



# WORKSHOP FACILITATION MANUAL



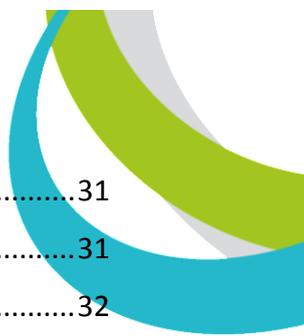
**Quality Action**  
Improving **HIV** Prevention in Europe



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.

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## INTRODUCTION - BACKGROUND

Quality Action, the EU-wide 'Joint Action on Improving Quality in HIV Prevention', bringing together 25 associated and 16 collaborating partners from 25 Member States, was co-funded by the European Commission from 1 March 2013 for three years.

Quality Action contributed to the implementation of the European Commission Communication: 'Combating HIV/AIDS in the European Union and neighbouring countries (2009 - 2013)'.

Quality Action developed and adapted quality improvement tools especially for use in HIV prevention. There are three validated tools: *Succeed*, Quality in Prevention (QIP) and Participative Quality Development (PQD), and two new tools that were piloted within the Quality Action time frame: *Shift*, a new tool for the programme level and PIQA, a new tool adapted from Health Promotion for programmes or projects targeting people who inject drugs. Although many of the exercises can be used for all tools, this manual refers primarily to the three tools already validated.

Marginalised populations are more vulnerable to HIV and AIDS. Priority populations for HIV prevention in Europe include men who have sex with men (MSM), people who inject drugs (PWID), migrants from high-prevalence countries and people living with HIV (PLWH). Quality Action believed that the application of QI tools provides the opportunity for improving tailored interventions and equal access to non-discriminatory and culturally appropriate health services.

Quality Action trained over 100 trainers and facilitators in four European workshops and many more in national workshops to support HIV prevention programmes and projects. Quality Action engaged governments, civil society and priority populations in the design, implementation and evaluation of these practical tools on quality.

### **Quality Action:**

- integrated evidence based quality improvement practices into HIV prevention across Europe
- built a network of trained HIV prevention stakeholders to apply practical quality improvement tools to projects targeting priority groups
- agreed a Charter for Quality in HIV Prevention and developed a policy kit to mainstream quality improvement into HIV prevention at project, programme and policy levels.

*Further information on Quality Action is available at [www.qualityaction.eu](http://www.qualityaction.eu)*

## Purpose of this Facilitation Manual

In 2014/2015, Quality Action provided training to participants from European countries in using quality improvement tools. Some of these participants then provided training to others working in HIV prevention in their countries. This Workshop Facilitation Manual aims to assist trainers in providing quality improvement workshops in their countries and organisations.

It includes a collection of plenary and small group activities that have been used successfully in previous Quality Action training workshops. They can be used in different combinations and adapted to suit different objectives and audiences.

In addition to the European-level workshops, a number of countries have used the Quality Action EU-wide training plan (See Appendices) when they organised training in their countries on the tools. This may also be useful as a guide for training others within organisations.

### The group work components are designed to:

- allow workshop participants to discuss the concept of quality and its guiding principles
- experience three of the quality improvement tools used by Quality Action and provide a first insight into the two newly developed tools
- plan their own next steps in engaging with quality improvement in HIV prevention

### National Training and Support:

In addition to this Workshop Facilitation Manual, the Quality Action website has numerous additional resources to support the training and application of the quality improvement tools; the 5 Quality Action tools; background information on the tools with useful overhead presentations; a Tool Selection Guide; short videos of others who have been trained; e-learning on how to get started; a report on the practical applications of the tools that took place 2013-15; a case study online data base; a policy kit, the Charter for Quality in HIV Prevention and evaluation reports.

The background to Quality Action, its concept, structure, resources and publications are also available on the Quality Action website [www.qualityaction.eu](http://www.qualityaction.eu). There are also PowerPoint presentations available for download with detailed speaking notes for each of the slides.

## Quality Improvement in HIV Prevention

Individuals and organisations are increasingly aware that the quality of their HIV prevention work needs to improve and be knowledge based to have a sustained impact.

To a large extent, HIV prevention has focused on the number of people reached, with possibly less accountability for the quality of the interventions. But quality – in parallel with growing concerns about value for money – is rapidly becoming a key consideration for prevention projects and programmes.

There is always room for improvement. The challenge is to find a practical approach that can be successfully applied to improve HIV prevention activities, projects and programmes.

### Who can benefit from Quality Improvement in HIV Prevention?

Anyone involved in HIV prevention projects and programmes can and should be exploring ways to improve the quality of their work. This includes:

- NGOs / civil society organisations
- Government organisations
- Community-based organisations
- Service users
- Clinical Services
- Policy makers
- Academic institutions/universities
- Private Sector organisations

### The use of quality improvement tools in HIV prevention across Europe will:

1. Support the inclusion of good practice approaches in multilateral, national and regional strategic and action plans.
2. Improve the effectiveness and standing of these approaches in countries where they are already well-established.
3. Support their use in countries so as to strengthen their HIV prevention programmes.
4. Improve outcomes for service users.
5. Improve the effectiveness, reach and coverage of projects and programmes.

## Quality Improvement in Practice

### Quality Assurance and Quality Improvement

Quality Action views quality assurance as part of the quality improvement process. For this reason, all references to quality improvement incorporate quality assurance.

Quality Assurance (QA) monitors the quality of services and activities against standards.

Quality Improvement (QI) identifies implements and evaluates strategies to improve projects and programmes.

A good quality improvement initiative makes the thinking and learning behind a HIV prevention project visible. It checks its validity, shares it and documents it for the future.

### 9 Reasons to Apply Quality Improvement Tools

1. Become aware of what you are already doing well
2. Learn about when, how and why you are already successful (and sometimes fail)
3. Get new ideas on how to improve what you are doing
4. Increase participation and benefit from stakeholder input
5. Provide yourself with space and time to reflect on your work and build your team and internal communication
6. Enhance your co-workers'/employees' work satisfaction
7. Build different types of evidence that supports your HIV prevention interventions
8. Simplify and enhance the planning, implementation, monitoring and evaluation of your projects and programmes
9. Network with other European organisations to make HIV prevention more effective

## PLANNING A WORKSHOP

Here are some tips that people found useful in planning their workshop.

Decide on who you want to participate and their roles.

Set suitable dates and invite participants.

Clarify what preparation you want participants to do in advance of the workshop and ensure any necessary materials are available to them in time.

Read through the entire tool manuals and materials and familiarise yourself with all of the exercises before selecting those you want to use.

Decide whether you are working alone or with another facilitator.

Consider whether it is possible to plan the workshop and/or co-facilitate with a member of one of the key populations relevant to your project or programme.

Decide whether you need to arrange food, teas and coffees.

Choose a venue that has enough light and space for participants to sit in a large circle, with break-out spaces for small group work.

Choose a venue with good WIFI access.

Set and circulate the agenda. Allow enough time for participants to engage with each other and have fun during the workshop while keeping the core elements of your programme.

Consider whether you need to get any of the materials translated in advance.

Consider how you will deal with difficult or resistant participants.

Arrange all the materials you will need for the training.

## CREATING THE ENVIRONMENT FOR THE WORKSHOP

Ensure you have all the necessary materials with you.

Test the internet access and PowerPoint presentations on site.

If there is food provided, ensure this is organised and agree on break times with the providers.

Create a safe environment by getting group agreement on what is shared inside and outside the workshops.

Advocate a strengths-based approach to sharing rather than being judgemental.

Consider the language levels of the participants. If the language of the workshop is not their first language, remind everybody to speak slowly and avoid or explain jargon or technical terms.

Ask participants not to use their laptops and mobile devices during the workshop sessions. Allow enough time during the breaks for them to respond to email, social media etc.

Use safe and fun ice-breakers to help participants get to know each other if they don't already. There are many freely available on the Internet.

Participants are experts in their own contexts so it is important to encourage them to apply their own experiences in the workshops.

Maintain a reflective, open and responsive environment both for yourself and for the participants.

Maintain a quality improvement perspective on the training workshops by reflecting on them regularly with your workshop team and showing participants that you are continually learning and improving the content and delivery from one workshop to the next.

Consider how you will end the workshops so that participants leave encouraged and enthusiastic about applying quality improvement tools.

Have an interesting, fun and rewarding workshop!



*Exercise: Introductions* (approx. 30 minutes)

**Purpose:**

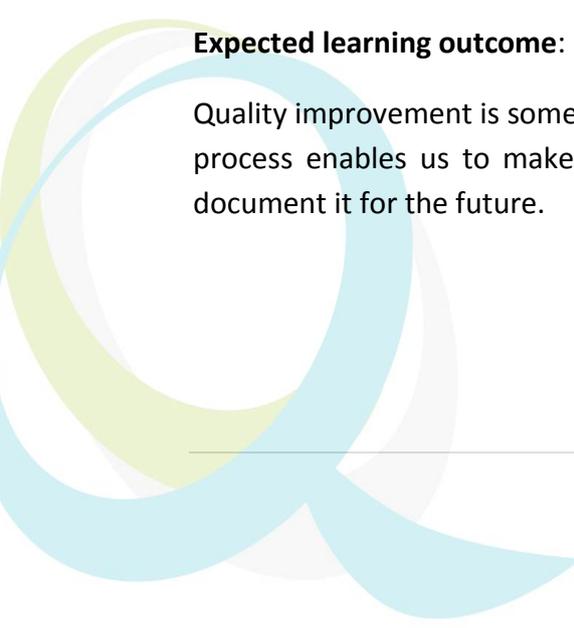
This exercise combines personal introductions with a focusing exercise on the topic of quality improvement by using stories from the individual professional experience of participants.

**Methodology:** (approx. 20 minutes)

- Ask participants to form groups of three, preferably with people they have not met before or people they don't normally work closely with.
- Each participant introduces themselves briefly (e.g. name, organisation, reason for being at the event)
- Each person answers four questions in the small group (max. 6 minutes per person):
  - Describe a time when you made an improvement in one of your projects/programmes.
  - How did you identify what needed to be improved?
  - How did you identify what needed to be done to improve it?
  - Who else did you involve in this process?

**Facilitated feedback** and discussion in the main group: (approx. 10 minutes)

- What did you learn about quality improvement from this exercise?
- Did you document what you did?
- Did you document what you learned?
- Did you document what other people learned?



**Expected learning outcome:**

Quality improvement is something most of us do automatically and applying the tools to this process enables us to make thinking and learning visible, share it, check its validity and document it for the future.

## Introducing Participants to Quality Improvement

**Exercise: 'Fishbowl' discussion** (approx. 20 minutes)

### **Purpose:**

This exercise allows the audience to hear from invited speakers about the reasons for using quality improvement in HIV prevention, about different approaches, enablers and barriers. It helps to locate quality improvement within the bigger picture.

### **Methodology:**

Identify and/or invite speakers who have experience of using quality improvement approaches. You can also use this exercise in your second training workshop and invite some participants to share their experience of applying a tool to their programme or project.

The 'Fishbowl' format is designed to allow the audience to contribute to the discussion on an equal level with the invited speakers and the facilitator. See the *Shift* tool's Methodology Guide for other versions of the Fishbowl.

- Set the room up with chairs arranged in two concentric circles, with people facing the centre. The inner circle has as many chairs as there are invited speakers, plus one for the facilitator and one extra, empty chair. The audience is seated around the inner circle as much as possible.
- It works well if the facilitator has prepared some initial questions to start the discussion and if the invited speakers are a diverse group.
- The facilitator introduces the speakers and explains the format.
- Any member of the audience who would like to join the discussion can go and occupy the extra chair in the inner circle. The person on this chair can then make up to two (or three, if time permits) contributions to the discussion. Contributions can be comments or questions. The person then leaves the chair for the next audience member to join. Audience members waiting to use the extra chair form a queue.
- The facilitator guides the discussion and makes room for the contributions from each new audience member who has come to join the inner circle.
- If there are many people from the audience waiting behind the extra chair to join the discussion, a second empty chair can be added to the inner circle. This makes the changeovers smoother.

### **Expected learning outcome:**

This exercise provides an opportunity to discuss the underlying principles and political implications of formally introducing quality improvement.

## How does quality improvement work in HIV prevention?

### Introduction:

The basic **quality improvement presentation** (approx. 20 minutes) including PowerPoint slides and handout is available at [www.qualityaction.eu](http://www.qualityaction.eu).

This exercise works well in follow-on workshops where people can share their experience of applying the tools they learned in the introductory workshops.

### *Exercise: Case Studies*

#### **Methodology: panel discussion:** (approx. 30 minutes)

This exercise assists the audience in understanding how quality improvement works in practice by hearing about field experience directly from their colleagues. It works best if it is conducted as a conversation, without formal presentations by the panellists. It is good to keep it as informal as possible and to set a tone that allows the panellists to tell stories and talk about difficulties and failures as well.

- The Facilitator leads a panel discussion to illustrate how quality improvement works in practice.
- The panellists can tell relevant stories from their experience with a focus on reasons why they started using quality improvement, barriers and enablers to doing it, successes, failures, what they learnt and recommendations for others.
- Questions from the floor can be included if there is time.

#### **Expected learning outcome:**

Participants will see their own fears and concerns about quality improvement reflected in the stories and learn about how they can be addressed. They may also begin to make connections with other practitioners.

## **Introductory Workshop on the *Succeed* Tool**

*Succeed* is an easy-to-use tool designed to help HIV prevention projects and programmes assess their objectives and analyse their ability to meet them with sound, high quality activities.

*Succeed* allows project personnel, representatives from key populations and other important stakeholders to jointly review the work and improve it during project implementation. Although relatively simple, *Succeed* is based on scientific research about success factors in the field of health promotion. It has been specifically adapted for use in HIV prevention. It can be used to review existing interventions or to review a plan for a new one.

*Succeed* provides a structured questionnaire to help projects or programmes meet their goals. It uses a self-assessment approach to guide the process of improving three aspects of their project or programme: the structure, the process and the results.

Download the *Succeed* tool, overview and support materials from the Quality Action website.



## **Exercise: Introducing *Succeed***

Each introductory workshop will take about 2.5 hours. Allow approx. 10 minutes for welcome and introductions.

### **Presentation:** (approx. 20 minutes)

Introduce the main characteristics and components of *Succeed* (evidence-base, self-assessment, electronic form, facilitation), including questions.

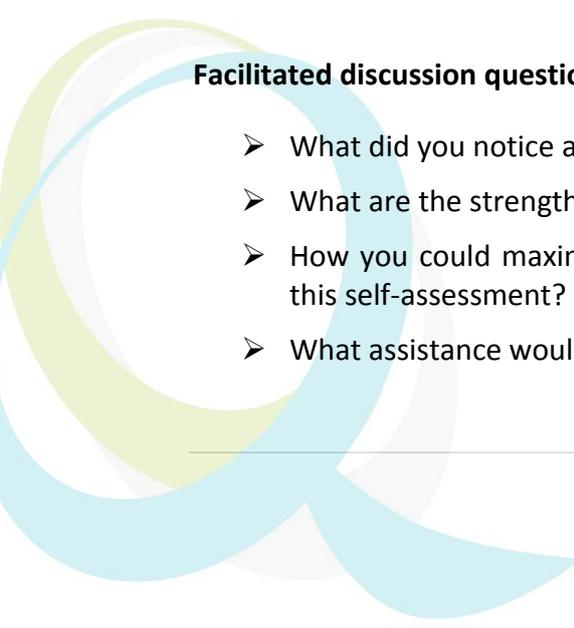
Select excerpts from the *Succeed* questionnaire (one or two topics from two different sections), e.g. 'Organisation' from the 'Structure of the Project' section and 'Support and Participation' from the 'The Project Process' section.

### **Methodology:** (approx. 80 minutes)

- Split people into groups of 3 to 5 participants.
- Ask the groups to select one project from their group to use for analysis (approx. 5 minutes).
- The person should then briefly describe the project to the group. Note: It is often difficult for people to keep this brief. Most enjoy the opportunity to talk about their work and forget the task. Remind people to only present a short overview at this stage. (approx. 15 minutes).
- Ask groups to go through the first topic in the questionnaire and use the example from the project to answer the questions. Some groups start with the first excerpt (e.g. 'Organisation'), other groups with the second (e.g. 'Support and Participation'). If time allows, groups fill in the section for the second topic (approx. 60 minutes).
- Go around the groups and assist where required. Ensure the group covers the 'Next Steps' section.

### **Feedback presentations:** (approx. 20 minutes)

The groups come together and present the results of their self-assessment with an emphasis on what they noted down in the 'Next Steps' sections.



### **Facilitated discussion questions:** (approx. 20 minutes)

- What did you notice about the process of self-reflection?
- What are the strengths and weaknesses of the tool?
- How you could maximise critical self-reflection and participation of stakeholders in this self-assessment?
- What assistance would you need to use this tool?



**Expected learning outcome:**

Participants will have a greater understanding of the mechanics of applying the tool, the time and resources required for its application and whether it is the best tool for their purposes.

## **Exercise: Facilitating *Succeed***

This exercise is based on research about strengthening facilitation skills for discussion and dialogue. It can be used in either the introductory or follow-up training workshops. It can also be adapted for use in training on the QIP tool.

### **Purpose:**

- To enable participants to understand the process of facilitating *Succeed* with stakeholders.

### **Methodology: role play and feedback activity<sup>1</sup> (ca 90 min)**

- Prepare three excerpts from the *Succeed* questionnaire (three different indicators and their questions) for the small groups to use during facilitation practice.
- Divide participants into groups of three: each group member will take on the role of facilitator, participant and observer in turn. Each group decides who will take the role of facilitator, participant and observer in the first round.
- Provide handout on *Dos* and *Don'ts* to participants.
- Each person decides on one of their own projects to use when they are in the role of participant.
- In each group, the person in the role of facilitator starts to assist the person in the role of participant in working through the *Succeed* excerpt and continues for up to 15 minutes. It is not essential to finish all the questions in the excerpt, but keeping the process moving is also a goal for the facilitator.
- The person in the role of participant works through the *Succeed* excerpt using their chosen project and responds naturally to the facilitator.
- At the end of the first round (15 minutes), each group uses the feedback structure outlined below.
- Change the roles for round two: the person who was in the role of facilitator moves into the role of participant, the person in the role of participant moves into the role of observer and the person in the role of observer moves into the role of facilitator.
- Repeat the facilitation and observation exercise with a different excerpt from *Succeed*, using one of the projects of the person in the role of participant.
- Repeat the feedback component using the structure described below.
- Change the roles again for round three (see round two for details) and repeat the facilitation and observation exercise and the feedback component.

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<sup>1</sup> Pendleton D, Schofield T, Tate P, Havelock P. The consultation: an approach to learning and teaching. Oxford: Oxford University Press 1984 & 2003;  
Cantillon P, Sargeant J. Giving feedback in clinical settings. BMJ 2008, 337:a19612003

## Expected learning outcomes:

- Increased skills and confidence in facilitation
- Ability to identify and name useful actions and responses when facilitating groups
- Ability to assist others in identifying and building on their strengths

## Feedback Structure

The feedback component uses a strengths-based approach to make it safe for people to reflect on their role and build on their existing skills. It is important to discourage judgmental comments or assessments that are based on any one person's preferred facilitation theory, methodology or approach.

- Step 1 – The facilitator reflects on the following: How do I feel now? Then they reflect on their role and answer the question 'What do I think worked well for me as facilitator?' Then they consider what they think they could have done differently.
- Step 2 – The participant reflects on the following questions: How do I feel now? What worked well for me? What made me feel less comfortable? What is one thing that we could have done differently as participant or facilitator?
- Step 3 – The observer reflects on the following questions: What did I see that worked well? Ask the facilitator to describe how they could assist the participant to benefit as much as possible from the discussion. Ask the facilitator: 'If you had been at your very best today, would there be anything that you would have done differently?'

Because the process and feedback structures are designed to provide safety for self-reflection, building on existing strengths and learning from observing each other, it is not appropriate to give additional feedback or offer advice after the activity is finished, unless a person specifically asks for it.

## **Dos and Don'ts for Facilitators, Participants and Observers - Handout**

It is important that the people in the role of facilitators and participants communicate with and concentrate on each other without interacting with the person in the role of observer. The person in the role of observer does not intervene in the process at all, but observes and takes notes of what the person in the role of facilitator does and how the person in the role of participant responds.

### **DOs and DON'Ts for the Facilitator:**

- DO facilitate the process using the excerpt from *Succeed* as a guide.
- DO keep the process moving.
- DO encourage the participant to reflect and explore new perspectives.
- DON'T 'help' the participant to answer the *Succeed* questions.
- DON'T give advice on the project but ask questions until you think there is a satisfactory answer.
- DON'T interact with or involve the observer in the discussion.

### **DOs and DON'Ts for the Participant:**

- DO respond naturally to the process the facilitator uses.
- DO answer the *Succeed* questions sincerely, using real information from your project and be open to look at your project in new ways.
- DO take mental notes on your reactions to the process the facilitator uses.
- DON'T give the facilitator feedback during the discussion (unless you feel unable to continue because of the way they are facilitating).
- DON'T interact with or involve the observer in the discussion.

### **DOs and DON'Ts for the Observer:**

- DO choose a close but neutral position in the room in relation to the facilitator and participant.
- DO maintain an encouraging but neutral attitude in facial expression and body posture.
- DO remain silent and observe what is taking place, taking mental notes of what seems significant to you, especially things that seem to work well in the facilitation process.
- DON'T take on a judgmental or critical attitude, facial expression or body posture.
- DON'T comment on the process or give advice to either the facilitator or the participant during the facilitation process.



Quality in Prevention (QIP) is a comprehensive quality improvement tool for health promotion and prevention projects and programmes. It is more comprehensive and detailed than *Succeed*.

QIP uses external experts to assess a detailed documentation form filled in by the project. The assessment offers a detailed profile of the project or programme against 7 quality assurance dimensions with 22 sub-dimensions.

QIP helps to ensure that prevention work is implemented in a targeted, effective and sustainable way. The questionnaire can also be used as a guide for the self-assessment of projects, programmes or strategies.

QIP has been quality checked, tested in practice and adapted to the context of HIV prevention. The external assessment is organised by the Federal Centre for Health Education (BZgA) in Cologne, Germany.

Download the QIP tool, resources and factsheet from [www.qualityaction.eu](http://www.qualityaction.eu).



## **Exercise: Introductory Workshop on the Quality in Prevention (QIP) Tool**

Each introductory workshop will take about 2.5 hours. Allow approx. 10 minutes for welcome and introductions.

You can adapt some of the *Succeed* exercises for a QIP training.

There are also useful case studies on the Quality Action website that you can use in these workshops.

### **Presentation:** (approx. 20 minutes)

Introduce the main characteristics and components of QIP (concept, external review, documentation form, reviewer form).

Select two excerpts from the QIP documentation form (one or two questions each from two different sections), e.g. from 'objectives' and 'target groups'.

### **Methodology:** (approx. 80 minutes)

- Split people into groups of 3 to 5 participants.
- Ask the groups to select one project from their group to use as an example (approx. 10 minutes).
- The person should then describe the case study briefly to the group (approx. 15 minutes). Note: It is often difficult for people to keep this brief. Most enjoy the opportunity to talk about their work and forget the task. Remind people to only present a short overview at this stage.
- Ask groups to go through the first excerpt from the documentation form and fill them in with data from their project case study. Some groups start with the first excerpt (e.g. 'objectives'), other groups with the second (e.g. 'target groups'). If time allows, groups can fill in the second excerpt as well (approx. 30 minutes).
- The assessment is guided by a reviewer form and how can explain how to use it. Go around the groups and assist where required.
- Ask groups to pass on their filled-in documentation forms to the next group. Groups then use the relevant sections in the reviewer form to review each other's documentation form (approx. 25 minutes).

### **Feedback presentations:** (approx. 20 minutes)

The groups come together and briefly present the results of their reviews (approx. 20 minutes).



**Questions for facilitated discussion:** (approx. 20 minutes)

- What did you notice about the process of self-reflection?
- What are the strengths and weaknesses of the tool?
- Who would you like to involve in this process in your organisation?
- How would you follow up on the reviewers' recommendations?
- What assistance would you need to use this tool?

**Expected learning outcome:**

Participants will have a greater understanding of the mechanics of applying the tool, the time and resources required for its application and whether it is the best tool for their purposes.

**Follow up workshops:**

You can use the case studies from Quality Action to illustrate the experience of applying QIP to other projects and programmes.



## Introductory Workshop on PQD

Participatory Quality Development (PQD) is an integrated set of tools, with a focus on meaningful stakeholder involvement, designed to help improve work practices. It relies on the local knowledge of stakeholders and helps them use it, reflect on it and extend it.

PQD includes a selection of participatory and evidence-based methods and processes that are tailored, feasible and useful for HIV prevention projects. PQD has a theoretical framework, eleven practical methods and a set of case studies to improve the effectiveness of prevention interventions while also creating practice-based evidence.

The methods and processes originate in different fields of health and social science. The toolkit has been used in general health promotion as well as in HIV prevention.

You can find PQD materials and links on [www.qualityaction.eu](http://www.qualityaction.eu).



## **Exercise: Introductory Workshop on the Participatory Quality Development (PQD) Tool**

Each introductory workshop will take about 2.5 hours. Allow approx. 10 minutes for welcome and introductions.

**Presentation:** (approx. 20 minutes).

Introduce the main components and characteristics of PQD (principles, levels of participation, toolkit structure, case studies).

Select two methods from the PQD toolkit ( 'Circles of Influence' and 'Rapid Assessment' are recommended for this purpose).

**Methodology:** (approx. 80 minutes)

- Split people into groups of 3 to 5 participants.
- Circulate prepared presentations and the instructions taken from the PQD toolkit (approx. 10 minutes).
- Ask the groups to select one project from their group to use as an example (approx. 10 minutes).
- Ask groups to use one of the two methods on their project case study using the instructions from the PQD toolkit (approx. 60 minutes).
- Go around the groups and assist where required.

**Feedback presentations** (approx. 15 minutes)

The groups come together and briefly present the results of their work.

**Questions for facilitated discussion** (approx. 25 minutes):

- What did you notice about the process of self-reflection?
- What are the strengths and weaknesses of the tool?
- Who would you like to involve in this process in your organisation?
- How would you follow up on the learning from using the tool?
- What assistance would you need to use this tool?

**Expected learning outcome:**

Participants will have a greater understanding of the mechanics of applying the tool, the time and resources required for its application and whether it is the best tool for their purposes.

## **Exercise: Selecting PQD Methods to Meet Project/Programme Needs**

### **Purpose:**

- To provide participants with an opportunity to explore the main characteristics and the methods in the PQD toolkit

### **Methodology:** (approx. 90 min)

- Introduce the exercise and provide handouts of the table that associates the PQD methods with the phases in the PQD cycle. (See the section 'How can PQD be used' on the Quality Action website). (introduction 10 mins approx.)
- Divide participants into groups of 3-4. It can be useful for people from the same project/programme to work together.
- Small group work (1): in each group, each member describes an example of a concrete quality improvement need or opportunity in one of their projects/programmes. The group documents the main known characteristics of the need and decides which part of the PQD cycle this need is most associated with (e.g. a planning issue). (15 mins approx.)
- Groups select two of these quality improvement needs/opportunities as case studies for the activity. (10 mins approx.)
- Groups present their two quality improvement opportunities to the large group and explain their reasons for assigning each one to a particular phase in the PQD cycle.
- Small group work (2): groups now use the short descriptions of the PQD methods to select one or two methods to improve the quality in each case study. (20 mins approx.)
- Groups present their recommendations and explain how the selected method responds to the quality improvement issue. (15 mins approx.)

### **Facilitating feedback:** (20 mins approx.)

- Large group discussion on ways to select the methods, and the use of the selection criteria (incl. available resources, skill level, other feasibility criteria).
- Time required: group work (1) 15 min, report back 10 min, group work (2) 20 min, presentations 15 min, discussion 20 min

### **Expected learning outcomes:**

- Increased understanding of the range of methodologies available in the PQD toolkit for different stages of projects and programmes
- Experience of selecting appropriate methods relating to the specific quality improvement needs of projects and programmes.

## **Exercise: PQD - Levels of Participation**

### **Purpose:**

- To deepen participants' understanding of the levels of participation as defined and used in PQD.
- To increase awareness of the range of stakeholders involved with the project or programme and their different roles.
- To practice one of the PQD methods.

### **Methodology:** (approx. 60min)

- Introduction and set up. Form groups of 3-4 participants. (10 mins approx.)
- Each small group discusses a section of the 'levels of participation' table from the PQD tool and contributes examples of stakeholders occupying the different levels in projects/programmes they know. (20 mins approx.)
- Each small group develops a short presentation explaining the levels they discussed, using illustrative examples from their experience. (15 mins approx.)
- All groups present back to the whole group, followed by questions and general discussion. (15 mins approx.)
- 
- This activity can be complemented by applying the Circles of Influence method to the practical examples shared by participants.

### **Expected learning outcomes:**

- Increased understanding of the levels of stakeholder participation.
- Ability to summarise and present the topic of participation.
- Increased understanding of the potential roles and participation of different stakeholders.

## Exercise: Facilitating PQD

### Purpose:

- To enable participants to understand the process of facilitating one of the more complex methods in the PQD toolkit with a group of stakeholders.

### Methodology: (approx. 90 min)

- Introduction. Divide participants into groups of 3-4. (10 mins approx.)
- Ask them to choose one specific method from the PQD Toolkit. (10 mins approx.)
- Using a concrete example from their work, ask participants to brainstorm important steps, facilitation methods, possible challenges and responses. It is more important that participants exchange experience and facilitation tips and tricks than coming up with a finished plan. The unrestricted mind map format encourages creative thinking rather than linear planning.
- Groups discuss and list the challenges and facilitation methods that they could use and discuss in detail how they would work with people.
- Guiding questions: What are the core elements of this PQD method? What are the main processes that need to be actively facilitated? How can the facilitators support these processes? What would be fun and productive at the same time?
- The facilitator moves through the small groups as they work and asks challenging questions and introduces challenging scenarios where appropriate to stimulate discussion.
- Groups make a mind map as the basis for a future detailed plan or guide. Groups can use all the materials available to make the mind maps: access to the PQD and Quality Action ([www.qualityaction.eu](http://www.qualityaction.eu)) websites, flipchart paper, coloured paper, pens, glue, scissors etc. (40 mins approx.)
- Groups discuss how they will explain their mind map to the large group and how they will present the main challenges, facilitation tips and recommendations.
- Groups present their mind maps focusing on main challenges, facilitation tips and recommendations. 30 mins approx.)

### Expected learning outcomes:

- Ability to plan and think through the practicalities of facilitating PQD methods.
- Ability to anticipate group dynamics and see the process from the participants' perspectives.
- Ability to anticipate and articulate facilitation challenges and solutions.
- Increased knowledge of facilitation options and processes.



## **Exercise: Rapid Assessment of Priorities and Needs of the Training Participants**

This activity is for people who have had some introductory training on PQD or have used it. The overarching questions for the rapid assessment are: How has knowing the tool influenced participants' work? What are their needs regarding the tool now? The facilitator can use the results of the activity to further tailor the training programme.

### **Purpose:**

- To make explicit the training needs of the participants.
- To practice one of the PQD methods.

### **Methodology:** (approx. 70min)

The exact time required depends on the prior knowledge and size of the group, e.g.: introduction 10 minutes; preparation 20 minutes; data collection 15 minutes; analysis 20 minutes; presenting results 5 minutes per group.

- Form an even number of small mixed groups of 2-4 participants.
- The task for each small group is to prepare and conduct a Rapid Assessment of the training needs of one of the other small groups and present the results.
- Small groups use the step-by-step guide in the PQD toolkit of participatory methods on the link on the Quality Action website to design the questionnaire, collect the data from one of the other groups, analyse it and report their results back to the workshop.
- Ask each group to develop no more than 3 concrete questions for the Rapid Assessment questionnaire.
- Groups collect the data from each other in two rounds in such a way each group works with a different group in each round.  
Round 1: group 1 interviews group 2, group 3 interviews group 4, group 5 interviews group 6 (etc.).  
Round 2: group 2 interviews group 3, group 4 interviews group 5 (etc.). If there are only two groups, they interview each other.
- Each group then analyses their data separately and prepares the results for reporting back to the large group.

### **Facilitated Feedback:**

- Groups report back and discuss their results. Because each group used their own questions, the discussion can show how different questions on the same topic may lead to similar and/or complementary results.
- Discuss the advantages and disadvantages of the method.



**Expected learning outcomes:**

- Increased knowledge of the Rapid Assessment method.
- Stimulation of creative thinking in a group in a short period of time.
- Ability to recognise and consider where it is most appropriate to use Rapid Assessment.
- The Facilitator gains greater understanding of the priority topics to address in the workshop.

### **Exercise: Introductory Activities**

#### **Purpose:**

- To provide participants with an opportunity to (re-)connect with each other, talk about what happened in the time since the previous workshop and find out who has been working with which tools and in which projects. This can help participants find others for sharing experiences and support.
- To prioritise topics for the workshop.

#### **Methodology:** (approx. 20 mins, depending on the size of the group)

- Participants introduce themselves and report their highlights of quality improvement in general and, if applicable, the tool they used in particular.
- Facilitators note common themes on a flipchart or board.
- The group discusses the themes and facilitators cluster 'hot topics' that the group would like to cover during the rest of the workshop.

#### **Learning outcomes:**

- Ability to recall and talk about recent work experience with a focus on quality improvement.
- Increased awareness of priority topics in the group.



**Exercise: ‘World Café’ of Quality Improvement Tools** (approx. 30 minutes at each tool)

**Purpose:**

Sometimes at the end of the training, participants might have concerns that their chosen tool may not fit their programme or project. Or they may be curious about the other tools. World Café provides a taster of the tools that participants have not been trained in.

**Methodology:**

Each tool presenter sets up a station with materials to facilitate a short introduction exercise to the tool. Depending on the overall time available, participants visit several World Café stations in succession. The presenters repeat their introduction for each new group or summarise the discussions from the previous group and continue them with the next group.

This is not an easy task for the presenters; it is best not to ask them to present their introduction more than three times in succession.

- The facilitator introduces the people who present each tool.
- Each presenter may use tool fact sheets, printed copies of the tool, pin boards and one or more experts and/or people who have used the tool before.
- Participants can visit a different tool station in each round and explore the tools, look at a printed or online copy, use an excerpt or see an example of a filled-in questionnaire or method etc.
- Facilitator calls time to change stations (approx. every 20 - 30 minutes).

**Expected learning outcome:**

Participants will gain a general understanding of each tool.

**Other versions:**

Another method of World Café is in the *Shift* tool’s Methodology Guide.

## Exercise: Tool Revision

### Purpose:

- To refresh the knowledge about the quality improvement tool that the workshop focuses on.
- To provide participants with an opportunity to practice introducing the tool to others.

### Methodology: (approx. 60 min)

Time requirements depend on the group size: introduction 10 mins approx., preparing presentations 20 mins approx., presentations and discussion 30 minutes approx.

- In groups of 3-4, participants prepare a 10 minute introduction to different aspects of the tool. For example:  
Group 1: What are the main distinguishing characteristics of the tool? What is it suitable for? What are its particular benefits?  
Group 2: How is the tool structured? What are the main steps in the process of using it?  
Group 3: How does the tool improve quality? What are the resources required to use it? If there are more groups, divide the questions up evenly.
- Divide participants into groups of 3 or 4.
- Each group prepares a 10 minute introduction to the tool – they can use any style (presentation, interactive ...) and materials available (slide show, flipchart, posters ...).
- Each group presents on 1 to 3 key questions (see above).
- Discussion: What was easy? What was hard? What do you have to pay attention to regarding different audiences?

### Learning outcomes:

- Increased knowledge of the tool.
- Ability to present the main aspects of the tool in brief.
- Ability to present to people with a range of learning styles.



**Exercise: Are You Ready for Quality Improvement?** (30 mins approx.)

**Purpose:**

This exercise helps participants to assess their current readiness for participation in quality improvement.

**Methodology:**

Supply each participant with the ARE YOU READY FOR QUALITY IMPROVEMENT? handout and allow them 10 minutes to complete it.

Allow 10 minutes for sharing and feedback.

**Expected learning outcome:**

Participants will have the opportunity to understand the commitment required for participation in Quality Action and reflect upon the potential partners.



## Are you ready for Quality Improvement? (handout)

This questionnaire helps you assess whether quality improvement is what you need at this stage for your organisation/project/programme/country.

1. Can you identify who are the priority groups for HIV prevention in your country/organisation?
2. Can you identify who are the key contact persons in those groups?
3. Can you identify who are the partners/collaborators at stakeholder level?
4. Can you identify who are the partners/collaborators at organisational/programme/national levels?
5. Do you know how will you involve key populations in applying quality improvement tools?
6. Have you got the motivation, time, commitment and resources to applying a quality improvement tool?
7. Do you know whether your potential partners in key populations have the motivation, time, commitment and resources to apply a quality improvement tool?
8. Have you considered what are the barriers to participation?
9. How can you overcome these barriers?
10. What benefits will using a quality improvement tool bring to your organisation/project/programme/country?

## **Exercise: Tool Application Timeline**

### **Purpose:**

This exercise guides participants through the main steps and timeline, from participating in training to the practical application of a quality improvement tool.

### **Methodology:** (ca. 12 minutes for each poster)

- Get groups to brainstorm the main steps to be taken after the training and write posters with the key timelines. Have some prepared, such as identifying actions to be taken, gaps identified, who needs to be on board, what time frames will be required/available, realistic goals, barriers and enablers. Success factors identified by Quality Action include: tool fit, planning and preparation, the facilitation process, participation of stakeholders, support from co-workers available resources and additional support. (see also the Practical Application Report on the Quality Action website).
- Divide participants into small groups. It works well if people who work together in the field or people from the same geographical region are in the same group for this exercise. The same groups can reconvene for the 'Mind Map' exercise if it is used.
- Divide the available time by 8 (allow at least 12 minutes for each poster) and remind groups to move on to the next poster in the sequence after each period. It helps if there is enough room for groups to walk from one poster to the next. This means that not all groups can start at the same time. If there are many groups, it works well to set up 2 identical but separate 'paths', each for a set of the 8 posters.
- The groups go through the posters and gather information about each step and how the project works as a whole.
- Participants will devise an implementation plan for the application of a quality improvement tool.

### **Facilitated feedback:**

Participants can present their planning process to each other.

### **Expected learning outcome:**

Participants will understand the structure and timeline of quality improvement, identify areas for clarification, begin to plan how they might proceed and identify opportunities for collaboration with others.

This exercise may be placed earlier in the programme, or used as an exercise to help participants understand the timeline before they work on next steps of their own.

## **Exercise: 'Mind Map' – Next Steps**

### **Purpose:**



This exercise is designed to give teams who will participate in applying quality improvement tools an opportunity to make sense of the information they received, document it in a shared visual representation and to plan their own next steps.

**Methodology:** (30 – 40 mins approx.)

- If the 'Timeline' exercise was used earlier in the workshop, it works well if participants go back into the same groups for this exercise. Groups can check if all the questions they noted in the 'Timeline' exercise have been answered during the course of the workshop.
- Distribute materials (large paper, stickers, coloured paper, pens, sticky tape, glue etc.) to make a collective 'Mind Map' of the project based on what participants have found out during the workshop. You can show participants examples of mind maps. You can find images by typing 'mind map' into your Internet search engine before the workshop.
- Establish a 'Help Desk' with people who participants can go to with any remaining questions. It is the task of the help desk to answer the question or assist participants with finding the right person to answer the question.
- If there is time, you can ask groups to briefly present their mind maps to the plenary. However, the maps are most important for the groups themselves. Arrange for the images to be photographed and sent to all members of each group.
- This exercise can be followed by a final plenary, where the facilitator asks the group for closing remarks, feedback and an outlook towards their next steps.

**Expected learning outcome:**

Participants will have consolidated their learning, discussed realistic planning schedules and identified any remaining gaps in knowledge.



## Appendices

### **NEW: The *Shift* tool- created for use in national programmes**

*Shift* is a new quality improvement tool designed specifically for programmes rather than projects. We use the word ‘programme’ for combinations of interventions that work together to achieve a change in health status, such as reducing new HIV infections. Programmes are often on-going as compared to projects, which have an end date. Examples of programmes are national or regional HIV prevention action plans or comprehensive services incorporating testing, counselling, outreach, needle exchange and condom distribution.

*Shift* is an efficient tool for identifying and understanding the issues at the core of effective national HIV prevention programmes. The findings from the application of *Shift* can be used to streamline the development of national HIV strategies and/or programmes.

### **NEW: The PIQA tool- adapted for health promotion activities targeting people who inject drugs**

PIQA is a self-assessment tool that has been developed for an area of HIV prevention that already has evidence of best practices and standards available: health promotion and disease prevention targeting people who inject drugs (PWID). The PIQA tool is based on the existing Health Promotion Effect Management Instrument (Preffi), which is a tool already validated for increasing effectiveness of health promotion projects. PIQA can be used for projects involved with preventing HIV, STIs, Hepatitis, TB and other infections amongst people who inject drugs.

*Shift* and PIQA are available on the Quality Action website.

## Appendix 1 Sample schedules for extended training workshops

### Outline Schedule Workshop One

#### Objectives:

To introduce participants to each other (if they are new) and to the concept of quality improvement and to the practical tools

#### Day One

- 09.30 Welcome and introductions
- 10.00 Improving quality in HIV prevention- general concepts
- 11.00 Coffee, meeting / greeting and catching up on emails
- 11.30 Tools training (in tool specific groups)
- 12.30 Lunch
- 13.30 Tools training (coffee breaks when each group decides)
- 17.00 Close

#### Day Two

- 9.00 Tools training
- 10.30 Coffee
- 11.00 Tools training
- 13.00 Lunch
- 14.00 Tools training (coffee breaks when each group decides)
- 17.00 Close

#### Day Three

- 9.00 Welcome, purpose of meeting, introduction and expectations.
- 9.30 Planning the practical application of quality improvement tools part 1
- 10.15 Coffee
- 10.45 Planning the practical application of quality improvement tools part 2
- 12.30 Discussing ideas/challenges, needs
- 13.00 Final discussion, close and farewells.

## Outline Schedule Workshop 2

### Objectives:

- To deepen knowledge of the tools
- To increase participants' capacity to assist others in applying the tools
- To build confidence in using quality improvement in HIV prevention
- To build a network of those trained to support future collaborations

### Day One

- 09.00 Registration and coffee
- 09.30 Welcome and introductions
- 09.45 Review of tool applications
  - 'Fishbowl' discussion
- 10.45 Coffee and meeting / greeting
- 11.15 Tools training and discussing practical applications in tool specific groups
- 12.45 Lunch
- 14.00 Tools training and discussing practical applications in tool specific groups
- 16.00 World Café – A taster of the other Quality Action tools
- 16.45 Close.

### Day Two

- 09.30 Supports available on the Quality Action Website and among the group
- 10.15 Open Space<sup>2</sup> – connecting with others on issues, programmes or ideas
- 11.00 Coffee
- 11.30 Tools training and discussing practical applications in tool specific groups
- 13.00 Lunch
- 14.00 Tools training and discussing practical applications in tool specific groups
- 15.30 Mapping the future – where do we go from here with quality improvement
- 16.00 Close

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<sup>2</sup> This is an exercise where participants list topics or commonalities they would like to discuss with others. The facilitator uses a selection process to organise people into groups – if at least two people select a topic, they form a group and find a space to discuss and share. At the end, the facilitator can ask a few people to share in the plenary some key insights they gained from the discussions.

## Glossary of Terms

A Glossary of Terms is available on the Quality Action website

## References

See also the 'Rationale behind the selection of tools' available on the Quality Action website.

### *Succeed*

Ader M, Berensson K, Carlsson P, Granath M, Ohlsson-Enhorn G, Urwitz V (1992): Kvalitetsindikatorer för primärpreventiva program på befolkningsnivå (Quality Indicators for primary prevention programmes on the population level). Report in Swedish from a Masters Course in Public Health Administration, Karolinska Institute Stockholm Sweden. Printed by The Public Health Authority in Skaraborg Report 26. ISSN 0284-4281

1994 Winner of the Swedish National Quality Award from the Association of County Councils and the Association of Municipalities in Sweden.

Berensson K, Granath M, Urwitz V (1996) How to *Succeed* in Health Promotion. A manual for and Quality Improvement. Swedish Association for County Councils. Stockholm Sweden

National Board of Health and Welfare, Sweden (1999): Evaluation of the manual "How to *Succeed* in Health Promotion". Report nr 1999-32-001. Stockholm Sweden (Report in Swedish)

Ader Maj, Berensson Karin, Carlsson Peringe, Granath Marianne and Urwitz Viveca (2001): Quality Indicators for health promotion programmes. HEALTH PROMOTION INTERNATIONAL. Oxford University Press Vol 16, No2 page 187 – 195

### **QIP**

Kliche, T (2011) Versorgungsstrukturen und Qualitätssicherung für Prävention und Gesundheitsförderung in Deutschland. Bundesgesundheitsblatt - Gesundheitsforschung - Gesundheitsschutz, 54 (2), 194-206.

Kliche, T (2010) Qualitätssicherung: Konzeptionen und Praxisstrategien. In: P. Paulus (Hrsg.), Bildungsförderung durch Gesundheit. Bestandsaufnahme und Perspektiven für eine gute gesunde Schule. Weinheim: Juventa, 145-169.

Kliche, T, Elsholz, A., Escher, C., Weitkamp, K, Töppich, J., Koch, U (2009) Anforderungen an Qualitätssicherungsverfahren für Prävention und



Gesundheitsförderung. Eine Expertenbefragung. In: Prävention und Gesundheitsförderung, 4 (4), 251-258.

Kliche, T., Mann, R. (2008) Die Qualität der Versorgungsangebote für adipöse Kinder und Jugendliche. In: Bundesgesundheitsblatt - Gesundheitsforschung - Gesundheitsschutz, 51(6), 646-656.

Kliche, T., Töppich, J., Kawski, S., Brunecker, L., Önel, J., Koch, U., Ullrich, A. (2007) Professional expectations about quality assurance: a review-based taxonomy of usability criteria in prevention, health promotion and education Journal of Public Health, 15 (1), 11-19.

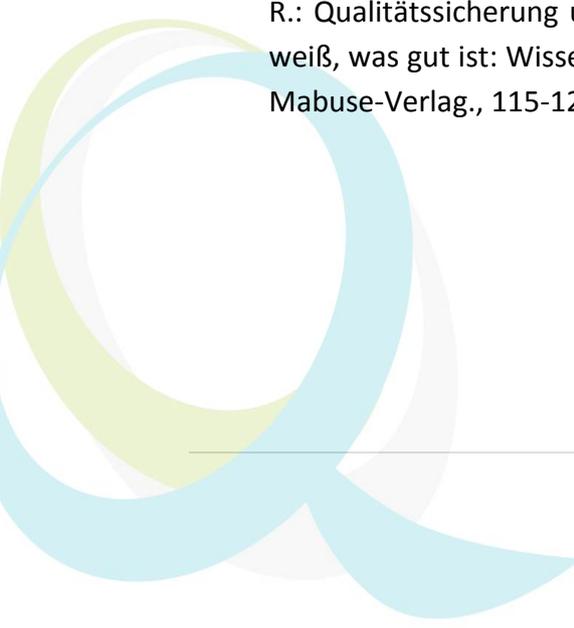
Kliche, T., Koch, U., Lehmann, H., Töppich, J. (2006) Evidenzbasierte Prävention und Gesundheitsförderung Probleme und Lösungsansätze zur kontinuierlichen Qualitätsverbesserung der Versorgung. DOI: 10.1007/s00103-005-1216-1 Bundesgesundheitsblatt - Gesundheitsforschung - Gesundheitsschutz 49 (2), 141-150.

Kliche, T., Töppich, J., Kawski, S., Koch, U. (2006) Qualitäts-Informationssystem Prävention. In: Haisch, J., Hurrelmann, K., Klotz, T. (Hrsg.), Medizinische Prävention und Gesundheitsförderung (S. 269-272). Bern: Hans Huber.

Kliche, T., Töppich, J., Lehmann, H., Koch, U. (2006) Woran können wir aussichtsreiche Projekte zur Prävention und Gesundheitsförderung erkennen? Das Informationssystem QS-Prävention. In Mittag, E., Sticker, E., Kuhlmann, K.: Leistung - Lust und Last. Impulse für eine Schule zwischen Aufbruch und Widerstand (447-451) Bonn, Deutscher Psychologen Verlag, 447-451.

Kliche, T., Töppich, J., Kawski, S., Koch, U., Lehmann, H. (2004) Die Beurteilung der Struktur-, Konzept- und Prozessqualität von Prävention und Gesundheitsförderung: Anforderungen und Lösungen. Bundesgesundheitsblatt - Gesundheitsforschung - Gesundheitsschutz, 47 (2), 125-132.

Kliche, T., Töppich, J., Kawski, S., Lehmann, H., Stander, V., Koch, U. (2004) Ein neues Qualitätssicherungssystem zur Begutachtung von Struktur-, Konzept- und Prozessqualität in Prävention und Gesundheitsförderung. In: Lubert, E., Geene, R.: Qualitätssicherung und Evidenzbasierung in der Gesundheitsförderung. Wer weiß, was gut ist: Wissenschaft, Wirtschaft, Politik, BürgerInnen? Frankfurt a.M., Mabuse-Verlag., 115-126.



## **PQD**

PQD is a toolbox to ensure participation and quality at each step of the project process. In the PQD document, each of the tools in the toolbox has a reference list to the scientific and best practice documents supporting it, and to documents where you can find more documentation. PQD can be used on its own or as a methods toolbox while using other quality improvement tools.

## **Preffi**

Moleman G, Louk WH Peters, Clemens H Hosman, Kok Gerjo J. Project quality rating by experts and practitioners: experience with Preffi 2.0 as a quality assessment instrument. *Oxford Journals Health Education Research* Vol 21 issue 2 219-229 2005

Molleman GRM, van Driel W, Keijsers JFEM.: Preventie Effectiviteits-instrument, PREFFI 1.0. Ontwikkeling van een effectiviteitsinstrument voor de gvo/preventiepraktijk. Utrecht, the Netherlands: Landelijk Centrum GVO; 1995.

Molleman GRM.: Implementing the Preffi: the use of guidelines for practitioners in the Netherlands. In: Norheim L, Waller M, editors. *Best Practices, a Selection of Papers on Quality and Effectiveness in Health Promotion*. Helsinki, Finland: Finnish Centre for Health Promotion; 1999. p. 219-230.

Molleman GRM, Peters LWH, Hommels LM, Ploeg MA.. Assessment Package; Health Promotion Effect Management Instrument Preffi 2.0. Woerden, the Netherlands: NIGZ; 2003.

Peters LWH, Molleman GRM, Hommels LM, Ploeg MA, Hosman CMH, Llopis E.. Explanatory Guide Preffi 2.0. Woerden, the Netherlands: NIGZ; 2003.

Keijsers JFEM, Saan JAM.. The development of two instruments to measure the quality of health promotion interventions. In: Davies J, Macdonald G, editors. *Quality, Evidence and Effectiveness in Health Promotion*. London: Routledge; 1998. p. 117-29.

Molleman GRM, Ploeg MA, Hosman CMH, Peters LWH.. Preffi 2.0: un outil néerlandais pour analyser l'efficacité des interventions en promotion de santé. *Promot Educ* 2004:22-7.

Molleman GRM. Preffi 2.0: Health Promotion Effect Management Instrument; Development, Validity, Reliability and Usability. Woerden, the Netherlands: NIGZ; 2005.