


Description: Participatory Quality Development (PQD) Theory and Toolkit of Methods



Quality Action
Improving **HIV** Prevention in Europe



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ABOUT THIS DOCUMENT

This description of the Participatory Quality Development (PQD) for HIV prevention programmes and projects aims to provide an overview of purpose, structure and process of the tool. It is intended for anyone who is interested in detailed information about PQD, especially for those who want to apply it in practice, for facilitators using its methods and for trainers offering introductions and training workshops on PQD.

WHAT IS PQD?

PQD stands for Participatory Quality Development. It is a quality improvement tool for HIV health promotion and prevention projects. PQD develops quality cyclically and in a targeted, participatory and sustainable way. The cycle includes four stages (adapted from the Public Health Action Cycle): Needs Assessment, Project Planning, Implementation and Evaluation. Participation and Collaboration are cross-cutting principles that apply to the entire cycle.

Deutsche AIDS-Hilfe e.V. developed PQD between 2004 and 2008 in collaboration with the Social Science Research Centre (Wissenschaftszentrum) Berlin, supported by a grant from the German Federal Centre for Health Education (BZgA).

Several HIV prevention programmes and projects in Germany and Austria have applied the tool since 2006. The IQ^{hiv} initiative translated PQD into English in 2011 and disseminated it as part of its quality improvement 'roadshows' in several countries across Europe.

HOW DOES PQD WORK?

Participatory Quality Development refers to the continuous improvement of health promotion and prevention through equitable collaboration between the project, the target group, the funding body, and, where relevant, other stakeholders. This collaboration aims for the strongest possible participation in and ownership of the project – by the target group in particular – during the four stages.

PQD depends on participants' local knowledge and helps them to use, reflect on and extend this knowledge. It uses participatory data collection and project planning methods for this purpose.

PQD offers methods for improving work practice that are tailored, feasible, useful, participatory and evidence-based:

'Tailored' means that methods are adapted to local conditions, e.g. to the composition of the target group, to the mission and values of the organisation, to its capacity and to its organisational and service structure.

'Feasible' means that the methods do not take too much time, are limited to what is necessary,



can be documented and integrated into daily working routines.

Methods are useful when they provide results that can be translated into specific intervention options for current work practice, including improving work in progress.

Participatory methods consider the subjective observations of workers and service users. Local knowledge is considered throughout all stages of a project.

Evidence-based means that the methods included in the PQD toolbox are based on scientific research and evaluation.

HOW CAN PQD BENEFIT PROJECTS?

Using PQD and its toolkit can provide health promotion and prevention programmes and projects with a solid foundation for target-group oriented work that is adapted to and relevant to their local setting. Its advantages are the direct links between principles such as local knowledge, participation and collaboration and the practical, step-by-step instructions for applying its methods in the field.

PQD also has limitations. It requires self-directed planning and strategic choices about what areas for improvement to focus on. Making these choices may be difficult if a programme or project is engaging in quality assurance or quality improvement for the first time. If this is the case, it may be helpful to start with a simpler tool, such as the *Succeed* questionnaire, available at www.qualityaction.eu and www.ighiv.org. *Succeed* can guide an initial assessment to detect quality gaps before applying PQD for more targeted quality improvement.

FOR WHICH INTERVENTIONS CAN WE USE PQD?

PQD is designed for HIV health promotion and primary prevention interventions that directly engage with their target groups. It responds to the needs of projects that provide a service to or work with a particular group of people in a particular setting in order to improve health. Examples are social marketing and information campaigns and materials, outreach, group work, social support and community development interventions as well as community-based health services and clinics.

Because the core principles of PQD are equally relevant at the level of prevention programmes that consist of a combination of individual interventions, its methods can also be used to improve such programmes overall. It increases the participation of the target group and other important stakeholders in order to contribute contextual knowledge and develop locally relevant solutions.



PRACTICE-BASED EVIDENCE

Practice-based evidence derives insights into effectiveness from the structure and logic of practice itself. Practitioners employ these insights directly to improve practice and promote learning. Science contributes to, but does not determine this process.

The PQD framework produces local evidence. This means that it tests the likelihood of effectiveness of an intervention in a particular context, at a particular time and in a particular location in order to improve practice.

LOCAL KNOWLEDGE

Local knowledge includes local stakeholders' insights about the target group. Those who possess insider knowledge about the lived experience of members of the target group are considered experts. They are generally themselves members of or in close contact with the target group.

LOCAL THEORY

The aim of a local theory is to offer a plausible explanation for a health problem. It describes the concrete, tangible manifestations of the problem and underlying conditions in a particular setting. Specific interventions to resolve or mitigate the problem can then be derived from this description.

Local knowledge and local theories rarely exist in a structured, written form. Participatory methods can make them explicit. Local knowledge is necessary to adapt general methods to the local context.

PARTICIPATION

The more influence people have on decision making, the stronger their participation. PQD emphasises ownership by target groups and project workers because they are stakeholders who possess local knowledge and contribute significantly to the success of interventions.

Depending on the project's operating environment and the target group's living conditions, participation can be realised to varying degrees. The task is to determine and achieve the appropriate level of participation for the prevailing conditions.

COLLABORATION

Collaboration is a crucial characteristic of PQD. Through collaboration, PQD aims to create an environment where stakeholders can identify diverging as well as common interests and perspectives and negotiate solutions.

The emphasis is on the participation of all stakeholders who are important for the planning, implementation and evaluation of health promotion and prevention projects. The target group, funding body and the project team plan and carry out specific activities in collaboration. Other stakeholders also contribute substantially to decision making.

MULTIPLE PERSPECTIVES

PQD maximises quality in prevention and health promotion by considering the different perspectives of stakeholders. No one partner alone can comprehensively describe the health problem and develop strategies to solve it. Only through bringing together the diverse perspectives of all partners can a feasible, sustainable solution emerge. In practice this means that, for example, needs assessments or evaluations take into account and compare differing perspectives.

USING THE PQD TOOLKIT

In principle, there is an unlimited number of participatory methods for quality development. The methods selected for PQD enable practitioners to better target their activities, design them with stronger participation and to check the results based on their own data collection and against their own objectives. All methods in PQD are evidence-based. They originate from the fields of health promotion, social work and community development.

The methods in the toolkit are:

- Guided Working Group
- Enquiries and Concerns Register
- Rapid Assessment
- Focus Group
- Circles of Influence
- Service User Advisory Committee
- Open Space
- Program Logic
- SMART Criteria
- Participant Observation
- ZiWi Method for developing local objectives and strategies

PQD also includes a table that shows which method is suited to which stage of the project cycle (Needs Assessment, Project Planning, Implementation, Evaluation).

The toolkit describes each method in detail:

- Brief Description
- Prerequisites



- Applications
- Process Overview
- Resources Required (Time, Personnel, Materials, Other Costs)
- Detailed Working Steps
- Further Advice
- Further Reading and Links

The PQD tool also contains a collection of case studies that illustrate the use of specific methods by a range of health promotion and prevention projects.

WHAT ARE THE STEPS FOR USING PQD?

PQD is a flexible and adaptable quality improvement tool because it offers a choice of methods based on common principles. Using PQD requires strategic choices about which aspects of a programme or project to focus on for quality improvement, and on the method that will be most suitable. Making these choices requires a good knowledge of the current state of the programme or project, the phase it is in and of the areas that are most in need of improvement.

If quality improvement is new to the programme or project, we recommend using a structured assessment tool first to identify priorities for improvement. The simpler Succeed questionnaire and the more comprehensive Quality in Prevention (QIP) assessment available on www.qualityaction.eu or www.ihiv.org are two options for this preliminary step.

Following up with the PQD quality improvement tool then means engaging with its theoretical concepts and using one or more of its methods to improve quality in the priority areas identified in the initial assessment.

A training workshop on the principles that guide PQD is an important step for any team or organisation that wants to use the methods from the PQD toolkit in a systematic manner. This is especially important where meaningful participation of the target group, donors and other important stakeholders is not yet integrated into the working culture.

The next step is deciding which stage(s) i.e. needs assessment, planning, implementation and evaluation, to work on in relation to the particular programme or project, and then selecting one or more methods from the PQD toolkit to improve their quality. Ideally, a programme or project would aim to improve all parts of the cycle and select one or more appropriate methods for each.

Quality improvement is a long-term commitment and different methods from the toolkit may be used according to future needs for improvement identified by stakeholders.

PQD AS PART OF QUALITY ACTION

All partners who apply quality assurance (QA) and quality improvement (QI) tools as part of Quality Action decide at the country level which projects and which tools they select. The leader of work package 6 (Practical Application), Deutsche AIDS-Hilfe in Berlin (contact: carolin.vierneisel@dah.aidshilfe.de) keeps a database of participating countries and of the projects and tools each selects for practical application.

Work Package 5 (Capacity Building) trains trainers/facilitators in the use of PQD. Their task is also to assist projects and programs that want to apply PQD.

All Quality Action partners/projects can apply PQD, even if their training delegates are not trained in PQD but in other tools. These countries may request technical assistance from PQD-trained trainers/facilitators from other countries, taking into consideration language barriers and travel costs where required.

REFERENCES

The PQD tool itself contains a comprehensive list of references for its theoretical principles and for each of the methods in its toolkit. We have therefore not reproduced them here.