Minutes of QI in Focus Phone call

Date: 02/21/08
Time: 8:30-10:00 AM EST
Topic of the call: Dorcas Amolo presented on their current work piloting a referral model in Mozambique, Ethiopia and Malawi, as a way to coordinate CARE between implementing partners to provide comprehensive care for OVC.

Participants:
Dorcas Amolo (Presenter), CARE East and Central Africa Region
Renee DeMarco, Senior Advisor, OVC Programs, USAID Africa Bureau
Lynne Miller Franco (Facilitator), Senior QA Advisor URC
Lori DiPrete Brown, Assistant Director, Center for Global Health, U. of Wisconsin
Samantha Dovey (Notetaker) Project Coordinator, URC
Cephus Goldman, USAID/South Africa
Gabriel Kalungi, USAID/Namibia
Jacqueline Gayle, Africare
Elizabeth Lema, USAID/Tanzania
Jane Begala, Constella Futures
Justin Opoku, AED
John Berman, Project Concern International
Moses Dombo, World Vision
Lucy Steinitz, Senior Technical Officer, FHI Namibia
Ochi Ibe, USAID/Nigeria

The presentation given by Dorcas Amolo was divided up into two parts, each of which was followed by a Q&A session; the first part was an introduction of their Coordinated Response Network (CRN) Model and the Process of Implementation and the second part focused on their Preliminary Results and challenges they encountered in the implementation phase.

Part 1

Introduction:

- Due to high prevalence of HIV/AIDS in Sub-Saharan Africa, the number of orphans and vulnerable children has continued to increase.
- CBOs and FBOs are striving to support the OVC, but have limited financial and technical resources.
- Recognition that referral networks of service providers are an effective way to ensure that OVC and families have access to comprehensive services.
- Try and assess what is currently happening on the ground to see the different approached being used.
- Review approaches used by implementing partners in Mozambique, Ethiopia and Malawi and document the different models.
- 3 Service Delivery Models were found:

1. Quasi-Integrated: Incorporates aspects of two or more types of services as a single, coordinated and combined service.
2. Community Based: Community based and community driven that utilizes the local resources available to respond to OVC needs. Committee is formed comprising of community leaders and representatives from existing service providers in the area. Committee coordinates activities and informs caregivers of available resources.
3. Stand Alone: A single organization seeks to provide all OVC services using own infrastructure and personnel.

- Not one of the models was providing comprehensive services, thus came up with the CRN Model that would aim to provide comprehensive service, improve access and improve quality of services.

CRN/Referral Model:
Characteristics of CRN Model:

- Child is centre of focus.
- Measures impact at the family level
- Is coordinated by a central body (CBO)
- Central body identifies needed services and where they can access them.
- Network members sensitized to new model and consensus taken among members to appoint coordinating central body.
- Requires tracking of referrals through referral forms.
- Multi-sectoral (food/nutrition support; shelter and care; health care; psychosocial support; education/vocational training; economic strengthening).

Objective: Field test the CRN Model and document lessons learned for future implementation.

Process of Implementation:

- Currently piloting in Ethiopia (Awassa), Malawi (Lilongwe) and Mozambique (Maputo and Chimoio).
- Mapped out service providers, brought together the organizations and sensitized them towards the referral approach, in particular the idea of a central body that is responsible for coordinating.
- Facilitate formation of networks and identify a coordinating organization.
- Identification of children to participate in the pilot test, in Ethiopia had 100 children, Mozambique-150 and Malawi-150. Piloting has taken place over the past 5 months.
- Take down the history of these children.
- Introduce the referral forms and train implementers on their use.
- Documentation and reporting: Regular meetings held with the organizations involved in a network to share experiences, propose changes based on what is working/not working. One person is assigned to be in charge of reporting.

Q&A session:
Q: How is the community based service delivery model different from the CRN Model?

Is there tracking of the referrals?
A: There is little difference between the models; in the community model, a committee is formed that coordinates the organizations and services within the community. It does not have a referral network and does not meet regularly to exchange any learning. The CRN model is more organized, is a network that responds, holds regular meeting to exchange experiences; overall is a “more fluid management model.”

Q: To what extent do people rely on personal contacts vs. more formal contacts when seeking services?
A: People do go to the people that they trust. Before would go to a place they trust that might only provide 1-2 services. However, there is an advantage to the CRN model in that it pools people together. Have noticed that people are using it. In the beginning did face the problem of people have suspicions about caregivers.

Q: How do they assign the central coordinating body?
A: In this case, due to HACI’s position and lead in the area, they took on the responsibility and identified subgrantees who also were the entry point for pilot test in those areas. Noted that it is a lot of work for one organization and that in other cases it would have to be a consensus amongst the service providers in the area to appoint a central coordinating body.

Q: How are the Ministries and/or regional departments taken into account; is there a negotiation that takes place? How can you link this to a national-level?
A: In the pilot test, national bodies were involved. Commented that it took a lot of time to start due to their involvement, also that it takes more resources and time coordinating it at a national-level.

Q: Who carried out the monitoring and evaluation? HACI, organizations?
A: Organizations had their own M&E, HACI did do visits.

Q: Are they looking at collective impact or just individual impact?
A: Organizations carrying out individual reporting, but are also reporting as a network.

Q: Have they created a summary of skills that are necessary for the organization that takes on the responsibility of the central coordinating body?
A: They have a list of the expectations of what the CRN needs to do.

<u>Part 2:</u>

Preliminary findings/results

- Organizations are initially not very receptive of the idea, but after several sensitization activities they understand the benefits to the OVC. Improvement recognized, organizations referred children to other organizations not only within the network but to others outside the network.
- Documentation strengthened; before in the community model there was no documentation. Organizations see the importance of the documentation now.

- Mapping exercise helped the organizations know who else is providing services in their community. Prior to mapping exercise the organizations had not conceived of the idea that a child could access more than 3 or so services within their setting.
- Organizations able to share experiences and information during the network meetings. Able to see who else is providing what and what services are available to the children.
- Relationship improved between organizations and with the government. Organizations have established contacts and now know who they can go to within the network and within the government.
- Effectiveness and efficiency is enhanced in the services provided to children as resources are shared and the child's needs are met through the linkages developed between service providers.
- Increased services to OVC and family.
- Have identified gaps in service provision which has provided opportunities for advocacy; can advocate for more services that are currently not available in their area.

Challenges:

- Suspicion among network members.
- The services offered by CBOs and NGOs target a number of children at a time and stretching out to other children received from referrals sometimes becomes difficult. Organizations have not budgeted for more children, however, this provides a means for them to request additional funding for referrals.
- Resource constraints in most areas may be a hindrance.
- National Reporting encounters a few problems as more than one organization may have provided services in the same month. Issues to be aware of are reporting on the total number of children served overall by network as opposed to how many children are served by each organization and the problem of double-counting.

Q&A Session:

Q: How do organizations track the services that children receive?
A: Organizations document what services they provide to the children and also document where each child was referred to. The family is responsible for bringing the referral back to the organization that gave them the referral.

Q: How to fix the issue of suspicion? How do organizations gain trust?
A: Is a difficult issue to confront, especially since organizations compete for funds. Helpful that the central coordinating body is chosen based on group consensus.

Q: How to deal with National Reporting issues, particularly double-counting?
A: Is an issue that they haven't completely thought through on how to fix. Suggestions are to have district-level coordinators and OVC steering committees to help out with the reporting.

Q: Do they have baseline results to demonstrate the improvements that have been made?

A: Provided examples of concrete improvements that they have noted.

- Mozambique-It is necessary to have a birth-certificate to access both education and other services. However, some children don't have them because they have to pay for them. Decided to provide this as a service and now children are able to access services that they previously weren't able to access.
- Example of "Certificate of Poverty"- certificate given to children so that they are able to get free health care services.

Q: Is there a control to compare with the CRN Model to demonstrate the impact of the new model?
A: There is no control. Dorcas commented that they will document lessons learned to use for the future.

Q: Have they thought about scale-up, national-level coverage? What would that take?
A: How they would do this has yet to be determined, but believes that it could be national-level. Envisions a National Coordinating Network that could help to see what needs need to be met in certain areas.
Comment: Scale-up, Quality Improvement Collaborative Model could be applied to take it to National-level.

Q: Is the impact at the family level being measured?
A: Haven't measured impact at the family level, right now are just measuring at the individual child level.

Q: Did they have to staff-up the coordinating central body in order to take on the responsibility of coordinating?
A: Takes a lot more time to coordinate. Staff has to devote 50% up to 100% of their time on coordinating.

<u>Closing Remarks:</u>

The final results from the piloting of the CRN model are expected to be out within the next month.

We are hoping to hold the next OVC Quality in Focus Call using Webex. We recognize that the current teleconference system that we are using does not have the best sound quality and that it is expensive for people to be calling in internationally. We will keep the group updated and provide instructions for using Webex prior to the next call.