

## Quality Action CASE STUDY

### 1. Name and country of the organisation

*(Please state the name and the country of the organisation that implemented this practical application of a QA/QI tool as part of Quality Action. We do not publish this information unless you agree. You can remain anonymous by adjusting the settings at the end of this form.)*

Voluntary Counseling and Testing Site (VCT), Infectious Diseases Department (ID Dpt),  
Evangelismos Hospital, Athens, Greece

### 2. Authors of the case study and contact details

*(Please provide then name of the author(s) of this case study and any contact names, Email address or websites where readers can access more information about this practical application of a QA/QI tool.)*

Eleni Kakalou, ID Dpt, Evangelismos Hospital, e-mail: ekakalou@yahoo.gr  
Theodoros Kakkavas, ID Dpt, Evangelismos Hospital email: thekak7@yahoo.gr

### 3. External support (facilitators/partners/technical assistance)

*(Please list the names of other organisations and/or people who were involved in this practical application of a QA/QI tool, e.g. project partners, technical assistance, external stakeholders etc..)*

List of participants in the practical application of *Succeed* :

- The authors of this case study and members of the VCT centre of the ID Dpt at Evangelismos Hospital that were trained in *Succeed* at the national training event organised by HCDCP acted as facilitators
- Other members of the VCT service and the HIV/AIDS Clinic or ID Dpt (physicians, nurses, psychologist, admin staff)
- External partners (PRAKSIS-NGO)

Technical Assistance  
Hellenic Center for Disease Control and Prevention (HCDCP)

### 4. Project/programme

*(Please briefly describe the project/programme to which you applied the tool.)*

The Infectious Diseases Department (ID Dpt) of Evangelismos Hospital hosts a VCT testing site for HIV at the Hospital (Outpatient ID Clinic) since 2004. The site operates two days per week, when walk-in service users can have anonymous HIV testing (using a coding system) for free. Appointments are not needed and people are served on a first come, first seen basis. Counselling is also available (nurse, psychologist, ID physician). Anonymous questionnaires are being used (demographics, behavioural data, information on use of services etc). The nurse conducts a short triage, providing information on the test and its limitations and refers for pre-test counselling if needed. When people collect their results, post-test counselling is available (psychologist, physician).

Since 2012, the ID clinic has been collaborating with the NGO PRAKSIS, which is performing Rapid Diagnosis Testing (RDT) in the community (fixed and mobile clinic services) and links vulnerable HIV patients to care (migrants, injecting drug users, homeless people, the socially excluded etc). The centre performs confirmatory testing for NGOs (PRAKSIS and Athens Checkpoint mainly) that offer RDT for HIV in the community.

In 2015, the VCT centre offered its services to 1500 users. Positivity rates are around 5%. Positive cases are directly linked to care. This is the only organised VCT site offering free anonymous testing for walk-in users in public hospitals in Athens.

Objectives of the project:

- To contribute to the early diagnosis of HIV and direct links to care, particularly for high risk groups
- To contribute to the prevention of new infections (diagnosis, counselling)
- To offer confirmatory testing for NGOs offering RDT in the community

## 5. Goals/aims of applying the QA/QI tool

*(Please list the goals you wanted to achieve with the practical application of the tool.)*

The aims of applying the tool are described below:

1. Assess what is working well, what improvement actions need to be taken, by whom and in what time frame
2. Enhance the planning, implementation, monitoring and evaluation of our project
3. Build a better working climate, collaboration and work satisfaction among team members
4. Build a framework for training Infectious Diseases Fellows, other health workers or community workers, peer workers and NGO personnel in HIV prevention
5. Collect evidence that documents the work accomplished through the project
6. Design further development of the service through collaboration with NGOs, government organisations and potential implementing partners

## 6. Tool and methodology used

*(Please indicate which of the five tools you used (Succeed, QIP, PQD, PIQA, Schiff) and briefly sketch out the steps and measures of how you applied it.)*

The two physicians responsible for the VCT service were trained in *Succeed* at the national training workshop organised by HCDCP.

After an initial application by those two members, the results were presented to the entire team of the Infectious Diseases Dpt and feedback was provided.

One member of the *Succeed* application team presented the tool and got feedback from two members of the co-ordination team of PRAKSIS responsible for community HIV testing.

The case study was presented during the 2nd part of training and feedback was provided by colleagues and experts in their field.

## 7. Results and benefits of applying the QA/QI tool

*(Please describe what resulted from applying the tool and if and how your project/programme benefitted.)*

The use of the tool helped us to:

- a. Critically think about the objectives, implementation, monitoring and follow up of our project
- b. Redefine some of our processes, methods of collaboration with actual and potential partners, communication and project development.

The 1st quality change we made was the better organisation of the team through structural changes, definition of job descriptions and involvement of other available staff (Infectious Diseases Fellows) following on-the-job training by experienced team members according to a defined curriculum.

The 2nd change was the introduction of a new questionnaire for users in collaboration with HCDCP (to be evaluated after an initial pilot implementation) so as to better stratify risks and personal counselling needs, but also in order to feed the monitoring and evaluation system not only of the VCT centre, but also to contribute to the monitoring and evaluation (M & E) system for the national response coordinated by HCDCP, using common indicators.

The 3rd change was the development of an appropriate implementation policy and monitoring and evaluation system. The 4th change was the development of a curriculum for on-the-job training of Infectious Diseases Fellows, health workers and peer educators.

The 5th change was the development of a strategy for a better collaboration with NGOs active in community HIV prevention.

## 8. Recommendations

*(Please describe the lessons learnt from positive and negative experiences during the process of using the tool itself and about the quality of projects/programmes like yours.)*

1. The tool can be used as a way of conducting proper needs assessment, project design and implementation. The Project Cycle Methodology has to be applied at each phase of the project.
2. The tool is easy to use and very useful for detecting weaknesses and areas for improvement.
3. It is useful to be applied at different phases of the project's lifecycle.
4. It covers most needs of different types of projects. Some questions might not be relevant to all projects, but can just be skipped.

The added value of the training includes:

1. Transfer of knowledge that guided us through the steps of the process
2. The opportunity to realise that we had to write up the structure of a project that had been running for years in order to document our work and redefine some of its goals and processes.
3. Last but not least, the opportunity to meet with colleagues and experts from different organisations with whom we are collaborating in different projects and actually gain from their input during the project presentation that took place at the training workshop. This also provided us with ideas for further collaboration.

### **Please indicate how you want this case study to be published:**

- ☒ *I want this case study to be published mentioning the names of countries, organisations, people and contact details/websites in the text above.*
- ☐ *I want this case study to be published anonymously, meaning that names of countries, organisations, people and contact details/websites in the text above will be removed by the editors before publishing.*
- ☐ *I want this case study to be published without mentioning people's names, meaning that names of people in the text above will be removed by the editors before publishing, but names of organisations and countries as well as website addresses will remain.*

Please send the filled in case study to [carolin.vierneisel@dah.aidshilfe.de](mailto:carolin.vierneisel@dah.aidshilfe.de)

**Thank you!**