

## Quality incline

Think of quality as an **incline**. It takes work to improve quality. So the goal is to gradually move up the slope.



## Quality incline | project cycle

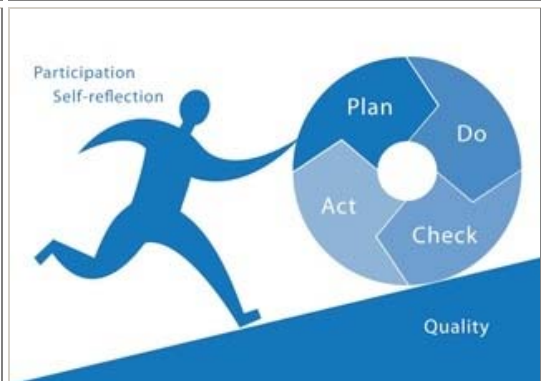
An HIV prevention activity, project or program can be thought of as a continuous cycle of planning what to do, doing it, checking it and then acting on the results. This type of cycle is familiar to many as the '**public health action cycle**'. Similar cycles exist in project management and action research. And this cycle is an important part of HIV prevention work, at both micro and macro levels. Quality improvement can and should be part of every phase of the cycle.



## Quality incline | project cycle | participation

Participation and self-reflection drive our efforts to head up the quality incline. They help us recognise opportunities for quality improvement and act on them. **Participation** is vital because no single point of view is likely to give an accurate picture of the context in which an HIV prevention activity operates, nor an accurate picture of the activity itself. The participation of the target population is especially significant here. If the project does not respond to the needs of its clients - from the clients' perspective - it is unlikely to be as effective as it could be.

**Self-reflection** is nothing more than stepping back to critically examine how well an activity has performed. Keeping in mind people have generally done the best they could under the circumstances. Self-reflection is a prerequisite for quality improvement because the assumptions we protect most fiercely are often the most important - and most rewarding - ones to question and ponder.



## Quality incline | project cycle | participation | standards

**Standards** are used to document learning and improvement. In the wider quality field, standards are used where activities can be described in detail and reproduced accurately over and over (for example, in manufacturing and to some extent in clinical medicine). HIV prevention is very context-dependent and the rigid transfer of standardised methods from one context to the next is rarely successful. However, standards that emerge from local quality improvement efforts can help ensure the prevention work does not roll back down the quality slope with staff turnover and other changes/disruptions.

