USAID FROM THE AMERICAN PEOPLE | HEALTH CARE IMPROVEMENT PROJECT

CARE THAT COUNTS
IMPROVING QUALITY OF SERVICES TO REACH THE MOST CHILDREN

What is quality care for children affected by HIV/AIDS?

Quality care implies that an appropriate mix of services and support are provided to ensure children affected by HIV/AIDS grow and develop as valued members of their families and community. Providing such care is complicated by the magnitude of children needing care and the many service areas required. Children need food and nutrition support, shelter and care, protection, health care, psychosocial support, education and vocational training, and economic opportunity. Families and communities need support to be the primary providers of care to children.

How can we improve the quality of OVC services?

Recent and rapid increases in funding for orphans and vulnerable children offer opportunities for providing immediate relief that stabilizes children and supports actions for making a longer-term difference. Yet, how can we ensure that these services are effective, efficient, and equitable? Quality improvement (QI) offers a way to organize and harmonize the provision of care by engaging people at the point of service delivery to evaluate their own performance and decide how they could organize themselves to do their jobs better. The triangle in Figure 1 represents QI graphically. Desired outcomes—measurable improvements in the well-being of OVC—are at the center. Achieving such outcomes involves defining quality (setting standards, defining systems, communicating standards), measuring quality (gathering information about processes and outcomes), and improving quality (closing the gap between what is expected and actual performance). QI has been used

Figure 1: The Quality Triangle

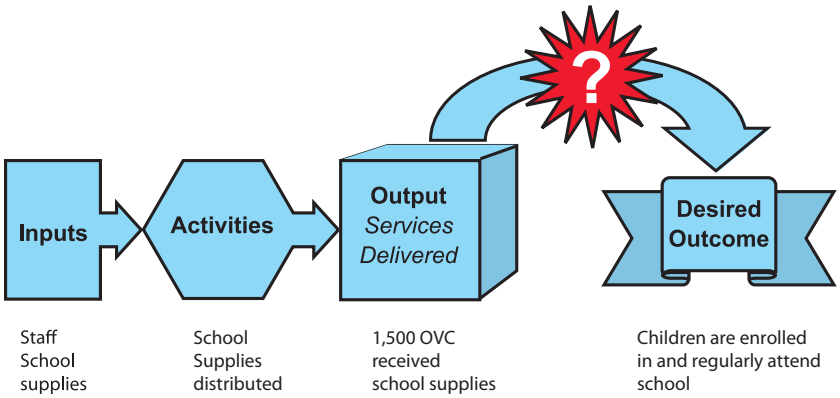
to improve health care and other social services for over 20 years, and recent experiences supported by the U.S. Agency for International Development have shown significant results, not only at individual sites, but also moving to scale.

Can we apply QI to OVC services?

This question should perhaps be phrased as “Can we afford not to?” The variation in, and lack of equity among OVC service providers on, what constitutes “an OVC served” indicate a need to define quality. Agreement is needed on the minimum actions essential to each service area to make a difference in a child’s life. Figure 2 illustrates current realities in OVC service provision.

QI efforts can begin anywhere in the triangle (defining, measuring, or improving), but experience shows it is best to start with service provider consensus on a common set of desired outcomes—what are we trying to achieve? The Child Status Index, a tool recently developed under PEPFAR to define and track outcomes by service area, provides a concise set of outcomes for OVC services. The enormous variation among implementing partners indicates that defining quality is a key next step for OVC programs. Service standards can be established to convey, for example, what would constitute the delivery of an education service or a psycho-social support service for OVC? Quality is a multi-faceted concept, and using the dimensions of quality (see Table 1) has resonated with OVC service providers and facilitated the process of developing standards. These dimensions, combined with best practices and expert knowledge, inform the drafting of service standards. These standards then become

Figure 2: Are we doing what is needed to acheive desired outcomes?



embodied in training materials, job aids, and supervision tools. These standards also inform efforts to measure and detect gaps between current practice and what is desired—measuring quality. Then service providers can use this information to identify changes in how they provide OVC services (and support OVC service provision) that would improve their ability to reach the desired outcomes.

What experience exists on using QI for OVC Care?

Since early 2006, USG, host governments, and civil society partners have initiated a collaborative and participatory approach to establishing and applying OVC service standards. Building on 20 years of QI experience in developing countries, a facilitator's guide laying out a process and tools for use by OVC programs for establishing service standards has been developed and was field-tested in early 2007. Support from PEPFAR made this effort possible. The approach engages OVC program implementers to: a) define desired outcomes (with explicit input from children and youth), b) reflect on the dimensions of quality, c) identify essential minimum activities for each OVC service area, and d) outline key guidelines that apply the dimensions of quality. Ethiopia, Namibia, and Zimbabwe have used this collaborative process with PEPFAR implementing partners, government, and other OVC stakeholders to create standards for OVC services in line with National Plans of Action in each country.

Reaching consensus on service standards fosters engagement and ownership among those involved in and responsible for program implementation, but this is just the beginning of improving quality care. Standards will only make a difference in so far as they are communicated and used to guide actions at the point of service delivery.

What has been achieved so far?

Early in the process, many conversations started with "Quality? Aren't we doing that already?" or "Isn't coverage and access more important than quality?" Discussions, presentations, trainings, and field work have resulted in a cadre of motivated individuals and a body of experience on developing service standards for OVC services. Box 1 (next page) shows major activities and products to date.

Table 1: Dimensions of Quality for OVC Services

Term	Explanation
Safety	The degree to which risks related to care are minimized: do no harm
Access	The lack of geographic, economic, social, cultural, organizational, or linguistic barriers to services
Effectiveness	The degree to which desired results or outcomes are achieved
Technical performance	The degree to which tasks are carried out in accord with program standards and current professional practice
Efficiency	The extent to which resources needed to achieve the desired results are minimized and the reach and impact of programs are maximized
Continuity	The delivery of ongoing and consistent care as needed, including timely referrals and effective communication among providers
Compassionate relations	The establishment of trust, respect, confidentiality, and responsiveness achieved through ethical practice, effective communication, and appropriate socio-emotional interactions
Appropriateness	The adaptation of services and overall care to needs or circumstances based on gender, age, disability, community context, culture, or socio-economic factors
Participation	The participation of caregivers, communities, and children in the design and delivery of services and in decision making regarding their care
Sustainability	The degree to which the service is designed so that it can be maintained at the community level, in terms of direction and management as well as procuring resources, in the foreseeable future

What are the next steps?

A focus on outcomes and service standards has launched a growing interest in and demand for further assistance with improving the quality of care for OVC. Key actions now needed include:

- Establishing and communicating service standards in countries that have been hardest hit by the HIV/AIDS pandemic and that have not yet done so;
- Reporting on evidence of improved service quality experienced when service standards are introduced and applied at the point of service delivery (to be reported in at least three countries in 2008);
- Supporting country-to-country exchanges to share experiences on defining, measuring. and improving the quality of services to OVC; and
- Maintaining and expanding enthusiasm and action for quality improvement.

Central to achieving these actions at scale is moving quickly from establishing standards to using them to make improvements in service delivery. A combination of approaches to QI may be needed. Figure 3 shows a series of approaches that can be used to improve quality. Experience in developing countries over the last 10 years demonstrates the value for motivation and rapid spread of best practices through health care improvement collaboratives (see Box 2, next page).

A menu of support can be offered to countries according to their stage of readiness for implementing quality improvement

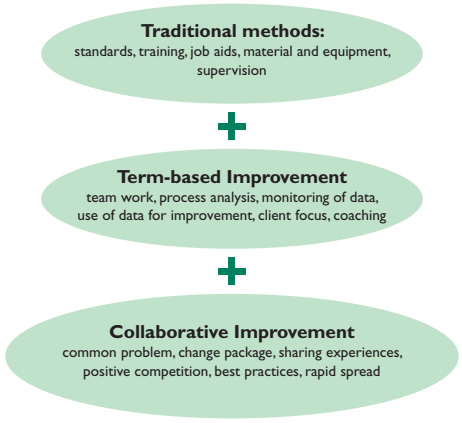
Box 1: Actions in 2007:

- Facilitator's guide to establishing service standards for improving quality of OVC services;
- Support to government and implementing partners in Ethiopia, Namibia, Uganda, Tanzania, and Zimbabwe to develop draft service standards;
- Piloting service standards in Namibia in after-school programs resulting in buy-in by implementing organizations, extensive cross-learning, and plans for improvement at the service-delivery level;
- Networking through monthly "Quality in Focus" conference calls;
- Orientation for 50 USG implementing partners and representatives of international organizations on Supporting standards-based quality for the care of orphans and vulnerable children (April 26, Washington, DC); and
- Training and sensitization of over 50 OVC stakeholders from 15 African countries on Improving and assuring quality services for orphans and other vulnerable children (Tanzania, September 10–14), including application of the Child Status Index.

among OVC partners. Assistance includes on-site and virtual technical support and creation of mechanisms for regional sharing and exchange.

For countries that are embarking on standards development: Technical assistance can be provided through country conference calls and emails to guide the process of preparing the groundwork for service standards development. Local champions will be identified to facilitate the consensus-building work to be undertaken by OVC stakeholders. Mechanisms for engaging children and youth in defining outcomes and standards can be offered (see example in Box 3). Systematic interviews with countries will be undertaken to determine level of interest and status of quality improvement efforts in OVC programming. Depending on the needs of the country, technical assistance (QI/OVC) can be direct, on-the-ground assistance with planning and facilitating standards development workshops, or providing less intensive forms of assistance through email, telephone, and websites with agendas, materials, and tips on organization.

Figure 3: Approaches to QI



Box 2 : What is an improvement collaborative?

The improvement collaborative is an approach for rapidly improving the quality of care. A collaborative seeks to quickly spread existing knowledge or best practices related to that technical topic to multiple settings, through systematic improvement efforts of a large number of teams. It is a time-limited improvement strategy, usually lasting from 12 to 24 months, and the collaborative is made up of usually 15-40 teams from different organizations or geographic regions, all focused on making rapid incremental improvements in a single technical area and committed to working and learning together intensively. The resulting network of shared learning produces rapid development and testing of innovations and solutions to problems, rapid dissemination of effective changes, and rapid development of effective models of service delivery.

For countries that are ready to employ QI strategies to implement standards:

Technical assistance to countries can be direct (in the form of workshops or a series of training sessions for partners and counterparts in QI strategies) or virtual (via email and telephone) to foster ownership and internalization of standards and stretch counterparts to examine their current systems and processes in relation to those standards, moving people along in the various strategies outlined in the Quality Triangle (Figure 1). Improvement collaborative strategies will be implemented where there is local USG mission support (see Box 2).

For all countries participating in QI:

Regional sharing and exchange is a critical component of this effort. A series of mechanisms will foster this exchange: listserves, websites, monthly Quality in Focus conference calls, a regional training/sharing event (like the Tanzania September 2007 workshop), and support to the development of an African Quality Improvement Partnership for OVC Care.

Box 3: Youth participants at a 2007 workshop in Zimbabwae discuss their desired outcomes, which became the frame for the subsequent stands development workshop

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