

DRAFT

An African Quality of Care Initiative (AQCI) for Orphans and Vulnerable Children in Africa: Concept Paper

Background and problem statement

The effects of HIV and AIDS have been devastating, especially in Sub Saharan Africa, home to 80 percent of the children orphaned and made vulnerable by HIV and AIDS in the developing world (UNICEF, 2007; The State of World's Children). In the last six years, implementers and donors have responded quickly to the effects of HIV/AIDS on children and there has been rapid expansion of responses to the crisis. But as organizations rush to increase the number of children reached by services, little has been done to focus on the desired outcomes and whether services make a difference in the lives of the children. It is time to change the focus from counting how many children receive services to whether the services make a difference in their lives.

As local, regional, national and international organizations work to respond to the needs of children made vulnerable by HIV and AIDS, leaders in the implementation of programs seek a forum to share ideas and lessons learned so that the program quality and effectiveness can be enhanced by knowledge of the most current evidence, and by lessons learned from practice in other countries. Over the past 10 years, regional networking and partnership efforts have been undertaken with various degrees of success.

During a training on Quality Improvement for Orphans and Vulnerable Children (OVC) in September, 2007 (supported by the U.S. Agency for International Development), participants from 15 African countries recommended the establishment of an African Partnership to mobilize resources to facilitate capacity building events, provide communication mechanisms and technical assistance to countries and implementing partners in developing service standards and monitoring and improving the quality of care provided to OVC. The training was organized by the USAID-funded Health Care Improvement (HCI) project, which is spearheading an effort to establish service standards for programs that cater to OVC.

Rationale

The need to move beyond numbers to desired outcomes has been expressed by both implementers and donors alike. Organizations now need technical assistance to learn how to measure the quality of services. It is also common knowledge that there are too many actors in OVC programming whose learning is not coordinated especially in the area of quality service provision. In addition, tools for developing quality standards and measuring are limited or not in existence at all. An African Quality of Care Initiative (AQCI) would serve children by clarifying standards, fostering evidence-based sharing,

and serving as a united African voice for the most vulnerable children. A review of existing African organizations and associations conducted by HCI in July 2008¹ showed that none focuses specifically the quality of care for Africa's most vulnerable children.

Of the 12 Africa-oriented partnerships studied, four cannot address the full spectrum of OVC care because their mandate is either too broad; African Medical Research Foundation (AMREF) and the Regional Centre for Quality in Health Care address the health and well being of the overall population, rather than focusing on OVC, or too narrow (the African Palliative Care Association and Regional Psychosocial Support Initiative (REPSSI) which focus on individual services, palliative care and psychosocial support, respectively).

Of the remaining 8 partnerships two African Child Policy Forum (ACPF), and Network of African People living with HIV and AIDS (NAP+), with its People Living with HIV and AIDS focus, are oriented towards policy and advocacy rather than service delivery. Of the remaining 6 organizations, 2 deal with AIDS in general (International HIV Alliance, and Society for Women and AIDS (SWAA)). The remaining 4 groups all deal specifically with children and AIDS, however two of them are national rather than regional networks (Zambia and South Africa). The remaining two organizations are Joint Learning Initiative (JLICA) and Hope for African Children Initiative (HACI). JLICA has constituted itself intentionally as a group that provides research and analysis, and will complete its activities by the end of 2008.

Of all the organizations studied, HACI's mission and function is closest to what is proposed here. In fact, HACI, which has now closed, was providing technical assistance to organizations that provide services to OVC by building their capacity facilitating sharing of best practices, and advocating for OVC issues. Due to the phasing out of HACI, the respondents felt that the worthy aims of this initiative could be served by a new partnership, drawing on HACI for lessons learned since they had no knowledge of any regional organization serving in this area.

However, other international organizations exist, such as UNICEF's Better Care Network, the AIDS Alliance, the African Union, the Joint Learning Initiative and others. One function of the proposed initiative would be to forge links with these national and international groups so that they can work effectively in partnership.

Vision of AQCI

"All Children Achieve full potential in life" *Or*

"Quality life for all children in Africa"

Mission of AQCI

¹ "Towards a Partnership for the Quality Improvement in the Care of Orphans and Vulnerable Children in Africa: A Review of Lessons Learned and Best Practices" (HCI , August 2008))

“Create an enabling Environment for Improved Program Delivery through Effective Partnership in Africa”

Goal

Contribute to quality program delivery for children

Objectives

1. To consolidate Quality improvement efforts (tools, standards, guidelines, frameworks, studies etc) at national and regional level to build a resource for learning
2. Facilitate sharing of quality improvement lessons and approaches across national and regional boundaries for learning and improvement
3. Advocate for capacity building that promote quality improvement
 - Institutionalization of quality care standards for OVC
 - Promote the continuous implementation of quality improvement programs
4. Collaborate with governments and other partners to ensure quality of care programs
 - Identify selective activities to enhance the role of governments
5. Work with missions to include quality of care in OVC programs

Organizational Activities

a. CONSOLIDATION

Activity	Implementation time
Identify quality improvement tools and standards, and actors at the regional and national level	Yr 1 Quarter 1
Develop a data base/ inventory for the above and update continuously	Yr 1 Quarter 2
Package and disseminate the tools and standards	Yr 1 Quarter 4 on going
Develop a website discussion	Yr 1 Quarter

forum	4 on going
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b. *SHARING LESSONS AND BEST PRACTICES*

Activities	Implementation time
Create regional and national platforms for information and lesson sharing	Yr. 1 Quarter 4
Facilitate exchange visits across countries	Yr. 2
Develop and maintain an listserve	Yr. 1 Quarter 1
Organize and facilitate a virtual communication on Quality improvement and teleconferences	Yr. 1 Quarter 4
Develop a biannual electronic newsletter	Yr. 1 Quarter 4

c. *ADVOCACY*

Activities	Implementation time
Conduct an assessment on policies, strategies and practices that exist with regards to what, where and who, and identify gaps	Yr. 2
Frame an advocacy campaign linking with other actors	Yr. 2
Identify champions to spearhead the agenda	Yr. 2

d. COLLABORATION

Activities	Implementation time
Actively engage policy makers at national level to promote quality	Yr.2 and on going
Identify responsible champion in specific ministries	Yr. 2 and on going
Analyze and synthesize information and share with the government representatives and missions	Yr. 2 and on going
Support learning forums	Yr. 2 and on going

Roll out/ Implementation Plan

In recent years great progress has been made in determining multi-sect oral parameters of care that can make a difference for children. These policies and programs have arisen in the context of HIV/AIDS with the support of donors such as PEPFAR and others who have defined six core services (health care, food and nutrition, shelter and care, education, legal support, and psycho-social care) plus economic strengthening as the spectrum of care that should be available to all children. The African initiative for quality and its operations should focus on the PEPFAR parameters (six plus 1), but the application should go beyond PEPFAR partners and set a pace for all services oriented toward child health and well-being. It is important to note that these parameters are equally valid for children who suffer due to food scarcity, national disasters, homelessness, war, or birth defects and disability. The initiative would promote quality care for all children, with special focus on the most vulnerable regardless of the cause.

The initiative should work under the University Research Co. as a project for a period not exceeding three years until it is well established and the initial management and legal issues are dealt with. While under HCI it will be benefiting from the technical expertise and resources in quality improvement.

Stakeholders and Linkages

Stakeholders

The stakeholders will be multi sect oral and multidisciplinary and will include the following

- Representatives from Implementing Agencies
- Subject Matter Experts from African Universities

- Leaders of Professional Organizations (for example Medical Society, etc.)
- Leaders from Civil Society Groups/Advocacy Groups
- Youth Representatives from Schools, Recreational or Vocational Programs

Linkages:

The group when finally established is proposed to be an independent non-governmental organization that can work with government to build strong programs. Therefore, government representatives would not be members; rather they would be partners and beneficiaries of the efforts. Clear channels of communication would be established so that lessons learned through the initiative can be put to use to strengthen government programs, and so that the initiative can be responsive to government priorities and plans.

Similarly, the initiative is to be expressly African-led, an independent voice that can be free to be a fair-minded critic of national or international policies when appropriate. Therefore, representatives of international organizations and donors would be advisors. Clear communication pathways would be established so that a productive two-way dialogue can occur between the initiative and international agencies.

Assumptions

Critical success factors;

1. There will be national government support in the countries
2. There will be child participation at all levels
3. Systems will be put in place to support the establishment of the initiative before it graduates from project status(constitution and operating policies and procedures)
4. Membership will be open and free to interested individuals and organizations in Africa who believe they have something to offer or gain from the initiative