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Medical Corps**



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Rapid Gender and Protection Assessment Report Kobane Refugee Population, Suruç, Turkey

15 October 2014

Foreword and Executive Summary

On 16 September 2014, the northern Syrian town of Kobane came under siege. Since then, 188,000 refugees are reported to have flooded into Turkey. This is an emergency which, like so much of the Syria crisis, revolves around issues of protection and gender.

On Thursday 25 September, within the first week of the influx of refugees, CARE International led a multi-agency gender and protection assessment with partners, including IMC. Each agency brought its own skills, experience and knowledge to the assessment and ensured that we were able to assess the protection needs and concerns of the refugee population as well as conduct a rapid gender analysis to a high standard.

It is with a sense of optimism that we write this protection and gender report. With every day that the Syria crisis continues, it becomes more and more apparent that we can no longer work in siloes if the international community is going to be able to respond appropriately to the vast array of protection concerns we are facing in the region.

We write this report and subsequent recommendations:

- (1) to help support the work of multiple agencies in strengthening their response, and providing services in ways which respect the different needs of women, men, boys and girls;
- (2) to provide agencies with enough information to avoid doing harm;
- (3) to ensure that actors are able to mitigate risk of SGBV and other protection concerns immediately.

Funding

On behalf of the refugees from Kobane, who join over 850,000 refugees from Syria already registered in Turkey, CARE and IMC would like to extend a show of gratitude toward the amazing efforts of the Turkish Government in hosting this vulnerable population. We need to continue to support the Turkish Government to ensure that the basic needs of the refugees from Kobane are met and that a gender and protection lens is used whilst doing so.

The international community needs to commit further funding in order to be able to support the efforts of the Turkish Government in responding to the influx of refugees.

Resilience of the Kobane community

The fact that it is only now that the people of Kobane have been displaced shows the resilience of this community. The Kobane community's economic and social activities have been disrupted for at least the past three years. There has been a shortage of electricity, water supply and disrupted communication. Gradually, the decrease in the value of the national currency has caused a massive increase in the prices of basic goods. This increase, combined with the lack ability of employers to pay salaries, has led to changes in daily activities and has therefore impacted on gender roles as well as on access to essential basics – such as having enough food to eat.

In addition, some of the respondents in our focus discussion groups mentioned that this was a secondary displacement for them, as they had previously fled from Damascus into Kobane. After struggling with repeated attacks and the increased stresses this brings at the individual, household and community level, it was only after the most recent assaults that many of the Kobane community travelled to Turkey, where many stood at the border and looked back at their city being destroyed.

Psychosocial support

In Suruç, we heard stories from within Syria which were some of the most abhorrent human rights abuses the seasoned humanitarian workers involved in this assessment had heard in our careers. As one man told us: “We needed to escape before they slaughtered our girls before our eyes.”

The fear of the refugee population was very real whilst we conducted focus discussion groups. Some respondents reported that their neighbours were taken and beheaded on the day their village had been overrun; others had seen dead and mutilated bodies; many were separated from their family members during displacement.

The psychosocial support required cannot be overstated and there is an urgent need to work with the Government of Turkey to support addressing the most urgent cases.

Simple psychosocial activities need to be urgently set-up, including community and family support and focused non-specialised support, to alleviate some of the clear psychosocial pressures being experienced by the refugees.

Safety and security

Despite the fantastic efforts of the Turkish Government, the sheer volume of this influx has left some gaps in service provision and in ensuring that women, men, boys and girls are safe within the sites which have been set up. The sites used are collective centres, with schools, mosques and other public spaces being converted into temporary shelters. **Living in close quarters, with no gender safe spaces or dignified changing areas, is a struggle – especially for women.** In sites where refugees have been placed with people they don't know, there is suspicion and women reported feeling very anxious about personal safety.

In the majority of the sites, there is **no access to lockable, safe and secure latrines**. Men and women's discussion groups stated unease concerning this situation and women stated that they will not risk going to the toilet alone without another female friend or relative to accompany them. In addition, **bathing facilities need to be urgently set up** for the dignity of not only women and girls, but the entire population.

There are also protection issues surrounding the ability of boys to access food. Boys are sent on behalf of the family to queue and collect food, especially if they are from a female headed household. They are then pushed to the back of the queue by men and often do not receive food. Older people and people with disabilities are also reported to have difficulty in accessing food and NFI distributions. As an immediate response, **outreach should be conducted to ensure that women, men, boys and girls are receiving food, NFIs and other services on an equitable basis.**

People with disabilities and other specific needs

To ensure equitable access to services for women, men, boys and girls and those with specific needs: we highly recommend that NGO, UN and Government agencies join together to better understand the diversity of the population. The Government of Turkey's registration of refugees captures information on disabilities and vulnerabilities already (such as people with disabilities, older people, people with chronic health problems, female headed households etc.), however, it currently doesn't allow for an understanding of the location of these individuals and their families. It is suggested that a joint assessment to ascertain the locations of these individuals is conducted, to be able to target these families affectively. Team members from multiple agencies, with multiple skill sets, should be used for this assessment. It would be crucial that people on the team were trained in

different types of disability and impairment and how to identify this in a population where it may be taboo, or not fully recognised as a disability.

During the assessment, some households containing members with severe mental disabilities and impairments were reportedly tying these members of their family down. The individuals tied down were reported to have conditions that presented safety issues to themselves or those around them. Further mental health and psychosocial support for these families is highly recommended as an urgent action. It should further be noted that people with disabilities are highly vulnerable to sexual violence and other forms of abuse, and so uncovering the locations of people with specific needs would not only be useful for understanding how they may better access services, but also how we may conduct outreach work with them for protection purposes.

Our assessment also uncovered some basic community-led protection mechanisms being put into place. Men in one location (Yibo School) reported that they had started to group together to ensure that women, men, boys and girls who could not access distributions on their own, had some help in doing so. This mechanism should be supported, and women should be encouraged to engage in this as well. These groups could be formalised and provided with training on identification of people with specific needs, and in the type of support each group of people with specific needs requires. Additionally, each group would need to be trained in a code of conduct and prevention of sexual exploitation and abuse.

Women and girls

Reports of lactating women being unable to express milk are deeply concerning and a higher intake of calories should be provided for these women as soon as possible. In addition, for all women and girls of reproductive age, **dignity kits** should be provided with culturally appropriate hygiene products for menstruation.

Sexual and gender-based violence

SGBV services need to be set up and provide comprehensive, multi-sectoral case management programming, which adheres to international best practice and guiding principles. This is to respond to cases of SGBV within the sites, and to ensure that we are appropriately responding to cases which occurred prior and during flight. According to the IASC *Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action* (2014 version, not yet published), in order to “ensure the safety and dignity of persons affected by an emergency”:

“... all humanitarian personnel have the responsibility to assume GBV is taking place, to treat it as a serious and life-threatening protection issue, and to take actions described in these guidelines to minimise GBV risk through their sectoral interventions, regardless of the presence or absence of concrete ‘evidence’.”

The findings in our report below highlight the need to view our humanitarian work through a gender and protection lens.

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* Please note that the picture on the front cover of this document is illustrative only and the persons portrayed are not, to the best of our knowledge, survivors of sexual and gender-based violence, or other forms of abuse.

Contents

<i>Background: Kobane gender and protection brief</i>	<i>6</i>
<i>Assessment: Objectives and methodology</i>	<i>8</i>
<i>Results and analysis</i>	<i>10</i>
<i>Gender roles</i>	<i>10</i>
<i>Access and control of resources</i>	<i>12</i>
<i>Gender and protection issues raised during focus discussion groups</i>	<i>12</i>
<i>Suggested priority actions</i>	<i>16</i>
<i>Further information needed</i>	<i>16</i>
<i>Programme design and implementation</i>	<i>16</i>
<i>Annex: Focus discussion group questions</i>	<i>20</i>
<i>Notes</i>	<i>22</i>

Background: Kobane gender and protection brief

This section looks at the situation of women, men, boys and girls within the Kurdish communities living in Syria. Information contained in this section relates to the situation prior to the outbreak of war. The purpose of this section is to provide a better understanding of the differences in gender norms and protection concerns for women, men, boys and girls in the Syrian/Kurdish community. This information, when used in concert with the results of the rapid gender and protection assessment, should further inform each stage of the project management cycle and support implementers to, at a minimum, avoid causing harm.

Age, gender, diversity

Population

Kurds, Armenians and “other” make up just 9.7% of the Syrian population. The Kurdish people do not have an official homeland or country and are spread over a region known as ‘Kurdistan’ which covers an area of approximately 406,650 square kilometres of Iraq, Eastern Turkey, Western Iran, Syria and Armenia.¹

The town of Kobane (otherwise known as Ayn-Al Arab) lies within Aleppo governorate. The city’s most northern border lies within 200 metres of the demarcation line for the Republic of Turkey. The town has been under Kurdish control since 2012. On 18 September, it was reported that there was a large military offensive in the area of Kobane, resulting in an estimated 188,000 refugees² crossing the border into southern Turkey from 19 September - 14 October 2014.

Age and sex disaggregation³

Of over 188,000 refugees reported to have crossed into Suruç, Turkey, it is estimated that 53% are female and 47% are male.

Further disaggregation is shown below:

0-5 years: 14%

5-18 years: 27%

60+ years: 6%

Additionally, 3% of the population are considered to have disabilities and the average household contains 7 members of various ages (with no further information on the average number of female: male household members).

Languages

The Kurdish language is not related to Arabic or Turkish and is instead part of the Iranian branch of the Indo-Iranian group of languages and is related to Farsi. There are many dialects and sub-dialects of Kurdish and they differ to the extent that a speaker of one dialect may not understand another.

The majority of Syrian Kurds speak the Kurmanjo dialect which has both Arabic and Latin written forms, although it is most often written with the Latin alphabet. Over a period of five decades, Kurdish was banned from the education system in Syria and so most adults cannot read or write in their mother tongue.⁴

Religion

The majority of the population are Sunni Muslim, with a small percentage practising Sufism. Similarly, there are a small number of Christians living in Kobane.

Identities, social norms and gender norms

Within the area populated by the Kurdish people which covers Kobane, over the past 10 years a shift in democracy has occurred, with what is described as an ‘upside-down’ pyramid being used.

There were street level, neighbourhood level, town level and city level assemblies and each level of this model would send a representative to the Democratic Society Congress. Each of the three cantons in West Kurdistan/Syria has its own parliament, a prime minister, ministers and its own defence force (although it should be noted that these are not sanctioned by the formal State).⁵

Kurdish culture is described as being communal, whereby the community is seen as more important than the individual.

Gender roles

In the home and the community:

The Kurdish people are organised in patrilineal clans, which means that control of marriage and property is held by male members of the family. The control of the female body and female sexuality are key to the perpetuation of the patrilineal system and women and girls are constrained by very restrictive socially ascribed gender roles. According to the Kurdish Women's Rights Watch, sexual and gender-based violence (especially physical assault in the form of beatings, shaving heads, acid attacks and killings) is common as a means to control women and girls who do not adhere to these socially ascribed roles. Honour and modesty are important parts of these socially ascribed roles and women and girls are bound by these roles to maintain virginity until marriage.⁶ Girls have limited ability to walk outside the home and should dress modestly, covering the arms and legs. They may or may not wear a headscarf.

The basis of the change in language from being referred to as a 'girl' to a 'woman' in the Kurdish language is based on the piercing of the hymen. A female may be over the age of 18, but referred to as a girl until such time as she is married. Arranged marriages are common and the girl children are often promised to be married from an early age, with bride price being common practice. The price paid by the husband's family is supposed reimbursement for the labour which will be lost when the wife moves to live with the groom's family. In order to keep wealth within the family, first cousins are often married to each other.⁷

Women are not permitted by society to ask for a divorce, only males can request this. If a man decides to divorce a woman, then the bride price must still be paid in full. Divorced women do not have a right to custody of their children. It is acceptable, although not the norm, for Kurdish men to marry up to four women.⁸

In CARE International's rapid assessment of the Kobane refugee influx into Turkey, we identified that the average household contained seven members. This is not unusual in the Kurdish context.

In the public sphere:

The political structure of Kurdish society is contradictory to the traditional gender norms ascribed by the Kurdish community – with women able to participate within this structure.

The Kobane Kurdish people may well be influenced by the Kurdish population in Turkey due to the proximity of the town. It is therefore important to note that the Kurdish population in Turkey are reported to have a more progressive stance on violence against women and that all forms of violence against women and girls is frowned upon.

Women are largely not engaged in paid employment and are most likely to work in unpaid domestic labour including cooking, cleaning, caring for children and tending livestock. Traditionally, women cannot take ownership of land or livestock.

It is also worth noting that women and girl children (as well as boy children) are reported to have been taking part in the conflict as combatants.

Assessment: Objectives and methodology

On 25 September 2014, CARE led an assessment concerning gender and protection issues within the community who had fled Kobane from 18 September onwards. At this time,

“...it was reported that there was a large offensive conducted in the Kobane area of Aleppo governorate, with heavy weaponry, artillery and tanks. By the morning of Saturday 20 September, religiously motivated armed actors had seized 60 villages to the east and west of Kobane, causing people in these villages to flee to the main town and prompting thousands of residents of the town to move towards the Turkish border from the morning of Friday 19 September. Unverified reports were received of 10,000 - 15,000 people amassed at the border. The Turkish authorities opened border crossings in the early afternoon on Friday 19 September, at which point 4,000 were known to have passed through immediately. Approximately 10,000 people were reported to have crossed the border to Turkey by the end of 19 September.

“A total of nine border crossing points were established and the number of refugees entering Turkey rose rapidly to 60,000 by the afternoon of Saturday 20 September and a reported 138,000 by Monday 22 September, according to the authorities in the area.

“The Kobane area is predominantly Kurdish and the vast majority of those fleeing are Kurds. This had been one of the few stable areas in northern Syria and, consequently, large numbers of IDPs had moved there prior to these attacks. Therefore, this refugee influx represented a second displacement for a proportion of those fleeing Kobane.

“By the morning of Saturday 20 September, reports were received of large concentrations of refugees in and around the town of Suruç, close to a number of crossing points established around the official border crossing at Mürşitpınar.”⁹

This assessment was conducted within the first 10 days of the crisis, or the ‘acute’ phase of the emergency response.

Objectives

The goal of the assessment was:

- To assess vulnerability to protection concerns, including sexual and gender-based violence (SGBV), during the crisis, displacement and in the refugee settlement;
- To assess how women, men, boys and girls are accessing services;
- To assess potential risks and vulnerabilities to protection concerns.

The goal of the analysis of the information the assessment generated will be:

- To use this information to advocate for better service delivery, in multiple sectors, which ensures that women, men, boys and girls (as well as people with age, gender and diversity-related specific needs) are able to access services equitably;
- To highlight areas of concern which could contribute to the increased risk of SGBV;
- To identify positive community-based protection mechanisms already in place which could be used by protection organisations in order to further mitigate the risk of SGBV and other protection concerns.

Methodology

A total of eight focus groups and three individual interviews took place. Women and men were interviewed separately and focus groups were held in gender sensitive locations. Some questions were: taken from existing gender analysis tools from CARE; adapted from the IRC’s GBV Emergency Response and Preparedness Toolkit to include men and boys in addition to women and girls; adapted from Harvard’s analytical framework gender analysis access and control tool. Other

questions were designed by Danielle Spencer, CARE International UK's Senior Humanitarian Advisor (Gender and Protection).

Additionally, a participatory approach to tailoring the questions in the assessment to the context was used, to ensure that the questions asked would be culturally appropriate and do no harm, whilst still ensuring that adequate information was able to be gathered regarding gender and protection concerns.

Group facilitators, translators and note-takers were trained for three hours on the morning of the assessment, in: (1) SGBV basic concepts; (2) WHO ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies (basic recommendations only); and (3) the appropriate referral pathway for SGBV, child protection and psychosocial concerns. It should be noted that all teams had at least one member who had been trained in psychological first aid.

Focus Discussion Groups took place in two locations in Suruç town: Yibo School (population of approximately 5,000 – no sex and age disaggregated data available) and the Turkish/Syrian Border Friendship Park (small population, no data on total population or sex and age disaggregated data available at the time of writing). Both sites were set up and are run by the Disaster and Emergency Management Authority of Turkey (AFAD).

Results and analysis

Gender roles

Average daily routine during peaceful times

Time	Girls	Women	Boys	Men
5 am	Sleep	Sleep	Sleep	Sleep
6 am	Wake up	Wake up to pray	Wake up	Wake up to pray
7am	Help prepare breakfast	Start working on the land with the livestock.		Go back to sleep
8 am	Breakfast	Prepare breakfast	Breakfast	Wake up and Breakfast
9 am	School		School	Travel to job
10 am		Shopping for food		
11 am		Prepare lunch		
12 pm				
1 pm	Have lunch	Have lunch	Have lunch	Have lunch
2 pm				
3 pm				
4 pm				
5 pm	Home		TV/Football/see friends	Visit friends
6 pm			TV/Football/see friends	Visit friends
7 pm			Football/see friends	Visit friends
8 pm	Dinner	Dinner	Dinner	Dinner
9 pm				
10 pm				
11 pm	Sleep	Sleep	Sleep	Sleep

Average daily routine 6 months ago according to age and sex

Time	Girls	Women	Boys	Men
5 am	Sleep	Sleep	Sleep	Sleep
6 am		Wake up to pray		Wake up to pray
7am		Drinking coffee		Drinking coffee and get breakfast
8 am				
9 am				
10 am	Waking up washing	Preparing food	Waking up washing	
11 am	Breakfast	Breakfast	Breakfast	Breakfast
12 pm	Watch TV	Shopping for food	Watch TV	Shop for home needs
1 pm				
2 pm		Prepare lunch		Drink tea
3 pm	Have lunch	Have lunch	Have lunch	Have lunch
4 pm	Nap	Nap	Nap	Nap
5 pm	Tea	Tea	Tea	Tea
6 pm				
7 pm	Play	Visit friends	Football	Visit friends
8 pm				
9 pm				
10 pm				

11 pm	Sleep	Sleep	Sleep	Sleep
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Average daily routine now according to sex and age

Time	Girls	Women	Boys	Men
5 am	Sleep	Sleep	Sleep	Sleep
6 am		Wake up to pray		Wake up to pray
7am		Drinking coffee		Drinking coffee and get breakfast
8 am				
9 am	Waking up washing	Preparing food	Waking up washing	
10 am	Waiting for breakfast	Breakfast	Waiting for breakfast	Breakfast
11 am	Just sit	Just sit	Just sit	Just sit
12 pm				
1 pm				Drink tea
2 pm	Have lunch	Have lunch	Have lunch	Have lunch
3 pm			Nap	Nap
4 pm				
5 pm	Go out of the rooms	Go out of the rooms	Go out of the rooms	Wander around in the school ground
6 pm				
7 pm	Dinner	Dinner	Dinner	Dinner
8 pm				
9 pm				
10 pm	Sleep	Sleep	Sleep	Sleep
11 pm				

Traditional gender roles and responsibilities were present prior to the conflict. There were a number of small changes in gender roles and responsibilities when conflict had occurred (six months ago) and currently, the daily routine has significantly changed.

It should be noted that economic activity of the population has been significantly disrupted for at least three years because of a shortage of electricity, water supply and disrupted communication. The lack of resources and besiegement led to changes in daily activities and impacted on gender roles as well as daily needs such as the ability to eat enough food.

Summary of gender and protection issues raised during household timeline activity

- Most women and men said that since their arrival they have not had any activities to keep them occupied, only waiting to be given food or for NFI distributions in long queues.
- Some women said that they are busy taking care of their children. A lot of children are sick and therefore they have limited access to food.
- Both male and female participants expressed a feeling of anxiety about their land and property in Kobane.
- According to one male group 80% of girls were in school. The groups stated that most girls were in primary school, but as they got older and secondary school started, fewer girls would attend. The girls not in school and not married would help their mother in the home with domestic labour. In addition, a focus group with young women revealed that they had a lot of anxiety about missing their university education.

Access and control of resources

Resources or Services	Access				Control			
	Girls	Women	Boys	Men	Girls	Women	Boys	Men
Water	Y	Y	Y	Y	Y	Y	Y	Y
Food	Y	Y/N	Y	Y	Y	Y	Y	Y
Clothes	N	N	N	N	N	N	N	N
NFI Distributions	Y	Y/N	Y	Y	Y	Y	Y	Y
Health Services	Y	Y	Y	Y	Y	Y	Y	Y
Reproductive Health	N	N	N	N	-	-	-	-
Latrines	N	N	N	N	-	-	-	-
Sanitation	N	N	N	N	-	-	-	-

It was felt that it was not suitable to discuss the control of reproductive health services with the groups in this context. The set-up of the sites skewed the answers slightly as it was seen to be a question of ‘are these resources provided?’ rather than, ‘can women, men, boys and girls access them equitably?’. Further analysis is recommended.

Gender and protection issues raised during focus discussion groups

Food

- Single women are using their children to help with queuing for food, as they have small children and are unable to wait for a long time whilst looking after their children and are unable to carry the tray whilst simultaneously carrying their children. This has resulted in a number of women not being able to access food.
- One group of women reported that they did not want to wait for food at all and that they had not eaten for the past few days. They stated that the public humiliation was too much for them.
- It was observed that the food was distributed according to gender without any consideration for age issues – meaning that women and girls (including young girls) would queue in one line while boys and men would queue in another line. The food was being prioritised for women and girls without taking into any consideration that the young boys were at the back of the male line.

Sanitation

- Latrines and sanitation are not adequate in quantity or in hygiene and a number of the participants stated that women were afraid to go to them because men, including soldiers, were using the bathrooms to wash and shave. Women felt intimidated and embarrassed to see these men in the bathroom.
- Some women have started to use the toilet bowl to wash clothes as they had not been able to wash them for so long.
- Showering facilities are not available in the school and this is making the situation of women difficult, as some of them have not been able to take a shower for over four days. They are trying to wash the children under the taps, and at one point, they were using garbage cans as buckets in which to bathe children.
- There are no locks on the female toilets.

NFIs

- Older people and people with disabilities are reportedly not able to access NFIs, food and other services. There is no support for this group with specific needs.
- Separate queues are formed for men and women to access services during distributions when there are a large number of men waiting.

General

- As there are many women who have arrived without their husbands, they reported feeling like they are more able to make decisions than in Kobane itself. The participants stated that there had been a clear shift in the roles of both men and women, as there are not enough men to fulfil the tasks that they would usually perform and the roles of men and women as refugees are completely different to the roles they would formerly have played in Kobane.

Vulnerabilities and protection concerns prior to flight

Most vulnerable groups identified by participants

- People with limited movement.
- Those with injuries: they stated that men and boys were more affected by this than women and girls due to the nature of the conflict.
- People with disabilities.
- Older women and men.
- Women and girls: especially widows. They stated that widows and female headed households were at particular disadvantage as they found it difficult to access food and get aid and were intimidated by queuing.

Protection concerns prior to flight

- Armed actors from outside of the community were the most referenced group of perpetrators of violence and SGBV. As a result, there is general fear of the perpetrators returning, resulting in a number of somatic disorders and a general level of stress, distress and trauma.

General protection concerns prior to flight

- Some of the respondents mentioned that this was a secondary displacement for them as they had fled from Damascus into Kobane and were now forced to flee again.
- Some of the respondents' neighbours had been taken and beheaded on the day they left their village due to fighting.
- Their homes were looted and burned to the ground; people now have no shelter to return to.
- Many respondents had witnessed their own relatives being beheaded, killed and/or kidnapped.
- Many respondents had seen dead bodies and mutilated bodies.
- Many respondents had been directly threatened and forced to flee.
- Many respondents endured forced separation from their family members because of the recent kidnappings, and because the borders were opened and then suddenly shut.

Protection concerns for women and girls prior to flight

- There were a number of reports of kidnappings of girls from their community and a general fear of this happening to others.
- Some respondents mentioned that men had shown up in their neighbourhood with pictures of Kurdish girls and started saying they wanted to take these girls. The people were sure these were not relatives of the girls but most likely combatant men, they did not understand why they had these pictures or why these specific girls were chosen.
- Male participants described leaving before there could be any sexual violence or other violence for the sake of their wives and children.

- They had heard about cases of rape perpetrated against women and that combatants were selling women in the Kurdistan Region of Iraq. They said they had to leave to protect their wives and daughters.

Protection concerns for men and boys prior to flight

- According to the focus groups delivered with men and boys, the combatants were trying to eliminate men and so the violence against them was extreme, including one case when a man was killed, his body tied to a car and then driven around the city.
- Kidnapping of boys was discussed as happening in Kobane.

Protection concerns during flight

- Participants in the focus discussion groups stated that there were many widows in the community now as, when they were coming from Kobane, they were prevented from entering Turkey and many of the men died during the bombing.
- At the border men (and women) with livestock were stopped. Their cattle and other livestock were sold to Turkish people and they were given a very poor rate.

Current protection concerns

Location/facilities:

- The sense of insecurity/well-being among refugees varies significantly with the location they are staying in Suruç. Those in the school feel very safe with the military and AFAD. The other areas are less organised and therefore protection risks are higher.
- In regards to toilets, although women did not mention being afraid as such, they did mention that they always go in groups or at least pairs when they go to the toilet at night – particularly for the women who are sleeping in the tents outside, as they mentioned that there are no toilets or latrines outside and they have to walk quite a bit at night to get to the toilets.
- Toilets do not lock.
- There were a few families staying in the hallways of the school and refusing to go to the tents – it is unclear why but they mentioned feeling insecure.
- Some participants reported no sense of danger in the site for men and boys, but they are afraid for the women and girls. They stated they are afraid because of ‘animals’ (the word they used for perpetrators of sexual violence), but they hadn’t heard of a case, they are just afraid of this happening.
- Most women agreed that they felt safe being in this place and that they had no worries about their own or their children’s safety.
- Some women said that they don’t let their children wander around unaccompanied because they are scared for their safety.
- There is no electricity inside the tents in the Park site but there was electricity in the outdoor areas (public lighting).
- The majority mentioned they felt safe as they were surrounded by people they knew and that they felt they could solve issues in an amicable manner between them. This differs from site to site as reported in CARE’s *Rapid Assessment Report: Kobane Refugee Influx to Turkey*.¹⁰

Perceived danger from external actors and from other community members:

- Women and girls stay amongst themselves and only go out with men.

Psychosocial issues:

- Most participants cited sadness, despair and fear as the strongest feelings associated with displacement. They have feelings of being uprooted and of uncertainty about what the future holds for them.

- A number of participants discussed that they suffer from stress and that any loud noise makes them panic because of the shelling and fighting that they were subjected to before fleeing to Turkey.
- Many women stated that they felt restless and anxious all the time because their men are in Syria fighting.
- Participants cited fatigue, loss of hope, homesickness and paranoia as their primary feelings as a result of displacement.
- People felt unsafe at the location on the border and sometimes could not sleep because they heard a lot of explosions.
- Boys are still scared and the group highlighted that their boys are afraid of all men with beards now and that they often say: "Let's go because they will come and kill us."
- The psychological impact was discussed at length. The men talked about trauma for their young boy children. They reported that boys were having nightmares about being captured, and armed actors killing and raping their mothers.
- Signs of acute stress, panic attacks, constant crying for children.
- Numbness and poverty of affect was observed in the community.
- Young men and adolescent boys are reported to have been behaving aggressively.

Community-led protection mechanisms of women, men, boys and girls

- Men and boys are organising themselves to help more vulnerable people in the site.
- Men and boys are trying to organise themselves to protect their children from soldiers. When asked why they needed protection from them, the group did not answer.
- In cases of rape, the family immediately arranges for the girl to get married. In the past, they used to commit honour crimes (kill the girl). One women's focus discussion group stated that the attitude to 'honour' is changing, stating: "Now we have nothing to hide anymore. This is me, and this is my situation."
- The participants stated that they organise themselves in groups and do not move separately. At least one man escorts one group of women.

Suggested priority actions¹¹

Further information needed

Further sex and age disaggregated data is needed on the following:

General:

- Number of women, men, boys and girls in each site.
- Number of women and girls in the age group 13-49 for the purpose of sanitary, hygiene and dignity kit distribution.
- Number of female, male, child and skipped generation households in each site.
- Number of persons by age and sex with specific needs (unaccompanied children, persons with disabilities, seriously injured, chronically ill and elderly persons).

NFIs:

- Cultural practices in relation to women addressing their hygiene and sanitary needs, especially during menstruation. We cannot necessarily assume that they use the same methods as other Syrian women.
- Sleeping practices and bedding arrangements – what are the most culturally appropriate types of sleeping and bedding materials to provide and how many are needed to ensure dignity?
- Different NFI needs of women, men, boys and girls and persons with specific needs.

Health:

- Who provides health care to whom? For example, what are local beliefs and practices concerning whether male health care workers can provide care to women?
- What are the cultural beliefs and practices regarding pregnancy and birthing, the disposal of dead bodies, care of the sick, washing, water use, cooking, and menstruation? And do these negatively affect women, girls, boys or men?
- What are the linguistic factors (such as illiteracy and use of minority or foreign languages) that may affect the access of certain groups/communities to health care services and health information? Is there any difference between women and men in terms of ways of communication and/or access to information? What are the sex and age disaggregated literacy rates?

Programme design and implementation

Protection

Key actions in programme design and implementation:

- Distribution of culturally appropriate dignity kits for women, men, boys and girls, older men and women and other groups of people with specific needs.
- Create culturally appropriate protection information/education communication messages on the SGBV, child protection and psychosocial referral pathway. These messages should be distributed in an engaging, culturally appropriate way, potentially during distributions.
- Set up community support groups and provide training on psychosocial first aid and the referral pathway of multiple types of protection concerns (entry points should include health, psychosocial, legal and physical security service providers).
- Advocate for comprehensive ongoing training of all actors who are part of the security sector (e.g. police and armed forces, security personnel, administration staff, community leaders, religious entities, etc.) on issues of gender, women's rights and SGBV.

- Create mother and child safe space centres providing child-friendly activities with strong psychosocial targets and to provide a safe place for child protection messages to be disseminated. The mother and child safe space centres could also provide a means to identify and refer SGBV and child protection cases to appropriate case management service providers.
- Train and support existing women's groups (or key women in the community) that can provide emotional support to survivors.
- Provide individual and/or group psychosocial support through trained staff.
- Identify or establish safe, dedicated space(s) for women and girls in the community.
- Ensure that organisations offering broad psychosocial services are aware of SGBV-specific support and referral pathways.
- Ensure refresher training and on-site mentoring of pre-existing SGBV caseworkers, emphasising SGBV guiding principles and survivor-centred, age-appropriate approaches.
- Train health facility support staff / non-medical staff on the GBV guiding principles.
- Work with child protection actors to build the capacity of law enforcement to safely address the needs of children and youth (e.g. safety risks traveling to/from school and other venues, early marriage, child labour).
- Work with child protection actors to build the capacity of law enforcement and legal/justice actors to respond to the needs of children who report incidents.

WASH

Key actions in programme design and implementation:

- Toilets should immediately become lockable – either through advocacy or through direct action, such as putting locks on the latrine doors. Safe access to toilets for women and girls is not a luxury, it is an urgent need. Support the development of community-based strategies for monitoring security in high-risk areas for SGBV (in this case in the latrine areas). Combine a targeted, proactive presence around specific high-risk areas with a more widespread and mobile presence that gives protected persons and potential violators a sense that someone is 'always around'. Tactics might include community watch programmes and/or security groups.
- Distribute appropriate sanitary materials for women and girls in a confidential way.
- Ensure safe access to bathing and cleaning facilities immediately, for women, men, boys and girls.

Reproductive health

There are currently only basic health services provided to the refugee community in Suruç. Many of the focus discussion group participants described a number of chronic conditions which they were unable to access services for.

Key actions in programme design and implementation:

- Map the availability, location, capacity and functional status of health facilities and public health programmes, including sex-specific essential services for women and men (e.g. maternal and child health services and reproductive health services for men).
- Ensure maximum protection to those facilities (e.g. lighting for the area and paths leading to them; provision of transport and/or escorts where possible).
- Ensure that further access to quality clinical management of rape survivors is available within Suruç town and that other components of the minimum initial service package (MISP) are rolled out to a high standard.
- Assess the availability of medical drugs and equipment, for example the availability of New Emergency Health Kits (NEHK) and Reproductive Health Kits (1 – 12, available through UNFPA) for the provision of basic health services for women and men.
- Ensure privacy for health consultations, examinations and care.
- Develop and implement communication strategies to highlight the specific reproductive health risks affecting women and men, as well as targeting adolescent girls and boys.

Psychosocial

Key actions in programme design and implementation:

- Analyse, together with the community through participatory assessments, the impact of the humanitarian crisis on women, girls, boys and men to identify physical and mental health needs and to ensure equal access to health services and benefits.
- Identify community response mechanisms to psychosocial problems and strengthen those that can support individuals, ensuring they respect human rights standards.
- Make culturally appropriate social and psychological support available to women, girls, boys and men.

NFI and food distributions

The focus discussion group results regarding gender roles and responsibilities show that prior to the conflict the community had traditional gender- and age-defined tasks, performed on a daily basis. Since the crisis, but whilst still able to reside in Kobane, these traditional gender norms have broken down and slowly have eroded. In the sites set up for refugees, we see that women, men, boys and girls receive almost equal access to the limited distributions available – on the surface at least. However, a number of issues were brought up in the focus discussion groups which highlight areas of immediate concern in ensuring both adequate protection of women, men, boys and girls when collecting NFIs; and also ensuring not only equal access, but access which is equitable dependent on age, sex and specific needs.

Key actions in programme design and implementation:

- Ensure that women and men are involved in planning and implementation of the NFI distribution. Meet with them separately to ensure that power dynamics are not silencing women.
- Make sure that both women and men know the quantity/variety of items they should receive, as well as the distribution methods, by using public information and notice/information boards clearly indicating entitlements to NFIs and distribution sites, dates and time. Information should be clear and methods should be used to ensure that people may receive this information whatever their literacy level.
- Ensure that we use existing strengths within the community to set up child-minding clubs, with women volunteering on a rotational basis, to ensure that the high number of female headed households within this population: (1) are able to access NFI distributions; and (2) are not sending children to queue in their place (potentially putting the child at risk of various protection concerns and also of being excluded from the distribution itself). This is meant as a short-term, gender-sensitive approach, and a gender transformative approach should be sought for the medium- to long-term.
- Create targeted distributions through outreach and through working with trusted community members. Ensure that specific needs of elderly persons, persons with disabilities and the chronically ill are addressed through community support and targeted distribution systems. Some of the focus discussion groups revealed that community members were already starting to do this; therefore, this community-led protection mechanism should be utilised. Ensuring that women are involved in these groups will also be crucial.
- Make sure crowd controllers monitor queues, and provide a separate queue for specific persons and groups (such as those not able to stand in line for various reasons, e.g. elderly persons, persons with disabilities or pregnant women and other specific groups requiring assistance).
- Ensure that all children (boys and girls) queuing for food or other types of distributions are put into a separate queue. This will ensure their physical safety, but also ensure that boys are able to access services equally to girls. Boys were said to be pushed to the back of the male queue for food and women and girls given preference. In addition, we are not currently aware of the numbers of child headed households. By continuing to distribute food unfairly, we may well be denying entire families of their right to food.
- Ensure monitoring of distribution of NFIs is done both by agency staff and refugee community representatives.

- Ensure mechanisms are instituted for women and men to file complaints regarding the non-receipt and unmet needs of NFIs.
- Ensure that women and men are consulted as to what NFIs are culturally appropriate and familiar.
- Distribute appropriate sanitary and hygiene supplies for women, girls, boys and men.
- Ensure that clothing is appropriate to climatic conditions and cultural practices, suitable for women, girls, boys and men, and sized according to age. We should not assume that the Kurdish population from Kobane will wear the same clothes as other populations from Syria (and vice versa).
- Make sure that bedding materials reflect cultural practices and are sufficient in quantity to enable separate sleeping arrangements as required among the members of individual households.
- Pregnant women may be unable to collect food themselves and, if they do not have someone else from the family to send to queue for food (as well as other distributions), they may not be receiving distributions at all. It was noted during focus group discussions that some lactating women were no longer producing milk. This could be a sign that their calorie intake is not sufficient. It is therefore highly advisable that a survey is conducted immediately to understand how many pregnant and lactating women there are in the sites and their location, in order to provide a better quality and amount of food to each of them.

Annex: Focus discussion group questions

A. We would like to ask you about the roles and responsibilities of women, men, boys and girls in your community and about these roles in the current situation

1. Can you help me to complete this table to better understand women, men, boys and girls roles and responsibilities at home? Can you tell me what this looked like 6 months ago? Can you tell me what this looks like now?

	Girls	Women	Boys	Men
5am				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				

2. What is the main difference in your roles and responsibilities here in comparison to in Kobane?
3. How are food items, non-food items accessed and controlled by women, men, boys and girls? *Use the below template to help guide you.*

Resources or Services	Access				Control			
	Girls	Women	Boys	Men	Girls	Women	Boys	Men
Water								
Food								
Clothes								
NFI Distributions								
Health Services								

B. We would like to ask you about who is in need and what those needs are according to whether they are women, men, boys or girls

1. Who is vulnerable? What are they vulnerable to, and why? What are the different vulnerabilities of women, men, boys and girls? (Don't assume only women and girls are vulnerable.)

C. We would now like to ask you about how women, men, boys and girls are coping

1. What are the consequences of the conflict and displacement for women, men, boys and girls?
2. In what ways can you help yourselves here?

D. We would like to ask you a few questions about the security of women, men, boys and girls after the crisis (ask the women and girls specific questions in women and girls FDGs and men and boys specific questions in men and boys FDGs)

1. In this community/site is there a place where women and girls feel unsafe or try to avoid? (Day? Night?) What issues make them feel unsafe?
2. In this community/site is there a place where men and boys feel unsafe or try to avoid? (Day? Night?) What issues make them feel unsafe?
3. From whom can women and girls seek assistance in case of a security problem?
4. From whom can men and boys seek assistance in case of a security problem?
5. Are there places where women and girls can go to voice concerns?
6. Are there places where men and boys can go to voice concerns?
7. According to you, what could be done in this community to create a safe environment for women and girls?
8. According to you, what could be done in this community to create a safe environment for men and boys?

Notes

¹ Saarinen, T (PhD), [*General Cultural Differences and Stereotypes: Kurdish Family Culture and Customs*](#), University of East Finland

² United Nations High Commissioner for Refugees, <http://www.unhcr.org/cgi-bin/texis/vtx/refdaily?pass=463ef21123&id=542116d88> [retrieved 18/09/2014]

³ Day, C, *Rapid Assessment Report: Kobane Refugee Influx to Turkey*, CARE International, 24th September 2014

⁴ Zurutuza, K, [*Syrian Kurds Find the Language of Freedom*](#), 2012 [retrieved 28/09/2014]

⁵ Channel 4 news, <http://www.channel4.com/news/pkk-kurdistan-workers-party-islamic-state-kurdish-spring>, 08/09/2014

⁶ Hanssapour, A, [*The \(Re\)production of Patriarchy in the Kurdish Language*](#), 2001

⁷ Hanssapour, A, [*The \(Re\)production of Patriarchy in the Kurdish Language*](#), 2001

⁸ Hanssapour, A, [*The \(Re\)production of Patriarchy in the Kurdish Language*](#), 2001

⁹ Day, C, *Rapid Assessment Report: Kobane Refugee Influx to Turkey*, CARE International, 24th September 2014

¹⁰ CARE's *Rapid Assessment Report: Kobane Refugee Influx to Turkey*:
http://www.careinternational.org.uk/attachments/2835_CARE-International-Kobane-Refugee-Rapid-Assessment-24-Sept-2014.pdf

¹¹ Information in this section has been taken or adapted from the following sources: (1) *Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action* (2014 version, not yet published); (2) [*IASC Gender Guidelines in Humanitarian Action*](#), 2006; (3) *IRC GBV Emergency Preparedness and Response Toolkit*