

Alhaffar Supplementary Appendix 1: Reflexivity Statement**1. How does this study address local research and policy priorities?**

This study amplifies Syrian women's voices on their lived healthcare experiences in opposition-controlled areas of Syria during the conflict. This is of high priority considering the limited literature on Syrian women's experience within and outside the health system in Syria and specifically in opposition-controlled areas.

2. How were local researchers involved in study design?

MA and YD are both Syrian health-workers, with extensive experience in providing healthcare during the conflict in Syria.

3. How has funding been used to support the local research team?

The Chevening scholarship supported the lead author (MA) to undertake MSc studies in the UK, including the time needed to conduct the study. MRC funding supported study costs, including for MA and YD to prepare the manuscript for publication and open access fees.

4. How are research staff who conducted data collection acknowledged?

The lead author collected the data for this study.

5. Do all members of the research partnership have access to study data?

Yes, study data is accessible to all researchers involved in this study and all researchers are co-authors.

6. How was data used to develop analytical skills within the partnership?

MA led data collection and analysis as part of her MSc studies under NH's supervision and YD's mentorship. Authors worked closely together throughout to ensure MA, as an early-career researcher conducting her first study, was able to develop the knowledge and skills needed to conduct qualitative health system research effectively. MA was able to leverage analytical skills developed leading this study into a Research Assistant position at London School of Hygiene & Tropical Medicine.

7. How have research partners collaborated in interpreting study data?

MA conducted initial coding with support from YD and developed and mapped themes with support from AH and NH. All authors collaborated in data interpretation and agreed final themes and sub-themes.

8. How were research partners supported to develop writing skills?

MA drafted the manuscript and AH, who has experience in writing qualitative research for publication in English, provided initial feedback and support on the writing. NH then worked back and forth with MA and YD through iterations of feedback and revisions until all authors were confident that the writing effectively expressed in English our interpretations of the Arabic data.

9. How will research products be shared to address local needs?

The manuscript will be published as open access. We will write an English-Arabic blog summarising published findings on our website linked to our social media feeds (ie, Facebook, Twitter, LinkedIn). We will translate results into Arabic and post them online with a link to this article. We will also continue to conduct Arabic webinars for Syrians and international humanitarian actors to share research outputs and collaboratively discuss next steps.

10. How is the leadership, contribution and ownership of this work by LMIC researchers recognised within the authorship?

All researchers involved in this study are acknowledged as co-authors. The lead author (MA) and YD, i.e. half the research team, are LMIC researchers from Syria.

11. How have early career researchers across the partnership been included within the authorship team?

Half the research team (MA and YD), including the lead author, are early career researchers. We acknowledge that they are from Syria and based in the UK.

12. How has gender balance been addressed within the authorship?

Three of the four researchers (MA, AH, NH), including the lead author, are women. This was important due to the nature of this research and to acknowledge the historical under-representation of women in health research generally, and in Syrian health system research particularly.

13. How has the project contributed to training of LMIC researchers?

The research-author team is led by an early-career LMIC researcher and composed of three early-career and one mid-career researcher. All researchers helped each other, while NH took overall responsibility for social science research training and capacity-building of both LMIC authors in addition to their MSc studies.

14. How has the project contributed to improvements in local infrastructure?

This was a small exploratory study conducted by early-career researchers and was therefore unable to directly contribute to improvements in subnational infrastructure in Syria.

15. What safeguarding procedures were used to protect local study participants and researchers?

Due to the difficult context of the Syrian conflict, we were acutely aware of safeguarding concerns - particularly related to security and re-traumatisation. We emphasised the voluntary nature of participation, ensured participants were somewhere sufficiently comfortable before conducting interviews, and provided online access to an Arabic-speaking London-based psychotherapist, experienced in trauma counselling and paid from research funds - for both interviewees and research team members as needed.