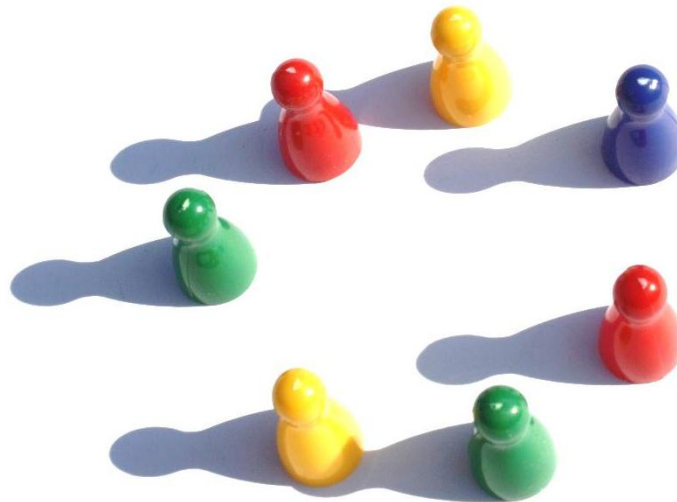# Participatory Quality Development (PQD)
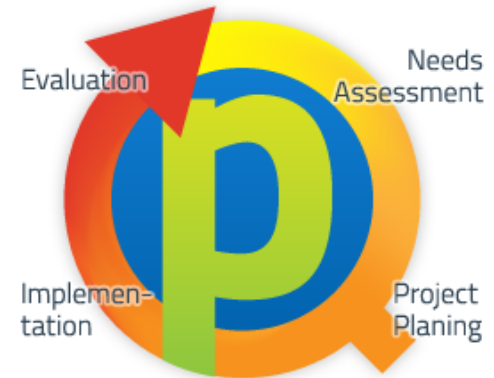
Overview PQD

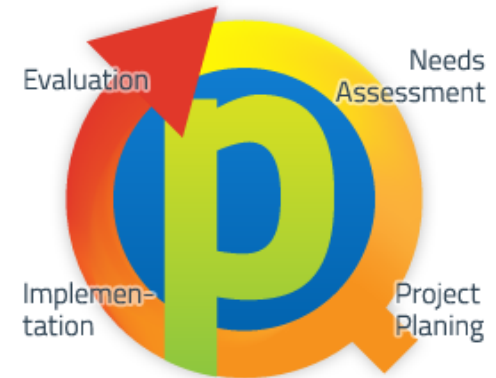- **Theoretical concepts**
  - Practice based evidence
  - Participation
  - Local knowledge & local theory
  - Collaboration

- **PQD toolkit**
  - Goal definition:
    Smart criteria
  - Intervention planning:
    Local objectives and strategies
  - Evaluation:
   Focus group & Rapid assessment

What is PQD?

- **Participatory** Quality Development.

- Tool for HIV health promotion and primary prevention projects.

- Develops quality cyclically.

- The cycle includes four phases, adapted from the Public Health Action Cycle:
  - Needs Assessment
  - Project & Intervention Planning
  - Implementation
  - Evaluation

- Participation and Collaboration are crosscutting principles

- Developed by DAH and WZB (Social Research Centre Berlin), supported by a grant from BZgA

How does PQD work?

- Continuous improvement of health promotion and prevention through an <u>equitable collaboration</u> between

    - project

    - target group,

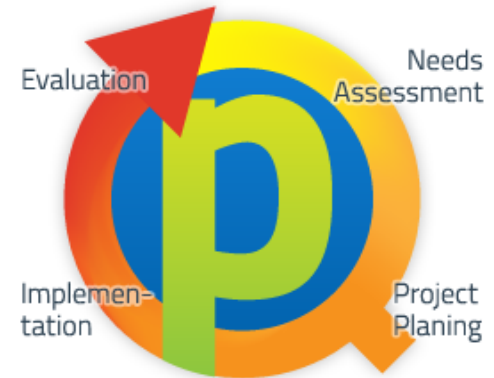   - funding body

    - *(other important stakeholders)*
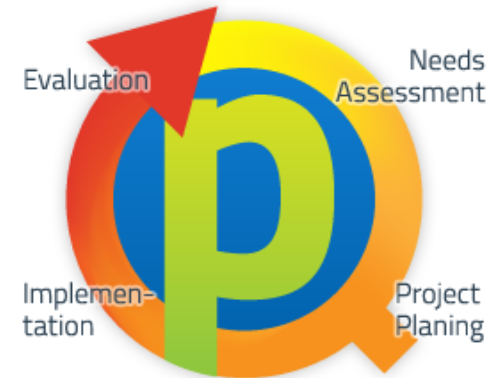
- Depends on participants' local knowledge and assists them in utilising it, reflecting on it and extending it.
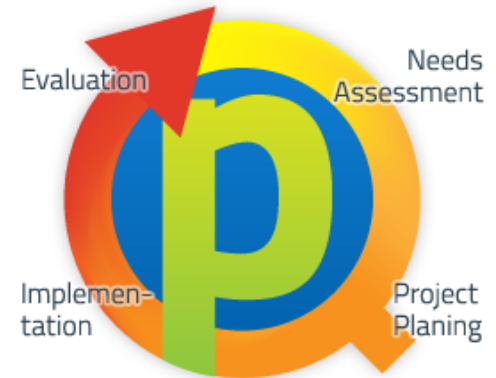
Theoretical Concepts

- **<u>Participation</u>**

    - Ownership by target groups and project workers because they possess local knowledge and contribute significantly to the success of interventions.

    - Varying degrees depending on the project's operating environment and the target group's living conditions

    - Determine and achieve the appropriate level of participation for the prevailing conditions.

Theoretical Concepts: Stages of Participation

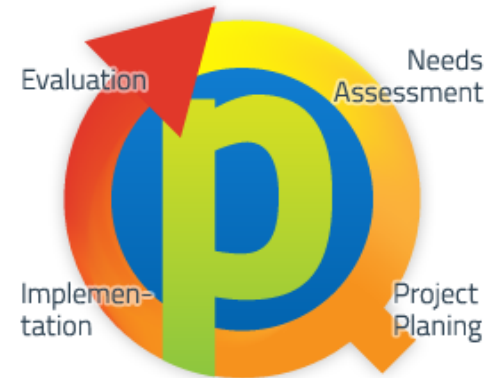| Stage 9 | Self-Organization | Goes beyond participation |
Stage 8	**Decision-making power**	
Stage 7	**Partial decision-making power**	**Participation**
Stage 6	**Co-determination**	
Stage 5	**Inclusion**	
Stage 4	Hearing	
Stage 3	Information	Preliminary Stages of Participation
Stage 2	Directive	
Stage 1	Instrumentalization	Non-Participation

Why Participation?
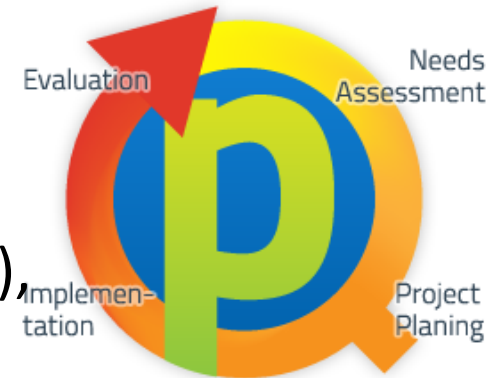
- According to the WHO Ottawa Charter (1986), self-determination is at the core of health promotion

- International community development has shown that lasting positive change is dependent on active citizen participation

- The science and practice of public health has shown that community-based approaches are most promising for improving the living situation of people most affected by health issues

Participatory HIV-Prevention Means a Change in Perspective

The Goal of Prevention is

Conventional Prevention

Participatory Prevention

■ **getting people to adapt "healthy behaviors"**

■ **empowering people so that they can take action on health issues**

Conventional Prevention

Participatory Prevention

Beneficiary as client
(person in need of help)

Beneficiary as consumer of services and as partner

Prevention worker as expert who defines and solves health problems

Prevention worker as catalyst who supports beneficiaries in defining and solving health problems

Prevention work consists of counseling, treating, and conditioning the beneficiary

Prevention work is an activating, supportive activity promoting agency

Services are delivered in a formal setting

Services are provided on an outreach basis

Prevention is about communicating accepted social norms regarding a healthy lifestyle
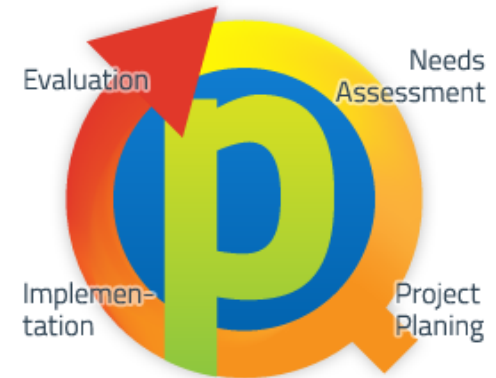
Prevention is about helping people to find their own language and approaches which fit their life situation

The goal of prevention is getting people to adapt "healthy behaviors"

The goal of prevention is empowering people so that they can take action on health issues
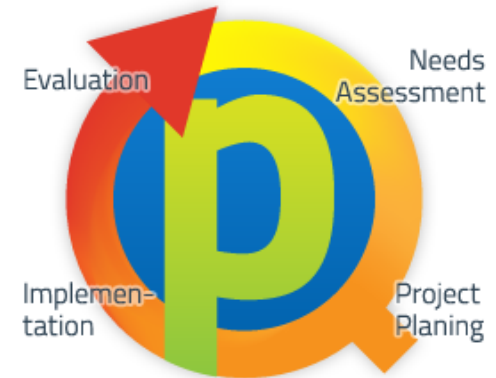
Participation is a Developmental Process

- Participation is not an either/or proposition, but rather a developmental process

- Critical reflexivity and a successful cooperation between stakeholders promote participatory processes

- Participation depends on both the abilities and experience of the stakeholders as well as various contextual factors

- The task is to strive for the level of participation which can be reached under the current conditions
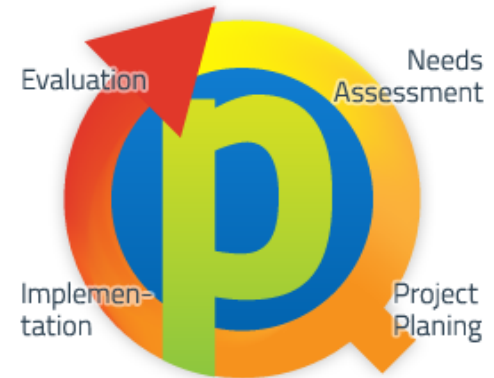
Theoretical Concepts
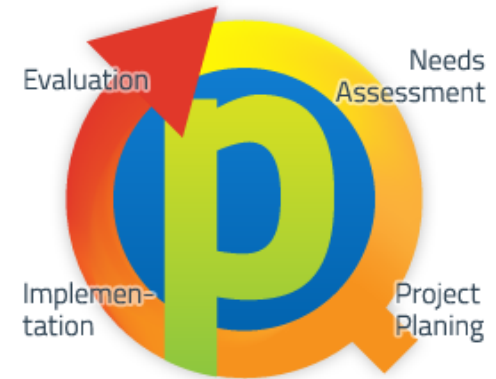
■ **Practice-based evidence**

  ■ Practice-based evidence derives insights into effectiveness from the structure and logic of practice itself. Practitioners employ these insights directly for the improvement of practice, promoting learning. Science accompanies, but does not determine this process.

  ■ The PQD framework produces local evidence. This means that it tests indications for the effectiveness of an intervention in a particular context, at a particular time and in a particular location in order to improve practice.

Theoretical Concepts

- **Local knowledge**
  - includes local stakeholders' insights about the target group and their lived experience

- **Local theory**
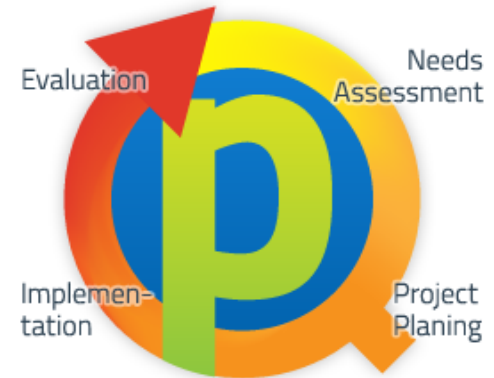 - offers a **plausible explanation** for a health problem.
    It describes the concrete manifestations of the problem and underlying conditions within a particular setting. Specific interventions can then be derived from the description.

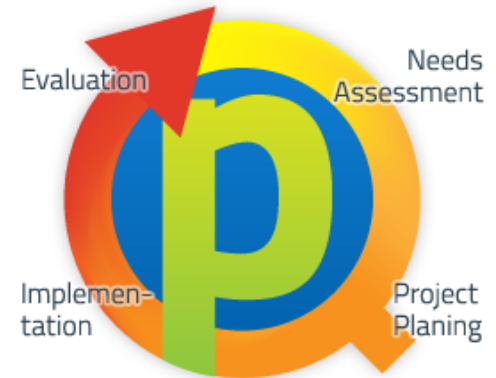- **Local knowledge & theory rarely exist in a structured, written form. Participatory methods can make them explicit.**

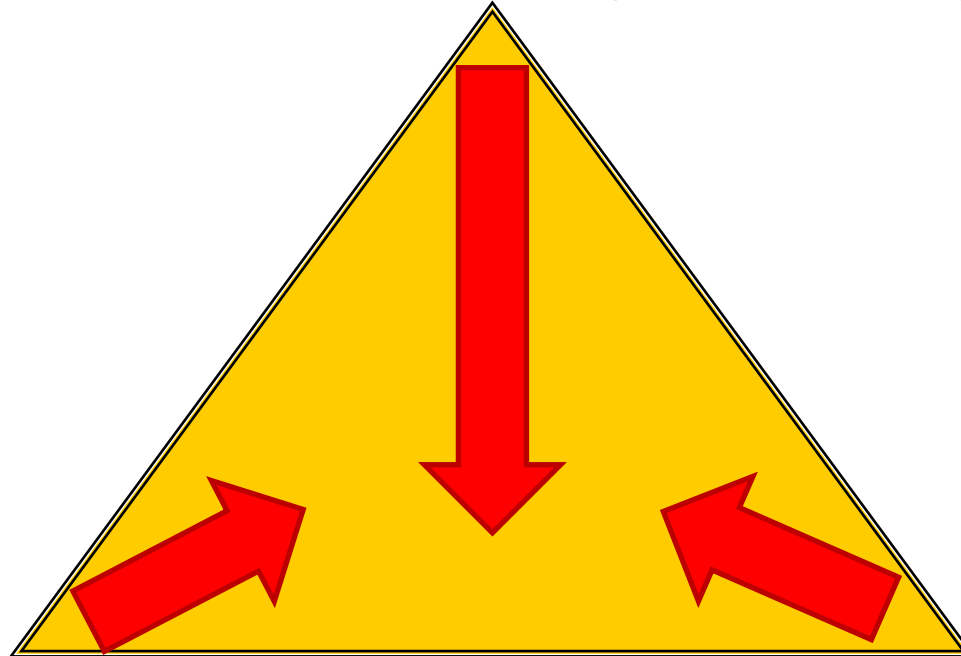# Theoretical Concepts

- **<u>Collaboration</u>**

  - Crucial characteristic of PQD!

  - PQD aims to create an environment where stakeholders can name diverging interests and perspectives and negotiate solutions.

  - The target group, funding body and the project team plan and carry out specific activities in collaboration.

  - Other stakeholders also contribute substantially to decision-making.
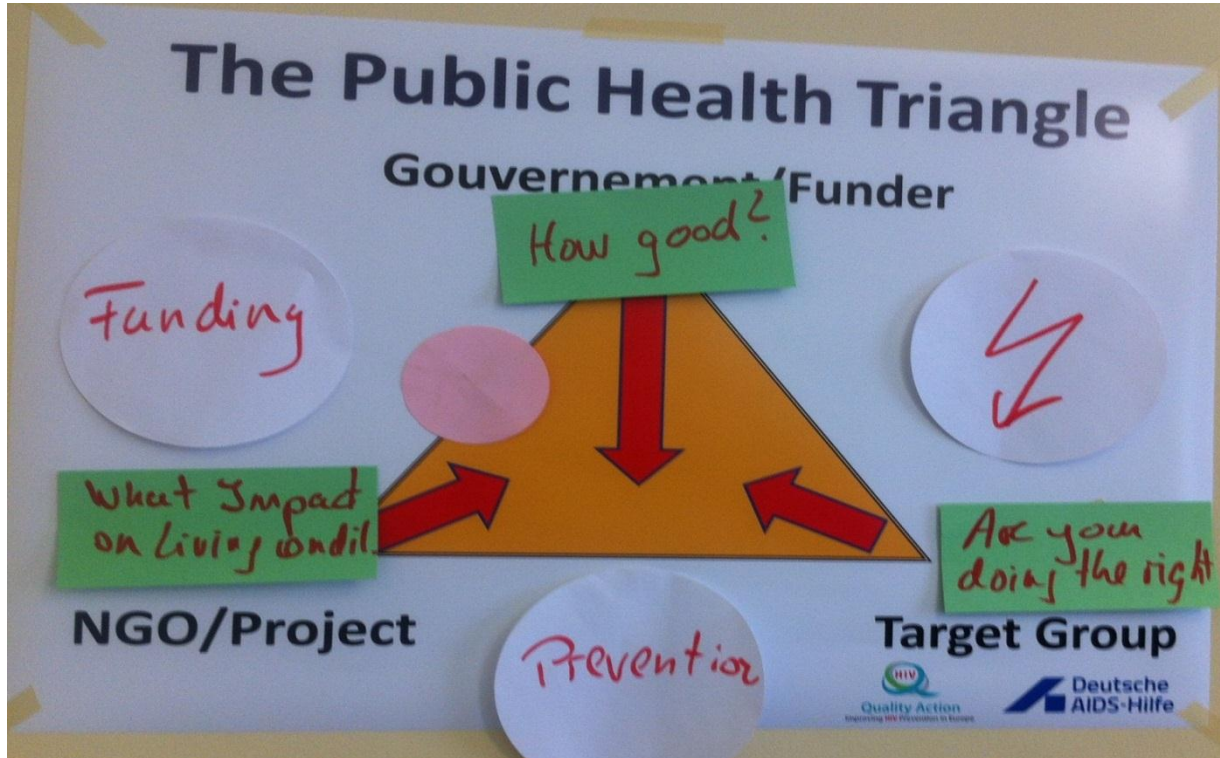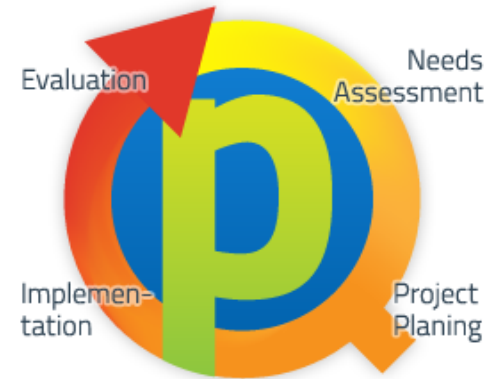
The Public Health Triangle

Gouvernement/Funder
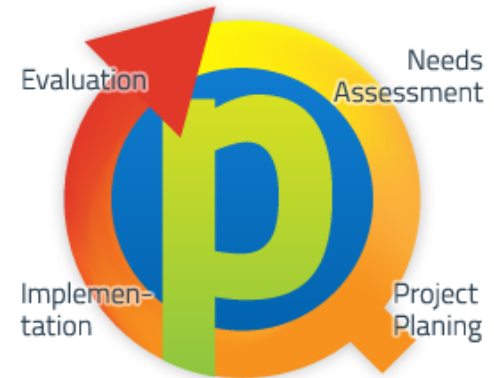
NGO/Project

Target Group

The Challenge of Collaboration

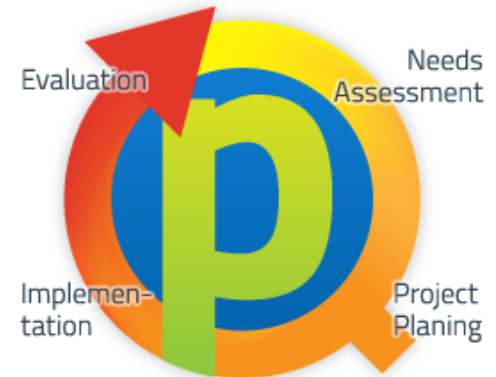# Theoretical Concepts

- **<u>Multiple perspectives</u>**
  - Considering the different perspectives of stakeholders.
  - ***<u>No one partner alone (!!!)</u>*** can comprehensively describe the health problem and develop strategies to solve it.
  - Only through bringing together the diverse perspectives of all partners can a feasible, sustainable solution emerge
  - Quality of HIV-prevention depends on the quality of the disputes

The PQD Toolkit:
www.pq-hiv.de

Methods

more participatory potential

less participatory potential

Service User
Advisory Committee

Guided Working
Group   Open Space

Focus Group

Rapid
Assessment

Recording the Requests
and Concerns of the
Beneficiaries

Observation
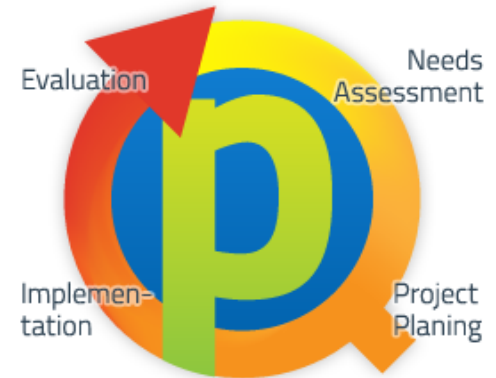
PQD-Methods

- <u>Tailored</u>
  - adapted to local conditions, e.g. to the composition of the target group, the mission and values of the agency, its capacity and its organisational and service structure

- <u>Feasible</u>
  - don't use up too much time, are limited to what is necessary, can be integrated into daily working routines

- <u>Useful</u>
  - provide results that can be translated into specific intervention

PQD-Methods

- **<u>Participatory</u>**

  - consider the subjective observations of workers and service users.

  - Local knowledge is considered throughout all phases of a project.

- **<u>Evidence-based</u>**

  - allow for the critique of health promotion or prevention activities and that they are based on scientific evidence.
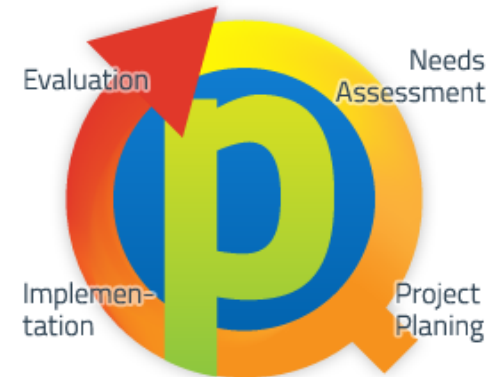
The methods in the toolkit
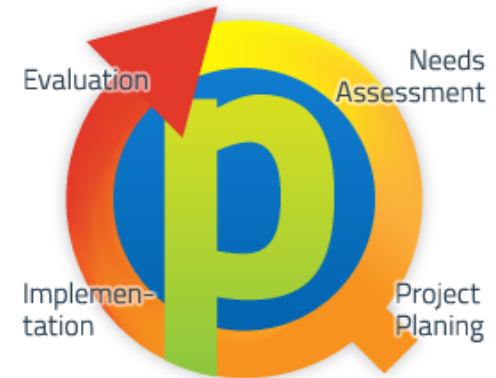
- Guided Working Group

- Enquiries and Concerns Register

- **Rapid Assessment**

- **Focus Group**

- Circles of Influence

- Service User Advisory Committee

- Open Space

- Program Logic

- **SMART Criteria**

- Participant Observation

- **ZiWi Developing local objectives and strategies.**

My holy trinity

1. **<u>Goal definition:</u>** SMART Criteria

2. **<u>Intervention Planning:</u>** "ZiWi" = Method for developing local objectives and strategies

3. **<u>Evaluation:</u>** Focus Group & Rapid Assessment
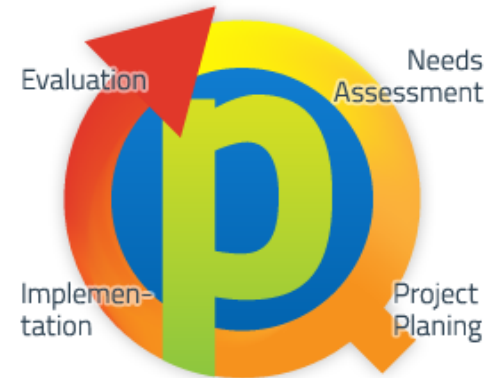
Goal Definition

1. Tool: SMART Criteria

Smart Criteria

■ **Brief Description**
to develop objectives for interventions
and projects. With their help, objectives are
worded in a way that makes them:

- ■ **s**pecific,

- ■ **m**easurable,

- ■ **a**ttractive,

- ■ **r**ealistic and

- ■ **t**ime-bound.
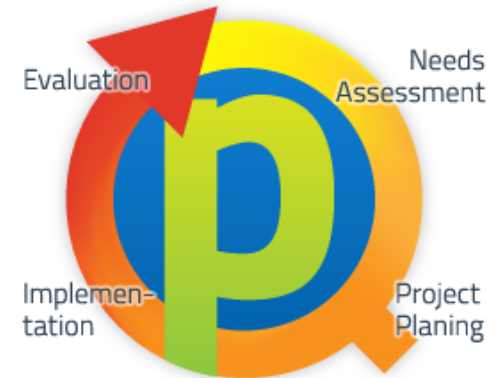
SMART*e* Goals
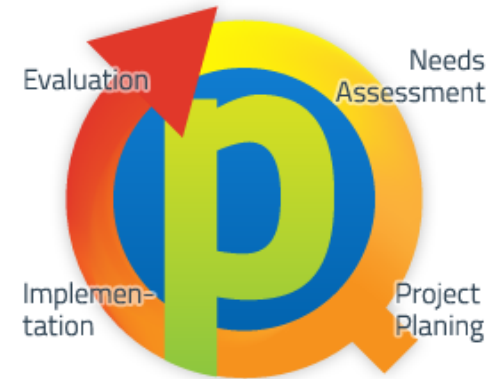
S   **Specific**

M   **Measurable**
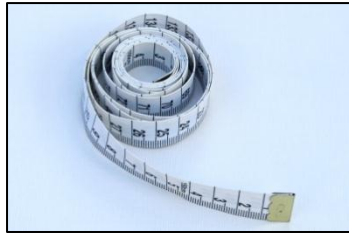
A   **Attractive**

R   **Realistic**

T   **Time-Bound**

e   *ethical*
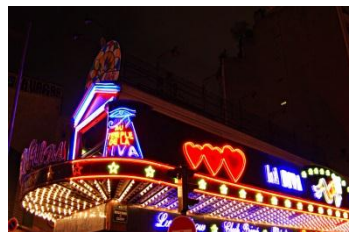
Smart Criteria

■ *Specific:*

   ■ Is the objective concrete and unambiguous, i.e. is it clear what should have changed for whom?
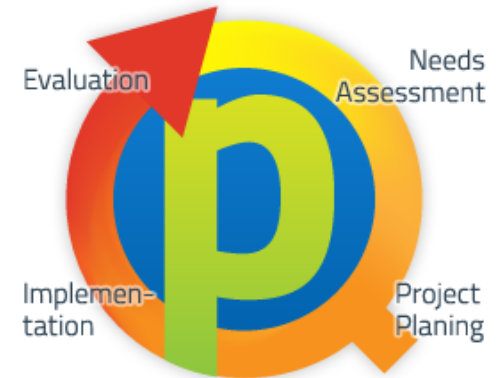
Smart Criteria

- **_Measurable:_**

    - Is it possible to check whether the objective has been reached?

    - In any case, indicators (from the Latin _indicare_ = to show, point out) that show whether an intended process has taken place are helpful.

    - Indicators for the acceptability of an event could be, for example, the size of the audience, the vigour of the applause or feedback from the target group.

    - Good indicators are of central importance, economical, simple, timely and accurate.

Smart Criteria

- **_Attractive:_**

  - Is the objective desirable for all involved?

  - The "A" of the SMART criteria can also stand for "acceptable", "aligned", "achievable", "agreed", "assignable", "actionable", "action-oriented", "ambitious" or "appropriate"

  - "Appropriate" means that an objective should be tailored to the situation of the target group.

  - "Ambitious" means that an objective should not be aiming too low. On the contrary: in most cases, significant effort is required to fulfil important objectives.

  - "Action-oriented" emphasizes that objectives should encourage practical steps, including target group participation.

Smart Criteria

- **_Realistic:_**
  - Can the objective actually be achieved?
  - An objective should not aim too high, but should be achievable given the available resources and competencies.
  - Otherwise, disappointment and diminishing motivation will result.
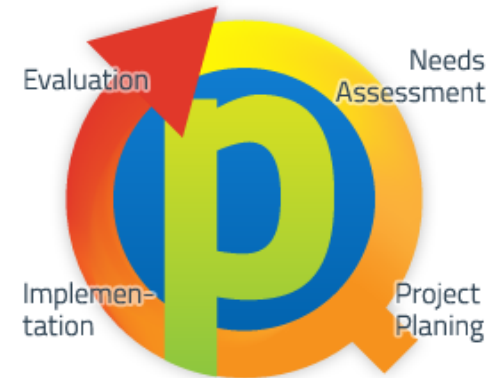
Smart Criteria

- **_Time-Bound:_**

  - Can the objective be achieved within a manageable time frame?

  - In some sources, the "T" in SMART signifies "time-framed", indicating a requirement to determine the period within which the objective is to be achieved.
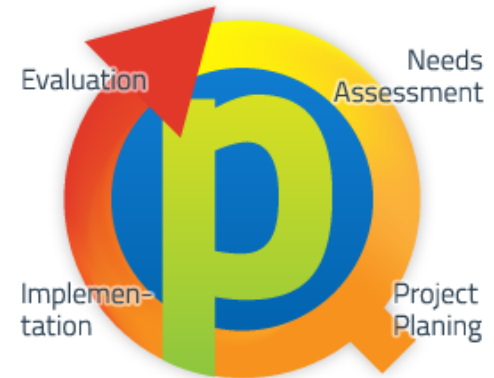
Smart-E Criteria

- *Ethical*
  - What are our „ethics of HIV-Prevention"?
  - Is it allowed to blame PWA in the interests of HIV-prevention?

- *Economical*
  - How do we spent our limited ressources?
  - Are we investing our energy into the most promising activities?
  - Are we focussing the target groups most in need?

- *Ecological*
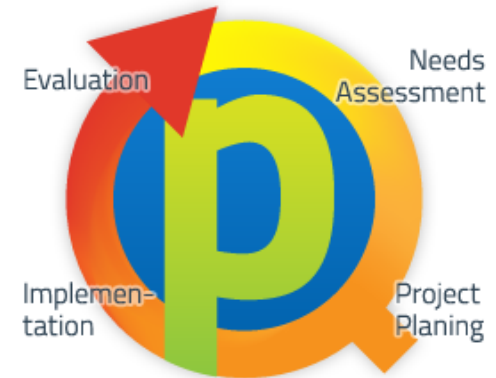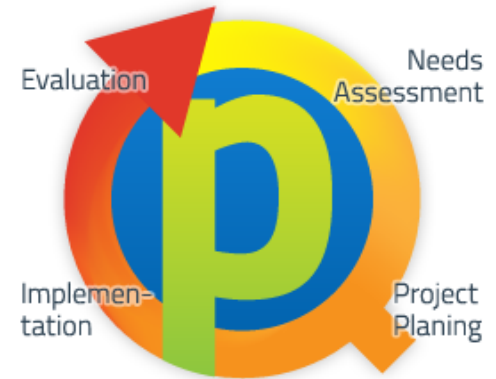
Let's get started!

Intervention Planning

2. Tool: ZiWi – Developing local objectives and strategies

ZiWI = Local objectives and strategies
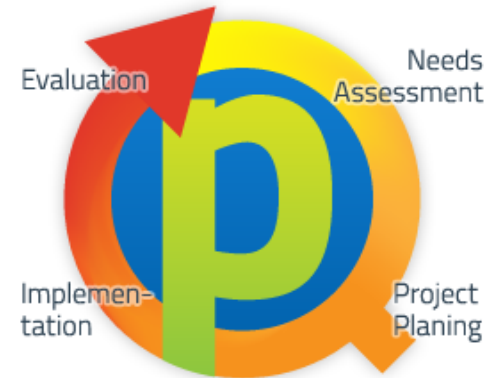
Local government's influence on the catchment values

© 2014 Karl Lemmen, DAH
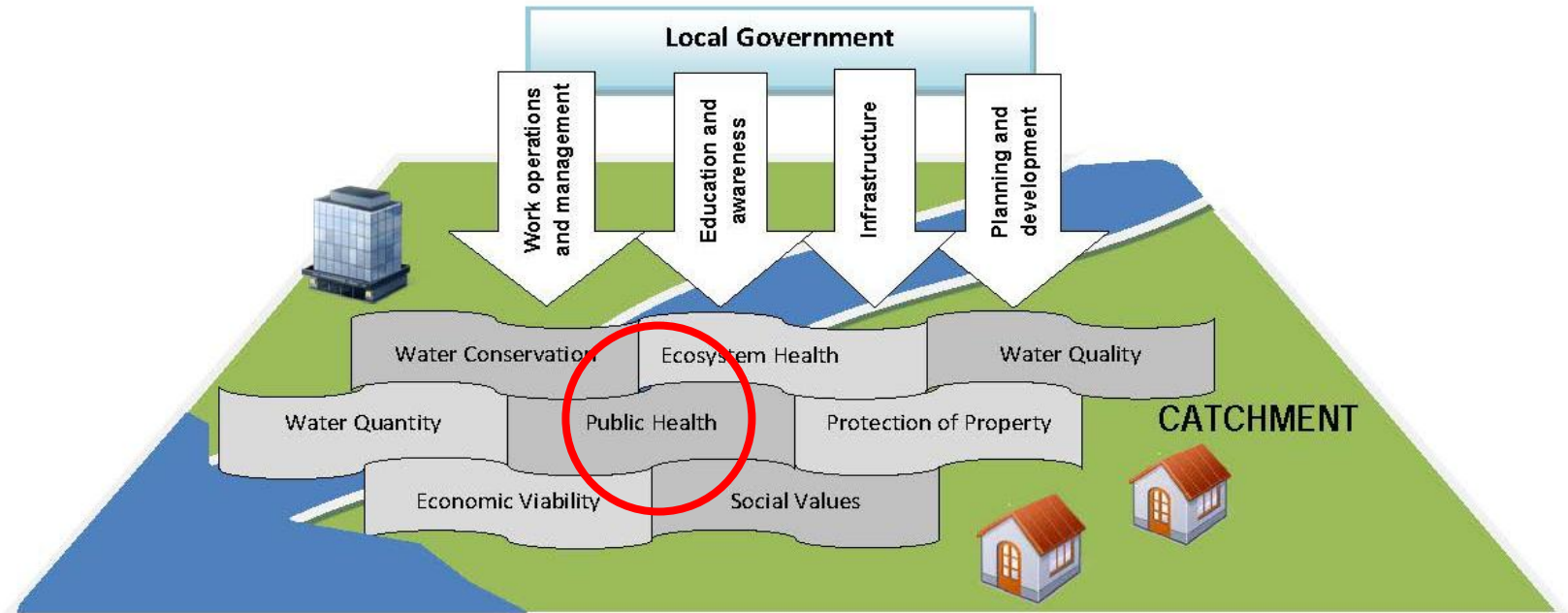
ZiWi - Local objectives and strategies
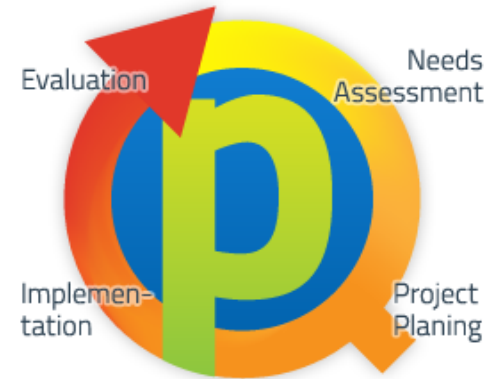
- Clarifies the objectives and strategies for a project.

- Developed with reference to the "Theory of Change", which has been used in the English-speaking world since the 1990s for project and evaluation planning.

- Allows for the visual representation of a project's objectives and strategies

- and the development of indicators for measuring the extent to which the objectives have been achieved.

ZiWi - Local objectives and strategies

- The strength lies in its capacity to clarify what is to be achieved.

- It makes implicit knowledge explicit, that is often taken for granted in daily practice.

- One's own assumptions about the origin of and solution to a health problem (i.e. the "local theory") become clear and can therefore be examined.

- The Lo.ob.stra method can be used for conceptualizing new projects as well as for the evaluation and quality assurance of existing prevention and health promotion activities.

ZiWi - Local objectives & strategies
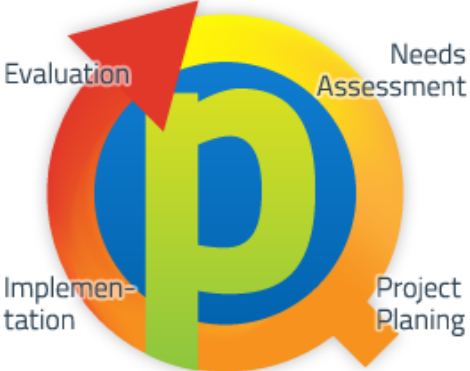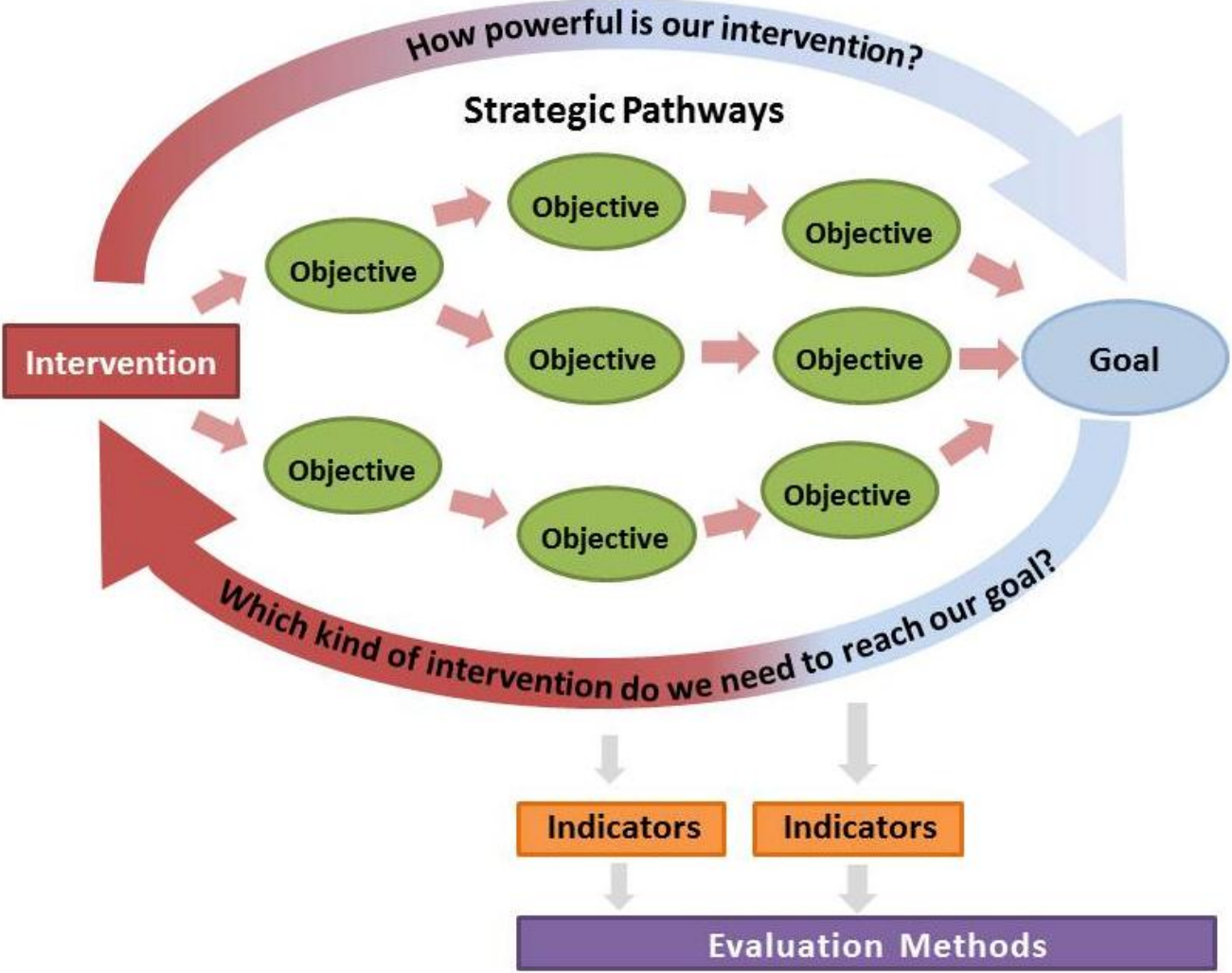
Example from Dublin ...
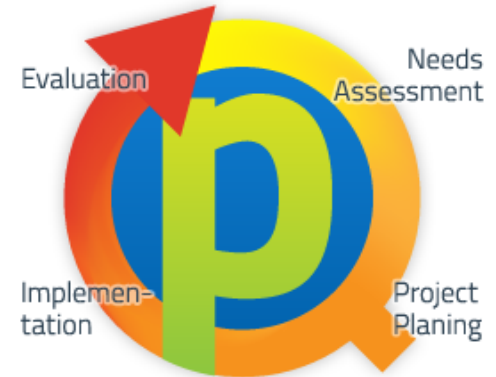
ZiWi = Plausibility check for preventive goals and interventions.
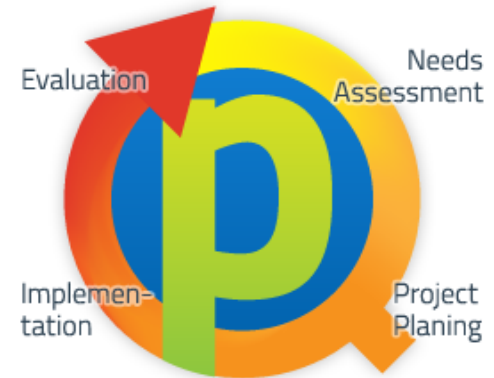
- If we want to reach our SMART goal, which intervention do we need?

- How does the intervenition work?

- What has to happen „inside" the target group in order to achieve change?

- What is the potential of a given project/intervention?

- How realistic is it that we achieve our goals with this project/intervention?

The ZiWi Model: Goals and Strategic Pathways
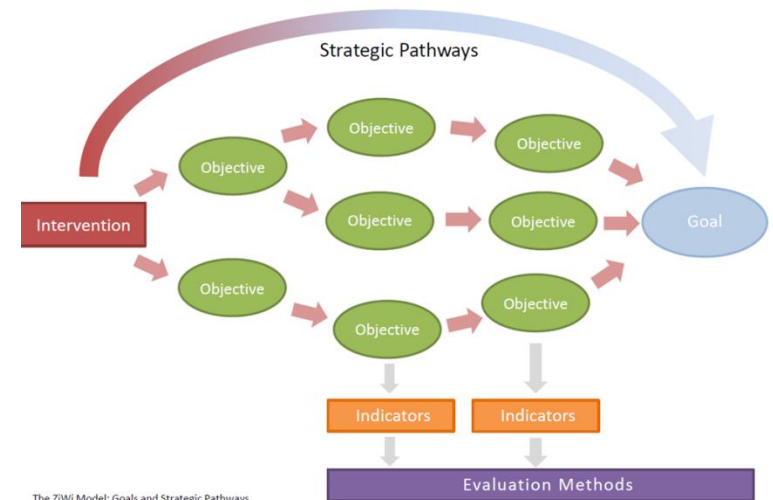
ZiWi = Local objectives and strategies

- **What will lead to Achieving the Goal?**

  - As soon as the overall, long-term goal is determined, both short- and medium-term objectives are clarified, i.e. the milestones on the path to achieving the goal. Hypotheses are developed about how objectives may be linked and how and why they contribute to the goal.

  - The following questions can assist with the development of (proposed) strategic pathways:

    - *Which conditions are necessary to achieve the overall goal?*

    - *How does the intervention contribute to changing the target group's health problem?*

    - *Why does the intervention contribute to changing the target group's health problem?*

    - *How are objectives linked to each other and to the long-term goal?*

ZiWi: Risks & side effects
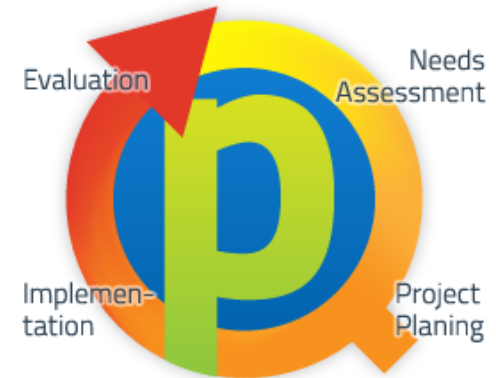
- Requires a lot of effort and time for a detailed exploration of the situation and the underlying problem (???)

- Should be conducted in a working group, because you need <u>multiple perspectives</u> and valuable discussions of the project

- May trigger conflict because of different perceptions of the target group's situation or different views about the value and purpose of activities.

- Appropriate conflict resolution processes (perhaps using external facilitation) may be important

ZiWi: Risks & side effects

- Examines the internal logic of a project.
  Often the method makes implicit
  (unspoken, not readily articulated) assumptions
  about the activity visible (explicit)

- Important indicator of a successful application of the method is
  the extent to which already existing hypotheses about the work
  can be made apparent

- Members of the working group should be inquisitive and keen
  to shift their thinking from the practical level of daily routine to
  the conceptual. Otherwise the process will stall, or worse, fail.

Evaluation

3. Tool: Rapid Assessment

Rapid Assessment

- Is a brief, topic-specific collection of data.

- Method known from the fields of international development and market research.

- Such a survey can be conducted verbally or in written form.

- It should take 10 minutes or less to complete.

- Can be integrated into practical outreach work because of its small scope- It can reach people who do not normally respond to surveys.

Rapid Assessment

- Not more than one page

- About seven questions

- Mixture of quantitative & qualitative questions

- Questions must be easy to answer
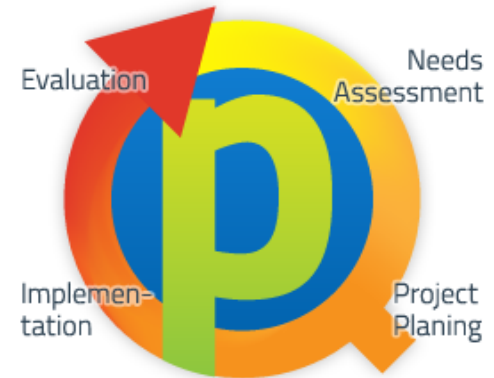
Please, give us some feedback to our workshop!

Evaluation of the workshop: XXXX
Place and date   XXXX
Workshop identification number: XXXX
Responsible employee   XXXX

This workshop was for me and my work …

☐   ☐   ☐   ☐
Very useful   Mostly useful   Partly useful   Not useful

Open Question (please fill in or delete)

☐   ☐   ☐   ☐
In any case   Tend to yes   Tend to no   no

Organization and management by Deutsche AIDS-Hilfe

☐   ☐   ☐   ☐   ☐
Very good   Good   Moderate   Sufficient   Inadequate

Training facilities, accommodation and food

☐   ☐   ☐   ☐   ☐
Very good   Good   Moderate   Sufficient   Inadequate

Competence of workshopleader & speakers and their way of processing the topic

☐   ☐   ☐   ☐   ☐
Very good   Good   Moderate   Sufficient   Inadequate

My overall rating of the workshop

☐   ☐   ☐   ☐   ☐
Very good   Good   Moderate   Sufficient   Inadequate

What was most important for you?

What could have been done better?

Thany you for your support!

Deutsche AIDS-Hilfe

Evaluation — Needs Assessment — Implemen-tation — Project Planing

Improving HIV Prevention in Europe — www.qualityaction.eu — HIV

Deutsche AIDS-Hilfe

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Quantitative Evaluation
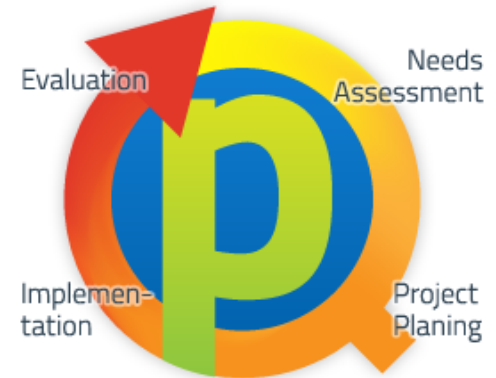
At least 85% mark above **Less than 15% beneath**

This workshop was for me and my work …

| ☐ Very useful | ☐ Mostly useful | ☐ Partly useful | ☐ Not useful |

Open Question (please fill in or delete)

| ☐ In any case | ☐ Tend to yes | ☐ Tend to no | ☐ no |

Quantitative Evaluation

Average school mark of 2.0 or better
(German scale 1 = excellent)

Organization and management by Deutsche AIDS-Hilfe

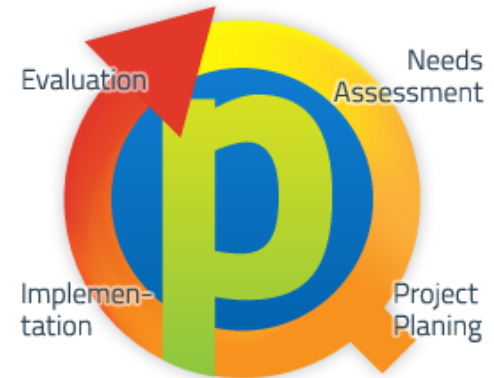| ☐	☐	☐	☐	☐
Very good	Good	Moderate	Sufficient	Inadequate

Training facilities, accommodation and food

☐	☐	☐	☐	☐
Very good	Good	Moderate	Sufficient	Inadequate

Competence of workshopleader & speakers and their way of processing the topic

☐	☐	☐	☐	☐
Very good	Good	Moderate	Sufficient	Inadequate

My overall rating of the workshop

☐	☐	☐	☐	☐
Very good	Good	Moderate	Sufficient	Inadequate

Qualitative Evaluation
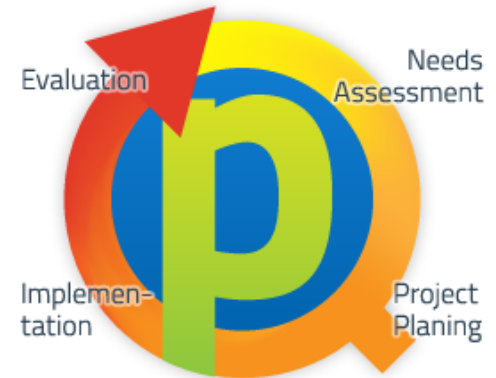
What was most important for you?

What could have been done better?

Gives you the most important information how your intervention works or why it doesn't work !

Your indicators at first glance:
HIV-counselling trainings for beginners

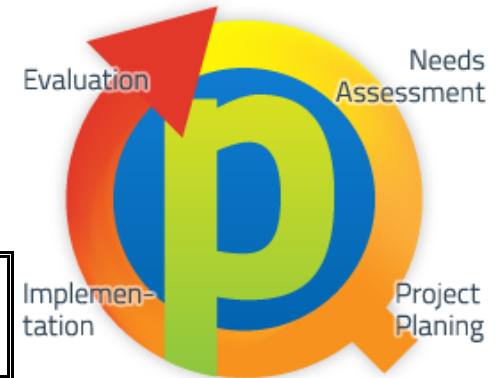| Nr.	Titel	Monat/ Jahr	Nutzen	Bedarf	Auslast ung	Gesa mtn ote	Orga	Kont ext	Kom pete nz
1B-3030	Orientierung WS	01-2013	**71 %**	83 %	83 %	1,6	1,4	1,6	1,6
1B-3031	Orientierung WS	04-2013	93 %	100 %	100 %	1,4	1,2	1,5	1,7
1B-3032	Orientierung WS	07-2013	88%	130%	110%	**2,2**	1,7	1,6	**2,2**
1B-3033	Orientierung WS	09-2013	100%	119%	100%	1,2	1,0	1,1	1,9
1B-3034	Kommunikationstrain ing WS	08/2013	100%	86%	57%	1,7	1,3	1,1	1,4
1B-3038	Beratertraining WS, Teil 1	06-2013	100 %	119 %	100 %	1,5	1,0	1,3	1,4
1B-3038	Beratertraining WS, Teil 2	06-2013	100 %	119 %	100 %	1,5	1,1	1,6	1,2
1B-3039	Beratertraining Eisenach, Teil 1	08-2013	100 %	107 %	80 %	1,3	1,3	1,1	1,0
1B-3039	Beratertraining Eisenach Teil 2	08-2013	100 %	107 %	80 %	1,3	1,3	1,1	1,1
1B-3040	Beratertraining WS, Teil 1	11-2013	88 %	94 %	94 %	**2,1**	1,5	1,9	**2,3**
1B-3040	Beratertraining WS, Teil 2	12-2013	100 %	100 %	100 %	**2,3**	1,8	1,8	**2,1**

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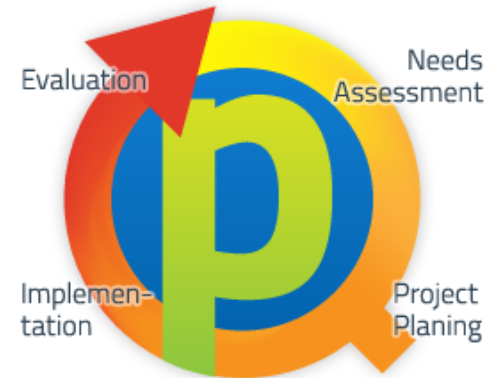
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Evaluation

4. Tool: Focus Group

Focus Group

- A facilitated group discussion for 6-12 participants

- On a pre-determined topic

- Discussion lasts for 1-2 hours.

- Is used to gather feedback from members of the target group

- on all stages of project planning and implementation.
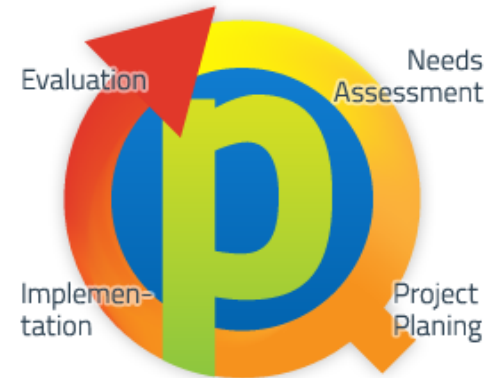
Strength of Focus Group

- Prevention workers can learn
    - about the target group's views on a health problem
    - about the reaction to a (planned) intervention
    - about the target group's lived experience in general
- The Focus Group is a market research tool that is also used extensively in health and social services internationally.
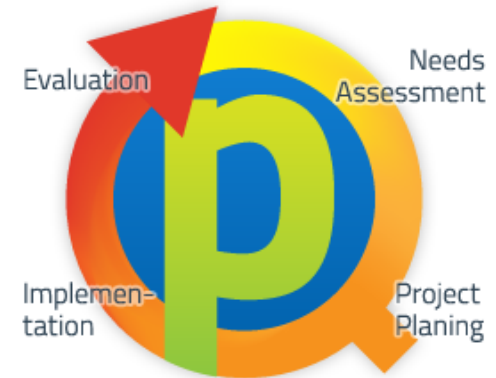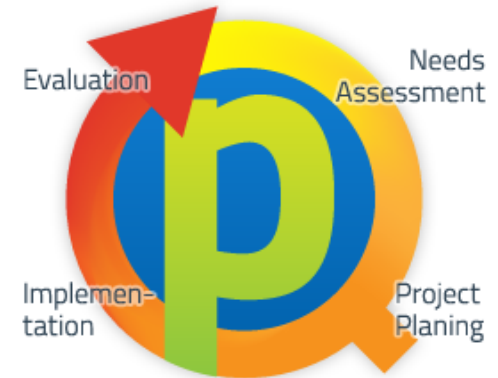
Detailed Working Steps

- 1. Determining the Discussion Topic

- 2. Developing a Discussion Guide

- 3. Organizing a Venue

- 4. Determining the Composition of the Group

- 5. Recruiting Participants from the Target Group

- 6. Conducting the Discussion and Documenting Results
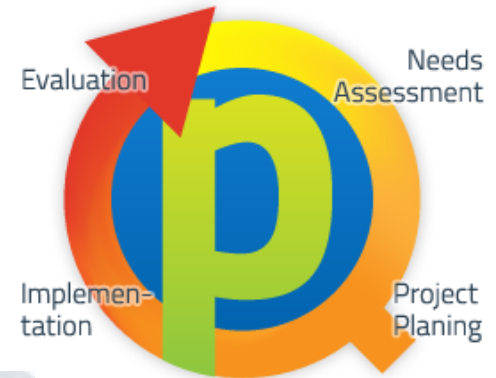
- 7. Analyzing the Results

Focus Group

Evaluation — Needs Assessment

Implemen-tation — Project Planing

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Participatory check

5. Circles of influence

Circles of influence:
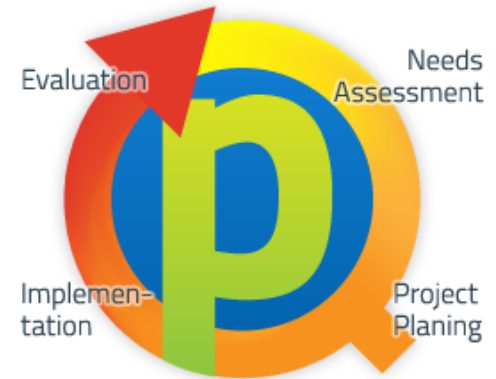# have a look at www.pq-hiv.de
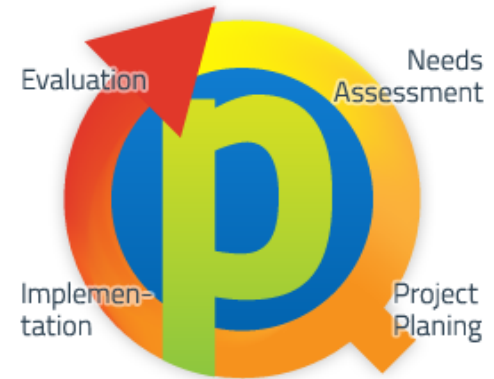
5 Principles of
Quality Improvement

5 Principles on Q-Improvement

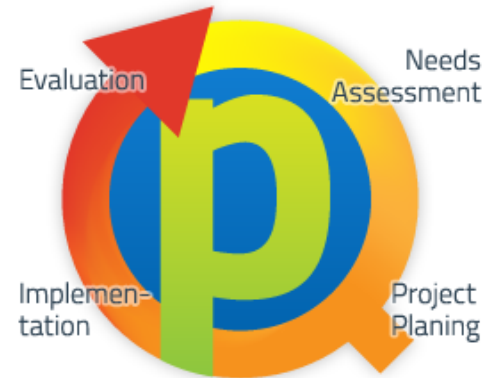## QI doesn't require to be the best!

5 Irinciples of Q- Improvement

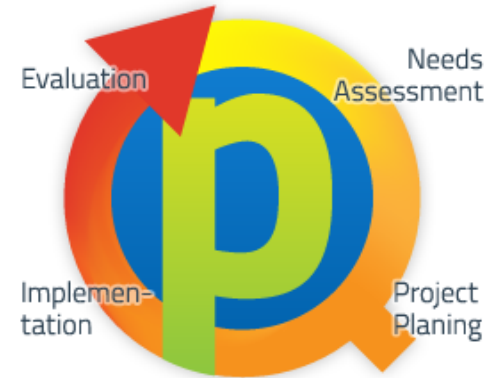**QI just means you want to become a bit better day by day!**

5 Principles on Q-Improvement

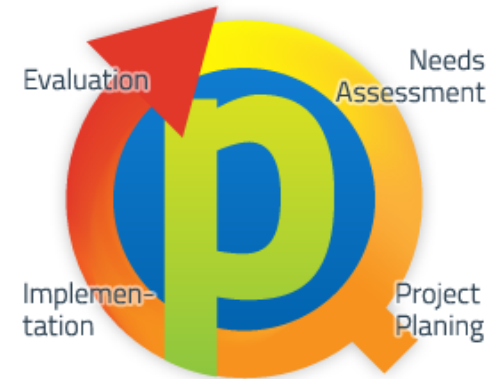## QI means you're just curious why your interventions work or don't work
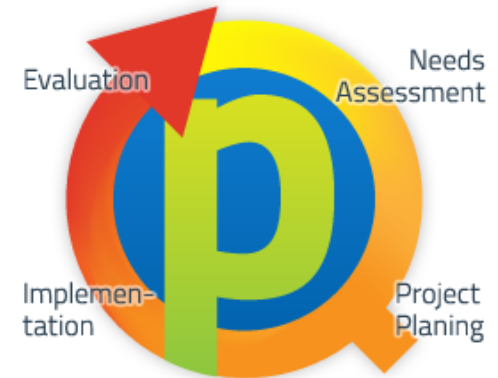
5 Principles on Q-Improvement

Failures are the „stuff learning is made off"!

5 Principles on Q-Improvement

The only mistake you can make is not to start!

Evaluation
Needs Assessment
Implemen-tation
Project Planing

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