

# *QIP*

An Evidence-based Quality Assessment  
Tool for Prevention and Health Promotion  
Activities

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## Documentation Form for HIV/AIDS Prevention

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## How is *QIP* structured?

First, you complete this **Documentation Form**. Experts then use this information to assess the concepts, processes, planning, and effects of your project. They are independent, experienced and qualified in HIV prevention and health promotion. The assessment is strictly confidential. The result is a quality profile, which often includes specific suggestions for improvement. You receive these results as **feedback** to enable you to make further, targeted improvements to your prevention activities.

## How can *QIP* benefit your project?

1. *QIP* delivers **practice-oriented, detailed quality profiles and generates ideas for improving quality**.
2. *QIP* identifies existing **strengths as well as opportunities for improvement** and prioritises areas for future action.
3. *QIP* offers you the advantages of **independent, external quality assessment**.
4. *QIP* can help you **document that your project is quality-assured and based on up-to-date knowledge**. This in turn proves that your project creates the best possible conditions for being effective.

## What is this Documentation Form based on?

It is based on the **central quality dimensions which are commonly used in quality improvement** :

- ⇒ **Project description and concept,**
- ⇒ **Personnel and their qualifications,**
- ⇒ **Target groups (beneficiaries and intermediaries),**
- ⇒ **Planning and preparation,**
- ⇒ **Dissemination and promotion,**
- ⇒ **Process design,**
- ⇒ **Results (successes, effects and experiences)**

Current research proves that these dimensions are important for the effectiveness of prevention and health promotion. They were developed using 'evidence-based' methods. Prevention projects attending to these dimensions are highly likely to effectively and efficiently improve the health of their target groups.

## What can you document using this form?

This form can describe **all types of HIV prevention** – one-off activities, health education courses and curricula, setting-based projects, campaigns, etc. (see below). You will be asked to assign your project to one of these categories at the beginning of the form. *QIP* takes the context of different types of activities into account, both in the questions of this Documentation Form and during the expert assessment.

You can use the Documentation Form to describe **planned, ongoing and completed projects**. For a planned project, please answer all questions, as far as possible, on the basis of its current status. In the assessment, *QIP* considers the stage your project is at.

## What is a 'project'?

The characteristic features of a project include:

- independent goal-setting, concept development and planning,
- a decision to proceed with a set of activities,
- dedicated resources or budget,
- a project name,
- delegated responsibilities and duties.

*QIP* is looking at your practical work. *QIP* does not try to assess the entire organisation. It focuses on the quality of your practical work and possibilities for improvement. This is an efficient, rapid and targeted approach to developing quality, and it can be applied in many different types of organisations.

## What types of projects are there?

Projects each have their specific reach, difficulties and complexity, and use specific approaches suited to their requirements. You will be asked to briefly outline some of the important conditions under which your project operates at the beginning of the form. You will also be asked to describe the details of your project. *QIP* differentiates between these project types:

### **One-off interventions, activities or events**

These are local activities provided for a limited period and with few repetitions (e.g. a health information session, training course or community event). They usually address one particular topic.

### **Programmes**

These are concepts or "blueprints" for HIV prevention measures based on a proven approach. They are intended to be successfully repeated in a similar manner elsewhere. They usually consist of distinct elements or components (e.g. a training manual on STIs for schools, or fact sheets for sex workers about HIV and safer sex).

### **Campaigns**

These are communication activities coordinated in an overall plan. For example social marketing is used to increase HIV-related knowledge and awareness as well as behaviour change in the target group such as a series of advertisements, presentations or exhibitions about HIV transmission and its prevention, sometimes involving local politicians or celebrities.

### **Setting-based projects**

These are systematically coordinated activities to promote healthy behaviours and to improve working and living conditions in a specific setting (e.g. in a health or social service area, neighbourhood, gay community, drug scene, sex work precinct, prison, school etc.).

## Selecting a project for *QIP* review

You decide how to select and define your project. Please complete a **separate Documentation Form for each project that you consider a discrete unit of work or activity.**

## **Could using Q/IP put pressure on or disadvantage the project and/or the organisation?**

Only your nominated contact persons receive the results for your project. Overall analyses of Q/IP data only report de-identified, aggregate values for groups of projects. The expert assessments are subject to strict rules of professional ethics and confidentiality. In other words, you alone decide what you do with the results and who you share them with.

## **How long does it take to complete the form?**

Accurately completing the whole form enables a sound assessment. According to participating HIV prevention projects it takes several working days, depending on how well a project is already documented. For large, complex projects it may take longer. **You can refer to existing documentation: concept notes, funding proposals, reports, teaching materials, brochures, etc.** You may attach relevant documents. However, if you do, please provide accurate references (e.g. "Project Report, p. 12").

## **How detailed should your answers be?**

**As detailed as possible, at least in point form using keywords. It is important that you provide a complete picture of the rationale, and the planning and implementation of your work.**

Missing information may be "blind spots" in the concept, planning or implementation of a project. Therefore the expert reviewers might interpret them as weaknesses.

You can select multiple answers where they apply to your project. If you find it difficult to obtain accurate numbers for your response to a question, please enter your best estimate (and mark it with "approx.").

If you don't have current data, please use those from the previous year or years (and indicate the year/s).

## **Yellow fields: Headings / explanations to questions in the Documentation Form**

- *Before filling it in, please save the form to your computer and then save at regular intervals.*
- *To tick a box (a cross symbol is used here), click on it using your mouse.*
- *To insert text, left-click on the grey rectangular field provided, then type your answer. You have a lot of space available and you can also copy in text from other documents.*

## . General information about the project

Date:

### .1 Project title (please describe only *one* project per form and write its name here)

### .2 Responsible organisation

We need this information to feed the results back to you. We will not share your information with third parties outside Q/IP. Expert reviewers are committed to professional ethical guidelines (e.g. strict confidentiality of information and documents).

Responsible organisation/ institution:

Contact person:

Address (or e-mail, telephone, fax, website):

### .3 Project time frame

- At the planning / preparation stage  Planning start date (month / year):     /
- Implementation in progress  Implementation start date (month / year):     /
- Completed  Completion date (month / year):     /

### .4 Reach and setting: where does the project operate?

- |   |  |
|---|--|
| <input type="checkbox"/> Nationwide   | <input type="checkbox"/> In the State/Province of:   |
| <input type="checkbox"/> At the regional or municipal level in:                 | <input type="checkbox"/> City, suburb, precinct or town:   |
| <input type="checkbox"/> Across administrative borders                          |  |
| <input type="checkbox"/> Government organisation                                | <input type="checkbox"/> Private enterprise (e.g. workplace program)   |
| <input type="checkbox"/> NGO  | <input type="checkbox"/> Self-help group   |
| <input type="checkbox"/> Commercial venues (e.g. saunas, bars, clubs), which?   | <input type="checkbox"/> Drug services (e.g. needle and syringe program (NSP) supervised injecting facility, drop-in centre ), |
| <input type="checkbox"/> Sex work premises and locations, which?                | <input type="checkbox"/> Outreach locations  |
| <input type="checkbox"/> Ethnic community: geographic origin                    | <input type="checkbox"/> Correctional institution  |
| <input type="checkbox"/> Youth service, which?                                  | <input type="checkbox"/> Crisis centre   |
| <input type="checkbox"/> Counselling service                                    | <input type="checkbox"/> Leisure facilities (e.g. cinema, night club)  |
| <input type="checkbox"/> Hospital   | <input type="checkbox"/> Care facility   |
| <input type="checkbox"/> School <input checked="" type="checkbox"/> Which type? | <input type="checkbox"/> University / College  |
| <input type="checkbox"/> Other:   |  |

**Intended project scope** (describe the organisational or geographic limits of the project's intended scope, e.g. people who inject drugs in a specific prison):

No. of persons (e.g. gay men, sex workers, OST clients) included or frequenting the location per month:

For organisations: Number of paid staff:                      Number of unpaid staff / volunteers:

(only staff who participate in the project, e.g. outreach department, counselling service)

## .5 Overall time and finances required for the project

One person-day equals 8 hours of work for one person. Please calculate the total time needed for all the necessary tasks (including planning, administration, follow-up, etc.).

Approximately \_\_\_\_\_ person-days for the lead organisation (including planning, implementation, etc.)

Approximately \_\_\_\_\_ person-days for all collaborating organisations (e.g. public health services, HIV NGOs, gay bars, youth centres)

Costs: (€)  Over the entire duration  One-off funding  Annually  Per implementation cycle

## .6 Funding sources

Self-funded amount:

Received grant or committed amount:

Source:

Amount applied for:

Source:

Cost recovery from participants:

Per person:

## .7 Project type – choose the project type that best describes your work

**One-off intervention, activity or event:** One-off activity or single intervention with particular conditions and goals for a particular group or organisation (e.g. installing a syringe vending machine in a correctional institution, condom distribution at a meeting place used by MSM).

**Is this one-off project integrated into a programme, a campaign or a higher-level setting-based project?**

No.

Yes (please provide details):

**Programme:**

A documented methodology (e.g. a manual or handbook) containing consecutive, progressive modules designed for use with a target group in a particular environment. Programmes are implemented using the same materials, a similar scope and a similar sequence (e.g. training modules for sexuality education in secondary schools).

**Campaign:**

A sequence of publicity measures (e.g. social marketing) that effectively reach the target group to achieve health-related goals. This may involve different steps for different population groups (e.g. public panel discussions on sex work legislation with local politicians, etc.).

**Setting-based project:**

Diverse but systematically linked measures to change behaviour and the conditions prevailing in a particular setting (e.g. a correctional institution, or the city's gay scene). The aim is to improve the determinants of health in the setting (e.g. condom availability, access to counselling, testing and treatment).

## .8 Your project at a glance

Please briefly describe the original idea, goals, structure, sequence, and process of your project:

## . Situation analysis and needs assessment

### .1 Please briefly describe the problem the project addresses. Also describe the operating environment before the project started.

This section is about the identified need and the conditions under which the project will operate: What is the epidemiological situation? What is the overall level of existing service provision? Are key stakeholders aware of the problem? Is the project part of an existing strategic or action plan? Please provide source documents or internet references where appropriate.

**Problem:**

**Environment:**

### .2 Was a situation analysis and/or needs assessment conducted specifically for this project?

Situation analysis:  Yes  Scheduled  No

Needs assessment  Yes  Scheduled  No

### .3 On what data or methods are the situation analysis and/or needs assessment based?

- |  |   |
|--|---|
| <input type="checkbox"/> Official disease surveillance and health monitoring data                            | <input type="checkbox"/> Insights and experiences from day-to-day work                            |
| <input type="checkbox"/> Social research data on attitudes, knowledge and behaviour (secondary surveillance) | <input type="checkbox"/> Documented results from team meetings                                    |
| <input type="checkbox"/> Literature review   | <input type="checkbox"/> Other (please specify):  |
| <input type="checkbox"/> Expert opinions   | <input type="checkbox"/> Target group surveys   |
| <input type="checkbox"/> Assessments provided by statutory authorities or committees                         | <input type="checkbox"/> Evaluation of other publicly available epidemiological and clinical data |

**Please briefly describe the process used for situation analysis and/or needs assessment:**

## . Target groups (beneficiaries, intermediaries)

There are two types of target groups: **Beneficiaries** are those people whose health you ultimately want to improve. **Intermediaries** are those you involve in the project because they can effectively reach the beneficiaries. Intermediaries may include key persons from migrant communities, peer educators, police officers, journalists, and teachers. Some people belong to both: for example, sex workers are beneficiaries, but are also important as intermediaries, who can approach other sex workers and pass on their knowledge and attitudes.

### .1 Beneficiaries

Entire population     Specific sub-groups

#### 1. Target group:

Total number of persons in this target group, within the project's field of operation:

estimated     counted (e.g. based on a list or register)

#### 2. Target group:

Total number of persons in this target group, within the project's field of operation:

estimated     counted (e.g. based on a list or register)

#### 3. Target group:

Total number of persons in this target group, within the project's field of operation:

estimated     counted (e.g. based on a list or register)

### .2 The beneficiaries are chosen on the basis of

Theoretical considerations     Willingness and preparedness to cooperate

Evidence of risk / vulnerability     Other:

**Briefly describe the reasons for this choice (e.g. available data on numbers affected, risks, demand):**

### .3 Intermediaries

I.e. mediating target groups that help improve the health of beneficiaries; e.g. key persons from migrant communities, peer educators, police officers, journalists, teachers.

#### 1. Target group:

Total number of persons involved:     estimated     counted (e.g. based on a payroll)

#### 2. Target group:

Total number of persons involved:     estimated     counted (e.g. based on a payroll)

#### 3. Target group:

Total number of persons involved:     estimated     counted (e.g. based on a payroll)



#### .4 The intermediaries are chosen on the basis of:

- |   |  |
|---|--|
| <input type="checkbox"/> Theoretical considerations                   | <input type="checkbox"/> Willingness and preparedness to cooperate |
| <input type="checkbox"/> Evidence of their influence on beneficiaries | <input type="checkbox"/> Access to the target groups               |
| <input type="checkbox"/> Other:                                       |  |

**Briefly describe the reasons for this choice (e.g. what you know about their skills, social influence, commonalities with the beneficiaries):**

#### .5 The total time requirement for the project (100%) is roughly divided into:

% for work with beneficiaries

% for work with intermediaries

#### .6 Characteristics of the target groups

Please briefly describe the particular characteristics of the target groups (e.g. “do not speak the official language”, “are unaware of service options”, “are well networked”, “avoid public authorities”). For this kind of background information your expert knowledge and experience is enough (no need to quote formal studies here). What is important is how well the project’s approach is matched to the target group.

**What are the target groups’ general expectations of the project?**

- 1.
- 2.
- 3.

**How does the project respond to these expectations? Which of the target groups’ needs can it satisfy?**

**Do the target groups have particular characteristics that are important for the project to consider (e.g. legal status, social, cultural, language, health-related characteristics or behaviours, gender or age)?**

- 1.
- 2.
- 3.

**How does the project respond to these characteristics in order to reach the target groups and encourage them to cooperate?**

**If not yet described: What resources can the target groups contribute (e.g. skills, knowledge, time, specific experiences and social networks)?**

- 1.
- 2.
- 3.

**How does the project utilise and build on these resources?**

**.7 In your experience, what is the target group's level of motivation to participate and/or change behaviour?**

highly self-motivated

unevenly motivated

hardly motivated

we are unable to estimate their level of motivation

**How do you find out** (e.g. by talking with target groups or intermediaries, using questionnaires)?

**At the start of the project:**

**During the project:**

**.8 How does the project build and sustain motivation among the target groups?**

**.9 How does the project take social disadvantage into account?**

This question refers to groups whose circumstances make it particularly difficult for them to cope with everyday life and participate in society. Because they are poor, homeless or (illegal) migrants, they may be stigmatised and excluded or lack resources and access to education or social services. The social networks within their community, however, may be very strong (a resource that could be utilised by the project). Such target groups are frequently harder to reach and motivate, worse affected and more vulnerable.

**It does not make sense for this project to pay particular attention to social disadvantage because:**

**.10 Have you checked whether the project is feasible and could succeed with this target group (e.g. using a preliminary study, an evaluation or information from a similar project)?**

No

Scheduled (please provide details):

Yes, with the following results:

**.11 What characteristics of the project's operating environment, the setting or influential stakeholders are important for reaching the target groups?**

E.g. the particularities of an NGO, negative or supportive attitudes of a correctional institution's administration, the resistance of pimps, cultural taboos or the expectations of a youth service's governing body.

**Characteristic**

**How does the project respond?**

1.

2.

3.

4.

5.

6.

## Objectives of the project

### .1 What does the project intend to achieve?

- Sensitise the target groups to the topic
- Expand knowledge of health determinants, risks and protective behaviours
- Introduce, communicate and reinforce healthy behaviours
- Increase motivation to access voluntary counselling and testing
- Expand and improve treatment and care services
- Impart general life skills
- Strengthen personal resources to support health
- Improve infrastructure
- Influence the psychosocial environment
- Modify work procedures and organisational structures
- Recruit and train intermediaries
- Raise awareness of available services
- Other:
- Our activities and/or project form part of a official strategic plan that defines goals and specific objectives.

**Title of strategic planning document:**

**According to this plan our most important objectives are:**

### .2 Key objectives of the project, including indicators

Concrete, verifiable indicators are important for documenting project effectiveness and to guide implementation.

Objective	Indicator
1.	
2.	
3.	
4.	
5.	

### .3 Your approach at a glance: Please summarise briefly the basic principle(s) and the most important assumptions about the effectiveness of your approach.

### .4 Evidence: What evidence supports the basic principle(s) of the project as a promising approach to HIV prevention?

Please refer briefly to any scientific approaches, concepts and/or empirical studies demonstrating that the approach is effective (e.g. peer-reviewed publications; indicate author/year/title); see also 4.5.

### .5 If the project is not based on scientific theories or evidence: what are the reasons?

**.6 What other evidence supports the professional basis of your approach and the design of the project? Does it, for example, offer a new and innovative answer to gaps in HIV prevention?**

Please provide brief examples of good practice, practical knowledge, experience from previous projects, etc. Refer to any publications or reports where appropriate (author/year/short title, if known, or attach if not readily accessible).

**.7 For campaigns, programmes and setting-based projects: Please briefly describe the key components in the order you apply them. Then indicate the allocated time relative to the overall project.**

Provide enough detail to illustrate the approach, e.g. scope, duration, purpose, intended impact, target group(s), use of media, dissemination strategy, and modes of working or communication. Of central importance is that the components lead to achieving the stated objectives and targets (refer to 4.1 and 4.2).

Component	Explanation	What proportion of the whole project does this component represent?
1		%
2		%
3		%
4		%
5		%

(If necessary, add a page for further components)

**How much are the following measures part of your approach? Please provide details and specify the weight each one carries as a percentage of the whole project.**

Measure	Details	What proportion of the whole project does this measure represent?
Health Education (providing information about HIV and risk)		%
Risk reduction (behaviour change)		%
Distributing goods used for prevention (condoms, needles and syringes)		%
Medical interventions (HIV Counselling and Testing, OST, PEP, sexual health services)		%
Structural change (making public services and living conditions more conducive to HIV prevention)		%
Empowerment (assisting the target group to take charge of their health)		%

**.8 For a campaign, programme or setting-based project: How do you ensure that implementation is well co-ordinated and that individual components work together to achieve the overall project goal?**

E.g. through a steering or advisory group, a coordinator and/or a project plan. Please briefly describe any relevant terms of reference, process, competencies or content.

**. Planning, preparing and adapting the project**

**.1 Integrating the project into wider service provision: What similar activities are under way within your organisation or sector? How do you coordinate your activities to use existing services, recognise opportunities and explore potential synergies?**

E.g. mapping local services, collaborating or forming partnerships with other stakeholders.

- No coordination of activities because:
- Not necessary because:
- Coordination had these results:

**.2 Are formal agreements with other stakeholders in place?**

E.g. on funding, premises, task allocation, personnel.

- Not required because:
- Yes, agreement in place with:** **Content:**

- No, agreement yet to be reached with:** **Content:**

**.3 Have you examined the conditions in the project's operating environment?**

Does the project reflect socio-cultural factors in your field of activity? Is your approach tailored to the prevailing local circumstances?

Please briefly describe your process and its findings:

**.4 Have you adopted a standardised programme or model?**

- No
- Yes, which one?
- Modified, based on:

**.5 Is your project implemented according to a written manual or guidelines?**

**Please attach the manual.** The manual can be a list or a loose-leaf collection that has grown over time.

- No
- Yes, the following document:
- Own manual (**enclosed**)

**.6 If you adopted a programme or a manual: What were the reasons for this decision? Why is it particularly suited to your objectives and your field?**

**.7 If you adopted a programme or a manual: Which components, materials or steps have you modified?**

- We implemented the programme unchanged.
- We adapted the programme as follows.
- We use some components only rarely or not at all.
- We omitted a number of components.

**Omitted components**

**Reason for omission**

- We modified a number of components, or developed additional ones.

**Modified/new components**

**Purpose of the modification**

**.8 If you adopted a programme or a manual: What research findings or expert opinions did you use to update and improve the approach?**

## **. Participating Personnel and Stakeholders**

### **.1 Personnel available for the project (internal and external personnel, both paid staff and volunteers)**

<b>Responsibility/Task</b>	<b>Person-days spent on the project per year</b>	<b>Professional qualification</b>
----------------------------	--	-----------------------------------

**How much do volunteers contribute to the implementation of the project, and how are they trained?**

List groups such as members of the target populations, peer educators, affected persons, community members.

<b>Group</b>	<b>Responsibility/Task</b>	<b>Person-days spent on the project per year</b>	<b>Prerequisites (e.g. induction, counselling, training course etc.)</b>
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### **.2 What prior knowledge and experience do project managers, professionals and intermediaries have about the requirements of the project?**

### **.3 Which in-service training or continuing professional education (topic, scope, audience) does the project offer?**

### **.4 What opportunities do participating professionals (paid staff and volunteers) have for regular exchange, mutual support, clinical supervision meetings, and counselling?**

**.5 Which organisations does the project have collaboration arrangements with? What are each project partner's tasks or roles?**

Collaborating partner	Tasks and specific contribution:	Nature of the commitment:
		<input type="checkbox"/> Intended
		<input type="checkbox"/> Formally agreed
		<input type="checkbox"/> Intended
		<input type="checkbox"/> Formally agreed
		<input type="checkbox"/> Intended
		<input type="checkbox"/> Formally agreed
		<input type="checkbox"/> Intended
		<input type="checkbox"/> Formally agreed
		<input type="checkbox"/> Intended
		<input type="checkbox"/> Formally agreed
		<input type="checkbox"/> Intended
		<input type="checkbox"/> Formally agreed

**.6 Are all important stakeholders involved in the network?**

This refers to other organisations, groups or individuals who can make significant contributions to the success of the project.

No, for these reasons:

Yes, the following are involved:

Stakeholder	Is kept informed	Regularly attends meetings	Is a member of the steering group
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**.7 How do target groups or those affected participate in the project?**

Group	Participates in the following component(s)	Form of participation

If target groups or those affected do not actively participate in shaping the project: What are the reasons?



## . Addressing target groups: Communication and prevention methods

### .1 How does the project reach its audiences? How is it publicised?

	How often per year?	Enter audience size Distribu- tion	Reach	Tick if number is an estimate	Tick if number is unknown and unable to be estimated
<b>Online</b>					
<input type="checkbox"/> Own website(s)				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Partner website(s)				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Search engine advertising				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Online communication platforms (Facebook, LinkedIn, MySpace, local platforms etc.)				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Chat sites (Dating sites, MSN, Skype, other)				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> (Micro) blogs (Twitter, WordPress, Blogspot, Scribd etc.)				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Online video/photo sharing (Youtube, Vimeo, Flickr etc)				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other social media:				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Phone, SMS, MMS, Apps				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> E-newsletter				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Email lists, discussion groups				<input type="checkbox"/>	<input type="checkbox"/>
<b>Offline</b>					
<input type="checkbox"/> Newsletter				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Merchandise (e.g. condom packs, pens, T-shirts)				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Handouts (flyer, leaflet)				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Radio / television				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Press, newspapers				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Community media (e.g. gay scene magazines, youth magazines)				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Print advertisements				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> (Public) events				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Direct Dialogue				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other:				<input type="checkbox"/>	<input type="checkbox"/>

## .2 Do you disseminate information in other languages?

- Not necessary for this project, because:  
 No, but planned.  
 Yes, in the following languages:

### Can components of the project be delivered in other languages (e.g. training courses, counselling)?

- Not necessary for the project, because:  
 No, but planned.  
 Yes, in the following languages:

## .3 Which methods are used in the project?

Please also indicate the approximate amount of total project time allocated to these methods (in %). Please enclose schedules and sample materials where possible.

Methods	Time allocation	
<input type="checkbox"/> Plenary Discussion	Approx.	%
<input type="checkbox"/> Presentations	Approx.	%
<input type="checkbox"/> Advocacy	Approx.	%
<input type="checkbox"/> Social Marketing	Approx.	%
<input type="checkbox"/> Motivational Interviewing	Approx.	%
<input type="checkbox"/> Focus Groups	Approx.	%
<input type="checkbox"/> One-on-one Counselling	Approx.	%
<input type="checkbox"/> Role play	Approx.	%
<input type="checkbox"/> Peer education	Approx.	%
<input type="checkbox"/> Small Group Discussions	Approx.	%
<input type="checkbox"/> Communication Exercises	Approx.	%
<input type="checkbox"/> Group Counselling	Approx.	%
<input type="checkbox"/> Relaxation Exercises	Approx.	%
<input type="checkbox"/> Adult Education	Approx.	%
<input type="checkbox"/> Visualisation	Approx.	%
<input type="checkbox"/> Community Arts	Approx.	%
<input type="checkbox"/> E-learning	Approx.	%
<input type="checkbox"/> Other:	Approx.	%

### Which of these are used to support sustained behaviour change?

#### In setting-based projects,

which of these are used to create a supportive environment and healthy living conditions for the target group?

### .3 Materials (posters, training manuals, handouts, brochures etc.)

Please list the materials you intend to use for all groups (target groups, intermediaries, trainers etc.). Please enclose the materials, or at least some samples.

**Purpose** (e.g. promotion, sensitisation, training)

**Audience** (e.g. trainers, intermediaries)

**Content** (e.g. specialised information, contact and referral information)

1.

2.

3.

4.

5.

**Do you include candid or explicit content related to sex and drug use where this is necessary to communicate with the target group?**

No . why not?

Yes, which content:

**Did you test whether the materials are suitable for target groups with lower levels of education?**

Not necessary for the project.

No, but planned.

Yes, as follows:

### .5 What referral information does the project provide?

E.g. information sources, websites, follow-up care, counselling, self-help groups.

**Audience**

**Type of service or activity**

**Content/Issue**

1.

2.

3.

4.

5.

### .6 Sponsorship

Sponsorship can increase the reach and capacity of HIV prevention, but runs the risk of serving sponsors' commercial interest.

**Do you collaborate with commercially oriented partners** (e.g. as funding bodies. as product providers)?

No

Yes  please briefly describe any agreed mutual obligations.

**Is the marketing of commercial products part of implementation** (e.g. medication)?

No

Yes, (provide an example):

**Do you use sponsors' advertising materials in this project** (e.g. branded packaging)?

No

Yes, (provide an example)::

## **.7 How do the project's concept and methods contribute to the following effects?**

**Does your project empower participants** (e.g, enabling people to solve problems and shape their own lives by developing personal skills)?

If yes. How?

**Does your project strengthen people's resources to improve their health?**

If yes. How?

...

**Does your project motivate people to change their behaviour** (e.g. goal setting, supporting intentions to act)?

If yes. How?

**Does your project lead to behaviour change?**

If yes. How?

**Does your project help people validate and learn from their experiences in a structured way?**

If yes. how?

**Does your project take into account participants' personal life experience?**

If yes. How?

**Does your project include feedback loops and build social support or networks?**

If yes. How?

## **.8 How does the social context influence the risk behaviour of the project's target groups? How does the project respond?**

**Relationship of risk behaviour and social context**

**Project response**

## Process design of the project

### .1 Are tasks clearly assigned?

Do you clearly assign tasks to project staff, trainers, external experts, intermediaries, etc.? Where is this documented? (E.g. in the funding application, project plan, task list or work plan – please attach).

- Not necessary for the project.  No, we repeatedly re-negotiate the distribution of tasks.  
 No, but intended.  Yes, in the following way: ...

### .2 Does project planning distinguish between short and long-term targets?

- Not necessary for the project  
 We re-adjust targets as things progress

How? Please give an example:

- Yes (Please give an example):

### .2 Do you document interim results of the project?

- Assessments by staff  Expert assessment  Measurement / Data collection  
 Assessments by those affected  Other

Please explain briefly:

### .4 Do you incorporate interim results in the ongoing development of the project?

- No, not necessary for the project.  
Why not ?

- Yes. How?

### .5 Which important factors make project implementation successful?

**Success factor**

**The project promotes this factor by**

**The most important success factors have emerged from:**

- Current research, particularly the following developments or theories: ...  
 Expert opinions on / by:  
 Reflective practice / team meetings:  
 Other sources (e.g. survey, feedback), which:

## **.6 If difficulties / unexpected events occur, how do you respond?**

- No difficulties or unexpected developments have occurred or are to be expected.
- We deal with issues as they occur, on a case-by-case basis. No greater effort is necessary for this project. (If this is how you respond, please give an example.)
- We have preliminary ideas or plans for frequently occurring difficulties, such as:

**Nature of the difficulty**

**Response**

## **.7 Quality assurance of subcontracted work**

- We do not subcontract or purchase services.       We do not apply quality assurance.
- We have scheduled quality assurance.       We already apply quality assurance.

Method:

Results:

## **.8 If you have developed an intervention programme that is also used elsewhere, how do you ensure it is appropriately implemented, including dependable local quality assurance?**

- We review or ensure programme-compliant, high-quality implementation as follows:

- We do not review implementation by other users because:

## . Measuring success

### .1 What concrete results has the project achieved so far, and which are still outstanding?

Think again about the objectives you listed in 4.2: Which were achieved, which were not? Which steps or targets continue to be difficult to reach? What else has the project brought about or set in motion?

Please describe briefly:

What are the strengths of the project? Which aspects of the project can you recommend to others as models?

How do you estimate the cost / benefit ratio of the project?

Are the available resources sufficient for optimum implementation? What was / is lacking?

To what extent does the project depend on the voluntary, unpaid participation of its target groups?

### .2 Documented project results at a glance

- |  |   |
|--|---|
| <input type="checkbox"/> The project has <i>no</i> data or observations regarding its reach, client satisfaction or effects. | <input checked="" type="checkbox"/> Continue with 9.3, then go to |
| <input type="checkbox"/> The project collects data on its reach, client satisfaction and effects s                           | <input checked="" type="checkbox"/> Continue with 9.4             |
| <input type="checkbox"/> The project has been evaluated.<br>or...  | <input checked="" type="checkbox"/> Continue with 9.4             |
| <input type="checkbox"/> A similar project has already been evaluated, and the results are applicable to our project.        |   |

### .3 If you do not analyse data on reach, client satisfaction, and effects and if no evaluation of this or a comparable project is available: Why not?

**.4 What information do you regularly analyse to assess reach, client satisfaction and effects of the project?**

Please enclose documentation, e.g. questionnaires, summary reports, statistics, publications.

Information	Frequency of analysis			
	Continuously	At least annually	Once only	Planned
(a) Expert opinions (e.g. project personnel, academics)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Personal contacts and feedback from the target groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Systematic documentation (e.g. event reports, field reports)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Collection of unsolicited feedback (e.g. messages, emails, enquiries)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Quantitative data (e.g. number of outreach contacts, circulation of distributed materials, downloads, HIV counselling and testing statistics)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) 'Straw Poll' (e.g. an informal survey using a limited random sample of the target group(s))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Full survey / complete data collection from participants (e.g. the annual statistics of a counselling service)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**.5 Have you completed follow-up surveys of the target groups or participants?**

- No
- Yes (please provide details in brief)
- No, but we have scheduled them (please provide details in brief)

Data collection method (e.g. email survey, group discussion)	Time interval (post project)	Frequency, sample size and method	Method used for analysis	Key results
	months			
	months			



**.6 For setting-based projects only: In respect to each of the levels listed below, what were the effects of the project to date?**

Monitoring methods	Key results to date
a) Change in the environment (e.g. level of discrimination)	
b) Structural change (e.g. implementation of an outreach clinic)	
(e.g. opening times, counselling guidelines)	
d) Change in health costs (e.g. reduced number of overdoses)	
e) Collaboration (e.g. in networks)	
f) Ensuring changes are sustained (e.g. HIV becomes a core topic of integration programs for migrants)	
g) Dissemination of the project (e.g. to other city precincts)	

**.7 Qualitative indicators: Does the project show other signs of the following effects?**

Effect	Concrete observations or evidence indicating this effect
<input type="checkbox"/> Beneficiaries are sensitised and motivated	
<input type="checkbox"/> Intermediaries are sensitised and motivated	
<input type="checkbox"/> Other stakeholders are sensitised and motivated	
<input type="checkbox"/> Other agencies have become active	
<input type="checkbox"/> Participants report high rates of satisfaction	
<input type="checkbox"/> Project partners are satisfied	
<input type="checkbox"/> Changes in health-related behaviour	
<input type="checkbox"/> Participants' knowledge and skills for action are strengthened	
<input type="checkbox"/> Requests for additional services	
<input type="checkbox"/> Attitudes towards health issues have changed	
<input type="checkbox"/> Other:	

**.8 An evaluation was conducted:**

For this project In (year): By:

For a similar project In (year): By:

**Publication (if not published, please attach the report):**

**Data collection, sampling, analysis methodologies of the evaluation:**

**Key results:**

...

**9.9 If a similar project has been evaluated, what were the most important differences between your project and the evaluated project?**

...

**How were these modifications evaluated (e.g. conducted own pre-testing, discussion-based process evaluation)?**

**What were the results of the modifications? Did they improve the effectiveness of the project?**

## 0. Participation

### 10.1 Which characteristics of the people reached by project activities do you regularly document?

- Sex  Employment status  Educational qualifications  
 Age  Nationality or cultural identity  Other:

### 0.2 What is the basis of your information about people reached?

Please explain briefly (e.g. how often are data collected? How many experts interviewed? With which results?)

- Event report  
 Expert assessments (e.g. by social workers)  
 Formal data collection (e.g. participant survey)  
 Other data or observations:

### 10.3 How many individuals actively participated in the project to date?

No. of participants

Type of participation

### 0.4 How many other individuals made contact with the service or the project?

**Type of contact**  
(e.g. e-mail, telephone call)

**Purpose of the contact**  
(e.g. request for information material)

**Approximate number**

**. Ongoing service, programme and organisational development**

**.1 Which important recommendations for future projects can you derive from the implementation of your project today?**

**.2 How do you pass on and utilise project experience within your organisation?**

**11.3 How do you pass on the experience you gained regarding implementation and effects of the project to parties outside your own organisation? In the professional field or to other organisations?**

**.4 For setting projects and programmes: What measures do you take to support the sustainability of the project and its effects?**

**.5 What role do the target groups play in the sustainability of the project? How are they involved?**

**Thank you!**

***Please also attach materials that you have referenced in your answers.  
(reports, funding applications, concept notes, project plans, presentations).***