

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 We do not publish this information unless you agree.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

Case Study: Ath Checkpoint
City: Athens
Country: Greece

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..).

Konte Vasileia - Hellenic Centre For Disease Control and Prevention - konte@keelpno.gr
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4. Project/Programme and key population/target group addressed

(Please describe the project/programme to which you applied the tool and the key population/target group addressed).

The Ath Checkpoint is a non-clinical, community-based HIV, HBV and HCV prevention and testing promotion facility operating in Athens, Greece. It is designed for the sexually active population while targeting some of the most at risk key populations such as men who have sex with men (MSM). Its purpose is to be operated by and for the community (CBVCT - Community Based Voluntary Counseling and Testing) and it is based on other best practices from outside Greece. It offers free and rapid diagnostic testing for HIV and other STIs and it also provides peer counseling and further linkage to health care units, especially in reactive cases. The Ath Checkpoint is an initiative of Positive Voice (the People Living with HIV Association of Greece) in collaboration with the AIDS Healthcare Foundation (Los Angeles, USA), the Hellenic Centre for Disease Control and Prevention, which offers special training and ongoing supervision and evaluation of the project and Prometheus (Liver Patients Association of Greece). The Succeed quality improvement tool has been applied in an attempt of ours to evaluate this HIV prevention project and to further identify the strengths and/or potential weaknesses that might have arisen along the way during planning and implementation of the project. Since this particular tool works well in team workshops, the project manager (Mr. Sophocles Chanos) gathered all of the Ath Checkpoint staff members and a focus group was held in order for everyone to compare their perspectives on the progress, to discover impediments/deficiencies and the pros and cons of the project. The focus group took place at the Ath Checkpoint premises and out of normal working hours. All of the participants became engaged and it lasted for approximately 4 hours.

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

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

- 1) Evolution of the quality of our HIV prevention work through a structured process especially designed for the quality improvement of a project
- 2) Measuring our project results and potentially scaling them up
- 3) Intensifying bonding among project members through a collaborative attempt at a quality assessment
- 4) Identifying general as well as more specific strengths and weaknesses of the project
- 5) Internal auditing of the services offered to the target population and comparison to the evaluation of the direct responses from the beneficiaries of the project
- 6) Creation of a more harmonised and better documented reporting process (weekly, monthly, quarterly and annually)
- 7) Getting an accreditation/certification (if any) about the quality of our work

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).

For this specific HIV prevention case study, the Succeed tool was applied

Steps towards applying the tool:

- 1) Project manager's participation in the 1st part of the national training on the Quality Action tools hosted by the Hellenic Centre For Disease Control and Prevention
- 2) Dissemination of all the relevant information on the tool to the Positive Voice Director and Advocacy Manager and determination of a timeline within which the tool had to be applied to the project
- 4) Presentation of the tool and its scope, significance and aims to the colleagues of the HIV prevention case study
- 5) Formation of the focus group
- 6) Agreement on housekeeping issues (eg. place of gathering, time and date, nomination of the focus group facilitator, defining of participants' rights and obligations within the context of the focus group etc.)
- 7) Application of the tool (approximately 4 hours of discussions, exchanging ideas and arguments on all topics covered by the tool's 3 sections/parts)

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).

- 1) The expectations regarding the results of the tool's implementation of both the project's manager and the members consisting the focus group were met in an efficient way
- 2) Many of the goals of the tool application were also met in a satisfactory level, [ie. intensifying bonding among the members of the project (getting closer to each other) and identifying benefits and/or shortcomings of the project]
- 3) Through the tool's implementation and the fruitful discussions which emerged among the participants we also pointed out what further actions we might need to take in order for us to strengthen the goals of our HIV prevention project, namely;
 - a) Integrating the notion of routine testing (normalisation of testing) as a habit for every sexually active individual
 - b) Improving our volunteers base (eg. creating innovations for the Greek standards of recruitment, further professional training and assessment strategy)
 - c) Dealing with research on issues regarding our project's targeted population and disseminating the results through our participation in national and international conferences and meetings
 - d) Overcoming legal barriers associated with out-of-medical-sites testing (eg. through intense and effective networking advocacy for the de-medicalisation of rapid testing)
 - e) Advocacy for peer-to-peer testing and counseling services
 - f) Scaling-up of testing and outreach counseling activities at a variety of events, festivals and institutions as a means of further lowering the effects of HIV-related stigma in Greece
- 4) Involvement of new key stakeholders to produce a stronger joint attempt for better HIV prevention as well as to other key populations other than the project's targeted one

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).

All in all, the experience we gained from dealing with and applying this particular tool is pretty much positive. More specifically, we would like to indicate the human side, the personal relationships and the rapport the whole application procedure of the tool can establish among the participants. Since it was the very first time we dealt with such a structured evaluation tool that provides step-by-step guidance, it is worthwhile mentioning that we encountered some difficulties along the way of applying it to our HIV prevention project, which were, of course, afterwards overcome only by the willingness of the working team to keep cooperating and to help each other with obstacles in communication. Of course, the facilitator's role in making boundaries among the participants clear was very catalytic in this, as sometimes a participatory approach towards an issue may cause arguments and thus the best interests or the aim of the team work is put at risk. Moreover, and as was also noted before, through this joint effort of ours to assess whether our work is proceeding in the right direction or not, in other words if we can make it to be quality assured, we think that only positive consequences have emerged. For instance, people getting closer to each other and working together towards a common target, making it easier for the project to identify any misconceptions and weaknesses and subsequently to try to solve and substitute them with only strengths and advantages. In conclusion, and judging by our experience, we think that the specific quality improvement tool could potentially be applied to many other health promotion and prevention projects as well, not only to HIV-related ones. This is because one of the most salient challenges and goals of such projects is to manage their important, and perhaps different from each other, tasks in a sometimes quite complex environment. We believe Succeed can provide a helping hand to all health prevention project experts in order for them to assure that they meet their objectives and they are only progressing along the way of the evolution of their project.

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