A systematic review on the One stop centre (OSC) model for delivering services to survivors

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Overview

- Background
- Aim & Methods
- Key review findings
- Key issues and recommendations
WHAT IS ALREADY KNOWN?

- Several process evaluations, though none evaluated effectiveness of the OSC model in meeting survivor needs (only 1 outcome evaluation)
- Increasing global implementation, scaling-up, and donor investment in OSCs
- No previous systematic review or evidence-based synthesis on the OSC model has been performed prior to the present study
Aim and methods

- mixed-method systematic review

What are the facilitators and barriers to the implementation of the OSC model as designed for survivors of IPV and/or SV in LMICs?
KEY REVIEW FINDINGS

Study characteristics:
• 42 studies: 18 qualitative studies; 8 quantitative, and 16 mixed methods
• From 24 LMICs: in Asia (15) and Africa (9)
• Range of hospital-based and stand-alone; majority hospital-based OSCs (government or joint NGO run)
Key themes

- Leadership & governance
- Financial, physical & human resources
- Health workforce
- Coordination
- Service delivery
Governance and leadership

Barriers

- Lack of political will
- Lack of standardised SOPs affected provision of quality care
- Lack of content, contextualisation of SOPs
- Lack of high-level oversight led to uncoordinated and delayed services

Facilitators

- SOPs enhanced clarity of staff roles, patients flow, and referral pathways
- Regular interagency meetings helped identify challenges (in well-established OSCs)
- Supportive laws and policies (political will)
## Resources (human, financial, supplies)

### Barriers
- Lack of basic supplies (SV centres)
- High running costs (in 17 countries)
- Lack of budget and planning transparency (governance)
- Staff shortage and high staff turnover (Stand-alone – volunteers)

### Facilitators
- Available, on-site psychosocial services and support
Service delivery

Barriers

- Many could not provide adequate psychosocial support
- Limited opening hours at nights and weekends
- Provision of follow-up support services
- Lack of private rooms
- Re-traumatisation (multiple survivors interviews)
- Accessibility (transportation and user fees)
- Low utilisation

Facilitators

Hospital-based v. stand-alone

- Hospital-based more equipped for comprehensive care and more accessible to larger population
- NGO-run provide high quality psychosocial support
Coordination

- Most common barrier was multi-sectoral collaboration – disagreements around OSC priorities and roles, weak partnership with police and legal services and limited sharing of lessons learned
- Fragmentation – not truly one stop
- Weak referral networks and poor referral options (esp. in PHC centres)
- For a few, interprofessional staff relationship was a facilitator
Health workforce

Barriers
- Low knowledge among staff on GBV (hospital-based) and on available services
- Staff victim-blaming attitudes (also police)
- No or low training on how to offer GBV care (esp. HB)
- Little instructions on OSC policies
- Staff time constraints (HB – other job requirements)

Facilitators
- Survivors felt that sensitive staff offered better care and improved access
- Dedicated champions – support and sustainability
Key issues and recommendations

- Substantial systems-level barriers for implementation of OSCs, particularly around resourcing, service delivery and workforce
- Need to identify ways forward: how to build on what is working well (facilitators) and how these enablers can be supported in contexts with substantial challenges?
- Need for better understanding of how OSCs are implemented – rigorous evaluations to unpack challenges
Thank you