



**USAID**  
FROM THE AMERICAN PEOPLE

**HEALTH CARE  
IMPROVEMENT  
PROJECT**

# PEPFAR | CARE THAT COUNTS

## IMPROVING THE QUALITY OF PROGRAMS FOR ORPHANS AND VULNERABLE CHILDREN

### BACKGROUND

When the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) was launched in 2003, interventions to meet the needs of orphans and vulnerable children (OVC) affected by HIV and AIDS were designed with a sense of urgency to help address the devastating effect of the epidemic on the large number of children affected. Initially, programs emphasized a "humanitarian" emergency response rather than sustainable services integrated into national programs. While much progress has been made since then, the "emergency response approach" is no longer adequate. The PEPFAR II

*Lessons learned from OVC programs have revealed the need to improve service quality and to strengthen harmonization across partners . . .*

strategy emphasizes a more sustainable approach to programming that includes strengthening the quality and impact of frontline service delivery.

Lessons learned from OVC programs have revealed the need to improve service quality and to strengthen harmonization across partners around the questions: How can our programs make a measurable difference in children's well-being? What are the essential actions that we all agree need to be part of a service to best to mitigate the impact of HIV/AIDS on children and families, in the pursuit of efficiency, effectiveness, equity, reach, scale, and sustainability?



School boys in Tanzania. Photo by Marie Eve Hammink

### PERSPECTIVES ON PROGRAMS WITHOUT A QUALITY FOCUS

*We flew in with our commodities.*

– INTERNATIONAL NGO MANAGER

*We saw programs working in parallel to our system.*

– DIRECTOR, MINISTRY OF SOCIAL WELFARE

*We were working in the darkness, we did not know who was supposed to do what, we substituted for families.*

– COMMUNITY VOLUNTEER

### WHAT IS CARE THAT COUNTS?

In response to the observed need to improve the quality of services provided to orphans and vulnerable children, in 2007, PEPFAR, through the United States Agency for International Development (USAID), sought to create a regional initiative to support countries and implementing partners in improving the quality of OVC programming.

With support from the Health Care Improvement Project (HCI), USAID's global technical assistance mechanism for health care quality improvement, a regional OVC quality improvement initiative was organized. The initiative, which has come to be known as Care that Counts, has engaged national stakeholders, program implementers, and donor agencies throughout sub-Saharan Africa in improving the quality of OVC programming.

Through Care that Counts, HCI provides support to implementers at the country level to:

- 1) Build constituencies and commitment for quality in OVC programming,
- 2) Develop OVC service standards through consensus processes involving key stakeholders, including children and their families,
- 3) Undertake quality improvement activities at the point of service delivery with community-based volunteers and organizations, and
- 4) Gather evidence that standards and other quality improvement approaches have a measurable impact.

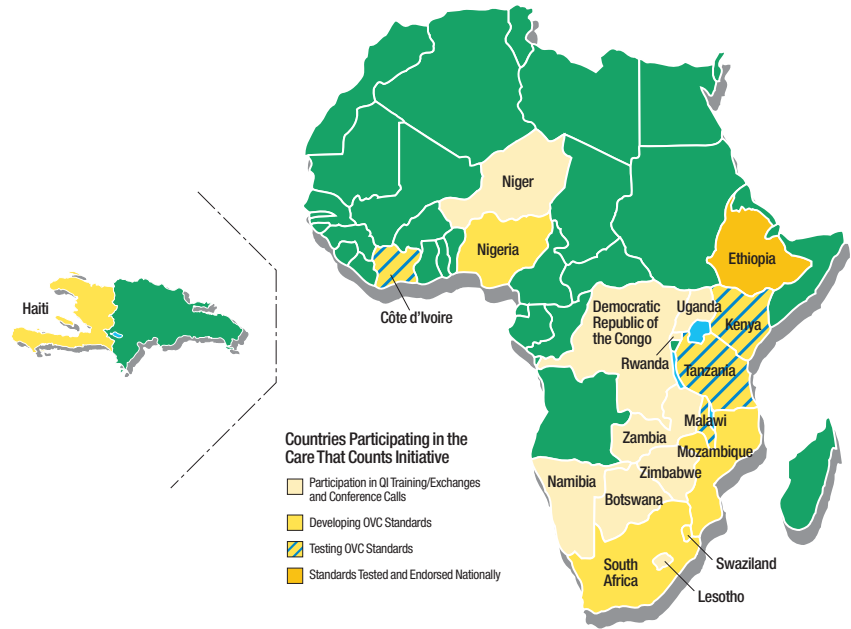
HCI also facilitates communication and sharing about improving the quality of OVC programs among implementers in Africa through regional and national

### JULY 2010

The work of the Care that Counts Initiative is supported by the American people through the United States Agency for International Development (USAID) with funding from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The Initiative is supported by the USAID Health Care Improvement (HCI) Project, managed by University Research Co., LLC (URC) under the terms of Contract Number GHN-I-03-07-00003-00.

## WHAT IS QUALITY OVC CARE?

Quality OVC care is the degree to which the cluster of services provided to children, families and communities maximizes benefits and minimizes risks, so that children may grow and develop. Quality care implies the correct mix of services for each child, family and community, and is offered based on current best practices and expert knowledge. Children, families and communities make their own decisions about the care and services they receive



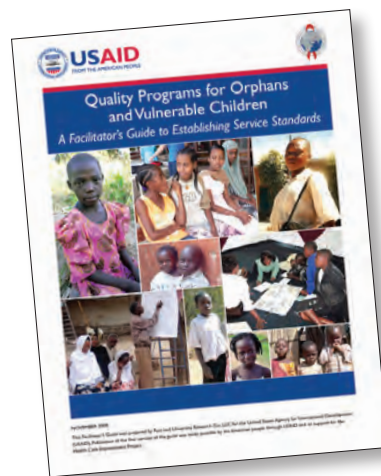
workshops and the development of guides, case studies, and other materials to share promising practices across countries.

Over the past three years, several countries in sub-Saharan Africa have joined together in the quest for improving quality of services through the Care that Counts Initiative. These countries are engaged in applying the “science of improvement” to OVC services by defining service standards, piloting draft standards at the point of service delivery, and organizing improvement activities to meet standards. In all, some 18 countries in Sub-Saharan Africa have taken part in the Initiative, through participation in regional workshops organized by HCI and other implementing partners and conference calls to sustain momentum and cultivate a dedicated core group of OVC “improvement champions” across Africa. Since 2009, Haiti has also begun participating in the Initiative.

## SUPPORTING COUNTRIES TO DEVELOP AND APPLY A STANDARDS-BASED APPROACH

The Care that Counts Initiative has championed the idea that it is possible to develop and put in practice outcome-based standards for OVC services. Standards explicitly state what are the “desired outcomes”: the common vision of what a service should achieve and the measurable difference that the service should make in children’s

and families’ lives. The standards guide implementing partners in reflecting on strategies (essential actions) that can be applied within their context to reach the desired outcomes.



The Initiative has built consensus among implementers for a consistent format for OVC service standards that includes a statement of *desired outcome*, *measurable goals* (based on the Child Status Index), *essential actions* that define each major service, and *guidelines* (which may vary by organization) that explain how the essential actions should be carried out. OVC service standards thus provide a comprehensive description of the content of care, so that it can be used as a guide for service delivery and a basis for training and supervision of service providers. Standards should not be prescriptive; rather, they should define measurable

outcomes, present a common vision for implementing partners to agree upon, and list essential actions to reach such outcomes based on the situation of individual children and families.

The *Facilitator’s Guide to Establishing OVC Service Standards*, published by HCI with Pact in 2008, describes how to build consensus about standards across stakeholders, including representatives of the different Ministries, such as Social Welfare, Health, and Education, and youth and community representatives. With support from Care that Counts, several countries have developed outcome-based OVC standards: Namibia, Ethiopia, Uganda, Mozambique, Swaziland, Cote d’Ivoire, Nigeria, Kenya, Malawi, and Tanzania.

Typically, the standards are drafted during one or more consensus workshops that bring together key stakeholders to review evidence on current quality and draft standards based on expected outcomes of quality services. Over time, HCI has refined the process of developing standards to include identifying key quality improvement champions during these workshops who continue the work of developing consensus and seeking inputs from national experts in maternal health, child survival, nutrition, social protection, early childhood development, psychosocial care, and clinical care for HIV in order to strengthen the technical content of the standards.



Far Left: A participant in a youth workshop to review draft OVC standards in Côte d'Ivoire. Photo by Marie-Eve Hammink.



Left: QI team in Meki, Ethiopia. Photo by Wondwossen Hailu.

## UNDERTAKING QUALITY IMPROVEMENT TO HELP PROVIDERS IMPLEMENT AND ACHIEVE STANDARDS

Care that Counts is also supporting national authorities and program implementers to put in practice OVC standards, identify gaps between current services and standards, and gather evidence that standards make a measurable difference in children's well-being. The Initiative is supporting the development of local capacity in quality improvement (QI) at the national, decentralized, and community levels and the creation of structures to support QI activities at the point of service delivery.

Improvement is done by QI teams made up of volunteers who carry out home visits, supervisors in community-based organizations (CBOs), representatives of existing community structures which coordinate OVC efforts, and children and their guardians. QI teams are supported by coaches from national NGOs and implementing partners who help teams analyze their current performance based on the standards, identify gaps in meeting the standards, define measurable aims for closing the gaps, and test changes to reach these aims. Teams use tools such as the Child Status Index to measure whether their efforts are leading to improvements in children's outcomes.

An important aspect of OVC QI activities is facilitating ongoing learning among service providers and authorities about how to implement standards and improve programs. Regular meetings

## VOICES OF QI TEAMS AND COACHES

*We had some experiences before the QI process to refer children, but we did not know what was happening to these children. Now... we are able to assess the gaps and even measure the impact of what we do. Previously, when we performed activities, we were following just with a few members of volunteers. Now, as we really want to follow the children we refer, we have also involved others. We have teachers, beneficiaries, PTA members who follow the children.*

— QI TEAM MEMBER, ETHIOPIA

*Quality means systematically doing things to get impacts based on the set standards. [It] should not only focus on immediate results but long-term results or outcomes. For example, giving education materials does not focus on the long term for change. For me, quality improvement is a... process. Also, having standards, we can really have feedback based on standards then evaluate how we are doing.*

— QI COACH, NGO IN ETHIOPIA

of QI teams enable them to learn from each other, share successful approaches, and communicate their results to other stakeholders.

## FUTURE DIRECTIONS

- One of the guiding principles of the Care that Counts Initiative is to transition the technical support and advocacy that HCI is currently providing to an alliance for quality improvement in OVC programs that is based in Africa. HCI is laying the groundwork for the development of an African Quality Improvement Alliance for OVC Programs by developing guidance for an appropriate structure for the Alliance (i.e., an advisory board and secretariat), identifying representatives of African organizations who could serve on

the advisory board, and defining the membership, roles and responsibilities of the advisory board and secretariat.

- Drawing on the experiences to date, HCI is preparing a detailed guide for improving the quality of OVC programs based on the "Road Map" for OVC quality improvement. The guide includes examples from country programs and tools to aid implementers in applying QI approaches in their own programs.
- With EnCompass, a subcontractor to URC on the HCI Project, the Care that Counts Initiative is developing an eLearning Course on quality improvement in OVC programs. The course is designed to build the capacity of local and international NGOs on how best to organize for

improvement of OVC programs. The course follows the key steps in the OVC QI Road Map and incorporates short video clips of interviews with QI teams, NGO leaders, QI coaches, and local government and community stakeholders in countries that have developed or are implementing outcome-oriented standards.

- The results to date in Africa show that applying the quality improvement process is making a measurable difference in children's outcomes, project designs, and partnerships across levels (e.g., family involvement, private/public partnerships within a community, engagement of the Social Welfare Ministries). To share experiences to date with implementers in other regions, the Care that Counts Initiative is organizing a regional exchange in Asia to bring key OVC policymakers and

## THE ROAD MAP FOR IMPROVING THE QUALITY OF OVC PROGRAMS

1. Create awareness of the need to improve quality for OVC programs
2. Build constituencies and commitment for improving quality of OVC programs
3. Develop outcomes-oriented OVC service standards
4. Communicate OVC service standards
5. Undertake quality improvement activities to help service providers implement and achieve standards and continuously work toward improving quality
6. Take stock: reflect on results and lessons learned to chart the way forward

implementers from Asian countries together with implementers from Africa, to share lessons learned and best practices in developing OVC quality standards and engaging service providers in quality improvement. Programs in Asia with strong

community-facility linkages for home-based care and support for children are expected to also benefit from the application of QI approaches to further enhance their results.

## APPLYING THE SCIENCE OF IMPROVEMENT TO OVC PROGRAMS

### Science of improvement concept

### How applied in programs serving orphans and vulnerable children

<b>Standards</b>	<ul style="list-style-type: none"> <li>■ Stakeholders define desired outcomes, measurable goals, and essential actions needed to achieve the outcomes</li> </ul>
<b>Client Centered</b>	<ul style="list-style-type: none"> <li>■ Driving question for testing changes: What impact will this change make to improve children's lives?</li> <li>■ Children and guardians participate on improvement teams and voice their opinions concerning what needs are not being met and how to do things differently</li> </ul>
<b>Team Approach</b>	<ul style="list-style-type: none"> <li>■ Local NGOs, community-based organizations, and volunteers work as a team to reflect on current practices and decide how they can implement essential actions as defined in the standards</li> </ul>
<b>Process Oriented</b>	<ul style="list-style-type: none"> <li>■ Teams analyze how services are organized and find ways to make care processes more centered on children's needs (better referrals and follow up, more coordinated care during home visits, etc.)</li> </ul>
<b>Testing Changes</b>	<ul style="list-style-type: none"> <li>■ Team members meet regularly (every two-four weeks) to plan changes and discuss results</li> <li>■ Teams and stakeholders come together to share innovations and promising practices and learn from each other</li> </ul>
<b>Using Data</b>	<ul style="list-style-type: none"> <li>■ Use simple checklists to identify gaps</li> <li>■ Teams gather evidence to show whether the changes they make are improving the quality of care for children and their families</li> <li>■ The Child Status Index is applied to define baseline levels and measure end results</li> </ul>

University Research Co., LLC • 7200 Wisconsin Avenue • Bethesda, MD 20814-4811 • USA

TEL 301-654-8338 • FAX 301-941-8427 • [www.hciproject.org](http://www.hciproject.org)

URC's subcontractors under HCI include: EnCompass LLC; Family Health International (FHI); Health Research, Incorporated (HRI); Initiatives, Inc.; Institute for Healthcare Improvement (IHI); Johns Hopkins University Center for Communication Programs (CCP); and Management Systems International (MSI).