

Provider perspectives inform SGBV basic care training package and enablers for sustainable, client-centered SRHR integration

KEY LEARNINGS

MSI Reproductive Choices (MSI) providers participated in individual semi-structured qualitative interviews to better understand the current approach to and existing gaps in gender-based violence (SGBV) provider training and provision of SGBV basic care. These learnings, – along with the contextual issues and challenges that must be considered – informed the development of a provider training package for SGBV basic care provision. Providers outlined the individual, organizational and contextual enablers and barriers to SGBV service integration and provided recommendations. Their recommendations provided a starting point and roadmap for a more sustainable approach to provider training and sustained SGBV service integration – leveraging existing strengths and organizational good practices.

THE CHALLENGE

Quality, sustainable SGBV integration

MSI's 2030 vision demands a bold comprehensive client-centered SRHR care strategy, including SGBV basic care, given the tremendous scale of SGBV among women of reproductive age.



The global prevalence of violence for women of reproductive age can be as high as **1 in every 2** women in low and lower-middle income countries^[1],

which has been further compounded by the COVID-19 pandemic; in turn SGBV contributes to COVID-19 community spread and vulnerability^[2]. Well capacitated and supported front line SRHR providers hold a unique potential to facilitate access to basic SGBV care. They are also best positioned to inform strategies for sustainable SGBV integration.



WHAT WE DID

Seeking provider perspectives

In order to understand and inform the development of a training package that is relevant in various MSI contexts, we invited MSI providers from four MSI Country Programmes to share perspectives about current approaches, training, issues and challenges that would need to be considered for SGBV training and integration. Fourteen participants, including service providers, gender specialists and program management leads from MSI Ethiopia, Zimbabwe, Timor-Leste and Cambodia volunteered for semi-structured one hour long remote qualitative interviews. They shared perspectives on past or current SGBV training; current approaches to SGBV basic care provision; perceived needs and gaps, as well as priority competencies, information and capacity needed to advance SGBV care in their programme.

What providers need to deliver SGBV care

- Training on SGBV concepts and terms
- Survivor centered care components
- Challenging personal bias and attitudes through values clarification exercises
- Confidence building using scenarios to practice
- Strong referral system linkages and pathways
- Improved understanding of country specific legal and policy context
- Internal and external communication approaches aligned with survivor centered care

“SGBV is very big because it is happening every day. MSI cares... and because we work in SRH [already] we have knowledge... to build on”

WHAT WE FOUND

Quality client-centered care

Providers are motivated to deliver and be accountable for high quality, client-centered SGBV basic care that leverages their core SRHR counseling and service provision skills. They identified training needs and outlined a roadmap for expanding client-centered SRHR care to increase confidence in their ability to deliver high quality SGBV basic care.

In addition to content, respondents volunteered their perspectives on how training might be most effectively delivered. The providers emphasized skill building and practice during the training using real life scenarios. They also stressed the need for a comprehensive (4–5 days) hands on, practice oriented, discussion heavy training that would enable them to learn from colleagues and solve practical challenges. Respondents advocated for the inclusion of all staff, referencing the need to ensure that survivors could interact positively with any staff member on site and that a blended e-learning approach might facilitate access to refresher modules and tailored learning required for distinct roles.

Beyond a stand-alone training package to increase knowledge and skills, providers described organizational enablers that would be needed to support the effectiveness of the training. One of the most promising recommendations was to integrate into the training an opportunity to learn from colleagues – to hear from them directly about what they are doing that is working to build on existing good practices.

Leveraging organisational good practice

- 1 Memorandums of understanding and referral maps readily available on site strengthen multisectoral coordination
- 2 Internal and external sexual exploitation and abuse and SGBV hotlines enhance access for client-centred care
- 3 Measuring awareness of harmful gender and social norms among providers motivates efforts to address personal bias
- 4 Partnering with public and private sector partners for training strengthens overall care
- 5 Appointing in-house SGBV champions harnesses commitment, capacity, and motivation to improve overall services
- 6 Learning from other countries and colleagues maximizes resources, enhances relevance and sustains training investments

WHAT THIS MEANS

Implications and recommendations

Motivated to deliver quality client-centred SGBV care and referrals, providers outlined actionable steps to strengthen skills and organizational systems. Providers' strengths-based recommendations leverage organizational and personal assets and enablers that would facilitate and sustain training:

Integrate SGBV basic care skills into existing full trainings, refresher trainings and provider competency assessments

Support a culture of dignified care for survivors by ensuring all staff participate SGBV basic care training, including values clarifications and attitudes transformation for SGBV

Enhance staff resources to provide supportive supervision

Establish referral partner agreements and systems, facilitated by job aids such as posted referral contacts

Develop and use SGBV care quality indicators

Ensure sufficient resources – personnel and training budget – are allocated to teams to integrate this new service.

Providers recognize the need for – and are motivated to engage with – an SGBV basic care package linked to supportive organizational actions that will set them up for success in delivering high quality SGBV client-centered care and referrals.



MORE INFORMATION

For more information on MSI Reproductive Choices and the work that we do, please contact:
T +44 (0)20 7636 6200 • evidence@msichoices.org.
Alternatively, visit our website: www.msichoices.org.

Fear of being blamed can prevent survivors from reporting incidents.

“For us to intervene in cases like this we must be able to identify the problem and once we can identify [a case of SGBV] we need to know how to handle it.”

“We need to ensure [we are] consistently embedding SGBV into our package of SRHR care...and that every provider is able to respond to SGBV... Training builds confidence.”