Although based on real projects, this example of QI is not a true story. It has been developed with the purpose of helping users to understand how *Succeed* questions can be answered. It was written before the current version of *Succeed*. Efforts have been made to update the case. Any variation from the current version of *Succeed* should be of no importance to the relevance and purpose of the case example.

# NSP – **a project for outreach to** people who inject drugs （PWID）

## *Succeed*

### A CASE EXAMPLE ON HOW THE QUESTIONS CAN BE ANSWERED

# INTRODUCTION

Injecting Drug Use (IDU) is one of the most common routes of HIV transmission in Europe.

The European Centre of Disease Prevention and Control (ECDC)'s 2009 HIV surveillance report recommends: "For the countries in the East: interventions to control HIV among injecting drug users, including harm reduction programmes, should be the cornerstone of HIV prevention strategies."

Needle and Syringe Programs have been shown to be cost-effective in preventing HIV infections.[1]

This program locates the needle and syringe program in a community setting, managed by a peer-based organisation of people who inject drugs (PWID). The target group is people of all ages and backgrounds who inject drugs and who frequent the inner city district. It is open 5 days per week during business hours and on Thursday evenings.

As well as distributing sterile injecting equipment (and condoms), it provides advice on safe injecting, health care information (such as vein care and overdose prevention) and safe sex, and referral to HIV, Hepatitis C and drug dependency treatment programs.

In addition, the program collaborates with a sex worker outreach program to provide sterile injecting equipment and information twice per week to street-based sex workers who inject drugs.

The program also acts as a recruitment site for an annual national survey of drug use behaviour, which also includes a de-linked, anonymous HIV and Hepatitis C virus sero-survey.

All paid staff and volunteers have personal experience with injecting drug use and are trained in-house as well as by the government drug control and public health authorities, which also provide most of the program's funding.

The program has been established in the early 1990s and has built stakeholder relationships within the drug and alcohol field, with some public authorities such as the city council and police. It also has a good working relationship with the department of health, its main funding body, although its work has been politically contentious from the start and its operations have been the subject of political debate from time to time.

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[1] *Return on Investment in Needle&Syringe Programs in Australia: Summary Report*, Health Outcomes International Pty Ltd, National Centre for HIV Epidemiologa and Clinical Research, M Drummond, Centre of Health Economics, York University. Commonwealth of Australia, 2002.

# STRUCTURE OF THE PROJECT

## Goals

- Have you set overall goals for the project?
  [**Yes** / No]

  If yes, what are they?

  To reduce the transmission of HIV and hepatitis C among people who inject drugs and to improve their access to health care.

- What do you want to achieve with the project?
  To ensure that people who inject drugs have enough sterile injecting equipment for every injecting occasion.

  To ensure that people who inject drugs have harm reduction knowledge.

  To ensure that people who inject drugs have access to services necessary to improve and maintain their health.

- Have you developed objectives or sub-goals for the project?
  [**Yes** / No]

  If yes, what are they?

  1. To increase access to sterile injecting equipment for people who inject drugs and frequent the inner city.

  2. To increase knowledge of harm reduction and health maintenance among people who inject drugs.

  3. To increase knowledge about health services, including vaccination, opioid substitution treatment, treatment for hepatitis B and C and mental health services among people who inject drugs.

- Are the goals clear and concise enough for you to measure the project's performance?
  [Yes / **No**]

## Next steps:

- What actions do you need to take?
  The programme is currently unable to measure performance against the second and third objectives. We need to either re-formulate the objective or improve our ability to measure it.

- Who will take them?
  Programme Manager, management team and Programme Advisory Committee.

- When will they take them?
  Next annual review of the programme's strategic plan.

## Key Population(s)

- What key population(s) does the project reach and/or plan to reach?

  *People who inject drugs and who live in or frequent the inner city district.*

- Do/did you have specific reasons for selecting this group or groups?

  *[**Yes** / No]*

If yes, what are/were your reasons for selecting this group or groups?

*The volunteers who first founded the organisation reported that there are not enough outlets for sterile injecting equipment in the city. People who inject drugs are at higher risk of blood-borne virus (HIV, hepatitis C and hepatitis B) infection than the general population. These infections can be prevented by harm reduction measures, especially the distribution of sterile injecting equipment and safe injecting messages. Due to stigma and discrimination this group lacks access to health information relevant to them, especially on harm reduction. Also, they do not sufficiently access services to maintain and improve their general health.*

- Did you use any data or other information to make your selection?

  *[**Yes** / No]*

If yes, please provide a brief description of the data that were used.

*Annual epidemiologic summary reports for the region show higher rates of HIV infection among this group. People who have injected drugs at some point in their life make up the majority of people diagnosed with hepatitis C infection. The data also show that they are at higher risk of hepatitis B infection. Social research studies confirm that people who inject drugs have high rates of behaviour that puts them at risk of these infections. Surveys have shown that access to sterile injecting equipment, knowledge and health services can influence the behaviour.*

Are you reaching or planning to reach this key population directly with you project ?

**Yes**/no

If No, are you targeting intermediaries and /or others? Please explain who and why ?

## Next steps:

- What actions do you need to take?

  *1. Update our evidence through a review of the latest relevant epidemiological and social research and additional questions in our annual client satisfaction survey.*

  *2. Analyse the data along major demographic variables (sex, age, ethnic origin) to see if we need to target our services more specifically.*

- Who will take them?

  *1. Research/Training Officer.*

  *2. Research/Training Officer.*

- When will they take them?

1. Before the next client satisfaction survey

2. To present the analysis at the next annual planning workshop

## Approach

- Is there an overall outline or plan for your approach?
[Yes / **No**]

- Have you documented the different components of the approach?
[**Yes** / No]

- Can you identify the strengths and weaknesses of the approach?
[**Yes** / No]

If yes, what are they?

*One strength of the approach is the fact that it is peer-based and enjoys the trust of the target group, who take a degree of ownership in the organisation and the programme. Workers can relate well to the clients because they have had some experience with injecting drug use in their own lives. Another strength is that our staff and volunteers know, or know how to find out, which types of sterile injecting equipment are in demand, and how to communicate health information. Our outreach to street-based sex workers is strong because it meets the needs of a vulnerable population by bringing the service to them.*

*One weakness is that the programme finds it harder to reach people who are new to injecting drugs and do not (yet) identify with this peer group, but who are especially vulnerable to acquiring a blood-borne virus while they are still inexperienced. Also, it is difficult to convince mainstream health services to take the programme seriously as a partner. The programme is vulnerable to attack from socially conservative groups, politicians and public officials. Being part of the target group and subject to stigma and discrimination means that staff and volunteers' lives are sometimes messy and this can create conflicts with the professional expectations of working for the programme.*

- Does the approach include any plans for regular quality management?
[Yes / **No**]

- What will you do with the findings from any quality management activities? [Open-ended response]

*Discuss them in the management team, and with staff and the Program Advisory Committee. Prioritise at the next annual planning workshop and devise practical responses within the current resources of the project.*

- Could project activities have negative effects for anyone?
[**Yes** / No]

If yes, what are they?

*Staff and volunteers will inevitably become aware of criminal activities by clients during the course of their work. They will always have to balance preserving their relationship with the target group and their duty as citizens to report crime.*

*They may also encounter young people who are about to experiment with injecting drugs and will have to balance harm reduction principles with the opportunity to prevent a person from beginning to inject drugs in the first place.*

- Could anyone's integrity be threatened or violated by project activities?
  [**Yes** / No]

If yes, how?

*The integrity of clients might be threatened if the staff thinks it is necessary to report criminalised behaviour. There might also be a need to contact and inform parents against the will of minors.*

*The programme needs to develop clear policies on how to handle such situations.*

**Next steps:**

- What actions do you need to take?
  1. *Investigate the options for ongoing quality management activities and discuss them within the programme.*

- Who will take them?
  1. *Programme Manager*

- When will they take them?
  1. *Within the next six months*

**Responsibility**

- Who decided to initiate the project?
  *A group of concerned members of the target group.*

- Does the project have the necessary backing from key stakeholders and decision makers?
  [**Yes** / No]

- Is the division of responsibility clear between the project management team and others in the decision-making hierarchy?
  [Yes / **No**]

**Next steps:**

- What actions do you need to take in order to clarify the lines of responsibility??
  1. *Review the programme structure, especially the power relationships between the management staff, the funding body and the Program Advisory Committee.*

2. Review whether all stakeholders are currently represented, e.g. the education sector, clinics who provide services to the target group.

- Who will take them?

  1. Programme Manager and parent organisation Executive, including consulting staff and the Program Advisory Committee.

  2. Programme Manager.

- When will they take them?
  In preparation for and at the next annual planning workshop.

## Organisation

- Is this project run as a 'stand-alone' project with its own staff or is it run by a 'parent organisation as one of several activities?
  [Stand-alone project / **Parent organisation**]

- If it is run by a parent organisation, is the project clearly delineated from its other activities?
  [**Yes** / No]

- Have you made decisions about the organisational structure of the project?
  [**Yes** / No]

- Have you selected a Project Manager?
  [**Yes** / No]

- Does the Project Manager have a clear and complete understanding of his/her authority and areas of responsibility?
  [Yes / **No**]

- Are all of the other people involved in the project clear about their roles and responsibilities?
  [Yes / **No**]

- Is there a realistic time plan for the project?
  [**Yes** / No]

- Have you set aside a realistic amount of time for everyone involved to complete their tasks?
  [**Yes** / No]

## Next steps:

- What actions do you need to take to strengthen how the project is organised?
  Clearly articulate the delineation of responsibilities with the parent organisation as well as internally to the programme – especially in relation to the Programme Advisory Committee.

- Who will take them?

*Programme Manager, Executive of the parent organisation, programme management team, Programme Advisory Committee.*

- When will they take them?
*Before the next funding application is due to be developed.*


## Resources

- Do you have sufficient financial resources to do the work of the project?
*[Yes / No]*

If no, what are the specific components of the project that are underfunded?

*Distributing (for free) the more expensive types of sterile injecting equipment preferred by some people who inject drugs.*

*Distributing (for free) sterile filters and sterile water to ensure clients have all the equipment they need to prevent the transmission of blood-borne viruses, especially hepatitis C.*

*Working in partnership with the education and youth sectors to reach young people who are experimenting or planning to experiment with injecting drugs.*

- Do you have enough people (both staff and volunteers) to do the work?
*[Yes / No]*

If no, where you would need more people?

*For reaching young people who are thinking about injecting drugs.*

- Do you have adequate facilities to do the work?
*[Yes / No]*

If no, what additional facilities do you need?

*A car dedicated to outreach work to street-based sex workers.*

- Does the project staff have a role in determining how project resources are used?
*[Yes / No]*

If yes, can they reallocate resources to adapt to changing needs and/or circumstances?

*Yes, in consultation with the management team and if they can provide a convincing rationale and some evidence to support the change.*

- Do staff and volunteers have sufficient knowledge about the work of the project to be effective?
*[Yes / No]*

- Is training available for staff and volunteers?

[**Yes** / No]

- Have you set aside funds in the budget for future training needs?
  [Yes / **No**]

## Next steps:

- What actions do you need to take to ensure you are properly managing your resources?
  1. Develop partnerships with other agencies interested in reaching young people with harm reduction information, with a view to attracting funding for these activities.

  2. Conduct further research to support the application for funds to pay for an extended range of sterile injecting equipment.

  3. Document the need for outreach services to support the demand for a dedicated car.

  4. Recruit a new group of volunteers, particularly younger people and those who can reach others who do not identify strongly as people who inject drugs.

  5. Include a separately identified allocation for staff training in the next budget.

- Who will take them?
  1. Programme Manager, parent organisation Executive, Programme Advisory Committee.

  2. Research/Training Officer.

  3. Research/Training Officer, outreach workers.

  4. Volunteer Coordinator.

  5. Programme Manager.

- When will they take them?
  1. Over the next 18 months, with the goal of a project proposal to present to funding bodies at the end of that period

  2. Ready for the next funding application

  3. Starting in 3 months' time, when outreach peaks during the warmer months

  4. Starting after the school and university holiday period

  5. In time for the next funding application

## Support/participation

- List the key project stakeholders (e.g. organisations and individuals) and identify their key roles in the project (e.g. advisory, funding, planning, implementation, advocacy, assessment).
  *Key population: service provision, advocacy, participation, consultation, advice*

  *Programme Advisory Committee: advice, planning, networking*

  *Parent organisation: planning, financial management, advocacy, administrative and other corporate support, overall responsibility towards funders and relevant legislation*

  *Management and staff: planning, implementation, evaluation, quality management*

  *Funding body: funding, planning, advocacy*

  *Police and local government sector: partnership, advocacy, advice*

  *Health and social sector: networking, advice, advocacy*

  *Academic and research sector: advice, assessment, evaluation, research, partnership, advocacy*

  *Equipment manufacturers and distributors: supply, sponsorship*

- Does each of the stakeholders understand and agree with the goals of the project?
  *[Yes / No]*

If no, who does not agree and why not?

*Some parts of the police, local government, health and social services and academics do not always understand and agree with the goals of the project. This is due to conflicting paradigms and principles that govern their work, such as 'zero tolerance' approaches to drug use in the law enforcement sector, 'abstinence' approaches in the medical and education sector or socially exclusory policies in local government. These may have their roots in conservative philosophies, religious beliefs or irrational fears and lack of accurate information.*

- Do all the relevant stakeholders have an opportunity to participate in: -the planning of the project?
  *[Yes / No]*

- Do all the relevant stakeholders have an opportunity to participate in: -the implementation of the project?
  *[Yes / No]*

- Do all the relevant stakeholders have an opportunity to participate in:    -the monitoring of the project?
  *[Yes / No]*

- Do you know if the stakeholders feel they are active participants in the project?

  *[Yes / <mark>No</mark>]*

- Does the project have the ability to track the extent of stakeholder participation?

  *[<mark>**Yes**</mark> / No]*

If yes, briefly describe how this tracking is done.

*The interactions with stakeholders are documented in various ways, including annual reports, minutes of meetings, planning workshops, surveys and consultations. It would be possible to collate all the relevant information on this topic. However, this is not done routinely.*

- Have stakeholders made formal commitments about their participation in the project?
  *[<mark>**Yes**</mark> / No]*

If yes, can you list the commitments made by the various stakeholders?

  *[<mark>**Yes**</mark> / No]*

- Are there contracts or agreements between the project sponsor and the stakeholders (e.g. between the project sponsor and an implementing partner)?
  *[<mark>**Yes**</mark> / No]*

If yes, briefly describe one example.

*There is a Memorandum of Understanding with the police. It includes a commitment from the police to not routinely patrol the site unless there is a specific investigation or call for assistance. In return, the organisation educates its clients about this agreement and asks them not to conduct any illegal activity on or in the vicinity of the site, including dealing or using drugs.*

- Is there a minimum level of participation required for stakeholders to stay involved in the project?

  *[Yes / <mark>**No**</mark>]*

- Are there any economic relationships between the project and key stakeholders? Does the project receive or distribute funds from or to stakeholders?

-

  *[<mark>**Yes**</mark> / No]*

  *If yes, are there clear agreements on how economic relationships should work? [Yes / <mark>**No**</mark>]*

- What proportion of stakeholders is well informed about the project?
  *[Don't know … Few/<mark>**Some**</mark> … Most/All]*

- Are there regular mechanisms for communicating with stakeholders? (For example e-mails, newsletters, meetings, annual reports, others)?

[**Yes** / No]

Email, a quarterly magazine distributed to the target group, annual report, annual planning workshop.

Has the project analysed potential obstacles and/or opponents to its work?
[Yes / **No**]

- Please describe briefly possible obstacles on the general/societal level, in the local community, in the organisation or on the individual and group level)

**Next steps:**

- What actions do you need to take?
  1. Collate all available data and information on stakeholder participation for the past year and analyse it

  2. Review all external communications and develop a formal communication strategy

- Who will take them?
  1. Research/Training Officer.

  2. Management team, staff and Programme Advisory Committee

- When will they take them?
  1. Over the next two months

  2. Ready to present a draft at the next annual planning workshop

**Network**

Does the project have networks?

**Yes**/ No

If yes,

- Do you have a list of all member organisations in the network?
  [**Yes** / No]

  If yes, does the list include detailed contact information for each organisation? (e.g. address, phone numbers, emails) [**Yes** / No]

- Do you have a list of all relevant individuals in the network(s)?
  [Yes / **No**]

- Are important organisations and individuals missing from the network?
  [Yes / **No**]

If yes, what/who are they?
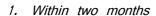
*Department of Education.*

*Some youth services.*

- Do the network(s) have the opportunity to assess their work on the project?
  *[Yes / No]*

- Are there opportunities for networks to build their capacity to participate in the project?
  *[Yes / No]*

- Have you set aside resources in the project for training network members?
  *[Yes / No]*

- Does the project encourage and support 'enthusiasts' (i.e. committed and active advocates/supporters/volunteers) of the project? Yes / No Please describe briefly:
  *There have been a number of committed people over the years who have participated as volunteers or as members of the Programme Advisory Committee. Some have combined their interest in the work of the project with their academic work and completed small research studies. Often their enthusiasm has been frustrated by the political constraints around the programme, which means that some new ideas are not put into practice because they would jeopardise funding from public sources and advocacy and support for the project at the political level. The project has tried to find opportunities for 'enthusiasts' to develop new aspects of the project within what is possible politically, but with mixed success.*

## Next steps:

- What actions do you need to take?
  1. *Review the list of organisations in the network and consider adding a list of key people.*

  2. *Identify key people in the Education Department and relevant youth services and offer them membership of the network to receive regular information about the project.*

  3. *Conduct a survey of the network to give members the opportunity to provide feedback on their involvement.*

  4. *Investigate options for better supporting and maintaining 'enthusiasts' as part of the project.*

- Who will take them?
  1. *Communications Officer*

  2. *Programme Manager, Chair of Programme Advisory Committee*

  3. *Communications Officer*

  4. *Volunteer Coordinator*

- When will they take them?

1.  *Within two months*

2.  *Over the next year*

3.  *Before the next annual planning workshop*

4.  *Over the next 6 months*

## Reach and response

- Can you measure whether the project is reaching the key population(s) that are the ultimate beneficiaries of the work?
  *[Yes / No]*

If yes, how is this done?

*The project keeps detailed statistics of the number of people reached and the number and type of client interactions. These data are compared with an estimation of the number and demographic profile of people who use drugs within the geographic boundaries of the project. This estimate is in turn based on an official household survey (census), which includes questions about drug use, as well as more targeted youth surveys and social research studies.*

- If the project can measure whether its efforts are reaching the key population(s), can you determine what percentage of the population(s) is being reached?
  *[Yes / No]*

If yes, what is that percentage and how is it determined?

*About 20% of the key population is reached by the project. However, a regular survey of this population shows that about half of the people reached regularly distribute sterile injecting equipment and information to groups of friends.*

- Can you determine how organisations and individuals in the key population respond to the project's efforts? For example, do the key populations understand the primary prevention messages of the project?
  *[Yes /*

If yes, what is the response?

*This is measured indirectly through a national survey of people who inject drugs, which asks about safe injecting practices within the last six months and at the last occasion of injecting. High and increasing rates of safe injecting practices are an indication of the primary prevention message reaching the key population.*

- If the project is designed to reach intermediaries or other target groups, does the project determine what percentage of these groups are being reached?
  *[Yes / No]*
- Can you determine how these groups respond to messages and measures?

*[Yes / <mark>No</mark>]*

**Next steps:**

- What actions do you need to take?

  1. *Discuss if it is sufficient to continue to assume that members of the network understand its messages, and how the project could measure to what extent they do.*

  2. *Consider and focus test some questions on knowledge and behaviour to be added to the regular client satisfaction survey in order to compare data with the national survey. This would give more reliable information about the project's effectiveness.*

- Who will take them?

  1. *Management team*

  2. *Research/Training Officer*

- When will they take them?

  1. *Next Management team meeting*

  2. *In the lead-up to the next client satisfaction survey*

# RESULTS OF THE PROJECT

- Does the project measure whether the knowledge, attitudes and/or behaviour of key population(s) have changed over time?
  [Yes / **No**]

- Are the changes in knowledge, attitudes and/or behaviour among the key population(s) (and/or relevant intermediary target groups) in line with the project's goals?
  [Yes / **No**]

If no, why not? (e.g. limited capacity, limited resources)

*The project itself has a very limited capacity to measure these changes and relies on larger research projects and surveys to provide indications of the impact of its work. The key population is generally reluctant to engage with the project more than is necessary to fulfil their needs (i.e. for access to sterile injecting equipment). The project tries not to demand too much of its clients nor create a sense of obligation in order to keep the services as accessible and low-threshold as possible.*

## Next steps:

- What actions do you need to take to improve measuring and highlighting the results of your project?
  *(See previous section: consider including some knowledge and behaviour questions in the client satisfaction survey)*

- Who will take them?
- When will they take them?

## Environmental, operational and social changes

- Does the project track the outcomes and/or impact of its work more broadly? (e.g. knowledge, acceptance, reduced stigma and discrimination, obstacles to the provision of services, availability of services, range of service options, legislation, availability of funding)
  [**Yes** / No]

If yes: How do you track these changes? (e.g. surveys, special studies, national statistics)

*National statistics, surveys and social research studies*

*Conferences*

*Membership of the national umbrella organisation (who keeps up to date with national and international developments and conducts advocacy and lobbying at the national level)*

- Are the changes moving the project towards its goal?
  [**Yes** / No]

If yes, what are the data showing? (e.g. reduced stigma, improved availability and/or access to services, increased financial support)

1. *High rates of safe injecting among people who inject drugs*

2. *Increased proportion of estimated injecting events for which sterile equipment has been distributed*

## Next steps:

- What actions do you need to take?
  1. *Advocate for research into changes in the level of stigma and discrimination in relation to people who use drugs.*

  2. *Disseminate the findings on the availability of services, especially in relation to opening hours, rural areas and range of injecting equipment, which the project has documented on the basis of its client satisfaction surveys and the observations of staff and volunteers.*

- Who will take them?
  1. *Programme Manager, Chair of Programme Advisory Committee*

  2. *Research/Training Officer*

- When will they take them?
  1. *At the next General Meeting of the national umbrella organisation*

  2. *Over the next 9 months*

## Sustainability

- Does the project have an end date?
  [**Yes** / No]

If yes, is there a need for the project to continue beyond the end date?

  [**Yes** / No]

- Is the project currently sustainable in the long run?

  [Yes / **No**]

- Have you taken steps to ensure its sustainability?

  [**Yes** / No]

If yes, what are they?

*Maintaining a good relationship with the main public funding body and corporate sponsors*

*Demonstrating the continuing need for the project in annual reports*

*Advocating for longer-term funding arrangements*

## Next steps:

- What actions do you need to take?
  1. *Begin funding negotiations earlier.*

  2. *Collate all the evidence for the project in a single document for use in all funding and sponsorship negotiations.*

- Who will take them?
  1. *Programme Manager, parent organisation Executive*

  2. *Research/Training Officer*

- When will they take them?

  1. *Nine months before the end of the current funding period*

  2. *Over the next 12 months*