

African Regional Training and Exchange Event

Care That Counts:

Quality Improvement in OVC Programming



November 18-21, 2008

Adama, Ethiopia

“An exciting opportunity to learn, share and create the building blocks for quality OVC programs and services which increase our efforts at making a measurable difference for children”

Overview

During the week of November 17-21, 2008, representatives from more than 16 countries came together to share experiences and enhance their understanding of Quality Improvement (QI) for programming and services targeting orphaned and vulnerable children (OVC). The team of 14 facilitators for the event included representatives from international organizations (INGOs), local non-governmental organizations (NGOs), and donors from the United States, Kenya, Tanzania, Zimbabwe, Namibia and Ethiopia. The training built upon concepts and priorities highlighted in the first meeting of OVC experts which was held in Tanzania in 2007.

The training design focused on participatory-based learning techniques which supported the philosophy of Quality Improvement. Key components of QI include experiential learning, information sharing, documentation and collaboration. Training included plenary sessions led by experts in the field, dynamic group work, as well as country team meetings. The mix of activities allowed participants maximum opportunity to gather information, share lessons learned and design future collaboration with colleagues from 16 countries (see attachment 1). Participants were encouraged to dialogue, discuss successes and challenges, and gather critical skills and information allowing them to return to their own countries and be leaders in the process of implementing Quality Improvement and service standards into their own OVC programming.



Training objectives included the following:

- Participants feel empowered to build QI into OVC programming;
- Participants are able to use Roadmap for QI in OVC to identify steps and actions needed in their country to begin to move forward to integrate QI into OVC programs;
- Participants can identify and name core competencies needed to move forward down that road;
- Participants know where to access materials and tools utilized in QI;
- Participants can produce updated action plans for QI within OVC programming in their country; and
- Participants engage in participatory learning sessions.

Training expectations included both knowledge in the application of QI, development of service standards, and sharing effective strategies. Participants were also expected to leave the training able to share their experience. Participants concluded the training with a clear understanding of what others have done with the QI process and what strategies were utilized and challenges confronted in that process. The dynamic group facilitators and participants created a perfect environment for sharing ideas, experiences and collaboration around a topic about which there was measurable passion and strong commitment; for providing the best quality care for the most vulnerable children.

Key Concepts of Quality Improvement Addressed in the Training

“This training is walking you through the Roadmap and how to use it. We are here not only to develop standards but to use the Roadmap on this journey together as we build QI into OVC programming.”

Quality Improvement is defined as a process or processes that systematically monitor and evaluate services or overall care to ensure that program standards are being met and are regularly updated to reflect current knowledge, and that gaps between expectations and actual results and outcomes are routinely identified and addressed. QI strategies address concerns about service effectiveness, access and efficiency. They can enable service providers to innovate and scale up rapidly so that OVC programs and services can reach as many children as possible. QI is based on several core principles including evidence-based decision making, involvement of stakeholders and consensus building, client focused approach, and a methodology that stresses systems analysis.¹



The Roadmap

The Roadmap graphic was the centerpiece of the training and was continuously used as a guide and reference point throughout the training (see attachment 2). Facilitators highlighted the fact that the Roadmap is a work in progress and that this training would provide important opportunities for feedback from participants in an effort to improve the Roadmap. The Roadmap is fluid and although key phases and steps are usually sequential, many milestones can also be reached simultaneously. The Roadmap highlights the overall partnership and work of key stakeholders, including government, INGOs, NGOs, beneficiaries, etc. It also highlights processes and activities at the organizational level, frequently referred to as the “point of service delivery.” To achieve a measurable difference when working on behalf of orphans and vulnerable children there needs to be a comprehensive understanding of their needs and providing services which are effective, efficient and equitable. Key components highlighted in the training are mentioned below.

Role of Stakeholders

This component of the QI process is critical as the creation of a core group of stakeholders and “champions” who are passionate about and committed to providing OVC with the best, most comprehensive care possible. These key members of the group play an important role throughout the QI process. This group is responsible for creating and promoting an overall vision of QI. The collaboration and coordination of the stakeholders provide an ongoing illustration of what it means to work in partnership.

Activities around this component of the QI process include group discussions, identification of key stakeholders in each country, and recognition of champions passionate about making a measurable difference in children’s lives.

Developing Service Standards and Building Consensus

¹ As outlined in *Quality Programs for Orphans and Vulnerable Children: A Facilitator’s Guide to Establishing Service Standards*, USAID, Pact, URC and the USAID Health Care Initiative Project. November 2008

The creation of service standards through consensus is a key element of the QI process. Stakeholders are involved in defining in operational terms what OVC services at the point of delivery should look like and what outcomes they should bring. The idea of “minimal essential actions” is a key component of a service standard; it is necessary to define what is “good enough.” Service standards are also developed incorporating evidence and best practice and consensus among stakeholders. Once service standards are developed they need to be communicated, piloted, evaluated, and improved. The development of service standards should ideally be completed at the regional or country level to promote coordination of efforts as well as facilitate greater collaboration between key service providers. As one participant from Namibia mentioned, *“The world is tired of stand alone programs—we need partnership at the country level.”*

Activities reinforcing the concepts of developing services standards and consensus building were included in plenary sessions, group work activities like the jigsaw exchange, case studies, and discussions and country presentations. The team from Ethiopia provided an excellent review of their process developing and piloting service standards as did their colleagues from Tanzania.

Measuring Quality

Measuring quality is a continuous activity within the QI process and occurs at various points on the Roadmap. Measuring throughout the QI process allows stakeholders to know if they are meeting desired outcomes and respecting service standards. It also helps in identifying best practices and facilitates information sharing and collaboration among organizations and institutions involved in providing OVC services. Finally, measurement is key to collecting qualitative and quantitative data which is used to improve quality, promote policy changes to better protect and serve OVC, and in order to advocate for the best care possible for vulnerable children. A facilitator from Tanzania summed up her approach to measuring quality as this: *“We want to make a difference for children without making children different.”*



Measuring activities included small group work in developing indicators, discussions in country teams, country presentations, plenary sessions, and a video from Save the Children and ProPride—an OVC project in Dire Dawa, Ethiopia. One of the highlights of the measurement component of the training was the “house building” activity which brilliantly and creatively highlighted the need to document the QI process, build community ownership, utilize community-based resources, and consider the local context when developing service standards. Training participants enthusiastically worked together to build culturally appropriate housing with few supplies. Sharing the “houses” and the building process was entertaining and reinforced key concepts covered in the first three days of training.

Country Examples

Throughout the training, country teams were able to present their own experience around implementing QI at an institutional level, regional level, or in some cases, country level. Presenters were forthright in providing examples of lessons learned throughout the process, challenges which were faced, and strategies for overcoming those obstacles. Ethiopia, Namibia, Tanzania, Zimbabwe, and Uganda teams shared their experiences. Each presentation provided participants with valuable insight into the process, especially in creating constituencies, developing service standards, involving children and youth in the QI process, and piloting standards. The sessions were filled with questions

from the audience and were enriched with graphics, sharing of tools, and promises to collaborate in the future.

National Plans of Action

Each day of the training, participants met with their country teams to develop National Plans of Action for Implementing QI in OVC Programming. Countries had varying degrees of QI implementation as some were in the nascent stages and others were already piloting draft standards and collecting data. The opportunity to work in a multi-disciplinary team provided an excellent opportunity to identify key actions required for QI implementation, recognize stakeholders and champions both at the training and in-country who would support efforts, and begin to think strategically about when key activities of QI could be completed. At the end of the training, each country left with a completed National Plan of Action which will be validated by key members and stakeholders involved in OVC programming in their home country. Expectations were high and included a strenuous schedule of activities for the remainder of 2008 and 2009. National Action Plans will provide a framework for QI initiatives and will be an excellent tool for measuring success at the next QI event.

Highlighting the benefits of information sharing and exchange -- a key component of the QI process -- was the newfound collaboration between the countries of Haiti and the Democratic Republic of Congo (DRC). During the country meetings to develop the NPA, the two countries were paired together. They soon realized that they shared several things in common including being home to a significant population of OVC, being Francophone countries, as well as being considered countries in conflict. Discussions quickly turned to how each country could learn from the other's experience, as well as share key information and resources and promote coordination between their agencies. Ms.



Anh Auvray Ly, UNICEF Child Protection Officer in the DRC and Dr. Olbeg Desinor, OVC Advisor for USAID Haiti, were both thrilled with the connection gained at this training. Ms. Auvray Ly mentioned that DRC is in the process of developing a National Plan of Action; something which Haiti has already completed. She commented, *We have planned to complete the NPA by early 2009, and would like to include service standards as part of NPA. Hearing about Haiti's experience was very inspiring and I realized I had much to learn from their experience.*

Both will return to their own countries and meet with key members of their respective OVC task force, including USAID and UNICEF, to discuss promotion of information exchange, possible country visits, and sharing of resources related to development of National Plans of Action for implementing QI in OVC programming. Both participants looked forward to working together to bring measurable positive changes in the lives of Haitian and Congolese children.

African Partnership

Creating lasting partnerships, advocating for QI throughout OVC Programming across the region, and mobilizing resources allocation towards this effort are some of the key expectations of the African Partnership for Quality Improvement Initiative. Building an alliance of QI champions in the field within OVC Programming, the African Partnership is an initiative created by Africans to promote a stronger sense of ownership and involvement of Africans working in and passionate about OVC issues. A core group of training participants and facilitators met nightly to draft initial ideas around the African Partnership QI Initiative. The group created a mission for the partnership which was to "create an enabling environment through effective partnerships for improving the quality of

care for Africa’s vulnerable children.” Their ideas were presented to the large group on the last day of the training and all participants were encouraged to join and support efforts to develop this most important vehicle for promoting a regional initiative dedicated to promoting, advocating and strengthening QI efforts across Africa (see attachment 3).

Conclusions and Next Steps



The conclusion of the training was an “Offers, Requests, and Commitment” activity whereby participants were able to share information, resources or expertise with other groups, make similar requests from other countries and make a commitment for one immediate action when they return to their country. The activity was a perfect finale as it epitomized the exchange of information and collaboration promoted both within the training and within QI methodology.

Training evaluations showed very enthusiastic responses from participants and included: “*Fantastic, I learned a lot about QI, especially service standards,*” “*Nice activities,*” “*I like learning about the Roadmap and seeing which steps my country might have passed over in the QI process.*” Many participants expressed their appreciation with the interactive learning techniques and commented on how helpful it was to be able to learn from colleagues’ experiences implementing QI in other countries. Participants not only concluded the training with an abundance of new information, skills and resources, but also left with a renewed passion for and commitment to providing the best possible comprehensive care to OVC. Training participants and facilitators now represent the new leadership of QI efforts for vulnerable children across the region.

An obvious question at the end of the training was “When is the next one?” Participants were very vocal in their desire to continue these kinds of training and exchanges and were already talking about when and where they would meet next to talk about how far they had progressed in their own QI initiative utilizing the skills, tools and information gained at this conference. The positive energy of participants and their willingness to share, confide and collaborate was an inspiration that will obviously have a positive effect on the vulnerable children at the heart of these efforts.

For additional information regarding this fantastic training and exchange, please go to www.ovcsupport.net

Attachments:

Attachment 1: Training Participant List

Attachment 2: Road Map Graphic

Attachment 3: Draft African Partnership