

SELF- EVALUATION TOOL

**Self-evaluation of the good practices in some
European CBVCT centres**



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The following self-assessment tool provides a standard to assess whether or not the adequate professional practices -- as outlined in the guide, "To do better in our CBVCT centers" -- are being implemented.

The self-assessment will be organized and led by an appointed "quality manager". This quality manager will form a focus group to assess whether or not the adequate practices, underlined in the self-assessment guide (presented below), are being correctly followed.

The self-assessment is designed to be addressed collectively by staff participating in the program from all different levels: employees, community staff, volunteers, professionals and community partners, managers, as well as service users from each community being served.

Each team is responsible for choosing the participants that will be invited to join the focus group. Bringing together a variety of actors broadens the exchange of ideas and helps us to obtain more objective results.

→ How do we encourage participation in the self-assessment?

It is important to set clear goals for the people who will participate in the focus group. The aim is to highlight all the ideas of all the different actors involved in the project.

Each participant may identify different benefits in the self-assessment process. All of the perspectives are important, and the goal is to encourage participation.

For example:

Among managers

- Reinforce the image of the project in the eyes of partners and donors
- Reassure our donors about the quality of our service
- Etc.

Among CBVCT field teams ...

- Improve our services and our teamwork.
- Improve our work conditions.
- Etc.

Among partners ...

- Improve project coordination
- Engage better politically, encourage public support.
- Etc.

Among communities and users services...

- Improve the services which are offered to them
- Identify new responses to new needs.
- Improve the image that the partners / backers have of their community
- Etc.

→ Preparing the materials

Before the self-assessment group starts, it is useful to gather all the materials and documents. These will be used as records and as sources of information in future discussions (documents about the development of the project, public relations materials, meeting reports, assessments, surveys, etc.) Each participant should receive a photocopy of the self-assessment form before the focus group meeting takes place.

→ Allocation of tasks among focus group organisers

For best results, it is important to anticipate the different tasks that need to be accomplished and decide who will be carrying them out. The main tasks are:

- Facilitate communication (exchanges of information)
- Take notes and record all communications

→ During the focus group

Here are a few steps that we would like to suggest.

- Welcome participants and present the guidelines for the self-assessment process
- Explain the objectives to the focus group and what is expected of each participant
- Introduce the facilitator and explain his role (taking notes, etc). If you are considering using a recording device, you will need the consent of each participant
- Present the assessment documents and explain guidelines to help participants fill them in.
- Give participants plenty of time to complete the assessment grids
- Ask participants to explain their assessment one criteria at a time
- Allow group discussions to take place. Ensure the correct interpretation of the observations, strengths and areas for improvement, in order to reach a final consensus
- Once the criteria has been assessed, open discussions for improvement
- Introduce a final summary of the discussions focusing on the positive observations and suggested improvements
- Finally, ask participants how they felt and what their impressions were over the course of the discussion groups

→ Filling in the self-assessments grids

You could begin working as a team, however it may be useful for participants to complete the topic grids individually before sharing the assessment within the group.

At the end of the discussions, you will fill out a final grid. Participants should agree on a score and explain their reasons for giving this score.

→ Self-assessment results

Once the self-assessment is completed, the quality manager will write up a "synthesis report". This report should summarize all the strengths and suggested improvements identified by the focus group. The report will be distributed to everyone who participated. In addition, the report will outline steps for taking action moving forward. Each of the suggested improvements should be addressed. The plan will assign various actions to different people and set a target date. The quality manager is responsible for overseeing the correct development and implementation of the plan.

Quality criterion:

expression of one dimension of quality related to the guide

Our project forms partnerships to help ensure a global response to the needs of populations regarding sexual health.

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A few questions that may help you assess this criteria:

- How do we involve communities, professionals, politicians ... And how do we integrate their feedback
- Does our organisation have open communication with partners working in the same field? Sharing our practices and projects that are targeted at the same populations or on the same subject is important.
- Do the members of our organisation share the same objectives, methods and values? (Commitment to the project)?
- Do we have partnership agreements, a common charter.

Some questions:

to help your answer and to animate exchanges within the Self-evaluation group

Scale of the self-evaluation:

- You don't meet this criterion
- You don't meet this criterion enough
- + You meet this criterion enough
- ++ You meet perfectly this criterion

What are we basing our assessment of the criteria on?

Regarding your practice...

What are our strengths?

Identify the strengths and the way for improving quality concerning this topic.

What actions need to be taken to improve ...?

Understanding the context of intervention

Paying attention to the context of intervention will also help inform ways we can organise, develop and expand our range of services. Different communities may request new types of actions, such as a wider array of tests, contraception, pregnancy tests, PREP, or even interventions aimed at the reduction of risks related to the consumption of psychoactive products.

It is extremely important to understand the specific needs of the populations we are serving. We must be able to adapt to real-life environments.

1. The CBVCT project is based on a participative analysis of the context, the health problems and the needs of the targeted population.



A few questions that may help you assess the criteria:

- Does our situational analysis report take into account the available resources (communitarian, or not) regarding sexual health (for example: vaccination and testing for Hepatitis or other STD's, contraception, domestic violence, discrimination, positive prevention etc.) Can we guarantee that our offer is complementary and subsidiary with the existing services?
- Were certain members of the community involved in the whole process of analysis and implementation?
- Have we used epidemiological data?
- Have the characteristics of key populations such as cultural customs, lifestyles, social rules, representations, etc. also been identified?
- Does our situational analysis report take into account the differences which exist within a community like gender, age group, social status, immigration history, drug use, prisoners, etc.?
- What methods have we used to gather information regarding the population's needs?
- Does a group composed of working professionals, institutions or a target group exist? A group that we can share the contextual analysis with?
- How do we communicate our analysis?
- Are we projecting to update our analysis, and how?

What are we basing our evaluation of the criteria on?

Regarding your practice ...

What are your main strengths?

What are your suggested improvements?

What actions should be implemented to help improve the quality...?

Who should implement them?

At what moment?

Methods, practices and strategies

The main principles of practice surrounding community-based testing projects are the same as those identified by most health policies, in particular those established by the World Health Organization.

In this chapter, we will look at the criteria that must be respected and adhered to by all testing services. They can be found among the practices identified in the Guide: "to do better in our CBVCT centres" and in particular those defined by the WHO as the five components («5 C»). These components are: consent, confidentiality, counselling, correct results and connection / linkage to prevention and care.

2. The healthcare services that are being offered are adapted to the lifestyle of the targeted population (opening hours, location, neutrality).

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A few questions that may help you assess this criteria:

- Can our activities or services change time or of place, depending on the circumstances and needs of the targeted community?
- Do we have the possibility to adapt the time or location of our services, projects or activities depending on the needs of the targeted community?
- Does our project promote awareness-raising activities in order to interact with populations that are either difficult to reach, not able to visit the center or fear stigmatization?
- Does a contextual analysis, and more specifically the needs of the user, inform the organisation of our activities?
- How and by what means can we obtain feedback from users on the organisation of our services.
- Is the project capable of assisting people without an appointment if needed?
- Is the length of the interview adapted to the users need?

What are we basing our evaluation of the criteria on?

3. Confidentiality is respected to help protect people's privacy and guarantee their rights.

A few questions that may help you assess this criteria:

- Do our methods and work tools (for example: traceability, communication between professionals, reports, etc.) adequately respect confidentiality?
- Are our premises organized in such a way as to ensure confidentiality (location, signage, space for counselling and results)?
- Are users services aware of our confidentiality policy?
- How do we ensure the privacy and security of users services in HIV testing and counselling centers ?
- Who do we give the result of a test to?
- What information do we offer in addition to the result?
- Do we offer information and counselling regardless of the result of a test?

What are we basing our evaluation of the criteria on?

4. Our staff members emphasize the importance of informed consent. Counselling should be adapted to the population's needs, and people's lifestyle choices must be respected, without judgement or threat.

A few questions that may help you assess this criteria:

- Does informed consent include information on the client's rights and the anticipation of results (how will a positive or negative result be managed)?
- Are all of our user's services offered counselling?
- What methods and approaches is our support based on?
- Is our support focused on the user's services and does it aim to help them develop their own risk reduction strategy?
- Can our users services decline the offered counselling session?
- How do we assess our counselors practices?
- How do we update the information we provide to our users services ("evidence based" information)?

What are we basing our evaluation of the criteria on?

5. Linkage to care is made as soon as possible once the results are given

A few questions that may help you assess this criteria:

- What actions does our centre take to ensure the linkage to care?
(Confirmation tests performed in the centre or in a clinic, the ability to set up an appointment and accompany a person to it, etc.)?
- In our experience how effective are these practices?
- What resources are available within the community to help support people who test positive? (support groups, peer support groups, NGOs, partners etc.)
- Does our linkage to care, focus on the specific needs of communities (For example: substance use, domestic or homophobic violence, age groups, undocumented migrants, etc). Does a procedure that ensures access to care for migrants exist, if access is restricted in your country? Do you know when the first visit to the hospital is scheduled? Do you know if the person went to the first medical examination? Do you know why the person did not have link to care? Were you aware of the CD4 count and the viral load at the time of the diagnosis? Can you tell us if you were recently infected with HIV?
- Have you lost contact with the HIV-positive person?

What are we basing our evaluation of the criteria on?

6. Structured tools are used to guarantee that the test is performed correctly, the results are accurate and errors are identified and corrected to avoid false results (Quality assurance program).



A few questions that may help you assess this criteria:

- Does our testing service follow a set of written guidelines concerning...
 - The entire process (from reception to post-test counselling as well as result-based counselling)?
 - On how the test should be handled?
 - On how to read the test result?
 - In the advent of an invalid or indeterminate test?
 - Regarding risk and waste management?
- On what recommendations are these guidelines based? (National policy, WHO, etc.)
- How do we ensure that guidelines are followed by team members?

What are we basing our evaluation of the criteria on?

7. Communication strategies for reaching populations are clearly defined.

A few questions that may help you assess this criteria:

- *Does our communication share information about the individual and collective benefits of HIV testing?*
- *Do our communication tools give information on the offered services, how to access them, opening times and locations?*
- *Are the communication tools adapted to people's lifestyles, spoken languages, etc.?*
- *Is the variety of community media available (websites, magazines) used as means of communication?
How do we encourage different communities (their leaders and members) to spread information regarding the services we offer?*

What are we basing our evaluation of the criteria on?

Regarding your practice ...

What are your strengths?

What are your suggested improvements?

Managing and running the CBVCT project

Managing and running the CBVCT project depends on the methods, skills and defined responsibilities, which will enable the optimum effective performance of the project (INPES, France)



8. Our project has a competent and multidisciplinary team available, that helps ensure the diversity and complementarity of our skills.



A few questions that may help you assess this criteria:

- *Are some of our team members also members of the targeted population?*
- *Does our team have the required skills to offer pre- and post testing support, to conduct testing (guarantee quality) and insure connection to healthcare organisations?*
- *How do we provide support for the teams: preventing burn-outs, overexposure to information, regulation teams, Etc. How do we update, and on a regular basis, our skills and knowledge?*

What are we basing our evaluation of the criteria on?



9. Our project forms partnerships to help ensure a comprehensive response to the needs of populations regarding sexual health.



A few questions that may help you assess this criteria:

- How do we involve communities, professionals, politicians ... And how do we acknowledge their point of view?
- Does our organisation have open communication with partners working in the same field? Sharing our practices and projects that are targeted at the same populations or on the same subject is important.
- Do the members of our organisation share the same objectives, methods and values? (Commitment to the project)?
- Are agreements formed with our partners do we share a common charter, and so on?

What are we basing our evaluation of the criteria on?

Regarding your practice ...

What are our main strengths?

What actions need to be taken to improve ...?

Developing a sustainable policy with a long-term vision

Political support, use of resources, integrating new services to support new tools for prevention, technology and institutional development are needed to help guarantee the continuation of projects.

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10. HIV testing and counselling are not isolated interventions. They are a continuum of activities with the other external services or programs.

A few questions that may help you assess this criteria

- How do we ensure that a complementarity with other services exists (traditional health services, community services, etc.)?
- How do we ensure complementarity with other community-based programs such as risk reduction for substance users, accessibility for migrants or sex workers, maintaining care for people living with HIV, etc., Or with other CBVCT's?

What are we basing our evaluation of the criteria on?

11. Our organisation / project is developing its ability to anticipate and integrate new prevention tools into its services.

A few questions that may help you assess this criteria:

- Is our structure involved in - or develop community consultations concerning new tools and their effectiveness?
- How do we deal with information and guarantee a consensus among our teams regarding new tools?
- How do we discuss the issues surrounding new prevention tools or technologies within our structure and with our partners?
- How do we anticipate the impact of integrating new tools into our action?
 - *The use of our services by new populations, with new needs?*
 - *Complementarity with existing services - or tools - from our CBVCT*
 - *The training our teams need?*
 - *Adjusting our communication strategy?*

What are we basing our evaluation of the criteria on?

12. We thoroughly understand the social, political and legal context surrounding the project and we promote actions for positive social transformation.

A few questions that may help you assess this criteria:

- How did we identify the areas of interests and conflict within our projects environment, and how have we documented it?
- What political obstacles or challenges does our project face?

*What actions have been developed to help address these barriers?
(advocacy, etc.)*

What are we basing our evaluation of the criteria on?

Regarding your practice...

What are our main strengths?

What are your suggested improvements?

Criteria	Suggested improvements	Who will be involved ?	When ?	What resources are needed ?
<p>The CBVCT project is based on a participative analysis of the context, health problems and needs of the targeted population.</p>				
<p>The organisation of our services is adapted to the lifestyle of the targeted population (opening hours, location, and neutrality).</p>				
<p>Our staff members respect the principles of informed consent and confidentiality of clients to protect people's privacy and guarantee their rights.</p>				
<p>Counselling is adapted to the population's needs. People's lifestyle choices must be respected and addressed without judgement or threat. Informed consent is necessary.</p>				

<p>Healthcare organisations connect to community associations as soon as possible once the results are given.</p>				
<p>Structured tools are used to guarantee that the test is performed correctly, the results are accurate and errors are identified and corrected to avoid false results (Quality assurance program).</p>				
<p>Communication strategies for reaching populations are clearly defined.</p>				
<p>Our project has a competent and multidisciplinary team available that helps ensure the diversity and complementarity of our skills.</p>				
<p>Our project forms partnerships to help ensure a comprehensive response to the needs of populations regarding sexual health.</p>				

<p>The assessment follows a specific structure and plan and results are reported.</p>				
<p>HIV testing and counselling are not isolated interventions. They are a continuum of activities with the other external services or programs.</p>				
<p>Our organisation / project is developing its ability to anticipate and integrate new prevention tools into its services.</p>				
<p>We thoroughly understand the social, political and legal context surrounding the project and we promote actions for positive social transformation.</p>				

