Reaching Northern Syria with Sexual & Reproductive Health Services

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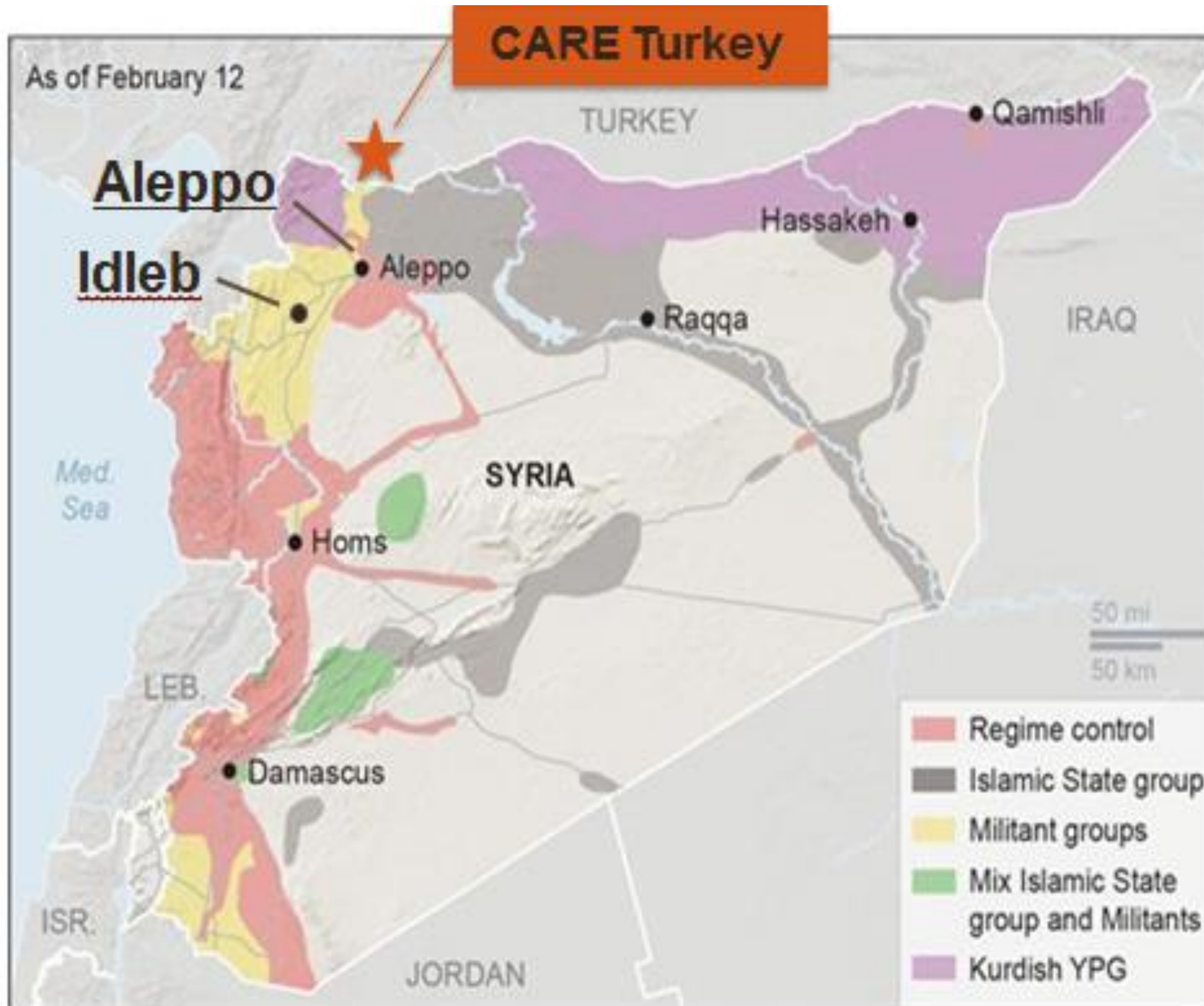
The Syrian Context



CARE co-implements **MISP** services, including expanded **FP**, with its Syrian implementation partner:

- **6 clinics in Northern Syria** (area controlled by allied opponents of Assad)
- Reaching a **population of 173,014**

Monitoring: CARE, Implementing Partner & Third Party Consultant

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❑ Monthly Routine Monitoring

- September 2014 - December 2015
- Indicators: # deliveries, C-sections, new FP users, etc.

❑ Third party monitoring reviews (every 3 – 4 months)

- **Data quality** verification
- Examines **client satisfaction**, **service, service quality, coverage**
  - ❖ Beneficiaries: key informant interviews, focus groups, surveys (Likert scale)
  - ❖ Clinic staff: key informant interviews

Working to implement the MISP

Prevention and care of sexual violence

Reduce HIV transmission

MISP

EMOC

Coordination

FP as soon as feasible

What CARE does: Program Support

- Development of **program and supervision approach**: a collaborative, ongoing process
- **M&E** support
- **Partner capacity development:**
  - organizational skills like reporting, documentation to demonstrate accountability and transparency, logistics management etc.

What CARE does: Training

Training in **Turkey**:

- BEmOC services
- Partograph
- AMTSL
- Newborn care
- LARC
- PAC with MVA
- About one third of participants unable to attend

Training in **Syria**:

- FP
- MVA

Purpose of Training:

- Many are already competent
- As a refresher, to increase motivation and to assure quality

Challenges:

- Getting providers out of Syria
- Trainers can‘t enter Syria
- No clinical practicum sites in Gaziantep
- Implants not procured

What our Syrian partner does: ALL the rest!

In the context of functioning PHC facilities:

- Maternal care: regular deliveries & EmOC
  (with referral for complications)
- Care for Sexual Violence – in theory!
- FP services in clinics and communities:
  - Range of methods (including IUDs)
  - Educational sessions, distribution of informational materials
  - Community outreach for FP, incl. social media presence

Prevention and Care of Sexual Violence

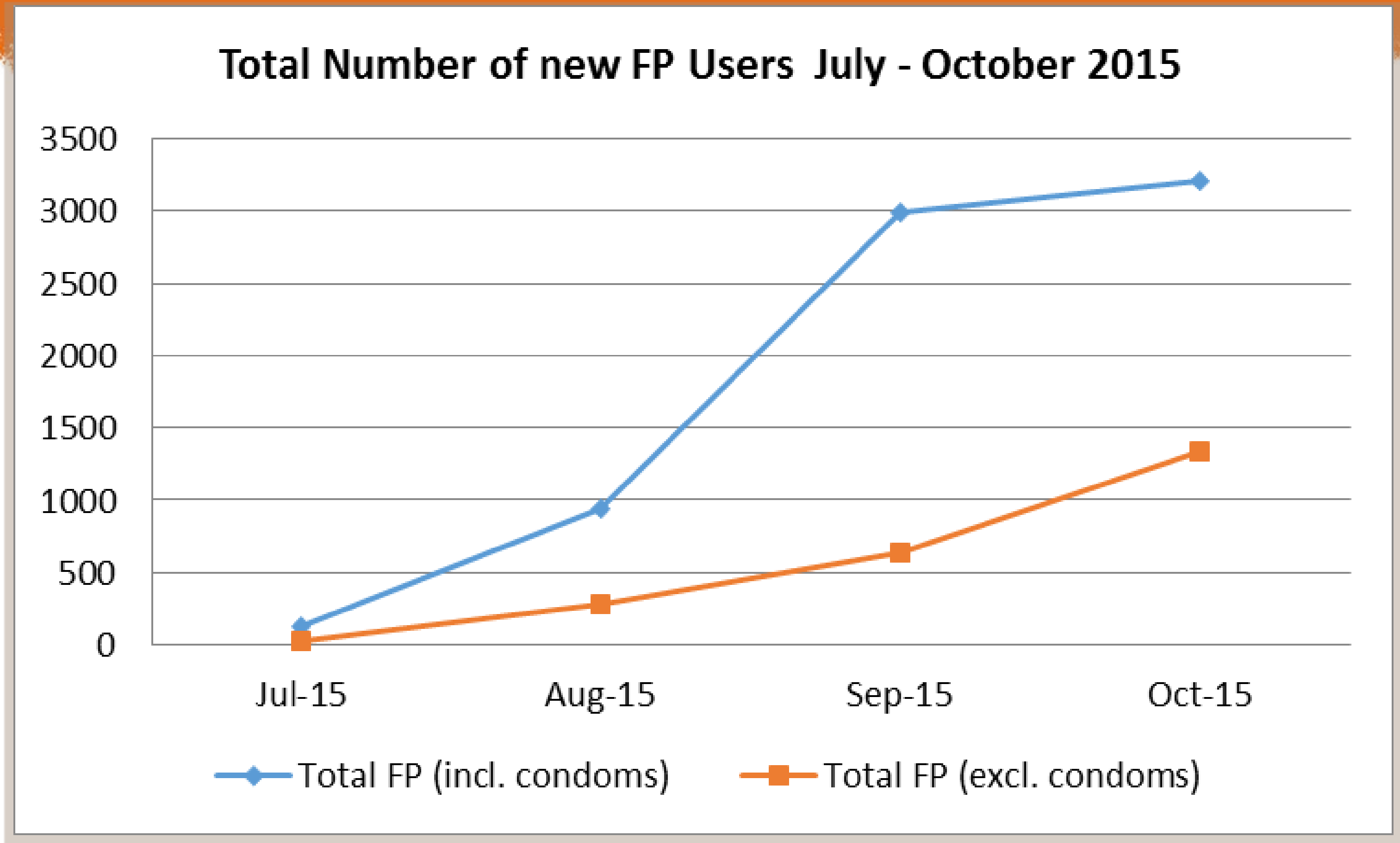
In theory we are providing care for sexual violence.

In over a year on we have yet to record a single case.

It is not clear if this is because:

- Cases are not coming to the clinic (due to taboo)
- Cases are coming and not being recorded (due to taboo)

FP & PAC



- **2,298** total new FP users excl. condoms (IUD 10%)
- **7264** total new FP users incl. condoms
- No data on **PAC** yet due to workload concerns.

Client & Provider Satisfaction

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Providers cited workload as a major problem.

Availability of maternal and reproductive health services very positive

Clients want more diagnostic technology

- Demand for ultrasound and incubators > indicates demands based on pre-war experience.

Safe Deliveries

100% skilled birth attendance [from 3PM surveys]

Access to prenatal care [from monitoring data]:

- 70% reporting at least 1 prenatal visit.
- 0% women delivering surveyed receiving 2 or more prenatal visits.

C-Sections [from monitoring data]:

- **121 C-sections; 167 total deliveries**
- MISP calculator: at 15% rate we would expect to see **52/month**
- Clinics report an average of **8.6/month**

Challenges in a Changing Context

- Geography – from 1 hospital and 3 clinics in 2 provinces with 2 partners to 6 clinics with 1 partner in 1 province; currently relocating from 2 Aleppo clinics and seeking to address refugees in Turkey
- Health needs – from leishmaniosis to family planning to conflict-related trauma
- Funding – It's taken diverse funding (MOFA Luxembourg, OFDA, UNFPA, and a large anonymous foundation) to bring this to life and keep it going

Some steps forward

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Strength in numbers – Joint Training Initiative

- Coordinated by IAWG
- Dedicated funding
- Establish clinical facility in Gaziantep as a first step

Enhanced supervision protocols

- Carried out by implementing partner staff allowed to cross the borders (or hire staff inside Syria with skills for supervision)
- Possibility of ‘pooled staff’ to support with supervision and training
- Detailed evidence-based checklists to make exercise more concrete and provide actionable findings

Final Thoughts…

- FP does not have to be an add-on: feasible for range of methods in the middle of conflict
- Data are not perfectly reliable.
- We would not have been able to get this far with SRH services if hadn't supported broader package of services.
- Extreme flexibility is needed to maintain service provision even more so in a setting that is not the stable camp setting.