

**Quality Action CASE STUDY - Draft**  
Piloting of the project NGO HELP Drop-in center - Croatia

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 We do not publish this information unless you agree.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

In Croatia, the Croatian National Institute of Public Health and NGO HELP conducted the practical application of the tool. Succeeded on one of the projects implemented by the NGO HELP (its Drop-in program for harm reduction among PWID).

**2. Authors of the case study and contact details**

*(Please provide the 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..)*

Dunja Skoko Poljak, Ministry of Health, Croatia

Iva Jovović, UN Theme Group on HIV/AIDS

**4. Project/programme**

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

We used the tool on the programme implemented by the NGO HELP - a drop-in program for harm reduction among PWID in Croatia. Within this programme, aside from distributing clean injecting equipment and collecting and disposing of used equipment, clients of the NGO HELP are provided with free condoms and also receive educational materials on protection from HIV, STI and blood borne diseases. Those in need receive help with referral to treatment.

NGO HELP conducts its harm reduction programme in various locations, we chose to implement the tool on the project of the drop-in program needle exchange and education organised in the city of Split and the surrounding area. Through this project we aim to contact the hard to reach population of PWID and inform them and educate and provide counselling on the subject of reducing health risks caused by their behaviour (intravenous drug use) by providing clean injecting equipment, condoms, educational materials and collecting used equipment. Goals we want to achieve with the entire programme and this project are to decrease the transmission of infectious diseases related to intravenous drug use and to decrease the transmission of STI and blood borne diseases (HIV, hepatitis B and C and other STI).

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

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

We hoped this practical application of the Succeed tool would provide us with the insight into what parts of our programme are implemented well and where there are areas that need additional work from our side to be able to improve.

We also hoped we would receive some insight into our strengths in this program.

We would like to expand the use of this tool for quality improvement to our other projects, also to other, future projects and to make it part of our permanent effort to maintain and improve the quality of our services.

## **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.)*

Conducting our practical application we used the Succeed tool.

We had the questionnaire and accompanying documentation translated into Croatian and have gone through the translation to see whether it needs adjusting.

The documents were distributed between CNIPH and HELP so that they have a read and prepare for the piloting phase.

The NGO HELP was the first to pilot test it, and before piloting it on one of its projects, Mario Puljiz (director of NGO HELP) presented us with the overall goals and activities of all the projects the NGO is currently running. Having gained insight into all current programs, we chose to use the Succeed tool on the Drop-in project.

We had several telephone consultations in the first part of October, pertaining to the questionnaire, and then decided to meet to fill in the questionnaire together. Representatives of the NGO HELP (Mario Puljiz) and CNIPH (Tatjana Nemeth Blažić and Jasmina Pavlić) were present at the meeting and have conducted the piloting by answering the questions of the Succeed tool. The tool provided a great incentive for a fruitful discussion among ourselves on the project we piloted it on, but also on other activities of the NGO HELP. The piloting meeting was held on Wednesday, 15 October 2014

## 7. Results and benefits of applying the QA/QI tool

*(Please describe what resulted from applying the tool and if and how your project/programme benefitted.)*

The benefit of using the Succeed tool was that we were able to identify strengths and weaknesses of the project and also possible problems.

The use of the tool brought benefit to the project in the sense that we not only identified weaknesses and problems but we have also become more aware of our strengths, which we can use to overcome our problems and to focus our activities to not only keep the current situation but also to further improve it. With respect to problems identified, when using the tool we considered possible solutions and suggested concrete steps to be taken for improving and sustainability of the project.

We found that the project has well defined goals and sub-goals. We found that we needed to increase the share of returned injecting equipment, secure continuous financing for the NGO HELP employees' salaries and ensure continuous education for them as well.

Regarding key populations, we have a well-defined key population we are focused on but we can improve our knowledge on the key populations (data on their habits, behavior and activities that would be of use for focusing preventive activities).

With respect to our approach, we have a written document, the Workplan of the NGO for three years in advance, where our goals and actions are defined. Our approach is in accordance with our 15-year experience and world-wide experience of not being judgemental towards PWID and to accept their behaviour but work to change it. Our work is based on projects with a community based approach.

There are well defined responsibilities within our project which we run as a stand-alone organisation and we are backed by all key institutions (Ministry of Health and Office for Combating Drug Abuse of the Republic of Croatia)

Our project has a project manager and well defined roles and responsibilities of our employees. Our weakness lies in the fact that each year there is a gap in our financing that causes salaries to be late for our employees.

To be able to improve our working conditions and conditions for our clients, we would need to adapt our facilities (new furniture and similar).

Regarding resources, we have also found that project staff can ask for reallocation of finances but they have to elaborate on why a reallocation is necessary. However, our weak point is that we lack finances for further training of our employees. Based on the number of our clients, we have made an assessment that is also based on data of the County Institute of Public Health, and we reach about 60% of the PWID population in Split through needle exchange in our drop-in center and through secondary needle exchange we assess that we reach 80% of the population. Data shows that we have achieved a decreased number of new infections with hepatitis C among PWID, there are no large numbers of detected HIV infections and an increased number of distributed equipment from year to year. Also, about 40 persons annually are referred or assisted to begin treatment. There is also increased knowledge, increased safer injecting practices, decreased new infections with drug related diseases but also higher acceptance of our services in the community and our key population; decreased stigma. The information on the reach and success of our project we obtain through questionnaires, by interviewing our clients for satisfaction (internal evaluation) with services and by taking part in behavioural studies.

## 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.)*

We need to continuously educate PWID and particularly stress the importance of avoiding risky behavior and on ways to improve their health and motivate them on the importance of proper disposal of used equipment in order to increase the share of returned used equipment. In the upcoming three months, we need to lobby to secure continuous financing to avoid financing gaps to be able to pay salaries to our employees on time.

In order to further improve our knowledge about our key population, we need to continue our efforts in conducting bio-behavioural research (in 2014 finishes the second wave of bio-behavioural research of seroprevalence of HIV and STI among risk groups in CNIPH and county PHI). Currently we are in the final preparatory stages for conducting bio-behavioural research of Seroprevalence of HIV and STI among PWID (Government office for combating drug addiction, Medical School University of Zagreb, CNIPH, HELP and other NGOs). The data collection phase starts in Nov 2014 and finishes at the end of January 2015).

The weakness of our approach is that not the entire population can be covered with our services - some people do not want to use our services, even though they know there is a drop-in center in Split. It is impossible to find working hours that would suit everyone. We interviewed our clients who said they would like us to work 24/7 which is not possible. No systematic education of police and the public on what to do with discarded injecting equipment. We will continue to follow contemporary evidence based standards in the harm reduction field.

We need to work on sustainable financing (enabling regular payment of salaries for our employees for the entire year), which is a problem we have had for some time now and thus we need to lobby continuously with the Ministry of Health and other sources of financing to solve this problem caused by irregular payments from our financing bodies).

We could also use some additional financing for adapting our facilities.

NGO HELP will try to advocate for more funding to solve the weak point of lack of finances for further training of our employees, particularly in the next three months (crucial for planning next year's budget).

Generally, the support of the project is good, but we find it important to keep it that way through continuous communication and by completing our obligations.

Regarding reach and response and goals achieved, we feel we are doing well but need to continue our work and continuous collaboration with all stakeholders to keep this up.

Using tools such as this we find useful, as they help improve the quality of our projects and provide us with documentation, which becomes evidence of our continued efforts to maintain and improve quality, which is also important for the sustainability of our organisation.

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