

Designing a partner-centered ECB initiative:

360° perspectives from a corporate philanthropy program

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October 28, 2016
American Evaluation Association
Atlanta, Georgia

Why and how did we design this initiative? Funder's perspective

Laura Hollod, MPH
Senior Manager, Monitoring & Evaluation
Johnson & Johnson Global Community Impact

Johnson & Johnson Global Community Impact

*We support and champion
the people on the
frontlines who are at the
heart of delivering care*



Our opportunity:

*An enterprise-wide
Citizenship &
Sustainability
Initiative known as
Healthy Futures*

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ADDRESSING PEDIATRIC HIV Children in Sub-Saharan Africa will benefit from our first-of-its-kind pediatric HIV treatment donation program, announced in 2013. The New Horizons Advancing Pediatric HIV Care Initiative has quickly become a fundamental component of our Company's ongoing commitment to improving the care of children around the world and in our fight against HIV. Find out more in this report.

Johnson & Johnson

Strategic Priority

- 6 Honor our responsibility to communities by enhancing outcome measurement in philanthropy

Goal

- Enhance (J&J and grantee) capacity to measure and report program health-related outcomes

Designing & implementing our ECB initiative

We adopted a partner-centered design: partners themselves would identify their unique EC challenge, & we'd help co-design an approach to solving it.

2012

2016

*Determine
initiative
scope and
goal*

*Identify
partners*

*Conduct
needs
assess-
ments*

*Coordinate
with grant
managers
to design
proposals*

*Obtain
baseline
infor-
mation*

*Implement
projects
(grantees)*

*Compile &
learn from
data*

Conducting needs and assets assessment for a partner-centered ECB initiative

Julie Solomon, Ph.D.

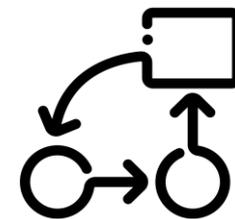
J. Solomon Consulting, LLC

AEA Annual Meeting, Atlanta, GA

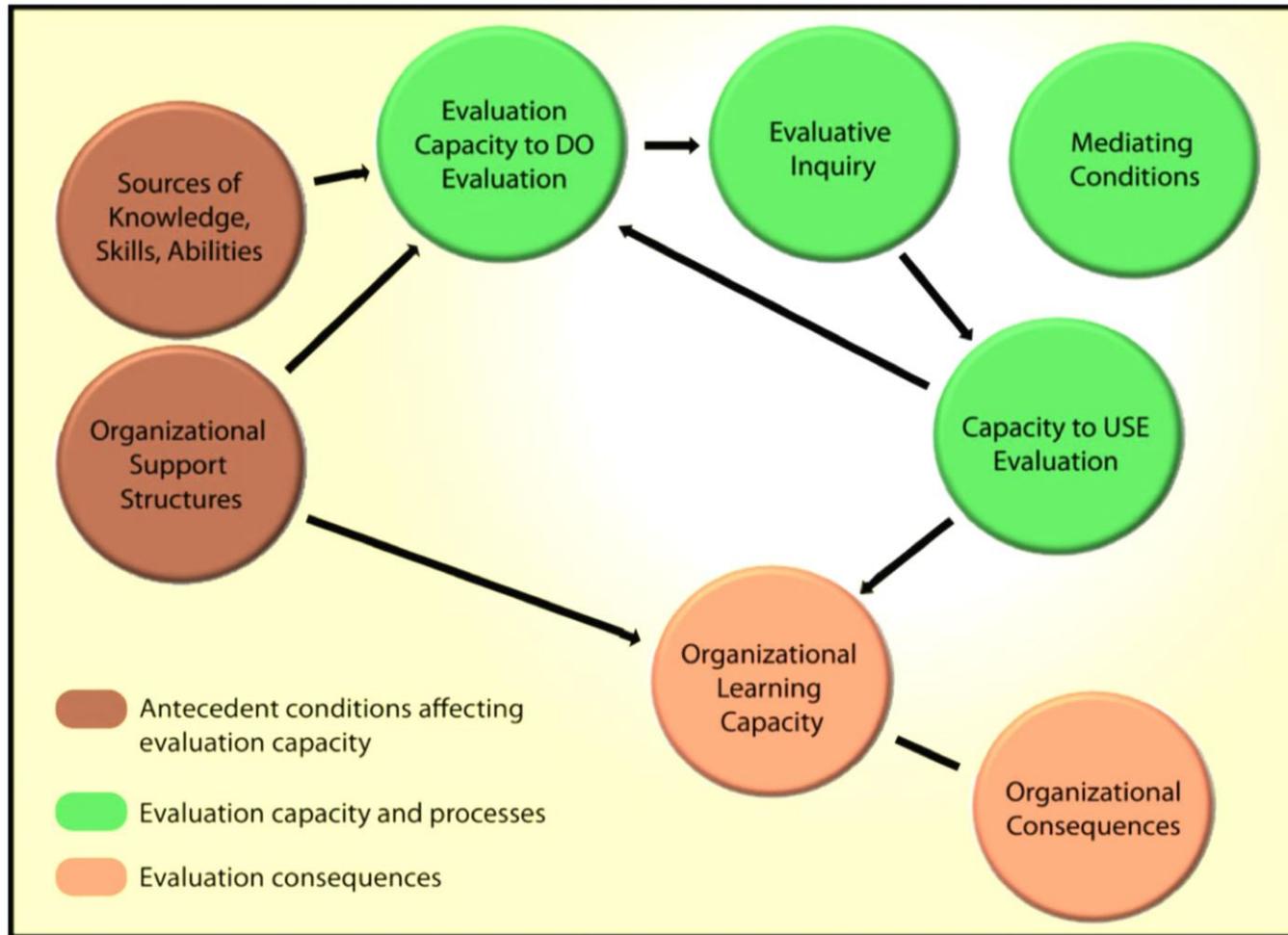
October 28, 2016

Healthy Futures needs and assets (N&A) assessment: guiding principles

- ECB needs and priorities would be identified by the grantee partners
- J&J would be open to a range of potential strategies to address ECB needs
- The external evaluator would serve as a “critical friend” to both grantees and J&J



N&A assessment framework: capacity to DO and USE evaluation



Cousins JB, Goh SC, Elliott CJ, Bourgeois I. (2014). Framing the capacity to do and use evaluation. In JB Cousins and I Bourgeois (Eds.), *New Directions for Evaluation*, 141: 14, Figure 1.1 (recolored).

N&A assessment steps

1. Conduct desk review

2. Meet with J&J grant manager

3. Conduct semi-structured interview with each grantee partner

4. Review draft ECB proposals from grantee partners

5. Discuss proposals with J&J grant managers and Healthy Futures lead

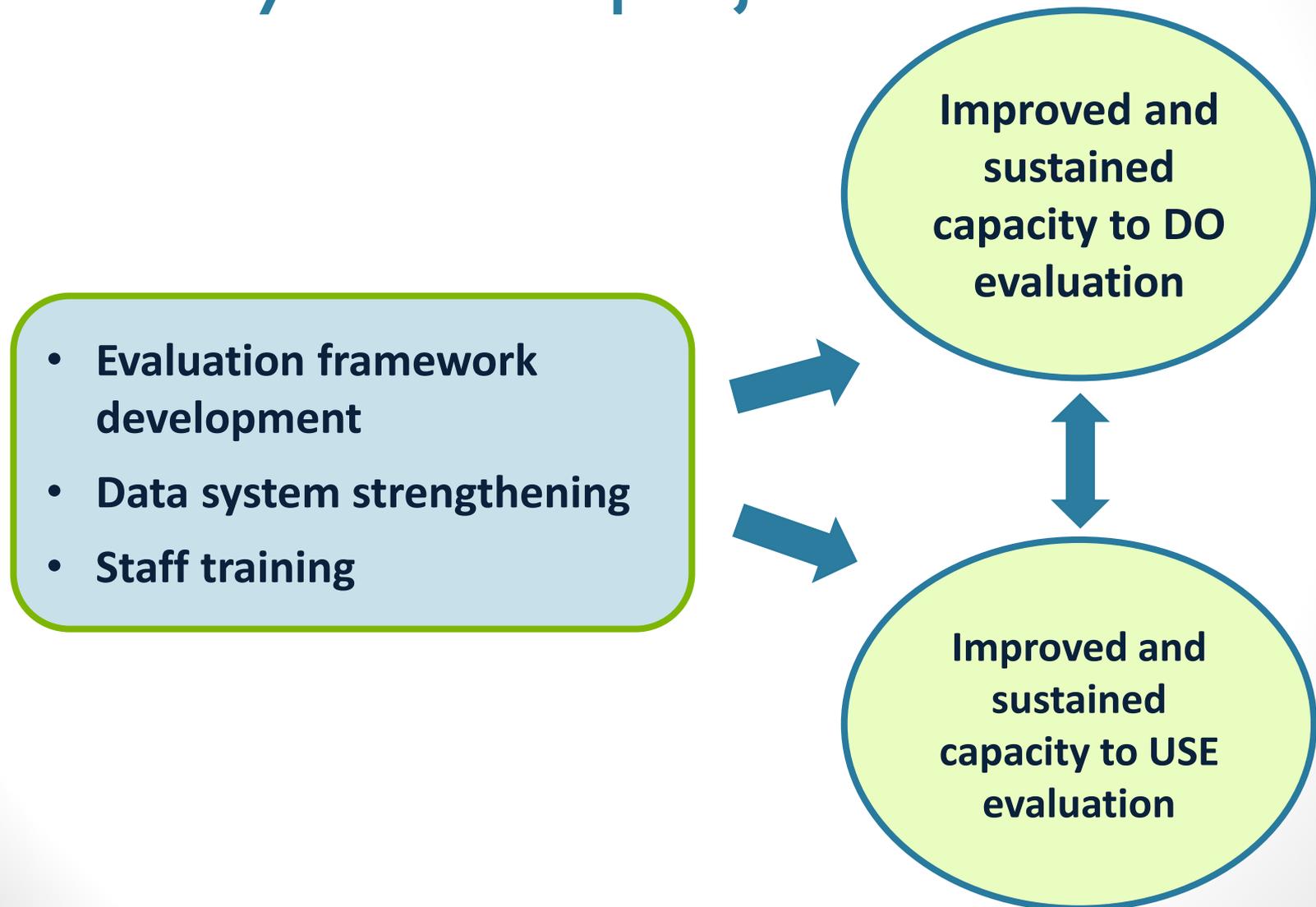
Participating organizations and their needs

 <p>Nurse Scholarship Program, East Africa</p> <p>THE AGA KHAN UNIVERSITY</p>	<p>Develop framework and tools for measuring outcomes among institutions, patients, and communities</p>
 <p>americares</p> <p>Medical product donation worldwide</p>	<p>Develop algorithm for accurately estimating # of people who receive donated/purchased medicines</p>
 <p>Countering human trafficking and HIV/AIDS in Mumbai, India</p>	<p>Train staff in M&E and develop an outcome evaluation system that would be piloted with a new HIV/AIDS project</p>
 <p>Improving the health and quality of life of Artibonite Valley (Haiti) residents</p>	<p>Enhance EMR system, obtain new computer equipment for data management, and train staff at 3 of hospital's community health centers</p>

Participating organizations and their needs

 <p>PRINCETON IN AFRICA</p>	<p>Fellowships to recent college grads to work in Africa</p>	<p>Develop outcome evaluation framework and reporting plan/tools with health outcome focus</p>
 <p>WOMEN DELIVER</p>	<p>Young Leaders Program in developing countries, with a SRH/rights focus</p>	<p>Develop outcome evaluation framework for youth-focused programming</p>
 <p>water.org</p>	<p>Improving access to safe water and sanitation in developing countries</p>	<p>Develop cross-program health indicators, measures, and tools</p>
 <p>HAND IN HAND</p>	<p>Fighting poverty with grassroots entrepreneurship in South Asia and Sub-Saharan Africa</p>	<p>Develop cross-program health indicators, measures, and tools</p>

Overarching theory of change for Healthy Futures projects



Use of Healthy Futures funds



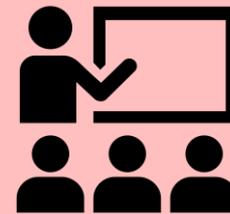
Consultants



Equipment



Travel



Training

Note: Sites were also expected to make an in-kind contribution

Best practices – external evaluator’s role in ECB N&A assessment

- As the “critical friend,” spend more time **listening** than talking
- Help grantee partners to focus on building **sustained** EC
- Help funders to understand that ECB requires **set-aside resources**



Using a Participatory Approach to Evaluation Framework

Development
Lisa Frantzen

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At TCC Group, we are committed to addressing **complex social problems** by heightening our clients' understanding of their **collaborative role in society** and helping them strengthen **strategy**, build **capacity**, and advance assessment and **evaluative learning**.

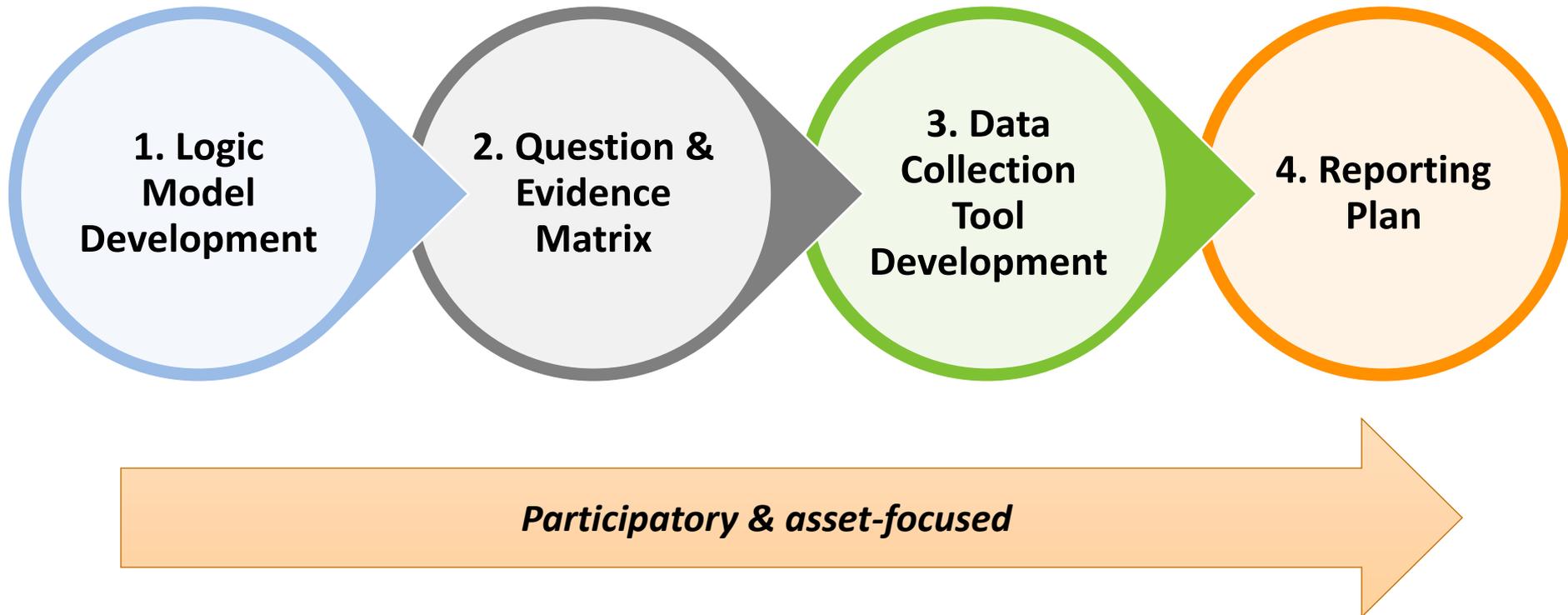
TCC Group's Role in Healthy Futures

- Work with 4 organizations:



- Objectives of the organizations:
 - Expand ability to collect outcome measures
 - Connect program to health outcomes
 - Learn best practices
 - Prioritize core indicators
 - Improve data collection plan

Evaluation Capacity Building Process



Using a Participatory & Asset-Focused Approach

1. Logic Model Development

Methods

- Document review
- Staff interviews
- Staff working session

Key Questions

- What **changes seeking** and with which **audiences**?
- What is the **sequential flow** of these changes?

2. Question & Evidence Matrix

- Build from logic model
- Use existing and external indicators
- Staff prioritization session

- What indicators **important** for understanding key changes?
- What data **feasible** to collect?
- What data do your key stakeholders **need**?

Using a Participatory & Asset-Focused Approach

3. Data Collection Tool Development

Methods

- Tool review and refinement
- Tool development
- Process refinement and/or development

Key Questions

- What **tools and processes** currently **exist**?
- Is all **data collected useful**?
- What, if any, **new tools or processes** are needed?

4. Reporting Plan

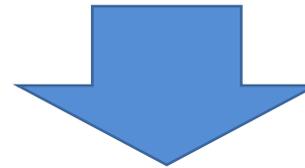
- Planning for data/findings dissemination
- Organization of existing processes
- Identification of responsible staff

- **When** do your key stakeholders **need information**? In what **formats**?
- What analysis and reporting processes can be **grouped together**?

ECB In Action – a Healthy Futures Example

Starting point:

- Logframes for specific funded projects only
- New M&E Manager
- Data on outputs, limited outcomes data



ECB Process

Nonprofit benefits:

- Logic model map across projects
- Outcomes data, including health outcomes
- Staff consensus
- Replicable process for other offices

Funder benefits:

- Increased understanding of program intent
- Health outcomes reported
- Increased communication with grantee

Youth Leader Programs Convening

Identified: 3 J&J-funded organizations with youth leadership development programs undergoing evaluation planning



Objective: Build M&E capacity through a forum for sharing best practices, challenges, and strategies

Action: Half-day convening with the organizations:

Comparison of
Logic Models

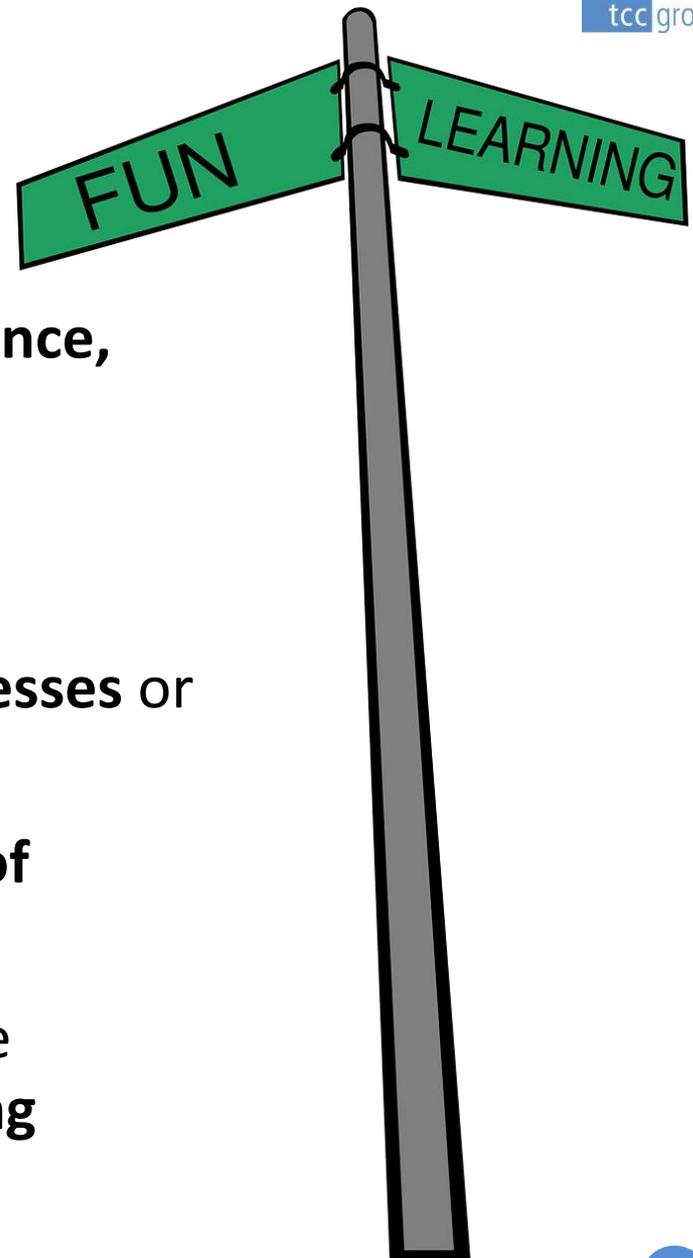
Discussion of
Outcomes and
Levels of Change

Indicator
Development
Workshop on
Individual and
Organizational
Changes

Discussion of Peer
Sharing and
Thought
Leadership with
Field

Lessons Learned

- Include a **range of staff perspectives** in evaluation framework development
- Prioritize **data needs based on importance, feasibility, and use**
- **Audit currently collected data** – is it all needed?
- **Build** data collection **into existing processes** or program components
- Look for ways to **facilitate the sharing of evaluation experiences** with peers
- Ensure **organizational ownership** of the evaluation framework, establish as **living documents**





WOMEN DELIVER
INVEST IN GIRLS AND WOMEN - IT PAYS

Developing Programmatic and Staff Capacity in
Monitoring and Evaluation for the Women Deliver
Young Leaders Program



Who is Women Deliver?



As a leading, global advocate for girls' and women's health, rights, and wellbeing, Women Deliver brings together diverse voices and interests to drive progress in maternal, sexual, and reproductive health and rights.

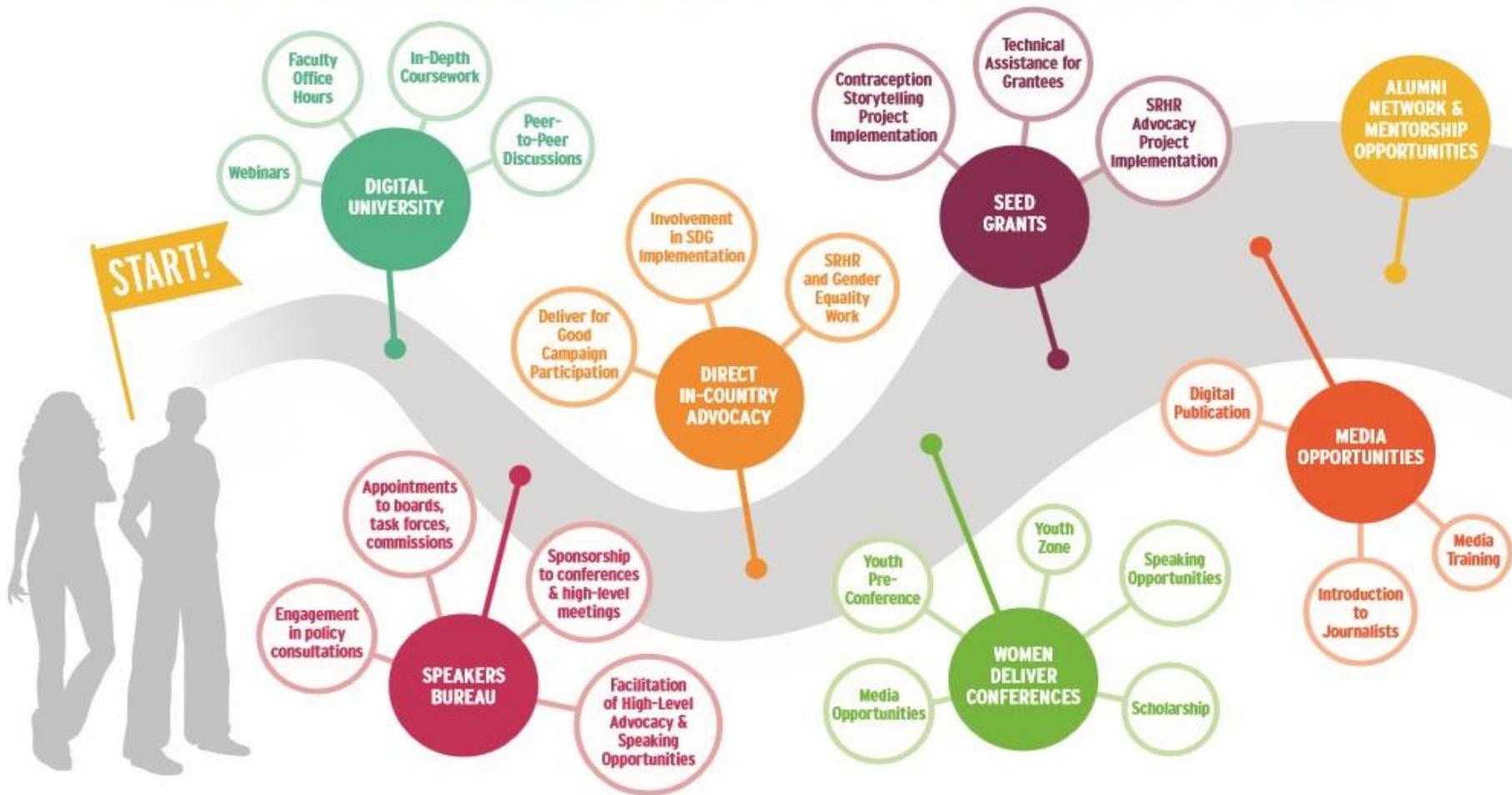
We build capacity, share solutions, and forge partnerships, together creating coalitions, communication, and action that spark political commitment and investment in girls and women.

Young Leaders Program



Photo via: Girls' Globe

THE JOURNEY OF A WOMEN DELIVER YOUNG LEADER



Young Leaders Program Evaluation Capacity Building

The Challenge:

- Programmatic expansion, growth, & formalization
- Measuring leadership and advocacy outcomes that have a long-term impact on health and well-being
- Youth + Young People are undervalued as leaders and advocates in their own right

ECB Objectives

Assess and articulate the key health-related and advocacy outcomes that Women Deliver can anticipate from its youth programming,

Identify and prioritize core indicators to be collected by Women Deliver, and

Develop a data collection plan for the new indicators.



M&E ECB Process

ECB Activities

1. Kickoff Meeting (1hr conference call)
- 2. Document Review**
- 3. Conduct 6 staff interview related to understand intent**
4. Revise logic model and assess indicator gaps, including a 1-hr. in-person feedback meeting
5. Create Draft Evaluation question and evidence framework
- 6. Hold in-person indicator prioritization session with program staff**
7. Review and revise existing data collection tools
8. Develop evaluation roll-out plan

ECB Outputs

Outputs

- Revised Logic Model
- M&E Framework with Prioritized Indicators
- 2 Revised Data Collection Instruments
- Data Collection Plan

Prioritized Indicators

- Leadership: putting learning into action
- Youth Advocacy: global and community levels
- Community-building: fostering a global movement

ECB Outcomes

1. Replicable evaluation framework and knowledge management processes
2. Increased staff capacity to strategically map and execute, collection of indicators and outcomes
3. Enhance theory of change around youth leadership and engagement in policy and advocacy

Lessons Learned

- It takes TIME and dedicated resources to build a focus on replicable evaluation and strategic learning in small programs and organizations
- Balancing internal and external expertise is an iterative process
- Information-sharing across NGOs, non-profits is highly valuable



Evaluation Capacity Building



Total Reach Study

Shang Ju Li, MD MPH



W
UNIVERSITY of
WASHINGTON

Organization Overview

- AmeriCares is a health-focused international relief and development organization that responds to people affected by poverty or disaster with life-changing health programs, medicine and medical supplies
- Delivered more than \$825 million worth of aid to 90 countries around the world in 2016



Access to Medicine



Emergency Programs



Clinical Services



Community Health

Access to Medicines Program (A2M)

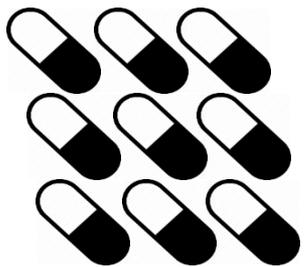
- Increase access to quality medicines and medical supplies through health partners.
- Ensure quality and safety, deliver the right medicine at the right time to people who need it.
- Delivered more than 25 million courses of treatment (CTX) and 30 million units of supplies through our global partner network in 2016.



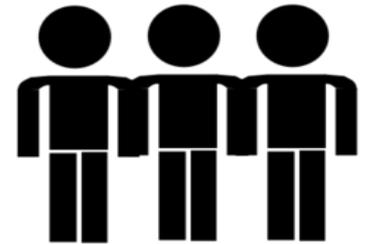
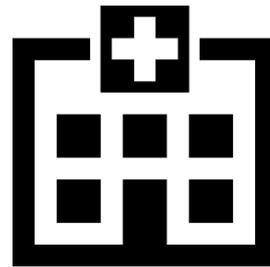
Problem & Study

Problem: We don't know the impact of our Access to Medicine program

Study: How to measure the number of unique patient under the Access to Medicine program



N = 25 million



N = ?

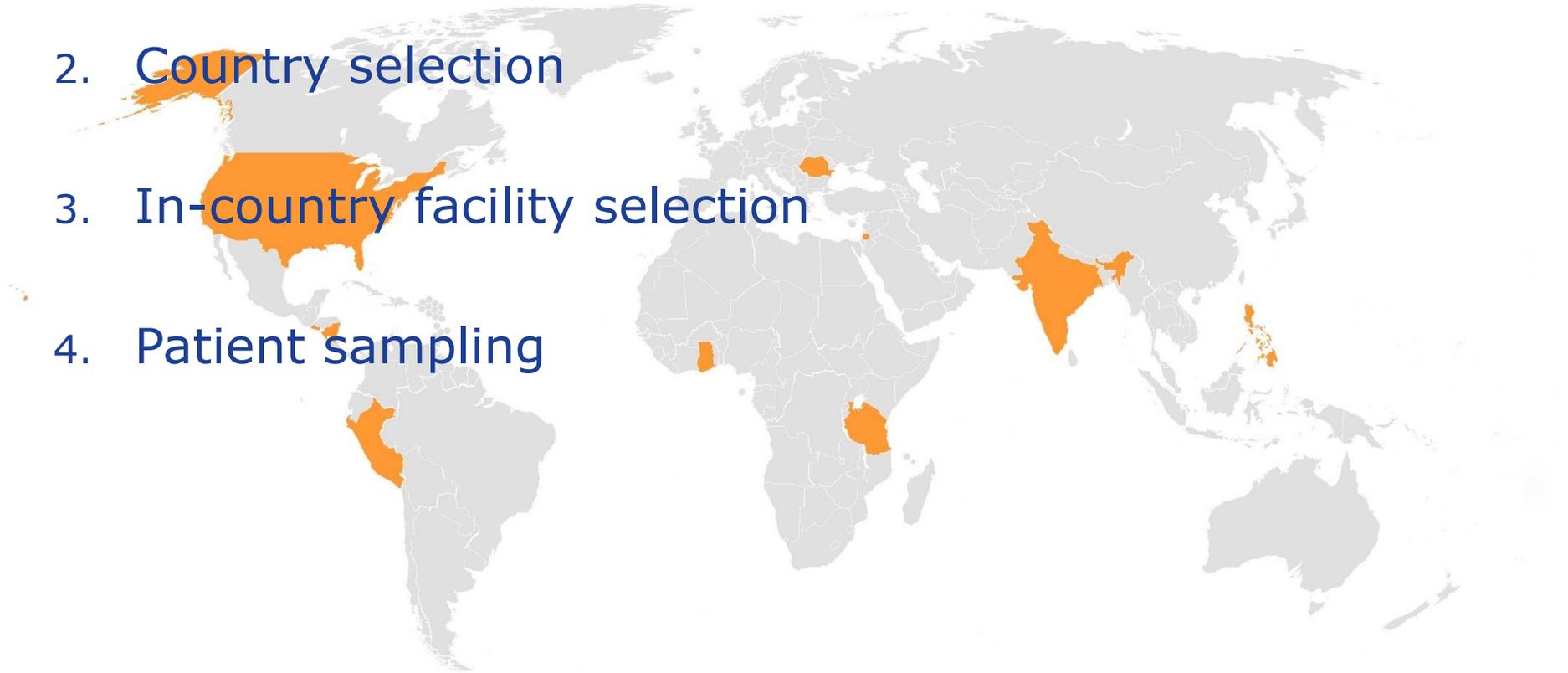
Methodology

1. Literature review

2. Country selection

3. In-country facility selection

4. Patient sampling



Methodology – Selection and Sampling

- Identify countries and partners that received AmeriCares A2M products by volume.
- Systematically sample 100 active patients from medical record system (electronic or hard copies)
 - Actual visits during 2015
- De-identified patient information
 - Diagnosis category (acute vs. chronic)
 - Frequency of visits
 - # of course treatments per visit



Facility survey form

AmeriCares

Total Reach Study

The total reach study is to establish a statistically valid method that enables AmeriCares to calculate how many people we have helped with donated and procured medicines and supplies. Please randomly select 100 active patients and fill out the 100 selected patients tab.

Facility Name	Happy happy clinic	Email		Date (MM/DD/YYYY)	9/15/2016
City	Seattle	Phone contact		Facility representative	
Country or State	Washington	The level of facility	PHCC		
Total # of patients	10,000	Total # of consults	36,000		
Total Value of inventory		% of re-distribution	10%		
Destroy rate	10%				

SAMPLE

Course Treatment: One course treatment is equivalent to the amount of an individual medication prescribed for 30 days (Chronic Diseases) or one cycle (Acute Diseases). In case people receive prescription longer than that. Please multiply the fraction (e.g. 90 days will be 3 course treatments for chronic disease).

Patient ID	DoV (MM/DD/YYYY)	Disease Type (Chronic/Acute)	Number of Meds Prescribed	Number of Course Treatment prescribed
1	1/1/2015	acute	2	2
2	4/1/2015	chronic	2	4
2	6/30/2015	chronic	2	12
2	12/31/2015	chronic	2	4
3	3/11/2015	acute	1	1

Estimating unique patient count

$$\frac{\text{Course treatment} * (1 - \text{destruction rate})}{\text{Course treatment per visit} * \text{Revisit rate}}$$

Americares free clinic: 13,742 CTXs in 2015, destruction rate 0%

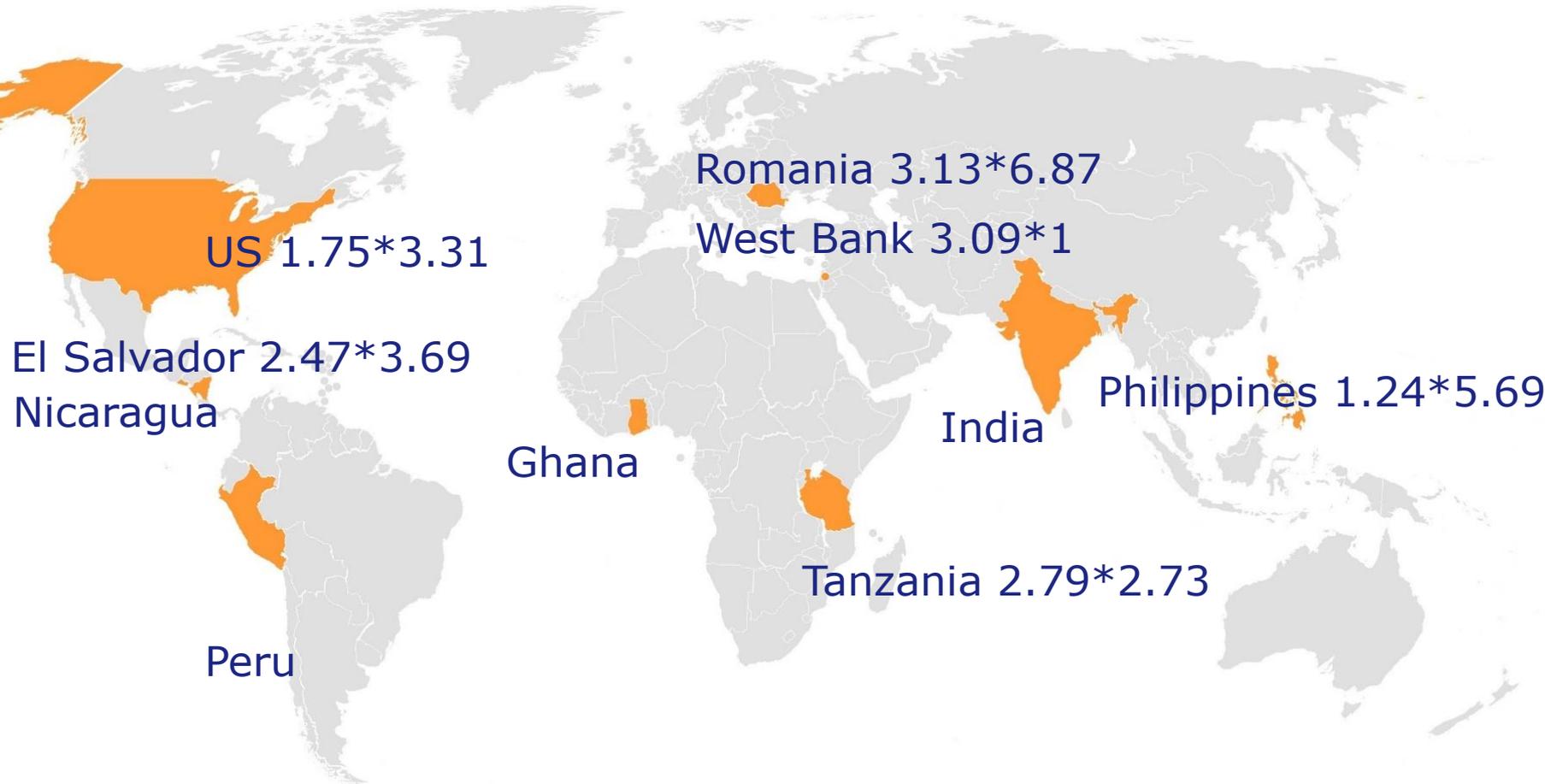
→ Our CTX to actual use: $13,742 \times 100\% = 13,742$

CTX per visit: 2.162; Revisit rate: 2.75 per year

→ Total unique patient count: $13,742 / 2.162 * 2.75 = 2,311.33$

(Americares free clinic actual patient count 3,130)

Preliminary findings – conversion factor



Preliminary Results

- Number of patients reviewed: 1,474
- Geographic variability of course treatment per visit (1.24 ~ 3.74) and revisit rate (1 ~ 6.87)
- The estimated conversion factor (i.e. average course treatments prescribed per visit) in A2M targeted country and region

Study Limitations

- Inpatient treatment
 - Hard to capture all infusion use and surgical/anesthetic medication used during the hospital stay
- Unable to differentiate treatment protocols
- Prescription habit
 - Doctors might be inclined to prescribe less if the medication is out-of-stock and limited availability
- Unvalidated destruction rate
 - Self-reported

Next steps

- Continue disaggregation by the level of facility (e.g. Does a hospital have higher revisit rate and higher avg. medicine prescribed per visit than a clinic?)
- Explore the study in other A2M targeted countries
- Develop a M&E tool for AmeriCares partners to collect immediate data for the purpose of internal decision making
- Differentiate disease characteristics and prescription pattern (e.g. acute disease vs. chronic disease)

Implications

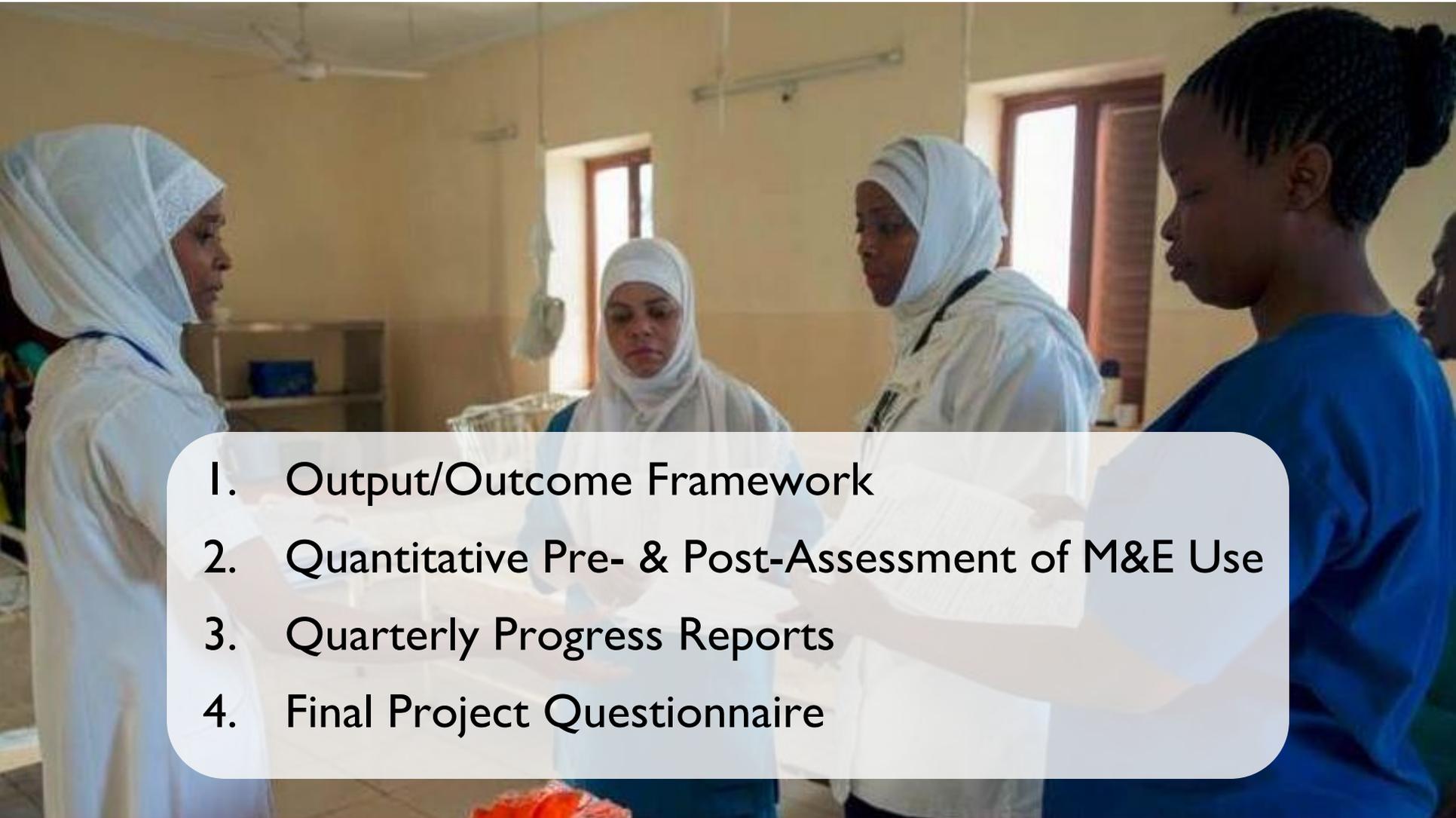
- Novel methodology – bring rigor in A2M programs, redefine outcome indicator from Course Treatments to Beneficiaries
- Visualize AmeriCares A2M impact by using conversion factor for each targeted region
- Allow better donor understanding of impact of their investments



What did we learn? Funder's perspective

Laura Hollod, MPH
Senior Manager, Monitoring & Evaluation
Johnson & Johnson Global Community Impact

A simple framework to understand the results of our ECB efforts

- 
- A group of four women are gathered in a clinical or hospital setting. Three of the women are wearing white hijabs and white lab coats, while one woman on the right is wearing blue scrubs. They are all looking at a document held by the woman in blue scrubs. The background shows a room with windows and a ceiling fan.
1. Output/Outcome Framework
 2. Quantitative Pre- & Post-Assessment of M&E Use
 3. Quarterly Progress Reports
 4. Final Project Questionnaire

What kinds of **outputs** & **outcomes** were targeted?

Strategies

Outputs

Outcomes

Framework development/enhancement

“Health outcome indicators integrated into program logframes”

“Health indicators contributing to demonstrating impact of program”

Data systems strengthening

“Data collection tools developed”

“Tools are integration into staff operations & used to inform program decisions.”

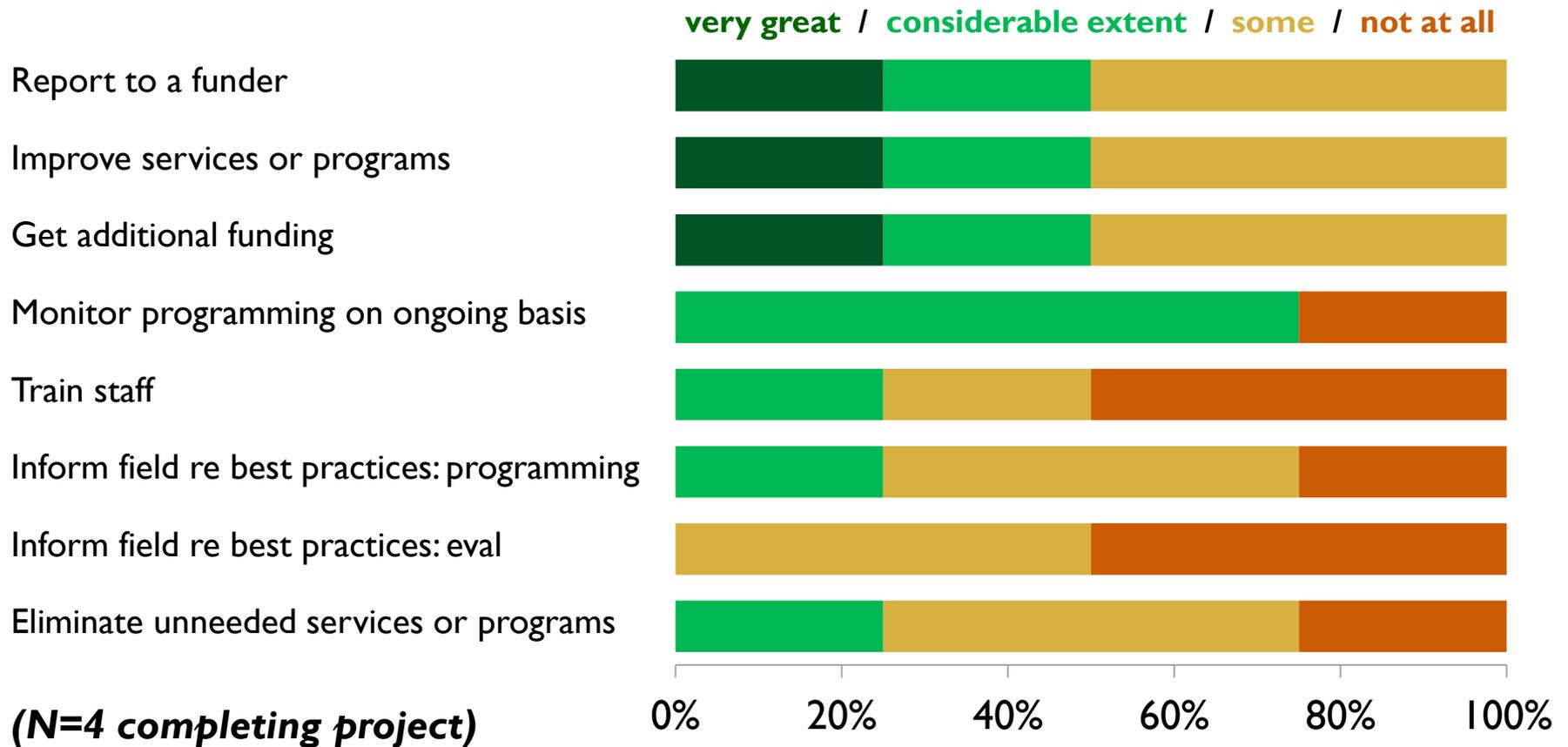
Staff training

“Employees trained in patient data systems”

“Patient data entered routinely and accurately into data systems”

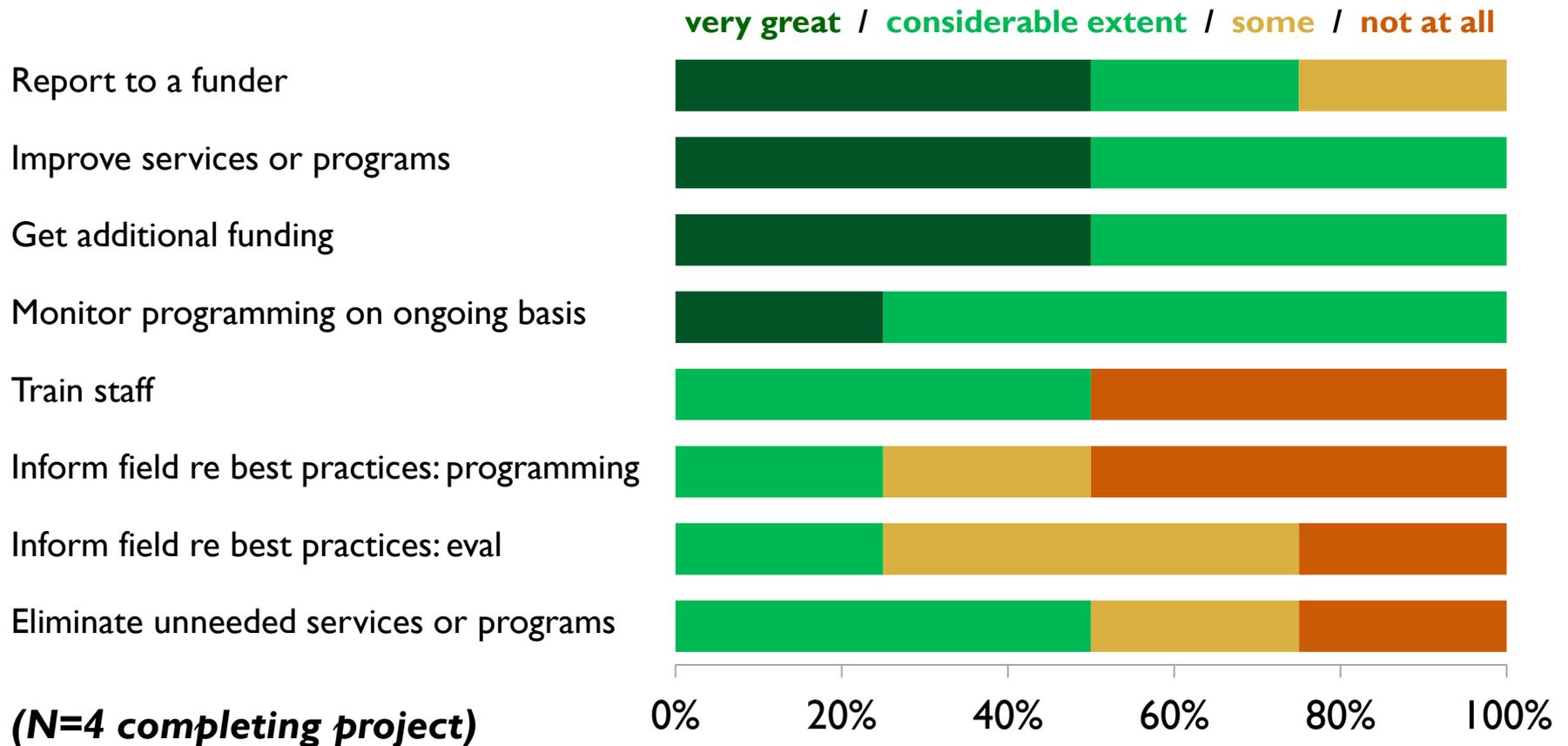
To what extent were these **achieved**?

At **baseline**, our partners reported **using evaluation** for the following purposes:



Taylor-Ritzler et al. Understanding and Measuring Evaluation Capacity: A Model and Instrument Validation Study. *American Journal of Evaluation*, June 2013; vol. 34, 2: pp. 190-206.

At **3 months post-project**, our partners reported **using evaluation** for the following purposes:



Taylor-Ritzler et al. Understanding and Measuring Evaluation Capacity: A Model and Instrument Validation Study. *American Journal of Evaluation*, June 2013; vol. 34, 2: pp. 190-206.

What did we learn from qualitative questions?

- ✓ Elements that are most beneficial
- ✓ Differences in engaging in/ using evaluation *Having a standard approach*
- ✓ Unanticipated outcomes *Applying to other program areas; 1 expanded M&E staff*
- ✓ Most significant challenges that arose
- ✓ Sustainability of changes in M&E practice *Documenting an M&E approach*
- ✓ Follow-up steps carried out/ planned
- ✓ How J&J's ECB should be done differently *Consider timelines & staff constraints*
- ✓ Funders' role in encouraging ECB, beyond \$ *Support training, sharing*

Overall lessons learned, from a funder's perspective

*Put partners'
needs first*

*Seek
leadership
buy-in*

*Have a right-
size approach
to evaluating
results –
aspirational &
realistic*

*Involve
diverse staff
across your
organization
– e.g., M&E
Tiger Team*

*Be open to
learning
opportunities
between
grantees*

Thank you!



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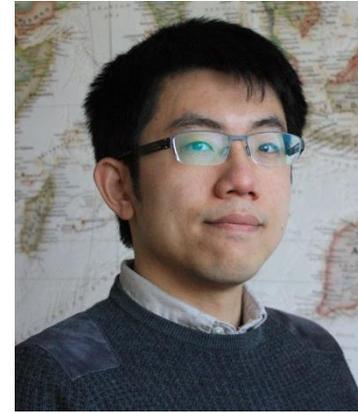
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