

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 We do not publish this information unless you agree.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

Social AIDS Committee (SKA) - Społeczny Komitet ds. AIDS, Poland

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..)

The following people participated in the evaluation of the Polish VCT system as part of the training program on the Shift (previously named Schiff) tool:

- 6 representatives of the National AIDS Center of Poland (Krajowe Centrum ds. AIDS) involved in HIV prevention, VCT counselling, work with NGOs (National AIDS Center also acts as an observer in the Quality Action project).
- 4 counselors from two VCT centers in Warsaw
- a representative of local authorities involved in HIV prevention (Białystok)
- a representative from the MSM community
- a representative of the sanitary-epidemiological service in Wrocław

4. Project/programme

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

The system for anonymous free testing for HIV in Poland, in particular the operation of Voluntary Counselling Centres in Poland. Currently, there are 24 VCT centers co-funded by the National Aids Center, local authorities and other donors in Poland. In 2014, the overall number of anonymous free HIV tests in VCT centers exceeded 32,000, out of which 1,2% returned positive HIV results. In 2014, 83% of VCT center clients were between 20-39 y.o. (51% 20-29 y.o.; 32% 30-39 y.o.); 82% of HIV positive results were in the group 20-39 y.o. (38% 20-29 y.o., 44% 30-39 y.o.). In 2014, 56% of VCT clients were men, 44% women, while 91% of HIV+ results were registered in men. In 66% of cases, homosexual or bisexual contacts were reported as the way of HIV transmission. Due to legislation, anonymous testing for other STIs in Poland is currently unavailable. SKA was involved from the beginning in the system of education/certification of VCT center counselors, its experts have worked in VCT centers since 1992, currently SKA runs two VCT centers (one in the downtown area of Warsaw (with the biggest annual number of tests, i.e. 4790) and one in the town of Płock). All the data is provided by the National AIDS Center of Poland.

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 following goals were defined after a discussion with the participation of representatives from the Social AIDS Committee, National AIDS Center of Poland, representatives of local authorities involved in HIV prevention from Białystok, Poznań etc.:

1. Discuss the operation of VCT centers and their impact on HIV prevention: Can it be more effective, taking into account that a number of MSM clients is tested for HIV repeatedly?
2. To introduce the concepts of QA/QI and the Shift (Schiff) tool in particular

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 Shift (Schiff) tool was introduced during the training program to 15 persons in total: 10 persons took part in the whole program, while 5 participated in specific sessions (organisations represented by participants are listed in #3 above). Both the Shift Methodology Guide as well as User's Manual were translated into Polish. Based on the Shift User Manual and the Methodology Guide, a two-day training program was developed, amounting in total to 16 hrs. The training program was delivered on Dec. 16-17, 2014 in Warsaw. Originally, a three-day program was planned, but its duration had to be reduced due to requests from participants (it was difficult for them to find three whole days to attend the program, two days seemed to be more practical). The training program was facilitated by Aleksandra Skonieczna. Although not an external facilitator, she is not personally involved in the operation of VCT centers run by SKA.

Before the training program, participants were asked to fill in the key population worksheet (optionally): only one person returned the completed worksheet before the training program, describing the activities of his organisation instead of a specific key population. As a result, key population work sheets were filled in during the training program, involving all the participants in the identification and description process. Stakeholder work sheets were not filled in due to the lack of time. The program consisted of 8 sessions. Each session lasted 1,5 hrs and covered one of the 8 sections identified in the Methodology Guide. Not all activities suggested for each session in the Methodology Guide were used due to time constraints. In order to shorten the time required for doing 'scales', 'floor scales' were used during some of the sessions, once even as a 'warm up' activity at the beginning of a session (without discussion, only as a visual aid, helping participants to see each other's placement on the scale when answering various questions related to the topic of the session). Each session was summarised by defining objectives aimed at improvement of activities discussed in a specific session.

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.)

During the last session, all objectives identified during each particular session were summarised and prioritised as follows (only a few examples of specific ideas are given below):

1. To motivate people to take HIV tests, increase awareness of the availability and importance of testing for HIV
 - a. to find several Ambassadors (perceived positively) not connected to specific groups
 - b. to introduce new ways of approaching clients (testing 'on location' in case of clients reluctant to come to VCT Centers (e.g. checkpoints in case of IDUs, sex workers); approaching owners of restaurants, clubs, HR departments at big companies, clubs for senior people, country discos etc.
 - c. To educate medical personnel, psychologists to motivate them to refer patients/clients for testing
 - d. To cooperate with medical universities, professional associations of nurses etc.
 2. To improve access to testing for HIV/STIs by amending the legislation (e.g. the Act on infectious diseases, the Act on laboratory diagnostics, the Act on counteraction to drug addiction).
 3. To improve cooperation between stakeholders (e.g. to introduce best practices from other countries, to organise regular meetings of stakeholders, to increase financial involvement of various stakeholders, to increase the involvement of local authorities into HIV/STI prevention etc.).
- As the main limitation to VCT development in Poland is limited financing, some of the above mentioned ideas do not require additional funding or can be done as part of the everyday responsibilities of some of the involved parties. In some regions, it seems, increased involvement of local authorities may be the solution.

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.)

Although Shift was used for the evaluation only of one element of HIV prevention in Poland, i.e. the VCT system (although this is the most developed one, as other types of prevention work are limited due to the lack of public funding), it can be recommended for use on a higher level, e.g. when a new version of the National AIDS program in Poland is developed, as it may help to structure and organise the discussion, making it more efficient.

A big advantage of the Shift tool is its User's Manual, providing multiple ideas for various activities. It may be suggested though to introduce a set of alternative activities of various duration for each section, allowing to achieve the set objectives, which can be chosen by a facilitator based on the available time and needs of the group.

The Shift tool provided an excellent opportunity for a meeting of various stakeholders in one place at at one time, as such opportunities are usually lacking. Various opinions could be discussed and taken into account when formulating the objectives. Nevertheless, several participants noted at the end that the discussion was very intense and required a lot of investment on their part (probably due to the broad range of topics discussed within a quite limited time period).

Some sections required the involvement of experts, as the knowledge required to answer all the questions in the sections is not easily available (e.g. the section on key populations, evaluation).

As the User's Guide deals only with the delivery of the training program, a separate document providing guidelines for evaluating the discussion outcomes maybe very helpful for facilitators, whose task is not only to lead the discussion, but also to summarise it, describe its outcomes etc.

In general, Shift can be characterised as a well-thought, complex tool that provides a lot of food for thought and creates a platform for exchange of opinions for various experts working in a specific field.

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