

**The quality of care in the ARV treatment childcare centres of the SACBC  
AIDS Office in South Africa.**

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## ***Prologue***

*I want to thank the Southern African Catholic Bishop's Conference (SACBC) AIDS Office for the opportunity to do research in South-Africa, especially Sister Alison and the staff of the AIDS-office. They helped me with ideas and making appointments with the various childcare centres. Furthermore I want to thank Professor Adri Vermeer, the general coordinator of the research project, for the opportunity to do research in a foreign country and dr. Marcel van Aken for his support. Also thanks to Dr. Chris Baerveldt, my supervisor, for all the good comments and instructions. Dr. David Maree for his correction of my bad English. And last but not least I want to thank the Sisters of the Loretho Convent for their positive thinking and support during our research; it was a pleasure staying with you!*

*Abstract: Many children in South Africa have become orphans due to the HIV/AIDS virus. The government does not provide health care in the rural areas because of insufficient infrastructure and lack of access to social services. Because of the inadequate response the Southern African Catholic Bishop's Conference (SACBC) AIDS Office is coordinating the reaction of the Catholic Church to HIV/AIDS in South Africa. They have established childcare centres to give orphans infected by HIV/AIDS a secure home and to provide them with medication, and antiretrovirals (ARV). This study focused on the quality of care in these childcare centres. A compiled questionnaire was used, based on an existing questionnaire of 'Harmonisation of quality review in health care and welfare' from the Netherlands. 16 caregivers and 10 managers of 9 different childcare centres were interviewed about the quality of care they provide for children with HIV/AIDS. This study tried to answer the following research questions: (1) Is there a difference between the quality of care of the ARV-programme at the various childcare sites? (2) Is the implementation of the quality of care, that the managers intended, successful? (3) Does the level of stress that caregivers experience during their work has an effect on the quality of care? There was a difference in the quality of care on the various childcare centres. The amount of stress that caregivers experienced had an effect on the quality of care in the childcare centres. If the amount of stress that caregivers experience increases, the quality of care decreases.*

## **1. Introduction**

In South-Africa many children have become orphans due to the HIV/AIDS virus. In answer to the lack of response of the government many nongovernmental organisations (NGO's) are established to take care of these orphans by giving them a home. The Southern African Catholic Bishop's Conference (SACBC) AIDS Office is coordinating the response of the Catholic Church to HIV/AIDS in South Africa. A component of this is providing residential care and drugs (ARV's) to orphans infected with the HIV/AIDS virus. This study will focus on the quality of care in the ARV-treatment childcare centres funded by the SACBC Aids Office. It will take a closer look at the intake procedures, the organisation, the physical environment the children live in, whether the basic needs of the children are fulfilled, hygiene, nutrition, staff recruitment, after care programs and documentation. It will also examine the implementation of the quality of care and the levels of stress the caregivers experience during their work since this affects the quality of care they provide.

This study answers the following research questions:

- (1) Is there a difference between the quality of care of the ARV-programme at the various childcare sites?
- (2) Is the implementation of the quality of care, that the managers intended, successful?

- (3) Does the level of stress that caregivers experience during their work has an effect on the quality of care?

The following pages will explain the HIV/AIDS situation in South-Africa, the reaction of the SACBC office to this, the difficulties that they experience in their work and the importance of the implementation of quality of care and the levels of stress that caregivers experience during their work with children, infected by HIV/AIDS.

### ***HIV/AIDS in South-Africa***

AIDS stands for Acquired Immune Deficiency Syndrome, which is a collection of symptoms and infections in humans, resulting from a damaged immune system caused by the Human Immunodeficiency Virus (HIV) (Kumar & Clark, 2002). There is no known cure for HIV/AIDS, on the other hand there are existing treatments for AIDS and HIV which slow down the process. For example antiretrovirals (ARV's). ARV is a type of drug designed to slow the reproduction of HIV in the body. If ARV treatment is effective, the onset of AIDS can be delayed for years. When ARV's are taken regularly and with proper nutrition it can reduce the rate of death by 86% (Sterne, Hernan, Ledergerber, Tilling, Weber, Sendi, Rickenbach, Robins, Egger, & the Swiss HIV Cohort Study, 2005).

In South Africa the HIV/AIDS pandemic threatens the social and physical existence of millions of people. In 2006 there were 5,5 million people infected by HIV/AIDS in South Africa, 22% of them are children up to fourteen. Another consequence of AIDS is the growing number of orphans, in 2006 there were 1,2 million orphans living in South Africa (UNAIDS, 2006). Orphans are defined as those who have lost either one or both of their parents (Henderson, 2006). The growing number of orphans demands the increase of orphan homes (Bradshaw, Johnson, Schneider, Bourne & Dorrington, 2002; Van Zantvoort, 2005).

In the early 1990's the first signs of the HIV/AIDS pandemic began to be noticed in South Africa, but the reaction of the government was very slow. Till 1994 the government thought HIV/AIDS was primarily a homosexual disease, after that they started thinking about prevention and the effectiveness of drugs against HIV/AIDS. Unhtill 2003 the government responded to the AIDS pandemic by setting up structures and programmes without making treatment publicly available. In August 2003 the government finally gave its support to the provision of Highly Active Antiretroviral Therapy (HAART) in the public sector. At the end of 2004, 54 hospitals nationwide should have been accredited to start the ARV roll-out. But in March 2004 only 13 sites had been accredited and they were all located in the Western Cape Province (De Waal in: Vermeer & Tempelman, 2006; Dullaert in: Vermeer & Tempelman,

2006). In rural South-Africa it is difficult for the government to reach HIV/AIDS patients; there is insufficient infrastructure and access to social services is lacking. In these areas non governmental organisations (NGO's) and especially religious organisations stood up for the rights of HIV/AIDS patients.

Since the year 2000 the Southern African Catholic Bishop's Conference (SACBC) AIDS Office is coordinating the response of the Catholic Church to HIV/AIDS in South Africa, Swaziland and Botswana. At local level the programmes and projects of the SACBC are committed in prevention, care and support to people infected and affected by AIDS. Home-based care is extended to the care of orphans and vulnerable children. In the second half of 2003 the SACBC office is funded to provide antiretrovirals (ARVs) (Munro, 2005; Parry, 2005). The SACBC AIDS Office is driven by the desire to save lives in areas where the government does not have any medical infrastructure and where people are dying of AIDS because of the slow response of the government. The AIDS Office wants to show that it is possible to have a successful ARV roll-out in settings with poor resources. They use their own infrastructure and human resources to reach the people and the SACBC AIDS Office has proved to be successful in their work (Dullaert in: Vermeer & Tempelman, 2006).

### ***The present study***

The present study is connected to previous studies done by several students from the Dutch Utrecht University. Over the past two years several students have done a longitudinal research project on: *The Psychosocial Problems of Children with HIV/AIDS on Antiretroviral Treatment in South Africa*. The findings of these studies show that children with more psychosocial problems receive less social support (Wierda, van Gent, Winkelman, Gelder, Kraakman, Vermeer, Kleber & Aken, 2006). These results reflect the importance of the quality of care which is provided at the childcare centres. There are many welfare projects in South-Africa. Not all of them are effective for a long time, especially programs in rural areas. Research from Phiri and Webb (2002) shows that community initiatives cannot anticipate the growing number of orphans most of the time. In a period of time they do not have enough primary facilities to take care of a large group of orphans and especially orphans infected by the HIV/AIDS virus who need medication. They do not have the money, facilities and the network to expand. Institutions established and maintained by religious or missionary groups are lasting longer.

Research from Salaam (2005) has shown that children in institutions lack basic and traditionally accepted social and cultural skills to function in their societies; they have lower

levels of educational attainment; problems adjusting to independence after leaving the orphanage, lack basic living skills; more difficulties with relationships, lack parental skills and some of them often have a misplaced sense of entitlement without a parallel sense of responsibility. There is also a bigger chance to get stigmatized.

Because of this risk it is important that the quality of care in the various childcare centres will be evaluated. Thanks to the improvements in the medication, the survival period of children with HIV/AIDS is increased. This disease can be regarded as a chronically manageable illness rather than a rapid progressing deadly disease. Because of this, the quality of life of children with HIV/AIDS becomes more important than just to care for them. The disease affects almost every part of their life, so the children need receive education and learn how to manage their health (Pakenham & Rinaldis, 2002; Wu, Gifford & Asch, 1998; Domek, 2006). The care of children with HIV/AIDS makes a shift from only caring to caring, education and raising. The caregivers in the childcare centres are not used to these aspects; therefore the management plays a large role to introduce these facets into the practices of the centres. Besides the functioning of the caregivers, it is important that they feel comfortable during their work so that the quality of care will improve. The following sections will explain the concept of the quality of care, its implementation and the possible effects of the levels of stress that caregivers experience.

### ***Quality of care***

Quality of care can be defined as the degree to which services for individuals and populations increase the likelihood of desired outcomes and are consistent with current professional knowledge (Institute of Medicine, 1991). According to Gastel (2001) the concept of the quality of care has three characteristics, it is relative, value laden and related to aspects of care. Relative, because quality refers to the degree of adherence to a standard. The quality of care is also value-laden because different people have a different meaning of quality of care, especially because this research has been performed in another country with different cultural values. In addition, the quality of care is multidimensional and therefore related to different aspects.

In this research I have looked at the education of the staff, the implementing of rules/standards in the daily care process, the feedback from the management to the staff, the environment of the childcare centre and the size of the centre. Children with HIV/AIDS who live in orphanages and childcare centres need a secure home. It is important that the caregivers know how to take care of them and how to raise them. The environment is also an

important aspect. The basic concept is that more effective and more appropriate processes between provider and patient will improve health outcomes. Better facilities, equipment, staffing, and training affect outcomes indirectly by improving processes (Wu, Gifford & Asch, 1998). The management plays a large role in providing these factors.

The first research question is whether there is a difference between the quality of care of the ARV programme in the various sites or not. A difference in the quality of care between the various childcare centres was expected. I expected that this difference can be predicted by the number of children at the different sites and by the proportion children – caregivers. When caregivers experience a heavy workload this can result in stress and they can get unmotivated to go to work (Henderson, 2005). A difference in providing aftercare between the various childcare centres is also expected. The improvements in the medication for HIV/AIDS are resulting in increased survival periods of children with HIV/AIDS. Many orphanages are not aware of this shift and hence they are not ready for implementation of an aftercare project (Wu, Gifford & Asch, 1998; Pakenham & Rinaldis, 2002).

### ***Implementation***

According to research from Shortell, O'Brien, Carman, Foster, Hughes, Boerstler and O'Connor (1995) large-sized health care providers experience more problems with the implementation of new standards and the total management of the centres. When the management wants to adopt new standards for the centre, they are most likely to be successful in those centres with an underlying culture that promotes innovation (Berlowitz, Young, Hickey, Saliba, Mittman, Czarnowski, Simon, Anderson, Ash, Rubenstein & Moskowitz, 2003; Galvin & Milstein, 2002). The management of the various sites is responsible for their staff and they need to keep them informed about procedures of working with HIV/AIDS patients. Also personnel that are better informed and believe they are providing good care are more motivated and cooperative about the implementation of new standards or procedures (Berlowitz, et al., 2003). Implementation includes a complete set of goals with various ways to achieve those goals. In this research-project one component of implementation will be examined, namely, the intentions. The intentions are an important part of implementation and this component shows that different parties have common goals.

The second research question examined whether the implementation of the quality of care, that the managers intended, was successful. The managers are expected to experience a higher quality of care than the caregivers do in practice. Managers think about quality in

theoretical terms and have higher expectations while caregivers experience the quality in practice.

### ***Stress experienced by the caregivers***

In the childcare centres of the SACBC Aids Office, the caregivers play a large role in providing high quality care. They are the main persons who take care of the children. When caregivers feel comfortable during their work with children with HIV/AIDS, the quality of care they provide will increase. According to Niven & Knussen (1999) working with children infected by HIV/AIDS can be stressful. Some caregivers of children with HIV/AIDS can experience more stress than others. Factors responsible for stress are negative attitudes, little knowledge about HIV/AIDS and a reduced access to in-service education.

When caregivers are not well informed about how to take care of HIV/AIDS patients, they might have wrong ideas about the risk of getting infected and therefore experience more stress in their work. Thus, the quality of care is dependent on the amount of stress caregivers experience during their work (Forum for collaborative HIV research, 2003).

The third research question examined whether the level of stress that caregivers experience during their work have an effect on the quality of care. It was expected that when the caregivers experience lower levels of stress, the quality of care is better. It was expected that when the caregivers experience higher levels of stress, the quality is lower. They have few facilities and need to work harder to get a minimal level of quality of care (Niven & Knussen, 1999). Caregivers who have a better understanding of HIV/AIDS experience lower levels of stress and perform better quality of care in treatment in managing the disease (Forum for collaborative HIV research, 2003)

## **2. Methods**

### **2.1 Subjects**

This study was conducted in cooperation with the Southern African Catholic Bishop's Conference (SACBC) in Pretoria and will use the same experimental group as the previous studies from the longitudinal research project of Wierda et al. (2006) did. For the previous studies, the SACBC Office selected childcare centres which were participating in the ARV treatment programme from the SACBC Office. The childcare centres provide ARVs to the children with HIV/AIDS, and the children also live in the centres. Children above the age of four go to school during the day. The younger children stay in the centre with the caregivers.

Some centres take care of the children until they reach the age of 18. Others, for example, only until they are seven years old. After that age they go to another centre or back to relatives or foster parents who are willing to take them in.

The childcare centres were located in Gauteng, Limpopo and KwaZulu-Natal. These provinces included a mix of urban and rural areas and had been identified as having high levels of HIV infection (Freeman & Nkomo, 2006). This study used the same childcare centres as the previous studies and included three extra centres in KwaZulu-Natal, a total of 9 childcare centres (Table 1).

Table 1

Childcare centres included in research

Childcare Centre	Managers (N)	Caregivers (N)
Site 1	1	1
Site 2	1	1
Site 3	1	2
Site 4	1	2
Site 5	1	2
Site 6	1	2
Site 7	2	2
Site 8	1	2
Site 9	1	2

The subject sample consisted of the managers and two caregivers from the different childcare centres. This sample consisted of 26 persons, and among them were 10 managers and 16 caregivers (figure 1).

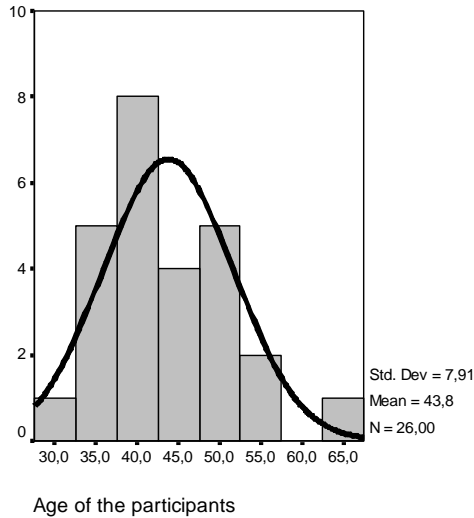


Figure 1. Age of the participants in the study

The average number of years of work in the childcare centre was 4.5 years (SD = 3.32). All the caregivers were female, 80% of the managers were female.

## 2.2 Instruments

This study used a compiled quantitative questionnaire, consisting of components of the HKZ-model from the Netherlands. HKZ stands for *Harmonisation of quality review in health care and welfare*, its mission is harmonisation and implementation of quality management systems and external review of such systems. The HKZ produces ISO: 9001 compatible certification schemes for all kinds of types of health care institutions (HKZ, 2002).

HKZ has developed a conceptual framework for certification: the HKZ Harmonisation model. This framework is applicable to all sub sectors in healthcare and welfare. The model consists of nine headings, which all together describe the whole of organisational processes. The first three headings refer to primary processes with a professional input: from intake via care delivery to evaluation. Standards in these headings are emphatically formulated from the perspective of the patient/client. This emphasis is the main characteristic of HKZ certification schemes.

The remaining six headings relate to supportive items and processes: policy and organisation, human resource management, research and development, documentation, environment and materials, and services delivered by third parties. The norms in these sections are strongly ISO related (HKZ, 2002).

Both questionnaires, for the managers and the caregivers, are based on the HKZ-model. The subdomains and the questions from the KHZ-model are modified for the South African society and care for vulnerable children with HIV/AIDS in childcare centres. In the original HKZ-model nine sub-domains were used, but the ninth sub-domain about services by third parties was not applicable to this project: the childcare centres are isolated organisations.

### *Questionnaire for the managers*

To measure the quality of care of the ARV-programme with the managers, the questionnaire had eight sub-domains: intake, implementation, after care, the organisation, research and development, buildings, physical environment & materials, documents and data (Appendix 1). All questions were measured by a five-point-scale with the answer possibilities “no, not always, don’t know, most of the time, yes”. All these subdomains were assessed for reliability (table 2).

*Intake.* This sub-domain will question the intake procedure, for example, the introduction from the child to his or her caregiver and the documentation of the kind of treatment the child should get. This domain contained questions such as: “Will the child get introduced to its caregiver and does the childcare centre make a plan of care about the kind of treatment the child should get? “

*Implementation.* This sub- domain measures if there are any protocols about how to take care of children in a childcare centre. This domain contained questions such as: “Is there a procedure about how to act in case of a supposed/suspected or ascertained sexual intimidation/abuse?” Or “Is there a protocol or procedure about how to take care of the children?”

*After care.* The children in the childcare centre cannot live there forever. When they reach the age of 18 they have to move out. This sub -domain measures if there is any after care programme or protocol for them. This domain contained questions such as:” Do you make sure the child can live on its own? “Or “is there an after care project? “

*The organisation.* This domain is about the management and the instructions in the work place. For example, hygiene, nutrition and behaviour codes for the caregivers. This domain will contain questions like: “Are there descriptions of every function in the site so the staff

know what is expected from them? Or “are there procedures about hygiene in the work place?”

*Staff.* In the nursing and caring sector the staff is a very important component. Taking care of vulnerable children with HIV/AIDS requires affection, discipline and understanding. Also the personnel have an enormous responsibility, therefore, it is important they are well-educated and trained for their function. This domain measured the quality of the staff and the policy for employees. This domain contained questions such as: “Did the caregivers have training on how to raise children and stimulate them in their development? Does the staff have conversations with the management about their roles? “

*Research & development.* Every organisation has to deal with change. Most of the time staff members think negatively about change because of it interfering with their usual way of doing things. This domain questioned whether the manager is open to change and whether he/she will give the caregivers concrete instructions about how to implement them. This domain contained questions like: “When the SACBC Office adopts new standards for your site, do you think it will be better for the site and do you tell the caregivers how to implement the standards in the daily care of the children? “

*Buildings, physical environment & materials.* In a childcare centre safety is very important. The premises need to be protected against intruders/uninvited guests, stairs need to be locked to protect the smaller children. In the kitchen, knives, etc. should be out of reach of children. This domain measured the safety of the building, playground and toys. This domain contained questions such as:” Is there a safety gate down and up the stairs so the children will not fall down the stairs? Is the kitchen locked to the children? “

*Documents & data.* This sub- domain contains two questions about confidential files. It is important because of privacy that they are locked away and only accessible to management.

### ***Questionnaire for the caregivers***

The questionnaire for the caregivers also contained questions from the questionnaire for the manager. These questions examined how the caregivers experience the management in practice and also checked the answers of the management and the caregivers. The questionnaire for the caregivers contained questions from the sub- domains intake,

implementation, the organisation, the staff and buildings, physical environment & materials (Appendix 2). All questions are measured by a five-point-scale with the answer possibilities “no, not always, don’t know, most of the time, yes”.

It contained five questions about levels of stress the caregivers can experience during their work with children with HIV/AIDS. These questions were compiled from the AIDS stress-scale, developed by Pleck in 1988 (Niven & Knussen, 1999). The aim of the AIDS stress-scale was to measure the potential sources of stress associated with working with clients with HIV/AIDS to identify potential health care workers who would benefit from an intervention (Niven & Knussen, 1999). The questions in the compiled questionnaire examined the amount of stress caregivers experience in their work with children with HIV/AIDS. This was measured with questions such as: “Is working with HIV/AIDS patients one off the most stressful parts of your job? Are you comfortable when you are with HIV/AIDS patients?” And “do you think you have a higher risk of getting HIV/AIDS because of your job?” The reliability estimates of the previous sub -domains and the AIDS stress scale are presented in table 3.

### 2.3 Procedure

Appointments with the managers of the different sites where the ARV-program is funded by the SACBC Office were made. The managers completed the questionnaire by themselves since they fully understood the English language. At every site it was tried to interview at least two primary caregivers who were taking care of children with HIV/AIDS who were on ARV treatment. The specific caregivers who were on duty were asked to complete the questionnaire. Interviews did not realise at two childcare centres because of the work shifts.

The caregivers were assisted by the researcher while completing the questionnaire because of their lack of command of the English language. The researcher explained the answer possibilities and the questions to the caregivers. All the interviews were held in a private room to enable the caregivers to concentrate on the questionnaire. The interviews took on average 10 – 15 minutes.

### 2.4 Statistics

For the statistical analyses SPSS 11.05 (Statistical Package for the Social Sciences) was used. All applicable tests were set at a 5% significance level. The questions in the sub-domains of the questionnaires were reduced to scale scores. A reliability analysis was used to

make reliable subscales. Table 1 and 2 describe the reliability of the different sub-domains and the included questions. The two scales with scores about the quality of care experienced by the caregivers and the managers were included in a total scale.

Table 2

Number of items and reliability of the sub domains of the questionnaire for the managers

Sub domain	Items (n)	Included questions	Reliability ( $\alpha$ )
Intake procedure	5	3,5,7,8,10	.78
Protocols	5	12 to 16	.84
After care	4	22 to 25	.94
Staff selection	12	43 to 54	.73
Research and development	5	55 to 59	.60
Safety physical environment	8	62, 66 to 71	.57
Documentation	2	72, 73	.97

Table 3

Number of items and reliability of the sub domains of the questionnaire for the caregivers

Sub domain	Items (n)	Included questions	Reliability ( $\alpha$ )
Protocols	4	2,3,4,5	.59
Professionalism	5	3,4,5,7,13	.62
Staff selection	5	3,6,7,8,9	.90
Safety physical environment	6	1,2,5,6,9,10	.63
Level of stress	3	3,4,5	.64

To answer the first research question about the quality of care of the ARV program in the childcare centres, a one-way analysis of variance (ANOVA) was used. As dependent variable the total scale of the quality of care and as grouping variable the nine different childcare centres were used. A post-hoc analysis was also used to explore the differences in

the quality of care between the different sites. The most important aspects in which the quality of care differs in the different childcare centres was tested by a Kruskal-Wallis test. A non-parametric test was used because of the small number of respondents and because the sample size was not normally distributed. As testing variables the reliable sub -domains of the questionnaire for the managers were used. As grouping variable only the managers of the nine different childcare centres were included. A second test was performed with as testing variable the reliable sub -domains of the questionnaire for the caregivers and as grouping variable only the caregivers of the nine different childcare centres were included. Furthermore, the impact of the number of children at a childcare centre and the proportion caregiver–children on the quality of care was examined. This was tested by a Kruskal-Wallis test. As testing variable the total scale of the quality of care was used. As grouping variable the number of children at a childcare centre and the proportion caregiver- children were used.

The second research question examined whether the implementation of the quality of care that the managers intended was successful. Because of the small number of respondents a Mann-Whitney U-test was used to evaluate this question. As test variable the total scale of the quality of care was used and as grouping variable position, manager or caregiver.

The last question whether caregivers experience more or less stress because of the quality of care was tested by a Spearman's Rank correlation-coefficient. The variables which were used were the total score of the quality of care and the total score of the amount of stress caregivers experience.

### **3. Results**

#### ***Quality of care in the various sites***

There was a significant difference in the quality of care in the various childcare centres (Table 4). Site 1, Site 3 and Site 2 had a significantly lower score on the quality of care than the other centres ( $F(8.17) = 4.56; p < .05$ ). Site 7, Site 6 and Site 9 procure a high quality of care. The differences between the childcare centres can be explained by the quality of care ( $\hat{\eta}^2 = 0.68$ ) for 68%. A post-hoc analysis showed significant differences between Site 1 and Site 7, Site 2 and Site 7 and between Site 4 and Site 7 ( $p < .05$ ). During our visits we mentioned significant differences between the various sites. There were sites where the children hardly had toys to play with. The smaller children who were not able to move were not stimulated but just left on the bed. According to our perceptions the only moment of contact with the caregivers was when the children needed nutrition. There were children of ten months old who could not sit on their own. The environment did not look hygienic. In the

sites where we experienced higher quality of care there were a significant number more interactions between the caregivers and the children than with the previous sites Children were stimulated more in their development, for example, with their motor skills. There were also more toys available for the children, educational as well as toys to merely play with. All these differences noticed during our visits corresponded with the present results of this study.

The important aspects in which the quality of care differs per site were analysed per position, sub -domain and site. There were no significant differences between the sub -domains per site ( $p>0.05$ ).

There was a significant relation between the quality of care and the number of children living at the childcare centres (Kruskal-Wallis-test,  $\chi^2 = 12.76$ ;  $df = 5$ ;  $p<0.05$ ). There was also a significant relation between the proportion children - caregivers and the quality of care (Kruskal-Wallis-test  $\chi^2 = 9.97$ ;  $df = 3$ ;  $p<0.05$ ). The proportion caregiver-children had an effect on the quality of care. However, when we look at table 4 these differences are not very reliable. Because of the small number of sites, two sites did not provide the numbers of children and caregivers and consequently we cannot draw any conclusions based on these significant findings. There were also many other possible factors which could influence the previous results, for example, the location of the childcare centre. Some childcare centres are located in cities while others in rural areas.

Table 4

Quality of care in the childcare centres

Childcare centre	Mean	SD	N	N children at site	Proportion caregivers/children
Site 1	2.98	0.34	2	-	-
Site 2	2.73	0.45	2	-	-
Site 3	2.67	0.18	3	33	1
Site 4	3.03	0.31	3	28	5
Site 5	3.33	0.57	3	80	3
Site 6	3.46	0.23	3	73	4
Site 7	4.14	0.06	3	65	5
Site 8	3.56	0.52	4	100	4
Site 9	3.47	0.50	3	33	4

### ***Implementation***

The third research question examined whether the implementation of the quality of care that the managers intend for is successful. There was no significant difference in that managers ( $M = 14.80$ ) think that the quality of care is higher than the caregivers ( $M = 12.69$ ) do ( $U = 67$ ;  $p > 0.05$ ). Overall seen, both the managers and caregivers intend to provide a high quality of care. Managers were involved in the process of caring. At some sites the managers provided information about hygiene presented on papers on the wall. At other centres they had printed protocols about procedures regarding hygiene, safety and interaction. These protocols were accessible to the caregivers. During the visits we noticed that the managers of the various sites were very involved in the treatment of the children. They knew, for example, all the names of the different children and caregivers. Even though the managers and caregivers intend to provide a high quality of care, they do not have all the facilities. For example, there is a lack of physical space despite many children who need ARV-treatment in the rural areas in South Africa. As a result of that many childcare centres of the SACBC Aids Office are overcrowded with children.

### ***Amount of stress caregivers experience***

There is a strong negative significant relation between the quality of care and the amount of stress caregivers experience during their work ( $R_s = 0.85$ ;  $p < 0.05$ ). This implies that when the caregivers experience high levels of stress, the quality of care probably will decrease.

During the visits in the various childcare centres we noticed that there were differences in the treatment between the caregivers of the children. Some caregivers were afraid of getting infected by the HIV/AIDS virus and they avoided any physical contact with the children. For example, cuddling children was seldom seen. Some caregivers told about superstitious thoughts about getting infected, for example, shaking hands or use the same toilets as infected people.

## **4. Conclusion & discussion**

In this study the following research questions were examined: what is the quality of care of the ARV program in the childcare centres? Is the implementation of the quality of care, that the managers intended, successful? Does the level of stress that caregivers

experience during their work has an effect on the quality of care? The questionnaires were completed by 10 managers and 16 caregivers of 9 different childcare centres.

There is a difference in the quality of care between the different childcare sites of the SACBC Office. Three childcare centres provide a lower quality of care than the other childcare centres. Three childcare centres provide an estimated quality of care and the remaining childcare centres a high quality of care. There was no significant difference between the childcare centres in the quality of care looking at the different sub-domains. Despite all the childcare centres are funded by the SACBC Office, some of them are also funded by other organisations. The childcare centres that get extra funding have more money to spend which can be another factor that increases their quality of care. Also the location of the childcare centres can have an influence on the results. For example, childcare centres which are located in more urban areas, there are more resources available than in the rural areas of South Africa.

There is no significant difference in the aspirations of the managers and caregivers. Both parties have the same intentions concerning the quality of care in the childcare centres. Even though intentions are still a small part of the total concept of implementation, it is important to examine the level of aspirations when one wants to implement new standards. Future research must include other components of implementation, for example, level of educations of the caregivers.

The quality of care in the childcare centres depends on the amount of stress that caregivers experience during their work. When the amount of stress that caregivers experience increases, the quality of care decreases. Therefore, it is important for the managers of the childcare centres to educate the caregivers about working with children with HIV/AIDS and keep them informed about new standards. At this moment the caregivers of the various childcare centres are insufficiently educated about HIV/AIDS. Better education will increase their understanding about this disease and the caregivers will feel more at ease during their work.

The results in this study are based on two questionnaires. These questionnaires have been assessed for their reliability. New reliable subscales have been constructed and finally a total scale which measures the quality of care has also been constructed. The internal validity of this study is therefore certain. The external validity of this study is not high, because the number of participants were not randomised. The results can only be generalised to the childcare centres of the SACBC Office and not to childcare centres in South Africa in general. The data collected for this study was checked only for the size of the childcare centres and the

proportion caregiver/child. This is a limitation in this study. However, the compiled questionnaires can be used for future research in other childcare centres.

The results from this research can be biased by cultural differences. The researcher worked from a westernised point of view, and although the researcher tried to be as objective as possible, this can colour the results of this study. The study could also have been influenced by language. All the questionnaires were translated in English but some of the interviewed caregivers did not understand the language very well. Questions had to be explained, but sometimes their level of understanding was still doubtful. In addition English is also not the mother tongue of the researcher. Doing research as a foreign researcher could be experienced negatively by the caregivers. For example, they might think that we judge them negatively. One also has to keep in mind the possibility of socially desirable answers.

As was mentioned above, the concept of the quality of care has three characteristics, it is relative, value -laden and related to aspects of care (Gastel, 2001). In this study this was proven again. South Africa is still a developing country, and from this point of view it is already quite an achievement that they care about vulnerable children and orphans. Orphans are not left on their own on the streets and they can live in orphanages and their primary needs are fulfilled as far as possible. This research focussed on the primary needs and also somewhat on secondary needs. Even though the secondary needs are not something childcare centres want or can think about yet, these needs are important for the future survival of the child. When a child reaches the age of eighteen they need to take care of themselves. The purpose of this research goes further than the basic needs the childcare centres can provide at the moment. Because of that on the one hand the outcomes can be a little bit negative in a western point of view. In the South African point of view on the other hand, the childcare centres provide all the basic needs children need.

The results of this study have less consequences for scientific research. Most of the findings were in line with the expectations before doing the survey. According to the scientific literature it was expected that there would be a difference in after-care at the different sites, while this project found that there was not a significant difference in after-care between the different sites. The findings of this study was also consistent with the scientific literature about the effects of stress experienced by caregivers and its effect on the quality of care. In line with these findings an important recommendation to the SACBC Aids Office can be made. It is very important and desired for caregivers to increase knowledge about HIV/AIDS. This can be achieved by giving them information by means of providing education, folders, or information sessions.

According to the results of this study there are several recommendations for future research. Future research needs to be conducted with a larger group of respondents. The questionnaires need to be translated in the mother tongue of the caregivers to make the research more valid. The education and training of the caregivers need to be explored as well as what training they need. South Africa is still a developing country with a high number of people infected by HIV/AIDS, but during the past year it is doing a good job in providing primary care for children who are orphaned by this disease. Secondary care can be addressed in the future, but hopefully with this study contributed to emphasising its need.

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<sup>i</sup> The questionnaire used in this study to measure the quality of care for the managers is included in appendix 1

<sup>ii</sup> The questionnaire used in this study to measure the quality of care for the caregivers is included in appendix 2

## Appendix I Questionnaire for the Managers

Quality of Care Questionnaire Managers
Name of the SITE:
Name:
Position
Sex:
Age:
Number of caregivers working at the site:
Number of children at the site:
Opening year:
<p>This questionnaire is about the management of the quality of care in your site. Can you please fill in this questionnaire by choosing the most appropriate answer? It has eight sections and 73 questions and it will take approximately 15 minutes to fill in this questionnaire. If you do not understand a question please tell me so that I can explain the question to you.</p> <p>Thank you for your cooperation.</p>

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Universiteit Utrecht

June/July/August 2007

## 1. INTAKE

	No	Not always	Don't know	Most of the time	Yes
1. Do you check if the child qualifies for the orphanage or centre?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you make a registration of the intake of the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you use the government or provincial registration forms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there people of other disciplines involved in the admission?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you introduce the child to its caregiver?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you make a plan of care about the kind of treatment the child should get? (if not, go to question no. 11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does the plan of care contain...	No	Not always	Don't know	Most of the time	Yes
7. a request for assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. a diagnosis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. goals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. a detailed plan with goals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 2. IMPLEMENTATION

Norms	No	Not always	Don't know	Most of the time	Yes
11. Is there a protocol/policy or procedure about how to take care of the children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Is there a protocol/policy in case of death of the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Is there a protocol/policy in case of the death of a parent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Is there a protocol/policy about how to handle suspected sexual intimidation/abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Is there a protocol/policy about punishment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Are the complaints of children taken seriously?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Medications	No	Not always	Don't know	Most of the time	Yes
17. Is medication stored in a secure place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Does the caregiver accompany the child when he or she needs to take a drug?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Does the use of medication get written down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Do you check the expiry date of the medication every 6 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 3. AFTER CARE

Emergencies, disasters and accidents	No	Not always	Don't know	Most of the time	Yes
21. Do you report accidents and disasters to the SACBC Office? (E.g. a stroke, fire.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The completion of care	No	Not always	Don't know	Most of the time	Yes
22. Is there a protocol/policy about what to do when a child reaches the age of 18 and wants to live on his/her own?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Do you make sure the child can live on its own?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Is there an after-care project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Do you make clear to the child where he/she can go when he/she needs help/support when on his/her own?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### 4. THE ORGANISATION

	No	Not always	Don't know	Most of the time	Yes
26. Is the budget for the site administered by the management?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Are there certain budgets for different sections of the site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Are there descriptions of every function in the site so the staff knows what is expected from them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Is there a procedure for the management of the site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Is there a behaviour code for the caregivers about how to take care of the children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do the caregivers.....	No	Not always	Don't know	Most of the time	Yes
31. accept the cultural differences between the children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. know how to deal with sexuality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. know how to handle aggression?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. know how to handle questions about HIV/AIDS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. stimulate the children to develop themselves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hygiene & nutrition	No	Not always	Don't know	Most of the time	Yes
36. Are there procedures about hygiene?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Are there procedures about how to avoid infections?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Do you make sure every child get its daily food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Is all the food stored in a hygienic and secure place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Can the children drink water when they want to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Do you give the children a bath once in a week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Is there a cleaning schedule for the staff or are there cleaners at the site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 5. STAFF

	No	Not always	Don't know	Most of the time	Yes
43. Is there a procedure in case of an ill staff member?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Is there work or shift schedule for the staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Will new staff members get an orientation before they work full shifts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Is there a protocol/policy about dismissing a staff member?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Did the caregivers have training on how to take care of children with HIV/AIDS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Did the caregivers have training on how to raise children and stimulate them in their development?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Do volunteer workers receive orientation before they start to work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Does the staff have conversations with the management about their duties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Do the staff members know where to go when they have any complaints?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Will complaints of staff members get registered and dealt with?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Do you organise a staff meeting at least once a month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Does the staff experience stress?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 6. RESEARCH & DEVELOPMENT

When the SACBC Office has any suggestions about a better way to take care of the children,	No	Not always	Don't know	Most of the time	Yes
55. do you think about that?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. do you discuss it with the caregivers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. do you tell the caregivers how to implement these suggestions in the care of the children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When the SACBC Office adopts new standards for your site,	No	Not always	Don't know	Most of the time	Yes
58. do you think it will be better for the site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. do you think it is impossible to adopt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. do you think, most of them are useless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. do you tell the caregivers how to implement the standards in the care of the children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 7. BUILDINGS, PHYSICAL ENVIRONMENT & MATERIALS

	No	Not always	Don't know	Most of the time	Yes
62. Is the site area totally locked by a gate so that the children cannot get out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. Is there a playground outside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64. Is there a playground inside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65. Is there a room for the meals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66. Is the kitchen locked for the children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67. Is there a safety gate down and up the stairs so the smaller children will not fall down the stairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68. Is there a fire extinguisher in the building?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69. Is there an emergency exit in the building?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70. Are the cleaning tools and materials locked away from the children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71. Are the toys, which contain small parts locked away from the small children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 8. DOCUMENTATIONS

	No	Not always	Don't know	Most of the time	Yes
72. Are confidential files stored in a locked cupboard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73. Are the files about the children filed by name?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Appendix II Questionnaire for the caregivers

Quality of Care Questionnaire Caregivers
Name of the SITE:
Name:
Position
Sex:
Age:
<p>This questionnaire is about the management of the quality of care in your site. Can you please fill in this questionnaire by choosing the most appropriate answer? It has eight sections and 48 questions and it will take approximately 15 minutes to fill in this questionnaire. If you do not understand a question please tell me so that I can explain the question to you.</p> <p>Thank you for your cooperation.</p>

Marieke Hogenkamp  
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June/July/August 2007



**Universiteit Utrecht**

	No	Not always	Don't know	Most of the time	Yes
1. Is there a plan of care about the kind of treatment the child should get?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Norms	No	Not always	Don't know	Most of the time	Yes
2. Is there a protocol/policy or procedure about how to take care of the children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there a protocol/policy in case of death of the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there a protocol/policy in case of the death of a parent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there a protocol/policy about how to handle suspected sexual intimidation/abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is there a protocol/policy about punishment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are the complaints of children taken seriously?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Medications	No	Not always	Don't know	Most of the time	Yes
8. Is medication stored in a secure place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you accompany the child when he or she needs to take a drug?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Does the use of medication get written down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you check the expiry date of the medication every 6 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	No	Not always	Don't know	Most of the time	Yes
12. Is there a description of your function in the site so you know what is expected from you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Is there a behaviour code for the caregivers about how to take care of the children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you...	No	Not always	Don't know	Most of the time	Yes
14. accept the cultural differences between the children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. know how to deal with sexuality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. know how to handle aggression?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. know how to handle questions about HIV/AIDS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. stimulate the children to develop themselves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hygiene & nutrition	No	Not always	Don't know	Most of the time	Yes
19. Are there procedures about hygiene?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Are there procedures about how to avoid infections?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Do you make sure every child get its daily food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Is all the food stored in a hygienic and secure place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Can the children drink water when they want to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Do you give the children a bath once in a week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Is there a cleaning schedule for the staff or are there cleaners at the site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	No	Not always	Don't know	Most of the time	Yes
26. Is there a procedure in case of an ill staff member?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Is there work or shift schedule for the staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Will new staff members get an orientation before they work full shifts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Is there a protocol/policy about dismissing a staff member?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Did you have training on how to take care of children with HIV/AIDS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Did you have training on how to raise children and stimulate them in their development?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Do you have a conversation with the management about your duties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Do you know where to go when you have any complaints?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Is there a staff meeting at least once a month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	No	Not always	Don't know	Most of the time	Yes
35. Is the site area totally locked by a gate so that the children cannot get out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Is there a playground outside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Is there a playground inside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Is there a room for the meals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Is the kitchen locked for the children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Is there a safety gate down and up the stairs so the smaller children will not fall down the stairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Is there a fire extinguisher in the building?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Is there an emergency exit in the building?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Are the cleaning tools and materials locked away from the children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Are the toys, which contain small parts locked away from the small children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	No	Not always	Don't know	Most of the time	Yes
45. Do you experience stress at work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Is working with HIV/AIDS patients one of the most stressful parts of your job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Are you comfortable when you are with HIV/AIDS patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Do you think you have a higher risk of getting HIV/AIDS because of your job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Do you think it would be hard for you to deal with more HIV/AIDS patients in the future?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>