

Putting the quality into care: Making a measurable difference in children's lives

Kimberly Green
Family Health International
July 2010



Overview



- QI cycle – Translating process into results
- Examples from India and Viet Nam
- Take home messages
- Tools and resources



Quality matters – the pencil vs the education

- For many years, programming for children affected by HIV, particularly community-based care, was perceived as ‘soft’ and difficult to quantify
- This led to a lack of agreement of what to focus on with programs ranging from ‘truck and chuck’ to intensive boutique services to a small number of children
- In 2006/2007, FHI initiated an internal review of service quality which included OVC programs. This led to a evolution of thinking, systems and action related to program design, monitoring and evaluation



FHI Process



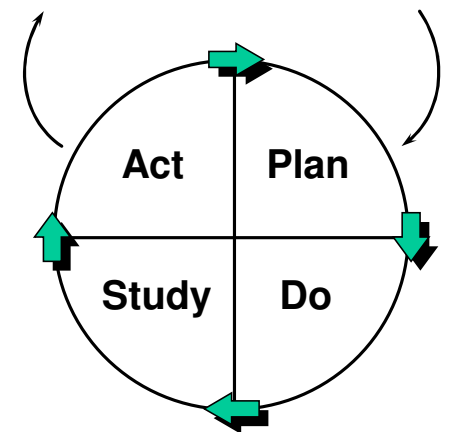
- Clarifying concepts – Focus on outcomes; measures of success and agreement on QI
- Building consensus
- Development of technical quality standards and guidelines
 - OVC, ART, palliative care, etc
- Transference – Adapting learning to country programs
- Sharing learning and innovations

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?



Langley et. al.
The Improvement Guide



Case studies: India and Viet Nam





Case studies

- Locations
 - Balasahyoga, India, Andhra Pradesh – 11 districts (CIFF)
 - Family centered care program - Viet Nam, 10 provinces (USAID/PEPFAR)
- At start-up...
 - Viet Nam (2006): Adult care and treatment well-established; program not adequately focused on children
 - India (2007/8): A collection of well meaning CBOs doing very divergent work to support HIV affected children and families

Case studies (2)



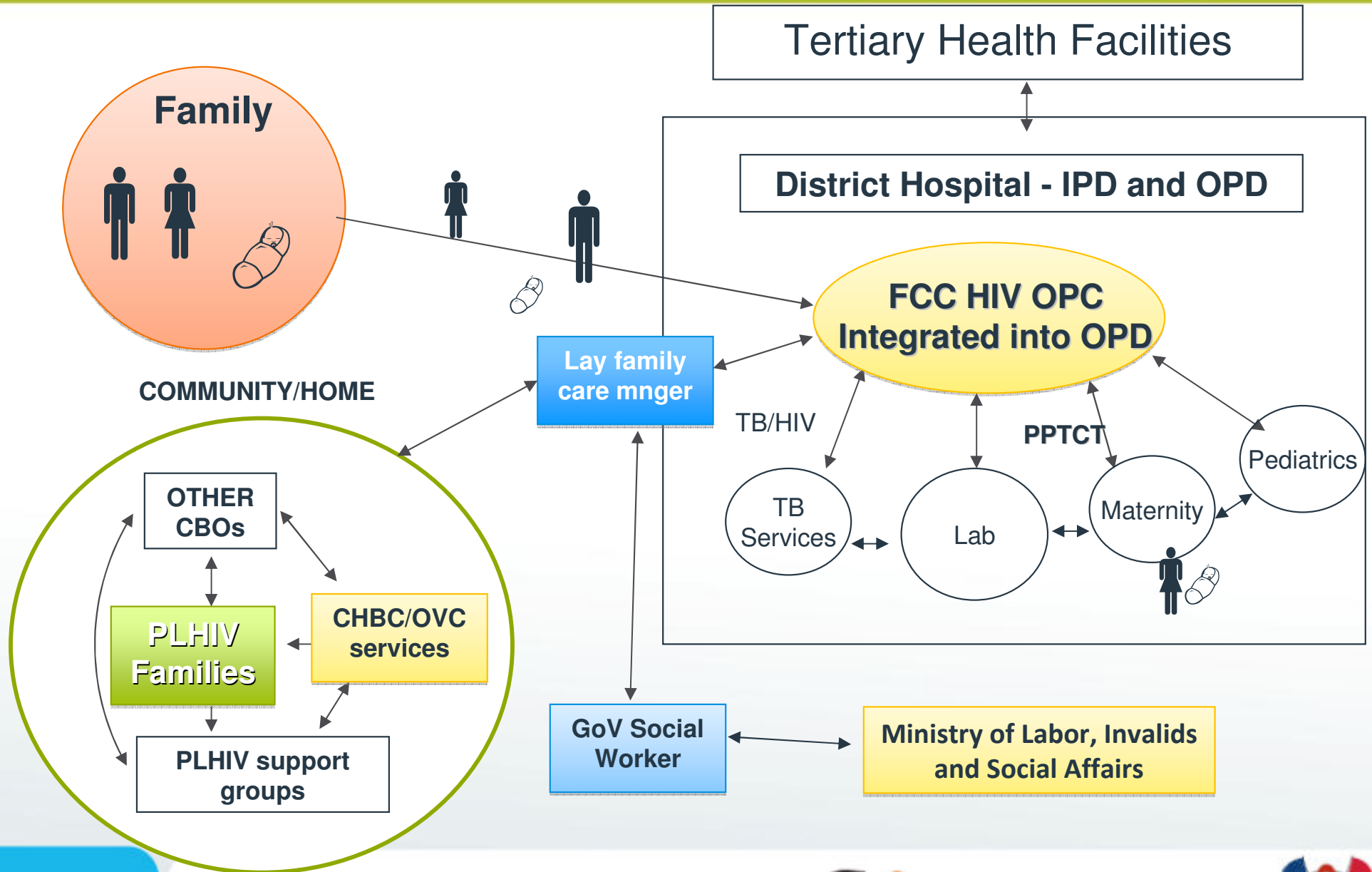
- Quality problems identified first year of the programs
 - Low enrollment of children into the program as compared to adults
 - Low uptake of HIV counseling and testing among children
 - Late presentation of children in care; high morbidity and mortality and loss to follow-up
 - Low pediatric enrollment on ART
 - Limited continuity of care and triage
 - Limited outcome-based assessment and care planning

QI process used

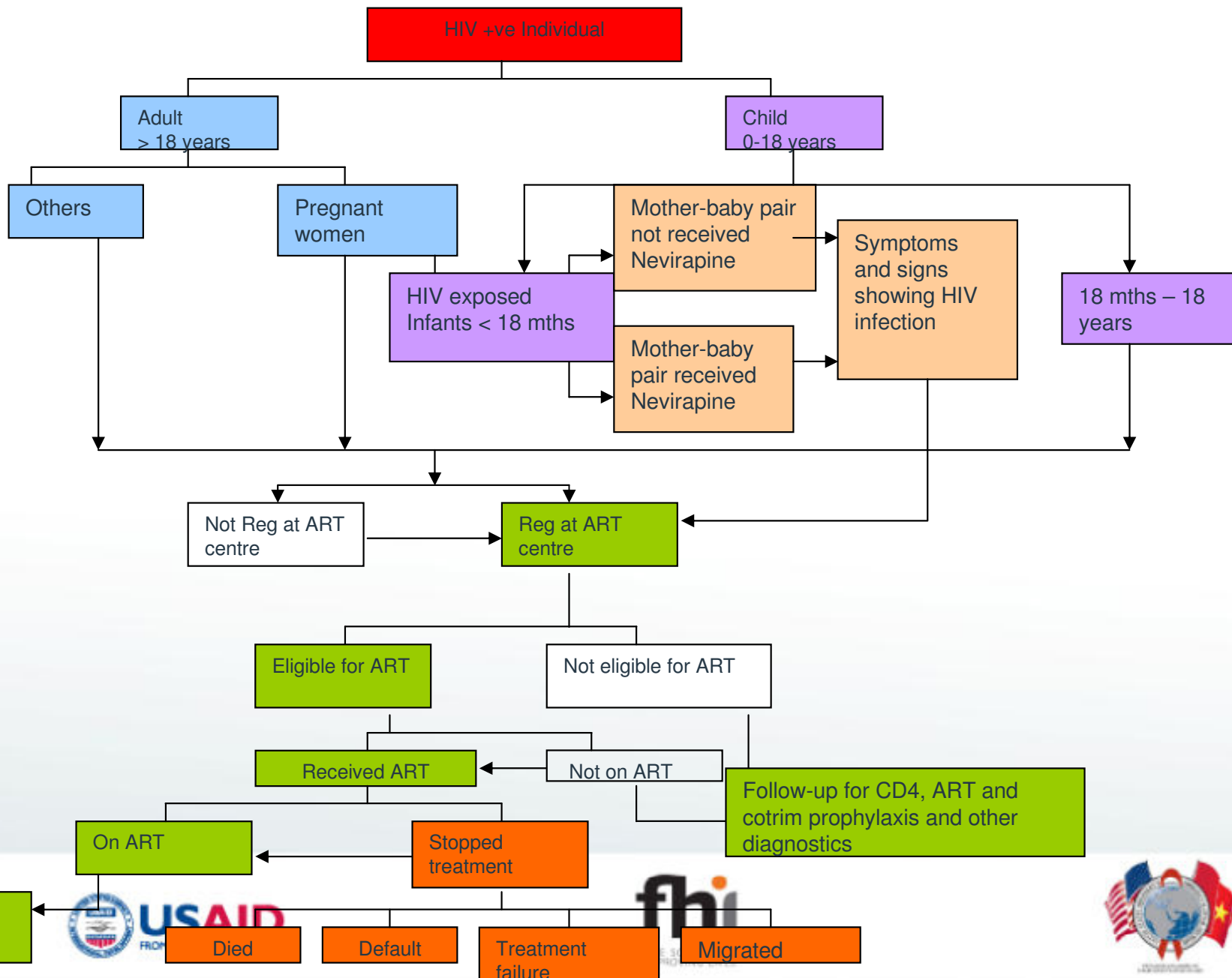


- Quality improvement efforts were introduced but the process was not always smooth...
 - Step 1: Adapted model of care to better achieve outcomes →
 - Step 2: Developed standards and SOPs collaboratively with CBOs and government counterparts BUT these SOPs were found to be too dense and cumbersome
 - Step 3: Streamlined QI process by introducing algorithms and offering training and mentoring in their use; this was complemented with care management skills development training/coaching →
 - Step 4: A QI team was developed to strategize and test improvements Started with one QI objective. Tracked data of key outcomes. Used data to modified intervention until better results were yielded

CoC+Family Centered Care+CM – Viet Nam



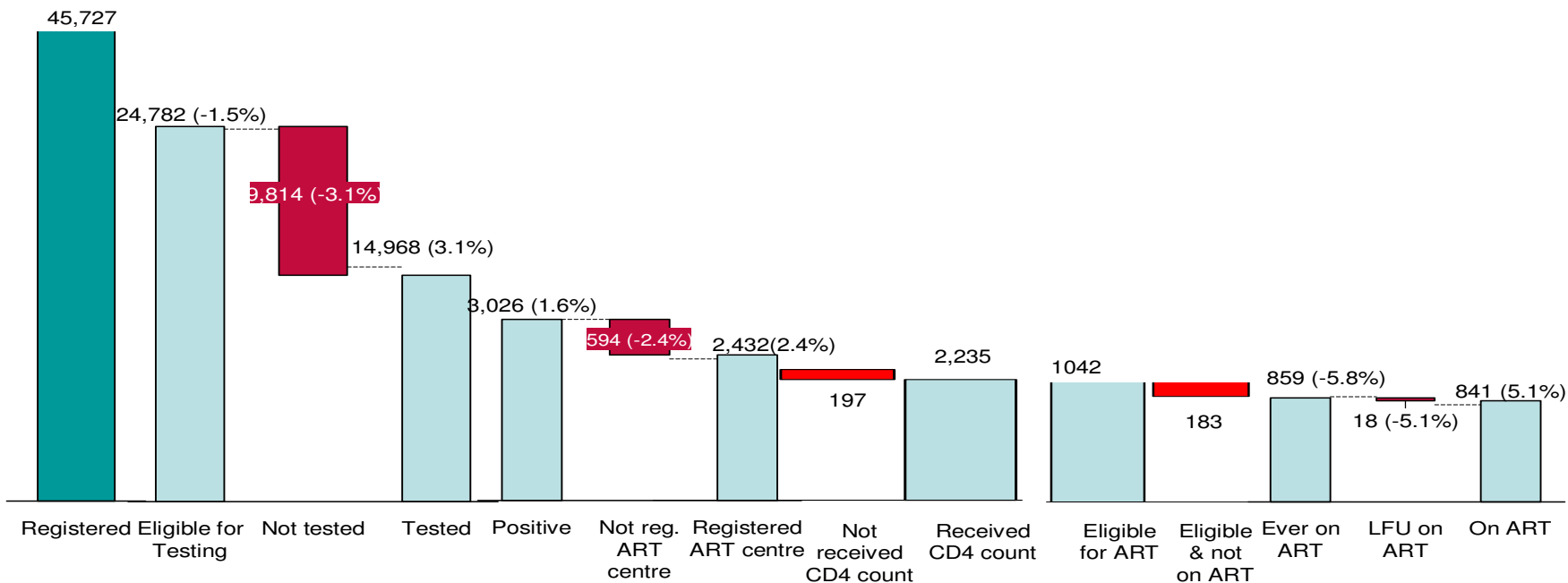
India – PPTCT algorithm example



India – Outcomes over time

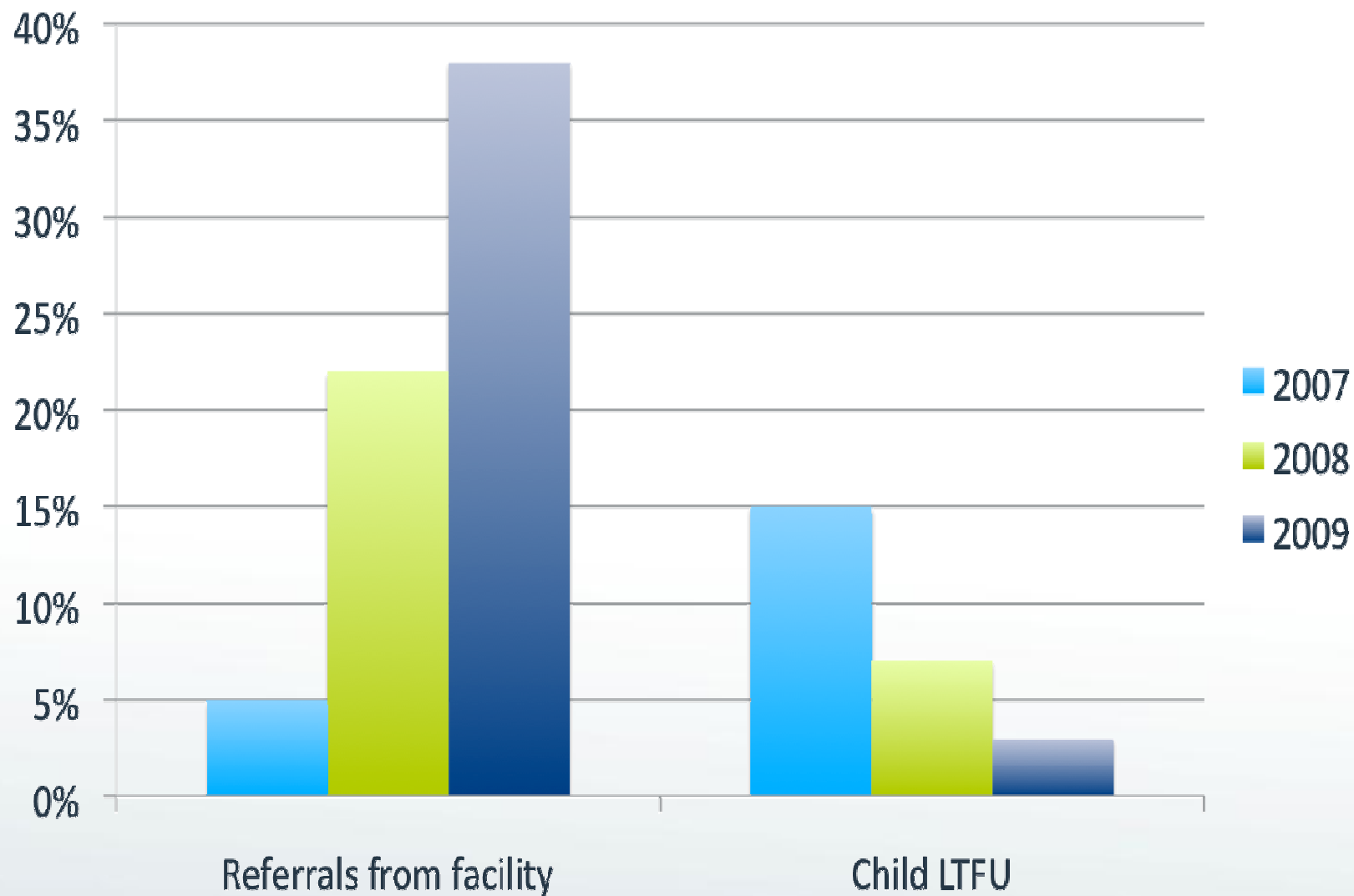


Child cascade Balasahyoga: Y3
Number of Children (% increase from previous Year)



	Registered	Eligible for Testing	Not tested	Tested	Positive	Not reg. ART centre	Registered ART centre	Not received CD4 count	Received CD4 count	Eligible for ART	Eligible & not on ART	Ever on ART	LFU on ART	On ART
Y1	16,341	85%		23%	30%		53%	-				-		37%
Y2	28,200	59%		57%	30%		78%	-				-		93%
Q1 Y3	33,408	51%		70%	19%		80%	-				-		93%
Q2 Y3	39,689	56%		56%	19%		78%	-				-		92%
Q3 Y3	40,741	53%		56%	22%		77%	-				-		90%
Y3	45,727	54%		60%	20%		80%							98%
Y3 target	54,000			70%			90%							90%
Y5 target	68,000			85%			95%							95%
Y3 target				37,800			10,000							3,200
Y5 target				57,800			13,700							5,000

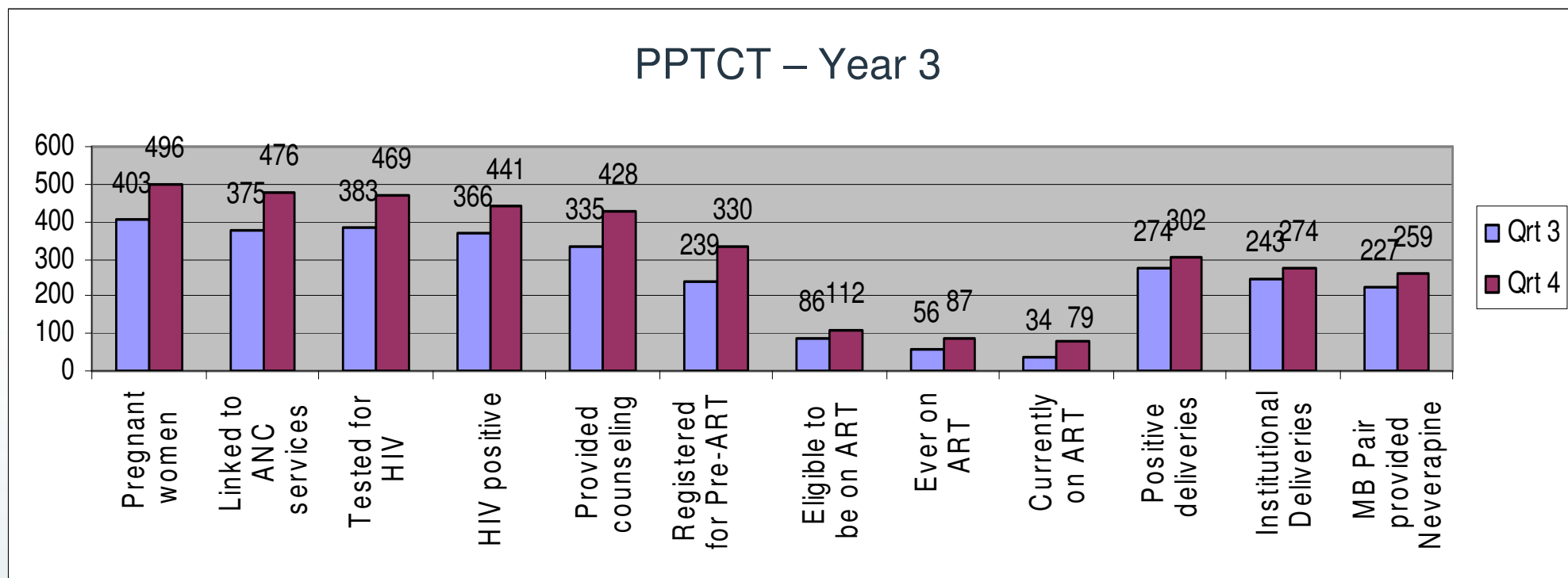
India - Referrals and LTFU



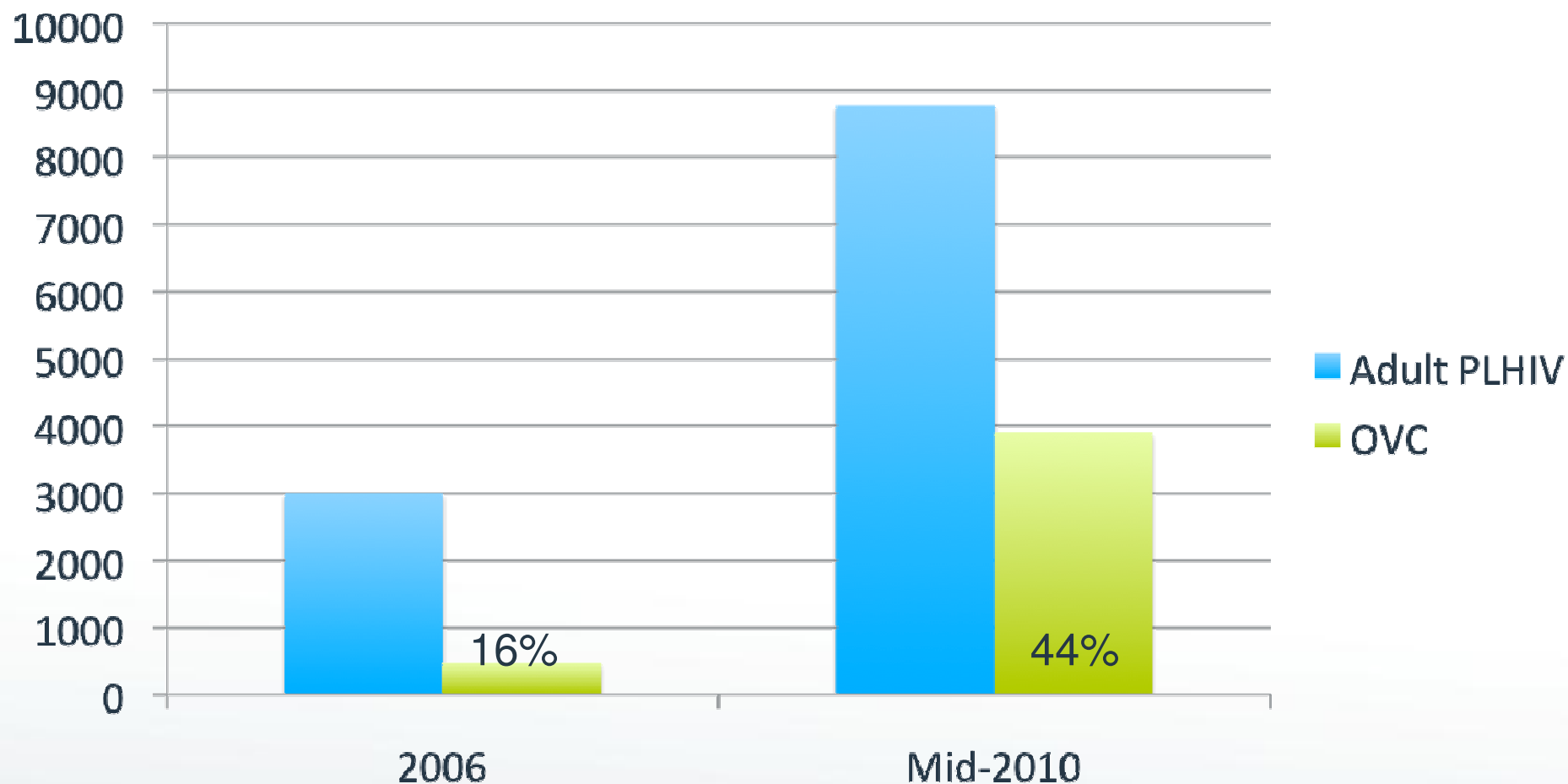
India – PPTCT Results



- PPTCT QI initiated late-2009. Out of 496 pregnant women registered under Balasahyoga (2009/10):

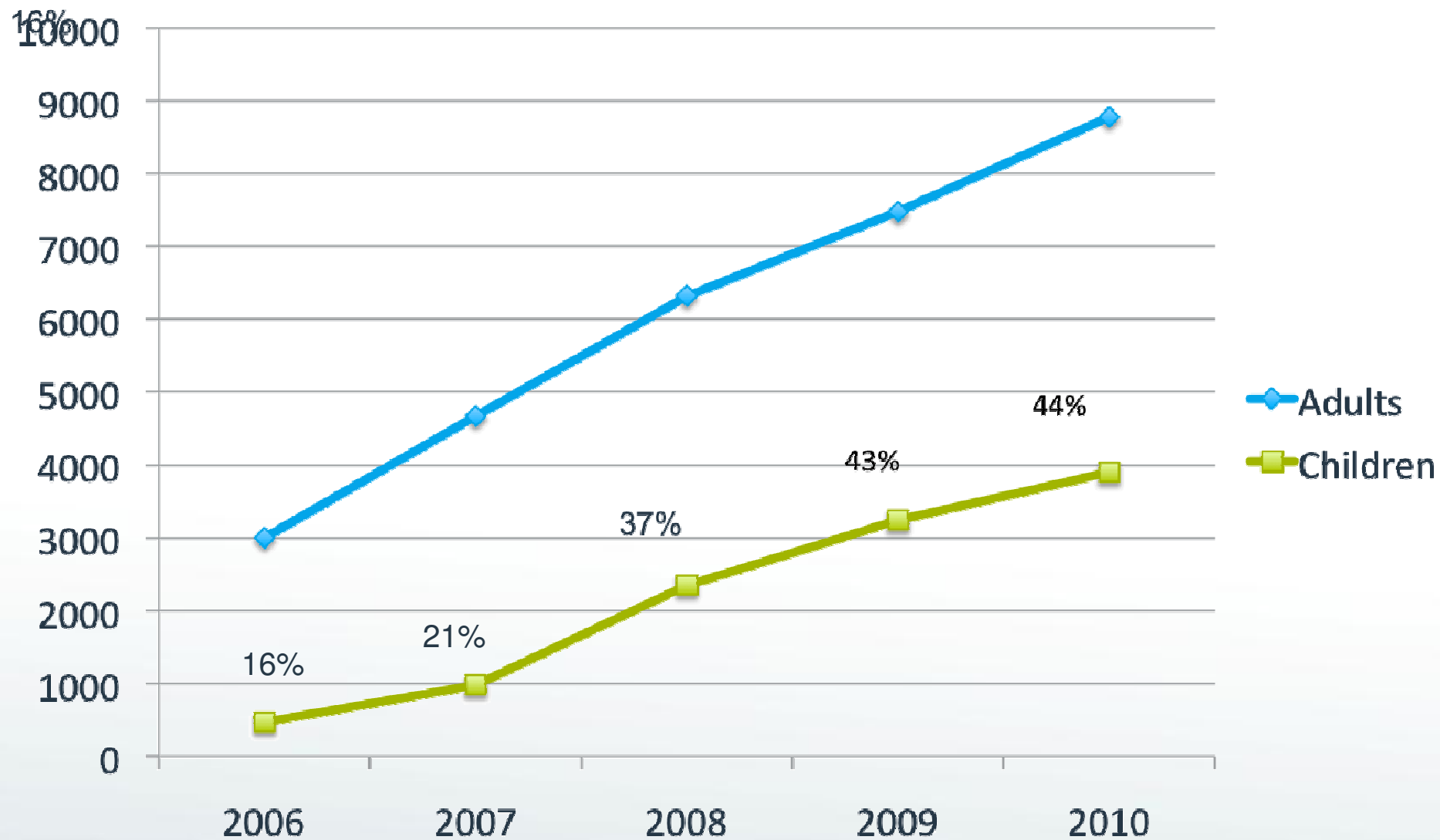


Viet Nam - Change in proportion of OVC enrolled

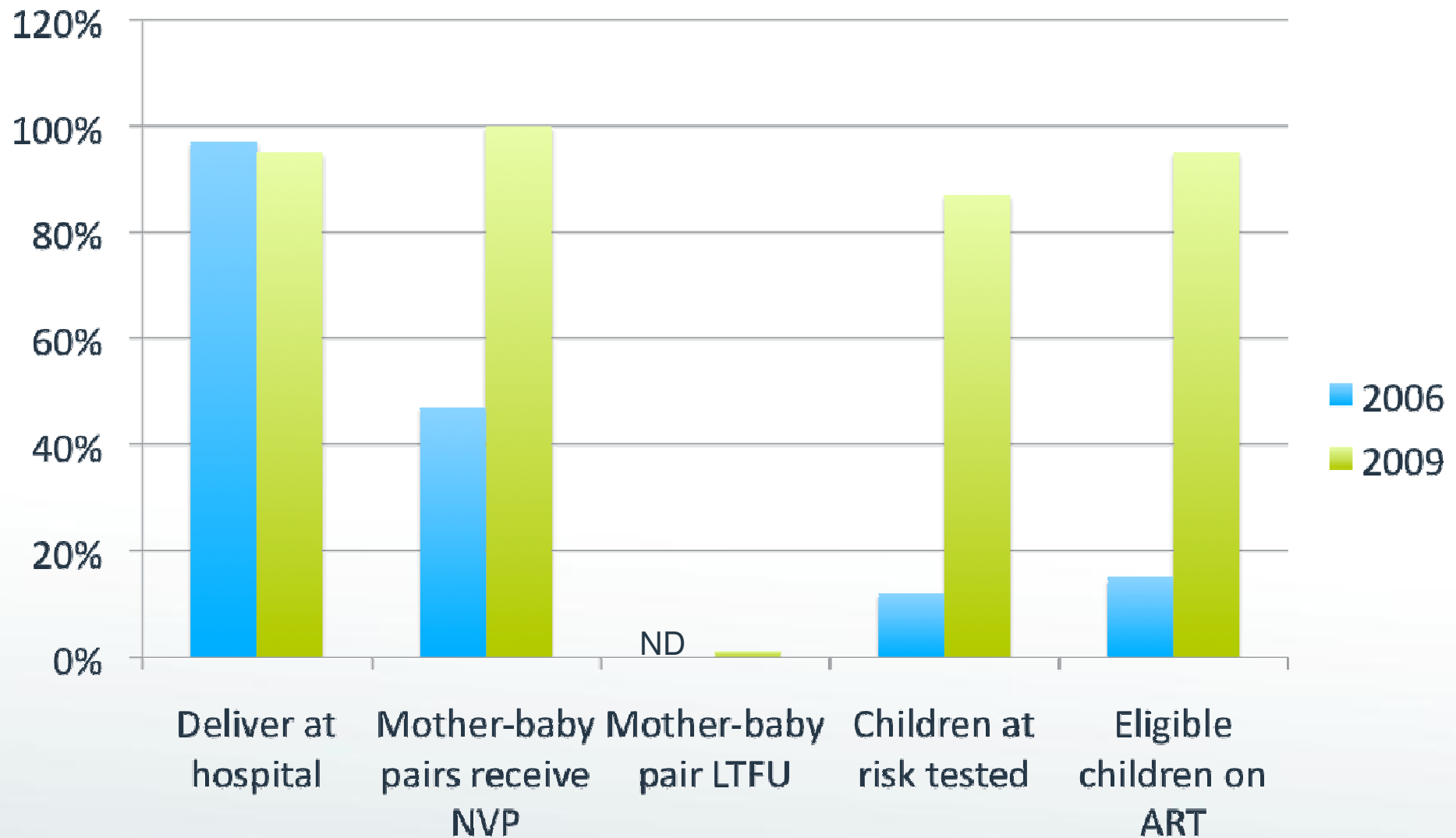


- 97% of children in need of care, enrolled in care (mid-2010)

Child enrollment runchart



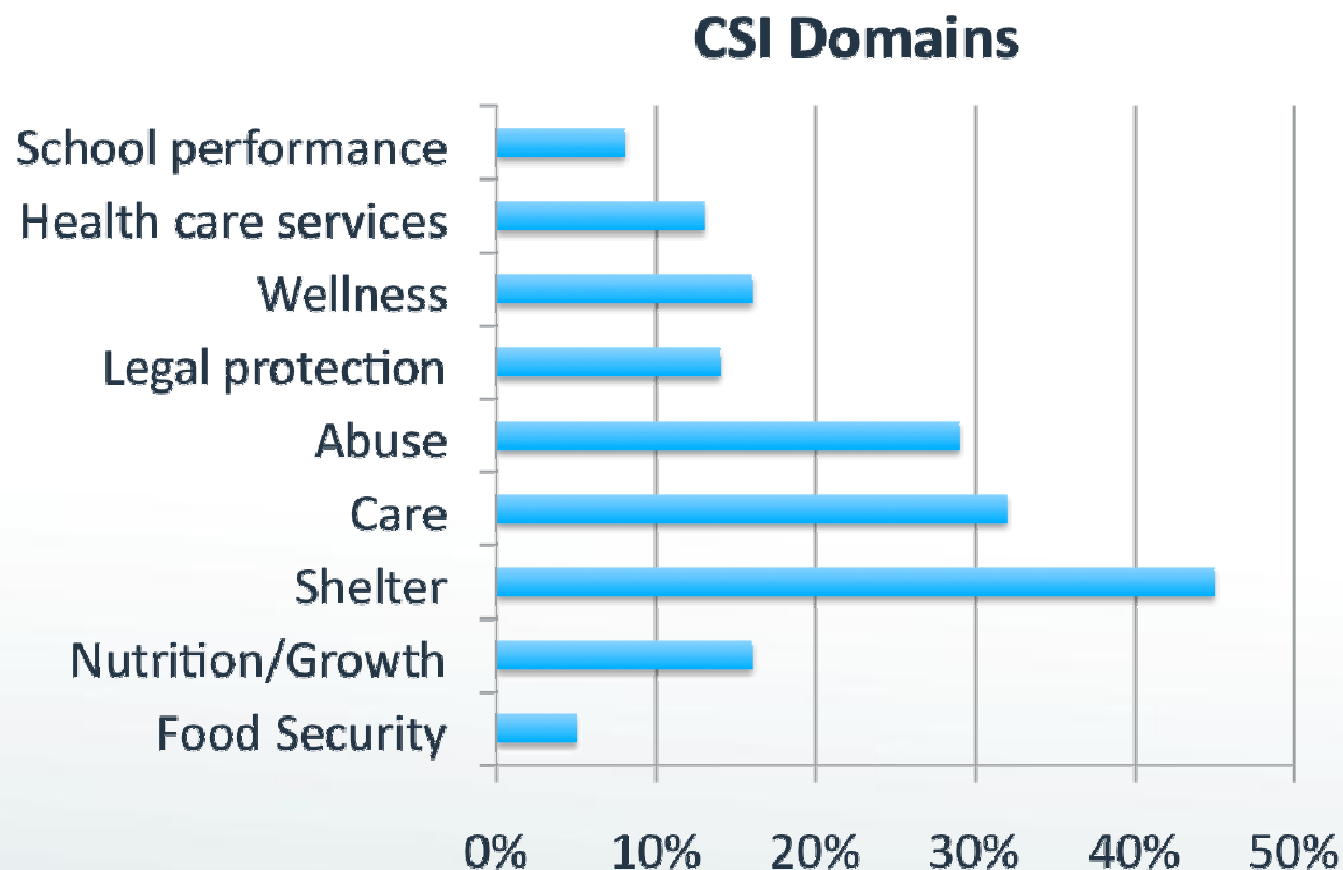
Viet Nam – HCT/PPTCT/ART results



Viet Nam –CSI changes over time



% change from 2008 to mid-2010:



Challenges and lessons learned

- Focusing on quality requires a shift in thinking from quick wins to making a meaningful difference in children's lives
- QI is a front-loaded investment. It takes time to upfront but once the system is in place the yields are exponential
- Balancing act between donor wishes and QI efforts
- QI related terms can be confusing and there are competing academic philosophies of the best approach. Keep it clear, simple and consistent
- Appointing a QI 'officer' does not generally work. The entire team needs to be engaged in and believe in the QI approach. And managers need to lead this sea change.
- Be aware of what can and cannot be changed – internal versus external factors; QI plans need to take this into consideration

Conclusions

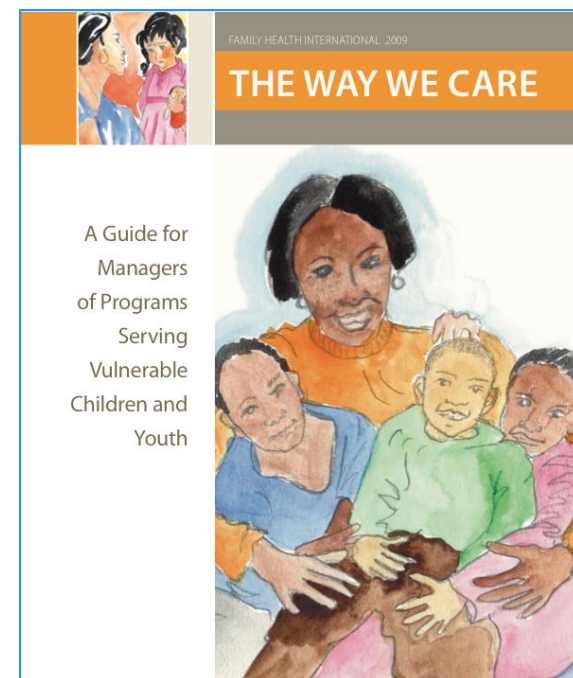


- QI can be applied to any program, small or large. The key is in prioritizing what is doable and developing a plan that can get you there, step-by-step
- Critical to build shared understanding of what the quality aim is and why (outputs vs outcomes)
- Participatory process is essential - Joint analysis and problem solving; treating problems as something to analyze and address as a team rather than pointing fingers; reward people for innovation and success!
- Significant improvements can be made in child wellbeing when people put their minds to it!

QI Tools and Resources



- **Quality Guidelines of the Care of Vulnerable Children and Youth**
- Quality Improvement Toolkit for Vulnerable Children and Youth Programs (guidance, checklist and training)
- **The Way We Care: A Guide for Managers of Programs for Vulnerable Children and Youth**
- Scaling up the Continuum of Care for PLHIV in Asia and the Pacific: A Toolkit for Implementers
- **HIV Counseling Resource Package (UNICEF/FHI/WHO)**



www.fhi.org



Acknowledgements



- Gol and GoV partners
- CBO partners
- Children and their families
- FHI HQ – Tanya Medrano, Lucy Steinitz
- FHI India – **Bitra George**, Sumita Taneja, KN Pradeep, David Damara, Amrita Mathew, **Ajay Kumar Reddy Enugu**
- FHI Viet Nam – Rachel Burdon, Phan Thu Phuong, Vu Ngoc Phinh, Steve Mills
- CIFF – Nalini Tarakeshwar
- USAID – Nguyen Thi Ngoc, Le Thi Thu Hien, Xerxes Sidhwa





Thank you!





THE CONTINUUM OF PREVENTION AND CARE (CoPC) IN ASIA PACIFIC: successes, challenges and contributions to health systems strengthening

DATE: **SUNDAY, 18 JULY**

TIME: **15:45-17:45**

VENUE: **SESSION ROOM 4**

