



Integrating sexual and reproductive health services with GBV response in Northwest Syria

CARE Turkey – Cross border

Ezgi Emre

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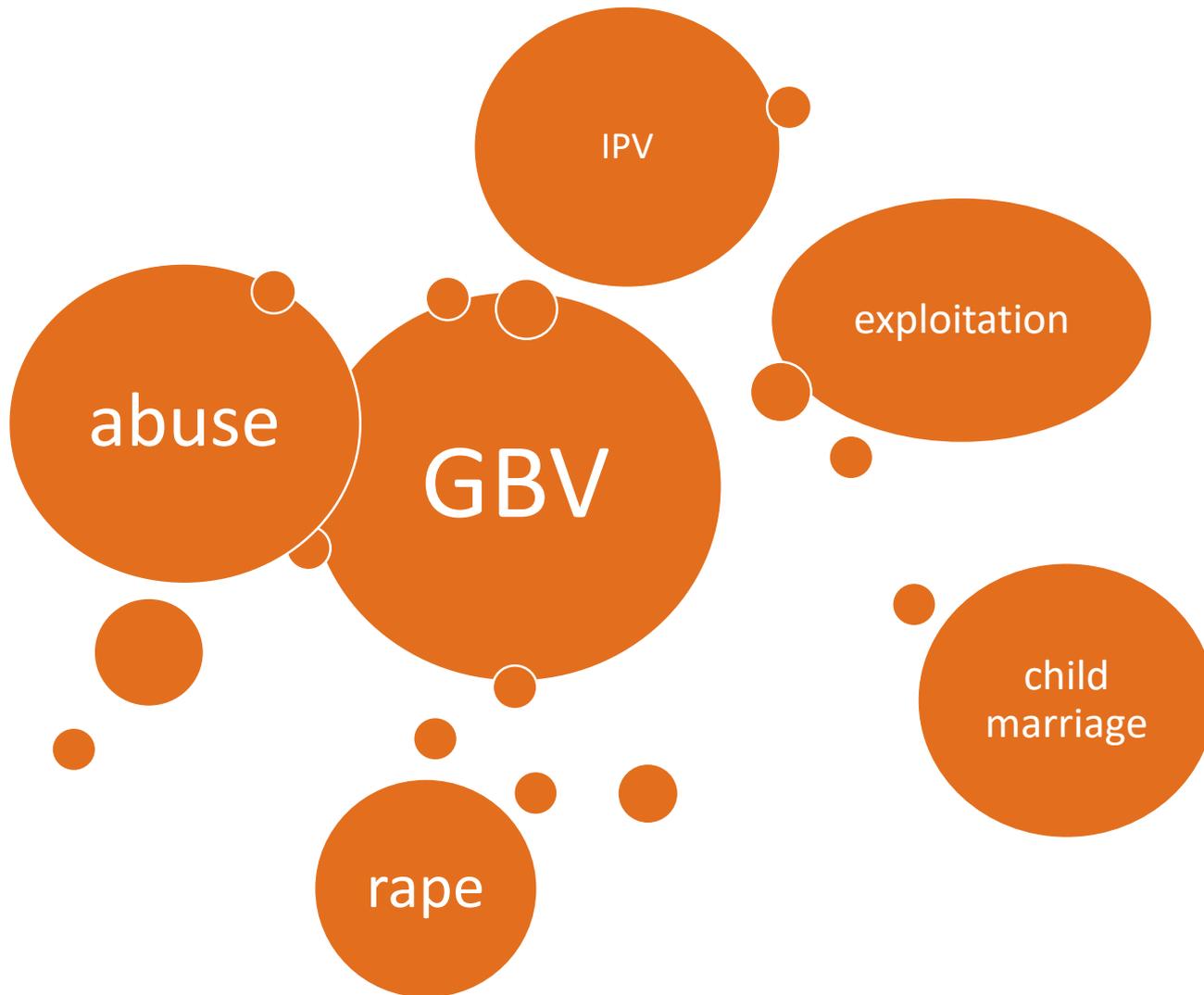
Syria Facts

9th year of the conflict

- 12.1 million people in need of humanitarian aid
- 1.44 million children under age 5
- **3.22 million women of reproductive age (15-49)**
- 338,787 elderlies (65+)
- persons living with disabilities, an estimated 15% of the population (3.07 million people)
- **37% of the affected population requires routine reproductive health services**
- **57% of the communities reported child/early/forced marriage**



Forms of GBV in Northwest Syria

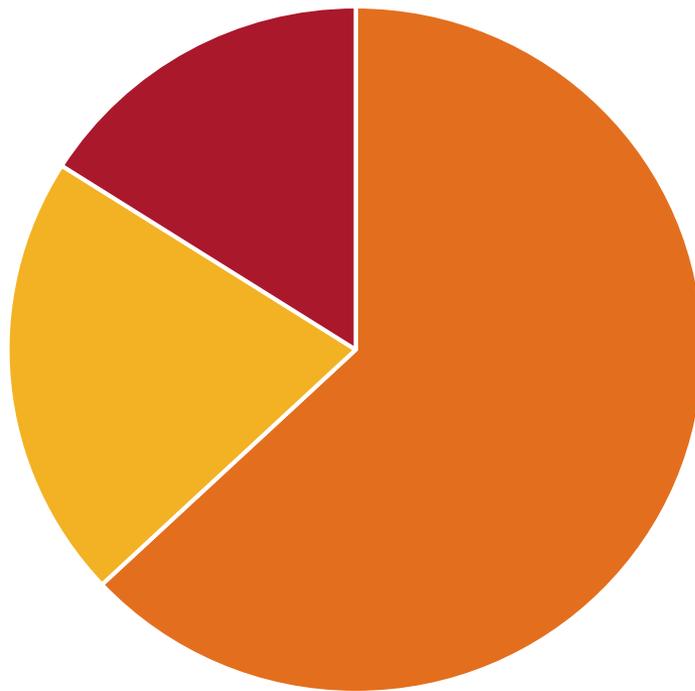


Access to SRH

- With the recent attacks on hospital, the accessibility to health services, **especially family planning and SRH, has decreased significantly.**
- **Services in response to sexual violence are limited, only 50% of hospitals and 38% of PHCs** are able to provide clinical management of rape survivors; availability of emergency contraception ranges in the same percentage.

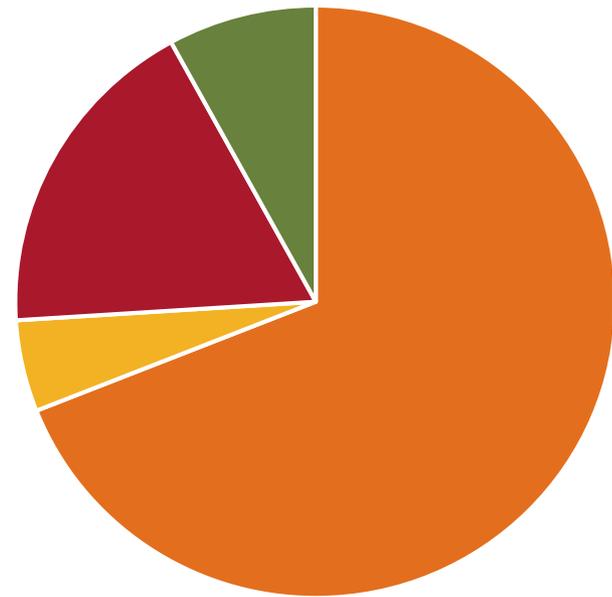
GBV & SRH Assessment Findings

Barriers to access contraception



■ Family pressure ■ Cost ■ Not available

How women make decision over the family planning?



■ Husband decides
■ Mother
■ Others
■ They cannot make decision



CARE's Approach

- Integrate SRH and GBV-response services into health facilities
- Ensure full implementation of the Minimum Initial Service Package (MISP) for reproductive health in crisis, which includes sexual violence prevention activities and services for survivors, emergency obstetric and newborn care, and clean delivery kits
- Establish safe spaces for women and girls to access confidential and specialized GBV-response services and information; including case management, SRH information/awareness and referrals to relevant service providers



CARE's Approach

- Include GBV case managers to each health facility along with private space.
- Community engagement and awareness on SRH topics and creating champions of change
- To mitigate risks associated with early/child marriage and pregnancy (which have increased as a result of the conflict), we have worked to ensure adolescent and youth-friendly SRH information and services are available. Through The Amal Initiative; “young mothers’ clubs”, married and/or pregnant adolescents learn about stages of pregnancy, family planning and healthy timing and spacing of pregnancies, GBV, parenting, and infant and young child feeding.

CARE, Syria Relief & Development, and UNFPA present

THE AMAL INITIATIVE



Coming soon!

CARE.ORG/SRHR

Partnership Approach



RESULTS

Monitoring data indicates that services delivered with support from this partnership have reached an estimated **231,504 people**, including **224,280 women of reproductive age**. Between April 2018 and June 2019, the partnership provided **87,910 family planning services**, including 4,218 IUD insertions, 4,943 injections with Depo-Provera, 22,147 cycles of oral contraceptives and 12,771 condoms. This translates to 36,285 couple years of protection from unwanted pregnancy, 88% of which is attributed to IUDs.

The partnership provided **3985 services to GBV survivors**, (3498 psycho-social counseling sessions, 182 referrals for medical services, and 305 cases managed). Mobile clinics delivered 42% of all services for GBV survivors. Overall, client satisfaction with services is reported to be high.



GBV & SRH Integration at Maternity Hospital & Safe Spaces

- GBV case manager to be present at the maternity hospital at all times.
- Service mapping of GBV services through Women and Girls Safe Spaces to ensure safe and confidential referrals
- Implementing The Amal Initiative for married/pregnant adolescents and first-time mothers to ensure life-saving SRH information and life-skills are being shared.
- CARE has been expanding family planning services and The Amal Initiative to other communities starting with Young Mothers Clubs in additional Women and Girls Safe Spaces and Community Centers to reach adolescent girls with life-saving SRH awareness. Integration was sought through recruiting midwives to the WGSS and community centers and strengthening the referral mechanism to health facilities, intentionally adopting an integrated SRH/GBV model.

Why integrating GBV & SRH?

- ❖ Maternal health services are excellent entry point to initiate care for GBV survivors.
- ❖ There is need of discrete space for girls and women to speak out.
- ❖ Women and girls safe spaces are also excellent entry points to provide SRH information/awareness.

Thank you

ezgi.emre@care.org