



## REACH-S: Rapid Emergency Assistance to Conflict-Affected Households in Syria.

### About REACH-S

The armed conflict in Syria has reached unprecedented violence and turmoil over the past two years, with an alarming increase in deaths and injury. A large number of conflict-affected people have fled to neighboring countries, including Turkey. Access to humanitarian services is a considerable challenge in many areas and thousands of Internally Displaced Persons (IDPs) are in dire need of basic humanitarian assistance.

### Objective

The primary objective of the REACH-S project was eliminating the immediate suffering of IDPs in host communities through providing health services and essential non-food items to increase resiliency in the face of extreme adversity.

CARE, together with its partners Khayr and Syrian Relief and Development, implemented the REACH-S project, which focused on lifesaving assistance to both IDPs and host communities affected by the ongoing conflict. The project provided critical primary and reproductive health services, and distributes urgent non-food-items (NFIs) in northern Syria. Interventions were identified and designed based on lessons learned during CARE's previous interventions in the region, as well as the expertise of local NGOs. The project has been implemented in three governorates hosting the greatest number of IDPs.

### Strategies

The REACH-S program built on the work already undertaken by CARE in northern Syria to provide primary health care services. In addition to supporting the provision of primary health care in underserved areas, CARE's assessments revealed that maternal and child health are a critical need as well. Other focused interventions include the following:

**Gender** - To address gender-related issues, the program ensured gender-sensitive programming throughout all stages of the intervention, including scheduling of distributions, participation in relief activities and monitoring. In addition, partner staff and volunteers were trained on gender issues, including gender equality programming.

**Program Name:** REACH-S Project

**Program Country:** Syria

**Timeframe:** Sep. 2013 – Sep. 2015

**Budget:** \$ 4 Million

**Donor:** USAID, OFDA

**Beneficiaries:**

**56,926** individuals consulted at healthcare facilities

Distribution of:

- **9,497** hygiene kits,
- **5,972** winterization kits,
- **2,206** baby kits

**54,500** individuals benefitted from the program



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*Because of the rapidly evolving nature of the conflict in the region, a high degree of flexibility was maintained throughout the life of the program, with continuous analysis of the context to adapt to the rapid changes*



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**Health** - REACH-S provided life-saving health services to over 48,000 Syrian women, men, boys and girls affected by the conflict. CARE, together with its partners, supported three health clinics in strategically selected underserved locations in Aleppo and Idleb. These clinics increased access to primary health care for the displaced, host and conflict impacted communities with an emphasis on maternal, child and reproductive health. CARE also provided communicable disease prevention and management services at the three clinics.

**Logistics Support and Relief Commodities** - To assist in establishing resilience among persons displaced due to conflict, the project distributed non-food items according to the priority needs of those host community households. More than 54,500 persons benefited from distribution of items such as: winterization kits, hygiene kits, elderly kits and baby kits. More than the half of these beneficiaries have been children.

## Impact

CARE has worked closely with third party monitors in the region to objectively assess impact and help improve the REACH-S program in preparation for the second phase. Beneficiary feedback has been positive, with surveyed beneficiaries from all clinics reporting high levels of satisfaction with the health services provided. In addition, the program has worked diligently to improve feedback mechanisms in order to encourage transparency and accountability within the program.

Furthermore, focus group discussions and household surveys revealed that nearly all beneficiaries were satisfied with NFI kits and the distribution process. Through these forums beneficiaries have been able to suggest changes to this activity—for example, conducting distributions door-to-door to improve security and increasing the quantity of hygiene items. The suggested changes have been considered and will likely result in improvements to the second phase.



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