Formative Research for Violence Against Women and Girls (VAWG) Project

Building Local Resilience in Syria

Foreign, Commonwealth & Development Office

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MERCY CORPS

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List of Acronyms

AoR	Area of Responsibility
CARE	Cooperative for Assistance and Relief Everywhere
CEDAW	Convention on the Elimination of Discrimination against Women
CEFM	Child, Early and Force Marriage
DFID	Department for International Development
FCDO	Foreign, Commonwealth and Development Office
FGD	Focus Group Discussion
GBV	Gender-Based Violence
HPC GBV	Humanitarian Programme Cycle
IGA	Income Generating Activity
IPV	Intimate partner violence
KII	Key Informative Interview
MSNA	Multi-Sector Needs Assessment
NES	North-east Syria
SNAP	Social Norms Analysis Plot
UPR	Universal Periodic Review
VAWG	Violence against women and girls
ToC	Theory of Change

Executive Summary

Introduction

Northeast Syria (NES) is known as the bread basket of the Syrian Arab Republic; particularly Al-Hassakeh governorate. Apart from this key value chain, women in Al-Hassakeh are involved in other agricultural sectors: livestock and poultry keeping, sewing, and daily wage employment for their livelihood. Although women are involved in various economic activities, women are also subjected to various forms of violence including economic and physical violence by their intimate partners. To ensure their safe and sustainable access to income generation, women as well as other community members require greater support for gender equity and equality and social cohesion in the family, community, and society. **The prevalence of violence against women and girls (VAWG) is driven by harmful patriarchal norms, and unequal power relations between women and men, and is being further exacerbated by the deteriorating economic conditions and instability.**

"The Indashyikirwa couple's curriculum has proved effective for preventing and reducing violence in the home among couples and their children."

Therefore, CARE and Mercy Corps aim to design a project which combines economic empowerment and **Indashyikirwa couple's curriculum** as a gender-transformative approach to address and leverage social norms through behavior change interventions and stakeholders' engagement. **This formative research was designed to deepen understanding of the contextual factors, the root causes, and the prevalence of physical and economic violence against women in selected communities of Al-Hassakeh governorate in order to design an appropriate intervention.**

Methods

The formative research used a **qualitative research design**. Both primary and secondary data was collected to gain an understanding of the contributing factors to VAWG in the context of Northeast Syria. Primary data was collected through qualitative, participatory data collection approaches by using **Focus Group Discussions and Key Informant Interviews**. A total of 11 FGDs using Vignettes, 11 KIIs, four FGDs using Participatory Stakeholder Mapping and one FGD using Problem and Solution Tree exercise were conducted. The research was conducted in three sub-districts under Al-Hassakeh governorate, where agriculture livelihood interventions are ongoing, as funded by FCDO. A total of **191 participants including 129 females and 64 males** participated in this study from the selected nine villages and two communities. The targeted respondent groups included married and unmarried females and males, GBV service providers, community leaders, religious leaders, and humanitarian practitioners. The field data was transcribed, translated, and compiled in an Excel spreadsheet for analysis. Major and emerging themes were identified through analyzing the data and a list of themes and an outline of the report was prepared based on the research objectives. **CARE's Social Norms Analysis Plot (SNAP) framework** was used to analyze and align the responses with key components of social norms.

Research Design:
- Qualitative (16 FGDs and 11 KIIs)
- Utilized CARE's SNAP framework.
- Employed participatory stakeholder mapping and problem & solution tree exercises.

Research Location: Al-Hassakeh governorate.

Research Participants: 191 (129 females & 64 males).

Results

Agriculture and daily wages are the most common occupations in the area of study. Female-headed households represented 12.9% of the total respondents' households, and the majority of women respondents (86 out of 116) were not involved in income-generating activities at the time of the study.

None of the divorced, widowed women, or unmarried female respondents were involved in any economic activity. The women who were involved in income-generating activities were married. All the respondents identified as Muslim. The mean age of married female respondents (35) was lower than married male respondents (40).

Key findings:

- 74% of women respondents were not involved in IGAs.
- Lack of access to education, traditional gender roles, and social expectations limit women's opportunities to income.

- Husbands and other male family members usually decide whether women should or should not engage in income-generating activities and how their income is spent.

- Women and girls are subjected to various forms of violence including physical, psychological, economic, and sexual violence.

Women in the selected areas of study engage in a variety of economic activities, including agriculture, animal husbandry, handicrafts, and food production. However, the lack of suitable job opportunities and supportive environments limit women's participation in economic activities. Lack of access to education, traditional gender roles, and social expectations also limit women's opportunities to income. Poverty and drought in the area have decreased job opportunities for both men and women in the last few years. Women are lacking required resources and equipment like sewing machines, electricity, and transportation to and from their workplaces.

Women are expected to fulfill certain roles and responsibilities that are considered traditional and appropriate for their gender, including childbearing, taking care of children and elders, and being responsible for household duties (cooking, cleaning, etc.). These social beliefs often limit women's opportunities to work outside the home or pursue careers in certain fields. Women are often viewed as weak and unable to handle the demands of work outside the home, and their work is often devalued or considered shameful. This has resulted in limited opportunities for women, with their work being restricted to agricultural labor. Moreover, work outside the home sometimes leads women to be accused of sexual behavior not considered acceptable. However, while the post-crisis period has led to an increasing acceptance of women's work, largely born out of the necessity for women to contribute financially to the household, social norms and traditional beliefs have not transformed at the same pace. Women respondents expressed a desire for decent job opportunities outside their homes to support their families and improve their financial situations. Husbands and other male family members usually decide whether women should or should not engage in income-generating activities and how their income is spent. Perspectives regarding gender differences in livelihoods varied among respondents. While some respondents believed military service, blacksmithing, and handicrafts professions are only for men, others argued that there are no significant biological differences between women and men.

The women and girls in selected areas are subjected to various forms of violence including physical, psychological, economic, and sexual violence. The common forms of **physical violence** that were mentioned by respondents include hitting, beating, slapping, pushing, burning with a cigarette, pulling hair, kicking, and suffocating. The prevalent forms of **psychological violence** are screaming, abandonment, threatening to marry additional wives, insulting the wife and her family, breaking her belongings or phone, neglecting, underestimating the wife, and limiting her freedom of movement. **Economic violence** that women and girls experienced involves deprivation of inheritance, work, education, expenses and economic decisions, unequal employment opportunities, and child labor. Common forms of **sexual violence** were marital rape, assault, harassment, and sexual exploitation to obtain work, and Child, Early and Forced marriage (CEFM). It was observed that community and religious leaders in KIIs mentioned sexual violence as another form of violence that women experience, but women and men from the same community did not mention sexual violence as a form of violence that women experience, in their FGDs Poverty, gendered social norms, masculinity and CEFM were identified by respondents as root causes of VAWG. In addition, lack of education and work opportunities, traditional gender roles, and patriarchal attitudes were identified as significant

contributing factors. Husbands who are afraid of losing control over their wives, and who want to marry a second time are more likely to use violence against their wives.

The study used a vignette in FGD to examine social norms and identify core components; the empirical and normative expectations, exceptions, sanctions and sensitivity to sanctions associated with economic intimate partner violence (IPV) against women. The findings indicated that the majority of respondents (n=41) believed women should remain silent in IPV situations and prioritize their marriage and children over their own wellbeing. The normative expectations suggested that women are expected to tolerate IPV to maintain family stability, which leads to the normalization and acceptance of IPV. The study uncovered that women who don't conform to social expectations faced negative sanctions, such as verbal criticism, but positive sanctions are also noted, where women are encouraged to justify and defend themselves. The findings suggest the need for cultural change and education to challenge gender norms and reduce IPV against women.

The respondents' opinions differed on whether the crisis has impacted the situation in a positive or negative way. Some respondents (n=37) believed that men's attitudes towards women participating in income-generating activities have changed during the crisis and women's participation in economic activities has increased. On the other hand, some respondents (n=9) considered that the society has become more accepting of women working outside the home and some of them (n=4) opposed that the crisis has decreased job opportunities and women are no longer allowed to work. The respondents added that society and men have become more accepting of women working due to difficult economic conditions that have forced men to accept and encourage women to work. Fear for the safety and exploitation of women in the workplace was a concerning issue in this after crisis period. However, there were no support centers for women before the crisis, and the crisis has made it more difficult to seek support from anyone outside of their immediate family.

Key findings:

- Majority of respondents believed women should remain silent in IPV situations.

- There were no support centers for women before the crisis, and the crisis has made it more difficult to seek support from anyone outside of their immediate family.

- Women with disabilities, as well as divorced and widowed women face additional challenges, including harassments, exploitation, and restrictions on their mobility due to social stigma.
- There were limited GBV services available in the communities, and there was a lack of information dissemination about available support services, making it challenging for GBV survivors to access them.

Respondents observed that women with disabilities face additional challenges, including a weaker position in decision making within family, decreased respect from their husbands, and potential psychological harm. They are discouraged from working and face physical barriers in the workplace. In addition, divorced and widowed women, including women with disabilities, face social stigma and exploitation, especially if they have children and need to work. Community and religious leaders believed that divorced women are exposed to harassment and exploitation and widows and divorced women face restrictions on their mobility due to social and religious norms.

Syria's legal framework does not adequately address violence against women, which leads to underreporting of incidents. Women in Syria have equal rights to men over collateral land and non-land assets, but in practice, they are pressured to cede their inheritance to male family members. The Labor Law mandates equal remuneration for men and women, but married women need their husband's permission to work outside the home. The study also found that limited comprehensive GBV services were available in these communities, and there was a lack of information dissemination about available support services, making it challenging for GBV survivors to access them. The GBV service provider respondents noted that survivors require psychosocial and safety/security services as well as legal/justice services to recover from the trauma of violence although social norms were

another significant barrier that discourages women and girls from reporting cases of violence, outside of family and friends. IPV is seen as a private matter in these communities and seeking support or filing a complaint leads to social stigma, isolation, and shame. Women who report violence were often labeled as disobedient to their husbands and faced negative consequences, including divorce. GBV service providers in the community also faced challenges in managing GBV cases and received personal threats.

The study suggested key stakeholders for the intervention in preventing gender-based violence (GBV) should include close family members and friends of women, community and religious leaders, and formal and informal service providers. According to the respondents, the role of these stakeholders varies depending on the relationship with the woman who has experienced violence and the situation that resulted in violence. Community and religious leaders can support survivors by resolving disputes among couples, providing advice, material assistance, and promoting healthy relationships. Formal GBV service providers such as healthcare professionals, counselors, and social workers have direct contact with survivors and can be vital stakeholders in addressing violence against women. The project interventions should work to strengthen informal settings within the community where IPV survivors can seek help. In addition, the employers or management authorities of the workplaces of women and girls should be included to sensitize them on how to prevent GBV and provide a violence-free workplace. Respondents suggested that it could be beneficial for couples to join interventions to discuss and learn skills for building healthy and nonviolent relationships. However, the barriers to women's participation in awareness-raising projects are shaped by social and gender norms. These barriers include gendered social norms, negative discourses, and restrictions on women's mobility.

Conclusions

- Since the project aims to reduce the prevalence of economic violence and IPV through strengthened household livelihoods and transformed gender relationships, it is recommended to create a comprehensive intervention that engages both women and men in building skills to create healthy and non-violent relationships. This intervention should focus on joint financial planning, dispute resolution, and equitable decision-making within households in order to reduce the risk of intimate partner violence.
- It is also important to involve men in critical reflection on power dynamics and to promote positive masculinity to shift gender norms that trigger IPV.
- Identifying and engaging early adopters within the community who practice positive social norms can be helpful in promoting gender equitable relations.
- Involving community and religious leaders can create an enabling environment for women's economic participation and ensure meaningful actions for VAWG prevention and response.
- Promoting women's economic empowerment through training, access to credit and markets, and supporting income-generating activities should be integrated with gender transformative programs.
- Moreover, promoting social support to address social norms and perceptions of IPV as a private matter can build the agency of women and girls to seek support from formal and informal structures. Special attention should be given to women from marginalized groups to engage them in project interventions and build a supportive environment for them.
- Finally, monitoring and accountability systems should gather Sex, Age, and Disability Disaggregated Data (SADDD) to ensure that people with specific needs are identified and supported by specific gender transformative activities.

CHAPTER 1:
INTRODUCTION

CHAPTER 1

1.1 Introduction

Violence against women and girls (VAWG) is a human rights violation, which is deeply rooted in negative gendered social norms as well as unequal power relation between women and men.[1] Recently the World Bank declared VAWG as a global pandemic because it affects 1 in 3 women in their lifetime.[2] Globally, an estimated 736 million women have been subjected to physical and/or sexual intimate partner violence, or non-partner sexual violence.[3]

VAWG is a weapon of war or crisis, often used as a means to control and intimidate a population, and it has devastating consequences on the lives of crisis-affected persons specially on women and girls. The crisis in Syria triggered the largest humanitarian crisis of the time. As a consequence of the decade-long crisis, over half of the Syrian population have sought refuge outside the country or become internally displaced. Women and girls have faced increasing risks of GBV and have experienced different forms of violence that have disproportionately affected them. According to Voices for Syria 2022 report, in 2021 Syrian women and girls were subjected to various forms of violence such physical violence, psychological and emotional violence, sexual violence, and social violence (e.g. social stigma, public shaming, and harassment). Forced and early marriage, systemic denial of economic resources and education, movement restrictions, and exploitation at work were common forms of VAWG that they experienced. Nevertheless, threats of kidnapping, arrest, and detention were less frequently mentioned violence that women and girls also continued to face.

The prolonged humanitarian crisis, swift deterioration of the Syrian economy, and the effects of the COVID-19 pandemic have created a triangle of conditions that have increased the risks of gender-based violence (GBV) against women and girls. Their intimate partners, brothers, fathers, brothers-in-law and other male members of their extended families are the most common perpetrators of VAWG, often as a way of reinforcing norms of dominant masculinity. Women and girls in deteriorating economic situations face various forms of economic violence from their families, including control over their income and forced labor. Women who wish to work outside the home are often prevented from doing so due to traditional customs. Marginalized groups of women faced compounded forms of violence, for example divorced and widowed women, who are systematically deprived of inheritance and resource ownership. Furthermore, women and girls with disabilities consistently faced denial of rights and barriers in accessing services and distributions. [4]

Violence has long-lasting impacts not only on women's and girls' mental and physical health but also on gender roles and norms. The social and material demands of crisis have deep impacts on masculine and feminine identities and gender roles and norms, but these will not necessarily be permanent or gender transformative. Women's gains will not necessarily continue if women return to Syria or their original communities' post-crisis. Some backlash may also happen due to the rapid nature of gender role change. Prior to 2011, although there was a rhetoric of women being empowered, in part due to near universal access to education, Syria was dominated by men, with women lacking equal rights to marriage, divorce, inheritance, and being vulnerable to discrimination and domestic violence. Women's roles were primarily as housewives, with less than 20% of the workforce being comprised of women in 2010.[5]

[1] Shifting social norms to tackle violence against women and girls (VAWG) 2016, VAWG helpdesk DFID.
[2] Gender-Based Violence (Violence Against Women and Girls) brief 2019, World Bank.
[3] Devastatingly pervasive: 1 in 3 women globally experience violence 2021, WHO.
[4] Voices for Syria 2022, GBV AOR.
[5] Syrian Refugee Women's Roles 2020, CARE.

The COVID-19 pandemic and its related movement restrictions and reduction in access to services exacerbated drivers of VAWG. For Syrian women and girls, violence by intimate partners and family increased due to lockdown measures and lack of employment opportunities. The COVID-19 pandemic caused greater risks of gender-based violence (especially in the home) and negative coping mechanisms such as sexual exploitation and child marriage.[6] It also exacerbated other health hazards specific to women and girls, such as inadequate sexual and reproductive healthcare; strained mental health; and increased gender-based violence.[7]

Syrian women, both in Syria and neighboring countries, are participating much more in the workforce, including in jobs that used to be done mainly by men. However, due to safety concerns, some women continue to have limited mobility outside their homes, resulting in a loss of livelihood opportunities. 31% of Syrian women have taken on new roles and responsibilities with some degree of autonomy since the start of the crisis. Women who contribute to the family's income are more likely to be involved in family decision-making processes. For many women, shift in roles brings new independence, increased participation in family decision making, and shifting views on marriage and economic dependence on men, but it also brings stress as women are still fulfilling the roles of caregiver and homemaker, in addition to new roles as breadwinners. Women are also facing strong pressures from families and communities to return to traditional roles.[8]

"A Qualitative Study on War, Masculinities, and Gender Relations with Lebanese and Syrian Refugee Men and Women" stated that despite persisting traditional gender roles, many respondents believed in more progressive ideas about women working and men doing equal share of child rearing and household labor. Many respondents of that study also believed that men should not be violent and that their identities lie in the ability to foster peace, although these beliefs are likely contextualized, given that many of these same respondents support men's roles as combatants in time of crisis. Overall, manhood for Syrian men is defined by their role as provider and there are extreme effects on men when they lose this identity in times of crisis and displacement. Women taking on different roles as providers and breadwinners is an opportunity to shift these ideas about masculinity - for some women, it can lead to more gender equal relationships while for others, it alters men's identities in a negative way with negative repercussions such as increase in domestic violence.[9]

A study was conducted by CARE among Syrian Refugee Women in Southeastern Turkey, which shows most Syrian women (83% of the respondents) in Turkey are not actively seeking employment due to childcare responsibilities, not getting permission to work, assuming a caregiver role for the disabled and elderly in the household, and household chores. Existing gender norms create an environment where women are expected to prefer traditionally female jobs, and women are born into a society surrounded by gender norms that prevent them from choosing their work freely. The study explains that because of negative social barriers they face in their employability, women do not have the same access to regular livelihoods projects, which affects them disproportionately compared to men.

As men are the most reachable and employable, most of the livelihood projects select men as beneficiaries. The study highlights the need to respect women's choices, while creating an environment where all options are available to men, women, and individuals equally. The study also emphasizes supportive positive gender norms to ensure women's access to livelihood resources and support, while challenging and transforming negative norms that restrict women's access. The study

[6] Overview of gender-based violence in Syria 2021, UNFPA.
[7] COVID 19 and women in Syria 2020, Friedrich-Ebert-Stiftung.
[8] Supporting resilience in Syria - Women's experience of the conflict and the 'New Normal' 2020, CARE.
[9] IMAGES MENA: The International Men and Gender Equality Survey. A Qualitative study on war, masculinities and gender relations with Lebanese and Syrian refugee men and women. ABAAD, Promundo and USIP. 2017.

recommends more economic strengthening projects focusing on women that include women in every phase of the project, from planning to evaluation.[10]

The HPC GBV Analysis 2023 report provides data on the relationship between child marriage and children leaving the household. The report states that 74.2% of the households mentioned child marriage as the reason for children leaving the household (GBV AoR, Whole of Syria, 2023).[11] Meanwhile, the MSNA 2021 Key Informant Survey Analysis provides data on the prevalence of child marriage in Al-Hassakeh district. The report states that the majority of the respondents (63%) said that child marriage occurred in their community in 2020, but it is not very common. Another group of respondents (22%) said that child marriage is very common. The report identified that child marriage is increasing because of financial crisis, its acceptance as social/cultural practices, and as a mechanism to protect girls from external sources of violence including harassment (MSNA, 2021).[12] This suggests that families see child marriage as a way to alleviate economic difficulties and to protect their daughters from violence.

Gender-based violence is a prevalent issue in Syria. Official national statistics on the different forms of violence against women are not available. The Committee on the Elimination of Discrimination against Women (CEDAW) has raised concerns over the impact of the crisis on women's rights and the increase in sexual and gender-based violence, including rape, in Syria. The Universal Periodic Review (UPR) has also highlighted the need to protect women and girls from all forms of violence and to ensure their access to justice.

According to the UNDP Human Development report 2020, Syria ranks 122 out of 189 countries on the Gender Inequality Index, and 152 out of 153 countries on the Global Gender Gap Index in 2021 according to World Economic Forum.[13] This indicates that there is a significant gap between men and women in terms of access to education, health, and political participation. The unavailability of information on GBV in Syria is concerning, especially in the context of the ongoing crisis that has caused immense suffering and displacement, therefore reports from UN Human Rights Bodies and gender equality indexes paint a troubling picture of the situation. The ongoing crisis in the country has only exacerbated the challenges faced by women and girls, making it imperative to prioritize their protection and empowerment.

“Formative research looks at the community in which an organization is implementing or plans to implement program activities, and helps the organization to understand the interests, characteristics, and needs of different populations and groups in their community. Formative research is research that occurs before a program is designed and implemented, or while a program is being implemented to help “form” or modify a program.”[14] In a crisis context, VAWG is a complex and multifaceted issue that affects women and girls differently based on their social, cultural, and economic contexts.

The formative research will therefore support the project to gain a deep understanding of the root cause, and contributing factors to VAWG and develop tailored interventions that are appropriate and effective for the target population. Findings from the formative research will also help the project to design interventions that are culturally relevant and responsive to the specific needs, priorities and experiences of the target population. Furthermore, formative research involves community people in the intervention development process.

[10] Women’s Economic Empowerment in Protracted Crisis, CARE.
[11] HPC GBV analysis report, Whole of Syria, 2023.
[12] Syria Multi-Sector Needs Assessment, Whole of Syria Protection Sector, 2021.
[13] Global Database on Violence against Women, UN Women.
[14] Formative Research: Skills and Practice for Infant and Young Child Feeding in Maternal Nutrition, USAID.

This formative research sought to understand the current situation of violence against women and girls in selected communities of Northeast Syria and its contributing factors. In the context of Al-Hassakeh governorate, where violence against women and girls is commonly perpetrated by male family members and supported by patriarchal norms and customs, the VAWG prevention project aims to reduce the prevalence of economic violence and intimate partner violence by addressing the root causes of GBV and to strengthen the delivery of survivor-centered services to GBV survivors. The research also examined how men can meaningfully engage in project interventions to reduce the prevalence of economic violence and intimate partner violence through strengthened household livelihoods and transformed gender relationships between women and men.

1.2 Objectives of the Study

The overall goal of the formative research was to deepen understanding of the contextual factors, the root causes, and the prevalence of physical and economic violence against women in selected communities of Northeast Syria in order to design an appropriate intervention.

Specific objectives were as follow:

- To understand the specific drivers of economic IPV, particularly gendered social norms that underpin and enable barriers to promote gender equity and equality and social cohesion in the family, community and society.
- To support the selection of context-specific implementation modalities informing the design of the activities, developing the tools and curriculum to be used during project implementation.
- To identify the target groups including key project stakeholders and explore effective strategies for mobilizing them to ensure support for women to safely and sustainably access income generation through this VAWG pilot.
- To provide clarity on feasible outcomes and measures for the project, to use the findings to revise the Theory of Change (ToC) and to guide focused and regular monitoring and evaluation (M&E) exercises during the Project life cycle.

CHAPTER 2:
Research Methodology

CHAPTER 2

2.1 Methodology

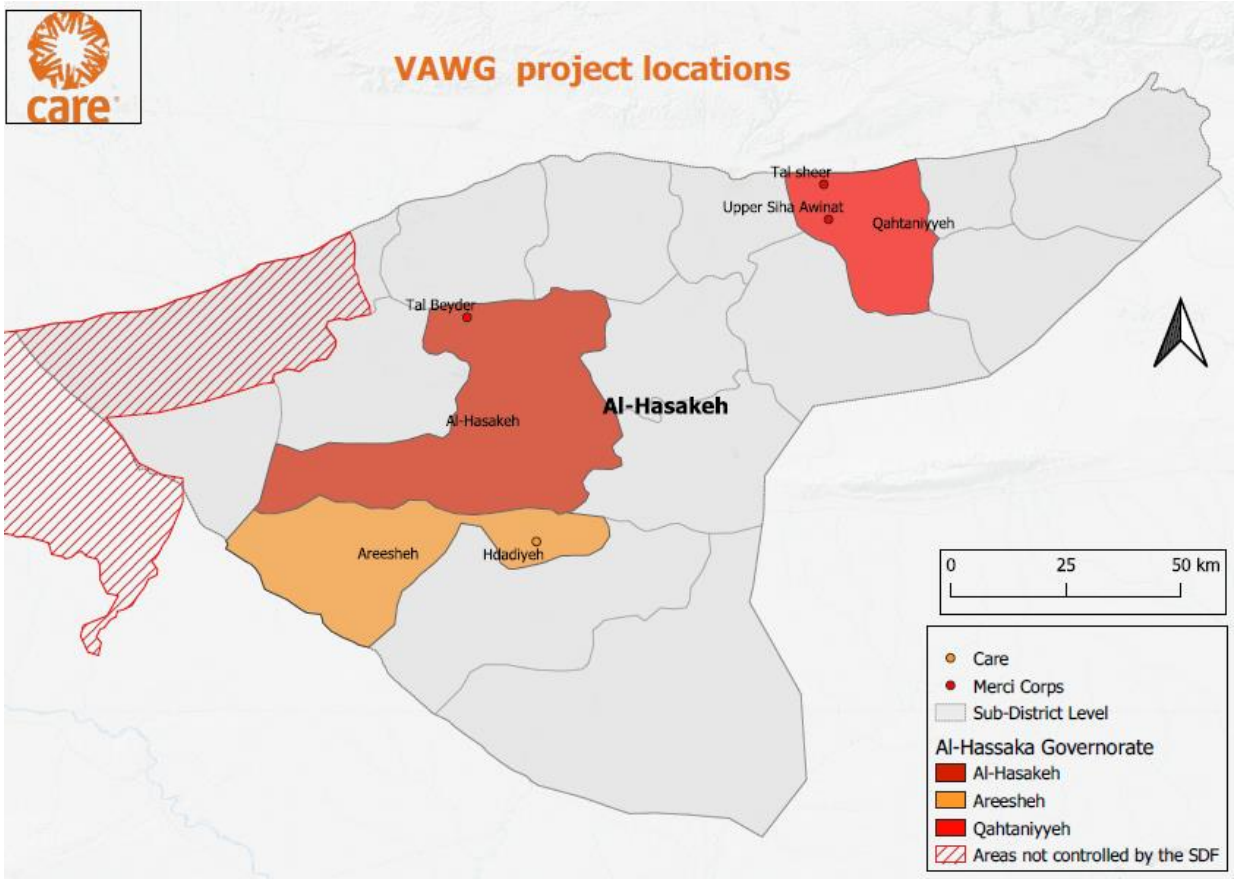
The formative research was undertaken using qualitative methods of data collection. Both secondary and primary data was collected and analyzed. Secondary data was collected through a review of literature particularly on intersections of GBV, livelihoods, and Syrian crisis context. For primary data, the research took qualitative, participatory data collection approaches, in order to gather in-depth, meaningful and explanatory data, which includes the voices and perspectives of community members. Data collection methods included key informant interviews with key stakeholders, including religious leaders, community leaders, GBV service providers, and focus group discussions with male and female community members as well as humanitarian practitioners.

Through several participatory tools, this study included community women, men, and relevant stakeholders to ensure their voices and ideas were captured to inform further design of the project, with interventions which are appropriate and effective for the target population.

2.2 Study Areas

The research was conducted in the three districts under Al-Hassakeh governorate. The three districts were selected purposively because both CARE and Mercy Corps have ongoing agriculture/ livelihood interventions funded by FCDO. The data collected from these communities will be used to determine the pathways of change and the final selection of the implementation modalities of the project.

Map 1: Map of the Study Areas.



2.3 Data collection period

A nine-day long training for data enumerators was conducted from February 12th to 21st 2023 to build their knowledge and skills on how to use the data collection tools. This training covered the purpose of the study, understanding of gender and GBV, the importance of confidentiality and ethical considerations, the data collection tools, and how to administer the tools. The training also involved a field pre-test of all the research tools before the actual data collection commenced in March 2023. During the pre-testing, the research team evaluated the tools, including interview and focus group discussion guides, and made necessary revisions to ensure they were effective and suitable for the local context. The pre-testing of interviews and FGD tools was also conducted to identify any potential challenges that could arise from using the tools during data collection and to make the necessary adjustments to the tools accordingly.

Upon the finalization of the research tools, the data collection team commenced the data collection process from the different selected communities and respondents.

2.4 Data collection tools, targeted respondent groups and sample size

Several data collection tools and participatory exercises with different respondent groups in each community were used to collect data.

Table 2: Data collect tools, targeted respondent groups and sample size.

Data collection tools	Targeted respondent groups	Sample size
Vignettes[15] Respondents worked in groups to unpack social norms around different forms of GBV. Sex disaggregated and disaggregated by other characteristics (e.g age, marital status) respondents were selected to understand perspectives of different groups. This qualitative tool was used with the Social Norms Analysis Plot (SNAP) framework.	• Married female group • Married male group • Unmarried female group • Unmarried male group	11 FGD 127 respondents
Key informant interviews KIIs with GBV service provider (including NGO, government office), community leaders, religious leaders were conducted to understand the experiences of key stakeholders. Individual interviews were conducted with a semi-structured interview protocol.	• GBV service provider, • community leaders, • Religious leaders;	11 KIIs 11 respondents
Participatory stakeholder mapping This was group discussion to map key stakeholders of the communities to address VAWG. The map was used to identify key persons (family members, friends, community leaders, or other important sources of influence) who woman would go to for advice, support, or help and their roles.	• Married female group	4 FGD 44 respondents

[15] Vignettes tell short stories about imaginary characters in specific contexts, with guiding questions that invite people to respond to the story in a structured way.

Problem and solution tree This tool was used to explore problems, causes and effects of VAWG and solutions. In a group discussion, experienced humanitarian practitioners assessed the underlying social and cultural factors that lead negative outcomes on women and girls and recommended some actions to address VAWG.	• Humanitarian practitioners	1 FGD 9 respondents

2.5 Demographic characteristics of respondents for all tools

In each community, study ensured that, where possible/relevant, representation of disaggregated by different characteristics e.g., age, sex, marital status across different groups in relation to:

- Geographic location.
- Economic status.
- Employment status.
- Education.
- Disability.

2.6 Process of Analysis

Throughout the data collection process, the research team used notetaking and recording devices with the consent of the respondents. FGDs and KIIs were conducted in Arabic languages. After the data collection was completed, the data were transcribed and translated into English for analysis.

An Excel spreadsheet was used to compile and store data. The notes and records were later analyzed to identify the major themes that emerged from the discussions and interviews as well as any new themes that were discovered. Emerging themes and sub-themes were analyzed, and a list of themes and an outline of the report was prepared based on the research objectives after a thorough reading of the transcripts.

The data collected from interviews and FGDs was compared to determine how the same issue was discussed by different groups of respondents. The data was compared between and within different types of respondents. This helped in strengthening the research findings and provided a more comprehensive understanding of the issues that emerged from the research. Additionally, it helped the research team to identify any discrepancies and differences in the perspectives of the respondents.

CARE's SNAP framework was used to analyze data collected through vignettes. The responses from vignettes were assessed to ascertain their alignment to the key components of a gender norm – a) what I think others do, b) what I think others expect me to do, c) negative social sanctions, d) sensitivity to sanctions and e) exceptional circumstances where one can break a norm.

Some verbatim quotations have been inserted directly into the report to deepen understanding and enhance the voices of respondents.

2.7 Ethical considerations during data collection, analysis, and use

To ensure ethical, safe, and quality data and data collection process, the research team observed a set of ethical principles. The following ethical principles were adhered to throughout the formative research process including data collection, analysis, and use.

- The safety and security of research subjects/respondents and the research team was considered the number one priority that guided all research decisions throughout the research process, including data collection and analysis. The safety and security of the team included both their physical and psychosocial safety and wellbeing.
- To avoid doing harm to the respondents, the research team ensured that potential benefits to the respondents and/or target communities were greater than the risks involved. The principle of Do No Harm was adhered to during the data collection and analysis process, and the research team was constantly reminded of the same. The data collection process was done in a manner that presented the least risk to respondents, was methodologically sound, and built on evidence-based experiences and good practice.
- Before conducting the research, the local availability of care and support services for GBV survivors was ascertained, and the referral directory was developed and/or updated as appropriate. Additionally, all data enumerators had copies of the referral lists that could be used to offer information and referral services to survivors of violence in case GBV disclosures came up during the data collection process.
- The confidentiality and privacy of individuals and the information they revealed were protected at all times. To protect respondents' confidentiality, computer-based files were encrypted, and documents (i.e., signed consent forms, etc.) were stored in a locked file cabinet. Personal identifiers were removed from study documents as soon as possible. Similarly, collected data that must be shared were shared in a confidential manner while observing the Do No Harm principle.
- Informed consent was crucial in the research, and all respondents were required to give informed consent before the interviews were conducted with them. Informed consent was sought after explaining to the respondent what their participation entailed, how the data would be used, and the fact that they could withdraw their consent and participation at any stage of the interview process.
- Non-discrimination was ensured, and all individuals involved in the formative research received equal and fair treatment regardless of their age, disability, gender identity, religion, nationality, ethnicity, sexual orientation, political beliefs, or any other characteristic that may perpetrate gender discrimination. All of these were taken into consideration when identifying respondents.
- Respect for persons was adhered to by respecting their privacy and keeping their information confidential, respecting their right to change their mind to whether or not to participate in the research, to decide that the research does not match their interests, and to withdraw from the research process without a penalty.
- All members of the data collection team were carefully selected and trained on the research process and data collection tools in advance of the research. Similarly, data collectors received ongoing support throughout the research process through daily debriefs with data collection supervisors and responsible staff at the end of each data collection day. The female field enumerators conducted FGDs and KIIs with female respondents likewise male field enumerators with male respondents, except FGD with humanitarian practitioners where respondents were mixed gender.
- Though, children (under 18) including adolescents are at risk of GBV, specially child marriage rate is very prevalent. But due to ethical considerations it was decided not to include them as respondents in this study.

2.8 Limitations and Challenges

The findings of this study are valid for the particular region in NES in which it took place, and do not refer to Syria as a whole. This study sought not to explore personal experiences of violence, particularly IPV, since revealing violence can have considerable implications for women's safety. In some cases, the word 'violence' was not directly used in the data collection tools. Since, all selected respondents in a given community were Muslims, the data could not be disaggregated by religion, but diversity of opinion/perspectives was ensured. The nature of this study is qualitative research, so the quantitative analysis (mathematical and statistical measures) is limited in some cases.

A last point on limitations relates to the translation of data from Arabic to English. As is typically the case, translation introduces a small margin of error, though the research team got to address through cross-checking the original transcript and recording.

2.9 Socio-demographic information of study respondents

The research team conducted discussions and interviews, and gathered information from a diverse group of respondents, including married women and men, divorced women and widowed, unmarried women and men from community, religious and community leaders, GBV service providers, and humanitarian practitioners.

The majority of female respondents (n=76) had completed primary education, few (n=13) had passed secondary level and one quarter of them (n=27) were unable to read or write. A majority (86) were not involved in any income-generating activities, although 30 were involved in some income generating activities. The common occupations they were involved in were sewing, selling vegetables, farming, making pickles, daily work, hairdressing, making and selling pastries and sweets. None of the divorced (n=3), widowed women (n=8) or unmarried female (n=11) respondents were involved in any economic activity.

Twelve female respondents reported having a disability, but none of them were engaged in any income-generating activities. The common disabilities they reported were difficulty in seeing, hearing, speaking, walking, remembering, and self-caring. They were aged between 31 and 65 years. Seven of them were married, one was unmarried, and four were widows.

The married men (n=32) all identified as Muslim, with all having completed primary and secondary education. All of them were involved in income-generating activities, except one who was 60 years old and retired. All unmarried male respondents (n=23) were involved in income-generating activities as well. The common occupations of men respondents mentioned were farmerng, daily worker, agriculture labor, employee in local authority, barber, sheep breeder, driver, carpenter. Five married male respondents reported having disability, while none of the unmarried males reported having a disability.

Based on the given data, it appears that the mean age of married female respondents is lower than that of married male respondents, apart from widows, who have a mean age of 38. The mean age of married female respondents is 35, meanwhile, unmarried female respondents have a slightly higher mean age of 37 because there was an extreme value in data. One female respondent, 60 years old reported never being married. Divorced female respondents also have a mean age of 38. In contrast, among male respondents, the mean age of those who are married is 40, and the unmarried male group have a significantly lower mean age of 23. Furthermore, married females have the lower mean age of 35, indicated that women tend to get married at a younger age than men. The mean age of divorced female respondents is the same as that of widows, which indicated that women who have gone through divorce or widowhood tend to have a similar average age.

All religious leaders identified as Muslim, and one of four reported having a disability. All four community leaders were female. None of them reported any disabilities. GBV service providers (n=3) had varying levels of working experience, with one having less than one year, one having three to four years, and one having more than five years of experience. None of them reported having a disability. Lastly, among humanitarian practitioners (n=9), four reported working on gender and VAWG issues, while five were not. None of them reported having a disability.

The following table shows the overall socio-demographic data of the study respondents.

Table 3: Basic socio-demographic characteristics of study respondents.

Participant type	Marital status	Mean age	Education level	% by religion	Involvement in IGA	Disability status
Female (n=116)	Married (n=94) Unmarried (n=11) Divorced (n=3) Widow (n=8)	Married = 35 Unmarried =37 Divorced =38 Widow =38	Unable to read/write (n=27) Primary (n=76) Secondary =13)	Muslim 100%	Do not involved in any IGA (n=86) Involved in IGA (n=30)	Yes (n=12) No (n=104
Male (n=55)	Married (n=32) Unmarried (n=23)	Married = 40 Unmarried =23	Primary (n=49) Secondary (n=6)	Muslim 100%	Do not involved in any IGA (n=1) Involved in IGA (n=54)	Yes (n=5) No (n=50)
Religious leaders (n=4)	Male (n=4)	Mean age =37		Muslim 100%		Yes (n=1) No (n=3)
Community leaders (n=4)	Female (n=3)	Mean age = 32				Yes (n=0) No (n=4)
GBV service providers (n=3)	Female (n=2) Male (n=1)	Mean age = 31		Experience Les than one year (n=1) Three to four years (n=1) More than 5 years (n=1)		Yes (n=0) No (n=3)
Humanitarian practitioners (n=9)	Female (n=6) Male (n=3)	Mean age = 33		Working on gender, VAWG Yes (n=4) No (n=5)		Yes (n=0) No (n=9)
Total respondents: 191						

CHAPTER 3:
Research Findings & Analysis

Chapter 3

3.1 Findings

Section A:
Social, cultural, and demographic characteristics of communities and households

Population figures from May 2022 indicate that the 4 communities where the study took place have a total population of 14,550 people. In 2019, the population was 13,260, which indicates that the population has increased by 8.87% over a period of three years – most likely due to displacement after Operation Peace Spring and other demographic changes. The average household size is 5.26, with a relatively balanced male-female ratio of 51:49. The household size indicated that these communities value close family ties and the study respondents also validated that there is a cultural emphasis on extended family living arrangements. These communities have a relatively young population, with 23.5% of the population under the age of 15. The 15-64 age group represented the largest section of the population, with 34.5% of the population falling into this range while 32.0% of the population is aged 65 or older. The disability (Age group ≥12Y) rate was 18.5%, meaning nearly one in five individuals over the age of 12 in this community have a disability, which can further complicate access to healthcare, education, and other resources. The divorce rate in this community was low, with only 0.9% of individuals being divorced. Similarly, only 0.2% of individuals were separated. However, 6.6% of individuals were widowed, which indicated a need for improved support and resources for this marginalized population. As a post-crisis community, the study area was home for 2720 internally displaced individuals.[16]

A recent rapid needs assessment report by CARE in Areesha sub-district showed that local communities have easy and quick access to local markets as well as to the nearest municipal one, Al-Hassakeh market, which is 8.52 kilometers away. Community people visit Al-Hassakeh market to fulfill larger needs and purchase items that are not available in the local market. Al Hadadeyah community members have access to the local market (1.7 km away) but also visit Al-Hassakeh market (43.5 km away).[17]

Of the 171 households that participated in the research, 22 were female headed, which represents about 12.9% of the households. Female-headed households are not the usual arrangement in Syria (usually it would be men unless circumstances have required women to step in). A majority (86 out of 116) of the women respondents were not involved in any of income generating activity, but those who were earning money were engaged in agriculture, dairy work, sewing and vegetable cultivation. The main household livelihoods of the study respondents include agriculture, daily wage work, livestock breeding, manufacturing and selling of various products like mortar, pastries, sweets, and pickles. The demographic information of the respondents showed that agriculture is one of the most popular occupations in the area, with seventeen female and twenty-four male respondents engaged. Daily wage work is another regular occupation in the area, with two female and twenty-one male respondents working as daily laborers. Apart from these, there were several male respondents engaged in other occupations such as barber, carpentry, driving, and sheep breeding, while four females engaged in manufacturing and selling of mortar.

[16] "The demographic data was extracted from "NES FSL Working Group's database.
[17] Rapid Need Assessment Report, CARE Syria, 2022

Section B:
Women's participation in economic activities

Common economic activities that women are involved in and the contributing factors that limits women's choice.

The primary data collected from the respondents revealed that women's participation in economic activities in the region is limited due to the lack of job opportunities and supportive environment. The women in the areas of study participate in a range of economic activities, including agriculture (cotton, vegetable cultivation, greenhouse cultivation), animal husbandry (sheep rearing, making cheese and milk), handicrafts (sewing, knitting wool), and food production (making sweets, pastries, and pickles).

Apart from their demographic data, the respondents were asked to share their observations about the common livelihood activities in their community. The responses from FGDs (vignette) with female and male respondents revealed that the common income-generating activities women engage in are the same as those generally found in the area: agriculture (such as cultivating vegetables and cotton), sewing, making pastries, pickles, and sweets, and selling them in the market or school, raising livestock, and dairy farming. The respondents added that women also work as teachers or hairdressers, but they are not very common. However, the respondents indicated that the lack of suitable job opportunities for women is the significant barrier to their involvement in income-generating activities. In village A, women worked occasionally as well as for a short period in agriculture, which paid as little as 200 Syrian pounds per hour, barely enough to support their households. Women respondents from village B also repeated same reflection, but they receive a higher wage (800 Syrian pounds per hour). In comparison, the survival minimum expenditure basket (SMEB)[18] in Al-Hassakeh district is 720,216 SYP per month for a six-person household.[19] So, if the breadwinner of a family works 8 hours in 30 days of the month, s/he cannot meet the basic needs of the household.

According to respondents, some women want to work to meet their needs and of their families'. However, most of the job opportunities are not available inside or near the villages. However, due to the poverty and drought in the area, job opportunities have decreased significantly in last few years, and women have limited options for work.

Some respondents mentioned that women prefer to work in agriculture because it allows them to work closer to their homes. The statements illustrated the context of cultural and social restrictions on women's mobility, as a result, they may prefer to work nearby and sell their products within their community. This preference for working close to home can also be seen in the types of work women engage in, such as drying vegetables and making food products, which can be done within home. While these activities provide opportunities for women to generate income, they may not provide the same level of economic benefits and empowerment as other types of employment that require greater mobility.

> ***"In our region women work at home and sell what they make outside the house or send them with other people for sale, such as drying vegetables and making winter supplies."***
> **(Participant ID: VMFM2, married female, age: 52)**

[18] The SMEB is the expression of the minimum monthly cost per capita that is needed for physical survival and implies the deprivation of a series of rights. It is more or less aligned with the definition of abject poverty.
[19] Northeast Syria Joint Market Monitoring Initiative (JMMI), 2022

In Focus Group Discussions, a married female respondent stated that there are significant challenges for women in accessing education in their communities. She mentioned that cultural norms and gender roles prevent girls from attending school, as they are expected to prioritize domestic and caregiving duties. The participant further indicated that not completing studies and obtaining a certificate reduces opportunities for women to participate in the workforce. Similarly, another participant from the same village shared her personal experience and expressed grief about not being able to complete her education due to her father's decision. Her statement highlighted the impact of gendered norms and social expectations on the educational opportunities and career paths of women.

> ***"If my father had allowed me to complete my studies, I would now be working and supporting my husband and children, as I had dreams of becoming a teacher, for example, or a doctor."***
> **(Participant ID: VQFM8, married female, age: 32)**

The findings suggest that women face significant barriers to entering the formal workforce, particularly if they have family obligations such as caring for children or performing domestic tasks such as cooking, cleaning.

> ***"Married women have children, obligations, and work at home. If she wanted to work, she would work within the village, so that she would be close to her home. She would work in agriculture, such as growing wheat, and she might help her husband in farming."***
> **(Participant ID: VDFM6, married female, age: 37)**

The abovementioned statement highlights the ways in which gender roles and expectations can limit women's opportunities and restrict their ability to pursue their desired careers or paths. It also reflects a common cultural expectation that women should prioritize their family responsibilities over their own professional aspirations. This expectation can reinforce gender inequalities by limiting women's access to education, training, and job opportunities, which can in turn perpetuate their economic and social dependence on men.

Furthermore, the responses detailed how gender stereotypes and restrictions on women's mobility and age reinforces to pursue career in agriculture or other low-skilled, low-paying jobs as well as limit their options from higher-paying, higher-status fields. This limits their economic mobility and perpetuates gender disparities in income and opportunity.

Despite these challenges, female respondents expressed a desire for decent job opportunities even if it is outside their homes to support their families and improve their financial situations. They required assistance from organizations to secure decent job opportunities for women, which they believe would provide a better future for their families.

Gender differences in livelihood/economic activities.

The responses were varied in their perspective on the question of gender differences in livelihood/economic activities. While three respondents from KII with community and religious leaders stated that women and men work together in agriculture livestock rearing, others (five

respondents, also from KII) highlighted some professions and fields where men are dominant, such as military service, blacksmithing, and handicrafts.

> ***"Men specialize in agriculture, which is farming and sowing, or work as a barber, restaurant supervisor, blacksmith, carpenter, or mechanic, and all of these jobs' women cannot practice."***
> **(Participant ID: KC2, female community leader, age: 32)**
>
> ***"There are differences between men and women's livelihood. The man is the head of the family. The woman helps, but her livelihood comes from her husband."***
> **(Participant ID: KR4, male religious leader, age: 35)**

Some respondents (n=3) from KIIs argued that there are no significant biological differences between women and men, and women can participate in construction and other fields equally. However, others (n=3) from also KIIs pointed out that women's labor is often undervalued, leading to exploitation in terms of wages.

> ***"The nature of work requires the participation of all, whether grazing sheep or farming. For example, growing summer vegetables, most of the work falls on the shoulders of women, even in the cultivation of cotton."***
> **(Participant ID: KR3, male religious leader, age: 32)**
>
> ***"There are no differences between men and women, and women can do everything like men, and there would have been exploitation of women at work in terms of wages."***
> **(Participant ID: KC3, female community leader, age: 44)**

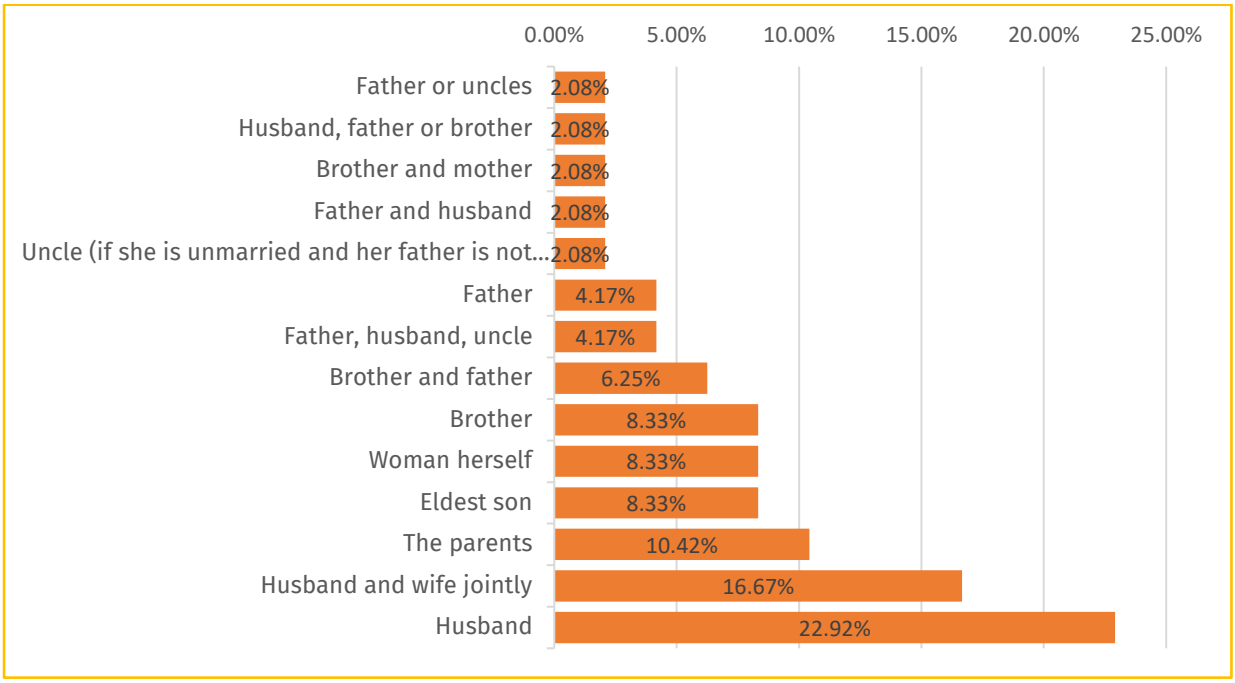
Overall, the responses suggest that there are some differences in gender roles in these communities, but the perceptions are not always clear-cut or universal.

Husbands and other male family members decide if women should or should not engage in income generating activities and how their income is spent.

Most respondents (75%) in focus group discussions stated women cannot decide for themselves whether she should or should not engage in income generating activities, and cannot work without consent of husband and other male family members.

For married women, their husbands make decisions, while for the unmarried, it is typically their fathers or brothers who make the decision. In some cases, unmarried women's mothers or uncles may make the decision, if the father is not alive. Regardless of their marital status, women cannot work without the consent of their family or husband, respondents mentioned.

Chart 1: Who usually decides on whether women should or should not engage in income generating activities.



The abovementioned chart represented that in 22.92% of cases, the husband is the sole decision-maker, which means that women are often dependent on their husbands for permission to engage in activities., In 8.33% of cases, the eldest son had the power to decide whether or not his mother could engage in income-generating activities.

"If she is single, the father makes her own decision, and the mother, if she is an orphan."
(Participant ID: VHFM6, married female, age: 25)

"The husband decides that, even if the woman wants to work and is not allowed, she cannot go against it."
(Participant ID: VMFM2, married female, age: 50)

For unmarried women, the decision-making power lies with other male family members. 10.42% respondents said that it is the parents who decide whether or not their daughter could engage in income-generating activities. In other cases, it was the brother, father, or uncle who held this decision-making power. However, the data also showed that in 16.67% of cases, the decision was made jointly by the husband and wife in this regard but still need 'permission' of husband, and if the husbands do not allow, they cannot go against them. 8.33% responses said that women can make the decision themselves in case their husbands are imprisoned, or the husbands abandoned them. It is clear that not because of their individual level agency, control, or assets (resources, skills and competencies), but women's compelled situations that give them sanction to work.

> ***"I cannot decide to work without my husband's consent, otherwise we will have a quarrel."***
> **(Participant ID: VQFM3 married female, age: 43)**
>
> ***"Once a project offered me financial support in opening my salon (hairdresser). I agreed immediately, after which I told my husband and he agreed."***
> **(Participant ID: VQFM6 married female, age: 32)**

Overall, the data stressed that women often have to rely on the decision-making power of male family members, which can limit their opportunities for economic empowerment.

Community and religious leader respondents from KIIs also endorsed the point that it is common for men to control and make decisions about how women's money is used. The respondents shared that some women give their salaries to their husbands or families voluntarily, while others are forced to do so, and women who refuse to give the money to their husbands may be beaten or left.

GBV service provider respondents explained that some husbands take their wife's salary, and parents may take a daughter's income. Men generally make these decisions due to the belief that women lack experience of taking decision.

> ***"Yes, it exists and is very common some women work and give their salary to their families or husbands so as not to prevent them from working."***
> **(Participant ID: KC3, female community leader, age: 24)**

> ***"Men take the decisions. Because they believe women do not have the experience or skill to manage money. Even community socializes men to take the control."***
> **(Participant ID: KG1, male GBV service provider, age: 34)**

However, the below mentioned respondent added that in the Kurdish community wives have access to decision-making, in contrast, the Arab community the decision is in the hands of the husband.

> ***"In general, for the Kurdish component, the decision to spend the income is in the hands of the wife. In Arab component, the decision is in the hands of the husband. The wife is more aware of the requirements of the house, but some men reject the idea that the decision to spend is in the hands of the wife."***
> **(Participant ID: KG3, GBV service provider, male, age: 34)**

The enabling and restrictive factors for women's participation in economic activities.

In Focus Group discussion, respondents expressed mixed views on women's participation in economic activities. A majority of respondents (n=16) believed society has become more positive regarding women's participation in income-generating activities. This group mentioned that there is

no longer negative attitude towards women's work, and that society has become accepting of women working outside the home, and particularly the younger generation is affirmative in this regard. Women are considered essential part of many businesses such as agriculture, sewing, livestock breeding, and teaching. Some respondents (n=3) added that now women are educated and concerned about their rights to work.

> ***"It is common for women to participate in income activities in our society, and women are essential members in many of our businesses."***
> **(Participant ID: VQMM4, married male, age: 34)**
>
> ***"Society has changed and become accepting of women working outside the home."***
> **(Participant ID: VMFM1, married female, age: 29)**
>
> ***"I have young daughters who work to help me."***
> **(Participant ID: VDMM, married male, age: 56)**

Respondents (n=13) also shared that women who take part in income-generating activities are generally treated with respect and appreciation in their community. Women are praised for their efforts to support their husbands and families. They are considered a source of pride for their families and are respected for their contributions.

> ***"They praise her and say that she is a daughter of descent who helps her brother or her husband and loves her family."***
> **(Participant ID: KC2, female, community leader age: 32)**

Some respondents (n=7) believed that women's work is limited to agricultural work because the only job opportunities available to women are related to agriculture and that they cannot go to work in remote areas. Only two participants believed that women lacked the qualifications required to work in other fields.

> ***"A woman, like a man, can work and go out, but only she must preserve her honor."***
> **(Participant ID: VDFM4, married female, age: 28)**
>
> ***"Society accepts women's work due to the poor economic situation, but with specific controls and conditions. She must work for relatives, within the village, and during the daytime."***
> **(Participant ID: KR1, male religious leader, age: 63)**

Respondents (n=8) acknowledged that there has been a shift in society's acceptance of women's participation in income-generating activities in the post-crisis period. Before the crisis, the idea of women working outside the home was not widely accepted. However, since the living expenses become difficult during the crisis, wider parts of society have now recognized the need for women to participate in income. The financial conditions oblige spouses to help each other, and women look

for job opportunities to support their husbands. Respondents (n=7) from the FGD indicated that society's approval for women's income depends on the circumstances. It is acceptable if the woman works with her husband or relative in the same place. The respondents added that women can work and go out, but they must protect their 'honor' which indicates woman's sexuality restricts her involvement in earning.

> ***"Some men accept women's work because it helps them to save money and secure a comfortable life."***
> **(Participant ID: VSFU3, unmarried female, age: 20)**
>
> ***"In the current circumstances, everyone understands that a woman should work and help her husband and her family."***
> **(Participant ID: VDMM2, unmarried female, age: 49)**

A large group of respondents (n=25) believed that only in a financial distress women are permitted to generate income outside the home. These communities accept women working, as economic conditions have made it necessary for both spouses to work. In this circumstance, women who participate in income-generating activities are viewed positively and are described as struggling and supporting the family and husband. The respondents stated that people still hold negative views, but the living conditions and financial difficulties have changed the perception towards women's work.

> ***"Man and woman have specific but different roles. Man works outside the home; woman take care of household and children."***
> **(Participant ID: VMFM4, married female, age: 60)**
>
> ***"They (men) refuse women to work because they want to control women and to be at home and raise children."***
> **(Participant ID: VDFM6, married female, age: 37)**
>
> ***"They (community people) refuse because it is considered shameful for a woman to go out to work."***
> **(Participant ID: VSFU3, unmarried female, age: 20)**

However, the negative social norms, social criticism, masculine attitudes, and traditional gender roles were identified as the major barriers for women to earn income. Some respondents (n=29) mentioned that it is shameful for a woman to work outside the home and community members treat women who work with derision, sarcasm, and insults. Community members also criticize the woman's husband, or families for allowing them to work. The husband is disgraced for not being capable enough to provide for family. Respondents (n=4) also mentioned that the community view women who work as a threat to traditional gender roles. The community members often believe that a woman's place is in the home, taking care of her family and household duties. Some respondents (n=6) believed that men did not accept women's work as it made them feel humiliated and devalued.

Respondents (n=3) had also safety concerns, as they feared that women would be harassed or exploited outside the home. They believe that there is a lack of safe and supportive environments for women to work.

> ***"When a woman works, some people go far and think that the woman is doing wrong things – referring to illegal sexual relations, but for a woman to work is not a shame."***
> **(Participant ID: VDFM10, married female, age: 45)**

Women who work may also face suspicion and judgment from others, who may believe that they are engaging in inappropriate behavior. There are some people in community who hold strong thoughts about women working outside the home and having affairs. Divorced women face this issue most often.

> ***"The idea of women working is still unacceptable to a large group because of the fear of being harassed or exploited."***
> **(Participant ID: VSFU11, divorced female, age: 55)**
>
> ***"If the working woman is divorced, they look down on her and mock her."***
> **(Participant ID: KC2, female community leader, age: 32)**

Overall, while there is a general trend towards accepting women's work, some customs and beliefs still prevent women from working outside the home. The analysis suggests that women who work face a range of attitudes and reactions from their community, both positive and negative, depending on cultural norms, personal beliefs, and individual circumstances.

Section C:

Common forms of physical and economic violence against women by intimate partner.

There was a high likelihood of violence against women in this community when there is a disagreement between couples. The types of violence reported include physical violence, psychological violence, and economic violence. Respondents of FGDs stated that the violence included husbands' yelling, cursing, hitting, and beating their wives, sometimes even forbidding them from leaving the house or going to their families for help. In some cases, the husband may even threaten to divorce his wife, deprive her of her children, or marry another woman. Respondents also mentioned deprivation of work or taking the wife's money and gold by force as examples of economic violence. One respondent from an FGD shared the statement below explaining what happens when disagreements between couples turn violent.

> ***"Yes, beating and taking her money and gold".***
> **(Participant ID: VSFU8, unmarried female, age: 18)**

Respondents from KIIs with community and religious leaders detailed that wives experience violence perpetuated by their husbands include beatings, slapping, pushing, screaming, abandonment, threat of abandonment, threats to marry again, insults to the wife and her family, preventing her from leaving the house, preventing her from visiting her family, breaking wife's belongings (such as phone), preventing her from going to work, deprivation of money, deprivation of inheritance, cutting expenses, deprivation of work, and marital rape. They also added that psychological violence is more common.

> ***"According to Sharia/ Law of Islam, men/brothers cant deprive women/sisters of their right to inheritance but it is part of our culture and social norms that women don't ask for their right to inheritance, and they voluntarily give up this right (because they usually understand the social norms) but in case the women decided to ask for her right and they came to religious people/religious leader for resolution, no one can ignore the Sharia, and she gets her right/ inheritance."***
> **(Participant ID: KR3, male religious leader, age: 32)**

GBV service provider respondents explained that common forms of gender-based violence (GBV) in this community include physical violence such as beating, and economic violence through deprivation of inheritance, work, education, and expenses. Sexual violence includes assault, harassment, and marital rape. Husbands are reported to beat their wives and use religion to justify polygamy, which has a psychological impact on the wife. Economic violence is also prevalent, with wives allowed to work only in agriculture and not given access to other jobs or full allowances. The economic crisis also limited girls' access to education. The respondents mentioned several cases of extreme violence, including a father and mother torturing their daughter with cigarette burns, a woman executing herself due to pressure, and a woman being executed by her husband.

Nine humanitarian practitioners who were working in Al-Hassakeh governorate participated in a focus group discussion using a "Problem and Solution Tree". The respondents created the below-mentioned list with examples of different forms of violence.

Table 5: Examples of different forms of violence.

Physical violence	Economic violence	Psychological violence	Sexual violence
• Beating • Pulling hair • Kicking • Suffocation • Causing burns	• Depriving women of making economic decisions • Unequal employment opportunity for male and female • Deprivation of inheritance • The difference between the average wages of men and women • Preventing women and girls from completing education or continuing education • Depriving women of professional advancement • Work on the land without pay • Child labor	• Arouse fear by threatening to harm • Directing bad words cursing and thus causing psychological pressure • Neglect and lack of interest in the wife • Underestimating the importance and value of women • Bullying • Not to mention the names of women in the councils • Limiting freedom of movement	• Harassment • Rape • Sexual overtones • Female mutilation • Exploitation of women sexually to obtain work • Child, Early and Forced marriage

The above responses illustrated that economic violence is also a significant issue in these study areas, with women being deprived of the ability to make economic decisions and facing unequal employment opportunities. Deprivation of inheritance and significant pay gaps between men and women are also common forms of economic violence. Women and girls are often not allowed to finish their education because families deprioritize financial expenses related to girls' education, which results in reduced opportunity for professional advancement for women. None of the FGD respondents mentioned any form of sexual violence, which indicated that this is not a topic that is discussed openly in these communities. Although the humanitarian practitioners mentioned harassment, rape, sexual comments, female mutilation, exploitation at workplace, and Child, Early and Force Marriage (CEFM) as example of sexual violence.

> ***"The work that women do in the countryside is hard and physically tiring, and in my opinion, it is considered one of the physical violence."***
> **(Participant ID: FDP4, male development professional, age: 36)**

The respondents from FGDs also noted that the community is divided in its support for men and women, and that people would intervene between the couple to try to solve the issue. The responses revealed that whether or not anyone intervenes to resolve disagreements between couples depends on various factors. Some respondents (n=31) mentioned that disputes are usually resolved internally between the spouses, and outside interference can ruin the relationship. However, if the dispute is significant, then parents from both sides, brothers, uncles, or maternal uncles can intervene. The husband's family is more likely to intervene, and in some cases, the wife's family may not accept their intervention. Some respondents (n=14) mentioned that neighbors, clan elders, or the Women's Council/Committee may intervene. However, some respondents (n=22) also pointed out that no one interferes because the wife is returning to her husband's house or because women usually do not want the problem to become more significant. Overall, the responses indicate that whether or not anyone intervenes to resolve disagreements between couples depends on the nature and severity of the dispute, cultural norms, and the relationship dynamics between the spouses and their families.

Triggers of economic violence against women by intimate partners.
Community and religious leaders as well as GBV service providers respondents in KIIs identified a poor financial situation in the household as one the triggers of economic violence against women by their intimate partner. All respondents (n=8) from KIIs with community and religious leaders and a majority (2 out of 3) GBV service provider respondents identified poverty as a significant contributing factor to violence against women. Women who lack access to education or work opportunities are more likely to experience economic violence, such as being deprived of the right to own land. The lack of economic opportunity for both men and women exacerbated other forms of violence (physical violence, phycological violence and child marriage), which leads to a cycle of abuse and poverty.

> ***"Not securing food, treatment and other necessities, drought that threatens agriculture, low wages and lack of job opportunities are all reasons that lead to violence."***
> **(Participant ID KC2, female community leader, age: 32)**
>
> ***"A woman whose husband is dead, and her predecessor asked her to leave the house and told her this is not your house."***
> **(Participant ID: KG2, female GBV service provider, age: 36, has five years plus working experience in GBV)**

According to the KII respondents, there are several common triggers of violence between husbands and their wives in these study communities. Some of these triggers included the wife leaving the house without the husband's knowledge, the husband's pressure at work, disagreement with the husband's family, lack of education, the interference of the husband's family in the couple's affairs. In addition, GBV service provider respondents identified underlining root causes of violence between husbands and wives, including gender discrimination, early marriage, power differences between men and women, and abuse of power, the society's perception about women employment and violation of human rights (lack of education and work, and deprivation of women's rights to own land).

> ***"If women go to work within the councils, inappropriate words are addressed to them by neighbors and relatives under the pretext that it is shameful for a woman to go out to work, and this results in the woman being beaten by her husband (physical and psychological violence)."***
>
> **(Participant ID: KG2, female GBV service provider, age: 36, has five years plus working experience in GBV)**

The respondents from problem and solution tree exercise identified causes of IPV, which were categorized into two classes: secondary causes and root causes. The secondary causes, respondents mentioned include lack of resources, difficult economic conditions, community perception about women working, lack of confidence in women's capacities, and lack of self-agency among women to make their own decisions. Additionally, the unstable crisis situation and lack of safety in some areas lead to the husband's refusal to allow his wife work. The lack of proper implementation of laws that protect women also contribute to economic IPV, as mentioned by the respondents. The respondents marked poverty, lack of job opportunities for women, social norms and customs, lack of laws and regulations, lack of safety for women, and gender discrimination as critical factors.

One key aspect of these triggers was the link to masculinity and patriarchy. Respondents from both KIIs and FGDs noted that men may feel threatened by their wives' strength and support from male family members, leading to violence. Additionally, certain social norms and customs perpetuate gender roles that promote men's dominance and control over women. Such practices often lead to physical and psychological violence against women and girls.

Respondents from KIIs and FGDs also identified child marriage as a significant contributor to violence against women. Many young girls are married by their families due to customs and traditions, although the Syrian Personal Status Law was amended in 2019, where the minimum legal age of marriage is 18 years for both girls and boys.[20] The report entitled "Stolen Future: War and Child Marriage in Northwest Syria" argued that child marriage has become more common since the crisis in Syria began, as relayed by 100% of girls and 94% of boys surveyed. Many respondents (53% female adults, 49% male adults) stated that the inability to financially support young girls was one of the key drivers of child marriage.[21]

[20] Syria: Women's Rights in Light of New Amendments to Syrian Personal Status Law, Library of Congress, 2019
[21] Stolen Future: War and Child Marriage in Northwest Syria, World Vision, 2020

> ***"A girl was beaten by her family because of her refusal to marry one of their relatives. She was underage and didn't want to marry to that person, and she came to file a complaint."***
> **(Participant ID: KC2, female community leader, age: 32)**

In addition, respondents (n=10) in FGDs also mentioned that husbands use violence and threaten to divorce their wives and remarry. According to the Islamic courts of Damascus, where marriages are registered, polygamy has increased significantly from 5% in 2010 to around 30% in 2015.[22] Another source, Asian Time, stated 40% of court marriages in 2018 were for second wives, according to the Syrian Ministry of Justice.[23]

Overall, the responses highlighted the need for awareness-raising, increasing general sensitivity, creating job opportunities, and policy interventions to address the root causes of violence against women in these community. Such efforts must take into account the links between masculinity, patriarchy, social norms and customs that contribute to this pervasive problem.

Other forms of GBV at work.

The respondents from KIIs and FGD, indicated that women who are involved in income-generating activities outside of the home are exposed to a wide range of challenges, harms, and forms of gender-based violence (GBV). Some of the forms of GBV that women face included physical violence, psychological violence, verbal abuse, economic violence, sexual harassment, exploitation, and societal discrimination.

> ***"Depending on the workplace, they may overburden her or accuse her of limitations and mistakes and look down on her."***
> **(Participant ID: VHFM1, married female, age: 37)**

The respondents also added that women face discrimination and negative attitudes from society for working outside the home. In the workplace, women face exploitation by employers who take advantage of their economic vulnerability, and also face bullying and exploitation by employers who refuse to pay for goods or services, and use threats of violence to intimidate them, one respondent from an FGD explained. Therefore, it was reasonable that the fear of violence or harassment prevents women from working outside.

> ***"She might be exploited by taking the goods without paying the money and using the threat if she asked for her money."***
> **(Participant ID: VHFM6, married female, age: 25)**

Community and religious leaders stated that women are exploited because of their weakness and lack of resources, and are sometimes asked to exchange money for sex. Sexual exploitation and harassment by employers were also mentioned by this group of respondents. Verbal harassment by young people and negative gossip from community people are also quoted as barriers, particularly when the work is far from the village.

> ***"There are cases of sexual exploitation and harassment by the employer."***
> **(Participant ID: KR1, male religious leader, age: 63)**

[22] https://english.enabbaladi.net/archives/2017/09/polygamy-inside-syria-divorce-outside/
[23] https://asiatimes.com/2019/02/syria-quietly-restricts-polygamy-early-marriage/

One female community leader who used to work in a hospital shared her personal experience how she was harassed by her supervisor.

> ***"There are always barriers such as verbal abuse, harassment, and exploitation. For example, I was working in a hospital as a cleaner, and my boss knew that I was in urgent need of work. One day he offered me a large amount of money and said this is in appreciation of my efforts. I did not accept it, but he left the money. He further insisted and said that this money will help me, so I took it. After a while he asked me to clean the empty rooms and tried to harass me, but I resisted him and threw his money in his face and left work and did not tell my husband about the incident."***
>
> **(Participant ID: KC1, female community leader, age: 30)**

Section D:

Social norms around women's participation in economic activity and economic IPV.

In Al-Hassakeh governorate, women's participation in economic activity is restricted, where gendered social norms remain a significant barrier to involvement and advancement in this context of North-east Syria (NES). To measure the social norms around women's participation and economic IPV, a vignette with guiding questions was developed and used based on CARE's Social Norms Analysis Plot (SNAP) framework. [24] SNAP framework examines any preliminary effects on:

Table 6: Components of a norm as per SNAP framework.

COMPONENTS OF A NORM	DEFINITION
EMPIRICAL EXPECTATIONS	What I think others do.
NORMATIVE EXPECTATIONS	What I think others expect me to do.
EXCEPTIONS	Under what situations is it acceptable to break the norms.
SANCTIONS	Anticipated reactions of others whose opinions matter to me.
SENSITIVITY TO SANCTIONS	How much sanctions matter for me.

The first three components of the SNAP framework describe the nature of the norm in a given context, the other two components further characterize the strength of the norm in question in its current state.

For this study, the vignette was conducted using FGDs with homogenous groups (married females, unmarried females, married males, unmarried males) to understand specific perspectives of key groups. The story of this vignette was of a woman named Farah, who sells vegetables at the market and at some point experienced physical and economic violence by her husband, Karim. Respondents were asked guiding questions that were used to diagnose existence of gender norms[25] in economic IPV.

[24] SNAP was developed to measure the nature of specific social norms and their influence.
[25] Gender norms are informal rules "defining acceptable and appropriate actions for women and men in a given group or society. They are embedded in formal and informal institutions, nested in the mind, and

Empirical expectations (What respondents think women in their communities do during a IPV situation). The Empirical Expectations (EE) here refer to the responses given by the respondents regarding how they think women would react in a situation where they face economic violence by their husband.

Some respondents (n=14) though that women remain silent and patient for the sake of their children and marriage, while others (n=9) thought they endure and remain silent until the husband regrets and reconciles. This suggests that respondents think that women should prioritize marriage and children over their own wellbeing. Others (n=6) expected women to accept insults and beatings to avoid getting divorced. This response is particularly concerning as it suggests that leave marriage is not a viable option for women even if it's an abusive relationship.

There were also respondents (n=13) who expected women to try to justify their position by speaking gently and calmly while a group of respondents (n=7) expects women to defend themselves. These responses suggest that women might attempt to reason with their husband out of a desire to be understood.

Other responses included going out to their parent's house and not returning until the husband apologizes (n=7), not raising their voice to the husband (n=2), and consulting with her family members (n=3). Only 2 respondents indicated that women might choose to leave the husband as well as the abusive situation.

Overall, the responses found that majority of the respondents (n=41) expect that women would remain silent and avoid that situation so that it doesn't turn further violent.

Normative expectations (What respondents think community people expect them to do in IPV situation).
From the FGD discussion, it turned out that the community expects women to remain silent because men being intolerant is common in these communities. Married women are expected to bear the situation to avoid disputes escalating. Respondents also suggested that a woman could take refuge with her parents if they are nearby or remain silent in the house to avoid ruining her marriage. In addition, she may return to her husband after a few months. Women should wait for the situation to calm down before explaining the reason for the delay. Women are expected to understand a husband's concerns and the husband can hold them accountable.

Some respondents (n=5) suggested that she should stay quiet for the sake of her children and continue to work to help with household expenses, while others (n=3) said she should leave if she is hit again. Consulting with family and friends is also an option for women to seek help and advice. Overall, the normative expectations prioritize the family's stability over addressing issues of violence and abuse within marital relationships, which leads to a normalization and acceptance of IPV.

Exceptions (Under what situations is it acceptable to break the norms).
It is clear from the data that women who tolerate abusive behavior from their husbands to maintain the appearance of a peaceful and harmonious family, get appreciation by the people around them as well as community. They do not get criticized and no bad comments are made about them. Respondents listed down the following scenarios where it is acceptable for the couple to solve the argument without violence as well as where it is acceptable for the wife to continue her work break the norm by acting positively.

produced and reproduced through social interaction. They play a role in shaping women and men's (often unequal) access to resources and freedoms, thus affecting their voice, power and sense of self"

- Husband probably will listen wife's reason as long as she obeys him, or he is unemployed and need money.
- If she tried to express her opinion, she would suffer more violence.
- He will not listen to her because husband does not like wife to stay out of the house after working hours for any reason.
- Even if he understands why she is late, he will get angry and threaten her not to be late.
- Husband will listen, but according to his mood, if he is in a bad mood, he will take his anger out on them.
- There are couples who come to terms with discussion and dialogue.
- husbands who always listen to their wives are few and they have good virtue.
- She will continue her work, if the family in need or she is the only breadwinner.
- She will continue to work because earning a living is more important than all disputes and because husband will not stay angry all the time.

Sanctions (Anticipated reactions of others whose opinions matter to women who face violence by intimate partner).
The major form of sanction reported for defying norms was found to be verbal criticism. The parents in law and neighbor criticize women who do not adhere to the social expectations regarding bearing a husband's anger and beating. These people around that woman would say she is 'a bad wife' if she responds to her husband's words or beatings. Participants noted that women are blamed for not respecting their husbands and talking back to him. "If she continues her work, she will ruin her relationship with her husband". This negative sanction pushes women into abiding by gender norms. However, respondents also stated: "If she explained herself before the problem occurred, what happened will not happen", which highlights a positive sanction where women are encouraged to justify and defend themselves but should wait for 'the right moment' to have a calm discussion with the husband.

On the other hand, the majority of the respondents said that it is unacceptable for husbands to keep their wives' money without permission or by force. They would consider it wrong and believe that the husband should receive the money with the wife's permission. While some respondents suggested that women accept and do not object to taking their money due to customs and traditions, others mentioned that the husband may take the money to spend on the house or for their children's needs.

Sensitivity to Sanctions (How much sanctions matter for woman, would they change their behavior in the future due the negative sanctions).
Respondents in FGDs shared that there are only limited exceptional circumstances where a woman can transgress the typical behavior of remaining silent and not speaking out against the husband when experiencing economic IPV. "She will give up work on the condition that Karim should earn and provide for her and her children" was the best option for women to avoid violence next time, as suggested by the respondents. But if the woman is the only breadwinner or she must work to meet her family needs then: "she will warn her husband, and if it happens again, she will quit her job", the other group of respondents thought. The findings reveal that women from these communities are sensitive to sanctions and some of them quit their jobs as a consequence of these sanctions.

The reference groups (Whose behavior and approval matter to the women).
In the SNAP framework, the relevant people who matter to us are called our "reference group" or "reference network." In this study, the people whose behavior and approval matter to women when they face any violence by their partner and want to protest are identified as the "reference group" to these women. In the FGDs, the most common responses were the parents of husband. The wife's parents and brothers are an influential reference group for the women in following this norm. The husband's friends and peers were also identified as a reference group who influence husbands to shape their actions and behaviors towards wives.

Chart 2: Social norms around women's participation in economic activity and economic IPV

Section E:

Impact of crisis in supporting social norms that drive physical and economic violence against women.

The respondents' opinions differed on whether the situation had changed during the crisis. A group of the respondents believed that the crisis has impacted the situation in a positive way, while the other group thought the opposite. A small number of the respondents (n=4) in the FGDs stated that the crisis has reduced job opportunities and women are no longer allowed to work. Before the crisis, women were allowed to work in agricultural land with their husbands. They also expressed concern

about sending women to distant places for work because of the lack of security compared to before the crisis.

On the contrary, 37 respondents in FGDs affirmed that men's attitudes towards women participating in income-generating activities have changed during the crisis, and women's participation in economic activities has been increased. However, the change is attributed to difficult economic conditions that have forced men to accept and encourage women to work.

> ***"Before the crisis, women didn't use to work, the circumstances forced them to work. Now women are encouraged to work, because of the high prices and circumstances that force everyone to work and help each other. Before the crisis, man didn't accept wives to work because they were satisfied with their income, but now the responsibilities have multiplied, and man cannot bear it alone."***
> **(Participant ID: VHFM2, VHFM6, VHFM7, Married females, age: 25, 25, 27)**
>
> ***"Currently, there is a factory in Tal Baidar. The majority of workers are women. The work environment is good, and the nature of work are suitable for our daughters. So, we do not mind allowing them to work."***
> **(Participant ID: VDMM3, Married male, age: 55)**

However, 9 respondents in FGD disagreed that society as a whole has become more accepting of women working outside the home. 5 out 9 respondents were female who agreed that community's attitudes towards women working have change. However, the respondents also believed that there are still some restrictions and traditional social norms that exist in some communities, as well as a fear for the safety and exploitation of women in the workplace. They added that society accepts women's work if the workplace is nearby and approves certain jobs like selling vegetables or agricultural work that does not require greater mobility.

> ***"A woman's only duty is to fulfill the demands of her husband and children."***
> **(Participant ID: VUMM8, Married male, age: 54)**
>
> ***"Women cannot do all jobs. The work must be within the village and close to the house, such as working in agriculture or working as a seamstress within the house. If she goes far and leaves her children at home, the man will not agree."***
> **(Participant ID: VDFM6, Married female, age: 37)**
>
> ***"We are community's protectors, and we want woman to protect her dignity as well as her husband's and family's. Women should protect them from exploitation and harassment."***
> **(Participant ID: VDMM6, Married male, age: 50)**

One respondent mentioned that society approves women's participation in economic activity only when the family does not have any male breadwinners and she has no other option but work.

> ***"Society accepts a woman's work in the absence of a breadwinner for her, or if her husband is sick or disabled."***
> **(Participant ID; VSFU12, widow, age: 60)**

The community and religious leader respondents noted an increase in violence against women due to the conditions of the crisis, poverty, and lack of suitable job opportunities. Their observations noted that women are forced to work outside the home and are subjected to harassment, violence, and exploitation. They also added that women are afraid to report for fear of society, their husbands, and losing their jobs. Other respondents noted a decrease in the rate of violence after the crisis, and stated that there has been a positive change in approaches to dealing with this. One religious' leader (participant ID: KR2, age 37) also mentioned globalization and openness to the world as a factor that may have had an impact on this issue.

The GBV service provider respondents in KIIs indicated that the crisis in the region has had a significant impact on women's experiences of violence both at the household and in the community. One male respondent stated that due to the crisis, women have increased liberty in a few issues, but there are still cases where women are not allowed to work. One female respondent added that women are deprived of work and study due to displacement, which affected them psychologically and physically.

The female respondents in Participatory Stakeholder Mapping were asked if they would go for support/help to different people than in the pre-crisis context. They replied that the people they would go to for support would be the same, such as their fathers, husbands, or brothers, but the quantity and quality of support may differ due to changes in economic and living conditions. They also added that there were no active centers to support women before the crisis, but that the crisis has made it more difficult to seek support from anyone outside of their immediate family. They also noted that before the crisis, there were societal and cultural barriers that prevented women from seeking work or support from sources outside of their family, but that this may have changed due to the crisis. Overall, the responses suggest that the impact of the crisis on women's support networks varies depending on individual circumstances and cultural context.

The abovementioned responses and analysis highlight the complex and varied ways in which the crisis has impacted women's positions and experiences of violence. Although, there are improvements in women's empowerment and freedom, similarly poverty, displacement, and limited job opportunities have negative effects on women. The responses also suggest the need for greater attention to the intersectionality of factors that influence women's experiences of violence, including social norms, traditional views, religion, and economic conditions. Overall, these insights underscore the importance of continued efforts to promote gender equality and prevent violence against women through shifting the negative norms.

Section F:

The experiences of women from marginalised groups (e.g., women with disabilities) in relation to physical and economic violence and access to livelihoods activities.

The majority of respondents (n=35) in FGDs believed that a husband would use violence against his wife even if she has a disability. Many respondents (n=18) also expressed sympathy and compassion for a woman with a disability and believed that the husband should support and care for her instead of harming her. However, the respondents also believe that the husband may still mistreat his wife, regardless of her disability. Additionally, a woman with a disability may face additional challenges in such a situation, including a weaker position, decreased respect from her husband, and potential psychological harm. The responses shared that divorced and widowed women face social stigma and exploitation, especially if they have children and need work. Women with disabilities are discouraged from working and faced physical barriers in the workplace. Young women are prevented from working due to fear of exploitation, while older women have an easier time finding work.

The responses from community and religious leaders emerged that divorced women are exposed to harassment and exploitation. Their employers exploit them, either by increasing their burdens or exploiting them sexually. Society views widows, divorced women, and women with disabilities as shameful. Women are blamed from their divorces and the reasons for the divorce are often misinterpreted. The blame and wrong interpretations left her stigmatized and isolated from participation in public spaces.

> ***"There are some women with disabilities who want to work, but their parents prevent them on the excuse that the work is not suitable and in difficult for them."***
> **(Participant ID: KC4, Female community leader, age: 24)**

FGD respondents highlighted that widows and divorced women face restrictions on their mobility due to social and religious norms. If they live with their husband's family, they may face further limitations. These restrictions make it challenging for them to find work and join awareness projects.

Society's views of divorced, widowed women, and women with disabilities results in stigma that isolates them. Overall, the responses suggest that social norms and stereotypes need to be changed to allow them to engage more fully in society and the workplace.

> ***"Yes, these barriers will differ. A divorced woman is not like a young unmarried woman. An unmarried girl has restrictions. Disabilities also have negative barriers."***
> **(Participant ID: KR2, Male religious leader, age: 37)**
>
> ***"Divorced and widowed women are the most vulnerable. They fear of their reputation, and also, they are often faced abuse."***
> **(Participant ID: KR1, Male religious leader, age: 63)**

Section G:
The availability and effectiveness of services to prevent violence against women in study areas.

Legal frameworks addressing violence against women, ensuring women's right to work, and other relevant rights.

According to Article 540 et seq. of the Syrian Penal Code, Syrian law defines domestic violence as 'hitting and harming'. Article 305 of the Syrian Personal Status Law allows a husband to "slightly beat his wife" under certain conditions. There is no law addressing violence against women. Woman can file a complaint under Penal Code, Chapter 7 if she is harmed in certain incidents. Article 548 (amended in 2009 and 2011) of Syria's Penal Code allows for a lesser punishment, minimum penalty of two years and a maximum penalty for 7 years in prison, for men who kill their wives, sisters, mothers or daughters on finding them engaging in an 'illegitimate' sexual act. The normal punishment for murder is hard labor for 20 years. The Syrian law does not recognize the concept of marital rape, since Article 489, Penal Code specifically define rape as 'when a man forces a woman who is not his wife to have intercourse'.[26] Therefore, many incidents remain unreported due to proper legal framework as well as fear of social stigma from a husband or family member.

> ***"There are religious legislations that prevent widows and divorced women from going out, for example the waiting period for divorce. If she lives with her husband's family, they may not allow her to attend (session)."***
> **(Participant ID: VSFU12, widow, age: 60)**
>
> ***"The matter is more difficult and challenging for the widow, and people talk about her negatively if she goes out to work and accuses her of going out to meet men and having relationships."***
> **(Participant ID: VQFM5, married female, age: 39)**

Regardless of their marital status, Syrian women have the same rights as men over collateral land and non-land assets (Civil Law 84/1948, Articles 7 and 110).[27] Sharia law also protects women's right to property and inheritance. But in practice women are pressured to cede their inheritance to male family members.

> ***"According to Sharia/ Law of Islam, men/brothers can't deprive women/sisters of their right to inheritance, but it is part of our culture and social norms that women don't ask for their right to inheritance, and they voluntarily give up this right (because they follow the social norms). But in case the women decided to ask for her right and they came to religious people/religious leader for resolution, no one can ignore the Sharia, and she gets her right/ inheritance."***
> **(Participant ID: KR3, male religious leader, age: 32)**

[26] Country Syrian Arab Republic SIGI, 2019
[27] Ibid.

A significant constraint for married women to enter into economic contracts and activities is that they do need their husband's permission to do so (PSL, Art. 73). Syrian has ratified ILO Conventions 100 and 111, but not 156, 183, or 189. The Labor Law, 2010 directs non-discrimination on the basis of sex in employment and mandates equal remuneration for men and women for work of equal value (Article 75). However, married women may only work outside the home if they have their husband's permission to do so (PSL, Art. 73). There is no discriminatory law for men and women (married and unmarried) to access financial services, including bank loans and credit. Women are not required to have the consent of their fathers or husbands in order to apply for or obtain loans.[28]

GBV service provider respondents also emphasized the importance of legal and policy frameworks to promote gender equality and protection of women's rights. The respondents from both KIIs (with GBV service providers) and FGDs (with humanitarian practitioners) suggested that several laws and policies should be implemented properly and amended to effectively prevent GBV and ensure timely response to GBV cases.

> ***"There are policies and laws to support women, but they need amendments such specially property law and women's right to work law. The period of punishment for honor killings also needs to be increased so that it does not happen again (amendment of the law)."***
> **(Participant ID: KG3, female service provider, age: 25)**

Available GBV prevention and response services in study area.

The data collected in this study revealed that these selected communities have limited access to comprehensive GBV services. Very few organizations are working in these areas to address the physical, emotional, and psychological needs of women and girls affected by GBV. The institutions/organizations who are providing services in the selected communities have areas of specialization in relation to GBV risk mitigation, prevention, and response services to GBV. These organizations hold meetings with women's groups, raise awareness about child marriage, provide vocational trainings for females, conduct social and recreational activities, provide mental health and psychosocial support (MHPSS), provide case management, and referrals to other service providers. In terms of the health services, the organization focuses on health education, including awareness sessions for women about gynecological diseases. The Women's Committee is a civil committee under the umbrella of the local authority in NES, The main goal is to form a body to stand up for women's organizational matters within the Autonomous Administration institutions, in addition to coordinating with community women's organizations to find out about problems that concern women within society and provide ways to support them. It provides awareness sessions about GBV issues, primarily focusing on community awareness. Moreover, the committee has a Congra Star, a special team consisting of women only dedicated to supporting women who experience violence.

[28] Country Syrian Arab Republic SIGI, 2019 .

Table 7: Available GBV prevention and response services in the project communities/villages.

ORG code	Service they provide	Community/village coverage
ORG 1	• Meetings with women and girls' groups to aware them of nomination for power, and child marriage, • Vocational trainings for female	Al-Haddadiyah Al-Gharbiyyah, North, South, Al-Wusta, Eastern Mesh, Al-Madina, and Al-Hadadiyah
ORG 2	• Awareness sessions • Social and recreational activities (hairdresser sewing) • Mental Health and Psychosocial Support (MHPSS) • Case management • Psychosocial Support Services (PSS) • Vocational trainings for female • Referrals • Strengthening health centers by providing medicines and employee incentives • Free consultations	Tell Baidar and all the adjacent villages
ORG 3	• Health education (awareness sessions on gynecological diseases) • Community awareness • Congra Star (A special team consists of women only to provide legal aid support)	Tell Maarouf and its adjacent villages (36 villages) and they cover both the Arab and Kurdish parts

However, there is a significant lack of services such as psychological support, safety/ security services and legal /justice services. The GBV service provider respondents noted that survivors require psychosocial and shelter/safe accommodation support to recover from the trauma of violence. Additionally, there is a lack of information about available support services, making it challenging for survivors to access them. In conclusion, the availability and accessibility of support services for GBV survivors in the community are limited.

Understanding of Gender and Gender-based Violence by GBV service provider key informants.
Key informants of this study who were providing GBV services described gender-based violence as any form of harm, physical or psychological, that is inflicted upon a person based on their gender or sex. They also characterized GBV as authority/power over women, which limits rights, equality, and inheritance of women. The respondents also mentioned different forms of violence to rationalize their understanding of it. These responses represented a competent knowledge about the meaning of GBV.

The respondents from KIIs with GBV service providers (n=3) stated that they have received training on different issues such as gender and GBV. The training topics covered GBV concepts (including child marriage and polygamy), facilitation skills, case management, and community mobilization, facilitated by different internal and external trainers.

> ***"To me, GBV means depriving girls from education and work, because there are girls who want to study and work but their fathers and brothers refuse and do not allow them). Exposure to physical violence due to difficult economic conditions."***
> **(Participant ID: KG3, female service provider, age: 36)**

Barriers to accessing GBV services.

Despite the pressing need for GBV services, there is a notable deficiency in available information and services. The GBV service provider respondents also acknowledged the existing services are not inadequate. Collected data revealed that no organization is working in some locations.

The KII respondents also added that although the health centers are providing physical health care related to GBV, there is a significant lack of psychological support and awareness sessions on gender-based violence. Additionally, the availability of services appeared to be concentrated in the city areas, while the villages have limited services to offer. Another factor that contributes to the limited accessibility of services for GBV survivors is the lack of information among women about the available services. Without knowing where to go or who to contact for help, survivors are not able to access the support they need.

> ***"There are no centers of GBV service providers in the countryside, all the services are city centric. Lack of information among women."***
> **(Participant ID: KG2, Female service provider, age: 36)**

Another important reason why women and girls do not report cases of violence is due to social norms that discourage seeking services outside of family and friends. Respondents in FGD pointed out that IPV is seen as a 'private matter' in their communities. Women who do seek support or file a complaint face social stigma, as this behavior is not viewed as acceptable or culturally appropriate in these communities. Furthermore, women who report violence are labeled as disobedient to their husbands, which leads to further isolation and shame. Most respondents (n=43) in FGDs said that it is not acceptable to seek services outside of family and friends. Three female respondents in the Participatory Stakeholder Mapping exercise (FGD) shared that they did not seek anybody's support when they were facing a problem, even if these are GBV related.

> ***"The women generally stay at home after experienced violence and do not seek help from anyone. Sometimes they turn to their brother or other women to ask advice how to mitigate dispute with husbands."***
> **(Participant ID: KG1, Male service provider, age: 34)**

Women often face a great extent of violence from their husband as a negative consequence of their complaint to police or any other formal/informal authority. Additionally, there is a fear that reporting the violence may result in the end of the relationship.

> ***"A woman from our village went to complain about her husband because her husband had beaten her. After knowing about the complaint, he divorced his wife, and there the problem became more complicated. Therefore, we do not prefer reporting to a party (service provider) outside of the family."***
> **(Participant ID: VDMM8, Married male, age: 36)**

The GBV service providers in KIIs also shared the social norms and challenges they faced in community to manage GBV cases.

> ***"In some cases, the survivor file complaints and approaches us secretly, because of fear of husband's threat. In one case, we received threat from the husband once his wife filled a case. One of our staff was directly threatened by the husband from a case."***
> **(Participant ID: KG3, Female service provider, age: 25)**

In summary, the accessibility and availability of GBV services for survivors within the community are restricted. While some services are available in the community, they are not fully accessible to all women and girls. GBV service provider respondents identified that there are several services that are needed by GBV survivors but are currently not being provided. These include:

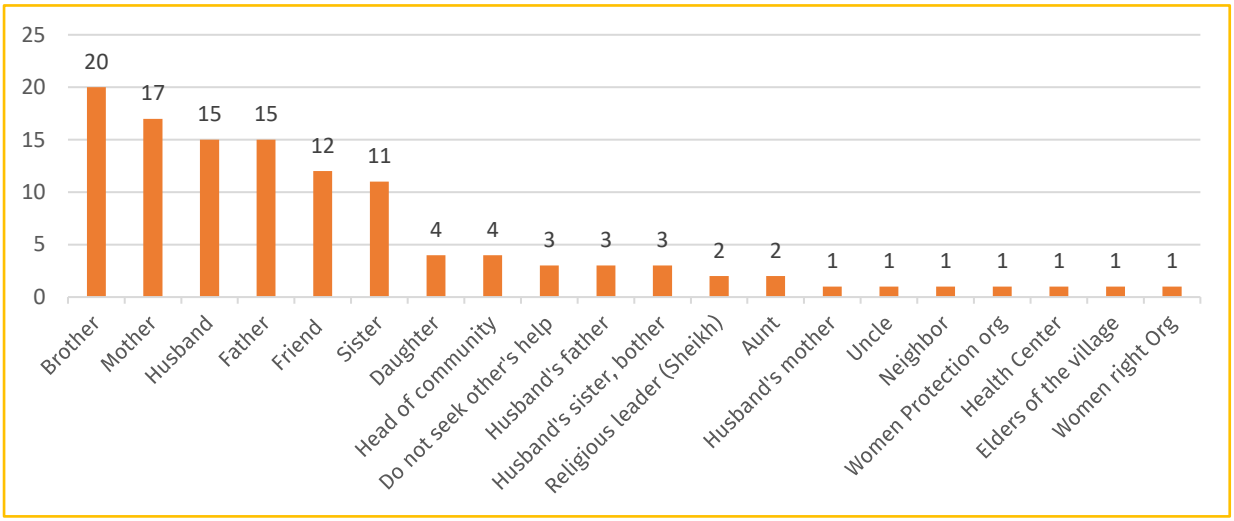
- Advanced health services (operations), medical equipment (Xray devices) and specialist doctors and staff at heath centers.
- Awareness sessions for a better understanding of their rights and how to access available services, as well as to reduce stigma to seek GBV support, service.
- Adequate case management services that provide support and guidance through the recovery process.

It is important to recognize the influence of social norms and cultural beliefs on the reporting of violence and to work towards changing these norms. Awareness-raising programs can help to shift attitudes towards violence and encourage women to seek help from formal and informal services. Additionally, community-based interventions that involve men and boys can be effective in promoting service seeking behavior and reducing the prevalence of violence against women and girls.

Section H:
Key stakeholders for the intervention.

Close family members and friend of women.
The stakeholder mapping with the group of married women in FGD, included the husband, brother, sister, friend, father, religious leader, aunt, neighbor, and mother-in-law.

Chart 3: Individuals or organizations that a married woman has turned to for help or support.



The abovementioned chart from a participatory stakeholder analysis provided a list of the individuals and organizations that a married woman has turned to for help or support in different situations. The top five sources of support for this person included their brother, mother, husband, father, and female friend. Married women have sought help from their brother 20 times, followed by their mother who was approached for support 17 times. Their husband and father have been contacted 15 times each, while a friend has been approached 12 times for help. Women have also sought support from their sister and daughter. The head of the community as an advisor had been chosen three times. Three female respondents shared that they did not seek support from anyone when they were facing a problem or challenge of this nature.

The female respondents shared that the role of the different key reference person varies depending on the relationship and the situation. In general, they provide different forms of support, such as financial guidance, emotional support, and advice. According to the respondents, husbands provide financial support and advice, fathers mediate disagreements and provide advice, brothers offer advice and financial support, sisters and mothers offer emotional support and financial help, Friends provide advice and emotional support, while Sheikhs offer appropriate advice and solutions. Very few female respondents (n=3) sought supports from women's right organizations and health care providers when they required support.

Community and religious leaders.
Community and religious leaders can be stakeholders in preventing GBV, since they support survivors by resolving disputes among couples, providing advice, promoting healthy relationships between spouses, sensitizing the community, and holding perpetrators accountable through social speeches and actions. These leaders can also guide survivors to access appropriate information, services and resources to continue living in a safe and empowered way.

The community leader respondents from KIIs stated that they play various roles in their communities, but most of them are involved in helping vulnerable groups, particularly women. They provide

different material support (diesel, water, bread) and receive complaints from women and facilitate reconciliation between couples. They also conduct awareness sessions on violence against women and educate people about the importance of women's roles and participation. Some respondents (n=2) hold positions like co-chairperson in community councils. Two of the respondents shared their personal experience in helping women who have experienced IPV.

> ***"One woman was beaten by her husband who prevented her from working outside the home. I consoled them both. Then helped her to learn how to make sweets. She began to work from home and support her family financially. Her husband also supported her by sending the products to the city to sell them."***
> **(Participant ID: KC1, female community leader, age: 30)**
>
> ***"There was a woman I know closely, she had two sons, and was living with her husband. I knew her personally, she had good understanding with her husband, despite that, he was cheating on her. She used to bear it for the sake of her children. He always kept hitting her until she could no longer bear it. And finally, she got divorced from her husband, although he deprived her of her children. I helped her by providing psychological support."***
> **(Participant ID: KC2, female community leader, age: 24)**

The religious leader respondents elaborated their roles as mediators who reconcile disputes between individuals or groups in the community. They have a great influence on the community and are especially seen as an authority on matters such as marital disputes and divorce. One of the religious leader respondents shared his role in response to an IPV issue.

> ***"One woman was beaten by her husband who prevented her from working outside the home. I consoled them both. Then helped her to learn how to make sweets. She began to work from home and support her family financially. Her husband also supported her by sending the products to the city to sell them."***
> **(Participant ID: KC1, female community leader, age: 30)**

The religious leader's (n=4) ' responses showed a diversity of attitudes towards IPV and gender equality. The positive attitudes include the belief that women should be able to work and control their own finances, and that disagreements between husbands and wives should be resolved peacefully. The negative attitudes include the belief that women should not work outside the home if the husband or other male family members can provide for her. They also mentioned that women's work is not acceptable because it goes against Sharia law. They stated that society generally accepts women's work due to the weak economic situation but within specific controls and conditions e.g., men and women should not work together. Regarding IPV they mentioned that the prevalence of violence as a means to resolve disagreements between husbands and wives is reported as very low and uncommon since it is viewed as shameful and unacceptable within the community. They added that disputes between couples are typically resolved through consultation and mediation by family.

Overall, the responses show that there is a need for more sensitization and awareness intervention for religious leaders about IPV and gender equality. Since they play a vital role in community and have influence on couples, it is important to build their capacity to challenge negative attitudes and promote positive attitudes in order to create a more just and equitable society.

Service providers (both formal and informal) and employers from the workplaces where women work.

Formal GBV service providers such as healthcare professionals, counselors, and social workers who have direct contact with survivors can be vital stakeholders in addressing violence against women. However, since there is a lack of adequate formal services, the project interventions should work to strengthen informal settings within the community where IPV survivors can seek help. The husband's father and mother, head of the community, elders of the village, the husband's siblings, uncle (for unmarried girls), religious leaders (Sheikhs), whom women go to for advice, support or help when they are facing a problem or challenge could be included as stakeholders. By providing support and resources to them, they could create an enabling environment for women's participation in economic activities and could also take meaningful actions for VAWG prevention and response.

In addition, the employer or management authority of the workplaces of women and girls could be included. Since respondents mentioned (in SECTION C) different forms of GBV women experience at work, it is critical to sensitize the employer or management about how to prevent GBV and provide a violence free workplace from women and girls.

Section I:

Respondents' suggestions for project design.

The social and gender norms that need to be considered in program design to ensure women's and men's participation.

Respondents suggested that it could be beneficial for couples to join interventions to discuss and learn skills for building healthy, and nonviolent relationships. They believe these interventions provide a safe space for both partners to share their experiences. Three respondents from FGDs stated that since the humanitarian organization has a good reputation in these communities, there is no barrier for women and men to join the project intervention.

Nonetheless, the barriers to women's participation in an awareness building project are shaped by social and gender norms. These barriers include gendered social norms that prevent women from leaving their homes or participating in public spaces. The respondents also added that a woman's role in household activities like cooking and caregiving are major barriers to spending time in interventions.

> ***"If there is no one to watch their children and if the children and husband do not get food at the right time, that might be challenging for women to attend the session."***
> **(Participant ID: VMFM1, married female, age: 29)**

The other social norms that respondents mentioned as barriers for women's participation in such activities are the negative discourses about and restrictions to women's mobility. Women and girls also require permission to be outside the home and in public spaces. With prior permission of the male guardians (husband and father), women and girls can join the activities.

> ***"For women, they need the approval of their families to attend, if there is no objection, they can attend the activities."***
> **(Participant ID: PSFM3, married female, age: 35)**

The acceptance of these programs varies among the community, with some supporting them as beneficial, while others view marital problems as a private matter and resist any external involvement. FGD respondents from Dabaan village also added that the project interventions must be 'culturally appropriate' since there is a held belief that the contents could turn women against men. They stated that: "It is our society's norm that conjugal problems must be resolved between the spouses at home. No one should know about these problems."

Respondents felt that men should participate in sessions to learn about consequences of violence, how to avoid violence, and learn how to communicate in a non-violent way. However, they added that men's engagement in such discussion points is not appreciated in these communities.

> ***"There is a slight possibility that there will be a talk by the community about those who (man) will attend these sessions. They will say that he needs lessons to know how to deal with his wife and he is weak."***
> **(Participant ID: VDMM5, married male, age: 40)**

From the FGD with married females in Al Hadadya village, there was a strong demand for separate sessions for male and female respondents. The respondents said that if sessions are held with a mixed group, then women will not be able to speak freely since other male relatives may also present at these sessions.

> ***"The hurdle for women is that we cannot speak openly in front of our husbands."***
> **(Participant ID: PSFM6, married female, age: 38).**
>
> ***"We cannot speak in front of our husband's brothers or other men."***
> **(Participant ID: PSFM9, married male, age: 48)**

Regarding the content of the session and activity, female respondents suggested including sessions/training on anger management for men. During the FGD, married women from Al Saadya village recommended including psychological sessions for non-working women, since they stay at home and suffer psychological pressure and often lack of access to any kind of support.
The logistic arrangements that that need to be considered in program design to ensure women's and men's participation.

The respondents' suggestion for logistic arrangements that should be included in interventions include a safe and suitable meeting place that is close to the target group's residence. All respondents (n=8) from KIIs with community and religious leaders were clear that men and women will not have any barriers to participating in this pilot if the place is nearby and the timing of activities is fixed after consulting with respondents.

> ***"The barriers are related to the place and timing of the sessions. If the venue is far from home, or the timing of the sessions coincides with the time when the men are at home, then it might be challenging for women to join the session."***
> **(Participant ID: VMFM8, married female, age: 50)**

The provision of monetary allowances or allowance for food or transport, as well as recreational activities for children during the sessions, can serve as incentives for attendance. Additionally, skill building training such as sewing or farming can be an effective way to promote independence among women.

Project consideration for ensuring marginalized women and girls be engaged to participate in interventions.
Based on the responses, it appeared that marginalized women, such as women with disabilities, unmarried women, divorced women, and widow need special attention.

> ***"The widows are unable to leave their children alone. If she lives with her husband's family, they may not allow her to attend."***
> **(Participant ID: VSFU12, widow, age: 60)**
>
> ***"There are obstacles for women with disabilities and widows who may not be able to participate because some families do not accept the idea of sending them."***
> **(Participant ID: VSFU11, divorced female, age: 55)**

It is worth noting that the barriers related to social and gender norms need to be addressed through a proper community mobilization process. The process has to include community sensitization about the importance of a safe space for both partners to share their experiences and addressing gendered social norms that prevent violence against women and help to build healthy relationships.

CHAPTER 4:
Conclusion & Recommendations

Chapter 4

4.1 Recommendations

Based on the findings, the following are the recommendations for future program implementations from different aspects.

- Design a comprehensive intervention that engages women and men, and focus on **building skills to create a healthy, non-violent relationships**, joint financial planning, and dispute resolution. This will help build knowledge and skills that foster equitable decision-making within households and reduce the risk of IPV.

- Create **space for men to be involved in critical reflections on power**, the advantages of sharing power, and to promote positive masculinity to build enabling environments for women, and shift the gender norms that trigger IPV.

- **Identify and engage early adopters/positive deviance within the community** who are already practicing positive social norms, and support them to promote gender equitable norms through public dialogues and campaigns.

- **Engage community and religious leaders to create an enabling environment** for women's participation in economic activities and to take meaningful actions for VAWG prevention and response.

- **Promote women's economic empowerment** through training and skill-building programs, access to credit and markets, and/or inputs to support income generating activities. These livelihoods strengthening interventions should be integrated with gender transformative programs.

- **Promote social support to address social norms and perceptions of IPV** as a private matter and build the agency of women and girls to seek support from formal, and informal structures.

- **Engage project staff in gender transformative activities** (training, regular conversation) to ensure critical reflection and change. The training content should focus on the intersections between GBV and livelihoods.

- Pay particular attention to **women from marginalized groups (women with disabilities, divorced and widowed women)** to engage them in intervention and build supportive environment for them.

- **Align the monitoring and accountability systems to gather Sex, Age, and Disability Disaggregated Data (SADDD)** data to ensure that people with specific needs are identified and supported by specific gender transformative activities.

CHAPTER 5:
References

Chapter 5

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Annexes:

Annex 1: Data collection tool 1 (Vignette)

Building Local Resilience in Syria
Formative Research for Violence against Women and Girls (VAWG) prevention project

Tool 1: Vignette: (Economic IPV)
Objective: To identify possible social norms, sanctions, and reference groups related to violence against women and girls in Northeast Syria.
How to administer: Focused group discussion (8-12 respondents) will be conducted with different community members (disaggregated by different characteristics e.g. age, sex, marital status).

Governorate:	City:
Neighborhood/community:	Date:
Name of Field enumerator(s):	Time:
Gender of participants (F/M):	Number of participants:

Assalamualaikum. My name is_____and I work for x. We are conducting a formative research to learn the life of women, girls and men of (NAME OF COMMUNITY/ neighbourhood). Your responses will help us to understand the reality of family relationship, social, economic and health wellbeing in (NAME OF COMMUNITY/ neighbourhood). There are no right or wrong answers to any of the questions or queries. Some of the topics may be difficult to discuss, but many people have found it helpful, to have the opportunity to talk. I want to assure you that all of your answers will be kept strictly confidential. This means that only the research team are the only ones who will know your name and we will not use names in any reports we write. Consent forms will be stored in a safe location and not used or accessed by anyone outside the research team. You have the right to stop the interview at any time, or to skip any questions that you don't want to answer. Do you have any questions?

As part of ensuring confidentiality, it is important that we agree as a group to help protecting each other's privacy by not discussing what has been shared in the discussion outside the group. Can everyone agree to this?

The session will take about _____ hour. _____(note taker's name) will be writing down some things we talk about so we can remember them later. Also, we would like to use a tape recorder. The recording will be stored in a safe location and not used or accessed by anyone outside the research team. Does anyone object?

(Allow interviewee to ask questions and respond as needed. Once questions are answered, begin the interview).

May I start the interview now?

- Yes, permission is given ⇨ Go to consent to audio recording part.
- No, permission is not given ⇨ End of interview.

Do you consent to have the interview audio recorded?

- Yes, permission is given ⇨ Start the recording and go to SECTION 1 to begin the interview
- No, permission is not given ⇨ Don't use the recorder, take notes.

SECTION 1: The first questions are about yourself, your home and your work situation. There are no right or wrong answers.

Demographics characteristics of respondent(s):

No	Age	Marital status	Religion	Ethnicity	Head of household (F/M)	Level of education (Primary, secondary University)	Occupation	Disability status (use WGQs)

1								
2								
3								
4								
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8								
9								
10								
11								
12								

SECTION 2: I am going to tell a story and you all will discussion how and why the characters of the story would react in a certain incident. There are no right or wrong answers – we are interested in what you think. So, let's start.

The story is about Karim and Farah, who have been married for 7 years. Karim is 33 and Farah is 28. Let's pretend they are from (community name where FGD is being conducted on). They have three healthy children. Karim, Farah and their children live in a small house near Karim's uncle's wheat farm where Karim also works.	Note to facilitator - You might want to ask some introductory questions, like: can you describe me their house? What could be the name of the children? How old could be they?
Karim loves Farah very much. He cares a lot for her. But he keeps bad company. His friends tell him that men should not allow their wives to be involved in income generating activity and women need to be kept in their place.	Do you think most of the community/ neighbourhood people would agree with what Karim's friends say? Do women of this community/ neighborhood involve in income generating activities? [If yes] What are the common income generating activities for women? Who usually decides about women's engagement in income generating activities? Why is this, do you think? (Probing: husband, wife, both husband and wife jointly, other male family member, other female family member) How do people in the community/ neighbourhood generally treat women who take part in income generating activities?
On this particular day, Karim had a bad day. When he comes home, Farah was not there. Farah gets late to come home after selling vegetables at the market.	• What do you think Karim's response would be? • What would most other husbands expect Karim to do in this situation? • What normally happens when there is a disagreement between couples in this community? • In this community, does anyone typically intervene to resolve the disagreements between couples? If yes, who generally intervenes to resolve disagreements between couples? If no, then why? (Note to facilitator: If they don't mention violence, then bring up the following situation of violence. If they bring up violence, then go straight to questions below)

	• Does it ever happen that disagreements between couples turn violent? If yes, in what ways? • What would most wives like Farah do in this situation? • What would most other wives expect Farah does in this situation? • Is there any other way Karim could have responded? • Is this response better or worse than the beating? • For whom is it better or worse? Why?
Now let's get back to the story. Remember? Karim was angry, and began to beat Farah. Now, Farah pleads with her husband not to beat her and tries to explain why she was late. He gets even angrier, because he feels she is talking back at him. He beats her again and takes all the money she earned from selling vegetables.	• Would most wives like Farah try to explain themselves in this situation? [if no, what would they do instead?] • What would happen if Farah tries to explain her in this situation? What would other wives say about Farah's reaction? Why so that? • Would most husbands like Karim who live on this estate listen to her explanation? Why/ why not? • What would majority of the community/ neighbourhood people say if husband like Karim keep wives' money without permission or by force? • Would the opinions and reactions of his peers make Karim change his mind about not taking Farah's money? Why do you think that? • What do you think people in the community/ neighbourhood would think about Karim's behaviour, would they think his behaviour is a problem or justified? Why do you think that? • Would Farah be able to continue her vegetable business after this situation? • Are there any circumstances where it would be considered more or less acceptable for Farah to continue her vegetable business? • Have you noted that men's attitudes towards women participating in income generating activities changes during the crisis? In which ways? Why is this, do you think? What about the perceptions of community members? • If Farah is a woman with disability, would the same thing happen? Why do you think so?
Let's continue with our story. Next day, Karim threaten Farah not to leave house and sell vegetable at the market.	• Do you think most wives like Farah would share about the incident with anyone? To a close friend? To a family member? • Is that acceptable for wives like Farah to seek help outside family and friends? • Is there any party, individual or organization that can help in this case? • In your opinion, what challenge/harm or suffering (forms of GBV) are women who are involved in income generating activities outside of the home exposed to? (Probe for forms/examples of violence that happen at home, at the work-place and in the community) • Do you think wives like Farah and husbands like Karim can join any NGO intervention so that they can discuss/learn skills of how to build healthy, nonviolent relationship? • What are the barriers (for example, social or gender norms or practical reasons) to them doing so? If the women are from marginalized group (widow, woman with disability), do the barriers vary?

	• What are the logistic arrangement that should be included in these interventions to ensure participation of women and men like Farah and Kabir?

Debriefing script (read aloud)

We have completed the session. We want to thank you for your participation. You have helped us understand the reality of life of women and girls in _____. This will help us design interventions that are specifically designed for women and their families in _____. Do you have any additional questions? (After any questions have been asked and answered) Thank you again for your time and responses. If you would like any further information about the [name of project] please contact _____, at_____.

Disability status (use WGQs)

Functional domain	Question	Answer categories
Seeing	1. Do you have difficulty seeing, even if wearing glasses?	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all Don't know Refusal
Hearing	2. Do you have difficulty hearing, even if using a hearing aid?	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all Don't know Refusal
Walking or climbing steps	3. Do you have difficulty walking or climbing steps?	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all Don't know Refusal
Cognition	4. Do you have difficulty remembering or concentrating?	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all Don't know Refusal
Self-care	5. Do you have difficulty (with self-care such as) washing all over or dressing?	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all Don't know Refusal
Communication	6. Using your usual language, do you have difficulty communicating, for example understanding or being understood?	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all Don't know Refusal

Upper body	7. Do you have difficulty raising a 2 litre bottle of water or soda from waist to eye level?	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all Don't know Refusal
Upper body	8. Do you have difficulty using your hands and fingers, such as picking up small objects, for example, a button or pencil, or opening or closing containers or bottles?	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all Don't know Refusal
Affection domain		**Note that answer categories are changing**
Anxiety	9. How often do you feel worried, nervous or anxious?	1. Daily 2. Weekly 3. Monthly 4. A few times a year 5. Never Don't know Refusal
Anxiety	10. Thinking about the last time you felt worried, nervous or anxious, how would you describe the level of these feelings?	1. A little 2. A lot 3. Somewhere in between a little and a lot Don't know Refusal
Depression	11. How often do you feel depressed?	1. Daily 2. Weekly 3. Monthly 4. A few times a year 5. Never Don't know Refusal
Depression	12. Thinking about the last time you felt depressed, how depressed did you feel?	1. A little 2. A lot 3. Somewhere in between a little and a lot Don't know Refusal

Annex 2: Data collection tool 2.1 (KII with GBV service provider)

Building Local Resilience in Syria
Formative Research for Violence against Women and Girls (VAWG) prevention project

Tool 2.1 : KII: GBV service provider
Objective: To understand the experiences and learning of GBV service provider while providing GBV services in Northeast Syria.
How to administer: One-to-one interview will be conducted with a semi-structured interview.

Governorate:	City:
Neighborhood/community:	Date:
Name of Field Enumerator(s):	Time:

Assalamualaikum. My name is_____and I work for x. We are conducting a formative research to learn the life of women, girls and men of (xcommunity/x neighborhood). Your responses will help us to understand the reality of family relationship, social, economic and health wellbeing in (x community/x neighborhood). There are no right or wrong answers to any of the questions or queries. Some of the topics may be difficult to discuss, but many people have found it helpful, to have the opportunity to talk. I want to assure you that all of your answers will be kept strictly confidential. This means that only the research team are the only ones who will know your name and we will not use names in any reports we write. Consent forms will be stored in a safe location and not used or accessed by anyone outside the research team. You have the right to stop the interview at any time, or to skip any questions that you don't want to answer. Do you have any questions?

The session will take about _____ hour. _____(note taker's name) will be writing down some things we talk about so we can remember them later. Also, we would like to use a tape recorder. The recording will be stored in a safe location and not used or accessed by anyone outside the research team. Does anyone object?

(Allow interviewee to ask questions and respond as needed. Once questions are answered, begin the interview).

May I start the interview now?

- Yes, permission is given ☐ Go to consent to audio recording part.
- No, permission is not given ☐ End of interview.

Do you consent to have the interview audio recorded?

- Yes, permission is given ☐ Start the recording and go to SECTION 1 to begin the interview
- No, permission is not given ☐ Don't use the recorder, take notes.

SECTION 1: The first questions are about yourself, your home and your work situation. There are no right or wrong answers.

Demographics characteristics of respondent(s):		
SL	QUESTIONS	RESPONSES
101.	Name of the respondent	
102.	Age	
103.	Sex	Female Male Other

104.	Level of education	Grade 1 Grade 2 Grade 3 Grade 4 Grade 5 Grade 6 Grade 7 master's degree	Grade 8 Grade 9 Grade 10 Grade 11 Grade 12 Bachelor degree Master's degree Above
105.	For how long have you worked with your current institution?	Less than one year One to two years Three to four years Five years or more	
106.	I would like to ask you some questions about difficulties you may have doing certain activities because of a health problem.		

Functional domain	Question	Answer categories
Seeing	1. Do you have difficulty seeing, even if wearing glasses?	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all Don't know Refusal
Hearing	2. Do you have difficulty hearing, even if using a hearing aid?	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all Don't know Refusal
Walking or climbing steps	3. Do you have difficulty walking or climbing steps?	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all Don't know Refusal
Cognition	4. Do you have difficulty remembering or concentrating?	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all Don't know Refusal

Self-care	5. Do you have difficulty (with self-care such as) washing all over or dressing?	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all Don't know Refusal
Communication	6. Using your usual language, do you have difficulty communicating, for example understanding or being understood?	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all Don't know Refusal
Upper body	7. Do you have difficulty raising a 2 litre bottle of water or soda from waist to eye level?	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all Don't know Refusal
Upper body	8. Do you have difficulty using your hands and fingers, such as picking up small objects, for example, a button or pencil, or opening or closing containers or bottles?	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all Don't know Refusal
Affection domain		**Note that answer categories are changing**
Anxiety	9. How often do you feel worried, nervous or anxious?	1. Daily 2. Weekly 3. Monthly 4. A few times a year 5. Never Don't know Refusal
Anxiety	10. Thinking about the last time you felt worried, nervous or anxious, how would you describe the level of these feelings?	1. A little 2. A lot 3. Somewhere in between a little and a lot Don't know Refusal
Depression	11. How often do you feel depressed?	1. Daily 2. Weekly 3. Monthly 4. A few times a year 5. Never Don't know Refusal

Depression	12. Thinking about the last time you felt depressed, how depressed did you feel?	1. A little 2. A lot 3. Somewhere in between a little and a lot Don't know Refusal

SECTION 2: The next questions are about your role, experiences, learning and suggestions regarding the provision of GBV services to the survivors.

SL	QUESTION	RESPONSES
1.	What is your institution/organization's area of specialization in relation to GBV risk mitigation, prevention and response? (health, social, psychological, planning and organization, referral, logistical, training, community awareness, other?)	
2.	In which areas or communities in this region does your institution/organization work in?	
3.	What is your understanding of Gender Based Violence (GBV)?	
4.	What are the common forms of GBV in this community? (Probe for physical and economic violence if not mentioned by the respondent)	
5	What are the common causes/triggers of GBV in this community? (Probe for triggers of physical and economic violence)	
6	Who are the common perpetrators of GBV (and against who/groups of people) is it perpetrated?	
7	What is community's perspective about women who are involved in income generating activities outside of the home?	
8	In this community, who normally makes decisions on how household income is spent, and why? (Probe for who makes decisions on how income from women's earning is spent)	
9	Have you and/or everyone in your organization who works with GBV survivors received training? If not, why? And if yes, who delivered the training and which topics were covered during the training?	
10	Generally, when women and girls in this community experience violence, where do they commonly go for help? What do you think influences their decision to seek help from these particular service providers?	
11	To what extent do you think support services are available and accessible by GBV survivors in this community? (safety/security, health, psychosocial, shelter/safe accommodation, information, etc.)	
12	What barriers do survivors of GBV face in accessing these services (time of service, distance, lack of money, stigma, ignorance about available services)? How can these barriers be addressed?	
13	What are the strengths, gaps and factors that influence the quality of services for GBV survivors in your area of operation/region?	
14	Are there any other services that are needed by GBV survivors but are currently not being provided? If so, please give examples of these services?	
15	On average, how many GBV cases does your institution/organization receive/respond to in a month? a) Who commonly reports these cases? b) Are there repercussions for people who report these cases? (Probe especially for women and girls) c) Once a GBV case is reported, which factors may influence its success or failure?	

	d) How often do you follow-up with GBV survivors after the closure of their cases? (For survivors' feedback on the service, to assess their safety and ensure they are not at risk of harm including GBV)	
16	What challenges do you encounter when providing services to GBV survivors? How can these challenges be addressed?	
17	In your opinion, does the current GBV response system and protocols ensure the use of a survivor centered approach in the provision of post-GBV care to survivors? (Respect, confidentiality, privacy, non-discrimination, informed consent) a) If not, what can be done to address the gaps?	
18	From your experience, are there laws and policies that hinder the provision of timely, appropriate and quality care to GBV survivors? If so, please give some examples.	
19	Are there laws and policies that should be (implemented, amended or enacted) to effectively prevent GBV and ensure timely response to GBV cases? If so, please give some examples of these laws and policies.	
20	In your opinion, has the /crisis in the region influenced women's experiences of violence both at the household and in the community? If yes, in what ways? (Probe for forms, prevalence/risks of violence)	

Debriefing script (read aloud)

We have completed the session. We want to thank you for your participation. You have helped us understand the reality of life for the women and girls in _____. This will help us design interventions that are specifically designed for women and their families in _____. Do you have any additional questions? (After any questions have been asked and answered) Thank you again for your time and responses. If you would like any further information about the [name of project] please contact _____, at_____.

Annex 3: Data collection tool 2.2 (KII with Community or Religious leaders)

Building Local Resilience in Syria
Formative Research for Violence against Women and Girls (VAWG) prevention project

Tool 2.2: KII: Community or Religious leaders
Objective: To understand the perception and experiences of community leaders'/Religious leaders' regarding violence against women and girls in Northeast Syria.
How to administer: One-to-one interview will be conducted with a semi-structured interview guide.

Governorate:	City:
Neighborhood/community:	Date:
Name of Field enumerator(s):	Time:
Type of respondent: (Mark √) Community leader	Religious leader

Assalamualaikum. My name is_____and I work for x. We are conducting a formative research to learn the life of women, girls and men of (x community/x neighborhood). Your responses will help us to understand the reality of family relationship, social, economic and health wellbeing in (x community/x neighborhood). There are no right or wrong answers to any of the questions or queries. Some of the topics may be difficult to discuss, but many people have found it helpful, to have the opportunity to talk. I want to assure you that all of your answers will be kept strictly confidential. This means that only the research team are the only ones who will know your name and we will not use names in any reports we write. Consent forms will be stored in a safe location and not used or accessed by anyone outside the research team. You have the right to stop the interview at any time, or to skip any questions that you don't want to answer. Do you have any questions?

The session will take about _____ hour. _____(note taker's name) will be writing down some things we talk about so we can remember them later. Also, we would like to use a tape recorder. The recording will be stored in a safe location and not used or accessed by anyone outside the research team. Does anyone object?

(Allow interviewee to ask questions and respond as needed. Once questions are answered, begin the interview).

May I start the interview now?

Yes, permission is given ⇨ Go to consent to audio recording part.
- No, permission is not given ⇨ End of interview.

Do you consent to have the interview audio recorded?
- Yes, permission is given ⇨ Start the recording and go to SECTION 1 to begin the interview
- No, permission is not given ⇨ Don't use the recorder, take notes.

SECTION 1: The first questions are about yourself, your home and your work situation. There are no right or wrong answers.

Demographics characteristics of respondent(s):		
SL	QUESTIONS	RESPONSES
107.	Name of respondent	
108.	Sex	Female Male Other
109.	Age	Sunni Islam Christianity Izidiz Shia Islam
110.	Religion (For religious leaders only)	Sunni Islam Christianity Izidiz Shia Islam

111.	I would like to ask you some questions about difficulties you may have doing certain activities because of a health problem.	

Functional domain	Question	Answer categories
Seeing	1. Do you have difficulty seeing, even if wearing glasses?	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all Don't know Refusal
Hearing	2. Do you have difficulty hearing, even if using a hearing aid?	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all Don't know Refusal
Walking or climbing steps	3. Do you have difficulty walking or climbing steps?	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all Don't know Refusal
Cognition	4. Do you have difficulty remembering or concentrating?	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all Don't know Refusal
Self-care	5. Do you have difficulty (with self-care such as) washing all over or dressing?	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all Don't know Refusal
Communication	6. Using your usual language, do you have difficulty communicating, for example understanding or being understood?	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all Don't know Refusal

Upper body	7. Do you have difficulty raising a 2 litre bottle of water or soda from waist to eye level?	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all Don't know Refusal
Upper body	8. Do you have difficulty using your hands and fingers, such as picking up small objects, for example, a button or pencil, or opening or closing containers or bottles?	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all Don't know Refusal
Affection domain		**Note that answer categories are changing**
Anxiety	9. How often do you feel worried, nervous or anxious?	1. Daily 2. Weekly 3. Monthly 4. A few times a year 5. Never Don't know Refusal
Anxiety	10. Thinking about the last time you felt worried, nervous or anxious, how would you describe the level of these feelings?	1. A little 2. A lot 3. Somewhere in between a little and a lot Don't know Refusal
Depression	11. How often do you feel depressed?	1. Daily 2. Weekly 3. Monthly 4. A few times a year 5. Never Don't know Refusal
Depression	12. Thinking about the last time you felt depressed, how depressed did you feel?	1. A little 2. A lot 3. Somewhere in between a little and a lot Don't know Refusal

SECTION 2: The next questions are about your role in community, your views about relations between couples. There are no right or wrong answers – we are interested in what you think.

SL	QUESTION	RESPONSES
201.	What is your role and influence in your community?	
202.	How would you generally describe the situation of women and girls in this community?	

203.	What are the main livelihood activities for people in this community?	
204.	Are there any common differences for women and men in relation to livelihood/economic activities in this community? If yes, in what ways?	
205.	In general, what do people in your community think about women who are involved in income generating activities outside of the home?	
206.	(If the response is negative) What consequences are there for the woman, her husband or her family?	
207.	What is your usual reaction when you hear about or saw a woman working to earn money?	
208.	Do women in your community face any barriers which hinder them from participating in income generating activities? If yes, what are some examples of these barriers?	
209.	Do these barriers vary for different categories of women in your community? If yes, in what ways? (Probe for differences among women with disabilities, divorced women, unmarried women, widows, etc)	
210.	How common is it for men in this community to control and/or make decisions on how women's money is used?	
211.	In your view, is it acceptable for men to control and/or make decisions on how women's money should be used? If yes, why?	
212.	Do most people in this community think it's acceptable for women to spend their money as they wish? Why/why not?	
213.	What normally happens when there is a disagreement between couples in this community?	
214.	What commonly triggers disagreements between couples in this community?	
215.	Does it ever happen that disagreements between couples turn violent? If yes, in what ways?	
216.	In your view, how common is it for husbands in this community to resolve a disagreement with their wives using violence?	
217.	What are the common forms of violence that husbands use against their wives in this community? (Probe for examples of physical and economic violence)	
218.	What are the common triggers of violence between husbands and their wives in this community?	

219.	In your view, how are disagreements between husbands and wives commonly resolved in this community?	
220.	Is it common for anyone to intervene to resolve a disagreement between a husband and his wife? If yes, who commonly intervenes and in what ways?	a. Mother b. Father c. Mother-in-law d. Father-in-law e. Siblings f. Friend g. Neighbor h. NGO worker i. Religious leader j. Head of the Comin/ Mokhtar, k. Head of the big family l. Police m. Others (specify)
221.	Whose opinion is most influential in deciding how the disagreement is resolved?	a. Spouse b. Mother c. Father d. Mother-in-law e. Father-in-law f. Friend g. Neighbor h. Children i. Religious leader j. Others
222.	Are you aware of any forms of violence that women face when they work and/or engage in income generating activities in this community? If yes, what are some examples of these?	
223.	Do you think marginalized women (e.g., women with disabilities, unmarried women, divorced women and widows, etc) experience GBV at work differently?	
224.	How are survivors of GBV generally treated in this community?	
225.	Have you ever helped someone who has experienced GBV or is at risk of experiencing GBV? If yes, ask if they can provide an example (without mention of name or personal details of those involved)	
226.	What kind of services are available for GBV survivors in your community?	
227.	What barriers do GBV survivors face in accessing post-GBV care?	
228.	What do you think community/religious leaders could do to prevent GBV and/or to support survivors of GBV?	
229.	Have you noted any changes in trends related to women and girls experience of GBV in the community and/or at their workplaces during the crisis? If yes, in what ways? (Probe for prevalence/risks and forms of violence)	

230.	Do you think couples should join any NGO intervention so that they can discuss/learn skills of how to build healthy, nonviolent relationships?	
231.	What are the barriers (social or gender norms, or practical) to them doing so? If the women are from marginalized groups, do the barriers vary?	
232.	What logistical arrangements should be included in project to ensure meaningful participation of women and men?	

Debriefing script (read aloud)

We have completed the session. We want to thank you for your participation. You have helped us understand the reality of life of women and girls in _____. This will help us design interventions that are specifically designed for women and their families in _____. Do you have any additional questions? (After any questions have been asked and answered) Thank you again for your time and responses. If you would like any further information about the [name of project] please contact _____, at_____.

Annex 4: Data collection tool 3 (Participatory stakeholder mapping)

Building Local Resilience in Syria
Formative Research for Violence against Women and Girls (VAWG) prevention project

Tool 3: Participatory stakeholder mapping
Objectives: To map key stakeholders of the communities to address VAWG, to identify key persons (family members, friends, community leaders, value chain influencers, or other important sources of influence) who woman would go to for advice, support, or help and their roles.
How to administer: Focused group discussion (8-12 respondents) will be conducted with different married female with a mixed age group.
Facilitator's Note: In this exercise, participants will draw key stakeholders, write their roles and will present their individual work. At the end in plenary discussion, facilitator will ask probing questions to dig up more.
Time: 2-2:30 hours
Materials and preparation: flip charts, marker pen

Governorate:	City:
Neighborhood/community:	Date:
Name of Field enumerator(s):	Time:
Gender of participants (F/M):	Number of participants:

1. Read the intro/consent script. Fill up the demographics characteristics of each respondent.

Assalamualaikum. My name is_____and I work for x. We are conducting a formative research to learn the life of women, girls and men of (NAME OF COMMUNITY/ neighbourhood). Your responses will help us to understand the reality of family relationship, social, economic and health wellbeing in (NAME OF COMMUNITY/ neighbourhood). There are no right or wrong answers to any of the questions or queries. Some of the topics may be difficult to discuss, but many people have found it helpful, to have the opportunity to talk. I want to assure you that all of your answers will be kept strictly confidential. This means that only the research team are the only ones who will know your name and we will not use names in any reports we write. Consent forms will be stored in a safe location and not used or accessed by anyone outside the research team. You have the right to stop the interview at any time, or to skip any questions that you don't want to answer. Do you have any questions?

As part of ensuring confidentiality, it is important that we agree as a group to help protecting each other's privacy by not discussing what has been shared in the discussion outside the group. Can everyone agree to this?

The session will take about _____ hour. _____(note taker's name) will be writing down some things we talk about so we can remember them later. Also, we would like to use a tape recorder. The recording will be stored in a safe location and not used or accessed by anyone outside the research team. Does anyone object?

(Allow interviewee to ask questions and respond as needed. Once questions are answered, begin the interview).

May I start the interview now?
- Yes, permission is given ☐ Go to consent to audio recording part.
- No, permission is not given ☐ End of interview.

Do you consent to have the interview audio recorded?
- Yes, permission is given ☐ Start the recording and go to SECTION 1 to begin the interview
- No, permission is not given ☐ Don't use the recorder, take notes.

SECTION 1: The first questions are about yourself, your home and your work situation. There are no right or wrong answers.
Demographics characteristics of respondent(s):

No	Age	Marital status	Religion	Ethnicity	Head of household (F/M)	Level of education (Primary, secondary University)	Occupation	Disability status (use WGQs)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

SECTION 2: Steps:

2. Give each participant a page of flip chart paper and marker pen.
3. Ask each participant to imagine they are facing a conflict/challenge: e.g., for women, this could be her husband not allowing her to work (economic IPV), being excluded from some important parts of the value chain etc. The participant should draw a circle in the centre of the charts to represent this conflict / challenge.
4. Ask each participant to think of family members, friends, community leaders, value chain influencers, or other important sources of influence who they would go to for advice, support, or help. Write their roles around the central circle, and draw lines connecting them to the centre.
5. Ask each participants to look at all the influencers they have identified. Ask them to put a star next to the three most important influencers – the ones they really trust to help them.
6. Then ask each participant to present her/his map to the rest of the group and explain why s/he has selected these influencers.
7. The facilitator can then ask probing questions such as:
    - Which of these influencers has the most resources to help you?
    - Which are the most powerful people or groups?
    - Who would you go to for advice? And who would you go to for practical support?
    - What specifically would you ask each person?
    - Who do you trust the most?
8. Do you think crisis have impact to identify the influencers? Why do you think so? Do you think the influencers would be different if we would have discussed this in pre-crisis context?
9. Do you think women/men and their influencers should join any NGO intervention so that they can discuss/learn skills of how to build healthy, nonviolent environment for women and girls?
10. What are the barriers (social or gender norms) to women, men and girls doing so? If the women are from marginalized group, do the barriers vary?
11. What are the logistic arrangement that should be included in these interventions to ensure participation of women and men?
12. Wrap up the discussion and thank them. Read out the debrief script.

Debriefing script (read aloud)

We have completed the session. We want to thank you for your participation. You have helped us understand the reality of life of women and girls in _____. This will help us design interventions that are specifically designed for women and their families in _____. Do you have any additional questions? (After any questions have been asked and answered) Thank you again for your time and responses. If you would like any further information about the [name of project] please contact _____, at_____.

Annex:
Disability status (use WGQs)

Functional domain	Question	Answer categories
Seeing	1. Do you have difficulty seeing, even if wearing glasses?	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all Don't know Refusal
Hearing	2. Do you have difficulty hearing, even if using a hearing aid?	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all Don't know Refusal
Walking or climbing steps	3. Do you have difficulty walking or climbing steps?	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all Don't know Refusal
Cognition	4. Do you have difficulty remembering or concentrating?	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all Don't know Refusal
Self-care	5. Do you have difficulty (with self-care such as) washing all over or dressing?	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all Don't know Refusal
Communication	6. Using your usual language, do you have difficulty communicating, for example understanding or being understood?	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all Don't know Refusal

Upper body	7. Do you have difficulty raising a 2 litre bottle of water or soda from waist to eye level?	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all Don't know Refusal
Upper body	8. Do you have difficulty using your hands and fingers, such as picking up small objects, for example, a button or pencil, or opening or closing containers or bottles?	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all Don't know Refusal
Affection domain		**Note that answer categories are changing**
Anxiety	9. How often do you feel worried, nervous or anxious?	1. Daily 2. Weekly 3. Monthly 4. A few times a year 5. Never Don't know Refusal
Anxiety	10. Thinking about the last time you felt worried, nervous or anxious, how would you describe the level of these feelings?	1. A little 2. A lot 3. Somewhere in between a little and a lot Don't know Refusal
Depression	11. How often do you feel depressed?	1. Daily 2. Weekly 3. Monthly 4. A few times a year 5. Never Don't know Refusal
Depression	12. Thinking about the last time you felt depressed, how depressed did you feel?	1. A little 2. A lot 3. Somewhere in between a little and a lot Don't know Refusal

Annex 5: Data collection tool 4 (Problem and solution tree)

Building Local Resilience in Syria
Formative Research for Violence against Women and Girls (VAWG) prevention project

Tool 4: Problem and solution tree

Objectives:

- to identify different types of VAWG and the particular forms of physical and economic violence against women that most commonly occur in families and intimate relationships from the experience from experts/GBV service providers.
- to identify underlying social norms that trigger these VAWG
- To get recommendations from participants on how to address VAWG

How to administer: Focused group discussion (8-10 respondents) will be conducted with different gender workers, GBV service providers including project staff of CARE, Mercy Corps.
Facilitator's Note: In this exercise, participants will write points on cards and tape them on the wall diagram to make a "problem tree," showing forms of violence (main trunk), effects (branches), and causes (roots). Then points will be reviewed focus on the effects and causes. A plenary discussion will be conducted to get recommendation on how to address VAWG.
Time: 2-2:30 hours
Materials and preparation: Flipchart paper, copy paper, scissors tape, markers, voice recording device and camera to take a photograph. Draw a large tree diagram on flipchart paper, with the "Effects," "Forms" and "Causes" labeled at appropriate levels (see below).

Location	Part of Tree	Feature	Examples
Top	Branches	EFFECTS	Loss of self esteem
Middle	Trunk	FORMS	Physical violence (e.g., beating)
Bottom	Roots	CAUSES	Male domination

Governorate:	City:
Neighborhood/community:	Date:
Name of Field enumerator(s):	Time:
Gender of participants (F/M):	Number of participants:

Assalamualaikum. My name is_____and I work for x. We are conducting a formative research to learn the life of women, girls and men of (NAME OF COMMUNITY/ neighbourhood). Your responses will help us to understand the reality of family relationship, social, economic and health wellbeing in (NAME OF COMMUNITY/ neighbourhood). There are no right or wrong answers to any of the questions or queries. Some of the topics may be difficult to discuss, but many people have found it helpful, to have the opportunity to talk. I want to assure you that all of your answers will be kept strictly confidential. This means that only the research team are the only ones who will know your name and we will not use names in any reports we write. Consent forms will be stored in a safe location and not used or accessed by anyone outside the research team. You have the right to stop the interview at any time, or to skip any questions that you don't want to answer. Do you have any questions?

As part of ensuring confidentiality, it is important that we agree as a group to help protecting each other's privacy by not discussing what has been shared in the discussion outside the group. Can everyone agree to this?

The session will take about _____ hour. _____(note taker's name) will be writing down some things we talk about so we can remember them later. Also, we would like to use a tape recorder. The recording will be stored in a safe location and not used or accessed by anyone outside the research team. Does anyone object?

(Allow interviewee to ask questions and respond as needed. Once questions are answered, begin the interview).

May I start the interview now?

- Yes, permission is given → Go to consent to audio recording part.
- No, permission is not given → End of interview.

Do you consent to have the interview audio recorded?

- Yes, permission is given → Start the recording and go to SECTION 1 to begin the interview
- No, permission is not given → Don't use the recorder, take notes.

SECTION 1: The first questions are about yourself, your home and your work situation. There are no right or wrong answers.

Demographics characteristics of respondent(s):

No	Age	Level of education (Primary, secondary University)	Organization	Length of work experience (in year)	Currently working directly on gender (Yes/No)	Disability status (use WGQs)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

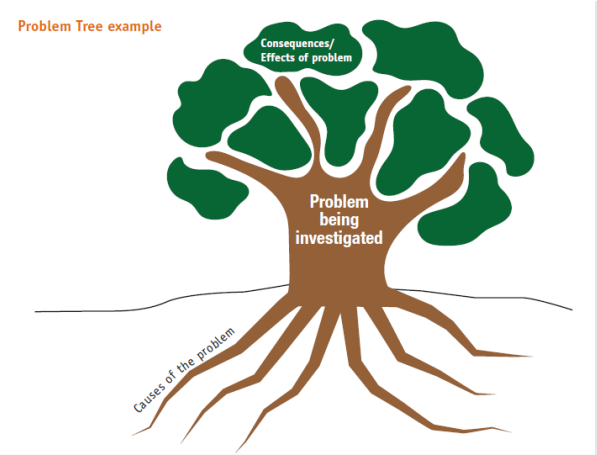
Steps:

1. Place the tree at the center.
2. Divide into pairs. Hand out cards and markers. Then ask the participants to think of incidents/behaviors can be example of VAWG. Ask to/write them on squares of paper and stick them at the trunk of the tree. Debriefing: Cluster common points and eliminate repetition. Give each set of common points a category title, e.g. "intimate relationships," "family," "community," and which physical and economic VAWG are most common.
3. Then ask the participants to think of things that may be at the cause(s) of the problem and write them on squares of paper and stick them at the roots of the tree.
4. Select one of the main causes. Ask, 'Why do you think this happens?' This question will help participants identify the 'secondary' cause. Draw or write the 'secondary causes on pieces of square paper below the other causes at the root of the tree. Repeat this process for each of the other main causes.
5. Then ask the participants to group similar causes.
6. Once the causes of the problem are identified, ask the participants to group similar causes together
7. Then ask the participants to identify the effects of the problem and place them in the tree branches.

Debriefing: When reviewing "Effects," help participants see two levels of effects – immediate impact on women (e.g. Injuries, fear), and spin-off effects (e.g. Reduced productivity). Also how it effects other people like men, children, and community?

8. Now ask the participants to consider the causes and think of solutions to them. Invite people to write solutions on the pieces of paper and stick these near the causes they could potentially address.
   Debriefing: Ask the following questions to probe deeper into the root causes of gender violence and elicit possible solutions:

   a) What are the root causes of gender violence?
   b) Why are women not reporting cases of violence to the police?
   c) How can we solve this problem and reduce the incidence of gender violence? What would be the project intervention to address VAWG?



Debriefing script (read aloud)

We have completed the session. We want to thank you for your participation. You have helped us understand the reality of life of women and girls in _____. This will help us design interventions that are specifically designed for women and their families in _____. Do you have any additional questions? (After any questions have been asked and answered) Thank you again for your time and responses. If you would like any further information about the [name of project] please contact _____, at_____.

Disability status (use WGQs)

Functional domain	Question	Answer categories
Seeing	1. Do you have difficulty seeing, even if wearing glasses?	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all Don't know Refusal
Hearing	2. Do you have difficulty hearing, even if using a hearing aid?	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all Don't know Refusal

Walking or climbing steps	3. Do you have difficulty walking or climbing steps?	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all Don't know Refusal
Cognition	4. Do you have difficulty remembering or concentrating?	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all Don't know Refusal
Self-care	5. Do you have difficulty (with self-care such as) washing all over or dressing?	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all Don't know Refusal
Communication	6. Using your usual language, do you have difficulty communicating, for example understanding or being understood?	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all Don't know Refusal
Upper body	7. Do you have difficulty raising a 2 litre bottle of water or soda from waist to eye level?	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all Don't know Refusal
Upper body	8. Do you have difficulty using your hands and fingers, such as picking up small objects, for example, a button or pencil, or opening or closing containers or bottles?	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all Don't know Refusal
Affection domain		**Note that answer categories are changing**
Anxiety	9. How often do you feel worried, nervous or anxious?	1. Daily 2. Weekly 3. Monthly 4. A few times a year 5. Never Don't know Refusal

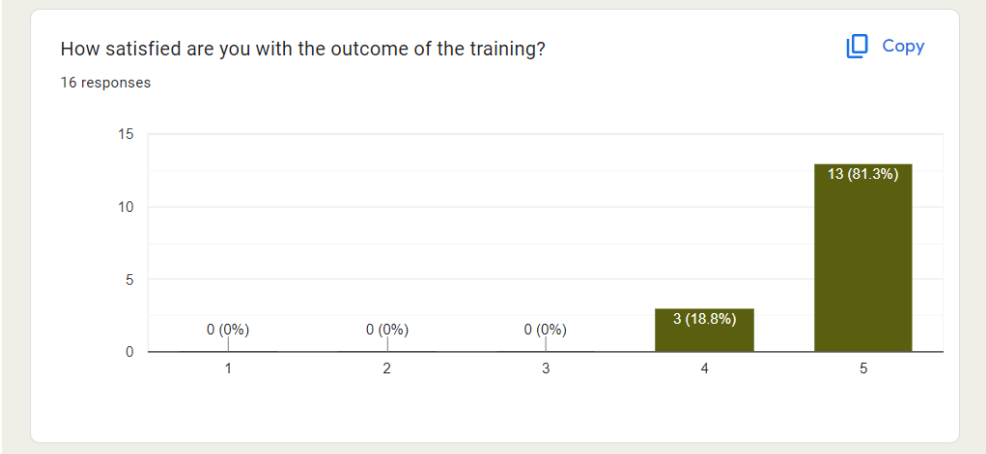
Anxiety	10. Thinking about the last time you felt worried, nervous or anxious, how would you describe the level of these feelings?	1. A little 2. A lot 3. Somewhere in between a little and a lot Don't know Refusal
Depression	11. How often do you feel depressed?	1. Daily 2. Weekly 3. Monthly 4. A few times a year 5. Never Don't know Refusal
Depression	12. Thinking about the last time you felt depressed, how depressed did you feel?	1. A little 2. A lot 3. Somewhere in between a little and a lot Don't know Refusal

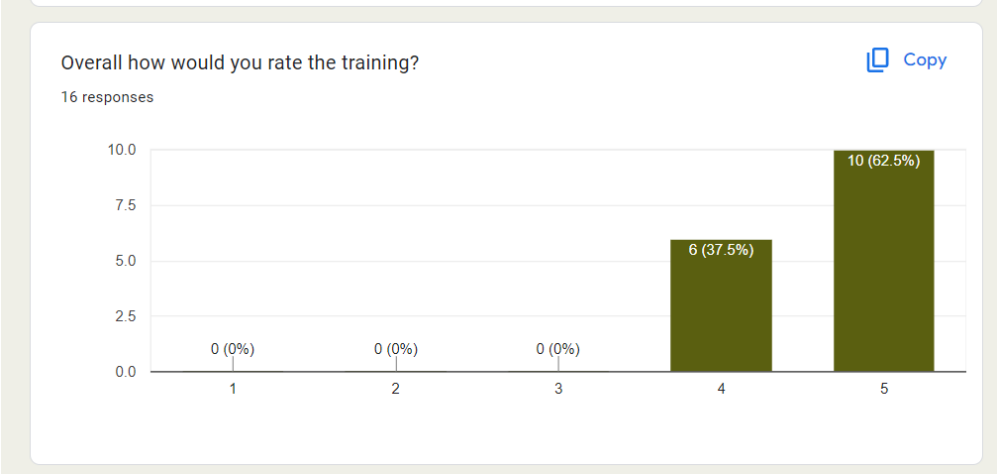
Annex 6: Report on field enumerators' training

VAWG Prevention Project - NES
Data Enumerators' Training - February 12th to 21st 2023
Training Report

Training Overview

A training was delivered for data enumerators from February 12th to 21st, 2023 in Hassakeh – Northeast Syria, in preparation of data collection for the VAWG prevention project's formative research. The training comprised of workshop sessions and a field-testing exercise that supported the refinement of data collection tools. All training sessions were delivered using participatory learning methods such as role plays, small group discussions and presentations and experience-sharing, with the aim of building the confidence and hands-on skills of the data enumerators to undertake the process of data collection using specific data collection tools including the Vignette tool, KII with GBV service providers, KII with community leaders/religious leaders, Participatory stakeholder mapping, and the Problem and solutions tree. Overall, participants found the training relevant, were satisfied with its outcome, and rated it highly from participants' training evaluation. Please see extracts from participants' evaluation below:





Training Participants

A total of 16 participants comprising of 06 males and 10 females were trained with the responsibility to collect data in selected project sites. Participants were selected based on their understanding of the context, basic knowledge on GBV and a previous experience on data collection – please refer to the attached participants' list below for more details.

What went well during the training

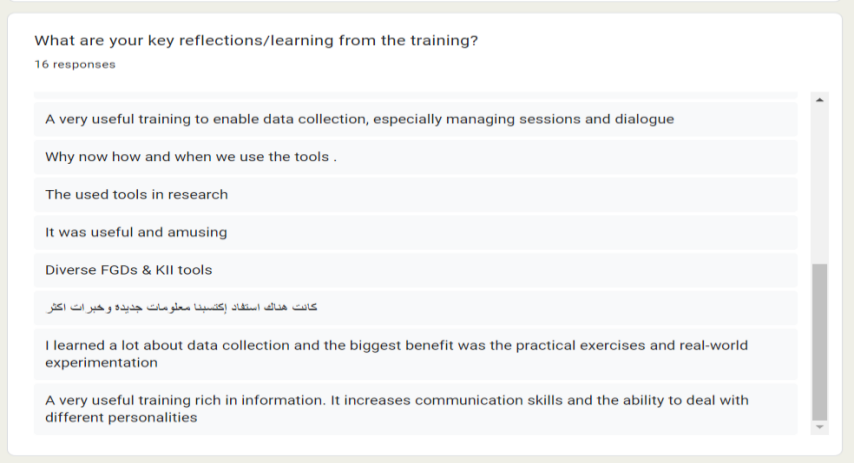
The training was successfully delivered, and participants found it very useful in enhancing their knowledge. The success of the training hinged on the following,

- Translation/interpretation of all sessions from English to Arabic and availability of translated data collection tools for the practice sessions during the training. Given that the training was delivered in English to Arabic speaking participants, ensuring that all sessions and discussions were translated to support both the facilitator and participants to understand each other was helpful as it addressed the language barrier and greatly contributed to the success of the training. Similarly, ensuring that all the data collection tools were translated for use during practice sessions at the training was an enabler of this successful training.

- Field testing of all data collection and refinement thereafter by incorporating feedback from the field test. All the five data collection tools including the Vignette tool, KII with GBV service providers, KII with community leaders/religious leaders, Participatory stakeholder mapping, and the Problem and solutions tree were field tested to ensure validity and reliability of the tools and to further enhance participants skills to use the tools. Feedback from the field testing was used to refine the tools and this included, dropping some the questions which were found to be irrelevant and repetitive, adding questions which were relevant but had not been included earlier and to further contextualize the tools.

- The full attendance and active participation of all participants throughout the training days. Being fully present while ensuring active participation in an eight days' training can be challenging, however, training participants were self-motivated with a commitment to fully participate in all the days of the training.

- Participants' understanding and conceptualization of training content and most especially the data collection tools and how to administer them, ethical considerations for research, how to handle GBV disclosures during data collection, data management during data collection, etc. It's also important to note that sessions that supported participants to enhance their understanding on the basics of gender and GBV were delivered at the training which enabled participants to challenge their own thoughts, beliefs, and attitudes towards gender/GBV. Below are some reflections from the participants on their key learnings from the training.

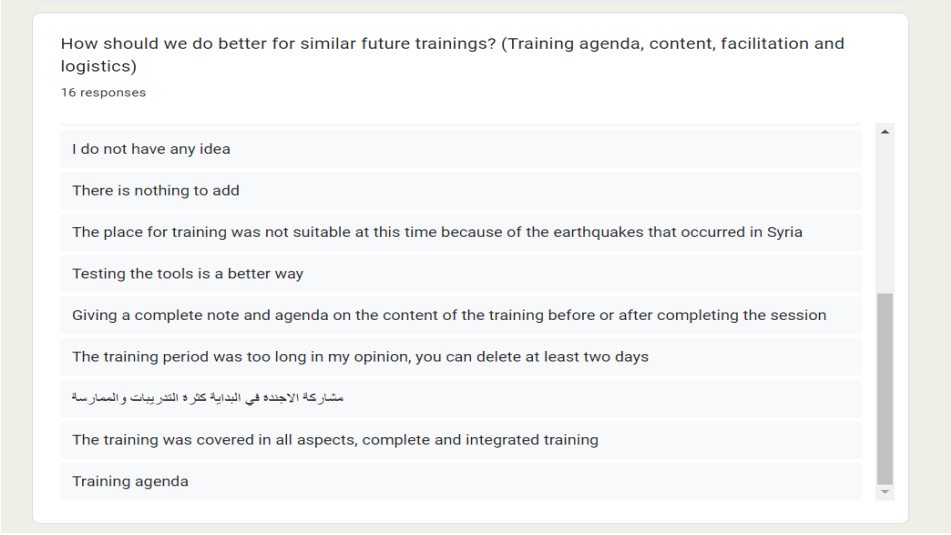


- Hands on skills building through individual and group reflection exercises. All training sessions were delivered in practical ways that enabled participants to enhance their knowledge and skills on the data collection tools and how to administer them during data collection. The facilitator used methods such as role plays, small group discussions and presentations as well as plenary discussions throughout the training, as noted by one of the participants in the training evaluation.

"I learned a lot about data collection and the biggest benefit was the practical exercises and real-world experimentation".

What could have been done differently

While the training was successfully delivered, some areas could have been done better in relation to the training venue, training agenda and content. These are highlighted from participants' feedback below,



Key action points/next steps

- Update the translated data collection tools to include feedback from the field testing. All the English versions have been updated and this should be done for the translated versions as well which will be used for the actual data collection.

- Ensure to have daily debrief sessions with data enumerators at the end of each data collection day. The debrief sessions should be used to address all challenges that enumerators are encountering during data collection either with the tools or with the respondents. The space should also be used for providing psychosocial support who any enumerators who might be affected in any way because of their participation in data collection.

- Ensure data enumerators collect comprehensive data during the process to avoid having gaps in data which will have implications during data analysis and reporting. Similarly, data enumerators should further be encouraged not to summarize respondents' answers to the questions and to use voice recorders.

- Observing ethical principles for research during data collection is critical, therefore data collection supervisors should ensure that the principles are adhered to by all the enumerators during data collection.

- In addition to the daily debrief sessions, arrange a reflection session with all the enumerators at the end of the data collection process aimed at documenting their reflections and learnings of the process and tools. The reflection sessions would also be useful in documenting insights from the respondents which the enumerators might not have included in their notes.

Conclusion

Delivering the training was key in progressing commitment to eliminate gender-based violence in selected project sites, as it greatly contributed to the process of conducting a formative research. With the knowledge and hands-on skills that data enumerators gained at the training, its hoped that relevant data will be collected to inform the next steps for the project. Training photos are included below.

The **Building Local Resilience Project in Syria (BLRS)** is a three-year project (2021-2024) between CARE and Mercy Corps with funding support from FCDO. BLRS employs an integrated approach to achieve the overarching impact of increased self-reliance and reduced dependency on negative coping mechanisms and emergency assistance amongst the most vulnerable people in Northeast and Northwest Syria. The programme implements a combination of resilience-building interventions that will result in strengthened resilience to shocks and stresses at individual, household, and community levels.

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