



Stakeholder Data Use and Dissemination Planning Tool

An Example from a Research Study in Haiti

Final Report

February 2019



Stakeholder Data Use and Dissemination Planning Tool

An Example from a Research Study in Haiti

Final Report

February 2019

MEASURE Evaluation
University of North Carolina at Chapel Hill
123 West Franklin Street, Suite 330
Chapel Hill, NC 27516 USA
TEL: 919-445-9350
FAX: 919-445-9353
www.measureevaluation.org

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.
TL-19-24
ISBN: 978-1-64232-119-7



ACKNOWLEDGMENTS

We thank the United States Agency for International Development (USAID) and the United States President's Emergency Plan for AIDS Relief (PEPFAR) for their support of this work. We are also grateful to the members of the DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe) study team in Haiti: Olbeg Desinor and Jordan McOwen, of USAID; Kesner François, of the Ministry of Public Health and Population; Jacob Michel, of Pentagone Consulting Group; and Kenneth Polsky, of Catholic Relief Services. We thank Jenifer Chapman, MEASURE Evaluation, Palladium, for review during planning stages for meetings. Furthermore, we acknowledge Denise Todloski, MEASURE Evaluation, University of North Carolina at Chapel Hill (UNC), for original illustrations, and MEASURE Evaluation's knowledge management team for editorial, design, and production services.

This brief was written by Erica Felker-Kantor and Katherine Andrinopoulos, of the Tulane School of Public Health and Tropical Medicine.

CONTENTS

Abbreviations.....	7
Introduction.....	8
Encouraging Data Use through Early Stakeholder Engagement.....	8
Fostering Linkages and Exchange Among Stakeholders	8
Purpose and Audience	9
Components of the Stakeholder Data Use and Dissemination Planning Tool	10
Section A: How Stakeholders Use Data for Decision Making.....	10
Section B: Relevance of Study Data to Stakeholder Organization’s Operations	10
Section C: Stakeholder Data Use Practices.....	10
Section D: Preferred Format and Timeline for Data Dissemination	11
Suggestions on How to Use the Stakeholder Data Use and Dissemination Planning Tool.....	12
Lessons Learned from Tool Application in Haiti.....	14
Study Overview	14
The DREAMS Initiative.....	14
Stakeholder Engagement Meeting.....	14
Meeting Objectives	15
Meeting Agenda	15
Lessons Learned about Data Use.....	15
How Lessons Learned Will Inform the Dissemination Strategy	16
Broader Lessons Learned about Using the Stakeholder Data Use and Dissemination Planning Tool	16
References	17
Appendix A. English Version of the Tool.....	19
Appendix B. French Version of the Tool.....	24
Appendix C. Example of Visual Presentation of Data.....	29

ABBREVIATIONS

AGYW	adolescent girls and young woman
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe
MSPP	Ministry of Public Health and Population (Ministère de la Santé Publique et de la Population)
PEPFAR	United States President’s Emergency Plan for AIDS Relief
USAID	United States Agency for International Development

INTRODUCTION

An essential component of any public health research study is the effective translation of scientific findings into knowledge used by policy makers, practitioners, and other scientists. Effective knowledge translation is important to avoid the “know-do gap,” where useful scientific results fail to link to policy or programmatic action (Nuyens & Lansang, 2006; World Health Organization, 2004). The engagement of stakeholders by researchers is a process that can help prevent the know-do gap. Within the established steps of stakeholder engagement, fostering interaction among stakeholders about data use early in the project life cycle helps researchers plan for the effective dissemination of findings (Bennett & Jessani, 2011; MEASURE Evaluation, 2011). This brief presents a tool that is administered during study sensitization meetings with stakeholders. Its purpose is to elicit the information needed to develop an effective data use and dissemination plan.

**“The greatest wisdom or discovery in the world will go unheeded if it is unheard.”
(Bennett & Jessani, 2011)**

Encouraging Data Use through Early Stakeholder Engagement

Stakeholder engagement is an essential process to ensure the success of any research endeavor. In public health, stakeholders are the people, organizations, and agencies that play a role in understanding and mitigating the health problem being studied. In the context of a research project, stakeholder engagement is often used to design the study, avoid and troubleshoot potential study implementation challenges, support the dissemination of research findings, and translate the findings into actionable programmatic and policy recommendations (Ross, Lavis, Rodriguez, Woodside, & Denis, 2003). Given the importance of stakeholder engagement, several toolkits (Bennett & Jessani, 2011) and tools (MEASURE Evaluation, 2011) have been developed to provide guidance on the main steps for stakeholder engagement. Common across these resources is an emphasis on planning appropriately, incorporating engagement throughout the project life cycle, and mapping stakeholders and their strategic roles at each point (Bennett & Jessani, 2011; MEASURE Evaluation, 2011).

Fostering Linkages and Exchange Among Stakeholders

The facilitation of a study sensitization meeting that is structured to foster linkages and exchange (Lavis, Hamid, & Sewankambo, 2006) among stakeholders is one way to support stakeholder engagement in the early stage of research. This is true even if all stakeholders, or potential audiences, were not involved in the study design. This type of exchange can shift the dialogue of a sensitization meeting from a “report out” on the study protocol and timeline to a more interactive and intentional exchange that supports the eventual use of data by:

- Preparing the intended audience to consider how it might use the data to fit its information needs.
- Communicating information about the study protocol and the data it will produce more effectively.

- Providing researchers with important information about current data use and stakeholder preferences to inform a more effective dissemination plan.

Although not a substitute for appropriate stakeholder engagement during study design, careful attention to stakeholder linkages and exchange during study sensitization meetings can bolster ongoing collaboration and elicit important information from target audience members who were not involved in the more labor-intensive components of study design.

Purpose and Audience

The purpose of this brief is to describe a tool that can be used to foster linkages and exchange among stakeholders during sensitization meetings for research studies or other knowledge-generating activities. The tool was originally developed and used to foster stakeholder engagement for a study of male sexual partners of adolescent girls and young woman (AGYW) in Haiti. The intended audiences for this brief are research teams, monitoring and evaluation units, and other groups that conduct research and implement knowledge-generating projects in public health. The brief has a description of the components of the Stakeholder Data Use and Dissemination Planning Tool, suggestions on how to use the tool to facilitate a stakeholder meeting, and lessons learned from its application in a research study in Haiti.

COMPONENTS OF THE STAKEHOLDER DATA USE AND DISSEMINATION PLANNING TOOL

The Stakeholder Data Use and Dissemination Planning Tool consists of an introduction and four sections. The introduction captures data that researchers can use to sort the information by organization type and explains the study topic. The subsequent four sections use structured and semi-structured questions to elicit different types of information. The tool is designed to be self-administered by stakeholders. The tool used in the study in Haiti is provided in English in Appendix A and in French in Appendix B. The questions should be adapted to fit the specific topic of a research study.

Section A: How Stakeholders Use Data for Decision Making

This section has four questions about policy and programmatic decision making. The first question elicits information about the level of policy that is influenced by the stakeholders where data are used for decision making, both what is sometimes called “big P” policy (national and/or district level) and “little p” policy (internal organizational policies and operating procedures, clinic or study-specific protocols). The second question concerns the period (e.g., the next 12 months), and asks what policy decisions the organization might make in that period that could be influenced by the results of the study. The period defined should align with the specific study timeline and expectations for when the study results will be available. In the third question, stakeholders are asked to indicate the types of programmatic activities they conduct that could be influenced by the study data. This is followed by a time-bound question about foreseeable programmatic decisions that could be informed by the study findings.

Section B: Relevance of Study Data to Stakeholder Organization’s Operations

The results generated by the study will likely have varying levels of importance to the stakeholder organization(s) involved in the study sensitization meeting. This section has six questions. Stakeholders are asked to describe the relative importance of the study topic to their organization’s activities in a time-bound period (e.g., the next 12 months). It also gathers information on the specific components of the data being collected that the stakeholders consider important to their activities. This section serves the dual purpose of documenting the data that are perceived as useful to each stakeholder, and providing a more interactive format to increase stakeholders’ knowledge of the specific data that will be generated. Answering these questions will enhance stakeholder knowledge more than would a simple presentation on the study protocol.

Section C: Stakeholder Data Use Practices

Collecting information on the data sources commonly used by the stakeholder organization(s) helps researchers understand the types of data that they find useful for decision making. This section has two questions. The first concerns the commonly used data sources that the stakeholders access for data needs, such as publicly available national statistics and reports, other global documents, special studies, and internal program data sources. This question is followed by an open-ended retrospective question about specific data use practices in a time-bound period.

Section D: Preferred Format and Timeline for Data Dissemination

Knowing the preferred format(s) for the delivery of data is important for planning a dissemination strategy. This section has two questions. Stakeholders are asked about the format for data dissemination that would most likely lead them to use the study data in decision making. Response options include reports, infographics, webinars, and in-person dissemination meetings. This is followed by an open-ended question collecting information on the timeline and specific activities for which the study data would be useful and the appropriate contact person(s) at the organization.

SUGGESTIONS ON HOW TO USE THE STAKEHOLDER DATA USE AND DISSEMINATION PLANNING TOOL

The Stakeholder Data Use and Dissemination Tool should ideally be used to gather information and to foster dialogue during a study sensitization meeting. Presenting the data generated by the tool provides an opportunity to clarify points about the study (e.g., objectives, topics, timeline), and to generate a discussion among stakeholders, which can help researchers better understand how to plan dissemination of study findings.

Planning a stakeholder sensitization meeting involves several steps: determining the purpose and objectives of the meeting, developing a list of potential stakeholders, preparing a meeting agenda, determining the time and place of the meeting, developing the meeting presentation, and inviting participants. Detailed guidance on planning a stakeholder engagement meeting is not discussed here because several toolkits (Bennett & Jessani, 2011) and tools (MEASURE Evaluation, 2011) already exist that give guidance on the main steps for planning a meeting.

Using the format of a typical professional meeting, the stakeholders should be welcomed by the host organization, and introduced to the members of the study team, their roles, affiliations, and responsibilities. The stakeholders should then be asked to introduce themselves (e.g., title and organization represented). Next, a formal presentation on the study should be made providing the following information:

- Study goal and objectives (may also be framed as the research questions or specific aims)
- Target population(s)
- Methods of data collection
- Sample size
- Survey instrument, including details on the topics to be covered
- Timeline
- Contact persons

The study team should describe how the research adds to or complements other available research on the topic locally. This will help stakeholders think about how the study results could add to or complement the data sources they already use. Researchers should be clear about the research's "value added" to the topic concerning context-specific policy and programmatic decision making. The presentation should conclude with a question and answer session.

Next, the Stakeholder Data Use and Dissemination Tool should be presented. The presenter should explain the reason for collecting the information and how it will be used. Paper copies of the tool should be distributed to stakeholders. The tool is self-administered and takes approximately 10 minutes to complete. Administration of the tool should be timed before a scheduled break, so that meeting facilitators can use that time to aggregate responses. Several members of the research team should be available as "floaters" to assist stakeholders with any questions about the tool. Once completed, the "floaters" should gather the completed tool from each stakeholder. Ideally, an Excel file that will allow for quick data entry and visualization using bar graphs should be prepared by the research team before the meeting. Two members of the research team

should work together to quickly aggregate and create visual presentations of the data (see Appendix C as an example), or percentage calculations in the event that audiovisual equipment is not available.

The data from the tool should be presented and used to foster discussion among the stakeholders. For each question, the results should be presented, with interesting findings noted. The presenters should ask open-ended questions to elicit discussion among the stakeholders. Here are some examples of such questions:

- There seems to be diversity in responses about XXX, what led you to select your response?
- There seems to be consensus about XXX, what makes XXX important?
- Several people noted XXX, whereas others noted XXX in their response. Tell me more about your selection...

Reviewing the information in this way allows the stakeholders to learn about how other organizations use data or might use data in the future. It demonstrates that the study team understands the stakeholders' data needs and preferences, and is committed to work toward knowledge translation using the study's findings.

LESSONS LEARNED FROM TOOL APPLICATION IN HAITI

The Stakeholder Data Use and Dissemination Planning Tool was originally designed to facilitate stakeholder interaction and exchange during sensitization meetings for a study in Haiti. In this section, the practical application of the tool is illustrated by describing the study and how the tool was used to create a data use and dissemination plan.

Study Overview

Girls and young women account for the majority of new HIV infections among adolescents girls and young women (AGYW) globally (Joint United Nations Programme on HIV/AIDS, 2016). In Haiti, women are twice as likely to be infected with HIV as men (Institut Haïtien de l'Enfance and ICF, 2018). Similar to other countries in the Caribbean (Figueroa, 2014), the feminization of HIV in Haiti has been attributed to higher-risk sexual partners, age-disparate relationships, concurrent sexual practices of male partners, and a lack of power and efficacy within relationships to achieve condom use (Schaefer, Gregson, Eaton, Mugurungi, Rhead, Takaruzza, ... Nyamukapa, 2017). Economic inequity due to gender bias in the work place (Fawzi, Lambert, Boehm, Finkelstein, Singler, Léandre, ... Mukherjee, 2010; Smith Fawzi, Lambert, Singler, Koenig, Léandre, Nevil, ... Farmer, 2003; Hunter, Reid-Hresko, Dickinson, 2011), and norms supporting multiple sexual partnerships for men (Smith Fawzi, Lambert, Singler, Koenig, Léandre, Nevil, ... Farmer, 2003; Fitzgerald, Behets, Caliendo, Roberfroid, Lucet, Fitzgerald, & Kuykens, 2000) have been shown to increase AGYW's risk for sexually transmitted infections, including HIV (Severe, Fitzgerald, Deschamps, Reif, Post, Johnson, ... Boutin-Foster, 2014; Carver, Dévieux, Gaston, Altice, & Niccolai, 2014).

The DREAMS Initiative

To address the disproportionate increase in the number of new HIV infections among AGYW, the United States President's Emergency Plan for AIDS Relief and a consortium of other funders launched the DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe) initiative in 10 sub-Saharan African countries. Because of this initiative's success, DREAMS-like interventions were expanded to additional countries, including Haiti (United States President's Emergency Plan for AIDS Relief [PEPFAR], 2017).

To gain insights on the mechanisms that place AGYW at increased risk for HIV and how to design future services for both Haitian AGYW and their male partners, the USAID-funded MEASURE Evaluation project was asked to conduct a study on sexual risk behaviors, partnerships, and norms with sexually active AGYW in the DREAMS intervention and with the male partners of AGYW residing in the DREAMS intervention communities. The study is being conducted in two cities, one large (site A) and one medium-sized (site B).

Stakeholder Engagement Meeting

Stakeholder engagement meetings were held in each study site. Participants included national- and district-level health officials from the Ministry of Public Health and Population's (Ministère de la Santé Publique et de

la Population [MSPP]) HIV and AIDS program, directors and program managers of nongovernmental organizations working with AGYW, international health development partners (USAID and the United States Centers for Disease Control and Prevention), the DREAMS intervention partners, and members of the study team.

Meeting Objectives

The stakeholder meeting objectives focused on data use. The study team wanted to know the types of information that would be most useful to the stakeholders to guide programmatic decision making, and the format for the dissemination of results to better enable data use. Some of the meeting objectives were:

- Present study objectives, methods, and timeline to the stakeholders.
- Give the stakeholders an opportunity to ask questions and provide feedback on the study design and logistics.
- Understand how the AGYW study may align with current work among AGYW and their male partners and HIV risk prevention in Haiti.
- Determine which indicators from the study would be most informative for programs and policies at local and national levels.
- Determine the best format for presenting the findings to stakeholders and other interested parties (e.g., report, PowerPoint, visual brief).

Meeting Agenda

Welcoming remarks were given by the organization providing the meeting facilities, and the study's two co-principal investigators. The study protocol was presented by the research director, who also explained the Stakeholder Data Use and Dissemination Planning Tool. The tool was completed by each stakeholder and took approximately 10 minutes to complete during a coffee break. Data from the completed tools were tallied by one research team member and bar charts were prepared using Excel. The meeting resumed following the break and the findings were presented, using open-ended questions to generate discussion. A member of the research team took notes and consolidated the tool's findings and notes in a written report for internal use.

Lessons Learned about Data Use

- Section A: Current data use practices to inform policies differed at the two study sites. At site A, more data were used to inform national-level policies, whereas at site B, data were used more often to inform district-level policies. At both sites, data were used less often to inform internal operations. In terms of programming, the use of data to design ongoing or new programs was the most common way the stakeholders used data at both sites. At site A, but not at site B, data were also used by a few stakeholders to develop work plans or grants.
- Section B: Data generated by the study were considered important by both study sites, although the stakeholders were interested in a larger number of AGYW topics compared with topics related to their male partners. For both study populations, data about HIV testing practices, HIV knowledge, and condom use were deemed important to the stakeholders' decision making. Topics related to

sexual partner characteristics and partnership patterns, attitudes, and social norms were more often noted to be of interest for AGYW compared with the male partners of AGYW. At both sites, and for both study populations, data on family structure were the least selected topic that would potentially be used by stakeholders.

- **Section C:** At both study sites, statistical data and reports from the MSPP and the Demographic and Health Survey were the leading data sources used for decision making. Another source that stakeholders typically used was internal program data or reports. Less use was reported for study reports (both sites) and global documents (used in site A only).
- **Section D:** At both sites, a written report was the preferred format for the dissemination of study findings. The second preference was an in-person meeting. Other options were a brief report (site A) and infographics (sites A and B).
- Some similarities arose in the discussion of tool results across the two study sites. First, there was an emphasis on programming for AGYW. As a newer focus population, male partners of AGYW do not currently have interventions designed for them. This may make it difficult to directly translate knowledge generated about this population into programs. Rather, information about this group may first need to influence national- and district-level policies and the donors that influence the development of programs.

How Lessons Learned Will Inform the Dissemination Strategy

Like many studies, the current study has limited funds to support multiple data dissemination products and activities. By partnering with the MSPP for the study, the researchers are already aligned with one of the main data sources used by stakeholders to access data. The conflicting findings that few stakeholders actually use data from written study reports, but the near unanimous preference for a written report from the study, will be addressed in several ways. First, the release of the report will be complemented by an in-person meeting. Second, the content of the report and the meeting will be structured to highlight the topics of interest noted by the stakeholders. Key people who will use the data for decision making will be contacted directly to distribute the electronic report. In both cases, the data will be contextualized in terms of evidence-based practices for engaging men in HIV services, given the noted gap in current programmatic work in this area.

Broader Lessons Learned about Using the Stakeholder Data Use and Dissemination Planning Tool

- Having multiple study team members involved in presenting the study, administering the tool, entering data, and taking notes was helpful. Ideally, three to four study team members should be attend the meeting.
- Having a pre-populated Excel file was essential for quick data entry. Where audiovisual equipment is not available to project the results/bar charts, orally sharing one key result from each section can be effective.
- Indicating the main points of convergent and divergent responses was a good way to generate dialogue.

REFERENCES

- Bennett, G. & Jessani, N. (2011). *The knowledge translation toolkit*. New Delhi, India: Sage Publication. Retrieved from <https://www.idrc.ca/en/book/knowledge-translation-toolkit-bridging-know-do-gap-resource-researchers>.
- Carver, J. W., Dévieux, J. G., Gaston, S. C., Altice, F. L., & Niccolai, L. M. (2014). Sexual risk behaviors among adolescents in Port-au-Prince, Haiti. *AIDS and Behavior*, 18(8):1595–1603. Retrieved from <http://europepmc.org/abstract/med/24402691>.
- Fawzi, M. C., Lambert, W., Boehm, F., Finkelstein, J. L., Singler, J. M., Léandre, F., ... Mukherjee J. S. (2010). Economic risk factors for HIV infection among women in rural Haiti: Implications for HIV prevention policies and programs in resource-poor settings. *Journal of Women's Health*, 19(5):885–892. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/20380576>.
- Figuroa, J. P. (2014). Review of HIV in the Caribbean: Significant progress and outstanding challenges. *Current HIV/AIDS Reports*, 11(2):158–167. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/24623473>.
- Fitzgerald, D. W., Behets, F., Caliendo, A., Roberfroid, D., Lucet, C., Fitzgerald, J. W., & Kuykens, L. (2000). Economic hardship and sexually transmitted diseases in Haiti's rural Artibonite Valley. *The American Journal of Tropical Medicine and Hygiene*, 62(4):496–501. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/11220766>.
- Hunter, L. M., Reid-Hresko, J., & Dickinson, T. (2011). Environmental change, risky sexual behavior, and the HIV/AIDS pandemic: Linkages through livelihoods in rural Haiti. *Population Research and Policy Review*, 30(5):729–750. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3298757/>.
- Institut Haïtien de l'Enfance (IHE/Haïti) and ICF. (2018). *Haiti enquête mortalité, morbidité et utilisation des services 2016-2017 - EMMUS-VI*. Pétion-Ville, Haïti: IHE/Haïti, ICF. Retrieved from <http://dhsprogram.com/pubs/pdf/FR326/FR326.pdf>.
- MEASURE Evaluation. (2011). *Tools for data demand and use in the health sector: Stakeholder engagement tool* (ms-11-46). Chapel Hill, NC: MEASURE Evaluation, University of North Carolina. Retrieved from <https://www.measureevaluation.org/resources/publications/ms-11-46>.
- Nuyens, Y., & Lansang, M. A. (2006). Knowledge translation: Linking the past to the future. *Bulletin of the World Health Organization*, 84(8):590. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/16917638>.
- Ross, S., Lavis, J., Rodriguez, C., Woodside, J., & Denis, J. L. (2003). Partnership experiences: Involving decision-makers in the research process. *Journal of Health Services Research & Policy*, 8 Suppl 2:26–34. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/14596745>.
- Schaefer, R., Gregson, S., Eaton, J. W., Mugurungi, O., Rhead, R., Takaruzza, A., ... Nyamukapa, C. (2017). Age-disparate relationships and HIV incidence in adolescent girls and young women: Evidence from Zimbabwe. *AIDS*, 31(10):1461–1470. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/28426534>.
- Severe, L., Fitzgerald, D. W., Deschamps, M. M., Reif, L., Post, K., Johnson, W. D., ... Boutin-Foster, C. (2014). "I am proud of myself, just the way I am" (Mwen fyé de tét mwen, jan mwen ye ya): A qualitative

study among young Haitian women seeking care for sexually transmitted infections (STIs) in Haiti. *AIDS Education and Prevention*, 26(2):158–169. Retrieved from <http://europepmc.org/articles/pmc4270119>.

Smith Fawzi, M. C., Lambert, W., Singler, J. M., Koenig, S. P., Léandre, F., Nevil, P., ... Farmer, P. E. (2003). Prevalence and risk factors of STDs in rural Haiti: Implications for policy and programming in resource-poor settings. *International Journal of STD and AIDS*, 14(12):848–853. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/14678595>.

United States President's Emergency Plan for AIDS Relief (PEPFAR). (2017). Country Operational Plan 2017 for Haiti. Retrieved from <https://www.pepfar.gov/documents/organization/272014.pdf>

World Health Organization. (2004, November). *The Mexico statement on health research: Knowledge for better health: strengthening health systems*. From the Ministerial Summit on Health Research in Mexico City, Mexico, November 16–20, 2004. Retrieved from https://www.who.int/rpc/summit/agenda/en/mexico_statement_on_health_research.pdf.

APPENDIX A. ENGLISH VERSION OF THE TOOL

DREAMS Study Haiti

Stakeholder Data Use and Dissemination Planning Tool

ORGANIZATION NAME: _____

ORGANIZATION REPRESENTATIVE AND JOB TITLE:

ORGANIZATION TYPE

- Government agency (Haitian)
- Government agency (United States)
- International nongovernmental organization
- Haitian nongovernmental organization or civil society group
- Other (specify) _____

ORGANIZATION ID [] [] [] []

DATE [] [] [] []

Thank you for taking the time to complete this survey. The results will be used to help the study team understand how data from the DREAMS study may be used by your organization, the types of data products preferred by your organization, and when these products would be useful to you.

The overall goal of the study is to provide data on adolescent girls and young women (AGYW), and men who have sexual partners who are AGYW, which can support HIV policies and programming focused on these populations

A1. In terms of policy, what types of policymaking does your organization do that may use data on AGYW or their male partners? *Mark all that apply.*

- National policies that influence adolescents
- District policies that influence adolescents
- National policies that influence HIV services
- District policies that influence HIV services
- Policies that influence internal organizational operations
- Not applicable
- Other (list)

A2. What policy decisions will your organization make in the next 12 months that might be influenced by the data from this study?

A3. In terms of programming, what types of activities does your organization conduct that may use data on AGYW and their male partners? *Mark all that apply.*

- Program design for ongoing projects
- Program design for new projects
- Grant or proposal development
- Work plan development
- Funding given to other organizations
- Funding for your organization
- Other (list)

A4. What programmatic decisions will your organization make in the next 12 months that might be influenced by data from this study?

B1. Overall, how important are data on AGYW to your organization's activities in the next 12 months?

- Very important
- Somewhat important
- Not at all important

B2. Below is a list of key information about AGYW and HIV that will be collected in this study. Which of these topics is useful to your organization for decision making or planning in the next 12 months? *Mark all that apply.*

- Condom use
- Sexual partnership patterns (e.g., with

- older men, concurrent, transactional)
 - Sexual partnership characteristics (e.g., communication, gender-based violence)
 - HIV testing
 - Social norms related to sexual behavior
 - Social norms related to HIV testing
 - HIV knowledge
 - HIV stigma
 - Attitudes and beliefs about gender
 - Attitudes and beliefs about sexual behavior
 - Family structure and social support
 - Not applicable
 - Other (list)
-

B3. For what decision or activity would the information noted above be used?

B4. Overall, how important are data on men who have sexual partners who are AGYW to your organization's activities in the next 12 months?

- Very important
- Somewhat important
- Not at all important

B5. Below is a list of key information about men who have sexual relationships with AGYW and HIV that will be collected in this study. Which of these topics is useful to your organization for decision making or planning in the next 12 months? *Mark all that apply.*

- Condom use
- Sexual partnership patterns (e.g., with younger women, concurrent, transactional)
- Sexual partnership characteristics (e.g., communication, gender-based violence)

- HIV testing
 - Social norms related to sexual behavior
 - Social norms related to HIV testing
 - HIV knowledge
 - HIV stigma
 - Attitudes and beliefs about gender
 - Attitudes and beliefs about sexual behavior
 - Family structure and social support
 - Not applicable
 - Other (list)
-

B6. For what decision(s) or activity(ies) would the information checked above be used?

C1. What data sources does your organization usually use to inform decisions and activities? *Mark all that apply.*

- EMMUS (DHS) reports or datasets
- MSPP surveillance reports
- UNAIDS or other global documents
- Study reports (e.g., PLACE, IBBSS)
- Internal program data or reports
- Internal program data or reports for partner organizations
- Other (list)

C2. In the last 12 months, what data source has been the most important for informing your organization's work?

D1. What format for presenting the study results is most likely to lead to use of the study data at your organization?

- Written report
- Brief report
- Infographic
- In-person dissemination meeting
- Webinar
- Other (list)

D2. When would your organization need the study results to inform relevant decisions or activities? Please list the decision/activity, date, and person to contact for information.

APPENDIX B. FRENCH VERSION OF THE TOOL

Etude DREAMS Haïti

Outil sur la planification de l'utilisation et de la diffusion des données

Nom de l'organisation: _____

Nom du représentant et sa position: _____

Type d'organisation

- Agence gouvernementale (Haïtienne)
- Agence gouvernementale (US)
- ONG internationale
- ONG haïtienne ou société civile
- Autre (A spécifier) _____

Merci de prendre le temps de répondre à ce sondage. Les résultats seront utilisés pour aider l'équipe d'étude à comprendre comment votre organisation peut utiliser les données de l'étude DREAMS, les types de produits de données préférés par votre organisation et la date à laquelle ces produits seraient utiles.

L'objectif général de l'étude est de fournir aux organisations et structures gouvernementales des données sur les adolescentes et les jeunes femmes et les hommes qui sont leurs partenaires sexuels afin de mieux monter leurs politiques et leurs programmes de lutte contre le VIH ciblant ces populations.

A1. En termes de politique, quels types de politique pratiquée par votre organisation qui utiliserait les données des FAJF ou de leurs partenaires masculins? *Marquez tout ce qui s'applique.*

-] Politiques nationales qui influencent les ados
-] Politiques communales qui influencent les ados
-] Politiques nationales qui influencent les services VIH
-] Politiques communales qui influencent les services VIH
-] Politiques qui influencent les opérations internes
-] Non applicable
-] Autre (Spécifier)

A2. Quelles décisions politiques votre organisation prendra-t-elle au cours des 12 prochains mois qui pourraient être influencées par les données de cette étude?

A3. En termes de programmation, quels types d'activités votre organisation peut-elle monter pour utiliser des données sur les FAJF et leurs partenaires masculins? *Marquez tout ce qui s'applique.*

-] Conception de programme pour des projets en cours
-] Conception de programme pour des nouveaux projets
-] Développement de proposition pour subvention
-] Développement de plan de travail
-] Financement accordé à d'autres organisations
-] Financement au sein de votre organisation
-] Autre (Spécifier)

A4. Quelles décisions de programme votre organisation prendra-t-elle dans les 12 mois qui pourraient être influencées par les données de cette étude?

B1. Globalement, quelle est l'importance des données sur les adolescentes et les jeunes femmes dans les activités de votre organisation au cours des 12 prochains mois?

-] Très important

- Assez important
- Pas important du tout

B2. Vous trouverez ci-dessous une liste d'informations clés sur les FJAF et le VIH qui seront collectées dans le cadre de cette étude. Lesquels de ces sujets sont utiles à votre organisation pour la prise de décision ou la planification au cours de la prochaine année? *Marquez tout ce qui s'applique.*

- Utilisation de préservatif
- Modèles de partenariat sexuel (par exemple avec des hommes plus âgés, simultanés, transactionnels)
- Caractéristiques des partenariats sexuels (p. Ex. Communication, violence sexiste)
- Dépistage VIH
- Normes sociales liées au comportement sexuel
- Normes sociales liées au dépistage du VIH
- Connaissance du VIH
- Stigmatisation du VIH
- Attitudes et croyances à propos du genre
- Attitudes et croyances sur le comportement sexuel
- Structure familiale et soutien social
- Non applicable
- Autre (Spécifier)

B3. Pour quelles décisions ou activités les informations susmentionnées seraient-elles utilisées?

B4. Globalement, quelle est l'importance des données concernant les hommes ayant des partenaires sexuels qui sont des adolescentes et des jeunes femmes dans les activités de votre organisation au cours des 12 prochains mois?

- Très important
- Assez important
- Pas important du tout

B5. Vous trouverez ci-dessous une liste d'informations clés sur les hommes ayant des relations sexuelles avec les FJAF et le VIH, qui seront collectées dans le cadre de cette étude. Lesquels de ces sujets sont utiles à votre organisation pour la prise de décision ou la planification au cours de la prochaine année? *Marquez tout ce qui s'applique.*

- Utilisation de préservatif
- Modèles de partenariat sexuel (par exemple avec des hommes plus âgés, simultanés, transactionnels)
- Caractéristiques des partenariats sexuels (p. Ex. Communication, violence sexiste)

-] Dépistage VIH
-] Normes sociales liées au comportement sexuel
-] Normes sociales liées au dépistage du VIH
-] Connaissance du VIH
-] Stigmatisation du VIH
-] Attitudes et croyances à propos du genre
-] Attitudes et croyances sur le comportement sexuel
-] Structure familiale et soutien social
-] Non applicable
-] Autre (Spécifier)

B6. Pour quelles décisions ou activités les informations susmentionnées seraient-elles utilisées?

C1. Quelles sources de données votre organisation utilise-t-elle habituellement pour informer les décisions et les activités? *Marquez tout ce qui s'applique.*

-] Rapports EMMUS (DHS) ou ensembles de données
-] Rapports de surveillance du MSPP
-] ONUSIDA ou autres documents mondiaux
-] Rapports d'étude (par exemple, PLACE, IBBS)
-] Données de programme internes ou rapports
-] Données de programme internes ou rapports pour les organisations partenaires
-] Autre (Spécifier)

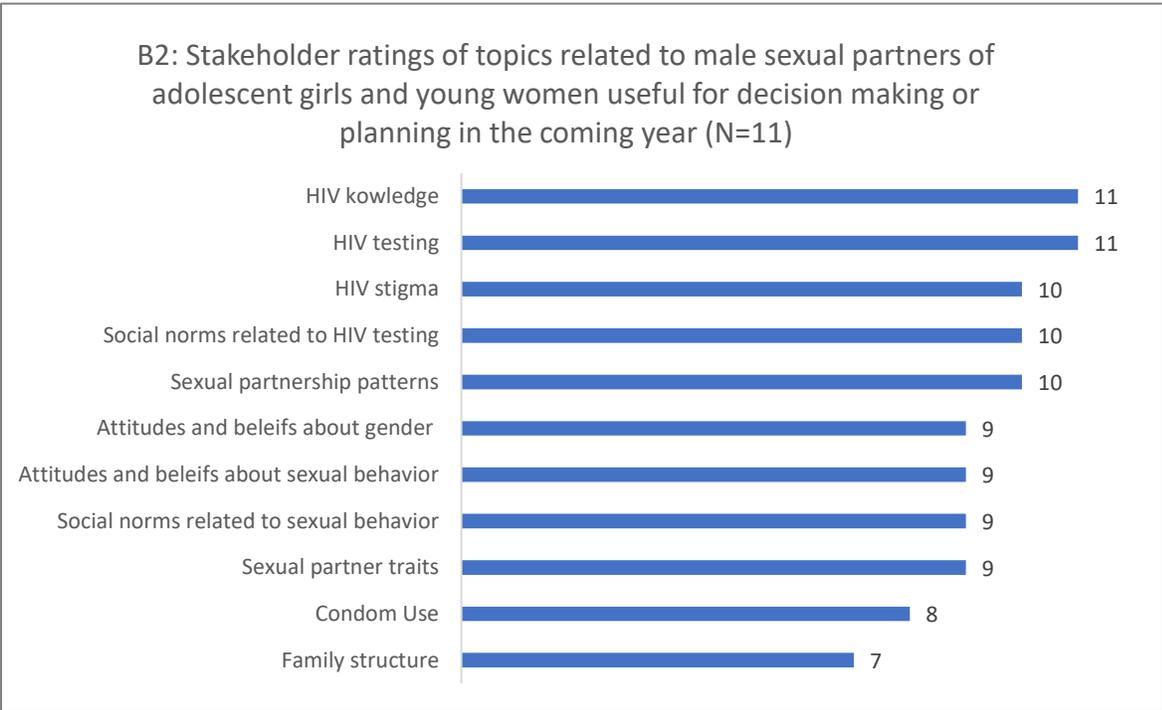
C2. Au cours des 12 derniers mois, quelle source de données a été la plus importante pour informer le travail de votre organisation?

D1. Quel format de présentation des résultats de l'étude est le plus susceptible de conduire à l'utilisation des données de l'étude dans votre organisation?

- Rapport écrit
- Rapport bref
- Infographie
- Réunion de diffusion en personne
- Séminaire en ligne
- Autre (Spécifier)

D2. Quand votre organisation aura-t-elle besoin des résultats de l'étude pour éclairer les décisions ou activités pertinentes? Veuillez énumérer la décision / activité, la date et la personne à contacter pour obtenir des informations.

APPENDIX C. EXAMPLE OF VISUAL PRESENTATION OF DATA



MEASURE Evaluation
University of North Carolina at Chapel Hill
123 West Franklin Street, Suite 330
Chapel Hill, NC 27516 USA
TEL: 919-445-9350
FAX: 919-445-9353
www.measureevaluation.org

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.
TL-19-24
ISBN: 978-1-64232-119-7

