



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 We do not publish this information unless you agree.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).

Aids Hilfe Wien, Austria

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).

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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..).

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4. Project/Programme and key population/target group addressed

(Please describe the project/programme to which you applied the tool and the key population/target group addressed).

Risk minimization of HIV/HCV among MSM and transgender people who take drugs, chems, etc.

Alcohol and party drugs consuming homosexual and bisexual men as well as trans*people between 16 and 65 years of age. The lifestyle of the target group is characterised by a behaviour which can lead to increased HIV/HCV risk. Moreover, sex tourism, anonymous partner search, excessive party life as well as particular sexual practices are also important, among other things. The target group visits the following settings: cruising areas and dark rooms, flat rate alcohol parties, clubs and sex/fisting parties.

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 goal of this project is "most fun/least risk". MSM and transgender who take drugs should get information about drugs, mixed consumption, HIV treatment etc. The MSM target group should know how they can minimize their risk when they have sex and take drugs at the same time.

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).

For this project, the PQD Tool was used. To find out more about the target group, four focus group discussions and three community mapping exercises were conducted.

Moreover, to get input and gather knowledge, a Community Advisory Board was set up bringing together club owners and associations of the target groups.

Rapid Assessments were conducted among the target groups by peer educators in order to find out more about their drug consumption.

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).

23 people took part in the focus groups. We tried to find participants via the internet and through flyers that were distributed in clubs and coffee shops.

The focus group with MSM under 25 years had the highest number of participants (10). Also, in the age group 25 to 40 years there was a high number of participants. It was really hard to find people over 40 to attend the focus groups. The discussion was guided by a questionnaire. The focus groups were very important because a lot could be found out about the sexual behaviour and the consumer behaviour in the MSM scene. Additionally general behaviours in bars and at clubs were talked about: Where is it important to do prevention work and in what way. The results were very important because some clubs are only visited by people under 35.

Community Mapping: Two community mapping exercises were conducted with two separate groups, a third community mapping brought together both groups. Ten participants discussed which clubs they are attending, its visitor frequency, and if and which drugs are consumed.

To get an even broader picture of the drug consumption in Vienna among MSM, peer educators went to bars and clubs to reach those MSM who would not come to focus groups or community mapping exercises and asked them through a rapid assessment questionnaire about their drug consumption.

The Community Advisory Board brought a great benefit to Aids Hilfe since a lot of their knowledge was brought to the project.

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).

Like often, it is not easy to gather people for focus group discussions and community mapping exercises, especially when talking about sensitive issues like being gay, taking drugs and having sex afterwards. The group of young MSM (under 25 years) had fewer problems talking about it. People over 45 years were rather open in one-to-one conversations (rapid assessments). Nevertheless, we gathered a lot of interesting results. In the end, the results about the drugs, the sexual behaviour and the testing and many more was really productive.

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(who will then forward it to their WP 6 contact).*

Thank you!