



Characterizing Male Sexual Partners of Adolescent Girls and Young Women in Mozambique

An Intervention to Promote Data Use

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ABBREVIATIONS

AGYW	adolescent girls and young women
AMME	Associação Moçambicana da Mulher e Educação (Mozambican Women and Education Association)
CBO	community-based organization
CPCS	Conselho Provincial de Combate ao HIV/SIDA (National Council to Combat HIV / AIDS)
DDU	data demand and use
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
FGD	focus group discussion
FGH	Friends of Global Health
INE	Instituto Nacional de Estatística (National Institute of Statistics)
M&E	monitoring and evaluation
MISAU	Ministério da Saúde (Ministry of Health)
NAFEZA	Núcleo das Associações Femininas da Zambézia (Center of Women's Associations of Zambézia)
NGO	nongovernmental organization
PEPFAR	United States President's Emergency Plan for AIDS Relief
UNAIDS	Joint United Nations Programme on HIV/AIDS
WEI	World Education International
WVI	World Vision International

INTRODUCTION

Background

Adolescent girls and young women (AGYW) ages 15–24 have been identified as a population extremely vulnerable to HIV (Karim, Baxter, & Bix, 2017; Dellar, Dlamini, & Karim, 2015). Globally, in 2016, approximately 400,000 AGYW in this age group were newly HIV-positive (Joint United Nations Programme on HIV/AIDS [UNAIDS], 2017). In those countries in sub-Saharan Africa with generalized HIV epidemics, adolescence marks an increase in HIV prevalence, and gender disparities in that prevalence emerge and expand dramatically (Idele, et al., 2014). Recent estimates from seven African countries indicate that the prevalence of HIV among women ages 15–25 is more than twice that among their male counterparts (Brown, et al., 2018).

Despite the epidemiological and human rights imperative to support AGYW in remaining free of AIDS, programming to date has had limited success compared to other prevention initiatives (Karim, et al., 2017). Fewer than half of AGYW living with HIV know their HIV status (Brown, et al., 2018), and treatment uptake and viral suppression rates among adolescents and young people, especially females, are extremely low globally (Lamb, et al., 2014; Auld, et al., 2014; Denison, et al., 2015). Furthermore, although other age groups have experienced declines in AIDS-related deaths, adolescent AIDS-related deaths increased by about 50 percent between 2005 and 2012 (Idele, et al., 2014).

In Mozambique, the epidemiological challenges are vast, even compared with the global statistics. Whereas other countries in the region are experiencing a decline in HIV prevalence, Mozambique is facing high and sustained prevalence. Thirteen percent of adults ages 15–49 are living with HIV, compared to 11.5 percent in 2009 (Ministério da Saúde [MISAU], Instituto Nacional de Estatística [INE], & ICF International, 2015). A higher prevalence of HIV exists among women (15.4%) compared to men (10.1%). The difference between sexes is much starker among youth ages 15–24: the prevalence of HIV among females is more than three times that of males (females: 9.8%; males: 3.2%) (MISAU, et al., 2015).

The United States President's Emergency Plan for AIDS Relief (PEPFAR), through the Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) initiative (www.dreamspartnership.org), has recognized the importance of reaching AGYW (PEPFAR, 2016). In Mozambique, comprehensive AGYW programs under the DREAMS initiative are under way in prioritized locations.

One of the programming strategies of DREAMS is to prevent HIV among male sexual partners of AGYW and reduce the infectiousness of those partners who are HIV-positive (by controlling their viral load), thereby reducing HIV incidence among AGYW. This approach requires information about the characteristics of AGYW's sexual partners—who they are and how they can be reached. This information is lacking in Mozambique. To fill this knowledge gap, the United States Agency for International Development (USAID) in Mozambique asked MEASURE Evaluation to undertake a study that would characterize men who have recently engaged in sexual activity with AGYW, the relationship dynamics, and factors that influence men's engagement with HIV and AIDS prevention and care services.

This study consisted of two parts. Part I was a qualitative study of AGYW using focus group discussions (FGDs) to obtain information on their male sexual partners. Part II was a brief, anonymous intercept survey of boys and men ages 18 and above, conducted at venues identified by AGYW as places where their sexual partners might be found. In-depth findings from both parts have been reported previously (do Nascimento, Costa, & Chapman, 2018; Chapman, Trevis-Kagan, Mandal, & Dinis, 2018). Stakeholder reference groups in each district guided study implementation.

This activity was designed to incorporate findings of the study into planning and programming. To accomplish this task, MEASURE Evaluation interviewed DREAMS stakeholders to understand how study results relate to current programming. Stakeholders from each district were then convened in a workshop to develop action plans for activities justified by the study findings. Finally, MEASURE Evaluation followed up with participants after the workshops with data use coaching and to assess the initial outcomes of this data use intervention. This report presents a description of the intervention, preliminary results, and recommendations for others wishing to conduct a similar data use activity.

Objectives of the Activity

- Analyze DREAMS programming in each district, by partner to map study findings to programming objectives
- Present study findings, facilitate interpretation of those findings as they relate to existing programs, and develop action plans with activities to reach DREAMS populations with new HIV-prevention services and overcome challenges for reaching beneficiaries with current services
- Coach stakeholders on data use, assess initial effects of incorporating study findings into management of services or policy advocacy, and document how data were used

METHODS

This data use intervention was implemented using the Framework for Linking Data with Action (MEASURE Evaluation, 2011) and the *Tools for Data Demand and Use in the Health Sector: Data Demand and Use Coaching Guide* (MEASURE Evaluation, 2013). (See box.)

The data use intervention had three steps: Planning, Implementation, and Coaching, as described in the following sections. The timeline of the activities is presented in Table 1.

The Framework for Linking Data with Action assists program managers and policymakers to better understand the need for good data to support decision making. It also helps those that collect data—researchers and M&E specialists—to visualize how their work can be applied to the program and policy context.

The *Data Demand and Use (DDU) Coaching Guide* provides structure to the process of continued technical support to individuals or teams of health professionals implementing a DDU intervention. The guide is intended to be used to advance the implementation of action plans developed to use program or study data.

Table 1. Intervention timeline

Tasks	Month 1				Month 2				Month 3			
	1	2	3	4	1	2	3	4	1	2	3	4
Workshop planning												
Workshop implementation												
Coaching sessions												

Workshop Planning

Objectives

1. Conceptualize workshops
2. Finalize workshop content
3. Finalize list of participants and arrange workshop logistics

Objective 1. Conceptualize the workshop.

A MEASURE Evaluation design team, composed of a Data Demand and Use Advisor, the Study Principal Investigator, and the workshop facilitator (himself a coinvestigator on the study) agreed with USAID about the purpose, location, length, stakeholders, and overall scope of the workshops.

Workshops were conceptualized using design thinking. Design thinking is a human-centered approach to innovation that draws on empathy and experimentation to integrate the needs of users or beneficiaries, the possibilities of technology, and the viability of the subsequent implementation. (IDEO, 2019). The design thinking method was used to encourage participants to focus on the end users and beneficiaries of the DREAMS programming and encourage the production of innovative ideas to overcome challenges toward accomplishing the program's objectives.

We decided to introduce the iterative process of the design thinking method in the workshops, with a focus on the process of ideation. Ideation emphasizes the generation of ideas around a challenge. The ideation process is characterized by the alternation of divergent and convergent thinking. To achieve divergent thinking, it is important to have a diverse group of people involved in the process. Hence, we opted to form multidisciplinary workshop teams with participants from backgrounds in education, health, human rights, security, and the media, to discuss “challenges” (Component 2. Group challenges). Convergent thinking, on the other hand, focuses participants on different proposals to select the best choice. To support this process, we determined that multidisciplinary teams would focus on one solution to the challenge, identifying the decision makers, resources, and steps needed to implement it, i.e., an action plan.

Objective 2. Finalize workshop content.

This objective was met through three tasks:

1. The workshop facilitator and author interviewed DREAMS stakeholders to understand DREAMS programming in each district where a data use workshop will be conducted.
2. Study results were mapped to current DREAMS programming implemented by nongovernmental organizations (NGOs) and community-based organizations (CBOs) working in study districts.
3. Findings were discussed with the wider MEASURE Evaluation design team, and final decisions were made about workshop content.

In preparation for the workshops, the author and workshop facilitator conducted preparatory interviews with DREAMS stakeholders who had participated in the study’s local reference group and/or who were partners in data collection. The purpose of these interviews was to collect information on the DREAMS activities implemented by different partners, the audience they expect to reach, and the challenges they have faced in reaching the audience and in implementation overall. The interviews also covered how the organizations use their monitoring data for course correction when targets are not met. These interviews allowed the MEASURE Evaluation team to tailor the workshop content and topics for action planning to the current programming as it relates to the study findings. District-level government, NGO and CBO staff participated in the preparatory interviews: three interviews were conducted in Beira, four in Quelimane, and three in Xai-Xai (Table 2).

Table 2. DREAMS stakeholders interviewed for preparatory interviews

Stakeholder title	Number of people interviewed
DREAMS coordinator at international NGO	1
Focal point at provincial Ministry of Education and Human Development	1
Technical advisor at provincial Ministry of Youth and Sports	1
Field assistant at local CBO	1
Monitoring and Evaluation (M&E) officer at international NGO	1
Program officer at local CBO	2
Coordinator at international NGO	1
Strategic information officer at international NGO	1
Clinical officer at international NGO	1
Total	10

Some of the results of these interviews are shared here. For example, one implementing partner indicated that there were challenges around parental consent for AGYW to participate in empowerment or savings clubs. Parents who do not see the value of their daughters' participation preferred that their children complete household chores or take care of younger siblings rather than participate in DREAMS activities. Additionally, parents who work during the day are hard to reach or convene for a meeting to explain the value of their daughters' participation in DREAMS activities. As a result, workshop participants developed the following statement describing the challenge: Parents' consent is needed for AGYW to participate in DREAMS activities. How might we engage parents to support AGYW participation in DREAMS programming?

Similarly, stakeholders reported that current programming focuses primarily on AGYW but work plans for the following fiscal year included reaching the male partners of AGYW. Two challenges related to reaching male partners were included in the workshop agenda—one related to clinical services and another for prevention services—to push stakeholders to develop action plans for reaching men and boys.

After conducting multiple interviews with stakeholders to understand the dynamics and implementation of the DREAMS program in Mozambique, the workshop organizers met to discuss the potential challenges that needed to be addressed by workshop participants. Challenges from the interviewers were aligned with study results to ensure that they could be used to inform action plans. In preparation for the workshops, 10 specific challenges to reaching DREAMS populations were selected (Appendix 1). The organizers decided that workshop participants would be divided randomly into groups of 5–6 participants to form multidisciplinary teams. Each team would work together to understand the contextual factors and possible solutions to a particular challenge and create an action plan to address the challenge.

Objective 3. Finalize the workshop participant list and arrange logistics.

The participants were selected from DREAMS stakeholders and implementing partners in the three districts with DREAMS programming. Workshop organizers began by inviting participants from the original stakeholder reference groups set up during the study and then selected additional participants from outside this group. A wide range of stakeholders participated, including governmental stakeholders from the ministries of health, education, youth, women and social services, planning and district-level governments (Direcção Provincial de Educação e Desenvolvimento Humano, Conselho Provincial de Combate ao HIV/SIDA [CPCS], Direcção Provincial de Juventude e Desporto, Serviço Distrital de Educação e Juventude e Tecnologia de Chongoene, Serviço Distrital de Saúde, Mulher e Acção Social, Centro de Estudos para o Desenvolvimento da Zambézia, Polícia da República de Moçambique, and Direcção de Planificação e Cooperação). Local CBO implementing partners for the DREAMS project were invited (Núcleo das Associações Femininas da Zambézia [NAFEZA], N'weti, Amodefa, Rede CAME, Associação Moçambicana da Mulher e Educação [AMME] and Lambda). International NGO implementing partners from the districts were also invited (Elizabeth Glaser Pediatric AIDS Foundation [EGPAF], World Education International [WEI], JPIEGO, World Vision International [WVI], Friends of Global Health [FGH], and FHI360) in addition to representatives from universities, newspapers, and radio stations (Table 3).

Table 3. Workshops participants, by district and gender

Workshop location	Male participants	Female participants	Total participants
Xai-Xai District	18	6	24
Quelimane District	8	11	19
Beira District	13	9	22
Total	39	26	65

The provincial level HIV/AIDS council (*Conselho Provincial de Combate ao HIV/SIDA, CPCS*) was involved in organizing and hosting the workshops in each district. A local consultant was contracted to coordinate the logistical aspects of the workshops. The author facilitated the three one-day workshops over the course of seven days, one in each study district.

Workshop Implementation

Objective

- Conduct study findings review and data use workshops in each of the three districts where the study was implemented.

Three one-day workshops were planned and implemented in Xai-Xai (Gaza Province), Quelimane (Zambezia Province), and Beira (Sofala Province). The workshops consisted of the following three components: (1) The main findings from the qualitative and quantitative phases of the study were presented; (2) Teams selected a challenge (from a given list), discussed the challenge and how study results provide evidence to justify an intervention, and identified potential solutions or interventions to overcome the gap in programming; (3) Teams developed an action plan to implement activities to address the challenge.

Component 1. Presentation and discussion of findings

The presentation of the study covered the background and justification, a summary of the findings from the FGDs with AGYW on their male partners, and multiple quotes from the FGDs. The quotes were particularly illustrative in highlighting the problems faced by AGYW in Mozambique. Sexual relations between teachers and students, male partners' negative attitudes towards HIV testing, AGYW's dependence on male partners for money or material possessions, peer pressure among AGYW, and pressure from their families, to have sex with wealthy men are examples of the context in which AGYW live and interact with their sexual partners. In general, although workshop participants were well aware of the situations faced by AGYW, there was little knowledge within the group about existing research or documentation on the topic.

The following findings from the quantitative survey were presented: sociodemographic characteristics of AGYWs' male partners, comparisons of men who have sex with younger vs. older AGYW, in-school vs. out-of-school AGYW, and pregnant or AGYW mothers vs. AGYW with no children. Additionally, findings on the sociodemographic characteristics of male partners of AGYW that were associated with condom use, multiple partners, health-seeking behavior around HIV testing, and voluntary male medical circumcision among male partners were presented. Recommendations for interventions based on the study findings were shared.

Component 2. Group challenges

Teams selected a challenge from the agenda (Appendix 1). They used design thinking methods to discuss the context and factors associated with the challenge or target population, how the study results provide evidence to justify an intervention, and potential solutions or interventions to overcome the gap in programming. After teams chose their challenge, they had 60 minutes to ideate on the challenge. Ideate is a synonym for brainstorming where teams were encouraged to come up with a large number of ideas and write down thoughts related to the challenge on Post-it notes. (Materials needed are listed in Appendix 2.) The ideas described or defined the target populations or subpopulations; the societal, cultural and economic factors that affect the population; the health services that the team thinks the population needs; locations where the target population can be reached; and possible solutions to the challenge at hand. Participants were instructed to practice the principles of teamwork and ideation from the design thinking method.¹ Teams arranged and rearranged Post-it notes on poster paper to explain the contextual and societal framework around the gap in programming (Appendix 3).

Over the course of the day, each team addressed two challenges—for example “How might we prevent sexual relations between teachers and students?” or “How might we recruit young girls (10–14 years old) into empowerment groups?”—one in the morning and a second in the afternoon. In a workshop with 30 participants and five teams, the teams were able to address all 10 challenges identified previously through the iterative process. In a workshop with 15 participants and three teams, six of the 10 challenges were addressed during the workshop.

Component 3. Action planning

Following the ideation exercise, participants worked with their teams to develop an action plan to implement one or more activities to address and ideally overcome the challenge. The matrix below (Table 4) was given to participants to help guide the action-planning process. Teams adapted the template to fit their needs.

Table 4. Template for action planning

Research question	Study finding	Activity	Location	Decision maker	Partners	Timeline	Resources needed	Expected results	Indicator/target

Coaching

Objectives

- Coach workshop participants for two months following the workshop on using study results and data for decision making and program planning

¹ The steps in the design thinking method follow: (1) think user-centric; (2) build on the ideas of others; (3) fail early and often; (4) look for desirability feasibility and viability; (5) be visual; (6) go for quantity; (7) encourage wild ideas; (8) one conversation at a time; (9) teach teams with teams; (10) stay focused; (11) work multi-disciplinary; and (12) defer judgement.

- Assess initial effects of incorporating study findings into management of services or policy advocacy, and ultimately, document how data were used (Results)

During each of the workshops, participants were asked if they would be interested in receiving coaching on how to use their organization's data or external data sources for decision making, or specifically how the data from the DREAMS study could be used by the organization to advance its objectives. Several participants from each district expressed interest and were contacted following the workshop via email. Those participants that responded to these emails in a timely manner and had a stable Internet connection were coached. In the end, coaching sessions were conducted with four workshop participants. Coaching participants were from the government, the district offices of international NGOs, and CBOs (Table 5).

Table 5. Summary of follow-up coaching

Organization	Number of sessions	Modality	Gender	Professional title
Local CBO, Quelimane	2	Skype	Female	Program officer
International NGO, Quelimane	2	WhatsApp	Female	DREAMS coordinator
Sofala Provincial Ministry of Health, Beira	1	WhatsApp	Female	HIV supervisor
International NGO, Xai-Xai	1	WhatsApp	Male	Technical advisor

Coaching was conducted on a weekly basis by the facilitator virtually using Skype or WhatsApp. Coaching on data use was based on guidance from *Tools for Data Demand and Use in the Health Sector: Data Demand and Use Coaching Guide* (MEASURE Evaluation, 2013). The sessions were initiated using the "Coaching Visit Form" to assess progress regarding implementing action plans made during the workshop and the organizations' culture and practices around using data for decision making. Through the sessions, the data use coach inquired about how data are currently used for decision making by the participants' organizations and then discussed the tools, skills, or data that participants could use to better incorporate data use into their programming.

Subsequent sessions focused on topics of interest to the participants and additional follow-up related to how the participant or organization used the study results to inform or implement DREAMS activities. For example, one participant requested coaching on data analysis and shared a report with programmatic indicators from the past two months. The coaching session highlighted examples of graphs combining related indicators to show how the organization's data could be used to "tell their story" and identify trends in performance or areas in need of institutional improvement.

Some participants requested examples of how data have been used for decision making in other contexts. An example from Angola was cited: A Priorities for Local AIDS Control Efforts study showing higher prevalence of HIV and other sexually transmitted infections among key populations in a geographic area with no outreach interventions. As a result, the donor and implementing partner decided to expand the existing HIV-prevention program to a new area of the country and offer presumptive treatment for sexually transmitted infections, based on the study results.

The coaching phase showed that there was widespread interest among participants to gain additional insight into how data can be used for program planning and adaptive management.

RESULTS

We documented results in the following areas: (1) further dissemination and changes to work plans, (2) data use skills, and (3) data use environment.

Further Dissemination and Action

In follow-up coaching sessions, participants reported using the study brief and presentation in DREAMS activities, either through activities that were already part of the organization's planning or those implemented as a result of the workshop. Examples of activities that were already planned include empowerment club meetings with AGYW during which study results were discussed and the national partners' DREAMS meeting.

Workshop participants reported that the study findings were helpful in showing AGYW in the intervention districts that they are not alone in the situations they face. The qualitative component of the study was the first source known to workshop participants that documented the sexual experiences of AGYW in Mozambique. When stakeholders shared the quotes and experiences from the study with groups of AGYW, AGYW expressed surprise and comfort at knowing that other AGYW have also felt pressured by friends to have sex with older men or to have sex with a teacher to avoid failing a class in school. Sharing the study results also helped AGYW feel comfortable talking about what they had experienced personally.

The following are examples of new activities resulting from the workshop and coaching activities that participants included in work plans:

- Reactivating health councils composed of community leaders to share study findings with the council members
- Meetings with parents of AGYW to present the study findings
- Presentation of study results to provincial-level health directors and health teams to raise awareness of the risks faced by AGYW

Data Use Skills

When asked "What has been your experience using any of the skills or tools that were reviewed at the training workshop?" participants reported that the workshop methods and guiding principles are relevant to their professional tasks and responsibilities. Reportedly, the data review, discussion, and action planning methods learned during the workshop and coaching sessions were put into use during subsequent action planning meetings held by participating organizations.

Data Use Environment

Data analysis and interpretation skills generally are weak among NGO, CBO, and public sector staff. Participants were able to list indicators that they are required to collect data on and report to the donor to justify the project and funding. However, there was no evidence that M&E or technical staff created graphs, maps, or comparative tables to better understand the project's performance on process, outcome, or impact indicators. Data were collected primarily for reporting purposes rather than to be used by the organization for decision making or to improve the quality of services provided.

Despite the sparse data environment in local organizations, in the follow-up coaching sessions participants expressed interest in long-term coaching on data analysis in support of decision making. Participants shared monthly monitoring reports, and coaching sessions included examples of graphs that combined

related indicators to tell the project story and identify gaps in programming. The coaching covered potential analysis plans using aggregate data from monthly reporting and individual data from programming. Through the follow-up sessions it was clear that participants want to build their capabilities in data analysis and contribute to the data use culture within their organizations.

One common example of data use that participants reported M&E staff calling meetings with technical staff when the organization did not reach the predetermined targets. During these meetings, M&E and technical staff would brainstorm to identify possible reasons targets were missed, and they would discuss course corrections to improve performance. It is a positive sign that the M&E data are used for basic course correction within the organization, but more in-depth, sophisticated analyses with these data would provide better understanding of program performance and how to achieve project objectives or improve efficiency. It is important to include M&E data in the overall performance strategy of an organization. For that to happen, these data must be visualized and adopted on all management levels.

Some NGOs and CBOs also collect individual-level data that could be used to identify characteristics of people at risk of HIV infection, at risk of experiencing violence, and at risk of becoming lost to follow-up. Individual data could also be used to identify characteristics of people more likely use different services or a package of services. There was, however, no evidence that participating stakeholders even considered analysis of individual-level. Coaching sessions covered the possible use of individual data, but timing and skill sets were insufficient to show the uses of individual-level data from a particular organization.

In general, implementing partners and governments manage aggregate data with the primary purpose of reporting to higher administrative levels within the ministry or to donors. Implementing partners could potentially benefit from stronger M&E and data analysis skills to allow for more evidence-based decision making, better performance in reaching project objectives, and more efficient use of resources.

LESSONS LEARNED AND RECOMMENDATIONS

The activity was a timely opportunity to encourage and actively promote the use of recent study findings to improve M&E within NGOs and the implementation of public health programs—the ultimate aim of conducting research in this sphere. Many research studies do not budget for or give adequate attention to making study results useful or accessible to decision makers or program managers. Stakeholders from the workshops pointed out that study dissemination activities often exclude audiences that could most benefit from or use the information collected.

However, this data use activity was not free from limitations, and the following lessons learned and recommendations should inform future data use endeavors.

Workshops

- Through more careful selection of participants, it may have been possible to identify and invite participants with more experience reading, interpreting, and using research for program planning and higher-level decision making. Few participants had experience interpreting and using research results for program planning or decision making, and fewer still had experience analyzing data. Therefore, no requests for additional analyses of the study data were made during the workshops or immediate follow-up.
- An established intersectoral working group is a critical precursor to multidisciplinary workshop teams being able to continue to meet and implement action plans. CBOs and NGOs often work independently, even competing for funding or working in distinct geographic areas to avoid duplicating efforts. Without an established intersectoral group, action plans—especially for actions requiring multisectoral engagement—may not be fulfilled. When setting up stakeholder reference groups and selecting workshop teams, we recommend building on established collaborations or working groups, to facilitate the implementation of actions plans.
- Implementing partners referred to constraints in work plan scheduling that would make it difficult for them to incorporate new activities into their current fiscal year work plan. In Mozambique, partners plan the next fiscal year's activities in March and reported that it would have been opportune if the study results had been presented and shared in March rather than October. Donors may consider being more flexible to changes in annual work plans as new evidence becomes available that justifies these changes. We recommend that funding not be tied to activities that cannot be changed; partners should be aware of the correct approvals and justifications needed to make changes to a current work plan.
- To adequately implement design thinking methods during a short one-day workshop, each team would benefit from having a dedicated facilitator. Design thinking is usually taught over several days or weeks, and in the workshops described here, one facilitator trained in design thinking was responsible for assisting three to five teams. While teams were successful at ideating and creating action plans, we recommend assigning a facilitator with some design thinking training or experience to each team to better guide the process.

Coaching

- For various reasons including time and resource limitations, not all participants that expressed interest could receive coaching. Because we did not have a predefined profile for coaching participants, it was difficult to select those who could benefit most from coaching. For more targeted use of resources, we recommend determining the characteristics of ideal participants for coaching *a priori*.

- In-person coaching is recommended over virtual coaching. It was difficult to obtain a time commitment from some participants who initially expressed interest in data use coaching. Additionally, it is harder to show examples and teach without face-to-face interaction or a stable Internet connection. The data use coaching was an additional responsibility for stakeholders, who all had full-time jobs, and coaching sessions were often conducted around 5:00 pm local time. For future data use coaching, a phone call is sufficient to collect follow-up information regarding the workshop action plans and to gauge interest in the data use coaching, but training would be more effective if conducted in person.

Data Use Environment

- Implementing partners need stronger M&E and data analysis skills, which would allow for more evidence-based decision making, better performance in reaching project objectives, and more efficient use of resources.

CONCLUSIONS

The activity encouraged and actively promoted the use of study findings to improve public health programs. We recommend that every study include a stakeholder buy-in and a data use component to ensure efficient and comprehensive dissemination, discussion, and action planning around results. This should begin at the start of the study, as was the case here through the establishment of stakeholder reference groups.

Data use workshops are most successful if followed by timely data use coaching or one-on-one technical assistance to workshop participants who may want more in-depth training on data analysis and use. Follow-up sessions are also highly useful in obtaining information on activities that were implemented as a result of the workshop. We recommend further application of the approach described here, building on lessons learned through the implementation of this data use intervention in Mozambique.

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APPENDIX A. AGENDA

Characterizing Male Sexual Partners of Adolescent Girls and Young Women (AGYW) in Mozambique Study Findings Review and Data Use Workshop

Xai-Xai – October 30	Quelimane – November 1	Beira – November 6
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Objectives:

- Review ‘Characterizing Male Sexual Partners of Adolescent Girls and Young Women in Mozambique’ study findings and other HIV-related data sources;
- Develop action plans to link study findings to specific programmatic activities or upcoming decisions that will inform program management and/or improvement.

Agenda:

Time	Activity	Lead
8:00 – 8:30 (30 min.)	Registration	
8:30 – 8:45 (15 min.)	Welcome, Introductions, & Agenda Review	Facilitator
8:45 – 9:00 (15 min.)	Introduction by NPCS and USAID/PEPFAR	NPCS, USAID/PEPFAR
9:00 – 10:15 (75 min.)	Review of findings from ‘Characterizing Male Sexual Partners of Adolescent Girls and Young Women in Mozambique’	Facilitator
10:15 – 10:30 (15 min.)	Discussion of methodology for ideation and action planning	Facilitator
10:30 – 10:45 (15 min.)	Break	
10:45– 11:45 (60 min.)	First Team Activity: Each team addresses a challenge	Multidisciplinary teams moderated by facilitator
Challenge 1: Self-efficacy is associated with condom use among AGYW. How might we recruit young girls (10-14 years old) into empowerment groups?		
Challenge 2: Parents' consent is needed for AGYW to participate in DREAMS activities. How might we engage parents to support AGYW participation in DREAMS programming?		
Challenge 3: AGYW are disempowered to prevent exposure to HIV due to gender norms, violence, social, familial and economic factors. How might we reach those most marginalized/ at risk with DREAMS services?		
Challenge 4: Overall, men at social venues use HIV-related clinical services. How might we reach men/boys under 30 with prevention services? With what services?		
Challenge 5: There is strong evidence that clinical interventions prevent new infections. How might we reach men under 35 with clinical interventions?		

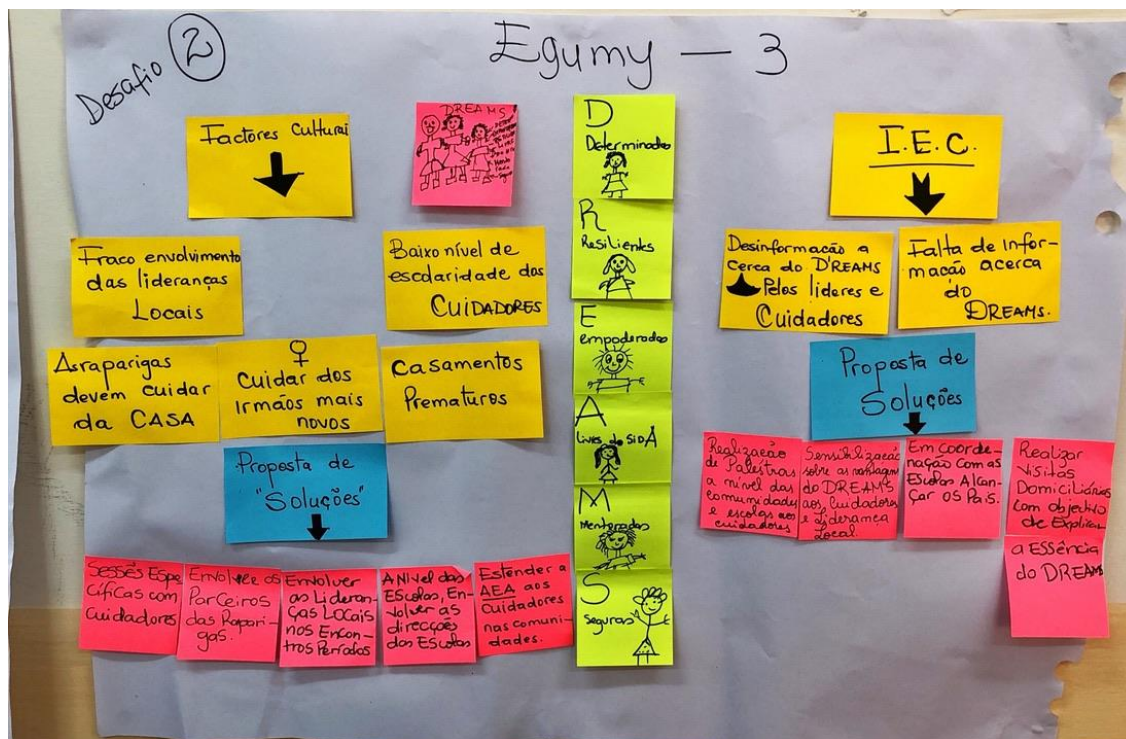
Challenge 6: School teachers are abusing AGYW. How might we prevent sexual relations between teachers and students?		
Challenge 7: Condom use may be higher among boys and girls in school. How might we build on this? How might we increase condom use among AGYW and their partners?		
Challenge 8: AGYW have multiple partners from different age and socio-economic backgrounds. How might reduce concurrent partnerships among AGYW?		
Challenge 9: AGYW often maintain relations with older, monied men. How might we strengthen AGYW's economic opportunities? How might we build on self-protection post- schooling?		
Challenge 10: Pregnant women and new mothers are particularly at risk of acquiring HIV. How might we better reach them and prevent them from acquiring HIV?		
11:45 – 12:30 (45 min.)	Action Planning from First Team Activity: Complete Framework for Linking Data with Action	Multidisciplinary teams
12:30 – 13:30 (60 min.)	Lunch	
13:30 – 14:30 (60 min.)	Second Team Activity: Each team picks a new challenge to address	Teams moderated by facilitator and USAID/ PEPFAR
14:30 – 15:15 (45 min.)	Action Planning from Second Team Activity: Complete Framework for Linking Data with Action	Multidisciplinary teams
15:10 – 15:30 (15 min.)	Break	
15:30 – 16:15 (60 min.)	Pitch Presentations of Action Plans - Frameworks for Linking Data with Action	Plenary
16:15 – 16:45 (30 min.)	Coaching in Data Demand and Use	Facilitator
16:45 – 17:00 (15 min.)	Day wrap-up	

APPENDIX B. MATERIALS NEEDED FOR WORKSHOPS

- Post-it notes (different colors and sizes)
- Markers
- Poster/flip-chart paper
- Timers
- Bostick
- Handouts with presentation of study findings
- Study briefs or reports
- Computer
- Projector
- Agendas
- Posters with principles for successful ideation

APPENDIX C. EXAMPLES OF TEAM'S IDEATION WORK

Figure 1. Example of one group's ideation activity from the workshop in Quelimane District



The English translation follows.

Challenge 2. Parents' consent is needed for AGYW to participate in DREAMS activities. How might we engage parents to support AGYW participation in DREAMS programming?				
Social factors			Information, education, and communication (IEC)	
Weak involvement of local leaders		Low education level of caretakers	Community leaders and caretakers misinformed about DREAMS	Lack of information on DREAMS
AGYW are responsible for household chores	To take care of younger siblings	Premature marriages		
Proposed solutions			Proposed solutions	
Sessions specifically for caretakers	Involve partners of AGYW	Involve local leaders in regular meetings	Educational chats in communities and schools for caretakers	Sensitization of caretakers and local leaders on the advantages of DREAMS
Involve school principles	Extend adult education program to caretakers of AGYW		Reach parents through coordination with schools	Make home visits to explain the purpose of DREAMS

Figure 2. Example of one group's ideation activity from the workshop in Beira

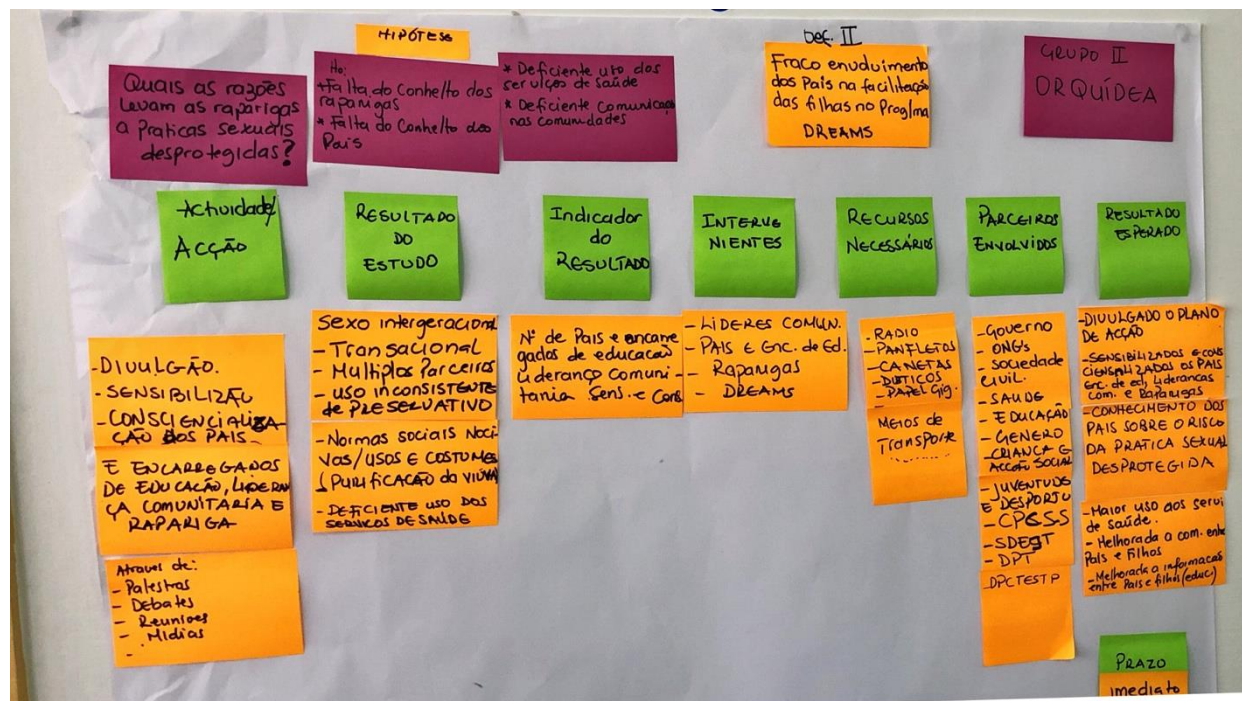


The English translation follows.

Challenge 4. Overall, men at social venues use HIV-related clinical services. How might we reach men/boys under 30 with prevention services? With what services?						
Context		Factors		Solutions		
Prevention venues (clubs, bars, stands, gas stations, restaurants, career fairs)	Youth	Weak schooling	Peer and family pressure Curiosity	Counseling in social venues	Referral to health centers	Condom distribution
Age group of target population: boys, adolescents, and youth < 30 years old	Boys	Leisure	Alcohol and other drugs Low education level	IEC material	Sensitization	HIV testing in health fairs and community centers
	Prevention	Loud music	Rebelliousness Globalization	Media spots in clubs and gas stations	Selection of peers	Stop cigarettes and alcohol
		Alcohol	Mobility	Testimonials of community leaders		

APPENDIX D. EXAMPLES OF ACTION PLANS

Figure 3. Example of one group's action planning from the workshop in Beira



The English translation follows.

Challenge 2. Parents' consent is needed for AGYW to participate in DREAMS activities. How might we engage parents to support AGYW participation in DREAMS programming?						
Research question: What are the reasons that AGYW engage in unprotected sexual intercourse?	Hypotheses: AGYW peers do not provide positive support. AGYW are not counseled by parents.	AGYW do not access health services as much as they could Deficient communication in communities				
Activity	Study finding	Indicator	Decisionmakers	Resources needed	Partners	Expected results
Dissemination Sensitization Awareness building among parents, educators, community leaders, and AGYW	Intergenerational sex Transactional sex Multiple partners Inconsistent condom use Harmful social norms/customs Inadequate use of health services	Number of parents, educators, and community leaders that were sensitized	Community leaders Parents and educators AGYW DREAMS partners	Radio Pamphlets Pens Poster paper Transportation	Government NGOs Civil society Ministry of Health Ministry of Education Ministry of Women, Children and Social Services Ministry of Youth and Sports	Action plan disseminated Parents, educators, community leaders, and AGYW trained Parents knowledgeable about risk associated with unprotected sex
Through: Educational sessions Debates Meetings Media					Provincial HIV/AIDS Council District-level offices on education, technology, and labor	Increased use of health services Improved communication between parents and children Improved information among parents and children

Figure 4. Example of one group's action planning from the workshop in Beira

PLANO DE AÇÃO G. CAVALO						
ATIVIDADE	LOCAL	PRazo	RECURSO	PARCEIRO	CANAL DE COMUN	RESULTADOS ESPERADOS
RESTRITO PARA YBS	ESCOLA COMUNIDADE	IMEDIATO	FICHAS DE RESTRITO	NPCS ONGS CAMES	NPCS, MIDIA	ESPERA-SE LISTAR TODAS AS RAPARIGAS COM COMPORTAMENTO DE RISCO, PARA QUE TENHAM ACESSO AOS CUIDADOS DE SAUDE
SESSOES DE GRUPO PARA MUDANCA DE COMPORTAMENTO	ESCOLA COMUNIDADE	IMEDIATO	MATERIAL IEC	NPCS, ONGS	NPCS, MIDIA	ESPERA-SE QUE NOS GRUPOS AS RAPARIGAS TENHAM OPORTUNIDADES PARA TROCA DE EXPERIENCIA (RESEMIUNHO) P/ MUDANCA DE COMPORTAMENTO
EMPODERAMENTO DA RMAJ - GRUPO DE POUPANCA.	ESCOLA COMUNIDADE	IMEDIATO		NPCS/ONGS	MIDIA	RMAJ EMPODERADAS E COM RECURSOS FINANCIARIOS PARA GESTAO DE PEQUENOS NEGOCIOS (EX: TRANSAR MUECA FARE BOLAS)
PROMOCAO DE MESA REDONDA C/RMAJ PARA DEBATES SOBRE MUDANCA DE COMPORTAMENTO	- UNIVERSIDADES - ESCOLAS TECNICAS - IGREJA - RADIO, TV	IMEDIATO	ESPAÇO FÍSICO	NPCS/ONGS	MIDIA	CAMP DEBATES PARA MUDANCA DE COMPORTAMENTO E PRATICAS SEGURAS
<p>RESULTADOS DA PESQUISA</p> <p>- VERIFICOU-SE QUEAS RMAJ TEM MÚLTIPLOS PARCEIROS SEXOS, DE DIFERENTES TAMAIS</p> <p>- AS RMAJ TEM UM SÓ PARCEIRO OU MÚLTIPLOS PARCEIROS DE DIFERENTES TAMAIS</p> <p>- RAZOES QUE LEVAM AS RMAJ A TEREM PARCEIROS DE MAIOR IDADE?</p>						

The English translation follows.

Challenge 8. AGYW have multiple partners from different age and socioeconomic backgrounds. How might concurrent partnerships among AGYW be reduced?						
Activity	Location	Timeline	Resources	Partners	Communication channel	Expected results
Screening for gender-based violence	Schools Communities	Immediate initiation	Screening forms	Provincial HIV/AIDS Council NGOs	Provincial HIV/AIDS Council Media	All AGYW with risk profile screened and provided access to health care
Group sessions to promote behavior change	Schools Communities	Immediate initiation		Provincial HIV/AIDS Council NGOs	Provincial HIV/AIDS Council Media	Through groups, AGYW have opportunities to share experiences that promote behavior change
Empowerment of AGYW through savings groups	Schools Communities	Immediate initiation		Provincial HIV/AIDS Council NGOs	Media	AGYW are empowered and have financial resources to manage small businesses
Roundtables for AGYW to debate behavior change	Universities Technical schools Churches Radio/TV	Immediate initiation	Physical space	Provincial HIV/AIDS Council NGOs	Media	Promote debates for behavior change and safe sex
Study findings It was evident through the study that AGYW have multiple sexual partners of different ages. Research questions: Do AGYW have only one or multiple sexual partners of different ages? What are the reasons that lead AGYW to have older partners?						

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