes and projects.

Key to the findings is that the characteristics of participating individuals and households reflects the complex and shifting makeup of the population, whose demographic composition is influenced by the internal conflict in Syria. Previous and ongoing shifts in the population reflect the forced displacement, ongoing since 2011, that has resulted in complex demographics, social relations and pressures on limited economic resources.

The analysis employed an intersectional lens to identify and understand the complex dynamics and multiple factors contributing to the distinct experiences and challenges faced by the affected population. It is important to highlight that the findings presented in each section primarily focus on the significant differences observed. The following results elaborate on the main population characteristics.

**Geographic distribution:** Overall, 61 per cent of the sample was located in the Idlib Governorate and 39 per cent in the Aleppo Governorate, a reflection of the level of impact presented in the previous chapter. Thus, the sample is more reflective of the impact (victimization) caused by the earthquake than the actual population distribution between the two governorates.<sup>21</sup> At the local level, the greatest overall impact (as measured by a composite index of number of displaced people before and after the earthquake, number of deaths, number of injuries and number of damaged homes), as indicated in Table two, was detected in Salqin (Idlib), Jandairis (Aleppo) and Afrin (Aleppo).

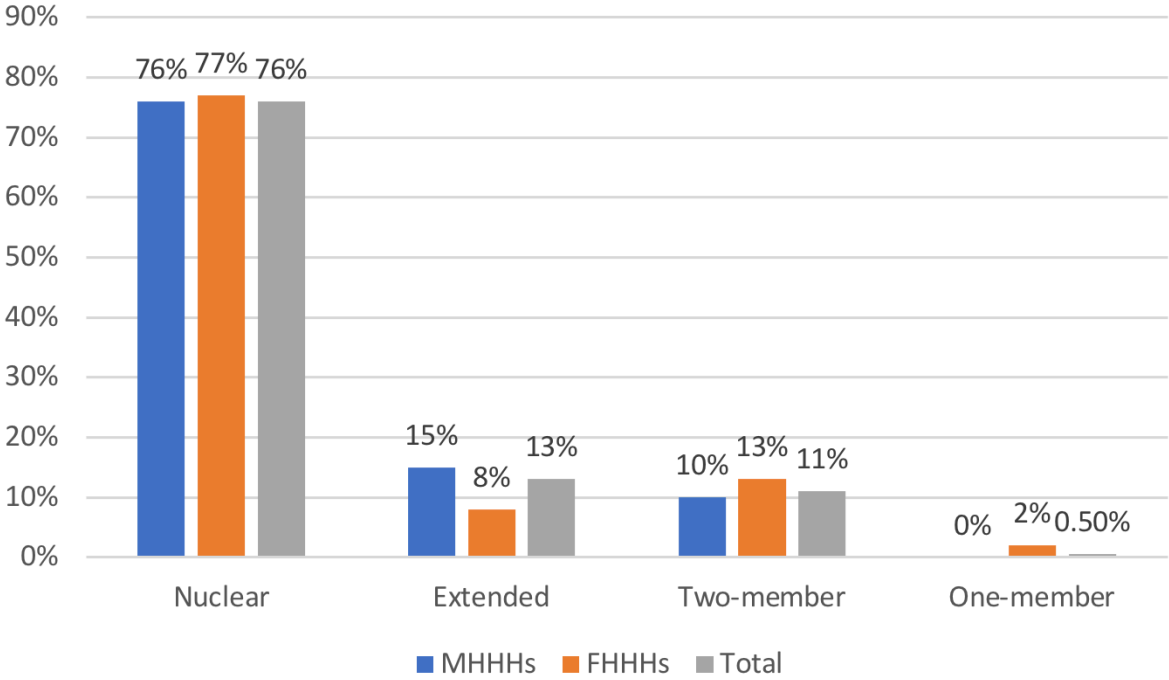
**Figure 2: Sample distribution, by governorate**



<sup>21</sup> The most recent estimates indicate that, between the two governorates, 75 per cent of the total population resides in Aleppo, with 25 per cent in Idlib.

**Type of family:** The majority of households reported that they live within nuclear families (two generations) (76 per cent), while another 13 per cent lived in extended families (three generations or more). As much as 11 per cent lived in a two-member family and less than 1 per cent lived alone (slightly more women than men). Male-headed households lived in extended families at a higher rate than female-headed households, an important social factor influencing coping mechanisms and reflecting the support received by each type of family (as illustrated in the next chapter).

**Figure 3: Sample distribution, by type of family**



The household composition of the population has been distorted and influenced by conflict, displacement and poverty, leading to a higher prevalence of non-traditional household arrangements.

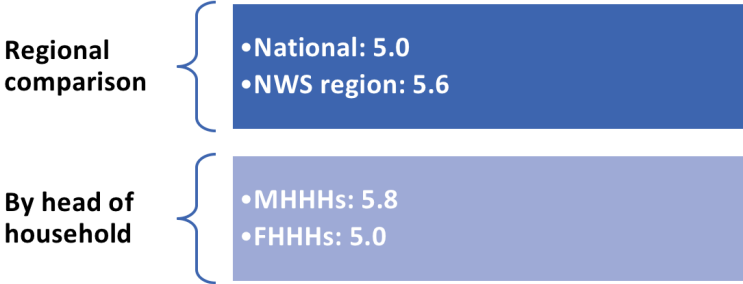
“There are families that had to share a residence with other displaced families who are relatives, while others allowed non-relatives to reside in part of their homes and are practically a household. This has implications on gender relations where women need to become more conservative and, in some cases, avoid any embarrassment between the families and preserve their reputation in the community. At the same time, men become stricter in their treatment of women and girls around them.” (female, expert FGD, humanitarian worker).

The prevalence of non-traditional household arrangements, such as those presented in the example above, has further expanded since the earthquake. According to an in-depth interview (female, mother, 47 years, Harim):

“It was best to marry our 16-year-old daughter to the 19-year-old son of our host family, which allows us to avoid negative perceptions and treatment from the surrounding community, as well as live for free and keep our family from homelessness. Our host family didn’t have to pay much for the wedding, and we didn’t ask for any dowry as both families are already struggling to generate any income just to survive. This will bring the families together and creates a more comfortable and socially acceptable arrangement.”

**Higher than average family size:** The average family size among households in the region is 5.6 members, higher than the national average of 5.0 for the whole of Syria<sup>22</sup>, indicating further hardships and a higher burden of unpaid care work and related care responsibilities shouldered by women and girls. In male-headed households, the average number of family members is as high as 5.8, compared to 5.0 among female-headed households.<sup>23</sup> Combined with a higher rate of children and women of reproductive age, these demographics likely explain the greater number of male-headed households reporting a need for women and children’s health, primary health, and reproductive health of women (as will be shown later in the findings).

**Figure 4: Average family size, by sex of head of household**



**Head of household – Shifts that reinforce hardship and vulnerability**

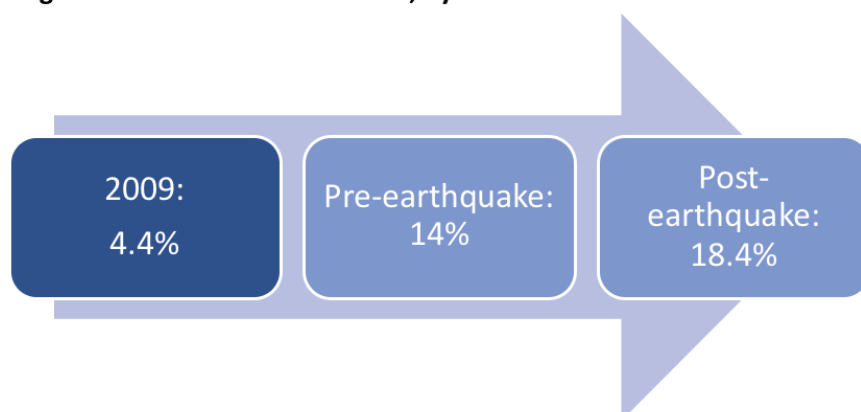
After the earthquake, 4.4 per cent of households reported a change in the position of the head of the household, with the majority of such households (63 per cent) becoming female-headed as a result of the loss of male members, primarily husbands/fathers. The present rate of female-headed households is estimated to have risen as high as 18.4 per cent following the earthquake. In contrast, 81.7 per cent of households are reported to be headed by males.<sup>24</sup> Comparing the survey findings with other estimates should be done with caution as it is not clear on what basis the head of household was defined or assessed.

<sup>22</sup> Shelter Cluster. 2021. Humanitarian Needs Overview 2021. [https://sheltercluster.s3.eu-central-1.amazonaws.com/public/docs/wos\\_snfi\\_hno2021\\_analysis\\_1.pdf](https://sheltercluster.s3.eu-central-1.amazonaws.com/public/docs/wos_snfi_hno2021_analysis_1.pdf)

<sup>23</sup> In the figures and tables, male-headed households are denoted as (MHHs) and female-headed households as (FHHs).

<sup>24</sup> Other sources estimate the rate of female-headed households at 22 per cent, up from 4.4 per cent in 2009. Source: UNFPA. 2020. Regional Situation Report for the Syria Crisis. [https://www.unfpa.org/sites/default/files/resource-pdf/UNFPA\\_Regional\\_Situation\\_Report\\_for\\_the\\_Syria\\_Crisis\\_-\\_November\\_2020\\_-\\_FA.pdf](https://www.unfpa.org/sites/default/files/resource-pdf/UNFPA_Regional_Situation_Report_for_the_Syria_Crisis_-_November_2020_-_FA.pdf)

**Figure 5: Distribution of families, by the sex of the head of household**



The increase in female-headed households is correlated with the marital status of women, with approximately one-third of these newly female-headed households being led by women who are widowed, divorced or separated. Among widowed heads of households, 17 per cent were widowed as a result of the earthquake. In contrast, 9 out of 10 male-headed households consist of currently married men.

Thus, the findings confirm that women heads of households primarily derive this role from the absence of a male partner (most commonly a husband). Specifically, three-quarters of women who are heading households are either widowed (65 per cent) or divorced/separated (10 per cent).

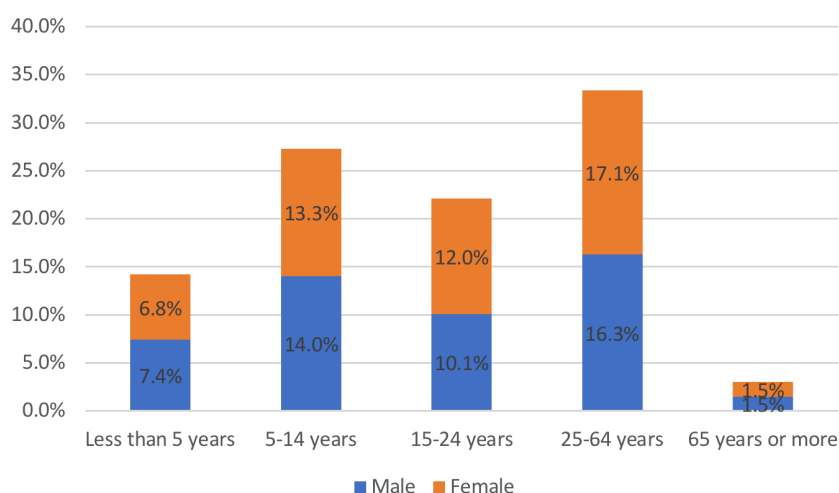
“I am one of the earthquake widows. Losing my husband and two children left me devastated. My mind is racing all the time to find our daily sustenance. As a widowed woman, some wealthy people help me with my three daughters, but how could I live all of my life on the whims of others to support me and my remaining children? How do I protect them from the eyes of the bad people they come across? There are so many women like me, but we have no power to fix our situation; we get no support to change our situation.” (female, widow, 39, Atma)

**Gender and age distribution of impacted households:** Females comprise a higher percentage of the population (50.3 per cent) compared to males (49.7 per cent).<sup>25</sup> The age distribution of the impacted households shows that children under 5 years of age account for 14 per cent of household members, while children aged 5 to 14 make up 27.5 per cent. Youth aged 15–24 comprise 22 per cent, while adults aged 25–64 comprise 33 per cent. Individuals aged 65 and above represent only 3 per cent of the impacted population.

The age and gender distribution are illustrated in figure, which shows that most of the impacted population is young; 41.6 per cent are children under the age of 15 (21.4 per cent boys, 20.2 per cent girls).

<sup>25</sup> This differs from the national average for Syria, where males comprise a higher percentage of the overall population than females. The population existed in Syria according to estimates of their numbers from 2011–2018. Source: CBS. 2018. <http://cbssy.sy/index-EN.htm>

**Figure 6: Gender and age distribution of the impacted population**



**Women are among the least literate and most educated:** The survey reveals an illiteracy rate comparable to the national average (22 per cent), with the rate being higher among females (26 per cent) than males (17 per cent). In contrast, more women have obtained a Bachelors' degree (4 per cent) than men (2.5 per cent), while more men have a two-year college education (6 per cent) than women (3 per cent).

**High prevalence of disability:** As many as 27.6 per cent of all households report having at least one member with at least one type of disability<sup>26</sup> after the earthquake, compared to 22 per cent before. When reviewing pre-earthquake data on disability, variations can be seen according to demographic profiles. Specifically, disability reporting among female-headed households was slightly higher compared to male-headed households, with percentages of 23.1 and 21.8 per cent, respectively.

**Table 3: Households reporting having at least one PwD, by sex of head of household and displacement status (pre- and post-earthquake)**

	MHHs	FHHs	IDPs outside the NWS region	IDPs within the region	Non-IDPs	Total
<b>Pre-earthquake</b>	21.8%	23.1%	30%	17%	22%	21.8%
<b>Post-earthquake</b>	27.0%	29.3%	36%	26%	28%	27.6%

Moreover, when analysing the data based on displacement status, the highest reporting of disability was observed among IDPs from outside the NWS region (30 per cent). This was followed by households that were never displaced (22 per cent) and households displaced within the region (17 per cent).

When disability rates were reviewed based on the age of head of household, the analysis showed that 33 per cent of the older cohort (more than 60 years old) report having at least one PwDs, compared to 23 per cent of the middle-aged cohort (36–60 years) and 18 per cent of the younger cohort (18–35 years). In addition to the demographic characteristics explored above, displacement and other characteristics of the head of household are also key to understanding the varying gendered impacts of the earthquake.

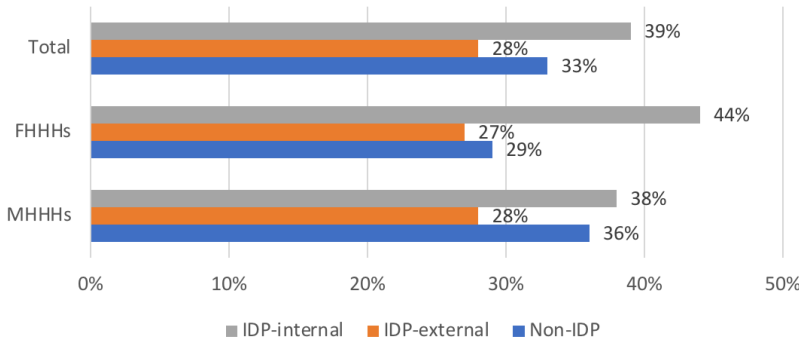
<sup>26</sup> The survey listed physical/motor, learning, mental, visual, hearing or multiple disabilities.

**Displacement history - Shock on top of shocks**

The NWS is a region known for pronounced rates of displacement. During data analysis, it was observed that the intersection of demographics, gender and displacement history played a significant role in influencing the effects of the earthquake.

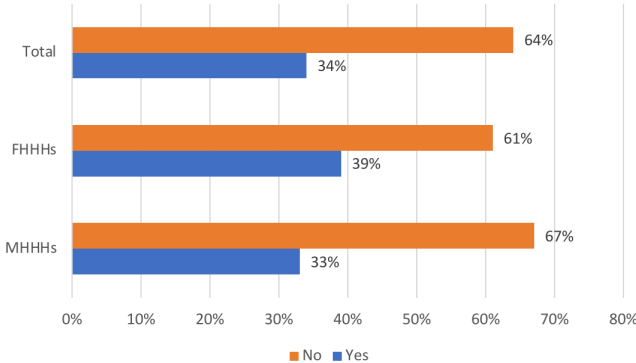
According to survey data, 67 per cent<sup>27</sup> of all households had been displaced prior to the earthquake from both outside (28 per cent) and inside the region (39 per cent).<sup>28</sup> One-third of the households had not been displaced prior to the earthquake. Displacement rates among female (44 per cent) and male-headed households (38 per cent) were relatively equal before the earthquake.

**Figure 7: Reported pre-earthquake displacement, by sex of head of household**



The earthquake created an additional round of displacement. At the time of the survey, 34 per cent of the surveyed population had to move into a community other than where they lived before the earthquake. More female-headed households had to move into a different community than male-headed households (39 to 33 per cent).

**Figure 8: Reported displacement rates resulting from the earthquake, by sex of head of household**



Among the earthquake-impacted households, Palestinian and Iraqi refugees comprised 2.4 per cent of the participating households.<sup>29</sup> To most households, the earthquake represents one more shock in an ongoing struggle to cope with and transcend layered adversities.

<sup>27</sup> These findings are consistent with earlier estimates, including OCHA's data, cited previously.  
<sup>28</sup> In the figures/tables, and for ease of reference, we use 'external' for IDPs originating from outside of the NWS region, and 'internal' for IDPs originating from within the NWS region. Non-IDPs are from the region and were never displaced before the earthquake.  
<sup>29</sup> For a recent account of the impact of displacement on individual and families, refer to: Action for Humanity. 2023.



“My life is misery on top of misery. So many shocks and earthquakes trapped me in a continuous struggle. My father married me out at 16 and my husband become severely disabled during the war and we had to move to this region to escape violence. Now, I am widowed with three children, living in a camp with no services and no prospects for me to be productive and support my family. The earthquake made it just so much harder, with no hope for any change. I really don’t know where to go and how to free myself from the trap of life here.” (female, caregiver, 41 Jandairis)

**Where are they at the time of the research?** Two months after the earthquake, impacted families have reached varying levels of recovery in terms of their living arrangements. The largest group of households impacted by the earthquake in the region (55.3 per cent) continue to reside in camps established before the earthquake.<sup>30</sup> Overall, the proportion of the population living in camps increased by 13 per cent following the earthquake.

At the time of the survey, 26.1 per cent of the impacted population reported living in their homes or owned properties, while 11.5 per cent were residing in a rented place, and 7.1 per cent were hosted by friends.<sup>31</sup>

“Our suffering didn’t start with the earthquake, which only added more complications to our lives. We are poor, with little food and a menial tent. There are no jobs, except exploitative ones for younger people like myself. I feel like a person with a target on his back; young, unhappy and I just want to leave. I feel stuck in a refugee camp that doesn’t even have the minimum services. As an ambitious young man, I have no place to go, and the earthquake made my search for work much harder. I wish there was some reconstruction, so that I would be able to find work.” (male, 24, Ariha)

### Box 1: Palestinian and Iraqi refugees

Historically, Syria hosted 575,234 Palestinian refugees, officially registered with the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), of which an estimated 438,000 remain in the country. The remainder have fled to either Lebanon, Jordan or other countries.<sup>32</sup> The protracted conflict in Syria has severely impacted them since their displacement from historic Palestine in 1948, resulting in most losing their homes and livelihoods. In the ensuing years since the beginning of the conflict, more than 60 per cent of their community has experienced prolonged multiple internal displacements.<sup>33</sup>

Regarding the earthquake, UNRWA estimates that 48,520 Palestine refugees were living in four affected governorates (Aleppo, Hama, Latakia and Tartous). As a result of the earthquake, 20 Palestine refugees died, 11 were injured, and another 2,355 were displaced (1,359 females and 996 males, as well as 41 PwDs). UNRWA reported that 173 Palestine refugees were in emergency shelters (92 females, 81

<sup>30</sup> Both formal and informal camps, as well as collections of tents that sprung around the communities.

<sup>31</sup> The time lapse between the conduct of the survey and the publication of this report invokes the need for an update on this issue, as households, especially the newly displaced, might have found other living arrangements during this period.

<sup>32</sup> UNRWA. 2022. <https://www.unrwa.org/where-we-work/syria>

<sup>33</sup> UNRWA. Syria Crisis page: <https://www.unrwa.org/syria-crisis>

males, as well as eight PwDs). As many as 1,076 infrastructures were damaged, and 166 houses were severely damaged, while 309 were partially damaged and 601 suffered minor damage. Eleven UNRWA installations were damaged (three partially and eight requiring minor repairs).<sup>34</sup> The research team attempted to include Palestinian and Iraqi refugees in the assessment, with these groups ultimately comprising 2.4 per cent of the sample (1.8 per cent Palestinian and 0.6 per cent Iraqi), a rate which is higher than their actual size in the region. As such, the assessment is limited in providing any reliable quantitative survey data due to the low number of respondents. Instead, it will highlight their situation where relevant. The low number of refugees in the sample is reflective of broader demographic trends in the region, where Palestinian and Iraqi refugees comprise less than two per cent of the population. Future research on these groups is essential and requires a specialized, in-depth study that includes larger samples.

In contrast to survey data, the qualitative data allowed the research team to detect the additional hardship and discrimination faced by these refugees who were exposed to extreme violence in their camps, in some cases leading to their multiple displacements. According to a female Palestinian refugee:

“We escaped the horrors of the violence in our camp in Damascus. We were forced to move again and again until we settled in this camp. When we arrived here, there were no men left in the family. Now we are a family of women. Throughout our coerced and agonizing trip to reach here, we had nothing left and we had to think of survival. Our problems didn’t end when we left our original camp. They only started. We were considered easy prey for sexual harassment and abuse. We were discriminated against as Palestinians, as poor and as women. Without the presence of men, we rely on assistance from people and on some help from relatives who live outside of Syria. We are finding menial work as cleaners in homes and institutions. The local authorities don’t include us as a target for assistance, but sometimes, we benefit when we are at times mixed with other IDPs.” (female, Palestinian refugee, 63, camp near Afrin).

<sup>34</sup> UNRWA. 2023. UNRWA Syria Earthquake Response Situation Report. [https://www.unrwa.org/sites/default/files/content/resources/unrwa\\_earthquake\\_response\\_sitrep\\_number\\_27-eng-25\\_may\\_2023.pdf](https://www.unrwa.org/sites/default/files/content/resources/unrwa_earthquake_response_sitrep_number_27-eng-25_may_2023.pdf)

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## Chapter 4: Impact of the earthquake and the gendered humanitarian needs and priorities

This chapter provides an analysis of the research findings according to the main themes, through the application of a gendered lens, which requires a focus on the humanitarian situation after the earthquake and its relationship with gendered dimensions including ownership, roles and responsibilities, coping, decision-making, access to and control over resources and services. These dimensions are integrated into an analysis of the impact of the earthquake on the population, from the perspective of the focus areas of the various humanitarian clusters. The analysis takes into consideration several related variables – primarily, the sex of the respondent, sex of the head of household and displacement history. The correlation between impact on the one hand, and age, disability and education on the other, are presented as focus areas and indicative of trends and future areas meriting further investigation and analysis.

### 4.1 Loss of life and injury

The following narration provides estimates that apply to the population under study, namely households that were impacted by the earthquake, even if they were only temporarily displaced. By examining data from a gender angle, findings can later be applied to direct and tailor interventions that address these specific needs and vulnerabilities resulting from injuries or loss of life.<sup>35</sup>

#### Number and rate of deaths caused by the earthquake

- As many as 9 per cent (69) of the surveyed families report the loss of at least one member. When data are compared by sex of the household head, more male-headed households report losing at least one family member as a result of the earthquake (47 families) than female-headed households (22 families). This is not surprising, given the higher number of male-headed households. However, the proportion of female-headed households reporting a death in the family is higher (16 per cent) than the proportion of male-headed households reporting the same (7 per cent).<sup>36</sup>

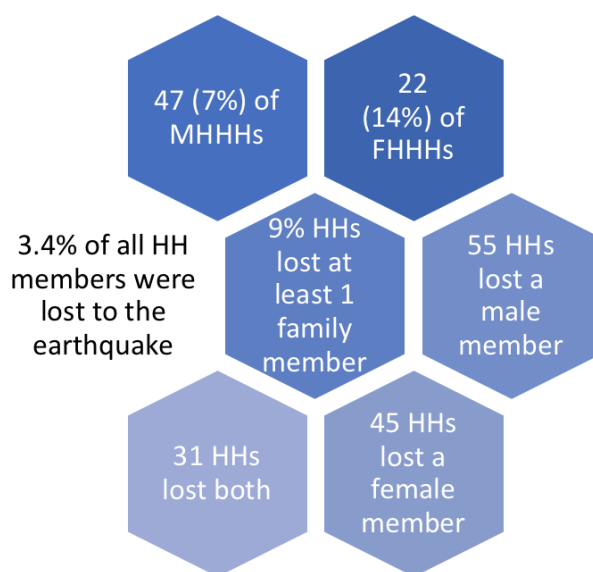
- Out of the 69 grieving households, a total of 148 household members were lost (equally divided among males and females). Fifty-five households lost at least one male member, while 45 families lost at least one female member, and 31 lost both a male and a female member. The victims of the earthquake comprise 3.4 per cent of all family members of the surveyed population in the NWS region. Twelve per cent of non-displaced households report losing at least one member, compared to 8 per cent of those displaced within NWS and six per cent of those displaced from outside the region.

- Rates of home destruction are higher among displaced households (99 per cent among all displaced, versus 91 per cent among the non-displaced).

<sup>35</sup> As such, while these estimates are essential for the design and planning of future interventions among impacted populations, however, they are not an alternative to official data provided by formal entities.

<sup>36</sup> The rate is based on the number of households reporting a death in the family divided by the total number for each category (e.g., the number of female-headed households reporting a death divided by the number of households that report being headed by a female).

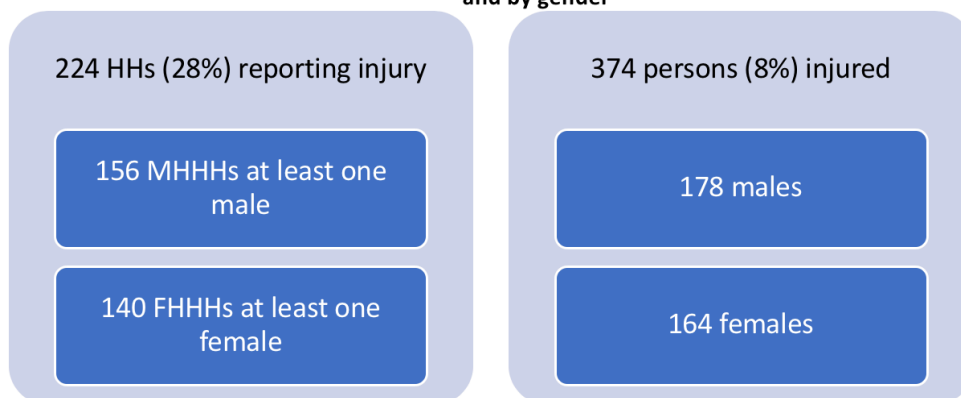
**Figure 9: Households reporting deaths resulting from the earthquake, by sex of head of household and number of victims**



**Number and rate of injuries caused by the earthquake**

- Injuries caused by the earthquake impact 28 per cent (224 families) of all surveyed households in the region. Both male and female-headed households report the same level of injury of family members because of the earthquake.
- The reported total number of injured individuals reaches 347 (178 males and 169 females) and comprises 8 per cent of the total surveyed population. This finding confirms that the distribution of injuries does not demonstrate pronounced gender differences. However, it is important to note that when examining the rates of disability resulting from these injuries, the gender disparities become more apparent.
- Among the surveyed households, the earthquake has resulted in new disabilities for approximately 5.6 per cent of the total sample. Out of the reported injuries, 45 households state that these injuries have led to permanent disabilities. The majority of the newly disabled (74 per cent) are within the working age of 18-64, followed by children under 18 (24 per cent) and older persons (65 years or more) (2 per cent).

**Figure 10: Households reporting injuries among family members, by sex of head of household and by gender**



\*Note: The overlap in the first column is because 72 households lost both a male and a female member. The numbers add up as follows: 156 + 140 = 296 - 72 = 224.

- The sex of the head of the household is not correlated, as both types of households report similar rates in this regard.

- The total number of individuals with disabilities is 50 (34 males and 16 females), adding an additional 1 per cent to the already high rate of disability in the region.

- Rates of injury across households are relatively equal among those with a member with a disability (31 per cent), compared to those without (27 per cent). However, among families with a member with a disability that reported experiencing an injury, 51 per cent reported that this had caused new/additional disabilities, compared to 10 per cent of households that had a member with a disability prior to the earthquake.

## 4.2 Shelter

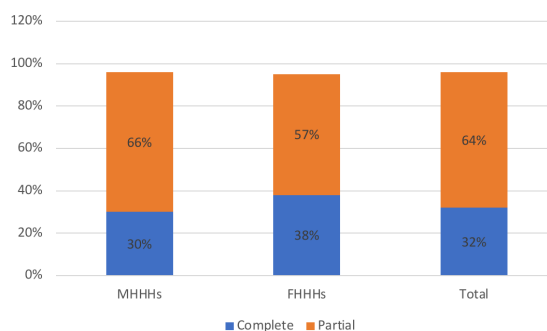
According to the survey findings, the pre-earthquake housing conditions were dire for most families living in the NWS region, especially the two-thirds who are already internally displaced. The conditions of these camps, as described by the respondents, are substandard. Most of their shelters suffer from crowdedness and a lack of basic services and amenities, such as clean water, electricity, clean water and sanitation. These conditions have worsened resulting from the earthquake and the displacement of one third of the population thereafter.

### Status of shelter after the earthquake: Damages

The earthquake has left a lasting impact on the housing conditions of the affected population, with a significant proportion of residences reported to be either completely or partially damaged. Among surveyed households, 32 per cent reported that their place of residence was completely damaged, and 64 per cent that it was partially damaged. Only 4 per cent reported that their home was spared, though they needed to move out for one day or more, as their buildings were deemed to be at risk at the time of the survey.

Data analysis reveals notable gender disparities in the extent of damage experienced by female and male-headed households. More female-headed households (38 per cent) report full damage to their original home because of the earthquake than male-headed households (30 per cent). The opposite is true of partially damaged homes, which more male-headed households than female-headed households report (66 versus 57 per cent). Furthermore, households with PwDs are more likely to report a damaged house (35 per cent) than other households (31 per cent).

Figure 11: Reported home damage resulting from the earthquake, by sex of head of household



## The decline in shelter/housing conditions

Before the earthquake, housing and living conditions in NWS had deteriorated due to the war. Many houses and dwellings were damaged during the war, with data showing that 30 per cent of Aleppo's housing units were damaged and 21 per cent of Idlib's.<sup>37</sup> Over 1.8 million IDPs were living in camps and informal sites in NWS before the earthquake and due to the war, of which 56 per cent were children and 23 per cent women.<sup>38</sup>

The surveyed household members reported a 46 per cent deterioration in the quality of their shelters. Female respondents report worse pre-earthquake inferior housing conditions, where only 73 per cent of them said that their home had a solid roof, walls and windows. This is compared to 80 per cent among males. The harsher conditions prior to the earthquake are reported more by females than males, where 17 per cent of males reported stones as building material for their pre-earthquake residence declining to 11 per cent after. After the earthquake, this rate has declined to 11 per cent among males and 9 per cent among females, indicating deterioration in housing conditions for both males and females.

When housing conditions are compared by displacement status, IDPs, both from within the region or outside of it, report inferior housing conditions prior to the earthquake at a higher level than those who were never displaced. For example, 71 per cent of all IDPs say that their homes had solid roofs, compared to 87 per cent among the never displaced population. The level of decline in prior and post-earthquake assessment is illustrated in Table four, which shows that all cohorts are negatively impacted by the earthquake.

**Table 4: Percentage of households reporting that their residence had solid roof, walls and windows by sex of respondent, sex of head of household and displacement**

	Pre-earthquake	Post-earthquake	Relative loss <sup>22</sup>
<b>IDPs from within NWS</b>	71%	23%	68%
<b>IDPs - external</b>	71%	26%	63%
<b>Females</b>	73%	27%	63%
<b>MHHs</b>	77%	29%	62%
<b>Males</b>	80%	31%	61%
<b>FHHs</b>	72%	30%	58%
<b>Non-IDPs</b>	87%	39%	55%

## Size of current shelter

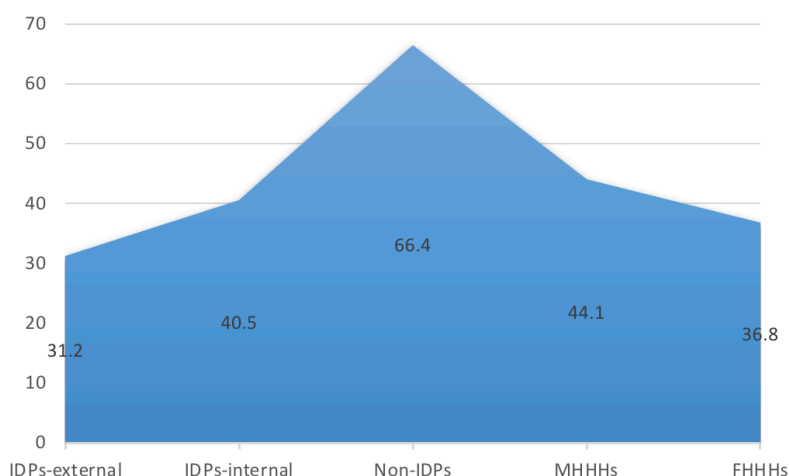
The data analysis shows that more male-headed households tend to reside in relatively larger homes, with a higher proportion (21 per cent) reporting having three rooms or more, compared to female-headed households (8 per cent). Additionally, the average size of residences utilized or owned by male-head households is higher (44.1 square metres) than those utilized or owned by female-headed households (36.8 square metres). When comparing the size of current shelters and age group, it was found that younger and older respondents report higher levels of substandard housing (in terms of size) compared to the middle-aged group. For example, the average size of the space utilized by the younger and older is 37 square metres, whereas the middle-aged report an average of 48 square metres.

Displacement is highly correlated with housing conditions, where the gap between IDPs and

<sup>37</sup> UN-Habitat. 2022. Consideration for a housing sector recovery framework in Syria. <https://unhabitat.org/sites/default/files/2022/09/housing.pdf>

<sup>38</sup> UNOCHA. 2023. Camp Crisis in North-west Syria. <https://reliefweb.int/report/syrian-arab-republic/camp-crisis-north-west-syria>

**Figure 12: Average size of present residence, by sex of head of household and displacement (square metres)**



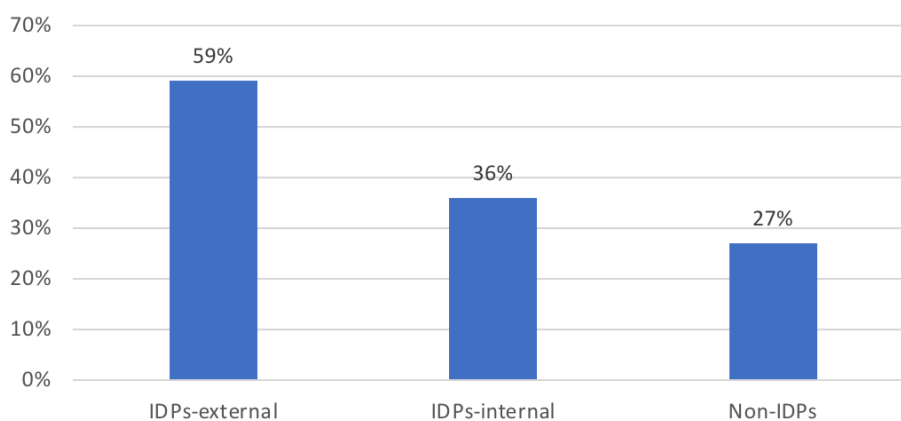
the never-displaced (non-IDPs) is pronounced (as shown in figure 12).

### Reported connectivity to electricity

Only 41 per cent of households are currently connected to an electricity network. No disparity was seen when comparing male and female-headed households. The status of displacement, however, is highly correlated with connectivity to electricity. Approximately, 59 per cent of non-displaced individuals report that their current dwelling is connected to electricity, compared to 36 per cent among IDPs from the NWS region and 27 per cent of IDPs from outside of the region.

Connectivity to the electricity grid is lacking for almost all camp residents due to the limited supply of electricity as a result of political reasons, according to the respondents. Yet, while all earthquake-impacted households consider this a priority, the need for energy is most pressing among the residents of remote and rural camps set up prior to the earthquake, with increasing demands as more households join them after the earthquake.

**Figure 13: Reported connectivity to the electricity network, by displacement**



## Reported availability of kitchens

One-third of households have no space to use as a kitchen within the residence. Among them, 17 per cent report that they must cook outside their residence, while 15 per cent report not having any kitchen or any kitchen appliances at all. Two-thirds of households cook inside their residence, in many cases in the same space where they live and sleep.

## Current risks and challenges of the impacted population

Key informants assert that additional risks are present for the displaced regarding their housing conditions and surroundings. They confirm the findings of the present assessment, where higher levels of sexual harassment, GBV and violence against children are detected, especially in newly set-up camps as well as older ones (where lack of electricity is reported or shared spaces). This is due to overcrowded camps having no lighting, where women and children must walk at night to reach WASH facilities or just come back home.

### Box 2: Electricity and protection (GBV is heightened, especially for young girls)

Both males and females report similar levels of insecurity in the absence of electricity. Yet, reporting on GBV is higher among female-headed households without electricity than male-headed households without electricity. While 15 per cent of male-headed households without electricity report an increase in GBV, 27 per cent of female-headed households without electricity report the same. The perceived increase in GBV against young girls is also a higher, as reported by female-headed households without electricity and male-headed households that are not connected (13 to 10 per cent, respectively)

## Key priority areas in the medium and longer-term

According to the Shelter and Non-food Items (NFI)s Cluster, emergency response is still urgently needed for 39,000 individuals. Gaps continue in the following areas:

- No repairs to minor damaged buildings have been reported (target: 15,000 individuals; approximately 2,700 households)
- Looking beyond the scope of the flash appeal, at least 53,000 families displaced after the earthquake need a dignified shelter.
- A comprehensive coordinated damage assessment is needed.

Table 5: Housing key priorities, by sex of respondent and sex of head of household

Priority	Male	Female	MHHs	FHHs	Total
Securing a new shelter/ housing (long-term)	76%	77%	75%	83%	76%
Provision of home appliances/ furniture/NFIs (short- to medium-term)	76%	74%	73%	83%	75%
Providing privacy for women and men in the current shelter (immediate)	72%	69%	71%	68%	70%



<b>Restoration/renovation of the partially damaged house (short- to medium-term)</b>	65%	65%	66%	63%	65%
<b>Reconnecting the family to the electricity network (medium to long-term, depending on the availability of infrastructure)</b>	63%	57%	59%	64%	60%

Additional priorities emphasized by camp residents, especially adult women, include:

- Assisting in the reconstruction of separate kitchens to ensure the safety of family members as a medium-term priority.
- Connecting households to the electricity network in the longer-term, which is key to a dignified life in all other areas, including health, education, GBV and mental health and well-being. In the meantime, providing alternative energy sources (including solar panels, can serve as a short- to medium-term priority).

Female adolescents focused on the following additional priorities:

- Ensuring the safety of their shelter and the surroundings (immediate to short-term).
- Connecting the WASH facilities to the place of residence instead of having to walk to access them (medium- to long-term).

Male adolescents emphasized the following:

- Creating playgrounds and child- and youth-friendly spaces (short- to medium-term).
- Providing students with alternative lighting sources to ease their education (immediate to short-term).

For male and female PwDs, two additional key priorities were the following:

- Adapting home structures to facilitate daily life, especially in relation to their access to toilets/washrooms (this is especially important for non-IDPs) (medium- to long-term).
- Fixing roads/pathways within the community to enable them to move to WASH facilities and use them in a dignified manner (this is especially important for PwDs residing in camps) (medium- to long-term).

### 4.3 WASH

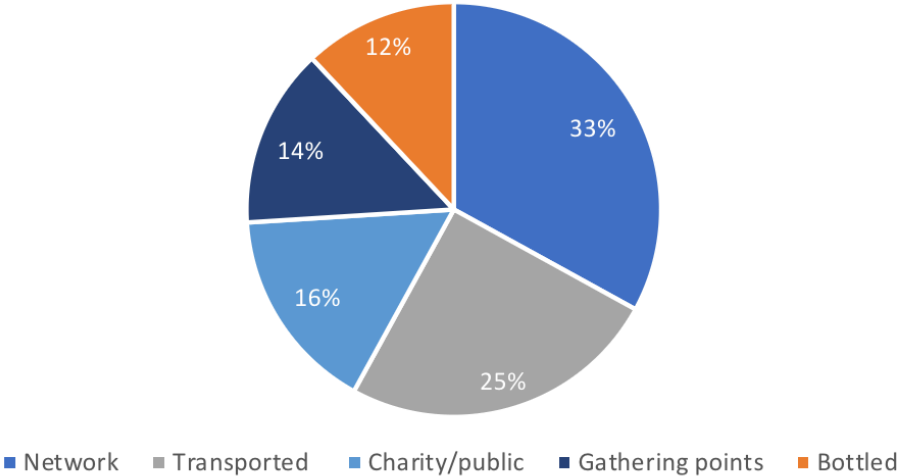
Prior to the earthquake, the water infrastructure in NWS faced significant challenges that severely impacted the population's access to quality and safe water sources. Deteriorating socioeconomic conditions, poor infrastructure and inadequate WASH conditions worsened the situation, leading to numerous repercussions. The unavailability of water pumping from Ein Al Beyda since 2017 has forced a substantial number of people in NWS to rely on unsafe water sources, resulting in reduced access to clean drinking water. This dire situation has triggered various adverse effects, including significant losses in agriculture and income, increased prevalence of waterborne diseases, higher rates of malnutrition, difficulties related to menstrual hygiene management for women and girls, and elevated protection and gender-based violence risks. Moreover, the degradation of water treatment and distribution networks, along with the discharge of untreated sewage and non-functional sewerage systems, has further exacerbated public and environmental health concerns. These

challenges are compounded by the overall water scarcity in Syria, with limited available water resources per capita. Understanding the pre-earthquake conditions is essential for conducting a comprehensive analysis of the earthquake’s specific impact and formulating appropriate response strategies.<sup>39</sup>

In this section, a gender lens is used to assess the impact of the earthquake on the accessibility of clean water for the affected population, the adequacy of sanitation systems, including sewage connections, and the conditions of personal hygiene practices and water structures.

**Access to drinking water:** In the aftermath of the earthquake, only one-third of the impacted population report that they use the water network as their primary source of drinking water. At the same time, one-quarter of the population relies on transported water (water tanks from private vendors). Others rely on fixed gathering points (14 per cent), charity water distribution (14 per cent), or bottled water (12 per cent). A small percentage (2 per cent) say that they use fixed public water stations (such as water from mosques or other Waqf water). Males and females report varying levels of access to sources of drinking water. For example, while 36 per cent of females report reliance on public water networks, only 29 per cent of males report the same. Furthermore, more males report reliance on free water distributed by charitable sources (17 per cent) than females (11 per cent). More males also report reliance on bottled-bought water (15 per cent) than females (10 per cent).

**Figure 14: Reported sources of water**



**Access to water for personal hygiene and access to hygiene products:** As many as 41 per cent of households report a shortage of water for personal hygiene. The provision of water for personal hygiene is identified as a priority by more women than men, and females report higher levels of water shortage for this purpose (45 per cent) than males (37 per cent). Furthermore, women place higher priority on personal care and hygiene products, with 80 per cent of female-headed households reporting a shortage in their availability, compared to 61 per cent of male-headed households. In general, far more females, regardless of head of household, believe that there is a shortage in hygiene products (74 per cent) than males (54 per cent).

When it comes to having a household member with a disability, the results show that households who have at least one family member with a disability suffer higher water

<sup>39</sup> UN OCHA. 2023. Humanitarian Needs Overview. <https://reliefweb.int/report/syrian-arab-republic/syrian-arab-republic-2023-humanitarian-needs-overview-december-2022-enar>

shortages for personal hygiene use than households without members with a disability (44 and 40 per cent, respectively).

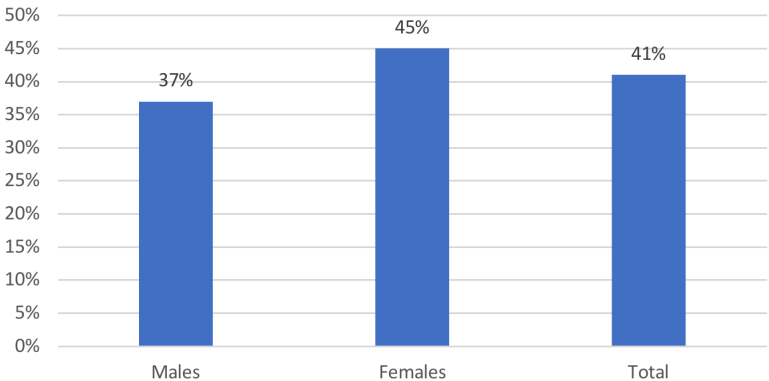
When data were compared by age of head of household, 69 per cent of middle-aged household heads (36–60 years) report the need for hygiene products, 59 per cent of younger (18–35 years) and 56 per cent of older (over 60 years old) cohorts report the same. These percentages are embedded within a complex reality in this regard, according to key informants and residents:

“In our collation of tents, there are no latrines or any sanitation or hygiene facilities. I have to wash myself in the tent and use the land behind us as a toilet. At times, when I have my period, I feel so embarrassed as I feel that people around me can feel and smell my situation. This is the most humiliating part of my life as a woman.”  
(female, single, 26, living in a camp near Idleb)

Data analysis examined sources of water and exposure to/experience of cholera and waterborne diseases. However, reported rates were low and therefore, the assessment was unable to produce reliable estimates regarding the correlation between the two.

However, the survey was able to examine correlations with other indicators. For example, data analysis reveals that water shortages are correlated with several protection issues, including the feeling of safety, GBV and assessment of health services. For example, 89 per cent of females in male-headed and 77 per cent in female-headed households that suffer from water shortages report higher levels of feeling unsafe within the home. Similar patterns are detected for GBV, which is also reported at a higher level among female-headed households with water shortages. Furthermore, households that report water shortages also report higher levels of deterioration in their assessment of the quality of primary health care, where as many as 45 per cent of male-headed households and 41 per cent of female-headed households report a deterioration in primary health care. This is compared to 29 per cent and 32 per cent among households that do not suffer from water shortages (respectively).

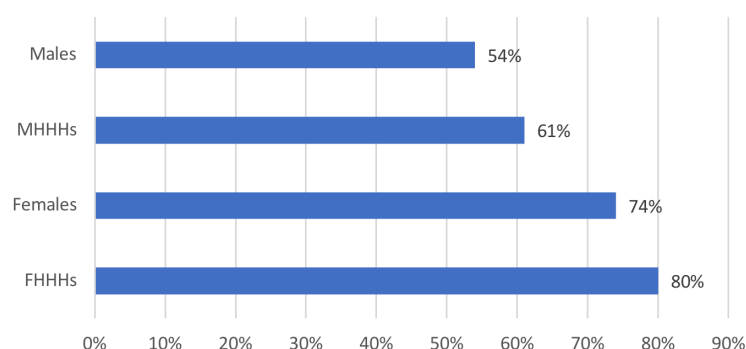
**Figure 15: Reported level of shortage of water for personal hygiene, by sex of respondent**



**Satisfaction with the quality of drinking water:** Nearly half (44 per cent) of respondents are satisfied with the quality of drinking water, one-third are somewhat satisfied, and 22 per cent are dissatisfied. More females report dissatisfaction than males (26 versus 19 per cent). The

findings confirm that dissatisfaction is correlated with the deterioration of water accessibility and quality.

**Figure 16: Reported levels of shortage of personal hygiene products, by sex of respondent and sex of head of household**



### Access to wastewater structures

Wastewater structures and services are extremely urgent in this region. Their insufficiency and substandard quality are connected to the spread of cholera and other waterborne diseases. Almost 170,000 people were recorded to have suffered from acute diarrhea in 2022. Diarrhea in children can cause serious and persistent health concerns, including malnutrition and stunting, impaired cognitive development, and increased risks of ill health in later life. However, in adults too diarrhea can have concerning consequences – cholera specifically can lead to fatality rates of up to 50 per cent due to dehydration, if left untreated.<sup>40</sup>

- 44 per cent of the impacted households are not connected to wastewater networks. Both male- and female-headed households report similar levels of connection to wastewater networks (59 per cent in FH HH and 55 per cent in MH HH).

- Among the households that are not connected to a wastewater network, 70 per cent of them use a septic tank, while 30 per cent of them have no access to an alternative wastewater facility (including a septic tank). The latter, with no access to any wastewater services, comprise 13 per cent of the impacted population in the region. The majority of those without access reside in camps, especially informal camps in rural areas.

- households with members with a disability are also more vulnerable than those without members with a disability, as 51 compared to 42 per cent are not connected to wastewater networks, respectively, while 65 compared to 73 per cent use septic tanks.

- The analysis shows that elderly respondents (aged 60 years+) suffer from the cessation of wastewater networks (57 per cent) at a higher level than younger respondents (aged 18–35) (43 per cent) and those who are middle-aged (36–59 years) (42 per cent).

- 47 per cent of less-educated respondents report that they are not connected to wastewater networks, in comparison with 38 per cent of respondents who completed secondary schools or higher.

Access to wastewater networks is highly correlated with displacement and region of origin, with 42 per cent of IDPs originating from outside of the NWS region reporting access to such networks. This is compared to 51 per cent among IDPs originating from the NWS region itself, and 73 per cent among the non-displaced population. In addition, the rate of not having any

<sup>40</sup> REACH. 2023. Earthquake Response Rapid Needs Assessment. <https://reliefweb.int/report/syrian-arab-republic/earthquake-response-rapid-needs-assessment-15-february-2023-northwest-syria-updated-30-march-2023>

type of wastewater service (whether a network or septic tank) is higher among IDPs from outside the region (20 per cent) than among IDPs originating from the same region (15 per cent) and non-IDP households (5 per cent).

The collective nature of WASH facilities in camps where more female-headed households reside leads to seemingly higher levels of connectivity, which is not reflective of the reality:

“Camp residents and new IDPs, especially female-headed households, use collective WASH facilities. They don’t know if they are connected to a network or not. In many cases, they are not connected, and the wastewater is infiltrating and polluting the land and any water sources underneath.”  
(male, key informant, NGO)

**WASH priorities**

According to the WASH cluster, 1.1 million people in NWS require urgent WASH assistance following the earthquakes and amid the ongoing cholera outbreak.<sup>41</sup> While much has been achieved, the following areas require further follow-up and long-term commitments, according to the assessments of the WASH Cluster and key informants: water accessibility and quality, latrines especially in refugee camps and reception centres, drainage and domestic washing facilities that have been further derailed by the earthquake and the resulting damage in the condition of roads and existing sewage facilities.

Based on the below survey results, the region also requires a supply of family hygiene kits, rehabilitation/construction of elevated and groundwater reservoirs, repair of WASH infrastructure, and water and sanitation management:

**Table 6: WASH key priorities**

Item	Male	Female	MHHs	FHHs	Total
<b>Provision of immediate water supply/assistance (immediate and short-term)</b>	68%	70%	68%	71%	69%
<b>Reconnecting the family to the water network (medium- to long-term)</b>	64%	65%	64%	67%	65%
<b>Reconnecting the family to the wastewater network (medium- to long-term, depending on availability)</b>	64%	60%	61%	64%	62%
<b>Fixing water infrastructure within the home (short to medium-term for non-damaged homes)</b>	59%	60%	59%	62%	60%

While table six shows the key priorities for males and females, as well as for male- and female-headed households, additional priority areas for other vulnerable groups were revealed through qualitative data:

Elderly women and lactating women:

- Ensure that the hygiene kits are taking into consideration the special needs of older women (e.g., special underwear diapers) and for postpartum hemorrhage for women who just gave birth as a short-term priority.

<sup>41</sup> UN OCHA. 2023. North-West Syria - Cluster Status: WASH. April. <https://reports.unocha.org/en/country/syria/card/61NArlrvvb/>

### Displaced women and girls

- Assess the conditions of WASH facilities in camps and prioritize the installation of washrooms in close proximity to women and girls as possible as a short-term priority.
- Ensure the preservation of the privacy and comfort of washrooms as a short- to medium-term priority.

### PwDs

- Work with families and relevant local partners to introduce and strengthen adaptation work in WASH facilities (medium-term), as most of these facilities in camps and even in most homes are not adequately designed for PwDs (as a medium-term priority).

### Adolescent girls and boys

- Weak safety and uncomfortable situations between adults and children in public WASH facilities requires much more awareness-raising. Activities and actions in cooperation with community leaders need to be introduced to protect adolescents from any potential sexual harassment and abuse, as a short- to medium-term priority.

## 4.4 Health

### Pre-earthquake conditions

During the past few decades, the impacted population has faced many health-related challenges, leading to high levels of chronic and infectious diseases, as well as health hazards. The devastation of the ongoing conflict has led to a chronic health crisis in the region, impacting access to basic services. The people of this region have seen many of their hospitals, clinics, schools and other vital public services destroyed or occupied. They are also facing a serious shortage of doctors, nurses and other medical staff. Suffering from a lack of food, shelter, substandard water and wastewater systems, weak connectivity to electric networks and economic isolation, NWS has high levels of non-communicable, infectious and waterborne diseases and high exposure to health risks among children, as well as lactating and pregnant women.<sup>42</sup>

The present survey investigates a number of indicators that reflect pre-earthquake realities:

**Chronic diseases:** 47 per cent of households report having at least one adult member with at least one chronic disease (cancer, diabetes and cardiovascular disease, which are the leading cause of death in most countries). Slightly more households report that female members have these diseases (48 per cent) than male members (46 per cent). The results of this assessment largely conform with WHO's reporting (2020), stating that non-communicable diseases (NCDs) – cardiovascular diseases, injuries, cancer and diabetes, among others – and epidemic-prone diseases are the most common causes of morbidity in Syria. Prior to the earthquake, 45 per cent of all deaths in Syria were estimated to be related to NCDs – a 40 per cent increase compared to 2011 rates.<sup>43</sup> Rates rise with age, as 73 per cent of older cohorts report having a chronic disease, compared to 43 per cent among middle-aged cohorts and 15 per cent among younger cohorts.

**Infectious diseases:** Cholera became a health issue even before the earthquake. Only 6 per cent of households reported that at least one of their members was infected by Cholera after the earthquake. There was no difference in reporting between males and females, but slightly higher reporting among male-headed households than female-headed households.

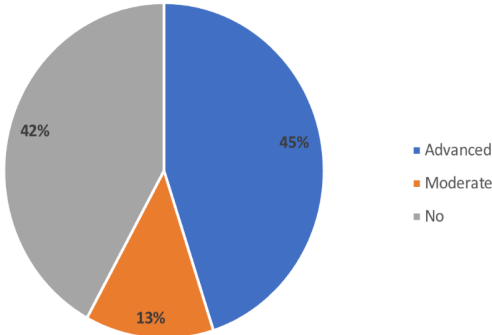
<sup>42</sup> Bonyan Organization. 2023. Health Sector Situation North-West Syria. <https://bonyan.ngo/syria/health-crisis-northern-syria/>

While IDPs living in camps would be the most prone to infectious diseases during normal times,<sup>44</sup> the earthquake seems to have had an equalizing impact, where IDPs and non-IDPs report the same level of cholera infection. Key informants confirm that the earthquake and resulting displacement it has created are conducive conditions for the spread of cholera and other communicable diseases in the region:

“The earthquake created a new pool of displaced people, many of whom are new to displacement and without any experience or preparedness. They found themselves without any WASH or hygiene facilities. Like the displaced, they were faced with the additional pressure of floods and heavy rain, which increased their vulnerability to all types of communicable diseases. This will be exacerbated during the summer with the hot weather and the scarcity of water available for domestic and personal use.” (female, key informant, NGO)

Iron deficiency as a proxy of women’s health: As much as 45 per cent of households report that at least one woman has a serious case of iron deficiency. Another 13 per cent report a moderate case. Women report a much higher rate of iron deficiency (61 per cent) than males (54 per cent). In Syria, the rate of iron deficiency anaemia among women is 33 per cent.<sup>45</sup> This was higher among pregnant and lactating women in NWS, where 54 per cent suffered from iron-deficiency anaemia (severity classification 5). In 44 subdistricts, 46 per cent of children (6–59 months) were suffering from iron-deficiency anaemia (severity classification 4).<sup>46</sup> More analysis on this issue can be found in the “food security and nutrition” section.

Figure 17: Percentage of households reporting iron deficiency among at least one female member



**Availability and access to health services:** 42 per cent of surveyed households report that the availability of health services has deteriorated since the earthquake. Access has been impeded by an increase in demand and damage to existing health facilities. On the demand side, the earthquake has significantly increased the demand for health services, which were already strained pre-disaster; exacerbated by injuries, disabilities, further risk of waterborne diseases and further deterioration in living conditions. On the supply side, 67 health facilities were damaged by the earthquakes and aftershocks – of which six were destroyed.<sup>47</sup>

The analysis shows that there are no significant discrepancies between the level of deterioration in the availability of health services among different age groups, but there are minor discrepancies between educated respondents (39 per cent) and less-educated respondents (44 per cent). Perceptibly, households with members with a disability reported a higher deterioration in the availability of health services (51 versus 39 per cent among

<sup>44</sup> Ibid.  
<sup>45</sup> Sukkariyeh S, C. Latouf, and R. Harfouch. 2023. “Iron Deficiency among a Group Syrian Woman: Causes and Treatment.” *Ann Clin Case Stud*. 5(1): 1069. Retrieved from <https://www.medtextpublications.com/open-access/iron-deficiency-among-a-group-syrian-woman-causes-and-treatment-1271.pdf>  
<sup>46</sup> UNICEF. 2022. Smart Survey Report. [https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/nut\\_0722\\_nws\\_smart\\_final\\_report.pdf](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/nut_0722_nws_smart_final_report.pdf)

households without PwDs).

**Affordability:** The survey reveals that the highest deterioration is in the affordability of medicine, with 81 per cent of households reporting this, at equal rates in male- and female-headed households. In addition, 77 per cent of respondents report that the affordability of health services has deteriorated, 81 per cent in female-headed households and 76 per cent in male-headed households. While 69 per cent of male-headed households say they face difficulty securing the cost of transportation to obtain health services, 78 per cent of female-headed households report the same. More female- than male-headed households report higher levels of decline in primary health care (69 versus 59 per cent) and their access to mental health services (27 versus 23 per cent). No significant correlation was detected between the affordability and age of the heads of household, level of education or having a member with a disability.

**Figure 18: Percentage of households reporting deterioration in accessibility to health services, by sex of head of household**

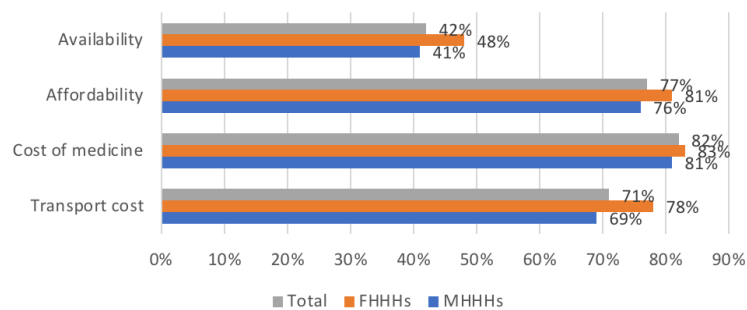


Figure 18 illustrates that all areas of health services have deteriorated. It also shows that female-headed households are facing more difficulties accessing health services after the earthquake.

A decline in available services after the earthquake has led to a further decline in satisfaction with overall access to health services, which has increased from 33 per cent prior to the earthquake to 47 per cent since (a 14-point increase). The gap between male- and female-headed households in their assessment of access to health services was already pronounced

**Table 7: Percentage of households reporting dissatisfaction with health services, by sex of respondent, sex of head of HH, displacement and having members with a disability**

	Pre-earthquake	Post-earthquake	Net increase
<b>IDPs – external</b>	32%	55%	23%
<b>Non-IDPs</b>	29%	47%	18%
<b>Females</b>	36%	52%	16%
<b>Male head of HH</b>	30%	46%	16%
<b>Households with members with a disability</b>	39%	57%	14%
<b>Males</b>	30%	42%	12%
<b>Households with members without disability</b>	30%	42%	12%
<b>IDPs from within NWS</b>	37%	41%	4%
<b>Female head of HH</b>	48%	50%	2%
<b>Overall</b>	33%	47%	14%



before the earthquake, with 30 per cent of male-headed households reportedly dissatisfied, compared to 48 per cent of female-headed households. After the earthquake, female-headed households still report higher levels of dissatisfaction, but the gender gap has narrowed from 18 to 4 percentage points.

### Primary and reproductive health

General access to primary health-care services has been negatively affected by the earthquake.

- 61 per cent of all households report that primary health-care services have deteriorated, with rates higher in female- than male-headed households (78 versus 68 per cent).

- Displacement is also correlated with reduced access to primary health-care services, with IDPs reporting a higher level of decline (63 per cent), compared to non-IDPs (55 per cent).

- Elderly people have also experienced a higher level of decline in their access to primary health services (65 per cent) in comparison to other age groups (60 per cent for both).

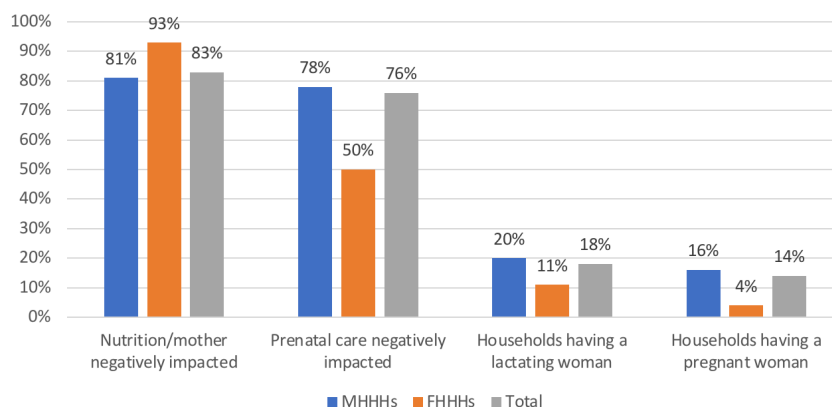
- This pattern is also higher among households with members with a disability (76 per cent) compared to households without members with a disability (70 per cent).

- 14 per cent of households had at least one pregnant woman and 18 per cent had at least one lactating woman at the time of the earthquake. Data suggest that there has been a decline in access to primary health care, with 76 per cent of pregnant women reporting a negative impact on their access to prenatal health services, and 82 per cent of lactating women reporting a negative impact on their access to postnatal services. This has additional impacts on child and women’s nutrition and health status that are further discussed in the section on “food security and nutrition”.

- Young cohorts also have heightened vulnerabilities, as one-third of households with younger heads (18–35 years) report having at least one pregnant woman at the time of the earthquake, versus just 7 per cent of middle-aged (36–59 years) and 11 per cent of older heads of households. In addition, while 29 per cent of younger cohorts (18–35) report having at least one lactating woman, the rates are 11 per cent and 16 per cent among the middle-aged and the older cohorts, respectively.

- Altogether, the data highlight that 32 per cent of all impacted households with a pregnant or lactating woman need improved and immediate access to reproductive health services.

Figure 19: Indicators on women’s reproductive health



<sup>47</sup> WHO. 2023. Whole of Syria Earthquake Response Situation Report. <https://www.emro.who.int/images/stories/syria/whole-of-syria-sit-rep-20-march-2-april-2023.pdf?ua=1#:~:text=In%20total%2C%2067%3%20health%20centres.governorates%20affected%20by%20the%20earthquakes.>

The impact of the earthquake has been felt by women with reproductive health needs, as already stressed health services have been mainly devoted to treating the injured:

“I had a miscarriage during my pregnancy, as I was trapped under the rubble for a few days without food or water. The minute they dug me out, the baby was already dead. I had complications, including bleeding, but I was not given priority in the nearby health centre. I went home and I had to take care of myself.” (female, 29, Jarablus region)

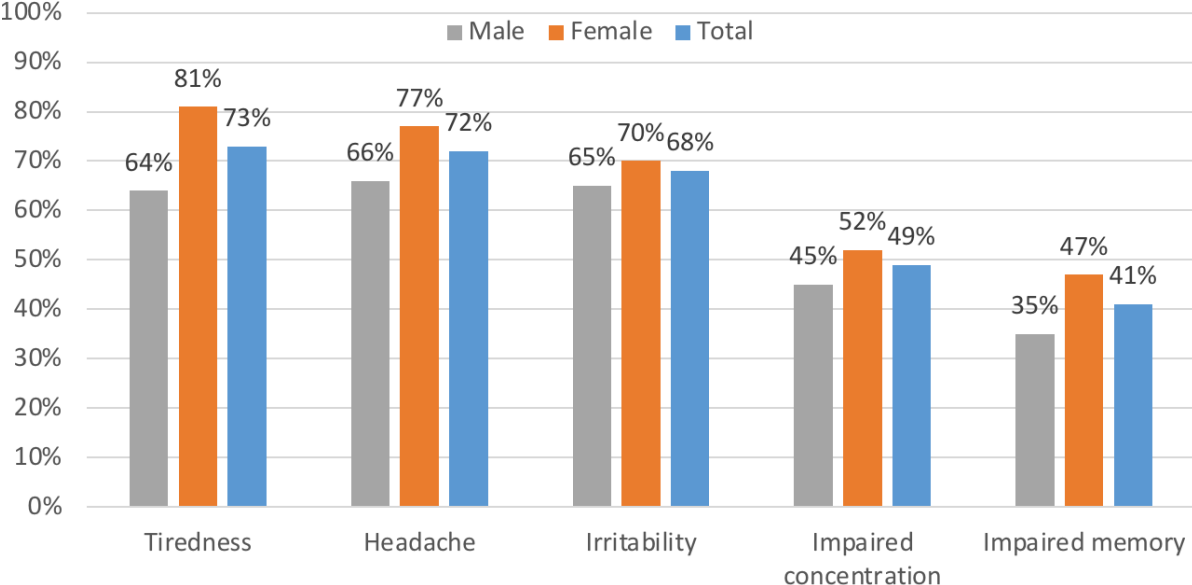
The health of lactating women was also impacted in many ways, including post-partum depression and other psychological challenges:

“I lost my 11-year son to the earthquake, but I gave birth immediately after the earthquake, and God gave me a son. I was engulfed in sadness, and I felt very dark inside. I couldn’t breastfeed my baby boy and had to look for formula, with limited money. Some good people help me and buy me formula occasionally. I called my new son Ahmad – the name of my son who was lost in the earthquake.” (female, 38, Idleb region)

**Mental health: A pronounced gender gap**

In general, the earthquake had led to a further deterioration in the mental health status of the population, with most respondents reporting an increase in tiredness, headaches and irritability. In addition, the majority of respondents reported impaired concentration and memory. In this regard, while men and women are showing symptoms of mental health stress, women are feeling the impact at a higher level than men in all areas (Figure 20).

**Figure 20: Percentage of respondents reporting an increase in certain mental health symptoms, by sex**



- Data analysis reveals that female-headed households are impacted at a much higher rate than male-headed households. For example, while 69 per cent of respondents from male-headed households report increased headaches, as much as 86 per cent of respondents in female-headed households report the same. In addition, while as much as 46 per cent of respondents from male-headed households report impaired concentration, 60 per cent of female-headed households report the same.

- Data analysis also suggests that most respondents (53 per cent) have no knowledge or are unsure about the presence of mental health services, with rates higher among males (62 per cent) than females (45 per cent). In contrast, more females report that these services stayed the same (29 per cent) than males (13 per cent). An equal percentage of males and females (24 per cent) report a deterioration in access to these services.

- The presence and quality of mental health services are a subject that is of great interest among key informants and the impacted population.

“Mental health is widely ignored by local officials and institutions. It continues to be ignored by various assistance sources. This might be because there are very limited institutions in this field with mediocre resources, absent standard procedures and limited qualified human resources. In addition, there is limited awareness of what constitutes mental illness, and most people are unable to diagnose such an issue. When it comes to men, most ignore their illness by normalizing their behavior as “boys growing to be men”. As such, they are angry and violent without getting any help for themselves or their households. Women’s mental health is completely ignored as if women don’t deal with depression and other mental issues!” (female, key informant, specialized in psychology)

This is further confirmed by men and women in the local community. According to a male FGD participant:

“I have been struggling with mental challenges for more than a decade. I was kidnapped and tortured. I feel a void and that I don’t belong anywhere. Still, my family and friends thought that I would get better if I got married. Now, I am causing havoc in my household, and I have nowhere to go.” (male, unemployed, 54, Armanaz)

Women also face challenges that were compounded by the earthquake:

“I am giving up on life and if suicide was allowed in my religion, I would’ve killed myself. I know others have. I am, as everyone else is, in denial that I am in anguish and need real help. I am in denial because I know that I can’t trust anyone, and I can’t find anyone to really help me. The earthquake was the last straw in my belief that something good will come out of this situation.” (female, caregiver, 48, IDP from the NWS region)

- Elderly respondents (aged 60+) reported a higher level of deterioration in mental health services compared to middle-aged groups (27 per cent) and younger groups (18 per cent).

- Similarly, households with members with a disability reported a higher level of decline in mental health services (28 per cent, versus 23 per cent for households without PwDs).

**Disability: Weak and deteriorating health and rehabilitation services**

Access to health and rehabilitation services for PwDs has been further comprised after the earthquake, with 67 per cent of the surveyed households with PwDs reporting that members with disabilities have not received any type of health or rehabilitation services. This is an increase from an already high rate of 60 per cent before the earthquake.

**Table 8: PwDs who did not receive health or rehabilitation services, pre- and post-earthquake**

	Pre-earthquake	Post-earthquake	Net change
<b>MHHHs</b>	51%	60%	9%
<b>FHHHs</b>	71%	74%	3%
<b>IDPs from within NWS</b>	66%	62%	-4%
<b>IDPs – external</b>	50%	74%	24%
<b>Non-IDPs</b>	67%	63%	-4%
<b>Overall</b>	67%	60%	7%

- The gap between male and female-headed households is significant. As much as 51 per cent of male-headed households with PwDs report that members with a disability have not received rehabilitation/health services before the earthquake, increasing to 60 per cent after the earthquake (a 9-point increase). This is compared to 71 per cent among female-headed households before the earthquake, increasing to 74 per cent after.

- Furthermore, displaced households have witnessed the largest decline in their access to health and disability-related services. The decline in access to health and rehabilitation services was prevalent among all groups, but with higher rates among those displaced from outside of the region. Half of these households report that PwD members did not receive any of these services before the earthquake, which has grown to 74 per cent after. For IDPs from within the region and non-IDPs, the data suggest no significant change. This might be due to the focus of PwD services on these types of households.

**Health-related key priorities**

The following list of priorities represents immediate, short-, medium- and long-term priorities.<sup>48</sup>

The following are additional priorities that were noted by the following groups during the qualitative research:

Adult females and males:

- Provide mental health services for men and women to cope with the trauma of the earthquake and its aftermath, but also to use this opportunity to establish and build the capacity of mental services in the region (immediate, short- and long-term).

<sup>48</sup> Many of these priorities are consistent with the ones presented by WHO, April 2023. <https://www.emro.who.int/images/stories/syria/whole-of-syria-sit-rep-20-march-2-april-2023.pdf?ua=1#:~:text=In%20total%2C%2067%3%20health%20centres.governorates%20affected%20by%20the%20earthquakes>.

**Table 9: Health key priorities, by sex of respondent and head of household**

Priority	Male	Female	MHHH	FHHH	Total
Provision of medicine (short- and medium-term)	92%	91%	91%	94%	91%
Provision of medical supplies (short- and medium-term)	85%	87%	85%	92%	86%
Secure primary health care for children (short- and medium-term)	80%	74%	76%	80%	77%
Reducing pollutants resulting from the earthquake (short-term)	60%	71%	65%	69%	66%
Ensuring that no earthquake remnants are around (short-term)	58%	72%	64%	71%	65%
Feminine hygiene kits that are adapted to elderly and lactating women (short-term)	66%	65%	61%	83%	65%
Provision of reproductive health services (gynaecological checks, family planning) (short- to medium-term)	52%	53%	52%	48%	52%
Secure maternal/post maternal care for women (short-, medium- and long-term)	54%	36%	47%	37%	45%
Provision of health services to the injured/disabled (short- and medium-term)	44%	36%	40%	41%	40%
Provision of specialized health services to older women (short- to medium-term)	41%	30%	35%	38%	35%
Provision of specialized health services to women with disabilities (short- to medium-term)	31%	23%	27%	27%	27%

Adolescent girls and boys:

- Promote mental health and psychosocial support for school students using art and drama therapy (medium- to long-term).
- Work with boys to address increased rates of smoking, especially for the consumption of inferior types of tobacco sold to them (medium- to long-term).
- PwDs – males and females:

Make available accessible physiotherapy and occupational therapy for the newly disabled and all PwDs (short-, medium- and long-term).

- Provide preventative screening and testing of women with disabilities (such as mammograms) as these services, while limited to all women, are especially lacking for women with disabilities (medium- to long-term).

Elderly people:

- Provide psychosocial support for elderly women, taking into account the social and emotional challenges they face, particularly due to prolonged years of displacement and the additional hardships resulting from the recent earthquake (short- and long-term).
- Provide health services to older men and women who are bedridden and many of them are suffering from gangrene (short- and medium-term).

## 4.5 Food security and nutrition

Food security in NWS has been one of the acute and ongoing crises since the beginning of the war in Syria. In 2022, 80 per cent of the population in NWS was food insecure.<sup>49</sup> The ongoing conflict, displacement and destruction of agricultural infrastructure, food production facilities and impaired economic conditions have impacted food security.<sup>50</sup> Infants, children, IDPs, pregnant and lactating women, elderly people and people with chronic diseases are at a higher risk of food insecurity and malnutrition.<sup>51</sup> Women and mothers are acutely malnourished in emergency situations, as they prioritize feeding their children and other family members. Pregnant women are susceptible to facing the double risk of malnutrition, severe anaemia and other health complications, which might lead to having malnourished infants and stunting.<sup>52</sup> Stunting is one of the risk indicators of poor child development. In NWS in 2020, one child out of six children was stunted.<sup>53</sup> After the earthquake, around 3.3 million people in NWS are estimated to be food insecure.<sup>54</sup>

**The gender gap in access to food items**

The results of the gender assessment show that food security has declined significantly for all groups, but there is a significant gap between male and female-headed households, between displaced and non-displaced populations, and between different age groups. Access to food items has decreased among all groups due to many factors, including insufficient and low quantities of food items allocated and distributed, the rise in prices and production costs, which has further increased after the earthquake. This is in addition to a decrease in food availability in the market because of the damage and impaired imports from Turkey. A total of 47 per cent of households have experienced a decline in their access to all food items, with 31 per cent unable to afford to purchase food frequently. Table 10 shows the results disaggregated by sex of household:

**Table 10: Access to food, disaggregated by sex of head of household**

Statement	MHHs	FHHs	Total
<b>Deteriorating food security/consumption (average for all food groups)</b>	45%	54%	47%
<b>Unable to afford food (frequently)</b>	28%	44%	31%

The ability of female-headed households to secure food has been compromised by the earthquake at a higher level than male-headed households. While 50 per cent of the first group report that their access to vegetables has declined, 39 per cent of the second group report the same. In addition, 71 per cent of female-headed households report a decline in their access to meat and poultry, compared to 65 per cent of male-headed households. Furthermore, 43 and 33 per cent of male and female-headed households respectively report a decline in their access to grains and beans. Similarly, female-headed households’ access to dairy products has decreased by 57 per cent compared to 48 per cent for male-headed households. The pattern applies also to starchy foods and vegetable oil.

<sup>49</sup> Care International. 2022. Rapid Gender Analysis North-west Syria. August. p. 12. [https://careevaluations.org/wp-content/uploads/CARE-RGA-Northwest-Syria\\_FINAL\\_Aug22.pdf](https://careevaluations.org/wp-content/uploads/CARE-RGA-Northwest-Syria_FINAL_Aug22.pdf)  
<sup>50</sup> Save the Children. 2022. A look at malnutrition across Syria, with a focus on under-twos. September. pp. 10-14.  
<sup>51</sup> Care International. 2022. Rapid Gender Analysis North-west Syria. August. p. 12. [https://careevaluations.org/wp-content/uploads/CARE-RGA-Northwest-Syria\\_FINAL\\_Aug22.pdf](https://careevaluations.org/wp-content/uploads/CARE-RGA-Northwest-Syria_FINAL_Aug22.pdf)  
<sup>52</sup> Save the Children. 2022. A look at malnutrition across Syria, with a focus on under-twos. September. pp. 19, 22.  
<sup>53</sup> Ibid.  
<sup>54</sup> UN OCHA. 2023. North-West Syria – Situation Report. April. Retrieved from: <https://reports.unocha.org/en/country/syria/>  
<sup>55</sup> FAO. 2023. Post-earthquake rapid needs assessment on agricultural livelihoods and production in the northwest. April. p. 31. <https://fscluster.org/qaziantep/document/fao-syrian-arab-republic-post-earthquake-0>

**Table 11: Percentage of deterioration in access to food items, disaggregated by sex of respondents and sex of head of household**

	Male	Female	MHHs	FHHs	Total
<b>Meat and poultry</b>	62%	71%	65%	71%	66%
<b>Vegetable oil</b>	50%	56%	52%	58%	53%
<b>Dairy products</b>	47%	53%	48%	57%	50%
<b>Vegetables</b>	35%	46%	39%	50%	41%
<b>Starchy foods</b>	32%	39%	35%	42%	36%
<b>Grains, beans</b>	32%	38%	33%	43%	35%

When data were reviewed based on origin of displacement, as many as 77 per cent of IDP households from outside of the region said that their access to meat and poultry has been compromised because of the earthquake. This is compared to 71 per cent among those who are displaced within the same region and 52 per cent among non-displaced households. Access to dairy products has also deteriorated to an average-medium extent, as 60 per cent of households displaced from outside of the region report that their access to dairy products has declined, compared to 52 per cent of those who were displaced within the same region and 39 per cent among non-displaced households. This applies also to starchy foods, grains, vegetables and vegetable oil.

Households that have at least one member with a disability have experienced a greater reduction in their access to food items than households that do not have people with disabilities, especially meat and poultry, at a rate of 64 per cent, followed by dairy products at 52 per cent, and vegetable oil at 50 per cent. Access to food items also differs among different age groups, with elderly people (aged 60 or more+) encountering a greater deterioration in their access to vegetables (49 per cent), grains and beans (39 per cent). People aged 36–64 have primarily faced a reduction in their access to starchy foods (37 per cent), while people aged 18–35 report the biggest decline in their access to dairy products (51 per cent), meat and poultry (68 per cent) and vegetable oil (55 per cent). Notably, there is a correlation between the level of education and food insecurity. The less-educated have been impacted at a higher rate than the more-educated.

Furthermore, some breastfeeding mothers reported being unable to provide proper feeding to their infants as a result of the earthquake. At the time of the survey, 18 per cent of all surveyed households said that they had a breastfeeding-aged child; 83 per cent reported that the earthquake had negatively impacted the ability of mothers to properly feed their infants; and 77 per cent said the earthquake had affected the family’s ability to provide artificial feeding or infant formula for the child.

### **Affordability**

As much as 31 per cent of all respondents report the frequent inability to buy/secure food – the vast majority of which (43 per cent) are female-headed households, compared to 28 per cent of male-headed households. In total, 71 per cent of all households report an inability to secure food frequently or some of the time. Notably, there is no significant variance between households that were displaced before the earthquake from other regions and households that were displaced within the same region when it comes to affordability, as 72 per cent of both groups report their frequent inability to secure food. However, there is significant

variance between households that were displaced within the same region and that were displaced from other regions after the earthquake, with percentages of 66 and 81 per cent, respectively.

When data were compared by age group, the analysis revealed that elderly people (60 years or more+) are the age group that most reported their inability to secure food frequently, with a percentage of 80 per cent, followed by people aged 18–35 years old (73 per cent) and then people aged 36–64 years old (69 per cent). Additionally, 84 per cent of households that have at least one person with a disability stated that they were rarely able to secure food.

## Impact

Food insecurity can lead to malnutrition and various health complications, such as stunting, micronutrient deficiencies and weaknesses in the immune system. Iron deficiency is one of the serious health complications that primarily affects women and girls, children, and people with chronic diseases, which can lead to severe anaemia and other health complications. The survey results reveal that 58 per cent of households report having a female member with iron deficiency.

“One of the females who participated in the in-depth interviews and was diagnosed with cancer before the earthquake said ‘I have cancer and I need specific types of food; however, I am not able to afford high-quality food. This is accompanied by a reduction in the size of food baskets.’” (female, Palestinian refugee, 63, Omah refugee camp).

The analysis also shows that there is a correlation between food insecurity and the sense of safety; as 83 per cent of male-headed households who frequently feel food insecure (do not have enough money to buy food), report that their feeling of safety in their place of residence has deteriorated, with a similar percentage reported by female-headed households. However, when it comes to feeling safe in public spaces, there were gender differences: 69 per cent of male-headed households who frequently feel food insecure report that their feeling of safety while walking around has deteriorated, in comparison with 75 per cent of female-headed households. Regarding violence against women outside of the home and within the family, in male-headed households that are food-insecure, violence against women is reported to have increased within the family (in 18 per cent) and outside the family (in 14 per cent). Meanwhile, 15 per cent of female-headed households report that violence against women has increased within the family and 22 per cent say it has increased outside the family.

## Food security key priorities

According to UNOCHA, the main priorities in the food security and nutrition sector that need to be addressed are the following:

- Short- to medium-term: Support the community to manage and treat acute malnutrition.
- Short- to medium-term: Provide food assistance through cash vouchers to the population most affected by the earthquake.
- Medium- to long-term: Improve the quality of services to manage severe wasting and enhance the early detection of malnutrition.
- Establish breastfeeding spaces in shelters.



The quantitative results show that the top priority in the short- to medium-term is the provision of food items, with a total percentage of 94 per cent. This is followed by the provision of assistance to secure animal products (dairy, meat, poultry, etc.) with a percentage of 69 per cent. The third top priority is the provision of food processing tools and equipment (50 per cent), while the fourth and least priority is the provision of assistance to plant agricultural products (39 per cent).

**Table 12: Food security/nutrition key priorities, by sex of respondent and head of household**

Priority	Male	Female	MHHs	FHHs	Total
<b>Provision of food supplies – Immediate to short-term</b>	94%	95%	94%	97%	94%
<b>Provision of assistance to secure animal products (dairy, meat) – Immediate to short-term</b>	74%	64%	70%	65%	69%
<b>Provision of food processing tools/equipment – medium- to long-term</b>	55%	45%	50%	51%	50%
<b>Provision of assistance to plant agricultural products – medium- to long-term</b>	46%	32%	39%	39%	39%

Female adults raised the following additional priorities:

- Providing food assistance and fortified food as an immediate-short-term priority.
- Providing and securing milk and baby food for infants, as an immediate- to short-term priority.
- Establishing safe and private places for lactating women to breastfeed, as a medium- to long-term priority.
- Providing cash assistance and vouchers, as an immediate to short-term priority.
- Providing sustained food production through home gardens, hydroponics and small livestock income-generating activities, as a medium- to long-term priority.

Male adolescents, female and male youth (15–24 years) also emphasized the following:

- Providing food assistance and baskets, as an immediate to short-term priority.
- Providing cash assistance and vouchers, as an immediate to short-term priority.
- Providing sustained food production through home gardens, hydroponics and small livestock income-generating activities, as a medium- to long-term priority.

PwDs, both male and female:

- Providing sustained food production through home gardens, hydroponics and small livestock income-generating activities, as a medium- to long-term priority.

Elderly people

- Providing cash assistance and vouchers as an immediate to short-term priority.
- Providing sustained food production through home gardens, hydroponics and small livestock income-generating activities, as a medium- to long-term priority.

## 4.6 Livelihoods and economic empowerment

Syria has experienced an economic collapse since the start of the conflict. The country has seen its Gross Domestic Product (GDP) decline dramatically, along with a depreciation of the Syrian pound, rising prices and diminished livelihood opportunities. Most Syrians inside the country (90 per cent) now live below the poverty line. Over the last decade, Syria's economy has become increasingly interlinked with that of its neighbours Lebanon and Turkey, creating further vulnerabilities. NWS remains one of the hardest-hit parts of the country, not only economically, but more broadly in terms of weakened or destroyed infrastructure and economic investments. The rising prices of food, fuel and other basic commodities are increasing the existing high levels of vulnerability. They have a negative impact on the local production cost of basic commodities, along with services and agricultural products. Already hit by the COVID-19 pandemic and economic deterioration, small businesses have been closing, due to high inflation, further weakening economic recovery, adding to high existing unemployment and increasing poverty.

“As a young, educated man, I find it almost impossible to find any type of work. The economy is not generating any jobs. I got married and now have two children. I go out to find work, and when I find any, it hardly pays for my very basic expenses. The prices are increasing by the day, and I am unable to cope. My wife is helping a family of older people with their housework. They give her some food and milk for our baby. We are just waiting for a miracle to happen to allow us to work and lead a normal life.” (male, daily labourer, 28, Afrin)

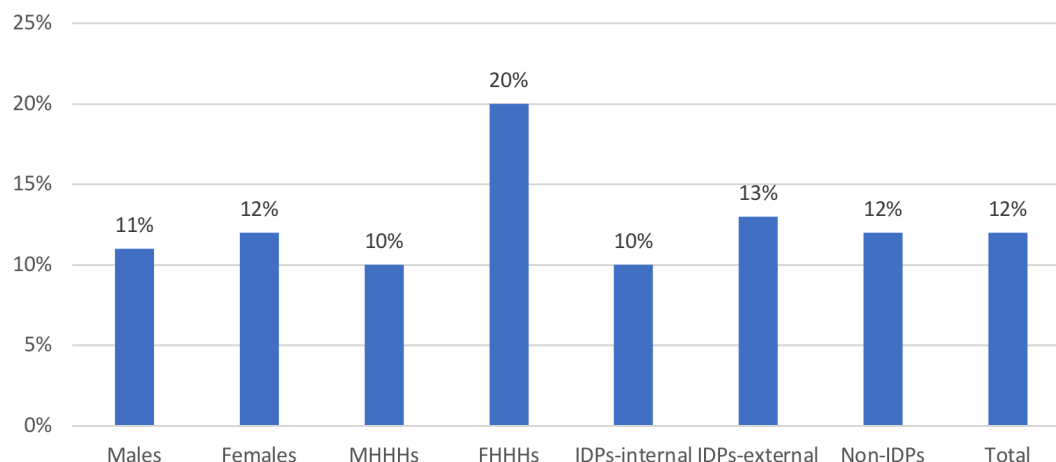
The post-earthquake livelihood situation for the population of the NWS region is a reinforcement of pre-existing substandard livelihood conditions and high levels of vulnerability to economic realities. The earthquake has further reinforced the marginalization of some groups, especially the displaced, and created new marginalized groups from within the non-IDP population.

### Impacts on livelihood and economic opportunities

#### Loss of formal businesses

- As much as 27 per cent of the surveyed households report that they have lost a formal business fully (9 per cent) or partially (18 per cent). More male-headed households report the loss of a formal business (28 per cent) than female-headed households (17 per cent).
- The reported loss of a formal business is higher among the displaced from within the region (31 per cent), followed by those displaced from other regions (25 per cent), and among non-displaced families (22 per cent).
- More educated respondents report the loss of a formal business at a higher rate than the less educated (33 versus 23 per cent), indicating that the more educated had a higher percentage of formal businesses before the earthquake. In contrast, both groups indicate the loss of a home-based income-generating activity at an almost equal rate (12 per cent among the less educated and 10 per cent among the more educated).
- The age of the head of household does not appear to be correlated with the level of impact, implying that all age groups are impacted at a similar level. This also applies, for example, to losing a family member and suffering damage to a formal business.

**Figure 22: Percentage of households reporting a loss of an informal business, by sex of respondent, sex of head of household and displacement**



#### Loss of informal income-generation activities:

- Women were 3.4 times more likely than men to own or run an informal home-based business, highlighting the vulnerability of women’s economic activities to the earthquake’s effects.
- Of the surveyed households, 12 per cent report the loss of an income-generating activity. Loss of informal activities among female-headed households (20 per cent) is double that among male-headed households (10 per cent).
- Loss of informal businesses is higher among those displaced from outside the region (13 per cent), followed by 12 per cent of the non-displaced and 10 per cent among those who are displaced within the region. Females also own such informal income-generating activities at a much higher level than males. This is also indicative of the additional burdens shouldered by women within displacement settings.

“As we were trying to cope with our displacement, we were able to rent a very small space for our family. We saved some money from my husband’s work and started producing some homemade food and pastries. This helped generate some extra income. But we have become more stressed as people are low on income and the prices of food ingredients have been on the rise. When our space and cooking equipment were destroyed, our main source of income was lost.” (female, 42, Armanaz region)

#### Other livelihood indicators:

- **Employment opportunities:** For both males and females, 66 per cent of households report that employment opportunities have decreased. Three-quarters of males report a decrease in their employment opportunities (73 per cent), indicating their higher levels of involvement in the labour market. In comparison, two-thirds of females report that their employment opportunities decreased after the earthquake.

- **Household income:** As noted earlier, the vast majority of households (82 per cent) report a deterioration in their household income, while 15 per cent indicate that it is the same as before the earthquake.

“We have a small piece of land near our house. We planted it with vegetables that we sold in the local market. Despite all our hard work, we couldn’t make the money that we needed. The prices of agricultural inputs have skyrocketed, as well as the fuel and electricity that we use to operate our limited equipment. Our place was damaged, and we had to move to this community to be with others who are displaced. Now, we are cut off from the land and our house. The earthquake turned us into beggars. We are dependent on assistance that is provided occasionally and on our relatives who live in this area.” (male, farmer, 45, non-IDP, A’zaz)

- **Loss of a vehicle:** 18 per cent of surveyed households report the loss of a vehicle, either fully (6 per cent) or partially (12 per cent). More male-headed households are reporting the loss of a vehicle (21 per cent) than female-headed households (8 per cent), indicating higher ownership of assets among the former, hence more mobility and access to livelihood opportunities. It is notable, however, that the loss of a vehicle is reported at a higher rate among households displaced from other regions (24 per cent) than by displaced households from the same region (18 per cent) and by non-IDPs (14 per cent).

- **Livestock:** As the majority of the surveyed are displaced and reside in camps or in urban centers, ownership of livestock as a source of income is highly limited. Only 1 per cent reported losing their livestock in full, while 2 per cent reported partial loss. Females in all types of households report lower rates of loss of livestock (2 per cent) than males (5 per cent). In addition, male-headed households report a higher level of loss of livestock (4 per cent) than female-headed households (1 per cent). Loss among all displaced families is 3 per cent compared to 4 per cent among non-IDPs.

- **Non-productive assets:** 68 per cent of surveyed households report the loss of non-productive assets and home appliances, such as washers, dryers, refrigerators or computers, either partially or completely. Loss of non-productive assets is reported at a higher level among those displaced from other regions after the earthquake (83 per cent), than by displaced households from the same region (60 per cent) and non-IDPs (68 per cent). There is no significant difference between male and female-headed households.

## 4.7 Social protection, safety and GBV

The protection sector in Syria in general and in NWS in particular was crucial even before the earthquake. The harsh economic conditions, food insecurity and inadequate shelters, which are usually overcrowded and lack privacy, coupled with the limited access to health, education and infrastructure services, are key factors that might lead to an increase in exploitation, abuse and/or violence against women, girls, children and people with disabilities.<sup>60</sup> According to the protection sector, 6.2 million people are in need of protection assistance after the earthquake.<sup>61</sup>

### Safety

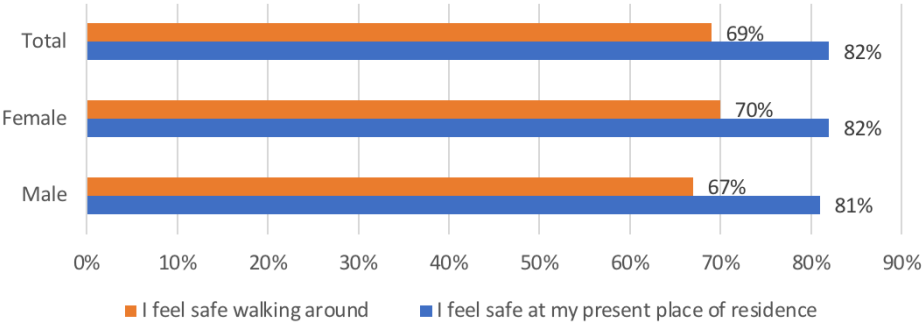
Socioeconomic stressors, combined with the deteriorated economic and livelihood conditions and the increase in security and safety risks and displacement have led to a

<sup>60</sup> The Protection Sector Cluster and partners produced a brief that highlights the main issues and concerns that need to be addressed after the earthquake. Global Protection Cluster. 2023. Syria Earthquake Protection Briefing Note for Donors, Humanitarian Leadership and Humanitarian Actors. March. <https://reliefweb.int/report/syrian-arab-republic/syria-earthquake-protection-briefing-note-donors-humanitarian-leadership-and-humanitarian-actors-16-march-2023>

<sup>61</sup> Protection Sector Cluster. 2023. Rapid Protection Assessment Findings. February. <https://reliefweb.int/report/syrian-arab-republic/rapid-protection-assessment-findings-syria-earthquake-february-2023-protection-sector-report>

decline in the sense of safety among all groups in the place of residence and while walking in the streets. Evidently, 81 per cent of male respondents and 82 per cent of female respondents reported that their feeling of safety in their current place of residence has declined after the earthquake, with 67 per cent of male respondents and 70 per cent of female respondents reporting a deterioration in their sense of safety while walking around in their communities.

**Figure 23: Feeling of safety, disaggregated by sex, % of deterioration**



The sense of safety for people who were displaced after the earthquake from regions outside their current community has deteriorated more than those who were displaced within their community (86 and 80 per cent, respectively). Children are a fragile group that is usually susceptible to abuse, violations and exploitation in emergencies. The results of this assessment show that both male and female children are not feeling as safe as before the earthquake, with their feelings of safety dwindling by 63 per cent among both groups equally.

**Box 3: Feelings of safety and level of household income**

People who encountered a decrease in household income experienced a higher level of deterioration in their feelings of safety in their current place of residence (88 per cent) in comparison to those who experienced no change in their level of household income, with no significant variance between male and female-headed households (88 vs. 89 per cent).

The sense of safety is combined as well with the increase in the likelihood of tensions and intensifications within the community and the family itself. It is reported that tension in the community has increased by 45 per cent, and within households by 28.4 per cent. Households that were displaced before the earthquake from regions outside their current community stated that the tensions within their family have increased by 28 per cent in comparison with 33 per cent within households that were displaced within the same region. When comparing the level of tension within male and female-headed households, minor discrepancies can be seen between them, of 28 and 29 per cent, respectively.

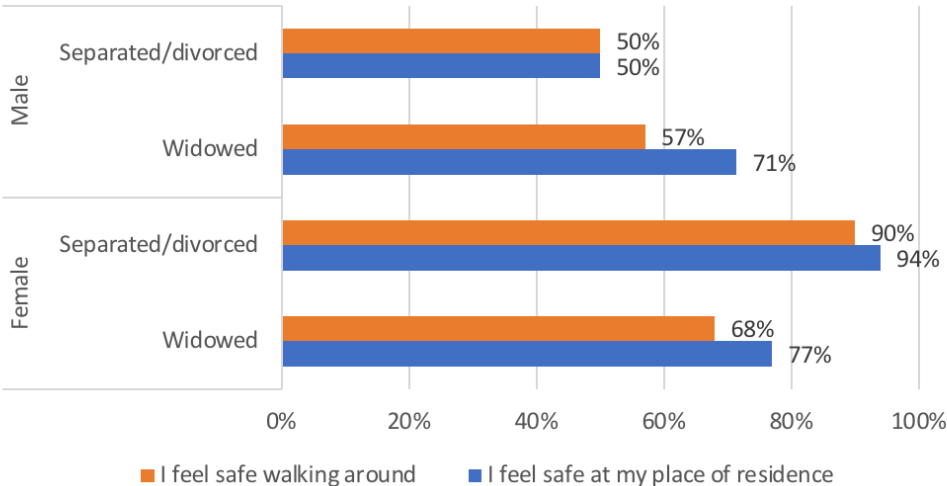
The separation of family members is another critical issue that contributes to safety and protection. The results of the survey reveal that only 2 per cent of the total population are still separated from their family members (2.7 per cent of those displaced after the earthquake within the same community and 0.7 per cent of those displaced after from other communities; compared with 1.6 per cent of those displaced before the earthquake within the same region, 0.9 per cent of those displaced before the earthquake from other regions,

and 3.4 per cent of the non-displaced). Out of those who continue to be separated, 81 per cent feel unsafe in their place of residence, and 75 per cent feel unsafe walking around.

The sense of safety is also correlated with the ability of the household to meet the needs of its members. In this respect, 93 per cent of female-headed households who are unable to meet the needs of their households have experienced a deterioration in their sense of safety in comparison to 91 per cent of male-headed households in the same situation.

Widowed and divorced females are especially affected by the earthquake and lack adequate social protection. The results show that most widowed females are not feeling safe in their place of residence (77 per cent) and while walking around (68 per cent), whereas for divorced and separated females, 94 per cent feel unsafe at home and 90 per cent feel this way walking in public. This is mainly due to the additional challenges they face in having adequate access to health and mental health services, food, shelters and insufficient opportunities for income-generation.<sup>62</sup> In addition, women who are widowed, divorced or separated are viewed as targets for sexual harassment or extortion, as indicated by a number of informants.

**Figure 24: Feelings of safety among divorced and widowed males and females, percentage of deterioration**



**Gender-based violence**

Exposure to GBV and the threat thereof is also perceived to be on the rise because of emergency-related violence, with 16 per cent of survey participants saying that they have noticed an increase in violence against females in their family (22 per cent, among female respondents, and 10.3 per cent among male respondents). However, 55 per cent say that it has stayed the same. Another 13 per cent noticed an increase in violence against female children in the community. Out of people who continue to be separated, 19 per cent noticed an increase in violence against women within the family, and 13 per cent noticed this outside of the home. In comparison, 16 per cent noticed an increase in violence against adult women and 10 per cent noticed an increase in violence against female children within the household.

An assessment conducted in Aleppo found that 27 per cent of key informants reported

<sup>62</sup> Global Protection Cluster. 2023. Syria Earthquake Protection Briefing Note for Donors, Humanitarian Leadership and Humanitarian Actors. March. <https://reliefweb.int/report/syrian-arab-republic/syria-earthquake-protection-briefing-note-donors-humanitarian-leadership-and-humanitarian-actors-16-march-2023>

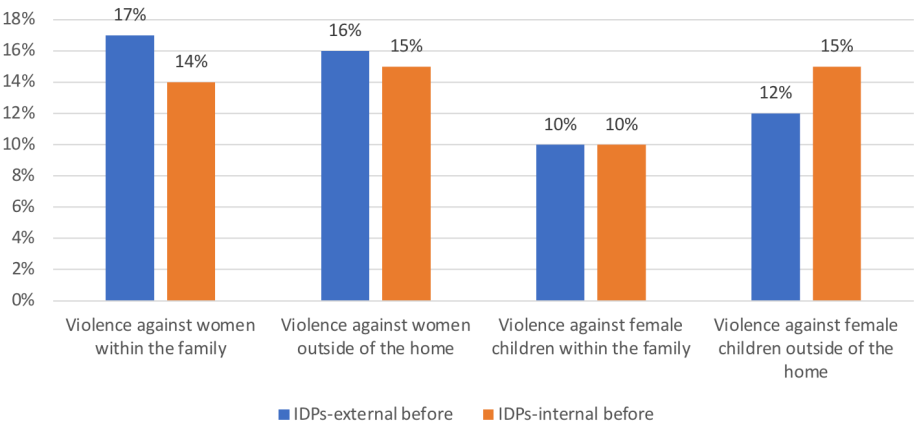
incidents of sexual harassment in shelters, and that 20 per cent had indicated a fear of harassment. The same assessment pointed out that most sexual harassment occurs in WASH facilities.<sup>63</sup>

Females in all types of families and female-headed households face higher levels of risk and GBV than males and male-headed households. The risk of violence against women outside of the family has increased by 24 per cent according to female heads of household, 23 per cent according to females overall, and 14 per cent according to male heads of household, and 9 per cent according to males overall. Similarly, the risk of violence against female children outside their homes has increased according to 17 per cent of female respondents, and according to 8 per cent of male respondents. Women and girls who participated in a FGD in Termainin indicated that women who experience GBV face difficulties reporting cases to local authorities or community leaders. They, instead, might report to local councils, which are more accessible. Others noted that a few women who are impacted by GBV resort to a limited number of women’s and human rights organizations for assistance.

“Now, violence affects everyone, especially women, children and young girls. Young girls are subjected to harassment and abduction incidents.” (male, unemployed youth, 25, Jandairis)

Households that were displaced from other regions before the earthquake report that violence against women within the family and in the community has increased by 9.4 and 12.5 per cent, respectively. In contrast, households that were displaced before the earthquake from the same region report higher levels of increase in violence against women within the family and the community, at 17.3 and 20.8 per cent, respectively. Similarly, households that were displaced before the earthquake from the same region report higher levels of increase of violence against children, as shown in figure 25.

**Figure 25: Percentage increase in violence against women and children within the family and outside the home as reported by IDPs**



In the same manner, households that were displaced after the earthquake within the same community assessed that violence against women and children within the family and outside has increased after the earthquake. GBV prevalence after the earthquake is reported at a slightly higher rate in more-educated households than in less-educated families. Educated households also report higher levels of isolation after the earthquake (54 per cent) compared to 48 per cent among the less educated.

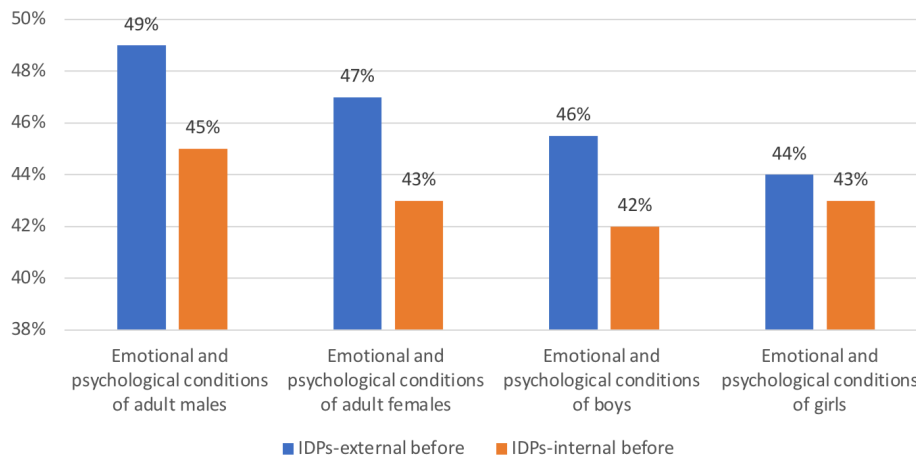
Violence against women and children cannot be separated from the emotional and

<sup>63</sup> Global Protection Cluster. 2023. Syria Earthquake Protection Briefing Note for Donors, Humanitarian Leadership and Humanitarian Actors. March. <https://reliefweb.int/report/syrian-arab-republic/syria-earthquake-protection-briefing-note-donors-humanitarian-leadership-and-humanitarian-actors-16-march-2023>

psychological conditions of male and female adults. The findings confirm that the emotional and psychological conditions of adults and children have worsened after the earthquake due to the deteriorated socioeconomic conditions, increase in poverty, food insecurity and improper housing.

According to the data, the emotional and psychological conditions of male children seem to have worsened slightly more than those of female children, as perceived by male heads of household (at 38.5 and 37 per cent, respectively). Meanwhile, female heads of household perceive this issue differently (33 and 34.3 per cent, respectively). There are similar differences among people who were displaced before the earthquake from other regions and within the same region, as shown below.

**Figure 26: Percentage deterioration of emotional and psychological conditions, as assessed by IDPs**



### Child labour and child, early and forced marriage

In emergencies, the risk of exploitation, violence, abduction and psychosocial distress increase among children of both sexes, children with disabilities (CWDs), and unaccompanied and separated children.<sup>64</sup> Family separation is reported by 34 per cent of key informants who participated in one of the assessments after the earthquake. Child labour and early and forced child marriage are two harmful coping strategies that increase in emergencies.<sup>65</sup> Before the earthquake, UNICEF data revealed that the child labour phenomenon existed in 84 per cent of communities and early marriage existed in 74 per cent of communities.<sup>66</sup> This was also confirmed by participants in in-depth interviews, many of whom said that early child marriage and child labour were prevalent even before the earthquake.

“Child marriage has not changed because it already existed in some households. As for child labour, it also has not changed. Many children from our camp had left school and were selling bread on the streets before the earthquake.” (male, elderly, 67, Atma)

“Child labour exists and after the earthquake, I am sure it has increased. Most of the evidence in my daily work is that there is the humiliation of children during work, and sometimes they get insulted, or even get beaten.” (male adult, 36, Atma)

<sup>64</sup> UNICEF. 2022. Humanitarian Needs Review. [https://www.unicef.org/mena/media/15726/file/hno\\_2022\\_final](https://www.unicef.org/mena/media/15726/file/hno_2022_final)

<sup>65</sup> Care International. 2023. Rapid Gender Policy Brief: Türkiye & Northwest Syria Earthquake Response. February. <https://www.care-international.org/sites/default/files/2023-02/RGA%20Brief%20Türkiye%20Syria%20Feb%202023.pdf>

<sup>66</sup> UNICEF. 2022. Humanitarian Needs Review. [https://www.unicef.org/mena/media/15726/file/hno\\_2022\\_final](https://www.unicef.org/mena/media/15726/file/hno_2022_final)



The earthquake has worsened protection risks for children, which mainly include child early and forced marriage, child labour and physical, emotional, sexual and domestic violence. Negative coping strategies also increase the risks, especially for unaccompanied and separated children. One of the issues mentioned in the assessment implemented by the protection sector is the lack of birth certificates, particularly for CwDs.<sup>67</sup>

“The percentage of early marriage has increased after the earthquake as the psychosocial conditions for almost all impacted people have worsened and many households lost their houses. Moreover, the emergency response has not tackled and addressed such issues.” (female, adult, 40, Termanin)

## People with disabilities

PwDs are also affected groups that lack adequate social protection. The deteriorated economic conditions of households with a family member with a disability, and poor access to food, health, education and WASH services, as mentioned in other sections, have contributed to a decrease in their feelings of safety. The ability of households that include a family member with a disability to meet their household's needs after the earthquake has decreased, with 76 per cent reporting this in comparison to 70 per cent of households without members with disability.

PwDs who participated in one of the FGDs said that their sense of safety has further decreased after the earthquake, as they are not fully aware of the available protection mechanisms, which in any case are often not disability- or gender-inclusive. PwDs are also exposed to exploitation and discrimination in having equal access to basic services and assistance after the earthquake. One female with a disability said:

“People with a disability are not well protected and usually discriminated against in having adequate access to services and assistance.” (female, PwD, 19, Idleb)

## Social protection key priorities

After the earthquake, the protection cluster provided psychosocial support and psychological first-aid services to approximately 27,000 individuals, awareness-raising sessions for 13,500 individuals, case management and referrals for over 11,000 individuals, and legal support to 3,000 individuals in NWS.<sup>68</sup> Indeed, responding to and dealing with the risks of social protection can alleviate the aggravation of relevant issues. According to UNOCHA,<sup>69</sup> the main priorities in the social protection sector that need to be addressed are the following:

- Short- to medium-term: Enhance access to quality protection services, such as case management, psychosocial support, family care centres, etc.<sup>70</sup>
- Medium- to long-term: Community legal awareness, counselling and representation in line with the legal strategy.
- Medium- to long-term: Establish mobile clinics to decentralize legal services.
- Long-term: Mainstream protection assistance in humanitarian response.<sup>71</sup>

The quantitative results show that the top priority in the short- to medium-term for all

<sup>67</sup> Protection Sector. 2023. Rapid Protection Assessment Findings. February. <https://reliefweb.int/report/syrian-arab-republic/rapid-protection-assessment-findings-syria-earthquake-february-2023-protection-sector-report>

<sup>68</sup> UNHCR. 2023. Fact Sheet. April.

<sup>69</sup> UNOCHA. 2023. Syria Cross-border Humanitarian Fund 2023 Third Reserve Allocation – Strategy. February. <https://reliefweb.int/report/syrian-arab-republic/syria-cross-border-humanitarian-fund-2023-third-reserve-allocation-strategy>

groups and ages is the provision of cash assistance to households (96 per cent in total), followed by the provision of psychosocial assistance to female adults and then to male adults. Table 13 shows the priorities in the social protection sector, disaggregated by sex of household head and respondent.

**Table 13: Social protection priorities, by sex of respondent and head of household**

Priority	Male	Female	MHHs	FHHs	Total
Provision of cash assistance to the household (Short-term)	97%	95%	96%	97%	96%
Provision of psychosocial assistance to adult females in the family (medium-term)	85%	83%	83%	87%	84%
Provision of psychosocial assistance to adult males in the family (medium-term)	83%	72%	81%	64%	78%
Provision of psychosocial assistance to female children in the family (medium-term)	71%	70%	71%	71%	71%
Provision of psychosocial assistance to male children in the family (medium-term)	70%	68%	69%	68%	69%
Provision of psychosocial assistance to people with a disability in the family (medium-term)	48%	37%	42%	41%	42%
Provision of psychosocial assistance to the elderly in the family (medium-term)	46%	38%	43%	40%	42%

Additional priorities emphasized by adult females (25–64 years old) and female youth (15–24 years old) include:

- Providing cash assistance, as an immediate-short-term priority.
- Providing psychosocial support for family members and widowed and divorced women, as a medium-term priority.
- Strengthening and expanding legal assistance and services to protect women and children from violence and discrimination, as a medium-term priority.

Additional priorities emphasized by adult males (25–64 years old) and male youth (15–24 years old) include:

- Providing cash assistance, as an immediate-short-term priority.
- Providing psychosocial support for family members and single-parent households, as a medium-term priority.

The priorities of female and male children include:

- Establishing safe places and shelters to protect unaccompanied children, and to reduce the prevalence of child labour and early child marriage, as a medium-term priority.

Meanwhile, the priorities of elderly people and PwDs include:

- Providing cash assistance, as an immediate-short-term priority.
- Providing psychosocial support for family members, as a medium-term priority.
- Providing and improving the legal assistance and services to protect elderly people, women, girls and CwDs from violence and discrimination, as a medium-term priority.

<sup>70</sup> Global Protection Cluster. 2023. Syria Earthquake Protection Briefing Note for Donors, Humanitarian Leadership and Humanitarian Actors. March. <https://reliefweb.int/report/syrian-arab-republic/syria-earthquake-protection-briefing-note-donors-humanitarian-leadership-and-humanitarian-actors-16-march-2023>

<sup>71</sup> Protection sector. 2023. Rapid Protection Assessment Findings. February. <https://reliefweb.int/report/syrian-arab-republic/rapid-protection-assessment-findings-syria-earthquake-february-2023-protection-sector-report>

## 4.8 Education

The education sector remains one of the sectors most in need of aid and support since the political crisis, a situation that has been further exacerbated by the earthquake. According to UNICEF data, in 2021, 18 per cent of children were out of school in NWS, and half had never enrolled, with rates of non-attendance reaching 28 per cent in Idleb and 26 per cent in Aleppo. Of children aged 12–17, around three-quarters had dropped out of school. Formal and in-person education is the dominant kind of education (95 per cent), however, it is unable to absorb students and is usually overcrowded. In Idleb, for instance, one operational classroom operates for 178 students, as half of the schools are not operating and children need to travel to other communities.<sup>72</sup>

After the earthquake, the World Bank implemented a Rapid Damage and Needs Assessment (RDNA) in the Aleppo, Hama, Idleb, Latakia, Raqqah and Tartous governorates.<sup>73</sup> The assessment shows that the earthquake caused estimated losses of USD \$85 million (of which 31.1 million was for Aleppo, and 22.5 for Idleb) and damages of USD \$31 million (of which 17 million was for Aleppo, and 11 for Idleb). The recovery and reconstruction needs amount to USD \$116 million, with immediate needs of USD \$40 million over the next 12 months. The assessment reveals that 22 educational facilities (including kindergarten, primary and secondary schools, colleges and universities) have been completely damaged and 233 were partially damaged.

The UNICEF data show that around 20 schools in NWS were turned into temporary shelters for displaced people after the earthquake,<sup>74</sup> whereas other schools were closed for a while and then reopened to resume education. The education cluster in NWS estimates that an additional 200,000 children might be out of school because of the earthquake,<sup>75</sup> and more than 1 million school-aged children need education support.<sup>76</sup> Moreover, UNOCHA data show that around 25,000 teachers are in need of mental health support and capacity-building to recover and compensate for learning losses.<sup>77</sup> Moreover, an estimated 39 teachers and 421 students died as a result of the earthquake.<sup>78</sup>

After the earthquake, as reported by FGDs and in-depth interviews participants, many students and children were obliged to leave schools for various reasons, such as bad economic conditions, unsafe schools due to partial damage, no available schools in nearby communities, and the deteriorated mental health conditions of teachers, students and their families. When schools reopened, some families were worried about letting their young children go to school (especially toddlers and CwDs), as some were partially damaged and unsafe for children and teachers.

A female child asserted that:

“My school was partially damaged. There were cracks, and our parents are afraid to let us go to school, and the teachers provide us with two classes only, not full classes as before. I am fed up with the conditions of going to school and in school. Soon, I will stay home and help my mother. I know that my father keeps bringing up my marriage to protect me from advances by strangers and save expenses.” (female, FGD, 13, Kelly camp)

In other cases, children – especially male children – are forced to work and generate an income, while female children are forced into marriage or engaged in unpaid care work. These factors have contributed to an increase in dropout rates.

“Our neighbours forced their children to leave school and search for work to generate

72 UNICEF. 2022. Humanitarian Needs Review. [https://www.unicef.org/mena/media/15726/file/hno\\_2022\\_final](https://www.unicef.org/mena/media/15726/file/hno_2022_final)

73 World Bank. 2023. Syria Earthquake 2023 – Rapid Damage and Needs Assessment (RDNA). March. <https://documents1.worldbank.org/curated/en/099093003162314369/pdf/P1721710e2b4a60b40a5940f0793f8a0d24.pdf>

74 UNICEF. 2023. Earthquake response in Syria – Humanitarian Situation Report No. 7. March.

income after the earthquake. My son decided to leave school to help with the expenses as he gave up on having to go to the faraway school. He used the earthquake as an additional justification.” (female, in-depth interview, 50, Termanin)

In contrast, in other cases and due to the lack of safe access to schools, some highly educated people started to provide basic learning skills to children in the area, as reported by a male youth in Jandairis. Furthermore, many families report that they allow their children to go to the mosque to learn basic skills and Al-Qur’an.

“The mosque serves as the primary educational resource in our area, as there are no schools available. In the camp, a tent has been set up as a mosque, where children gather to learn the Qur’an and basic literacy skills”. (female, widow, in-depth interview, 24, Jandairis)

The FGDs participants also raised the issue of PwDs and CwDs, as appropriate educational facilities did not exist for CwDs even before the earthquake, and the issue has been further aggravated since the earthquake as their movement become almost impossible. In addition, when it comes to youth education, participants in the interviews and focus group discussions emphasized the importance of developing educational centres or colleges for adolescents and youth. Many young persons (male and female) say that they left their educational journey to seek work.

### Education key priorities

The main priorities reported by people who participated in the FGDs and in-depth interviews are the need to provide supplementary education for children in community institutions. They also emphasize the need to establish safe spaces for children to learn, spend their time and assist youth to continue their education, especially in TVET.

PwDs are also one of the vulnerable groups that require tailored education. The results of the

**Table 14: Education priorities, by sex of respondents and head of household**

Priority	Male	Female	MHHs	FHHs	Total
Organizing supplementary (non-formal or remedial) education for school-aged children (medium-term)	72%	72%	71%	79%	72%
Providing assistance to meet the expenses/fees of students in the family (short-term)	69%	70%	68%	78%	70%
Providing school supplies/stationary to school-aged children (medium-term)	72%	70%	69%	80%	71%
Keeping female children/adolescents in school (medium-long-term)	67%	63%	64%	69%	65%
Keeping male children in school (medium-long-term)	65%	61%	62%	68%	63%
Providing safe spaces for school-aged children to express their feelings and aspirations (medium-long-term)	69%	68%	68%	72%	69%

<sup>75</sup> Ibid.

<sup>76</sup> UNOCHA. 2023. North-West Syria Situation Report. April. <https://reports.unocha.org/en/country/syria/>

<sup>77</sup> Ibid.

<sup>78</sup> Associated Press. 2023. Students return to school in opposition-held Syria after quakes. February. <https://www.dailysabah.com/world/syrian-crisis/students-return-to-school-in-opposition-held-syria-after-quakes>

survey are consistent with the priorities reported by participants. The results reveal that the top priority is to organize supplementary education for school-aged children, followed by providing school supplies and stationary for students. People who were displaced before the earthquake from the same region and people who were displaced after the earthquake from other regions have the same order of priorities. Table 14 illustrates the main priorities, disaggregated by sex of household.

Additional priorities for female and male children (aged 0–15 years) include:

- Providing school supply items, as a short-medium-term priority.
- Creating safe and conducive learning spaces for children to resume their education and actively engage in educational participatory activities, as a medium- to long-term priority.
- Creating safe places to participate in educational participatory activities, as a medium-long-term priority.

For PwDs, additional priorities include:

- Providing school materials and stationary, as a short- to medium-term priority.
- Creating safe and easy-to-access places that take into consideration their specific needs, as a medium- to long-term priority.

Women and men adults and youth prioritize the following issues:

- Creating safe places for children, as a medium- to long-term priority.
- Providing psychosocial support, as a short-term priority.
- Implementing specific activities and summer camps, as a medium-term priority.
- Strengthening the capacities of teachers to effectively support the psychosocial needs of children, as a short- to medium-term priority.
- Reopening and establishing colleges and educational centres for youth, as a long-term priority.

## Chapter 5: Gendered analysis of coping mechanisms, roles, ownership and decision-making

### 5.1 Gender roles and coping mechanisms

Overall, the analysis reveals that women bear greatest burden of household chores in the aftermath of the earthquake. Women are more likely to take on unpaid care work responsibilities such as caring for the injured (30.9 per cent of adult females compared to 20 per cent of adult males), providing emotional support to family members (76.3 per cent of adult females compared to 15.7 per cent of adult males), and caring for dependents, including the disabled (31.2 per cent of adult females compared to 9.5 per cent of adult males) and the elderly (29.7 per cent of adult females compared to 10 per cent of adult males).

In comparison, adult males are more likely to take on responsibilities associated with securing cash and food assistance for the household, home maintenance and managing social relationships outside the household. Data show that in most cases, men are responsible for meeting the cash and food needs of their households, securing health services for family members (74 per cent of adult males compared to 22 per cent of adult females), and energy and electricity (72 per cent of adult males compared to 15 per cent of adult females).

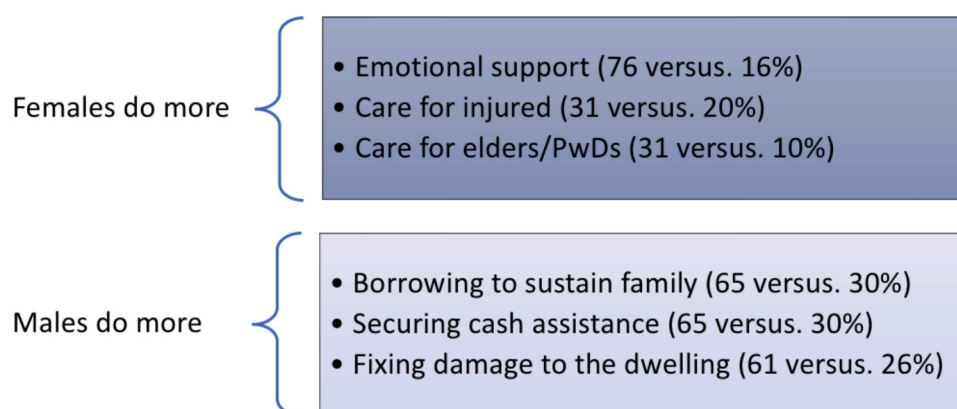
“Women know things about the house that men do not know; similarly, we as men know things women do not know. Moreover, if we need to prepare a meal, she orders things, and I bring them from the market. She can’t walk long distances, and I’m the one who goes far.” (male, FGD, 64, Jandairis)

Females have varying accounts of their relative roles in all tasks related to household coping mechanisms after the earthquake. For example, 31 per cent of female respondents report that they are responsible for providing care for injuries, and 20 per cent report that males are responsible. Table 15 provides how females, female-headed households and female IDPs perceive the roles of male and female members in the households.

**Table 15: How females, female-heads of households and female IDPs perceive the roles of male and female members in the household**

Responsible	Female respondents	Female heads of HHs	Female IDPs from other regions	Female IDPs from the same regions	Female non-IDPs
<b>Securing cash assistance to the household</b>					
Adult females	28%	61%	26%	29%	30%
Adult males	60%	24%	55.2%	62%	60%
<b>Providing care for the injured</b>					
Adult females	31%	37%	24%	44%	22%
Adult males	20%	10%	17%	10%	33%
<b>Cleaning the present dwelling and its surrounding</b>					
Adult females	54%	63%	39%	57%	61%
Adult males	32%	17%	33%	31%	33%

**Figure 27: Reporting on the primary responsibility for chores in the aftermath of the earthquake (Female versus male)**



Securing cash assistance: The gap between males and females in the aforementioned findings is further heightened when comparing male- and female-headed households. For example, while 78 per cent of male-headed households have males secure cash assistance, the rate is 25 per cent among female-headed households. Conversely, 61 per cent of females in female-headed households and 10 per cent in male-headed households take on the role of securing cash assistance to the family.

Care of the injured: While 31 per cent of male-headed households report that males care for the injured, only 10 per cent of female-headed households report the same. In contrast, while 22 per cent of male-headed households report that females care for the injured, 36 per cent of female-headed households report the same.

**Cleaning the present dwelling and its surrounding:** Females are primarily responsible for cleaning dwellings, according to 54 per cent of female respondents and 63 per cent of female heads of household.

**Box 4: Intersectional gendered insights on gender roles**

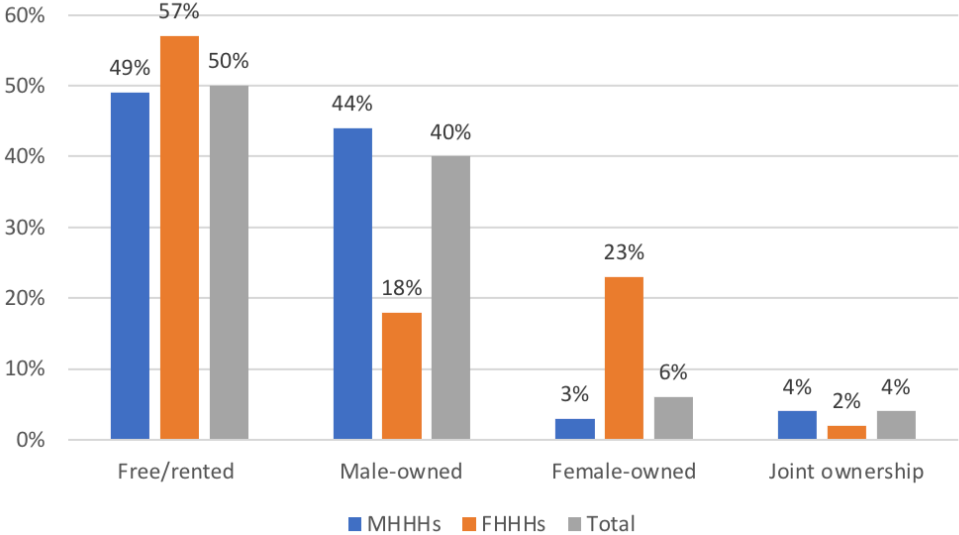
After the earthquake, less-educated females report the highest levels of care for PwDs within the household (34 per cent), followed by less-educated males (29 per cent), educated females (25 per cent) and finally educated males (19 per cent). The highest reporting on the role of women in caring for PwDs is among younger females (39 per cent), followed by middle-aged females (36 per cent), and elderly males (32 per cent). Younger and middle-aged males report lower rates of women caring for PwDs (24 and 27 per cent, respectively), while the lowest reporting on this role is among elderly females (18 per cent). The correlation between the gender of the head of household, having a PwD, and provision of care is a complex one. Female-headed IDPs from within the region report the highest role for females in caring for PwDs (38 per cent), followed by non-IDP female-headed households (29 per cent), and all other male and female cohorts (at a rate of 24 per cent).

## 5.2 Ownership

**Ownership of residence:** Home ownership is a complex matter to gauge. Data show that most households (50 per cent) live in camps that are free of rent or live under other

arrangements with relatives and friends (49 per cent among male-headed households and 57 per cent among female-headed households), but they have no ownership rights. Data also reveal that home ownership prior to the earthquake was largely dominated by male family members, regardless of whether the households were headed by males or females. Prior to the earthquake, 97 per cent of homes in male-headed households were owned by a male family member, and in female-headed households, females owned only 24 per cent of the homes.

**Figure 28: Ownership of pre-earthquake residence, by sex of head of household**



**Ownership rates vary greatly according to displacement**

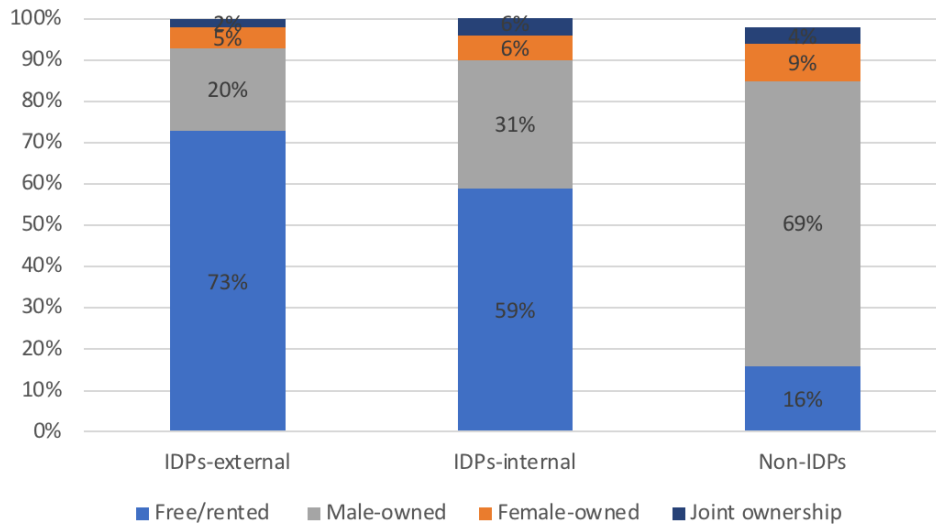
**Home ownership among non-IDPs:** When home ownership was compared between males and females according to their displacement, both male and female non-IDPs reported higher rates of home ownership, than male and female IDPs. For example, among non-IDPs, males own 69 per cent of the homes, while 9 per cent of female non-IDPs report the same and 6 per cent report joint male and female ownership. This is compared to 20 and 6 per cent ownership reported among male and female IDPs originating from outside of the region. Only 16 per cent of non-IDPs report renting their pre-earthquake homes.

**IDP home ownership:** Only a small percentage of IDPs (37 per cent) report owning their homes prior to the earthquake, highlighting a disparity in ownership. The data analysis reveals that male IDPs predominantly own the majority of houses (20 per cent) compared to 5 per cent owned by females, and only 2 per cent of the homes being jointly owned.

Among IDP respondents, 59 per cent reported renting or living in free arrangements. IDPs from outside of the region rely heavily on free/rented their pre-earthquake residence (69 per cent).



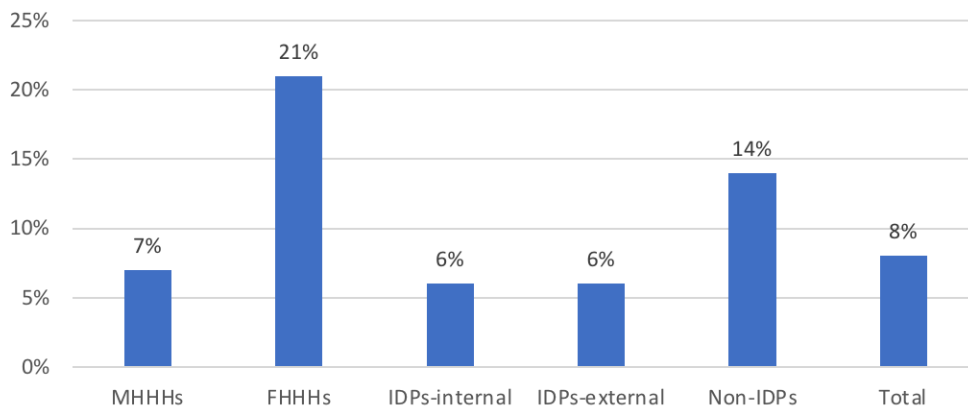
**Figure 29: Ownership of pre-earthquake residence, by displacement**



**Ownership of formal business:** Ownership of a formal businesses rests primarily with male family members, where 63 per cent of the damaged businesses are owned by a male member and 6 per cent are owned by a female member. In both male- and female-headed households, the ownership gap of a formal business favours males over females. Within male-headed households ownership rests with 68 per cent of males versus 4 per cent of females. The gap is smaller in the female-headed households (30 per cent for males versus 21 per cent for females).

Non-IDPs have the lowest gender gap in ownership of formal businesses, where 9 per cent are owned by women and 5 per cent are jointly owned (a total of 14 per cent). This is compared to 6 per cent among IDPs, regardless of their origin. This confirms that displacement has a negative influence on the ownership gap and leads to further inequality between men and women.

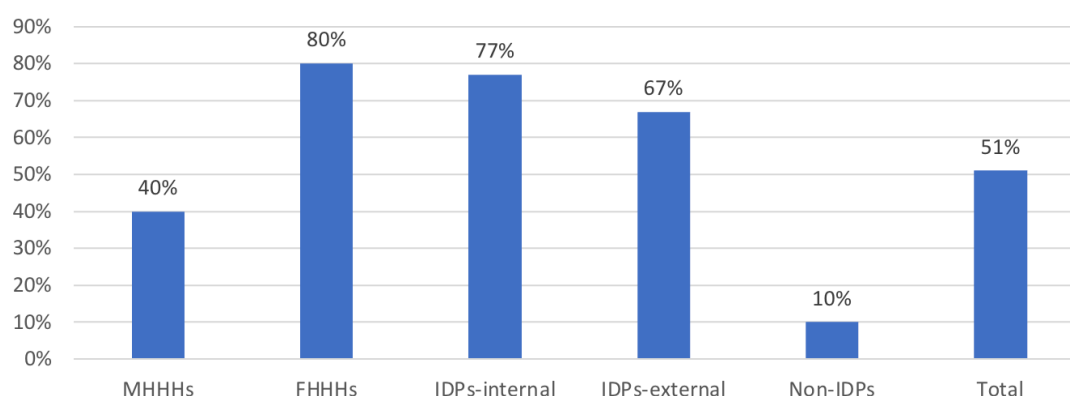
**Figure 30: Percentage of households reporting a female-owned or jointly owned business**



**Ownership of an informal business:** Women in female-headed households own 80 per cent of informal activities; however, in male-headed households females are half as likely to own an informal business (40 per cent). In displaced families from outside of the region, as much as 67 per cent of the lost informal, income-generating work at home is owned by women. As

indicated, many of them are widowed, divorced or abandoned. This is compared to only 10 per cent among non-IDPs, who report joint ownership in 52 per cent of cases.

**Figure 31: Percentage of households with an informal business reporting female-ownership**



#### Box 5: Intersectional gender insights on ownership

The assessment data, presented above, reveal that gender is key to understanding ownership; it must, however, be noted that neither men nor women must be viewed as a homogenous group. Regarding ownership, other factors must be considered:

**Displacement:** At all levels of displacement, women report that homes are owned by household female members at a higher level than males. The highest level of reporting is among non-IDP females (14 per cent), followed by female IDPs from within the region (10 per cent) and female IDPs from outside of the region (8 per cent). However, males from all displacement categories report a less than a 3 per cent rate of home ownership for female members. Regarding business ownership, 12 per cent of female non-IDPs, 13 per cent of female IDPs from outside of the region and 8 per cent of female IDPs from within the region report such ownership. In contrast, men of all displacement categories report less than 4 per cent female ownership of businesses.

**Education:** Education is an important factor in understanding ownership when comparing male and female reporting on this issue. There is, however, an insignificant correlation between home-ownership reporting between educated and less-educated females, and the same is true between educated and less-educated males. Less-educated females report an 11 per cent home-ownership rate for female family members, and 9 per cent of educated females report the same. Regarding business ownership, the highest reporting of female ownership is among the most-educated women (16 per cent), compared to 7 per cent among less-educated women. In contrast, 5 per cent of less educated men report that a female owns a family business, while none of the most-educated males report that females in the family own a business.

**Age of head of household:** Older females (60 years or more) report the highest rate of female home ownership (36 per cent). This is mainly due to the fact that most of the women in this cohort are widowed or separated. They are followed by middle-aged females (27 per cent) and younger females (12 per cent). Female business ownership is reported by 23 per cent of younger and middle-aged women, while none of the older women report business ownership.

**Households and PwDs:** Home ownership among female-headed households without PwDs is twice as high as in female-headed households with PwDs. For male respondents, having a PwD in the family does not correlate with reporting on female home ownership (both groups report less than 3% female ownership). While female-headed households with PwDs report no business ownership, 100% of them report having an informal income-generating activity. In contrast, 25% of female-headed households without PwDs say that a female owns a business, and 73% of them report owning an informal income-generation activity.

### 5.3 Decision-making

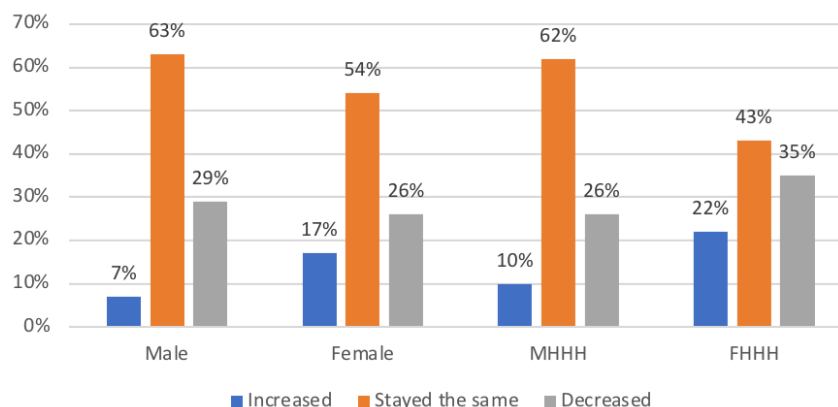
The findings of the assessment reveal that the earthquake has negatively influenced the ability of all household members to make decisions. According to one of the participants:

“When you are under the rubble, then become displaced with no strength or resources... you are helpless and at the mercy of others and outside assistance resources that you really can’t identify and reach out to. With almost no opportunities, we wait for our fate as we all feel no power to decide.” (female, educated, 27, FGD participant).

The majority of households (58 per cent ) report that the ability of females to make decisions (for example decisions related to children, education, transportation, etc.) have stayed the same, while 28 per cent report that it has declined. In contrast, 12 per cent report that it has increased. The overall net loss in the decision-making ability of females is 16 points (28 minus 12 per cent).

There are major discrepancies in how male and female respondents and male and female heads of household report on the ability of female household members to make decisions: 63 per cent of male respondents and 62 per cent of male heads of household said that females’ ability to make a decision stayed the same. In contrast, 54 per cent of female respondents, and 43 per cent of female heads of household reported the same, indicating higher levels of change and turmoil as elaborated below.

**Figure 32: Assessment of the ability of females to make decisions, by sex of respondents and head of household**



- Nearly two-thirds (64 per cent) of people displaced from other regions before the earthquake said that the ability of females to make decisions stayed the same, 26 per cent said that it has declined, and 9 per cent said that it has increased. For IDPs from the same

region, these rates were to 54, 26 and 28 per cent, respectively. Regarding non-IDPs, 58 per cent said that the ability of females to make decisions stayed the same, 31 per cent reported a decrease and 8 per cent an increase.

- Elderly people were more likely to report that the ability of females to make decisions stayed the same (64 per cent) compared to adults (57 per cent) and youth (58 per cent).

- There is no major variance between households that have a family member with a disability or not, or between educated and less-educated respondents.

- In comparison, 53 per cent of households report that the decision-making capacity of males has stayed the same after the earthquake, while 23 per cent report that it has declined. In comparison, 18 per cent say that it has increased. The overall net loss in the decision-making ability of females to 5 points (23 per cent minus 18 per cent).

- Male-headed households are less affected by the earthquake in terms of the decision-making structure within the household than female-headed households. For example, while 62 per cent of male-headed households say that the decision-making capacity of women stayed the same after the earthquake, another 57 per cent of them say the same about the decision-making capacity of male members. Conversely, only 36 per cent of female households say the same about the capacity of male members to make decisions.

- When it comes to IDPs displaced from other regions before the earthquake, 57 per cent say that the ability of males to make decisions has stayed the same, 22 per cent say that it has declined, and 17 per cent say that it has increased. This is in comparison to IDPs from the same region, whose responses were 51, 24 and 23 per cent, respectively. When examining non-IDPs, 54 per cent say that the ability of males to make decisions has stayed the same, 24 per cent report a decrease and 14 per cent cite an increase.

- Elderly people report that the ability of males to make decisions has stayed the same (63 per cent) at a higher level than adults (51 per cent) and youth (54 per cent).

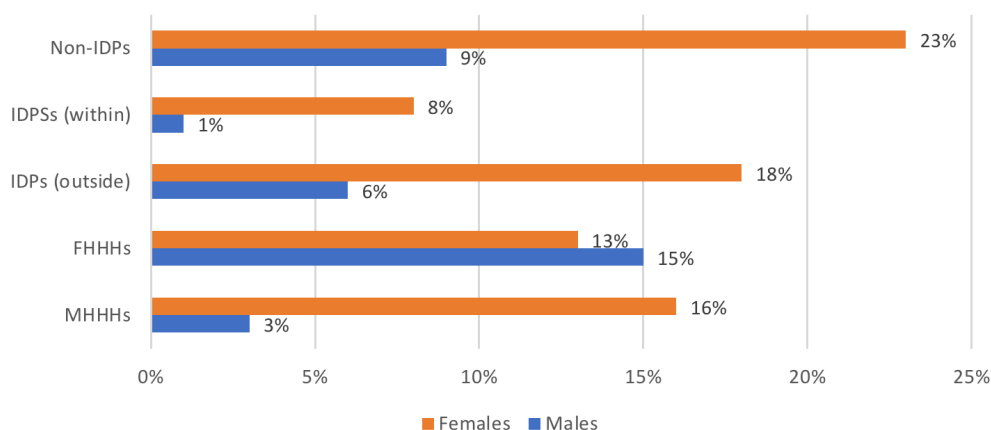
There is no major variance between households that have a family member with a disability or not or between educated and less-educated respondents.

### **Net loss in decision-making capacities for males and females**

- The survey data indicate that the largest net loss in decision-making capacity has been felt by females in male-headed households (minus 16), followed immediately by males in female-headed households (minus 15) due in part to the above findings on changes in the head of household from deceased men to women, followed by females in female-headed households (minus 13), and finally males in male-headed households (minus 3).

Displacement is a key variable in understanding gender-related impacts on decision-making. The highest net loss in decision-making capacity (minus 23) is among females in non-IDP households, followed by females in households displaced from outside of the region (minus 18). This is compared to a net loss of 9 per cent among males in non-IDP households and 6 per cent among males in households displaced from outside the region (refer to figure 33).

**Figure 33: Net loss in decision-making capacities for males and females, by sex of head of household and displacement**



#### Box 6: Intersectional gendered insights on decision-making

- The evidence suggests that the age of the head of household is highly correlated with the deterioration in the ability of females to make decisions. Middle-aged females report the highest level of deterioration, at 39 per cent, indicating the significant impact of age on decision-making abilities. Elderly males follow, with a reported loss of 34 per cent in decision-making abilities among females. In comparison, the remaining age/gender cohorts have a similar assessment of the loss of decision-making abilities among females, at 27 per cent, highlighting the intersection of age and gender in the challenges faced by females in decision-making within their households.

- The analysis suggests that displacement and gender intersect in influencing the reported loss in decision-making abilities of women, and in shaping the experiences and challenges they face in terms of decision-making within their households. Evidence suggests that never-displaced households (male- and female-headed) report a loss in the ability of females to make decisions at a rate of 31 per cent, highlighting the impact within the non-displaced context. On the other hand, male IDPs, whether from within or outside the region, report a slightly lower rate of loss, at 28 per cent, indicating the influence of displacement on decision-making abilities.

- Reporting on loss in the decision-making ability of female household members does not seem to be correlated with education levels.

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## Chapter 6: Sources and types of assistance: reporting and satisfaction

This assessment examined the different sources and types of assistance as reported by respondents, based on their own understanding and recollection. It identifies existing gaps in access to support between men, women, male- and female-headed households, as well as in terms of displacement. It also provides a preliminary assessment of the various types of assistance and their role in providing humanitarian relief and improving the living conditions of the impacted. A gender analysis reveals that there are varying gaps favouring males' or females' access to different sources of assistance. Overall, 86 per cent of all surveyed households report that they have received at least one type of humanitarian assistance. Males have reported a higher rate of access to at least one type of assistance (88 per cent) than females (84 per cent). Male-headed households report a much higher rate of access to at least one type of assistance (88 per cent) than female-headed households (79 per cent). IDPs from outside of the region report the highest level of access to any type of assistance (91 per cent), compared to 85 per cent among IDPs from within the region and 83 per cent among non-IDPs.

A gender gap, favouring male-headed households, is reported among recipients of assistance from local councils, government, NGOs, the UN, as well as volunteer groups. Reported gaps favouring females were regarding INGOs and familial resources. Assistance from Arab charities was reported by male and female-headed households equally.

The findings also show that some of the most urgently needed types of assistance are not yet being accessed by the impacted population, which include mental health and psychosocial support (MHPSS) services, rebuilding of damaged homes/structures, tertiary health, cash assistance, and primary and reproductive care. Here also, there are disparities between male- and female-headed households, as well as based on displacement, as elaborated below.

As such, the following findings represent the understanding of the beneficiaries of the sources and types of assistance and the gender gaps in access for both. They do not represent a comprehensive study of aid effectiveness, which requires additional, specialized future research.

### Reported sources of assistance

The following is an account of sources of assistance, as reported by the respondents, in order:

- **Local NGOs** operating in the region are the largest identified source of assistance (cited by 65 per cent of all households). Local NGOs are identified as a source of assistance by a larger group of male-headed households (68 per cent) than female-headed households (59 per cent) – a 9-point gender gap favouring males.

- **Relatives, neighbours and friends** are the second-most identified source of assistance overall (33 per cent), cited by 32 per cent of male-headed households and 36 per cent of female-headed households.

- **Local councils** are identified as a source of assistance by 30 per cent of households, with a pronounced gender gap in reach – 34 per cent of male-headed households versus 13 per cent of female-headed households – a 21-point gap favouring males. Local councils in the NWS region are sometimes confused with the “government”, which is cited by 6 per cent of households as a source of assistance.

- **Voluntary groups** of Syrians and others have provided immediate support to the affected families and are identified as a source of assistance by 29 per cent of all households – 30 per cent among male-headed households, and 25 per cent among female-headed households – for a 5-point gap favouring males.

- **International NGOs** were identified by 26 per cent of households – 34 per cent of female-headed households and 25 per cent among male-headed households – indicating another gender gap in the reach of assistance, favouring females by 9 points.

- **Arab charities**, mostly from Gulf countries, were identified by 12 per cent of surveyed households, identified at equal rates by male- and female-headed households.

- **The UN** was the least-identified source of assistance, cited by only 5 per cent of impacted households. Here again, the rate was higher among male-headed (6 per cent) than female-headed households (2 per cent). Generalizations based on the gender of the head of household cannot be drawn due to the small number of respondents.

Table 16 provides the level of reported reach by each assistance source and the gender gap (blue favouring males, gold favouring females and white connoting no gender gap).

**Table 16: Gender gap in the reach of assistance, as reported by impacted households**

	MHHs	FHHs	Gap
Local council	34%	13%	21%
NGOs	68%	59%	9%
INGOs	25%	34%	9%
Voluntary groups	30%	25%	5%
Relatives	32%	36%	4%
UN	6%	2%	4%
Arab charities	12%	12%	0%
Government	6%	6%	0%

In view of displacement prior to the earthquake, sources of assistance have varying levels of focus on IDPs and non-IDPs. On the one hand, IDP and non-IDP households report similar rates of reach by government institutions, local councils and relatives/neighbours. On the other hand, all other sources have a higher focus on the displaced compared to non-IDPs, as table 17 illustrates.

**Table 17: Sources of assistance, disaggregated by displacement status**

	IDPs-external	IDPs-within NWS	Non-IDPs
NGOs	73%	63%	59%
INGOs	30%	27%	20%
Voluntary groups	39%	28%	21%
Local councils	29%	30%	31%
UN	4%	8%	3%
Arab charities	15%	13%	8%

Assistance from local councils is reportedly directed equally at all three displacement categories, while targeting by NGOs is more focused on households displaced from other regions (73 per cent), compared to 63 per cent among those displaced within the same region and 59 per cent among non-displaced households. INGOs are also more focused on the displaced than the non-displaced (30 to 20 per cent, respectively).

#### Box 7: Intersectional gendered insights on sources of funding

- Educated males have the highest level of access to assistance provided by local councils (35 per cent), followed by less-educated males (31 per cent), and educated females (29 per cent), while the least access is by less-educated females (25 per cent).

- A similar pattern applies to assistance received from NGOs, where the highest reporting is among educated males (74 per cent), followed by educated females and less-educated males (64 per cent, each), and the lowest access is by less-educated females (60 per cent).

- Informal sources exhibit a different pattern, with the most access reported by less-educated males (40 per cent), followed by educated females (29 per cent), and educated males (23 per cent), while the least access by less-educated females (22 per cent).

- Younger and middle-aged male heads of households have the highest levels of access to assistance from local councils (35 per cent, each), followed by elderly males and younger females (23 per cent, each), with minimum access by middle-aged females (11 per cent) and almost no access by elderly females (3 per cent).

- Access to assistance from voluntary groups is highest among middle-aged and elderly males (33 per cent, each), followed by younger males and middle-aged females (26 per cent, each), younger females (22 per cent), and finally elderly females (18 per cent).

- Male-headed households without PwDs have the highest access to almost all sources of assistance. For example, 69 per cent report accessing assistance from NGOs, only to be followed by female-headed households without PwDs (60 per cent). Households, whether headed by males or females with PwDs, have lower access to assistance (56 per cent, each).

- The highest access to most sources of assistance is by male IDPs from outside of the region, with 36 per cent accessing assistance from local councils. They are followed by male IDPs from within the region and non-IDP females (33 per cent each), while the least access is reported by female IDPs from outside the region (19 per cent).

- Regarding NGOs, the greatest access is reported by male IDPs from outside of the region (76 per cent) followed by male non-IDPs (72 per cent), female IDPs from outside of the region (70 per cent), male IDPs from outside the region (68 per cent), while the lowest access is by female IDPs from within the region and female non-IDPs (58 per cent, each).



## Types of assistance

### Housing and mental health services (most urgently needed, but the least accessed)

People who participated in the FGDs and in-depth interviews reported that the most common types of assistance received are food baskets, cash assistance, water support, health first aid, and hygiene kits. This is similar to the results of quantitative data. However, the reported types of assistance received by the impacted households reveal that some of the needs most directly related to the earthquake are the least provided:

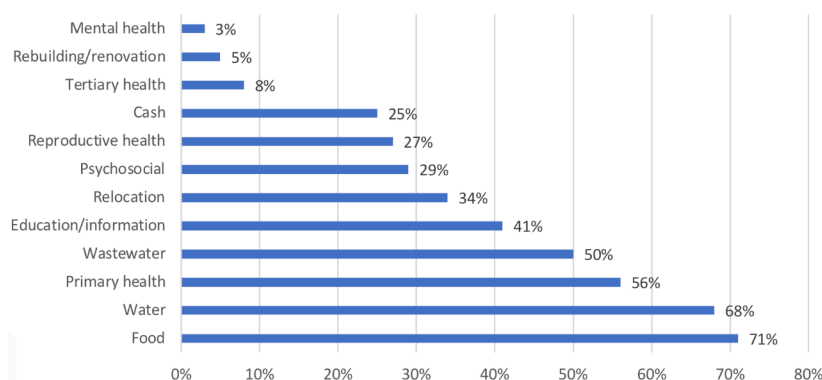
#### Most reported:

- The most common type of assistance being received is food assistance (71 per cent).
- The second most common type of assistance is the provision of water (68 per cent), followed by primary health services (55 per cent) in third place.
- Wastewater services are reported to have been received by 49 per cent of households.
- The fifth-most cited type of assistance is relocation to a new shelter (34 per cent), followed by psychosocial support (29 per cent).

#### Least reported:

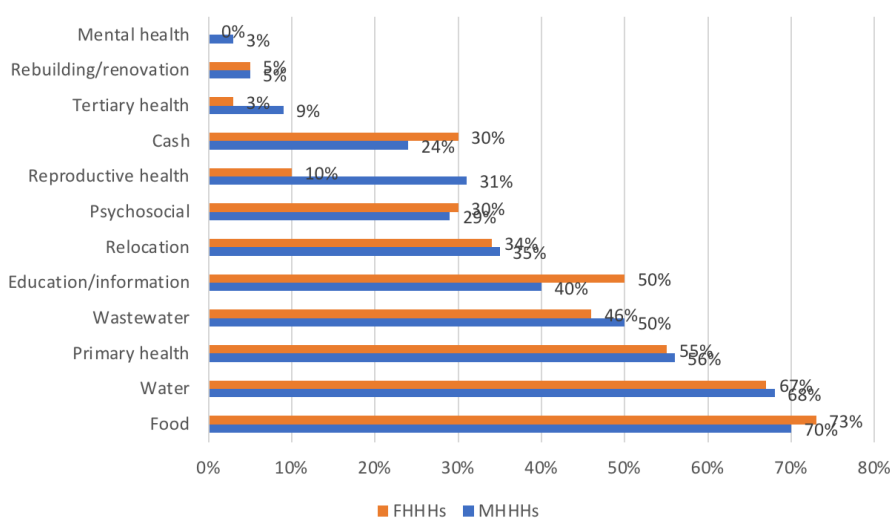
- Mental health services are the least reported type of assistance, received by less than 3 per cent of surveyed households. This gap is asserted as a priority in both the survey and the qualitative data, confirming other assessments that identify gaps in mental health assistance and support after the earthquake.
- In the medium- and long-run, the second-least-cited type of assistance received by impacted households is the provision/rebuilding of housing (cited only by 5 per cent). This was not being provided at the time of the survey, and it is important to check if this priority has been met at a later stage, as rebuilding was identified as an important priority for the medium- and long-term planning of recovery.
- The third-least reported type of assistance is the provision of tertiary health services (cited by 8 per cent). This is a reflection of the sizable damage to health infrastructure and the mounting needs resulting from the earthquake, as stipulated earlier.
- The fourth-least reported type of assistance is cash provision (cited by 25 per cent).
- Reproductive health services are also cited by 27 per cent.

**Figure 34: Reported types of assistance in the aftermath of the earthquake**



Male and female-headed households report varying levels of access to the different types of assistance. For most types, male-headed households report a higher level of access than female-headed households. The only exceptions are information-sharing and education/awareness and to some extent cash and food assistance. Nevertheless, people reported no difference in access between males and females in FGDs and in-depth interviews. The reason behind this might be the power of males in decision-making, as they are usually the ones responsible for seeking assistance for their family members, as indicated above.

**Figure 35: Reported types of assistance, by sex of head of household**



At this stage, IDPs and non-IDPs report similar rates of receiving the different types of assistance. Notable exceptions, however, include the following:

- **Relocation:** IDPs from within the region receive the most relocation services (45 per cent) such as tents and shelters, followed by IDPs from outside the region (39 per cent) and non-IDPs (17 per cent).

- **Water:** IDPs, regardless of their origin, report higher levels of water assistance (73 per cent) than non-IDPs (57 per cent). Water distribution and food rations are directed at displaced populations slightly more than families that were never displaced before the earthquake.

- **Psychosocial support:** IDPs from within the region report receiving the most

psychosocial support services (37 per cent), including psychological first-aid services, case management, and awareness-raising activities, followed by IDPs from outside the region (33 per cent) and non-IDPs (16 per cent).

- **Cash assistance** is reportedly distributed to all groups at the same rate regardless of displacement or previous marginalization.

- **Education and awareness-raising materials** are being distributed at a higher rate among the non-displaced and the displaced from within the region than those displaced from outside the region. For example, education and awareness is targeting female-headed households more than male-headed households (50 versus 40 per cent, respectively). In addition, IDPs from within the region report the highest rate of targeting regarding education and awareness (49 per cent), followed by non-IDPs (42 per cent) and the least targeted are IDPs from outside the region (32 per cent).

“Most organizations provide assistance, including cash and food, to the IDPs and to the new IDPs who reside in camps and do not pay attention to those who are not displaced. This is causing jealousy, tension and competition and as such, more attention must be given to us as we are also poor and impacted by the earthquake, even if we live in our own home.” (man, 64, Jandairis)

## Satisfaction with assistance

The level of satisfaction is calculated solely from the group of households that reported receiving at least one type of support from any source (as listed above). Those that had not received any type of assistance at the time of the survey are not included in the results. The following analysis provides findings on satisfaction (very satisfied, satisfied) and dissatisfaction (very dissatisfied, dissatisfied). The remaining percentages represent neutral opinions.

Overall, the maximum level of satisfaction does not exceed 18 per cent:

- The highest rate of satisfaction is in the area of meeting basic needs (food, basic housing and health services) of the household, with 18 per cent of all respondents saying they are satisfied, and 15 per cent being neutral. There is no significant difference between males and females in this regard.

- Satisfaction with assistance ranged from 13 to 9 per cent only, starting with easing emotional distress, followed by reducing household tensions, and reducing GBV (for more, see Table 18 below).

- The two areas with the lowest reported levels of satisfaction are: helping families live a dignified life and transition back to the pre-disaster situation. As much as 54 per cent of households were dissatisfied with the role of assistance in helping families live a dignified life. In addition, 59 per cent said that the assistance did not help them transition back to their pre-earthquake life. Levels of satisfaction might change as more and more diversified humanitarian assistance has been coming to the region in the period since the present assessment; hence, it would be worth looking into the role of UN efforts in changing these perceptions at a later stage.

“In some cases, we receive unneeded assistance items, so we sell them to purchase other priorities, such as medicine.” (female, 67, Jandairis)

“In general, the aid has supported many families, while many other families haven’t received anything. I’ve noticed some nepotism and a lack of clear criteria in aid distribution. Organizations have distributed mostly to people in the camps, who are displaced from other regions. People who reside in Jandairis have received insufficient support and their conditions are still dire.” (male, FGD, 66, Jandairis)

• Only 13 per cent report that the assistance has helped reduce tensions within the family, as well as GBV. A majority disagreed. In addition, only 11 per cent say that the assistance has helped reduce violence against children, while 53 per cent disagree. One of the post-earthquake assessments points out that GBV victims/survivors lack confidence in protection and assistance services and mechanisms.<sup>80</sup> In addition, the presence of assistance may have also added to the pressures on households in terms of competing for limited resources, as indicated in the qualitative data:

“We must note that accessing, managing and distributing assistance between household and community members has created some tensions within the households and the communities. This led to additional exposure to violence, especially against women and children. The perceived limited transparency created some conflicts at all levels, including between families, IDPs and non-IDPs and most of all between males and females who are trying to assert their priorities and needs negotiating the limited, yet urgent assistance. This requires designing and planning assistance to ensure that we don’t cause any further harm.” (male, key informant, independent researcher)

**Table 18: Satisfaction with assistance, in various aspects of the life of a household**

Criterion	Males	Females	Total
Met basic needs of HH	16%	19%	18%
Eased emotional suffering	11%	16%	13%
Reduced tension within the HH	11%	16%	13%
Reduced GBV	10%	14%	12%
Helped family live a dignified life	9%	16%	12%
Reduced violence against children	10%	14%	11%
Transition/recovery back to pre-earthquake status	7%	11%	9%

Satisfaction is slightly higher in female-headed households than in male-headed households for most types of support. The same pattern applies to displacement, where the displaced from outside of the region were slightly more satisfied. This might be due, in part, to the possible higher relative impact on the most-needy families, including female-headed and IDP households.

At the time of the survey, the assessment of the contribution of assistance in helping families was not clearly correlated with the type of assistance, as most types resulted in similar levels of satisfaction. There were, however, concerns about the quantity of aid, where some of the impacted households and key informants reported that some families received assistance from a number of sources, while others received none. Other key informants were skeptical about the perceived overemphasis of humanitarian aid on a few priorities, such as food, cash

<sup>80</sup> Care International. 2023. Rapid Gender Policy Brief: Türkiye & Northwest Syria Earthquake Response. February. <https://www.care-international.org/sites/default/files/2023-02/RGA%20Brief%20Türkiye%20Syria%20Feb%202023.pdf>

assistance and winterization items (such as blankets). Most assistance aimed to relieve immediate humanitarian and short-term needs rather than meeting recovery, rebuilding and long-term needs. The aid also focused on specific locations such as the new IDP camps, as reported by impacted respondents.

The only exception is in how respondents view housing assistance as well as cash assistance as being the most valuable in meeting basic needs. This analysis, however, is unable to provide any conclusive results on the effectiveness of humanitarian aid as this was not the focus of the assessment and must be further investigated in future research. It was, however, noted that the assistance regime in NWS region is turning into a pro-active mode with further focus on early recovery and re-building. According to UNRWA: “As we approach the fourth month since the earthquake disaster in Northern Syria and Turkey, the earthquake response in Syria is slowly evolving to focus more on the recovery and rehabilitation of damaged shelters, installations and livelihoods, while maintaining social protection of the affected population”.<sup>81</sup>

<sup>81</sup> UNRWA. 2023. UNRWA Syria Earthquake Response Situation Report #27. <https://www.unrwa.org/resources/reports/unrwa-syria-earthquake-response-situation-report-27-25-may-2023>

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## Chapter 7: Conclusions and recommendations

The following chapter presents conclusions, synthesized from the primary and secondary data sources and findings on the gendered impacts of the earthquake, along with a list of overall priorities for humanitarian work, early recovery and long-term empowerment. Overarching recommendations, both immediate and longer-term, for humanitarian support in the NWS region, as well as other development-related recommendations are also presented.

The earthquakes endured by the population of the NWS region have left a swath of devastation in a territory already struggling with the legacies of conflict, displacement, economic decline and weak governance. The assessment concludes that understanding the humanitarian impacts of an earthquake – along with natural disasters more broadly – must be situated in the deeply-rooted and all-encompassing political, economic, social and cultural context. In NWS, understanding the differential gender impacts of the latest earthquake requires critical attention to be devoted to analysing the evolving, vulnerable and complex nature of the region. It equally requires understanding the intersection between these circumstances and prolonged conflict, violence, displacement and population transfer, limited and cumbersome governance systems, recently established, largely externally-dependent civil society organizations, the weak, yet promising, presence of women groups and activists, and higher-than-average levels of female-headed households, whose heads are largely widowed, divorced or separated as a result of the conflict.

In considering the findings and broader conclusions, it is critical to note that the most challenging aspect in assessing the gendered impact of disaster is the attempt to isolate the impact of a specific event relative to its overall environment. While this is necessary to inform emergency and humanitarian response, most of the narrative provided through the voices of women, girls, men and boys underscores that the earthquake is, fundamentally, one more layer of overlapping and stacked vulnerabilities and marginalization. As much as the present conclusions focus on the impacts of the earthquake, they also cast light backward on the long, torturous road that led to the present situation. Situated in the context and based on the findings of the research, the assessment presents the following conclusions. These conclusions have been confirmed by a number of sources and studies in similar situations.<sup>82</sup>

### Conclusions

The following conclusions are based on the findings of the present assessment and supported by relevant secondary sources.

#### **Compounding shocks: The earthquake in the context of violence, dispossession, deprivation and displacement**

The situation for women and girls in NWS has always been challenging, characterized by persistent, deep-rooted patriarchal attitudes and stereotypes that discriminate against them. These challenges exacerbate existing gender gaps and the unequal distribution of socioeconomic burdens, contributing to the fragility of the region.

<sup>82</sup> For similar conclusions, see: UN Women. 2020. Multisectoral Gender Needs Assessment for the Gaza Strip. [https://palestine.unwomen.org/sites/default/files/2022-05/D6\\_A%20Multi-Sectoral%20Gender%20Needs%20Assessment%20in%20the%20Gaza%20Strip\\_110522.pdf](https://palestine.unwomen.org/sites/default/files/2022-05/D6_A%20Multi-Sectoral%20Gender%20Needs%20Assessment%20in%20the%20Gaza%20Strip_110522.pdf)

The historical political and social realities in NWS are deeply intertwined with gender inequality. The ongoing conflict and economic decline act as structural drivers that hinder sustainable human development, gender equality and dignified livelihoods. Additionally, the recent earthquake has exposed and exacerbated pre-existing conditions, resulting in an increased reliance on external funding and community solidarity. These conditions can contribute to a sense of dependency and demoralization, as the region faces challenges in accessing sufficient economic assets and productive resources. Continuous assessment and improvement of aid effectiveness and transparency are essential in better addressing the needs of the affected population.

Research indicates that immediately after the earthquake, family members prioritized initiatives that addressed the needs of the entire family unit to ensure the survival and well-being of the family unit rather than focusing on the specific needs of individuals or groups. Consequently, specific needs may have been temporarily overlooked and/or given less priority. Displacement and relocation to unfamiliar spaces, such as shelters and camps, further compound the already challenging living conditions. This displacement instils a sense of insecurity and fear, reinforcing entrenched social and cultural norms that hinder gender equality.

The earthquake has worsened population displacement, adding an additional layer of hardship for those who were already displaced, sometimes multiple times. This displacement puts additional strain on limited resources and stretches the coping capacities of both local and displaced communities. Furthermore, the challenges faced include escalating vulnerabilities due to the loss of shelter and assets as well as the loss of income and employment opportunities. Difficulties in accessing essential services such as clean water, sanitation and health care, including reproductive health, further compound the hardships. Safety concerns, increased violence against women and children, and a decline in decision-making capacity contribute to the overall fragility of the region. These challenges collectively exacerbate vulnerabilities and pose significant challenges for the affected populations. As a result, the social fabric built on organic internal solidarity has witnessed a notable decline, leading to household and community arrangements that generate tension and potentially contribute to an increase in GBV. This breakdown of the rule of law disproportionately affects the most vulnerable groups, including women, children and persons with disabilities. The link between the breakdown of the social fabric and increased gender-based violence highlights the negative impact on the effectiveness of the rule of law in the region.

According to one of the key informants:

“All others have failed us through the years. Under the continuing adversity, we retreat further into an interest-based solidarity that reflects a façade of unity. This, in turn, creates a strong belief in the status quo and legitimizes and reinforces its gender and age hierarchies. As most people would say: we are in this together! This places pressure on women, men, children and others to postpone their personal issues and sacrifice some of their rights to fend for the household, which is perceived to need the support of all its members. This is mostly done at the expense of women and children who shoulder the existing injustices.” (female, key informant, 36, NGO).

### **The earthquake and its differential impacts**

Although natural disasters, including earthquakes, do not target a specific gender, the consequences of such disasters can have a gendered impact that is manifested in deeper

forms, from the short-term to the longer-term. It is important to recognize that individuals of all genders and age groups, coming from diverse backgrounds, are affected. This includes immediate losses such as damage to homes, injuries, disabilities, fatalities and displacement.

However, the consequences of earthquake-related destruction are not evenly distributed. The study reveals that the impact of the earthquake is highly gendered, affecting specific groups differently based on gender, age and disability, with the intersection of these factors further marginalizing them. The likelihood and severity of threats and protection concerns has increased to unprecedented levels for these groups, with the potential for further deterioration.

The study clearly demonstrates that women and girls bear a disproportionate impact. The current realities reveal a complex dynamic where pre-existing inequality and signs of increasing discrimination are evident across all aspects of the earthquake's aftermath. The study findings indicate that the earthquake has deepened the vulnerability and marginalization of female and female-headed households to a greater degree compared to male respondents and male-headed households. Displaced women and girls, more than any other group, find themselves living in minimal and highly challenging conditions. The earthquake intensifies their need to resort to additional negative coping mechanisms, many of which are already severely exhausted. They face increased struggles to secure the means for a decent life, while being among the least visible and having limited access to services and assistance.

Men and boys are also not immune from unique threats, in terms of access to services, and expectations stemming from social norms, for example to earn an income, including through hazardous activities. These circumstances, risks and threats need to be accounted for in the design of any response, including the identification of immediate and critical priorities.

### **Distinct vulnerabilities and groups facing heightened risks**

Women, men, boys, girls and other groups have been differently affected by the earthquake. However, women and girls are likely to be the most impacted by the consequences of the disaster. They face distinct vulnerabilities and heightened risks, having already been exposed to continuous pressure and violence across the region for years before the earthquake, as well as during the protracted conflict. This is particularly evident for women who are widowed, divorced or abandoned, as they often find themselves without a social support network, navigating an extremely volatile reality with limited protection mechanisms.

Participation in informal income-generation activities serves as a proxy indicator of hardship and necessity, with many individuals engaging in such activities out of absolute need. For women in particular, the reliance on informal means to earn an income is often a result of the absence of a support mechanism, such as an absent partner or community provider. It is crucial to recognize that engaging in informal income-generation activities exposes women to an array of risks. The lack of social protection leaves them vulnerable, facing irregular income and limited access to legal and social support systems, thus increasing their susceptibility to exploitation, harm and abuse.

**The analysis reveals that displacement is associated with higher levels of hardship, particularly for women.** The connection between gender and displacement is further emphasized by examining various aspects, including property ownership, employment and income-generation, among others. For instance, displaced women have the lowest rates of property ownership compared to displaced males and non-displaced females, highlighting



the pronounced relationship between gender, displacement and property ownership. Additionally, the loss of informal income-generating activities is most significant for females in displaced families, followed by displaced males, resulting in a substantial gap compared to non-displaced males and females.

Furthermore, the history of displacement plays a crucial role in understanding the differential impact of the earthquake on various subpopulations in the NWS region. For those who were already displaced, the earthquake has compounded the lifetime of political and economic shocks they have experienced, further exacerbating their vulnerabilities. In contrast, the local population has faced notable losses considering their relatively higher ownership of assets compared to the displaced individuals. Moreover, the majority of those who have never been displaced live in urban areas with elaborate buildings, resulting in higher human casualties. Conversely, the displaced population has tended to reside in camps and rural areas with less elaborate structures, thus facing a lower risk of physical and human damage.

The immediate impact of the earthquake affects individuals of all genders and displacement statuses. However, it is the medium- and long-term consequences that reveal the reinforcement of existing structures of inequality and the persistent marginalization of vulnerable groups.

Moreover, the earthquake has not only increased the likelihood of poverty but also contributed to the creation and consolidation of conditions that perpetuate poverty and limit access to increasingly scarce resources. This situation is particularly evident in areas with concentrated displacement and among rural and camp populations, where women and other marginalized groups face amplified challenges and experiences of marginalization at both individual and collective levels. The earthquake has thus exacerbated existing vulnerabilities, including gender inequalities, and further restricted their access to resources necessary for their well-being. Women in particular often bear a disproportionate burden as they navigate the compounded challenges of poverty, displacement and limited access to essential services and opportunities.

### **Response to the needs of vulnerable**

Based on extensive discussions with humanitarian actors, they continue to struggle to find a balanced and mutually reinforcing approach to humanitarian action, recovery and development. These actors often perceive structural barriers as persistent and deep-rooted, leading to their normalization and acceptance as entrenched elements of the response. Consequently, neglecting to address these barriers and effectively overcome them can impede the effectiveness of the response, reinforcing dependency and undermining efforts to prioritize gender relations and long-term transformative programming. This emphasis on prioritizing the immediate blanket humanitarian response can overshadow the necessity for proactive measures aimed at challenging and addressing these barriers, thus hindering progress towards gender equality and women's empowerment.

The findings of this research, as presented in this report, reaffirm the ongoing challenges faced by assistance-providers in effectively targeting females, female-headed households and persons with disabilities in the humanitarian response. Currently, assistance primarily focuses on providing essential services, including cash assistance, food security, WASH, as well as shelter support. Additionally, there are some efforts towards providing psychosocial and health services, although to a lesser extent. However, it is important to acknowledge that interventions centred on assets and productive resources, such as shelter, land and

infrastructure, tend to favour individuals who already possess and have access to these resources. This bias disproportionately benefits males across all social categories, particularly IDPs.

### Women and decision-making: Duality of exclusion

Regarding decision-making and leadership, women continue to face a double-edge challenge.<sup>82</sup> At the household level, the earthquake resulted in changes in decision-making dynamics. The survey data indicate that the largest net loss regarding decision-making capacity is felt by females in male-headed households, followed immediately by males in female-headed households due in part to the above findings on changes in the head of household from deceased men to women, followed by females in female-headed households, and finally males in male-headed households. At the broader level of decision-making and engagement, especially in relation to humanitarian assistance, the assessment concludes that while women have participated in humanitarian actions after the earthquake, the voices of women and women groups are not sufficiently or systematically integrated into community, government and international decision-making spaces and processes.

### Overarching recommendations

- To ensure an inclusive and equitable post-earthquake response, **it is crucial to prioritize the immediate needs of women, men, girls and boys, particularly those from vulnerable groups, to prevent further exacerbation of their vulnerabilities.** By focusing on meeting their needs and ensuring access to essential services, in particular protection and support, humanitarian actors can effectively mitigate the immediate impacts of the earthquake and contribute to their overall well-being. Adopting a gender-responsive approach in delivering assistance is essential, tailoring it to the diverse needs and experiences of individuals, and addressing the specific challenges faced by these vulnerable groups.
- In the longer-term, during the recovery phase, **humanitarian actors should adopt a transformative approach to address the underlying root causes of gender inequalities.** This requires challenging social norms, discriminatory practices and unequal power relations that perpetuate gender disparities. Priority should be given to investments in programmes and interventions that promote women's empowerment, gender equality and the advancement of women's rights. This includes supporting initiatives that challenge and transform discriminatory social norms, power imbalances and unequal gender dynamics.
- Further investments in **integrating gender aspects into sectoral assessments and conducting gender and intersectional analysis are crucial.** The evidence and recommendations generated from such an analysis must be effectively utilized to inform the design of programming and policies. It is of paramount importance to support the collection of sex and age-disaggregated data, as well as other relevant variables such as disability, education and displacement, which influence their vulnerabilities and experiences. This approach is essential to ensure that humanitarian actors have a comprehensive understanding of the specific needs and vulnerabilities of different groups, thereby facilitating targeted and inclusive interventions.
- To achieve an inclusive and gender-responsive approach, **it is crucial to adopt a participatory approach that actively engages women, men, girls, boys and other marginalized groups in the analysis, design and planning of all future responses.** Their voices are essential for capturing their unique needs, experiences and specific challenges,

<sup>82</sup> For more on the duality of oppression, see: <https://www.awrad.org/files/server/Article%20Arab%20women%20by%20Nader.pdf>

both in the short- and the long-term. By centring their perspectives and actively including them in decision-making processes, we can ensure that response efforts effectively address their challenges and prioritize their overall well-being. This inclusive approach will contribute to more sustainable and equitable outcomes, fostering gender equality and empowerment for all individuals.

- **Promoting inter-sector and inter-cluster collaboration in response plans and strategies is essential.** The study not only reveals the interconnectedness between needs and stresses experienced by affected populations but also highlights **the central role the protection cluster must play in the response.** By integrating protection considerations across all sectors, humanitarian actors can effectively address vulnerabilities, risks and rights violations faced by marginalized groups. This comprehensive approach fosters a holistic understanding of needs and associated risks, ultimately ensuring that the response ensures the safety, well-being and resilience of all individuals.

- **The most vulnerable groups identified in this study must be targeted and prioritized for assistance. This includes the continuation of targeted efforts to reach female-headed households or female applicants, PwDs and individuals with displacement status.** Non-IDPs who were unable to cope with the ramifications of the earthquake must also be considered. By giving priority to the enabling environment surrounding these groups, humanitarian actors can ensure that their specific needs and challenges are addressed in a timely and appropriate manner, while promoting inclusivity and equity in the overall response.

- **Access to assistance for people with disabilities and other vulnerable groups, including the elderly, must be prioritized to ensure their inclusion, safety and well-being.** This can be done through: (i) ensuring a coordinated effort among relevant stakeholders, including service-providers and the international community; (ii) prioritizing programmes that include accessible transportation, specialized medical care, psychological support and other essential services to ensure their inclusion and well-being; (iii) increasing awareness of the needs, impact and rights of people with disabilities, and including the elderly; and (iv) promoting inclusive practices that consider their specific requirements, such as accessible facilities, communication in accessible formats and support services.

- **It is essential to recognize and acknowledge the crucial role that women-led and women's rights organizations can play in the post-earthquake response.** It is important to capitalize on their capacities as catalysts in all planning and response efforts, promote their participation and leadership as a critical component, as their active engagement fills a recognized gap in the humanitarian response. By recognizing and amplifying their contributions, the post-earthquake response will be able to ensure more effective and inclusive actions, from assessments through to recovery. This inclusive approach empowers these organizations to actively contribute their expertise and perspectives, resulting in more comprehensive and sustainable outcomes for all those affected by the earthquake.

- **Programmes that promote women's leadership and empowerment, recognizing the increased proportion of women heading households after the earthquake must be prioritized.** Equally important is enhancing their capacity to access resources and services.

## Sectoral recommendations

### PROTECTION

- 1) **Advocate for increased support, resources and funding to address the depth and breadth of gender-based violence.** This includes allocating adequate financial resources to support the development and implementation of programmes and interventions aimed at prevention and response, and survivor support.
- 2) **Enhance GBV assistance to mitigate the heightened risk of violence against women and girls, both within and outside the family unit.** This entails implementing protection awareness campaigns, fostering community mobilization, and establishing effective and accessible reporting mechanisms to address and prevent gender-based violence. **Such efforts necessitate increased funding and prioritization of GBV prevention and response, integrating it as a fundamental element of essential post-earthquake response interventions.** Moreover, resources must be allocated to ensure that survivors can access vital services, encompassing health, socioeconomic support, legal aid and psychosocial assistance, emphasizing their well-being and facilitating their recovery.
- 3) **Ensure that an effective functioning complaints mechanism is in place** enabling individuals at risk and survivors to report incidents, seek assistance and access justice. These mechanisms should be easily accessible and actively promoted throughout all humanitarian response interventions, prioritizing the safety and well-being of individuals.
- 4) **Enhance the identification and support of GBV within sectoral responses,** including improved comprehension of GBV, provision of assistance and reporting mechanisms.
- 5) **Mobilize and expand psychosocial and mental health support services by providing support and strengthening the capacities of service-providers.** This will ensure that they are better equipped to address the distinct needs of women, men, PwDs, children and the elderly. Work on reducing the social stigma around seeking mental and psychosocial support services, for both women and men.
- 6) **Promote the active engagement of local organizations, particularly women-led organizations, which play a vital role in responding to protection challenges and violations that have arisen in the aftermath of the earthquake.** These organizations have valuable expertise in addressing community-based initiatives, coupled with a strong sense of credibility stemming from their deep-rooted connections within communities. Their extensive knowledge and experience significantly contribute to the successful implementation of these initiatives, guaranteeing their responsiveness to the specific needs and challenges faced by the affected communities.
- 7) **Ensure that information regarding available GBV services is easily accessible,** while recognizing and addressing the barriers faced by specific groups. This is crucial to ensure that vital information reaches all individuals in need and promotes equal access to essential GBV services. These barriers may include, but are not limited to physical accessibility constraints, limited Internet access and inadequate mobile phone connectivity.

### EARLY RECOVERY AND LIVELIHOODS

- 1) In the shorter-term, and from a protection perspective, it is crucial to **prioritize equitable access to cash assistance, particularly for women, including female-headed**

**households and those in displaced settings**, in the aftermath of the earthquake. This is essential to address their basic needs to mitigate the adoption of detrimental and irreversible negative coping mechanisms, which exposes them to increased protection risks, including exploitation and abuse. Urgent action is required to provide targeted and dignified assistance that enables women and their families to meet their immediate needs and maintain income-generation and livelihoods.

2) To ensure that cash assistance programmes are gender-responsive, **it is important to understand the association between giving cash assistance and GBV risks**. In a region with such a high prevalence of GBV, humanitarian actors have a responsibility to prioritize gender-responsive approaches, reinforce safeguards, train staff on GBV prevention and response, and ensure that beneficiaries can access confidential reporting mechanisms.

3) **In the medium- to longer-term, it is important to address the structural barriers systematically, as relying solely on cash assistance will not adequately address the challenges faced by women**. To facilitate a sustainable transition, **it is necessary to provide holistic support that goes beyond immediate needs and includes the empowerment of women**. This includes addressing the specific challenges faced by women who have taken on household leadership roles, such as protection risks, limited resource access, and reduced decision-making power. Developing programmes that focus on promoting women's leadership, facilitating access, ensuring protection, and actively challenging gender stereotypes and social norms is essential. Recovery efforts should ensure that women's distinct experience of earning a livelihood is not ignored in designing programmes, allocating resources or measuring success. In the medium- to longer-term, it is important to systematically address the structural barriers within cash assistance programmes that perpetuate gender inequalities. Relying solely on cash assistance or women's engagement in informal income-generation activities will not adequately address the challenges faced by women. To facilitate a sustainable transition, it is necessary to provide holistic support that goes beyond immediate needs and includes the empowerment of women while challenging social norms that discriminate against them. This includes addressing the specific challenges faced by women in various roles, including those who have taken on household leadership roles. These challenges encompass protection risks, harmful social norms, specific roles and responsibilities, limited access to resources, and reduced decision-making power. Developing programmes that focus on promoting women's leadership, facilitating access, ensuring protection and actively challenging gender stereotypes and social norms is essential. Furthermore, recovery efforts should ensure that the distinct experiences of women in earning a livelihood are not ignored when designing programmes, allocating resources or measuring success.

4) Additionally, in the medium- to longer-term, **it is crucial to address power dynamics by actively engaging men and boys as agents of change in promoting gender equality and challenging unequal gender norms and harmful masculinities within household dynamics**. This includes encouraging their active participation in decision-making processes and fostering a more balanced and equitable distribution of power. By involving men and boys in this transformative process, the response can create a conducive environment that promotes gender equality and shared responsibilities within households. This engagement is essential for addressing the barriers and challenges that hinder women's empowerment, meaningful participation in economic activities and decision-making. It enables a shift towards more collaborative and balanced household dynamics, where women have equal opportunities to engage in economic activities and decision-making processes. Empowering men and boys to become allies in promoting gender equality not only benefits women but

also contributes to the overall well-being and resilience of families and communities.

## SHELTER

1) According to the research findings, the aftermath of the earthquake has resulted in several consequences that expose women and children to protection risks. These include overcrowding, sharing quarters with unfamiliar families, and the lack of lighting in neighbourhoods. In light of these immediate concerns, it is crucial for humanitarian actors to **acknowledge the connection between sub-standard shelter conditions, displacement, and gender-based violence**. It is important that these connections are clearly articulated and integrated into response planning and activities. When addressing the shelter needs of the affected population, humanitarian actors must ensure that these linkages are adequately considered. Efforts to expand access to decent shelters should include measures to mitigate GBV and related acts that are driven by inadequate shelter conditions.

2) In the medium- to long-term, **it is important to address the rehabilitation and reconstruction of new homes and consider property ownership issues**. Failing to address these issues may inadvertently perpetuate harmful social norms that discriminate against women. It is important to **promote joint ownership of properties by engaging in discussions with religious and community leaders and utilizing them as influential channels to advocate for joint ownership practices**. These discussions should also aim to challenge traditional gender norms that restrict women's access to property.

3) Ensure that **disability considerations are mainstreamed in shelter response activities**, whether repairing damaged shelters or providing new ones to those whose shelters have been destroyed. Actors involved in the response should prioritize activities to adapt existing shelter infrastructure to make them accessible for residents with disabilities, particularly in areas such as toilets and wash facilities. Furthermore, it is essential to ensure that shelters provided for the displaced are in communities or areas that are accessible to individuals with disabilities.

## FOOD SECURITY

1) In light of the existing food insecurity and nutritional deficits post-earthquake, it is essential to **adopt an approach that considers the specific needs of anaemic women, pregnant and lactating mothers as well as the elderly**. This approach should encompass nutrition facilities and schedules that accommodate these individuals, while also prioritizing private support to sustain breastfeeding and lactation. Simultaneously, efforts must be made to raise awareness and prioritize the populations most vulnerable to food insecurity, further advancing the response to the nutritional crisis.

2) Develop targeting criteria to **prioritize households facing the most difficulties accessing food, with a focus on female-headed households, households with disabilities and displaced communities**.

## NUTRITION

1) Enhance the **availability and reliability of services offering nutritional supplements for infants, young children and pregnant women**. Research highlights the immediate priority of providing specific food and supplements for these groups. It also emphasizes how women resort to informal, community-based methods to acquire these items. Therefore, it is essential to prioritize the establishment of mechanisms that can improve their access to

high-quality food and nutrition supplements at consistent intervals to address these urgent needs.

2) Establish **culturally appropriate and secure spaces for nutrition and breastfeeding**, respecting privacy and cultural norms. Ensure accessibility in these spaces to messaging on nutrition and food security, recognizing that women, in cases of food insecurity, may prioritize their children's food consumption over their own.

#### **HEALTH (Including sexual and reproductive health)**

1) In the short-term, the response should continue to focus on **ensuring that the affected communities are able to access health-care services following the earthquake**. The loss of income and purchasing power has made it difficult for households to access necessary medical treatments and cover associated costs, like transportation. This includes exploring ways to increase the accessibility and affordability of medicine and health-care services, such as through subsidies or free provisions and mobile clinics, especially for those most vulnerable, including women-headed households. **Special attention should be given to the health needs of women, as they have a higher prevalence of non-communicable diseases and are at a higher risk of iron deficiencies**. By prioritizing free care in the short-term, particularly for women, and meeting the specific health-care requirements for women to ensure their well-being and effective management of NCDs.

2) Given the adverse impact of the earthquake on women's reproductive health needs and the insufficient attention received due to overwhelmed health-care services, urgent measures should be taken to **prioritize comprehensive reproductive health services**. This includes addressing the gaps in available health-care services and ensuring access to **prenatal care, safe delivery services and post-partum support**. Additionally, support should be provided to lactating women, ensuring access to affordable formula and establishing a supportive system to address their specific challenges.

3) Prioritize the **provision of hygiene and dignity kits for impacted communities**, especially for displaced communities, **particularly for pregnant women and girls, and nursing mothers**.

4) In the case of mental health, **immediate measures should be taken to increase the knowledge and access to mental health services, as these services are often unknown to the impacted population**. Simultaneously, efforts should be made to enhance the capacity of mental health providers to meet the expected higher demand from the impacted population, including those who may be seeking these services for the first time. Increasing access to mental health services is crucial for addressing the mental well-being of individuals, particularly women, who may face unique challenges and require specialized support.

#### **WASH**

1) Place a priority on providing **safe, accessible and high-quality WASH facilities, particularly for households relying on collective facilities rather than individual ones**. The absence of adequate sanitation facilities in displaced camps, along with concerns about their safety, disproportionately affects women, who are forced to resort to undignified and unhygienic alternatives. Additionally, the lack of personal care and hygiene products, as highlighted in the research, further exacerbates these challenges. Addressing these circumstances should be a primary focus of the response efforts, emphasizing the urgent

need for improved WASH facilities and **the provision of essential personal care and hygiene products.**

2) **Prioritize high-quality WASH facilities to safeguard groundwater and minimize water-borne disease risks.** Temporary collective facilities increase the likelihood of wastewater contaminating groundwater. Vulnerable groups, including pregnant women and children, face greater risks. Establish proper wastewater systems and disposal in well-designed WASH facilities to mitigate transmission of water-borne diseases.

## EDUCATION

1) Address barriers to enrolment in education by developing programmes that **alleviate the financial burden for households, especially for female-headed ones facing higher costs of school supplies due to limited livelihood opportunities.** Initiatives such as providing school supplies, transportation services, school feeding programmes and supporting remedial classes during summer to compensate for the education gap, as already identified, can contribute to ensuring equitable access to education.

2) **Prioritize the needs of children with disabilities in the process of reopening schools, encompassing the rehabilitation of damaged educational infrastructure or the establishment of temporary facilities.** School infrastructure needs to consider accessibility for disabled children, as well as transportation infrastructure.

3) **Expand access to MHPSS services for students, considering the profound emotional challenges they face in the aftermath of the earthquake.** Children are struggling with intense feelings of loss, insecurity and despair, which can significantly impact their academic performance. The response efforts should prioritize the provision of MHPSS services, taking into account the specific needs of both boys and girls. These services can be offered either on-site within schools or in a conveniently accessible location within the community to support their emotional recovery and support their learning.



# Annexes

## Annex 1: Description of in-depth interviews

#	Category	Sex	Age	Displacement status	Location	Marital status
1	An elderly man who lives alone	Male	67	Internally displaced	Atma	Widow
2	A boy who works to support his family	Male	16	Internally displaced	Atma	Single
3	Man, who lost his livelihood	Male	36	Displaced from areas outside NWS	Atma	Married
4	Palestinian female refugee/multiple displacement	Female	63	Displaced from areas outside NWS	Oma Camp	Married
5	A woman living in a mostly demolished house	Female	50	Displaced from Aleppo due to war	Termanin	Widow
6	Head of household with a disabled child	Female	35	Internally displaced	Ariha	Widow
7	Woman living in extended family caring for elderly or children	Female	71	Internally displaced	Ariha	Single
8	A young man who supports his family and works as a daily labourer	Male	22	Internally displaced	Afrin	Single
9	Widowed woman	Female	49	Displaced from Aleppo due to war	Aqrabat	Widow
10	Young girl	Female	17	Internally displaced	Aqrabat – Marmara camp	Single
11	Female with disabilities	Female	40	Multiple displacements	Maaret Tamsrin	Widow
12	A woman who used to generate an income for the family before the earthquake	Female	53	Displaced	Jandairis	Married
13	A young man who is unemployed	Male	25	Displaced from Homs to Jandairis due to war Internally displaced in Jandairis after the earthquake	Jandairis	Married
14	A young woman who is unemployed	Female	23	Non-IDP	Jandairis	Married
15	Widowed woman with children	Female	24	Displaced	Jandairis	Widow

## Annex 2: List of Kills

#	Name	Organization	Position
1	Dr. Zedoun Al Zoubi	Researcher	Training and Development Consultant
2	Kinda Hourani	Semainternational	Protection Manager
3	Dima Khadra	Hand in Hand	MHPSS & Protection Programme Coordinator
4	Ola Hallak	Mercy without Limits	Partnership Coordinator
5	Dr. Aziz Hallaj	Researcher	Expert
6	Mazen Abed Alrazzaq	Takatof Humanitarian	Protection Officer

## Annex 3: Description of FGDs

#	Target group	Location	Female	Male	Total
1	Victims of GBV– women	Termanin	11	-	11
2	IDPs– women	Atma	8	-	8
3	IDPs– men	Harim	-	10	10
4	Boys and girls (children & adolescents aged 12–15)	Kelly	6	5	11
5	Youth (aged 18–24) – males and females	Ariha	7	4	11
6	People with disabilities – males and females	Idleb	5	4	9
7	Elderly (above 64)	Jandairis	5	4	9
8	Relief organizations, voluntary groups and WROs	Online	5	1	6
	Total		47	28	75

## Annex 4: List of post-earthquake assessments(examples)

### Assessment 1: Earthquake Response Rapid Needs Assessment

Name	Earthquake Response Rapid Needs Assessment (RNA)
Date	Data were collected between 9–11 February 2023
Implemented by	REACH
Methodology	This assessment presents information gathered through a key informant methodology at the community level. The data were collected from 604 key informants and the report presents an overview of the situation in Greater Idlib and Northern Aleppo since the earthquake. The findings are indicative and should not be generalized across the population and the region.
The aim of the assessment	REACH has created a quick needs assessment called RNA to analyse how the earthquakes have impacted the residents and IDPs who recently arrived in various communities in NWS. The RNA is meant to provide information for the early stages of the earthquake response in NWS and assist with initial prioritization and planning.

### Assessment 2: Global Rapid Post-Disaster Damage Estimation (GRADE) Report Mw 7.8 Türkiye-Syria Earthquake – Assessment of the Impact on Syria

Name	Global Rapid Post-Disaster Damage Estimation (GRADE) Report Mw 7.8 Türkiye-Syria Earthquake – Assessment of the Impact on Syria: (Results as of 20 February 2023)
Date	20 February
Implemented by	World Bank
Methodology	The GRADE assessment used remote-based methods to estimate the direct damage caused by the earthquake in Syria. This involved using earthquake damage and secondary hazard modelling to assess the capital stock value of various assets and sectors. The assessment included several tasks to estimate the physical damage caused by the earthquake. To estimate the physical damages caused by the earthquake in Syria, the GRADE assessment team collected and analysed data from various sources, including satellite imagery, government damage assessment reports, newspapers, situation reports from organizations such as ACU, Syrian Ministry of Health, UNOCHA, WHO and local NGOs. The team also recreated earthquake ground motion using hazard modelling and examined strong ground-motion recordings, as well as intensity and damage data across Syria. A full building and infrastructure exposure database was created, and vulnerability and fragility modeling of Syrian building and infrastructure typologies was conducted. Additionally, the team analysed construction costs in Syria and projected them for 2022.

### Assessment3: Rapid Protection Assessment Findings, Syria Earthquake

Name	Rapid Protection Assessment Findings Syria Earthquake
Date	9–15 February 2023
Implemented by	Protection Sector – Syria HCT Coordinated Response (GBV Subsector Syria, Child Protection, and Mine Action Syria Response)
Methodology	<p>They used the Protection Rapid Assessment (PRA) tool to gather community-level information using key informant interviews in the affected governorates (Aleppo, Latakia, Tartous, Hama and Idlib). Using convenience sampling, 100 key informant interviews were conducted from 9–15 February.</p> <p>Organizations conducting KIIs were mainly national non-governmental organizations accounting for almost 59% of the responses, followed by UN agencies at 33%. Responses primarily came from Latakia (45%), Aleppo (27%) and Tartous (20%). The majority of KIIs were male, and those interviewed included humanitarian workers, school principals, imams of mosques, members of youth unions and heads of municipalities between the ages of 22 and 60. About 68% of the respondents worked in urban areas, 19% in informal settlements, and 13% in rural areas.</p> <p>Sample size: 100 KIIs (59% female and 41% Male)</p>
The aim of the Assessment	<ul style="list-style-type: none"> <li>• Highlight key community-level protection concerns to be addressed through programmatic delivery or advocacy.</li> <li>• Inform the initial protection response with a particular focus on persons with specific needs and the most vulnerable, as well as inform priorities for subsequent protection monitoring and technical assessments.</li> <li>• Inform guidance to non-protection humanitarian actors on how to provide assistance in a manner consistent with protection principles.</li> </ul>

### Assessment4: Earthquake in Syria Rapid Assessment Report – Latakia, Aleppo and Homs

Name	Earthquake in Syria Rapid Assessment Report – Latakia, Aleppo and Homs
Date	16 February 2023
Implemented by	UNRWA
Methodology	<p>The rapid assessment team collected information through visits to different locations. Information was collected from the UNRWA teams in Latakia, Aleppo and Hama, who had already gathered information and who were also working with other partners such as Engineering Syndicates of Aleppo and Latakia, meetings with specific groups including women, camp leaderships and meetings with some of the external actors, including the Government and other organizations (Palestine Red Crescent Society, local hospitals, SARC, ICRC, UNFPA, UNHCR/Area</p>

	Humanitarian Coordinator in Aleppo, WHO, etc.) as well as information from other sources, mainly assessments and recommendations from the various clusters were also considered.
The aim of the assessment	The assessment aimed to provide a sense of the immediate aftermath of the massive earthquake that took place in Syria.

**Assessment5: Rapid Gender Analysis Policy Brief: Türkiye & Northwest Syria Earthquake Response**

Name	Rapid Gender Analysis Policy Brief: Türkiye & Northwest Syria Earthquake Response
Date	February 2023
Implemented by	Care International
Methodology	Not available

**Assessment6: Syrian Arab Republic – Post-earthquake rapid needs assessment on agricultural livelihoods and production in the northwest**

Name	Syrian Arab Republic – Post-earthquake rapid needs assessment on agricultural livelihoods and production in the northwest
Date	April 2023
Implemented by	Food and Agriculture Organization (FAO)
Methodology	<p>The methodology of the assessment involved structured key informant interviews conducted at the community level. The assessment focused on the impact of the earthquake on agriculture in the Aleppo and Idlib regions of Syria. The selection of communities for interviews was based on the severity of the earthquake’s impact and the significance of agriculture to those communities.</p> <p>In each community, interviews were conducted with community leaders, such as the mukhtar (elder) or other recognized leaders, as well as other community members involved in crop, livestock, fishery and aquaculture activities. Efforts were made to ensure diverse participation, including women and vulnerable community members. In some cases, interviews were conducted with individuals who were part of the community, such as farmers or agronomists, rather than individuals representing the community.</p>
The aim of the assessment	The assessment serves as an initial overview of the impact of the earthquake on agriculture in the Aleppo and Idlib regions of Syria. It provides a basis for understanding the magnitude of the damages and losses incurred, as well as the immediate needs of the affected communities. The findings will help inform and guide future interventions and assistance efforts aimed at supporting the recovery and resilience of the agricultural sector in the affected areas.

**Assessment 7: Syria Earthquake 2023 – Rapid Damage and Needs Assessment (RDNA)**

Name	Syria Earthquake 2023 – Rapid Damage and Needs Assessment (RDNA)
Date	March 2023
Implemented by	World Bank
Methodology	The Syria RDNA focuses on analysing the impact of the earthquake and identifying the recovery and reconstruction needs. It assesses damages, losses, and needs based on the pre-earthquake condition of physical assets. The RDNA utilizes remote data sources such as satellite imagery, media analytics, cellphone data, night lights data, and publicly available information to gather data from inaccessible areas and enhance data accuracy. However, there are limitations to the data, and despite efforts to improve accuracy, the remote assessment provides a general overview and may not capture all details.
The aim of the Assessment	Overall, the RDNA provides a comprehensive analysis of the earthquake's impact on various sectors in Syria, estimating the damages, economic losses and recovery and reconstruction needs. The findings and recommendations from the study aim to guide stakeholders in implementing effective and targeted interventions for the post-earthquake recovery process.

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