

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 We do not publish this information unless you agree.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

Croatian National Institute of Public Health, Croatia

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..)

Iva Jovovic, NGO LET

Dunja Skoko Poljak, Ministry of Health of Croatia

4. Project/programme

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

Work of VCT centers in Croatia

We used the Succeed tool on the Work of the network of VCT centers in Croatia. There are ten centers in total in Croatia and they are being coordinated by the center working within the Croatian National Institute of Public Health, which also monitors the work of partner NGO organizations working on the prevention of HIV/AIDS in Croatia. Prior to the Global Fund project (2003-2006) there were only two voluntary counselling and testing (VCT) sites in Croatia. These testing sites were at the University Hospital for Infectious Diseases (UHID) in Zagreb and at the Clinical Centre Rijeka. HIV testing, albeit with limited counselling, has also been performed at transfusion centres throughout Croatia. Anonymous testing was not widely available before the Global Fund project. The Global Fund project enabled us to open altogether 10 VCT sites during 2004 and 2005. Positive HIV screening tests are sent to the Reference Laboratory at UHID in Zagreb, where confirmatory testing is performed. The VCT centers are functioning within the Croatian National Health Institute, eight County Public Health Institutes (not all counties are covered), one VCT is located within University Hospital for Infectious Diseases and one in the prison system (mobile team based in the Prison Hospital in Zagreb). Locally, these VCT centers collaborate with NGOs providing services such as community testing. Clients of VCT centers can get a free HIV test, counselling, education and information (printed materials as well) and receive free condoms. They also get information on other STI. Where finances allow, there is also a possibility to get tested for hepatitis B and C, but not in all centers.

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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 applying the QA/QI tool Succeed was to identify our strengths and, particularly, our weaknesses and shortcomings, ways to improve the implementation of our project and ways to reduce/solve the weaknesses found. Particularly, we found the process to be useful for improving the documentation related to work processes (working procedure descriptions). Also, we want to use this tool for QA/QI, so we can use it in the future in our other projects.

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 applied the tool Succeed.

We had the questionnaire and accompanying documentation translated into Croatian and have gone through the translation to see whether it needed adjusting. The documents were distributed between CNIPH and HELP, partners in the Quality Action project, so that they could have a read and prepare for the piloting phase. The tool was first used on a program implemented by NGO HELP and afterwards on a program implemented by CNIPH. We used in within our team: Tatjana Nemeth Blažić, MD, epidemiologist, Head of Department for Responsible Sexual Behavior with Counselling Center, Lana Kasumović, sanitary engineer, Sanja Glamočanin, sanitary engineer, Jasmina Pavlič, professional in charge of M&E. We had the external support of Iva Jovović, Director of the NGO Life Quality Improvement Organisation FLIGHT and the support of Dunja Skoko-Poljak, Head of Public Health Sector at the Ministry of Health of the Republic of Croatia. The NGO LET kindly provided us with a space where we held a meeting with the aim of applying the tool in order to get out of the busy everyday surroundings and to be more efficient and focused on the task of applying the tool. The piloting meeting was held on Wednesday, 10 December 2014. The meeting started at 9AM and lasted until 3PM.

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 main result of the tool application is that we have identified main areas for improvement. We found that we need to improve:

1. Increase testing coverage of populations under heightened risk of HIV/AIDS and other STI by implementing preventive actions tailored to specific populations (community testing), follow new methods and approaches for this and secure financing for ensuring visibility and higher acceptance of such programs from final users.
2. Strengthen the collaboration of Public Health Institutes and NGOs in the field active within our VCT network, increase the level of involvement of NGOs in Croatia with a strong coverage, e.g. with networks such as the Croatian Red Cross.
3. Influence the securing of more financial resources for procurement of educational and information material (flyers, brochures...) and other marketing material and condoms, but also securing finance for human resources
4. Increase the use of rapid testing - which is also connected with securing enough financial resources for procurement of testing kits.
5. Try to influence and increase the participation in strengthening capacities for implementing health education within the education system on the subjects of HIV and STD in accordance with the health education curriculum in schools, which is an important part of primary prevention (education and information of youth).

6. We need to strengthen the activities of evaluation, obtaining feedback from the end users of our services (satisfaction of clients with our services) through questionnaires, structured and unstructured conversations and by taking part in their fora. We have used questionnaires on client satisfaction, but not systematically. Starting 2015, we will do this at least once a year.

7. We found that we also need to improve, in everyday work, the collaboration of various services within our Public Health Institute (microbiology and health promotion) and we need to secure more human resources within our team (one more epidemiologist or at least a resident in epidemiology).

8. We need to continue and improve the collaboration and networking of all key stakeholders and information sharing through professional meetings, lectures, aids.hr mailing list and other means of communication. We also need to invite policy makers (Minister of Health) to be more aware of our work and to try to gain more political support for HIV prevention in Croatia. These tasks lie with the CNIPH and UNAIDS Topic Group on HIV/AIDS in Croatia who will assist us in this. We also need to invest more time in coordination, in the sense that from the national level (CNIPH) we need to provide more feedback to our stakeholders on our data, statistics and report findings so that other stakeholders might benefit from these data.

For now, we have published part of our data on the webpage of the CNIPH and disseminate them through annual meetings, but perhaps we could do more there, provide data not published in our reports thus far to all stakeholders, but also for the general public and users of our services, for example in form of reports on research conducted, epidemiological reports, publications. Generally, we could benefit from making more use of our "aids.hr" mailing list. We also need to be more active in providing our key populations with more information on our research results and statistics and data on epidemiology of STI and HIV/AIDS in Croatia.

9. We spend a lot of time on surveillance and data collection but make too little use of these data. We should try publishing more reports, comparisons of data of our research, reviews etc. To improve this, we plan to prepare one publication per with the latest epidemiological data on the situation of STI & HIV/AIDS prevention in Croatia including data collected for the Global AIDS Progress Report.

10. We found that we should be more actively involved in advocacy regarding policy. Also, an area to improve is to see where we can with developing new segments for our program, turn towards STI and improvement of sexual and reproductive health, analyze our situation and set up a possibility of having more counselling and testing services in one place (counselling, diagnostics and therapy in one place) - for this there is a pilot project currently set up at the Clinic for Infectious Diseases "dr. Fran Mihaljević"; this is of course closely linked to securing financing which poses a problem. We need to advocate more to keep HIV/AIDS high on the priority list. This we should do jointly as a network and in collaboration with international community/bodies which could be of help to us when advocating for this. Advocacy is something we should try do continuously.

8. Recommendations

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

The process of using the tool was overall a strenuous task that required us to set aside a full day (which is not much) and more importantly, on our part it required quite a degree of consideration and thinking about the program and our activities. However, the task was very rewarding in reminding us that quality improvement activities are important for the overall quality of our program and in that sense this process once again put into focus that for QA/QI, good organization, mutual collaboration, team work and information exchange and continuous improvement of everyday working processes are necessary. We learned from the process that is very important to have your superiors on board with quality improvement because it makes it easier to set aside enough time to use the tool as it is meant to be used. The results of the use of this tool on our project we find highly rewarding as they pointed out areas that need to be improved, and not only identify them, the process made us come to some decisions which will in the immediate future have positive consequences on quality improvement of our work, meaning that we have identified concrete actions that we will take in the immediate future towards quality improvement.

We have had the opportunity to go through the organization and implementation of our activities in a structured way, we have made conscious to ourselves and identified which areas are in need of corrections and improvements. The added value is that by applying this QA/QI tool to our activities we have reminded ourselves on what it is we do well and on the good results and outcomes we achieve, which also contributes and helps in the process of quality assurance and improvement.

Finally, we have also learned from this process that for QA/AI it is important to have and to use special tools intended for this use because they represent a valuable help in our work and enable us to conduct a systematic implementation.

Also, these tools enable us to have a record of our implemented QA/QI activity serving at the same time to follow results through time, at the same time providing us with evidence and reference on using a QA/QI system which represents an improvement of our reputation and is an important reference for our Institution and its positioning within the system in general.

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