# M&E for Better Lives:

The complete RHIS curriculum is available here: <https://www.measureevaluation.org/our-work/routine-health-information-systems/rhis-curriculum>

**6.1.1**

# Video Discussion Guide

# Introduction

In an era where populations are growing, the disease burden remains large, and budgets are shrinking, data become even more critical to target services and maximize the return on funding investments. However, it is often in this limited resource setting that commitments to fund M&E interventions are reduced. Without data on what is happening within health programs, decisions around what to do (where, how much, or with whom) will never fully meet the needs of the populations they are designed to serve.

The video *Monitoring and Evaluation for Better Lives*—which is available at <http://vimeo.com/measureevaluation/monitoring-and-evaluation-for-better-lives>—

was developed to tell the story of how early investments in behavioral surveillance studies, other research, and M&E systems led to the development of improved prevention and support programs for sex workers (SWs) in Jamaica. For example, one of these programs helps women to leave sex work and support themselves and their families by starting their own small businesses. The video was developed as a collaboration of the Ministry of Health Jamaica, the National HIV/STI Programme, and MEASURE Evaluation—USAID’s global project for improving health systems in low-resource settings.

## Purpose of the Guide and Intended Users

The discussion guide and accompanying video are designed to be used at the beginning of meetings, workshops, or training events to promote the value of data for evidence-informed decision making, program improvement, and a healthier community. This guide is intended to facilitate discussions, reflection, and debate around the benefits of monitoring and evaluation (M&E) systems and the commitment necessary to use the data that these systems generate.

### Discussion Objectives

* Help participants understand the value of health data and M&E systems to program and individual health improvement.
* Help participants analyze their own attitudes and perceptions about the value of data and the efforts required to get and use data.
* Guide participants’ exploration of their challenges in obtaining and using data and their individual roles in addressing these challenges.
* Encourage participants to develop an action plan for the decisions they make during and after the discussion.

Intended users of the guide are anyone working to promote the use of data in health decision making, such as M&E experts, program managers, technical specialists, health advocates, and communication specialists. The subject of the video is the National HIV/STI Program in Jamaica, but the concepts and discussion guide are relevant to all country contexts and health programs. Users of the guide may wish to adapt the questions in the guide as they see fit.

## How to Use the Guide and Prepare for Discussions

This discussion guide has two sections: (1) a synopsis of the video with discussion questions, and (2) key messages contained in the video. Before watching the video, viewers may read section one of the discussion guide. Once the video and discussion are complete, individuals or groups can read the second section in order to address the questions and reinforce learning. After these discussions, participants should develop personal plans to advocate improving M&E systems and using data in decision making.

The video is approximately 14 minutes long. Plan for a one-hour session to introduce the group to the session objectives, view the video, and hold a 30- to 40-minute discussion. The length of the discussion will be affected by whether the facilitator is skilled and informed about the topics and by the audience’s composition, size, level of interest, and knowledge of the topics.

The discussion questions provided are suggestions. Skilled facilitators should feel free to remove some questions and add others. Those using this guide should be experienced in leading discussions. Ideally, users should support efforts to improve information systems and/or evidence-informed decision making, but they don’t have to be experts on these topics. Prior to leading a discussion, facilitators should watch the video at least once, review this guide carefully, and familiarize themselves with the discussion questions. The user of this guide may be the person who invites participants to the viewing and discussion, or the responsibility may rest with another party.

## Facilitation Skills Needed

Successful facilitators use a participatory and interactive approach and make sure that all interactions are respectful. The following recommendations will help to ensure the discussions are fruitful and outcome-oriented:

*Make participants feel comfortable and valued:* Most participants will want to feel comfortable with other members of the group and confident that their opinions will be heard before they participate fully in a discussion. Facilitators help create this environment, by encouraging participants to value one another and different perspectives.

*Encourage active participation:* Some participants are likely to be more outspoken and energetic than others. Facilitators should make sure everyone has an equal opportunity to participate. This can be accomplished by drawing silent individuals into the discussion, perhaps by asking open-ended questions—those that cannot be answered with a simple yes or no. Questions that begin with when, what, and how may spark detailed answers and additional ideas.

*Manage conflict:* Effective facilitators try to prevent conflict and manage any disagreements that may arise during discussions. To this end, they help group members get to know one another and insist that they treat one another with respect, even when disagreements arise. Facilitators can ask participants to establish their own ground rules at the beginning of the session.

*Listen and observe:* Facilitators listen attentively and observe group interactions, paying close attention to how the entire group, as well as each individual, responds during the discussion. It is good to always maintain eye contact with the person speaking and listen attentively before adding to the discussion.

*Keep to the topic and the allotted time:* It is important for facilitators to move the discussion along and help the group stick to the topic. Because it is easy to lose track of time, a participant can be asked to help with timekeeping. If the group brings up important issues or questions unrelated to the current discussion, facilitators can place them in a “parking lot,” perhaps by listing the question on a sheet of newsprint taped to a wall. Before the meeting ends, facilitators can discuss with the participants how each of these items should be followed up and by whom.

*Ensure the meeting has an outcome:* Facilitators ensure that the group arrives at specific outcomes and decisions. A decision to get more information about barriers to implementing M&E systems from the nearest health facility is one example of an outcome; another is a commitment to review M&E data more regularly, starting with the next district health management meeting. Facilitators encourage participants to write down the steps that need to occur, who is responsible for each step, and the time frame.

## Video Synopsis

The Government of Jamaica (GOJ) has been investing in the collection of HIV and AIDS data for more than 25 years to understand the progression of the epidemic. The GOJ invested in surveys, hospital surveillance, and positive HIV test reports from the Ministry of Labor, employers, blood banks, and private laboratories to inform the targeting of programs. This process allowed the National HIV/STI Program to understand where

the epidemic was going, what kind of risk factors promoted HIV, the sexual activity associated with HIV, and other factors that fueled the spread of HIV. This information allowed the GOJ to target services to SWs, one of the populations key to the epidemic. The knowledge gained from collecting and using data in decision making created a “culture of data use” in Jamaica. This means that decision makers continued to ask for new and additional data to inform program improvement and expansion.

Once programs were in place to meet the initial needs of SWs, the GOJ evaluated HIV data and identified information gaps. This effort led to the discovery that most data collection was done ad hoc and that there was not a central system for the regular M&E of programs. Thus, a national HIV M&E system was developed to focus on a core set of indicators for HIV and other sexually transmitted infections (STIs). Guidance documents were developed to support the M&E system and training programs were provided to ensure there was implementation capacity. Steps were also taken to disseminate the data and make them available so that they could be regularly reviewed and used in decision making. Throughout all data collection efforts, the GOJ involved multiple stakeholders to create buy-in and build ownership both of the M&E system and the data generated. Partners and other civil society organizations now have the capacity to apply the lessons learned from data analyzed by the M&E system. Nongovernmental programs have found ways to increase their programmatic reach and coverage. The prevalence of HIV among sex workers has decreased dramatically as a result of these data-informed interventions.

The scrutiny of populations and interventions, through M&E systems, led to the identification of other vulnerable populations that needed tailored HIV/STI services. In addition, many of the innovative interventions designed to protect SWs from HIV and STIs also helped them to leave sex work. Many SWs set up small businesses that became self-sustaining, allowing them to leave sex work. This has improved the lives of former SWs in immeasurable ways.

## Guidance for Facilitators of Group Discussions

Time required: 45–60 minutes

### Steps

1. Introduce yourself as the facilitator, review the objectives of the session, and answer any questions from participants.
2. Show the video.
3. Ask participants to sit in a semi-circle so everyone faces one another.
4. Pose a preliminary question: “What did you find most interesting in the video?”
5. Ask participants to reflect on the livelihood program for former SWs. Have them discuss how investing in data collection led to healthier lives for the program’s beneficiaries. Have they ever seen this linkage in their own work? Ask them to describe their experience to the group.
6. Ask participants to reflect on Dr. Figueroa’s comment that M&E needs to be at the core of any health program support. Ask them to discuss why he says this.
7. Ask participants to discuss how they have used M&E data to avoid making mistakes in their own work contexts. Dr. Duncan said that M&E prevents you from doing the wrong things over and over and over again. Have the group discuss what she means by this and ask them to describe how, in the context of Jamaica, M&E data were used to avoid making mistakes.
8. The health ministry in Jamaica was able to develop a “culture of data use.” Ask participants to discuss briefly what this means and to list key elements that define a culture of data use.
9. Dr. Duncan stated that it was important for the ministry to get buy-in for the M&E system from key stakeholders. Have the group discuss why this is important. Have them discuss what would happen if they didn’t have buy-in for M&E. Ask the group what can be done to build buy-in for improving M&E systems.
10. Ask participants to reflect on their own work situations. Do they function in a culture of data use? Why or why not? Have the group list what contributes to a culture of data use and what inhibits it.
11. Ask participant’s what they can do in their own work environments to promote a culture of data use. Have participants suggest things each of them could do to promote a culture of data use in their work settings.
12. Encourage participants to commit formally to promoting a culture of data use in their own settings. MEASURE Evaluation has developed a suite of tools, training curricula, and strategies to promote data-informed decision making. They can be accessed at <https://www.measureevaluation.org/our-work/data-demand-and-use/data-demand-and-use>.

### Follow-Up Activities

Discussions surrounding the value of data and how to improve the use of data in decision making should

not end here. After a few weeks, participants should be invited to meet again to address the following

questions:

* Did participants implement any of the individual or community actions discussed?
* Did participants work with anyone else from the group to realize these plans?
* What were some of the challenges faced? How were they overcome?
* Did participants implement formal actions (as suggested at <https://www.measureevaluation.org/our-work/data-demand-and-use/data-demand-and-use>) to improve data-informed decision making?
* What can be done to reinforce positive progress on actions and other efforts to improve the use of data in decision making?



This publication was produced with the support of the United States Agency for International Development (USAID) under the terms of MEASURE Evaluation cooperative agreement AID-OAA-L-14-00004. MEASURE Evaluation is implemented by the Carolina Population Center, University of North Carolina at Chapel Hill in partnership with ICF International; John Snow, Inc.; Management Sciences for Health; Palladium; and Tulane University. Views expressed are not necessarily those of USAID or the United States government. FS-14-93

