

SFPA SOCIAL FRANCHISING



Ensuring quality
integration of SGBV in a
challenging context

Sudan Family Planning Association

COUNTRY CONTEXT

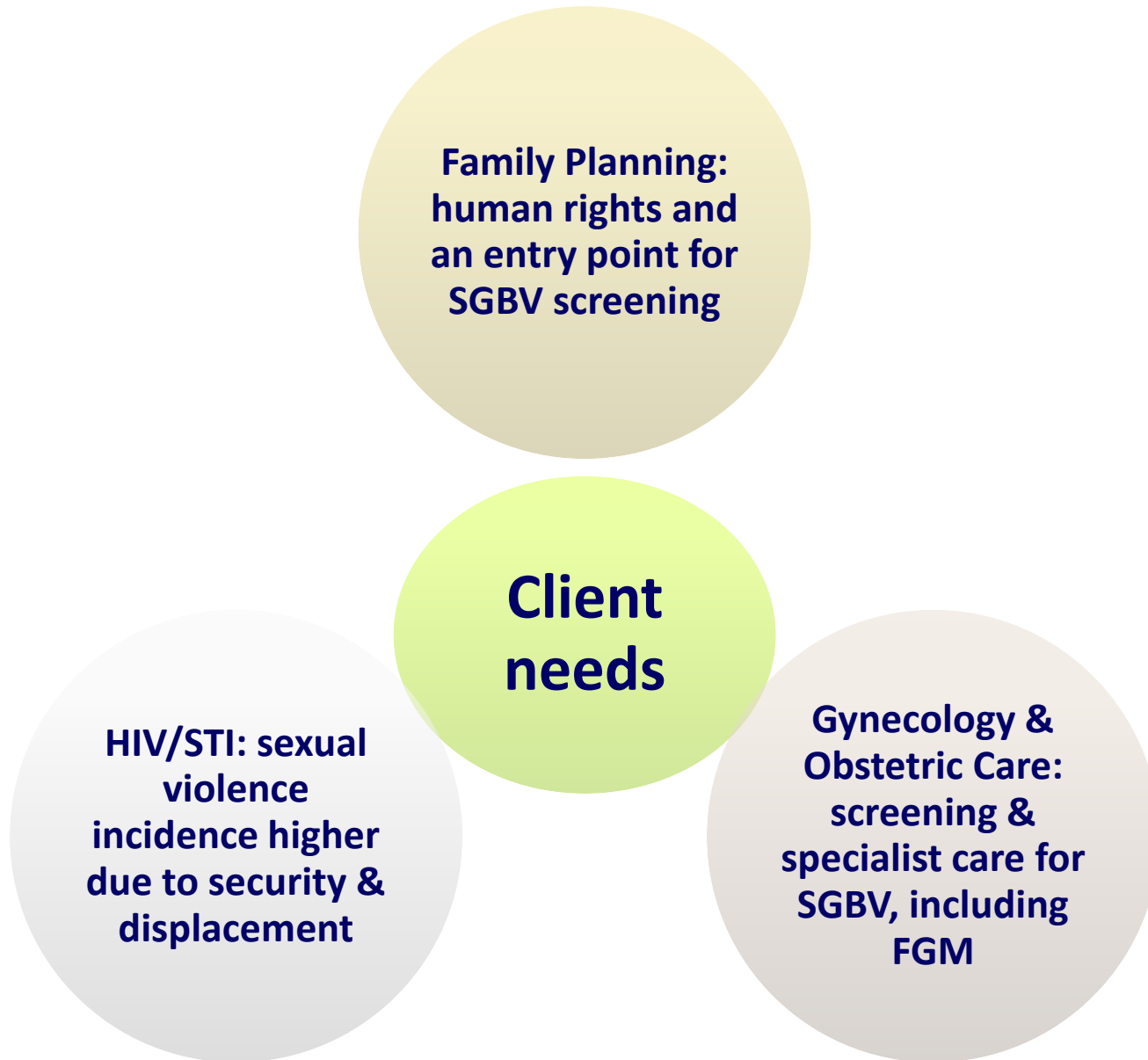
- CPR 12%, Total fertility rate (TFR) 5.2
- MMR is estimated at 216 per 100,000.
- % of women age (20-24) years with at least one live birth before age 18, is 21.5
- High prevalence of FGM (86.6%) & child marriage

(Ref: MICS 2014)

SERVICE DELIVERY

- Static Clinics, Mobile Clinics, CBS, AC, Other NGOs, and PPs
- YET, underserved areas with high unmet needs for SRH-FP
- Cannot invest in additional static clinics for reaching people with SRH-FP
- Existence of private physicians/semi clinics providing mostly OBS services.

Client-Centred Approach: Integrated SGBV



SGBV into Community Strategies



Ensuring quality of SGBV integration

- SGBV included in training on QoC parameters
- Quality Audit Tool includes SGBV checklist
- Supportive Supervision visits to review cases, including SGBV referrals and follow-up
- Client Exit Surveys & feedback mechanisms for improving services
- On Job training including values clarification around SGBV

Challenges

- Providing counseling on SGBV is highly specialized
- Cultural of silence around SGBV
- Private physicians perceive quality SGBV integration as costly – expensive to train.

THANK YOU

Before Social Franchise



The lab before SF



QUESTIONS?

Dar Joul clinic:

A medical assistant operates the clinic in an eastern underserved area of El-Obeid state. The clinic used to offer certain antenatal care and general medical services. As, Franchisee clinic, they are offering now a wide range of QUALITY SRH-FP



The lab Technician



The Waiting Area



The Medical Assistant