Quality Action
Improving HIV Prevention in Europe

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 We do not publish this information unless you agree.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

NGO "DIA+LOGS, support centre for those affected by HIV/AIDS",
Riga, Latvia.

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.)

Ruta Kaupe, NGO DIA+LOGS Board Chairperson,
and colleagues: Agita Seja, HIV prevention and social work coordinator,
Lelde Zena, project coordinator assistant and communication person,
Dzirnavu street 135, LV-1050, Riga, Latvia
ph/fax +371 67 24 31 01; cell ph +371 29 41 28 55
e-mail: dialogs@diacentrs.lv; home page: www.diacentrs.lv

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..)

none

4. Project/programme

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

NGO „DIA+LOGS", support centre for those affected by HIV/AIDS, is a contact and resource centre for people living with and working in the field of HIV/AIDS, established in 2002.
"DIA+LOGS" (D+L) overall goal is to eliminate the spread of HIV/AIDS, provide support and services for HIV infected and affected persons, their friends and families and people from at-risk groups, contribute to promote awareness about HIV/AIDS.
We are the largest HIV/AIDS NGO which main program implemented already for 12 years is "HIV prevention and harm reduction services for intravenous injecting drug users and their family members in Riga city" (mainly financed by Riga Municipality Welfare Department). Services are provided in center DIA+LOGS, with Mobile unit's bus and through outreach work, including daily HIV testing and counseling, syringe and needle exchange, peer counseling, information and condoms distribution, regular social workers' and psychologist consultations. Outreach work for drug addicts is done on regular basis already since 2002. Totally involved <20 persons (The most: part-time).

D+L involves in advocacy work for community needs and services, treatment and care. Since its establishment in 2002 NGO has implemented more than 50 projects where the most of projects aims to support HIV affected people and in 80% projects – community groups are direct project beneficiaries. Regular services provided: VCT for HIV, Hep B and C, syphilis and needle and syringe exchange, info and condoms distribution - every working day in the centre and mobile bus rides, outreach work - 4 staff outreach workers (ex-users) and 3 community volunteers (active users), specialists' counselling:

3x per week - social workers, 1x per week - psychologist - in DIA+LOGS centre and tema of social worker or psychologist, nurse and bus driver - every working day in mobile unit. Supportive other activities: Hot Soup with socializing (on Thursdays), support groups sessions, counselling Life with HIV, educational lectures for affected community in center, other day and crisis centers; educational seminars for specialists; volunteers movement (campaigning), advocacy activities, research studies' projects; networking with other HIV/AIDS related organizations in LV and EU.

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

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

Find the things for improvement and raising effectiveness of DIA+LOGS provided HIV prevention and harm reduction services.
Get expierence, do "pilot application" of PIQA tool for development of project proposals for work with target groups and community involvement.
Get acquainted with PIQA tool more people, working in harm reduction field, in Latvia

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.)

PIQA
Training of DIA+LOGS Board Chairperson for PIQA tool in traning workshop in Tallinn, 2014
Presentation of the tool within the team
General insight in questionnaire parts with the team
Two working group meetings for PIQA tool applying for our NGO work analysis (consisting of 3 members of the team).
Choosing clusters for the assesment process
Defining points for improvements for assessed clusters
Discussion for implementation (how realistic, how much we can influence that ourselves, when, with what resources and whose responsibility it should be)

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.)

We found it relevant to do DIA+LOGS work assesment according to Clusters 3 - 5 of PIQA tool, because many of points and processes we can't influence as this HIV prevention and harm reduction in Riga is Riga Municipality purchase competition according to their guidelines what kind of services they wantr tyo be provided and how they should look like
We found our HR program implementation rather adequate to to say that many things are in good quality (~80% answers were "Moderate" or "Strong")

Some of points we found needed for our work improvement: We need to re-formulate the goal with a focus on "Changes"; broader cooperation with related institutions-partners is needed (police, narcologist, general practitioners, medical care personell etc); Improve society awareness about necessity for harm reduction services; regular monitoring of PWID (our regular clients) needs.
Some of actions we formulated for our priority actions: to offer Riga Municipality educational seminars; formulate for ourselves the definite changes what we would like to reach with our work; define a list of indicators for our harm reductions programs monitoring and evaluation and introduce that in all national HIV prevention points' network as regular activity, strengthen network cooperation activities. Improve cooperation with discussed and defined relevant partners (stake holders). Look and work for find financing for our HIV prevention services expanding.

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.)

Some items of the clusters seemed too complicated for us (unclear or more applicable for larger organizations). In few cases the clusters were rather long and some of them - "not in the sphere of our influence" and therefore not needed to assess (few viewpoint).
In some cases we felt like loosers if compared to other training participants from other EU countries as we was not successfull for applying this tool in practical project or having an opportunity to acquire other Latvian HIV prevention point network participants with this PIQA tool . Twice we integrated this in project applications but we didn't got funding for implementation.
In such a small country as Latvia it is difficult to apply the tool (PIQA) for such a specific niche. Harm reduction, HIV prevention services are implemented mostly according to government public procurements and purchases and it seems impossible to increase funding for widening services and our targetted work for community needs.
We concluded that our work quality is higher than we considered and sometimes it seems that we do not appreciate our work, may be that's due to attitude to NGO work and health care policies governing in our Easter European countries.

Please indicate how you want this case study to be published:

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