

Context

The conflict in Syria has created and exacerbated large-scale humanitarian needs around water, sanitation, and hygiene (WASH) for the country's population. Women are disproportionately affected by a lack of access to WASH services and facilities due to both biological and social factors.¹ Women and girls have specific needs around menstrual and reproductive health, which if unmet can have wide reaching adverse effects on health, maternal and infant health, education outcomes of girls and young women, and the economic independence of women, particularly in the case of female-headed households (FHHs).² Women are also vulnerable to harassment and gender-based violence when utilising unsegregated public WASH facilities that do not allow for an adequate level of privacy. In the Syrian context, a much lower proportion of women are employed compared with men, which often increases the financial burden of acquiring WASH necessities on FHHs.

To inform adequate programming of WASH assistance in Syria, the Whole of Syria (WoS) WASH Sector, together with REACH, HNAP and cluster members, conducted two household (HH) level surveys to assess the availability and accessibility of WASH services and to further understanding about existing WASH needs in order to inform the 2020 Humanitarian Needs Overview (HNO).

Since understanding the specific challenges women and FHHs face is intrinsic to the planning and delivery of an inclusive humanitarian response, this factsheet provides a gender-disaggregated analysis of the assessment's findings.

Methodology

The WASH Sector, together with REACH, HNAP and cluster members conducted two assessments between June and August 2019: one of HHs living in camps and sites and one of HHs living in communities.³ Both assessments employed random sampling methods to ensure the

data gathered is statistically representative. The two assessments were analysed independently.

Households in communities assessment

The assessment of HHs in communities covered 25,664 HH in 4,517 communities across 268 sub-districts in all 14 governorates in Syria. FHHs made up 2,348 of assessed HHs (9%). Findings from the HHs in communities assessment are representative at the sub-district level with a confidence level of 95% and a margin of error of 10%. When analysing total sample of FHHs assessed, the confidence level is 95%, with a margin of error of 2%. This assessment did not specifically target informal sites within communities. However, due to the random sampling methodology used, a very small number of HHs in informal sites were interviewed. For the assessment of HHs in communities, two stage random sampling was carried out to randomly select communities (stage 1) and HHs within those communities (stage 2).

Households in camps and sites assessment

The assessment of HHs in camps and sites covered 2,910 HH in 279 accessible camps and sites across 34 sub-districts in northwest (NW) and northeast (NE) Syria. FHHs made up 555 of assessed HHs (19%). Findings from the HHs in camps and sites assessment are representative at the sub-district level with a confidence level of 90% and a 10% margin of error. When analysing total sample of FHHs assessed, the confidence level is 95%, with a margin of error of 4%. For the household assessment in camps and sites, a mixed method of two stage random sampling and cluster sampling was used.

For further details on the methodology and sampling strategy, please see the associated [Terms of Reference](#). For additional information regarding the findings presented in this factsheet please refer to contacts below.

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AREA OF ASSESSMENT

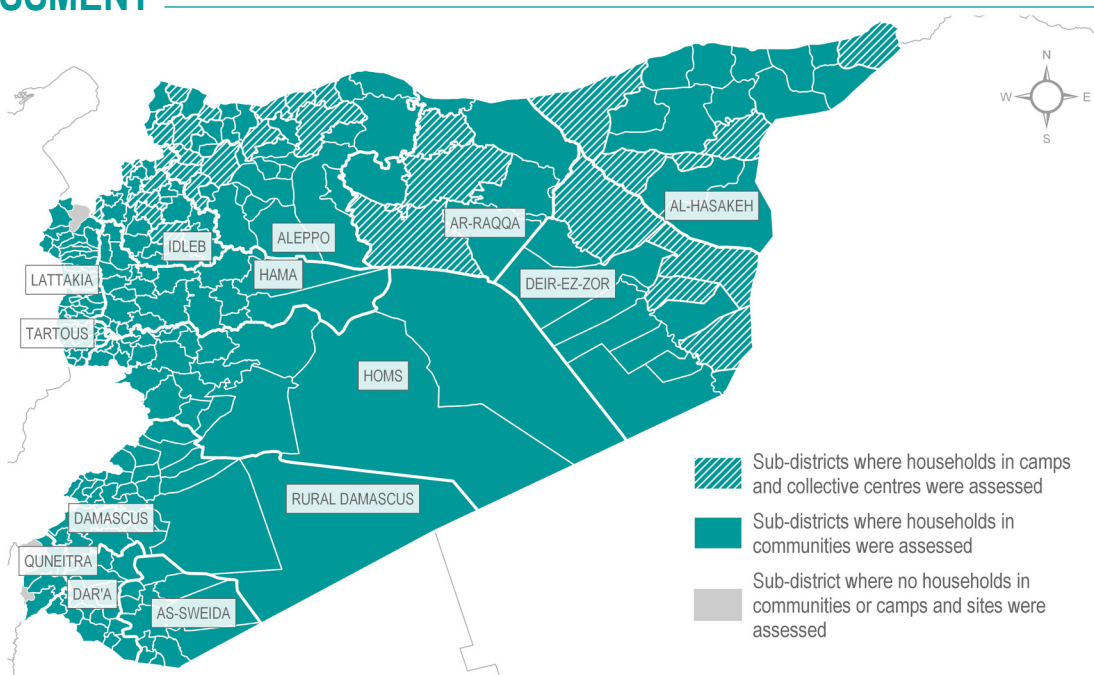
25,664

Households assessed in
4,517 communities

Four sub-districts out of 272 were not assessed in households in communities assessment data collection: Hajar Aswad, Rabe'e'a, Masaada, Al-Butayhah.

2,910

Households assessed in
279 camps and sites in
NW and NE Syria



¹WaterAid's Post-2015 toolkit, Chapter 8: WASH and gender equality

³The assessment carried out in communities may include a very small number of informal site surveys, where the informal sites were based in communities.

WASH findings from the assessment of households in communities

Within communities in Syria, the demographic profile showed that 9% of HHs were female-headed and on average their households were smaller, with four household members, compared to five in male-headed households (MHHs). The average number of children per household was the same, irrespective of head of household gender.

On average, the income per household member in FHHs was lower than that of MHHs; \$28 per person as compared to \$42 per person, respectively. This reduced income likely increases the vulnerability of FHHs and their ability to access services, including WASH services. The lower reported income of FHHs is likely related to employment dynamics; only 19% of women in assessed communities were reportedly working in the three months prior to data collection, as compared to 86% of men.

NFI Access to Sanitary Pads

5%

Of FHHs reported not being able to access sanitary pads, when needing to, in the 30 days prior to data collection.

Top three governorates where FHHs were unable to access sanitary pads when needing to

- 1 Ar-Raqqa - 20% The most commonly reported reason for FHHs being unable to access sanitary pads was an inability to afford them (86%), followed by unavailability in the market (14%).
- 2 Dar'a - 18%
- 3 Idleb - 15%

WASH and Livelihoods

USD 105

Average FHHs monthly income. Average MHHs monthly income was 174 USD.

36%

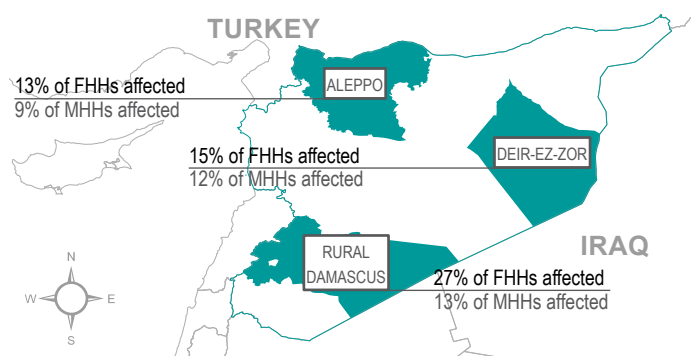
FHHs reported spending 36% less on water than MHHs in the month prior to data collection. However, with FHHs reportedly earning less on average than MHHs, the proportion of income spent on water was similar for both groups.

Water Shortages

9%

Of FHHs reported two or more consecutive days without water in the last 30 days compared to 6% of MHHs.

The map shows the governorates worst affected by water shortages. Rural Damascus governorate was particularly affected, with FHHs twice as likely to have experienced two or more consecutive days without water in the 30 days prior to data collection than MHHs.



Chlorination of Water

16%

Of FHHs were found to have 0 mg/L of free residual chlorine (FRC) in the water that the household used for drinking, compared to 14% of MHHs¹. An FRC level of less than 0.1 mg/L is an indication that the water might not be treated with chlorine². Without sufficient residual protection from microbiological contamination, water is potentially harmful to drink. The differences between FHHs and MHHs with respect to chlorination were not significant at the national level. In a number of governorates the differences were more pronounced, particularly Dar'a and Hama governorates.

Top three governorates where female headed households were found to have no chlorination of drinking water

- | | | |
|--------------|-----|-----|
| 1 Dar'a | 64% | 39% |
| 2 Hama | 36% | 12% |
| 3 Al-Hasakeh | 30% | 31% |

¹ Enumerators used pool tester kits to test the free residual chlorine of water samples in milligrams per litre (mg/L) after requesting a sample of the household's drinking water. The test was performed with an agent called DPD-1.

² 0mg/L of chlorine in the water that the household use for drinking, or 'no result' from the test of chlorination.



WASH findings from the assessment of households in camps and informal sites

Within camps and sites in Syria, the demographic profile showed that 19% of households were female-headed. This is double the proportion of FHHs in communities. The average household size for FHHs in camps was six, compared to four in communities. The challenges experienced by households in camps were different from those in communities. Water shortages were more frequently reported, along with poorer access to sanitary pads. A lack of chlorination in drinking water samples was more common in camps and sites, than in communities. A lack of sex-segregated toilets was also frequently reported in camps and sites.



Access to Sanitary Pads

31%

Of FHHs reported not being able to access sanitary pads, when needing to, in the 30 days prior to data collection. This is a significantly higher proportion than was reported by households living in communities (5%).



96%

Of FHHs who reported needing, but being unable to access sanitary pads reported that it was due to an inability to afford them. This is a significantly higher proportion than was reported by households living in communities (86%). The remaining 4% reported that sanitary pads were unavailable in the market.

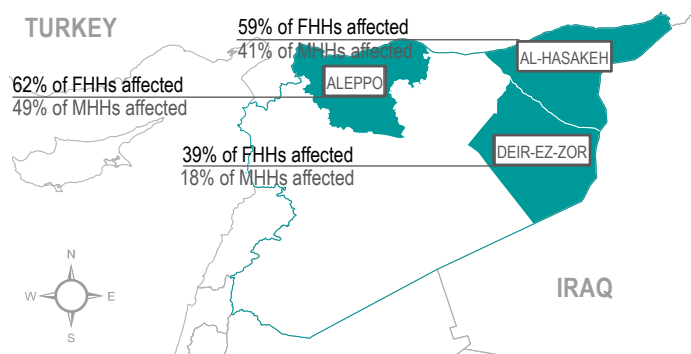


Water Shortages

50%

Of FHHs reported two or more consecutive days without water in the last 30 days, compared to 35% of MHHs.

The map shows the governorates worst affected by shortages of water, with camps and sites in Al-Hasakeh and in Aleppo governorates particularly affected.



Due to the small sample size of FHHs for assessed governorates, this map is **indicative only**.



Sanitation and Protection Issues

45%

Of all assessed households reported that toilets shared by four or more households were not segregated by sex.

Top three governorates where households reported that toilets shared by four or more households were not sex-segregated

- 1 Al-Hasakeh - 74%
- 2 Ar-Raqqa - 59%
- 3 Deir-ez-Zor - 51%

54%

Of all assessed households reported at least one protection issue related to toilet facilities available in camps and sites.

Issues reported included: a lack of privacy, secure locks or lights at toilet facilities, and harassment, at or while on the way to toilet facilities.



Chlorination of Water

24%

Of FHHs were found to have 0 mg/L of free residual chlorine (FRC) in the water that the household used for drinking, compared to 32% of MHHs¹. An FRC level of less than 0.1 mg/L is an indication that the water might not be treated with chlorine². Without sufficient residual protection from microbiological contamination, water is potentially harmful to drink.²

Households in camps and sites were found to have insufficiently chlorinated water at significantly higher rates than households living in communities for both MHHs and FHHs.

MHHs were found to have insufficiently chlorinated drinking water more frequently than FHHs. This could be because a higher proportion of MHHs reside in informal sites compared with FHHs; 25% and 16% respectively.

¹ Enumerators used pool tester kits to test the free residual chlorine of water samples in milligrams per litre (mg/L) after requesting a sample of the household's drinking water. The test was performed with an agent called DPD-1.

² 0mg/L of chlorine in the water that the household use for drinking, or 'no result' from the test of chlorination.

