

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 We do not publish this information unless you agree.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

The National Institute for Infectious Diseases Prof. Dr, Matei Bals;
ARAS – The Romanian Association Against AIDS ROMANIA

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..)

none

4. Project/programme

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

The project: A step ahead for the social integration of the vulnerable population in Bucharest;
Duration 12 months;
Implemented by a partnership public – private: The Directions for Social Assistance Bucharest and ARAS - NGO.
The first intervention based on harm reduction funded by a local community – The General Council of Bucharest
Key population addressed PWID - Persons who inject drugs, Bucharest Romania - 5400 persons
Goal: to contribute to the social and professional integration of the persons who inject drugs by improving their health status and facilitating their access to medical and social services

Activities:

IEC for HIV, hepatitis B and C prevention,
Needle exchange and condom distribution for HIV, hepatitis B and C prevention
Pre/post test counseling and rapid testing for HIV
Social counselling and referrals to medical and social services
Counselling and support for the integration on the labour market

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

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

To facilitate a self assessment of the project at the level of the implementation team at ARAS, in order to adapt the intervention and delimitate the contribution and impact of the intervention over the situation of PWID in Bucharest.
To develop a case study in order to prepare a practical presentation of the PIQA tool to professionals in the field of infectious diseases health care and public health
To use the results of the evaluation of the harm reduction intervention in order to build adequate support for this type of interventions as component in the more comprehensive strategy targeted to PWID: access to HIV diagnostic and ART, services for women and adolescents who use drugs, access to shelters and social canteens, etc.

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.)

Two hours evaluation meeting with ARAS implementation team: social workers, nurses, psychologists, medical doctor, M&E department coordinator.
The evaluation was an open dialogue; the first two clusters of the PIQA were debated, given the short time of discussion.
Individual interviews with PIWD beneficiaries of the project, undertaken by ARAS monitoring and evaluation coordinator.
The individual interviews were focused on the perspective of the beneficiaries on the benefits of the project / services for their health and social situation, on their unmet needs and their expectancies from the harm reduction services; their satisfaction related to the services and of the personnel performance were also investigated.

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.)

PIQA application allowed for an interesting reflection on the impact of the harm reduction intervention over the health and social status of PWID. The harm reduction itself is not able to have a significant impact - with significant health and social outcomes - if the intervention is not embedded into a national and local strategy of assistance for the PWID;
The implementation team from ARAS pointed out the fact that their harm reduction intervention ends at the gates of the hospitals for the drug users who do not have identity papers or do not pay for the health insurance, as the legislation regarding the access to HIV treatment and care through the National Programs is applied differently in the two hospitals in Bucharest.
Also, the social services network is insufficiently developed, the especially the places in shelters are limited and the conditions are not always adequate with their needs, especially for women.

Harm reduction intervention itself has been over the years inadequately calibrated as coverage and resources needed, both in human resource and materials, as strategies are not politically endorsed (as the National HIV strategy) or are not budgeted as the antidrug strategy which is approved but not budgeted.

The situation of the drug users (estimated number of PWID, estimated number of PWID who seek for health, social and harm reduction services) and health and social status is not enough known, the surveillance system is incomplete and lacks funding.

The collaboration between institutions and organization, as well as between authorities (Ministry of Health, the Antidrug Agency and the Ministry of Internal Affairs, Ministry of Finances) should be improved.

The PIQA application pointed to the fact that along with the service provision, a constant effort to describe/ document the situation of the PWID and advocate for a multisectorial approach of the problem at the level of Bucharest.

Legal provision have negative impact over the quality of the harm reduction intervention: the law of public finance/ the regulation of the procurement negatively impacts over the procurement of appropriate syringes, as the most important criteria is the lowest price for the syringe. Another inappropriate requirement is that the beneficiaries of the harm reduction are recorded with names and personal identification number if the funding for the service is from public funding.

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.)

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

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