

BORDER|NET *work*

2010-2012  
CROSSING BORDERS,  
BUILDING BRIDGES

Accountability and evidence-based evaluation in  
youth prevention and sexual and reproductive  
health and rights

BORDERNETwork work package 9



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the Health Programme  
of the European Union



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für Gesundheit

 SPI FORSCHUNG



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## **BORDERNET*work* 2010-2012**

Highly active prevention: scale up HIV/AIDS/STI prevention, diagnostic and therapy across sectors and borders in CEE and SEE

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# Preface

The specific objective of work package 9 was quality assurance in youth prevention: To enhance accountability and evidence-based evaluation in youth HIV/STIs prevention, sexual and reproductive health and rights (SRHR) programmes by end of 2011.

Under the lead of Aids Hilfe Wien eleven partners from EU and non EU countries worked towards this goal and developed in a participatory process an easy to use online tool based on the “Evidence and Rights Based Planning & Support Tool for SRHR/HIV Prevention Interventions for Young People” (by WPF and Stop Aids now!). Before this participatory process several steps were taken:

- A desk review for choosing the basic tool
- A rapid assessment survey on HIV/AIDS prevention and sexual health promotion measures for youth took place in all participating partner organizations.
- All partners discussed quality in HIV prevention and SRHR for youth and developed a common understanding for quality, evaluation, quality improvement and quality assurance.

The QUIET (quality Improvement and Evaluation tool) therefore is based on an existing planning tool but contains the experience of youth experts working in the field of HIV and SRHR.

Till today the QUIET has been already presented at several conferences. It has been presented to the European initiative IQ-hiv and at the Quality Conference in Berlin 2012. Fruitful exchanges of different expertise lead to a delay in the completion o and in return to an improvement f the online tool.

## 2. Preparatory Work and Desk review

### I. Sunflower<sup>1</sup>

#### A. Organization:

##### *Contact/Link:*

Terrence Higgins Trust (THT)

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Website: [www.tht.org.uk](http://www.tht.org.uk)

##### *Year of Implementation:*

2009

##### *Geographical Area of Coverage:*

Bulgaria, Romania, Slovak Republic, Czech Republic and Lithuania represent the countries partners which will be assigned some of the fundamental project activities. In addition, the project results will be disseminated in Croatia by our local collaborating partner. A further general objective will be to create a European Network

##### *Partnership:*

- Associazione Nazionale per la Lotta contro l'AIDS - Sez.Lombardia (Italy)
- Bulgarian Family Planning and Sexual Health Association (Bulgaria)
- Regional Public Health Authority in Košice (Slovak Republic)
- Terrence Higgins Trust
- "Stefan S. Nicolau" - Institute of virology
- Lithuanian AIDS center
- Regional Institute of Public Health based in Ústí nad Labem

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<sup>1</sup> Sunflower: EU-project – Young and HIV: An European Network to arrange an innovative prevention campaign, to exchange good practices and experiences all over Europe

- Network Persone Sieropositive Italia
- Central Profilaxia s.r.l.
- Counselling Service "Praxis Psychosoziale Beratung"
- Therapy Center for Dependent Individuals (KETHEA) Greece

B. Key Objectives:

*General objectives:*

- generate, collect and disseminate good practices, information and data on HIV/AIDS prevention methods among young people.
- identify innovative strategies to promote safer sex among adolescents, including those most at risk, including access to targeted services, and improved awareness of sexually transmitted infections and their prevention.
- provide strong basis for monitoring health determinants in this critical field.
- dissemination above all in the New EU Member States: Bulgaria, Romania, Slovak Republic, Czech Republic and Lithuania. In addition, the project results will be disseminated in Croatia by a local collaborating partner.
- creation of a European Network focused on HIV/AIDS prevention among young people most at risk (men having sex with men (MSM), migrant populations, injecting drug users, sex-workers, and others groups), and to help them solving problems connected to their lifestyle that highly turn out to be risky factors for the spread of the HIV infection among young people.

*Specific objectives:*

- identification of best practices among countries partner of SUNFLOWER project in the fight against HIV/AIDS.
- dissemination of best practice models through a handbook
- Innovative European prevention campaign: produced by young people reflecting their lifestyles, behaviours, ways of thinking, attitudes and desires.
- best practice transfer in New European Member states experimentation of new prevention models

*Target Setting/Location/s:*

Not indicated in detail. Depending on the local partner organizations and their methods of working.

*Target Group/s:*

Adolescents, especially high vulnerable young people

*Approaches implemented:*

- Exchange and dissemination of national and international experiences in raising awareness on HIV/AIDS and sexual health



- Harm reduction
- Diversity approach towards needs of vulnerable target groups

*Methods Used:*

Four macro-tasks:

- analysis of the local contexts and the scientific aspects of the HIV spreading in Europe by each partner; definition of common parameters to analyse local contexts and the tools used to analyse the local contexts.
- definition and exchange of good practices using questionnaires and interviews with opinion leaders and sector operators and semi-structured interviews with social, health and educational operators working with young people and HIV/AIDS prevention.
- European prevention campaign organised by young people, selected through a competition concerning the HIV/AIDS issues, coordinated by a Communication Expert of ANLAIDS. Campaign modalities are advocacy, behaviour change communication and education.
- Implementation of local activities made up by young people, in particular the experimentation of new prevention methods among young people. Definition of a common plan of action to implement the campaign. In this way the common plan of action will ensure the collection of data and information starting from a common ground. Moreover, all the collected data and information will be compared and shared to improve the future prevention campaign.

C. Key Findings:

*Outline of main results:*

- The identification of best practices among countries partner of SUNFLOWER project in the fight against HIV/AIDS
- Innovative European prevention campaign with the aim to raise the awareness of the young people most at risk of infection living in the New Member states participating in the project.
- The transfer of good practices in New European Member states with the aim to adapt the methodology of the local actors working in the fight of HIV/AIDS to the identified good practices and to the know-how of the most experienced partners to create a multiplier effect of the prevention methods proposed by the transfer of good practices.
- experimentation of new prevention models will aim to encourage a continuous improvement of prevention campaigns for young people most at risk of infection.

*Overlaps of topics/findings with BORDERNETwork:*

- Target group: young people
- Partnership network with new EU member states
- Identification and transfer of best practice models

*Relevant recommendations to be considered by BORDERNETwork:*

- Transfer and dissemination through a handbook
- Transfer through a common campaign

## **II. H Cube<sup>2</sup>**

### **A. Organization**

*Contact/Link:*

*Associazione ISES*

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*Geographical Area of Coverage:*

Italy, Romania, Greece, Slovenia, Poland, Czech Republic, Bulgaria, Hungary, Cyprus, Malta and Lithuania

Partnership:

- Università degli studi di Sassari
- Kethea
- National AIDS Centre / Krajowe Centrum ds. AIDS
- Sex Education Foundation
- Społeczny Komitet ds. AIDS  
Social AIDS Committee
- Associazione Nazionale Lotta all'AIDS  
Sezione Lombarda
- Bulgarian Family Planning and Sexual Health Association

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<sup>2</sup> H Cube: <http://www.hcube-project.eu>

- Zdravotní ústav se sídlem v Ústí nad Labem Ministry of Health of the Czech Republic
- Lietuvos AIDS centras
- Open University of Cyprus
- Ministry for Social Policy
- DRUŠTVO ŠKUC
- Institutul de Virusologie "St.S. Nicolau"
- Istituto Europeo per lo Sviluppo Socio Economico

B. Key Objectives:

*General objectives:*

identifying and disseminating good practices, contents and tools about Hepatitis B (HBV), Hepatitis C (HCV) and HIV training programmes and prevention campaigns aiming to help Public Administrations and NGOs in the EU

*Target Setting/Location/s:*

Youth culture setting (schools, discos, pubs, bars, sport centres, etc)

*Target Group/s:*

Youth, most vulnerable group in this area

*Approaches implemented:*

Online training for multipliers

*Methods Used:*

- training courses for health care personnel directly involved in treatments and support services.
- training courses for parents to raise awareness on specific infectious diseases issues and enabling them to give detailed information to their children.
- prevention campaigns in all meeting venues (schools, discos, pubs, bars, sport centres, etc) for young people will be organised in the participating countries.
- prevention material will be distributed also among people working with young people in conditions that could be at risk of infection as dentists, tattoos artists, beauticians and hairdressers.

*Three macro-tasks:*

- analysis of the local contexts studying the literature on the fight against HBV, HCV and HIV/AIDS to identify the best practices among EU countries, particularly among the partners.
- Development of a multilingual and multimodal digital platform containing all the references (DB) about the health/education trainers, the key-actors of each participating country. This platform will also provide an e-learning environment for HBV, HCV and HIV education using innovative pedagogical approaches and new online learning and training methods.
- prevention campaign will in several meeting venues attended by young people to raise awareness about HBV, HCV and HIV/AIDS risk of infection among young people. The venues will be selected by the partners, with the teachers and managers of discos, pubs, bars and sport centres attended by young people to check their availability to host the prevention campaign activities.

C. Key findings:

*Outline of main results:*

- Identification of best practices among countries partner of H-CUBE project in the fight against HBV, HCV and HIV/AIDS.
- Transfer of good practices in the New European Member States.
- A training course for operators of the partners about how to use the digital platform.
- E-learning training courses. The courses will prepare professionals and parents to teach on the specific STDs subjects

*Overlaps of topics/findings with BORDERNETwork:*

- Using Internet
- Transfer of best practice models

*Relevant recommendations to be considered by BORDERNETwork*

Focus on multipliers in relevant settings of youth culture

### 3. Summary Rapid Assessment Survey

The Rapid Assessment Survey for WP9 was developed by SPI – Forschung Berlin and Aids Hilfe Wien. The survey is based on Sex – RAR Guide of WHO<sup>3</sup>

Abbreviations:

Yp: young people

a: anni (years)

tct: testing, counselling and treatment

VCT: Voluntary Counselling and Testing

Plwha: People living with HIV and AIDS

SRHR: Sexual and Reproductive Health and Rights

#### I. Preface

The Rapid Assessment Survey (RAS) was realized to get a survey of different countries and organizations. The RAS is composed of an overview of the country's (or the organization's) situation with a focus on youth and/or youth activities the organization conducts. 9 countries participated in this survey. In some countries several organizations participated in the survey (Poland, Germany, Latvia) and the and given data varied a little bit. In this abstract we will give first an overview of the countries and then of the organizations.

#### II. Participating Countries and Organizations

Austria	Aids Hilfe Wien
Bosnia	AAA – Action Against Aids
Estonia	NIHD – National Institute for Health Development
Germany 1	Aids Hilfe Potsdam
Germany 2	MAT – Mobiles Aufklärungsteam Rostock
Latvia 1	Papardes Zieds
Latvia 2	LIC – Infectology Centre of Latvia
Moldova	Credinta
Poland 1	YAO – UNZG
Poland 2	SPWSZ, Szczecin

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<sup>3</sup> The Rapid Assessment and Response Guide on Psychoactive Substance Use and Sexual Risk Behaviour published by the WHO - Mental Health: Evidence and Research, Department of Mental Health and Substance Dependence, Non communicable Disease and Mental Health Cluster, World Health Organization

Poland 3	POMOST
Romania	ARAS
Serbia	JAZAS

### III. YOUTH – Country Overview

Questions asked in the RAS:

- Prevalence of HIV-infections in young people and how far specific groups of yp are affected (vulnerable groups)
- Access to counselling, testing and treatment
- Access to information, condoms and clean drug injection material
- Sex education in schools
- Access to health system
- Number of abortions

*How many young people are affected directly by HIV/AIDS and other STD? Is it a high prevalence group?*

In most countries there are hardly any young people affected directly or there are no separate/current statistics on this specific group. In Estonia and Moldova the numbers of infections are growing respectively approximately 30%.

Austria	Hardly any yp directly affected
Bosnia	Hardly any yp directly affected
Estonia	Appr. 30% of people infected with HIV/AIDS are younger than 26 years, STD decline
Germany	Hardly any yp directly affected
Latvia	No separate statistics on yp
Moldova	Growing infections in the group of 15-19a.
Poland	No separate statistics on yp
Romania	No current statistics on yp
Serbia	No current statistics on yp

Access to HIV testing, counselling and treatment (tct)? Legal or cultural norms?

In most countries testing, counselling and treatment are easily available and for free – in some countries the price of a test is reduced for young people and parental consent is needed.

Austria	Access in AIDS Hilfen or at doctors, below 14a: parental consent is needed, yp rarely seek testing
Bosnia	Generally free HIV tct
Estonia	Free tct up to 18a.
Germany	Free tct at: doctors, local health centers or blood donation
Latvia	Reduced for yp under 18a. in governmental institutions , treatment: free of charge
Moldova	Free access (pregnant women and prisoners: compulsory testing)
Poland	Parental consent is needed up to 18a., testing is free of charge, treatment is free of charge for persons with health insurance
Romania	Free access to testing from 16a. on, generally free
Serbia	VCT generally available

*Access to HIV/AIDS information? Legal or cultural norms (e.g. sex education at schools)?*

In approximately half of the countries HIV/AIDS information is compulsory in schools. In other countries the information is either not compulsory or optional or only conducted by committed teachers.

Austria	Compulsory in schools
Bosnia	Information in schools and through different NGOs – no official health education
Estonia	Compulsory in schools, Youth Counselling Centers and Youth Centers provide information
Germany	Compulsory in schools - regional AIDS Hilfe, physicians and local public health services give information
Latvia	Compulsory in primary schools, but is dealt with insufficiently. NGOs and mass media provide information
Moldova	Limited access to information - is fixed in schools, but not always carried out
Poland	Compulsory in schools (if parents agree) – Catholicism is a major barrier NGOs provide information
Romania	Optional in schools – NGOs conduct projects concerning the topic.
Serbia	Not compulsory in schools – NGOs and youth counselling centers provide information

*Data on unsafe abortion or unwanted pregnancies?*

Most countries have no specific or official data on (unsafe) abortions with young people, in other countries the numbers are rising and the situation is risky because of backstreet abortions.

Austria	No official numbers, estimated 25.000 abortions p.a
Bosnia	No available data

Estonia	No countrywide data available
Germany 1	No data on unsafe abortion, cases under 18a. uncommon, no special youth topic
Latvia 1	Abortions are legal, therefore mostly safe, rate is generally high
Moldova	No specific data an youth
Poland	Possible only in 3 cases (life of mother is in danger, foetus is damaged, pregnancy through rape. Some women go to other countries to have abortions, backstreet abortions are common.
Romania	
Serbia	More than 24.000 abortions p.a., 1/3 young girls. Not all abortions are officially reported, approximately there are 100.000 to 120.000 abortions p.a.

*Do young people have access to condoms/other contraceptives? Legal or cultural norms?*

In most countries condoms can be bought easily, NGOs distribute them as well for free - only in some countries the price might be a problem. Oral contraceptives have mostly be prescribed by a doctor and not for free.

Austria	Condoms can be bought easily in shops. Other contraceptives have to be prescribed by doctor. Many young people tend to use a condom for 1st sexual intercourse and switch to other methods later on. Condom use in general is declining.
Bosnia	Only at NGOs: free condoms. Contraception pill is not free.
Estonia	Condoms can be bought in many shops, distributed free of charge in ACCs, NGOs and Youth Counselling Centers. Oral contraceptives have to be prescribed. Problem: Price (pill/condoms)
Germany	Condoms can be bought in many shops, oral contraceptives have to be prescribed (for free till age of 21)
Latvia	Condoms, oral and emergency contraceptives can be bought, but are rather expensive NGOs distribute condoms through campaigns and actions
Moldova	Condoms can be bought, not everybody ha opportunity to buy them
Poland	Condoms can be bought easily, oral contraceptives must be prescribed by doctor (parents´ agreement is needed officially), NGOs distribute condoms for free (yp of full legal age)
Romania	Free access to condoms (can be bought easily, are distributed by NGOs) and contraception methods (oral contraception can be bought without prescription)
Serbia	Yp have insufficient information on contemporary contraception, lack of information



#### IV. Organizations

The majority of the organizations work in the field of HIV/AIDS prevention, treatment and support of PLWHA. Most of them are subsidized by state and local funds as well as some get money from project funds and sponsorships as well as donations. In most organizations work at least six persons in the field of youth prevention, many of them have also people working voluntarily or on the basis of fees.

Country Organization	Field of Operation (vulnerable groups)	Employees	Finances
Austria Aids Hilfe Wien	HIV/AIDS: Prevention, Counselling, Care and support for PLWHA, social casework, testing, self help groups	37 persons (prevention department): 8: half and full time, 25: basis of fees	State funds, local funds, project funds, sponsorships, donations
Bosnia Action Against Aids	HIV/AIDS and STIs: prevention among vulnerable groups, reducing stigma and discrimination, work with plwha	19 persons: 11: half and full time, 3: voluntary work, 5: basis of fees	Local funds, project funds, sponsorships, donations
Estonia NIHD	Research, development, implementation, quality assurance, monitoring, evaluation of activities in health and social sectors (i.a. hiv/aids prevention)	148 persons: 2: full time	State funds, project funds
Germany 1 Aids Hilfe Potsdam	HIV/AIDS: prevention, counselling, care and networking	33 persons, Prevention department: 3: full time, 6-7: voluntary work	State funds, local funds, project funds, sponsorships, donations
Germany 2 MAT	HIV/AIDS and STI Prevention, projects on sex education	6 persons: half and full time	State funds, local funds, membership fees
Latvia 1 Papardes Zieds	HIV/AIDS prevention and support for PLWHA, work in the field of SRHR	12 persons: half and full time, 20-30 voluntary members	State funds, project funds, sponsorships

Latvia 2 LIC	Infectious diseases (including HIV/AIDS): Provide government with support for projects, provide patients with out- and inpatient assistance, provide epidemiological surveillance, carry out specific prophylaxis and analysis	AIDS department: 7 persons 6: staff members, 1: project basis 2: half time 1: basis of fees	State funds, project funds
Moldova Credinta			
Poland 1 UNZG	Part of University, several activities including HIV/AIDS and STI prevention	6 persons: half and full time 15:voluntary basis	State funds, local funds, project funds, sponsorships
Poland 2 SPWSZ	HIV/AIDS: Diagnosis and therapy, prevention activities (with other ngos)	10 persons (all medical staff: nurses, specialists, dentist, pnni specalists)	
Poland 3 POMOST	Prevention in field of: alcoholism, crime, drugs, hiv/aids, other stis	21 persons 1: half time, 10: voluntary work, 10: basis of fees	State funds, project funds, membership fees
Romania ARAS	HIV/AIDS: prevention, psychosocial assistance for plwha, voluntary counselling and testing centers, AIDS helpline	70 persons Youth prevention: 20 half and full time, 20 voluntary work	State funds, project funds, sponsorships, donations, other means
Serbia JAZAS	HIV/AIDS prevention (medical team, research team, outreach team, educational team)	8 persons: half and full time, 200: voluntary work, 30: basis of fees	State funds, local funds, project funds, donations

## V. Youth Program

Most countries have different and specific methods and activities to reach young people from different subgroups (schools, out of school, rural areas,..). Mostly employees, people working on a fee basis and voluntary workers conduct the activities. Approximately half of the organizations carried out certain quality assurance actions

Country	Activity	Goal	Target Group	Method	Who	Quality Assurance
Austria Aids Hilfe Wien	Workshops HIV/AIDS Workshops are conducted in schools and put of school organizations	information on HIV/AIDS and sex education: combat stigma / discrimination, economic and political action to promote pos. educational, employment and health opportunities, encourage youth participation/ respect of diversity	Prevention in and out of schools	No teacher, atmosphere of confidence, condom training, capacity building	Workshop conduct-ors work on fee basis (25)	Feedback meetings, hospitations standardized education of intermediats
Bosnia Action Against Aids	Prevention programme for prevention in rural areas Outreach work, campaigns, educational programmes (trainings)	Provide information, training and capacity building, develop social networks and peer relations, appropriate health services /access to contraception, combat stigma / discrimination, encourage youth participation /respect of diversity	Prevention from rural areas	Workshops, ppt. presentations question-naires, multi-media (videos, music clips, radio and tv commercials)	Employees, people who work on fee basis, voluntary workers	Yes pre- and post-questionnaires

Estonia NIHD	Anonymous Aids Counselling Centre	Provide information, vct, distribute condoms /clean drug injecting equipment, appropriate health services, access to care, social support/ vct, antiretroviral therapy	Yp (esp. risk groups)	Public media campaigns, public testing campaigns	Employees, people who work on fee basis	no
Germany 1 Aids Hilfe Potsdam	Youth Film Days YP people are reached through HIV related films – collaboration with teachers and schools, workshops, cross border Youth Film Days (Poland)	Provide information, training and capacity building, provide vct, distribute condoms/clean drug injecting equipment, develop social networks/peer relations, appropriate health services/access to contraception, economic and political action to promote pos. educational, employment and health opportunities, combat stigma/discrimination, access to care, social support, vct/antiretroviral therapy, encourage youth participation/respect of diversity	Yp in general	Work shops and specific activities	Employees, people who work on fee basis, voluntary workers	Yes (time/process schedule – provided by SINUS agency)
Germany 2 MAT	Youth Film Days YP people are reached through HIV related films – collaboration with teachers and schools, workshops, cross border Youth Film Days (Poland)	Provide information, training and capacity building, comprehensive rights- based sex information/education, distribute condoms/clean drug injecting equipment ,develop social networks/peer relations, access to contraception, economic and political action to promote pos. educational, employment and health opportunities, encourage youth/respect of diversity	Yp in general	Specific actions and programmes, training for teachers	Employ ees	Yes (external hospitations for quality assurance), broad presentations and documentations

Latvia 1 Papardes Zieds	Youth education and training centre Health prevention/education services for yp, peer education programs, specific programs for kids, online consultations	Provide information and comprehensive rights-based sex information/education, combat stigma, discrimination and denial	Yp (12-15a.)	Peer to peer education, trained lectors, anonymous/free services (email via internet)		
Latvia 2 LIC						
Moldova Credinta						
Poland 1 UNZG	HIV/AIDS Prevention at Music Festival Informational and educational point, distribution of condoms and leaflets	Provide information, training and capacity building, distribute condoms/clean drug injection material, develop social networks/peer relations, access to contraception, combat stigma/discrimination, improve access to care/social support, vct, antiretroviral therapy, encourage youth participation/respect of diversity	People from 15 to 30a.	Workshops, information, street work, talk with educators, demonstrations		

<p>Poland 2 SPWSZ</p>	<p>Prevention tram Tram covered with posters, inside information about testing, ways of infection, test etc. Youth Film Days YP people are reached through HIV related films – collaboration with teachers and schools, workshops, cross border Youth Film Days (Germany)</p>	<p>Provide information, training / capacity building, provide comprehensive rights-based sex information/education, provide vct distribute condoms /clean drug injection material, appropriate health services, combat stigma, discrimination/denial, access to care, social support, vct/antiretroviral therapy, encourage youth participation/respect of diversity</p>	<p>Yp (high school, university)</p>	<p>Workshops, informational lectures, brain storms, pictograms</p>		
<p>Poland 3 POMOST</p>	<p>Sociotherapy Club Educational program, sport program, prophylactic program, support groups in schools,</p>	<p>Provide information, training/capacity building, provide comprehensive rights-based sex information/education, distribute condoms /clean drug injection material, combat stigma, discrimination /denial, access to care, social support, vct and antiretroviral therapy, encourage youth participation / respect of diversity</p>	<p>Yp (students) up to 35a.</p>			

Romania ARAS	Comprehensive approaches in HIV/AIDS prevention, In-school and out of school workshops, training for volunteers	Provide information, training and capacity building, develop social networks /peer relations, combat stigma/discrimination	Yp (15-24a)	Non formal education techniques, peer education, discussions, debates, role plays, tv spots	2 employees, 10 voluntary workers	no
Serbia JAZAS	Dance 4 life Global youth movement, educates and involves yp, with help of dance, rhythm and music.	Provide information, training /capacity building, provide comprehensive rights-based sex information/education, provide vct, distribute condoms /clean drug injection material, develop social networks /peer relations, appropriate health services/ access to contraception, economic /political action to promote pos. educational, employment and health opportunities, encourage youth participation/ respect, access to care, social support, vct /antiretroviral therapy, encourage youth participation / respect of diversity	Yp (13-19a)	Edutainment (music and dance is used to inspire and motivate yp)	5 people who work on fee basis, 120 voluntary workers	no

## VI. Conclusion

The results of the summary are to some extent very similar and in some points different, e.g. the activities vary in each country and highlight different aspects and methods of working with young people in the field of HIV/AIDS. The survey clearly outlines the organizations' different structures concerning employees and finances. It gives a good overview of the diverse approaches and practical backgrounds of each country and therefore displays the similarities and differences clearly

## 4. Example Rapid Assessment Survey – best practice model: DANCE 4 LIFE<sup>4</sup>

For the Rapid Assessment Survey (RAS) all partners received a questionnaire like the one below filled out by the organization JAZAS from Serbia. Their youth project Dance 4 Life was also chosen as a model of best practice and presented at a satellite Conference at the World Aids Conference in Vienna AIDS 2010. Along with the questionnaire came the following introduction.

### I. Introduction

Work Package 9 (WP9) has its focus on quality assurance of measures and activities for youth HIV prevention and promotion of sexual and reproductive health and rights. Therefore the main expertise to be collected here is in the area of prevention programmes/projects/activities among the group of young people.

This Rapid Assessment Survey is the first step of this project with the aim to get an overview of the situation of young people in the region where your organization operates. If you work on a national level please consider national data for your answers. If you work in and for a special region (town, district, province), please describe this.

- your organization in general
- your activities in youth prevention
- one specific HIV/AIDS youth prevention activity

For any questions or suggestions please do not hesitate to contact us.

Thank you for your commitment to this project and we are looking forward to working with you!

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<sup>4</sup> Dance 4 Life: <http://www.dance4life.com>



## II. Overview: Youth

*How many young people are affected directly by HIV/AIDS and other sexually transmitted diseases in your country or your region? Is it a high prevalence group?*

Total of 2317 persons infected with HIV, are officially registered (1985-2008)

Of whom 1436 developed AIDS and 945 reported AIDS deaths

•13% HIV cases aged 15-24 (302)

Estimated HIV prevalence is <0.1%

Estimated number of person infected with other STI in Serbia non-existing

*Do young people have access to HIV testing, counselling and treatment? Please name specific legal or cultural norms concerning this issue*

VCT (Voluntary Counselling and Testing) is the integral part of National strategy to fight against HIV/AIDS in Serbia. All bigger cities in Serbia are covered with VCT Centers which are available to everybody, including young people.

For the Most At Risk Adolescents (street kids, prostitution, IDUs, MSM, Roma etc) in bigger cities in Serbia are implemented harm reduction programs who are including VCT by NGO's, in cooperation with official health care services.

*Do young people have access to HIV/AIDS information? Please name specific legal or cultural norms concerning this issue, for example is sex education a compulsory part of the school curriculum.*

Official school curriculum does NOT include sex education or reproductive health education, including HIV/AIDS. However, education of young people is done through education by NGO, as well as education through youth counselling centres in primary health care settings

*If you can provide data on unsafe abortion or unwanted pregnancy of youth, please give a brief outline of the situation:*

Official data about abortion in Serbia says that there is more than 24.000 abortion per year.

One third of this number are young people. But, we need to comprehend that all abortions are not officially reported. Estimation of the real number of abortions goes to 100.000 - 120.000 women per year in Serbia.

*Do young people have access to condoms and other methods of contraception? Please name specific legal or cultural norms concerning this issue:*

According to data from Institute of Public Health Serbia, insufficient number of young people have information about contemporary contraception. Over 60% of young people stated that know at least one

person in closest environment who had abortion. Prejudices are prevailing in Serbian society, there is a lack of information about contraception within the families as well as within the health care system and schools

*Do young people have access to clean drug injecting equipment?*

In bigger cities in Serbia there are several harm reduction / needle exchange programs implemented by NGOs. Those programs are accessible to young people. However, total number of reached person through those programmes are not sufficient yet (approximately 20% of the total number).

Please describe other specifics of youth culture in your region that affect the vulnerability of young people to HIV/AIDS:

Poverty, accessible alcohol, popularity of drugs, unstructured free time, high unemployment rate, peer pressure to be popular and lack of education and trainings for behavioural change.

*Do young people have access to comprehensive sexuality education in schools?*

Yes,

No

*If not, why?*

Due to the resistance and sluggishness of the system it's not in the official school curriculum.

*Do young people have access to health services? Which barriers do they face?*

Health services are accessible to the majority of young people, but highly vulnerable and most at risk adolescents are not reached by these services. There is a lack of youth friendly services.

### **III. Organization**

*Please give a brief overview of your organization with respect to structure, objectives and main fields of work:*

JAZAS (Association against AIDS) is a non-governmental organization founded in 1991 as the first NGO active in AIDS prevention in former Yugoslavia. The current organization is having the following organization capacity

- Full time staff – Secretary and accountant
- JAZAS management team – Director, Executive board, Project coordinators and collaborators
- JAZAS permanent teams – Educational team (divided on adult and youth educators), Medical team, Research team and Outreach team.

Research capacities within JAZAS team:

4 outreach workers educated, trained and experienced for qualitative research

3 Master of Science

2 Doctor of science

14 outreach workers educated, trained and experienced in fieldwork

*How many people work at your organization?*

employed full-time. How many? 2

employed half-time. How many? 6

voluntary work. How many? 200

on the basis of fees. How many? 30

*How is your organization funded? Please tick the appropriate box or boxes:*

state funds or subsidies

local funds or subsidies

project funds or subsidies

sponsorship by commercial companies, e.g. pharmaceutical companies

membership fees

donations

other

*Which organizations or state authorities do you cooperate with regularly? Please tick the appropriate box or boxes:*

pharmaceutical companies

condom producers

medical institutions

communities (e.g. migrant, ethnic minorities)

state ministries,

local authorities,

other

*Organizations from the field of...*

*please specify which:*

sex education

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> drug prevention   | <input checked="" type="checkbox"/> youth organizations |
| <input checked="" type="checkbox"/> health prevention | <input type="checkbox"/> schools                        |
| <input type="checkbox"/> other                        | <input type="checkbox"/> pharmacies                     |

#### IV. Youth Programmes/Activities/Measures

*Please give a brief overview of all the programmes, activities, measures and/or projects your organization conducts in HIV/AIDS prevention and sexual health promotion for young people.*

HIV/AIDS, STI prevention and outreach work; together with assistance are the main, direct themes of activities. Human right protection goes as the part of other activities – as advocacy role

- Targets for activities are sex workers and among them drug users for outreach, prevention and human right. Young people, teachers and general population for prevention activities.

JAZAS educational programs for doctors and medical workers are accredited with maximum points:

- Health services youth friendly
- Health services friendly to vulnerable population

*Please pick one specific youth prevention programme, activity, measures or projects your organization conducts and which is most relevant and interesting for quality assurance. Please answer the following question concerning this specific activity.*

#### V. Youth Prevention Activity

*Name of the youth prevention programme/measure/project/activity:*

Dance 4 life (JAZAS is NCO - National Concept Owner for Serbia)

*Describe the activity in a few sentences:*

Dance4life global youth movement aims to educate and actively involve youth, age 13 to 19, with great use of dance, music and rhythm. Dance4life is a dynamic international initiative which actively involves young people and gives them a powerful voice in pushing back the spread of HIV and the stigma and taboos that surround it. Young people are attracted through the use of experience marketing, dance, music, youth icons and their own language, encouraging them to learn more about HIV and AIDS and Sexual and Reproductive Health and Rights (SRHR). They become involved with in depth life skills programmers and other prevention and advocacy activities. By being actively involved these agents of change will reach a deeper level of understanding enabling them to make healthier choices.

*What is (are) the main goal(s) of this activity? Please tick the appropriate box or boxes:*

- providing information in forms understandable and accessible to young people
- providing training and capacity building of multipliers in sex education and AIDS/STI prevention
- providing comprehensive rights-based sexuality information and/or education
- providing voluntary and confidential counselling and testing
- distributing condoms and clean drug-injecting equipment through outreach programmes
- developing social networks and peer relations that model and promote safer behaviour
- providing health services in ways and at times that young people find appropriate
- Provide access to contraception and / or to emergency contraception and safe abortion
- taking economic and political action that promotes positive educational, employment and health opportunities
- making efforts to combat stigma, discrimination and denial
- improving access to care, social support, voluntary and confidential counselling and testing and antiretroviral therapy
- encourage youth participation and respect of diversity
- other:

*How many young people do you reach with this activity? Please indicate the duration of this activity if necessary. (For example: 500 people in 3 months.)*

more than 7.000 young during 2008 to 2009

*Please describe the aims and objectives of this activity in a few sentences*

D4L aims to inspire, educate and activate young people to become an active members of society and take full responsibility for their actions.

*Please describe the target group in a few sentences: Do you reach a specific target population and subpopulation of young people with this activity?*

Young people age 13 - 19, all categories and subcategories are reached trough different activities that are implemented by D4L project.

*Does this activity address specific settings, risk behaviours or social factors of the target group? Please describe them:*

Yes. It is most likely that young people from our target group will have first sexual intercourse in this age and without the proper knowledge, skills and tools to protect themselves they are in huge risk of HIV/STIs.

*What are the specific strategies and methods used?*

D4L is using special method of education which is called 'edutainment', which stays for education & entertainment. We use music, rhythm, dance to inspire young people and to motivate them to join us and to become agents of change that will educate others and create a youth movement that will make change.

*Who conducts this activity and how many people are involved?*

People who are employed at our organization. How many?

People who work on a fee basis. How many? 5

Voluntary workers. How many? 120

*How are they trained and what qualifications do they have?*

International trainings, advanced training of trainers in peer education by Y-peer network.

Training of trainers in peer education on national level.

Different management trainings, PR trainings and seminars, etc..

*How are they trained and what qualifications do they have?*

Training for peer educators, basic management trainings, stigma and discrimination seminars and trainings

*Which factors inhibit the effectiveness of this programme?*

Instable fundings. Lack of equipment.

*Which factors promote the effectiveness of this programme?*

Great team, flexible persons involved in this programme, concept of program which is youth orientated and youth friendly and media, music, video usage.

*Has the measure been evaluated?*

Yes

No

*If yes, what were the results? Provide a short description.*

Pre and post tests of knowledge of HIV/AIDS

*Did you use methods of quality assurance (planning tools) to design the measure?*

Yes

No

## 5. Exchange of experience in HIV and SRHR youth prevention projects

In one of the common meetings experience from the experts in HIV and SRHR youth prevention projects was exchanged.

### I. What is important when working with young people? What is quality in HIV and SRHR youth prevention?

#### A. Skills, attitudes and position of HIV and SRHR youth prevention experts:

- Respect, equality, taken seriously, respect, equality, being on par with young people, trust, treating them as individuals,
- sexuality seen as a positive thing,
- provide information according to SRHR standards, new, actual and useful information, interest of participants, answer their questions
- expect the unexpected, thinking outside the box, thinking out of the box,
- communication skills,
- flexibility
- good contact
- reach out to young people, projects close to target group,
- authenticity
- positive attitude, empowerment

#### B. Methods:

- give possibility to speak about their problems, event-centred/-oriented youth prevention, make it fun, fun, programs should be connected to elements of lifestyle of youth, attractive methods of work, fun, laughter, consider young people's lifestyle and environment
- participation, involving youth in planning, actively involve youth in planning process and evaluation, participation of youth during the design process,
- age appropriate information, similar age of educator to the age of target group, specific communication in different ages, know their needs, keep their age and interests in mind
- interdisciplinary development of interventions,
- catch attention → creativity, creative
- use right channels and methods for information
- psychological and mental level, considering psychological development,
- encourage responsible behaviour
- positive prevention

- setting framework, making rules clear
- skill training, train risk perception,
- information peer to peer, voluntary, recruit volunteers,

**C. Carrying out the activity:**

- project intervention,
- long duration of programmes, long lasting programs (trainings),
- manual
- quality is intervention based on evidence, quality = optimal changes in
- behaviour, quality = acceptance of intervention by target group (they like!)
- thinking about subjective function of behaviour,
- interest for our information materials,
- questionnaires

**D. Evaluation:**

- documentation and evaluation (quality circles, self evaluation, etc.),
- actively involve youth in evaluation
- effectively

**II. What is good about our youth prevention? How do we address the special needs of young people?**

**A. Requirements:**

- Evidence based:
- From statistics
- interaction with experts
- given expected information,
- focus groups before intervention
- many young people call our center, good to reach

**B. Methods:**

- group work,
- asking questions,
- brainstorming sex and love,
- role play,



- opportunity to talk about sexuality
- creative award
- actively involving young people, interaction with youth, interactive methods, young people are actively involved, interactive methodology
- build trust → enable conversation
- varied activities, several methods, being flexible in workshops
- clarity
- with action
- trained trainers
- relaxed atmosphere in workshops
- answer all questions (also stupid ones)
- talking seriously about sexual health and sexual behaviours
- fun, not so serious, a bit funny
- filming young people for a meeting
- according to status of education, development and age

**C. Attitude:**

- no moral judgement
- gives them powerful voice in pushing back the spread of HIV, stigma and discrimination, young people become agents of change
- no discrimination
- equality

**D. Content:**

- condom use,
- new knowledge
- Learn for life

# 6. What is quality and evaluation about

## I. Quality

### A. Different Approaches:

- The transcendent Approach: Quality is unique and absolute in itself
- The approach through values: Quality is the proportion price/value
- The customer related approach: Quality is the absolutely satisfied customer
- The product related approach: Quality can be measured/ proved by the product
- The process related approach: Quality is the result of good collaboration and Information
- The manufacturer related approach: Quality means no mistakes, make it right from the start

### B. Different Definitions:

- Quality is the entity of characteristics respective to their ability to fulfil defined and preconditioned requirements
- Quality cannot be generally accepted and cannot be objective
- Quality is the subjective assessment of the customer

### C. What is Quality Management:

- Definition and Specifications
- Designing and Structuring
- Continuous Improve
- Guarantee of extensive accuracy

### D. Quality management principles:

- Partner cooperation for maximum benefit
- Leadership
- Participation
- Process oriented approach
- System oriented Management Approach
- Continuous Improvement
- Factual approach for decision making

### E. Components of Quality Management<sup>5</sup>:

Quality is based on three columns: People, Processes and Results and cond consists of the following five components



### F. Strategic planning process:



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<sup>5</sup> Components of quality: [http://quality.kenline.de/seiten\\_d/qm\\_bestandteile.htm](http://quality.kenline.de/seiten_d/qm_bestandteile.htm)

# 7. Quality Assurance

## I. Quality Control and Quality Assurance

Quality control emphasizes testing of products to uncover defects, and reporting to management who make the decision to allow or deny the release, whereas quality assurance attempts to improve and stabilize production, and associated processes, to avoid, or at least minimize, issues that led to the defects in the first place.

## II. Requests of Quality assurance

- Definition of exact goals
- Creation of operational and organizational structure
- Qualification of staff
- Development of adequate means and methods
- Schedule of responsibilities and authorisations
- Obligatory documentation requirement for regulations and results
- Clear structure of information and communication channels
- Control of risks and cost-effectiveness
- Preventive measures to avoid quality problems
- Continuous Quality improvement

## III. DRIVE<sup>6</sup> is an approach to problem solving and analysis that can be used as part of process improvement.

- Define the scope of the problem the criteria by which success will be measured and agree the deliverables and success factors
- Review the current situation, understand the background, identify and collect information, including performance, identify problem areas, improvements and “quick wins”
- Identify improvements or solutions to the problem, required changes to enable and sustain the improvements
- Verify check that the improvements will bring about benefits that meet the defined success criteria, prioritise and pilot the improvements
- Execute plan the implementation of the solutions and improvements, agree and implement them, plan a review, gather feedback and review

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<sup>6</sup> DRIVE a method developed by Oakland, J.(1993), Total quality management (Oxford,Butterworth-Heinemann)

#### IV. Model of Donabedian<sup>7</sup>

Three Dimensions of Quality

- Structure: the attributes of settings where the project is delivered
- Process: Whether or not good practices are followed
- Outcome: Impact of the project on the target group

#### V. Plan Do Study/Check Act Quality Improvement<sup>8</sup>

##### A. Setting Aims

Improvement requires setting aims. The aim should be time-specific and measurable; it should also define the specific population of patients that will be affected.

##### B. Establishing Measures

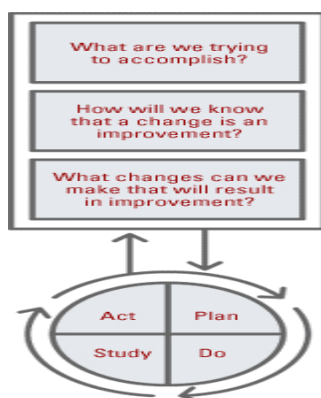
Teams use quantitative measures to determine if a specific change actually leads to an improvement

##### C. Selecting Changes

All improvement requires making changes, but not all changes result in improvement. Organizations therefore must identify the changes that are most likely to result in improvement

##### D. Testing Changes

The Plan-Do-Study-Act (PDSA) cycle is shorthand for testing a change in the real work setting — by planning it, trying it, observing the results, and acting on what is learned. This is the scientific method used for action-oriented learning.



<sup>7</sup> Model of Donabedian: Donabedian A. The quality of Care. J Am Med Assoc. 1988, 260:1743-8

<sup>8</sup> Plan-Do-Study-Act (PDSA); Model for Improvement by Institute for Healthcare Improvement, 20 University Road, Cambridge, MA 02138

## 8. The development of the quality improvement and evaluation tool: QUIET

A milestone of work package 9 was the development, piloting and evaluation of an online evaluation tool for assessment of quality of youth prevention actions that should be available in the internet: the QUIET.

### I. Objective

Encouraging in-depth quality assessment, assurance and improvement of youth projects in the field of SRHR promotion and HIV/AIDS/STI prevention

### II. Fundamental ideas and philosophy

Youth prevention is different: mix of fun, seriousness, events, flexibility

Continuous evaluation, adaptation or new designs of youth projects essential

Participative development of the tool

Team of prevention practitioners and evaluation experts

All partners of BORDERNETwork participated in the process of adapting the “Evidence and Rights Based Planning & Support Tool for SRHR/HIV Prevention Interventions for Young People”<sup>9</sup>

The tool should be based on the WHO standards for sexuality Education in Europe<sup>10</sup>

### III. Planning and support tool

Small group discussions, review of PST items and response options

Adaptation process included assessment of content, approach, applicability and handling of the tool regarding different types of youth prevention measures and the situation in the respective EU, CEE and SEE countries.

By practitioners for practitioners and meeting theorists standards

Self-evaluation as effective evaluation („Difficult to lie to yourself“)

Cross border cooperation, transfer of knowledge and development of effective prevention

### IV. The development of the QUIET was planned in five steps:

#### 1<sup>st</sup> step: Expert meeting I

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<sup>9</sup> Evidence and Rights Based Planning & Support Tool for SRHR/HIV Prevention Interventions for Young People by Joanne Leerloijer from the World Population Foundation (WPF) and by STOP AIDS NOW!

<sup>10</sup> WHO regional office for Europe and BzGA: Standards for Sexuality Education in Europe: A framework for policy makers, education and health authorities and specialists, Cologne 2010

- Quality standards and guidelines: Experts from partner organizations, collaborating partners and from Non-EU countries discussed quality in youth prevention and how it is implemented
- Participatory development of the online tool: Built on “Planning & Support Tool” by WPF and STOP AIDS NOW!

#### 2<sup>nd</sup> step: Trial period I

- Tool applied by partners in ensuing trial period. Continuous participatory development and improvement of the tool

#### 3<sup>rd</sup> step: Expert meeting II

- Presentation and discussion of online tool

#### 4<sup>th</sup> step: Pilot application period

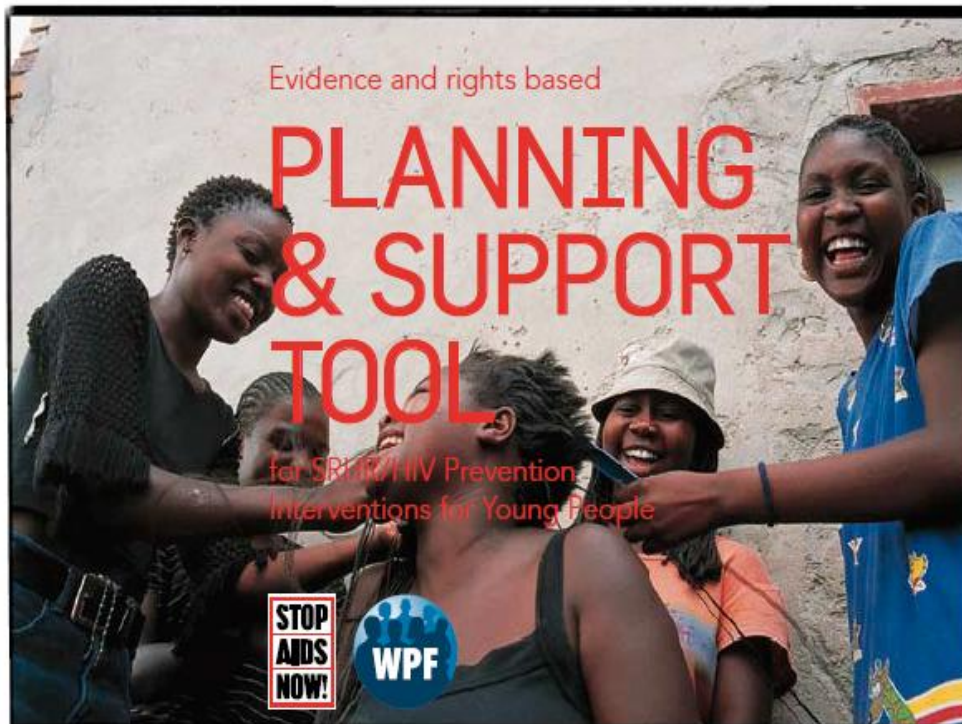
- Online Tool applied by partners in ensuing trial period
- Continuous feedback and improvements

#### 5<sup>th</sup> step: Dissemination

- Freely accessible on <http://quiet.allproducts.info>
- Clearing House of aidsactioneurope.org

### V. Evidence and Rights Based Planning & Support Tool for SRHR/HIV Prevention Interventions for Young People

Prior to the meeting the “Evidence and Rights Based Planning & Support Tool for SRHR/HIV Prevention Interventions for Young People” has been chosen as a basic concept for the QUIET.



**VI. The tool “Evidence and Rights Based Planning & Support Tool for SRHR/HIV Prevention Interventions for Young People” has been chosen for the following reasons:**

- Tool how to best design and evaluate SRHR education programmes for young people
- To analyse existing programmes and/or to develop new programmes
- Reflect on decisions during development, implementation and conduct
- Link monitoring and evaluation to objectives
- Some questions:
  - What is going well? What needs to be improved?
  - Do we use the available resources effectively?
  - What barriers do we face? Can we overcome them?
- Rights-based approach
- Universal Declaration of Human Rights: Every human being has right to e.g. education, health care, protection, support and freedom of expression.
- More pressure on governments to fulfil rights (not only basic needs)
- Access to information, service and support
- Empowerment, participation and self-reliance
- Against discrimination and abuse
- Theory- and evidence-based approach e.g. behaviour change models

**VII. The tool included six steps for planning:**

1. Involvement
2. Needs assessment/situation analysis
3. Objectives
4. Evidence-based intervention design
5. Adoption & implementation
6. Monitoring & evaluation



## VIII. Example of the lay-out of the original planning tool:

# 3. PLANNING AND SUPPORT TOOL

## A. Involvement (step 1)

### 1. Are the right people in the project team?

Indicators: What	+++ +/- -- x	Indicators: How	+++ +/- -- x	Comments and suggestions for improvement
Is the following expertise represented in the planning team		Are they involved in all relevant planning stages?		
- Project management	_____		_____	_____
- Research	_____		_____	_____
- SRHR of young people	_____	Are the values and attitudes of the planning team members supportive for a rights- and evidence-based SRHR project for young people?	_____	_____
- Behaviour change theories	_____		_____	_____
- Design of SRHR interventions for young people	_____		_____	_____
- Implementation of SRHR interventions for young people	_____		_____	_____
- Training implementers	_____		_____	_____
- Educational methods	_____		_____	_____

++ excellent + fair +/- needs improvement -- is not done at all x not applicable

Planning & Support Tool  
3. Planning and support tool 21

The target was to look through this tool critically and adapt it to the situation and requirements of the participating organizations with regard to evaluating and assuring the quality of their youth prevention activities.

- Participatory process of quality improvement tool adaptation
- All partners of BORDERNETwork participated in the process to adapt the quality improvement & evaluation tool
- Discussion in small working groups, review of all questionnaire items and response options
- Adaptation process included assessment of content, approach, applicability and the tool being easy-to-use regarding different types of youth prevention measures and the situation in the respective EU, CEE and SEE countries.

## IX. Tool Application

- Assistance in the phase of planning and designing a project (like “Planning & Support Tool” by WPF and STOP AIDS NOW!)
- Quality assurance and improvement of projects
- Rapid self-evaluation of projects
- User friendly and easily applicable
- Accessible over the internet
- Electronic data evaluation and reporting

## X. Step Principle of the QUIET

- Step 1: Document the process
- Step 2: Self-evaluate
- Step 3: Comments and suggestions

# 9. The QUIET

## A. Project overview

Name of your organization:

Name of the project:

**Please note down a brief survey of the project?**

What are the main goals of the project?

- Increase knowledge about HIV/AIDS and STIs and about protection
- Decrease new HIV infections and other sexually transmitted infections (STIs)
- Sexuality education and sexual health promotion
- Integrate HIV/STI prevention into a comprehensive approach of SRHR
- Increase gender equality
- Encourage safer sexual behavior
- Encourage target group to seek testing, counseling and care
- Decrease unintended pregnancies
- Decrease sex-related violence and abuse
- Communicate a positive image of sexual health and help to accept one's own sexuality and these of others
- Prevent the development of AIDS among people living with HIV
- Decrease discrimination and stigma related to HIV/AIDS
- 

**What are the main target groups of the project?**

- Youth in general
- Girls
- Boys
- Pregnant girls
- Juvenile drug users
- Juvenile Sex workers

- Juvenile migrants
- STI/HIV positive juveniles
- Juvenile LGBTI
- Disabled juveniles
- Pupils
- Apprentices
- Students
- Multipliers (teachers, youth workers, parents, etc.)
- 

**What are the main activities of the project?**

- Providing information in forms understandable and accessible for young people
- Providing training and capacity building of multipliers in sexuality education and HIV/STI prevention
- Providing comprehensive rights-based sexuality information and/or education
- Distributing condoms and clean drug-injecting equipment through outreach programs
- Developing social networks and peer relations that promote safer behavior
- Providing voluntary and confidential counseling and testing
- Providing health services in ways and at times that young people find appropriate
- Provide access to contraception and / or to emergency contraception and safe abortion
- Taking economic and political action that promotes positive educational, employment and health opportunities
- Making efforts to combat stigma, discrimination and denial
- Improving access to care, social support, voluntary and confidential counseling and testing and antiretroviral therapy
- Encourage youth participation and respect of diversity

**B. Planning phase of the project**

**1. Are people providing relevant expertise involved in the planning phase?**

Before starting a new project, a project team should be formed which includes relevant skills, knowledge and expertise to carry it out.

*Help and examples*

*Interventions planned by a team of people with specific expertise in SRHR education for young people are more likely to be effective. Evidence shows that the team involved in intervention planning should consist of people with different backgrounds.(E.g. Project Management, Youth experts with pedagogical and /or psychosocial competence, facilitators, young people). In many*

*projects, consultants are called in to do certain tasks. But involving these specialists in all planning stages increases the chance that they fully understand the whole process. And this will raise the quality of the intervention and its implementation.*

**Please note down (in keywords) how relevant expertise is present in your team?**

--

<b>This expertise is represented in the project team</b>	<b>To a great extent</b>	<b>Sufficiently</b>	<b>Insufficiently</b>	<b>not known</b>	<b>not relevant</b>
Project management					
pedagogical and/or psychosocial expertise					
Adequate training and education methods for youth					
Sexual and reproductive health and rights (SRHR)					
HIV/STI					
Research					
Monitoring and evaluation					
Other expertise:					

**Comments and suggestions for improvement:**

Ideas how to include more expertise:

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## **2. Are young people involved in project planning?**

Prevention for young people should also be carried out with young people.

*Help and examples*

*Studies show that involving young people in the development of sexuality education has an impact on the sexual behavior of the target group. General evidence shows that involving beneficiaries at all planning stages increases the effectiveness of interventions. An effective involvement method is*

to set up a working group of approximately 5 to 10 young people (gender-balanced and representative of the target population). They can be involved in all stages of the project. The ideal situation is one working group made up of both young people and facilitators. Prevention for young people should also be carried out with young people.

**Please note down (in keywords) how young people are involved in the project’s situation analysis, planning and design, implementation, monitoring and evaluation?**

<b>Young people were involved in the four project planning stages</b>	<b>To a great extent</b>	<b>Sufficiently</b>	<b>Insufficiently</b>	<b>not known</b>	<b>not relevant</b>
Situation Analysis					
Planning and design					
Implementation					
Monitoring and evaluation					

**Comments and suggestions for improvement:**

Ideas how to increase involvement of young people:

### **3. Are facilitators involved in project planning?**

Facilitators are those persons who actually carry out the activities of the project. It is often very useful to include them in all project stages.

*Help and examples*

*Interventions that are developed together with the people implementing them are more likely to be implemented according to plan, resulting in more impact on young people. Their involvement is particularly important during intervention design (including content, educational methods, and pre-testing), when implementation begins and if the program is expanded – as trainers of other teachers. The ideal situation is one working group made up of both facilitators and young people. The facilitators can help the young people contribute in the best way possible once the young people have personally made their needs clear to the facilitators.*

**Please note down (in keywords) how facilitators are involved in the project’s situation analysis, planning and design, implementation, monitoring and evaluation:**

<b>Facilitators were involved in these project stages</b>	<b>To a great extent</b>	<b>Sufficiently</b>	<b>Insufficiently</b>	<b>not known</b>	<b>not relevant</b>
Situation analysis					
Planning and design					
Implementation					
Monitoring and evaluation					

**Comments and suggestions for improvement:**

Ideas how to involve facilitators:

**4. Are stakeholders from essential fields involved in project planning?**

Very often decision-makers want to be involved in various stages of a project and are able to contribute not only financial funds but also expertise and other resources. And sometimes additional partners can be found for new and existing projects.

*Help and examples*

*Effective SRH interventions need at least minimal support from different stakeholders: appropriate authorities (Ministries of Health), leaders that are needed to fully implement the program (school director) and community and civil society organizations (NGOs, parents) and experts or specialists(family planning organization). If relevant stakeholders are involved from the start, they are more likely to be committed to the project. You can involve them by inviting the representatives to be a member of an advisory board that provides the project team with feedback and advice at relevant planning stages.*

**Please note down (in keywords) how decision makers from various fields are involved in the project?**

How are the stakeholders most important to your project involved?	To a great extent	Sufficiently	Insufficiently	not known	not relevant
National politics					
Regional politics					
Local politics					
Education					
Youth					
Non-governmental organizations (NGOs)					
Communities					
International partners					
Economy					
Religious organizations					
Other stakeholders					

**Comments and suggestions for improvement:**

Ideas how to (further) involve decision-makers:

**C. Needs assessment/situation analysis**

**1. Is the project based on a needs assessment/situation analyses?**

Before designing a new project the questions “What is needed?” “What in the current situation needs to be improved?” have to be asked.

*Help and examples:*

*General behavior determinants of young people (concerns and challenges; likes and dislikes, youth cultures) can be assessed as well as their SRHR needs (understanding and accepting one's own sexuality and gender differences, ability to respect wishes and to communicate, sexual behaviour and partnerships). But also personal determinants of behavior (knowledge/misconceptions, attitude/values/beliefs, risk perception, skills/self-esteem/self-confidence) and environmental determinants of behavior (social influence, peer pressure, social norms) are very important to assess. In the situation analysis, planners collect data on HIV/STI rates, teenage pregnancy, abortion, condom use and others. They also review availability/affordability of counseling, services and supplies. They also look at relevant laws, policies and regulations (age of consent, gender, HIV/AIDS, abortion, etc) related to young people and look at the extent to which this is actually*

implemented. Data can be found over the internet, in focus group discussions, from expert interviews, etc. however the reliability and quality of data should always be carefully checked.

**Please note down (in keywords) the theoretical framework, the data and the starting basis for your project:**

--

<b>Overall quality of your data</b>	<b>To a great extent</b>	<b>Sufficiently</b>	<b>Insufficiently</b>	<b>not known</b>	<b>not relevant</b>
Our project has an explicit theoretical framework					
For our project, existing projects were studied and ideas adapted					
Our project is based on a needs assessment/situation analysis					
The amount of the collected data represent an appropriate knowledge basis for this project					

<b>To what extent do you include data relevant for your project on....</b>	<b>To a great extent</b>	<b>Sufficiently</b>	<b>Insufficiently</b>	<b>not known</b>	<b>not relevant</b>
Epidemiology (e.g. HIV/AIDS rate, STIs, ...)					
Teenage pregnancy and abortion rate					
Sexual behavior of the target group (e.g. condom use, ...)					
Personal determinants of sexual behavior (attitude, risk perception)					
Other risk behavior of the target group (e.g. drug use, ...)					
Environmental determinants (e.g. laws, access to health services, ...)					
Needs of the target group (e.g.					



condom availability)					
Needs of facilitators (e.g. training needs)					
Other data					

**Please note down relevant needs and values as well as laws, policies and norms:**

--

<b>How do you rate your knowledge about relevant laws, regulations and policies concerning....?</b>	<b>Excellent</b>	<b>Sufficiently</b>	<b>Insufficiently</b>	<b>not known</b>	<b>not relevant</b>
Sexual and reproductive health and rights (SRHR)					
HIV/STI					
Gender					
Sexuality education in school and youth settings					
Other relevant topics:					

<b>How do you rate your knowledge on norms and values in the target group concerning....</b>	<b>Excellent</b>	<b>Sufficiently</b>	<b>Insufficiently</b>	<b>not known</b>	<b>not relevant</b>
Sexuality					
Gender roles and stereotypes					
Human body and development					
Safer Sex					
HIV/STIs					
Fertility and teenage pregnancy					
Abortion					
Stigma and discrimination					
Rights, self-determination and – reliance of young people					

Other norms and values					
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**Comments and suggestions for improvement:**

Ideas how to find out which needs have to be addressed and how to improve the quality of the data:

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**2. Knowledge of Resource**

*Help and examples*

*Interventions that are developed together with the people implementing them are more likely to be implemented according to plan, resulting in more impact on young people. Their involvement is particularly important during intervention design (including content, educational methods, and pre-testing), when implementation begins and if the program is expanded – as trainers of other teachers. The ideal situation is one working group made up of both facilitators and young people. The facilitators can help the young people contribute in the best way possible once the young people have personally made their needs clear to the facilitators.*

**Please note down (in keywords) existing resources that you (plan to) use for the project. Do you face specific barriers and opportunities?**

--

<b>The following resources are available in the community and can be drawn on in the project.</b>	<b>To a great extent</b>	<b>Sufficiently</b>	<b>Insufficiently</b>	<b>not known</b>	<b>not relevant</b>
Youth friendly sexual health services					
Voluntarily, anonymous and free of charge counselling and testing on HIV/STI					
Other organizations in the field of SRHR, HIV/STI (Self help groups and networks of care)					
Access to condoms and other contraceptives					
Other					

<b>The following barriers and opportunities of the project setting were analyzed</b>	<b>To a great extent</b>	<b>Sufficiently</b>	<b>Insufficiently</b>	<b>not known</b>	<b>not relevant</b>
Knowledge/misconceptions					
Attitudes and social influence of relevant partners and authorities					
Cultural and religious barriers					
Social and economical barriers					
Adequate facilities for implementation					
Logistical preconditions					
Other barriers or opportunities					

<b>How do you rate the qualification and competence of facilitators concerning ...?</b>	<b>To a great extent</b>	<b>Sufficiently</b>	<b>Insufficiently</b>	<b>not known</b>	<b>not relevant</b>
Knowledge and skills in SRHR and HIV/STI					
a holistic sexuality education approach					
target group related social communication					
Motivation					
methods and materials					
Availability					
Teamwork					
Other					

<b>How do you rate the knowledge of existing Sexual and Reproductive Health and Rights (SRHR) education projects concerning ...?</b>	<b>To a great extent</b>	<b>Sufficiently</b>	<b>Insufficiently</b>	<b>not known</b>	<b>not relevant</b>
Materials					
Methods					
Lessons learned					

**Comments and suggestions for improvement:**

Ideas how to overcome specific barriers and how to use specific resources:

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**D. Objectives**

**1. Are the goals of the project clearly outlined?**

Please think of the goals of the project as well as the conducted activities as listed in the project overview.

*Help and examples*

*For most organizations it's difficult to measure an actual change as a result of their SRHR education. (Eg. in the prevalence of HIV/STIs) However, clear health goals can give direction and a framework for the intervention. For example to enable young people to take their own decision related to their sexuality based on reflected knowledge It is very important to set goals that are line with a holistic concept of sexual health and personal growth. (Eg: Increase gender equity or increase access to sexual health services and VCT).*

*It is not easy to define s.m.a.r.t. (specific, measurable, attainable, realistic, time-lined) goals and it takes some practice. Make sure you have all relevant expertise when defining the goals and the indicators.*

**Please note down (in keywords) the main goals of your project:**

--

<b>Goals</b>	<b>To a great extent</b>	<b>Sufficiently</b>	<b>Insufficiently</b>	<b>not known</b>	<b>not relevant</b>
Specific objectives exist					
Specific objectives connect to the initial situation					
The goals of the project are clearly outlined and communicated.					
The project activities address these goals accurately.					
Are the goals S.M.A.R.T.?					

Specific objectives are linked to indicators?	To a great extent	Sufficiently	Insufficiently	not known	not relevant
Are the indicators linked to specific objectives?					
Are the indicators of the project goals clearly outlined?					

**Comments and suggestions for improvement:**

Ideas how to include and address other goals:

**2. Are behavioural determinants addressed and supported:**

**Help and examples**

*Providing clear, unambiguous, easy to understand, focused messages about how young people can behave sexually is one of the most important characteristics of effective SRHR/sexuality education programs. Young people should receive sufficient, correct, up-to-date and consistent information about the options of preventive behavior, so they are able to make their own decisions related to their sexual behavior. Comprehensive sexuality education programs that address both delay and condom use have proved to be effective, contrary to approaches that focus primary on abstaining from sexual intercourse. Behavioral messages are stronger when they make use of information gained from a needs assessment. Putting the right emphasis, for example, on delaying the first time someone has sex, reducing the number of sexual partners or increasing the use of condoms or other contraceptives. The message chosen also depends on the age, sexual experience, family and community values, social circumstances and culture of the young people targeted by the intervention. Linking behavioral messages with other important youth values and risk perception has proved to contribute to effectiveness. Outline specific actions that together form behavior. (eg. Condom use: Decide to use condoms each time you have sexual intercourse, Obtain/buy condoms, always take condoms with you, negotiate condom use with sexual partner, use condoms every time you have sexual intercourse, use condoms correctly, keep on using condoms)*

*Evidence shows that interventions are more likely to be effective when they address the determinants that are both relevant and changeable. No program can address all the determinants that influence sexual behavior. In each context and culture the determinants may be different. Behaviour is not only determined by a lack of knowledge, but also by many other determinants, such as risk perception, social influence, self efficacy, external factors and the cultural and religious context. So planners should look carefully at their needs assessment and decide which determinants are important and changeable enough to be included in the intervention.*

**What are your main behavioral messages for young people and how do you convey them:**

--

<b>Are the following key elements addressed?</b>	<b>To a great extent</b>	<b>Sufficiently</b>	<b>Insufficiently</b>	<b>not known</b>	<b>not relevant</b>
genderrole behaviour					
Have consensual sex					
Communication on sexuality					
Make one's own informed decision					
Make a conscious choice of contraception and use it effectively					
Practice safer sex					
Avoid behaviour which harms you and your baby during pregnancy					
Go for HIV and STI counselling, testing and treatment					
Youth friendly sexual health services					
Avoid risk behaviour in connection with alcohol or drugs					
Discrimination and stigmatization of people living with HIV/AIDS (PLHIV)					
Other key elements:					

<b>The messages and activities are appropriate to the target group</b>	<b>To a great extent</b>	<b>Sufficiently</b>	<b>Insufficiently</b>	<b>not known</b>	<b>not relevant</b>
Age of target group					
Sexual experience of the target group					
Values of the target group					

Cultural norms of the target group					
Interests of the target group					
Youth related behaviours					

*Help and examples*

*Knowledge, e.g. providing basic knowledge about HIV/AIDS , Risk perception, e.g. discussions about risk behavior, Attitudes, e.g. discussion about attitude towards condoms, Motivation and social influences, e.g. discussion about the influence of the peer group, Self-efficacy and skills, e.g. condom training, Communication skills, e.g. condom negotiation training, Intentions*

**Please note down (in keywords) how you address specific behavior determinants:**

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<b>The project addresses the target group's</b>	<b>To a great extent</b>	<b>Sufficiently</b>	<b>Insufficiently</b>	<b>not known</b>	<b>not relevant</b>
Knowledge					
Risk perception					
Attitudes					
Needs					
Motivations and intentions					
Self-efficacy and skills					
Communication skills					
Social influences					
Other					

**Comments and suggestions for improvement:**

What would be the appropriate methods of the project for the target group and ideas how to target young people more accurately?:

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### 3. Will enough be done to promote a supportive environment?

#### Help and examples

Studies found that creating a safe and supportive environment is a vital part of improving young people's SRHR. The needs assessment/situation analysis provides an overview of the most important environmental barriers and opportunities for addressing young people's SRHR. However, planners are limited in what they can do and may have to decide to focus on a small number of interventions while leaving other people or organizations to address the environmental barriers. Some opportunities for creating a supportive environment for young people are described below.

One method is awareness raising in the community and among parents. This may result in more support for young people's SRHR and their SRHR/sexuality education. For example, they may be given help in obtaining contraceptives. Another aim of awareness raising can be to equip parents with information and skills to help them communicate with their children about sexuality and related topics.

One of the environmental barriers for young people relates to health services, supplies (such as ARVs, condoms and other contraceptives) and counseling. These are either unavailable, too expensive or not youth-friendly. Efforts can be made to stand up for the rights and health of young people, and to campaign for changes in relevant policies and laws that are barriers to young people's rights and health.

**Please note down (in keywords) how you promote a supportive environment:**

--

<b>The project addresses environmental barriers and opportunities identified in the situation analysis</b>	<b>To a great extent</b>	<b>Sufficiently</b>	<b>Insufficiently</b>	<b>not known</b>	<b>not relevant</b>
Cultural and religious barriers					
Knowledge and misconceptions					
attitudes and social influence of relevant partners and authorities					
Adequate facilities for implementation					
Accessability of services					
Community awareness					
Other barriers or opportunities					



**Comments and suggestions for improvement:**

*Help and examples*

*Social and religious barriers, e.g. lower prices for socially disadvantaged*

*Influence of relevant partners and authorities ,e.g. focus on anti-discrimination and help for PLHIV in settings that dismiss condom use*

*Safe and comfortable facilities for implementation, e.g. consumer rooms, workshop rooms*

*Access ability of services, e.g. needle exchange machine*

*Community awareness, e.g. peer education for members of vulnerable communities*

Ideas how to further promote a supportive environment:

**4. Is the project based on universal human rights?**

*Help and examples*

*Holistic interventions use a rights-based approach: young people have the right to be who and what they are; to acquire knowledge; to protect themselves and be protected by others; to have access to health services; to participate in society; to ensure the equality of males and females.*

**Please note down (in keywords) how you include concepts of human rights, participation and a holistic SRHR approach in your project:**

<b>The project considers</b>	<b>To a great extent</b>	<b>Sufficiently</b>	<b>Insufficiently</b>	<b>not known</b>	<b>not relevant</b>
Equality of males and females					
Rights of migrants					
Equality of heterosexuals, homosexuals and bisexuals.					
Rights of other vulnerable groups like sex workers or drug users					

Religious freedom					
Freedom of opinion					
Other					

**Comments and suggestions for improvement:**

Ideas how to further promote the concept of universal human rights:

**5. Is the project based on participation?**

**Please note down (in keywords) how you guarantee participation of target groups:**

<b>The following groups were involved in the project design</b>	<b>To a great extent</b>	<b>Sufficiently</b>	<b>Insufficiently</b>	<b>not known</b>	<b>not relevant</b>
girls and young women					
boys and young men					
Migrants and/or ethnic minorities					
People with different sexual orientations and lifestyles (hetero-, homo- and bisexual)					
Sex workers					
People living with HIV					
Drug users					
Other target groups					

**Comments and suggestions for improvement:**

Ideas how to base the project on participation:

## 6. Does the project adopt a holistic approach?

### Help and examples

*Interventions that are based on a holistic approach to young people's sexual and reproductive health and rights are more likely to address the actual needs and problems young people face, and as a result contribute to the effectiveness of sexuality education. Holistic SRHR interventions are in the first place personal growth oriented and consider a number of things at the same time, (eg. sexual and reproductive rights of young people)*

*Addressing gender means that planners approach males and females in an equal way, both in the content and planning of the intervention. Education for girls should emphasize that they are capable, powerful and 'can be in control', both generally and more specifically by resisting unwanted or unprotected sex and insisting on condom use. Education for boys should include empathy and skills to 'put themselves in the girl's position' and teach them to 'have self control', act responsibly and be respectful of girls.*

*The disadvantage of HIV/AIDS-only interventions is that they are primarily fear-based and young people may get a negative view of sexuality in general. By integrating HIV/AIDS education into the broader context of SRHR, the intervention is more likely to have a positive approach to sexuality. But there is little evidence showing whether this is more effective than HIV/AIDS education only. And the risk of this kind of approach is that it may be too broad, limiting the intervention's effectiveness.*

*Programs that address both delay and condom use have proved to be more effective than those only focusing on abstinence and delay. Evidence shows that programs that simply give the pros and cons and then let young people decide for themselves are not effective in changing behavior.*

*In a holistic approach, planners also address external factors, creating an enabling environment for implementation and the needs of young people. It may be necessary for planners to address legislation and policy-making, health services and counseling, as well as the availability of supplies such as condoms. In some settings, it is more important to tackle the environmental factors than to provide sexuality education for young people.*

**Please note down (in keywords) how you include a holistic approach:**

The project	To a great extent	Sufficiently	Insufficiently	not known	not relevant
is integrated into a broader SRHR approach					

The project promotes a supportive environment for young people by demanding	To a great extent	Sufficiently	Insufficiently	not known	not relevant
relevant legislation and policies					
access to health services and counselling					
access to condoms and contraceptives					
access to information about SRHR					
Other					

**Comments and suggestions for improvement:**

Ideas how to include the concepts of participation and the holistic approach:

**E. Project design**

**1. Is the project explicit about sexuality?**

*Help and examples*

*Effective SRHR interventions are based on explicit communication about sexuality. There is a lot of evidence that shows that explicit communication does not increase sexual activity among young people. With explicit communication we mean that the materials and the people working with the young people name the genitals and explain what is meant by sex, sexuality, sexual intercourse, contraceptives, condoms, etc. The way young people are approached in the intervention will determine its success. According to a rights-based approach, sexuality should be discussed in a positive way. It should be something that can be enjoyed by young people and something that is nice. Young people should be accepted as sexual beings, whether they are currently sexually active or not. They should also be regarded as being able to make their own decisions. The intervention should give them the right information so that they can make their own choices. And no young person is the same, so they should be approached as a diverse group of unique individuals and given various relevant options. When sexuality education is implemented by facilitators (youth workers, peer educators or teachers), they may find it difficult to have open, explicit and non-judgmental discussions about sexuality. Proper training and support for facilitators, such as skills training, is therefore essential.*

**Please note down (in keywords) how you provide explicit and reliable information about sexuality:**

The project provides accurate, explicit and reliable information about	To a great extent	Sufficiently	Insufficiently	not known	not relevant
sexuality					
physiology					
pregnancy/abortion					
condoms and other contraceptives					
sexual intercourse					
safer sex communication					
positive aspects of sexuality					
Other information					

**Comments and suggestions for improvement:**

Ideas how to provide further information about sexuality:

**2. Is an open but safe and confidential setting created for young people?**

*Help and examples*

*By setting ground rules for group involvement, facilitators help provide a safe atmosphere. They could decide to develop these rules together with the young people.*

*Some ground rules include- not making someone look a fool- not asking judgmental questions- confidentiality- respecting the right to refrain from answering questions- recognizing that all questions are legitimate questions- not interrupting others- respecting the opinions of others- views expressed in the group are not talked about outside the group. More ways of making it easier for the students to contribute to discussions and other activities are: introducing ice-breakers (doing something that helps people get to know each other so that they immediately start to work well as a group)- working with same-sex groups for certain topics or the entire intervention- providing recognition and positive reinforcement- holding the intervention in a convenient facility or room and at convenient times for young people- implementing a school health policy with facilities, rules of conduct, and protection related to harassment, abuse and discrimination- drawing up regulations for interaction between teachers and students and (referral to) friendly youth services and counseling.*

**Please note down (in keywords) how you create a safe and confidential setting:**

<b>Is an environment established and provided</b>	<b>To a great extent</b>	<b>Sufficiently</b>	<b>Insufficiently</b>	<b>not known</b>	<b>not relevant</b>
in which the participants feel safe					
in which the participants are encouraged to ask and talk about their concerns					
of open communication					
which is confidential					

<b>Is the environment of the project setting supportive?</b>	<b>To a great extent</b>	<b>Sufficiently</b>	<b>Insufficiently</b>	<b>not known</b>	<b>not relevant</b>
Is the staff involved supportive?					
Is the environment of the project setting supportive?					

**Comments and suggestions for improvement:**

Ideas how to create an open but safe and confidential setting:

**3. Which methods do the facilitators use to establish an open but safe and confidential setting?**

Please note down (in keywords) how you enable facilitators to create a safe setting:

The facilitators provide/ the project includes	Sufficiently	Insufficiently	not known	not relevant
Role play				
ground rules				
icebreakers				
encouragement				
feedback				
confidentiality				
the opportunity and room to divide the group by gender				
equal opportunity for everyone to participate				
Role play				
Other				

**Comments and suggestions for improvement:**

Ideas how to help facilitators create a safe setting and how to ensure that provided information is complete and correct: :

**4. Does the project provide correct and complete information?**

*Help and examples*

*The information should be factual and not value based: facts and figures should be given, indicating the sources of information. All the information should be tailored to the target group, taking into account age, literacy level, ethnic background and gender. The information should be provided through active learning and participation, working in small groups is an excellent way to do that. The materials and activities should encourage participants to apply the information to their own lives. Examples of interactive teaching methods include short lectures, class discussions, small group work, video presentations, stories, role-play, competitive games, worksheets, homework assignments (e.g. talking to parents or friends), drugstore visits, clinic visits, question boxes, hotlines, condom demonstrations, quizzes, etc. Using participation in a school setting is usually more difficult than outside school. There's often the problem of limited time, and teachers find it difficult to handle their students in interactive/fun approaches, as they're not used to or trained for teaching that way*

**Please note down (in keywords) how you ensure to provide correct and complete information:**

<b>The information provided in the project is</b>	<b>To a great extent</b>	<b>Sufficiently</b>	<b>Insufficiently</b>	<b>not known</b>	<b>not known</b>
medically correct					
based on facts and figures (and not on values)					
based on reliable sources					
relevant, especially to the target group					
complete (not withholding information) and up to date					
adapted to the target group					
sexual education based on a positive concept of sexual health					

<b>Furthermore, the information</b>	<b>To a great extent</b>	<b>Sufficiently</b>	<b>Insufficiently</b>	<b>not known</b>	<b>not relevant</b>
corrects myths and misconceptions					
is provided through active learning and participatory methods (e.g. small group work)					
is provided through activities that help participants to apply it in their own lives					
Other					

**Comments and suggestions for improvement:**

Ideas how to improve the correctness and completeness of information:

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## 5. Does the project address risk perception?

### Help and examples

*The intervention is more likely to increase an awareness of risk if young people actively obtain the information and apply it to themselves. This can be done by providing interactive activities (e.g. small group work, scenarios, quizzes, videos) through which participants assess their personal risk and how HIV, STIs or unintended pregnancy would affect them. Effective interventions inform young people about their chances (risks) of getting STIs or HIV/AIDS or becoming pregnant as a result of unsafe sexual behavior and the negative consequences associated, both short-term and long-term. In addition to the information about risk, it's very important that the intervention motivates young people to prevent STIs, HIV/AIDS and unintended pregnancy. If this is not done properly, the information may lead to fear and even have a negative effect. Young people should be aware of what they can do to prevent SRH problems (e.g. using condoms, not having sexual intercourse) and they should feel confident that they can actually do that. Skills-building activities are an effective way of increasing confidence*

**Please note down (in keywords) how the project raises risk perception and awareness of social influences and enables target groups to understand and develop attitudes and values:**

--

The project addresses risk perception through means of	To a great extent	Sufficiently	Insufficiently	not known	not relevant
information about the risk of STIs and HIV/AIDS					
information about the risk of pregnancies					
information about the risk of sexual harassment and abuse					
encouragement of young people to prevent STIs and HIV/AIDS					
encouragement of young people to prevent pregnancies					
encouragement of young people to prevent sexual harassment and abuse					
information how to get more information on STIs, HIV/AIDS, pregnancy, sexual harassment and abuse					

how and where to get help in case of STIs, HIV/AIDS, pregnancy, sexual harassment and abuse					
Other					

**Comments and suggestions for improvement:**

Ideas how to address risk perception:

**6. Does the project help people understand and develop their awareness of social influence as well as their own attitudes and values?**

*Help and examples*

*Attitudes and norms are important behavioral determinants, but being part of one’s social environment also difficult to change. It is difficult for people to stick to their own values if these differ from those of the people around them. Effective ways to help them understand and develop their own attitudes and perceptions are:*

*1. Understanding and development of personal values and attitudes can be encouraged by planners through a variety of activities, for example: Group discussions or debates in which people have to defend opposing views on topics like condom use or sexual intercourse. Interactive theatre or brainstorming with participants about how to avoid or escape situations that may lead to sexual intercourse or true-life stories by role models.*

*2. Attitudes can be changed by providing people with persuasive arguments. This means that the intervention should emphasize the reasons for delaying, abstaining, using a condom, and always having consensual sex. Talking about the short-term consequences is more likely to have an impact than talking about the long-term consequences. An intervention should acknowledge negative aspects, but also stress that the advantages are more important*

*3. The intervention is more likely to change or reinforce attitudes if people actively obtain the information and apply it to themselves. This can be done by providing interactive activities (e.g. group discussions, quizzes) through which participants assess their own values, norms and perceptions and may discover why they should change these.*

*4. When planners address social influence, they need to address both its actual components and the way it is perceived by the target group. For example, young people may think that all other young people have had sexual intercourse by the time they’re 16, but statistics may show that this isn’t true. Another effective way of addressing social norms and influence is the use of positive role models. Encouraging people to understand their own values, norms, attitudes and the way they perceive the influence of others doesn’t only apply to the interventions targeting young people. Teachers in particular should be made aware of their own perceptions and ideas. This could be done with a session on personal values during a facilitator training.*

Please note down (in keywords) how the project helps people to understand and develop their own attitudes, values and awareness of social influence:

--

The project addresses risk perception through means of	To a great extent	Sufficiently	Insufficiently	not known	not relevant
understanding and developing their own values and attitudes					
actively looking for information					
correcting misconceptions about social influences and norms					
awareness of and coping with (negative) social influences, including peer pressure					
seeking positive social support					
Other					

Furthermore, the project...	To a great extent	Sufficiently	Insufficiently	not known	not relevant
encourages other, related target groups to understand and develop their values, norms and attitudes, e.g. facilitators, schools, parents, communities					
uses role models to teach participants to react to social influences					
Other					

**Comments and suggestions for improvement:**

Ideas how to raise risk perception and awareness of social influences and to enable target groups to understand and develop attitudes and values:

--

## 7. Does the project include interactive skills training?

### Help and examples

Skills that are the most important for young people to acquire include:- saying NO: refusing unwanted, unintended or unprotected sex- insisting on using condoms or contraception- using condoms correctly- general assertiveness skills (coping with social pressure/norms)- obtaining condoms or contraception; visits with fellow students either to drugstores to locate and price condoms or to clinics to get information about using reproductive health services- going for STI/HIV testing and treatment- negotiation skills- self-defense and escaping situations of sexual abuse. There are different ways to train skills. The most effective method is through role-play using the following steps:

- Start with easier situations, moving to increasingly difficult situations;
- Describe components of the skills verbally; model them in role-play;
- Through role-play in groups of two to four make sure everyone practices; Feedback by facilitator and/or other young people;
- Practicing in real-life situations (e.g. buying a condom in a drugstore)
- Important skills for them include open, non-judgmental communication with young people about sexuality, and how to use an interactive approach in teaching.

**Please note down (in keywords) how the project includes interactive skills training:**

--

Participants are trained in the following skills	To a great extent	Sufficiently	Insufficiently	not known	not relevant
Saying NO to unwanted, unintended or unprotected sex					
Communication on Sexuality with partners and peers					
Safer sex communication and negotiation					
Using condoms correctly					
Coping with social or peer pressure					
Using the health care system					
Getting condoms and other contraceptives					
Other					

**Comments and suggestions for improvement:**

Ideas how to include further skills training in the project:

**8. Does the project promote communication with parents or other adults?**

*Help and examples*

*Involvement of parents and other adults or extended family increases the effectiveness of the intervention. It could range from very intense (e.g. discussions, training) to less intense (e.g. information in leaflets or letters), depending on the context and openness about sexuality. Sometimes it's necessary to gain consent from the parents before young people may participate in sexuality education lessons. One way of increasing communication between parents(or other adults) and young people is, for example, homework assignments which encourage a young person to talk to their parents, and other adults they trust, about the SRHR program or specific topics. In addition, planners can provide parents and other adults with information about adolescent sexual behavior and relevant topics such as pregnancy, STIs, HIV/AIDS, stigma and discrimination, and sexual abuse and harassment. This can be done during events, discussions, workshops or training.*

**Please note down (in keywords) how the project promotes communication with parents or other adults:**

The project...	To a great extent	Sufficiently	Insufficiently	not known	not relevant
encourages young people to talk about relevant topics to their parents or other adults they trust					
provides parents and other adults with information about the project					

**Comments and suggestions for improvement:**

Ideas how to promote communication with parents and other adults:

**9. Do young people have access to individual support?**

*Help and examples*

*When young people are provided with SRHR education, this may lead to earlier recognition of individual problems and more awareness of the need to seek help. Implementing organizations or schools should therefore be prepared to provide individual support, for example professional counseling either within the organization or by referring to outside expert. They should have a referral system in place with the names of people and where to find them, for example youth centers, health centers, testing centers and individual counselors. In addition within the organization or school there should be rules on not tolerating stigma, harassment, abuse or discrimination ( gender, ethnic background, religion, sexual orientation or HIV/AIDS).*

**Please note down (in keywords) how the project raises young people’s access to individual support:**

<b>The program is able to...</b>	<b>To a great extent</b>	<b>Sufficiently</b>	<b>Insufficiently</b>	<b>not known</b>	<b>not relevant</b>
provide individual support and counselling if necessary					
refer participants to youth friendly health-care providers					
to protect the data, health and integrity of the participants (or refer them to where this is guaranteed)					

**Comments and suggestions for improvement:**

Ideas how to raises young people’s access to individual support:

**10. Are the topics in the project covered in a sequence that matches your objectives?**

*Help and examples*

*Part of a program’s effectiveness involves its presentation of activities and materials. Often, interventions 1) enhance someone’s motivation to avoid HIV, other STIs and pregnancy by emphasizing their susceptibility and how serious the matter is. 2) Give a clear message about the behavior needed to reduce the risks and 3) address the knowledge, attitudes and skills, needed to change this behavior. The sequence may vary in different contexts and depends on the content of the intervention. An example of a logical sequence of topics in comprehensive SRHR education is:*

*Self-esteem - Adolescent development - Explanation of rights (gender, culture) - Sexuality - Sexual health problems (HIV/ AIDS, other STIs, pregnancy and abortion) - Safe and consensual sexuality (sexual harassment and abuse) - Behavior to reduce vulnerability and prevent health risks (abstinence, delaying sexual intercourse, condom use, contraception use) - Knowledge, values, attitudes and barriers related to this behavior - Skills needed to perform this behavior - Support in sexual health problems (counseling, testing, care, references for further support) - Future plans, including young people making a commitment to remain faithful to their decisions about what they want to do and not do sexually - Sharing lessons learned.*

*Some SRHR interventions specifically address stress management or use of alcohol and drugs. Usually it is more difficult in settings outside schools to implement a very structured intervention, as young people may drop in and out whenever they like*

**Please note down (in keywords) the logical sequence of the project’s topics:**

--

<b>The following topics are addressed in the project</b>	<b>To a great extent</b>	<b>Sufficiently</b>	<b>Insufficiently</b>	<b>not known</b>	<b>not relevant</b>
Self-esteem					
Adolescent development					
Gender issues and rights					
Vulnerable groups, their issues and rights					
Sexuality, intimacy, love and relationships					
Sexual Health and Rights					
Safe and consensual sexuality					
Risk (and risk reducing) behaviour					
Values, norms and attitudes					

related to risk behaviour					
Skills needed for safer behaviour					
Support in sexual health problems					
Sharing lessons learned					
Other topics:					

**Comments and suggestions for improvement:**

Ideas how to include and cover additional topics in the project:

**11. Does the project appeal to the target group?**

*Help and examples*

*If an intervention is tailored to a specific group, it's more likely to be attractive, functional and, as a result, more effective. How appealing an intervention is, depends on a number of factors.*

- 1. The teaching strategies should be tailored and consistent with the developmental age and academic skills of the young people who participate.*
- 2. The form and packaging of the education should be appealing: Attractive presentation of material and print materials (brochures, leaflets, workbooks):- not racist, sexist, homophobic, coercive or judgmental; gender-sensitive and sensitive to the values and culture of the target group*
- 3. Planners may have to avoid or overcome obstacles to young people's attendance. For example, to be able to recruit young people, they may have to notify their parents, provide transportation, implement activities at convenient times, and ensure confidentiality and safety. Whether the intervention is attractive to facilitators depends on a number of factors in addition to the above-mentioned:- The size and weight of materials are reasonable (to transport and keep at home); Cost is reasonable- The activities are logically described in a facilitator's manual for each lesson or topic (outlining objectives, sequence of activities, and time and materials needed for each activity, and giving tips and background information)*

**Please note down (in keywords) how the project appeals to young people:**



<b>The project is tailored to the target group and consistent with their</b>	<b>To a great extent</b>	<b>Sufficiently</b>	<b>Insufficiently</b>	<b>not known</b>	<b>not relevant</b>
age, language and communication skills					
interests and motivations					
youth cultures and languages					
financial resources					
ability to reach the project					

**Comments and suggestions for improvement:**

Ideas how the appeal to the target group can be promoted further:

**F. Acceptance & Implementation**

**1. Have you done anything to increase the acceptance of the project?**

*Help and examples:*

*When SRHR education interventions are developed, it does not automatically mean that they will be adopted by the organizations and facilitators who are supposed to implement them. Based on the situation analysis, planners may decide to first arrange special activities to overcome any barriers for adoption*

*The most important group to approach with adoption activities are new facilitators (both in schools and outside school). They may well need to be convinced that it's important that they give sexuality education. Saying that the program is effective might not be convincing enough. The fact that it will help them develop a better relationship with the young people concerned may be a more convincing reason for them to adopt it. But this may vary, depending on the cultural context.*

*Another important group of adopters may be the parents (and wider community), both for in school and outside school settings. Planners could decide to provide them with information about the intervention through printed materials or meetings.*

*One of the adopters of SRHR education in schools is the school management and board. Planners could organize meetings or personal interactions with the decision-makers at the school to convince them that they should adopt the intervention. It is important to first assess the advantages and disadvantages as seen by these people to be able to come up with persuasive arguments.*

**Please note down (in keywords) how you guarantee the acceptance of the project?**

Did you organize acceptance activities for the following people/groups	To a great extent	Sufficiently	Insufficiently	not known	not relevant
Management of schools					
Management of partner organisations					
Parents and wider community					
New facilitators					
Relevant health providers					
Other					

**Comments and suggestions for improvement:**

Ideas how to increase the adoption of the project :

**2. Is the project implemented by appropriate facilitators?**

*Help and examples*

*Selection of facilitators is critical for effective implementation. Desirable characteristics for implementing SRHR education for young people include:- Ability to relate to young people and be youth friendly-*

*Some experience with SRHR education and comfortable talking about sexuality with young people- Motivation to work on the SRHR of young people- Willingness to promote the rights of young people. Evidence shows that matching the young people's race/ethnic background or gender with that of the educators does not have a significant impact on behavior change and that the age of the educators (adult-taught or peer-taught sexuality and HIV/AIDS education) has no influence on the effectiveness of the intervention. Numbers of sexuality education programs are implemented by peer educators. Peer education only works under certain conditions, such as with extensive support, training and follow-up. In many settings it's difficult to find facilitators that have the desirable characteristics. Training and support for facilitators is then particularly important.*

**Please note down (in keywords) how you ensure to work with appropriate facilitators:**

The facilitators who carry out the project have the following characteristics	To a great extent	Sufficiently	Insufficiently	not known	not relevant
Ability to relate to young people					
Experience in working with young people					
Ability to communicate with young people					
Experience, ability and motivation to talk with young people about sexuality, STIs and SRHR					
Ability to discuss different (and conflicting) norms and values					
Ability to maintain confidentiality					
Represent tolerance and solidarity with stigmatized, discriminated and vulnerable groups					
Other					

**Comments and suggestions for improvement:**

Ideas how to improve facilitators ability to work with the target group:

**3. Do the facilitators get training and support to implement the project properly?**

*Help and examples*

*One of the key characteristics of effective SRHR education interventions is training and support for the facilitators who implement the intervention, to enable them to do so as intended by the planners. Minimal training for facilitators to implement SRHR education includes:- Young people's SRHR- Interactive teaching skills, participatory educational techniques and non-judgmental and open communication with young people- Understanding attitudes and values (e.g. no gender bias) and communication skills for talking about sexuality- Carrying out some of the more difficult activities in the intervention- Confidence-building for implementation of the intervention activities- Becoming familiar with the content of the intervention and convinced that all activities need to be implemented as planned. One week's training usually isn't enough for implementing the intervention, especially for facilitators who are doing it for the first time. In addition to the training, they should be supported in other ways. This could include refresher courses, review/feedback meetings (sharing experiences and solving common challenges), individual supervision and monitoring, and on-the-job support and feedback.*

Please note down (in keywords) how the facilitators of the project are (continuously) trained and supported:

--

The facilitators are trained on the following topics	To a great extent	Sufficiently	Insufficiently	not known	not relevant
Goals of the project					
HIV/AIDS, STIs					
SRHR with a focus on young people					
Interactive teaching skills					
Participatory teaching techniques					
Target groups					
Understanding and developing attitudes and values					
Counselling skills					
Communication skills					
Other (eg. Human rights, LGBTI)					

The following offers support the quality of the facilitators	To a great extent	Sufficiently	Insufficiently	not known	not relevant
Project manual					
Refresher courses and/or coaching					
Review and feedback meetings					
Supervision and monitoring					
On-the-job support and feedback					
Other					

### Comments and suggestions for improvement:

Ideas how to improve training and skills of facilitators and ensure transfer of experiences and best practices:

#### 4. Is the implementation sustainable?

*Help and examples*

*Sustainable implementation means that implementation of the intervention can be guaranteed for a longer period of time, either with the same target group and in the same implementation setting, or by expanding the implementation to cover other settings and target groups.*

*1. Some planners aim to sustain implementation in a limited number of settings (e.g. schools or youth centers). This can be done by integrating the intervention into the main program and policy of the organization, with particular incentives for the facilitators (e.g. certificates) and funds allocated to implementation. Sustainable implementation of SRHR interventions often depends on voluntary contributions from organizations and facilitators. There should then be sufficient incentives for them to continue participation. Implementing the intervention on a wider scale often means a certain loss of control and, possibly, effectiveness.*

*2. Another way of making an SRHR intervention sustainable is by making it part of a general national/regional/organizational program. The support and involvement of relevant decision-makers is then important. There are two reasons for this. First, the intervention's scope and content will need to be adapted to fit the requirements and guidelines of the organization or government. Also, lobbying may be needed to get the intervention included in mainstream programs.*

**Please note down (in keywords) how you ensure the sustainability of the project. Do you have any suggestions for the future use of similar interventions? Is it clear who should be informed about the aspects of the project and who is responsible for the information transfer?**

<b>Is your project sustainable on different levels?</b>	<b>To a great extent</b>	<b>Sufficiently</b>	<b>Insufficiently</b>	<b>not known</b>	<b>Not relevant</b>
Volunteers and facilitators are motivated and keep involved					
The project is sufficiently funded for the years to come					
Officials and political authorities support the project					
The training for facilitators is accredited by relevant authorities					
The project fits into local, regional, national or European guidelines or policies					
The achieved know how is/will be transferred to other projects					
It is clear who should be informed when about which aspects of the project and who is responsible for the information transfer?					
Other					

**Comments and suggestions for improvement:**

Ideas how to ensure the project's sustainability:

## G. Monitoring & Evaluation

### 1. How did you ensure monitoring and evaluation?

*Help and examples*

*The aim of process evaluation is to assess whether the intervention was completely and adequately implemented according to plan, and what users and the target group thought of the intervention. A process evaluation can provide valuable information that can be used to improve implementation (e.g. training for facilitators and support) which may result in increased effectiveness. Process evaluation can be conducted to address the following categories of information:*

*Design and content: extent to which intervention design/content meets effectiveness characteristics*

*Implementation: assess whether all stages of implementation are optimally performed (Number of young people that completed the intervention and reasons for dropping out, Training for facilitators, their teaching behavior and determinants, Actual implementation of the intervention activities by facilitators (did they implement all activities as designed, and if not, why not?))*

*Methods of data collection in the process evaluation can include lesson evaluation forms, focus group discussions with young people, facilitators and other relevant people involved, and a questionnaire to measure the impact of training and support for facilitators.*

**Please note down (in keywords) how you ensure monitoring and evaluation:**

--

<b>How did you document the implementation of the project?</b>	<b>To a great extent</b>	<b>Sufficiently</b>	<b>Insufficiently</b>	<b>not known</b>	<b>not relevant</b>
Did you document the components?					
Did you document the methods?					
Other					

<b>The project has been tested before implementation</b>	<b>To a great extent</b>	<b>Sufficiently</b>	<b>Insufficiently</b>	<b>not known</b>	<b>not relevant</b>
with the target group					
in a pilot phase					
Pre-test and pilot phase led to					

modifications and improvements					
Other:					

<b>The project has been evaluated</b>	<b>To a great extent</b>	<b>Sufficiently</b>	<b>Insufficiently</b>	<b>not known</b>	<b>not relevant</b>
...with questionnaires					
...with self-evaluation methods					
...by external evaluators					
...by Focus Group					
...with Feedback					
Other					

<b>Did you reach the indicators?</b>	<b>To a great extent</b>	<b>Sufficiently</b>	<b>Insufficiently</b>	<b>not known</b>	<b>not relevant</b>
Process indicators					
Output indicators					
Outcome indicators					

<b>Did the intervention achieve the expected goals/outcomes?</b>	<b>To a great extent</b>	<b>Sufficiently</b>	<b>Insufficiently</b>	<b>not known</b>	<b>not relevant</b>
Is there an evaluation for each degree of target achievement ?					
Do you have explanations for negative results?					

**Comments and suggestions for improvement:**

Ideas how to ensure monitoring and evaluation:



# 10. Dissemination

The concept of the QUIET was presented as a poster at different conferences by itself or in the frame of Bordernetwork:



## QA in youth HIV prevention and SRHR

### Quality assurance and evaluation of youth HIV prevention and sexual and reproductive health and rights (SRHR) promotion projects in the frame of BORDERNETwork

Authors: Elfriede Steffan, Tzvetina Arsova Netzelmann, Christiane Fimges, SPI Forschung gGmbH Berlin.  
Isabell Eibl, René Eichinger, Deborah Klingler-Katschnig, Lukas Schmuckermaier, Aidshilfe Vienna.

#### BACKGROUND

Experts stress the importance of quality improvement in HIV prevention to ensure the efficacy of prevention measures. The section "Quality assurance in youth HIV prevention" of the EU project BORDERNETwork acts on this postulation. BORDERNETwork aims to scale up HIV/AIDS/STI prevention, diagnostic and therapy across borders in Central/South/Eastern European countries.

Under the direction of Aidshilfe Vienna, twelve organisations from six EU and four Non-EU countries active in the field of youth HIV prevention and promotion of SRHR develop an online-tool, which aims to provide an easy to handle means of self-evaluation for practitioners, thus contributing to quality improvement of their youth projects.

#### AIMS

- Enhance quality-improvement in HIV prevention and contribute to the effectiveness of prevention measures
- To empower practitioners (teams of organisations) to self-evaluate their projects and thus improve them
- To develop a quality improvement and self-evaluation online-tool

#### Development of the SELF-EVALUATION ONLINE-TOOL

The developed online-tool, called „QUIET“ (Quality improvement and evaluation tool) is an adapted version of the instrument: "Evidence and rights-based planning and support tool for SRHR/HIV prevention interventions for young people" by World Population Foundation & Stop Aids Now, which has been chosen due to its evidence-based approach, comprehensive scope of HIV prevention and SRHR promotion, focus on youth projects and systematic structure based on Intervention Mapping. It has been adapted in a participatory process, involving all project partners according to criteria of easy manageability and coverage of core issues of the youth projects. A process documentation section has been added to the tool, which now consists of three steps: documentation of project processes, evaluation and quality improvement.

#### ORIGINAL TOOL

"Evidence and rights-based planning and support tool for SRHR/HIV prevention interventions for young people"; World Population Foundation & Stop Aids Now (J. Leersloijer, 2008).

Based on review on characteristics of effectiveness of HIV prevention interventions and SRHR projects, by Maastricht University, (D. Kirby).

Structured according to the planning tool "Intervention Mapping" (Bartholomew, Parcel, Kok & Gottlieb, 2006).

#### DEVELOPMENT PROCESS

Addition of project overview (main health goals, main activities of the youth projects).

Addition of option to document project processes

Three step system installed:  
(1) process documentation,  
(2) evaluation,  
(3) quality improvement.

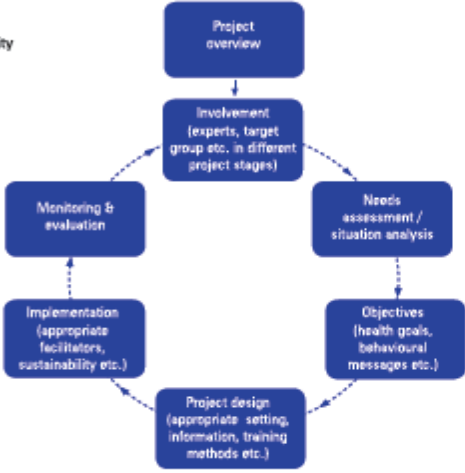
Pop-up windows installed, which explain and simplify the fill-in process for users.

#### QUALITY IMPROVEMENT AND EVALUATION ONLINE- TOOL

### QUIET

#### QUIET

Tool sections and quality improvement process:



#### Trial period of the QUIET


In the continuing trial period all partners are going to further test the online-version of the tool. The final version will be publicly accessible in several languages at the end of 2011, disseminated by Aids Action Europe.



#### First RESULTS of the trial period

- The tool can be used to evaluate or develop interventions and is therefore applicable to all project stages.
- It facilitates a detailed documentation of project processes and is therefore particularly suitable for process evaluations.
- It is applicable to youth HIV prevention projects with different approaches, target groups or settings.
- The tool challenges practitioners to deal with subjective estimations and ratings of their own work.
- It facilitates a systematic reflection on the quality of prevention measures, raising awareness for achieved good quality and for the need of improvement.



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# References

- 1) Sunflower: EU-project – Young and HIV: An European Network to arrange an innovative prevention campaign, to exchange good practices and experiences all over Europe
- 2) H Cube: <http://www.hcube-project.eu>
- 3) The Rapid Assessment and Response Guide on Psychoactive Substance Use and Sexual Risk Behaviour published by the WHO - Mental Health: Evidence and Research, Department of Mental Health and Substance Dependence, Non communicable Disease and Mental Health Cluster, World Health Organization
- 4) Dance 4 Life: <http://www.dance4life.com>
- 5) Components of quality: [http://quality.kenline.de/seiten\\_d/qm\\_bestandteile.htm](http://quality.kenline.de/seiten_d/qm_bestandteile.htm)
- 6) DRIVE a method developed by Oakland, J.(1993), Total quality management (Oxford, Butterworth-Heinemann)
- 7) Model of Donabedian: Donabedian A. The quality of Care. J Am Med Assoc. 1988, 260:1743-8
- 8) Plan-Do-Study-Act (PDSA); Model for Improvement by Institute for Healthcare Improvement, 20 University Road, Cambridge, MA 02138
- 9) Evidence and Rights Based Planning & Support Tool for SRHR/HIV Prevention Interventions for Young People by Joanne Leerloijer from the World Population Foundation (WPF) and by STOP AIDS NOW!
- 10) WHO regional office for Europe and BzGA: Standards for Sexuality Education in Europe: A framework for policy makers, education and health authorities and specialists, Cologne 2010



**BORDER|NET** work

# CROSSING BORDERS, BUILDING BRIDGES

[bordnet.eu](http://bordnet.eu) / [spi-research.eu](http://spi-research.eu)

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Partners:



**AIDS HILFE**  
AHW (Austria)



HESED (Bulgaria)



**Tervise Arengu Instituut**  
National Institute for Health Development  
NIHD (Estonia)



AISC (Estonia)

ROBERT KOCH INSTITUT



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**MAT**  
Medizinische Aufklärungskampagne  
zur Sexualität und AIDS in M  
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