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Improvements in quality of care and support services for vulnerable children in Bagamoyo District, Tanzania

Background

The HIV/AIDS pandemic, coupled with other factors such as poverty, is the major cause of increased numbers of orphans and vulnerable children in Tanzania. Vulnerable children—both those who are no longer raised in the protective environments of their families and those living in families that are struggling to provide basic care to household members—deserve quality care, support, and protection. However, it has not been easy for all service providers to provide quality services to the most vulnerable children due to lack of uniform guidelines.

To address this concern, Tanzania's Ministry of Health and Social Welfare led the development of the National Guidelines for Improving Quality of Care, Support, and Protection for Most Vulnerable Children (MVC) in Tanzania (2009). These guidelines

were needed to improve the quality of the services provided by implementing partners to vulnerable children, including those infected or affected by HIV/AIDS. Implementation of the guidelines has been supported by several partner organizations and governmental agencies.

The guidelines cover eight primary service areas necessary to provide comprehensive care for children, including: access to sufficient food and nutrition, shelter, family-based care and support, social protection and security, primary health care, psychosocial care and support, education and vocational training, and household economic strengthening (see Table 1).

In Bagamoyo District, in the coastal region of Tanzania, the USAID Health Care Improvement Project (HCI) is working with local authorities and implementers to strengthen the capacity of community systems to provide care, support, and protection of most vulnerable children through the application of quality improvement methods. Bagamoyo has a total population of 277,673 (2002 census) and an estimated 5,199 most vulnerable children (National Plan of Action 2010). These children are receiving support from several organizations, including Red Cross, UNICEF, UKUNI, KICODET, Moyo MMoja Trust, CAMFED, Compassion Tanzania, and CVM.

Table 1. Standards of Care for Most Vulnerable Children

The child has sufficient and nutritious food and is growing well
The child has adequate shelter
The child is safe from abuse and exploitation and is legally protected
The child is healthy and has access to preventive and curative health services
The child is happy, has hopes and enjoys relationships with others
The child is performing well at home, and on school work and receiving education and or skills training
The child is receiving care support, and protection from a trusted adult in a homely environment
The caregiver is able to meet household basic needs

Methods

We conducted a baseline assessment to define gaps in quality of services delivered to vulnerable children in three wards in Bagamoyo District. The baseline assessment was followed by orientation of 25 Most Vulnerable Children Committees (MVCC) as quality improvement (QI) teams. The QI teams identified priority needs such as conducting home visits, updating MVC registers, having list of all MVC with their identified priority needs, mapping out stakeholders at community level, and preparing QI implementation plans. QI teams met monthly to share experiences on mobilizing resources for the children and used data to determine whether tested changes yielded improvement or not.

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Bagamoyo District Social Welfare Officer (standing) reminding QI teams about their responsibilities during a coaching meeting.

Results

After nine months of implementation of the guidelines, children's wellbeing notably improved. Access to adequate shelter improved from 43% to 84%; access and use of insecticide-treated nets improved from 15% to 100%; the percentage of vulnerable children who get two or more meals a day increased from 62% to 100%; and children with birth certificates increased from 6% to 45% (Figures 1 and 2).

Some of the key activities that led to changes include the following:

- Teams met regularly, shared and documented their priority changes and discussed ways to address them.
- MVC Committees utilized data for action, e.g., supporting issuance of birth certificates.
- Community members were mobilized to support MVC Committees.

Conclusion

Mobilizing existing community structures such as the MVC Committees to function as quality improvement teams is a promising development. MVC Committees demonstrated the ability to implement the National Guidelines and to gather and use data effectively to generate support for quality services from available resources at the community level. Based on documenting the lessons learned in the initial three wards, HCI is supporting the Department of Social Welfare to spread these efforts to the other 19 wards of Bagamoyo, thus covering the entire district.

Figure 1. Increase in Percentage of Most Vulnerable Children with Birth Certificates in Bagamoyo, May 2011–February 2012

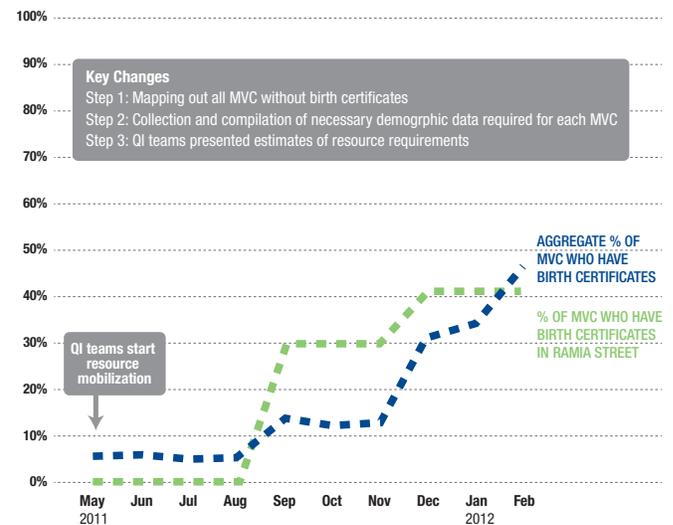


Figure 2. Improving effectiveness of MVC programs through QI in Tanzania, May 2011–February 2012

