

WORKSHOP FACILITATION GUIDE



Quality Action
Improving **HIV** Prevention in Europe



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

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INTRODUCTION

Quality Action is the EU-wide 'Joint Action on Improving Quality in HIV Prevention'. The project, which brings together 25 associated and 16 collaborating partners from 25 Member States, started on 1 March 2013 and will run for three years.

Quality Action aims to improve the quality and effectiveness of HIV prevention in Europe by using practical Quality Assurance (QA) and Quality Improvement (QI) tools. Quality Action develops and adapts QA/ QI tools especially for use in HIV prevention. The project will train at least 60 trainers and facilitators to support at least 80 HIV prevention programs and projects across the EU that will be applying the QA/QI tools.

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

Quality Action believes that marginalised populations are more vulnerable to HIV and AIDS and that priority populations for HIV prevention in Europe (MSM, IDU, migrants from high-prevalence countries and People living with HIV (PLWH)) require tailored interventions and equal access to non-discriminatory and culturally appropriate health services.

Quality Action engages governments, civil society and priority populations in the design, implementation and evaluation of practical tools and strategic guidance on quality.

Quality Action will:

- integrate evidence based QA / QI practices into HIV prevention across Europe
- build a network of trained HIV prevention stakeholders to apply practical QA/ QI tools to projects targeting priority groups
- mainstream QA / QI into HIV prevention through the development and dissemination of an agreed charter of quality principles and criteria as well as policy guidance

Further information on implementing the manual from Work Package 5 lead: Deirdre Seery, The Sexual Health Centre, Cork, Ireland; dseery@sexualhealthcentre.com



PURPOSE OF THIS GUIDE

In 2014, Quality Action will provide training to participants from European countries in implementing QA / QI tools. As preparation for this, some countries will organise training and interactive workshops for participants from their country to explore and discuss how they could use quality improvement approaches to assist them in their work. The aim of this guide is to assist these trainers in providing workshops in their countries.

This Workshop Facilitation Guide includes a collection of plenary and small group activities. Some of these have been used successfully in previous 'Roadshow' workshops on this topic, at conferences and in the Quality Action Kick-Off workshop.

They can be used in different combinations and adapted to suit different objectives and audiences.

The group work components are designed to:

- allow participants to discuss the underlying concepts of QA/QI
- experience QA/QI tools adapted for use by Quality Action
- learn about the structure of the Quality Action project and opportunities to participate
- plan their own next steps in engaging with QA/QI in HIV prevention



QUALITY IMPROVEMENT IN HIV PREVENTION

Individuals and organisations are increasingly aware that the quality of their HIV prevention work must be better and more consistent to have a sustained impact.

To a large extent, HIV prevention has focused on the number of people reached, with little regard for the quality of the interventions. But quality – in parallel with growing concerns about value for money – is rapidly becoming a key consideration for prevention programs.


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

Who can benefit from Quality Improvement in HIV Prevention?

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

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

The use of QA / QI tools in HIV prevention across Europe will:

1. Support the inclusion of good practice approaches in multilateral and national strategic and action plans.
 2. Improve the effectiveness and standing of these approaches in countries where they are already well-established.
 3. Support their introduction in countries working to strengthen their HIV prevention programs.
 4. Improve outcomes for service users.
- 



9 Reasons to Get Involved in Quality Action (handout)

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

For further information about Quality Action and to make contact, please go to the website www.qualityaction.eu



CONCEPT AND STRUCTURE OF QUALITY ACTION IN EUROPE

Presentations: (ca. 10 minutes each)

There are two PowerPoint presentations available for download from the Quality Action website (www.qualityaction.eu). The presentations include detailed speaking notes for each of the slides. If you are not confident in presenting them yourself, you can ask the Quality Action Work Package 5 lead to suggest a guest speaker.

Quality Action Work Package 5: contact dseery@sexualhealthcentre.com

Exercise: Project Roadmap (ca. 12 minutes for each poster)

Purpose:

This exercise guides participants through the main steps and timeline of Quality Action from the perspective of participating in training and the practical application of QA/QI tools. It consists of 8 posters representing 8 main steps in sequence along the project timeline. The roadmap posters are available on the Quality Action website (www.qualityaction.eu).

Methodology:

- Divide participants into small groups. It works well if people who work together in the field or people from the same geographical region are in the same group for this exercise. The same groups can reconvene for the 'Mind Map' Exercise if it is used towards the end of the workshop.
- Divide the available time by 8 (allow at least 12 minutes for each poster) and remind groups to move on to the next poster in the sequence after each period. It helps if there is enough room for groups to walk from one poster to the next. This means that not all groups can start at the same time. If there are many groups it works well to set up 2 identical but separate 'paths' of the 8 posters.
- Each poster explains the role of this step in the project and where it sits on the timeline. On the posters are brief descriptions and open questions designed to encourage discussion in the groups. Each participant has a copy of the posters in their folder with space to take notes.
- The groups go through the posters and gather information about each step and how the project works as a whole.
- Participants can note their unanswered questions about Quality Action on the hand-out. These can then be referred to in the 'Mind Map' exercise at the end of the workshop, where people can check if all their questions have been answered.

Expected learning outcome:

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

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



CONCEPTS OF QA / QI

Exercise: Introductions (ca. 30 minutes)

Purpose:

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

Methodology: (ca. 20 minutes)

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

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

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



Expected learning outcome:

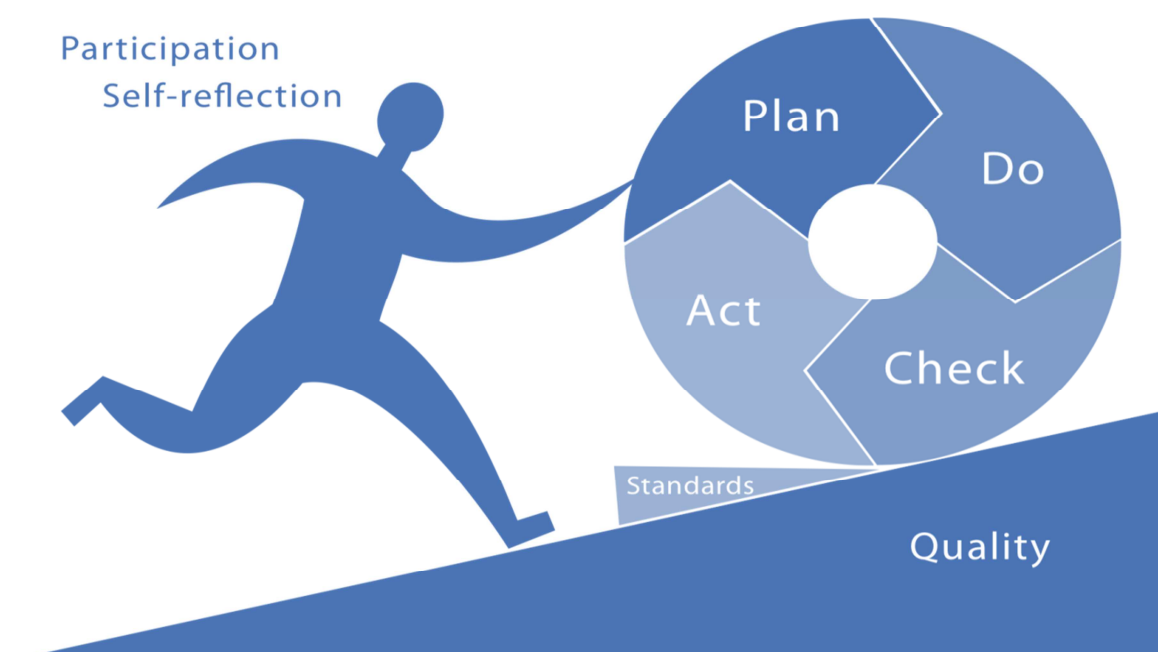
Quality Improvement is something most of us do automatically and applying the tools to this process enables us to make thinking and learning visible, share it, check its validity and document it for the future.

Quality Cycle (handout)

(glossary from Quality Action WP8 to be inserted)

- Quality is the capacity to achieve legitimate and reasonable goals for positive health outcomes in a manner consistent with current professional knowledge and standards.
- Quality Assurance formally monitors the quality of services and activities against standards, including review, problem identification and corrective action. QA is a process-centred approach to ensuring an organisation is providing the best possible services and focuses on enhancing and improving the process (planning, design, development and service) used to create the end result.
- Quality Improvement is proactive and formally identifies implements and evaluates strategies to increase the capacity to fulfil and exceed quality standards.
- QI / QA tools help organisations to take steps to ensure their processes are as efficient and productive as possible.
- Quality Assurance Cycle (also called the Deming Cycle or Shewhart Cycle) for quality assurance consists of four steps:
 - **Plan** (set objectives to deliver the desired changes, why, who, what, where and when questions)
 - **Do** (carry out plan and document problems and unexpected observations)
 - **Check** (analyse data, reflect, summarise what was learned)
 - **Act** (implement actions to achieve desired changes)

The steps in the cycle are repeated, beginning with new objectives, so that evaluation and improvement is continuous.



How does Quality Improvement work in HIV prevention?

Introduction:

QA/ QI Presentation (ca. 20 minutes) including PowerPoint slides and handout.

Exercise: Case Studies

Methodology: Panel Discussion: (ca. 30 minutes)

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

- Facilitator leads a panel discussion to illustrate how QA/QI works in practice.
- Panellists can tell relevant stories from their experience with a focus on reasons why they started QA/QI, barriers and enablers to doing it, successes, failures, what they learnt, recommendations for others.
- Can include questions from the floor if there is time.

Expected learning outcome:

Participants will see their own fears and concerns about QA/QI reflected in the stories and learn about how they can be addressed. They may also identify with other practitioners and make connections.



Exercise: ‘Fishbowl’ discussion (ca. 20 minutes)

Purpose:

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

Methodology:

The ‘Fishbowl’ format is designed to allow the “audience” to contribute to the discussion on an equal level with the invited speakers and the facilitator.

- Set the room up with chairs arranged in the middle with two circles facing each other. The inner circle has as many chairs as there are invited speakers, plus one for the facilitator and one extra, empty chair. The outer circle(s) have enough chairs for the rest of the audience. Leave aisles so that the empty chair in the inner circle can be reached easily and safely from anywhere in the audience. The audience will be seated around the room, outside the two circles.
- It works well if the facilitator has prepared some initial questions to start the discussion and if the invited speakers are a diverse group.
- The facilitator introduces the speakers and explains the format.
- Any member of the audience who would like to join the discussion can go and occupy the extra chair in the inner circle. The person on this chair can then make up to two (or three, if time permits) contributions to the discussion. Contributions can be comments or questions. The person then leaves the chair for the next audience member who wants to join. Audience members waiting to use the extra chair form a queue.
- The facilitator guides the discussion and makes room for the contributions from each new audience member who has come to join the inner circle by sitting on the extra chair.
- If there are many people from the audience waiting behind the extra chair to join the discussion, a second empty chair can be added to the inner circle. This makes the changeovers smoother.



Expected learning outcome:

This exercise provides an opportunity to discuss the underlying principles and political implications of formally introducing QA/QI.



QA/QI TOOLS FOR QUALITY ACTION

Five practical QA/QI tools will be developed or adapted for Quality Action. Three are already available and two more will be finalised soon. Please see the website www.qualityaction.eu for a short description and a link to a factsheet about each of them:

Exercise: ‘World Café’ of QA/QI tools (ca. 30 minutes at each tool)

Methodology:

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

This is not an easy task for the presenters; it is best not to ask them to present their introduction more than 3 three times in succession.

- The facilitator introduces the people who present each tool.
- Each presenter may use tool fact sheets, printed copies of the tool, pin boards and one or more experts and/or people who have used the tool before.
- Participants can visit a different tool station in each round and explore the tools, look at a printed or online copy, use an excerpt or see an example of a filled-in questionnaire or method etc.
- Facilitator calls time to change stations (ca. every 30-40 minutes).

Expected learning outcome:

Participants will gain a general understanding of each tool.

Succeed

An easy-to-use, evidence based QI questionnaire

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

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

[Download the Succeed factsheet here.](#)

Exercise: Introductory Workshop on the Succeed Tool

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


Presentation: (ca. 20 minutes)

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

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

Methodology: (ca. 80 minutes)

- Split people into groups of 3 to 5 participants.
- Ask the groups to select one project from their group to use as a case study (ca. 5 minutes).
- The person should then describe the case study briefly to the group. Note: It is often difficult for people to keep this brief. Most enjoy the opportunity to talk about their work and forget the task. Remind people to only present a short overview at this stage. (ca. 15 minutes).
- Ask groups to go through the first topic in the questionnaire and use the case study to answer the questions. Some groups start with the first excerpt (e.g.



‘Organisation’), other groups with the second (e.g. ‘Support and Participation’). If time allows, groups fill in the second topic (ca. 60 minutes).

- Go around the groups and assist where required. Ensure the group covers the ‘Next Steps’ section.

Feedback presentations (ca. 20 minutes).

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

Facilitated discussion (ca. 20 minutes):

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

Expected learning outcome:

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



Quality in Prevention (QIP)

Comprehensive QI by external expert assessment

QIP is a comprehensive quality improvement tool for health promotion and prevention projects. It uses external experts to assess a detailed documentation form filled in by the project. The questionnaire can also be used as a guide for the self-assessment of projects, programs or strategies.

QIP has been quality checked, tested in practice and adapted to the context of HIV prevention. It was developed in close partnership between the Federal Centre for Health Education (BZgA) and the University Medical Centre Hamburg-Eppendorf (UKE) in Germany.

[Download the QIP factsheet here.](#)

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

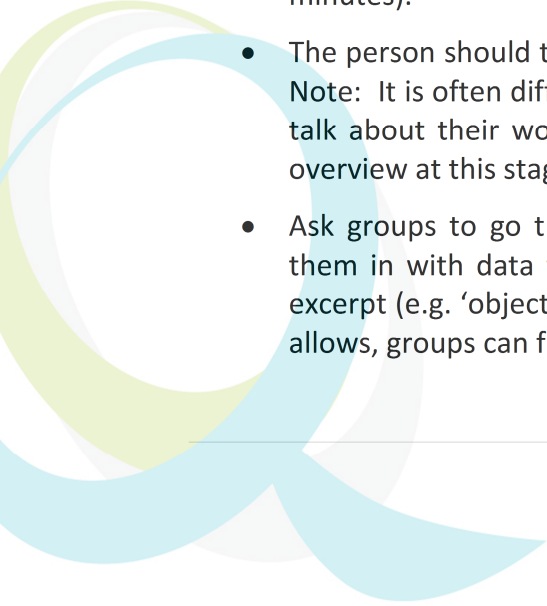
Each introductory workshop will take about 2.5 hours. Allow ca. 10 minutes for welcome and introductions.


Presentation: (ca. 20 minutes).

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

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

Methodology: (ca. 80 minutes)

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

Feedback presentations (ca. 20 minutes).

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

Facilitated discussion (ca. 20 minutes):

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

Expected learning outcome:

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



Participatory Quality Development (PQD)

QI with a focus on target group involvement

PQD is an integrated set of tools designed to help improve work practices. It relies heavily on the local knowledge of stakeholders and helps them use it, reflect on it and extend it. PQD includes a selection of participatory and evidence-based methods and processes that are tailored, feasible and useful for HIV prevention projects.

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

[Download the PQD factsheet here.](#)



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

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

Presentation: (ca. 20 minutes).

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

Select two methods from the PQD toolkit (applying 'Circles of Influence' and drafting a questionnaire for a 'Rapid Assessment' are sufficiently simple tasks for this purpose).

Methodology: (ca. 80 minutes)

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

Feedback presentations (ca. 15 minutes).

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

Facilitated discussion (ca. 25 minutes):

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



Expected learning outcome:

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



NEW: Program tool & QA Tool adapted for health promotion activities targeting people who inject drugs

The new program tool will be designed specifically for programs rather than projects. We use the word 'program' for combinations of interventions that work together to achieve a change in health status such as reducing new HIV infections. Programs are often on-going as compared to projects that have an end date. Examples of programs are national or regional HIV prevention action plans or comprehensive services incorporating testing, counselling, outreach, needle exchange and condom distribution.

The other additional tool, a quality assurance (QA) tool, will be developed for an area of HIV prevention that already has evidence of best practices and standards available: health promotion and disease prevention targeting people who inject drugs (PWID). This new QA tool will be based on the existing Health Promotion Effect Management Instrument (Preffi), which is a QA tool for increasing effectiveness of health promotion projects.

[Download the factsheet about these two new tools here.](#)

Introductory Workshops on Other Tools

Please contact Work Package 5 to check if introductory workshop outlines are available for the additional tools currently being developed.



NEXT STEPS

Exercise: Are you ready for QI / QA? (ca. 30 minutes)

Purpose:

This exercise helps participants to assess their current readiness for participation in QI / QA.

Methodology:

Supply each participant with the ARE YOU READY FOR QI/QA handout and allow them 10 minutes to complete it.

Allow 10 minutes for sharing and feedback.

Expected learning outcome:

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



Are you ready for QI/ QA? (handout)

This questionnaire helps you assess whether QI / QA is what you need at this stage for your organisation / programme / country.

1. Who are the priority groups for HIV prevention in your country?
2. Who are the key contact persons in those groups?
3. Who are the partners / collaborators at stakeholder level?
4. Who are the partners / collaborators at organisational / programme / national levels?
5. How will you involve key populations in implementing the tools?
6. Have you got the motivation, time, commitment and resources to implement a tool?
7. Do you know whether your potential partners in key populations have the motivation, time, commitment and resources to implement a tool?
8. What are the barriers to participation?
9. How can you overcome these barriers?
10. What benefits will participation in Quality Action bring to your organisation / programme / country?



Exercise: “Mind Map” – Next Steps

Purpose:

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

Methodology:

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

Expected learning outcome:

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

References

Succeed

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

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

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

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

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

QIP

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

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

Kliche, T, Elsholz, A., Escher, C., Weitkamp, K, Töppich, J., Koch, U (2009) Anforderungen an Qualitätssicherungsverfahren für Prävention und Gesundheitsförderung. Eine Expertenbefragung. In: Prävention und Gesundheitsförderung, 4 (4), 251-258.

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

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

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

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

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

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

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

PQD

PQD is a toolbox to ensure participation and quality at each step of the project process. In the PQD document, each of the tools in the toolbox has a reference list to the scientific and best practice documents supporting it, and to documents where you can find more documentation. PQD can be used on its own or as a methods toolbox after using Succeed, QIP or the other methods that are being developed as part of Quality Action.

Preffi

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

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

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

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

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

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

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

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