Name of project: .....

Assessed by: .....

Date: .....

Shift: A Tool for Improving the Quality of Prevention Programmes

USER MANUAL

Quality Action
Improving HIV Prevention in Europe

This work is part of the Joint Action on Improving Quality in HIV Prevention (Quality Action), which has received funding from the European Union within the framework of the Health Programme.

COLOPHON

Acknowledgements:

This document was written to support those who want to use, or facilitate the use of, *Shift* by providing them with methodologies for the different phases of the process and the different sections of the tool.

Shift is a tool for improving the quality of prevention programmes and was developed within the Quality Action project by David Hales and Chantal De Mesmaeker (HIVberodung Red Cross Luxembourg), with contributions from Viveca Urwitz, Christine Winckelmann, Cor Blom, Miran Solnic, Vasileia Konte, Magda Pilli and Frida Hansdotter.

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What is *Shift*?

Shift is a participatory, knowledge-based self-assessment tool designed for use at the programme level, including national and sub-national programmes (e.g. region, province, state, department, district, canton, municipality). In this context, programme level is defined as a long-term, strategic initiative that brings together multiple prevention projects to achieve an overarching goal of reducing new HIV infections.

Shift is for policymakers and planners in government and civil society who want to assess and improve the quality of an existing HIV prevention programme, design a new programme or update a strategic plan.

This version of the tool is a straightforward discussion guide to help managers and implementers assess the quality of their HIV prevention programmes and identify opportunities to improve them. The tool takes full advantage of the knowledge and information about key populations, stakeholders, resources and other critical areas of the prevention response, which is already being collected and used for programme management, monitoring and evaluation and international reporting.

The tool is divided into **eight sections**:

A. Know your epidemic, know your response
B. Key populations
C. Key stakeholders
D. Resources
E. Barriers and enablers
F. Monitoring and evaluation
G. Overall goals
H. Priorities

Improving an existing programme, designing a new programme or updating a national strategic plan are time-consuming tasks. For example, developing a new programme can easily take at least a year, maybe longer. Consider a few of the recommendations extracted from the "Planning guide for the Health Sector Response to HIV/AIDS" of the World Health Organization 2011:

"Availability of information is a critical factor in planning as it often is the basis for taking decisions. Much of the time in the planning process is often taken up in collecting and analysing information. It is therefore necessary to ensure at the outset that the required information is easily accessible.... Information for planning might include, and not limited to the following:

- *Epidemiological data*
- *Socio-economic context and determinants (e.g. harmful norms & practices, access to and control over resources by different groups, policy and legal barriers),*
- *Status of current response and actors*
- *Evidence on effectiveness of strategies or interventions*
- *Costs and financing*

"The planning process should, as far as is possible, draw from existing sources of information. Much of this information will have been obtained during programme review or programme evaluation."

"The situation analysis as a description of the prevailing context should directly inform identification of programme priorities. Priorities that are not based on or consistent with the situation analysis are not likely to be the most appropriate for the programme."

"As a national strategic and operational plan provides a common framework to ensure of all efforts in the health sector response to HIV are aligned with national priorities, all key stakeholders should be involved in the planning process. It is therefore necessary to define at the outset mechanisms for consulting and involving various partners.... As soon as the decision to develop a new plan is taken, efforts should be made to involve partners in moving forward. This must include not only relevant ministries such as education, transport, gender and women's affairs, but also civil society including women's organizations, people living with HIV, research institutions etc. Stakeholders must be involved in validating the situation analysis, including assessment of strengths and weaknesses of the response. There should also be general consensus on the main priority areas to be addressed in the plan.... Once the plan has been drafted, stakeholders must get the chance to provide comments on the draft. Ways for doing this include circulating the draft to the stakeholders and allowing sufficient time for review and feedback."

The *Shift* tool is designed to address exactly these recommendations. If you are planning to update a national strategic plan for HIV, the tool can help you analyse the actual situation and identify obstacles standing in the way of change as well as identifying promising opportunities to reach your overall goals in a high-quality, cost-effective way.

Shift encourages users to look broadly at the quality of an integrated programme as opposed to the quality of a single project and/or intervention. It is a **practical approach** that can yield significant insights on a wide range of issues, including many that are often overlooked, and it has the ability to lead to strengthened and/or expanded collaboration with programme partners.

Shift is designed primarily for use with programmes focused on prevention for key populations who are at the greatest risk of HIV infection. The tool can be used to assess prevention initiatives such as safe blood supply, prevention of mother-to-child transmission and projects for the general population, but it is better suited to targeted prevention programmes focused on key populations.

What are the benefits of using *Shift*?

The **benefits of using the *Shift* tool** are considerable:

- The outputs from *Shift* are useful inputs for developing or updating a strategic plan or programme. Using the *Shift* outputs can also streamline and accelerate the process of developing or updating a plan or programme.
- *Shift* captures the perspectives of the various stakeholders involved in HIV prevention. Engaging stakeholders in the process makes it easier for them to understand and support the findings.
- *Shift* relies on pulling together existing data from a range of different sources, including data used for reporting on the Dublin Declaration. In turn, the data aggregated using *Shift* can be used for national and international reporting on country programmes and progress. The *Shift* tool helps identify the main factors determining the spread of HIV, its impact, the obstacles that stand in the way of change in priority areas and the most promising opportunities to help overcome those obstacles and reach prevention goals.
- The tool also has important financial implications because it makes prevention funding issues and priorities more transparent across the full range of stakeholders. It also helps identify possible gaps, obstacles and opportunities that affect the costs and cost savings of prevention programmes.

What are the issues to consider?

If you want to apply *Shift*, we highly recommend considering the **following issues** before starting the process:

- The first requirement is a **stable political environment combined with a commitment from senior decision makers to the process**.
- There needs to be a **designated champion** who can drive the process. This may be the project manager (see below) or some other individual who is committed to using the Shift tool to improve HIV prevention.
- Stakeholders from all sectors must be empowered to actively participate in the process. (For more information on levels of participation and on methods to work in a participatory way, please refer to the PQD toolkit, which is available through Quality Action or at www.pq-hiv.de/en.)
- Set aside sufficient time for the process and keep stakeholders informed about the schedule. You will need to start the process some months before being able to write the actual plan. For example, scheduling meetings and workshops well in advance ensures that key persons are available when needed, avoiding frustration on all sides, saving considerable time and enabling actors in the field to be better prepared. We strongly advise you not to use this tool if these basic requirements are not met.

Who needs to be involved?

Shift is designed to capture the **inputs of a cross-section of stakeholders in the prevention programme** that is being assessed. The tool relies on bringing together a diverse group of well-informed stakeholders, including representatives from government, civil society, technical experts and the populations at the highest risk of HIV infection, to discuss a series of key questions. While the exact composition of this group depends on the size and scope of the programme, it is essential that each person has a sound and substantial knowledge of the issues.

We strongly recommend having a **steering committee and a project manager assisted by a small project team** to manage the process. Depending on the size of the programme, some of the same actors may be on the steering committee and the project team. Collectively, the following knowledge and skills are critical: project management skills, writing skills, an understanding of the country's culture, the political structure and the field of stakeholders in HIV prevention and treatment, an understanding of HIV transmission and its prevention. You will also need one or more people with communication skills to develop and implement a **communication strategy** for the whole duration of the project.

Before the stakeholders meet to discuss the questions in the tool, it is important for the project manager or a small project management team to complete some essential background work, including collecting data for worksheets on key populations and stakeholders that will be used during the discussion (see below: What is the process?). The project manager or management team will also play an important role in capturing and reporting the findings arising from the use of the tool.

When the stakeholders meet to use the tool, an **external facilitator**, who has training and/or experience with the *Shift* tool as well as HIV prevention, can play an essential role. Having an impartial person facilitate the discussions can help the group focus on the issues at hand and keep the discussions on track. He or she can also help ensure that each stakeholder is heard. In addition, an external facilitator can question inherent biases and preconceived ideas in ways that a more vested participant cannot. (Depending on the size of the stakeholder group, it may be necessary to have more than one facilitator.)

What is the process?

In general, using *Shift* is a **participatory process**. At every stage, participants should be encouraged and enabled to speak openly and honestly about the current programme, even if there are divergent perspectives. It is important to remember that identifying opportunities for quality improvement hinges on a wide-ranging and realistic assessment that includes different – even conflicting – points of view.

As mentioned above, there are **two types of worksheets** built into the tool that **collect and aggregate important background information about key populations and stakeholders**. It would be useful if the relevant *Population and Programme* Worksheets (page 6 and Annex 1) and *Stakeholder Snapshots* (page 8 and Annex 2) are completed in advance of the stakeholder meeting where the full range of questions in the tool will be discussed. While it is likely that these discussions will generate additional and updated information for the

worksheets, having fully or partially completed versions of them will significantly enhance the discussions.

It would also be useful if the project manager or management team collects relevant background information on *Resources* (page 10) in advance of the stakeholder meeting, so that this information can be actively considered during the meeting.

The core of the process is the actual **meeting of the stakeholders** to discuss the questions that make up the tool. However, before this meeting can be held, it is essential to map the stakeholders involved in prevention work, using the *Stakeholder Snapshots*. The project manager or management team will need to determine which of the stakeholders should be included in the meeting. To ensure the best possible outcome, it is important to include a broadly representative group of stakeholders. In advance of the meeting, participating stakeholders should familiarise themselves with the questions in each of the eight sections of the tool. Ideally, they would have also made preliminary notes on how they would answer the different questions.

It is essential that participants understand that **there is no single or 'right' answer to a question**. The questions are not part of a test that uses correct answers to assess the state of a programme. The purpose of the questions is to spark the thinking and discussion needed to identify areas where the prevention programme can be improved. In all cases, the most important activity when discussing the questions is to **accurately document the full range of responses.** This documentation is the basis for making decisions on how and where the prevention programme can be improved. (NOTE: During the meeting, it will be important to monitor the inputs to determine if any important stakeholders have been left out of the discussions. If so, they can and should be brought into the process to ensure that their perspective is included.)

Depending on the size of the programme and the number of stakeholders, the stakeholder meeting is likely to take two to three full days. Identifying areas where a prevention programme can be improved is not a process that should be rushed. However, it is also not a process that should be too extended, which is one of the reasons why having an external facilitator can help keep the discussion moving.

It is important to note that each of the first six sections of the tool include a sub-section on objectives. The sub-sections are a critical component of the tool because they **capture specific objectives by topic area** as well as identifying who will do what by when in order to achieve these goals. When using the tool, it is advisable to complete these objective sub-sections before completing the final two sections of the tool: Goals and Priorities.

When thinking about objectives, it is also advisable to keep each of them simple and concise. It is equally advisable for the aggregate list of objectives to be simple and concise. Finally, it is important to think about how your objectives are prioritised.

After the stakeholder meeting, the project manager or management team should produce an **initial report that summarises the findings, the goals and the next steps**. This version of the report should be circulated to stakeholders for their comment. Once their comments have been received and addressed, a **final version of the report should be published and circulated**.

What are potential barriers?

To guarantee the success of a participative approach, it is important to be aware of **barriers** that may hold people back from buying into the use of a quality improvement tool like *Shift*.

One of the barriers that can hold people back from wanting to use the tool or to participate in the workshop are the **vested interests** of some or all of the stakeholders. But this barrier can also be seen as an opportunity for stakeholders: an opportunity to defend their interests by participating, to get a picture of the different tendencies and to be part of an emerging new tendency that could support their own interests. Participants who are likely to obstruct change may have an opportunity to experience a slight *Shift* in their opinions and be less opposed to change if they participated in the process versus if they did not participate. Some stakeholders may not feel at ease **discovering or admitting** that there might be **gaps in the data or the response**. It is therefore important to stress that the discovery of gaps is a key step in improving the quality of a programme.

One way of overcoming resistance is to talk to everybody participating in the workshop beforehand to understand their issues. It can be useful if this is an ongoing dialogue. It can also be useful to organize one or more meetings in the early phases of the project to answer initial questions and additional questions as the process moves forward.

Timetable

A **realistic timetable** to implement the tool and complete the final report is **three months**. However, if the financial and human resources are available, the timetable could be accelerated. It is important to note that the three-month schedule does not include the time required to secure the political, institutional and financial commitments from key decision-makers to support the use of the tool.

Once a commitment to use the tool has been secured, the **preparatory work** for the project manager or management team should take between **40-60 hours**. This includes: completing and/or coordinating the completion of the *Population and Programme Worksheets* and the *Stakeholder Snapshots*; identifying and inviting stakeholders to participate in the implementation of the tool; and organising the meeting of the stakeholder group. (NOTE: The amount of time required to complete the *Population and Programme Worksheets* and the Stakeholder Snapshots may vary depending on the breadth and depth of data that is readily available.)

As mentioned above, **two to three days** should be allocated for the **stakeholder meeting**. Depending on resources and logistics, the overall meeting could be broken up into a series of shorter meetings. However, it is important not to lose the continuity that comes with a more intensive approach to the meeting (i.e. consecutive days of discussion).

The **follow-up work** by the project manager or management team should take an additional **40-60 hours**. This includes drafting the initial version of the report, revising the report as necessary and producing a final version.

The table below provides you with a basic **planning guide**:

- Secure support from key decision makers to implement the tool
- Identify a steering group, project team and/or project manager to guide the implementation process
- Develop a detailed work plan and timetable for the implementation
- Secure commitments from prospective participants in the implementation process, including representatives from government and civil society
- Organise the stakeholder meeting, including, if possible, securing an external facilitator
- Conduct the stakeholder meeting
- Draft a report of the meeting and circulate to participants for comment
- Finalise the report
- Disseminate the report
- Use the key findings as inputs for improving an existing HIV prevention programme, designing a new programme or developing/updating a strategic plan

When to use the tool?

The inherent versatility of the *Shift* tool means it can be used at **multiple points in a programme cycle**. For example, it can be extremely useful as part of a **midterm review of a programme**. It can also be used whenever there is a desire to **assess and improve the quality of a programme**. As a follow-up to a full application of the tool, it is possible to use it for a 'light touch review' to assess progress after a reasonable period of time (e.g. 12-24 months).

Shift is also versatile enough to be used during the **design phase for a new programme**; the questions can be used to look retrospectively at the previous programme while also looking prospectively at issues influencing a new programme.

A. Know Your Epidemic, Know Your Response

The purpose of this section of the tool is to assess your knowledge of the epidemic and the response in your country/region. A good understanding of the situation is an essential prerequisite to improving an HIV prevention programme.

1. How confident are you of your overall knowledge of the current state of the epidemic in your country/region?

LOW 1 2 3 4 5 6 7 8 9 10 HIGH

- What are the main factors influencing your score?
- If there are gaps in your knowledge, what are they?

2. Rate the overall accuracy and usefulness of the available epidemiological data.

LOW 1 2 3 4 5 6 7 8 9 10 HIGH

- What are the main factors influencing your score?
- If there are gaps in the epidemiological data, what are they?

3. Rate the overall accuracy and usefulness of the available behavioural data.

LOW 1 2 3 4 5 6 7 8 9 10 HIGH

- What are the main factors influencing your score?
- If there are gaps in the behavioural data, what are they?

4. Rate the overall accuracy and usefulness of the available data on the coverage of prevention projects for key populations.

LOW 1 2 3 4 5 6 7 8 9 10 HIGH

- What are the main factors influencing your score?
- If there are gaps in the coverage data, what are they?

5. **Rate the overall accuracy and usefulness of the available data on the performance and effectiveness of prevention projects.** *In addition, to a general rating of available information across all key populations, it can also be useful to rate the accuracy and usefulness of the data by key population.*

- What are the main factors influencing your score?
- If there are gaps in the data on performance and effectiveness, what are they?

6. **How confident are you of your overall knowledge of the current response to your epidemic in your country/region (e.g. the goals, the strategy, the relevant laws and policies, the structure of the response, the funding)?**

- What are the main factors influencing your score?
- If there are gaps in your knowledge, what are they?
- If there are gaps in the response, what are they?

7. **How confident are you of your knowledge of the current response to your epidemic by key population?**

- What are the main factors influencing your score?
- If there are gaps in your knowledge, what are they?
- If there are gaps in the response, what are they?

8. **To what extent does your actual programmatic response to HIV match your knowledge of the epidemic?**

- What are the main factors influencing your score?
- What priority actions could be taken to improve your score?

OBJECTIVES

Can you identify a primary objective for enhancing your knowledge of the epidemic and the response in order to improve the prevention programme specifically?

Yes ○ **No** ○

Are there secondary objectives?

Yes ○ **No** ○

If Yes:
- What are the objectives?
- What actions need to be taken to reach them?
- Who will do what and by when?
- What indicators or data points can be used to track whether progress is being made?

MORE SPACE ›

B. Key Populations

This section has two purposes: First, it helps you aggregate useful data points about key populations in your country/region that are most vulnerable to HIV infection. Completing a Population and Programme Worksheet for each key population that is the focus of targeted HIV prevention activities will help you understand the current situation, including the strengths and weaknesses of your existing response, and identify ways to improve it. Second, this section helps you examine how issues facing key populations are factored into the response and how to assess the role of the populations in that response.

NOTE: In most cases, it will be important to complete a Population and Programme Worksheet for the general population, given that a certain percentage of new HIV infections occur outside of the key populations.

Population and Programme Worksheet

- Key population:
  (e.g. people who inject drugs, men who have sex with men, migrants from high prevalence countries, sex workers)
- Key characteristics of the population:
  (e.g. location, social factors, economic factors, age disaggregation, gender disaggregation - where appropriate)
- Population size estimate, including the source of the estimate:
- HIV vulnerability, principal modes of transmission and/or key risk behaviours:
- Prevalence rate:
- Incidence rate:
- Needs assessment:
  (e.g. when was it last done, how was it done, who did it and what were the findings)
- Available prevention services:
  (e.g. HIV testing, counselling, condoms, needle exchange)
- Other HIV services:
  (e.g. treatment, care, support)
- Related services:
  (e.g. opioid substitution therapy)
- Coverage of prevention-related services:
- Uptake of prevention-related services:
- Feedback from key populations on available prevention-related services:
- Lessons learned from past experience with this population on HIV prevention:
  (e.g. what worked, what did not work and why)
- Barriers to effective prevention with this population:
  (e.g. stigma and discrimination, inadequate funding, limited availability of services, insufficient data, poor quality interventions)
- What are the primary objectives for a prevention programme focused on this population?
- What programme-level indicators/metrics are used to measure prevention activities focused on this population?

NOTE: Please use completed Population and Programme Worksheets for each key population when responding to the following questions.

1. **How confident are you that the key populations most affected by HIV in your country/region have been accurately identified?**

LOW 1 2 3 4 5 6 7 8 9 10 HIGH

• What are the main factors influencing your score?

2. **How confident are you that specific sub-groups within the key populations who are at heightened risk of infection (e.g. sub-groups with overlapping vulnerabilities) have been accurately identified?**

LOW 1 2 3 4 5 6 7 8 9 10 HIGH

• What are the main factors influencing your score?

3. **Do you have sufficient data about the key populations, including the general population (where appropriate), to plan and implement an effective HIV prevention programme?**

LOW 1 2 3 4 5 6 7 8 9 10 HIGH

• What are the main factors influencing your score?

4. **To what extent do representatives from the key populations participate in prevention activities, including needs assessment, policy formulation, project design, project implementation, monitoring and evaluation?**

LOW 1 2 3 4 5 6 7 8 9 10 HIGH

• What are the main factors influencing your score?

5. **a) Would it be useful to have representatives from the key populations more involved, less involved or maintain their current level of involvement in particular areas?**

b) Rank the different areas in priority order based on the value of the contributions of the key populations.

Prevention Activities	More involved	Less involved	Current level	Priority order
Needs assessment	☐	☐	☐	
Policy formulation	☐	☐	☐	
Project design	☐	☐	☐	
Project implementation	☐	☐	☐	
Monitoring and evaluation	☐	☐	☐	
[other]	☐	☐	☐	
[other]	☐	☐	☐	

6. **To what extent is the current prevention programme based on accurate and relevant data/ evidence about each key population?**

LOW 1 2 3 4 5 6 7 8 9 10 HIGH

• What are the main factors influencing your score?

OBJECTIVES

Can you identify a primary objective for improving knowledge about and involvement by each key population in the prevention programme?

Yes **No**

Are there secondary objectives?

Yes **No**

If Yes:
- What are the objectives?
- What actions need to be taken to reach them?
- Who will do what and by when?
- What indicators or data points can be used to track whether progress is being made?

MORE SPACE ›

C. Key Stakeholders

The purpose of this section of the tool is to map the key stakeholders involved in the prevention response in your country/region. (The mapping exercise is a critical part of determining who should be involved in the stakeholder meeting as well as who will ultimately be responsible for making improvements in the prevention programme.) The stakeholders will vary depending on the setting, but they are likely to include:

- Representatives from key populations
- Frontline service providers
- Civil society organisations
- Government ministries/departments
- Politicians and decision makers
- Funding partners
- Experts/researchers/academics

The first task is to identify the key stakeholders. This list should focus primarily on those stakeholders that play a vital role in the prevention response. As a result, it may not include stakeholders who play minor or peripheral roles. However, it is important to capture the full range of stakeholders involved in the prevention programme.

If formal or informal networks/clusters of organisations do similar or compatible tasks, it may be more efficient and more effective to identify the network/cluster as opposed to each individual organisation. A network/cluster could share a focus on a specific population (e.g. migrants from high prevalence countries) or a focus on a specific intervention (e.g. needle exchange).

The second task is to develop a snapshot of each stakeholder using a basic template (see below). The most efficient way to collect data for the Stakeholder Snapshots is likely to be to ask different stakeholders to provide the information directly. The project manager or management team should give them a timeframe to complete the form. The manager or team should be prepared to cross-check and, if necessary, supplement the information provided by the stakeholders. All parties should treat the snapshots as works-in-process that will evolve as more information is gathered and as time goes on.

The third task is to use the completed Stakeholder Snapshots to: (a) map the existing relationships between different stakeholders and (b) explore possible ways to change and/or strengthen the links between them to improve the effectiveness of the overall prevention response.

Stakeholder Snapshot

- Name of organisation or individual:
- Location / geographic coverage:
- Primary area(s) of expertise:
- Current role in the programme:
- Key actions:
- Key population clients/constituents:
- Key collaborators, including the nature of the collaboration with each of them:

  (Collaborators are those organisations/individuals who are directly and actively engaged in the stakeholder's work.)
- Reporting relationship:

  (Who does this organisation or individual report to? Who holds them accountable for their performance?)
- Relationships with other stakeholders:

  (This includes stakeholders who are not direct/active collaborators.)
- Key strengths:
- Key improvement areas:

1. Identify the approximate level of effort by percentage (e.g. 10-15%) by each stakeholder group in the different types of prevention activities. The total percentage for each type of prevention activity should add up to 100%.

NOTE: Groups representing people living with HIV should be included under NGOs/CSOs.

Prevention Activities	More involved	Less involved	Current level
Stakeholders			
National government			
Regional, provincial, state government			
Local government			
National NGOs and/or CSOs			
Regional, provincial, state-level NGOs and/or CSOs			
Local NGOs and/or CSOs			
[Other] (e.g. academic institutions, medical organisations)			
TOTAL LEVEL OF EFFORT	**100%**	**100%**	**100%**
Is the current level of collected effort sufficient?	Yes ○ No ○	Yes ○ No ○	Yes ○ No ○

2. **To what extent do stakeholders coordinate and/or collaborate with each other, particularly those stakeholders working with the same key population?**

LOW 1 2 3 4 5 6 7 8 9 10 HIGH

• What are the main factors influencing your score?

3. **To what extent are there effective communications and feedback mechanisms linking different stakeholders?**

LOW 1 2 3 4 5 6 7 8 9 10 HIGH

• What are the main factors influencing your score?

NOTE: Questions 4, 5 and 6 can be answered now but you may want to revisit your responses after you have answered the questions about objectives at the end of each section of the tool.

4. **Do you have the right mix of stakeholders to deliver an effective prevention programme?**

Yes **No**

• If No, what changes need to be made to get the right mix?

5. **Are the right stakeholders responsible for the right tasks? In other words, are stakeholders doing what they are best qualified to do?**

Yes **No**

• If No, what changes need to be made to ensure that the right stakeholders are handling the right tasks?

6. **Do you have enough prevention professionals with the necessary qualifications and experience?** NOTE: This question correlates with Question 2 in the Resources section of the tool.

Yes **No**

• If No, what steps need to be taken to ensure that you do have enough?

OBJECTIVES

Can you identify a primary objective for improving knowledge about and involvement by each key population in the prevention programme?

Yes ○ **No** ○

Are there secondary objectives?

Yes ○ **No** ○

If Yes:
- What are the objectives?
- What actions need to be taken to reach them?
- Who will do what and by when?
- What indicators or data points can be used to track whether progress is being made?

MORE SPACE >

D. Resources

The purpose of this section is to explore the connections between resources and prevention. The availability, allocation and impact of financial, human and technical resources are all relevant to the quality of HIV prevention programmes. (The project manager or management team should collect information for this section of the tool in advance of the stakeholder meeting.)

NOTE: For Questions 1, 2 and 3, it is important to provide separate responses for each key population and most vulnerable subgroup. (Aggregating the responses for different populations into a single response could be misleading.)

1. To what extent are adequate financial resources available for prevention activities focused on the key populations most affected by HIV, particularly the most vulnerable sub-groups in each population?

- What are the main factors influencing your score?
- If there are gaps in your knowledge, what are they?

2. To what extent are adequate human resources available for prevention activities focused on the key populations? ***This question correlates with Question 6 in the Stakeholders section of the tool.***

- What are the main factors influencing your score?
- If there are gaps in the epidemiological data, what are they?

3. To what extent are adequate technical resources (normative guidance, independent expertise, training, etc.) available for prevention activities focused on the key populations?

- What are the main factors influencing your score?

4. Are resources available specifically for assessing and improving the quality of HIV prevention?

	Assessing quality?	Improving quality?
Financial resources	Yes ○ No ○	Yes ○ No ○
Human resources	Yes ○ No ○	Yes ○ No ○
Technical resources	Yes ○ No ○	Yes ○ No ○

5. **What is the estimated percentage of the total funds allocated to the HIV response that is spent on prevention? If funding for treatment as prevention (TasP) and pre-exposure prophylaxis (PrEP) is part of this estimated percentage, it should be listed separately.**

6. **What is the estimated percentage of the prevention budget that is allocated to each of the key populations?**

7. **Is data available on which financial investments in HIV prevention are most effective in your country/region (i.e. investments that have an above average return in terms of outcome and/or impact)?**

Yes **No**

If Yes:

- How is this data used to influence the allocation of funding for prevention?
- Is there evidence or experience in your country showing that spending more money leads to more effective prevention or that spending less money reduces the effectiveness?

- If No, would it be possible and/or useful to collect this data?

Possible **Useful**

8. **Is data available on how the availability and allocation of human resources influences the effectiveness of HIV prevention in your country/region? For example, do insufficient human resources limit the reach of a key intervention?**

Yes **No**

- If Yes, how is this data used?

- If No, would it be possible and/or useful to collect this data?

Possible **Useful**

9. **Is data available on which technical resources supporting HIV prevention are most effective in your country/region (e.g. normative guidance, independent expertise, training)?**

Yes **No**

- If Yes, how is this data used?

- If No, would it be possible and/or useful to collect this data?

Possible **Useful**

OBJECTIVES

Can you identify a primary objective for improving knowledge about and involvement by each key population in the prevention programme?

Yes **No**

Are there secondary objectives?

Yes **No**

If Yes:
- What are the objectives?
- What actions need to be taken to reach them?
- Who will do what and by when?
- What indicators or data points can be used to track whether progress is being made?

MORE SPACE

E. Barriers and Enablers

The purpose of this section is to identify different barriers that limit prevention efforts and different enablers that enhance these efforts. There are questions about barriers and enablers in several different contexts: policy and legal, political and social, cultural, linguistic and religious.

NOTE: For Questions 1, 2 and 3, it is important to provide answers for each key population and most-vulnerable sub-group.

1. To what extent are there policy and/or legal barriers that limit your ability to work with key populations on HIV prevention initiatives (e.g. restrictions on needle exchange)?

Key population #1

Key population #2

Key population #3

To what extent are there policy and/or legal enablers that enhance your ability to work with key populations on HIV prevention initiatives (e.g. anti-discrimination legislation)?

Key population #1

Key population #2

Key population #3

- What are the main factors influencing your scores?

2. **To what extent are there political barriers that limit your ability to work with key populations on HIV prevention initiatives (e.g. opposition by elected officials to specific prevention interventions)?**

LOW 1 2 3 4 5 6 7 8 9 10 HIGH

Key population #1

Key population #2

Key population #3

To what extent are there political enablers that enhance your ability to work with key populations on HIV prevention initiatives (e.g. support by elected officials for specific prevention interventions)?

LOW 1 2 3 4 5 6 7 8 9 10 HIGH

Key population #1

Key population #2

Key population #3

• What are the main factors influencing your score?

3. **To what extent are there social, cultural, linguistic and/or religious barriers that limit your ability to work with key populations on HIV prevention initiatives?**

LOW 1 2 3 4 5 6 7 8 9 10 HIGH

Key population #1

Key population #2

Key population #3

To what extent are there social, cultural, linguistic and/or religious enablers that enhance your ability to work with key populations on HIV prevention initiatives?

LOW 1 2 3 4 5 6 7 8 9 10 HIGH

Key population #1

Key population #2

Key population #3

• What are the main factors influencing your score?

4. **To what extend are there barriers – including any of the ones listed in questions 1-3 above – that limit your ability to work with general population on HIV prevention initiatives?**

Key population #1

Key population #2

Key population #3

To what extend are there enablers – including any of the ones listed in questions 1-3 above – that enhance your ability to work with general population on HIV prevention initiatives?

Key population #1

Key population #2

Key population #3

• What are the main factors influencing your score?

OBJECTIVES

Can you identify a primary objective for enhancing your knowledge of the epidemic and the response in order to improve the prevention programme specifically?

Yes ○ **No** ○

Are there secondary objectives?

Yes ○ **No** ○

If Yes:
- What are the objectives?
- What actions need to be taken to reach them?
- Who will do what and by when?
- What indicators or data points can be used to track whether progress is being made?

MORE SPACE ›

F. Monitoring and Evaluation

The purpose of this section is to look at monitoring and evaluation issues linked to programme quality and quality improvement. The critical issue in this section is the collection, analysis and use of relevant data (e.g. second generation surveillance, external evaluations, operational research).

1. Do you monitor the prevention response generally?

Yes ○ **No** ○

If Yes:

- What are the key issues and/or indicators that you monitor?
- Why do you monitor these issues/indicators?

2. Do you monitor the prevention response among key populations?

Yes ○ **No** ○

If Yes:

- What are the key issues and/or indicators that you monitor by key population or vulnerable sub-group?
- Why do you monitor these issues/indicators?

3. To what extent do your overall monitoring and evaluation activities provide you with data that is used to assess performance and identify opportunities to improve the quality of the prevention activities?

LOW 1 2 3 4 5 6 7 8 9 10 HIGH

- What are the main factors influencing your score?

4. **Is a second-generation HIV surveillance system in use in your country/region?**

Yes ○ **No** ○

If Yes, to what extent is data collected by this system used to improve the prevention programme?

LOW 1 2 3 4 5 6 7 8 9 10 HIGH

- What are the main factors influencing your score?

- Would it change your score if improvements and/or expansions were made to your surveillance system?

  Yes ○ **No** ○

- Would it be beneficial if changes were made in how findings generated by the system are used?

  Yes ○ **No** ○

If No, to what extent do other sources of data about the prevention programme provide sufficient information to improve the programme?

LOW 1 2 3 4 5 6 7 8 9 10 HIGH

- What are the main factors influencing your score?

5. **Are process and/or effectiveness evaluations used to assess the performance of prevention initiatives?**

Yes ○ **No** ○

- If Yes, are the findings/recommendations from these evaluations used to actually improve the prevention initiatives?

  Yes ○ **No** ○

- If No, what other systems/approaches are in place to assess the quality of prevention initiatives?

6. **Are process and/or effectiveness evaluations used to assess the quality of prevention initiatives?**

Yes ○ **No** ○

- If Yes, are the findings/recommendations from these evaluations used to actually improve the prevention initiatives?

  Yes ○ **No** ○

- If No, what other systems/approaches are in place to assess the quality of prevention initiatives?

7. **Have any external/independent evaluations of the overall prevention programme been completed in the last five years?**

Yes ○ **No** ○

- If Yes, what improvements have been made to prevention programme as a result of the key findings/recommendations from these evaluations?

8. **Has any research, including operational research, been done in your country/region in the last 24 months that has or will provide useful data on the quality of prevention activities?**

Yes ○ **No** ○

- If Yes, what are the key findings from the research (if available)?
- If No, what aspects of the prevention programme would benefit from research?

9. **Are mechanisms in place to ensure that meaningful data from various monitoring, evaluation and research activities are actively used to improve the prevention programme?**

Yes ○ **No** ○

- If Yes, to what extent has data from these activities been used to improve the programme?

- What are the main factors influencing your score?

OBJECTIVES

Can you identify a primary objective for enhancing your knowledge of the epidemic and the response in order to improve the prevention programme specifically?

Yes ○ **No** ○

Are there secondary objectives?

Yes ○ **No** ○

If Yes:
- What are the objectives?
- What actions need to be taken to reach them?
- Who will do what and by when?
- What indicators or data points can be used to track whether progress is being made?

G. Goals

When making plans to improve the quality of a prevention programme, it is essential to identify one or two overarching goals thatcan be articulated in a clear and concise fashion. Any accompanying list of objectives should be equally straightforward. Clear and uncomplicated goals, objectives and indicators are essential if stakeholders are going to work together and move forward in a common direction.

NOTE: All users should address Question 1 in this section. If you are assessing an existing prevention programme, it is also important to consider Questions 2, 3, 4 and 5. If you are using *Shift* to help design a new programme, you may want to go directly from Question 1 to Questions 6, 7 and 8. However, it may still be useful to consider all of the questions.

1. To what extent do international guidelines or policy action plans (e.g. European Action Plan for HIV/AIDS 2012-2015, Dublin Declaration, UN Political Declaration on HIV and AIDS) influence your goals?

LOW 1 2 3 4 5 6 7 8 9 10 HIGH

- What are the main factors influencing your score?

If you are assessing an existing prevention programme: (Questions 2, 3, 4 and 5)

2. Does your national HIV prevention programme have an overarching goal or goals?

Yes **No**

- If Yes, what are they?
- If No, why not? Would it be useful if there were a goal or goals?

3. Are there objectives for different components of the prevention programme (e.g. by key population, by type of intervention)?

Yes **No**

- If Yes, what are they?
- If No, why not? Would it be useful if there were?

4. To what extent do the goal(s) and objectives shape the design, implementation and monitoring of the prevention programme?

LOW 1 2 3 4 5 6 7 8 9 10 HIGH

- What are the main factors influencing your score?

5. **Are there indicators for each goal and objective?**

Yes **No**

- If Yes, what are they? Do they provide useful information?
- If No, how are performance and/or progress measured?

If you are designing a new prevention programme: (Questions 6, 7 and 8)

6. **Given your responses to the questions about objectives in each section of the tool, what would you identify as your programme's overarching goal or goals?**

7. **Are there goals or objectives for different components of the prevention programme (e.g. by key population, by type of intervention)?**

Yes **No**

- If Yes, what are they?

8. **List the available indicators for the different goals and objectives.**

- Where indicators exist, do they provide useful information?
- Where indicators do not exist, how will performance and/or progress be measured?

H. Priorities

1. **To what extent do the activities actually being implemented by key stakeholders align with the goals/sub-goals for the national/regional prevention programme? Is the right mix of activities being implemented with the right populations?**

- What are the main factors influencing your score?
- What priority actions could be taken to improve your score?
- Who would do what and by when?

2. **To what extent do the outcomes of these activities align with the goals/sub-goals for the national prevention programme?**

- What are the main factors influencing your score?
- What priority actions could be taken to improve your score?
- Who would do what and by when?

3. **Based on the data collected in the other sections of this tool, how would you prioritise your list of goals and objectives? What are the most promising and/or high priority areas where actions can be taken to improve the quality of the prevention programme?**

- Using the stakeholder map as a guide, who would do what and by when to address these areas?
- What will the process be like? What are the next steps?

TWO CRITICAL QUESTION

As you use the *Shift* tool to assess an existing programme or design a new one, keep the following two questions in mind:

1. Where are the next one hundred HIV infections likely to come from?

2. How can your programme prevent them?

ANNEX 1

Population and Programme Worksheet

- Key population: (e.g. people who inject drugs, men who have sex with men, migrants from high prevalence countries, sex workers)

- Key characteristics of the population: (e.g. location, social factors, economic factors, age disaggregation, gender disaggregation - where appropriate)

- Population size estimate, including the source of the estimate:

- HIV vulnerability, principal modes of transmission and/or key risk behaviours:

- Prevalence rate:

- Incidence rate:

- Needs assessment: (e.g. when was it last done, how was it done, who did it and what were the findings)

- Available prevention services: (e.g. HIV testing, counselling, condoms, needle exchange)

- Other HIV services: (e.g. treatment, care, support)
- Related services: (e.g. opioid substitution therapy)
- Coverage of prevention-related services:
- Uptake of prevention-related services:
- Feedback from key populations on available prevention-related services:
- Lessons learned from past experience with this population on HIV prevention: (e.g. what worked, what did not work and why)
- Barriers to effective prevention with this population: (e.g. stigma and discrimination, inadequate funding, limited availability of services, insufficient data, poor quality interventions)
- What are the primary objectives for a prevention programme focused on this population?
- What programme-level indicators/metrics are used to measure prevention activities focused on this population?

ANNEX 2

Stakeholder Snapshot

- Name of organisation or individual:

- Location / geographic coverage:

- Primary area(s) of expertise:

- Current role in the programme:

- Key actions:

- Key population clients/constituents:

- Key collaborators, including the nature of the collaboration with each of them:(Collaborators are those organisations/individuals who are directly and actively engaged in the stakeholder's work.)

- Reporting relationship: (Who does this organisation or individual report to? Who holds them accountable for their performance?)

- Relationships with other stakeholders: (This includes stakeholders who are not direct/active collaborators.)

- Key strengths:

- Key improvement areas:

ANNEX 3

Case study

The *Shift* tool has been used by several organizations, including the Federal Office of Public Health (FOPH) in Switzerland.

Switzerland has a national strategy for prevention as well as the diagnosis and treatment of HIV and other sexually transmitted infections. The National Programme on HIV and other sexually transmitted infections (NPHS) 2011–2017 is based on scientific evidence and was prepared during 2009-2010 in participation with various stakeholders. The Federal Office of Public Health (FOPH) leads and manages the programme and works closely with other federal departments, cantonal authorities and NGO umbrella organisations.

At the end of June 2014, the halfway point of implementing the NPHS 2011–2017, the FOPH decided to conduct a provisional assessment of the programme. The results would be used to assess the degree to which goals have been achieved, to guide programme implementation in the second half of the term and plan the period after 2017. This assessment was termed the "Midterm-Check of the National Programme on HIV and other sexually transmitted infections (NPHS) 2011–2017". Or, in short, the Midterm-Check NPHS 2011–2017.

The Midterm-Check NPHS 2011–2017 aimed to respond to a series of questions, including:

1. How do central stakeholders assess the state and quality of implementation thus far, as well as the degree to which NPHS 2011–2017 goals have been achieved?

2. How do stakeholders assess the lifespan of the NPHS 2011–2017? Can and should it be extended?

The Federal Office of Public Health and the operational stakeholders used the *Shift* tool to assess the quality of NPHS 2011–2017 and received a number of recommendations and tips for the second half of the NPHS 2011–2017. This was done in a workshop that was held 2-4 of July 2014 in Montezillon, canton Neuchâtel with 23 stakeholder representatives and two accompanying experts from the Quality Action.

The FOPH shortened and adapted the *Shift* questionnaire because it included some points that were not relevant in the Swiss context and the FOPH could not afford to invite stakeholders for a workshop longer than two working days. The FOPH offered board and lodgings, but no financial remuneration. To assure that the whole assessment could be done in two days, the process had been presented at a previous meeting and the FOPH let stakeholders read the questionnaire and prepare some responses in advance, so they came to the workshop well prepared. Furthermore, the division of the workshop into two groups, regional and national stakeholders, proved to be a good approach. After work and discussion with similar organisations, all stakeholders met regularly in plenary sessions to exchange and discuss their results. Daily business and circumstances are often very different for regional stakeholders than for national ones. The regular exchanges in plenary sessions showed where broad-based consolidation was possible.

Two working days of workshop were enough to answer the main questions and work through the *Shift* questionnaire, given the preparation that had been done by participants in advance. The attendees judged the quality of the programme as a national strategy document as "good". Respondents did not see any need for adjustments to the NPHS 2011–2017 document. The question regarding quality and degree to which goals have been achieved gave rise to a wealth of suggestions and tips for the second half of programme implementation.

In its case study report, the FOPH highly recommends the *Shift* tool to assess programme quality. They see it as a comprehensive tool that covers every aspect in the field of programme development, making it virtually impossible to overlook an aspect that might be relevant in developing a programme.