

Women Now
For Development
النساء الآن للتنمية

A watercolor illustration of a young girl's profile, facing left. She has long, dark hair styled in a thick braid that hangs down the right side of the page. The background is a mix of light and dark teal watercolor washes, with a dark, textured vertical strip on the left side.

RESEARCH ON THE SITUATION OF ADOLESCENT GIRLS IN THE NORTHWESTERN AREAS OF SYRIA

Feminist Research Unit
Women Now for Development
Submitted in November 2021

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the Situation of Adolescent Girls
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ABOUT WOMEN NOW FOR DEVELOPMENT

Women Now for Development (Women Now) is a feminist, women-led organization dedicated to deepening and strengthening women's role in shaping a democratic future of Syria.

Established in June 2012, it is now the largest women's organization in Syria, reaching thousands of women and girls annually inside Syria and in neighboring countries, through three integrated program areas: Protection, Empowerment, and Participation and Leadership programs. Women Now also work on Feminist Research and Knowledge production, Advocacy and Campaigning at the local and international levels. The organization's research and advocacy are primarily focused on feminist knowledge production such as documentation and collection of women's experiences and testimonials, in-depth qualitative and quantitative research and analysis, and local and international awareness-raising campaigns about women's rights, women-led activist movements, feminist civil society initiatives, gender-based violence and women's living conditions in Syria.

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Contents

Glossary and abbreviations	6
Executive Summary	7
Introduction	9
Overview of the context in Northwestern of Syria	9
The status of girls in Northwest Syria: the rise of negative coping mechanisms	10
Sectoral Humanitarian response in Northwest Syria	12
Methodology and study design	13
Research Aim	13
• Research Questions	13
Research Methodology	13
• Study Design.	13
• Research Area.	13
• Study Methods & Tools.	15
• Data Collection	16
Ethics of the research	18
Main Findings	19
Overview of the living situation	19
• Unique living conditions	19
• Access to Quality Education	21
• Restriction of Movement	22
• Covid-19	22

Exploration of risk and protective factors affecting girls: rise of negative coping mechanisms	23
• Child, Early and Forced marriage (CEFM)	23
• Forced puberty	25
• Self-harm: suicide	26
• Stopping Education	27
• Perceived protective factor: going to mosques	29
Responses and services provided to adolescent girls (health, education, and protection)	29
• Education sector	29
• Health sector	31
• Protection sector	32
Recommendations:	34
Suggestions and recommendations by the participants	34
Suggestion and Recommendations by performing sectors	34
Suggestions and Recommendations based on Data Analysis and Field Observation	35
Annexes:	37
Annex I: Summary table detailing number(s) of participants targeted by research tools/area of implementation.	37
Annex II: Written Consent Form	39
Annex III: Confidentiality Document	41



Glossary and abbreviations

CEFM	Child, Early and Forced Marriage
CP	Child Protection
CPC	Child Protection Committees.
FGD	Focus Group Discussion
GBV	Gender Based Violence
HTS	Hay'at Tahrir al-Sham
IDP	Internally Displaced Persons
iNGO	international Non-Governmental Organization
IRC	International Rescue Committee
KII	Key Informant Interview
MENA	Middle East and North Africa
NGO	Non-Governmental Organization
OC	Organized Camps
OCHA	Office for the Coordination of Humanitarian Affairs
RC	Random Camps
SGBV	Sexual and Gender Based Violence
SIG	Syrian Interim Government
SSG	Syrian Salvation government
WND	Women Now for Development
UNICEF	United Nations International Children's Emergency Fund
UNPF	United Nations Population Fund



Executive Summary

Syria is one of the most dangerous places for children. Since the conflict began in 2011, millions of children are embarking on the second decade of their lives amid war, violence, death, displacement, and lack of basic services.¹ A few reports have been published that address the gendered impact of such situations on adolescent girls in Syria in general and in the Northwestern areas in particular. Such reports, produced by international associations and local organizations assessing the situation for girls in the region, have highlighted the emergence of negative coping mechanisms in the community, including child marriage, forced puberty, and suicide. The humanitarian sector has been since trying to respond to the emerging needs in the communities at large and for girls in specific. The cluster system led by international actor and UN agencies and supported by local efforts, have been overseeing the response in education, health and protection

Aims: This study holistically examines the situation of one of the most vulnerable groups in conflict contexts - adolescent girls- in the Northwestern areas of Syria. More specifically, it aims to better understand the life situation of adolescent girls from an intersectional and contextual perspective through exploring possible risk and protective factors experienced by the girls within their community as well as examining the existing multi-sectoral response addressing their needs.

Study Design & Methodology. This is a cross-sectional study using mixed methods that serve the aim of the study. The research team employed intersectional feminist methodologies throughout the study: from design to implementation and analysis. A total of 15 Focus Group Discussions (FGD) were conducted with girls between 12-17, Mothers (4), and Fathers (4). Moreover, 62 surveys were collected from representatives of the GBV/child protection: health and education sectors along with 14 Key informant Interviews.

Main Findings. In general, most of the participated girls expressed the hardness of the situations they live as adolescents and expressed various burdens and challenges in their everyday living reality. Living in such dire situations for a long time prevented most girls from continuing their education and restricted their ability to move freely, both of which were exacerbated to the recent Covid-19 pandemic. Several risk factors were also identified to impact the wellbeing of girls, including, domestic violence the use of Child, Early and Forced marriage; forced puberty; stopping of education; and self-harm (suicide and suicide attempts) as negative coping mechanism by girls and their families. On the other hand, a few protective factors have been developed by communities and related sectors to minimize the risks and difficult situations faced by adolescent girls.

1 World Vision International, Stolen Futures: War and Child Marriage in Northwest Syria, 2020, [URL](#).



Lastly, in terms of sectoral response for the needs of girls, the scene looks pessimistic, despite the efforts of civil society organizations and initiatives and the support of some community members to mitigate the damage and respond to emerging needs. Nonetheless, this report concludes with girls, parents and sectoral recommendations that can potentially guide future localized efforts and suggests possible initial building blocks from which a holistic relevant response can be developed.



Introduction

Overview of the context in Northwestern of Syria

Since 2011, Syria has been embroiled in a complex, long-running, and brutal continuous war that has displaced millions of Syrians; and killed/forcibly disappeared hundreds of thousands more. The northwest areas of Syria contain around 4 million people, and 2.7 million of them are internally displaced.²

Between December 2019 and February 2020, the artillery shells in Northwestern Syria escalated, killing and injuring hundreds of civilians and displacing one million people.³

Such huge number of displacements in an extremely damaged area added extra burdens to the life of displaced people and the people who are originally residing there. According to OCHA report on “Recent Development in Northwest Syria” published in March 2021, it is estimated that around 1,674,000 persons are living in 1,379 camps and Internally Displaced Persons (IDPs) sites, with the majority of these sites being self-settled (1,294).⁴

In its report, OCHA emphasized the huge gap of funding and services in regards to education, food, livelihood, shelter, Wash, protection, and health sectors.

The continuous airstrikes on health facilities and populated areas furthered the deterioration of the security situation, displacement, socio-economic challenges, and the trauma experienced by Syrians living in the region. In addition to these challenges, people have been since March 2020 dealing with the global outbreak of Covid-19.

The pandemic has impacted living conditions on multiple layers, especially in such a prolong emergency situations. Findings from the OCHA report, revealed that emergence of new coping strategies developed in order to meet minimal needs at the humanitarian and socioeconomic levels.⁵

That is in addition to deteriorating an already debilitated education, health and protection services provided by NGOs, INGOs, local initiatives and other associations.⁶

The accumulation of war, displacement and the Covid-19 pandemic disproportionately impacted vulnerable groups and individuals, such as women and girls. A recent report titled “Covid-19 and Women in Syria”, published by Friedrich Ebert and WND, demonstrated

2 UNHCR, Cross Borders Humanitarian Response Fact Sheet, North West Syria, March 2021, [URL](#).

3 OCHA, Humanitarian Needs Overview, Syrian Arab Republic, March 2021, [URL](#).

4 OCHA, Resent Development in Northwest Syria, Situation Report No.26, March 2021, [URL](#), p 8.

5 OCHA, Humanitarian Needs Overview, Syrian Arab Republic, March 2021, [URL](#).

6 OCHA, Humanitarian Needs Overview, Syrian Arab Republic, March 2021, [URL](#), p 7,8,18.



that the effects of Covid-19 on women and girls was tangled with the violence and trauma experienced from war and displacement alongside other burdens and violations such as the “inadequate sexual and reproductive healthcare; strained mental health; and increased gender-based violence.”⁷

The status of girls in Northwest Syria: the rise of negative coping mechanisms

A few reports assessing the situation for girls in the region have highlighted the emergence of negative coping mechanisms in the community including child marriage, forced puberty and suicide. According to the “Voices of Syria 2021” report by UNPF, girls are exposed to numerous forms of Sexual and Gender Based Violence (SGBV). Some of these risks faced by girls in Aleppo include early marriage, family violence, forced puberty, and sexual harassment. As for Idlib, kidnapping and child labor were added to the aforementioned list.⁸

Nonetheless, the two main forms of SGBV often reported by local and international Non-Governmental Organizations (INGOs) were child marriage and forced puberty.

Based on reports by the WND’s protection team, child marriage trends among adolescent girls have been on the increase, particularly in the last two years. UNFPA 2019 similarly highlighted increased rates of forced and early marriages reported in all parts of Syria, including northern parts of Aleppo governorate controlled by Turkish-backed forces.⁹

The report also shed light on the myriad negative consequences for adolescent girls due to the use of this coping strategy. In its 2020 report, World vision, iterated that the continued and radically increasing rate of such harmful practices and abuses against one of the most vulnerable groups in the context of war and displacement can be attributed to inadequate national and international efforts in finding timely and sustainable strategies and solutions.¹⁰

As for the practice of forced puberty of girls, a handful of reports between 2019 and 2021 highlighted the emergence of this new form of SGBV against girls.

According to a report by OCHA published in 2021, reported that some parents were giving hormone pills to their adolescent girls as means to accelerate their puberty.¹¹

In another report by UNFPA, the same violation was similarly reported in some northwest areas and further explained that this practice was taking place to fasten the puberty of the

7 Friedrich Ebert Stiftung, Covid-19 and Women in Syria, [URL](#).

8 UNPF, Voices of Syria, 2021, [URL](#).

9 UNFPA, Voices from Syria 2019, 10 March 2019,

10 World Vision, Stolen Futures: War and Child marriage in Northwest Syria.

11 OCHA, Humanitarian Needs Overview Syrian Arab Republic, 2021, [URL](#).



girls so they can be married earlier.¹²

Furthermore, field reports from WND protection team also report this violation on girls many times in the recent year.

In addition to exposure to SGBV risks, poor mental health outcomes were also reported within the region as a result of the harsh and continuously worsening situation communities to live under. Despite the lack of systematic data on mental wellbeing or lack of, suicide attempts have been reported as a noteworthy risk factors in most of investigation. Recent reports from local and international actors highlighted the increased rates of suicide cases and attempts among several age groups in the northwest areas of Syria in specific. In 2020, OCHA reported a 38% increase in suicide cases in northwest Syria.¹³

In 2021, Save the Children reported that “the number of suicides in the area has been rising sharply over the past year, jumping by 86% from the first three months of 2020”, among them “at least 42 are 15 years old or younger, while 18% are adolescents and young people between the ages of 16 and 20”.¹⁴

However, this report did not apply a gendered lens to the analysis of data, and as such there is no information about the suicide rates among child and adolescent girls specifically.

Despite that, both reports concluded that this increase is a result of the 10 years of continuous war, displacement, and increased poverty; the latter which was heightened due to the negative impact of Covid-19. The build-up of all these factors, especially the inhumane living conditions, have been reported to an extremely increase in stress levels among communities in general. However, the issue of child suicide in particular, raises important questions around existing strategies – if any, by national and international actors to halt and address the extreme violations against children’s rights in such contexts at large and the mitigation of suicide in Northwestern Syria in particular.

12 UNPF, Voices of Syria, 2021, [URL](#).

13 OCHA, SYRIAN ARAB REPUBLIC Recent Developments in Northwest Syria Situation Report No.19 -As of 21 August 2020.

14 Save the Children, North West Syria: Number of suicide attempts and deaths rise sharply, [URL](#).



Sectoral Humanitarian response in Northwest Syria

Education Sector

A joint statement by the regional humanitarian coordinator for the Syria crisis and UNICEF’s regional director for the MENA region, notes that more than 2.4 million children are out of school; nearly 40 percent of them are girls. Last year alone, 52 attacks on educational institutions were confirmed by the UN.¹⁵ UNICEF’s response to the education crisis in Northwestern of Syria has been represented by the establishment of ‘the Education Cluster’ since 2018.¹⁶ Along with the support provided from the education cluster, the education ministry of SIG, the Turkish education ministry, NGOs and community-based initiatives are running educational centres and services in the Northwestern of Syria. However, and unfortunately, all these efforts are barely scratching the surface of the educational crisis that started 10 years ago and still.

Health Sector

Since the onset of the Syrian Revolution and then the war in 2011, health sectors and workers have been under direct and brutal bombardment and shelling mostly by the Syrian regime forces and allies. Under the International law, health facilities should be out of the war zones and targets, however, in Syria, attacking the health facilities is one of the war strategies. According to the recent report by IRC in 2021 it was found that “59% of Syrians surveyed were directly affected by attacks on the health system; 78% of health care personnel surveyed witnessed at least one attack, with some respondents citing up to 20 incidents, with the average being four”¹⁷

Protection Sector

Protection cluster was established by OCHA, led by UNICEF, and currently managed by Word Vision to organize and support the protection efforts of more than 150 organizations and initiatives working in Northwestern Syria. 150 organizations and initiatives are gathered in this cluster. They meet once a month to share reports and discuss emerging issues related to children. However, not all of these 150 members are active or have a sustained impact. Some of them are short-term projects that exist for 6 or 12 months and then dissolve.

15 UNICEF, statement, January 2021, [URL](#).

16 OCHA, Syrian Arab Republic: Cross Border Humanitarian Reach and Activities from Turkey - Feb 2021 [EN], [URL](#).

17 IRC, Syrian American Medical Society Foundation UOSSM: “A Decade of Destruction: Attacks on health care in Syria”, [URL](#).

Methodology and study design

Research Aim

This study holistically examines the situation of one of the most vulnerable groups in conflict contexts **-adolescent girls-** in the Northwestern areas of Syria, which ranks among the most affected areas in Syria since the outbreak of the Syrian Revolution in 2011. More specifically, it aims to better understand the life situation of adolescent girls from an intersectional and contextual perspective through exploring possible risk and protective factors experienced by the girls within their community as well as examining the existing multi-sectoral response addressing their needs.

Research Questions

1. What is the current status of adolescent girls in Northwest Syria and how are they affected by the prolonged, multi-layered crisis, conflict and COVID-19 implications?
2. What are the main risks adolescent girls face in the communities with a focus on gender-based violence, child, early and forced marriage and mental health?
3. How are the existing community structures and services responding to the needs of girls and young women and what are the gaps?

Research Methodology

Study Design.

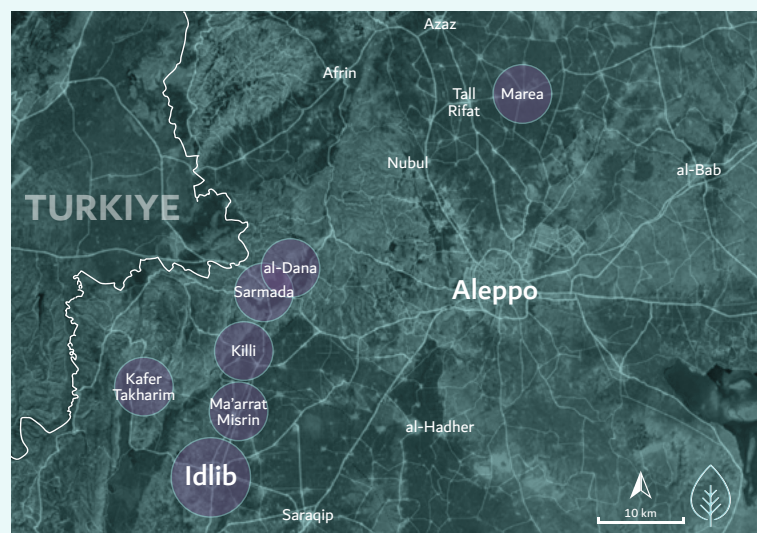
This is a cross-sectional study using mixed-methods that serve the aim of the study. The research team employed intersectional feminist methodologies throughout the study: from design to implementation and analysis.

Research Area.

This study covers 11 areas in the Northwest of Syria (Marea, Killi, Idlib the city, Kafer Takharim, Maaret Misrin, Ad Dana and 4 displacement sites (camps); two camps in Killi and 2 camps in Maret Misrin.

The selection of the areas is based on three major factors:

1. **Safety Concerns/Type of camp:** Two types of camps were identified in research area: organized camps (OC)



and random camps (RC). OCs are sites of IDPs that are supervised by several NGOs. Each OC has a management that is under the supervision of an IDP office within the (SIG). RC are informal camps set by IDPs themselves and has no supervisory party. For safety and logistical reasons (field research permit), study implementation was limited to OCs

2. **Accessibility:** Due to the sensitive nature of the study, the research team prioritized areas of implementation previously targeted by WND teams and where trust was built. Such relations were especially useful to secure entry permit to the camps.
3. **Representativeness and diversity of areas/population:** sites of implementation were varied to capture various experiences of girls. The geopolitics for the region was thoroughly considered when selecting sites to ensure diversity of participants. For instance, while Marea (suburbs Aleppo) was controlled by Turkey-backed armed groups, the other areas selected areas in Idlib suburbs were under the control of SIG and the armed opposition groups HTS.¹⁸

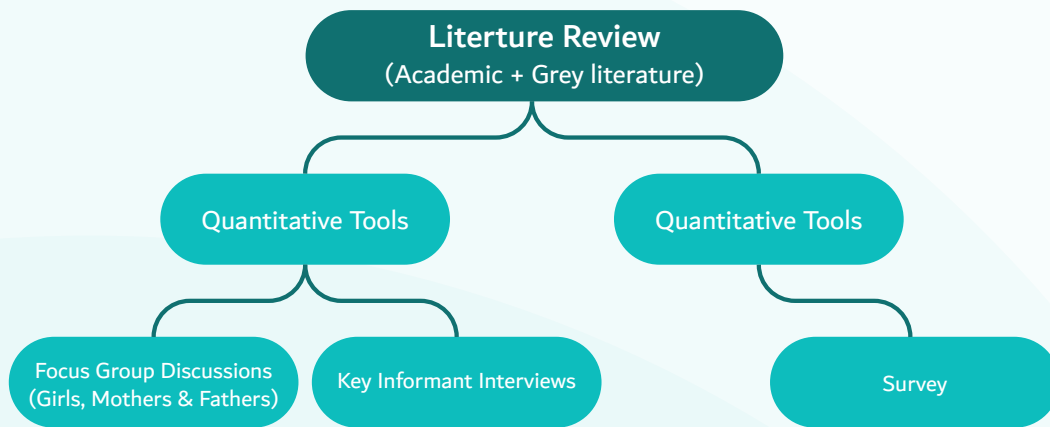
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18 The Syrian Salvation Government SIG is a de facto alternative government of the Syrian opposition in Idlib Governorate, formed in early November 2017. There followed weeks of conflict between the SSG and the Syrian Interim Government (SIG), with reports of Hayat Tahrir al-Sham (HTS) unilaterally disbanding several SIG-supported local councils across northwestern Syria. [URL](#)

19 The Turkish forces took control over the area through a military invasion under the name of (Dereef Alfurat) in 2016.

20 The Syrian Salvation Government SIG is a de facto alternative government of the Syrian opposition in Idlib



Study Methods & Tools.

The research process included three main pillars: literature review; qualitative approaches; and quantitative approaches. Literature search included review of peer reviewed academic articles and grey literature (NGO reports, WND protection team internal data and reports, among others) on the status of girls and response to their needs in Northwestern Syria. Information from literature search was used to guide the development of relevant qualitative and quantitative tools to best answer the research questions.

Qualitative Instruments: Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs). Both tools included open-ended questions to better understanding the main challenges, coping strategies, current responses and recommendations from relevant target group.

Quantitative Instruments: Survey which included questions on the number and type of services provided in CP, protection, health and education sectors, the main challenges they face in performing their work, and the main risks faced by the adolescent girls.

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Data Collection

Participant selection:

Research Tool	Target Population	Recruitment Inclusion
FGDs	Girls	Ages between 12-17 Living in the 11 selected areas within Northwestern Syria Exclusion: due to time constraints and Covid restrictions, girls with mental and physical disabilities were not included.
	Mothers	Have a daughter between 12-17 Living in the 11 selected areas within Northwestern Syria
	Fathers	Have a daughter between 12-17 Living in the 11 selected areas within Northwestern Syria
KIIs	Key Actros	Works in one of the following sectors: Protection/GBV, health or education Work focus on girls and young women
Survey	Service providers	Works in one of the following sectors: Protection/GBV, health or education Work focus on girls and young women

Procedure:

Data collection and verification period took 3 months from March - May 2021. WND team collaborated with Hurras Network team to enable accessibility for hard-to-reach girls in the area of research implementation. Prior to implementation, field research teams from both organizations (WND and Hurras Netowrk) were trained by WND research department on qualitative research methods, research ethics, and child protection ethics and guidelines. The recruitment process relied on convenient sampling by persons who frequented service delivery centers and who fit the participant selection criteria (inclusion and exclusion).



Special considerations:

- **FGDs with girls were subdivided by age groups:** between 12-14 and 15-17. This was to account for cognitive developmental difference across the age groups and to increase the homogeneity of FGD participants.
- **Gender segregation of parental groups:** FGDs with Mother and Fathers separately. This was done to respect the social norms in the communities, to avoid gender power dynamics between men and women that may hinder the active participation of women in discussions; and to provide a safe and open space for both groups to express their thoughts and opinions freely.

By the end of implementation, a total of:

- 7 FGDs were conducted with Girls between 12-17: 45 participants.
- 4 FGDs were conducted with Mothers of 12–17-year-old girls: 24 participants
- 4 FGDs were conducted with Fathers of 12–17-year-old girls: 24 participants
- 14 KIIs were conducted with actors from GBV/child protection; health and education sectors: 14 sectoral interviews
- 62 Surveys were collected from representatives of service providers responding to the needs of girls

[{Full details under Annex 1}](#)

Challenges and limitations.

The research team faced several challenges during the research process.

1. Data collection was done during the Holy month of Ramadan and Eid al-Fitr. This affected the team's ability to collect the data, as well as the participant's physical and psychological ability to participate in the research process. To accommodate, the data collection period was extended as needed.
2. The combination of conducting a study in a non-state and conflict zone, coupled with the sensitivity of the topics made it hard for the research team to access and retrieve accurate statistics regarding the GBV, SGBV among other data. This was somewhat overcome by conducting a review of grey literature and relying on available data from WND and Hurras field/protection teams.
3. Due to Covid-19 social restriction guideline, it was difficult to gather more than 7 persons in one place. We were keen to follow the hygiene and distance instructions to keep the safety of the research team and participants. As such, the field research team contacted the participants especially from the health and protection sectors one week ahead to

guarantee their availability. In cases where the interviews were cancelled, the research team contacted other persons who fit the criteria to do the interviews.

Ethics of the research

All participation in this study was done on voluntary basis. Written [\[Annex 2\]](#) was obtained from all participants before participation and they were inducted on their rights to withdraw at any step in the process. They were also ensured that this will not result in any dire consequences to their participation in other WND projects or services. Additionally, each member of the field research signed a confidentiality document [Refer to Annex 3] to guarantee the protection of information and no personal identifiers were collected from participants.

Moreover, the safety of research teams and participants was accounted for. For participants, this was done by: the contextual sensitivity in developing study instruments; the discussion and acknowledgement of social norms and specificities of each community during implementation; and the continuous monitoring of the security situation to minimize any risks. As for the safety of research teams, this was done by: the collection of approval documents from authorities before field data collection and the continuous monitoring and update of security situation before every field visit.



Main Findings

Overview of the living situation

This findings section is based on the analysis of data collected using the different research tools. Three (3) main sections are presented below: 1. Overview of living situation for girls in Norwest Syria; 2. Protective and risk factors; 3. Response plan and service delivery. The first section synthesized the outputs of FGDs with girls and their parents. Findings from these sections were based primarily on the personal reports from girls and were verified by triangulation of the data with the shared perspectives of Mothers and Fathers (collected from respective FGDs). The second section incorporates data collected from FGDs, KIIs and the survey. It compares data collected from community members with that from service providers to provide a holistic view of risk and protective factors. The third and last section is based on data collected from the quantitative survey and KIIs conducted with key humanitarian actors and service providers.

Unique living conditions

In general, most of the participated girls expressed the hardness of the situations they live as adolescents and expressed various burdens and challenges in their everyday living reality. Almost all participants referenced displacement and war conditions as the main causes of these challenges. They all wished these difficult situations to end and to return to their place of origin.

“The displacement and life in the camp are the main sources of pressure. When we moved here, there were no people around us, now the camp is full, we cannot go out of the tent, our parents are getting stricter about it, they say that there are men working outside and we should not go out, but inside its very hot, and now it is Ramadan. I hope I can go back to my house and get rid of the life in the camp” ~ 16 year, Rahaf/ FGD²¹

Living in such dire situations for a long time prevented most girls from continuing their education or made it increasingly challenging to them to keep **going to school** due to the constant shelling. In addition, the girls expressed how much they miss their friends and relatives and feel restricted from **moving freely** outside their neighbourhoods or sometimes outside their tents. [Details associated with these two main challenges are elaborated on in separate sections below]. Moreover, comparative analysis of FGDs discussion revealed that the nature of challenges differed between the girls living in houses and those living in camps and displacement sites. In addition to the aforementioned challenges experiences by all

21 All names of participants were changed to safeguard their privacy



respondents, girls living in camp had to carry additional burdens unique to camp settings. For instance, in winter they have to cope with the mud and cold, and in summer, they can hardly breathe because of the heat and the loss of electricity. Despite that the aforementioned challenges, all of the girls demonstrated increased levels of hope. Girls living in home and in camps both expressed their desire to become effective women in their societies; doctors, teachers and engineers, even for girls who are not attending schools. They still hope to have a future but do not know how.

Triangulating this information with that collected from Mothers and fathers paints similar findings. Both groups articulate the **harsh situations** that adolescent girls have to deal with on a daily basis. Most of the participated parents showed empathy with the girls and understanding that they live in difficult situations in terms of education, economic conditions, lack of movement, living in crowded places, insecurity, and war related settings. However, we found that the perspective and language mothers use to explain and analyse their daughters' situations differed in many aspects from those of fathers.

Mothers showed more empathy towards the girls, and they acknowledged that the girls were deprived of their basic requirements and rights. Moreover, mothers' groups only discussed the high psychological stress that girls live under and its impact on the wellbeing of their daughters. Some mothers stated that their daughters are in trauma because of the sounds of the shelling and air crafts and have become afraid to move alone even between the rooms of the house; with some becoming aggressive and antisocial. The majority of respondents, however, associated the increased stress experienced by their daughters with: the inability of girls to wear "what girls should wear" at their age because of the poor economic situation; the inability to move freely in their neighborhoods due to the repeated kidnapping accidents and the sexual harassment they face on the street or in the camp; and the gender discrimination girls faced within the household in comparison to their male siblings especially having to shoulder all household domestic responsibilities (i.e. support in cooking and cleaning). Most of these mothers showed feelings of guilt and helplessness towards their inability to change this reality for their daughters.

As for **Fathers**, even though they demonstrated empathy towards their daughters, many of them put abiding with social norms and traditions first. For example, despite acknowledging the challenging living situations that girls experience, their primary expressed concern was the "cell phone in the hands of the girls." This issue was raised in all four (4) FGDs and fathers in all agreed that phone usage by their daughters must be monitored or even restricted by mothers. Upon further exploration, this issue was found to be associated with perceived protection concerns from the fathers linked with the fear that girls may break the social norms of gender segregation. Lastly, some fathers expressed negative feelings towards their daughters' inability to understand and empathize with their suffering and linked this with their gendered expectation that girl's responsibility is to take care of them until they die.



These different gendered perceptions and approaches between mothers' and fathers to and of their daughters show the gender dynamics and power relations within families and communities surrounding the girls. The mothers are closer to the girls, they feel their needs and understand their situations; they were once girls themselves and know what it means to live in such conditions. Nevertheless, they feel more responsible for supervising the girls than the fathers, since this is the role associated with them as mothers; to raise the girls according to the accepted gender norms of society, and when mothers fail, they are the first people to be blamed and stigmatized. On the other hand, fathers tended to distance themselves from their daughters even when they sympathized with them and wished them a better life. Fathers clearly expressed their expectations that their adolescent daughters should not crossing red lines of social norms that could put their father in a shameful position. Such patriarchal discourse has its roots in many Syrian contexts and communities even before 2011, but evidence continues to demonstrate that it is reinforced in displacement and war situation, thus making girls one of the most vulnerable groups in Northwest Syria from an intersectional feminist perspective.

Access to Quality Education

Comparative analysis between the different FGDs conducted with girls demonstrate a significant different pattern in school attendance associated with their type of residence. Even though most of the respondents who reported living in apartments or houses were **enrolled in schools**, only a third of girls living in camp settings did so.

Girls who attended school reported different types of challenges faced there. Most respondents complained about the density and difficulty of the curriculum and study materials. Some girls with lower socio-economic means revealed facing discrimination by some teachers who favored girls who came from more privileged socio-economic backgrounds. Lastly, many girls noted how fearful they are that they may not be able to finish their education because of the war situation.

When asking the girls about any activities they attend other than schools or mosques, 58% of them answered that they attended some workshops like sewing and handmade, language trainings (English and Turkish), and psychosocial support sessions. Most of them articulate that they would like to have such activities more often and asked for other types of trainings and workshops like computer, vocational trainings, sports, recycling, and nursing. In addition, those girls enrolled in schools wished to have more trainings and centers to support them in some materials (Mathematics, English, Arabic and Turkish). On the other hand, most of the girls living in the camps express that they do not attend any other activities, but going to the mosques²²

22 Further elaboration on the association of adolescent girls and mosques will be clarified in the analysis and discussions section.



Restriction of Movement

Girls reported that their mobility is restricted by their parents and that it was getting stricter after displacement. Both Mothers and Fathers corroborated this, often citing perceived protection from different forms of SGBV and the expectations from girls to abide to domestic role within the household. Parents reported fear the community outside the tent as they do not know them, and they fear sexual harassment from boys and men who gather outside their tents. Inside the tent, the situation is no better, with most girls complaining about the crowded spaces as more than one family lives together. This puts even more pressure on the girls, as some of them cannot even feel comfortable inside the tent, and they have to serve the men in the families and help mothers in the household.

As stated by one participant:

“When they go outside the house they will be exposed to vocal or sexual harassment by young men. And inside the house- as you know- adolescent girls in this age need to sleep since their body is growing- they cannot organize their times since the brothers may ask her any time to prepare food or make tea. Sometimes she resists and says that she does not want to do things and she wants to sleep. She is living with many families, she wants to be more independent like her sister-in-law, but she cannot”.

~Um Samer, Mother/FGD

Covid-19

All of the girls expressed that **Covid-19 has made the situation worse**. It is now more difficult for girls enrolled in schools to follow the curriculum.

They do not find that online sessions as a good alternative of normal school attendance, especially because the Internet is not available for all of them, and even if they have an Internet connection, it often fails due to its poor quality. In addition, Covid-19 closed for all of the girls the few opportunities they used to have to get out of their homes and tents, such as going to mosques or visiting members of their families or neighbors.

These are of course in addition to girls' fear of contracting Corona or infecting one of their family members. For one example, the participation rate of women and girls in activities running at the WN centers in Idlib and Aleppo dropped dramatically during the Covid 19 period (Samar, protection team). Protection team provided alternative solutions such as online sessions, however, the rate dropped for many overlapping reasons: 1) the lack of internet and electricity for most participants, 2) many girls see access to the centers as one of their motivations for participating in activities, while online sessions mean they have to stay in crowded houses or tents with no privacy 3) even when WN started to conduct



activities at the centers under Covid-19 security regulations, not many participants were able to participate because the allowed number was limited and babysitting services were stopped during the Corona period.

Exploration of risk and protective factors affecting girls: rise of negative coping mechanisms

Child, Early and Forced marriage (CEFM)

The topic of CEFM was raised by participants in all FGDs with mothers and fathers even before probing for it specifically. The rhetoric shared by participants indicated that they often saw the practice as a violation against adolescent girls; a source of pressure on them; and sometimes as a protective act done by families due the hard socio-economic situation, insecurity and displacement.

Adolescent girls: Almost all girls were in principle against early marriage and found 20 or after as an acceptable age for marriage. Mainly because they saw that girls should continue their education and gain some experience in life before marriage. About 25% of the girls stated that the decision to marry now at a young age is only a strategy to get rid of domestic violence, poverty, or to continue their education.

Mothers: 50% are against early marriage in wartime and peacetime and consider 18 years and above as the proper age for marriage. They justified this stance by expressing that early marriage prevents girls from continuing their studies which hinder their ability to have agency over their future.

Moreover, they mentioned that child brides did not know how to be responsible for a family, and in most cases, this resulted in divorce because they were neither mature nor ready.

In addition, mothers explained the harmful effects on the bodies and mental health of girls due to the complications of child pregnancy and rearing, in addition to the negative effects on children raised by uneducated mothers.

Remarkably, some of the mothers who spoke out against early marriage were themselves married at a young age or have forced their girls into child marriage have experienced the disastrous consequences of this practice. One mother stated:

“I do not want my daughter to live my experience, I was unable to take care of my husband, I did not understand the responsibility of marriage, or understand my husband, I suffered a lot. I am against early marriage”
(Salam, 43 years, a mother of 7 children). ~ Salam, Mother/FGD



When probing for differences between war and peace times, 43% of the mothers were with child marriage in the current situations but against it in peacetimes and saw that 17 or 18 is the right age for marriage. Mothers elaborated that marriage could be better for girls in displacement situations and especially in the camps. They justified this stance because they believed marriage protected girls from harassment and kept them safe (Sutra). Moreover, some of them stated that they accepted the marriage of their girls due to the bad economic situations. The remaining respondents were however convinced that marriage is good for girls and it is better to get married at an early age which helps them to cope with the family of the husband. They state that puberty is a good age for marriage.

Fathers: When asked about their stance on child marriage in peace vs war times, 62% of fathers were totally against girls' marriage before 18 in war and peacetimes. They explained that girls in early years were unable to choose the right person or assume the responsibilities of running a family. One of the respondents mentioned, "even it is accepted in the Islamic religion however, it is wrong as a social practice". A religious leader in one of the FGDs added that he sometimes refused to run religious marriage contracts when he knew that the girl was under 12 or 13 years old, he also mentioned that currently the number of these cases are increasing dramatically compared with the period before 2011.

On the other hand, 17% of respondents answered that they do not mind the marriage of girls with age 15 and above, especially in such situations where fathers are less able of providing the minimum needs and protection to them. Two (2) participants answered that they do not mind early marriage in peacetimes but refuse it in the current. Their justification is that now they cannot check the family and reputation of the men asking for marriage, while before, they knew most men or at least could use their social network to get feedback.

We can conclude that the percentages of fathers who expressed stances against early and child marriage is higher than that of mothers. However, these percentages require more investigation, especially that they contradict with the finding that CEFM trends are on the rise while noting that fathers are the final decision makers on such familial issues. One explanation could be that more mothers are becoming the sole breadwinners of families in wartime due to the absence of men in families (death, disappearance, imprisonment, etc.), which means that more mothers may be carrying this decision-making position or may be forced by the other men in the families, to accept the early marriage of their daughters. Another interpretation could be that men might feel shame in announcing that they do not mind early and child marriage in front of their peers in FGDs, as it displays their helplessness to abide by their gender role of being the protective provider for their families and daughters. Triangulating these findings with data collected from service providers in the area, confirm the trends of dramatic increase of CEFM in Northwestern Syria. Interviews with sectoral staff also shed a light on the consequences of the practice on girls with a PSS worker emphasizing links between CEFM with mental health problems, reproductive issues and GBV.



In terms of mental health, one worker clarified “Early marriage is one of the main causes of mental and psychological problems for girls in these areas. They become more aggressive or depressed because they are unable to cope with the new roles and responsibilities. In some cases, the girls tried to commit suicide to end their misery.” In terms of reproductive health and rights, these girls are under the pressure of not being able to have children, which could lead to being divorced, or that the husband will have a second wife. Moreover, gynaecologists mention that there are some cases where they had to do Hysterectomy surgeries for women in ages between 20 and 25 years because of having more than 4 of 5 caesarean surgeries. Lastly, CEFM was associated with exposure to other types of GBV and social discrimination against girls, which included but were not limited to having to remarry in case of husband’s death, in addition to the stigma and social rejection in case of divorce.

According to sectoral actors, most organizations focusing on protection provide awareness sessions about the hazards of CEFM on girls and society. Some of these organizations run innovative activities that speak to the realities of married girls. This is exemplified by the “Young Mothers Clubs” run by Shafak Organization and WND, which is aimed, to empower married girls by providing them with information regarding reproductive health, pregnancy, family planning among other identified needs.

Forced puberty

Several published reports in the past few years highlighted the practice of making girls use hormonal pills, by their parents, to expedite puberty. This practice was used as means to increase the chances of marrying girls at a younger age. This study findings contradicts with these findings. Despite probing, none of the FGD participants from this study indicated that they knew of the issue. In few groups, however, some parents articulated that this practice could be happening somewhere else but not in their area.

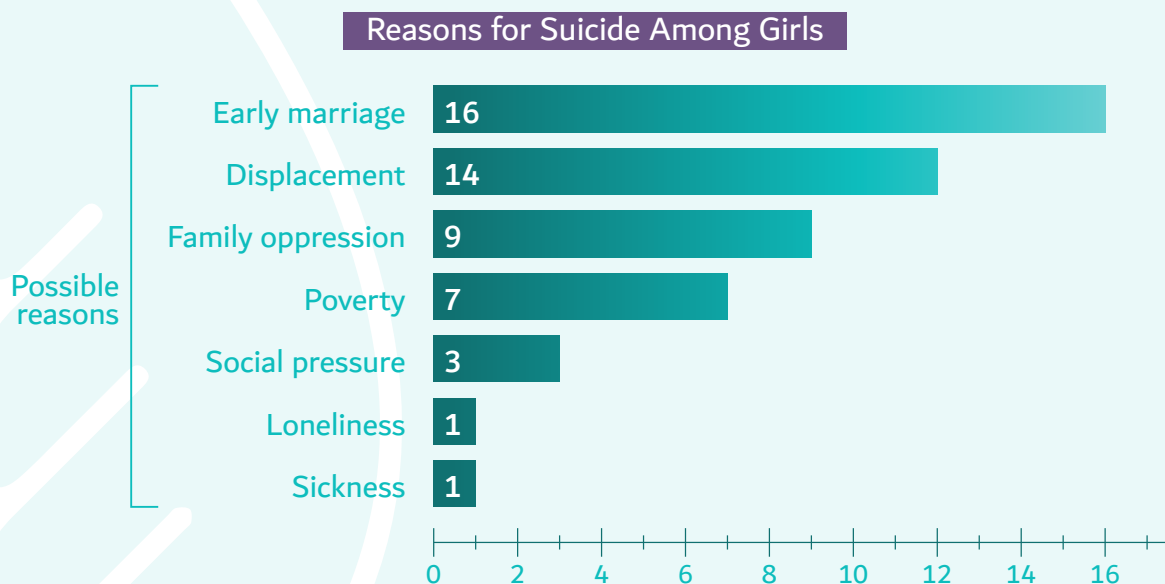
Triangulating FGD findings with those from KIIs and survey, mostly paints a similar picture. Health care, GBV and CP staff in most areas said they did not know of the practice within their area. Only one gynecologist in Idlib stated that this phenomenon existed and that many parents asked her for hormone pills, but she always refuses to give it to them. She further elaborated that:

“This is a very harmful act against the girls; it affects their reproductive and mental health. In addition, they will face many complications in the sexual relations with their partners, pregnancy, delivering the baby and breastfeeding since they are not ready mentally and physically to be in such situations. In addition, such practice can have further impact on the body of the girl; it could cause hirsutism, affect the functionality of the period (infrequent period or abnormal bleeding), ovaries, and the uterus, and may cause congenital malformations of the fetus”. ~ Health care staff/ KIIs

The lack of information on this practice from community groups and interviews/survey with sectoral key informants, despite evidence from other reports, can be due to several reasons. One, it could be that the use of the practice has been reduced or eliminated recently; however, this does not warrant why it was not mentioned by sectoral actors retrospectively. Another justification for community groups can be the sensitive and ethical nature of the topic. It could be that girl and their parents were not comfortable sharing this information with the research team due to feelings of shame or fear of legal consequences. The latter could also explain why sectoral staff may have wished to withhold this information. Lastly, it could also be that communities are accessing the pills directly; for example, through going to pharmacies, which is needs further investigation in future research.

Self-harm: suicide

In this study, we asked the participants in the parents FGDS, CP, GBV, education and health sectors in regards of the suicide phenomena in their areas. Almost all mothers (92%) said that they did not hear about such cases. Two mothers shared suicide cases they heard about: the first about a young man who committed suicide in Marea and the other about a woman “who killed herself because of the violence against her by her husband, she burned herself”. However, no suicide cases by adolescent girls were mentioned.



In the FGDs with Fathers, only 20% stated that there are no such cases, while the majority others agreed about the presence of more suicide attempts among girls. One respondent from Idlib stated, “A girl from our village was forced to be married, she had a fight with her husband, she committed suicide after her husband threatened her to marry a second woman”. Gassan, a father who lives in one of the camps in Sarmda also mentioned that he heard about many cases of girls who ended their lives because of the pressures associated



with divorce. Moreover, a father from Maaret Misrin added, “since 6 months, the Imam in the mosque announced the death of a 17 years old girl who committed suicide because her father forced her to be engaged to her cousin”.

When probing for triggers of girls’ suicide in the area, the following were the reasons most frequently cited by parents for suicide and self-harm among adolescent girls.

In general, the issue of suicide was not hard to discuss with the parents, even though we expected more resistant due to its social, emotional and religious sensitivities. The head of child protection sector in Hurras Network organization provided the following analysis for this acceptance:

“The circumstances and contexts are changing rapidly in these areas. Some years later, we heard about some cases where the girls threatened their parents to take Gas pills* when the parents put them under extreme psychological stress. Some of these girls unfortunately did it. The parents now know that this could happen, and they hear many stories about girls and boys who suicided”

Triangulating data from communities with that of service provider showed that parents were more open to talk about suicide cases and attempts than the workers in GBV, protection and health sectors. This could be associated with confidentiality guidelines that sectoral staff have to abide by and/or the sensitivity of the topic as well as the possible consequences that they may face by communities or authorities if they disclose. Additionally, experts in the aforementioned fields explained that it is difficult to deal with suicide attempts in general due to social constraints and the parents’ fear of being stigmatized by society for such practices by their daughter.

The only respondent who shared information was a midwife from the health sector. According to her, she received many cases of suicide attempts among adolescent girls. She elaborated that these attempts include “burning themselves, drinking poisons, or taking large number of [blood] pressure control medications”. She described the last case “the whole experience was very hard; we barely could calm her down. She was 15 years old; it was hard to gain her trust that we were here to support her. We told her that religiously, what she did was Haram [unholy] and there was nothing in life worth to end her life”. According to the midwife, the reason of this suicide attempt was that the girl was in love with a person, but her family refused this person.

Stopping Education

Many girls articulated in the FGDs that their parents asked them to stop going to the schools and shared reasons including: repeated displacements, not having transportation to and from school, the increased distance of school from residence, and having to take care of their younger siblings and other housework.



As for parents, most of the participants stated that one of the first reactions to the current situation was to prevent their adolescent girls from attending schools. According to parents, this was also due to the displacement situation; dire economic, insecurity, and the fear of exposure to GBV. Moreover, some parents explained that they did so because they had to send their daughters to work in agriculture for needed financial support. Huda a mother of 7 children in Marea said “I send my daughters to work in land in the early hours in the morning until 11 am. They pay them 9 Turkish Liras. My daughters returned extremely tired, and I prepare some food for them before they sleep”. Even though parents stopped their girls from going to school, still most of them expressed concerns about having to do so while realizing that it was a mistake. They explained that this act destroyed their girls’ futures and that of their future children.

According to the teachers interviewed, prior to Covid-19, the main reasons parents gave for dismissing their daughters were displacement, early and child marriage, increased transportation costs to some schools (especially for girls living in the camps), insecurity (kidnapping and sexual harassment), the inability of schools to heat students in the winter, overcrowded classes, low quality of education, economic situation, and child labor. The Covid-19 pandemic added more burdens, even for parents who used to send their daughters to school. As such, some parents had to dismiss their daughters due to the frequent closing of schools; the difficulty of following on-line teaching strategies, which required more efforts and time from parents that they did not have; and the increased costs of internet, smart phones or computers required for their daughters to follow the online sessions and which they could not afford.

In addition, the interviewed educators addressed difficulties associated with the educational system itself. Most teachers work almost on a voluntary basis. They teach in unprepared buildings, where some schools do not even have study seats. In addition, some schools have 50 students in one room due to the increased number of displaced students. Another obstacle mentioned by many teachers was that they did not feel safe since some parents belonged to armed groups, and often used their authority to attack the teaching team when problems arose with their children.

However, asking educators about the rates of enrolled girls compared to boys, the percentages were almost similar. Most teachers indicated that girls were more engaged in the educational process than the boys and that their grades were usually higher. In fact, the internal report of Hurras Network of Manahel Schools (2020) showed that 51% of the students were girls. More research is needed on the education sector from a gender perspective. It is important to understand the gendered impact of displacement, dire economic conditions, and the war situation on the enrolment and performance of adolescent girls and boys in schools. This will help develop more effective interventions that can improve enrolment rates and the educational process for both genders.



Perceived protective factor: going to mosques

Adolescent girls receiving education in mosques were mentioned in all the FGDs with girls, mothers and fathers. In accordance with WND protection team in the study area, mosques provide specific classes targeting girls where they learn Quraan and Islamic Fiqh (jurisprudence). As reported by the girls, they find in these sessions a window to leave the camps/houses, meet people and learn something new. Moreover, many of the girls declared that attending these sessions was not only useful to learn new knowledge, but was rather supportive of their psychological wellbeing. Mother groups also confirmed that their girls attended these classes, at most times with their mothers. Most of the mothers and the girls showed their frustration for not being able to attend these classes in the last year due to Covid-19 situations.

As for Fathers, most of them seemed comfortable sending their daughters to the mosques, especially that most of these places are close to their place of residence. Even though Father expressed their preference to have their daughters attending formal schooling, but in the case they were not able to do so, they mentioned their preference to send their daughters to educational sessions at the mosque instead of to NGO centers (non-formal education).

Responses and services provided to adolescent girls (health, education, and protection)

All existing sectors are trying their utmost to fill the gaps in the absence of a state, holistic solutions and in the situation of ongoing war and human rights violations at all levels. In terms of adolescent girls, the scene looks pessimistic, despite the efforts of civil society organizations and initiatives and the support of some community members to mitigate the damage and respond to emerging needs.

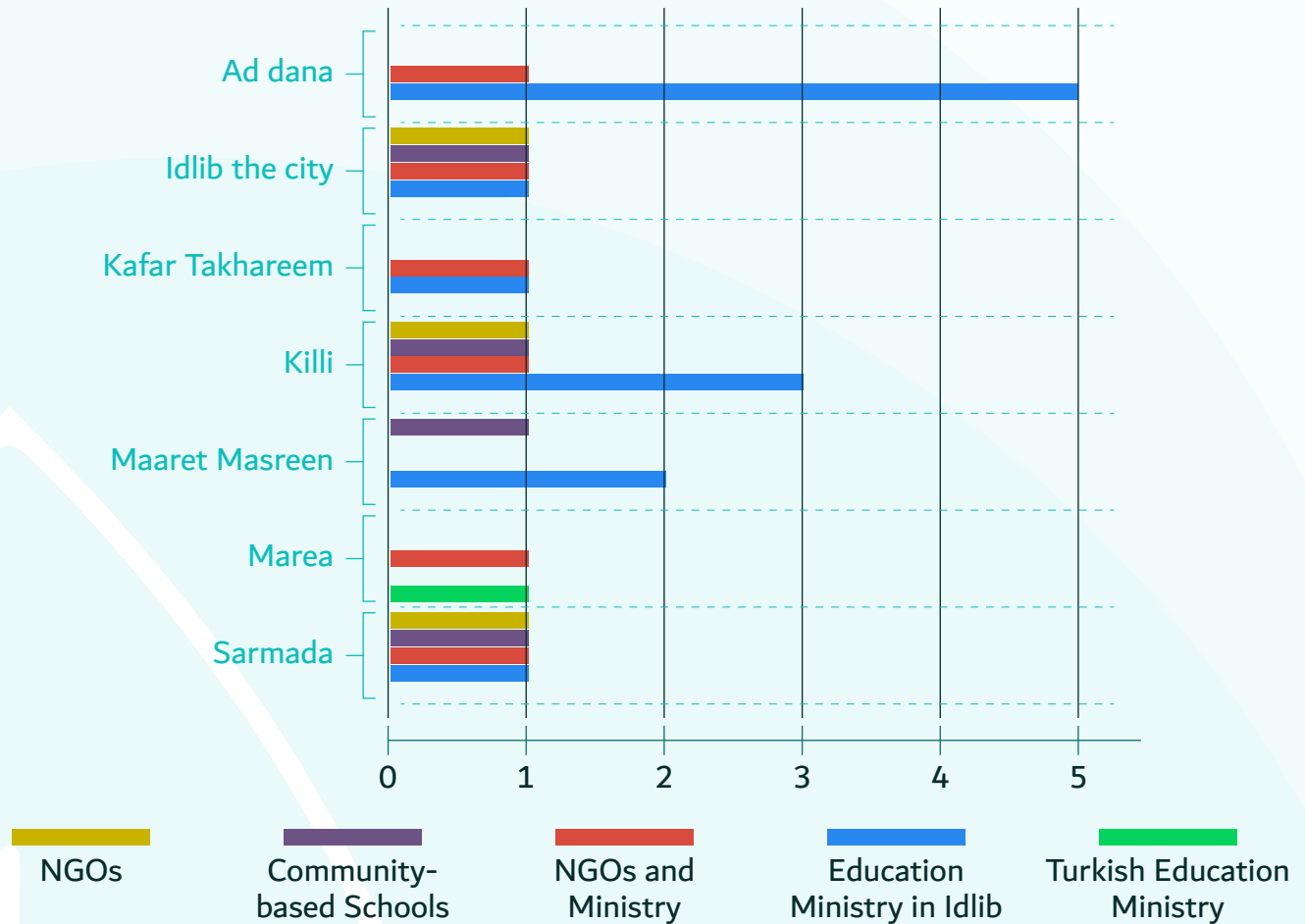
In the following section, we outline how some key sectors and service providers are responding to the situation of adolescent girls and the challenges and gaps they face.

Education sector

According to the interviewed educators, the number of existing schools was not enough compared with the number of the children residing in the area. In addition, the locations of most schools was identified as far from the place of residence of girls, which imposed significant challenges in accessing education both for children residing in camps as well as residential settings.

Moreover, it also worth noting that the majority of schools and non-formal education centers continue performing under frequent shelling, minimum resources, increased number of displaced students, shortage in the education team, and most recently the imposed

restriction due to Covid-19. Because of the aforementioned, these educational spaces are no longer considered safe spaces for children in general and for girls in particular.



To address these challenges, many educational centers revealed innovative plans and strategies to encourage parents to enroll their daughters in non-formal education. For example, in camp settings, some civil society initiatives created mobile educational centers, such as tents for education. Despite their success, these tents couldn't not accommodate for the whole number of out-of-school girls. That was in addition to the lack of ability to provide regular and sustainable education as compared to formal schooling. Moreover, challenges in demand included increased drop out due to: child marriages; the need to support parents financially by working in agriculture; restrictive social norms; and the inability to see future benefits of alternative education, especially that it does not provide any form of certification.²³

Covid-19 posed further challenges to continue education. Local efforts included the provision of: self-learning packages/kit; online learning through WhatsApp groups; and peer-educational

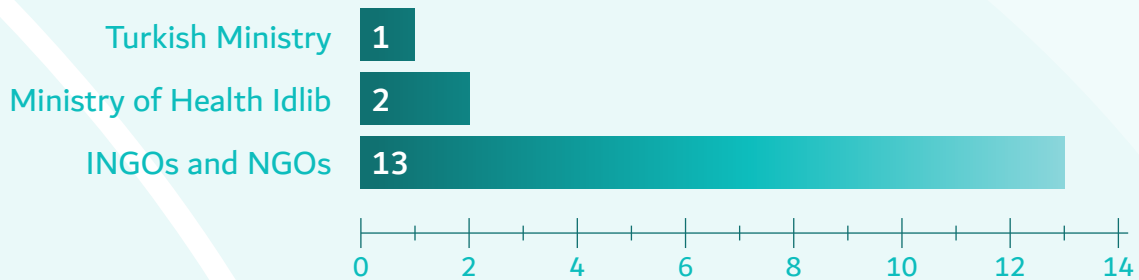
23 For more insights on the education's situation in the northwestern area, read "Strengthening coordinated education planning and response in crises: Syria case study", [URL](#).

volunteering by college students. However, these respectful local efforts could not fill the noticeable gaps in the education sector nor should be a replacement for a justifiably needed structured solution by the ruling governments and authorities or humanitarian actors.

Health sector

Data from survey and KIIs demonstrate that Health care staff in existing facilities in the Northwestern areas are overwhelmed with the work and effort they must provide under wartime conditions. Covid-19 added an additional layer of severity to these circumstances. According to Dr. Rafea, at the surgical hospital in Idlib, the entire medical team was infected with Corona, which further hindered the ability to provide services to community.

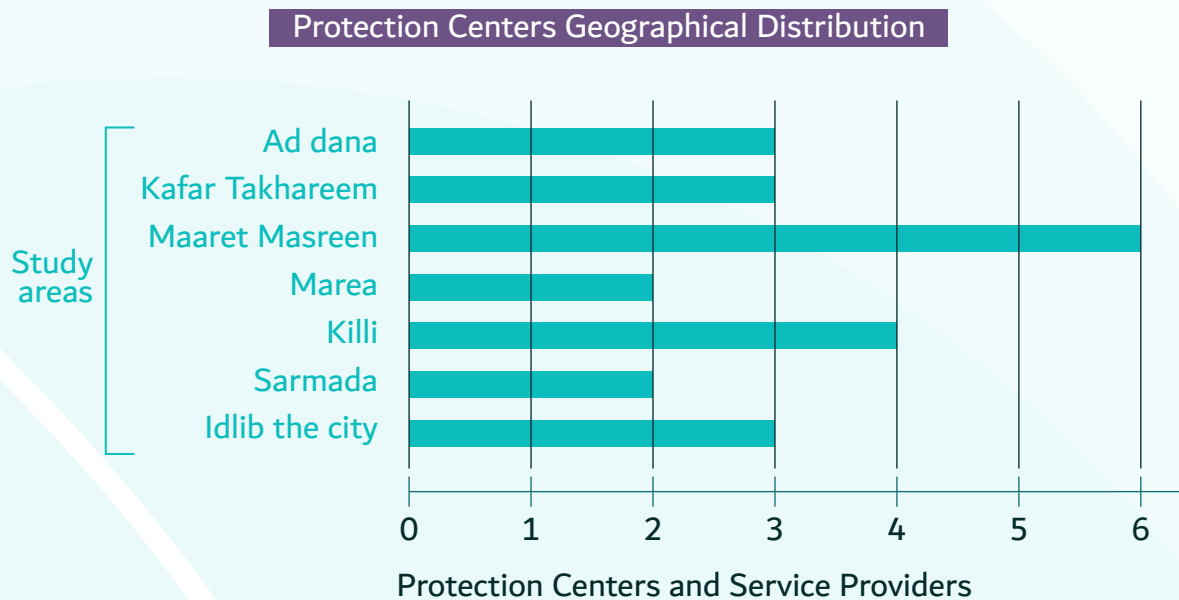
Entities Responsible of Running Healthcare Centers



Moreover, assessing the provision of sexual and reproductive health for girls revealed several structural gaps in need of addressing. Most health workers indicated that hospitals lacked obstetricians and gynecologists, as well as basic medical equipment for surgical procedures and medications. This was further exacerbated with Covid-19, since Gynecologists were unable to treat women and girls in quarantine rooms due to a lack of Personal Protective Equipment necessary for their work. Additionally, many providers expressed deep concern about the increasing numbers of child pregnancy for girls between 12-17. The lack of awareness within the community about the negative impacts of child pregnancy, coupled with the limited availability of qualified human resources in reproductive health and lack of needed equipment, pose an immense risk for the health of girls in general but more specifically the reproductive health of married girls.

Protection sector

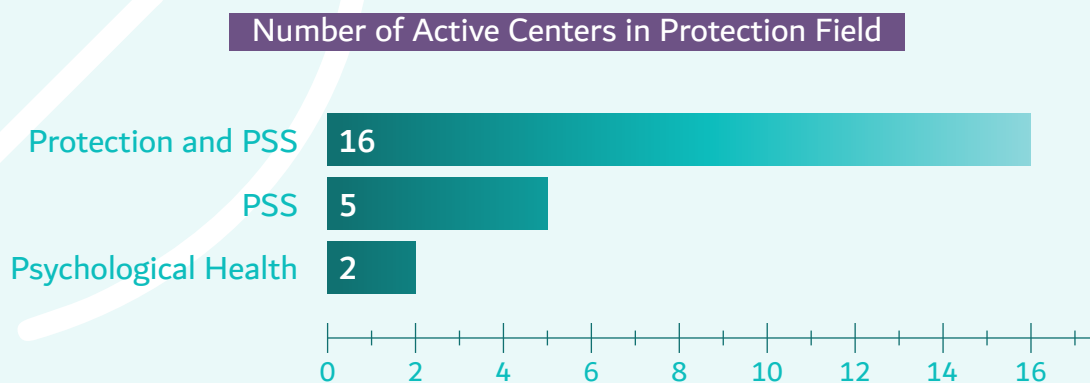
The mapping exercise conducted in this study identified the presence of around 23 protection centers in the area of implementation as presented in the following diagram:



The specializations and the services offered by these centers were diverse in their thematic coverage. Usually, centers that offer CP services also organized PSS activities. These centers have case management teams on board that were in direct and indirect contact with children and their families to follow up the referred cases.

PSS centers usually provided individual and group sessions for different genders and age groups, and sometimes provided education sessions on children's rights and violations, as well as GBV services. On the other hand, mental health specialized centers offered more clinically oriented services.

Lastly, some hybrid protection and PSS centers were found to provide a variety of services to respond to girls' needs. For example, some reported the provision of vocational training, education, and humanitarian assistance.





Triangulating this data with that collected from community members, through FGDs, sheds the light on gaps and possible opportunities that can guide recommendations for future work in the area.

According to research respondents, families and communities accepted CP sector services to some degree, especially after trust was built. CP staff interviewed indicated that families became more involved in awareness events and other CP activities than in the past. This relationship of trust between CP service providers and communities could be attributed to CP workers' deep understanding of local social norms and the needs existing within communities. Given this awareness, CP actors were able to tailor their interventions to provide services both indoors and outdoors so that they can reach families and children in the camps. Most notable, outreach activities to tents and houses proactively protected families and their children from being seen by other community members attending fixed centers, which can be stigmatizing within the Northwestern context.

Nonetheless, such localization and mobile efforts are still not evident within the GBV response. Thus far CP teams do not deal with GBV cases directly, but rather refer them to the GBV specialist. However, it appears that GBV centers have various policies and standards that prevented them from providing mobile services, such as providing family visits in private to handle cases. Even though the rationale not to conduct family visits could be understandable especially in terms of avoiding any escalating harm that may be caused by such visits; nonetheless, this was found to hinder communities' access to the most needed and sensitive SGBV services. According to Salah from Hurras Network explained "most families refused to go to static GBV centers, especially women and girls who feared stigma." With that said, the refusal of families to go to static SGBV center reveals a significant gap in the existing SGBV response strategy, especially for women and girls, that is warrant strategic and policy changes.



Recommendations:

In this section, we present the recommendations suggested by adolescent girls, mothers, fathers and experts from health, education and protection sectors. In addition, we list some recommendations based of our analysis and understanding of the adolescent girls in the targeted areas in the northwest of Syria.

Suggestions and recommendations by the participants

- Adolescent girls have dreams and hopes of having a peaceful future where there are no war, or displacement and where they can continue their education and become active persons in their societies. However, in the current, they recommend having more sustainable activities close to their resident places to do vocational trainings and learn skills that enable them to be productive (sewing, hairdressing, computer, languages and so on). In addition, some of them wish to have safe places where they can do sports or any physical activities. By saying safe spaces, we mean places that does not need transportation, and run by women. Moreover, spaces prepared with children care, so they can take their kids or little siblings with them. And the most important thing is to have schools in their neighborhoods that provides continues and free education.
- Mothers and fathers also suggested having more sustainable vocational activities for their daughters. Due to the dire economic situation, they recommend activities that can provide real job vacancies, however, again in safe and close spaces that protect the girls from sexual harassment, kidnapping or any other threat that they may face in their ways. Some of them urge the need for health centers that provided medical solution for delayed growth, thalassemia and mental sickness.

Suggestion and Recommendations by performing sectors

- Educators suggest that improving the situation of education centers would encourage more parents to send their daughters to school. For example, providing schools with fuel for heating in winter, books and stationery. In addition, teachers should be supported with financial resources and training to improve their qualifications and boost their motivation. Another important point they raised is the protection of schools from possible attacks by armed groups. This could be done by establishing policies and regulations regarding the accountability of individuals or groups that might violate these policies. In addition, educators are aware that one of the main reasons adolescent girls are dismissed from school is the poor economic situation of their families. Therefore, they suggest holistic support approaches that can provide



more jobs and sustainable income for families and more educational opportunities for daughters. In addition, most educators recommended educational sessions with parents to explain the harm of child marriage on the girls' psychological and physical situation, as well as the importance of education for girls before marriage.

- Health experts suggest having continuous awareness activities with the parents and the married girls at early ages about the negative impact of such practice. Moreover, they suggest having more support by providing them with more medical equipment, medications and centers in order to handle the possible physical and mental illness encountered by early married girls.
- Protection experts see that CP and GBV services should be merged. In their point of view, it is difficult for many families and girls to deal with two different teams. They suggest integrating these services and focusing more on visiting families in the field rather than inviting them to the centers to avoid social complications or harm.
- Another recommendation of the protection experts is to integrate CP and GBV activities into other programs, such as education and vocational training, rather than explicitly naming them under CP and GBV titles. This would reduce families' sensitivity to such issues and their fears of social stigma.

Suggestions and Recommendations based on Data Analysis and Field Observation

Conducting this research with and about adolescent girls, their contexts and situations in one of the riskiest environments for children, emphasized that the vulnerability of adolescent girls can reach unexpected levels. Early and forced marriage, suicide cases and attempts, child labor, SGBV, and denial of education are unfortunately the responses of communities and families in the threatening situation of war, poverty, and displacement. In such environments, and based on our analysis and experience, holistic solutions and responses tailored to community needs are the acquired interventions. Adolescent girls do not live alone; their families, communities, and other factors surround them and control their lives and futures. Therefore, any response to their situation should take into account the intersecting layers of vulnerability, injustice, and discrimination that result from the various situations that surround girls. Forced and early marriages, suicides and attempted suicides, and other violations will not be reduced without a strategy that engages all relevant stakeholders and institutions in communities.

Moreover, adolescent girls in these areas are not a hegemonic group; adolescent girls living in a crowded tent in a camp face different challenges than others. Girls with disabilities or illnesses face different challenges, and so on. Consequently, interventions should be tailored to the needs of these different groups of adolescent girls. In addition, it seems that local actors in the field of CP and protection in general are doing a wonderful job and contributing



as much as they can. It is extremely important to support these organizations and initiatives through international and national donors and give them the space, tools, and funding to develop responses that fit the communities, they have been working with for years. In addition, it is good to have clusters for each sector (the clusters established by UNICEF), however, service providers need to communicate with each other to share needs and gaps and bring more holistic responses to the areas.

The camps are repressive environments for adolescent girls; nothing could enhance the situation of the adolescent girls living in a camp more than leaving the tent and live in a real shelter. As we recognized in this study, many violations and SGBV acts are extremely amplified in a place like a camp.

On the other hand, in the contexts of war, displacement, violence, insecurity and difficult economic situation, GBV widens and transforms into new forms and towards different groups. We recommend that more studies and assessments be conducted on the violations against adolescent boys, as the rates of suicide cases and attempts, denial of education, and child labor among boys and adolescent boys are dramatically increasing.

Most clearly, nothing could accelerate the empowerment and healing process of all vulnerable groups of children, women and men (and other genders) in these areas than pushing for a political solution to end the war, shelling and displacement.

Annexes:

Annex I: Summary table detailing number(s) of participants targeted by research tools/area of implementation.

Research Tool	Target Population	Number of Participants	Area	Totals
Focus Group Discussions (FGDs)	Adolescent Girls	6	Killi	7 FGD with Girls 45 Participants
		5	Killi (camp 1)	
		5	Kafer Takharim	
		7	Marea	
		7	Marea (some participants are from camps located in Marea)	
		7	Marea (some participants are from camps located in Marea)	
		8	Killi (camp 2)	
	Mothers (Who have girls between 12-17 years old)	6	Killi	4 FGDs with Mothers 24 Participants
		6	Killi (camp 1)	
		5	Kafer Takharim	
		7	Marea	
	Fathers (Who have girls between 12-17 years old)	6	Maaret Misrin	4 FGDs with Fathers 24 Participants
		5	Idlib	
		7	Sarmada	
		6	Ad Dana	



Research Tool	Target Population	Number of Participants	Area	Totals
In-Depth Key Informant Interviews	GBV and child protection sectors	6		14 Sectoral Individual Interviews
	Health sector	4		
	Education Sector	5		
Survey	Services Providers responding to the needs of adolescent girls in study area	62		62 Surveys



Annex II: Written Consent Form

Women Now
For Development
النساء الآن للتنمية



ورقة الموافقة للمقابلة وجلسة النقاش

نوع الأداة البحثية:

رقم الجلسة أو المقابلة:

التاريخ:

اسم الباحثة أو الباحث (أو لقب):

قبل البدء بجلسة النقاش أو المقابلة يجب أن تقرأ/ي الشرح عن هذا البحث وهدفه وعن مجريات جلسة النقاش والمقابلة وحقوقك كمشارك/ة.

هدف البحث والمشاركة

" يقوم فريق منظمة النساء الآن ومنظمة حراس بهذه البحث لفهم وتحليل الأوضاع والظروف والتحديات والفرص التي تعيشها الفتيات بين عمر 12-17 سنة بهدف معرفة مدى تأثير الفتيات بأوضاع الحرب والنزوح والوضع الاقتصادي وذلك من أجل العمل سوية على إيجاد الحلول أو الاستجابات المناسبة على المدى القصير والبعيد.

إن المنظمة الراعية لهذا البحث هي منظمة نساء الآن للتنمية وهي منظمة سورية معنية بالشأن المدني السوري وتعمل في مناطق شمال غرب سوريا.

المخاطر والعواقب من المشاركة

لا توجد أية مخاطر أو عواقب متوقعة من مشاركتك في الدراسة. إنما قد تتخلل جلسة النقاش أو المقابلة بعض الحالات الانفعالية أو سرد لمواقف حساسة. الرجاء التوقف عند شعورك بأي من هذه الانفعالات، أو تجاوز أي سؤال قد تجديده أو تجده غير مناسب من أية ناحية.

التسجيل سنقوم بتسجيل جلسة النقاش أو المقابلة لغرض تفرغ المعلومات وتحليلها. إن وجود التسجيل يساعدني كباحث/ة على نقل التفاصيل بمصداقية ودقة. أرجو إعلامنا إذا كانت لديك أية استفسارات قبل الموافقة على هذه الورقة.

السرية ستبقى المعلومات التي تم جمعها خلال جلسة النقاش أو المقابلة سرية. لن يتم استخدام أسماء المشاركين أو المشاركات أو أية تفاصيل لها دلالة لأي شخص أو جهة خلال الدراسة بأي شكل من الأشكال. سنحتفظ بالملفات الصوتية إلى الانتهاء من كتابة البحث وبعدها سيتم إتلافها. يمكنك اعطاء أي اسم لك إن كنت لا تريد/ين إظهار اسمك الحقيقي في التسجيل.

حماية المعلومات سيتم حفظ المعلومات بشكل إلكتروني (ملفات) في مكان محمي إلكترونيًا، بحيث لا يمكن الوصول إليه إلا من قبل الباحثات والباحثين والمنظمة الراعية. لن يتم مشاركة هذه المعلومات في وضعها الخام مع أية جهة ثالثة. عند الانتهاء من كتابة البحث سيتم نشره كي تصل نتائجها إلى أكبر شريحة ممكنة. نضمن عدم ذكر أية أسماء حقيقية أو تفاصيل دالة، خاصة أن الهدف من البحث لا يركز على تفاصيل فردية بل تحليل لأوضاع عامة تخص الفتيات.



نوع المشاركة

إن هذه المشاركة طوعية ويجب أن تتم وفقاً لموافقتك ورغبتك. ويمكنك إلغاءها قبل البدء لأي سبب تجديده أو تجده مهما لك.

عبر توقيع هذا الموافقة، سوف تقوم/ين بإعطائنا الإذن باستخدام أي معلومة، تم جمعها خلال هذه المقابلة ليتم استخدامها من قبل المنظمة المنفذة لأهداف بحثية: عبر إعطائنا الإذن، أنت لا تتخلين عن أي من حقوقك التي تتمتع/ين بها على هذه المواد.

أوافق على مشاركة المعلومات التي أدليت بها ضمن الجمعيات المشاركة في المشروع بهدف مراجعة المعلومات وتحليلها. كما أعي أن مشاركة هذه البيانات ضمن المنظمات المشاركة في المشروع هي محصورة ضمن هذا المشروع ولا تعطي الصلاحية لأي منظمة لاستخدام المعلومات التي أدليت بها بشكل خاص ضمن أي مشروع آخر منفصل.

يمكنك وضع أي من عناصر الحظر التالية:

عدم مشاركة الأسماء الواردة في المقابلة.

أوافق على استخدام هذه المواد التي أدليت بها، باستثناء إطار الحظر المذكورة في الأعلى

الرجاء ملء هذه البيانات قبل التوقيع

اسم المشاركة أو المشارك (أو لقب):

العمل إن وجد:

الحالة الاجتماعية:

عدد الأطفال إن وجد:

العمر:

منطقة السكن:

توقيع الباحث/ة

توقيع المشارك/ة



Annex III: Confidentiality Document



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النساء الآن للتنمية

وثيقة حماية ملكية

الاسم :
المسمى الوظيفي :
مكان العمل :

أنا الموقع/ة أدناه أتعهد بأن أحافظ على سرية المعلومات و الأدوات المرتبطة بالعمل ضمن مشاريع و أنشطة النساء الآن و مراكزها ، و عدم نشر أي منها حتى بعد إنهائي العمل حيث ان ملكيتها و حقوق نشرها واستخدامها تعود للنساء الآن ، كما اتعهد اني لن أقوم بتطبيق أو نشر التقنيات و المعلومات التي اتلقاها من التدرجات مع المنظمة خلال فترة سنتين من انتهاء العقد الا بعلم المنظمة و موافقة رسمية منها.

و يضاف لها جميع المعلومات التي ألم بها أو قد تصل إلى علمي وإطلاعي جراء عملي لدى المنظمة . وأن أراعي الكتمان التام فيما يتعلق بأعمال المنظمة و الانشطة التي تقوم بها ، وكل ذلك باستثناء ما افرض كتابياً بالبوح به من قبل ادارة المنظمة أو بموجب أمر قضائي صادر من محكمة .

وأصرح بأن أي إخلال يصدر عني و عدم التزامي بالمحافظة على السرية المطلقة لأعمال المنظمة أو شركائها أو علاقاتها سيعرضني للمسائلة القانونية و القضائية.

يعود ملكيته لمنظمة النساء الآن من أجل التنمية

اسم وتوقيع مدير/ة الموارد البشرية	اسم وتوقيع طالب الخدمة	اسم وتوقيع مزود/ة الخدمة
_____	_____	_____

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