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FINAL REPORT

Development of Minimum Care Standards for Orphans and Vulnerable Children in Zambia

MARCH 2013

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DISCLAIMER

The views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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Abbreviations

CATF	Community AIDS Task Force
CBO	Community-based organization
CHIN	Children in Need Network
CSI	Child Status Index
CRS	Catholic Relief Services
CWAC	Community Welfare Assistance Committees
DACA	District AIDS Coordination Advisor
DATF	District AIDS Task Force
DEBS	District Education Board Secretary
HBC	Home-based care
HCI	USAID Health Care Improvement Project
KCDA	Kafue Child Development Association
MGCD	Ministry of Gender and Child Development
MSCYD	Ministry of Sport, Youth and Child Development

NAC	National HIV/AIDS/STD/TB Council
NGO	Non-governmental organization
OVC	Orphans and vulnerable children
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
QI	Quality improvement
RFA	Request for applications
SADC	Southern African Development Committee
URC	University Research Co., LLC
USAID	United States Agency for International Development
USG	United States Government
YWCA	Young Women's Christian Association
ZOVSS	Zambia Orphans and Vulnerable Children Systems Strengthening

EXECUTIVE SUMMARY

This report summarizes the efforts of the USAID Health Care Improvement Project (HCI) in facilitating the development of minimum care standards for services provided for orphans and vulnerable children (OVC) at the point of service delivery in Zambia. A quality improvement (QI) approach was employed throughout the process.

The activities in Zambia were focused on six objectives. Partial results were achieved with four objectives. Two objectives were not attained due to the closure of the project in line with USAID's announcement of a new Request for Application (RFA) for the USAID Zambia Orphans and Vulnerable Children Systems Strengthening (ZOVSS), which seeks to assume QI activities for vulnerable children in Zambia.

The project was launched in April 2011 with a stakeholder workshop in Livingstone that produced the first draft of the OVC standards. Participants in the workshop were a mix of government and non-governmental organization (NGO) representatives drawn from the OVC sector. The team was later constituted as a national QI Task Team whose mandate was to oversee the development of OVC standards and guidance of the piloting phase.

In June 2011, HCI organized a children's workshop which provided valuable input from the perspective of vulnerable children who receive services. The input was later incorporated into the standards document.

In November 2011, HCI appointed a QI Advisor in Zambia to support the project. The QI Advisor's initial focus was on embedding the standards development process within the government structures responsible for children's issues. After a series of meetings, the Department of Child Development took up the leadership mantle supported by the Social Welfare department.

The QI Task Team worked throughout the project to refine the OVC standards document, aligning it to the National Child Policy, Southern African Development Community (SADC) minimum standards, National Child Health Policy, and National Plan of Action, among others. The OVC standards document outlines eight thematic areas: 1) education and vocational training, 2) psychosocial care and support, 3) food and nutrition, 4) coordination of care, 5) child protection, 6) health care, 7) economic strengthening, and 8) water and sanitation.

A coaches' training was held in January 2012 with the participation of government officers at provincial, district, and community levels, as well as NGO representatives and caregivers. Implementing partners then began to prepare for the pilot by conducting a baseline assessment and recruiting QI teams at the community level. While some QI teams began to meet, others cited lack of financial resources as a reason for not meeting.

The QI Task Team also developed a strategy to pilot the standards to determine whether the standards document was feasible and effective. Implementing partners selected seven of the eight thematic areas to pilot test, excluding coordination of care, in Chipata, Nyimba, Chongwe, Kafue, and Senanga districts.

Some sites were able to begin piloting the standards and testing changes in order to improve the quality of services provided to vulnerable children. There were also a number of challenges observed by the implementing partners that resulted in delays to implementing the pilot. The report concludes with recommendations to assist the new ZOVSS Project in further piloting and finalizing the standards document.

I. INTRODUCTION

A. Project Background

Efforts to develop and improve standards of care for vulnerable children in Zambia began as early as 2007 when USAID trained staff from the RAPIDS project assigned to the then Ministry of Sport, Youth, and Child Development (MSYCD), in quality improvement (QI). The standards process was delayed with the closure of the RAPIDS project but later revived when the National HIV/AIDS/STD/TB Council (NAC) requested the support of USAID in developing quality service standards for vulnerable children in Zambia.

The USAID Health Care Improvement Project (HCI), managed by University Research Co. LLC (URC) was invited by USAID/Zambia to provide technical assistance to facilitate the process of developing OVC standards in Zambia in partnership with U.S. Government (USG) implementing partners, government departments, non-governmental organizations (NGOs), and community-based organizations (CBOs), in an effort to improve the quality of services offered to vulnerable children and families affected by HIV. HCI provides technical assistance globally in QI for health care programs, including clinical care programs, home-based care, programs for vulnerable children and families, and prevention programs.

The technical assistance in Zambia focused on building consensus among stakeholders (targeting service delivery partners) on a set of standards to define quality at the point of service delivery. The guiding principles of the work were to engage stakeholders to reflect on the essential questions about the measurable differences that programs have made in the lives of children and how beneficiaries and stakeholders would know that programs were making a difference.

B. Project Objectives and Achievements

The project's six objectives and the achievements accomplished for each objective are summarized in Table I.

II. MAJOR PROJECT ACTIVITIES

A. Situation Analysis

The situation analysis was done using a rapid analysis methodology. Information was collected mainly through a desk review, which was then followed by on-site visits. The study concluded with a presentation of the findings to a multidisciplinary team of individuals drawn from the international and national NGO community, government ministries, and donor community.¹

1. Desk Review

The desk review drew on the wealth of published and unpublished documents that have been developed by government and its cooperating partners on both vulnerable children and social development. The review examined policy documents, operational guidelines, and the draft standards. The broader social aspects studied in the document review included demographics, health, education, feeding patterns, shelter, protection, and economic strengthening activities.

¹ Situation Analysis of OVC Programming. Draft Report. National AIDS Council, Zambia. Williams IF. Supported by USAID Health Care Improvement Project, May 2011.

Table 1: Project objectives and achievements

Objective	What was achieved
<p>Objective 1: Build the capacity of government and civil society in: (1) the development and implementation of minimum care standards for vulnerable children and (2) QI principles and methods in OVC programming.</p>	<ul style="list-style-type: none"> • HCI organized an initial stakeholder’s meeting in April 2011, producing a draft set of minimum care standards. • HCI facilitated the establishment of a QI Task Team which operated under the leadership of ministry. • The Task Team held meetings in November and December 2011 and in April 2012 under the Chairmanship of the Ministry of Gender and Child Development. • A QI coaches’ training to strengthen stakeholder capacity was held in January 2012 with 38 participants that included provincial child development coordinators, provincial social welfare officers, district social welfare officers, District AIDS Task Force (DATF) workers, Community AIDS Task Forces (CATF), Community Welfare Assistance Committees (CWAC), caregivers, and NGO representatives. • In February 2012, the OVC standards were reviewed by Task Team members and circulated for comments by experts. Best practices from academic and program evidence were included. • HCI supported QI team orientations and other meetings in some community sites.
<p>Objective 2: Gather and communicate evidence on the feasibility and effectiveness of the draft service standards</p>	<ul style="list-style-type: none"> • HCI conducted a situation analysis of care and support for vulnerable children in Zambia. • Findings of the situation analysis were shared at the April 2011 meeting of stakeholders. • The QI Task Team developed a strategy for piloting the standards with five organizations in five districts. • Baseline data were gathered in three of the five districts using the Child Status Index (CSI). • 300 children were identified and selected to participate in the piloting of service standards.
<p>Objective 3: Integration and endorsement of OVC standards of care within a national strategy response.</p>	<ul style="list-style-type: none"> • OVC standards were revised within the framework of the National Child Policy, National Plan of Action, and the Child Health Policy. • The draft OVC standards were circulated among stakeholders for review to encourage national ownership. • Recognizing that a client-focused, participatory approach is critical to the development of feasible and effective standards, a Children’s Workshop was held in June 2011 to gather the perspectives of children receiving OVC services.
<p>Objective 4: Institutionalize QI through creation of a community of learning across OVC stakeholders.</p>	<ul style="list-style-type: none"> • A core group of champions (inclusive of government officers at provincial and district levels, DATFs, and NGOs) were trained as coaches from national, provincial and community levels. • Nine QI teams across the five districts were formed with the intention to share experiences, challenges and lessons learned.
<p>Objective 5: Scale-up of the standards beyond the piloting sites.</p>	<ul style="list-style-type: none"> • Objective 5 was beyond the scope of the project’s duration and funding.
<p>Objective 6: Development of QI tools.</p>	<ul style="list-style-type: none"> • Objective 6 was beyond the scope of the project’s duration and funding.

2. Site Visits

The field methodology required that different service forms and geographic locations were taken into account so as to gain an all-encompassing view of the situation of orphans and vulnerable children on the ground. The site selection was therefore purposeful, using key informants, beginning with the OVC Specialist at the national level and collaborating with ministry and NGO partners. These provided direction that pointed the study to various districts where the District AIDS Coordination Advisors (DACAs) played an additional role in linking the study with actual sites. In total, five sites were visited across three provinces. Each of these sites provided insight into the different forms of service provision available for vulnerable children in Zambia. The sites visited are shown in Table 2.

Table 2: Primary data collection sites

Site Name	Province	District	Description	Number Reached	Sex
1. Flame Transit Home	Lusaka	Chongwe	Orphanage	15 residents	Female
2. Kafwa Day Care Center and Orphanage	Lusaka	Lusaka	Day care center	65 day students	Female and male
3. Jatisha	Lusaka	Masauko Kanyama	Community school	617 non-residents 451 on feeding scheme	Female and male
4. Chishawasha Children's Home	Central	Chibombo	Orphanage and community school	94 residents	Female and male
5. Namumu	Southern	Siavonga	Orphanage	56 residents	Female and male

3. Summary of Findings

The analysis highlighted the following gaps in the care and support of vulnerable children:

Need for Written and Disseminated Quality Guidelines

“The importance of quality never really occurred to us, our focus has always been numbers, reaching as many children as we can.” – Participant at Livingstone Stakeholder Meeting

Awareness and knowledge of regulations, guidelines, and statutory requirements for the running of child programs is high. Center managers do not, however, have comprehensive documents in hand. This is perhaps the most fundamental finding that points directly towards the need for the development, buy-in, and distribution of standards. One child care facility operator spoke of the importance of standards across the country so that if children are moved from one location to the next, standards would ensure that the disruption to the child's life would be minimal.

Need for Consistency

The quality of services delivered in both orphanages and community schools vary vastly from one to the next and from one province to the other. The variation is closely related to availability and consistency of resources. Whether a facility was in the capital city, on the outskirts, or in a remote area, made little apparent difference to the services offered. The need for consistent supply of food cannot be downplayed. The community school in the most densely populated and poorly-resourced Lusaka compound is making an outstanding impact due to its reliable supply of staple food. They, like several others, however, do not have nutritional resources to offer the children.

National OVC Steering Committee

The National OVC Steering Committee was formed in 2001 under the leadership of the MSYCD, but the committee last sat four years ago. The committee had produced some excellent pieces of draft work, much of which was prove a good spring board for the development of QI and standard development. It was concluded that an effort needs to be made to revive the committee.

Additional gaps cited in the analysis report include:

- Need for gender equity and to keep girls in school
- Highest burden of vulnerable children in urban areas
- Children with special needs are particularly disadvantaged and at risk
- Government spending and political will do not match the needs of vulnerable children

B. Stakeholder Meeting, Livingstone, Zambia

In keeping with the principles of QI, the standards development process used a multidisciplinary team approach. The process commenced with a three-day workshop attended by 46 representatives from 28 independent and inter-dependent government and non-governmental agencies, including HCI staff.² The organizations that attended are included in Table 3.

Table 3: Organizations that participated in the stakeholder meeting

Bwafwano Community Home Based Care Organization	National Food and Nutrition Commission
ChildFund Zambia	Network of Zambian People Living with HIV&AIDS
Children In Need Network (CHIN)	Palliative Care Association of Zambia
Churches Health Association of Zambia	PLAN International Zambia
Forum for African Women Educationalists	Regional Psychosocial Support Initiative
God Our Help	Save the Children
Habitat For Humanity Zambia	STEPS OVC
Ministry of Community Development and Social Services	United States Agency for International Development
Ministry of Education	US Embassy – PEPFAR
Ministry of Health	Youth Women's Christian Association (YWCA)
Ministry of Justice	Zambia Prevention Initiative
Ministry of Sport, Youth & Child Development	Zambia Civic Education Association
Mujala Demonstration School (Head Teacher)	Zambia Law Development Commission
National AIDS Council of Zambia	Ministry of Home Affairs Zambia Police Service

The process promoted participation and discussion that led to collective decision making on several key areas. This informed the development of the first draft of the OVC standards. The process was not only essential for sharing and learning, but also for ensuring that past efforts were taken into account so they could be used to inform the current work. The results of the situation analysis were shared and discussed by those present to be an accurate reflection of what they have seen in their professional work environments.

² OVC Standards Development Workshop, Wasawange Lodge, Livingstone, Zambia, April 18-20, 2011. Williams IF and Jalasi M. Supported by the USAID Health Care Improvement Project.

C. Children’s Workshop

HCI organized a two-day Children’s Workshop in Lusaka on June 30 – July 1, 2011.³ The workshop was designed to gather input from children residing across the country, some of whom received OVC services. The 36 youth participants, two girls and two boys from nine provinces, were escorted by minders from their home areas. The workshop was led by HCI staff and two youth facilitators, members of a local performing arts organization, Bare Feet. The OVC Advisor from NAC provided technical and administrative support during the workshop.

The workshop was designed to introduce the children to the concept of quality services and to explore their thoughts on what quality is for them. The workshop was highly interactive and included multiple opportunities for the participants to share their ideas through small group discussions, large group report-outs, and drawings. At the end of the two days, the participants came to consensus on the order of importance of services provided for children. The input gathered from the Children’s Workshop participants on the service standards and quality in relation to the services provided to children was later synthesized by the QI Task Team and incorporated into the OVC standards document.

D. Formation of a Multidisciplinary QI Task Team

A QI Task Team was organized to provide overall guidance for the standards development process. The team was led by the Child Development Department. The task team was comprised of the following organizations:

- Ministry of Gender and Child Development, Child Development Department – Lead
- Ministry of Community Development, Mother and Child Health – Department of Social Welfare
- Ministry of Agriculture
- Ministry of Education
- Ministry of Justice
- Ministry of Home Affairs – Zambia Police Victim Support Unit
- Ministry of Health
- Ministry of Local Government and Housing
- National Food and Nutrition Commission
- National AIDS Council
- Partner organizations – STEPS OVC, CHIN, ChildFund
- USAID
- UNICEF
- USAID HCI Project (Secretariat)

During the period of HCI Project support in Zambia, the Task Team met in November 2011, December 2011, and April 2012. The Ministry of Justice representative left the group and was not replaced. The Ministry of Education seldom attended the meetings. CHIN’s participation was curtailed due to staff resource constraints.

³ Children’s Workshop, Standards Development, Lusaka, Zambia. Draft report, June 30 – July 1, 2011. Supported by the USAID Health Care Improvement Project.

E. Coaches' Training

In January 2012, a three-day coaches' training workshop was held with representatives from the government in participating provinces and districts, DATFs from implementing districts, and the implementing partners in the five districts.⁴ The 38 participants were drawn from five implementing districts (Nyimba, Chipata, Kafue, Chongwe, and Senanga) located in Eastern, Lusaka, and Western provinces as well as officers from Lusaka.

The objectives of the workshop were to: (1) understand QI methods and their relevance in OVC care programs; (2) learn skills, methods, and tools for QI implementation in OVC programs; and (3) develop and adopt specific strategies for the institutionalization of QI in OVC programs.

During the coaches' training, a timeline to guide the implementation of the standards was developed and agreed upon, and participants in provincial groups created draft workplans to guide their operations. During the training, case studies and a video were shared, and the coaches were led in different exercises. This helped participants appreciate the need for QI.

There were some challenges to implementing the coaches' training, namely that the three days were quite full, and some materials were not printed on time, which resulted in some minor delays.

The recommendations made at the end of the coaches' training were that the OVC service standards should be reviewed and published in a version that could be piloted in order to understand the feasibility and effectiveness of the OVC standards. Additionally, it was decided that implementing partners would focus piloting in two sites in each district. Participants proposed that training manuals on implementation of the standards would be very useful in carrying out the work.

F. Development of the OVC Standards

The current draft version of the OVC standards was developed over a period of 18 months.⁵ During the first stakeholder workshop in April 2011, the initial draft was developed, adapting other OVC standards for the Zambian context. In November 2011, the OVC standards were revised to include recommendations and comments from the Children's Workshop.

During a February 2012 review meeting the OVC standards document went through further refinement by stakeholders. It was aligned with the SADC minimum standards, and the indicators were revised. The document was then circulated for comments to a wider audience of stakeholders and reviewed internally by HCI.

Minimum standards were established in the following eight service areas:

- Education and vocational training
- Psychosocial care and support
- Food and nutrition
- Coordination of care
- Child protection
- Health
- Economic strengthening
- Water and sanitation

⁴ Coaches' Training Zambia, Implementing outcome-based standards for OVC Programmes. Ministry of Youth, Sport and Development. Supported by the USAID Health Care Improvement Project.

⁵ Minimum Care Standards for Orphans and Vulnerable Children, Lusaka, Zambia, Ministry of Sport, Youth, and Child Development, September 2012.

For each of the eight service areas, the standards included a service description, desired outcome, measurable goals, and essential actions needed to achieve the outcome.

Despite circulating the standards document among stakeholders, feedback was less than expected even with additional time for comments. The limited response continued to the close-out phase of HCI's assistance, when the call for comments was renewed. Currently the document has been aligned with the draft Zambian Constitution and is ready to be used in the pilot.

III. PILOTING THE STANDARDS

After drafting the OVC standards, it was essential to work with implementing partners to pilot the standards to gather evidence on their feasibility (Are the standards doable at the point of service delivery?) and effectiveness (Will applying the standards make a measurable difference in children's lives?).

The QI Task Team developed a strategy to pilot seven of the eight service areas (education, economic strengthening, psychosocial care and support, water and sanitation, health care, child protection, and food and nutrition) in five districts. Three hundred children were identified and selected to participate in the pilot.

Five districts were selected as pilot sites from Lusaka, Eastern, and Western provinces. The district sites chosen were Kafue and Chongwe in Lusaka Province (ChildFund); Nyimba (World Vision) and Chipata (Africare) in Eastern Province; and Senanga in Western Province (Catholic Relief Services – CRS). In order to ease the piloting process, sites where implementing partners were already running programs were chosen. During the coaches' training, the facilitators recommended that, based on their experience, each implementing partner should focus on a maximum of two sites. The final sites that were selected after internal consultations are in Table 4.

Table 4: Sites selected for piloting

District	Organization	Sector to Pilot	Community
Chongwe	ChildFund	Economic strengthening Water and sanitation Health care	Chitemalesa
			Chainda
Kafue	ChildFund	Education Psychosocial care and support Child protection	Titandizane
			Chikupi
Senanga	CRS (STEPS)	Education	Katoya
			Litambya
Nyimba	World Vision (STEPS)	Education Child protection	Chilinthumba
Chipata	Africare (STEPS)	Economic strengthening Food and nutrition	Jerusalemu
			Chisitu

A. Progress of Piloting by Implementation Site

1. Chongwe

Three coaches were trained from Chongwe District. They included the Assistant District Social Welfare officer, a representative from the National AIDS Control DATF, and the ChildFund Chongwe Coordinator. In Chongwe, two QI teams were formed in the communities Chitemalesa and Chainda. Three standards were selected for piloting. Economic strengthening was chosen for piloting in

Chitemalesa, while in Chainda, health and water and sanitation were selected. QI teams were formed and received orientation in Chitemalesa and Mutamino. The children, caregivers, and volunteers were identified to participate in the pilot. A baseline assessment using the CSI was conducted, and 84 questionnaires were administered.

Chongwe District held six QI meetings, including an orientation meeting for district stakeholders that was facilitated by the coaches. Children participated during the meetings held at the community level.

Challenges faced included lack of funds for logistical needs such as food and transport during meetings and the baseline assessment. To address these challenges, several strategies were put in place by the facilitators, including continued sensitization of community members on the importance of volunteerism and the role of QI teams in supporting QI efforts to support vulnerable children in the area. Transport difficulties were temporarily addressed by allowing each member to conduct the CSI baseline assessment within their villages. ChildFund provided logistical support for the process.

Potential solutions to these challenges in the future include providing bicycles for the teams to visit sites and provision of refreshments during meetings to boost the morale of team members.

Going forward, ChildFund is planning to continue using the CSI to assess children's well-being in order to see if the services they are providing are addressing the needs of vulnerable children. ChildFund has conducted a pilot on the CSI in Kafue and will utilize the results to inform its operations countrywide by mainstreaming the CSI as a tool to assess delivery of programs in ChildFund's monitoring and evaluation system. One lesson that has been learned is that the CSI baseline assessment is a good way of determining the quality of services delivered to the OVC. Currently, it is too early to measure the impact of the use of the OVC standards.

2. Kafue

In Kafue, two people were trained as coaches, the Kafue Child Development Association (KCDA) Coordinator and the Assistant Social Welfare Officer. Two QI teams were formed in Tithandizane and Wakame Community Associations. The QI team members were identified through community association offices, including representatives from CBOs, neighborhood health committees, community development and social welfare officers, women's groups, neighborhood watch, community leaders and village headmen, Soloboni and Chikupi guardians, and cooperative society members. Two children, a boy and a girl, from the basic school were also selected to be part of the QI teams. KCDA chose to pilot three standards: Education, psychosocial care and support, and child protection.

Currently, no QI meetings or orientation activities have been held due to financial constraints. As a result, discussions were held with the Federation Manager to solicit financial support for snacks and logistical support. Once this aspect is resolved, the KCDA intends to integrate QI into their normal programming. Despite these constraints in Kafue, ChildFund Zambia has started the process of assessing children's well-being with the CSI in order to understand gaps in services in its supported areas. A pilot has since been conducted in Kafue.

It is important to budget for QI activities. Assuming that costs will be taken up in everyday activities has not worked. As soon as Kafue Federation avails funds for the QI activities, the process will continue.

3. Senanga

Senanga had six participants in the coaches' training: representative of the NAC DATF; Provincial AIDS Coordination Advisor; the Assistant Social Welfare Officer; the Provincial Social Welfare Officer; the Vice Secretary from HBC/OVC; and the Provincial Child Development Coordinator from the MGCD. The coaches led the establishment of two QI teams in Kapiya and Litambya, both of which chose to pilot the education standard.

The two QI teams used the CSI to conduct a baseline assessment and selected 50 children, 25 per site, for the piloting. As of this writing, two meetings have been held in each site. The group plans to carry out monitoring visits using their own resources and to develop improvement objectives.

Despite the fact that a budget was developed in Senanga and presented to CRS, it has been difficult to provide support for activities that were not budgeted for. Another challenge has been that some QI team members expressed that it is difficult for them to monitor children in the pilot while their own children are not part of the piloting process. Child participation in the QI teams has also posed a challenge as the children are in school and rarely participate in the meetings with the rest of the QI teams. Teams have also noted that there is a big gap between what was learned during the coaches training and activities on the ground. For instance, not enough school requisites are provided to vulnerable children in the district, making it very challenging to meet minimum OVC standards as stipulated. Lastly, referrals with other organizations are difficult, particularly with limited resources.

4. Nyimba

In Nyimba District, four people were trained as coaches, one each from the DATF, Social Welfare, Mphatso Development Foundation, and one caregiver. Chilinthumba was the site selected because Mphatso Development Foundation has presence there. Child protection and education, focusing on early childhood development to post high school, were the OVC standards that were selected for the piloting.

Several three to four hour sessions were held with staff to orient them on QI and various aspects of the coaches' training. A QI team was identified and put in place to support the work of the implementing partner, and the team meets twice weekly. Additionally, a request was made to the District Education Board Secretary for an officer to participate in the QI team.

A challenge has been that children have not been attending the meetings because meetings are held while they are in school. Additionally, there is no budget to host the QI team meetings or even the QI agenda. Government officers require a prescribed transport refund of K50,000 per participant in the task team, which has not been available. Task team members have noted the need for some refreshments during meetings also.

5. Chipata

In Chipata District, seven coaches were trained, including the Provincial Child Development Coordinator of MGCD; the District Social Welfare Officer; the Provincial Facilitator from Africare; the CHIN/YWCA Chairperson; NAC Provincial AIDS Coordination Advisor; and a representative of the NAC DATF. The two sites of Jerusalemu and Chisitu were selected for piloting the economic strengthening and food and nutrition standards.

In Chipata, 47 caregivers (11 males and 36 females) were trained on using the CSI, and baseline assessments were conducted with 30 children in each site. Forty participants were trained (11 males and 29 females) in economic strengthening, leading to the establishment of community saving groups, one in Jerusalemu and two in Chisitu. One of the savings groups in Chisitu began chicken rearing as an income-generating activity for households. Additionally, youths, parents, guardians, and community leaders have been mobilized to care for and protect children.

There were challenges in implementing some of the planned activities as there was no budget to support the activities. Some members in the QI team requested incentives (transport allowance and reimbursements), thus only the caregivers under the STEPS OVC project were very active. Lastly, in Chisitu, the community opted to pilot economic strengthening instead of food and nutrition standards.

IV. LESSONS LEARNED IN THE PILOTING PROCESS

The development of a national set of standards is a lengthy one. The piloting process, while necessary to provide evidence of feasibility and effectiveness, requires commitment and capacity on the part of multiple stakeholders. By the end of this project, the QI Task Team had developed a draft version of the standards and initial piloting efforts were made in five districts.

A number of factors delayed the piloting, including scheduling conflicts of Task Team members, a vague timeline, and a delay in the recruitment of the QI Advisor. Funding for the piloting phase ended before finalization of the standards, to be reinstated in the new ZOVSS Project. This occurred when implementing partners were preparing to participate in the pilot. Also, the assumption at the beginning was that participating organizations would provide partial financial support for the piloting proved not to be the case; in the end, this did not happen. CHIN, one of the implementing partners, pulled out midway during the piloting due to staff resource constraints, as the Executive Director was replaced by the Program Coordinator, leaving a gap in staff available to support the pilot.

The inclusion of government officers in the QI teams raised the issue of allowances that are part of their conditions of service. NGOs have traditionally paid most communities in Zambia for “voluntary work” either through the provision of transportation refunds, refreshments, or logistical tools such as bicycles. A project that does not provide for such incentives makes itself vulnerable to the volunteers who might be induced to work on another project.

The MGCD led the process, but there was limited ownership of the OVC standards. The OVC standards were not widely disseminated, and instead were known only to a core group of task team members and some professionals. Lack of clarity over the policy and implementation roles of the MGCD and the Ministry of Community Development, Mother and Child Health resulted in ambiguity when developing the OVC standards.

V. RECOMMENDATIONS

Based on our experience, HCI recommends that a high-level meeting with relevant government Permanent Secretaries and Directors and Executive Directors and Program Managers from implementing partners be convened at the onset of the project. At regular intervals, through the MGCD, a briefing session should be organized with other partners at the senior level, such as Directors and Permanent Secretaries, to keep them informed of the work and solicit their ongoing commitment and insight. Involving the Permanent Secretary of the MGCD in such a briefing would ensure that leadership from the MGCD is entrenched. Further senior level representation would highlight the entire project, helping the OVC standards and the QI process to receive the attention they deserve.

The effort needs to be adequately resourced, taking into account the costs associated with the piloting, and sufficient time needs to be allowed for institutions to participate in the development and vetting of the OVC standards to engender ownership.

Additionally, support should be provided to government to resolve confusion over roles and responsibilities of the MGCD and the Ministry of Community Development, Mother and Child Health.

Lastly, it is recommended that the ZOVSS Project draw upon the existing work in piloting the OVC standards and utilize the coaches who have already received training and are ready to continue this important work.

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