

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 We do not publish this information unless you agree.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

LILA Onlus, Italy

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).

Lella Cosmaro
LILA Onlus, Italy
l.cosmaro@lilamilano.it
www.lila.it

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..).

Partners:
Angela Savio, socio-anthropologist
Miral - Progettazione formazione ricerca
a.savio@miralconsulenza.it - www.miralconsulenza.it

Almira Myzyri, cultural intermediary
Progetto Integrazione Cooperativa Sociale a r.l. ONLUS
a.myzyri@progettointegrazione.it - www.progettointegrazione.it

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).

We utilised some selected PQD tools during the first phase of the project "HIV toolkits for migrants", which addresses different migrant groups. In particular, the project aims to produce four video tutorials (the first one on HIV information and prevention; the second on HIV testing; the third on HIV treatments; the fourth on right to access to care for migrants in Italy) in five different languages. The languages were selected during consultation with expert stakeholders on migrant issues in Italy and, more specifically, in Milan. The aim in this case was to select the largest migrant communities in the metropolitan area which are, in some cases, also the most affected by HIV. The following communities were selected: Chinese, Egyptian, Nigerian, Peruvian and Russian. The video tutorials therefore were going to be produced in the following languages: Arabic, Chinese, English, Russian and Spanish. The challenge was to find the right approach to address difficult issues with such different groups, which have different religions, beliefs, taboos, traditions, etc. In order to benefit the most from their input and involve them as key stakeholders, LILA project leaders decided together with a socio-anthropologist and a cultural mediator to organise a training course. The course would be for five cultural mediators representing the selected groups in order to build their capacity regarding HIV issues and have them find the right approaches for talking about these issues to their people. Thus, the texts of the video tutorials would not be translated versions of an Italian text, but rather adapted versions of basic messages, respectful of the cultures of the different communities.

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

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

We believed that, in order to make the HIV Toolkits for Migrants responsive to the needs of migrant communities and respectful of their cultures, it was fundamental to involve the target groups right from the beginning, together with other selected experts who have acquired great experience in cultural mediation. The goal was to produce video tutorials on HIV issues that do not represent a mere translation of Italian prevention messages - which would not effectively reach any of the communities we want to address - but rather to have the cultural mediators representing each of the selected communities work to find the right approach (words, arguments, examples...) to pass on the message. Another goal, which is a direct consequence of this general one, was to develop texts in the different languages that the representatives of the selected communities felt comfortable and confident about, so that they would be ready to be the actors in the tutorials and would disseminate them in their groups.

In summary, we wanted to give the target groups a high level of participation, i.e. level 7 (according to the scale in the PQD tool): partial delegation of decision-making authority, allowing them to determine some aspects of the contents themselves. They needed to be the ones to determine how best to achieve the objectives; LILA is supporting them by building their capacity and making the realisation of the video tutorials possible.

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).

We thought that PQD was the perfect tool for involving the target groups. In particular, during the training sessions with the cultural mediators representing the different communities we used a mix of the following PQD tools: (1) Enquiries and Concerns register; (2) Rapid assessment; (3) Focus group; (4) Open space.

(1) We designed a list of needs after having collected the enquiries and concerns of the participants during the first of the training sessions we held. They mostly referred to barriers in talking about sexuality with their groups or to concepts which would be too difficult to address. We used this list to check if, after the following discussions and exercises, the statements still needed to be in the list or had been taken care of.

(2) We used an adapted version of the rapid assessment to engage the training participants in sharing the initial level of competence they had on HIV/AIDS issues. We conducted this "survey" by asking questions of the entire group in order to encourage discussion. The questions were the following: What is the most important information you know about HIV/AIDS? Do you know about the situation for HIV/AIDS in your native country? What are the words to define AIDS in your country? Would you talk to your peers about HIV/AIDS?

(3) During one of the training sessions we organised a Focus Group to engage the mediators in a discussion about how to address the topics of the tutorials in their respective communities. We wanted to understand the common barriers, the common enablers, the relevant differences that each of them had to address in a specific way in order to be respectful of their cultures, traditions, etc. The discussion was recorded. The analysis of the discussion and its outcome led to the draft of the common contents of the video tutorials.

(4) The idea of the "Open space" was used to engage one to two persons close to the training participants (of the same community) in conversations about the draft contents of the tutorials. The objective was to check whether the participants had used a suitable and respectful approach in addressing the topics to be disseminated using the tutorials.

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 target groups (five different migrant communities in Milan) were actively engaged in the content definition of the video tutorials through five cultural mediators who accepted to take part in the training course and were willing to serve as a bridge to their groups. The attention given to their initial concerns, the understanding of the situation in their home countries, common discussions of the topics and the focus on the cultural and religious differences and taboos led to a very active involvement and to the draft of texts quite different from each other, since they adopt specific approaches in addressing the same topics. We came to know the specific, different problems that they face when accessing testing and care services and the multiple stigma they encounter because of belonging to other vulnerable groups. This information was extremely important when drafting the text concerning migrant rights in the access of testing, treatment and care services. Furthermore, discussions led to identify and address gender and age differences. The involvement of other people close to the training participants (either family members or friends) allowed LILA to check whether the content of the tutorials could be accepted by the target groups.

We are now moving to phase 2 of the project, which includes the production of the tutorials. The participants of phase 1 are collaborating in the identification of peers who are willing to become actors in the tutorials; they will also be involved in phase 3, the dissemination of the tutorials, to make sure that the important messages on HIV prevention, testing, treatment and access to care reach the target groups.

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).

PQD was definitely the right QA tool to choose for a project targeted to migrants. We believe that this key population is the hardest to reach with effective prevention messages because we (European NGOs and health services) simply do not have sufficient information on their culture, religion, traditions, habits, beliefs, taboos, etc. Even health as a concept varies a lot in many other countries/continents and therefore, if we want to transmit prevention messages in an effective way, we need to involve migrant groups and let them develop the right messages, being respectful to their culture. We had confirmation of the fact that prevention interventions addressed to migrants need to be specifically tailored to each single group and developed by a representative of that group. It is fundamental that Nigerian people collaborate in prevention tutorials addressed to their community. A generic message in English cannot talk at the same time to migrants from Nigeria, the Philippines and Sri Lanka - their roots and cultures are extremely different. The same happened in the selected group of mediators we involved: similar messages cannot be addressed to Egyptian and Russian women - there is a huge distance to be bridged between their cultures. This is why we are convinced that the PQD tools really helped a great deal in the identification of the right approach and that the tutorials we are about to produce will effectively reach their target groups. As a result of the application of PQD tools, we discovered that the message cannot be addressed to all populations that speak the same language; they have to be tailored to each group/nationality.

Involvement of relevant stakeholders is also key for the success of PQD prevention interventions. The involvement of a socio-anthropologist and an experienced cultural mediator proved to be fundamental to the success of the project. They became partners in the project team and contributed information and suggestions that LILA prevention staff did not have, since we do not work specifically with this target group.

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