Testing Service Standards and Developing Best Practices for Reaching Standards in OVC Programs

INTRODUCTION

Over the last year or so, several countries and programs have developed service standards to improve the quality of programs for orphans and vulnerable children (OVC) and address the variation in, and lack of equity among, OVC service providers on what constitutes “an OVC served.” These draft standards are an important step in improving OVC programming and reflect current practice, common sense, and the collective wisdom of people involved in programs. Yet, the evidence base that the application of these standards will result in improved outcomes for vulnerable children is very thin. This document outlines a strategy that programs and countries could use to strengthen the standards themselves and knowledge about how best to implement them. Testing OVC service standards and identifying best practices in achieving standards will also expand the evidence base that other countries and programs can use to improve their own OVC programs.

OBJECTIVES OF PILOT TESTING STANDARDS

Pilot testing service standards developed through a participatory process of key stakeholders will help to answer the following questions:

1) Determine the extent to which the service standards understandable and “doable” at the field level
2) Identify what organizations need to do/change to be able to implement (follow) the standards—best practices
3) Ascertain whether following the standards improves the quality of programming and services delivered (as articulated in the dimensions of quality outlined during the standards development process)
4) Investigate whether implementation of standards leads to a measurable difference for children (adequacy and effectiveness of the standards)

APPROACH

To reach the four objectives, we propose using an Improvement Collaborative approach, which is a structured improvement method that has been used in a variety of settings around the world and been shown to achieve rapid results and effective spread of best practices. Simply stated, an improvement collaborative addressing OVC services consists of a number of implementation level sites/teams participating in a structured effort to: 1) implement an established set of OVC service standards, 2) measure processes and results, 3) develop and introduce changes to their processes that facilitate adherence to standards, and 4) share their results and experiences with other sites/teams.

By the end of the OVC Improvement Collaborative to pilot standards, we would expect to have an “improved” set of service standards based on experience of piloting them and best practices derived from the work of collaborative sites that can be shared with other organizations providing OVC services. These “improved” standards might include: refinement of standards so that they more closely reflect implementation realities, changes in language to make them more readily understandable, new service delivery models, and organizational changes that facilitate implementation.

The following paragraphs describe some key components of an improvement collaborative in the context of piloting OVC service standards:

OVC QI TEAMS AT SELECTED SITES

The key component of an OVC improvement collaborative is the QI teams formed and operating at the service delivery level (those responsible for providing services). These teams are responsible for implementing (piloting) the service standards for those OVC service areas covered in their program. Team composition would depend on the service delivery model: for those using volunteers doing home visits, teams might be composed of volunteers, their supervisors, and other community leaders as appropriate; for school-based programs, team membership would be those responsible for running these...
programs. These teams will be tasked with implementing the service delivery standards appropriate to the service areas they work in; monitoring their own adherence to standards (see Monitoring systems below), and creating new knowledge about best practices through planning and implementing improvements that will enhance meeting the OVC service standards and reaching desired outcomes. QI teams would need coaching support that could be provided through supportive supervision systems: team functioning, on-the-job training as needed in the OVC standards in content and QI, support in monitoring, and helping teams to see other opportunities to improve how they do things.

**MONITORING SYSTEMS FOR QUALITY AND OUTCOMES OF OVC SERVICES**

Having information on performance to reflect on is critical to improvement — both information on process and results. Thus, OVC QI teams would routinely collect and analyze information on how well they are able to follow the standards, what kinds of changes they are making to improve their adherence, and the results they are achieving. It should be noted that in programs that rely heavily on volunteers for service delivery, it will be important to include supervisors in the data collection and analysis process. However, reflection on results from all sources will be the role of the QI teams with their coaches/supervisors because these results inform teams about their own processes, performance, and results, and provide the basis for determining what they can do to better serve the children.

During the piloting of standards, we propose three aspects of reflection by QI teams (service providers) and organizations supporting them, as well as some suggestions about how such data collection might be organized (See Table 1). It should be noted that while we are looking at the associations between standards, dimensions of quality and outcomes, measures of outcomes (and quality) have not been fully validated. Experience in measuring quality for OVC programs is very limited, and the Child Status Index (CSI) is still being tested. It is very important to examine both quality and outcomes as part of the process of strengthening OVC programs, but one cannot expect that this activity will be able to answer all questions related to associations between these measures.

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<thead>
<tr>
<th>Aspect of reflection</th>
<th>Type of data</th>
<th>Possible data sources</th>
<th>Who collects</th>
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<tbody>
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<td>Are teams following the standards?</td>
<td>Adherence to standards</td>
<td>Supervision checklists based on observation and discussion</td>
<td>First line supervisors</td>
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<tr>
<td>If the standards are followed, do they ensure quality of the OVC program?</td>
<td>Dimensions of quality Client satisfaction Outputs</td>
<td>Discussion and internal reflection; Interviews with children, caretakers, other stakeholders</td>
<td>QI Teams; second line supervisors</td>
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<td>If standards are followed, do the children being served fare better?</td>
<td>Outcomes</td>
<td>CSI (based on observations and discussions at the homes) or other outcomes agreed upon by OVC stakeholders from National Plans of Action</td>
<td>First or second line supervisor</td>
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**SUMMARIZING FINDINGS ABOUT STANDARDS, BEST PRACTICES AND OUTCOMES**

After about 9-12 months of QI teams working, it is time to consolidate findings from this collaborative effort, and present them to the wider set of stakeholders. Using a conference-type format, experiences would be reviewed related to:

- The standards themselves: what was understandable, what was doable, what was never clear, what was essential
- Best practices emerging from the QI teams’ experiences that facilitate meeting the standards: models of care/best practices for carrying out standards and resolving operational issues around implementing standards
- Relationship of standards to quality of care: was adherence to standards associated with the existence of key quality characteristics (dimensions of quality), including perceptions by volunteers, clients, stakeholders
- Changes in outcomes associated with improved services based on several months of applying/fully implementing the standards.

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**Table 1. Questions for Reflection by QI Teams**

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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 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.