



MEASURING PERFORMANCE, COMMUNICATING IMPACT: FROM WORKPLACE PROGRAMS TO COLLECTIVE ACTION



2008 GBC GLOBAL TECHNICAL SESSIONS

- THE VALUE OF PERFORMANCE MEASUREMENT
- IMPLEMENTATION CHALLENGES
- CORPORATE BEST PRACTICES
- NEXT STEPS



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The Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria (GBC) convened its third annual Global Technical Sessions workshop in New York City on June 9, 2008, exploring the theme of **Measuring Performance, Communicating Impact: From Workplace Programs to Collective Action**. Over 100 attendees, including Coalition members, partner NGOs and multilateral and bilateral agencies participated in the day's discussions, which emphasized that a solid measurement mechanism forms the cornerstone of successful HIV/AIDS, TB and malaria programs. Furthermore, the sessions demonstrated ways in which incorporating performance measurement into HIV/AIDS, TB and malaria programs can generate tremendous value for companies. Having solid data greatly enhances a company's ability to promote and publicize the successes of their respective programs to relevant stakeholders.

This report provides a concise overview of key issues discussed during the 2008 Global Technical Sessions – the rationale behind performance measurement and practical guidelines for implementation and challenges to successful measurement, as well as ways that companies can leverage measurement to maximize their impact through effective communication to relevant partners. Examples from the keynote speakers and session participants are incorporated throughout the document, with inserts of each presentation.

THE 2008 GBC GLOBAL TECHNICAL SESSIONS FOCUSED ON:

- **EXPLORING VARIOUS MEANS AND METHODS OF MEASUREMENT**
- **SELECTING APPROPRIATE MEASUREMENTS FOR YOUR PROGRAM**
- **ASSESSING THE EFFECTIVENESS OF THE METRICS/MEASURES SELECTED**
- **UNDERSTANDING THE BENEFITS OF MEASURING AND EVALUATING**
- **IDENTIFYING AND OVERCOMING CHALLENGES AND RISKS ASSOCIATED WITH MEASUREMENT**
- **DIFFERENCES IN COMMUNICATING IMPACT TO INTERNAL AND EXTERNAL STAKEHOLDERS**



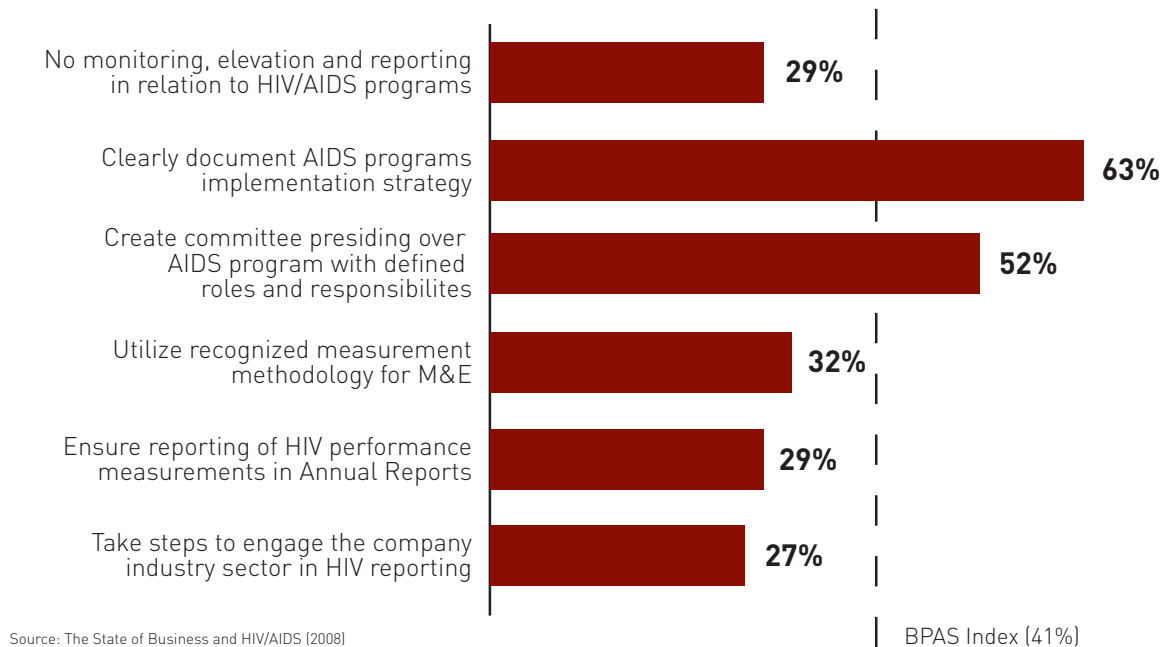
I. INTRODUCTION TO THE ISSUE

Measuring performance is part and parcel of conducting business in any sector: managers calculate return on investment, year-on-year growth and product sales to **make better decisions and get more bang for their buck when they measure and communicate results.**

The decision to focus this year’s sessions on monitoring and evaluation (M&E) grew out of GBC’s newly expanded focus on evaluation and the realization that business can do more to measure its work on the three diseases. GBC’s 2006 survey of business, published in *The State of Business and HIV/AIDS (2006)* report, indicated that only 32 percent of respondents “utilize recognized measurement methodology for M&E.” Preliminary data from the follow-up report, *The State of Business & HIV/AIDS, TB & Malaria (2008)* indicates a similar trend (see below).

Since the baseline study, while additional companies have developed and improved M&E in their HIV/AIDS programs, the means for measuring work in this area are still unclear to many. But there are effective methods for doing so. The GBC Technical Sessions set out to help demystify the M&E process and inspire companies to do more by stimulating discussions among leading and beginning companies and providing participants with opportunities to share experiences and turn ideas into concrete actions for their own companies.

Company Responses to Monitoring, Evaluation and Reporting of HIV/AIDS Programs



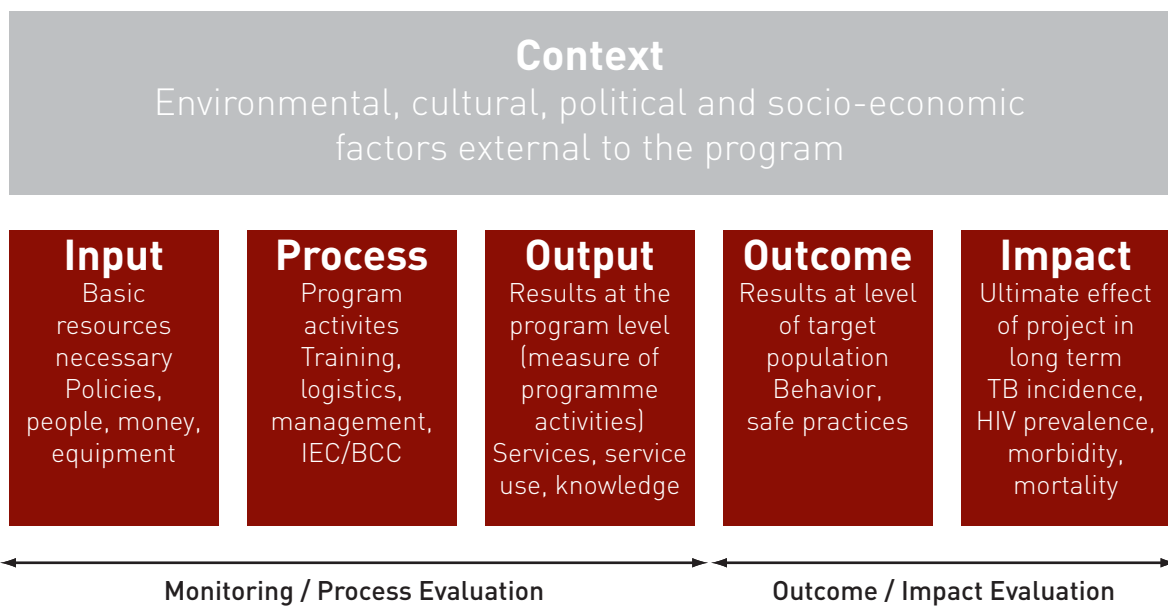
“THAT WHICH GETS MEASURED GETS DONE.”

— Paul Lawrence, President and CEO,
HSBC Bank USA, N.A.

The sessions also provided a forum to highlight Coalition members' innovative and successful uses of M&E in their work, with notable presentations by Mercedes-Benz South Africa, Xstrata S.A. and Black Entertainment Television (BET).

To kick-start the day's discussion and welcome participants, Joelle Tanguy, GBC's Senior Vice President of Global Programs and Partnerships, emphasized the Coalition's recent designation of M&E as a strategic priority. Making clear that data is critical to sustaining the interest of top business leaders, Ms. Tanguy introduced

A WORD ON EVALUATION LINGO
 WHEREAS THOSE OF US IN THE BUSINESS WORLD USE A VERNACULAR IN WHICH "METRICS," "RESULTS" AND "PERFORMANCE" ARE COMMON TERMS, THE PUBLIC HEALTH COMMUNITY TALKS IN TERMS OF "INDICATORS," "OUTPUTS" AND "OUTCOMES." DON'T BE CONFUSED: THESE ARE ALL TERMS FOR THE SAME CONCEPTS – AND MONITORING AND EVALUATION IS THE PHRASE PUBLIC HEALTH PEOPLE USE TO MEAN TRACKING AND MEASURING PERFORMANCE. THE GRAPHIC BELOW LAYS OUT THE PUBLIC HEALTH LINGO IN MORE DETAIL.



Source: WHO/Stop TB: A Guide to Monitoring & Evaluation for Collaborative TB/HIV Activities (2004 field test edition)

the Coalition's newly formed Knowledge, Evaluation & Performance Department, highlighted the revision of the Coalition's Interactive Course on Monitoring & Evaluation of Workplace Programs and reaffirmed organizational commitments to focus on using measurement to drive results when scaling up collaborative action among member companies and through public-private partnerships.

Executives from member companies echoed Ms. Tanguy's sentiments on the importance of M&E. Corporate leaders, including Paul Lawrence, President and CEO of HSBC Bank USA, N.A., and Michael N. Joyner, GlaxoSmithKline's Director of HIV/AIDS Programs in Global Community Partnerships, expressed their enthusiasm for GBC's new M&E initiatives. Mr. Lawrence underscored the importance of senior management support, while Mr. Joyner gave an inspiring account of a partnership with GBC and other Coalition members to develop the above-mentioned Interactive Course, which in turn has enabled more than 45 companies in Africa to build capabilities in monitoring and evaluating their HIV/AIDS programs.

Charley Beever, a Vice President at Booz & Company, introduced the morning session, *Measuring to Drive Results*, and focused participants on the objectives of the event. Booz & Company, which has developed programs on assessing impact and raising awareness in order to make companies as effective as possible in their public health programs, provided substantive expertise and facilitation throughout the day. The morning session focused on general issues around measuring performance; in the afternoon the spotlight was on communicating impact.

Five smaller break-out sessions were facilitated during the day that allowed participants to take part in deeper discussions on performance metrics and processes for impact assessments. These groups were led by Charley Beever, Peter Parry, Robert Hutchens, Alan Kierstad, and John Larkin, all of Booz & Company. Each group was asked to report back their respective highlights during the closing plenary, *Putting it Together – Ideas and Recommendations for Moving Forward*. Charley Beever then concluded the day by offering final reflections.

II. PERFORMANCE MEASUREMENT

Why Measure Performance?

Measuring and communicating the accomplishments of a company's malaria prevention program (for example) generates many benefits, from increased morale and loyalty among employees to enhanced reputation among customers and other external stakeholders. Dr. Clifford Panter, Mercedes-Benz South Africa's Group Health & Safety Advisor, outlined some primary reasons for conducting M&E in the context of business-supported public health programs, informed by first-hand experiences in South Africa:

- Assess program effectiveness and review progress against pre-determined objectives
- Enable comparison with best practice examples
- Analyze and report on the cost-effectiveness of investments
- Establish a foundation for communicating impact

CASE STUDY 1: Mercedes-Benz Group South Africa (Daimler AG)

HOW AND WHY EVALUATION STRENGTHENS PROGRAMS: A WORKPLACE EXAMPLE

Dr. Clifford Panter, Group Health & Safety Advisor, Mercedes-Benz Group of Companies in South Africa.



Mercedes-Benz South Africa's HIV/AIDS workplace program has demonstrated tremendous impact since its 2001 inception. Infection rates where the company operates have stabilized at 8

percent, testing uptake is over 95 percent and treatment, care and support is provided universally to employees and their family members. Treatment utilization is high: 68 percent of HIV-positive employees are on treatment with over 85 percent of them still alive after five years on treatment.

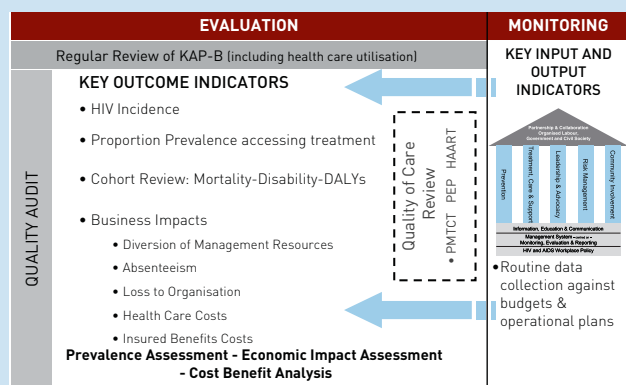
Mercedes-Benz has been globally recognized as a best practice example of HIV/AIDS management, as a component of the company's comprehensive risk management. The company boasts a 65 percent reduction in AIDS-related mortality and has seen a significant reduction in AIDS-related disability, declines in employee absenteeism and increases in productivity, without causing any increase in the costs of benefits or of support to suppliers and dealers. The company extends its successful workplace program into the surrounding community by collaborating with small- and medium-sized local enterprises.

To manage all elements of their global and national policies, Mercedes-Benz South Africa relies on a robust monitoring, evaluation and reporting system. In the context of business-supported public health projects and programs, measurement and assessment are a process. Steps include reviewing progress against pre-determined objectives; comparing what the company does with best practices; analyzing the value of investments; and utilizing performance indicators, generally classified as structure or capacity (inputs), process or activity (outputs), and outcomes and/or impacts.

Five critical issues were identified around M&E during Dr. Panter’s presentation:

- M&E must be properly resourced from the beginning**, including activities and technical assistance around budget, training, processes, tools and quality control measures.
- Indicators must be carefully selected:** For example, process indicators must reflect the specific activities performed and outputs produced in any given performance domain, even though these factors may not be easy to link directly to changes in the HIV pandemic. Outcome indicators must capture the effects of specific activities and outputs on the population(s) of interest.
- Selected indicators must be consistent with expert opinion** and must reflect a process or condition that is substantially within the control or influence of the project or program.
- Planned targeted achievements, selected indicators and internal and external reporting processes must be built into the planning cycle.**
- Indicators, if properly selected, should not need to be changed, but targets may evolve** with the project through a formal process of structured review.

Mercedes-Benz South Africa - M&E Framework



In conclusion, Dr. Panter reiterated that M&E must be properly planned for and adequately resourced in order to be effective. If successful, M&E programs will assist in ensuring quality and best practice. These programs require attention to detail in order to identify and fill programmatic gaps, and to enable proper record-keeping and archiving – “a company must do more than care for the sick – they have to put data into that computer.” The information gained from monitoring and evaluation programs can form the basis for communicating results both within a company and to external stakeholders, and such information is a critical factor for sustainability. Moreover, program evaluation is equally critical when collective action is at stake– it is fundamental for collaborations to be successful.

Kate Tempest, Populations Services International’s (PSI) Senior Manager of Business Development & Corporate Programs, reiterated many of Dr. Panter’s points. She also urged participants not to think of M&E solely as a device to feed public relations efforts. Ms. Tempest acknowledged that this can be a potent motivation for instituting M&E programs, but emphasized that performance measurement provides a tremendous learning opportunity, because it pinpoints gaps where companies can improve their programs.

“TRY TO ANSWER THE QUESTIONS, ‘WHERE DID WE GO WRONG? WHAT CAN WE DO BETTER?’”

- Nhlanhla Quake, Nike Inc. South Africa

M&E works best when it is tailored to the specific information needs of each stage of a program’s development and implementation. Typically, the process begins with a preliminary diagnostic evaluation, followed by ongoing process monitoring and then—if and when the program comes to an end—a final or end-of-project evaluation (sometimes called a summative evaluation). Although it is hard to get a complete sense of a program’s outcome until after the final evaluation is complete, the availability of interim data helps businesses to refine their approach so that they are better able to reach final benchmarks.

Mercedes-Benz: From M&E to Impact

The most convincing argument that business must measure performance may come from the examples of companies that have already done so. Between 2001 and 2007, Mercedes-Benz used M&E data to inform program development and improvement, with the following results:

- Stabilized the HIV infection rate at their plants
- Reduced AIDS-related mortality by 65%
- Placed 68% of HIV-positive employees on treatment
- Expanded support to HIV prevention efforts by suppliers and dealers
- Received global recognition for Best Practice in HIV/AIDS management

CASE STUDY 2: Population Services International, (PSI)

A PARTNER'S PERSPECTIVE ON HELPING COMPANIES MEASURE SUCCESS

*Ms. Kate Tempest,
Senior Manager,
Business Development
& Corporate Programs,
Population Services
International (PSI)*



PSI is the world's leading non-profit social marketing organization with programs in 60-plus countries. With the aim of influencing public health related behavior and demonstrating results through its solid monitoring and evaluation process, PSI works in all three disease areas: HIV/AIDS, TB and malaria.

M&E Model

A program's intervention design will vary depending on the client company but monitoring is a key feature in all programs no matter what: measuring success is PSI's core value. During the last decade, organizations have had to beg for money to include evaluation in their programs, but M&E is now written in as a matter of course into any program proposal PSI develops.

One characteristic of evaluation is that it can show when programs are not working as intended. An evaluation case study from a company operating in sub-Saharan Africa compared risk behaviors before and after a workplace intervention. Unexpectedly, behavior was shown to have become more risky. The post-intervention report put this down to greater frankness in reporting that risk behavior. But this is a potential problem with M&E: some companies want positive results for public relations purposes but real findings emerge that they do not want to show. On the other hand, evaluations that produce unexpected results may be the most helpful in enabling a company to make needed changes in its implementation strategy. Further results in the same study pointed to evidence of denial in risk perception, i.e. increased downplaying of risk among those who practiced risk behaviors before and after the intervention. One explanation pointed to weaknesses in the work of peer educators.

M&E for results, not for PR

As the PSI company example showed, performance measurement is not primarily about PR, but rather about learning and demonstrating effects on target populations. Key measurements in behavior are: used condom the last time had sex; number of concurrent sexual partners in specific time period; circumcision status; and HIV testing status. Determinants of behavior such as attitudes (opinion of the behavior); social norms (perceptions of what others do); and self-efficacy (confidence in one's ability to perform the specific behavior) are usually identified in a baseline survey, then reassessed after a behavior change program is underway.

Usual procedures employed by PSI in their M&E programs are:

- Qualitative research (record responses about attitudes, norms and self-efficacy related to the behavior)
- Developing a questionnaire for all company employees, or a sample (cost is inexpensive - in most instances, less than \$5 per employee surveyed)
- Comparing those practicing risk-reducing behavior to those who don't practice in terms of attitudes, norms and self-efficacy. This technique is known as segmentation analysis with specific determinants.
- Intervening
- Conducting the survey again: "learn first, PR second!"

How to Measure Performance:

Before a company can begin the process of measurement, they must first define the **goals** and **objectives** of their program. **Goals** are broad statements of aim or intent; **Objectives** are specific, measurable targets whose accomplishment contributes to the fulfillment of goals. Setting clear goals will help to capture the ultimate aim of the program – most are linked to broader social, health or economic concerns. Goals may be conceptual in nature and tend to defy measurement, but they provide a framework for establishing more concrete objectives. An effective goal is supported by specific objectives, which should adhere to what are commonly known as SMART criteria:

SPECIFIC
MEASURABLE
APPROPRIATE
REALISTIC
TIME-BOUND

For example, to reduce malaria in a company's workforce, the company might seek to "reduce productivity losses due to malaria by half within one year." In this formulation the definition of productivity remains somewhat vague; the more specific and measurable an objective is, the more effective it will be. Thus, it would be even SMART-er to aim to "reduce absenteeism due to malaria by half within one year."

Once a company is satisfied with their objectives, the second step of M&E is to **select indicators**. An indicator is a simple measurement that tracks program objectives, either through numeric values, such as percentages,

SIX SIMPLE STEPS TO PERFORMANCE MEASUREMENT

- DEFINE PROGRAM GOALS AND OBJECTIVES.
- MATCH OBJECTIVES TO RELEVANT INDICATORS.
- IDENTIFY SOURCES AND METHODS OF DATA COLLECTION.
- COLLECT DATA.
- INTERPRET AND REVISE, IF NEEDED, THE DATA COLLECTED.
- SHARE RESULTS.

rankings and absolute counts (e.g., days of work missed due to malaria), or through yes/no scores, such as the presence or absence of a given condition (e.g., a workplace policy on HIV/AIDS). Ultimately, performance will be assessed in terms of these values and scores. A company must therefore be careful to develop indicators that are meaningful for their program's objectives.

It is important to build M&E into a program from the beginning so that baseline data for each indicator can be collected prior to the start of activities. Processes, outputs, and results (outcomes) should be measured periodically so as to show progress of the program intervention over time. The ideal timing for obtaining follow-up data will depend on the indicator itself (e.g., since changes in knowledge and attitudes are generally precursors to adoption of new behaviors, they may be detectable sooner than corresponding changes in behavior). The rubric below lays out a potential sequence for an M&E plan for an HIV/AIDS prevention program. The types of indicators are like mileage markers on a roadmap.

In order to firmly establish causality, companies must collect data not only from program participants, but also

Sample Indicators for Different Stages of an HIV Prevention Program

PROGRAM STAGE	INDICATOR TYPE	EXAMPLES
Pre-intervention Participatory exploratory research	Baseline	<ul style="list-style-type: none"> • Knowledge and attitudes • Self-reported behavior • Service utilization • HIV incidence
Training, participation Information distribution Service provision	Process and inputs	<ul style="list-style-type: none"> • # of people trained • # of educational materials distributed • # of condoms distributed
Short-term, post activity	Outputs	<ul style="list-style-type: none"> • Knowledge and attitudes
Medium-term, post activity	Outcomes	<ul style="list-style-type: none"> • Self-reported behavior • Service utilization
Long-term, sustained	Impact	<ul style="list-style-type: none"> • HIV Incidence

from an equivalent comparison group that was not exposed to the program. However, participants noted during group discussions that doing so can be impractically costly and ambitious. If no comparison group is used, businesses should be cautious when attributing changes in indicators to their own interventions, and should acknowledge that external events might have contributed

The third step in performance measurement is **identifying sources and methods of data collection**. There are many options for data collection, and the best choice for a company will vary depending on the operating context, available resources and the indicators being measured. For instance, self-assessment questionnaires may be most appropriate when companies seek to examine knowledge and behavior, while clinical records provide more accurate insight for evaluating treatment uptake. After deciding on the method of data collection, companies then need to determine the scope of their participant sample: for example, will they collect data on the entire workforce, the community or a representative sample thereof?

Data collection is the fourth step. Here, personnel must be carefully trained in data collection methods, with clear instructions on how to proceed. A recommendation emerged in discussions that training should address the rationale behind the M&E effort, so that those involved view and value their tasks as central to the program's success. This stage provides an opportunity to catch some potential risks that can accompany the M&E process, if companies have measures in place in order to control these pitfalls. For example, data collection can actually do some harm if there is no follow up, as it builds expectations. Information gathered needs prompt attention.

The fifth and final step, **interpreting and sharing results**, is discussed in detail in the "Communicating Impact" section of this report.

"EVERY PROGRAM THAT WE DO HAS TO HAVE M&E AS A PART OF IT...IT'S KEY TO CONTINUE TO LOOK AT THE GOALS WE ESTABLISHED. AS YOU CONTINUE A PROJECT OVER [TIME] IT'S VERY IMPORTANT TO SEE IF [YOU] NEED TO ADJUST [YOUR STRATEGIES] BASED ON THE SITUATION ON THE GROUND."

**- Michael Joyner, Director of HIV/AIDS Programs,
GSK Positive Action**

CASE STUDY 3: Black Entertainment Television (BET)

THE POWER OF MULTI-MEDIA: BET'S RAP-IT-UP INITIATIVE

**Ms. Sonya Lockett,
Vice President,
Public Affairs,
Black
Entertainment
Television (BET)**



The key elements of an effective media campaign, as BET's Sonya Lockett noted, are: a clearly defined target audience; well-targeted messages; partnerships with media by target; a coordinated multi-platform approach; back-end resources and access to services; and ongoing monitoring and assessment.

Rap-it-Up is BET's Emmy-award winning HIV/AIDS public education campaign, run for the last eight years in association with the Kaiser Family Foundation. Rap-it-Up was born when a BET audience poll singled out HIV/AIDS as the number one issue of concern. Since 2000, campaign components and activities have included eight public service announcements (PSAs) on issues such as testing and combating stigma; SMS campaign development; community outreach, including working in schools and with celebrities, reinforcing the company's commitment publicly; long-form programming, involving BET news specials and 30-minute films; and information resources like a toll-free hotline number and BET's website. In most if not all of these, the company can track who they are reaching and measure how much of the message is resonating.

BET tracks all activities they carry out, including how many PSAs are aired and when; programming ratings; the number of calls and texts to the hotline; and the number of referrals to a testing center. Such data is collected internally on a monthly basis so that the company can compare that month to others to discover why there are spikes at certain times, highlighting what was particularly effective.

The Kaiser Family Foundation carried out a comprehensive audience evaluation of the Rap-it-Up campaign. The evaluation found that among African Americans between the ages of 18 and 24 who have seen the Rap-it-Up programming, 82 percent said they learned about HIV and other STDs and the same proportion learned how HIV affects their community. Furthermore, among the same cohort, 83 percent said it made them more likely to take their sexual relationships seriously, while 77 percent said it would make them more likely to use condoms if they have sex. The campaign was successful in spurring the adoption of healthy behaviors: 52 percent of those exposed to the campaign said that as a result they had talked to a partner about safer sex; 37 percent had visited a doctor or been tested for HIV. These are outstanding results for a television network, demonstrating the extent of reach and power of programming in the media on behaviors.

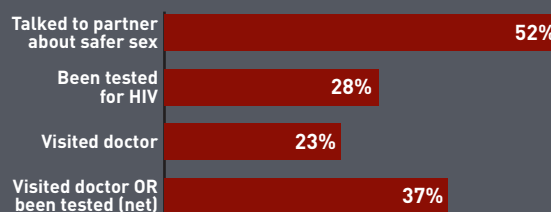
BET is clearly concerned with the percentage of young people who are left, and the company is considering how best to reach them. New concepts to deal with this group have included the introduction of SMS messaging and the use of non-celebrities in programming so viewers can feel more engagement with people “just like them.”

MEASURING HUMAN BEHAVIOR CHALLENGE: BLACK ENTERTAINMENT TELEVISION (BET) WAS INTERESTED IN KNOWING MORE THAN JUST HOW MANY VIEWERS HAD BEEN EXPOSED TO THEIR PUBLIC SERVICE ANNOUNCEMENTS; THE COMPANY WANTED TO DOCUMENT CONCRETE OUTCOMES OF THE PSA PROGRAM.

SOLUTION: INSTEAD OF ASKING AUDIENCE MEMBERS WHAT THEY LEARNED AS A RESULT OF SEEING THE CAMPAIGN, THEY ASKED ABOUT THE SPECIFIC ACTIONS VIEWERS WERE INSPIRED TO TAKE (SEE GRAPHIC).

AUDIENCE ACTIONS

Among African Americans 18-24 who have seen the programming, percent who say they have... because of what they saw



M&E Challenges and Solutions

Measuring a program’s effects is tougher if the process was not initiated at the start of the project, participants agreed. Other concerns voiced by participants ranged from financial constraints to difficulties formulating actual program design, as well as negotiating politics between partners and organizational conflicts that got in the way. Highlighted below are a few of the major challenges raised during the day’s discussions:

- Constructing “soft measures” or indicators to evaluate areas like human behavior and stigma
- Balancing the opposing demands of scientific rigor and operational practicality in program design and implementation
- Protecting employee confidentiality in matters such as the measurement of HIV service utilization
- Monitoring a program’s sustainability, both financial (complex to calculate) and institutional (qualitative and hard to measure objectively)
- Competing for limited resources (e.g. getting adequate access to funding, qualified and credible human resources, infrastructure, etc.), especially when others may not see the value of evaluation and instead want all resources devoted to program implementation

- Establishing buy-in from clinical providers and others in the local health community
- Operating under the pressure to demonstrate an immediate impact, particularly to internal stakeholders, despite the fact that behavioral change often takes time to manifest

Kate Bourne, Vice President of International Policy and Regional Programs at the International Women's Health Coalition, observed that both corporations and donor agencies tend to allocate resources to programs and types of interventions that lend themselves to measurement (such as treatment and testing), while neglecting areas such as changes in sexual risk behavior, which are considered more difficult to measure. Participants agreed that although measuring the sustainability of programs can be a challenge, a robust M&E process adds credibility to the value of the program itself.

“BUSINESSES DON'T NEED TO MEASURE THEIR PROGRAMS WITH THE LEVEL OF RIGOR REQUIRED FOR PEER-REVIEWED JOURNAL ARTICLES, BUT THEY SHOULD UNDERSTAND WHO THE KEY STAKEHOLDERS ARE AND WHAT THEY WANT TO SEE.”

- Dr. Henk Rijckborst, Health Affairs Director, Heineken International

Companies are encouraged to utilize the skills and resources of credible partners – whether corporate, public or NGOs on the ground– who have demonstrated success in measuring these often difficult variables. Coordinating with local health facilities and officials further demonstrates that the company program is well-aligned with national level initiatives and strategies. Adopting such a forward thinking strategy not only enhances the sustainability of the project but allows for cost sharing between partners, as is evident in a number of corporate programs across Africa conducted in partnership with national governments, Global Fund country coordinating mechanisms and the President's Emergency Plan for AIDS Relief (PEPFAR).

BENEFITS AND CHALLENGES OF M&E

Challenges

- Certain requirements on 'reporting' associated with compliance for funding (Presidents Emergency Fund, Global Fund, USAID, etc.) are seen as burdensome.
- M&E data goes into a larger organization but does not come back out, or comes back in a consolidated fashion that is not useful to the individual unit.
- HIV-related outcomes are harder to measure (than malaria outcomes, for example) because of the chronic nature of the disease.
- It's hard to just plug-and-play because what to measure will vary from country to country and situation to situation: each stakeholder in a program will likely have their own measurement criteria and needs (donor, delivery, recipient, government etc.).
- Data coverage, accuracy and choice of sample can pose big challenges; for example, how does a program track service use by migrant populations? or avoid double- or multiple-counting of individuals when statistics are collected anonymously?
- M&E systems for HIV programs tend not to be incorporated into—or even linked to—conventional enterprise information systems (e.g. Oracle and SAP), which creates problems of consistency, costs and profile (program data are not part of mainstream business information).
- The inclusion of contractors in programs is a big challenge, as these are regularly twice the scale of a direct employee population.
- Measures get more complex over time as extras are added, making execution and interpretation more difficult.
- There is typically a lack of data capture linking private sector involvement into the national strategy and data systems.

Benefits

- M&E results help make the case for continuing funding.
- M&E provides an illustration of program progress
- Information on program results enables dialogue between parties
- If done well, evaluation sets the bar higher for future performance
- Evaluation illustrates effectiveness and helps guide how to deploy resources/ make use of linkages
- M&E identifies gaps and weaknesses
- Measuring results drives companies to innovate: to migrate practices, shift resources and possibly refocus efforts
- Accountability comes with measurement
- M&E helps inform sustainability reporting to shareholders, stock markets, staff, unions etc.
- Good measurement illustrates the value-add from resource use (return on investment)
- Credible measurements convey credible strategy on direction and ambition, build confidence with share/stakeholders

Although challenges are inevitable, virtually any difficulty can be overcome. In no circumstances should a company let apparent obstacles to measurement dictate the direction of their programs. Rather, companies should adapt their M&E plan to the circumstances in which they are operating. In some cases, this may involve compromising a bit of scientific rigor for the sake of practicality.

How to Overcome M&E Challenges

Overall, the theme of the day was that solutions to M&E challenges are as varied as companies themselves. A few challenges and suggestions from the breakout sessions are listed below:

- **If an M&E budget is inadequate**, talk to those with budgeting authority to convince them why data collection is valuable. A common rule of thumb is that M&E should amount to five to 10 percent of program costs, but there is remarkable pay-off in terms of the ability to assess, adjust, and demonstrate results.
- **If resources are still inadequate**, try to focus on a smaller number of core indicators that capture key trends.
- **If employee confidentiality remains a persistent concern** despite reasonable measures to protect privacy, work harder to publicize anti-discrimination policies and reduce workplace stigma. In some cases, companies may have to partner with external providers to move HIV services off-site.
- **If management requests evaluation reports prior to project completion**, these should be provided with caveats explaining that they do not capture the total impact of the intervention.

VARIATIONS IN MEASURING AND EVALUATING WORKPLACE & COMMUNITY INITIATIVES

Benefits & Challenges in Workplace Programs

- The workplace provides an effective setting for programs to reach out to men.
- In many situations, staff is ‘staff for life,’ so it makes economic sense for companies to invest in their employees.
- Workplace programs allow links to use of occupational health metrics.
- Ideally workplace programs should link to public health systems.
- Workplace programs strengthen the business and staff productivity.
- Programs should try hard to combat (and measure) stigma in the workplace.

M&E for Community Programs: Benefits & Challenges

- Coordination with national health systems is important but can be challenging, especially with respect to data collection.
- Contractors often fall under the ‘community’ definition, making it hard to track impact of programs on this population.
- The community may provide a better setting than the workplace for programs to generate measurable effects among women.
- A community M&E plan needs to meet the requirements of multiple stakeholders, as the community is more complex and encompasses more stakeholder types than the workplace.
- Partnerships with NGOs using different reporting systems can make it hard to cumulate results.
- On the other hand, community-based programs offer the potential for links to public sector healthcare and health statistics.

III. COMMUNICATING IMPACT

Communication Strategies

Brevity and clarity form the foundation of effective communication. Communicating impact and outcomes is important because it emphasizes that a company is results-oriented. Pairing this with simple, directed messages will help guarantee continued support.

Despite core principles, communication is not a one-size-fits-all activity, and must be tailored to each respective stakeholder. This became particularly obvious as participants debated the relative merits of using quantitative versus qualitative data to capture and convey impact.

Which better illustrates impact: statistics or personal stories? Some of the pros and cons of each strategy are listed below:

WHY COMMUNICATE IMPACT?

1. ESTABLISH ACCOUNTABILITY AND TRANSPARENCY WITH KEY STAKEHOLDERS
2. IDENTIFY AND PRIORITIZE COST-EFFECTIVE INTERVENTIONS FOR INVESTORS
3. RAISE AWARENESS AND GALVANIZE SUPPORT FOR FUTURE INITIATIVES
4. GAIN PUBLICITY, INCREASE SALES AND ATTRACT AND RETAIN TALENT

STATISTICS

- Intellectual appeal – best for specialized groups familiar with the subject
- Concise and to the point
- Risk of obscuring complexities and background information

NARRATIVE ACCOUNTS

- Emotional appeal – suitable for general audiences
- Longer and less direct
- Better to elaborate on why or how a certain result was sought and achieved



Stakeholder Needs

Companies must tailor communication strategies to different internal and external stakeholders. For example, data collected regarding returns on investment of a company program will be communicated differently to the firm’s Board of Directors than to the general public.

Stakeholder needs should be identified at the very beginning of the M&E process. This will ensure that the indicators selected yield the type of data of interest to each group. What is reported internally between senior management and employees within a company, therefore, will be prioritized for that audience.

Once the right data is available, it is only a matter of deciding with whom it should be shared. There is no obligation to share all data with all parties.

Communication can also occur within and between entire industries. Such collaboration leads to sharing of lessons learned, and helps avoid situations where businesses try to reinvent the wheel with their public health programs. Expanding on this idea, Dr. Richard Heron, Vice President of Health and Chief Medical Officer of BP p.l.c, cited the need for a service akin to a “speed dating agency” that would match companies and organizations with complementary interests. The speed dating concept received very positive feedback from participants. In fact, several noted later, such brokering and facilitation of collaboration and partnerships between companies and other organizations is one of the benefits offered by GBC membership.



* NGOs are often service providers or technical partners to companies developing workplace and community programs; the NGO community also plays a “watchdog” role on some issues, particularly environmental impact (e.g., Rainforest Alliance and others).

“HOW DO YOU BUILD IN INDICATORS THAT SPEAK TO THE PUBLIC HEALTH WORLD, SENIOR MANAGEMENT AND CORPORATE AFFAIRS FOLKS?”

-Patricia Mugambi-Ndegwa, Vice President – Regional Director, GBC East Africa

Sharing Data, Communicating Results

INDICATOR	POTENTIAL AUDIENCE
<ul style="list-style-type: none"> Percentage of population who are exposed to a company-sponsored HIV education campaign 	<ul style="list-style-type: none"> Community (public relations purposes)
<ul style="list-style-type: none"> Days of work missed due to malaria 	<ul style="list-style-type: none"> Management
<ul style="list-style-type: none"> Existence of an anti-discrimination workplace policy on HIV 	<ul style="list-style-type: none"> Employees
<ul style="list-style-type: none"> Spending on benefits for HIV-positive employees 	<ul style="list-style-type: none"> Board of Directors

IV. NEXT STEPS

Towards Collective Action

As businesses begin to move their public health programs beyond the workplace and into the surrounding communities, public-private partnerships are becoming increasingly common. In order for such collaborations to be successful, companies must be able to align their standards and priorities with those of the public sector. Robust and well-defined M&E processes help with this alignment.

Dr. Shaun Conway, Director of ReAction! (Responsible Action), a professional services agency for health and sustainability, presented his organization's experience working with Xstrata S.A. to develop an assessment tool that measures corporate TB and HIV services. ReAction! works in close collaboration with private and government health care providers to ensure delivery of quality TB care through what is called "public-private mix," or PPM. Experiences gained from this partnership encouraged ReAction! to partner with the World Health Organization to further refine and disseminate the PPM Assessment Tool

PPM ASSESSMENT TOOL

The self-assessment tool consists of questions which relate to precise activities in the areas of participation (P), alignment (A), coordination (C), harmonization (H) and accountability (Ac). Businesses rate their own progress for each item on a scale of 1 to 4.

These same types of questions can guide collective action beyond the PPM model. Examples include:

- Public-private partnerships (PPP)
- Business-to-business action
- Engagement with community leaders

Collective action is particularly effective when companies want to get involved with health systems strengthening efforts. In recent years, many major funders in global health have started to move away from vertical, disease-specific approaches and shifted towards a more holistic "horizontal" approach. This strategy seeks to overcome system constraints such as health staff shortages, inaccessible facilities, supply chain weaknesses and poor surveillance systems that inevitably affect service delivery for HIV/AIDS, TB and malaria.

CASE STUDY 4: Xstrata Plc.

ASSESSING YOUR BUSINESS CONTRIBUTIONS TO TB/HIV CARE

*Dr. Shaun Conway,
Director of ReAction!
(Responsible Action)*



Xstrata has developed an innovative partnership model with Re-Action!, a professional services agency for health and sustainability, to help stabilize the health and welfare of the company's employees, their families and local communities.

There are many aspects to Xstrata's Corporate PPM Assessment. First and foremost, the tool draws on norms and standards issued by international organizations including the World Health Organization (WHO) in the form of publications and guidelines. Part of the challenge is working out how best to apply these, especially since a company will bring in extra standards of their own through business programming. Comparing against accepted norms and standards will show if a company is on the right track in terms of best practice and innovation.

The main feature is the Corporate Self-Assessment Tool, which analyses what a program is contributing to HIV/TB control. The purpose of the tool is to improve the quality, value and impacts of a company's response; learn how to engage in more systematic partnerships with the public sector and others; assess the public health implications of the response; identify gaps for further development and technical assistance; perform a baseline assessment to monitor and evaluate, advocate and motivate; and make smarter plans for dealing with HIV/TB in the workplace and in CSR efforts.

Xstrata monitors and evaluates six areas of performance:

- The company's current programs, which demonstrate the commitment and context in which they are operating. There are two components to their response to HIV and TB presently: workplace and community.
- Public health targets that show where the gaps are, for example, their TB-case detection rate is currently under 50 percent, so needs attention. Targets can be set if public health results are demonstrated in tangible terms.
- Elements of the Public-Private Mix, their MOU with the Department of Health. This is a co-investment with PEPFAR that runs HIV and TB service activities in the workplace and community and health system strengthening in two districts.
- The delivery of HIV/TB service activities, such as testing/screening, antiretroviral treatment and prevention therapy.
- Health system strengthening activity, such as financing and infrastructure.
- Collaborations, where a set of questions assess where the company is in their partnerships and what improvements can be made. Xstrata's collaborations today include a public-private partnership (PPP) with Mpumalanga Department of Health; a co-investment with PEPFAR/CDC; implementation with Re-Action!; service delivery with community-based organizations and NGOs, private and traditional health professionals and practitioners; the mobilization of people living with HIV, community leaders, workforce, and unions; and joint action with other companies.

Xstrata believes in responsible action, which requires a continual focus on monitoring and measuring. They feel they have developed a tool that allows them to take stock of where they are as a company. In order to understand PPM they apply the five principles of participation, alignment, coordination, harmonization, and accountability to produce a straight-forward matrix that covers disease interaction from diagnosis through referral to treatment and follow-up.

In assessing PPM, the following elements are considered essential:

- stewardship and partnership
- district-level assessment and joint planning
- provider engagement
- coordination of service inputs
- scope and quality of services
- continuity of service delivery and service linkages
- monitoring and reporting

It is also important for a company to get all their partners engaged and aligned to ensure collaboration is well coordinated. In assessing partnership, the following areas are crucial:

- shared objectives and expectations (value-add)
- collective clarity around governance and responsibilities
- planning, monitoring, evaluation and reporting
- availability and productivity of resources
- openness, transparency and communication
- accountability and stakeholder engagement
- sustainability and continuity

Xstrata's M&E engagement is ongoing; they launch their Beta-Testing tool in August 2008 followed by a published version in the fourth quarter of 2008; they continue to document case studies with WHO and StopTB; take part in regional GBC workshops; offer technical assistance on PPM; and work with various organizations to put out results. Xstrata has also implemented the PPM Learning Lab, an online assessment tool.

Challenges & Opportunities of Collective Recognition

While collective action facilitates the continuity of service provision and expands the scope of a company's impact, it can also lead to tensions between different actors when it comes to taking credit for program impact. Contributions of small and medium-sized businesses run the risk of being obscured by those of large corporations and multilateral organizations like UNICEF or WHO. However, with this potential challenge comes an opportunity, as there is increased incentive for partners to clarify their respective roles at the onset of the program. Even beyond the benefits in relation to evaluating and communicating program impact, clear delineation and communication of each partner's expectations and responsibilities can only improve a program's implementation. And as one participant remarked, "It's amazing what you can accomplish when you don't care who gets the credit."



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For more information and resources, please visit
www.gbciimpact.org/measure

ABOUT GBC

The Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria (GBC) is an alliance of over 220 international companies leading the business fight against HIV/AIDS, TB and malaria. GBC works to leverage the private sector's unique skills and expertise in the global response – including developing comprehensive workplace policies; supporting community programs; utilizing core competencies; facilitating leadership and advocacy by business leaders; and brokering public-private partnerships. The official focal point of the private sector delegation to the Global Fund to Fight AIDS, Tuberculosis and Malaria, GBC maintains office in New York, Paris, Johannesburg, Beijing, Nairobi, Moscow, and Kyiv.

Visit www.gbcimpact.org to learn more about GBC.

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