The starting environment of Quality Action

Baseline assessment report

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26/03/2014

Quality Action
Improving HIV Prevention in Europe

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

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List of abbreviations

BZgA	German Federal Centre for Health Education
CHAFEA (formerly EAHC)	Consumers, Health and Food Executive Agency (formerly Executive Agency for Health and Consumers)
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
ECDC	European Centre for Disease Prevention and Control
GOs	Public governmental organisations
MSM	Men who have sex with men
NGOs	Non-governmental organisations
PQD	Participatory Quality Development
QA/QI	Quality Assurance/Quality Improvement
WHO	World Health Organization

Introduction

Quality Action started in March 2013 with a running time of three years(2013-2016). It is funded by the European Commission's Public Health Directorate/Consumers, Health and Food Executive Agency (CHAFEA) under the framework of the European Public Health Programme 2008-2013 and coordinated by the German Federal Centre for Health Education (BZgA). The project brings together a wide range of stakeholders from 25 associated and 17 collaborating partners from 25 EU Members States, including a balance of governmental institutions and non-governmental organisations (NGOs), universities, WHO/Europe, ECDC, EMCDDA and regional networks such as EuroHealthNet and AIDS Action Europe.

"Quality Action" aims to increase the effectiveness of HIV prevention in Europe by using practical Quality Assurance (QA) and Quality Improvement (QI) tools. The project produces several relevant outputs. Among its most important ones is a set of transferable, evidence-based, pilot-tested and practical Quality Assurance/Quality Improvement (QA/QI) tools and training materials adapted to HIV prevention. Overall, the project works with five QA/QI tools. 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 be developed, adopted and disseminated. To assess whether Quality Action has reached its objectives, an external, neutral and objective evaluation will be conducted (1).

The general aim of the evaluation is to assess whether expected outputs and outcomes of Quality Action have been achieved. This includes also an evaluation of the processes necessary to achieve the respective outputs and outcomes. Therefore the evaluation monitors progress and outputs of Quality Action and provides interim feedback to partners at steering group meetings so that necessary adjustments can be made.
The outcome evaluation component measures the effects on partners' capacity to implement QA/QI and policy uptake regarding QA/QI in HIV prevention in participating countries. Quality improvements in HIV prevention programs and projects are documented where meaningful follow-up data on the baseline report - in the form of quantitative and qualitative assessments of increases in and results from QA/QI activities in participating countries - can be collected within the project's timeframe (2). This report describes the state of activities as reported by partners at the start of Quality Action. For a more detailed description of the evaluation design we refer to the project's evaluation plan.

Objectives

This report describes the findings of the starting environment assessment, which aimed at reflecting the state-of-affairs of quality assurance and quality improvement in the field of HIV prevention across the participating countries, and exploring participants' subjective understanding of the concept of quality in HIV prevention.

In the light of the overall evaluation's objectives it is important to describe the starting environment of Quality Action. The specific objectives of this 'baseline' assessment include:

To assess the perception and importance of quality to stakeholders

To describe their previous experience with QA/QI

To assess stakeholders' expectations of the project

To map the policy environment related to QA/QI

Methods of the assessment

The assessment used both quantitative and qualitative methods. In reporting the results, we combine quantitative and qualitative findings, wherever meaningful.

Quantitative data collection:

An individual, standardised anonymous online questionnaire was submitted to all WP leaders, associated partners, collaborating partners and funding agencies during the first quarter of Quality Action. The questionnaire was prepared in collaboration with other WP leaders and made available on the internet using 'Form-site'(Vroman Systems, Inc. 5202 Washington St. STE. 11; Downers Grove, IL60515; www.formsite.com). An invitation to participate was sent to a list of 62 stakeholders, including 7 from the coordinating organisation on May 27th, 2013. A reminder was sent one week later.

The results were exported into an excel file, which was then imported into STATA, version 11.1 (Stata Corp LP, Texas, USA)) to conduct a descriptive analysis.

Qualitative data collection:

Semi-structured interviews with stakeholders were conducted during the Kick-Off workshop held in Berlin on June 5-6th2013. Respondents were recruited during the meeting by two experienced interviewers. The interviews were conducted during the breaks or after the official program. The semi-structured interviews started after a short introduction of the respondents and their organisations with questions about respondent's subjective interpretation of quality and to what extent quality improvement had already been integrated in their organisations. Also of interest were respondents' experiences with quality improvement and their expectations of the Quality Action project.

The interviews were recorded digitally and transcribed verbatim. ATLASti 7.0 was used to support the analysis. The 14 interviews were assigned to a hermeneutic unit of ATLASti 7.0 and were analysed along the principles of content analysis in accordance with Mayring (3).

Results

1. General description of the study participants and organisations

A total of 38 persons responded to the invitation, of which 36 filled in the questionnaire. The questionnaires were filled in between May 27th and June 19th 2013. The median time for filling in the questionnaire was 5 min., Inter Quartile Range (IQR): 4 – 12 minutes. Two participants mentioned they felt it was not appropriate for them to fill in the questionnaire, mostly because they represented regional organisations. The participating organisations were operating in 22 different countries, as shown in figure 1. Among all respondents, 32 were planning to attend the Kick-Off workshop(89%). Most Quality Action partner countries were represented, except Bulgaria, Finland, France and the United Kingdom (see Figure 1).

Figure 1. Country of origin of respondents

The 36 respondents who filled in the questionnaire worked for 34 different organisations: 13 NGOs and 19 GOs (two answered ‘others’, but gave no further specification). The organisations’ target populations are presented in Table 1 and their main focus related to HIV prevention is presented in Table 2.

Table 1: Target population of public organisations and non-governmental organisations (NGOs)

Target groups (multiple answers possible)	GOs N=19	NGOs N=13
Youth	16	9
Men who have sex with men (MSM)	16	12
Migrants	14	10
Sex workers	16	8
People who inject drugs	17	6
People living with HIV	14	12
Others	2	1

Table 2: Main focus related to HIV prevention

Areas of prevention activities (multiple answers possible)	GOs N=19	NGOs N=13
Health promotion and prevention of STI/HIV	16	11
Sexual and Reproductive Health and Rights	7	4
Promotion of HIV testing	13	11
Support and care for people living with HIV	8	10
Advocacy	8	11
Policy making	12	6
National or regional management of HIV programs	16	2
Financing HIV programs	11	1
Other	3	1

Participants in the qualitative interviews included 14 stakeholders from 7 GOs and 7 NGOs from 12 different countries.

2. Respondents' perception of 'quality'

The qualitative interviews explored respondents' perception and interpretation of the concept of 'quality' in HIV prevention.

Several stakeholders mentioned that quality is to have tools, checklists, standards and procedures to evaluate the prevention work at different stages, i.e. research, project planning, project management, process/activities, output, outcomes and impact.

> *'Usually when we do a project, we have evaluation anyway and we have evaluation criteria, we have like mid-term evaluation, final evaluation. So that's a way to quality. But I think also quality to me is actually a very fairer planning, and actually on-going evaluation and assessment of what is going and whether it meets our expectations or objectives.'(NGO).*

Others focused more on (self)-reflection. They used quality processes to get feedback, to initiate learning processes and to deal with mistakes as the most important point of quality. In the end, quality should create knowledge and insights.

> *'Quality means to me to do good work and self-reflection, that's something which is for me really, really important.'(NGO).*

> *'I think that we are doing a lot of work but we should also have a feedback that the quality of work is well and that we would like to achieve with our project, it should be very important for us to know that the project and the work we do has a good quality for the prevention. It's very important.' (GO).*

For a few of the stakeholders, quality meant developing evidence-based interventions. Therefore, interventions of good quality have to be science-based and practice-based, use technical methods and evaluate their outputs and outcomes.

> *'It means that what we deliver is of good quality, that it's built on evidence, and that evidence can be from evidence-based studies but also from practice-based evidence.'(NGO).*

Other stakeholders interpreted quality as establishing a joint understanding of project goals and issues.

For others, quality means to provide an impact. Therefore the quality should be measured, whether an intervention made a change in behaviour or not.

> *'Quality is making a change, empowering people so that when you go away they are left with knowledge (…) To me prevention means changing behaviour and empowering people and involving them in changing the other people they live with and they work with and they have contacts with, because it must be something that spreads like a virus, but like a good virus so changing the context from inside. This to me is quality: Making a change.' (NGO)*

Some stakeholders understood quality also as an instrument for acquiring financial resources or convincing funders. Therefore, quality standards could act as a basis for a decision whether to finance a project or not.

'It helps you to find out, what I've been learning here, is that these methods you have been introducing will help to evaluate better what you are doing, your project, if they are effective or not or something you should not do anymore or do more often or you can plan it in different ways and you can also use them for organisations who are asking for money.' (GO).

Another point was that quality means transparency, comprehensibility and involvement of staff, target groups and stakeholders in decision-making and interventions. Interventions of good quality are interventions that have been developed bottom-up.

'So that's what we deliver is of good quality that it's made in a qualitative good way along a process that is determined in several steps in which each step is visible and that the choices that are made are visible so that they are not made in somebody's head on him or herself and that there is exchange on the choices to be made.'(NGO).

'You have to involve people and make them believe that the change is possible and that a good project has to involve the stakeholders.'(NGO).

3. Experience of organisations with QA/QI

Fourteen out of 34 respondents reported they have staff (partly) dedicated to QA/QI in their organisation (41,2%). The majority (57,1%) had less than one full time equivalent (FTE). Thirteen of the 34 organisations reported that staff had been trained in QA/QI in the past five years in their organisation (38,2%). In eight organisations, more than two people have been trained. The training varied from half a day to 16 days, with a median of three days. Organisations that reported trained staff were no more likely to also have staff dedicated to QA/QI, as shown in table 3.

Table 3: Number of organisations reporting staff trained in and dedicated to QA/QI

	Staff dedicated to QA/QI			
Staff trained	Yes	No	Don't know	Total
Yes	7	6	0	13
No	7	11	1	19
Don't know	0	2	0	2
Total	14	19	1	34

Out of the 34 organisations, ten reported experience with one or more QA/QI projects in the past two years. Of a total of 15 QA/QI projects, 13 used QA/QI tools, including project management tools meant to increase the project's quality (see table 4 below). However, only one organisation mentioned the use of a Quality Action tool (Participatory Quality Development, PQD). Seven of the respondents were personally involved in one or more of the QA/QI projects.

Table 4: Past QA/QI projects: objectives and tools used

	Project or program	*Objective of the QA/QI*	*QA/QI tools used?*	*Which tools?*
1	Outreach among sub-Saharan Africans with the active involvement of these communities	To achieve participation of communities	Yes	-
2	Promotion of HIV, HCV and STI testing and prevention among more vulnerable populations	To test the tool and look for improvement possibilities of the project	Yes	-
3	The purpose of the project was to obtain international accreditation for our institution	To increase the level of communication, health care, treatment standard, monitoring and evaluation in our institution	Yes	-
4	Early diagnosis (of HIV)	To ensure good standards in the use of the rapid test for NGOs	Yes	-
5a	Telephone/online	To establish nationwide	Yes	Focus Groups

	counselling;	quality standards		
5b	HIV testing	To establish nationwide quality standards	Yes	Focus Groups
5c	Quality standards for adherence counselling and HIV care	To establish quality standards	Yes	Focus Groups
6	Improvement of the quality of life of PLWH due to improved mental health care	To conduct the mid-term & final evaluations of the project	No	-
7a	Outreach prevention counselling & testing for MSM	To improve the quality of projects	Yes	Participatory Quality Development
7b	Prevention in migrants	To improve and ensure quality	Yes	PQD
7c	Youth workshop	To improve workshops	Yes	QUIET
8	Sexual health (youth)	To adapt to a new version of the intervention	Yes	
9	Organisational process improvement	To improve organisational processes	Don't know	
10a	Integration of people living with HIV into the workplace	To monitor whether the goals of the project were attained	Yes	Quint-essenz
10b	Syphilis test campagne in MSM		Yes	Quint-essenz

The questionnaire also included questions on technical assistance and future QA/QI plans.

Eleven organisations reported having access to technical assistance for QA/QI, from inside the organisation (2), outside the organisation (3) and both inside and outside (6).

Eleven out of the 34 organisations said they were planning a QA/QI application in the future. Eight of them will conduct the application as part of Quality Action. Ten organisations will use QA/QI tools, although four (out of ten) have not decided yet which tools they will use. Six out of the eleven organisations that plan a QA/QI application also have current access to technical assistance.

The qualitative interviews confirmed that several participants have already had experiences with quality improvement or quality standards. Some of them have used the tools used in Quality Action or similar. They have already committed themselves to evidence-based development of interventions.

Some have just realised specific parts of QA/QI by integrating target groups in the development of interventions, conducting a project audit or an output evaluation, but not in a systematic way.

Others have never used any quality tools or integrated quality standards into their work before, but have been thinking about the question of quality or planning to introduce quality standards.

4. Expectations about Quality Action, opportunities and challenges

The participants in the interviews mentioned various **expectations** about Quality Action. Two of the main expectations were to have instruments for monitoring prevention practice and integrating standards into prevention programs. Quality Action should function as a framework for quality management in organisations and it might award the label 'evidence-based intervention' to prevention work that follows the defined standards.

> *'To see what could be done better and if they are doing, if you are investigating in the right areas, maybe we can have the help to make a better evaluation and find out what's better, how we can use our money in a better way, a more effective way for the group and for this area.'(GO).*

Some participants expected support in their practical work, in collaboration and in interpretation of scientific data. In this sense, the tools should help to work in a more target-oriented way, enhance mutual understanding within and between different organisations, improve self-assessment and implement a 'positive error culture'. Moreover, Quality Action should provide access to models of good practice and research data.

> *'I think this is a project in the field of prevention, which had a reason to make an added value to all those initiatives and projects and to continue in a more focused way. Not to continue with mistakes, not to overlap, to learn from mistakes that have been made by other organisations.' (GO).*

Others hoped to improve the effectiveness and the efficiency of prevention programs and interventions by using the tools. Therefore the Quality Action project could also facilitate funding and reporting of the organisations to public and private funders.

> *'It's going to be much easier to take the funds (…) that we are able to explain the participants or the economic areas of our units that is good and produce results.' (GO).*

> *'The thing that triggered me most to advocate is that to enhance effectiveness all along websites and instruments of quality action program that it will enhance or make visible how your effectiveness in HIV-prevention can be improved.' (NGO).*

Quality Action should also help to create and use synergies between the participating countries and support the economical use of the decreasing financial resources in the European Union.

> *'We have to find synergies between all the countries of Europe, because we all have the same problems. And we need to be more efficient, because we are now in a situation of financial crisis and we need more efficiency in all our interventions in HIV-prevention.'(GO).*

Some mentioned also their concrete expectations in terms of the design of the tools. They should be user-friendly, respect the particularities of the different countries and should be tailored to these particular needs.

The participants of the interviews identified also **opportunities and challenges** concerning the Quality Action project, (cf. Table 5).

Table 5: Opportunities and challenges for Quality Action

Challenges	*Opportunities*
• Possibly raising excessive expectations • Making the benefits of QA visible for staff and stakeholders	• To get support in development of interventions • To improve existing interventions • To improve collaboration within organisations and stakeholders • To learn from the experiences of others
• Usability of the tools • Requiring a lot of time and resources • Additional work • Dealing with insufficient financial resources	
• Willingness and openness of staff to self-reflect • Possibly causing uncertainty and fears in staff • Quality control may be experienced as surveillance	• To self-reflect on your own work • To see mistakes as a chance to learn/make changes as part of a 'positive error culture' • To ensure control
• Danger of exploitation by politics • Country-specific differences • Language barriers • Learning new methods	
• Measuring the effect, in particular the impact	
• Participation of target groups	• Participation of target groups

5. Country-based HIV prevention plans

One of the objectives of the starting environment questionnaire was to map the policy environment related to QA/QI in the different partner countries.

Out of the 22 countries responding to the questionnaire, 18 reported having a national strategy for HIV prevention, and none of them reported a regional strategy. The majority of the national plans include a monitoring and evaluation section (94,4%) but only eight mentioned quality assurance and improvement specifically (see Figure 2).

Figure 2: Existence of HIV strategic plans in Europe at the start of Quality Action and whether they include QA/QI

Discussion and conclusions

The participation rate of the 'starting environment' survey was sufficient, the majority of participating countries were represented by the respondents to the questionnaire and/or the interview. There was also a good balance between governmental and non-governmental organisations participating and their target populations correspond to objectives set by Quality Action.

The perception of what quality means varied between the stakeholders. But despite the different interpretations, quality was mostly described as a process in which instruments are applied in order to optimise practice in terms of improving input, process, output, outcome, and impact of interventions and prevention programs. Previous experience in QA/QI varied. Less than half of the organisations reported having staff dedicated to QA/QI and/or trained in QA/QI. Only ten of the 34 organisations reported past experiences with QA/QI and very few have experience with the specific QA/QI tools to be used in Quality Action. These results show that Quality Action can build on some experiences, but there is still an important gap and need for training and capacity building across Europe.

Against this background, respondents expressed quite high expectations towards the project. For instance, to have instruments for monitoring prevention practice and integrating standards into prevention programs, or to improve the effectiveness and the efficiency of prevention programs and interventions. Moreover, Quality Action should support an economical use of financial resources as well as facilitate access to funding. Therefore, one of the main challenges of Quality Action could be seen as raising excessive expectations that maybe cannot be completely fulfilled.
Despite the different challenges, Quality Action was perceived as a chance to learn both from the experiences of others and from mistakes, and to implement a 'positive error culture' in their organisations.

At the start of Quality Action, eighteen countries reported having a national HIV prevention plan . In Belgium, the process of developing an HIV prevention plan had already started. QA/QI was mentioned in eight of such national plans.
The results of this starting environment assessment provide a good picture about the state-of-affairs of the role of QA/QI in HIV prevention across Europe. Clearly, this picture is quite diverse. They serve as a good basis for guiding the implementation of Quality Action. The project should focus on the expectations and the challenges that are linked with it. This will support the process started by Quality Action and could potentially increase the success of the project at the same time. These results will also be very important as baseline data to compare with the results of the final evaluation questionnaire. They will contribute to answering whether and to what degree the participant's expectations have been met.