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

TÜRKIYE & NORTHWEST SYRIA, FEBRUARY 2023

Earthquakes are gender neutral - they affect everyone in their vicinity - but their impacts are not. Gender inequality exacerbates the impact of disasters, and the impacts of disasters exacerbate gender inequality.[1] The earthquake in Türkiye and Northwest Syria (NW Syria) – the largest earthquake to affect the region in 200 years - occurred in areas already affected by mass displacement and population movements for over a decade, as well as long-standing protection issues. One thing is clear, however, where the impacts of the earthquake are gendered, the response must be too. This first Rapid Gender Analysis (RGA) Brief explores existing gender, age and disability data and information to understand pre-existing vulnerabilities and capacities and how best humanitarians can respond to meet people's different needs.

OVERVIEW

On 6 February 2023, a 7.8 magnitude earthquake struck in Kahramanmaras province, north of Gaziantep in southeast Türkiye close to the border with Syria. Several hours later, a 7.5 magnitude aftershock struck just 60 miles away. Five days after the initial earthquake over 1,200 aftershocks[2] have been reported across the region. On 7 February, the Government of Türkiye issued a Level 4 alarm and a three-month state of emergency in the worse affected provinces. The number of fatalities in Türkiye and NW Syria continue to climb each day and significant infrastructural damage has left thousands without shelter in harsh winter conditions. Those with pre-existing vulnerabilities such as people with disabilities, older people (>65), unaccompanied and separated children, pregnant women and refugees (including unregistered refugees and migrants in transit across the Türkiye/Syria border) face heightened levels of risk and vulnerability in the crisis.

Demographic Breakdown

Disaggregated demographic data by gender, age and disability is invaluable for understanding the specific vulnerabilities that different groups face in the aftermath of the earthquake.

There is a significant displaced population living inside NW Syria and a large Syrian refugee population living in Türkiye who will have distinct needs. In NW Syria, 4.1 million people already depend on

[1] https://www.worldbank.org/en/topic/disasterriskmanagement/publication/gender-dynamics-of-disaster-risk-and-resilience
[2] https://reliefweb.int/report/turkiye/earthquake-turkiye-and-north-west-syria-flash-update-no-5-10-february-2023

humanitarian assistance[3] and over 60% of the area's 4.6 million people are internally displaced (the majority are women and children).[4]

In Türkiye, over 13 million individuals reside in the 11 provinces most impacted by the earthquake. Demographic data available by gender for these populations can be used in response planning both for Turkish and Syrian refugee populations:

Provinces	Total*	Male*	%*	Female*	%*	Syrian Refugees**	% of total popln**
Adana	2 274 106	1 137 455	50%	1 136 651	50%	250,679	9.97%
Adıyaman	635 169	320 177	50.4%	314 992	49.6%	22,267	3.40%
Diyarbakır	1 804 880	910 472	50.4%	894 408	49.6%	21,727	1.20%
Elazığ	588 088	291 380	49.5%	296 708	50.5%	12 231	2.04%
Gaziantep	2 154 051	1 087 763	50.4%	1 066 288	49.6%	459,751	17.75%
Hatay	1 686 043	847 128	50.2%	838 915	49.8%	354,549	17.51%
Malatya	812 580	405 398	49.9%	407 182	50.1%	31,427	3.74%
Kahramanmaraş	1 177 436	598 004	50.7%	579 432	49.3%	94,888	7.49%
Şanlıurfa	2 170 110	1 093 998	50.4%	1 076 112	49.6%	369,145	4.69%
Kilis	147 919	74 504	50.3%	73 415	49.7%	87,408	37.48%
Osmaniye	559 405	281 924	50.3%	277 481	49.7%	35,650	6.53%
Total	**14,009,787**	**7,048,203**	**50.3%**	**6,961,584**	**49.7%**	**1,739,722**	**14.0%**

* TurkStat (TUIK), The Results of Address Based Population Registration System, 2022. https://data.tuik.gov.tr/Bulten/Index?p=The-Results-of-Address-Based-Population-Registration-System-2021-45500&dil=2

** https://en.goc.gov.tr/temporary-protection27. Figures date from January 2023 and are slightly higher than the 2020 figures above.5

The demographic table above shows that Türkiye has an almost equal numbers of males and females across all affected provinces. More than a quarter of the population is younger than 18 years and those aged 15-24 years comprise 15.3% of the population. Almost 10% of the population is older than 65 years. The average household size is 3.34 people.

Syrian refugees represent about 11.5% of the total population living across the 10 most-affected provinces in Türkiye, the highest number of whom are in Gaziantep. Most Syrians now live in urban areas of Türkiye. However almost 50,000 refugees continue to live in seven camps in the earthquake-affected provinces of Adana, Hatay, Kahramanmaras, Kilis and Osmaniye.[6] Overall, there are more Syrian men and boys (53.4%) living in the areas than Syrian women and girls (46.6%). Reports are emerging of the distinct impacts of the crisis on children of whom there are estimated to be 4.6 million in the 10 most-effected provinces of Türkiye (Elazığ was not included at the time the estimate was made) and 2.5 in the affected areas of Syria due to family separation, which will leave many children unaccompanied by family or carer, the destruction of schools and the freezing winter conditions[7]. In the over 55s age-ranges, there are more women than men (48.3% men and 51.7% women).[8] Amongst Syrian refugees in Türkiye, only 2.1% are over 65 years.[9]

More than a decade of conflict means that reliable governorate-specific sex- and age-disaggregated data (SADD) is more difficult to obtain for Syria. However, given the disproportionately higher number

[3] https://www.unhcr.org/news/briefing/2023/2/63e27d874/unhcr-teams-support-emergency-response-efforts-earthquake-survivors-turkiye.html

4 https://reports.unocha.org/en/country/syria/

5 The data in this table is not disaggregated by sex though CARE's RGA Syrian Refugees in Türkiye 2020 provides that 46% of the registered Syrian refugees in Türkiye are female and 44% are children. Also, the percentage of Syrians in each of the 10 provinces is based on the number of people living in the city, not the Turkish population figures (https://en.goc.gov.tr/temporary-protection27).

6 https://en.goc.gov.tr/temporary-protection27

[7] For example, see UNICEF press statements - https://www.unicef.org/eca/press-releases/hundreds-thousands-children-endure-desperate-conditions-turkiye-syria-earthquake

[8] Ibid.

[9] https://en.goc.gov.tr/temporary-protection27

of women and children refugees and displaced on both sides of the border, there may be some variance in these percentages in the affected provinces. In NW Syria, the 2023 Humanitarian Needs Overview (HNO) provides that, of the 15.3 million people in need in Syria, of whom 6.835 million / 45% are in the governorates of Aleppo, Hama, Idleb, Lattakia and Tartous, 21% are girls aged 0 to 17 years, 25% are boys aged 0 to 17 years, 29% are women over 18 years and 25% are men over 18 years. In 2021, UNFPA estimated that approximately 25% of people in need are women and girls of reproductive age (15-49 years).[10] The HNO 2023 figures also provide that 4% of people in need in NW Syria are elderly and 17% have a disability.

In Türkiye, demographic data on disability from the Turkish Statistical Institute (TUIK) in 2011 provides that the proportion of the population in all age groups with a disability is 6.9% (female – 7.9%; male – 5.9%). The information is not only dated but many more people will most likely have acquired temporary and permanent physical and sensory impairments as a result of the earthquake. The 2023 HNO reports that, in NW Syria, the proportion of people with a disability was already considerably higher than the global average of 15% at 24% of individuals two years and older, rising to almost 40% in north-east Syria and 92% of people over 59 years. Children with a disability are more likely to drop out of school if they attend at all.[11] CARE's 2022 RGA for NW Syria[12] reported that about 65% of households have at least one member living with a disability, rising to 70% among displaced families.

KEY FINDINGS

DISAGGREGATED DATA & EARLY ASSESSMENT

While there appears to be a significant amount of data available in relation to both the Turkish and Syrian refugee populations in the 10 most-affected provinces in Türkiye and of displaced and host populations in affected areas of northern Syria, most of this data is not disaggregated consistently by sex, age, disability and other important factors such as sex and age of the head of household, etc. In addition, the earthquake has caused further movement and displacement of people. Therefore, it will be important for humanitarian actors to quickly assess the sex-, age- and disability profiles of the communities they are supporting and to start scoping out opportunities to conduct RGAs in close collaboration with local organizations.

SHELTER

In Türkiye, thousands of buildings have reportedly collapsed, which has led to nearly 400,000 people seeking alternative shelters in government centres, schools, hotels, shopping malls, stadiums, mosques and community centres. Some have also taken shelter in cars and trains, while others who had the option to leave the worst-affected area have done so. Across ten affected governorates in Syria, 12 years of hostilities had already resulted in structural damage to many buildings and infrastructure and reduced access to social services. In north-west Syria more than 1,700 buildings have been completely destroyed and more than 5,700 have been partially destroyed. In Aleppo, 56 buildings reportedly collapsed, while an unspecified number of buildings in other affected locations also report damages to varying degrees.[13] Many informal and makeshift shelters in both contexts are overcrowded and lack privacy, lighting and locks leading to heightened safety and protection risks for women and girls and people with disabilities. More context-specific information is required quickly to understand the experiences and needs of women and girls from communities who do not leave their homes without male company around informal and/or collective shelters.

Severe winter conditions, including freezing temperatures at night, are hampering relief efforts and increasing health risks, such as hypothermia, especially for those without proper shelter. Those with pre-existing health conditions, pregnant and breast-feeding women, infants and those with disabilities are at higher risk of experiencing medical complications due to the lack of warm and safe shelter, as well as the disruption to their medications and other treatments. Additionally, water sources, electricity and gas supplies in the affected regions were damaged,

[10] https://www.unfpa.org/press/ten-years-crisis-syrian-women-and-girls-continue-face-enormous-challenges
11 https://reliefweb.int/report/syrian-arab-republic/syrian-arab-republic-2023-humanitarian-needs-overview-december-2022
[12] https://careevaluations.org/evaluation/care-rapid-gender-analysis-north-west-syria-sacrificing-the-future-to-survive-the-present/
13 Flash Appeal, Syrian Arab Republic, February to May 2023 - https://reliefweb.int/report/syrian-arab-republic/flash-appeal-syrian-arab-republic-earthquake-february-may-2023

destroyed or switched off to avoid explosions and fires. The result is that available temporary shelters cannot meet the needs of the mass influx of people sufficiently. It Is also worth noting that pre-earthquake conditions, due to increasing rates of inflations and supply-chain disruptions, crisis affected populations on both side of the border were already reporting minimizing expenditures and seeking to consolidate assets. Those that have lost their housing have also lost their assets, which will have both short term and long-term implication for recovery, particularly for women whose livelihood opportunities are more limited.

WATER, SANITATION & HYGIENE (WASH)

The pre-earthquake outbreak of cholera in Syria[14] remains a public health threat to the region, together with other dangerous water-borne diseases.[15] Water shortages and destroyed or non-existent water sanitation and sewage management systems combined with ongoing political hostilities have led to compromised health and hygiene practices and increased risk of disease, particularly for children with malnutrition, pregnant and breastfeeding women and those in displacement camps.[16] Given the destruction of infrastructure along the Turkish border and into NW Syria, there are also risks that reduced access to energy sources will limit the ability for critical electric pumps to source ground water while existing sanitation systems remain insufficient to meet essential water needs for earthquake affected populations.[17] Access to safe and clean water is a challenge with many points being disrupted and storage being damaged. Additionally, given the cold winter season, the need for warm water capacities for showering and washing remains another challenge, especially in temporary settlements. All these issues raise questions around women and girls' roles in relation to collecting, storing and using water and as caretakers in the case of epidemics and to family members affected by illness or disability.

Challenges around ensuring safe and accessible toilets and washing facilities and the availability of appropriate and adequate hygiene or 'dignity' kits have been an ongoing focus across the region pre-earthquake, particularly for women, people with disabilities and Syrian refugees. Social and cultural taboos around menstruation[18] combined with inadequate and contaminated water supplies lead to increased risk of infections and the adoption of harmful coping strategies such as bypassing hygiene needs or avoidant health-seeking behaviours. Additionally, evidence shows that in the wake of the disasters, situations where shared facilities become more limited and crowded (especially around toilets and water sites), women and girls are put at increased risk of GBV[19] and are less likely to prioritize overall hygiene and health practices.

CARE's own experience of implementing our Women Lead in Emergencies approach among Syrian refugees is that many of the action plans developed by informal women's groups focused on WASH-related issues, safe spaces and movement within the camp. This highlighted gaps in the ongoing response and, therefore, flags the need for greater attention to them in the earthquake response.

FOOD SECURITY

Prior to the earthquake, household food security was fragile across both southwest Türkiye and NW Syria, especially for female-headed households and both documented and undocumented Syrian refugees.[20] In both Türkiye[21] and NW Syria[22], women were found to be more likely to adopt harmful coping strategies, such as reducing their number of meals per day or borrowing money to purchase food. About one quarter of households in Türkiye were allocating more than 65% of their total income to food[23] and many households grew unable to meet their basic needs. amidst inflation spikes, financial instabilities and amplified food insecurity. Similarly, in NW Syria, dependency on humanitarian

[14] https://reports.unocha.org/en/country/syria/card/3JbK0sd8Qy/
[15] https://news.un.org/en/story/2022/09/1126531
[16] https://www.doctorswithoutborders.org/latest/syria-cholera-outbreak-worsens-already-dire-humanitarian-situation
[17] https://reliefweb.int/report/syrian-arab-republic/inside-syrias-water-crisis-cholera-outbreak-making
[18] Izmir Earthquake Assessment Report, MDM/DDD, Nov. 2020
[19] https://www.ifrc.org/sites/default/files/2021-11/GBV-in-disasters-AP-case-studies.pdf
[20] FAO, Global Report on Food Crises, 2022 - https://www.fao.org/3/cb9997en/cb9997en.pdf
[21] Regional Refugee & Resilience Plan, Turkey Country Chapter 2021-22 - http://www.3rpsyriacrisis.org/wp-content/uploads/2021/02/3RP-Turkey-Country-Chapter-2021-2022_EN-opt.pdf
[22] https://careevaluations.org/evaluation/care-rapid-gender-analysis-north-west-syria-sacrificing-the-future-to-survive-the-present/
[23] Regional Refugee & Resilience Plan, Turkey Country Chapter 2021-22, http://www.3rpsyriacrisis.org/wp-content/uploads/2021/02/3RP-Turkey-Country-Chapter-2021-2022_EN-opt.pdf

aid had been on the rise, especially among internally displaced people (IDPs), female-headed households and widows.[24] In both countries, food basket costs have risen significantly due to record levels of inflation and the rise of transport and fuel prices. Given the current lean winter season and destroyed infrastructure and disrupted systems due to the earthquake, there is an increased risk of acute food shortages.

The prevalence of malnutrition in earthquake-affected zones is high and targeted strategies for the most vulnerable, especially pregnant and lactating women, older adults (>65) and children, have been disrupted. In southwest Türkiye, one in four children is underweight and 87% of elementary level children are anaemic (affecting more girls than boys) and stunting figures increased to 5.4%.[25] In NW Syria, one in six children is stunted and the anaemia rate is 46% of children between 6-56 months and 54% of women of reproductive age.[26] The short-term impact of malnutrition heightens the risk of negative and dangerous coping strategies (especially for women and girls) and long-term effects, including developmental limitations and economic strains.

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR)

Damage from the earthquake has deepened strains on an already fragile health system while greatly increasing the need for essential health services. Prior to the earthquake, of 554 health facilities assessed in NW Syria, just 58% were deemed to be fully functioning, 11% were partially functioning and 30% were considered non-functional.[27] In February 2023, data from various partners estimate that 57 hospitals and primary health facilities in NW Syria have either been damaged or had services disrupted due to the earthquake.[28] The earthquake has affected an estimated 3.7 million people in the government-controlled areas of Syria, among which are approximately 925,000 women and adolescent girls of reproductive age, including 148,000 pregnant women and girls. An anticipated 37,000 women and girls will give birth in the next three months and more than 5,000 will require emergency obstetric care due to complications.[29] Further, additional risks of GBV reinforce the need to ensure critical sexual and reproductive health services, including clinical management of rape and access to contraceptives, including emergency contraceptives.

PROTECTION ISSUES

GENDER-BASED VIOLENCE - Gender-based violence, including domestic violence, trafficking, sexual violence and sexual exploitation, abuse and harassment increases in the aftermath of an emergency and, at the same time, weak, non-existent or insufficient reporting mechanisms combined with the absence of social and cultural support systems and impunity of perpetrators leads to underreporting. As core infrastructure and the fabric of communities are destabilized in the aftermath of a natural disaster, communication channels and community-based social safety nets are disrupted in ways that increase risks of GBV for women and girls. In Türkiye, [30] the last government survey in 2014 found that about one in four women had suffered physical or sexual abuse by their partners.[31] Data from Women's Rights Organisations (WROs) and other sources have highlighted that, in Türkiye and NW Syria, hundreds of femicides take place every year. [31] In Syria, according to the 2022 HNO, a fifth of households identified that women and girls feel unsafe in certain areas while the 2023 HNO refers to the level of GBV across Syria as "endemic". Shelters without privacy or lockable windows and doors create increased [32] of GBV[33]. Yet, at the same time, in both Türkiye and NW Syria, survivors lack confidence in available protection and assistance mechanisms and intensive

[24] https://careevaluations.org/evaluation/care-rapid-gender-analysis-north-west-syria-sacrificing-the-future-to-survive-the-present/
[25] https://www.turkishminute.com/2022/04/19/kish-children-suffer-from-malnutrition-amid-economic-crisis-says-expert/
[26] https://careevaluations.org/wp-content/uploads/CARE-RGA-Northwest-Syria_FINAL_Aug22.pdf
[27] Health Resources and Services Availability Monitoring System HeRAMS - Third Quarter, 2022 Report Türkiye Health Cluster for Northwest of Syria, Jul - Sep 2022
[28] https://reliefweb.int/report/turkiye/earthquake-turkiye-and-north-west-syria-flash-update-1-9-february-2023
[29] https://www.unfpa.org/sites/default/files/resource-pdf/UNFPA%20WoS%20Earthquake%20Situation%20Report%201.pdf
30 Turkey National Research on Domestic Violence Against Women 2014 - https://ghdx.healthdata.org/record/turkey-national-research-domestic-violence-against-women-2014
[31] https://www.unicef.org/mena/media/15726/file/hno_2022_final_version_210222.pdf.pdf
[32] https://www.unicef.org/mena/media/15726/file/hno_2022_final_version_210222.pdf.pdf
33 In November 2022, UNFPA reported that, of the 25,661 people reached with GBV case management services, 99% were female. https://arabstates.unfpa.org/sites/default/files/pub-pdf/regional_situation_report_for_the_syria_crisis_-_november_2022_fa1.pdf

mental health and psychological impacts serve as barriers to reporting experiences of GBV. Widespread impunity for GBV and discrimination towards the survivor results in serious underreporting. In 2021, Türkiye withdrew from the Istanbul Convention, which provides comprehensive standards for the protection of and support for survivors, risk mitigation measures and prosecution of perpetrators, as well as establishing obligations on the state to provide minimum essential support services to survivors, such as shelters and medical assistance. Therefore, it is critically important that actors in all sectors of the humanitarian response systematically implement measures to mitigate and prevent GBV and, at the same time, ensure GBV response services are available as quickly as possible.

CHILD PROTECTION: Harmful coping strategies can increase protection risks for children, especially the increased number of unaccompanied and separated children. Safety and protection risks can include child early and forced marriage, child labour, trafficking and physical, emotional, sexual and domestic violence. In the face of disaster, the roles, expectations and responsibilities of girls and boys can shift as family systems adapt to new conditions. In Türkiye, one in five women aged between 18-45 got married at a child's age (i.e., ≤ 18) with one in every three of these women also becoming a child mother. Half of the women married before 18 years experienced physical violence.[34] In Syria, child labour was reported by 84% of communities, child marriage (particularly for adolescent girls) was an issue for 71% of communities; and 36% of communities expressed concerns around family separation. It is also common practice that children lack birth certificates, especially children with disabilities, creating increased safety and protection risks, including the denial of access to basic rights in the future.35

Reports emerged quickly from actors on the ground about children who have been separated from their parents who may be alive or not. Discussions involving UNICEF and national actors are ongoing around the challenges of tracing and reuniting children with family members. Reports have also emerged of partners on the ground that trauma or emergency responsive psychosocial support and recreational activities are urgently required within child-friendly spaces.

SAFEGUARDING / PSEA: Survivor-centred approaches to monitoring and reporting sexual exploitation and abuse (SEA) is central to emergency response protocols and mechanisms at all levels. The limitation of mobility in the earthquake response, disruption of social safety nets and the lack of information around confidential reporting mechanisms make it difficult for adult and child survivors to access whatever response services remain operational. Pre-existing challenges to accessing these mechanisms and support services are compounded during humanitarian emergencies, as affected populations increasingly rely on aid organizations to provide basic needs and, in some circumstances, to survive. This creates a significant imbalance of power and, for those with access to goods and services (i.e., international organisations and local aid providers), there is an increased risk to abuse this power to exploit vulnerable and marginalised people, particularly women and girls. Risks of sexual exploitation and abuse exist in the local context including around attitudes and prevailing gender norms and conditions of severe poverty and need; risks of programming that do not acknowledge the risk and, therefore, integrate mitigation factors; risks from new humanitarian actors; and lack of awareness, knowledge and understanding among the affected populations.

WOMEN'S PARTICIPATION & ACCOUNTABILITY TO AFFECTED POPULATIONS

Pre-earthquake, local civil society organisations, particularly women's groups (informal and formal), had established coordination mechanisms across local networks, seeking to expand their sphere of influence and participation. Although women's groups have extensive experience and knowledge of diverse themes across the region, meaningful integration of these local groups into humanitarian response mechanisms has been challenged by the dominance of national and regional coordination mechanisms led by public authorities or international humanitarian agencies.

While humanitarian actors seek support from informal women groups and volunteers in aid delivery (especially in information dissemination and community-based protection activities),

[34] https://turkiye.unfpa.org/en/news/last-25-years-child-marriages-turkey

meaningful consultative sessions are rarely held in the design or decision-making stages of the response to recovery continuum. Past experiences in disaster response reflect the importance of creating more inclusive and safe spaces for local actors from marginalised groups to shape the humanitarian response.

RECOMMENDATIONS TO HUMANITARIAN ACTORS, INGOs & AFAD

Protection:

- **Gender-based Violence** - In each area of intervention, collaborate with relevant local and national actors, including WLOs / WROs often leading GBV prevention and response efforts, to conduct GBV services mappings. Such mapping should also include a gap analysis and the development of referral pathways. Actors across all sectors should ensure the dissemination of information on GBV response services and reporting channels in all communications with relevant communities, having regard to diverse communities' preferred and trusted communication languages, formats and channels. All non-GBV specialist humanitarian actors who are in direct contact with communities affected by the earthquake should be trained on supporting GBV survivors. Sectors must conduct GBV risk mitigation assessments and ensure GBV risk mitigation measures are integrated into sectoral response plans. Conduct further analysis of the nature and extent of trafficking in the aftermath of the earthquake and of engaging men and boys in GBV prevention and response.
- **Child Protection**: In each area of intervention, collaborate with relevant local and national actors to conduct a child protection services mapping, including a gap analysis and the development of referral pathways. Disseminate information on available child protection services and reporting channels in all communications with relevant communities. In this regard, the Child Protection sub-Cluster and Protection Cluster shared an unaccompanied and separated children reporting / tracing tool on Kobo for both protection and non-protection actors. Non-child protection actors must inform themselves about child protection referral pathways, including those related to family tracing and reunification. Note that diverse groups of children will have diverse language and format – pictorial and narrative - needs and preferred channels.
- **Prevention of Sexual Exploitation, Abuse and Harassment**: In each area of intervention, assess SEAH/safeguarding risk factors and integrate these into programme planning. As with all protection issues, disseminate information on reporting channels through all programming and ensure all actors have been informed of relevant services and/or referral pathways.

Gender Equality and the Empowerment of Women, Participation and Programming

- **Conduct iterative Rapid Gender Analyses**, inclusive of sex-, age- and disability-disaggregated data at a minimum, to provide real-time data as the context and the specific needs, priorities and capacities of the most vulnerable evolve. Where possible, seek to collect, analyse and use primary data to fill data gaps on vulnerable and marginalised groups and inform planning and implementation of humanitarian action.
- **Engage local gender experts** to address the gender balance of teams' composition, identify context-specific factors influencing vulnerability and resilience and monitor unintended (negative) consequences of the humanitarian programming and activities.
- **Fund women's organisations** including WLOs / WROs and organisations with a mandate to promote gender equality, such as organisations working on Engaging Men and Boys, with substantial, quality and flexible funding as directly as possible. Funding should over direct and indirect (core) costs of organisations so that the organisations can scale up the response as quickly as possible.
- **Make participation and leadership a reality** by including local community leaders, especially women's organisations, from diverse communities, in meaningful consultation, design, decision-making and funding of humanitarian response and recovery plans. Map out communities and community leaders' preferred communication channels and ensure translation for critical discussions and documentation.
- **Coordinate and collaborate with the nationally designated authorities**, such as the Government of Türkiye's Provincial Directorate of Migration Management (PDMM), which manages

refugee protection cases, including supporting on issues of gender, inclusion and women and girls' protection and participation, if possible.

- **Accountability to Affected Population**s includes women and girls and representatives of diverse groups: Establish feedback loops with crisis-affected populations across diversity categories, especially women and adolescent girls, to improve community-level emergency response and increase transparency and accountability.
- **Bridge the prevention-preparedness-response-recovery continuum** by activating and/or coordinating with local leaders, particularly women's groups, organisations of persons with disabilities and organisations representing other marginalised groups on both sides of the border and engage them in consultative and participatory sessions in the design and reconstruction phase to ensure the response meet the needs of the community and simultaneously initiate resilience-building initiatives.

Ensure minimum standards for safe and hygienic temporary shelters

- Ensure appropriate partitions and separation by gender in collective centres to create spaces of privacy, particularly for women, girls and pregnant and breast-feeding women.
- Ensure that collective centres are accessible to those with physical injuries and disabilities.
- Coordinate with the WASH sector to ensure access to gender-sensitive WASH facilities and services in all temporary and collective shelters.
- For those in temporary or makeshift shelters, provide winterization kits, including thermal blankets, warm clothing for people of all ages and genders, socks, hats, gloves and waterproof layers. Additional essential items may be required such as kitchen sets, stoves (for heating and cooking) and solid fuel, as well as mattresses, plastic sheeting (for temporary repairs to makeshift shelters) and tent-base insulation sheets to winterize tents.

Water, sanitation and hygiene initiatives for disease prevention

- Prioritize the provision of culturally appropriate WASH kits for infants, and dignity/hygiene kits – including menstrual hygiene materials and incontinence pads - for women, girls and older people respectively, including the means to dispose of nappies, menstrual hygiene materials and incontinence pads safely.
- Ensure the proper segregation and accessibility of communal toilets/washing facilities at emergency centres, functional lights and locks and accommodations for persons with disabilities
- Initiate community-based health promotion initiatives centred around skills to treat water, menstrual hygiene, hygiene practices for pregnant and lactating women, etc.
- Conduct community engagement and risk communication initiatives around waste management, cholera prevention measures, etc. that are intentionally inclusive using different preferred and trusted channels and formats.

Sexual and Reproductive Health and Rights

- Ensure access to life-saving sexual and reproductive health services aligned with the Minimum Initial Service Package for SRH in Crisis Settings and the continuation of other essential health services.
- Increase the presence of female frontline health workers, especially to serve as WASH practice community trainers/facilitators and professional birth attendants, equipped to also provide perinatal assessments, postpartum support and lactation consultation.

Gender-sensitive food assistance

- Ensure that nutritional supplementation is targeted and available to meet the needs of older people, children, pregnant and breastfeeding women, people with disabilities and ongoing health conditions.
- Reactivate and expand school lunch programmes once schools start again.
- Given the high levels of pre-existing household food insecurity, adopt flexible programming approach for cash- and food-assistance that invest in both short-term interventions focused on meeting the immediate food needs of the greatest number of the most vulnerable groups; and more targeted longer-term gender-transformative programming aimed at building livelihood resilience of affected populations, especially in the agricultural sector.
- Harmonise cash and voucher assistance (CVA) modalities as part of humanitarian response particularly cash-in-hand through money transfer agents or vouchers.