



Quality Action
Improving HIV Prevention in Europe

The Quality Improvement tools of Quality Action

Implementation Guide

HIV combination prevention and chemsex interventions

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1. INTRODUCTION

According to the European Centre for Disease Prevention and Control (ECDC), only some EU/EEA countries implement comprehensive prevention programmes for key populations. Two out of three countries report that funds available for prevention are insufficient in terms of what is required to reduce the number of new HIV infections. Specifically, there is a need to improve the targeting, scale and effectiveness of HIV combination prevention programmes for gay men and other men who have sex with men (MSM), among whom there has been a steady increase in the numbers of new infections.

This includes integrating prevention information and methods into current communication technologies, such as gay dating apps, or improving access to PrEP. This approach is also crucial for other communicable diseases. Gay dating apps, for instance, have proven effective in raising awareness and promoting hepatitis A and B vaccinations after outbreaks in larger European cities.

Phenomena such as the use of any combination of drugs such as crystal methamphetamine, mephedrone and/or other party drugs before or during sex (chemsex), need to be addressed quickly and adequately. In relationships where any partner is engaged in high-risk behaviour such as injecting drug use, innovative HIV prevention interventions should address the risk of sexual transmission. Work on sexual and reproductive health and rights (SRHR), while including reproductive health, needs to be inclusive of all SRHR issues and identities, especially now as sexual and reproductive health and rights (SRHR) are at stake where developments in a number of countries reduce SRHR to reproductive health only.

Civil society and community based organisations have a crucial role to play in identifying and responding to emerging health risks and challenges, and in accessing key populations.

AIDS Action Europe (AAE) has identified the need to review and update Quality Action's quality improvement tools for their application in projects working on combination prevention (including treatment as prevention and PrEP, and methods such as using social media and apps) and chemsex (sexualised drug use in the gay community). In response, AAE commissioned this implementation guide with recommendations and examples of how the Quality Action tools can be applied by projects working on these topics.

This implementation guide aims to assist those working on HIV combination prevention and chemsex in improving the quality of their project work.

It focuses on success factors that Quality Action found to be effective for applying quality improvement processes. These processes can be used in teams, whole organisations or networks and communities of interest working on shared topics such as HIV testing and chemsex.

The guide's components are designed to allow projects to:

- Explore the quality improvement tools offered by Quality Action

- Identify core topics and make strategic selections from quality improvement methodologies relating to combination prevention and chemsex
- Plan next steps for the practical application of quality improvement in HIV prevention.

AIDS Action Europe

AIDS Action Europe's (AAE) mission is to bring together civil society to work towards a more effective response to HIV in Europe and Central Asia.

AAE is a regional network of more than 420 NGOs, national networks and community-based groups – most of which are AIDS service organisations – in 47 countries spanning the WHO European Region.

The AAE mission is to strengthen civil society to work towards a more effective response to the HIV/AIDS, TB and viral hepatitis epidemics in Europe and Central Asia. AAE strives for the best standards of human rights protection and universal access to prevention, treatment, care and support, tackling health inequalities and focusing on key affected populations.

Quality Action

Quality Action, the EU-wide 'Joint Action on Improving Quality in HIV Prevention', brought together 25 associated and 16 collaborating partners from 25 Member States and was co-funded by the European Commission from 1 March 2013 for three years.

Quality Action developed and adapted quality improvement tools especially for use in HIV prevention. Quality Action worked with governments, civil society and priority populations in the design, implementation and evaluation of these practical tools for quality improvement. Quality Action used three already validated tools:

1. [Succeed](#)
2. [Quality in Prevention \(QIP\)](#)
3. [Participative Quality Development \(PQD\)](#)

And two additional tools developed and piloted during Quality Action:

1. [Shift](#), a tool for the (national or regional) programme level
2. [PIQA](#), a tool adapted for programmes or projects targeting people who inject drugs.

Quality Action was based on the belief that the application of quality improvement tools provides the opportunity for improving tailored interventions and equal access to non-discriminatory and culturally appropriate health services.

Quality Action:

- Integrated evidence-based quality improvement practices into HIV prevention across Europe

- Built a network of trained HIV prevention stakeholders to apply practical quality improvement tools to projects targeting priority groups
- Agreed a Charter for Quality in HIV Prevention and developed a policy kit to mainstream quality improvement into HIV prevention at project, programme and policy levels.

Additional Quality Action resources:

Quality Action offers a range of tailored resources to support advocacy, training and the application of quality improvement tools:

- [The 5 Quality Action tools for download in multiple languages](#)
- [Background information including slide presentations and detailed speaking notes](#)
- [A tool selection guide](#)
- [Short video statements from Quality Action participants from across Europe about the benefits of quality improvement](#)
- ['Doing the right things right- a roadmap to improving quality in HIV prevention'](#)
- [A report on the practical application of the tools from 2013 to 2015](#)
- [A searchable online data base with case studies of local tool applications](#)
- [A policy kit to strengthen advocacy efforts promoting support for quality improvement activities](#)
- [The Charter for Quality in HIV Prevention and evaluation reports.](#)

Concept, structure, resources and publications are available at www.qualityaction.eu

2. QUALITY IMPROVEMENT IN HIV PREVENTION

A good quality improvement initiative makes the thinking and learning behind a HIV prevention project visible. It checks its validity, shares it and documents it for the future.

Recent years have seen positive developments in HIV prevention, particularly with the availability of PrEP and the achievements of community-based testing (see AAE website for the Community Based Voluntary Counselling and Testing (CBVCT) Advocacy Tool). More people from key populations access testing, and more positive cases are found and linked to care and treatment as a result of community testing by trained community-based (non-clinical) providers.

Yet, there are old (stigma and discrimination) as well as new challenges (new behavioural patterns such as chemsex and new technologies such as self-testing), opportunities (rapidly changing technology use such as social media apps) and areas for improvement (such as increasing equal access to CBVCT and PrEP). Funders and medical professionals may not acknowledge the role civil society organisations can play in combination prevention. The continuing de-medicalisation of testing and opportunities for delivering PrEP in community settings represent opportunities for expansion and improvement in community-based prevention work.

The use of structured quality improvement tools can increase the effectiveness of projects and improve outcomes for service users. It also creates much-needed documented evidence of good practice in community-based HIV prevention to support advocacy and enhance respect for the role of civil society organisations in HIV, STI and Hepatitis programmes.

Nine reasons to apply Quality Improvement tools:

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

2.1 Quality Assurance and Quality Improvement

Quality Action considers quality assurance to be part of the quality improvement process. For this reason, all references to quality improvement incorporate quality assurance. Quality Assurance (QA) monitors the quality of services and activities against standards. Quality Improvement (QI) identifies, implements and evaluates strategies to improve projects and programmes.

3. KEY FACTORS FOR SUCCESSFUL QUALITY IMPROVEMENT

The evaluation of Quality Action, based on the experience of those applying the Quality Action tools, highlighted six key factors that commonly influence the success of introducing structured quality improvement:

Using available Resources: using what already exists within an organisational structure (such as meeting facilities, existing team meetings or planning cycles) to integrate the quality improvement process.

Planning and Preparation: planning structured quality improvement step by step, including preparation and follow-up as well as the actual meeting or workshop during which the tool is applied.

Participation and Involvement: selecting relevant stakeholders to take part and acting strategically to achieve their meaningful involvement.

Facilitation: keeping quality improvement discussions focused while creating space for creative thinking.

Selecting the most appropriate QI tool ('tool fit'): adaptation to local circumstances can be the key to successful application.

Additional Support: winning the personal support of line managers, funders and other relevant stakeholders. Organising any additional resources that may be needed, such as finances for hiring a good meeting venue, reimbursing travel costs, paying an external facilitator and offering some refreshments.

3.1 Available Resources

Civil Society organisations may not have additional funding for quality improvement tool applications and training programmes. It can be helpful to identify existing resources that can be used.

Quality Action resources: In addition to the tools themselves, the Quality Action website has extensive resources to support training and the application of tools.

Trainers/facilitators: It is important that the tool application involves people with experience and skills in facilitation and leadership to build and maintain mutual trust and respect between the various stakeholders in the project/programme. Do you have the training and expertise in your organisation? It can be useful to have someone from another organisation to facilitate or co-facilitate.

Stakeholders: Identify the key stakeholders you wish to involve in the training and/or application of a quality improvement tool and clarify their roles with them. The greater the level of stakeholder participation, the more time may be required to achieve it. See also the section on participation below.

Time: Decide what time is available and when meetings will be held. It is advisable to tell people in advance and for everyone to keep these times completely free of other commitments. It is also recommended that participants agree to restrict the use of smartphones, tablets and laptops to the breaks.

You will need to be prepared to contribute a significant amount of time to ensure sustainable, strong and meaningful participation at all stages of the cycle.

Facilities: Creating a neutral, open and supportive environment for reflection is essential. It can be helpful to conduct quality improvement away from the usual workplace. Consider travel and local transport connections, reasonable starting/finishing times and sufficient breaks, as well as fresh food and comfortable surroundings with good light and ventilation, when choosing the best venue for meetings. Is it possible to use meeting rooms that are free of charge, e.g. at the premises of a partner organisation or sponsor?

Finances: The application of the tool itself need not necessarily require additional resources. Food and travel expenses can be kept low, depending how far participants need to travel and the culture of the organisation. For example, asking participants to bring food to share may offer an opportunity to acknowledge and value cultural diversity and visibility.

You may consider providing financial assistance to support participation of those who are not employed by the project, such as travel or childcare expenses.

Participant packs: It shows commitment and diligence to include at least the following documents in a folder for participants: overall timeframe for the application of the quality improvement tool, timetable/agenda for each day, travel information and maps, basic information on the tool/s; printouts of slide presentations if appropriate.

See also the resources available for each individual tool at www.qualityaction.eu

AIDS Action Europe resources are available at www.aidsactioneurope.org

3.2 Planning and Preparation

Are you ready for Quality Improvement?

Quality Action has shown that it is important not to attempt too much at the beginning. Quality improvement can be perceived as a threat if people feel under pressure, which is common in community-based organisations. Start small so that everyone can experience the benefits. It is better if people are left wanting more, rather than being overwhelmed from the start. Consider applying a relevant section of a tool to a 'hot topic' for your project before committing to the whole tool. It might work better to ask people to join you in 'trying it out' rather than telling them it's a good idea.

This short checklist helps you assess whether quality improvement is what you need at this stage of your project. It can also help understand the commitment required for participating in the application of a quality improvement tool. And it helps to reflect upon all potential partners you may decide to involve.

1. What benefits do you expect from structured quality improvement?
2. Have you got the motivation, time, commitment and resources to apply a structured quality improvement tool?
3. Which of the people working on the project itself should be involved?
4. Can you identify the priority groups for HIV prevention (or e.g. chemsex specifically) that your project or programme works with?
5. How do you want to involve these groups or communities in applying the quality improvement tool? Can you identify key persons?
6. Can you also identify key partners/collaborators/other stakeholders at the organisational/programme/national level? How do you want to involve them?
7. Does each of these potential partners/collaborators/other stakeholders have the necessary motivation, time, commitment and resources to participate?
8. What are the barriers to participation for each of them?
9. How can you overcome these barriers?

Planning a tool application

- Decide whether you want to organise face-to-face meetings or other ways of collaborating.
- Decide who you want to participate and their roles.
- Set suitable dates and invite participants.
- Clarify what preparation you want participants to do in advance. Ensure any necessary references to materials and are available to them in time.
- Read through the tool manuals and materials and familiarise yourself with them before selecting those you want to use.
- Ensure you have all the necessary materials available for the participants.
- Decide on your role: are you co-ordinating and/or facilitating the tool application? Will you be working alone or with a (neutral) facilitator?
- Set and circulate the agenda.

Face to face meetings

- Decide about food and other refreshments. If food is provided, ensure that this is well organised and communicate break times with the providers.
- Choose a venue that has enough light and space for participants to sit in a large circle, with breakout spaces for small group work.
- Choose a venue with good WIFI access in all rooms where it will be required.
- Allow enough time for participants to also interact and engage with each other informally, while still keeping the core elements of your agenda well structured.
- Participants are experts in their own contexts, so it is important to encourage them to share and apply their own experiences.

Online meetings

- Test and familiarise yourself with the technology you use.
- Ensure all participants have the required links and access codes, and that technical assistance is available to facilitate smooth operation.

Follow-up

- Support for individual work with the tool, if required
- Dates for any follow-up meetings
- Certificates of attendance or for the tool application, if provided
- Process evaluation, including debriefing/reflection with facilitator(s).

Creating a safe environment

The application of a quality improvement tool may involve people who know a lot about the project alongside those with different kinds of expertise, such as knowledge of or access to

the target group. Create a safe environment for all by getting group agreement on what is shared inside and outside the sessions.

Be conscious of the fact that the words or the idea of 'quality improvement' can remind people of unhelpful past experiences, such as being criticised, judged, controlled or manipulated. It is worth acknowledging this explicitly at the beginning and explaining how you can do things differently as a group.

Advocate a strengths-based, affirming, non-judgemental approach to sharing experiences. Talk about the value of failures as well as successes as sources of quality improvement.

Maintain a reflective, open and responsive environment both for yourself and for the participants.

Consider the language levels of the participants. Remind everybody to speak slowly and avoid or explain jargon or technical terms.

Consider how you will use the group dynamic to deal with resistance or disruption from participants.

Ask participants not to use their laptops and mobile devices during the workshop sessions. Allow enough time during the breaks for them to respond to email, social media etc.

Use icebreaker activities to help participants get to know each other if they don't already.

Maintain a quality improvement perspective by regularly reflecting on the tool application process itself with your participants. Some parts of the tool you are applying may not fit your purpose and participants are likely to have good ideas about how to adapt them.

Consider how you will end the session so that participants leave encouraged and enthusiastic about applying quality improvement tools, and are motivated to follow through on the next steps.

Have an interesting, fun and rewarding quality improvement session!

3.3 Participation and Involvement

While working with an already existing team is possible, quality improvement relies on the diversity of perspectives that comes from involving further stakeholders. This section helps to explore potentially useful stakeholders for involvement in the application of the tool.

For example, if you want to improve access to chemsex users, you can identify intermediaries (who are not members of your team) who have greater access to and knowledge of chemsex users. If you want to improve relationships with funders, it may be useful to involve them in some or all of the application. They may be surprised at the high level of expertise in the project and may not be used to reflective practices in their own organisations.

Broadening stakeholder involvement in the tool application can help bridge gaps between civil society organisations and other stakeholders who may not regard your project as equal partners in HIV prevention.

The advocacy tool commissioned by AIDS Action Europe on current obstacles and opportunities for CBVCT Services contains the following statements:

the work they perform; they are not considered as equal actors, at the same level as the other stakeholders in decision making processes. They are not adequately funded”.

“In some countries, community based testing activities are still medicalised, preventing the expansion of services”.

The advocacy tool outlines the key role of non-clinical, community-based services for improving access to testing by key populations. The report also notes the potential enhancements in the prevention work of CSOs in areas such as improving linkage to treatment, the delivery of PrEP in community settings, providing counselling on chemsex and testing for all STIs.

The participation of key stakeholders in quality improvement can help overcome obstacles and optimise opportunities.

One of the Quality Action tools focuses on participation: the Participatory Quality Development (PQD) tool explains the reasons for and offers practical ways of increasing participation. While each project will decide on who should participate in the tool application, the three-way collaboration between key populations or target group, members of the project team, colleagues from clinical settings and members of the funding body is a core component of the PQD tool.

Who should be involved in the tool application?

The PQD toolkit focuses on the strong and meaningful participation of key populations at any stage of the intervention (needs assessment, planning, implementation, evaluation).

Participation means more than being involved in the project. It also facilitates ownership by target groups and service providers who possess the local knowledge required for the success of the interventions.

Participation depends on both the abilities and experience of all of the stakeholders and the various contextual factors of the intervention.

Strong and meaningful participation requires involvement in the decision-making process.

Participation requires planning to ensure that key people are involved, and that these collaborations are sustainable. This can be quite a time-consuming process, and you will need

to ensure that you and your team have the resources to support it – but the benefits of participation will outweigh the effort.

You can use some of the PQD methods to assess the level of participation best suited to your project and your target group under current conditions.

Its diagram on ‘Levels of Participation’ provides an opportunity to explore the different layers of decision-making in a project and to increase understanding of the potential roles of different stakeholders.

The ‘Circles of Influence’ method from the PQD tool helps to visualise who is and who should be involved in the decision-making process of the project.

Other PQD methods focus on increasing the level of participation in the project. It may be desirable to have greater participation from particular stakeholders at different stages, e.g. for a needs assessment, rather than everyone being involved throughout. Sex workers and government officials, for example, may not feel comfortable applying a tool together in countries where sex work is illegal.

The *SHIFT* tool charts the levels of involvement of stakeholders at national or regional level. This can be useful to projects wanting to improve their involvement at policy and decision-making levels.

Who is involved at each level of participation in your project?

The PQD ‘Levels of participation’

Level 9	Community-owned initiatives	Goes beyond participation
Level 8	Decision-making authority	Participation
Level 7	Partial delegation of decision-making authority	
Level 6	Shared decision-making	
Level 5	Inclusion	Preliminary stages of participation
Level 4	Consultation	
Level 3	Information	
Level 2	Instruction	Non-participatory level
Level 1	Instrumentalisation	

There are detailed explanations of each of these levels available in the tool. They are useful background reading for those involved in planning the application of a quality development tool. It can also be used for quality improvement group work if you want to improve stakeholder participation in your project.

‘Circles of Influence’ (from the PQD toolkit)

You can use this exercise to help you decide which stakeholders to include in your application of a quality improvement tool.

Purpose:

- To visually represent the current influence of those contributing directly and indirectly to a project.
- To visually represent the relationships of stakeholders (project personnel, target group, funding bodies and other relevant collaborating partners) with each other.
- To visually represent the desired influence of those contributing directly and indirectly to a project.

Application:

- Distribute two sheets of flip chart with an empty ‘Circles of Influence’ diagram. You may need to split the group, and it will then be interesting to compare the results.
- Explain the process for completing the exercise. List the relevant stakeholders in their project.
- Distribute the stakeholders in the diagram, according to the current situation (‘the way things are now’). The stakeholders with the most influence or those most indispensable in the decision-making process are placed in the innermost circle. The further away a stakeholder is from the centre, the weaker their influence on decision making.
- Then complete the second chart, distributing the stakeholders in the diagram according to the target state (‘the way things should be’).
- If the two diagrams are the same, you are living in an ideal world. If not, think of steps that will strengthen participation by moving from the actual state to the target state.
- Note that this does not always mean moving all stakeholders towards the centre of the diagram. Some stakeholders may be blocking useful participation because they are involved at the wrong level. You can move these further away from the centre.

Next steps:

- Consider whether you have the right people at the right levels involved in your project in order to achieve your goals.
- Include your next steps in planning the application of the tool you are using.

3.4 Facilitation

Introducing Participants to Quality Improvement

You may find it useful to circulate the basic **quality improvement presentation**, including slides and handout in advance of the session.

These are available at www.qualityaction.eu.

Preparatory Questions for Participants

Not everyone involved will have the same knowledge of the project. It can be quite intimidating for participants to be asked for details in the tools. In addition, some of the language can be quite formal, and not all participants may be used to thinking this way.

It is particularly important that members of key populations, invited to participate based upon their expertise of the target groups rather than their knowledge of the project, feel that their role is respected and acknowledged.

It may be useful to circulate the preparatory questions among participants in advance of the application so that they have the opportunity to think about the project in their own time. You can include other questions that you think may be relevant to help participants prepare for the tool application.

Preparatory questions for participants in the tool application:

1. What do you think the project aims to achieve and why?
2. Who does the project try to reach and why?
3. Is this group involved in the project? If so, who is involved and how?
4. Do you think enough is known about the people the project tries to reach?
5. Does the project reach them directly or through another group that acts as a go-between?
6. Who is responsible for making decisions about the project?
7. Who pays for the project? Is it sufficiently resourced?
8. What do you think stops the project from reaching its goals? Can the project do something about it?
9. What works in the project's favour? Can the project use these better?
10. What works well in this project?
11. What are the areas that need improvement?
12. Are there projects with similar goals that this project could link with?

Dos and Don'ts for Facilitators and Participants

(adapted from the *SUCCEED* tool)

It is important that the people in the role of facilitators and participants communicate with each other respectfully and contribute to the process in a positive way.

DOs and DON'Ts for the facilitator(s):

- DO facilitate the process using the tool as a guide.
- DO keep the process moving.
- DO keep an open and inviting atmosphere to encourage participation.
- DO encourage participants to reflect and explore new perspectives.
- DO maintain an encouraging but neutral attitude in facial expression and body posture.
- DO prepare for resistance to change and gently promote the opportunity to reflect on improvements.
- DON'T 'help' participants to answer questions.
- DON'T give advice on the project but ask questions until you think there is a satisfactory answer.
- DON'T take on a judgmental or critical attitude.
- DON'T interact with or involve the participants in unnecessary discussion.

DOs and DON'Ts for participants:

- DO respond naturally to the process the facilitator uses.
- DO answer the questions sincerely, using real information from your project or experience, and be open to look at your project in new ways.
- DO maintain an encouraging attitude in facial expression and body posture.
- DO reflect on your reactions to the process.
- DON'T challenge or give advice to the facilitator during the discussion (unless you feel unable to continue because of the way they are facilitating – check if others have a similar experience).
- DON'T interact with or involve the other participants in unnecessary discussion.
- DON'T immediately defend yourself if it feels like an area of work you are involved with is questioned. Reflective practices can be challenging for everyone.
- DON'T take on a judgmental or critical attitude.

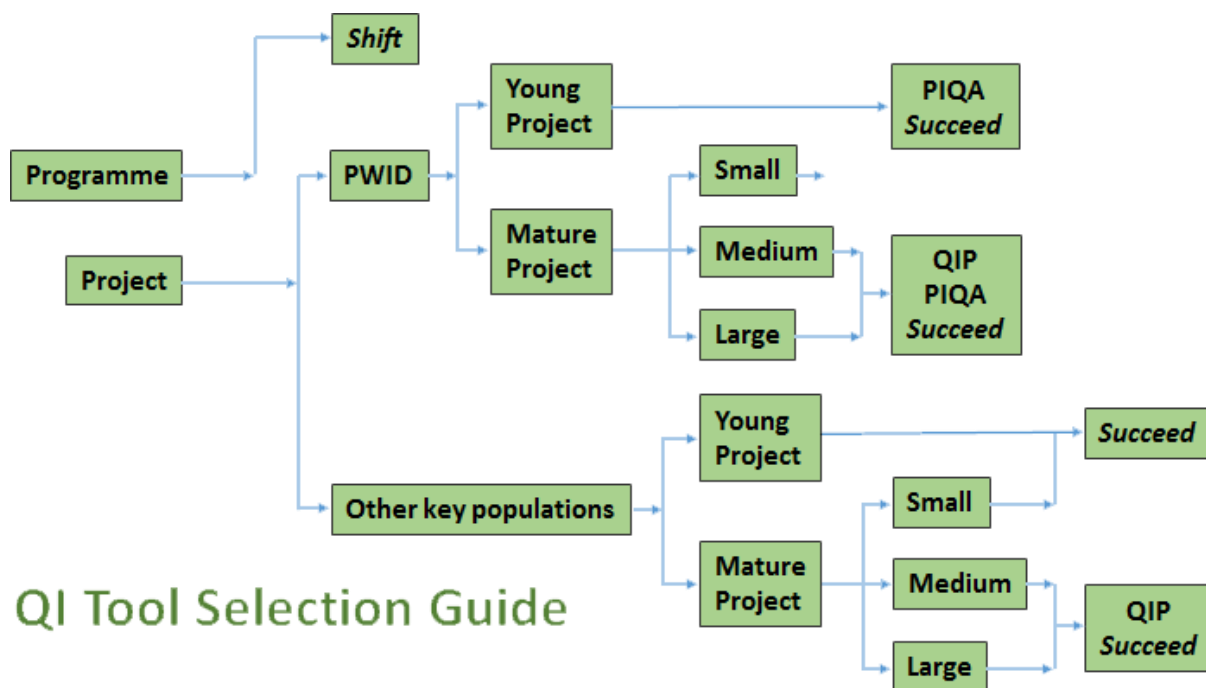
3.5 Selecting the most appropriate QI tool (TOOL FIT)

Five quality improvement Tools

Quality Action offers five practical and knowledge-based quality improvement tools including guidance and training materials. All are developed and adapted on the basis of the best available scientific, theoretical and practice-based evidence. The tools and detailed factsheets on each tool are available at www.qualityaction.eu

Tool Selection Guide

Quality Action has devised a Tool Selection guide for the five tools based on their specific uses, the personnel and expertise required for their application, resource requirements, time required for application, level of stakeholder participation and the strengths and limitations of each tool. If you would like to see examples of how a tool was used, you can search and look at short case studies for each tool at www.qualityaction.eu



QI Tool Selection Guide

3.5.1 Tools for quality improvement

Succeed

Succeed is an easy-to-use, guided questionnaire to assess three aspects: the structure, the process and the results of a project or programme. It is a self-diagnostic/self-assessment approach to quality improvement designed to help the project meet its own goals.

Succeed is based on a scientific review of success factors in health promotion.

Succeed documents what is working well, what improvement actions need to be taken, by whom and in what time frame.

Succeed helps highlight achievements of the project and focuses on good practice and the quality of the work already being done. It helps focus on questions such as: Are the goals clear? Are the right populations being reached? Are there sufficient resources and expertise to meet the goals? Is the message getting across to the key populations?

Applying *Succeed*:

Succeed is a 13-page questionnaire divided into three sections: Structure, Process and Results. 'Structure' looks at how the work is organised. 'Process' looks at how the work is carried out. The 'Results' section looks at outcomes and results.

Although the three categories are interdependent, you can also apply individual sections if they seem most relevant to your project at this particular time.

Succeed is intended as a discussion guide for key stakeholders.

However, participants can also complete the questionnaire in advance and then compare results, or the team can review the project by applying *Succeed* together.

Succeed helps focus on SMART goals (Specific, Measurable, Achievable, Relevant, Time-bound) and builds a shared understanding of what the project is about.

Succeed reminds projects to document the evidence for their work.

Succeed helps focus on what key populations are targeted, what data is available about them and whether intermediaries are needed to improve reach.

Succeed helps explore roles and responsibilities, and whether goals and actions are realistic and achievable.

Succeed helps establish whether the project is properly resourced (funding, staff, volunteers) and whether it is sustainable.

Succeed helps projects to explore the levels of support for the project and whether key stakeholders are supportive of it.

At the structural level beyond the project itself, *Succeed* asks about environmental, operational and social changes for the target group and in policy and legal frameworks.

Each subsection of *Succeed* prompts you to write down an action plan to improve the project: what needs to be done, by whom and when.

Using *Succeed* on combination prevention and chemsex interventions

Succeed provides a structure to document what is working well in the project and what areas need to be improved. It is possibly the most useful of the tools for creating solid foundations for improving and renewing a project.

Succeed works independently of specialised topics and can be applied to any project focusing on combination prevention or chemsex without major adaptation. Some questions may be more relevant than others. However, it is recommended not to edit the questionnaire in advance, but to skip or modify questions only by group consensus. This way you ensure that you remain open to unexpected perspectives emerging during the process.

Many projects are set up in response to crisis situations or emerging issues. *Succeed* helps establish the need for evidence of good practice in the project.

Succeed can be useful for projects that have been working for some time, such as CBVCT, to review and evaluate the work to date and outline the next steps for quality improvement.

The process of applying *Succeed* can provide interesting information on how team members can have varying interpretations of the work of the project. It may also expose different and opposing perspectives on topics such as PrEP, broadening testing activities to include other STIs, the appropriateness of using social media to increase access to vulnerable populations or the appropriateness of non-clinical volunteers being involved with combination prevention

initiatives. The application of the tool provides a structured environment where such differences can be heard and discussed.

Succeed provides a useful structure for reporting on the progress of your project to stakeholders, including funders and policy makers.

Succeed can help projects articulate specific goals and strategies for combination prevention and responding to chemsex. Other stakeholders might focus on the numbers testing positive or accessing treatment. Civil society organisations using *Succeed* may have a broader focus: who is testing, who is not testing and how can we reach them, who has access to PrEP, are chemsex users accessing PrEP, how can PrEP be made available and accessible, how can the U=U message be disseminated, how can linkage to treatment and care be improved etc.

QIP

QIP stands for Quality in Prevention and is designed for use at the project level.

QIP is designed as a self-guided and externally assessed tool. It uses a comprehensive, evidence-based questionnaire in combination with an assessment guide for the external reviewers. The questionnaire is divided into seven sections: project description and concept; personnel and qualifications; target groups; planning and preparation; dissemination and promotion; process design; results.

QIP is completed by the project or programme and then assessed by external expert reviewers co-ordinated by BZgA, the German Federal Centre for Health Education.

QIP is more comprehensive and detailed than *Succeed* and is intended to include an external assessment.

QIP identifies strengths as well as opportunities for improvement and prioritises areas for future action.

Applying QIP:

QIP uses external experts to assess a detailed documentation form filled in by the project. The assessment offers a detailed profile of the project or programme against 7 quality assurance dimensions with 22 sub-dimensions.

QIP helps to ensure that prevention work is implemented in a targeted, effective and sustainable way. The questionnaire can also be used as a guide for the self-assessment of projects, programmes or strategies.

Because the application of QIP is more time-consuming than *Succeed*, it can be more challenging for projects to find the time to apply it.

Using QIP on combination prevention and chemsex interventions

QIP provides an overall picture of the current state of the project, capturing achievements, quality, results and probable effectiveness.

QIP uses external reviewers for a more objective assessment and can therefore highlight blind spots that may have been overlooked by those who are closely involved.

The following sections may be particularly useful for those working on combination prevention and/or chemsex:

Reach and setting: 'where does the project operate', uses a list of venues and key populations to measure the reach of the project's work.

The 'Situation Analysis' offers a list of data and methods used for needs assessment.

The distinction between beneficiaries (those whose health you ultimately want to improve) and intermediaries (those who can effectively reach the beneficiaries) is highly applicable to projects where target groups are difficult to access often an issue for chemsex interventions. Intermediaries include key people from the target group (e.g. chemsex users, sex workers, members of migrant communities) and people in contact with beneficiaries. Please note: people may be both beneficiaries and intermediaries in the context of a project or intervention.

The section on target groups also poses questions on the motivation of the target group to change behaviours. This can be useful when setting realistic goals.

QIP explores the impact of social disadvantage, which has a significant impact on health outcomes.

QIP includes detailed lists (e.g. of objectives) that can help inform projects, whether using QIP or another tool.

PQD

PQD stands for Participatory Quality Development. You can use PQD alone or in combination with other Quality Action tools.

PQD aims to involve stakeholders meaningfully throughout the project cycle:

- Needs assessment
- Project intervention planning
- Implementation
- Evaluation.

PQD aims to create practice-based evidence and improve the effectiveness of interventions.

The core principles of PQD are:

- Local knowledge and local theory

- Building and sustaining productive collaboration between key stakeholders
- Strong and meaningful participation of key populations
- Focus on interventions that are oriented to the needs of key populations.

PQD methods are **tailored** to the specific local conditions such as the composition of the target group and the approach and capacity of the project; **feasible** so that the time you put into the application is proportionate to the results you get from it; **useful** so that you can act to improve the situation; **evidence-based** (practice-based evidence) so that you can check if your intervention methods are appropriate to the local context.

Applying PQD

PQD offers a theoretical framework, eleven practical methods and a set of case studies to improve the effectiveness of prevention interventions while also creating practice-based evidence.

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

PQD is a tool for local projects, emphasising the participation of target groups and key populations in prevention work.

The PQD tools can be used at any or all stages of the project cycle: needs assessment, planning, implementation and evaluation. The toolkit highlights methods for use during each of the four phases of the cycle.

PQD is a toolkit, not a stand-alone questionnaire. The starting point is to reflect on the problem or issue and then see which methods from the kit fit the purpose of addressing it.

There are different tools for the different stages of the process.

Method	Needs Assessment	Project Planning	Implementation	Evaluation
Service User Advisory Committee	√		√	√
Guided Working Group	√		√	√
Open Space	√		√	√
Focus Groups	√		√	√
Rapid Assessments	√		√	√
Enquiries and Concerns Register	√		√	√

Programme Logic		√		√
SMART Criteria		√		√
Participant Observation	√		√	√
ZiWi		√	√	√
Circles of Influence	√	√	√	√

Using PQD on combination prevention and chemsex interventions

PQD emphasises the value of having different perspectives involved in the project: the target group or key populations, the project staff and volunteers, the project management. The ‘Circles of Influence’ method from the PQD toolkit is a good basic exercise for any project and also recommended as a first step in working with the philosophy and concept of PQD.

The methods in the PQD toolkit are not dependent on specific topics, and no adaptation is required to apply them to combination prevention or chemsex interventions. For example:

If (chemsex) users cannot be included themselves, PQD recommends the participation of those who have access to them or at least some knowledge of (chemsex).

For chemsex interventions, PQD methods to access target group knowledge and identify their key concerns (e.g. Rapid Assessment, Open Space, Focus Group) may be particularly relevant.

For combination prevention approaches, some PQD methods (e.g. SMART goals, Program Logic or Developing Local Objectives and Strategies) may help structure complex project goals and objectives and discover synergies.

PQD can be used with a range of interventions such as information campaigns, testing, outreach work, social support, community development etc.

PQD tools help document local knowledge and experience to provide practice-based evidence rather than anecdotal experiences. This is particularly useful for civil society organisations working on combination prevention and chemsex projects whose work may be ‘appreciated’ but not necessarily regarded as equal to the work of clinicians or policy makers, for example.

PIQA

PIQA is self-guided, self-assessment, quality assurance tool adapted for health promotion activities working with people who inject drugs.

PIQA can be used for projects that are intended to prevent HIV, STI, Hepatitis, TB and other infections that are common among people who inject drugs/people who use drugs (PWID/PWUD).

PIQA is divided into seven sections: analysis; determinants; objectives; intervention; implementation strategy; evaluation; contextual conditions.

PIQA is most useful when a range of stakeholders is involved in the assessment process, including people who use drugs, or, in this case, chemsex users in particular.

Using PIQA on combination prevention and chemsex interventions

Other Quality Action tools are useful to review chemsex interventions as types of HIV prevention with the key population of gay men and MSM. It is likely that these tools will guide the discussion towards focusing on sexual behaviour with the drug use seen as an additional risk factor.

Using PIQA may be useful for reviewing chemsex interventions with a focus on the drug use while seeing the sexual context in which it takes place as just one specific among many possible settings.

To use PIQA in this way required no more than replacing the term PWID/PWUD with the more specific 'chemsex users'. This will not affect the validity of the tool, as chemsex users are a subgroup of PWID/PWUD.

As with *Succeed*, some PIQA questions may be more relevant than others. However, it is recommended not to edit the questionnaire in advance, but to skip or modify questions only by group consensus. This way you ensure that you remain open to unexpected perspectives emerging during the process.

SHIFT

SHIFT was developed as a self-guided, self-assessed tool for use at programme level to help countries improve their national and sub-national (e.g. regional, provincial) prevention programmes.

Quality Action defines programme level as long-term, strategic initiatives that bring together multiple prevention projects to achieve an overarching goal of reducing new HIV infections.

Examples of programmes include national or regional HIV prevention action plans or wide-ranging initiatives such as testing programmes, combination prevention (e.g. including treatment as prevention and PrEP) and programmes responding to chemsex.

SHIFT is divided into eight sections: know your epidemic, know your response; key populations; key stakeholders; resources; barriers and enablers; monitoring and evaluation; overall goals; priorities.

SHIFT makes extensive use of data already collected by countries, including data reported to ECDC and UNAIDS.

Applying *SHIFT*

SHIFT is for policymakers and planners in government and civil society who want to assess and improve the quality of an existing HIV prevention programme, design a new programme or update a strategic plan.

Using *SHIFT* on combination prevention and chemsex interventions

SHIFT is an efficient tool for identifying and understanding the issues at the core of an effective national HIV prevention programme.

The tool is very comprehensive and specialist advice is recommended before using it in its entirety.

SHIFT is not designed for the project level and may only apply to combination prevention and chemsex interventions if they are intended to be included in the context of an overall review of a national or sub-national prevention programme.

However, the 'Stakeholder Snapshot' and 'Population and Programme' worksheets that are part of the preparatory phase of *SHIFT* may be used for gathering important background information as input into the application of one of the other tools.

3.6 Additional support

Applying Quality Improvement tools can be time-consuming and challenging for busy staff and volunteers. Winning the personal support of line managers is essential for the planning, implementation and follow-up of any tool application.

Management support is essential to ensure the quality improvement steps agreed during the application of the tool are integrated into the project and carried out in a timely manner.

Funders and other relevant stakeholders can either be involved at some stages of the tool application or throughout. This helps promote the work of the project and fosters understanding of the issues being addressed.

While applying the tools may not require additional resources, funding may be needed for meeting venues, travel, facilitation, materials, refreshments etc. Applying for small amounts of funding to resource the application of a tools can also have the added advantage of obtaining buy-in from the funder into the quality improvement process.

Additional support is also available by contacting members of AIDS Action Europe and by using social networks to connect with organisations in Europe who may have experience that can be shared to facilitate development of services in other countries. The AAE Advocacy tool provides an example of how DEMETRA, a Lithuanian NGO, was supported by the COBATEST network. NGOs are usually willing to help other NGOs by sharing experiences, guidelines and practice models.

4. GLOSSARY OF TERMS

Aims / Goals: The results we are trying to achieve; a goal is the terminal point or what you aspire to do; organisational goals are strategic and SMART (Specific, Measureable, Attractive, Realistic and Time bound).

Capacity building: Increasing the ability of a person, group or organisation to perform certain tasks or respond to certain situations; includes increasing knowledge and skills as well as changing perceptions, attitudes and behaviours.

Combination prevention: includes classic (e.g. information campaigns, promotion of condom use) as well as more recent prevention tools such as CBVCT, treatment as prevention and PrEP, and responds to rapidly changing use of technologies such as social media apps.

Chemsex: The recreational use of drugs specifically in the context of or to facilitate sexual activity, in particular among subcultures of gay men.

Epidemiology: The study of the causes and distribution of infections, diseases or health problems in populations and the application of this study to their control.

Epidemiological data: Statistical information about the incidences and distribution of HIV (surveillance); analytical and behavioural studies on health determinants, health promotion and HIV prevention.

Evidence: Often published in peer-reviewed journals and generated according to scientific standards, often using randomised control trials, with a focus on quantifiable, measurable effects; may change in light of new evidence (see practice-based evidence).

Evidence-based practice: Choosing the approaches, interventions and methods most appropriate to a given situation and implementing them at the highest possible level of quality; traditional scientific evidence is not always available or conclusive, especially for structural, social and behavioural interventions. In addition to scientific evidence, other forms of knowledge are also valuable, such as local cultural knowledge and practice-based evidence.

Key populations: Those people at higher risk of infection and to involve in the response (people living with HIV are also a key population in HIV prevention); distinct from, but may also include, vulnerable and at risk populations.

Objectives / Sub-goals Shorter Term Goals: Measureable targets to achieve the long term or strategic goal.

Practical Application: Practically applying the tools to HIV prevention projects / programmes / activities.

PrEP: Pre Exposure Prophylaxis – an HIV negative person taking antiretroviral medication for the purposes of preventing HIV infection.

Policy: An agreed or imposed direction governing action in a certain area. It can apply to and be enforced in a particular jurisdiction (such as a nation, state, region, county, or municipality) or self-imposed as a more or less binding guideline by any organised group of people.

Practice-based evidence: Derives information on the effectiveness of interventions from the structures and logic of the practical work.

Quality assurance: Monitors the quality of services and activities against standards.

Quality improvement: Identifies, implements and evaluates strategies to improve activities, projects and programmes.

Self-reflection (a key principle of Quality Action): Stepping back to critically examine how well our efforts actually work.

Stakeholder: A person representing a group or organisation with an interest in a particular activity.

Standards: Set of criteria against which an intervention is compared or measured.

Target groups: Those who serve as the focal point for a particular project; two categories (some people may belong to both) - beneficiaries (those you directly want to target) and intermediaries (those you involve in the project/ programme because they can effectively reach the beneficiaries).

Tool: Quality Action uses the word 'tool' to describe a structured, documented approach to quality improvement using a practical, step-by-step process. Tools can be paper-based or electronic.

Vulnerable populations: Those who are more vulnerable to HIV in specific situations or contexts, such as societal pressures or social circumstances; includes e.g. migrants, chemsex users or prisoners.