

A system of influence: Identifying and addressing factors which determine the transfer of training on sexual and reproductive health in humanitarian settings

Kristen Mai Beek

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Certificate of original authorship

I certify that the work in this thesis has not been previously submitted for a degree nor has it been submitted as part of requirements for a degree except as fully acknowledged within the text. I also certify that the thesis has been written by me. Any help that I have received in my research work and the preparation of the thesis itself has been acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis.

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List of Abbreviations

| | |
|--------|---|
| ADPC | Asian Disaster Preparedness Centre |
| AIDS | Acquired Immune Deficiency Syndrome |
| ALNAP | Active Learning Network for Accountability and Performance in Humanitarian Action |
| ANC | Antenatal Care |
| AusAID | Australian Agency for International Development |
| CARE | Cooperative for Assistance and Relief Everywhere |
| CASP | Critical Appraisal Skills Programme |
| CERF | Central Emergency Response Fund (UN) |
| CHW | Community Health Worker |
| UNDP | United Nations Development Programme |
| DPRK | Democratic People's Republic of North Korea |
| DRR | Disaster Risk Reduction |
| FAO | Food and Agriculture Organisation |
| FHW | Frontline Health Worker |
| FSM | Federated States of Micronesia |
| GBV | Gender Based Violence |
| HCP | Health Care Provider |
| HIV | Human Immunodeficiency Virus |
| IAFM | Inter-agency Field Manual on reproductive health in humanitarian settings |
| IASC | Inter-agency Standing Committee |
| IAWG | Inter-agency Working Group on reproductive health in crisis situations |
| ICPD | International Conference on Population and Development |
| ICRC | International Committee of the Red Cross |
| IDMC | Internal Displacement Monitoring Centre |
| IFRC | International Federation of Red Cross and Red Crescent Societies |
| INGO | International Non-Governmental Organisation |
| IPPF | International Planned Parenthood Federation |
| IRC | International Rescue Committee |

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| JHPIEGO | Johns Hopkins Program for International Education in Gynaecology and Obstetrics |
| JSI | John Snow, Inc |
| KL | Kuala Lumpur |
| LMIC | Lower Middle Income Country |
| LTSI | Learning Transfer System Inventory |
| M&E | Monitoring and Evaluation |
| MHW | Maternal Health Worker |
| MISP | Minimum Initial Service Package for Reproductive Health |
| MNH | Maternal and Newborn Health |
| MoH | Ministry of Health |
| MSF | Médecins Sans Frontières |
| NGO | Non-Governmental Organisation |
| NIEW | NAM Institute for the Empowerment of Women |
| OECD | Organisation for Economic Cooperation and Development |
| PICOS | Population, Interventions, Comparators, Outcomes, Study |
| PPH | Postpartum Haemorrhage |
| PRISMA | Preferred Reporting Items for Systematic Reviews and Meta-Analyses |
| RAISE | Reproductive Health Access Information and Services in Emergencies |
| RH | Reproductive Health |
| RHA | Reproductive Health Assessment |
| RHRC | Reproductive Health Response in Conflict |
| SGBV | Sexual and Gender Based Violence |
| SPRINT | Sexual and Reproductive Health programme in Crisis and post-Crisis Situations |
| SRH | Sexual and Reproductive Health |
| STI | Sexually Transmitted Infection |
| SV | Sexual Violence |
| TBA | Traditional Birth Attendant |
| ToT | Training of Trainers |
| TPB | Theory of Planned Behaviour |
| UN | United Nations |
| UNDP | United Nations Development Programme |

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|--------|--|
| UNFPA | United Nations Population Fund |
| UNHCR | United Nations High Commissioner for Refugees (office of) |
| UNICEF | United Nations Children's Emergency Fund |
| UNISDR | United Nations International Strategy for Disaster Reduction |
| UNOCHA | United Nations Office for the Coordination of Humanitarian Affairs |
| WCF | Women and Children First |
| WFP | World Food Programme |
| WHO | World Health Organisation |
| WRC | Women's Refugee Commission |

Abstract

By the end of 2013, almost 80 million people were forcibly displaced worldwide due to persecution, conflict, generalized violence, human rights violations or natural disasters. The sexual and reproductive health (SRH) needs of populations surviving these hazards continue and often increase in their aftermath. In order to meet these needs, competent and engaged human resources are required to deliver lifesaving interventions. However, the development of workforce capacity remains a key challenge in these settings, and is further complicated when training programmes do not facilitate the transfer of knowledge and skills into policy and practice. Effective training is essential to ensure the competence of this workforce and maximise the application of training to benefit vulnerable populations.

The gap between training and use of training is referred to as ‘the transfer problem’ and studies have found this to be associated with a range of factors which influence the use of newly developed knowledge and skills in work contexts. Little is known about the transfer problem in training for humanitarian settings. In response to this paucity of knowledge I conducted research to explore the passage of participants in the *Sexual and Reproductive Health programme in Crisis and post-Crisis Situations (SPRINT)* training course from the training room to their work setting. I sought to identify and understand the factors which enabled and impeded the ability of trainees to transfer their training.

I conducted a multi-phase qualitative study in which I interviewed SPRINT trainees, administered questionnaires, carried out observation at regional and national level training events, and reviewed numerous documents including country level and regional monitoring and evaluation reports. Through these data, I discovered a system of factors which operate to determine whether a training participant can and/or will transfer their learning on return to work. These factors operate on and between four distinct layers that include individual level moderators; training design factors; organisational structures; and wider environmental issues. These factors were also found to have an association with a trainee’s *intention*, and eventual *application* of knowledge and skills developed during the training course.

Identifying and understanding these factors is important, as they can be planned for and addressed to increase the application of new knowledge and skills. This research provides recommendations which will enable training efforts to be optimised and, in so doing, ensure that aid is more effectively applied, and the SRH needs of those living in humanitarian settings are better met.