



Quality Action

Improving **HIV** Prevention in Europe

‘Doing the right things right’

A roadmap to improving

Quality in **HIV** Prevention

www.qualityaction.eu



This work is part of the Joint Action on Improving Quality in HIV Prevention (**Quality Action**), which has received funding from the European Union within the framework of the Health Programme.

ACKNOWLEDGEMENTS

The following people contributed to this document:

On behalf of the Steering Group:

Matthias Wentzlaff-Eggebert (Federal Centre for Health Education, BZgA), Cristina Chiotan (EuroHealthNet), Clotilde Cattaneo (EuroHealthNet), Viveca Urwitz (Swedish Institute for Communicable Disease Control), Lennie Lindberg (Swedish Institute for Communicable Disease Control), Anna Gallinat (EuroHealthNet), Dr. Ursula von Rügen (Federal Centre for Health Education, BZgA), Helene Reeman (Federal Centre for Health Education, BZgA), Yvette Shajanian Zarneh (Federal Centre for Health Education, BZgA), Carolin Vierneisel (Deutsche Aids-Hilfe), Deirdre Seery (The Sexual Health Centre), Anthony Nardone (Public Health England, PHE), Christiana Nöstlinger (Institute of Tropical Medicine, ITM), Dr. Bea Vuylsteke (Institute of Tropical Medicine, ITM), Dr. Christine Winkelmann. (Federal Centre for Health Education, BZgA).

On behalf of the Advisory Group and of the Scientific Reference Panel:

Frank Amort (University of Applied Sciences, FH Joanneum), Koen Block (European AIDS Treatment Group, EATG), Olivia Castillo Soria (Ministry of Health, Social Services and Equality, MSSSI), Lella Cosmaro (AIDS Action Europe, AAE), Martin Donoghoe (WHO Regional Office for Europe), Isabell Eibl (Aids Help Vienna, AHW), Kevin Fenton (Public Health England, PHE), Johann Fontaine (Federal Ministry of Health, Germany), David Hales (Consultant), Gerjo Kok (University of Maastricht), Michael Krone (AIDS Action Europe, AAE, representing the Civil Society Forum), Dr. Ulrich Laukamm-Josten (PHC Public Health Consult GmbH), Luis Mendao (GAT contactos), Cinthia Menel-Lemos (CHAFEA), Anastasia Pharris (European Centre for Disease Prevention and Control, ECDC), Daniel Simões (GAT contactos), Roland Simon (European Monitoring Centre for Drugs and Drug Addiction, EMCDDA), Pepijn van Empelen (University of Maastricht), Michael Wright (Catholic University for Applied Sciences Berlin), Graham Brown (Australian Research Centre in Sex Health and Society, La Trobe University, Melbourne), Aryanti Radyowijati (Results in Health, Leiderdorp).





Representatives of the following organisations contributed to this report through their dedicated work in Quality Action:

Associated Partners

Federal Centre for Health Education (BZgA) (Germany), EuroHealthNet (European Network), Institute of Tropical Medicine (Belgium), Public Health Agency of Sweden (Sweden), The Sexual Health Centre (Ireland), Deutsche AIDS-Hilfe (Germany), Public Health England (United Kingdom), Aids Hilfe Wien (Austria), Sensoa vzm (Belgium), Croatian National Institute of Public Health (Croatia), HELP udruga za pomoc mladima (Croatia), National Institute for Health Development (Estonia), Hellenic Centre for Disease Control and Prevention (KEELPNO) (Greece), Health Service Executive (Ireland), Lega Italiana per la Lotta contro l' Aids (LILA) (Italy), National Institute for Infectious Diseases Lazzaro Spallanzani (Italy), Centre for Communicable Diseases and AIDS (Lithuania), Aidsberodung Croix-Rouge Luxembourg (Luxembourg), Aids Action Europe (Netherlands), Soa Aids Nederland (Netherlands), Spoleczny Komitet ds. AIDS (Poland), National Institute for Infectious Diseases (Romania), Slovak Medical University (Slovakia), Drustvo SKUC (Slovenia), Ministry of Health Social Services and Equality (Spain), Sida-studi (Spain).

Collaborating Partners

Bulgarian Ministry of Health (Bulgaria), European AIDS Treatment Group (EATG) (European Organisation), European Centre for Disease Prevention and Control (ECDC) (European Organisation), European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (European Organisation), European Science Advisory Network for Health (EuSANH) (European Organisation), National Institute for Health and Welfare (THL) (Finland), AIDES (France), Catholic University for Applied Sciences Berlin (Germany), Icelandic Directorate of Health (Iceland), UNAIDS (International Organisation), WHO Regional Office for Europe (International Organisation), DIA LOGS – Support Centre for those affected by HIV/AIDS (Latvia), ResultsinHealth – Evidence, Innovation and Practice (Netherlands), Norwegian Directorate of Health (Norway), GAT contactos (Portugal), National Institute of Public Health (Slovenia), Federal Office of Public Health (BAG) (Switzerland), University of Applied Sciences North-Western Switzerland (FHNW) (Switzerland), Ukrainian Center for Socially Dangerous Disease Control of the MoH of Ukraine Department: Monitoring and Evaluation Center (Ukraine).

TABLE OF CONTENTS

1	Quality Action A community of common practice for quality improvement in HIV prevention	
2	Core documents and support for action → The Quality Action policy kit Facts and recommendations for advocates and policy advisors → The Charter for Quality in HIV Prevention Committing to key principles and criteria for improving quality	13 14
3	Getting started → 9 reasons to get involved in quality improvement Why focus on quality?	17
4	Quality Action Workshop Facilitation Manual	
5	Practical quality improvement tools → The Rationale for Selecting Quality Action Tools	23
6	Succeed A Quality Improvement Tool This tool is a self-diagnostic approach assessing a project's structure, process and results	
7	QIP Quality in Prevention Comprehensive Quality Improvement Based on External Expert Assessment	
8	PIQA A Quality Assurance (QA) tool adapted for health promotion activities targeting people who inject drugs	
9	Shift A program-level quality improvement tool	
10	PQD Participatory Quality Development in HIV Prevention	



11	Choosing a quality improvement tool	
	→ Tool Selection Guide	39
12	The Quality Action network	
	→ Quality Action – Practical Application Report	41
	→ List of case studies	43
	→ Glossary	46
13	The EU Joint Action for Improving Quality in HIV Prevention	
	→ Evaluation Report	51

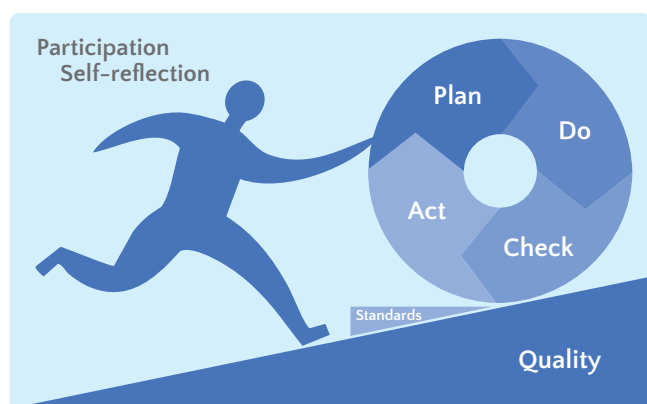


QUALITY ACTION

A community of common practice for quality improvement in HIV prevention

Quality Action is the EU co-funded 'Joint Action on Improving **Quality in HIV Prevention**', involving 45 partner organisations from 26 Member States, which started on 1 March 2013.

Quality Action promotes practical tools and materials to promote the health of the community through maximising the quality of HIV prevention projects and programmes. Using a structured approach, illustrated by the Quality Action diagram (Figure 1), partner organisations engage in a continuous, ongoing effort to make improvements to the planning, implementation and evaluation of their interventions, resulting in better targeting, increased reach and stronger involvement of key populations.




Quality Action has applied, updated, developed and tested five practical quality improvement tools. These tools are ready, available and translated into a range of European languages. They use different methodologies, have different degrees of complexity and each suits particular applications.

The **Quality Action** tools provide options for applying quality improvement with different levels of resource and time investment, ambition and challenge. **Quality Action** participants confirm that it is crucial to start small and experience some of the more immediate benefits, such as realising what is working well already and increased team work, before embarking on a more comprehensive use of the tools.

'If in our HIV prevention work we find ourselves facing different questions yet still giving the same answers, we need quality improvement'

Lennie Lindberg, Public Health Agency of Sweden



Quality Action has developed a **Tool Selection Guide**, to help you identify which of the five tools to use for your project or programme, what resources you will need in order to apply the tool and what results you can expect. **Interviews with people** applying the tools, their case studies and stories tell us that apart from choosing the appropriate tool, the process requires adequate time, good facilitation and organisational support. It is in many ways challenging, but also brings satisfaction and increased capacity to improve efficiency and engage stakeholders.

Over the course of the project, **Quality Action** has trained more than 100 prevention experts at the European level and at least 300 more on the national level.

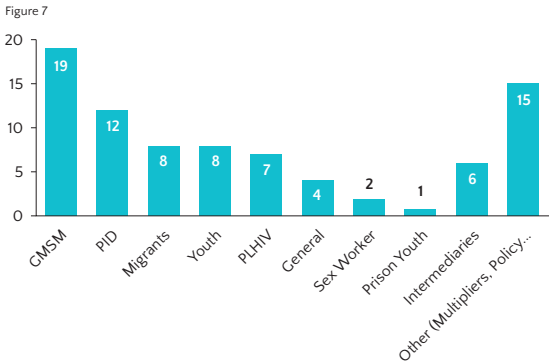


*Our challenge is always to stop and think before we act,
and reflect on what we are doing.'*
(EU training workshops participant)

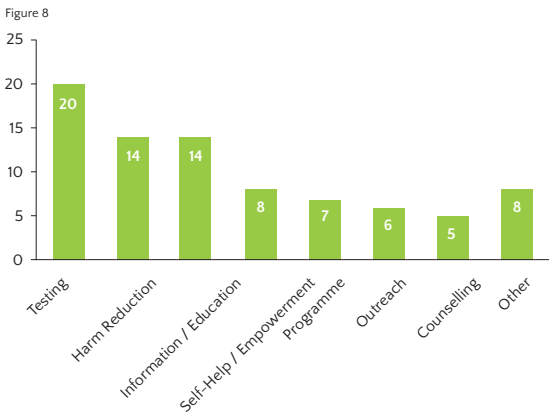
A 'community of common practice' emerged, made up of prevention implementers who have so far completed more than 80 practical applications of the tools and sent in their case studies. They include people working in government and non-government, large and small organisations and their HIV prevention activities cover all key populations and intervention types.



Eighteen of these applications were implemented in projects addressing gay and other men who have sex with men, 12 address people who inject drugs, 8 address migrants, 7 address people living with HIV, 2 address sex workers, 1 address incarcerated youth and 6 address multiple key populations. Fourteen tool applications were implemented in settings or programmes that address other key populations/beneficiaries or don't address a specific group at all (see Figure 7).



By far the most applications took place in testing projects (20). Harm Reduction and Information/Education projects were subjects of tool applications 14 times each. Initiatives at the programme level and self-help/empowerment projects were involved seven times each (see figure 8).



The case studies are integrated into an online database. The work done during **Quality Action** was accompanied by a process and outcome evaluation and the activities, approaches and methods used in its implementation have been adapted accordingly.

A sustained effort and the committed participation of practitioners, experts and organisations have led to these results and important achievements. Policy support for quality improvement is crucial to create an enabling environment for stakeholders to integrate quality improvement practices routinely into their projects and programmes.

Quality Action has developed two key documents to support this effort, its **Charter for Quality in HIV Prevention** and a **policy kit**. The policy kit assessing offers policy makers the rationale and concrete actions for integrating quality improvement into HIV prevention policies, strategies and action plans. The Charter for Quality in HIV Prevention summarises quality principles, criteria and key activities to put quality improvement into practice and offers practitioners, experts, policy makers and all other stakeholders the opportunity to commit to improving their work in HIV prevention based on common ground.

The **Quality Action Conference** 'Doing the right things right' on 26–27 January 2016 in Berlin was the project's concluding event. More than **100 delegates** came together to take stock of the latest developments in improving quality in HIV prevention and plan their next steps. The results and practical experience gained during **Quality Action** were presented in both formal and interactive formats. Keynote speakers, HIV prevention leader Prof Kevin Fenton from Public Health England and quality improvement expert Professor Michael Wright from the Catholic University of Applied Sciences Berlin stimulated discussion and exchange among trainers, practitioners and policy makers. You can find presentations, news and reports from the conference at www.qualityaction.eu.



TIMELINE

The project started on 1 March 2013.

Start

March 2013

Select and adapt
QA/QI tools for
HIV Prevention

Recruit and train at least
60 trainers/facilitators to
assist with using
QA/QI tools

Recruit and support at
least 80 programs/
projects to apply
QA/QI tools

Feb 2014

**TOOLS AND MATERIALS
(English)**

Practical QA/QI tools adapted for HIV prevention
+ Training modules & materials + Participation guide

May 2014

Training part 1: **Barcelona – Dublin – Ljubljana – Tallinn**

Apply QA/QI tools in
HIV prevention practice

e-Learning
package

Stakeholder
Platform

Dec 2014

Training part 2: **Barcelona – Dublin – Ljubljana – Tallinn**

Apply QA/QI tools in
HIV prevention practice

e-Learning
package

Stakeholder
Platform

Oct 2015

POLICY KIT

Policy review + Policy recommendations
+ Strategic actions

Nov 2015

**CHARTER FOR QUALITY
IN HIV PREVENTION**

Agreed quality principles and criteria for HIV prevention
+ Rationales and recommendations for practical
implementation in the field

Dec 2015

**CORE MATERIALS
(in a range of languages)**

QA/QI theory + QA/QI Tools + Training modules
+ Guide for selecting tools + Collection of case studies

Jan 2016

**PRACTICAL APPLICATION
REPORT**

List of participating programmes and
projects + Summary of experiences,
enablers and barriers

**CONCLUDING
CONFERENCE**

End

Feb 2016

FEEDBACK & DATA COLLECTION SUSTAINABILITY

1

2

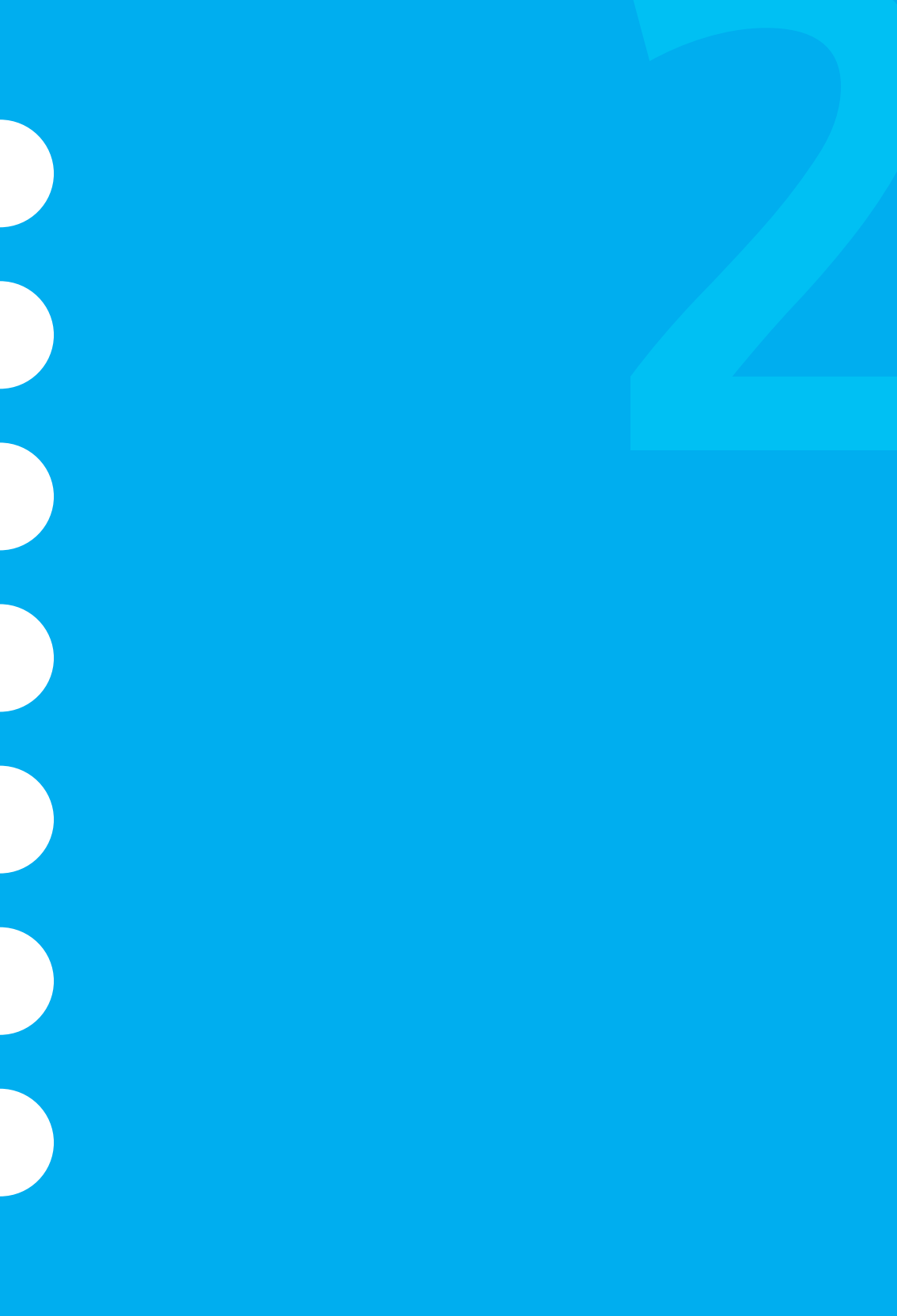
3

4

5

6

7



CORE DOCUMENTS AND SUPPORT FOR ACTION

Quality Action makes available five quality improvement tools and their supporting materials. This document provides summaries for each tool and a list of all supporting materials. A policy kit provides guidance for integrating quality improvement into HIV prevention policies and programming and the Charter sets out guiding principles and commitments.

→ The Quality Action policy kit Facts and recommendations for advocates and policy advisors

This policy kit has been developed for public health officials and advocates involved in policy and programming for HIV prevention and related public health challenges.

The kit contains various documents that illustrate how to systematically integrate quality improvement into HIV prevention policies and programmes, and it offers justifications and concrete actions for integrating it into HIV prevention policies, strategies and action plans:

- 1) The policy brief: it provides an overview of why **Quality in HIV Prevention** is important, and an explanation of structured quality improvement, introducing costs, benefits and actions for its implementation.
- 2) Charter for Policy in HIV Prevention; the Charter states the principles and criteria for **Quality in HIV Prevention**, and calls on stakeholders to support and apply quality improvement.
- 3) Factsheet on tools: the fact sheet provides a short description and excerpts for each of the five practical tools adapted or developed for HIV prevention to suit a wide range of projects and programmes.
- 4) **Quality Action** has trained more than 400 quality improvement trainers and facilitators from 25 different European countries. They form a network based on a culture of continuous improvement in HIV prevention, multidisciplinary collaboration and exchange of knowledge, skills, and expertise across organisations and countries.
- 5) Policy Survey; performed between May and July 2014, the survey assessed whether national HIV prevention policies contained QA/QI criteria and if there are any future plans to introduce recommendations for integrating QA/QI approaches into HIV prevention policy.
- 6) Country Examples of Policy Statements; illustrating examples of five European countries that have already included QA/QI recommendations in their HIV prevention policies.
- 7) Glossary of terms and definitions.

→ The Charter for Quality in HIV Prevention

Committing to key principles and criteria for improving quality

While there has been some progress made in recent years, HIV prevention continues to play a crucial role in combating the HIV epidemic. To reinforce the effectiveness of HIV prevention within the European Region, quality improvement is essential.

Quality improvement consists of systematic and continuous actions that lead to measurable improvements. **Quality Action**, the EU co-funded Joint Action on Improving Quality in HIV prevention promotes evidence and knowledge based quality improvement tools for HIV prevention.

This Charter states the principles and criteria for quality in HIV prevention and calls on stakeholders to support and apply quality improvement. Not only must approaches, interventions and methods for HIV prevention be appropriate to the situation they address, they must be carried out at a high level of quality to maximise effectiveness. High quality and successful HIV prevention strategies and interventions require substantial and adequate funding and resources.

In the framework of this Charter we affirm our commitment to the following principles:

Self-reflection

We reflect on our own work as a prerequisite for learning. As learning organisations we encourage professional growth and continuous improvement.

Transparency

We act with integrity, honesty and accountability to build trust.

Passion and commitment

We are passionate about quality and will use our enthusiasm to inspire change, innovation, learning and improvement.

Participation and Collaboration

We foster strong partnerships and collaborations with all our stakeholders, especially priority populations, to achieve positive and lasting change.

Innovation

We promote new ideas, evidence-based practice and practice-based evidence within our projects, organisations and amongst our stakeholders.

Supportive environments

We promote supportive environments, where self-directed quality improvement can be conducted without fear of consequences and where mistakes are seen as opportunities for learning.



Through testing, adapting and implementing practical tools for quality improvement, **Quality Action** has generated added value for organisations and prevention settings across the diverse economic and political contexts in which HIV prevention takes place.

The project has successfully trained a range of prevention stakeholders resulting in increased knowledge and confidence to apply quality improvement in practice. The following quality criteria for HIV prevention emerge from a review of tools and literature as well as qualitative and quantitative evaluation of practical applications of quality improvement tools carried out by project partners.

We acknowledge these key quality criteria for all phases of prevention work:

Planning/Concept	Structure	Process	Outcomes
Select target groups and assess needs systematically and based on evidence.	Build organisational commitment.	Continually assess and review implementation quality.	Document reach and acceptability.
Define consistent, specific and realistic goals and objectives.	Allocate sufficient resources.		Monitor, assess and document results.
Select appropriate approaches and methods.	Build the capacity of staff.	Adapt to changes in the operating environment.	Pass on experience and results for sustained improvement.
	Collaborate with stakeholders and networks.		

Based on the above principles and criteria, we aim to increasingly integrate the following actions into our work:

At the project/programme level, we will select suitable quality improvement tools, apply tools regularly to all phases of the project cycle and involve stakeholders – especially key populations – as well as document, share and act on the results.

At the organisational level, we will further integrate quality improvement into organisational structures and processes by allocating time and resources to regular quality improvement, training staff, providing access to expert networks, reviewing learning from quality improvement at the organisational level and creating a supportive environment for reflection and learning.

At the policy level, we will further integrate quality improvement into policies, strategies and action plans. We will promote quality improvement activities as standard practice and support networks by providing opportunities and resources for regular capacity building and exchange of results and learning in quality improvement.

*This Charter was created by the representatives of **Quality Action**. You can support it by becoming a signatory as an organisation or as an individual at www.qualityaction.eu*



GETTING STARTED

Will my HIV prevention project succeed? Can I expect that my HIV prevention activities will be effective? I am doing the right things right? If you find yourself asking these questions, you could get at least some answers through structured quality improvement.

→ 9 reasons to get involved in quality improvement

1. **Become aware** of what you are already doing well
2. **Learn about when, how and why** you are already successful (and sometimes fail)
3. **Get new ideas** on how to improve what you are doing
4. **Increase participation** and benefit from stakeholder input
5. Provide yourself with space and time to **reflect on your work** and build your team and internal communication
6. Enhance your co-workers'/employees' **work satisfaction**
7. **Build practice based evidence** that supports your HIV prevention interventions
8. **Simplify and enhance** the planning, implementation, monitoring and evaluation of your projects and programs
9. Network with other European organisations **to make HIV prevention more effective.**



WHY FOCUS ON QUALITY?

We have not yet succeeded in eliminating HIV transmission; rates of HIV diagnoses remain high among key populations in the EU/EEA region.

The HIV response in the EU/EEA has not been effective enough to result in a noticeable decline over the last decade. Many factors influence the effectiveness of HIV prevention. Two important factors are: the chosen approaches, interventions and methods must be appropriate to the situation they address, and they must be carried out at a high level of quality.

For decision makers, establishing causal links in complex systems of human behaviour, quantifying sufficient program scale and distinguishing between ineffective approaches and ineffective implementation are difficult. Experts highlight implementation quality as a key factor in the effectiveness of HIV prevention.

Quality improvement aims to promote the health of the community through improvements in the quality of services, programmes and policies. It uses a defined framework in a continuous, ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability and outcomes in HIV prevention. Quality improvement is primarily about recognising and documenting what works well and why, and then building on and multiplying successes. It serves to detect, acknowledge and improve shortcomings.

The quality improvement tools available through [Quality Action](#) are based on evidence, practical experience and expert advice. They ensure that the chosen HIV prevention interventions are planned, implemented, monitored and evaluated as well as possible to maximise their effectiveness.

1

2

3

4

5

6

7



4

QUALITY ACTION WORKSHOP FACILITATION MANUAL

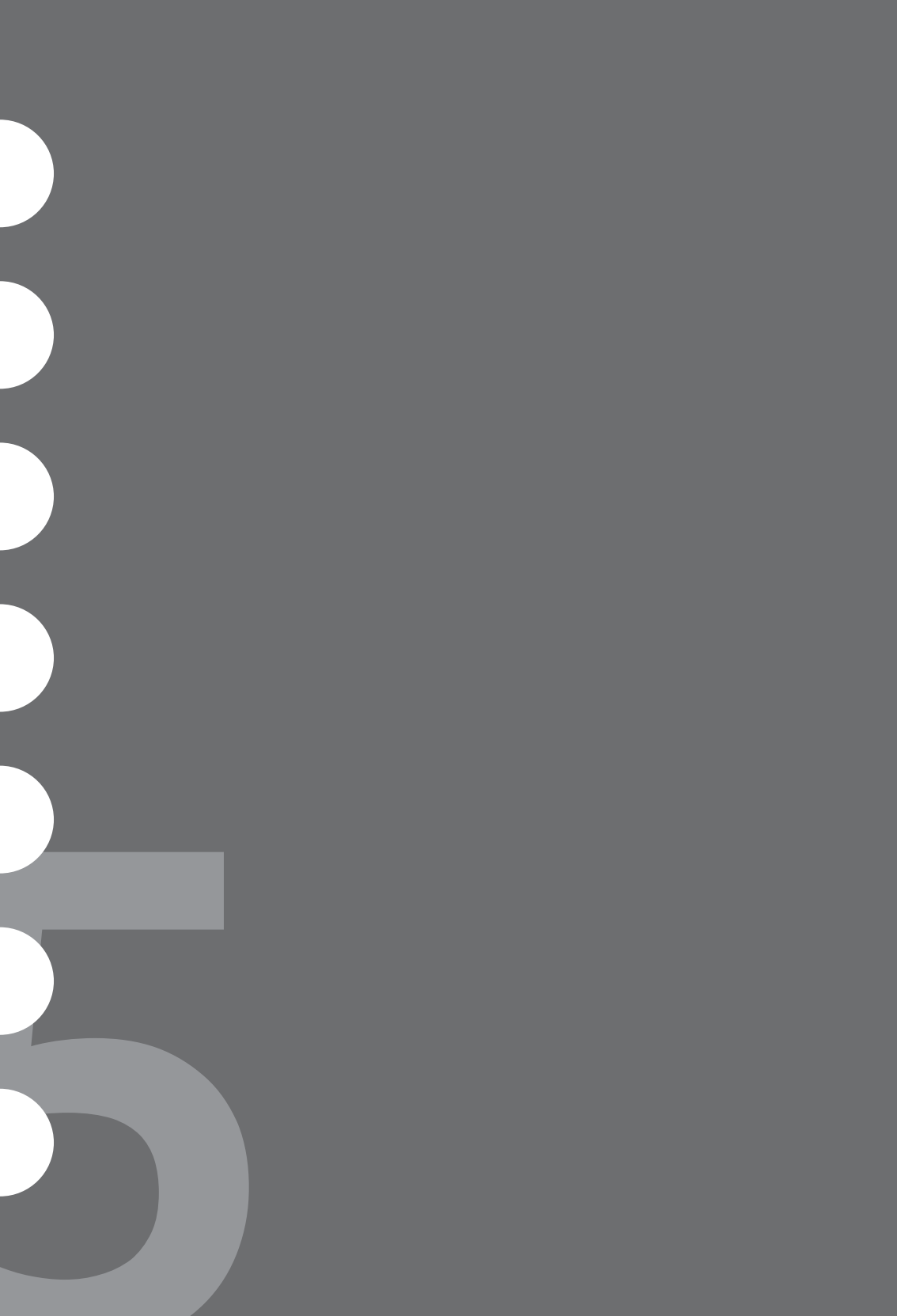
A workshop facilitation manual was developed by [Quality Action](#) to provide trainers with the practical information needed to structure and organise interactive workshops for participants interested in using quality improvement tools. The guide is a practical resource to assist trainers in conducting workshops in their countries.

It comprises a compilation of plenary and small group activities that can be used in different combinations and adapted to suit different objectives and audiences. The group activities are designed to allow participants to explore the concepts underpinning quality improvement, to experience quality improvement tools using practical examples and to help participants plan their own next steps in engaging with quality improvement in HIV prevention.

It offers exercises to guide participants through the main steps and timeline of introducing quality improvement, to help them understand how it works in practice and locate it within the bigger picture of HIV prevention, and they provide introductions to quality improvement tools. They are designed to help participants evaluate their readiness for quality improvement, to give them the opportunity to reflect on the information received and plan their next steps. For each exercise, the purpose, the methodology – including step-by-step practical instructions – and the expected learning outcome are detailed.

Finally, the manual includes instructions and practical examples for structuring introductory workshops for each quality improvement tool developed or adapted for [Quality Action](#). Presentation, methodology, feedback presentations, facilitated discussion instructions and expected learning outcome are detailed for each workshop.

The Workshop Facilitation Manual is available at www.qualityaction.eu



PRACTICAL QUALITY IMPROVEMENT TOOLS

→ The Rationale for Selecting Quality Action Tools

There is an increasing awareness of the need to base Health Promotion and Prevention of HIV and for sexual and reproductive health and rights (SRHR) on good practice and research (evidence). All over the world, researchers and practitioners are summing up the current state of evidence-based approaches to support the work. The vision is that for each part of every intervention there should be this kind of guidance. In reality, there is unfortunately not enough research to meet this vision. When evidence-based approaches are mentioned, they are normally approaches that have been found to be effective through a scientific review following specific standards (for instance a Cochrane review). Such reviews should ideally be based on a number of structured studies and the reviews themselves take time and require participation of researchers and practitioners and thus, funding.

Although scientific reviews concerning specific approaches in health promotion do exist and although the knowledge about such evidence-based approaches has increased, there are still large gaps. The prevention work cannot wait until they are filled. They might also not be possible to fill, for many reasons:

- Health promotion and disease prevention are heavily dependent on their specific context and there are always certain measures that are specific or adapted to the specific situation, so interventions are rarely exactly alike.
- Not all interventions can be researched according to standardised practices for ethical or humanitarian reasons.
- It is very costly to use the Randomised Control Studies preferred in evidence reviews or very powerful qualitative studies to evaluate some interventions because of the number of interventions needed or because of the long term results that would have to be measured. Although in theory such evaluations would be possible, there are great difficulties in funding them because they are not as economically interesting to companies as medical interventions.

It is also very clear that even though we do not always have evidence based approaches covering our interventions, there is a need to uphold basic quality of good practice. Fortunately, such evidence of good practice has been published. A number of reviews of key success factors in Health Promotion and Prevention have been used to construct models of best practice or general tools for the review of practice. This knowledge can be used for upholding and improving the quality of the preventive work.

A Quality Improvement Tool

This tool is a self-diagnostic approach assessing a project's structure, process and results

Succeed is an easy to use quality improvement tool using a guided questionnaire to help projects or programmes assess three inter-dependent aspects of their project: the structure, the process and the results. Unless the project is used to work with QI a (neutral) facilitator with tool knowledge is highly recommended.

Succeed is a quality improvement questionnaire based on scientific research about success factors in the field of health promotion and has been evaluated for its effectiveness as well as scientifically published. It has been adapted from general health promotion for specific use in the field of HIV. The main success factors are used as main indicators for quality.

Succeed can be used in many ways but works best as a tool for a participatory group workshop.

Succeed documents what is working well, what improvement actions need to be taken, by whom and in what time frame.

Succeed helps highlight achievements of the project and focuses on good practice and the quality of the work being done in a transparent way. It helps re-define and improve areas of work that may have become habitual. It also helps identify gaps in current practice.

Succeed works best to review existing projects and programmes and help to ensure that the work of a project is steered in the planned direction. While it is not in itself a planning tool, it can also be used to review a plan for a new project.

Succeed is designed primarily for organisations implementing HIV prevention interventions in projects or programmes. It is equally useful for large or small organisations, governmental or non-governmental, for projects working on the prevention of new HIV infections and those projects working with people living with HIV. Any project, programme or organisation working with population-based health promotion and prevention can use **Succeed**. The only requirements are a defined goal (however unclear), a defined plan and actions.

The **Succeed** questionnaire comes in the format of an interactive PDF. It has many pages because of the empty space included for the answers. Otherwise, the questionnaire is very accessible and there is a shorter version to print out and distribute to participants. The **Succeed** workshop takes between 1-2 days to complete. Also allow time for

preparations and follow up. For more information on arrangements see: 'How to use **Succeed**' guide on Quality Action website.

Succeed covers three often used aspects of quality and the questionnaire is divided into these three parts: Structure, Process, Results. Each part has several sections. See 'Applying in Practice' section for further information.

'Structure' involves the set-up of the project, the organisation of operations and resources; it has 6 main indicators or sub-sections: Goals, Key Populations, Approach, Responsibility, Organisation and Resources.

'Process' focuses on the activities of the project or programme; it has 3 main indicators or sub-sections: Support and Participation, Networks and Reach & Response.

'Results' focuses on the difference a project is making and what can be measured; there are 3 indicators or sub-sections: Measuring Effects, Environmental, Operational and Social Changes and Sustainability. Each section includes yes/no questions, open questions and action questions.

Anyone who is familiar with the project can complete the questionnaire. A team may decide to complete the whole document together or may divide it into sections and then meet up to agree on a final version.

As completing the document is an opportunity for self-reflection, the management and the project team will gain a more complete picture when there is broad participation of the relevant stakeholders.

Succeed may highlight serious deficiencies and/or lack of sufficient data to support the project. This could impact on morale unless there was a positive commitment to the challenge of quality improvement.

Identifying areas for improvement may cause some people to become defensive and therefore resistant. Some people may also be unfamiliar to applying a more structured way of thinking and working. It helps to establish a positive and open atmosphere for reflection. See Values Clarification or the Shift tool (www.qualityaction.eu) for methods that may help.

Succeed is easy to use and accessible. It allows for different levels of application, from simple (using available data) to medium (collecting additional data) to in-depth (providing indicators for evaluation).



Succeed also allows for different levels of participation from high to low. It involves stakeholders in the change process, improves knowledge of the projects and clarifies the roles of participants.

Succeed workshops can motivate stakeholders so they become more engaged with the project.

Succeed helps produce of better documentation and reporting. A completed report identifying key success factors, clear and measureable goals and quality improvement actions can provide opportunities for stakeholders to participate more fully in the project and help embed the quality improvement process as a way of working.

The following supportive materials and resources are available on Quality Action's website for **Succeed**:

- 1) **Succeed overview – a detailed presentation of the tool its purpose, benefits and use;**
- 2) **Succeed background document**, including concepts, methodology and background information for facilitators and those who want to know more about the tool;
- 3) **Succeed Checklist – to help you prepare the use of the tool;**
- 4) **How to use Succeed – introduction and short guide on how to use Succeed;**
- 5) **Succeed presentation at trainings and workshops;**
- 6) Three case studies: Saphy , MMSM and NSP.

*You can find further information on the **Succeed** tool, frequently asked questions, case studies and other people who are implementing **Succeed** on www.qualityaction.eu*



Quality in Prevention

Comprehensive Quality Improvement Based on External Expert Assessment

QIP stands for Quality in Prevention and is a comprehensive, evidence-based quality improvement tool. The questionnaire is completed by the project or programme and assessed by external expert reviewers co-ordinated by Federal Centre for Health Education (BZgA) in Cologne, Germany. **QIP** helps to ensure that prevention work is implemented in a targeted, effective and sustainable way. **QIP** is more comprehensive and detailed than Succeed and includes an external assessment.

QIP delivers practice-oriented, detailed quality profiles and generates ideas for improving quality. **QIP** helps document that a project is based upon quality dimensions and up-to-date knowledge.

QIP has been validated for general prevention and health promotion tasks and adapted for the field of HIV prevention. **QIP** examines the quality of programmes, projects, campaigns, setting-based interventions, one-off interventions, health education and training. **QIP** can be used for innovative and recently initiated projects or programmes of any size. **QIP** can be used to improve quality at any level and every stage of the project cycle: from planning to implementation to improving evaluation design.

QIP focuses on key components for effectiveness in prevention and health promotion which are used internationally: project description and concept; personnel and their qualifications; target groups (beneficiaries and intermediaries); planning and preparation; dissemination and promotion; process design and results. **QIP** uses yes-/no or multiple choice questions where possible. It also uses open questions to stimulate responses on specific areas so that information about every aspect of the project or programme is documented.

How can QIP be used?

You complete a detailed questionnaire. It may either be used as a self-assessment tool or it may be sent to an external review panel selected by the **QIP** team at BZgA. Only the nominated contact persons of the project/programme will receive the results of the external review. Confidential information is handled by a data manager not involved in **Quality Action**.

When you receive the feedback and recommendations, you can use them to decide on actions for quality improvement. You can use methods from other tools, such as PQD for example, to improve aspects of the project. And you can apply the **QIP** tool again later to document your improvements.

Feedback and Quality Profiles:

QIP provides project/programme-specific advice and suggestions for improvements based on the documentation submitted and current professional standards. **QIP** provides an overall picture of the achievements, results and probable effectiveness of the project, indicating starting points for improvement so that actions may be taken quickly. **QIP** reports only to the designated individual in the project.

QIP uses 7 main quality dimensions, with 22 sub-dimensions.

Self-reflection

Conceptual Quality	<ul style="list-style-type: none">■ Relationship to need■ Target group selection■ Understanding of the target group■ Goals and objectives■ Prevention approach
Quality of Project Planning	<ul style="list-style-type: none">■ Coordination with other agencies■ Adaptation of the approach to the operating environment
Contributors and Other Stakeholders	<ul style="list-style-type: none">■ Personnel and competencies■ Interdisciplinary collaboration and on-going consultation
Dissemination and Communication	<ul style="list-style-type: none">■ Dissemination among target groups■ Health education and communication methods■ Media work and information material■ Supporting sustainable change
Process Design and Project Management	<ul style="list-style-type: none">■ Project management■ Responding to difficulties· Quality control of external contributions
Measuring Success, Evaluation	<ul style="list-style-type: none">■ Comprehensive overview■ Documenting reach and acceptability■ Documenting effects■ Evidence of effectiveness■ Collecting service user data
Sustainable Quality Development	<ul style="list-style-type: none">■ Systematically passing on experience and results for long-term improvement



The following supportive materials and resources are available on Quality Action's website for QIP:

- 1) QIP overview – a short presentation of the tool its purpose, benefits and use;
- 2) QIP Checklist – to help you decide whenever to use QIP or be involved in its application;
- 3) QIP description – a comprehensive overview of the purpose, structure and process of the tool application;
- 4) QIP presentation at trainings and workshops.

*You can find further information on **QIP** tool, frequently asked questions, case studies and other people who are implementing the **QIP** tool on www.qualityaction.eu*



A Quality Assurance (QA) tool adapted for health promotion activities targeting people who inject drugs

"PIQA is short and easy to apply especially when the knowledge and skills needed are gained through training. It is good tool to be applied in small organisations that are working independently. It will bring you opportunities to reflect on your work and improve it when developing new projects." (Laurence Mortier, HIVberodung/ Santé – Croix-Rouge luxembourgeoise, Hépatites-IST-VIH

Quality Assurance (QA) refers to activities that ensure a minimum level of quality for an intervention by looking at available standards and how well they are met. QA measures and assesses the quality of the work against standards to ensure it is of high enough quality to reach its objectives. Based on the results of quality assurance, different kinds of action for improvement can be taken.

PIQA can be used for projects that are intended to prevent HIV, STI, Hepatitis, TB and other infections that are common among people who inject drugs/people who use drugs (PWID/PWUD). It can also be used for other health promotion projects targeting PWID/PWUD and for quality assurance of the health promotion aspects of other PWID/PWUD-focused projects.

PIQA can be used by those implementing the project, by project coordinators and by representatives from the target group who know about the project. **PIQA** is a self-assessment tool. It is most useful when a range of people are involved in the assessment process, including members of the project team, the target group and other key stakeholders in the project.

The tool contains an introduction to its use and clusters of questions on seven important areas that have been shown to be important for success in health promotion. The respondents assess to what extent the project has managed to fulfill requirements in these areas. Depending on the score, you might consider your project to be strong, moderate or weak in an area and then consider possible improvements.

The tool has been developed in close collaboration with the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), looking specifically at health promotion and prevention targeting PWID. This new tool is based on the already existing Health Promotion Effect Management Instrument (Preffi), which is a QA tool for increasing the effectiveness of health promotion projects in general.

The following supportive materials and resources are available on Quality Action website for **PIQA**:

- 1) **PIQA User Guide**
- 2) 2005 Molleman Summary Thesis Development Preffi
- 3) CBO Preffi Presentation for Quality Action

*You can find further information on **PIQA tool**, frequently asked questions, case studies and other people who are implementing the tool on www.qualityaction.eu*



A program-level quality improvement tool

Preventing new infections by helping people make good choices and responsible decisions about risks and behaviours is the cornerstone of an effective national response to HIV. However, as the HIV epidemic continues to evolve, it has proven to be a challenge for countries to design, implement and sustain national prevention programs that reach the populations at the greatest risk of infection.

One of the key objectives of the EU-funded Quality Action on Improving HIV Prevention in Europe was to develop a tool to help countries assess the quality of their national HIV prevention programs and identify opportunities to improve them. In this context, a national program is defined as the collection of different projects that jointly constitute the prevention response in a country. It is an aggregate of the prevention services delivered over the long term by various stakeholders at the national and sub-national levels. (In countries with a federal structure, where states, districts, counties, cities, etc. have some or all of the responsibility for HIV prevention, **Shift** can be used to assess these integrated programs as well.)

Shift was developed as a 'program tool' to help countries improve their national prevention programs by assessing critical program-level issues, including goals, plans, priority populations, key stakeholders, resources, monitoring and evaluation. The tool makes extensive use of data already collected by countries, including data reported to ECDC and UNAIDS.

Implementing **Shift** is a three-stage process. The first stage hinges on collecting essential background information on the current HIV situation and prevention program. This stage can take 4–8 weeks depending on the availability of the data. This preparatory work is the basis for the second stage: a two- to three-day, highly interactive workshop where key stakeholders from government and civil society work with an external facilitator to assess inputs and set priorities. During the third stage, a report documenting the decisions made during the workshop is produced and shared with key decision-makers.

Shift is an efficient tool for identifying and understanding the issues at the core of an effective national HIV prevention program. The findings from the application of the tool can also be used to streamline the development of a national HIV strategy and/or program.

*A **Shift Methodological Guide** together with further information on **Shift tool**, frequently asked questions, case studies and other people who are implementing the tool on www.qualityaction.eu*

Participatory Quality Development in HIV Prevention

PQD stands for Participatory Quality Development. You can use **PQD** as a Quality Improvement tool for prevention and health promotion projects.

The **PQD** Toolkit is an integrated set of theory, eleven practical methods and a set of case studies. **PQD** aims to involve stakeholders meaningfully in improving Health Promotion and HIV Prevention and support projects/programmes, create practice-based evidence and improve the effectiveness of interventions.

PQD uses local knowledge to improve the relevance of projects/programmes and provide feedback on the effectiveness of interventions.

PQD methods can be used to improve the quality of interventions at all stages of the cycle – from needs assessment to planning, implementation and evaluation. **PQD** methods can help gather data that supports evidence-based practice and in turn build practice-based evidence.

Although the **PQD** methods can be used to enhance the quality of a project/programme, they do not necessarily offer specific quality benchmarks. Stakeholder collaboration and participation can, however, be an indication of the quality of a project/programme.

PQD can be used with other Quality Action tools, for example the Succeed tool, which will provide a structure to guide quality improvement of your project/programme.

How can **PQD** be used?

You can organise training workshops on the principles and methods of **PQD** to enable the project teams to facilitate meaningful and purposeful participation using the methods.

You will need to make a decision which stage(s) of the quality improvement cycle to work on and then select the most appropriate methods for that purpose. If you are not sure which part of the cycle to focus on or which aspect of your project/programme needs improvement, one of the assessment-based Quality Action tools, such as Succeed, can help you make that decision.

Ideally, your project will aim to improve all parts of the cycle and you will select one or more appropriate methods for each.



What are the challenges for using PQD?

PQD requires leaders and facilitators who are skilled and share the principles of collaboration and participation. There may be differences in power relationships and responsibilities between stakeholders (for example between funders and recipients; drug users or sex workers and government officials). You will need careful planning and facilitation to ensure all viewpoints are heard and respected.

PQD requires considerable time and a commitment to collaboration and participation which can be difficult to sustain given the diversity of interests involved.

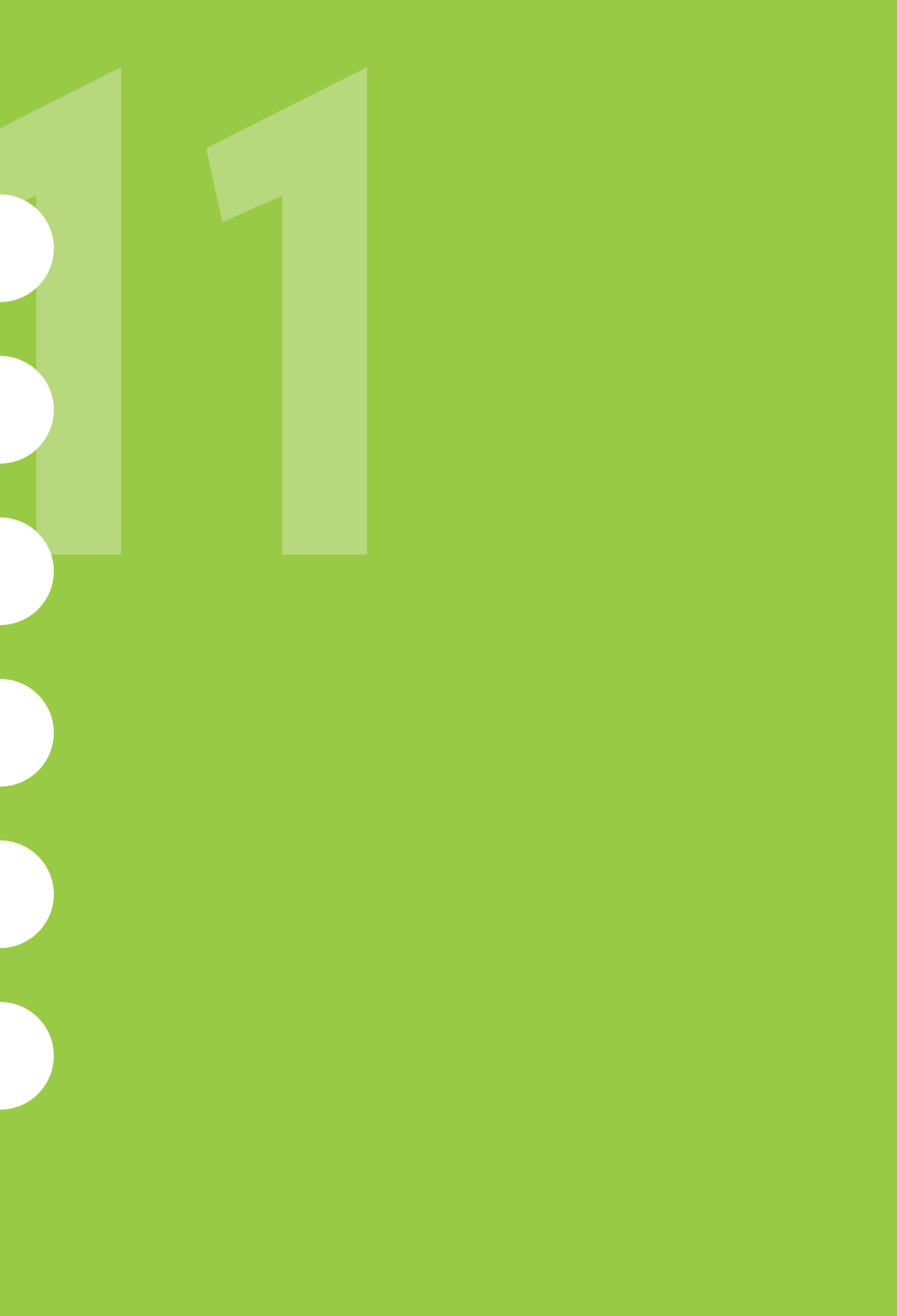
PQD may require that you train people in using the methods so as to sustain collaboration and ensure participants engage with the process effectively.

You will need to ensure that you have the right people involved and consider how to identify them and how to motivate them to be involved.

The following supportive materials and resources are available on Quality Action's website for PQD:

- 1) **PQD overview** – a short presentation of the tool, its purpose, benefits and use;
- 2) **PQD checklist** – 10 key actions to help you implement PQD;
- 3) **PQD description** – a comprehensive overview of the theory and toolkit of methods;
- 4) **PQD Methods:** Service User Advisory Committee, Guided Working Group, Open Space, Focus Groups, Rapid Assessments, Enquiries and Concerns Register, Circles of Influences, Programme Logic, SMART Criteria, Participant Observation, Developing Local Objectives and Strategies – ZiWi Method;
- 5) **PQD Case studies.**

*You can find further information on **PQD** tool, frequently asked questions, case studies and other people who are implementing **PQD** on www.qualityaction.eu*



CHOOSING A QUALITY IMPROVEMENT TOOL

→ Tool Selection Guide

The Tool Selection Guide has been developed to support the identification of the most suitable tool or tools for each project or programme. The Guide first provides a brief, side-by-side introduction to each tool: *Succeed*, *Shift*, PIQA, PDQ and QIP. The following pages have more detailed information on each tool, listed in several categories. By comparing tools using the various categories, it will be possible to identify the tool or tools most appropriate for each project or programme.

Five tables provide information on each tool in seven categories structured as follows:

- For each tool, the **Applications** column lists all types and programmes that would benefit from its use.
- The **Personnel and Expertise**, **Resources** and **Time** columns help you understand what is needed to apply each tool successfully.
- The **Level of Stakeholder Participation** column indicates the degree of involvement needed, especially by representatives of key populations involved or affected by the projects and programmes.
- The last two columns, **Strengths** and **Limitations**, identify some additional insights from developers and users of the various tools on issues that may arise when applying them.

The Tool Selection Guide is available on www.qualityaction.eu

Translations in various languages of **Quality Action** tools and materials are available on Quality Action's website. The selection of the materials translated was made based on the priorities of participating countries and were limited due to budget constraints. A Guideline document on standards for quality assurance of national translations is also available at www.qualityaction.eu. It contains practical information and check lists to be done before, during and after the translation process.

Quality Action's project presentations are available at www.qualityaction.eu



12

THE QUALITY ACTION NETWORK

Who's who – a list of trainers and what they are trained in per country (including name, organisation and email is available on Quality Action's website: www.qualityaction.eu

→ Quality Action – Practical Application Report

The report describes, from the perspective of Work Package 6 (Practical Application), activities, support and results of applying practical quality improvement tools to HIV prevention work as part of the **Quality Action** project.

The report describes how a communication tree was used to support the more than 100 people trained in the five different tools offered by **Quality Action** in their practical tool applications and to enhance exchange on quality improvement within countries. Further means of support, such as the participation guide, the tool application workshops and the online forum, their benefits and shortcomings are also discussed.

As a result, work package 6 received 87 case studies covering 84 completed practical tool applications. Among these, *Succeed* (37 applications) and PQD (22) were the most frequently used tools. PIQA was applied nine times, QIP seven and *Shift* six times. Nineteen of these applications were implemented in projects focussing on gay and other men who have sex with men, twelve focus on people who inject drugs, nine on people living with HIV, eight on migrants and two on sex workers. By far the most applications took place in testing projects (20). Information/education projects were the subjects of fifteen and harm reduction initiatives of fourteen tool applications. Self-help/empowerment projects were involved eight and initiatives at the programme level seven times. More than half of all practical tool applications also involved stakeholders external to the organisation. These results indicate that the project managed to promote its main principles – self-reflection and participation – by succeeding in supporting participants to reflect on their work using quality improvement tools and to include a range of relevant stakeholders in the process.

Analysing several data sources in terms of common enablers and barriers to using quality improvement tools in practice resulted in a comprehensive yet precise set of six key factors that influence successful practical tool applications:

Tool Fit captures tool-related factors that can be either supportive or challenging and that influence the application itself as well as people's strategies for responding flexibly, including making a range of adaptations.

Planning and Preparation applies both to the whole application process as well as to the actual meeting or workshop during which the tool is applied.



Participation and Involvement puts the focus on the importance of involving the right people and the strategies to achieve this.

Facilitation of the application process can pose challenges, e.g. keeping a discussion both focused and creative, and is seen as a main success factor.

Available Resources are those already existing within an organisational structure that people can draw on to implement a quality improvement process.

Additional Support as a factor includes the obstacles created by a lack of that support (be it financial or personal) as well as strategies to organise the support needed for the practical application process.

Training workshops and continuing interactions during the practical applications helped to build a network that functions as a community of common practice. This network continues to develop a culture of continuous improvement in HIV prevention, increases multidisciplinary collaboration and exchanges knowledge, skills, and expertise across organisations and countries. The overall high uptake of quality improvement tools achieved by Quality Action shows that it is possible to communicate the benefits and integrate the practice of quality improvement into complex prevention settings, as long as barriers and constraints are met with a participatory, flexible and empowering response.

Finally, the report presents four country profiles to illustrate practical tool applications and quality improvement processes on a national level.



→ List of case studies:

No.	Country	Organisation	Authors	Tool Applied	Key Population Addressed
1	Austria	Aids Hilfe Wien	Hassani	<i>Succeed</i>	People Living with HIV
2	Austria	Aids Hilfe Wien	Lex	PQD	Migrants
3	Austria	Aidshilfe Oberösterreich		<i>Succeed</i>	Gay and other Men who have Sex with Men
4	Austria	Aidshilfe Salzburg	Friedrich	<i>Succeed</i>	Youth
5	Austria	Aidshilfe Tirol	Recheis	<i>Succeed</i>	Gay and other Men who have Sex with Men
6	Austria	Aids Hilfe Wien	Schibler	PQD	Gay and other Men who have Sex with Men
7	Belgium	Sensoa	Van den Eynde, Borms & Sergeant	<i>Succeed</i>	Gay and other Men who have Sex with Men
8	Belgium	Sensoa	Borms	PQD	Other
9	Belgium	Sensoa	Van den Eynde & Borms	QIP	Gay and other Men who have Sex with Men
10	Bulgaria	Ministry of Health		QIP	Gay and other Men who have Sex with Men
11	Croatia	Croatian National Institute of Public Health	Nemeth Blažić, Pavlić, Kasumović & Glamočanin	<i>Succeed</i>	General
12	Croatia	Croatian National Institute of Public Health & Help	Puljiz, Mardešić, Nemeth Blažić & Pavlić	<i>Succeed</i>	People who inject drugs
13	EU	Quality Action	Nöstlinger & Vyulsteke	<i>Succeed</i>	Other
14	EU	Aids Action Europe		<i>Succeed</i>	Other
15	Finland	Pro-tukipiste	Häggman	<i>Succeed</i>	Gay and other Men who have Sex with Men
16	Germany	CASAblanca	Graefe & Fontaine	<i>Succeed</i>	Migrants
17	Germany	Deutsche AIDS-Hilfe	Curinova & Vierneisel	PIQA	People who inject drugs
18	Germany	Deutsche AIDS-Hilfe	Pauly	PQD	People Living with HIV
19	Germany	Deutsche AIDS-Hilfe	Pauly	PQD	People Living with HIV
20	Germany	Deutsche AIDS-Hilfe	Vierneisel	PQD	People Living with HIV
21	Germany	Deutsche AIDS-Hilfe	Vierneisel & Bock	<i>Succeed</i>	Other
22	Germany	Deutsche AIDS-Hilfe	Vierneisel, Böthner, Klumb & Lemmen	<i>Shift</i>	Other
23	Germany	Cologne Health Authority	Kloos-Quiroga, Nitschke, Rannersberger & Wolff	QIP	Sex Worker
24	Germany	Aidshilfe Dortmund	Gretenkord	PIQA	People who inject drugs
25	Germany	Aidshilfe München		<i>Succeed</i>	People Living with HIV
26	Germany	Deutsche AIDS-Hilfe	Gronski, Moersch, Boettger & Vierneisel	<i>Succeed</i>	People Living with HIV
27	Greece	Keelpno	Poulis, Syllantavou, Giobazolía & Festa	<i>Succeed</i>	Other
28	Greece	Keelpno	Chrysomallis & Liantis	PIQA	People who inject drugs
29	Greece	Positive Voice		QIP	Multiple
30	Greece	Positive Voice		<i>Succeed</i>	People Living with HIV

No.	Country	Organisation	Authors	Tool Applied	Key Population Addressed
31	Greece	Keelpno	Konte & Pilli	<i>Succeed</i>	Other
32	Greece	Centre for Life	Koulientenou & Kavouri	<i>Succeed</i>	Youth
33	Greece	Centre for Life	Koulientenou & Stergiou	PQD	Youth
34	Greece	Keelpno	Nikolopoulou & Stamou	<i>Succeed</i>	Youth
35	Greece	Keelpno	Nikolopoulou & Stamou	PQD	Youth
36	Greece	Ath Checkpoint	Chanos	<i>Succeed</i>	Gay and other Men who have Sex with Men
37	Greece	Positive Voice, Checkpoint & Prometheus		PQD	Multiple
38	Greece	Keelpno	Chrysomallis	<i>Succeed</i>	People who inject drugs
39	Greece	Keelpno	Liantis & Issaris	<i>Succeed</i>	Youth
40	Greece	Keelpno	Gkoma & Chalkidou	PQD	Gay and other Men who have Sex with Men
41	Ireland	GOSHH	Billie	PQD	General
42	Ireland	GOSHH	Billie	PQD	Sex Worker
43	Ireland	Dublin Aids Alliance	Donlon	<i>Succeed</i>	Migrants
44	Ireland	GOSHH	Mason, Woulfe & Billie	<i>Succeed</i>	Youth
45	Ireland	Sexual Health Ireland	Cocoran	PQD	Gay and other Men who have Sex with Men
46	Ireland	Sexual Health Ireland	Kennedy, Seery & Corcoran	<i>Succeed</i>	Gay and other Men who have Sex with Men
47	Italy	Lila	Cosmaro	PQD	Migrants
48	Italy	IRCCS	Palummieri	QIP	Multiple
49	Lithuania	Kaunas City Municipality		QIP	Prison Youth
50	Luxembourg	HIVberodung	Mortier	PIQA	Multiple
51	Latvia	DIA+LOGS	Kaupe, Seja & Zena	PIQA	People who inject drugs
52	Netherlands	Soa Aids Nederland		<i>Succeed</i> / PQD	Gay and other Men who have Sex with Men
53	Netherlands	Soa Aids Nederland	Tempert	<i>Succeed</i>	Migrants
54	Norway	Aksept	Herrestad	<i>Succeed</i>	People Living with HIV
55	Poland	Social Aids Committee	Małkuszewski & Fusiek	PQD	People who inject drugs
56	Poland	Marshall Office of the Wielkopolska Region	Cieszkiewicz	<i>Succeed</i> / <i>Shift</i>	People who inject drugs
57	Poland	Social Aids Committee	Skonieczna	<i>Shift</i>	General
58	Portugal	GAT		<i>Succeed</i>	People who inject drugs
59	Portugal	GAT		<i>Succeed</i>	Gay and other Men who have Sex with Men
60	Romania	The National Institute for Infectious Diseases & ARAS	Niculescu, Bals & Dan	PIQA	People who inject drugs



No.	Country	Organisation	Authors	Tool Applied	Key Population Addressed
61	Romania	ARAS	Dan	PQD	Gay and other Men who have Sex with Men
62	Slovakia	Storm		PIQA	People who inject drugs
63	Slovakia	Odyseus	Chovancova	PIQA	People who inject drugs
64	Slovakia	OZ Prima	Palinek	PIQA	People who inject drugs
65	Slovakia	Slovak Red Cross	Vyslocky	<i>Succeed</i>	Youth
66	Slovakia	Slovak Medical University	Stanekova, Habekova, Drobkova, Mojzesova & Krahulcova	<i>Succeed</i>	Multiple
67	Slovenia	SKUC	Solinc	<i>Succeed</i>	Gay and other Men who have Sex with Men
68	Spain	Comité Primer de Desembre	Burgos & Salas	<i>Shift</i>	Gay and other Men who have Sex with Men
69	Spain	Cesida	Delgado Miranda & Delgado Valor	<i>Succeed</i>	Multiple
70	Sweden	Knowledge Centre for Sexual Health	Phersson	<i>Succeed / Shift</i>	Other
71	Sweden	WAD Network	Rahm	PQD	General
72	Switzerland	Federal Office of Public Health	Heuer & Gnädinger	<i>Shift</i>	Other
73	Switzerland	Swiss Aids Federation	Lehner	QIP	Gay and other Men who have Sex with Men
74	United Kingdom	BHA for Equality	Chwaula & Hirst	PQD	Migrants
75	Anonymous			PQD	Other
76	Anonymous			QIP	Migrants
77	Anonymous			<i>Shift</i>	Other
78	Anonymous			PQD	Trans Sex Worker
79	Anonymous			<i>Succeed</i>	Gay and other Men who have Sex with Men
80	Anonymous			<i>Shift</i>	Other
81	Anonymous			<i>Shift</i>	Other
82	Anonymous			<i>Shift</i>	Other
83	Anonymous			PQD	Other
84	Anonymous			PQD	Other
85	Anonymous			<i>Succeed</i>	Gay and other Men who have Sex with Men

→ Glossary

Term	Definition
Activities	Actions taken to achieve goals and objectives.
Aims / Goals	The results we are trying to achieve; a goal is the terminal point or what you aspire to do; organisational goals are strategic and SMART (Specific, Measureable, Attractive, Realistic and Time bound).
Beneficiaries (see Target groups)	Those who will ultimately benefit from the activity; those you want to target.
Capacity Building	Increasing the ability of a person, group or organisation to perform certain tasks or respond to certain situations; includes increasing knowledge and skills as well as changing perceptions, attitudes and behaviours.
Charter	A document listing basic norms that are agreed across boundaries.
Epidemiology	Study of the causes and distribution of infections, diseases or health problems in populations and the application of this study to their control.
Epidemiological data	Statistical information about the incidences and distribution of HIV (surveillance); analytical and behavioural studies on health determinants, health promotion and HIV prevention.
Evidence	Often published in peer-reviewed journals and generated according to scientific standards, often using randomised control trials, with a focus on quantifiable, measurable effects; may change in light of new evidence (see practice-based evidence).
Evidence-based practice	Choosing the approaches, interventions and methods most appropriate to a given situation and implementing them at the highest possible level of quality; traditional scientific evidence is not always available or conclusive, especially for structural, social and behavioural interventions; a lack of availability of what is regarded as scientific evidence does not mean an approach or method is ineffective, nor should it stifle innovation; in addition to scientific evidence, other forms of knowledge are valuable, such as local cultural knowledge and practice-based evidence.
Goals / Aims	The results we are trying to achieve; a goal is the terminal point or what you aspire to do; organisational goals are strategic and SMART (Specific, Measureable, Attractive, Realistic and Time bound).
Intermediaries (see Target groups)	Those you involve in the project/programme because they can effectively reach beneficiaries.
Key populations	Those people at higher risk of infection and to involve in the response (people living with HIV are also a key population in HIV prevention); distinct from, but may also include, vulnerable and at risk populations; those who are disproportionately at risk of contracting HIV are identified by the WHO as men who have sex with men, transgender people, people who inject drugs and sex workers.
Key principles (of Quality Action)	Participation and Self-Reflection (see separate entries).
Kit	A set of useful tools, instruments or other practical components that are combined in order to assist with carrying out a particular task or to serve a particular purpose.



Term	Definition
Objectives / Sub-goals	Shorter (than aims / goals) term measureable targets to achieve the long term or strategic goal.
Participation (a key principle of Quality Action)	Important as no single point of view can give an accurate picture of the context in which a HIV prevention activity operates; target group participation is especially significant and a key element of the Quality Action tools; if the project/programme does not respond to the needs and context of the target groups it is less likely to be effective; involves stakeholder involvement, communication, consultation and facilitation, team and group work, and empowerment.
Practical Application	The use of an approach, theory, tool, instrument or process in the course of ordinary, day-to-day professional practice (in this case practically applying the tools to HIV prevention projects / programmes / activities).
Policy	An agreed or imposed direction governing action in a certain area; it can apply to and be enforced in a particular jurisdiction (such as a nation, state, region, county, or municipality) or self-imposed as a more or less binding guideline by any organised group of people (institution, NGO, club or association).
Practice-based evidence	Derives information on the effectiveness of interventions from the structures and logic of the practical work; indications for the effectiveness of interventions are tested in a particular context, at a particular point in time and at a particular location; this localising of evidence has the potential to produce new insights which can be immediately integrated into practice and contribute to a process of on-going improvement; evidence and practice inform each other in a continuous cycle of quality improvement (see evidence-based practice).
Programme	Combinations of interventions and/or activities that work together to achieve a change in health status such as reducing new HIV infections; examples are national or regional HIV prevention action plans or a comprehensive service (e.g. incorporating testing, counselling, outreach, needle exchange and condom distribution).
Project	A single intervention with a beginning and end or regular cycles (e.g. a health promotion campaign or an outreach intervention); projects are usually designed to influence a particular determinant of health (e.g. increasing health knowledge or improving access to condoms and lubricant).
Quality	Achievement of desirable goals in health outcomes in a manner consistent with current professional knowledge and standards.
Quality Improvement (QI)	<p>Quality improvement formally identifies, implements and evaluates strategies to maximise the potential of an activity, including increasing its capacity to fulfil and exceed quality standards. It can be used at any stage of an activity and always aims for improvement, no matter what the starting point is.</p> <p>Quality Improvement may include quality assurance, which formally monitors the quality of services and activities against standards (where they exist), including review, problem identification and corrective action. Quality assurance processes are particularly suitable where standardised services are offered, such as medical and clinical procedures (e.g. testing and counselling).</p>

Term	Definition
	Quality improvement highlights what we are doing well while offering clear steps to improving quality, aims to ensure that decisions about what to do and which methods to use are based on the best available evidence, knowledge and experience, and ensure that the chosen activities are planned, implemented, monitored and evaluated to maximise their potential affect.
Self-reflection (a key principle of Quality Action)	Stepping back to critically examine how well our efforts actually work; reflections are rarely structured, rarely look at all aspects of a project/programme, rarely include all relevant stakeholders, are rarely documented and rarely lead to systematic changes; rigorous self-reflection is a prerequisite for improving quality because the assumptions we protect most fiercely are often the most rewarding to question; cannot be imposed by or on others; it is a voluntary process which may require courage and a supportive environment; important to document that we have and will continue to do our best with our interventions.
Stakeholder	A person representing a group or organisation with an interest in a particular activity; the interest may arise from having responsibility for, actively contributing to, benefitting from or being impacted by the activity.
Stakeholder involvement (key to participation)	Increasing the number of perspectives means meaningfully involving stakeholders; those who have an interest in the project/programme, especially the key populations and target group, are asked to contribute their point of view; many quality improvement tools ask questions that different stakeholders will answer differently, depending on their particular perspective and eliciting these answers requires skills in communication, consultation and facilitation; engaging in quality improvement creates time and space for communication and exchange within teams that results in increased team interaction and the opportunity for productive group work; building the participation of disadvantaged target groups in a significant and committed way contributes to greater ownership of the project/programme.
Standards	Set of criteria against which an intervention is compared or measured; normally based on general consent or established by custom or authority as being the benchmark for quality; in the wider quality field they are used where activities can be described in detail and reproduced accurately and repeatedly; HIV prevention is very context-dependent and the rigid transfer of standardised methods from one context to the next may not work in the same way; standards that emerge during local quality improvement practice can be documented to provide practice-based evidence; they may be specific to an individual project or they may be useful for a particular method across a range of contexts or for a variety of methods within a single context.
Target groups	Those who serve as the focal point for a particular project/programme; two categories (some people may belong to both) – beneficiaries (those you directly want to target) and intermediaries (those you involve in the project/programme because they can effectively reach the beneficiaries); may convey a non-participatory or top-down approach (participation is a key principle of Quality Action).
Tool	<p>We use the word “tool” to describe a structured, documented approach to quality improvement using a practical, step-by-step process. Tools can be paper-based or electronic and often consist of:</p> <ul style="list-style-type: none"> ■ check lists ■ questionnaires



Term	Definition
	<ul style="list-style-type: none"> ■ facilitation guides for stakeholder input
Train the Trainer	Building the capacity of or teaching a person in a way that enables them to teach another person to a similar level. The method enables greater reach of the training.
Vulnerable populations	Those who are more vulnerable to HIV in specific situations or contexts, such as societal pressures or social circumstances; includes migrants, adolescents or prisoners.

8

9

10

11

12

13

THE EU JOINT ACTION FOR IMPROVING QUALITY IN HIV PREVENTION

→ Evaluation Report

A systematic appraisal of the success of **Quality Action** was performed during the whole project. A detailed evaluation plan including an evaluation framework measuring process, output and outcome was developed, which is available on the **Quality Action** website. The mixed method evaluation adopted quantitative and qualitative methods to measure **Quality Action's** objectives and whether the target groups' needs were met.

A comprehensive evaluation report will be available on the **Quality Action** website at the end of the project.

8

9

10

11

12

13

OUR PARTNERS

