Quality Action

Improving HIV Prevention in Europe

Technical Evaluation Plan

EU Joint Action Project 2013-2016

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Acronyms and abbreviations

ANOVA	Analysis of Variance
AP	Associated partner
BZgA	Federal Centre for Health Education (Germany)
CBO	Community-based organisation
CHAFEA (formerly EAHC)	Consumers, Health and Food Executive Agency (formerly Executive Agency for Health and Consumers)
CP	Collaborative partner
DAH	Deutsche AIDS-Hilfe
EAHC (now CHAFEA)	Executive Agency for Health and Consumers (now Consumers, Health and Food Executive Agency)
ECDC	European Centre for Disease Prevention and Control
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EHN	EuroHealthNet
FGD	Focus Group Discussion
FHNW	University of Applied Sciences and Arts Northwestern Switzerland
IDI	In-depth interviews
IRB	Institutional Review Board
ITM	Institute of Tropical Medicine (Belgium)
M	(Project)Month
MSM	Men who have Sex with Men
NGO	Non-governmental organisation
PHAS (formerly SMI)	Public Health Agency of Sweden (formerly Swedish Institute for Communicable Disease Control)
PHE	Public Health England
PHP	Public Health Programme
PLHIV	People living with HIV
PWID	People Who Inject Drugs
QA	Quality Assurance
QI	Quality Improvement
SHC	Sexual Health Centre (Ireland)
SMI (now PHAS)	Swedish Institute for Communicable Disease Control (now
SO	Specific Objective
Y	(Project) year
WP	Work-Package

Introduction

This evaluation plan describes the objectives, methods, and envisaged outcomes of the evaluation of the EU-funded project "Quality Action". The overall aim of this Joint Action project is to improve quality of HIV prevention activities across Europe. The project has been funded by the European Commission's Public Health Directorate/Executive Agency for Health and Consumers (EAHC, now CHAFEA) under the framework of the European Public Health Programme 2008-2013. It is based on the IQ^{hiv} initiative, which was launched in 2009 to improve the effectiveness of HIV prevention initiatives in Europe by providing tools and technical assistance to implement quality improvement practices. The Joint Action project "Quality Action" builds further on the IQ^{hiv} initiative. The detailed project description can be found in the grant agreement (BZgA 2012).More information on the project can be found at the project website: http://www.qualityaction.eu/
More information on the specific tools and the IQ^{hiv} initiative can be found at: http://www.iqhiv.org/home.html

Evaluation goal:

Evaluation can be defined as the systematic appraisal of the success of a project (EU EAHC: Managing projects: fact sheet 5; elaborating an evaluation plan). The overall aim of this evaluation is to:

1) Measure if the project objectives have been achieved
2) Measure if the outcomes of the Quality Action meet the needs of the project's target groups
3) Assess the processes used to ensure that the project activities are implemented as intended

This evaluation plan includes details of the methodology for each evaluation component, driven by the project's process, output and outcome indicators.

Throughout the project, but in particular towards the project's end, the evaluation results will be used to guide stakeholders to make decisions about future projects involving quality assurance and quality improvement (QA/QI). More particularly, findings from the evaluation shall contribute to the deliverable "Charter for Quality in HIV Prevention (to be produced by WP 7).

Evaluation team:

The evaluation team is led by the Institute of Tropical Medicine in Antwerp, Belgium (ITM). this part of the evaluation. It was originally envisaged that the University of Applied Sciences and Arts Northwestern Switzerland, School of Social Work (FHNW), who is a collaborative partners without funding, assisted ITM in this task. Due to internal and external circumstances, outsourcing was no longer possible. Subsequently, ITM applied in October 2014 for funding of the additional qualitative evaluation component, which is not covered by European Commission funding, at the Swiss Public Health Office (BAG) to carry out this evaluation component. However, FHNW remains a collaborative partner (CP).

Table 1: Roles and responsibilities of the Evaluation Team Members

Individual	Organisation	Title or Role	Responsibilities
Marie Laga	ITM	Evaluation advisor	General advisor to the evaluation
Christiana Nöstlinger	ITM	Evaluation supervisor	Supervision and advice to the evaluation
Bea Vuylsteke	ITM	Main evaluator	Design, methods for data collection, data analysis, reporting
Veronica Van Wijk	ITM	Administrative assistant for work-package 3 (evaluation)	Administration and finances
Sibylle Nideröst	FHNW	Collaborative partner; Provided input to design the qualitative component of the evaluation as outlined in this plan	General feedback to documents produced

Evaluation Plan:

This evaluation plan clarifies the steps needed to assess the processes and outcomes of Quality Action. It is a flexible tool compiled with input from all WP leaders, which will be updated on an ongoing basis to reflect program changes and priorities over time.

Quality Action Project description

History and context:

Rates of HIV in the EU/EEA remain fairly stable across Europe and high among key populations. The highest proportion of HIV diagnoses in 2011 was reported among men who have sex with men (MSM) (39%), followed by heterosexual transmission (23%) when heterosexually acquired cases originating from sub-Saharan African countries were excluded. The latter accounted for an additional 13% of heterosexually transmitted cases. For 19% of the cases, the transmission mode was unknown (ECDC/WHO Euro 2012). HIV prevention continues to play a crucial role in combating the epidemic and quality is a key factor in the effectiveness of HIV prevention.

Need:

Prevention has had considerable effects in the EU-region. Within the framework of the Public Health Programme, several projects targeting MSM (e.g. Sialon, Everywhere), migrants (e.g. Bordernet, AIDS & Mobility) or people living with HIV (e.g. Eurosupport 6) have shown good examples of how to target key populations (EAHC 2011) on the European level. In addition, there are many successful examples of national and regional HIV prevention activities. However, quantifying sufficient program scale and determining factors for effective approaches and implementation remain difficult. Quality has been established as a key factor in the effectiveness of HIV prevention (Medlin 2008, Maguerez 2010). Quality assurance and quality improvement (QA/QI) methods arise from evidence-based development processes and are needed to increase and sustain effectiveness of HIV prevention in Europe.

Target Population:

The project's primary target group are the stakeholders who plan, manage and conduct HIV prevention programs. Stakeholders can be non-governmental organisations (NGO) or community-based organisations (CBOs), as well as public or statutory agencies, active in the HIV prevention field or in policy making. Their projects target priority key populations identified in current surveillance reports in the participating countries: MSM, People Who Inject Drugs (PWID), migrants from countries with generalised epidemics or other ethnic minorities who are vulnerable because of their migration background and socio-economic conditions, and people living with HIV (PLHIV). Other target groups include HIV policy makers, organisations representing priority populations affected by HIV/AIDS, academics and experts in HIV prevention and quality.

Objectives:

Quality Action aims to increase the effectiveness of HIV prevention in Europe by using practical Quality Assurance (QA) and Quality Improvement (QI) tools.

Resources and inputs:

Quality Action is a three-year project, starting in March 2013 (2013-2016). It is funded by the Health Programme of the European Union and coordinated by the German Federal Centre for Health

Education (BZgA). The project unites over 60 stakeholders from 25 countries (among them 11 western European and 7 eastern European), including 12 governmental institutions and 11 NGOs, universities, WHO/Europe, ECDC, EMCDDA and regional networks like EuroHealthNet and AIDS Action Europe. The total project costs are € 3,530,012, including partners' own contribution with € 1, 493,180 EU funding. See further details on the evaluation part under "Evaluation budget".

Activities:

The project provides QA/QI tools for HIV prevention, some of which already exist and some of which are adapted based on tools from the wider health promotion field. The project provides training in using the tools to 60 trainers/facilitators in European-level training workshops. Face-to-face and e-learning training materials are developed and the 60 trainers/facilitators then apply the tools to one of their own projects. They may also organise national workshops and provide technical assistance to enable further stakeholders to use the tools in their own working environments. In the framework of this project we refer to trainers/facilitators, i.e. Quality Action partner's chosen trainees (most likely prevention workers) who are trained by specialists on each of the tools at European-level training workshops.
To reinforce the effectiveness of HIV prevention in Europe, Quality Action supports cross-national exchange in the field of Quality Assurance (QA) and Quality Improvement (QI) in HIV prevention.

Outputs:

The project produces several relevant outputs. Among its most important ones is a set of transferable, evidence-based, pilot-tested and practical QA/QI tools and training materials adapted to HIV prevention. Overall, the project works with ***five*** QA/QI tools: "QIP", "Succeed" and "PQD" are existing instruments that previously have been successfully used in the health promotion/HIV prevention fields. Two additional QA/QI tools are developed for the Quality Action, one QA tool for harm reduction and HIV prevention activities targeted to PWID: PIQA and one QI tool "Schiff" for use at the (national and sub-national) programme/policy level.
The project also develops a ***policy kit*** with a set of recommended policy statements and strategic actions.
By the end of the Quality Action project, a ***Charter for Quality in HIV Prevention*** with agreed quality principles and criteria will have been developed, adopted and disseminated. All lessons learnt during the project as well as its specific results inform the content of this charter.

Outcomes:

Specific outcomes expected from Quality Action include:

1) Significantly increased capacity to use QA/QI at the program and project levels in a diverse range of Member States
2) A significantly increased and sustainable network of HIV prevention organisations and trained QA/QI facilitators experienced in applying QA/QI tools
3) Successful applications of QA/QI tools at program and project levels in a diverse range of member states
4) Clear guidance on effective HIV prevention interventions stated in a Charter for Quality in HIV Prevention and a policy kit.

5) Increased commitment to integrate QA/QI at all levels of HIV prevention
6) Recognition of the strategic role of QA/QI for effective HIV prevention in documents and forums at the European and Member State levels.

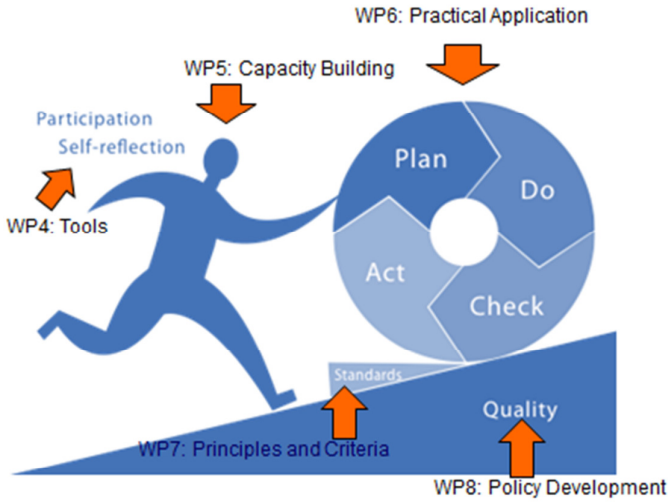

Figure 1: Program Description and roles of the different work packages

The project's work is being organised trough several work-packages. They comprise three horizontal or core-work packages (WP): Coordination (WP1), Dissemination (WP2) and Evaluation (WP3), and five specific content-related work-packages:

WP 4 (Tools) adapts and provides at least five practical and knowledge-based QA/QI tools for HIV prevention (including guidance and training materials; as mentioned above).
WP5 (Capacity Building) trains QA/QI trainers/facilitators to apply QA/QI tools and assist others. This train-the-trainer approach is using introductory and follow-up adult education workshops, a specifically developed e-learning tool and practice-based learning using trainees' own experience.
WP6 (Practical Application) coordinates the practical application of the tools in a range of HIV prevention programmes and projects across Europe, carried out and supported by the network of QA/QI trainers/facilitators.
WP7 (Quality Principles and Criteria) reviews the literature and analyses data from the demonstration pilots to define quality principles and criteria and turns the results into a Charter for Quality in HIV Prevention.
WP8 (Policy Development) promotes quality in HIV prevention as a prevention priority at the policy and strategic level and compiles a policy kit.

Stakeholders

A general stakeholder analysis for the project is developed by WP2. This section highlights the different roles of stakeholders in the evaluation process.

One guiding principle of the evaluation of Quality Action is a participatory approach. Stakeholders will be engaged in the evaluation process and -plan to ensure that they are sufficiently included with regards to the purpose, methodology and use of the evaluation results.

We identified different groups of stakeholders with different roles for the evaluation:

1. **WP leaders**

   Roles (in collaboration with WP3): initial planning of the evaluation, commenting on the draft versions of the evaluation plan, feedback on the design of data collection instruments, data collection, help with interpreting findings, feedback on the evaluation report, dissemination of the results.

2. **Associated partners (AP)**

   Roles: commenting on the evaluation methods, data collection, user feedback, dissemination of the results.

3. **Funders and policy makers**

   Roles: giving advice on evaluation planning, feedback on the preliminary results, dissemination of the results.

4. **Collaborating partners (CP)**

   Roles: limited feedback on selected aspects of the evaluation planning (where needed), feedback on preliminary results, dissemination of the results (depending on CP's profile).

In addition to the general roles described above, the following table describes specific tasks, roles and involvement of the different WP leaders in the implementation of the evaluation.

Table 2: Specific tasks, roles and engagements of the different WP leaders in the implementation of the evaluation plan

Stakeholder name	*WP*	*Role in the project*	*Role in the evaluation*
BZgA	WP1	Project Coordinator	Overview of evaluation activities Data collection: • Monitoring of activities and output Feedback on the results
EHN	WP2	Dissemination	Uploading of deliverables on partner section of website

			Dissemination of results
ITM	WP3	Project Evaluation	Coordination of evaluation activities Finalisation of data collection instruments Overview of data collection Data collection: • Design of self-administered, online questionnaires • Internal application of a QA/QI tool to Quality Action itself • Qualitative methods: focus group discussions and expert interviews Data analysis: • Descriptive statistics • Content analyses Report on evaluation results Revision of evaluation plan
PHAS (former SMI)	WP4	Tools	Input into the data collection instruments for the evaluation of new QA/QI tools (application process questionnaire, topic guide for focus group discussions)
SHC	WP5	Capacity building	Input into data collection instruments for the evaluation of the training (training questionnaire, topic guide expert interviews) Data collection: • Training reports • Administering anonymous codes for linking the evaluation responses of European-level training participants • Facilitating the distribution of evaluation questionnaires before and after training workshops
DAH	WP6	Practical application	Input into data collection instruments for the practical applications of QA/QI tools (practical application: process and outcome questionnaire, topic guide FGD) Data collection: • Collecting case studies of practical applications • Administering anonymous codes for linking evaluation responses of multiple respondents who work on the same practical application • Facilitating the distribution of process- and outcome questionnaires to evaluate the practical applications
BZgA	WP7	Quality Principles and Criteria	Input into data collection instruments for the practical applications (practical application: outcome questionnaire)
HPA	WP8	Policy Development	Input into starting environment and final questionnaire

Focus of the evaluation

1. Evaluation objectives

The general aim of the evaluation is to assess whether Quality Action has reached its objectives and whether the outcomes of the project have met the needs of its target groups. This includes an evaluation of the processes necessary to achieve the respective outputs and outcomes.

More specifically, we have identified **five important evaluation questions** to be answered by the evaluation:

1) Have the Joint Action's expected outcomes and outputs been achieved? Why, or why not?

2) How could outputs and outcomes be improved?

3) To what extent were the chosen approach and process (QA/QI tools and training QA/QI trainers/facilitators) fit for purpose and used and supported by stakeholders?

4) To what extent have participating programs/projects moved towards accepted criteria for quality and effectiveness in HIV prevention?

5) What is the future potential of the approach for increasing quality and effectiveness in HIV prevention?

These evaluation questions were identified against the background of the overall aim of Quality Action, which is improving the quality of HIV prevention in Europe. Under this overall aim, Quality Action has five specific objectives (SO):

SO1: Develop and deploy a training package with general and tool-specific modules to train at least 60 trainers/facilitators in Member States to provide capacity building and technical assistance to programs/projects using QA/QI tools as part of the Joint Action (WP 4).

SO2: Ensure that the trainers/facilitators from Member States have reached and can demonstrate a level of QA/QI knowledge and skill required to provide on-going technical support to programs and projects using QA/QI tools to improve the quality of their work (WP 5).

SO3: Support and liaise with all participating HIV prevention programs and projects to support at least 80 applications of the QA/QI tools and to collect data on the process and results by month 30 (WP 6).

SO4: By the end of the Joint Action, develop, adopt and disseminate a 'Charter for Quality in HIV Prevention' with agreed quality principles and criteria for use in assessing and improving the quality of HIV prevention programs and projects (WP 7).

SO5: By the end of the Joint Action, produce a set of recommended policy statements and strategic actions for incorporating quality improvement into HIV prevention strategies, policies and action plans at the European, regional and Member State levels (WP 8).

2. Evaluation design

The process, output and outcomes of Quality Action are measured through a multi-level evaluation strategy. This multi-level evaluation strategy includes the use of routine monitoring data, descriptive cross-sectional studies, a non-experimental before-and-after design and post-tests to measure the projects' overall achievements. Mixed methods, i.e. quantitative and qualitative methods are used to appropriately collect and analyse the relevant data.

It is not possible to measure the overall impact of the Quality Action on the HIV epidemic in Europe due to the complexity of multiple factors influencing the potential outcome in the environment in which this project takes place. The limited time-frame of the project (i.e. three years running time) does not allow for measuring impacts and sustainability.

3. Timeframe for the evaluation

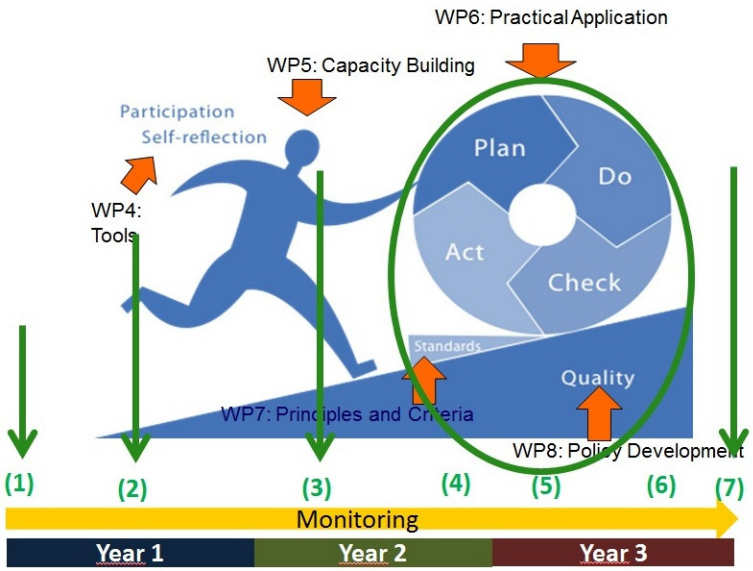

Figure 2: Program Description and global timeframe of evaluation activities

Chronologically, i.e. according to the project's timeframe, the evaluation includes the following major parts (we describe them in more detail under "data collection" below):

Year 1:

(1) Assessment of the QA/QI starting environment

(2) Monitoring QA/QI tools development, planning the evaluation of new tools (see WP 4)

Year 2:

(3) Evaluation of the training workshops (see WP 5)

(4) Planning the evaluation of the practical applications of QA/QI tools (see WP 6)

(5) Start process evaluation of practical QA/QI applications (see WP 6)

Year 3:

(5) Continuation process evaluation of practical QA/QI applications (see WP 6)

(6) Monitoring the development of the Charter for Quality in HIV Prevention (see WP 7)

(6) Evaluation of the adoption of the policy kit (see WP 8)

(7) Final project evaluation

Data Collection

1. Indicators

Different indicators are used to measure how activities are implemented (i.e. process indicators), what the project is able to deliver (i.e. output indicators) and whether it has effect (i.e. outcome indicators).

An overview of the different indicators is included in the logical framework on the next pages.

Table 3: Logical framework to the project

QUALITY ACTION Overall Objective: To improve the quality of HIV prevention in Europe by using Quality Assurance/Quality Improvement (QA/QI) tools					
Specific Objectives	**Actions/Activities**	**Process Indicators**	**Output Indicators/Products or deliverables**	**Outcomes Indicators**	**Method of data collection/Means of verification**
Coordination and dissemination	Organise Kick-off workshop (WP1) Conduct stakeholder analysis (WP2) Develop dissemination plan and materials (WP2) Conduct a baseline and a final evaluation (WP	A Kick-off workshop is organised by M5 A stakeholder analysis is performed by M8 Communication strategy is developed by M8	A collaboration agreement is ready by M4 A starting environment report is available by M12 Interim and final technical and financial reports are ready by M18 and M34 Draft communication strategy, dissemination plan, brochures, internet pages available by M5 Concluding conference report available by M34 Updated internet pages are available by M36 A final evaluation report is available by M36	NA	Baseline/starting environment: • Starting environment questionnaire • Final questionnaire Process-output: • Kick-off report • Meeting minutes • Internet pages • Project documents

QUALITY ACTION Overall Objective: To improve the quality of HIV prevention in Europe by using Quality Assurance/Quality Improvement (QA/QI) tools					
Specific Objectives	**Actions/Activities**	**Process Indicators**	**Output Indicators/Products or deliverables**	**Outcomes Indicators**	**Method of data collection/Means of verification**
1. Develop and deploy a training package with general and tool-specific modules to train at least 60 trainers/facilitators in Member States (MS) to provide capacity building and technical assistance to programs/projects using QA/QI tools as part of the Quality Action.	Adapt two new QA/QI tools for Quality Action (WP4) Revise existing and new tools (WP4) Develop tool-specific modules (WP4) Develop a guide for selecting the most suitable tool (WP4) Develop and deploy a general training module on QA/QI (WP5) Develop e-learning tools for all five QI/QA tools (WP5) Conduct an introductory QA/QI training at Kickoff workshop (WP5) Train at least 60 trainers/facilitators in MS to provide capacity building and technical assistance to programs/projects using QA/QI tools (WP5)	A meeting is organised for selecting and adapting 2 additional tools by M2 At least 4 European-level training workshops (part I) are conducted by M15	Two additional tools, including specific training modules, are ready for piloting by M12 Guide to tool selection is ready by M8 General training modules and materials are available (in English) by M12 E-learning package available by M16 Revised final tools including case studies are available by M25	90% of participating HIV prevention programs and projects have access to capacity building and technical assistance from trained trainers/facilitators • Training coverage of 90% (programs and projects with capacity building and technical assistance) • At least 60 trainers/facilitators in MS are trained by M16 (Part I training) • New training tools are acceptable, user-friendly and effective	Process-output: • Meeting minutes • Project documents Outcome: • Project documents • Focus Group Discussions with European-level trainees • Practical application: process questionnaire

QUALITY ACTION Overall Objective: To improve the quality of HIV prevention in Europe by using Quality Assurance/Quality Improvement (QA/QI) tools					
Specific Objectives	**Actions/Activities**	**Process Indicators**	**Output Indicators/Products or deliverables**	**Outcomes Indicators**	**Method of data collection/Means of verification**
2. Ensure that the trained trainers/facilitators from Member States have reached and can demonstrate a level of QA/QI knowledge and skill required to provide on-going technical support to programs and projects using QA/QI tools to improve the quality of their work.	Organise European-level training workshops part II to refine knowledge and skills of trained trainers and trainers/facilitators (WP5) Liaise with participating organisations (WP6) Translate tools in countries where needed Organise 4 European-level coordination meetings (WP6) Organise ongoing technical support (WP6) and in country capacity building	At least 4 European-level training workshops (part II) are conducted by M22 At least 4 coordination meetings are conducted by M15 Ongoing technical support is being provided by M24	Training reports are available of all training courses Report of the regional coordination meeting is available All technical support reports are available	75% of participating HIV prevention programs and projects are satisfied with the capacity building and technical assistance provided by trained QA/QI trainers/facilitators. • At least 60 trainers/facilitators in Member States are fully trained by M30 • 75% improvement of knowledge and skills of trainees • 80% of the trainers/facilitators remain at a satisfactory level of knowledge and skills 6 months after completing the training	Process-output: • Meeting reports • Project documents Outcome: • Project documents • Training questionnaire • Semi Structured Interviews with European-level trainers

QUALITY ACTION Overall Objective: To improve the quality of HIV prevention in Europe by using Quality Assurance/Quality Improvement (QA/QI) tools					
Specific Objectives	**Actions/Activities**	**Process Indicators**	**Output Indicators/Products or deliverables**	**Outcomes Indicators**	**Method of data collection/Means of verification**
3. Support and liaise with all participating HIV prevention programs and projects to support at least 80 applications of the QA/QI tools and to collect data on the process and results by month 30.	Assist partners to apply QA/QI tools to HIV prevention projects, national/regional HIV prevention programs (WP6) Internal application of a QA/QI tool to Quality Action (WP3)	At least 2 internal QA/QI application meetings are organised by M15 and M25 At least 80 applications are initiated or finalized by M 30, the majority by projects targeting the priority populations for HIV prevention in Europe, particularly MSM, IDU migrants from high-prevalence countries and PLWH	Participation Guide including criteria for participation ready by M5 Translated tools are available in-country by M16 60 QI case studies (storyboards) available by M24 Practical Application Report including recruitment process; participating programs and projects; summary of enables of and barriers to participation; electronic booklet of case studies are available by M35	75% of participating programs/projects report successful QI projects resulting in one or more of the following changes: 1) more precise evidence-based targeting; 2) increased reach; 3) greater participation of priority groups in prevention activities. • At least 80 tool applications are ongoing or have been finalised by M 30, the majority by projects targeting key populations in Europe • 75% of the participating programs/projects report successful QA/QI tools applications • 75% of the participating programs/projects perceive quality improvement in at least of one of the changes above	Process-output: • Meeting reports • Project documents Outcome: • Project documents • Practical application: process questionnaire • Practical application: outcome questionnaire • Focus Group Discussions with European-level trainees

QUALITY ACTION Overall Objective: To improve the quality of HIV prevention in Europe by using Quality Assurance/Quality Improvement (QA/QI) tools					
Specific Objectives	**Actions/Activities**	**Process Indicators**	**Output Indicators/Products or deliverables**	**Outcomes Indicators**	**Method of data collection/Means of verification**
4. By the end of the Joint Action, develop, adopt and disseminate a 'Charter for Quality in HIV Prevention' with agreed quality principles and criteria for use in assessing and improving the quality of HIV prevention programs and projects.	Organise a meeting to develop a charter for quality in HIV prevention Collect data and analyse the results (WP7) Drafting of quality principles and criteria (WP7)	At least 1 meeting is organised to develop a Charter for Quality in HIV Prevention by M24 Data collection completed by M26 At least 2 consultations take place to agree on the charter by M26	Terms of Reference, membership list for Scientific Reference Panel is ready by M4 Data collection, analysis and consultation plan ready by M10 "Charter for Quality in HIV Prevention" available on the project website by M31 At least one scientific article submitted for publication by M33	All 25 partner MS endorse and recommend the Charter by M35	Process-output: • Meeting minutes • Project documentation • Scientific manuscript Outcome: • Literature Review • Project documentation • Application: outcome questionnaire

QUALITY ACTION Overall Objective: To improve the quality of HIV prevention in Europe by using Quality Assurance/Quality Improvement (QA/QI) tools					
Specific Objectives	**Actions/Activities**	**Process Indicators**	**Output Indicators/Products or deliverables**	**Outcomes Indicators**	**Method of data collection/Means of verification**
5. By the end of the Joint Action, produce a set of recommended policy statements and strategic actions for incorporating quality improvement into HIV prevention strategies, policies and action plans at the European, regional and Member State levels.	Conduct a policy review (WP8) Draft a Policy Kit with recommended policy statements, strategic actions, a glossary of terms and definitions and additional methods to support integration of QA/QI into HIV prevention at the European and MS level (WP8) Update policy review (WP8)	80% of partner organisations are actively involved in the development of the Policy Kit by M18 At least 2 consultations of partners to receive feedback on the Policy Kit by M26 At least 2 presentations at relevant public health and policy meetings are done by M32	Baseline Policy Review ready by M9 The Policy Kit available on the project website by M32 Updated Policy Review is ready by M33	The Policy Kit is adopted and disseminated by HIV Think Tank and Civil Society Forum by M35 %age of the partner Member States that have included QA/QI in their strategic planning documents by M35	Process-output: • Meeting meetings • Project documentation Outcome: • Policy desk review • Project documentation • Final questionnaire

2. Data collection instruments

Most **process and output indicators** are measured through routine data monitoring systems implemented in the project (see also the summary of means of verification in the logical framework (table 3). No separate data collection instruments are developed for measuring process and output indicators. Existing sources of monitoring data include meeting minutes, internet pages and various project documents including reports, tracking forms, etc. WP1 as project coordinator carries overall responsibility for monitoring the activities and outputs of the project.

Some selected activities, such as the kick-off workshop and Quality Action's concluding conference, are subject to a more extensive **process evaluation**. Table 4 shows which specific evaluation instruments are developed.

New, primary data are collected for most of the **outcome indicators**. In general, WP3 develops data collection instruments in collaboration with the lead persons of the specific work packages involved in the respective activity. See table 4.

Table 4: Specific objectives (S.O.) and data collection instruments

S.O.	*Evaluation objectives*	*Data collection instrument*
0. Coordination and dissemination	To assess the starting environment of the project: • To assess understanding and relevance of the topic of quality to stakeholders • To assess stakeholders' expectations of the project	Starting environment questionnaire
	Qualitative assessment: • To assess understanding and relevance of quality • To assess expectations of the project	Topic guide for interviews on the starting environment
	Process evaluation of the kick-off workshop (*)	Feedback form kick-off workshop
	Process evaluation of the concluding conference (*)	Feedback form concluding conference
	Qualitative follow-up: • To assess changes in understanding/relevance of quality to stakeholders • To assess to what extent expectations have been met	Topic guide for final interview

	General evaluation of the Quality Action project: • To assess experiences during Quality Action • To assess the strengths and weaknesses of Quality Action	Final questionnaire
1. Develop a training package to train 60 trainers/facilitators	Quantitative evaluation of new tools: • To assess user acceptance of the new tools (perspective of the end users) • To evaluate selected characteristics of the tools' performance • To assess the "user-friendliness" of the new tools • To assess practicality of new tools (time and resources)	Practical application: process questionnaire
	Qualitative evaluation of new tools: • To explore experiences during application of the QA/QI tool • To describe strengths and weaknesses of the new tools • To assess the perceived benefits in using the tools at the organisational level	Topic guide FGD
	To assess the level of QA/QI tool knowledge and skills gained by the participants. • To measure self-assessed level of knowledge and skills of the participants before and after training part I • To document specific problems with each QA/QI tool Process evaluation of the training workshops I (*)	Training questionnaire
2. Ensure sufficient level of knowledge and skills of trainers/facilitators	To assess the level of knowledge and skills 6 months after the training workshops part I: • To measure self-assessed levels of knowledge and skills of the participants • To measure specific problems for each QA/QI tool Process evaluation training sessions II (*)	Training questionnaire
	Qualitative evaluation of the acquired skills of the trainees as perceived by the (European-level) trainers: • To qualitatively assess the acquired skills of the participants as perceived by their trainers • To understand some of the barriers and enablers of reaching the training goals • To collect suggestions on how to improve the training workshops	Interview topic guide
3. Support at least 80 tool applications	Satisfaction with trainers/facilitators: • To assess availability of QA/QI trainers/facilitators • To evaluate satisfaction with the technical assistance provided by QA/QI trainers/facilitators	Practical application: process questionnaire

	• To evaluate whether technical assistance of QA/QI trainers/facilitators corresponds to the need of the users	
	Assess the level of success of the practical applications of QA/QI tools: • To assess the perceived success of the QA/QI tool applications • To describe determinants of success • To describe determinants of failure of applications	Practical application: process questionnaire
	Assess perceived levels of quality improvement to projects and programmes after the practical application of QA/QI tools: • To assess to what extent the application influenced or changed the quality of HIV prevention activities carried out	Practical application: outcome questionnaire
4. Develop a charter for quality in HIV prevention	Assess the endorsement and signing of the charter	Final questionnaire
5. Policy statement and strategic actions	Measure the proportion of MS that have included QA/QI in their strategic planning: • To assess the level of QA/QI already included in national strategies for HIV prevention before the project	Starting environment questionnaire
	• To assess the level of a QA/QI included in national strategies for HIV prevention at the end of the project	Final questionnaire

(*) The process evaluation includes questions such as: is the activity conducted according to plan? If not, why not? What are possible strengths, weaknesses, and areas that need improvement?

3. Data collection plan

Table 6 describes, per data collection instrument, the type of participants, when the instrument is used and a summary of the data collection method.

Table 5: Data collection instruments and methods

Data collection instrument	*Who?*	*When?*	*Methods*
Starting environment questionnaire	Stakeholders of the project: WP leaders,	2 weeks before the kick-off workshop (May 2013)	Anonymous self-administered

	associated partners, collaborating partners, funding agency.		standardised, online questionnaire
Topic guide: interview starting environment	Selected participants of the kick-off workshop	During the kick-off workshop (June 2013)	Recorded interviews
Feedback form Kick-off workshop	All participants of the kick-off workshop	At the end of the Kick-off workshop (June 2013)	Self-administered standardised, paper-pencil or online questionnaire
Training questionnaire	Participants of the European level training workshops part I and II	One week before (Pre-) and immediately after (Post-) training workshops I (April and May 2014) and II (November 2014 and January 2015)	Anonymous self-administered standardised, online questionnaire with specific questions according to phase and moment of the training (part I and part II; pre- and post-training)
Topic guide FGD	Participants of the European-level training workshops part II who were trained in using the tools, with specific emphasis on the new tools	During the European - level training workshops II (November 2014 and January 2015)	FGDs in four cities at the trainings part II, min 5 and maximum 10 participants per FGD
Topic guide expert interviews	Regional trainers during the European-level training workshops part II	During the European-level training workshops II (November 2014 and January 2015)	Recorded expert interviews with 7 trainers
Practical application: process questionnaire	All partners who are applying a QA/QI tool	Maximum six weeks after each practical application (starting from May 2014)	Anonymous self-administered, standardised online questionnaire
Practical application: outcome questionnaire	All partners who are applying a QA/QI tool	Six months after each practical application (starting October 2014)	Anonymous self-administered, standardised online questionnaire
Final questionnaire	Stakeholders of the project: WP leaders, associated partners, collaborating partners, funding agency.	Before the concluding conference (October 2015)	Anonymous self-administered, standardised online questionnaire
Topic guide final interview	Selected participants of the concluding project conference, including	During the concluding conference (November 2015)	Recorded expert interviews

	those who participated in the starting environment interviews		
Feedback form concluding conference	All participants of the concluding project conference	At the end of the concluding project conference (November 2015)	Anonymous self-administered, standardised paper-pencil or online questionnaire

Individual, standardised, anonymous online questionnaires:

The questionnaires are prepared by WP3, with input from other WPs. For some questionnaires, specific input will be needed:

- Specific evaluation questions for the new tools (practical application: process questionnaire, FGD, WP4)
- Detailed objectives of the European-level training workshops (training questionnaire, WP5)
- Specific evaluation questions for the practical applications (practical application: process questionnaire, WP6)
- Specific evaluation questions for the "quality principles and criteria" (practical application: outcome questionnaire, WP7)

After revision by the other WPs, the questionnaires are put online using Formsite software (Vroman Systems, Inc. 5202 Washington St. STE.11; Downers Grove, IL 60515).
Invitations to complete the questionnaires are sent by:

- WP3 for the starting environment and the final questionnaire
- WP5 for the training questionnaires
- WP6 and WP7 for the practical application questionnaires

WP5 also generates and manages the participant codes (see below for further details) for the training questionnaires to guarantee anonymity and to enable WP3 to link questionnaires from the same participant (e.g. to link pre- and post- test). WP5 also has the task to send reminders to complete the training questionnaires.
WP6 generates and manages application codes (see further) to guarantee anonymity and to enable WP3 to link questionnaires from the same practical application. WP6 also sends reminders to complete the practical application process and outcome questionnaires.

Note: The training questionnaires will be available to the trainers/facilitators for their own use in case they organise a local training workshop. Evaluation of the local training workshops, however, is not included among WP3's tasks and thus will also not be included in the final evaluation report.

Anonymous self-administered standardised paper-pencil or online questionnaire:

For some process evaluations, including the kick-off workshop and the concluding conference, participants are given the choice between a paper- and online questionnaire.

Audio-taped interviews:

Brief semi-structured interviews with stakeholders (expert interviews) are conducted at the kick-off workshop (Berlin; interviews conducted by FHNW) and at the concluding project conference by the WP 3 work-package leader. We aim at conducting the interviews at the concluding conference with the same 13 persons who were interviewed at the kick-off workshop. After having obtained informed consent, the interviews are recorded for transcription and analysis (see below for further detail). Each interview takes of about 5 to 8 minutes, at a venue and time settled in agreement with the interviewee.

Semi-structured interviews using a common topic guide with the (European-level) trainers are conducted by work-package 3 to evaluate the skills acquired by the participants (trainers/facilitators) and the training process as perceived by the (European-level) trainers.
In total, at least 7 expert interviews are conducted during the training workshops part II in order to interview each European-level trainer once, depending on the availability of the trainers:

- Ljubljana (2 interviews: Viveca Urwitz and Ursula von Rueden)
- Tallin (3 interviews: Matthias Wentzlaff-Eggebert, Karl Lemmen, Annemiek Dorgerlo)
- Barcelona (2 interviews: Chantal Demesmaeker, David Hales)

Each interview has a duration of about 45 minutes. The venue and time of the interview are decided in agreement with the interviewee during the training workshops part II.

Focus group discussions:

WP3 prepares a topic guide for the FGDs, with input from other relevant WPs.
It is suggested to conduct a minimum of eight FGDs in the four cities in which the training of the tools, with a particular emphasis on the new tools, is organised according to the training plan:

- Dublin (SUCCEED, QIP and PQD)
- Tallin (PIQA tool for prevention targeting PWID)
- Ljubljana (“Schiff” programme tool)
- Barcelona (“Schiff” programme tool)

FGDs are conducted during the training workshops part II. We aim at inviting as many participants as possible to take part on the FGDs, however, with a maximum of 10 participants per FGD. Experienced facilitator moderate the group discussion.

4. Evaluation plan timeline

Table 6: Indicative timeline of planned evaluation activities

Activities	Y1				Y2				Y3			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Monitoring activities of process and output	X	X	X	X	X	X	X	X	X	X	X	X
Starting environment questionnaire	X											
Interview starting environment		X										
Feedback form kick off workshop		X										
Training questionnaire					X			X	X			
Topic guide FGD								X	X			
Topic guide expert interviews								X	X			
Practical application: process questionnaire					X	X	X	X	X	X	X	X
Practical application: outcome questionnaire								X	X	X	X	X
Final questionnaire											X	
Topic guide final interview											X	
Feedback form concluding conference											X	
Final evaluation report												X

5. Ethical considerations

WP 3 has received Ethical Committee Approval from the Institutional Review Board (IRB) of the Institute of Tropical Medicine for the overall project evaluation. In case a partner country is officially required to make a submission to an Ethical Committee, the national partner is responsible for this submission. In that case, the Institute of Tropical Medicine will provide technical support for protocol development.

1.1. Statement of ethics

Our evaluator statement of ethics is based on the CERN statement of ethics (CERN, Jenny Hughes and Loek Niewenhuis, 2005):

In line with these principles, we are committed to:

- Evaluation as an essential element in the design and planning of any project, programme or innovative process.
- Evaluation that is integral to organisational and programme activities and not 'bolted-on'.
- Evaluation that spans the whole lifecycle of a project or programme and includes process as well as output and outcome-related indicators.
- Evaluation that is client-centred, based on a non-dependency relationship and leading to long-term client autonomy and sustainability.
- Evaluation that recognises the diversity of stakeholders and responds to their different needs by offering a wide range of review and evaluation products, tools and processes.
- Evaluation as a skilled intervention and a specialist field of knowledge and practice.
- Evaluation that is ethical, transparent, professional and responsible.
- Evaluation that is informed by a range of different approaches and theoretical perspectives to ensure congruence between the review and evaluation process and the policies, processes and practices being reviewed.

1.2. Informed consent

Information on the objectives and the process of the evaluation activity is provided to all participants before starting any evaluation activities. The researchers ask verbal informed consent from every participant in a focus group discussion or interview. In the case of an online questionnaire, information on the objectives and the process of the evaluation activity will be given in the introductory section. Each questionnaire will start with an informed consent statement such as: "I have read the introduction, I understand the objectives of the questionnaire and I agree to participate". This statement has to be approved by the participant before starting to fill in the questionnaire.

1.3. Anonymity and Confidentiality issues

Names and other personal identifiers are never being asked from participants or from organisations. In some instances, such as the feedback form for the kick-off workshop, participants may choose whether they want to disclose their name. Training and practical application questionnaires are always anonymous. No IP addresses are collected when using the online questionnaires.

In order to link pre- and post-training responses and responses relating to the same practical application of a QA/QI tool, temporary anonymous codes have to be generated for some questionnaires:

- A **training code** is generated and managed by a code manager from WP5. The training code is personal and anonymous, only WP5 has a temporary coding list in order to discretely help participants who have forgotten their code. WP3 only uses the code in order to link pre- and post- test results, and results from training part I and training part II for each participant.
- An **application code** is generated and managed by WP6. The application code is unique for each practical QA/QI tool application. The training code of the trainer/facilitator may be

copied and used as an application code. If the training code is not available, or has already been used, a new application code will be designed by the code manager. WP3 uses the code to group respondents of each tool application in the analysis in order to avoid participation bias by the different number of respondents for different applications.

The temporary links between training codes and participants, and between application codes and applications are created before starting the first training/application activity and are kept until the final evaluation report is published on the Quality Action website. WP5 and WP6 destroy the temporary coding lists as soon as data collection is finalised.

1.4. Access to documents and ownership of data

Drafts of all evaluation reports are circulated for consultation among the steering group members before being published on the partner section of the Quality Action website. The questionnaires and evaluation tools that are developed for the project are the property of the project, and can be made freely available to be used for other projects in the future upon decision of the steering group. Crude data collected for monitoring and evaluation purposes are encrypted and password protected. They are kept by ITM for a minimum duration of five years after the publication of the final project evaluation report. Evaluation results can be published in national and international specialist journals after approval of a publication plan by the steering group.

Data analysis and interpretation

1. Analysis

Quantitative data:
Statistical analysis is performed using STATA version 11.1 software (StataCorp LP, Texas, USA).
Results are summarised by relative frequency (nominal and ordinal data) or by measures of central tendency and variability (numeric data).
Indicators expressed as proportions (%) are calculated as numerator divided by denominator (x100 for %).
Before and after-comparisons (pre and post-test, pre and post-score) are performed by presenting cross tabulations and calculating a proportion ratio or odds ratio (nominal and ordinal data) or by summarising the numeric characteristics across the "before" and "after" categories. Statistical tests are performed as needed:

- X^2 test for difference of proportions
- T-test for difference of means

Qualitative data:

Qualitative data are recorded, transcribed verbatim from audio files, and analysed using the computer-assisted N-VIVO 11 program; inductive open coding is applied, leading to codes, categories and overarching themes. Content analysis is performed in accordance with Mayring (Marying, 2008). Whenever possible, two evaluators should code and establish an open, data-driven code-book.

2. Interpretation

Results of the analysis should be interpreted to provide meaningful, useful and accessible information for action. As much as possible, qualitative and quantitative data are triangulated to increase the validity of the overall findings.

In addition, when interpreting the project's findings, a participatory approach is applied. Preliminary results of all analyses are shared in a timely fashion with the steering group members in order to collect comments and guide the conclusions. Upon decision by the steering group, interim results, preliminary results and conclusions of selected sub-studies are discussed during steering group meetings. Upon steering group decision, a larger group of partners can be included if considered necessary.

Communication and reporting

Communicating and reporting is a continuous process and should not be limited for the end of the evaluation. During the whole process, information collected is continuously shared with stakeholders and interactive discussions with other WP leaders are organised on a regular basis, e.g. through conference calls.

Communication methods to be used on a regular basis, with all WP leaders and with selected WPs include:

- Steering group meetings
- E-mail exchanges
- Publication of deliverables on the Quality Action website
- Face-to-face discussions
- Tele- or videoconferences
- Working sessions

The objectives of these exchanges or meetings are to discuss and get feedback on the evaluation plan and data collection instruments, to discuss preliminary results and to prepare reporting of the results with sufficient input of all partners.

Table 7: Reporting plan of results and selected deliverables

Which results/deliverables	To whom	Methods	Timeline
Evaluation plan (without appendices)	Steering group, associated and collaborating partners	Partner website Email	January 2014
Starting environment report	Steering group	Partner website	February 2014
Interim results	Steering group	Presentation during steering group meeting	May 2015
Final results	All stakeholders	Presentation during concluding conference	November 2015
Final technical evaluation report	All stakeholders	Quality Action website	February 2016

In order to facilitate reporting of evaluation results by other WP leaders and the sponsors, a set of communication materials is developed by WP3 in collaboration with WP2:

- Executive summary of the technical evaluation report
- PowerPoint presentation with standard graphs and tables
- Fact sheet in clear, jargon-free language

Evaluation budget

Quality Action is a three-year project, starting in March 2013 (2013-2016). It is funded by the Health Programme of the European Union and coordinated by the German Federal Centre for Health Education (BZgA). The project unites over 60 stakeholders from 25 countries (among them 11 western European and 7 eastern European countries), including 12 governmental institutions and 11 NGOs, universities, WHO/Europe, ECDC, EMCDDA and regional networks such as EuroHealthNet and AIDS Action Europe. WP 3 takes the lead on evaluation and has a budget of € 312,960 for the evaluation activities, equalling 8.9% of the overall budget (i.e. € 3,530,012 total project costs with own contribution included). Considering EU funding only, the relative costs of the evaluation as part of the total EU funding would come down to 14.6% (i.e. funded costs of WP3: € 218,448; total EU project funding: € 1,493,180)

These costs do not cover the qualitative part of the evaluation. This is carried out by ITM as the work-package leader. The collaborative partner FHNW based in Switzerland has provided substantial input in the design of the qualitative evaluation component. With the support of the main coordinator, ITM has negotiated additional funding support for the approximate costs of € 29.000,- to carry out the qualitative evaluation components.

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Appendices: data collection instruments

1. Starting environment questionnaire
2. Topic guide interview starting environment
3. Feedback form kick off workshop
4. Training questionnaire
5. Topic guide FGD
6. Topic guide expert interviews
7. Practical application: process questionnaire
8. Practical application: outcome questionnaire
9. Final questionnaire
10. Topic guide final interview
11. Feedback form concluding conference