Quality Assurance tool for HIV prevention projects targeting People Who Inject/Use Drugs

PIQA 0.8

USER GUIDE

COLOPHON

TITLE:

PIQA 0.8 User Guide

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PIQA is built upon the Health Promotion Effect Management Instrument Preffi 2.0.

The owner of this instrument, CBO, has granted permission to Quality Action to use Preffi 2.0 for the purpose of developing PIQA.

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1. Introduction

1.1 WHAT IS PIQA?

PIQA is a quality assurance tool for HIV prevention projects targeting People Who Inject Drugs (PWID).

The name PIQA stands for: PI = People who Inject drugs + QA = Quality Assurance

In this user guide we use the following terms:

PWID = People Who Inject Drugs

Project = a temporary initiative to achieve concrete, pre-defined results within existing conditions

Programme = a collection of projects and activities, coordinated to achieve broad, strategic and often long-term goals

Underlined text in blue will take you to online information, (Control+click)

1.2 WHY A NEW TOOL?

The European Centre for Disease Prevention and Control (ECDC) and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) guidance identify seven recommended key interventions for prevention and control of infectious diseases among people who inject drugs. These interventions, based on the most robust evidence available as well as on expert opinion and best practice in the EU/EEA, are:

- → Provision of injection equipment

- → Vaccination

- → Drug dependence treatment

- → Voluntary testing and counselling

- → Infectious disease treatment

- → Health promotion

- → Targeted delivery of services

As well as being a key intervention, experts also consider health promotion to be fundamental to the delivery of the other six interventions.

- → For the six other interventions, specific guidance and technical guidelines are available (see page 42 of the ECDC/EMCDDA guidance).

→ For prevention of drug use, treatment and harm reduction, standards and guidelines for practice are also available (see Best Practice Portal EMCDDA).

Specific guidance on the quality of HIV prevention and health promotion targeting PWID is less available. This is the reason for developing a new tool – PIQA – as part of Quality Action, the European Joint Action on improving quality in HIV prevention.

The ECDC, EMCDDA and the Correlation Network (European Network for Social Inclusion and Health), who contributed to the development of the tool, have endorsed PIQA and confirmed that it has the potential to add value to HIV prevention among PWID in Europe.

1.3 WHICH PROJECTS CAN BE IMPROVED WITH PIQA?

The PIQA tool can be used by projects working on:

→ HIV prevention among PWID

→ Prevention of STI, Hepatitis, TB and other infections common among PWID

→ Other related health promotion issues for PWID (e.g. wellbeing or social participation)

1.4 WHO CAN USE PIQA?

The PIQA tool can be used (together) by:

→ Practitioners, i.e. those implementing the project

→ Coordinators, project leaders and managers

→ Target group members with expert experience or associations of PWID

1.5 WHO CANNOT USE PIQA?

The tool is not intended for use by stakeholders such as government or funders to screen, measure or assess a project or for scientific research into the effectiveness of a project, as it is not designed for these purposes.

The tool is also not intended for quality assessment/quality assurance of programmes, although it is possible to use the tool separately for each of the projects that constitute a programme.

1.6 WHAT RESULTS CAN YOU EXPECT FROM USING PIQA?

The PIQA tool will help you to assure and assess the quality of prevention and health promotion projects targeting PWID.

Answering the questions in the tool will give you:

→ Insights into elements of effective prevention and health promotion

→ Feedback on the strong and weak points of your project

→ An overview of areas for improvement and priorities for action

These can be used to:

→ Inform project choices and decisions

→ Communicate the strong points of the project

→ Adapt the project to achieve better results

→ Make clear what needs to be done to achieve better results

1.7 WHO CAN DO THE QUALITY ASSESSMENT?

PIQA is a self-assessment tool. This means that the people most involved in the project play a central role in assessing its quality. However, there are several ways of doing a self-assessment:

→ You can fill in the assessment form yourself. This can help you identify the strengths and weaknesses of the project. This may be the best option if you are in the early stages of developing your project plan. But this way you will not benefit from the views of other people, whose participation may be important for implementing improvements to the project.

→ You can use a group workshop where participants discuss and answer the questions together. This will broaden the range of views on the quality of the project and can increase commitment to and support for the project. The workshop should involve a maximum of 12 people. If the group is larger, it is advisable to divide into smaller groups and then meet up to compare and discuss the results, and a facilitator will be needed.

→ You can ask a number of key people or stakeholders who are familiar with the project to fill in the assessment form independently and then meet to compare and discuss the results. This requires all participants to familiarise themselves with the tool. However, it can help to develop a common understanding of the quality of the project and increase commitment to and support for the project.

1.8 WHAT ARE THE BENEFITS OF PARTICIPATION DURING THE QUALITY ASSESSMENT?

Participation can make quality assessment more effective. It:

→ Uses shared knowledge, experience and learning

→ Builds a common understanding and shared language and vision

→ Increases the involvement, commitment and support of stakeholders and the target group

→ Invests in future collaboration, which improves the sustainability of the project

The benefits of answering the questions together with stakeholders and the target group include:

- Shared learning and decision making

- Greater involvement of stakeholders and the target group

- Increased support for the project

- A higher chance that project efforts will be sustained after the project period.

An assessment can be initiated by any of the following key people:

- Project leader, team members or management

- Stakeholders

- Target group representatives

Depending on who takes the initiative, it is important to make sure the perspectives of others are also taken into account. A quality assessment that does not involve the target group is often less successful.

There are several practical methods to increase participation. You will find more practical information on the use of these methods in the Participatory Quality Development tool.

1.9 WHAT IS THE BASIS FOR AND CONTENT OF PIQA?

The PIQA tool is based on the Dutch Health Promotion Effect Management Instrument called Preffi 2.0. Its key principles are:

- A systematic approach: this involves taking different steps in sequence to reach the goal. It is a logical process: for every step, choices should be made. In health promotion, the planning process includes the following stages:

  - Problem analysis

  - Determinant analysis

  - Intervention development

  - Implementation

  - Evaluation

- Contextual conditions: in health promotion there is a tension between content (what you want to achieve with your project) and context (what is available for your project). Important conditions are:

  - Support and commitment to the project

  - Capacity available for the project

  - Leadership provided by the project manager

- Cyclical process: health promotion projects are not normally linear, but rather go through a more complex, cyclical process. Choices made at one stage may mean it is necessary to go back to an earlier stage and reconsider the choices made then. Choices made and implemented also have to be evaluated and this can lead to adaptation of the project.

Evidence from research, practical experience and logic is the basis for the following clusters, which are relevant for effective health promotion. You will find these clusters in the assessment form:

1. Problem analysis

2. Determinants

3. Objectives

4. Target group

5. Intervention development

6. Implementation

7. Evaluation

8. Contextual factors

Within each cluster, criteria are included in question form.

The clusters on content come first. These are the clusters needed to get a picture of what you want to achieve with your project. After this, you can consider whether or not the necessary contextual conditions are in place. When you are clear about the contextual conditions, it is important to reconsider whether or not the objectives of the project are still achievable. If not, you will need to adapt the objectives and/or look at how to improve the contextual conditions.

Background information about Preffi and who to contact with questions are provided in Chapter 4 of this user guide.

2. Instructions

2.1 HOW MUCH TIME DO YOU NEED?

The first time you use the PIQA tool, it might take 4 to 8 hours to complete. The time needed depends on your background and experience in prevention and health promotion. You will need this time to read the questions in the assessment form, look up information, check references and formulate the answers.

2.2 BEFORE USING THE TOOL

PROJECT DESCRIPTION

The starting point for a quality assessment is a project plan or description of the project. Project activities should be guided by the project plan. A good quality project plan will provide insights into all the elements needed for a successful project and ensures that important elements are not overlooked. With PIQA you can assess whether or not all the elements required for success are included in your project plan.

Sometimes, immediate action is necessary, and there is no time to develop a project plan. But if activities are ongoing, it is important to develop a plan to guide them. It is also important to document plans, so that they can be understood and used by new staff and shared with other stakeholders.

DECIDING HOW TO DO THE QUALITY ASSESSMENT AND GETTING APPROVAL

➡ Decide how to do the assessment, who to involve, how to organise it and who will be responsible for organising the assessment.

➡ If you are not the project leader, make sure that you have acceptance or approval for doing a quality assessment from the organisation responsible for the project or, at a minimum, the person who makes decisions about the project. This helps to ensure that there is support for future action to improve the project.

RESPONSIBILITY FOR DOCUMENTATION

➡ Make sure you have all the documentation about the project available.

➡ Make arrangements to ensure that the quality assessment process and results are well documented and archived.

SUPPORT FOR ASSESSMENT

➡ If you do not have a background or experience in prevention and health promotion, we strongly suggest you consider involving a health promotion expert to assist you. PIQA requires a basic understanding of the concepts of Health Promotion and Prevention, and the terms and definitions

used. In this user guide you find some explanations, but an expert can help you more.

➡ If you carry out the quality assessment using workshops, consider involving a neutral facilitator. A facilitator can help guide the process and give you the opportunity to focus on the content.

2.3 USING THE TOOL

First, fill in the name of the project, the names of the people who assessed the project and the date of the assessment.

ASSESSMENT OF EACH QUESTION

➡ You can indicate that you think your project had a clear definition/answer to the question with 'yes', Use 'partly' if the description/answer is not complete or clear enough or 'no' if a description or answer is missing.

➡ If you do not understand any part of the question, see Chapter 3 of this user guide for explanations.

➡ If you do not have the information to answer the questions, see Chapter 3 of this user guide for references to information and examples.

➡ If you need a discussion about how to assess a question, you can tick the box 'Discussion point'.

OVERALL ASSESSMENT OF A CLUSTER

➡ If you have assessed all the questions in a cluster, you can assess the quality of the cluster as a whole. You can do this by checking whether the questions in the cluster are mostly assessed as 'yes', mostly 'partly', or mostly 'no'.

➡ In the box Overall Assessment, record the result by ticking 'yes', 'partly' or 'no'.

EXPLANATION OF ASSESSMENT PER CLUSTER

➡ Use this box to explain why you think the question in this cluster should be assessed 'yes', 'partly' or 'no'. This makes it possible for others to understand the rationale for your assessment.

POINTS OF IMPROVEMENT

➡ Use this box to formulate up to five points for improvements on the questions that are answered 'no' or 'partly'. Start with the questions answered 'no'.

PRIORITISED ACTIONS

➡ Use this box to formulate and prioritise three actions for improvement of the project, taking into consideration urgency, capacity and budget. Look at all the points for improvement you identified and start by prioritising the actions that should be taken in the short term.

OVERALL ASSESSMENT OF THE PROJECT

➡ When you have worked through all the clusters, you can assess the quality of the project as a whole.

- Transfer the overall assessments for each cluster to Part 9 of the tool. Then look at the overall results. Are the questions answered mostly 'yes', mostly 'partly', or mostly 'no'?

- In the box Overall Assessment, record the result of this overall assessment by ticking 'yes', 'partly' or 'no'.

- Explain your rationale for the overall assessment of the project in the relevant box.

- Formulate a maximum of five points for improvement for the project as a whole in the relevant box.

- Prioritise three action points for improvement of the project as a whole in the relevant box, based on urgency, time and budget.

2.4 AFTER USING THE TOOL

WHAT TO DO IF THE RESULTS OF THE ASSESSMENT ARE ALL OR MOSTLY NEGATIVE?

- Don't panic. Check with a colleague if they would make the same assessment.

- Recognise that the ideal project does not exist. The assessment is showing you how to maximise quality. This is a step-by-step process, starting with the highest priority actions.

- Often, contextual factors are a major constraint in achieving all the elements of a good quality project; this makes improving these factors a priority. Sometimes, this needs to be addressed by a separate project. Understanding the contextual conditions of your project helps you to prioritise possible actions. It is important to have realistic ambitions about what can be changed. In all cases it is important to develop an action plan for follow up in order to convince the relevant stakeholders about what needs to be done to improve the project.

DEVELOP AN ACTION PLAN

Use the outcome of the assessment to develop an action plan to improve the project. Components of this action plan can include:

- How to improve communication of the project's strong points.

- How to carry out the prioritised actions for improving the project.

- How to obtain the means to carry out these actions.

DO IT TOGETHER!

Involve stakeholders and the target group in developing and implementing the action plan.

Communicate the action plan to relevant people, including those who participated in the assessment. Many of them have invested time and commitment in the assessment and they will be interested in the changes, so it is important to keep them informed. They can be your best advocates and implementers when needed.

REPEAT THE ASSESSMENT

It is advisable to repeat the assessment on a regular basis. By doing this you can determine whether the moderate or weak points of the project are improving and the strong points are being maintained.

3. Cluster explanations and information

This Chapter is intended for those who want to assess the quality of their project, but who lack a background in health promotion. The cluster explanations are based on the explanatory guide for Preffi 2.0 (Peters et al, 2003) and have been adapted and updated for PIQA.

3.1 PROBLEM ANALYSIS

RELEVANCE OF THIS CLUSTER

The problem must be perceived as significant: the more serious a problem is perceived to be, the greater the justification for taking actions to resolve it. Thus, a problem analysis can provide the rationale for decisions about which problems to address.

EXPLANATION OF TERMS

DEFINITION OF THE PROBLEM

A clear definition of the problem includes an explanation of what exactly has to be changed. Problems can be analysed at various levels, for example (Saan & de Haes, 2005):

➔ Quality of life: somatic, psychological, social

➔ Human or biological factors: genetics, vitality

➔ Healthy lifestyle: behaviour

➔ Social cohesion: social support, social networks

➔ Resources: availability of services

➔ Healthy environment: physical or social environment

RELATIONSHIP TO OTHER SOCIAL PROBLEMS

The WHO definition of health is used: health is a state of complete physical, psychological and social well-being. This state is not only influenced by health status, but also by social status. The problems that affect health status should be clear to you and to others. Is it a health problem, such as HIV or Hepatitis, or a social problem, such as unemployment, crime or lack of housing? The interaction between health and social problems should also be clear (Kok et al 2007). So you need to define what problem or combinations of problems your project is focusing on, for example: HIV and/or STI, Hepatitis, TB or other infectious diseases common among PWID and/or other health of social problems.

CONSEQUENCES FOR PWID AND SOCIETY

The problem can have consequences for the individual and for wider society. At the individual level,

consequences can be physical (e.g. illness, disability, death), psychological (e.g. depression) or social (e.g. problems with family or relationships, participation in work or in society). At the wider level, consequences can be epidemiological (e.g. spread of infectious diseases), social (e.g. lower work participation) or affect health care (e.g. more treatment is needed).

A problem can also be defined in terms of economic, material consequences e.g. the economic burden of a problem expressed in monetary terms, such as costs for care, treatment and support.

WHO CONSIDERS IT A PROBLEM?

What is defined by one person as a separate problem may be regarded by someone else as part of a larger problem. This criterion therefore concerns whether stakeholders and the target group perceive something to be a problem, how they perceive it as a problem, why (or why not), and what aspects they distinguish.

DISTRIBUTION OF THE PROBLEM

The occurrence of the problem among different sub-groups, in different locations or at different points in time is important for identifying risk groups and selecting the right place and time for intervention.

→ Sub-groups: make a distinction using general demographic characteristics such as age, sex, education, income group and ethnic background.

→ Geographical distribution: make a distinction by region, district, town and, at the local level, by particular areas, localities or streets where people gather.

→ Timeframe: make a distinction according to whether the problem occurs during specific seasons, specific events in the year, specific months, or at specific times of day.

REFERENCES:

ECDC: Epidemiology of major infections among PWID in the EU/EEA (see Annex A)

EMCDDA: Countries (information per country on problems with drug use, consequences, responses and public expenditure).

3.2 DETERMINANTS

RELEVANCE OF THIS CLUSTER

To be able to solve a problem, it is important to understand which determining factors (determinants) influence the problem in a positive or negative way. Start with a broad mapping of these determining factors to ensure that you do not miss out any influences as well as to help you focus on the most important factors. Addressing a problem successfully is more likely if interventions focus on determinants that are both important and amenable to change.

EXPLANATION OF TERMS

DETERMINANTS

Determinants are causal or determining factors of the problem. Determinants can be categorised as:

➜ Biological factors: age, sex, hereditary factors

➜ Individual lifestyle factors: habits, risk behaviour, protective behaviour

➜ Social and community networks: family, friends and wider social circles

➜ Living and working conditions: access to and opportunities in education, training and employment, health and welfare services, housing, public transport and amenities

➜ General socio-economic conditions: educational policies, economic development, migration patterns, political climate

MAGNITUDE OF INFLUENCE OF DETERMINANTS

This refers to the amount of influence a determinant has on a problem. It indicates whether or not a determinant is important enough to address. The magnitude of the determinants should be based on evidence about the extent to which they influence the problem, e.g. data on the prevalence of poverty or the availability of healthy food.

THEORETICAL ASSUMPTIONS OR MODELS

These should be used to explain the link between the problem and the determining factors, and if and how determinants influence each other, in order to understand the magnitude of the problem and the extent to which it can be changed.

Explaining a problem requires one or more theories which relate the various determinants to each other. These must focus not only on negative factors, i.e. determinants contributing to the problem, but also on positive factors, i.e. determinants that can solve the problem (Kok et al 2007).

ARE THE DETERMINANTS SUBJECT TO CHANGE?

Some determinants, such as sex, age and hereditary factors cannot be influenced. Others, such as lifestyle factors and socio-economic factors (e.g. education, poverty, employment) can be influenced by interventions. In addition, the target group's perception of the problem can influence the extent to

which determinants are amenable to change. For example, the potential to change determinants will be affected if the target group does not perceive them as a problem or believes that other factors are more important. This is why it is important to understand the perceptions of the target group.

INFLUENCE OF STAKEHOLDERS

The influence of stakeholders should also be taken into account. These are the people (e.g. health and welfare professionals, politicians, funders and volunteers) who play an important role in influencing the determinants. It is therefore important to understand the perceptions of stakeholders about a problem and its determining factors. This can also provide insights into their willingness to cooperate in achieving change.

REFERENCES

Social Model of Health: visual illustration of the model by Dahlgren and Whitehead of the layers of influence on health

EMCDDA: Models of addiction (with theories at individual and population level)

3.3 OBJECTIVES

RELEVANCE OF THIS CLUSTER

The objective is the basis for any intervention, indicating what the intervention is trying to achieve. It leads to the process of developing an intervention and provides the basis for evaluating its effects. The evaluation assesses whether and to what extent the implementation of an intervention has achieved the objective. Without formulating measurable objectives, the effects of interventions cannot be demonstrated.

EXPLANATION OF TERMS

SMART OBJECTIVES

SMART stands for Specific, Measurable, Acceptable, Realistic and Time bound.

Objectives should be formulated in specific and measurable terms and the timeframe within which they are intended to be achieved should be specified. You need to consider what you want to change, by how much and by when. You also need to consider whether or not it is feasible or realistic to achieve the objectives within the timeframe and if they are acceptable to all stakeholders (e.g. target group, professionals, funders, volunteers).

LEVELS OF OBJECTIVES

In health promotion and prevention:

➜ The objectives should be defined in relation to the project type, e.g. innovative pilot project or scaling-up project, one-off intervention or longer term project.

➜ The focus of the objectives should be described in relation to: the problem, determinants, and target group.

PROOF THAT CHANGE HAS TAKEN PLACE

When formulating SMART objectives, it helps to envisage the results or effects at the end of the project. You then need to consider if it can be proven that the intended change has taken place. For example, if reducing poverty as a result of drug use in area X is the end result, the question is what this means and how you can measure this. For PWID it could mean they can afford the basic necessities of life: you could survey them. For people in the neighbourhood it could mean they feel safer; you can also measure that. For municipal policymakers it could mean the number of crimes committed is reduced; you can use their statistics.

FIT WITH PROBLEM ANALYSIS

The objectives must relate directly to the findings of the problem analysis and the determinants of these problems. These findings should relate logically to the chosen objectives, target group and intervention method(s). This is the Objective-Target group-Intervention-Combination or OTIC. It is also important that the objectives are valid for the target group. This can be ensured if the analysis of

determinants is specifically linked to the particular target group.

REFERENCES

CDC: How to write SMART objectives?

Participatory Quality Development

3.4 TARGET GROUP

RELEVANCE OF THIS CLUSTER

If an intervention is to be effective, it must be appropriate for the target group. This means it has to take the characteristics of the target group into account. Ignoring these characteristics increases the risk that the target group will not be reached, does not understand or accept the message conveyed by the intervention, or is unable to act on the message.

EXPLANATION OF TERMS

TARGET GROUP PWID/PWUD

The target group is the group of people an intervention is intended to influence. For this tool the target group is already set: PWID/PWUD. However, a further distinction is often made between the intermediate and the ultimate target group. An intermediate target group is a group of people through whom the ultimate target group is to be reached. Within the ultimate target group, a further distinction can sometimes be made related to the coverage of the intervention. For example, the most important risk groups within the target group PWID/PWUD are usually selected based on the prevalence of the problem or risk factor.

PWID/PWUD TARGET GROUP CHARACTERISTICS

These refer to population size, demographic and other characteristics such as age, sex, socio-economic status, cultural and religious background as well as possibilities and barriers perceived by the target group. These characteristics may influence the way in which certain groups view the problem and their desire and motivation for change. If there are too many differences between groups, sub-groups should be selected and different interventions developed for the various groups.

PWID/PWUD TARGET GROUP BELIEFS

This refers to how the target group perceives the problem and the importance they attach to it. It includes how the target group perceives susceptibility, severity, benefits, barriers, calls to action and self-efficacy in relation to the problem.

Many determinant studies have found differences in motivational factors between groups that differ in age, sex and educational level, ethnic, cultural and religious background, and geographical area. It is therefore important to understand the beliefs of the target group and sub-groups within it.

FIT WITH THE TARGET GROUP

The objective, target group and intervention needs to be a logical combination or OTIC.

The size, characteristics, stage of change and willingness to change of the target group determines project choices and how the objectives fit with the target..

It is important to be clear about the (intermediate) target group(s) in focus at each stage of a project. Which groups need and want to be involved in the development of the intervention? Which groups

during the implementation stage?

REFERENCE

University of Twente: Health Belief model (explains how beliefs influence health behaviour)

3.5 INTERVENTION DEVELOPMENT

RELEVANCE OF THIS CLUSTER

An intervention is a specific activity that is used to achieve a certain effect, often as part of a group of related interventions in a larger prevention programme.

EXPLANATION OF TERMS

INTERVENTION METHODS

Intervention methods are defined as concrete, practical instruments to implement the strategies (e.g. model behaviour with the help of video or role plays).

SUITABILITY OF INTERVENTION METHODS TO ACHIEVE OBJECTIVES

This means selecting the precise intervention that is able to achieve the objective in a specific sub-group within the target group. Again, the chosen intervention method should fit within the OTIC logic.

EFFECTIVE METHODS

In order to address a problem, you want to change the determinants. Research has shown which intervention methods are most effective to change certain determinants. For example, providing information is effective for enhancing knowledge, but is not sufficient to enhance skills. To achieve some types of change, individual counselling is most effective; to achieve others, group workshops can be effective. It is important to use the evidence on which methods are effective.

TECHNIQUES AND STRATEGIES TO REACH THE TARGET GROUP

In order to get results, you may have to reach (intermediate) target group(s). Depending on the group and context, this demands different techniques and strategies. Research has shown which techniques are most successful in which groups in a specific context. For reaching PWID, mostly a mix of techniques is used. For example, public communication channels, motivational interviewing, peer education, community-based outreach, social media, targeted services or specific services integrated within general health or social services.

MULTI-COMPONENT APPROACH

Projects often include a mix of measures related to different problems or determinants, different target groups or sub-groups, different settings and different channels. Problems usually involve many behavioural and environmental factors; different measures can be applied to address different factors. The use of a range of measures also means that the problem is approached from different angles, improving the chances of successful change.

For the prevention of infectious diseases among PWID, seven key interventions are recommended: provision of injection equipment, vaccination, drug dependence treatment, voluntary testing and counselling, infectious disease treatment, health promotion, and the targeted delivery of services. Based on available evidence, a combination of these key interventions will lead to the best results.

PARTICIPATION

Active involvement of stakeholders and the target group in the development of the intervention ensures that it is tailored to the situation and is more likely to be taken up. There are several practical methods you can use to increase participation in improving the quality of the project. You will find more practical information on the use of these methods in the Participatory Quality Development tool.

VALUES AND NORMS OF THE TARGET GROUP

These terms refer to abstract concepts and written and unwritten rules among the target group. These can range from attitudes and opinions to customs, habits and roles within particular religious or ethnic groups to recreational drug use patterns among young people or PWID.

An intervention that is not tailored to the target group's values and norms is unlikely to be effective. This is because it either fails to reach the target group or because the target group fails to understand the message, refuses to accept it or is unable to act upon it. Tailoring an intervention to the culture of the target group is important for all aspects of the intervention, including the message, the channel, the method and the source.

TIMING, DURATION AND FREQUENCY

Timing, duration and frequency are important because they determine the intensity of the intervention.

Timing refers to the moment at which an intervention is implemented. Project design needs to assess when it is the right time to implement the intervention. It is also important to consider the right timing for an intervention in relation to the political and social climate.

Duration refers to the period of time during which the intervention is to be implemented, including follow up.

Frequency refers to the number of times the intervention will be repeated, for example, the number of group sessions or the number of TV spots. You also need to consider changes in frequency over time, for instance organising group sessions very frequently initially and gradually increasing the intervals between sessions.

REFERENCES

ECDC & EMCDDA: Guidance on the prevention and control of infectious diseases among PWID (7 recommended key interventions (on page 15)

EMCDDA: Best Practice Portal (evidence, guidelines, examples and tools in the area of drug-related prevention)

Correlation Network: Peer Involvement (examples of meaningful involvement and participation of people who use drugs in the development and implementation of interventions, services and policies)

Participatory Quality Development tool

3.6 IMPLEMENTATION

RELEVANCE OF THIS CLUSTER

The implementation strategy aims to make it as easy as possible for the (intermediate) target group to integrate the interventions into their daily work and life. It is better to consider this, in an implementation plan before you start, rather than developing it through trial and error in practice.

EXPLANATION OF TERMS

IMPLEMENTATION STRATEGY

Implementation can be defined as all activities that are required to put a project plan into practice to ensure it reaches its objectives. An implementation strategy contains choices of interventions to reach the right intermediate target groups in the right way, at the right time and through the right channels.

Successful implementation of a strategy requires an implementation plan. The plan should have SMART objectives and set out how the interventions will be carried out, monitored and adjusted if necessary.

It is important to be aware that the introduction of an intervention or innovation involves a number of stages that the (intermediate) target group must go through. These include:

➜ Becoming aware of the intervention or innovation (the dissemination stage).

➜ Considering whether to use the intervention or innovation (the adoption stage).

➜ Using or applying the intervention or innovation (the implementation stage).

➜ Adapting, where appropriate, the intervention to their situation (adaptation).

➜ Continuing to use the intervention or innovation (the continued application stage).

The implementation process may be delayed at each of these stages. The speed at which the (intermediate) target group moves through the stages is influenced by a number of factors: the nature of the intervention or innovation, the implementation strategy, the provider of the intervention, and the social and political context. For this reason it is important to know the needs, motivation, knowledge and capacity of the (intermediate) target group and its role in the implementation.

USE OF TARGET GROUP FOR IMPLEMENTATION

It is also important to involve the ultimate target group in the implementation. They have capabilities and potential that can be useful for implementation. They can contribute, for example, as advisors, peer educators and evaluators.

TIMING MONITORING AND FEEDBACK

Optimising the implementation process requires monitoring progress and adjusting plans as needed. This applies to implementation of interventions both among the ultimate target group and among the intermediaries. It is best to plan in advance when you will monitor progress, review findings and feedback and decide on adjustments to your implementation plan.

REFERENCE

CDC: Toolkit for implementing comprehensive HIV prevention programs for people who use drugs (in Chapter 5)

3.7 EVALUATION

RELEVANCE OF THIS CLUSTER

There are two main reasons to evaluate: 'learning and improving' and 'justification'. Evaluation provides feedback on whether activities have been carried out as planned and whether the objectives have been achieved. Evaluation can show whether and how activities need to be adjusted to improve their quality and effectiveness. Thus, evaluation is a learning experience.

Evaluation is also important to justify actions taken and the reasons for selecting these actions. It shows stakeholders outside the project whether the resources invested are being used effectively, are leading to the desired results and can provide the rationale for further action.

EXPLANATION OF TERMS

EVALUATION PLAN

It is important to draw up an evaluation plan in advance, indicating which questions are to be answered by the evaluation and how, so that all involved know what evaluation activities will be carried out and when. Many of the activities that are important for evaluation have to take place at an early stage. This is why evaluation should be considered at the start of the project, not just at the end.

Evaluation involves determining the value or quality of the project or the interventions the project consists of. This includes how successful a project or intervention(s) is or has been in achieving certain objectives, why it is successful, what elements of the project or intervention are most effective, whether the intended activities are being implemented, whether the target group is being reached, what the target group think of the activities etc.

Because evaluation covers much more than just assessing the effects of the intervention, it is important to decide on the focus of the evaluation.

The following questions should be considered at the start:

➜ Which questions should the evaluation answer?

➜ How will this affect the preferred form(s) of the evaluation?

➜ How rigorous and scientifically sound does the evaluation have to be? What design and methods are to be used?

➜ Do all involved agree about these aspects?

The first question refers to the objectives to be evaluated and the questions the evaluation aims to answer, for example, what effects the project or intervention(s) has had, which people have been reached, how the intermediaries carry out the intervention and how members of the target and intermediate groups view the project or intervention(s).

The second question refers to the two main forms of evaluation: process evaluation and impact evaluation. The preferred form of evaluation will depend on the nature of the objectives and questions referred to above. A question about effects will require an impact evaluation, while a question about how the target group views the intervention typically belongs in a process evaluation.

The third question refers to the design and methods that are to be used to answer the evaluation questions. A key decision is whether the evaluation should conform to strict scientific standards or whether this is not necessary or feasible.

The fourth question refers to the fact that interventions and evaluations often involve various stakeholders. In addition to those implementing the intervention, these may include the funding or commissioning agency, the target group, external experts, advisory committee, umbrella organisation etc. These stakeholders may have different interests and different ideas about the objectives, questions and methods of the evaluation. If the results of the evaluation are to be relevant to all concerned, it is important that all stakeholders agree on the principles as much as possible.

REFERENCES

Correlation Network: Effective evaluation (an introduction for grass-roots organisations)

EMCDDA: Evaluation Instruments Bank (online archive of practical instruments for evaluating drug related interventions)

UNAIDS: Framework for Monitoring and Evaluating HIV prevention programmes for Most at Risk Populations

3.8 CONTEXTUAL FACTORS

RELEVANCE OF THIS CLUSTER

Contextual factors are conditions that determine the feasibility of the project and the content choices that can be made. Support and commitment are the degree to which various parties support a project, commit to it and thus contribute to the resources required to implement it. At all stages of a programme or project, available funding, staff, time and expertise determine what can and cannot be achieved.

EXPLANATION OF TERMS

STAKEHOLDER INVOLVEMENT

Project planners must decide who to involve in the initiative or project, which partners need to collaborate to make the project succeed, and who will be needed at different stages of the project. This is called stakeholder involvement. If a project is to succeed, it needs not only support and commitment among the intermediaries, but also within the implementing organisation and among the ultimate target group. This is not just because there is no point in implementing interventions among people who are not interested in them at all, but also because support and commitment among the ultimate target group is a pre-condition for achieving support and commitment among the intermediaries.

ACCOUNTABILITY

Accountability is the acknowledgment and assumption of responsibility for actions within the scope of a role or employment position. It encompassed the obligation to report, explain and be answerable in relation to resulting consequences.

GUIDELINES, ACTION PLANS AND (INTER)NATIONAL POLICIES

You can increase support for the project by showing that it is building upon and working in line with guidelines, action plans and (inter)national policies. This demonstrates that you are using the evidence and expertise that is reflected in these guidelines and policies.

SUSTAINABILITY

It is not realistic to expect problems to be solved in a short time by a one-off project. For this reason it is important to think about what will happen after the project. Questions to consider include: Is continuation of the project desirable? What are the possibilities for sustaining the activities of the project? Can activities be integrated within existing structures and programmes?

CAPACITY

The capacity of a project includes the contextual conditions of time, funding, staffing and available expertise, among project implementers and the partners with whom they collaborate. A project's capacity can change during the lifetime of the project.

MANDATED PERSON

This is the person who is ultimately responsible for the project, usually the project manager.

LEADERSHIP

The quality of project leadership involves four different aspects:

➔ The expertise, working style and personal qualities of the project manager (project management).

➔ Assuming responsibility for the quality of the programme, project or intervention as well as ensuring the quality of his/her own leadership and that of the staff, for instance by means of training courses or peer-led learning methods (personnel management).

➔ Using a systematic approach in implementing the programme, project or intervention, with defined times for decisions(policy and strategy).

➔ Knowledge of available resources and the ability to use these flexibly (resource management).

These aspects need to be taken into account when selecting a project manager (Peters e.a., 2003)

REFERENCES

EMCDA: Drug policy and law (EU and national drug strategies and action plans)

ECDC: Evidence brief and Thematic report PWID (on progress in implementing the Dublin Declaration on the Partnership to Fight HIV/AIDS in Europe and Central Asia)

4. Background information

4.1 THE MODEL BEHIND PIQA

PIQA is based on Preffi 2.0. The logic behind Preffi 2.0 is illustrated by the following model:

Preffi 2.0 - model
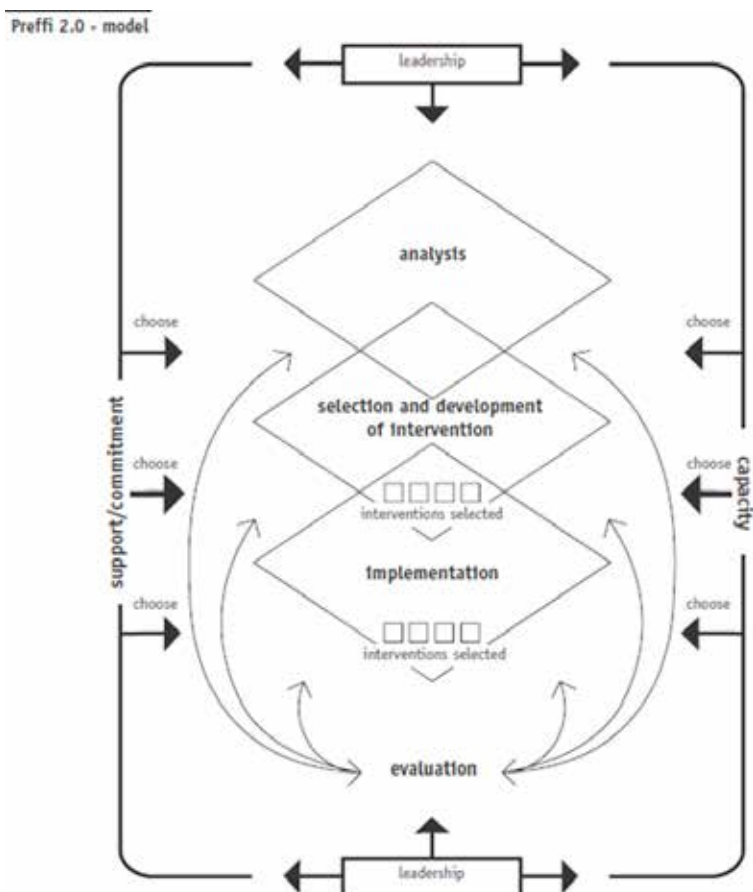
4.2 MORE INFORMATION ON PREFFI 2.0

For more background information on Preffi 2.0, please refer to the Information on PIQA on the Quality Action website.

4.3 MORE SUPPORT

For questions on the development and testing of this tool as part of the Quality Action (Work Package 4) contact Cor Blom, Soa Aids Nederland: cblom@soaaids.nl

Learn more about Quality Action