



# Quality Improvement for OVC Services: Changing Youth Participation from a “Token Voice” to a Key Actor

## What Is Quality Improvement for OVC Services?

Quality care implies that an appropriate mix of services and support are provided to ensure that children affected by HIV/AIDS grow and develop as valued members of their families and communities. Providing such care is not straightforward, given the number of children needing care and the many services required. Quality improvement (QI) offers a way to organize and harmonize the provision of care, making it more effective, efficient, and equitable. QI engages people at the point of service delivery to evaluate their performance and decide how they can

organize themselves to do their jobs better. Children and adolescents are active participants throughout the OVC QI process, shown in Figure 1.

## Guiding Principles for Involving Children and Adolescents in the QI Process

Three principles support involving children and adolescents in improving the quality of services they receive. These principles hold that service providers should: 1) focus on the needs and desires of those being served; 2) recognize that children are part of a larger entity—a family and/or community; and 3) do no harm.

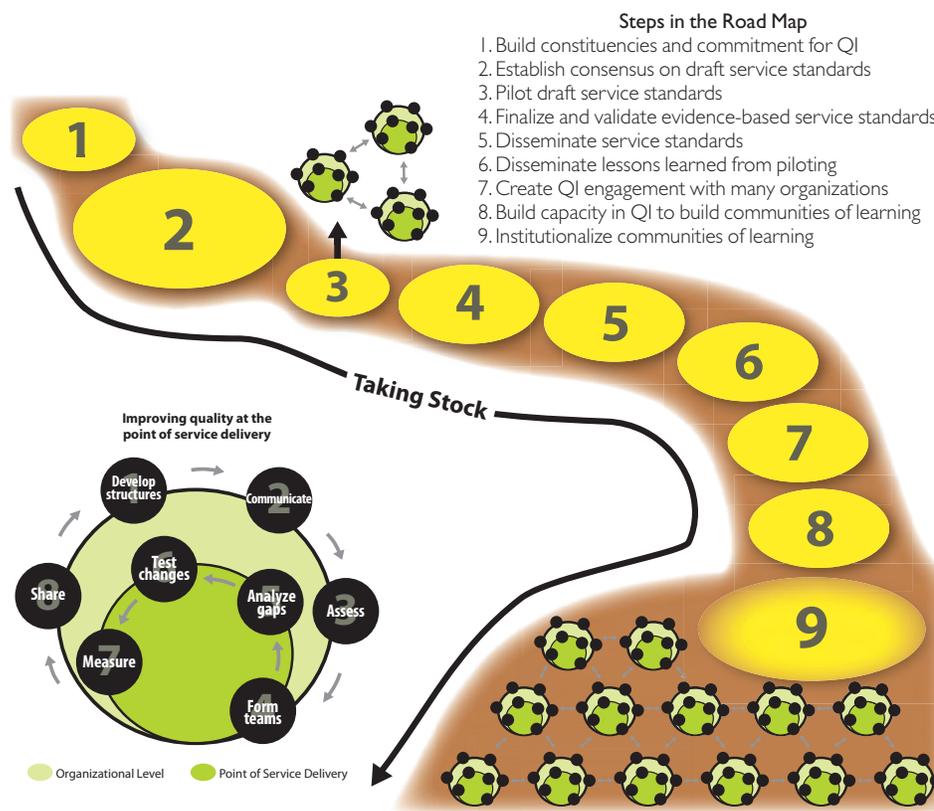
**1. Focus on the children:** The first principle urges providers to take a “client-centered” approach and focus primarily on how to make a difference for children and adolescents. OVC stakeholders engaged in QI efforts reflect on the quality of existing programs by critically assessing whether they make a **measurable difference in children’s lives**; whether they achieve the desired outcomes; and whether they actually make a positive change in children’s well-being. The pursuit of improving outcomes and the well-being of children, adolescents, and their families must drive all QI efforts.

### 2. Family and community involvement:

The QI process recognizes that OVC do not live in a vacuum but in a community, often with an extended family of aunts, uncles, cousins, and/or grandparents. Thus, it is important to involve families and communities throughout the QI process. For example, when conducting a situation analysis to assess how current program performance compares to defined standards, representatives of guardians and/or parents are always involved, either through focal group discussions or through representation on QI teams.

**3. Do no harm:** Efforts to improve the quality of OVC services recognize that in some cases, out of a sense of urgency, unintentional harm was caused to children, increasing stigma and discrimination, creating tensions within communities, and distorting family coping mechanisms. The QI process for OVC services avoids doing harm by acutely focusing on interventions that involve communities, families, and children. Examples of this involvement include: their participation in identifying and developing standards (defining the desired

Figure 1. Road Map for Quality Improvement for OVC Programs



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outcomes and minimum actions) and being a part of the continuous assessment and improvement of these interventions in order to minimize stigma and build the capacity of families and communities to meet children's needs.

## Empowering Children and Adolescents to Be Active Participants in QI

### Active participants throughout the QI process:

The QI process can and should empower children and adolescents by actively engaging them in its various phases and activities. Children and adolescents should be involved in **establishing consensus of what defines a quality service** to voice their opinions during the development of standards. When programs **pilot draft standards**, children and adolescents should be included in QI teams that plan, implement, and test changes to meet the defined standards. When programs **revise draft standards**, representatives of children and youth should participate. When **communicating the standards**, programs should seek children's opinions in developing youth-friendly versions of the standards and by involving children in communicating the standards to their peers, community leaders, and institutions (e.g., schools). When **building communities of learning**, programs should involve youth representatives in participating and sharing during learning sessions.

### Voices of Children

"I am a member of the team. and I see what we do. Right now the organization really tries to help: They help us study and go to school. When I grow up, I want to help the other children." (Dire Dawa, Ethiopia, 12-year-old female member of a QI team)



"When we discussed how best to help children in school, the team decided that the older children could help, so I now help some younger children in my school. ...I ask them if they are doing OK. You know, some children don't have the same problems, while for some it is very difficult." (Dire Dawa, Ethiopia, 12-year-old female member of a QI team)

"Some organizations use us. ... We are their publicity. ... They don't truly care about us but they use us, they use OVC. ... We need to be part of all programs. We need to be the ones telling you what we need, and we need to help ourselves. You cannot do it for us!" (Head of a youth association in Cote d'Ivoire)



### Engaging children and adolescents in defining quality

OVC programs often focus on activities or outputs rather than desired outcomes (see Figure 2). Before engaging in a participatory process to define standards, conduct youth workshops to gather information on how children themselves would define quality. During these workshops, engage youth in participatory sessions to discuss what OVC service standards should be and what essential minimum actions would define a quality service.

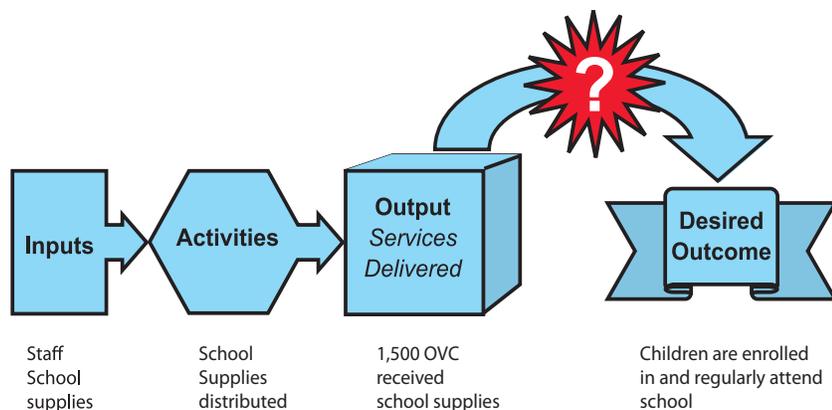
### Engaging children and adolescents in assessing and improving quality

When implementing QI at the organizational level, QI teams are formed. These teams consist of service providers, key stakeholders within the community, and beneficiaries (children and guardians). QI teams are responsible for evaluating their current practices in light of the standards and then proposing and testing changes that will allow their programs to reach the standards.

Both Ethiopia and Tanzania have OVC programs that are engaged in QI efforts at the point of service delivery. Their QI teams include children and guardians to ensure that they are actively involved throughout the entire process.

In Ethiopia, older children are also responsible for following up and acting as mentors to younger children and then reporting back on their progress to the QI teams. Additionally, the QI team includes young representatives from youth organizations in the community. This participation has helped promote and increase linkages with other community groups that represent children and adolescents.

Figure 2: Defining How to Achieve the Desired Outcomes



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The contractor team for the USAID Health Care Improvement Project includes URC (prime contractor), EnCompass LLC, Family Health International, Initiatives Inc., Johns Hopkins University Center for Communication Programs, and Management Systems International. For more information on HCI's work in the QI Initiative for OVC Programs, please contact Ms. Marie-Eve Hammink at mhammink@urc-chs.com. Please visit [www.ovcsupport.net](http://www.ovcsupport.net) for more resources related to improving the quality of services for vulnerable children. For more information on the work of HCI, please visit [www.hciproject.org](http://www.hciproject.org).