Executive Summary
The present Report analyses and summarizes the main findings of a participatory consultation exercise conducted with women and girls in North East Syria (NES) with the purpose of identifying hygiene practices (including menstrual hygiene) in NES. More specifically, the aim of the exercise was to underline gaps and challenges faced in responding to their hygiene needs, access to water and hygiene items, as well as safety and security concerns related with menstrual hygiene management. On one hand, the present exercise aimed at contributing, through the dissemination of the findings and recommendations, to improve the quality of humanitarian services delivered to women and girls of reproductive age by ensuring a comprehensive understanding of their needs and risks associated to hygiene practices. On the other hand, the assessment was conducted to foster the coordination of dignity kits (DK) distributions, by identifying and proposing an harmonized understanding of DK content in NES, and promoting a multi-sector coordination approach (especially among GBV, WASH and SNFI actors).

The present report mirrors the challenging situation of women and girls hygiene practices during the first quarter of 2021 in NES (including the negative impact of Covid-19), where, according to the findings, women and girls are not able to adopt hygiene practices that meet their standards and face several risks (including GBV incidents) to try to meet their standards. Menstrual hygiene and the specific needs of women and girls to manage their menstrual cycle with dignity and safety needs to be put upfront as a key element of the integration of GBV across humanitarian response and coordination.

The data analysed has showed that DK distributions lack appropriateness and effectiveness in addressing women and girls in reproductive age needs and that they face several barriers and risks associated to menstrual hygiene management including: lack of suitability of the content items to their needs, lack of regular distributions and quantities available for the relevant periods of time, lack of harmonization of the content items, barriers in accessing water and menstrual hygiene items, barriers in accessing distribution sites, concerns of sexual exploitation and abuse when accessing humanitarian services, no access to latrines and shower areas, among other concerns further detailed in the report.

Introduction
During the month of February 2021, the NES GBV AoR has organized a dignity kits needs assessment in 3 Governorates (Hassakeh, Raqqa and Deir ez Zor). The assessment counted with NES GBV AOR partners collaboration as well as with Syria hub GBV partners operating in Qamishli. A total of 80 FGDs were conducted; out of those 25 FGDs were carried out with girls (17 and younger) and 55 with women. 15 of the total number of FGDs included women with disabilities. Moreover, a total of 326 females also contributed to the data collection process through a Survey tool as detailed below.
The primary objective of the assessment was to identify needs and integrate them into the Dignity Kits Guidelines developed by the NES GBV Sub-Working Group (NES GBV sWG) as a supporting tool for partners implementing Dignity Kits Distributions. The assessment also contributed to promote the identification of needs, gaps, and practices of menstrual hygiene management and other hygiene practices, as well as insights into safety threats, risks and concerns that women and girls experience in relation to these practices and in their everyday lives.

Finally, the assessment findings covered in this report aim to support the humanitarian response in NES, in particular the GBV sub-sector and the WASH, SNFI sectors, as it directly contributes to identify threats and opportunities for integrated GBV risk prevention and mitigation programming and enhance access and safety of women and girls.

While this report narrative and interpretation represent a summary of the most important information collected and key findings as described above, a complete set of quantitative data is available through a Dashboard that can be shared with relevant organizations upon request to the NES GBV SWG Coordinator.

It is also worth to note that the data collection process took place prior to the Water Crisis that hit NES; therefore the situation that women and girls faced in terms of safety and challenges in accessibility to hygiene and menstrual hygiene practices, is likely to have considerably deteriorated at the time of the release of the report.

**Methodology**

To have a comprehensive overview of NES needs in terms of Menstrual Hygiene Management the data collection was conducted by GBV actors that are members of the NES Forum coordinated response as well as with those registered in GoS areas and coordinated from the Qamishli sub-national GBV coordination group, and covered both urban and camp (formal and informal) settings.

In order to make the data collection process as inclusive and accessible during Covid-19 pandemic the methodology was based on a mixed method approach: an online survey administered to key female stakeholders at community level and FGDs with women and girls conducted in 3 Governorates across NES (Hassakeh, Deir ez Zoor and Raqqa), in both camps and urban settings. A total of 313 Surveys and 80 FGDs was conducted.

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**Table 1: Breakdown of assessment carried out with the women and girls in NES.**

A total of 854 women and girls were involved in the participatory assessment. Reflecting 326 females (51 between 12 to 17 years old, 274 adult women) participating in the survey and 528 females (176 between 12 to 17 years old, 352 adult women) reached through FGDs across the three Governorates. This mixed approach was justified to ensure proper data gathering in the midst of Covid19 pandemic with the intention to gather data from a significant number of communities in NES.

Both the survey and FGD questionnaires were developed by the NES GBV Sub-WG members and colleagues from GOS controlled areas and further validated and translated by the members’ teams in the field, who also facilitated the sessions with groups or individuals. The questionnaires for each can be found in Annex I of this report.
In its intention to guide the response towards women and girls and their hygiene needs, this report also represents an additional attempt to voice the needs and concerns of women and girls in NES.

**Overall findings**

This Section aims at providing a general overview of the main access challenges, risks, threats, gaps and copying mechanisms that women and girls face to respond to their menstrual hygiene management needs. That as stated, pertain mainly with: a) WASH and Hygiene Practices, b) Safety, c) Covid-19 and d) Discrimination/barriers in exercising rights.

**A) WASH and Hygiene Practices**

**Hygiene and menstrual management practices.** Women and girls hygiene and menstrual management needs are essential not only to respond to a biological cycle, but also and equally importantly, to achieve dignity and a sense of confidence, which are basic features for their sense of independence and well-being. In NES, the provision of dignity kits is limited in quantity and geographic coverage mainly due to financial constraints; a situation that has been exacerbated by COVID19 and increasingly unstable water supply. The lack of regular water supply is a situation that was further aggravated over the spring of 2021 due to a Water Crisis that affected NES as a consequence of the drought and low water levels. This led to an increased effort of all population groups across NES to meet their basic needs, and further depleted the resilience of the most vulnerable groups such as women and girls.

This situation led women and girls to adopt mitigation measures that are not always in line with the minimum hygiene standards. For example, in Deir er Zor, women and girls are often forced to use rugs from old clothes as sanitary pads; they throw them away after using them because they do not have access to clean, warm water, which is needed to properly wash and reuse them. The lack of water is a key problem that further restricts access to menstrual hygiene alternatives for example by limiting the use of reusable pads across NES: water is not available in many of the targeted communities and warm water, ideal for washing reusable pads, even less. Thus, women and girls prefer to opt for single use/disposable pads, that, on the other hand, are too expensive to purchase and often not even available in local markets. In rare situations where they can be afforded, women and girls are often too embarrassed to purchase them. This is also confirmed by the survey findings, as it is one of the main reasons, pointed by 18% of the participants, for not using disposable pads, as highlighted in the below chart, *Figure 1*: 

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*Figure 1:* [Chart showing survey findings related to the use of disposable pads.]
The main source to obtain pads are humanitarian distributions, yet the surveys indicate that the last time women participating in the survey received a dignity kit, including menstrual hygiene items, was over 12 months ago (according to 74% of survey respondents).

It is to be noted that the lack of access to clean water negatively impacts other personal hygiene practices, as presented more in detail in the findings below.

**Safe access to clean and affordable latrines and bathing sites**

Even though the majority of respondents confirm that latrines and bathing sites exist in their communities (76% confirmed to have latrines while 54% confirmed to have access to shower), meaningful access to these sites varies across all the targeted communities in NES when considering additional conditions required for women and girls to access them with dignity and safety (e.g. segregated latrines, existence of lockers). The graphic below highlights the fact that availability of latrines and shower areas does not necessarily translate into women and girls easily and regularly using these sites.

In terms of safety, 74% of survey respondents mentioned that bathrooms do not have lockers and 79% reported that they are not sex segregated, aspects that are directly linked to increased risks of GBV. Additional barriers reported by women and girls are lack of cleanliness (53% of respondents said that latrines are not cleaned and 63% mentioned that latrines do not have water available). Women and girls with disabilities seem to face the greatest challenges in accessing toilets as 84% of respondents reported no access to adapted toilets for people with disabilities.
Similarly, the graph below shows that women and girls face similar or even worse constraints to access bathing areas. Only 54% of respondents stated they have access to shower areas, while among the main safety concerns women and girls identified the lack of sex segregated facilities (according to 84% of the respondents) as well as the lack of functional lockers in the doors (as per 70% of participants). Moreover, participants also stated that showers do not have clean water, according to 73% of the respondents. Finally, 88% of the respondents also mentioned that women and girls with disabilities do not have access to adapted shower areas, except in Washokani camp or for women and girls living in rented, private homes.

“Women do not feel completely safe, especially in the toilets and showers, due to cases of harassment, lack of commitment by men, and the use of women’s toilets, and divorced women or women with disabilities are more vulnerable because of their inability to protect themselves.” (adult woman from Mahmoudli)
Access Barriers to Shower Sites

Availability of Shower Sites
- Yes: 54%
- No: 46%

Availability of Shower Sites for Persons with Disabilities
- Yes: 12%
- No: 88%

Shower Sites Cleanliness
- Yes: 42%
- No: 58%

Shower Sites availability of Clean Water and Free of cost
- Yes: 27%
- No: 73%

Shower Sites Lightingness
- Yes: 45%
- No: 55%

Shower Sites Door Locks Functionality
- Yes: 30%
- No: 70%

Shower Sites Gender Segregation
- Yes: 16%
- No: 84%
Access to Water

In terms of water availability, the majority of respondents (74%) confirmed that water is available in their community while 26% mentioned they have no water whatsoever in their residential areas, as highlighted in the graphic below.

Nevertheless, when respondents were further inquired about the regularity and cleanliness of water available in their community only 2% of the respondents confirmed to have unlimited access to water. As per the feedback collected most of the participants in the assessment highlighted challenges such as lack of clean water and not suitable for consumption (28%) irregular water supplies (31%) in some cases such as in DeZ water is only available a few hours every other day or even on weekly basis, communities have access to water but need to purchase it to the Water trucks (23%). Overall, in most areas covered by the assessment (98%) participants stated not to be able to exercise their right to water on regular basis only 2% of the participants mentioned that water is always available in their communities and they can use it regularly. The previous graphic illustrates the main reasons provided to the lack of access to water.

b) SAFETY

Safety. One central component of this assessment is to understand perception about risks and threats by women and girls participants with the aim to contribute to improved service provision to women and girls as related to their access to menstrual hygiene items and services. The safety of women and girl across the communities is a structural element of family and individual decision making and contributes largely to influence women and girls behaviours, enjoyment of their rights – such as freedom of movement - and access to humanitarian services. Based on the findings, most (71%) of the women and girls in NES do not feel safe overall in their community public spaces. The reasons for this pertain mainly with the following factors disclosed by women and girls:

1) Due to infrastructural factors (among which women and girls refer to the lack of light, walking or passing through isolated areas, remote locations such as city outskirts)
2) Widespread violence due to war that has led to the impunity of many human rights violations on a daily basis such as robbery, arbitrary arrests, kidnapping, thefts, murders, acts of extremism, street shootings, etc...

3) Fear of Gender Based Violence such as harassment, assaults (physical, sexual and verbal), intimate partner violence and domestic violence, community violence against survivors and women and girls at risk, deprivation of education/work opportunities and their right to inheritance, as shared by women and girls themselves. The frustration expressed by women and girls is also extended to the denial of their right to choose the person with whom they want to marry as often that right is denied by their families, who rather prefer to choose on their behalf.

4) Being displaced was pointed out as one element that increases the sense of insecurity in women and girls; this is due to the fact that they have no safety and social networks within the community, and they fear tensions with Host Community members.

5) Disability, age (adolescents and older women were mentioned as a high vulnerable group) and civil status (widows, single women, women headed household, divorced and separated) were pointed out as elements that increase women and girls’ exposure to risks and vulnerabilities.

6) Movements during certain periods, especially at night were considered extremely dangerous for women and girls due to the lack of light and the streets being empty. Women and girls living in tents also mentioned that this is a particularly sensitive time for them even inside their tent due to the poor security conditions that tents offer including the absence of lockers and safe doors.

7) Culture of the community, norms and beliefs were pinpointed by women and girls as one of the main barriers to their safety.

8) Public areas (such as markets, schools, latrines and showers, highways/roads, bakeries and checkpoints) were also pointed out as places where women and girls often feel unsafe and experience GBV incidents.

"Women, (as well) as women with disabilities, are subject to bullying and discrimination by society, so they feel insecure and prefer to stay at home always” (Women FGDs in Hassakeh Governorate)
Moreover, the level of reported exposure to risk varies according to certain factors and among the most vulnerable groups the following three were flagged: divorced women (16%), widowed women (13%) and women with disabilities (11%). According to the analysis, displacement status, age and civil status are factors that increase risks, that condition women and girls’ daily choices and that impact the possibility to access services.

For example, in Al Hole specifically women claim that there is “absolutely no safety due to spread of murders”, or because of “extremisms and marginalisation in the camp” (adult women in Al Hol). Both FGDs and surveys confirm that women civil status and disability are consistent vulnerability factors. Widows, divorced as well as women and girls with disabilities are particularly exposed to safety risks. Surveys with women and girls that are divorced or widowed from across NES confirm the trend: in fact, 58% of all widowed and 48% of divorced women and girls that responded to the survey have expressed very negative safety perceptions.

In some cases, as women in Amuda report, the lack of safety is connected to the attitudes and traditional norms – women are not allowed to access services and exercise rights on their own: “…she is deprived of her right of inheritance, and the right is given only to males despite the woman’s need. The woman is forced to waive her right to her male siblings, and if she does not give up, she is boycotted by all family members.”
The systemic and communal discrimination then can also take the form of physical violence as women risk becoming homeless for asking for their rights, as in the case of a fifteen-year-old girl whose brother expelled her from the house because she demanded her right and now she lives with a woman who takes care of her so that she is not alone.” (Adult woman from Amuda).

Safety is the reason why women and girls change their practices when it comes to personal hygiene: both age groups from across assessed governorates report lack of access to safe and functional WASH areas. In some cases (as previously observed), there is not enough lighting in the latrines and showers, in other cases there are no gender segregated bathrooms or showers, there are no locks or even doors on the facilities, or they are not clean enough (see details in the analysis per governorate). Women and girls are forced to improvise and, for example in Raqqa, they shower in their own tents when they are home alone or in the night when everyone is asleep in order to get a minimum level of privacy and safety. Women and girls report general lack of safety and fear of harassment in the streets, bakeries or on transport, but also lack of service provision segregated by sex (distributions, showers, toilets). Other risks that women reported are fears from arrests, kidnapping, fears of dark places and living in tents without possibility to lock them. Many FGDs and surveys indicated that divorced, widowed, women/girls with disabilities, and older women are especially exposed to the safety risks, including the risks from sexual exploitation and abuse.

When it comes to coping mechanisms, women mainly rely on the community based, informal protection sources, such as family and friends:

“We do not take taxis, buses are safer. Children go to schools in groups...” (adult women from Raqqa).

In addition to it, women cope by tolerating, or never leaving the home unless absolutely necessary:

“[women] go out in groups, or refrain from leaving at all.”(adult women from Raqqa).

Notably, in all the FGDs run across the three governorates in NES, none of the participants have considered authorities an available option to rely on to build on their sense of safety, with the exception of one FGD with adolescent girls where one of the participants mentioned this as a possibility.

C) Covid19

Across NES women’s perception of the impact of Covid19 are to a certain extent contradictory but overall consistent in identifying the discrimination they experience both in public or private sphere. If on one hand, the fact that men are spending more time at home was interpreted as positive because women felt safer; on the other hand, women and girls reported an increase in IPV and domestic violence directly linked to the lack of income and increased levels of stress that male family members face when not being able to respond to the family’s needs. Moreover, it is worth noting that most respondents do not perceive confinement as a mitigation measure to safety, but rather as a negative coping mechanism, which is also increasing barriers for women and girls to access information and services.

Notwithstanding, the needs are also increasing as COVID-19 related hygiene practices now require to purchase additional items (PPE). Women and girls reported to be equally struggling to reach PPE items:

“because they cost a lot, and it is difficult for everyone [to obtain them]” (adult women from Kisreh).

In some cases, the FGDs report that girls do not use the PPE in front their parents: “the girls could not get it [PPE] because parents feel embarrassed [due to the fear of being stigmatized by the community].” (adult women from Kisreh).
D) Discrimination/barriers to exercise rights

Moreover, throughout the assessment women and girls identified several additional barriers they experience in their daily lives that have a direct impact in their menstrual hygiene management practices. Among the barriers most often reported are barriers for women and girls in access to employment and regular income, as well as denial of women with disabilities’ rights.

Persons with disabilities.

A large number of FGDs report that women and girls with disabilities face specific risks of sexual abuse and exploitation, as well as harassment in the public spaces. Additionally, FGD participants report that women and girls with disabilities face discrimination on a daily basis as they are deprived from employment and education. Some even disclosed family violence during the FGDs, in the form of humiliation and lack of any reasonable support: “I have a visual impairment... when I married my husband [the family] saw me as inferior, I was less than others. They used to ask me not to go out in front of guests...” (adult woman from Amuda).

The discriminatory and negative attitudes in dealing with people with disabilities are sometimes not intentional but lay with the lack of understanding and needed skills to care for them: “…even though their parents hold a university degree, but they were not able to take care of their children [with visual impairment].” (adult women FGDs in Amuda)

Thus, women and girls suggest to raise awareness and provide information about disability in general and specific care for persons with disabilities to persons with a disabilities as well as to their care givers.

Unlike other women and girls, each time a woman and girl with disability needs an item for her personal hygiene, she needs to ask for it which affects her sense of dignity and empowerment once they are often denied the opportunity to access employment opportunities that would allow them to feel economically independent. Though participants consider access to employment opportunities difficult for everyone, as one of the participants with disability confirms “this is difficult because of the financial situation.” (participant from Deir er Zor).

At community level, FGD participants also reported bullying of women and girls with disabilities, sometimes leading to some of these women and girls to give up and to deter from claiming any services or rights.

Access to employment opportunities. In order to enhance access to water, women identify the need to increase their financial resources thus employment opportunities. Due to the gender norms in place and limited job opportunities in the local markets, women generally lack the possibility to be employed, which also reduce their ability to afford clean water and access hygiene items. Seeking employment often exposes women and girls to exploitation, as one woman respondent witnessed: “…an accident that happened in front of me, a girl came to look for work in a bakery, and the owner of the oven told her: I will hire you if you bring a beautiful girl with you.”
Another woman adds that employment of women is often used as a tool for attracting men to the shops (bakeries, tea shops): “... the employers do not appreciate the nature of the woman’s body and ask her to perform work that is beyond her capacity and carry heavy loads...We see the labour of displaced women, and it is an environment prepared for the occurrence of harassment and sexual exploitation, something that women and girls put through and do not disclose because of their need to work”. (adult woman from Amuda).

Governorate analysis of findings

Raqqa

Wash and Hygiene
In this Governorate, assessed participants express the barriers and challenges experienced when trying to meet their hygiene needs mainly due to barriers in meaningfully accessing latrines and shower sites as well as the challenges in acquiring items needed for their personal hygiene. Though most communities assessed in Raqqa Governorate (8 communities in total) Women held FGD’s confirm the existence of latrines sites, in one community (Raqqa Center) participants stated there is no access to latrines in 3 areas of the city. Moreover, participants reported additional barriers when accessing these sites, such as:

- 50% of the communities assessed report that latrines do not have water appropriate for usage (lack of cleanliness)
- Only in 62% of communities latrines are affordable (free of cost) and have clean water
- 50% do not have sex segregated bathrooms
- In 48% of communities there is no light available in latrines sites

These gaps are at the origin of barriers women experience when trying to access Wash sites and impact negatively their capacity to use them regularly. Identically, shower sites are only available in 5 out of the 8 assessed communities. However, not all have them meet the necessary criteria for safe and dignified access such as: they lack the cleanliness of the sites (50% of them were considered not clean), only in 3 communities shower sites are affordable (free of costs) and have clean running water, sex segregated showers only exist in 3 communities, as well as the lack of light.

Identically, assessments conducted with adolescent girls have led to similar findings in Raqqa Governorate. Latrines and shower sites have been reported to be available in all the 3 communities assessed (except for one neighbourhood within Raqqa Center), but adolescent girls have shared the barriers faced to access such sites, which include, among others, lack of appropriate cleanliness, lack of sex segregated bathrooms, lack of lockers, lack of clean running water, charge fees.

The situation is even worse for people with disabilities as only 37.5 % of communities assessed have adapted latrines and only 25% have adapted showers. It is worth highlighting that within communities that have stated to have Wash sites available, these are still not available in all neighbourhoods.

Overall, in Raqqa Governorate women have reported an increasing need of hygiene items. Among those, the most mentioned ones are hair shampoos, soaps, deodorants, sanitary pads, toothpastes, disinfectants and underwear.
Though all the items are available in the local market, they are too expensive and even unaffordable for some of the participants:

“...lack of access to all of these materials [has a] financial reason.” (adult women from Raqqa).

Therefore women and girls cannot afford to access hygiene items on a regular basis, which impacts the already limited opportunities to maintain regular and standardized hygiene practices.

Covid-19 has further negatively impacted the hygiene situation and has further restricted the capacity to meet necessary hygiene routines, given that COVID-19 protective materials are often expensive and generally not affordable for many families. COVID19 protective materials, are even least available to adolescent girls.

The limited opportunity to maintain personal hygiene is exacerbated by the fact that the household hygiene is also limited by:

- a) lack of water, especially warm water (which is crucial for cleaning appropriately reusable pads) or high price of water,
- b) cannot afford to buy house cleaning products,
- c) Lack of waste management mechanisms at community level. In one case, women in urban areas of Raqqa, living in an informal settlement, reported mice infestations as occurring due to lack of ability to maintain the tents clean.

Adolescent girls have reported the same concerns and barriers as women, however, they have added lack of freedom of movement, lack of availability of hygiene items and high costs, putting girls in the shade of those family members that can afford movement or attend distribution points. Embarrassment is also a factor reported by many adolescent girls, particularly because most of shop owners are male and this makes them uncomfortable to ask for intimate hygiene items.

**Common menstrual hygiene and menstrual management practices: learning sources, items and opportunities**

Through the assessments conducted women and girls have disclosed their menstrual hygiene management practices and challenges to meet them. Women and adolescent girls have stated that they have significantly restricted their menstrual hygiene practice, that consists on relying primarily on soap and when possible shampoo as well as on cloth towels or sanitary pads. The main challenges to meet their menstrual hygiene practices are related with:

- a) Unavailability of products in the market and speculation of prices by shop owners
- b) Lack of income to afford to regularly buy such items (this was mentioned in all the FGDs conducted), in some cases women and girls added that this is not consider a priority, by the family to spend their limited financial income.
- c) Embarrassment when purchasing the products as often shop owners are male
- d) Limited number of humanitarian distributions of DK

“Powders for washing clothes and sterilizers must be available to rinse and clean the floors and clean bathrooms and sinks, but due to the exorbitant high prices we cannot secure everything that has been mentioned so we are satisfied with washing houses only with water and we cannot sterilize the bathrooms...” (adult woman from Raqqa).
A core component of menstrual management practices, considering the context, is access to disposable sanitary napkins, but, as stated during FGDs, most women and girls in Raqqa Governorate cannot afford buying them and instead use pieces of clothes or towels not always properly sanitized.

“Women cannot always get ready-made sanitary pads, so they use rags from pieces of cloth or clothing and tissues” (Women FGDs in Raqqa)

It is important to note that the same groups that reported such practice express their concern with it, as they are aware that using clothes in such manner can lead to infections, yet they do not have alternatives.

A viable option is often the reusable pads, but considering the limitations in accessing warm water and cleaning products, women are concerned that reusable pads would become a source of venereal and fungal diseases. Among the solutions found by women to cope with their hygiene needs during their menstrual cycle women reported using baby diapers.

Adolescent girls report using reusable pads however, when asked about where they obtain them, it was clear that the reusable pads they are referring to are pieces of old clothes they can get from within the family.

Commonly, the only source of reusable sanitary pads are humanitarian distributions: women report using 3 – 6 pads per day, but often these are simply not enough, as the cycle needs vary from person to person. Some respondents reported that due to the lack of income women and girls’ families often end up selling the Dignity Kits in the market.

Consistently, throughout the assessment women and girls expressed embarrassment as one of the main barriers to obtaining the pads.

Women with disabilities face additional barriers and some report that they are completely neglected. The lack of economic independence, lack of freedom of movement, lack of visibility in combination with the high costs of hygiene items, makes it almost impossible for women and girls with disabilities to access such items.

**Safety**

In Raqqa, as in the rest of the region, safety is a high concern. In the words of one of the participants "we are safe at the distributions, because there is a system and procedure...but there is no safety when going to the bathroom because of lack of privacy” (adult woman from Abu Kbee).

The women and girls from other locations in Raqqa report the opposite: lack of security at distribution points due to lack of fair distribution process:

“because of crowding of men or because certain women get some role [at distribution] from other women...because they know someone.” (adult women from Qahtaniyah).

Among the main factors contributing to safety concerns women have identified are:

- a) Being displaced and feeling “strange to the Host Community”
- b) Accessing isolated and poorly lit places (such as urban outskirts, or at night when there is no electricity)
- c) Accessing overcrowded places (markets, distributions)
- d) Being a woman head of household without a male figure (widow, divorced)
- e) Being a woman or girl with disabilities
f) Access WASH facilities

“A woman does not go out of the house except with one (member) of her family or neighbours for fear of kidnapping and assault” (Women FDG’s in Raqqa)

Regardless of the familiar context, the shelter they live in, all adult women participants across Raqqa reported safety concerns. In fact, most of the safety concerns reported in Raqqa by adult women are closely related to their shelter arrangements and WASH facilities, lacking electricity/lighting, privacy, and often even just not having the door in the latrines. They report that the latrines are often inaccessible at night, being too far and not separated by gender (such as in the FGD in Hazimeh). Civil status, displacement, age and disability continue to be linked with increased vulnerabilities, for e.g. in Karama women mention the high risk of exploitation of widows, divorced women and those living with disabilities.

Adolescent girls in Raqqa report similar safety concerns as women – pertaining mainly with WASH facilities not being safe, or being too far, latrines not being gender segregated and often being overcrowded. One group from Mansura reported that in their settlement twenty tents share one bathroom with no locks. In another similar situation in Raqqa, girls mentioned that children often become target to sexual violence in latrines, due to lack of security in them. Additionally, adolescent girls reported that latrines at schools and at the workplace are also inaccessible. The lack of safety and security further extends to the general lack of security in the area they live in, to the fears from men who are “immoral with girls so we are afraid of harassment” (adult woman from Ar Raqqa).

While assessing community perceptions on the prevalence of risks due to Covid-19, some participants did not notice a big difference, while most of the participants in the assessment noted that with COVID19 the security and safety decreased as the need for additional hygiene items increased. In relation to COVID 19, participants reported concerning trends that the absence of humanitarian actors because of COVID19-related restrictions had an impact on the household relations, especially as men became “tense and huge number of fights among the family members took place” (woman from Hazimeh). Both women and adolescent girls continue to reflect on the impact of Covid-19 on the family’s income and how this is linked with the increase of violence at home.

FGDs with adolescent girls also validated the negative impact of Covid-19 by pointing out that “family problems increased because men stayed at home or lost work due to imposed bans” (Mansura).

Girls are especially impacted by COVID-19, with all FGDs confirming decreased security of girls and increased numbers of drop out of school because of it. Adolescent girls are not allowed to go out, which on the contrary, brought to a decrease in risks of kidnapping.

Women and girls try several informal mechanisms to cope with the raising insecurity by:

a) Avoiding moving alone outside of the house, but rather being accompanied by someone else, better if a male
b) Reducing movements outside of the home
c) Asking for support of a female family or community member – a sister or a friend – especially when accessing latrines (they keep the door for each other while using the WASH facilities, even though such duty is sometimes put on a child by pure necessity).
d) Girls taking showers inside their tents (FGD with girls in Mansura and Rumaila), and improvising solutions to lock the doors.

e) Keeping a knife or other improvised arms close to them in the night

f) Keeping modest and discrete when they go out, and not carrying anything valuable that may be robbed off them. Following a certain dress code, prioritizing clothes like abaya, hijab, kalabit pajamas and basic clothes as underwear (some even mention the use of leggings as a protective wear under the abaya).

Additionally women and girls have pointed out that items that greatly contribute to increase their safety perceptions, such as flashlights, end up being sold (usually for half the price) in order to purchase food, medicine or warm clothes in the winter (according to adult women in collective centre in Raqqa). However, the need for items such as abaya, headlights and whistles remains across the communities in Raqqa, as well as for clothes for their children, as these items could contribute greatly to the sense of security and safety. Girls indicate they would feel more confident with the whistles and flashlights on them.

Distribution

Distributions also often raised several safety concerns for women and adolescent girls mainly due to:

a) Long distance and planning hours for the distribution to take place

b) Overcrowded and mainly managed by males

c) A lot of attention gathered around the distribution

d) Lack of conditions for pregnant women and women with disabilities to access the distribution

When asked about safety of distributions, some women felt safe about them, but by vast majority women reported distance, and organization setup increased the sense insecurity. They noted that these points are far away, mainly attended by men (including among the humanitarian workers) which lead some participants in Raqqa to suggest that the distribution points should be separated by gender or in some cases organized door-to-door.

Women and girls consider door-to-door distributions and women leading and delivering distributions as a safer option and one that can meet the needs of pregnant women and women with disabilities. Adolescent girls especially highlighted the need to organise the dignity kits distribution in a more discrete manner, and also the need to access information in a timely manner.

Other concerns and needs

While mothers and sisters were identified as the main source of knowledge about management of menstrual and personal hygiene, the girls report that the information is not sufficient and more would be appreciated for as long as it is shared in a safe manner. Nevertheless, information activities should consider the fact that some girls are illiterate (and considering the high rate of school drop out among adolescent girls the need for adjustments in the
information process can be significant). The girls call on the awareness as not all girls have access to information about management of menstrual hygiene and

“when you need information you can ask mother, sister or friend, or even search the internet - but not all girls have [that].” (girl from Raqqa).

Similarly, women and girls’ groups noted that sharing the information inside the pack about services available, including about GBV services and PSEA messages, is acceptable and generally is considered safe. Though they recommend considering women who cannot read and provide brochures in pictures.

Deir er Zor

WASH and Hygiene
DeZ was found to be the governorate with less access to water, considering that all the communities assessed did not have regular access to water (with the exception of one neighbourhood in the center of Zghir Jazireh). Among the 9 communities assessed only 11.1% confirm to have regular access to water, nevertheless in most(7 communities) out of 9 assessed communities participants confirmed the availability of wash facilities in the governorate, with the exception of 22.2% of the assessed communities that stated not to have latrines (according to participants from Zghir Jazire in Kisreh).

Nevertheless, when inquired about dignifying access to these Latrines sites, the findings show that women cannot use them due to:

a) Out of fourteen locations (within the 9 communities) where the FGDs were carried out with women, only 21.4% are reported to have latrines separated by sex
b) In 42% of the locations there are no clean bathrooms
c) In all the communities assessed there are no adapted latrines available for persons with disabilities.
d) In all the locations assessed participants reported not only the lack of lockers but in many cases lack of doors and the women are forced to use clothes to cover the entrance and signal that it is occupied, “There are no doors to the bathroom, so we cover it with a piece of cloth” (Women FGD in Basira, DeZ)

The findings on adolescent girls FGDs confirmed similar barriers as the one reported by women, with the exception of one FGD with adolescent girls where the distance of the latrines was also presented as a barrier: “We cannot reach due to the distance from homes” (Adolescent girls FGD in Sawa)

50% of the assessed communities reported not to have access to shower sites, among those several barriers were also reported when it comes to dignified access to shower facilities by both women and adolescent girls:

a) Only 14% of shower sites in assessed locations have clean water and are free of charge
b) Only 14% of locations have adapted showers for persons with disabilities
c) Only in 7% of the locations there is sex segregated shower areas and among those only 14% are reported to have lockers
d) Girls also report the lack of sanitation and hygiene in showers as “some do not clean after they finish and others use the shower area for the toilet” (FGD with girls in Kisreh).
The main constraint in this governorate lies on the fact that when water is accessible, it is not clean, distribution is done through water-tanks and the source is not reliable. In Kisreh Center participants stated to use the water from Euphrates but it is "unclean...it does not go thorough sterilisation process." (adult women from Kisreh Center).

FGDs informed that another challenge with accessing water is not having enough items to store water for later use (containers or water tanks). When they manage to afford to buy water, women and girls face increased risk of exploitation by the shoppers as they sell water that is not appropriate for consumption (FGD in the community of Zghir Jazireh). In all cases, the water available is not warm and overall scarcity of water extends to unhygienic environment, further deterring women and girls from using the facilities.

Maintaining personal hygiene is additionally challenged by the general lack of washing materials such as soaps, shampoos and washing powder.

In the context of COVID19, women point out that their challenges in meeting their hygiene needs increased and the need for hand sanitizers, as well as the needs for shampoos, soaps, body-hair removals, and towels (under condition that the water is available). The needs increased with the COVID19 while the "masks, hand-sanitizers and gloves...these are the items you cannot find in humanitarian aid" (adult woman from Basira).

Common menstrual hygiene practices.
When it comes to women and girls menstrual hygiene practices there were several common denominators found in DeZ. The main one being that out of all the assessed location only 14% reported to be able to meet their hygiene needs and the reason being the lack of water. They have reported many barriers to access menstrual hygiene items on a regular basis mainly due to the following reasons: unavailability of items in the local markets, lack of income to afford the prices and embarrassment due to the fact that shop owners are men and shops are also usually full of men. Additionally, all women agreed that women with disabilities have even less or no access to any of the items, some adding that as a consequence, those with disabilities get even more sick (women from Kisreh).

"Girls get from the shops or pharmacies and the obstacles to obtaining them are embarrassment or their material cost is not available, so girls adapt in the absence of these towels by using old clothes as sanitary towels. Some wash them or use them and throw them." (girls from Basira).

When asked about the most needed items for their hygiene women and girls mentioned: Laurel oil soap, shampoo, body moisturizers, toothpaste, conditioner, comb, sanitizers, deodorants, hair removers, sanitary towels, nail scissors, underwear and cleaning materials.

Similarly, to other governorates in NES, when inquired about the use of reusable pads women from across Deir er Zor quote lack of water as the main obstacle for using the reusable pads. Women use the cloths and keep it to the extent possible as even the rags cannot be changed often (as they don’t have regular water to clean, and the availability of rags is also not enough). Then they try to wash them and reuse, but it cannot be done well due to the lack of warm water or "throw them [old cloth rugs] away because there is no any detergent to wash them” (girl from Basira).

The prices remain too high for majority to obtain the single-use pads and, when possible to purchase the pads, women and girls unanimously express embarrassment in doing so. Moreover, some girls report they would not use the pads at all, as they could not afford them and are embarrassed to ask (Zghir Jazireh), and this finding is similar across Deir er Zor communities. The need for clothes such as abaya, hijab, socks, underwear, leggings and pyjamas, was identified to keep their hygiene as well as for safety purposes. as
Women and girls have also mentioned the need for detergent and other hygiene products to clean their homes such as washing powder, fresheners, chlorine, brooms, washing soap and buckets to carry water.

Safety

All women and girls participants in DeZ assessments agree that there is no safety in their communities and have reported a sense of overall lack of safety. Among the main risks faced, the fear of harassment is predominant. When inquired about the main reasons for feeling unsafe, women and girls identified the following:

a) constant fights in which shooting occurs, such as in checkpoints,
b) crowded or empty places/streets are a risk for women
c) kidnappings
d) Harassment
e) Lack of freedom and privacy
f) Lack of services and long distance to access them

When inquired about what increases women and girls vulnerability the participants agreed on:

a) Civil status: divorced, unmarried, and widowed are among the groups most at risk
b) Displacement
c) Age: especially adolescent girls

Adolescent girls mentioned that harassment is something they face daily when going to and coming back from school. Some girls even mention that it would be beneficial to separate girls and boys in classrooms (FGD with girls in Kisreh). In other cases, the safety concerns are linked with the “complete lack of privacy” (FGD with women in Kisreh).

In Deir Er Zor safety for women and girls was closely linked with privacy and safety of WASH facilities and movement in public spaces (such as markets and bakeries). Though, FGDs participants report also that the lack of safety is extended to the streets and markets, in less inhabited areas, and “some shops because of the quarrels that take place [there]” (adult woman from Basira).

The situation of COVID19 had diverse impact on the feeling of safety: adult women report that the restrictions bring them to being more vulnerable, adding fears of kidnapping of their children and fears of being infected by the disease itself. Others on the contrary find that they feel “more secure [now] that my husband is in the house for long period of times”(adult women in Basira). However, some women still quote general violence from the men as the main risk to their safety: “Women are exposed to violence from the man, although the woman performs all her duties, but the man is not satisfied with her.” (adult woman from Kisreh).

In Deir Ez Zor, similarly to other governorates in NES, women and girls are exposed to risks when they need to use the WASH facilities independently if it is day or night as latrines lack doors and showers lack locks and lighting as
well as due to the lack of sex segregated sites. Some women reported showering in their home when everyone is asleep, or when the other inhabitants leave the house (Kisreh).

**Coping mechanisms.** A common finding in DeZ concerning the coping mechanisms adopted was that women and girls just accept and face the risks on a daily basis. In addition to simply tolerating the risks, some women seek support from the family, moving only in the company of another trusted person, staying at home unless necessary to leave, or making sure they only go out in certain periods of the day and never in the evening. It was mentioned that women feel safer when they start building their social network within the community: “By building new relationships with women in the community” (Adult woman FGDs in Sawa)

As in other governorates, women and girls expressed their needs for similar safety items and identify among those headlamps, as well as clothes such as abaya and niqab. However, the need for clothes and the underwear are of great priority: “they are not expensive but we get them from used clothes [second-hand] and the humanitarian aid.” (adult woman from Kisreh).

**Distributions**

Distributions were highly mentioned as one of the locations where women fear exposure to GBV incidents (together with markets and WASH facilities). Women and girls in Deir er Zor point out that the best solution to reduce risks during distributions would be to organize them door-to-door. While in Raqqa women find it generally unsafe to go to and from distribution points, in Deir er Zor the main concern is transportation as the distribution point is far away (it can take them over an hour to reach the distribution point) and there are no reliable transportation services for them to use. Furthermore, the distributions themselves seem not to be well organized and often cause quarrels, as one facilitator notes: “All participants confirmed that they do not feel safe at the distribution points due to the large number of quarrels and their exposure to verbal harassment and unfair distribution” (FGD in Kisreh).

However, all the women and girls agree that having a separate distribution point for women would be beneficial, as well as having the presence of female distribution staff delivering the items. Additionally, girls mentioned the need for information about distribution to be shared in a timely manner, to consider at least the information about an upcoming dignity kits’ distributions to be shared in advance, with enough notice for them to organise themselves to attend. Both women and girls highlight the need for a system in place during the distributions and the lack of it increases their vulnerability to GBV risks. Some women have also mentioned that they fear to have the items stolen from them at distribution points.

**Other Concerns**

The need and importance of receiving information was highlighted during the FGDs in DeZ. Delivering awareness messages and information about GBV services together with the dignity kits is encouraged and safe however, it is important to take into consideration that “in general women in this region are illiterate” (adult woman in Basira). Women therefore recommend using brochures with pictures or in person awareness sessions, community mobilisation or the hotlines.

Additionally, women in Deir ez Zor noted that there is a large need for awareness and literacy campaigns as women and girls are not sufficiently aware about self-care. Some girls noted increase of illiteracy among the girls in their community due to restrictions and lack of access to education. Among final comments, both women and girls used
the opportunity to call on humanitarian actors to organise aid and establish a system in place “delivery without chaos.” (women from Kisra), as it would make them more gender friendly.

Similarly, to Raqqa, in Deir er Zor girls indicated the need for more awareness or information about menstrual management, in spite of considering that mothers and older sister provide them already with some information. They would still like to learn more.

Al-Hassakeh

Wash and hygiene

Overall, the majority of participants in the assessment mentioned that they have regular access to bathrooms in their communities, nevertheless in two communities participants mentioned that in their communities there are no bathrooms available for women and girls. Among the communities where this gap was identified are Tal Baydaar and Tweineh Camp.

Furthermore, it was noticed that the fact that latrines are available does not mean that they are accessible for women and girls, mainly due to lack of cleanliness of the facilities, water unavailability, lack of sex segregated facilities, lack of lightening, lack of privacy as most bathrooms have no locker in the doors.

A similar concern is identified in relation to the availability of showers, where half of the communities targeted over the assessment do not have bathing facilities for women and girls, and the number decreases when enumerators inquired about the functionality of the showers available:  

- In only 36% of communities assessed, women and girls reported to have access to clean bathing areas,
- the percentage of communities decrease to 16% when asked if the number of showers available are free of charge
- 12% of communities have available sex segregated shower areas.
- And only in 28% of communities showers are equipped with lockers in the shower areas

In the assessments conducted with adolescent girls, they have reported that latrines are available in 71% of the communities assessed, Tal al Badayr was the sub-district where adolescent girls reported total lack of available latrines. Moreover, adolescent girls highlighted the barriers in using school latrines and the lack of safety they experience with the immediate consequence that they avoid using them.

Feedback provided by adolescent girls concerning access to shower areas showed that only 42% of the communities have showers available, and all of them are free of cost, with lightening, functional lockers and with available running water. Nevertheless, out of the 3 only 2 gathered a minimum of cleanness conditions and only 1 of them

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1 This reflects that from the 25 communities assessed, none of them gathers all the conditions for women and girls to have safe access to showers. And only in two communities (out of 25) women reported to have access to the needed hygiene items and enough water, while in the remaining they mention not to have it. The critical need of water was highlighted in many of the FGDs conducted.
is segregated by sex. When it comes to water availability it was worth mentioning that all the showers and latrines depended on the community water supply that is available exclusively once a week.

Access to latrines and showers is even more restricted for persons with disabilities, when inquired about available facilities for women and girls with disabilities most of the respondents mention that this is not available in their communities, with the exception of the following locations where adapted latrines are available: Tweineh, Amuda and Hassakeh.

When women were asked to provide a list of items most used in their hygiene practice they mentioned: shampoo and bath bag, leaf towels, barrel/chair, soap, perfumes, underwear and leggings, nail clippers, deodorants. It was also regularly mentioned the need for items that are used for cleaning surfaces such as: detergent, washing powders, chlorine, tissues, towels and brooms.

Similarly, adolescent girls most used items in their hygiene practices, are the following: shampoo, deodorant, toothpaste, hair remover, soap, female sanitizer and towels.

Adolescent girls have also reinforced the need for additional cleaning items for house and clothes cleaning such as: washing powder, chlorine, washing soap. When inquired about access to such items both women and girls agreed that it is difficult to access them mainly due to the deterioration of family financial situation and the prices of such products.

Common menstrual hygiene practices
Both women and adolescent girls have shown similar preferences and practices when it comes to menstrual hygiene, as well as experiencing similar barriers. Among the main items preferred are Pads, Cotton Towels small size, Reusable pads. This last option was only selected in 3 of the locations and the apprehension in selecting this item is mostly linked to the lack of access to water and to cultural practices that understand it as something not healthy and hygienic.

The lack of availability of hygiene items particularly affect women and girls’ menstrual hygiene habits due to the lack of family income and, in some communities, the lack of availability of the products. This leads to the adoption of alternative practices such as the use of diapers to substitute pads, limiting the number of pads to use per day (many participants in the assessment refer to use 1 pad per day), the use of sanitary towels when available as pads, use of fabrics materials that can be reused.

The main barriers to access menstrual hygiene items by women were quite similar across all the FGDs conducted: cost was the main barrier, followed by the embarrassment of purchasing these items. For what concerns adolescent girls FGDs the main barriers to hygiene practices are the lack of hygiene products (such as the case of Al Hol), lack of water, the price of hygiene products and feeling embarrassed to purchase certain hygiene products. In one of the FGDs adolescent girls mentioned that as a copying mechanism they “send their children to buy it”.

In the adolescent girls FGDs it was also highlighted that when they receive assistance from humanitarian organizations these products are never enough because quantities in the packages are very limited and distributions of these products are scarce. When inquired about copying mechanism to respond to their menstrual hygiene needs adolescent girls reported the use of cloths as pads (due to the lack of income), use of pads for a longer period of time and asking other people to buy pads (to overcome harassment and embarrassment). It is important to mention that when questioned about their practices only in two FGDs adolescent girls felt confident
to share their experiences, reflecting a lot of the stigma that the subject still involves even when discussing among peers.

As for access to information on menstrual cycle and hygiene the majority of participants mentioned that the primary source of information is mothers or other women in the family, followed by friends and then, as last resort and only mentioned in one of adolescent girls FGDs, reach out to health facilities when they needed more information. A significant number of participants also stated that they would consider relevant to have access to additional information on menstrual cycle and hygiene through awareness raising at the WGSS.

Similarly, to the previous feedback collected, women with disabilities face several challenges in accessing menstrual hygiene items and experience several barriers when accessing them. Furthermore, the rejection of using reusable pads is also based in reasons previously mentioned with the addition of believing it contributes to be the source of infection of venereal diseases. And an additional barrier reported when interviewing women with disability was the lack of access to adapted showers.

Safety

When inquired about the sense of security in their communities, most of the participants mentioned that they do not feel safe outside their homes. The main reason was the lack of sex segregated services such as distributions, latrines, showers, etc. It was also mentioned that the lack of adequate transportation and the distance of basic services from their homes (requiring 30 to 60 minutes to reach the destination of distribution points) increase their feeling of insecurity. Moreover, women also mention they feel unsafe in abandoned areas and buildings and in crowded places. In one of the FGDs, participants also mentioned not to feel safe due to SEA cases committed by staff assigned at the distribution points.

When asked about the impact of Covid-19 in their safety and security, the findings across communities differed; in some communities participants reported that Covid-19 did not impact their lives, while in other communities participants consider it safer now and the reason is the fact that most of the families spend more time together at home (due to restrictions of movement, curfews and lockdowns). On the other hand, communities consider that COVID 19 negatively impacted their lives and they feel less safe now, mainly due to fear and anxiety caused by Covid-19.

Similarly to women FGDs, adolescent girls perceive their communities as not being safe places for them, from the 7 FGDs conducted in Hassakeh with adolescent girls the answer was common: “adolescent girls are not safe in their communities” and one of the participants added that the “only place for a girl to experience the sense of safety is with their family”. (Adolescent girls FGD in Hassakeh)

The main reasons for this sense of insecurity are the fear of thefts and harassment, as well as the lack of safety when accessing services, in particular latrines and showers. These risks have such an impact that several adolescent girls reported “they are most likely not to use at all showers to bath but rather take baths in the tent” because the facilities are not sex segregated and there are no locks on the doors.

When referring to the copying mechanisms put in place to overcome safety and security threats and risks, participants mentioned negative copying mechanism such as the limitation on their freedom of movement, avoidance of public spaces, never moving alone but rather with large groups of women or with a man from the family. Others mention it is impossible to find copying mechanisms and they prioritize movement within the
surrounding areas of their home. A few women mentioned to avoid using latrines at all, or they only used them when accompanied by other family members (especially at night only when it is absolutely necessary).

When enumerators questioned about the need for items that increase women’s sense of safety, most of the respondents identified lights and headlamps, large clothes such as habeyas and hijab, covering their faces (one of the participants even mention she usually wears socks and leggings under her clothes) and also whistle.

In contrast with the outputs of the women FGDs when inquired about copying mechanisms adopted to increase their sense of safety and security, most adolescent girls across the different communities in Hassakeh mentioned that they cannot cope and there was no measures they can put in place apart from relying on their families to support them, with the exception of one group that mentioned that they would reach out to local authorities such as Assaysh, Local Councils or Local Leaders. Furthermore, when inquired about items that might support enhancing their sense of safety only in 3 out of the 7 FGDs adolescent girls could suggest the availability of lights especially in the latrine’s areas during the night, the establishment of Police patrols during the night, large clothes the provision of hygiene items, whistles and large clothes.

Moreover, when respondents were asked about additional safety concerns in their communities, respondents mentioned the fear of movements during the nights, exploitation in the work place (it was noticed that this is particularly high in the agricultural sector). Additionally, IDP girls mentioned that they consider to be safe while in the shelter, but once in public places they feel insecure because they are not from the community and do not know the people and traditions. Thefts and harassment in public spaces were also mentioned in one of the Tal al Badayr FGD’s.

Distribution

In the majority of targeted locations women participants agreed that one of their main concerns are distribution points and mainly due to the long distances (and average of 30 to 60 minutes from their homes) to reach the and the poor organization (which includes lack of latrines available, mix sex distributions, lack of female staff, among others). Moreover, other elements also were reported in a few of the FGDs conducted such as SEA incidents and child kidnapping (this point was only mentioned in Al Hol FGDs), lack of potable water available and no regard for the needs of persons with disabilities. Moreover, respondents added that they would prefer only women staff working in distribution sites as this would be more in line with the local costumes and would built on their sense of safety.

Adolescent girls have considered distributions not to be safe places for them. In the majority of FGDs conducted with adolescent girls they have expressed their preference for distributions to be done in public places (rather than door-to-door) but in safe places such as the WGSS, the main reasons being the fact that there would only be women present in the distribution sites, while the presence of unknown men makes them uncomfortable when at distributions sites. Exception was the interviews conducted to one group in Tal al Badayr where participants give exclusive preference to door to door distributions. The distribution of DK makes adolescent girls feel safe and confident when women are working in distribution points, when it takes place in spaces where only women are allowed and when the DK are packed in a discrete way. Additionally, they would feel comfortable in been accompanied by other family members to collect the packages (including male family members as long as the content was not visible). The best moment to organize distributions, except for 1 community, is during the morning approximately between 8.00 am and 12.00pm.
When inquired about the packaging of the items, women largely prefer that it is packed in buckets and do not express any concern towards the existence of logos (except for 6 communities among which Al Hol).

Concerning the package, most of the adolescent girls participants expressed no preference for the shape of it, stating that it doesn’t make a difference, with the exception of 3 FGDs where in spite of stating it doesn’t make a big difference, girls mentioned they would prefer bags as this would allow them to use the bags to carry other things afterwards. Regarding the logo, it does not pose any safety concern, but some expressed their preference to be without logo to be able to reuse the bag afterwards.

Other Concerns

**Distribute clothing to enhance safety of women**

When asked about other essential items, both women and girls mentioned the need for clothes. The majority of women mentioned Habaya and suits, though underwear, robes and t-shirts were also mentioned. Adolescent girls mentioned the need for dresses, trousers, blouses, underwear, hijab, bras, pyjamas. It was clear that women and adolescent girls link their safety perceptions to the clothes they use and therefore prefer to wear more conservative clothes when moving in public places with fear of harassment and other GBV incidents.

**Awareness Raising**

Both women and girls have expressed their need and preference to obtain more information on management of menstrual cycle through awareness raising at the local safe space. Moreover when inquired about safety of including SEA messages in dignity kits’ packaging, in Hassakeh Governorate the overall majority of women and girls consider this to be safe. However, in three communities (Tweineh, Tal Badayr and Quamishly) women consider not safe to receive such messages and the suggestion was that this messages would be disseminated through awareness raising sessions exclusively.

Considering the inclusion of awareness messages on the packages of the DK and the safety of doing so, the majority of the participants stated that they would feel safe and without any risks, because if the packages are closed no one in their families would be opening it. On the contrary, adolescent girls consider more appropriate to receive information at the WGSS because this would allow them also to interact with the facilitators and pose questions, and link the information session with other topics such as violence, gynaecological diseases, etc...

Adolescent girls in Tweineh use the FGD opportunity to express their concerns with the closure of the Women and Health Center as they consider that the support provided by this facility is crucial for them to reach out for support if they experience violence or face specific health and social issues.

As for the impact of Covid-19 in hygiene practices it is worth noticing that all participants in the FGDs in Hassakeh mentioned that Covid-19 has impacted their hygiene practices but also they are not able to cope with the necessary measures to protect themselves against it, due to the high costs of the PPE. In one FGD, women mention that: “as a preventive measure we are washing our clothes more often but also (they added) when possible”.

Similarly, the majority of adolescent girls stated that their sense of safety has decreased as well as movement restrictions due to the fact that now they face additional pressure from families to stay in the house, they don’t have access to PPE and bans and movement restrictions imposed by local authorities made them and their families feel more insecure and without the necessary skills to cope. As per the main challenges in acquiring PPE, girls
mention the lack of financial resources to buy it and unavailability in their local markets, while only in one FGD some of the participants mentioned that they would be able to purchase PPE.

**Recommendations**

Based on the DK Assessment report findings the NES GBV AoR would like to recommend the subsequent actions to the key stakeholders identified:

1. **Recommendations for GBV Sector**
   - Propose a harmonized composition of dignity kits: Review and align the content of DK as well as address consideration on the preferred delivery modalities, including by developing dedicated NES GBV Sub-WG Dignity Kits guidelines.
   - Joint multi-sector integrated DKs tracker between SNFI, WASH and GBV SWGs to monitor the distributions
   - Advocate with multi-sector actors (WASH and SNFI) to increase the dissemination of information in a safe and confidential manner on Menstrual Hygiene for Women and Girls in NES
   - Inclusion of distribution of clothes and other hygiene items as per identified needs of women and girls in the DK content
   - Harmonized content of DKs and foster coordinated tracking of communities where distributions occur,
   - Prepare GBV Awareness/information materials to add to the kit
   - Promote awareness and learning opportunities about menstrual hygiene management for adolescent girls and women, including in WGSS or through outreach
   - Further foster inclusion within GBV programming by planned regular consultations and DK distributions to women and girls with disabilities.
   - Disseminate the findings of the report with the actors involved in the NES Humanitarian Response, such as present findings to different sectors / ISWG and advocate for GBV risk mitigation,
   - GBV actors to engage in building the capacity of local authorities to foster an understanding on women rights and guarantees, as well as identify positive community-based copying mechanism that build on women and girls sense of safety,
   - Work closely with inter-sector partners to raise awareness on the need to have more women recruited as frontline service providers within their services and activities,
   - Increase efforts to build the capacity of inter-sector partners on GBV prevention and risk mitigation
   - Promote safe programming with other sectors’ and inter-sector Coordinators specially focusing on advocating for Sector Safety Audits to be conducted on a regular basis (at least once per year).
   - Promote the integration of GBV in inter-sector’s partners programming at field level to ensure safe distributions
2. Recommendations for non-GBV sectors

3.1. WASH, NFI and FSL

- Take active steps to mainstream GBV in sectoral response, reach out to NES GBV AoR for support and design of a joint workplan,

- Explore and invest on CASH and livelihood support for women and girls to improve access to DK, water and MHM

- Joint multi-sector integrated DKs tracker between SNFI, WASH and GBV WH’s to monitor the distributions

- Increase the number of women staff, at distribution points leading or contributing to distribution of items to women and girls Tailor and diversify distribution options (door to door, sex segregated, different locations, availability of different timing, availability of transportation, etc...) based on assessments of needs and sense of safety of W& G in the community

- Regularly consult women and girls on preferred distribution options.

- Ensure WASH segregated, lit, lockable toilets and bathing facilities are available to all women and girls in camps. Ensure that WASH services are adapted for Persons With Disabilities

- Increase availability of water and understanding on women and girls needs in accessing it. This recommendation becomes more important when considering the current water crisis that is affecting NES, who is limiting the regular supply of water available in communities and increasing vulnerabilities of specific groups. Therefore, the need for additional mitigation measures that also address the needs of women and girls to regularly and free of cost access water supplies in Governorates affected by the Water Crisis (such as DeZ) is a priority.

- Inclusion of distribution of clothes and other hygiene items as per identified needs of women and girls in the DK content

- Conduct regular safety audits

- Ensure training of staff on GBV core concepts and GBV risk mitigation in the sector,

- Use the checklists developed for assessments in the field toward identification of GBV risks related to the sector as well as report to sector partners on the main findings,

- Plan and organise sector response in consultation with the internal GBV or GBV Sub-WG Capacities,

- Ensure to monitor and report on the number of women and girls reached by your sector services, as well as on risks, barriers and mitigation measure established,

- Promote the visibility of women as frontline service providers and encourage organization to invest on the recruitment and training of female staff,

- For FSL sector: ensure to map services that women and girls are most likely to access and integrate safe programming (e.g. during the DK assessments women and girls have repeatedly mentioned bakeries specific risks)

3.3. Protection

- Joint and support the advocacy efforts of the GBV AoR in integrating further GBV prevention and risk mitigation within the inter-sector response,
3.4. Health

- Enhance the Awareness component of SRH specifically targeting the information needs of adolescent girls. Ideally, this could be planned jointly between Health and GBV actors so the content also integrates GBV and Protection objectives.

3.5 Donors

- Increase the support to Women and Girls hygiene, Menstrual Hygiene Management, Sexual and Reproductive Health, Dignity Kits
- continue supporting and scaling up support to GBV prevention and response programmes especially linked to the many safety issues identified.
- Increase support and accountability towards other sectors for GBV risk mitigation actions and integration of gender/age and diversity aspects throughout their sector’s planning, response and monitoring.
- Promote the roll out of sector data and analysis on access to services by women and girls

For accessing this information, contact the NES GBV AoR Coordinator and describe purpose of such access and how the information will be used. This and any similar inquires can be sent to: gbv.swg@gmail.com
Reminder for FGDs’ facilitators

Focus group discussions should be carried out with two different age groups, and to the extent possible in each governorate that is under the responsibility of the NES GBV SWG. The age groups are:

- Girls from 12 to 17 years old
- Women 18 and more years old.

In organizing the groups further attention needs to be given to ensure that inclusion and representativity considerations are taken into account when selecting the participants for the assessment in line with the guidance note. The size of the group should not be larger than ten persons, however it is important to closely follow the actual rules and recommendations regarding COVID19 prevention in preparation and during the FGD.

The facilitation should be carried out by a minimum of two women. One should lead discussion, and another should take notes and be introduced as such. However, at least one of the facilitators must be able/ready to receive disclosure in case this happens and to refer the survivor accordingly.

Please make sure you reviewed and are familiar with the Dignity kits needs assessment guidance note (to be drafted asap).
About Facilitators

Names and positions of facilitators

Organization

Date: Time:

About FGD

1. Location: District______________, Subdistrict ____________, Town ______________
2. Describe shelter situation as per attached classification:
3. (Non-compulsory to answer) Total number of population in community is__________:
   ____ are women, ____ are men, ____ girls, ____ boys, ____ PWDs (number of women with disabilities:____) (if available information. Note: try to gather information in preparation phase, from the community representative, distribution logs or registration lists).
4. Does the group have regular access to clean, water: ☐ yes ☐ no
   Describe as observed or informed, the water sources, cleanliness, use and availability/accessibility for all groups):
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

5. Are the bathrooms and showers (check the box if yes)

<table>
<thead>
<tr>
<th>Condition/WASH facility</th>
<th>Latrines</th>
<th>Showers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Available</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Available for persons with disabilities</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Clean</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Have available, clean water, free of cost</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Segregated by sex</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Have lighting</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Have functional locks on the door</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Other comment (if any) related to WASH facilities:

6. Age group:
7. Total number of participants:
8. Any persons with disabilities included in the group? If yes, give number here _________
Preparation and consent

Make sure the consent/assent exists (particularly in the case of adolescent girls) prior to gathering the group (refer to the guidance note dignity kits needs assessment).

This section is to be filled by the facilitator

Date:  
Time:  
☐ The informed consent to taking part in this survey is obtained from all participants.  
☐ The informed consent for minor participants (under 18 years old) to take part in this survey is given by the parent/caregiver.  
☒ The assent and/or consent is missing and the participation cancelled.

Start by: Introduction and reaffirmation of consent

Hello, my name is .... and I work as .... for the humanitarian organization called .... . With me is my colleague who will help me take notes of what we do today, her name is .... and she is a .....(position) in my organization.

Thank you for taking time to participate in this discussion. I will first explain what it is and then how we will proceed. These discussions are organized with women and girls across the NES to help us understand what items are needed and should be included in dignity kits. All the information you provide will be used to inform design of the dignity kits for women and girls, but also for the humanitarian organizations to understand dignity and safety needs of women and girls. Do you know what are the dignity kits? (In case of need clarify that the “dignity kits contain items necessary for women and girls of reproductive age to maintain personal hygiene in dignity and safety; items such as soaps, shampoos, sanitary pads, underwear, flashlights and similar, depending on the assessment, as the one we are doing through an interview with you.”). However, please note that participation in this discussion is not a guarantee that you personally will receive the dignity kits, in any specific time period after the discussion: your participation is completely voluntary and no renumeration will be provided for it.

How this works is that I will ask you several questions and I will write down your answers so that they can be included and considered in report, and finally in the design of the dignity kit. These answers will be noted as group answers and your names will not be mentioned in any report.

While I will note down your answers, please note that they will be shared only with the persons who will help create the dignity kits and no information that can lead back to you or identify you will be disclosed publicly, or included in the reports.

Please note that there are no right or wrong answers and, while your best judgment and truthfulness is much appreciated, please do not feel obliged to answer questions that you do not feel comfortable to answer. I estimate that in total the discussion should last about 60 minutes. Feel free to ask to be excused or ask for a break, at any time you might need it. It is also alright to not contribute to specific points of discussions.

Also, if you have any questions or concerns, please do ask at any point and I will try to answer the best I can, however, please do raise your hand and do not interrupt ongoing discussion. Also,
consider when asking questions to not share personal information or details of some cases that may put at risk someone’s privacy. Do you have any questions so far? Are there any points that should be more clarified?

(if there are questions so far, answer and clarify to the extent possible)

Now, if everything is clear, do I have your consent to proceed?

☐ All participants (maintain their) consent to proceed

☐ Some participants withdrew their consent (indicate number _____. explain the reason if provided here: ____________________________________________________________________________
______________________________________________________________________________

Lets start by setting some ground rules. First we have that we should raise hands when we want to speak, what is next? (note down all the rules) If everyone is alright to proceed and take part in the discussions under the rules I mentioned in the introduction, as well as those we drafted together, shall we start?

Part I

I will ask you several questions related to safety and security in your community. Please feel free to not answer if you do not feel comfortable or ask to talk in privacy in case you would like to share information that might disclose someone’s identity. We are all obliged to protect each other, and while we relay on your confidentiality, I have to invite everyone to protect identity of potential survivors and, if needed, share the information with me or my colleague in private.

1. Let’s talk about safety: are women safe in your community? (Probing questions: are there specific locations where women or girls do not feel safe? Are there groups of women that may be more vulnerable to safety risks than others (e.g. elderly, divorced or women with disabilities))?
2. How do women cope with the safety risks?
3. Are there any items that may help them feel safer and increase their safety (probe with: specific clothes, whistles, flashlights)?
4. Are there any other concerns related to women and girls’ protection in the area? (Probing question: are women safe when accessing distribution points and services? When accessing latrines and showers? What are the concerns at works or schools?
5. How about in relation to covid19 – is the community more safe for women and girls or less safe that before covid19 period?

Part II

I will now ask you a set of questions related to the practices and habits of women in this community related to hygiene, personal and environmental. Feel free to add or elaborate your answers, but also to not answer if you are not comfortable.

1. Think about the items women and girls in the community normally use for their personal hygiene, what do they normally use? (Probe with: Soaps and shampoos? Are they easily accessible and are they enough?)
2. Do you believe there is sufficient amount of items and of water to maintain personal hygiene in the community?
3. What about materials needed to wash clothes and keep their living space clean? (Probe: What items are most used and most useful?)

4. When talking about the menstrual hygiene – what items women and girls usually use during their period? (Probe or elaborate their answer with: Are they able to regularly obtain sufficient amount of disposable pads (how many are used per day approximately?)

5. What are main obstacles/concerns to obtaining items needed for menstrual hygiene? (make sure to mention e.g. costs, embarrassment, covid19 lockdown?).

6. Are reusable pads an option? What are main concerns about reusable pads? (Probing question: What are main concerns about reusable pads? Try to understand if clean and warm water is available to wash the reusable pads).

7. What about women and girls with disabilities – can they access and use all of the items (menstrual, cleaning, personal or covid19 hygiene)? (Probing question: What could be/are main challenges)?

8. How do you cope with the hygiene demands set with covid19? Do you have challenges obtaining any items that you would like to use for prevention (e.g. masks, hand sanitizer, gloves) etc.

9. What are the essential clothes needed to move around and outside of the house? (probe with: what of such clothes is most difficult to get?)

Part III

Now I will ask several questions about delivery and distribution of these items, in order to understand how we can minimize any risks for women and girls throughout, and examine safety of items delivered and possibility of sharing information with them.

1. Consider distribution point – are there any risks tied to it? (Probe asking about distance and dangers in Walk to and from: what is the Time/distance it takes to reach it? What would be/can be done better?)

2. Do you believe that woman distributing the items is preferrable? (Probe with: Should there be someone who can explain how to use some of the items? For example for the girls who just started menstruating.)


4. Is it safe to put inside the pack information about available services for women and girls exposed to GBV and to abuse/exploitation? What is the best way to share this information?

Part IV

I will ask about covid19 now. Please consider again keeping the confidentiality of persons in providing answers, and answer to the best of your knowledge.

1. What are the main challenges posed to girls in this community with covid19? (Probe: Are girls more or less safe with the restrictions, for example during lock downs and similar restrictions?)

2. Are girls able to access and use the face masks, hand sanitizers, gloves and other equipment that may help protect from covid19? (Probe with: consider the position of girls, is it any more difficult for girls to access such equipment than it is for adult women or boys?)

3. Any other comment/concern related to the covid19 and girls in the community?

Part V
Do you have any other observation/concern/comment to share with us related to the dignity and safety of women and girls in your community? Thank you. Based on the information you and other informants provided we will do our best to respond to the needs of women and girls. If you have any questions at this point feel free to ask, otherwise, please accept our greatest appreciation for your commitment and time.

(consider sharing hotline numbers or other referral system in place)
(same consent / assent form, same preparation form as above related to the community for facilitators to fill in/answer before the FGD in relation to the location where the FGD is carried out).

Part I
I will ask you several questions about safety for girls and women in this community. Please feel free not to answer, and if you decide to participate in the discussion, please do not mention any names that may be embarrassing for others, or tell us about their privacy. If you think though that they are in danger for any specific reason, do tell to me or my colleague in private, after the discussion or during the break.

1. Are girls in this community safe? (Probing questions: What are the main safety concerns? Are any girls that are more vulnerable than other in the community?)
2. Can girls safely access latrines/showers that are intended for their use? (Probing questions: Are these private, locked, have light and separate from those used by boys and men?)
3. How about in schools? Are there safe separate (from men's/boys') latrines, that have light, water available and can be locked?
4. How do girls cope with these concerns? Is it the same for the girls with disabilities?
5. Are there any items that can help improve girls’ protection in the community (e.g. specific clothes, whistles, flash lights etc)?

Part II
I will now ask several questions about personal hygiene and menstrual management in the community. This is for us to understand what items you feel comfortable using and needs/conditions for their safe use. If some of the questions are making you feel uncomfortable to answer please do feel free to ask for a break or not answer.

1. When you think about personal hygiene of girls and women in this community, what do you think is the main problem? Are there obstacles to showering, washing themselves and their clothes?
2. How about girls with disabilities?
3. Are there any items that are often missing (soap, toothpaste, shampoo, face masks and gloves?) and would help girls maintain their personal hygiene?
4. What about menstruation – what do girls in the community most often use? Disposable pads, reusable pads? How many approximately per day?
5. Where do girls get the pads? What are the main obstacles in obtaining them (cost, embarrassment, lockdown) and how do girls in this community cope if they are lacking?
6. What is your assessment – is there enough of information about menstruation and menstrual hygiene? (where or whom do you ask when you need information about menstruation, hygiene, availability of items?)

Part III
I will ask several questions about the clothes girls in the community most commonly wear and are in need of.
1. What clothes/shows girls in the community most commonly wear and are in need of? (probe questions: what inside clothes are essential and what are outside clothes mostly used? What are more difficult to obtain? Why?)

Part IV

I will ask about covid19 now. Please consider again keeping the confidentiality of persons in providing answers, and answer to the best of your knowledge.

4. What are the main challenges posed to girls in this community with covid19? Are girls more or less safe with the restrictions?
5. Are girls able to access and use the face masks, hand sanitizers, gloves and other equipment that may help protect from covid19? What is challenging in all that – access/availability or free and frequent use?
6. Any other comment/concern related to the covid19 and girls in the community?

Part V

Now I will ask questions that will help us organize distributions in a manner that is more safe and comfortable to you. Please take time to consider and answer.

1. Is distribution of dignity kits at regular distribution points something girls feel comfortable about? Would it be better to have door-to-door distribution? Women delivering the dignity kits?
2. Do girls mind being accompanied by a parent/caregiver to the distribution point where dignity kits should be handed to them?
3. Are there safety concerns for any chosen option for distribution that we should be aware of (e.g. time of a day for distribution)?
4. What packing would girls feel most comfortable with: Bucket, bag, box? Is it appropriate to have a logo on the packing?
5. If we include information about services available for girls that are suffering violence or harassment, abuse and/or exploitation, would that be too risky for them? (Probing question: Would for example, a family member still be able to access the items, notice the instruction and be triggered by it – or do you think there are better ways to distribute such information?)

Part VI

This is my last question: Is there any other consideration, concern, observation or opinion that you would like me to be aware of, in addition to everything we discussed here today?

Thank you all very much. The information you and other groups provided is extremely valuable to us and we will try to comply with your recommendations and views to the extent possible. If you have any questions for me at this point – I am happy to answer. Otherwise, please accept our greatest appreciation of your time and commitment.
Assessment on the needs of women and girls:
personal (hygiene, sanitation) non-food items

My name is ______________and I work for _______________ as an ________________. We are currently conducting a survey with women and girls. The survey is designed to help us understand what needs women and girls have for the basic items such as sanitary pads, underwear and soap. This will then help creating the right dignity kits, in a manner that best fits girls and women in this region. However, please note that taking part in this survey can only be voluntary and in no way guarantees reception of the kit itself or of any other material payment in turn for your or participation of your daughter.

The answers you provide in this survey are anonymous and it will not be shared other than with the organizations planning the distributions (UPP, IRC, MFRS and UNFPA). Please provide information as true as possible, but remember that there are no right or wrong answers. If you do not feel comfortable to answers some of the questions, feel free to not answer, and the same freedom and respect you will receive if you decide to not continue taking part in the survey: you can always withdraw your consent. Additionally, if there is any information you would like to receive, or need any questions to be explained before answering, please feel free to share it either during the FGD or at the end approach the interviewers. It will take about 10 minutes to finish it.

☐ The informed consent to taking part in this survey is obtained. Date: ____________ Time: ____________

☐ The informed consent for minor daughter (under 18 years old) to take part in this survey is given by the parent/caregiver.

☐ An assent is obtained (as well as consent).

☐ The assent and/or consent is missing and the participation cancelled.

1. You are from ________________, you currently live in ________, subdistrict______________, district______________. Your housing situation best describes as:

☒ Tent in a formal camp.
☐ In an informal camp.
☐ Collective center.
☒ Transit center.
☐ Informal settlement.
☐ Rented house/apartment in rural area
☐ Rented house/apartment in urban area
☐ Other

2. You in this age group Choose an item. and you are Choose an item.

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2 This part to be answered with help of the enumerator who should explain or describe each of the types of settlements in case there is a need to clarify. See the classification of sites and settlements in annex 1, as per classification by the SSWG. The guidance exists also in Arabic from the SSWG.
3. You would estimate that the safety in your community generally is  Choose an item. It can be especially difficult for (choose all that applies) ☐ women ☐ girls ☐ widows ☐ divorced women ☐ women with disabilities ☐ elderly women ☒ other. The reason for this is because ____________________________________________ (not mandatory to fill in)

4. Women and girls generally try to improve their safety by (choose all that applies):
   ☒ Moving together/in group (for an example in absence of light, outside of tent/space)
   ☐ Always carrying a whistle to call for help
   ☒ Always carrying flashlights
   ☐ Making sure to move only with a male family member outside of the house
   ☐ Avoiding going out
   ☐ Putting on more modest clothes
   ☒ Other ________________________________.

5. In order for women/girls and other groups at risk to feel safer, it is necessary to (choose all that applies):
   ☐ Have more flashlights and batteries
   ☐ Ensure lightning in and out of the tent/living space
   ☐ Ensure lighting in the showers
   ☐ Ensure lighting in the latrines
   ☐ Separate latrines for women and girls
   ☐ Separate showers for women and girls
   ☐ Make sure the showers latrines are private and can be locked
   ☐ Separate distribution points for women and girls’ items’ distributions
   ☒ Other ______________________________________________________________________
   ☐ Additional comment________________________________________________________

6. Do you have safe access to latrine and shower? ☐ yes ☐ no
   If you do not have an (safe) access to the latrine or shower, please explain how do you cope
   _____________________________________________________________
   _____________________________________________________________ (example: use the latrines of the trusted relative in the neighbourhood, ask for someone to accompany you and keep the watch outside while you are in the washroom or similar).

7. For all the reasons combined (access to WASH facilities, water and washing items) I take Choose an item. showers per week.

8. Your personal bathing hygiene normally includes:
   Showering more often than I can now
   • Half a litre of shampoo for me can last ☐ one month ☐ month and a half ☐ two months ☐ other
   • One bar of soap can last ☐ 2 weeks ☐ 3 weeks ☐ 4 weeks ☐ other
   • Other ________________________________

9. Your menstrual hygiene includes use of
   ☐ reusable pads
   ☐ disposable sanitary pads (indicate number of pads per day here _______)
   ☐ other ______________________ (please name what other item you are using)
   ☐ not applicable / have not started menstruating.

10. You obtain these, menstrual hygiene items mainly from Choose an item. (if other _____________) and it is Choose an item. (additional comment – please indicate in case the sanitary pads were distributed
through humanitarian aid, when was the last time such distribution took place ________________________).

11. When distributions of such items are organized you generally (please check only if applicable)
   ☐ feel safe, comfortable and prefer to have such items distributed at usual distribution point
   ☐ feel safer and prefer to receive such items at home in door to door distributions
   ☐ feel safer when women are delivering and managing the distribution of such kits because Choose an item.

☐ Other comment
__________________________________________________________

12. You are safe and comfortable to receive (tick only what is applicable) on the packaging or otherwise within the kit:
   ☐ Logo of the organization
   ☐ Information about services for women and girls exposed to domestic violence
   ☐ Information/instruction how to use specific items about hygiene (☐ in writing ☐ in pictures)

13. Do you prefer to receive cash instead of the hygiene, menstrual and other items mentioned here?
   ☐ Yes, I prefer cash because I can buy stuff that I need more of
   ☐ No, because I think people might try to steal the cash from me
   ☐ No, because I cannot control the cash in the household
   ☐ No, because I am not able to access those items on my own
   ☐ Other ____________________________.

14. What other clothing items do you need most? (check all that applies)
   • Underwear (panties, panty hose and undershirts)
   • Socks
   • Warm shirts, sweaters and skirts
   • Veil
   • Jackets
   • Winter shall and gloves
   • Reusable face-masks
   • Other (or comment) _______________________________________

15. Any other comment that you find relevant to the questions asked________________________
   ____________________________________________________________

Comment of the enumerator: