

## Minutes of QI in Focus Phone call

Date: 9/25/08

Time: 8:30-10:00 AM EST

Topic: Current effort to develop an African Partnership for Quality Improvement for the Care of Orphans and Vulnerable Children and to gather feedback from call participants on possible mission, functions and structure of the Partnership.

### Participants:

Lori Diprete Brown, URC

Dorcas Amolo, URC

Lynne Miller Franco, URC

Samantha Dovey, URC

Laura Vaz, FHI

Caroline Bishop, CRS

Erin Balch, USAID

Tonya Medrano, FHI

Sandra Dalebout, Project Hope

Michelle Farmer, CRS

Dee Dee Yates, PACT/Namibia

Ranahnah Afriye, Africare/TZ

Elizabeth Lema, USAID/TZ

Mildred Mushunje, CRS/Zimbabwe

### Background on Current Effort:

#### **Lori Diprete Brown**

- Purpose of call: to discuss what role the African Partnership would play and to share with call participants the key questions we have been looking at to shape our thinking and ask for their feedback.
- Dorcas Amolo is currently leading the effort on the background research to gather information to shape the mission, function(s) and structure of the partnership
- Prior formative Activities:
  - Development of standards development process and illustrative standards with field engagement
  - Regional Workshop (Tanzania, Sept. 2007)
  - Web-based resource sharing
  - Monthly Conference Calls for joint learning
- The idea for a partnership came out of the Regional Workshop in TZ. There was a felt need to have an entity that took the role to: share lessons and best practices; develop a strong common voice for quality and to move forward under African leadership and direction.
- Have begun background research through an appreciative inquiry of other organizations working in the areas of children welfare and HIV/AIDS to understand what were factors of success or difficulty faced by regional networking organizations. There were three key areas we looked at: mission, functions and structure.

#### **Dorcas Amolo**

- Past 2 months have been carried out an appreciative inquiry of 12 organizations that work with HIV/AIDS and OVC, in addition to carrying out 2 meetings with OVC experts in Kenya to discuss ideas on partnership. The information gathered has been synthesized and will be presented at the Training in order to help shape the thinking of the partnership. The main ideas that have come out of the synthesis on the three key areas are:

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1. Mission:
  - a. Partnership needs to have a niche; be clear and concise
  - b. Interviewees felt that there is no other organization currently working specifically on QI for OVC and that it was a timely initiative
2. Function
  - a. Capacity-Building, gather info and share best practices, promote and provide TA to countries in the process of developing standards, guide the improvement process
3. Structure
  - a. Communication mechanisms: email; convening meetings (w/a lot of prior notice)
  - b. Funding: difficult for regional organizations because they don't implement and thus don't have numbers to report back to donors on what they've done. Additionally stressed importance of accountability for funding purposes.

*Please refer to Table 1 at the end of the minutes for the names and a brief overview of each of the 12 organizations involved in the background research.*

### **Discussion Session with Call Participants:**

Q: What relationship do you envision the Partnership to have with the OVC Taskforce and the Quality Improvement Initiative for OVC Programs being led by HCI/URC?

Need to first really look at what are the needs that exist right now, what gap the African Partnership could fill, who is currently serving those needs. The impetus has really been for an African Partnership that is Africa based, Africa owned and driven. The OVC Taskforce is mainly DC based with members for the various implementing partners.

OVC Taskforce would be a great partner for the African Partnership, it can help share info and best practices. Can think of it also as a two way learning between the both African Partnership and OVC Taskforce.

The idea for the African Partnership really came out of the desire for the Initiative to really be in the hands of the people in the field who are doing the work. Another important note, the African Partnership needs to be created if there is a real felt need.

It will be important to see what the needs are, what gaps the African Partnership could fill. It is important to take this step first (identifying the needs/gaps) and really answer the question "is this organization indeed necessary?"

The synthesis paper doesn't endorse whether to create the African Partnership or not, but the organizations interviewed felt that there was a need for something like the African Partnership since they didn't believe anyone else was working in the area of QI for OVC.

Q: What do you think are the current needs in the field? :

A1: Rolling out implementation, addressing what are the bottlenecks for implementation.

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A2: Capacity-Building on implementing Quality, promotion, sharing of best practices amongst organizations/countries, gathering information, research

A3: Countries are all at different levels in the process. It's important to avoid reinventing the wheel each time in each country and really share lessons learned, so that countries initiating the process have been able to learn from experiences in other countries.

A4: Currently this is the role that HCI/URC plays, but HCI is a project with a time-bound life-span; it will be great to have these types of support continued over time. There is an advantage to have Regional expertise—it provides a broader scope to countries that are in the process, and allows them to really learn from each other. The OVC Taskforce could switch focus to policy work, taking lessons from the field and using it to influence policy.

A5: Led by African leaders will allow for support to be closer to the field level, promote local capacity.

Q: Is there an existing mechanism or would it be a new initiative? Is there anyone that we know that could play this role?

A1: Current efforts right now for dissemination of information and best practices are through the OVC Taskforce listserv in addition to organizational level listserves (examples mentioned: FHI OVC listserv, CRS HIV listserv). They serve as a great communication mechanism.

A2: Need to also take into consideration those at the field level, with limited access to internet. Need to create a mechanism for getting information all the way to the field level. The organization should also play the role of providing mentorship and TA to local implementers.

Comment: There is a whole other world out there of people working on children with HIV/AIDS issues that are not funded through PEPFAR, we need to be linking with them as well and not just with those who are partners with the same donor funding.

Q: Who are the beneficiaries? Just OVC or all children? Is the organization rights based or service delivery based? For example, a few of the organizations interviewed were rights based (ACPF, JLICA and SWAA).

Comment: Might want to see if there are other organizations that we might have missed that would be important to incorporate into the background research such as Early Childhood Welfare Issues.

Q: Would the African Partnership just work with NGO's or would it be an entity that influences government policy?

A1: It should play a role of advocacy and to influence policy. Government should be a partner.

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A2: It cannot work without the government; the African Partnership should play a role in influencing policy and work with the government as a partner. Feel skeptical of including the government as member of the partnership. The partnership should target children in need and not only focus on OVC.

A3: Governments also implement programs, thus they need to play a role.

Comment: Is “Partnership” the correct term—need to think of how we envision it, as the term really is important in creating a sense of who is a part of it. Other terms such as “Association” or “Network” are other potential ways we could frame it. We need to reflect on which is most appropriate to the effort.

A4: The African Partnership shouldn’t just serve the role of advocacy in terms of influencing policy, but be able to support and mentor government partners.

A5: Government is a beneficiary, should not be members of the partnership. It’s role should be to inform the government and advocate for policy change.

A6: Government should not be integrated into the African Partnership, but seen as a “partner”.

Comment: There is not a need for consensus yet, this conversation is to help inform and guide the process and shape the direction of the things.

Q: Where do you go for information and best practices?

A: Internet, examples of websites mentioned: International AIDS Alliance, USAID Africa Bureau

Q: What are 1-2 of the most important needs that the African Partnership could meet?

A1: Create African based standards manual with the African context—to guide QI standards implementation; development of tools, adaptation of manual and tools to the different countries/contexts; translating and synthesizing tools, best practices, and info

A2: Facilitate learning sessions with people working on these issues; cross-country sharing; collection and dissemination of info

A3: Build on website and communication

Comment: Suggested next steps would be to draft a mission statement and main functions of the African Partnership and circulate it to a wider audience using the available listserves and begin to get buy-in from other organizations and partnerships. We need to be more thorough on already existing organizations and make sure we are not duplicating efforts.

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Comment: The plan is to share ideas and all the background research on the African Partnership and ask for input at the upcoming Regional Training/Exchange Event. It is good to take the proposed next steps beforehand.

Comment: Would be helpful to bring in experts in M&E to enrich the discussion.

### **Closing Comments:**

The Regional Training/Exchange Event is to take place in Addis Ababa, Ethiopia, November 18-21. The USAID Missions in country have been asked to submit nominations for participants.

**If you have any other additional input/feedback regarding the discussion on the call today, please send it to Samantha Dovey at [sdovey@urc-chs.com](mailto:sdovey@urc-chs.com)**

**Table 1: Organizational Characteristics**

| <b>Name</b>  | <b>Mission</b>  | <b>Donors</b>   | <b>Area</b>                   | <b>Active</b> | <b>Comments</b>   |
|--------------|---|---|-------------------------------|---------------|---|
| <b>ACPF</b>  | Pan-African advocacy of children's rights   |   | Regional                      | Yes           | Human Rights framework, focus is on policy level  |
| <b>AMREF</b> | Better health for Africa  | USAID, Gates, other Fdns.                                     | Regional                      | Yes           | Very successful at establishing regional scope and identity and stable funding base.  |
| <b>APCA</b>  | Access to palliative care for all   | PEPFAR, Diana Fund UK, Elton John Foundation                  | Regional                      | Yes           | Good model as they have a focus on standards development and capacity building  |
| <b>CHIN</b>  | Reduce duplication of effort and facilitate research advocacy and capacity building           | KNH Germany, STF, UNICEF, Zambia Govt.                        | National, Zambia              | Yes           | Focus is on coordination and information sharing (data about children), advocacy, and capacity.                                     |
| <b>CINDI</b> | Learn and share best practices about how to respond to children affected by HIV               | Irish AID, Rockefeller, PEPFAR others                         | National, South South African | Yes           | 5 thematic areas: institutional care, home-based care, community development, CBOS and psycho-social support.                       |
| <b>HACI</b>  | To mobilize a global initiative to address the needs of African children affected by HIV/AIDS | Gates, Artists Against AIDS, USAID, Care, ATF, SIDA, Finland, | Regional, 13 countries        | No            | Mission is closely aligned with current effort, many lessons learned that can help to build an effective partnership.               |
| <b>JLICA</b> | Research and advocacy on children and AIDS  | UNICEF, Global Fund   | Regional                      | No, ends 2008 | There was no structure established, this was intended to be a network of child-focused organizations.                               |
| <b>NQC</b>   | QI for HIV care in ambulatory, community and clinic setting.                                  | US GOV  | National, began as NY state   | Yes           | This US-based organization is interesting for comparative purposes. Explore coordination of care effort carried out in early 2000s. |

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| <b>NAP +</b>  | Improve quality of life for PHWA  | UNDP, Africa 2010, Care UNAIDS, SIDA, AIDS Alliance        | Regional | Yes | Model is important in terms of implications for involving children and families                               |
| <b>RCQHC</b>  | Build regional capacity to improve quality in health care   | WHO, USAID   | Regional | Yes | Similar in goals to QAI/OVC effort but much broader in scope. Advocacy, training, best practices, networking. |
| <b>REPSSI</b> | Psychosocial support to children affected by AIDS, conflict and poverty.  | Swiss Development Agency (SDC), Norvis Fdn, SIDA (Swedish) | Regional |     | Provides leadership and quality technical assistance in psychosocial care.                                    |
| <b>SWAA</b>   | World free of HIV/AIDS where women and children enjoy full rights in health, education, economics, and society. |  | Regional | Yes | Good source of information about what capacity building at community level means, sharing identity.           |

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