



QIP - Quality in Prevention

Comprehensive Quality Improvement

BASED ON
EXTERNAL EXPERT ASSESSMENT



Version: HIV / AIDS 18/03/2014 - © BZgA



Quality Action
Improving **HIV** Prevention in Europe



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ABOUT THIS DESCRIPTION

This description of the Quality in Prevention (QIP) quality improvement tool for HIV prevention programmes and projects aims to provide a comprehensive overview of the purpose, structure and process of the tool. It is written for anyone who is interested in detailed information about QIP, and especially for those who want to apply it in practice, for current and future QIP reviewers and for trainers offering introductions and training workshops on QIP.

WHAT IS QIP?

QIP is a comprehensive quality improvement tool for health promotion and prevention projects. It examines the quality of programmes, projects, campaigns, setting-based interventions, health education and training. It provides feedback and suggestions for improvements.

QIP can be used to improve quality at any and every stage of the project cycle: as a planning tool, to maximise quality during implementation and to improve evaluation design and process.

QIP helps to ensure that prevention is implemented in a targeted, effective and sustainable way. It has been quality-checked, tested in practice and adapted to the context of HIV prevention.

The Federal Centre for Health Education (BZgA) and the University Medical Centre Hamburg-Eppendorf (UKE) in Germany developed QIP in partnership. The generic version of QIP has undergone systematic field tests. Its objectivity, reliability and validity were examined over several years. Its suitability for all professional prevention and health promotion tasks has been tested in practice.

As part of the IQ^{hiv} initiative (www.ighiv.org), international specialists, adapted QIP to HIV prevention with evidence-based additions that resulted from a review of research and an international expert workshop in 2009. The QIP version for HIV prevention has been checked and pilot-tested with HIV prevention specialists.

To test the tool, the team conducted two workshops with HIV counselling services and prevention projects as well as interviews with project managers. The revised version was pilot tested in three HIV prevention projects and at international QIP reviewer training and quality improvement 'roadshows' conducted by the IQ^{hiv} initiative.



HOW DOES QIP WORK?

QIP uses external experts to assess a detailed documentation form filled in by the project. This questionnaire can also be used for self-assessment of projects, programmes or strategies.

QIP uses 7 main quality dimensions which are divided into 22 sub-dimensions. In the documentation form these dimensions are covered by open and multiple-choice questions that lead from ‘identifying the health problem’ and ‘target group’ through ‘objectives’ and ‘process’ to ‘results’ and ‘sustainability’. QIP is a detailed and comprehensive quality improvement tool and the external QIP assessment requires information about every aspect of the programme or project to be documented. If quality improvement is new to the team or organisation intending to use QIP, it can be useful to familiarise stakeholders with the concepts of self-directed quality improvement, self-reflection and participation using a simpler, faster quality improvement tool first. The *Succeed* tool, available at www.qualityaction.eu and www.ighiv.org, is suitable for this purpose.

ETHICAL PRINCIPLES

Only the nominated contact persons receive the results. Analyses of the QIP database only report de-identified, aggregate values for groups of projects. The expert assessments are subject to professional ethics and confidentiality. The project alone decides what to do with its results.

WHAT ARE THE QIP QUALITY DIMENSIONS?

QIP turns all the project information that is documented in the form into standardised assessment scores on 22 quality sub-dimensions, which are organised under 7 main quality dimensions (see below).

Main quality dimensions:	Sub-dimensions:
Conceptual Quality	<ul style="list-style-type: none"> ■ Relationship to need ■ Target group selection ■ Understanding of the target group ■ Goals and objectives ■ Prevention approach
Quality of Project	<ul style="list-style-type: none"> ■ Coordination with other agencies ■ Adaptation of the approach to the operating



Planning	environment
Contributors and Other Stakeholders	<ul style="list-style-type: none"> ■ Personnel and competencies ■ Interdisciplinary collaboration and on-going consultation
Dissemination and Communication	<ul style="list-style-type: none"> ■ Dissemination among target groups ■ Health education and communication methods ■ Media work and information material ■ Supporting sustainable change
Process Design and Project Management	<ul style="list-style-type: none"> ■ Project management ■ Responding to difficulties ■ Quality control of external contributions
Measuring Success, Evaluation	<ul style="list-style-type: none"> ■ Comprehensive overview ■ Documenting reach and acceptability ■ Documenting effects ■ Evidence of effectiveness ■ Collecting service user data
Sustainable Quality Development	<ul style="list-style-type: none"> ■ Systematically passing on experience and results for long-term improvement

WHAT ARE THE STEPS FOR USING QIP?

The QIP process is divided into three main steps:

Documentation: Project teams write a systematic description of their prevention activities using the QIP documentation form.

Reviewer assessment: Independent, trained QIP reviewers with experience in HIV prevention use evidence-based criteria to assess structures, processes and outcomes according to set criteria across the quality dimensions. The reviewers assign a level of achievement between 0 (‘Problem Zone’) and 3 (‘Exceeds Standards’) to each dimension.

Feedback: Feedback on strengths and weaknesses, recommendations and, if available, comparisons against benchmarks are provided back to the project team, together with the reviewers’ practical advice for improvements. Comparisons are based on a reference database storing all QIP assessment data. This can produce quality profiles of individual projects against a set of benchmarks, which are the average QIP scores of projects in the same field of prevention. The QIP data pool of HIV prevention projects is not yet large enough to derive benchmarks for comparative analysis.





Carrying most of the responsibility and most of the workload are the projects that fill in the documentation form (ca. 20%) and the expert reviewers (ca. 70%). Comparative analysis makes up only a small proportion (ca. 10%) of the overall effort required for QIP. Projects then spend additional time to discuss the feedback and plan their next steps.

Quality improvement is an on-going commitment. Projects should follow up the effects of the changes they make. They can use the QIP documentation form again or use additional tools, e.g. Participatory Quality Development (PQD) to further improve quality.

HOW CAN QIP BENEFIT PROJECTS?

QIP delivers practice-oriented, detailed quality profiles and generates ideas for improving quality at every stage of the project cycle. It identifies strengths as well as opportunities for improvement, and prioritises areas for action.

QIP offers the advantages of independent, external quality assessment. It can confirm that a project is quality-assured and based on up-to-date knowledge. This shows that a project is creating the best possible conditions for being effective. Specifically, the benefits include:

Quality improvement: Quality profiles based on the 22 sub-dimensions provide an overview of the project's strengths and potential areas for improvement; they document achievements and likely effects. Reviewer feedback provides concrete recommendations for improvement.

Planning: Prevention projects can be designed for effectiveness and efficiency at an early stage of development.

Implementation: QIP examines complex projects and their interventions separately and in combination and investigates opportunities for improvement at each stage of implementation. QIP experts can assist with finding useful information and suggesting additional concepts and new approaches.

Supporting interventions to meet needs: QIP shows the synergies between interventions and indicates to organisations and decision-makers where operating environments need to change in order to improve projects and services.

If a prevention activity or intervention scores well on the QIP quality dimensions, this indicates that it has a high probability of being effective and efficient.

Evaluation: QIP helps to focus evaluation questions and to identify data sources for measuring results. Improving the quality of the evaluation design and process can lead to more meaningful descriptions of project results and outcomes as well as practice-oriented recommendations.



Feedback for improvement: Project teams can use the QIP feedback to modify specific aspects of the project. They can fill gaps, improve processes, add knowledge and skills and, ultimately, increase their chance of succeeding.

Networking: Externally assessed, evidence-based profiles document the achievements of prevention projects. They can help projects and organisations to make a strong case when they are negotiating with collaborating organisations, funding bodies and target groups.

Sustainability: QIP makes it easier to permanently establish prevention activities in organisations because it can help demonstrate the links between needs, objectives, methods and effects.

Limitations: To fill in the documentation form, collect additional data or search for existing information can take time. Implementing reviewers' feedback also requires time, internal support and commitment.

Small projects might be unable to manage the complexity of the process and the effort required if they have limited resources. The use of external reviewers can also be a deterrent. Projects could instead first use a simpler tool, such as *Succeed*, to identify and address gaps before using QIP to achieve more comprehensive and detailed quality improvement.

QIP 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 to 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 the projects and tools they have selected.

Work package 5 (Capacity Building) trains trainers/facilitators in the use of the QIP documentation form as well as in conducting external assessments as QIP reviewers. Their task is also to assist projects and programs that want to apply QIP. By training additional reviewers, more projects can benefit from QIP. There is an existing international pool of trained reviewers available, and Quality Action partners/projects can request technical advice from QIP-trained trainers/facilitators from other countries.

Reviewers need to receive the documentation form in English. They will also provide feedback in English. If a country uses a translated version of the QIP documentation form, it needs to use its own resources to translate the completed answers into English and the reviewers' feedback into the language(s) that are used locally.

It is therefore useful to develop a national pool of expert reviewers from a range of fields relevant to HIV prevention. It is important to note, however, that sufficient demand for QIP



assessments is needed to sustain a reviewer pool by keeping reviewers engaged, motivated and skilled in conducting QIP assessments. Combining reviewer pools regionally can support sustainability. In future there might be enough reviewers to conduct assessments in languages other than English.

The team at BZgA in Cologne, Germany, manages the external review process. They allocate the documentation forms received from Quality Action partners to reviewers from the international pool. To ensure objectivity and validity, each project is assessed by three reviewers. The team tries to include one reviewer with more detailed knowledge about the project's local context, but who is not too close to the project or its personnel. The BZgA team sends all QIP documentation material to the reviewers and also passes their feedback on to projects. To ensure confidentiality, a BZgA team member who is not involved in other aspects of Quality Action is responsible for this task. The QIP data coordinator is located in a different department of BZgA.

TIMELINE

Project team completes the QIP documentation form and sends it to BZgA	2 weeks
BZgA selects reviewers and forwards the material	1 week
Reviewers complete their external assessments and send them to BZgA	4 weeks
BZgA enters the scores in the database, compiles the results and sends them back to the project	2 weeks
Project team reflects on the results, draws conclusions, and plans adjustments	2 weeks

DOCUMENTATION

WHICH INTERVENTIONS CAN THE QIP FORM BE USED FOR?

All types of HIV prevention interventions can be described using the documentation form. QIP takes context into account, both in the documentation form and during the assessment. Planned, current and completed projects can be described. Reviewers take account of the stage of the project.

What is meant by a 'project' in QIP?

The characteristic features of a project include:

- Independent goal-setting, concept development and planning
- A decision to proceed with a set of activities
- Dedicated resources or budget
- A project name



- Delegated responsibilities and duties

QIP looks at the quality of practical work. It does not assess the entire organisation.

What types of projects are there?

Prevention projects differ in their reach, resources, complexity, duration and scope. This is why the form collects data on these important aspects at the beginning. Projects also differ in terms of their health focus, target groups and areas of intervention. The form collects very detailed information about these characteristics. QIP differentiates between the following types of projects:

- One-off interventions, activities or events: These are local activities carried out for a limited period with few repetitions (e.g. a health information session, training course or community event). They usually address one particular topic.
- Programmes: These are concepts or models for HIV prevention interventions based on a proven approach. They are intended to be successfully repeated in a similar manner elsewhere. They usually consist of distinct elements or components (e.g. a training manual on STIs for schools, or fact sheets for sex workers about HIV and safer sex).
- Campaigns: These are communication activities coordinated by an overall plan. They use, for example, social marketing to increase HIV-related knowledge and awareness as well as behaviour change. Campaigns often consist of a series of advertisements, presentations or exhibitions about HIV transmission and its prevention, sometimes involving local politicians or celebrities.
- Setting-based projects: These are systematic, coordinated activities to promote healthy behaviours and to improve the situation in a specific setting (e.g. in a health or social service area, neighbourhood, gay community, drug scene, sex work precinct, prison, school).

WHAT IS THE QIP DOCUMENTATION FORM BASED ON?

QIP is based on evidence about the efficacy, effectiveness and efficiency of prevention, health promotion and education interventions (see references on effectiveness).

QIP focuses on the key components of project and quality management that are used internationally:

- Project description and concept
- Personnel and their qualifications
- Target groups (beneficiaries and intermediaries)
- Planning and preparation
- Dissemination and promotion
- Process design



- Results (successes, effects and experiences)

Research shows that these components are central to the effectiveness of prevention and health promotion. Projects that pay attention to these components are more likely to effectively and efficiently improve the health of their target groups.

QIP integrates current knowledge. Many experts participated in developing and testing it.

USING THE QIP DOCUMENTATION FORM

The QIP form documents a precise, systematic description of HIV prevention activities and important data about the project to be assessed. The QIP documentation form can describe a project during its planning phase, implementation phase or after it is completed. Although the questions are written for current or completed projects, they can also be applied to projects that are at the planning stage. It is important that the information in the documentation form is complete and correct; the form also allows the project team to indicate that a question does not apply. The form is designed to ensure:

- Completeness: It systematically collects the data reviewers need for the external assessment using the QIP quality dimensions. It covers topics as they arise in the project cycle.
- Accuracy: It collects practice-oriented quality markers for each QIP quality dimension.
- Economy of effort: It includes questions that focus on the core issues. It uses closed questions (yes/no or multiple choice) wherever possible. It also requires some free text answers describing context, basic concepts, adaptation and other specific details. The form uses open questions for this purpose.

ENCOURAGING PARTICIPATION AND SELF-REFLECTION

Anyone who is familiar with the details of the project can fill in the documentation form. Teams can go through the form step by step or divide the work up and then meet to agree on the final version. Completing the documentation form using a collective process gives the reviewers a more complete picture of the project and often initiates team conversations about quality and potential improvements. Teams can also use this task to encourage self-reflection. Increased awareness of the current state of the project can start to lead to improvements. We recommend always using an independent facilitator for the collective process of completing the documentation form.

Filling in the form also provides an opportunity to increase participation in quality improvement by inviting relevant stakeholders to contribute. Working as a group with a facilitator can improve participation and communication. This is also a good approach to discussing the results and the reviewers' feedback, and to reflecting on areas for improvement.



WHAT IS THE QIP QUALITY ASSESSMENT FOR?

The assessment creates a detailed project profile against the quality dimensions and sub-dimensions. It makes the specialised knowledge of external experts available to the project by organising, distilling and passing on the QIP reviewers' professional experience and expertise.

QIP external quality assessment offers three opportunities to improve projects:

1. An external point of view is less biased and more objective than self-assessment and can contribute new questions, suggestions and ideas.
2. A systematic assessment highlights 'blind spots' that can easily be overlooked by those involved in the project.
3. Completing the documentation form allows project teams to familiarise themselves with the key characteristics of results-oriented prevention and health promotion, which build on the QIP quality dimensions.

STRUCTURE AND VALIDITY OF THE ASSESSMENT

The assessment uses a detailed, 31-page guide, which covers the 7 main and 22 sub-dimensions and includes guiding questions and assessment criteria.

Assessment results must comply with scientific standards to be verifiable and reliable. The assessments of the three reviewers should match as closely as possible. QIP ensures statistical validity by:

- Guiding reviewers through the assessment process
- Condensing each assessment decision into two main steps
- Dividing quality into main and sub-dimensions
- Providing guiding questions for each step in the assessment
- Assisting decision-making with assessment criteria
- Suggesting minimum standards for each dimension
- Explaining each dimension
- Rating quality according to four clearly structured, self-explanatory levels

HOW DOES THE ASSESSMENT PROCESS WORK?

Designated reviewers receive the completed documentation form and additional material that the

project has submitted. The reviewers rate the project for each quality dimension, answering the guiding questions by assigning a quality level (0–3) to each dimension:

Level		Meaning and Definition
0	Problem zone	Important prerequisites for the evidence-based implementation of this quality dimension are missing. This results in clear deficiencies, which makes achieving the objectives improbable, unpredictable or uncontrollable.
1	Needs improvement	The project has created the foundations and basic requirements for successful activities, but is not yet interconnecting or utilising them sufficiently. It at least partially fulfils this quality dimension but should improve it markedly as soon as possible.
2	Meets Standards	The project has assembled an evidence base, competencies and processes for professional and effective health promotion and integrated them into an overall approach. It therefore complies with the expectations relevant to its field, its operating environment and current research. It operates at a good level of quality and can expect to succeed.
3	Exceeds Standards	The project exceeds the standard in this quality dimension and can serve as a model because: Either: those responsible continuously and systematically develop quality in prevention and health promotion within this project; they actively extend competencies and knowledge, and implement measures for improvement. Or: the project is developing a new, innovative solution, i.e. a model that meets the requirements of this quality dimension and that can be transferred to other projects. A project shows innovation when it develops, tests and provides evidence for new, potentially effective measures or interventions, or when it applies and adapts a proven approach or accepted method to an existing problem.

N	Not applicable	The quality dimension does not apply to the project, is not meaningful or does not make sense, for example: <ul style="list-style-type: none"> • Third party contributions should be subject to quality assurance (e.g. teachers at a school implement a programme on behalf of the project; or a collaborating hospital provides testing, including pre-and post-test counselling). However, not all projects include such external contributions or services. • The didactic approaches used in training courses should be assessed. This, however, is not relevant for media campaigns (e.g. a series of posters).
U	Unclear	The data provided in the documentation form is insufficient for an assessment.

WHO BECOMES A QIP REVIEWER?

Experts must fulfil the following criteria to become certified QIP reviewers:

- A qualification in a health-related field (medicine, psychology, health sciences, health insurance management, sports and exercise science, public health or similar) or other fields (e.g. management, education, sociology) if they can demonstrate a focus on health.
- The ability to exercise judgement on the appropriate use of prevention and health promotion concepts and methods, based on at least one year's relevant professional experience (e.g. developing programmes, implementing projects, coordinating and organising services, evaluative research, training or quality assurance and improvement).
- People trained in QIP as part of Quality Action must also demonstrate competencies in facilitation and training because they will be training and assisting others in using the QIP documentation form.

Before reviewers take on an assignment, they complete a training programme that familiarises them with QIP. The learning objectives and content of the training comprise:

- Orientation to quality assurance and improvement
- QIP and its performance characteristics
- Using the QIP forms and materials
- Commitment to documentation and self-reflection
- Ability to make assessments
- Interpreting feedback
- Supporting the reliability of QIP by comparison of one's own assessments with those of other reviewers
- Increasing objectivity by reflecting on case studies and discussing one's own experience in relation to the views of other experts
- Encouraging reflection on one's own standards and making professional judgements
- Applying professional perspectives to project implementation, service delivery and resource allocation
- Being aware of inherent bias and striking the right balance between making allowances and being overly critical
- Discussing and checking whether criteria, judgements and quality assessments are realistic and relate to the context

Reviewers commit to conducting their assessments professionally and to acting in accordance with ethical guidelines on professional conduct that exist for health professionals.

The following apply in particular:



1. **Confidentiality:** QIP reviewers commit to keeping confidential all information they receive in relation to their role. In addition, they must not disclose their participation in any assessment to third persons (except in the course of administering the QIP process itself).
2. **Copyright:** QIP reviewers must not pass on any materials received in relation to an assignment or use them for their own purposes, unless the information is publicly available and they respect proprietary rights.
3. **Independence:** QIP reviewers are independent, i.e. they are not bound to any one theory, discipline or method of health promotion and prevention, and agree to apply the evidence-based criteria of the QIP system.
4. **Conflict of interest:** QIP reviewers do not derive any direct personal or institutional advantage from particular results of their assessments. They declare any possible conflicts of interest openly and decline assignments if necessary.

Reviewers commit to comply with these conditions by signing a declaration. They forfeit their right to remain active as QIP reviewers if they breach them or ethical guidelines on professional conduct.

WHY SEVERAL REVIEWERS?

At least three reviewers assess each project. The results are pooled as averages in the overall assessment results. The more assessments are pooled, the more reliable the results. A large and diverse range of reviewers enables QIP to select reviewers for each assessment who complement each other.

There are several reasons for having several reviewers:

- It can generate more useful, concrete suggestions.
- It can redress any process-related inaccuracies. QIP field testing has shown that pooling three assessments results in a high predictive power for distinguishing between projects that can expect to succeed (Level 2: 'Meets Standards') and projects that need improvement (Level 1: 'Needs Improvement').
- It can avoid distortions resulting from bias or selective use of expert knowledge.

We use at least three separate reviewers' assessments in QIP. Experience shows that having more than five reviewers does not further increase the validity of the results. Because assessments cost time and money, we restrict the number of reviewers to that required for reliable results.

WHAT IS THE ANALYSIS FOR?

Analysing QIP results enables:

- Compiling individual profiles for feedback to participating projects
- Comparing qualitative strengths and weaknesses among different projects (subject to a sufficiently large pool of assessment data)
- Fair comparisons through statistical analyses of the associations between strengths and weaknesses and the characteristics of projects and fields of activity. This analysis can highlight difficult prevention and health promotion topics, the effects of structural factors (financial and human resource levels, project funding periods) and the range of current service quality in different fields of activity
- Development of a database for reporting on the quality of projects on average as well as over time.

HOW AND WHERE IS THE ANALYSIS CONDUCTED?

Reviewers send their assessments to an independent institute located at the Federal Centre for Health Education, BZgA, in Cologne, Germany. The institute carries out the analyses, compiles the feedback and sends it directly and exclusively to the submitting project.

The 'QIP/Report' software maintains and analyses the data. It can create different, freely definable comparison groups and collate them automatically.

A specialist with the same qualifications as a QIP reviewer reads, edits and summarises the reviewers' comments and suggestions. In some fields this includes compiling references (e.g. to other projects, theory or recent studies).

DATABASE AND BENCHMARKS

The QIP database contains the assessment results and characteristics of all projects that have applied QIP. It uses the average scores of projects across the quality dimensions as benchmarks. Projects can compare their own scores against the averages and against the highest- and lowest-scoring projects in their field.

The database also captures project characteristics such as resourcing, duration, regional scope, personnel numbers, number of persons reached etc.

This allows projects to be grouped for the purposes of comparison, according to:

- Type of organisation (e.g. counselling service, community-based organisation)
- Year and duration (e.g. projects running from 2012–2013)
- Aim or health issue and target group.

The analysis can show structural influences on quality by grouping projects from organisations with similar characteristics. For example, a lack of financial resources may be associated with limited quality in certain areas and a target-group oriented service model may be associated with high quality in certain areas.

FEEDBACK

WHAT IS THE FEEDBACK FOR?

QIP feedback provides projects and organisations with an expert assessment of the current level of quality. Specifically, it aims to:

- Capture the achievements, quality, results and probable effectiveness of the project
- Highlight areas for action so that quality and effects can be improved quickly by prioritising and addressing weaknesses.
- Support continuous quality improvement in order to increase efficiency, effectiveness and sustainability over the longer term.

CONFIDENTIALITY

Strict confidentiality applies to data, assessments and analyses of individual projects and this information is not shared with third parties, except with the express permission of the project. QIP sends all feedback exclusively to the contact persons named in the documentation form.

The project is free to pass on any project-specific results or to disseminate or report them to third parties (e.g. funders, target groups, collaborators or the public). However, all comparative analysis results are subject to intellectual property rights to ensure that they are used appropriately.

On request, QIP can provide participating projects with project-specific results in commonly used electronic formats to include in reports or presentations.

FEEDBACK CONTENT

The feedback includes:



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1. A brief summary of the QIP information system
 2. An explanation of the 7 main and 22 quality sub-dimensions
 3. A brief explanation of the content and significance of the feedback
 4. Average scores for main and sub-dimensions (calculated from the assessments made on the basis of the documentation form submitted).

In addition, once the database has pooled a sufficient amount of project data:

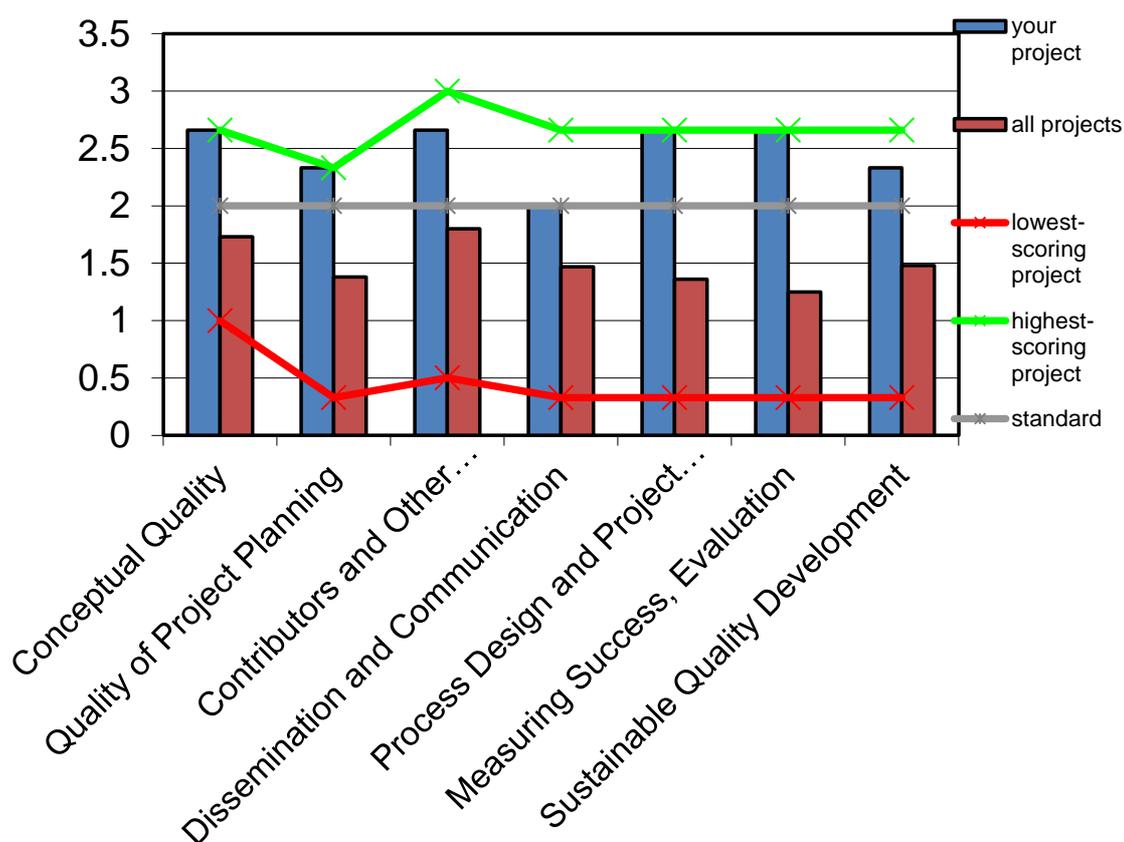
5. Averages of all projects in the same field of activity
6. Results of the highest-scoring project (unnamed) in each dimension
7. Results of the lowest-scoring project (unnamed) in each dimension
8. Information about the number of projects in the group used for comparison and their fields of activity
9. Eight graphs illustrating average and comparison scores
10. Project-specific advice and suggestions from the expert reviewers.

QUALITY SCORES

The project team can use the quality scores to see how their project compares with similar projects.

The 7 main and 22 quality sub-dimensions present an overall picture of how well the project is designed and which parts are already working well (higher and lower-scoring dimensions).

Example: Feedback graph



The results show whether the project is well designed and is likely to have the desired effects. The dimensions can also be used for process evaluation because they show the current quality of activities and the degree to which they are achieving their objectives.

- The results can also indicate likely effectiveness for small, innovative and recently initiated activities.

To be considered effective, a project must score near or above level 2 (‘Meets Standards’) in all dimensions. Reviewers must also judge the available data as sufficient to estimate effectiveness. This is expressed in the quality dimension ‘Evidence of Effectiveness’ by the guiding question “Does the available evidence indicate that the activity has health promoting effects?” Projects should reach an average level of at least 2 in this dimension to be considered effective.

Benchmarks derived by pooling data from similar projects relate the project’s quality profile to the conditions present in its field of activity. Similar weaknesses found in projects working in the same field suggest that some quality dimensions (e.g. process documentation and monitoring effects) are difficult to achieve in some fields. Benchmarks show whether and to what extent this really is the case: averages of all projects indicate how this field of activity performs overall and whether a specific project scores significantly higher or lower.

- The scores by dimension of the highest and lowest-scoring project in a field show the quality

range achievable: the realistic quality potential lies between these two values.

USING QIP FEEDBACK TO IMPROVE PRACTICE

The following results are also useful to guide practice:

- The quality dimensions indicate which components of the project should be redesigned as soon as possible, i.e. all dimensions with scores below level 2. The lower the score, the more urgent is the need for improvement. Where scores are around or above 2, the project has time for more gradual, long-term improvements. Scores above 2.5 and up to 3 indicate that the project should pass on its experience and ways of working, e.g. at conferences or through publications.
- Where the benchmark for the field is significantly higher, a project should look to others for ideas and examples. Often the reviewers' comments and suggestions provide some direction.
- Lifting the score for main the quality dimension 'Evidence of Effectiveness' to level 2 is especially important for projects that are too new, too small or too innovative to conduct a comprehensive evaluation.
- Several reviewers perceiving significant effects from an activity counts as evidence for effectiveness. This evidence carries weight because it does not originate in an internal, potentially biased self-evaluation, but is produced independently, similar to an external evaluation. Such results can be useful for attracting collaborators, motivating stakeholders and continuing the activity.
- If it scores very low (under 1) in the dimension 'Evidence of Effectiveness', the project should aim for immediate improvements. If the project in its current form cannot improve effectiveness, it must develop new concepts and approaches.
- If a project scores low in a particular dimension, this is often not due to a lack of knowledge, but to a difficult operating environment.

WHAT IS IMPORTANT WHEN READING THE FEEDBACK?

To understand the results, please take note of the following:

1. Difficult working conditions are reflected in the comparison scores for the field of activity. If many projects score low, you can expect particular difficulties. The following are indicators for this situation:
 - The average score is 1 or lower.
 - The average score is not much above the lowest individual score in the field.
 - No project reaches an excellent score and the highest score is 2.
2. The results for a project only represent a snapshot, although they are based on an in-depth,



expert-led quality analysis. QIP is designed for repeated use, to help projects identify and address weaknesses and monitor improvements.

3. The results are for the assessed project, not the work of the entire organisation. Some organisations simultaneously implement activities that are exemplary and others that need improvement.

4. An individual project can improve as it develops over time and a subsequent QIP assessment may find different results. Ideally, all results should improve, or at least the most obvious weaknesses be addressed. However, some quality dimensions will improve with considerable effort if there were weaknesses in the original project design.

5. Reviewers are encouraged to restrict themselves to concrete suggestions on specific points and avoid long lists of possible alternatives. QIP assumes that weaknesses in the quality of prevention are not due to lack of knowledge, but to more general difficulties in the field and in working conditions.

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