

Minutes of QI in Focus Phone call

Date: 7/24/2008

Time: 8:30-10:00 AM EST

Topic of the call: Measuring Quality of OVC Programs

Speakers:

1. **Annie LaTour, OGAC**
2. **Paul Bouey, Director of Strategic Information/OGAC**
3. **Derek Kunaka, USAID Zimbabwe**
4. **William Fleming, CCF**

Participants:

Anita Sampson, USAID/SA

William Fleming (Facilitator and Presenter), CCF

Annie LaTour, OGAC

Paul Bouey, OGAC

Susan Becker, HRSA

Waverly Rennie, URC/Tanzania

Derek Kunaka, USAID Zimbabwe

Rosemary, USAID Zimbabwe

Chiho Suzuki, FHI

Bill, PACT TZ

Carol Culler, USAID Vietnam

Renee DeMarco, Senior Advisor, OVC Programs, USAID Africa Bureau

Samantha Dovey (Note taker) Project Coordinator, URC

Kendra Blackett-Dibinga, Save the Children

Dorcas Amolo, Regional QI Advisor for OVC Programs, URC

Beverly Nyberg, OGAC

Justin Opuku, AED

Ranahnah Afriye, Africare/TZ

Elizabeth Lema, USAID/TZ

Gretchen Bachman, USAID

Helene Monteil, Plan USA

Kasese Bota, USAID/Zambia

Note: We had a total of 32 participants, not everyone announced themselves on the call, those who did are listed above.

Annie LaTour

- CSI tool with pictorial and text versions are finalized and will be coming out soon
- OGAC is looking at how do we measure quality at a higher level – working with DHS and John Snow to review DHS and MICS data to determine what factors contribute most to vulnerability – and looking at how to measure that at a national level in a standardized way. Spans 6 service areas.

- Community based information systems – recognize huge need for national level MIS systems – working with Measure to see how to build community-based info systems that have national level linkages. A draft document on next steps will be coming out in the next month or so.

Paul Bouey

- Global Fund/USG/OGAC looking at quality indicators across the following areas: HIV/AIDS, TB, Malaria; Health-Systems Strengthening.
- HIV group focused on the areas of ART and PMTCT, quality indicators for OVC were not discussed.
- Result of the meeting was generation of 5-10 indicators at the program level to monitor quality of services along technical competency, process, service delivery and outcome levels.
- It was initially thought that the indicators would feed into an M&E tool kit that will be coming out soon; however, the tool kit will now only include a concept paper on the indicators.
- OVC group can feed into this next generation of Quality indicators.
- Will be field testing the indicators in an effort to re-evaluate and refine the chosen indicators.
- Goal is to have the quality indicators be included into PEPFAR 2, and instead of reinventing the wheel over throughout the various organizations, will harmonize them across the various organizations.

Derek Kunaka

- Ministry of Social Welfare in collaboration with community leaders, teachers, UNICEF and CRS began developing a draft of standards. Included 8 dimensions of quality, the draft is being internally reviewed and nearly final.
- Held workshops with children, in order to incorporate their input into the draft standards (in addition to workshops with stakeholders)
- Issues and challenges faced :
 - Reaching consensus on minimum basic package.
 - Implication for M&E – logistical difficulties on reporting on Quality standards, measuring the impact of CSI. The M&E framework happened faster than the development of the quality standards.
 - Encountered variation differences across regions on ideas of what determines quality.
 - Face many technical challenges due to political environment—found temptation to reduce quality because of these difficulties.
 - With having several partners providing services, it leads to competition on who gets credited for providing services. The question then arises, how to report? Should it be partner or recipient based?

Q&A:

Q: Is there a standard cost per child that partners have to use? If so, how do you calculate that figure?

A: Yes, using a standard cost/child, it has created a lot of controversy, as it locks people into a set \$ amount that they have to use and can be seen as competing with quality goals.

Q: Is there a plan to circulate the draft standards to a wider audience?

A: Currently only circulating internally.

Q: How are they implementing the M&E plan that's included in the National Plan of Action on the ground? For example, have found that even though health cards are distributed to OVC, when they go to the clinics, the kids are not receiving free services.

A: OR needed to address such operational issues. Recognized the weakness, as OR needs to be able to follow up on quality of services, not just on whether the service was provided or not. OR is part of the Zimbabwe National Plan of Action.

Rosemary – Zimbabwe – good process, everyone gets input but this often leads to an ideal list and does not necessarily lead to a practical tools.

Dorcas – This demonstrates the importance of pilot testing the standards, to know if they are doable and we are able to implement them.

Q (For Zimbabwe): To what extent did children's input get reflected into the final process and how much of what they said is in the final standards document?

A: Unsure, though children are important to the process, as they are very practical and came up with key minimum activities. Both Zimbabwe and Namibia included kids in the process. The Youth workshop report from Namibia can be found on the ovcsupport.net website, both on the Namibia country page and on the Listening to the voices of children page.

Q to reflect on: will children also have a voice in the measuring/rating of quality of services provided?

William Fleming

- Ethiopia update: SAVE, PCI and CCF are involved in an improvement collaborative to pilot test the standards—are they doable?
- Has been a challenge for CCF to bring QI in focus, as there are many logistic, limited resources issues.
- CCF and URC will be starting a new project in Ethiopia, where they will be working to incorporate QI collaboratives across multiple services at scale. Aim is to have the learning from the improvement collaboratives feed into the National level systems.
- OVC Taskforce led a workshop in collaboration w/URC in April for USG implementing partners. A TWG developed out of the workshop due to the recognized need to address the issue of measuring quality.
- Ideas for the TWG to focus on:
 - Facilitate information exchange/flow between implementing partners and OGAC/GF/USG
 - How to support the integration of QI at the organizational level, how to build in QI at all levels and link and integrate those levels.
 - Pull together existing evidence/literature from other areas that have implemented QI—health care, social services.
 - Provide and inform on pilot testing of standards, guidelines and tools that are being developed.

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- Core-role: to disseminate info (pilot testing of standards, guidelines, tools being developed) to OVC group to keep people informed. This will help to build momentum for the QI Initiative.

Q&A/Comments:

Q: Will the TWG look at cross-cutting issues, for example pediatric care and OVC services?

A: Right not TWG will have a much broader approach with general objectives; it is not quite there in terms of addressing cross-cutting issues.

Important role for OVC TWG—is to keep us from reinventing the wheel by facilitating the information flow.

OVC TWG will continue to refine objectives and action steps and will continue to provide updates.

UNICEF and others have come up with indicators for formal care (institutions, orphanages)

Issue of protection standards was raised—working at the national policy level is not enough, need work at both levels (community and national). Protection standards were prioritized by children, but raising awareness of children’s right is also not enough. How to measure quality?

Update on Zambia:

Has lagged behind on standards development for OVC. However, in August are planning a workshop to begin process for developing quality indicators. The National AIDS Council in collaboration with UNICEF, gov. ministries and NGO’s are leading the process.

Update on Ethiopia:

Focus for the pilot testing of standards is at the point of service delivery level. Right now improvement teams are engaged in a process analysis of the barriers/obstacles to achieving the standards, however, they have to work to address barriers overtime, is really a step by step process. They haven’t come up with indicators yet—current focus is not on outcomes only but on the process and improving the process. Will be measuring the improvements/changes.