

Welcome!

Overview of the
Implementer's Resource

Audience: You and your
colleagues

Purpose: Gather,
analyze, share evidence

Goal: Strategic
evaluation of
interventions to enhance
social participation in
health

Let me introduce you to a new resource on evaluating community-based health interventions. It is a publication titled “Making Change Visible: Evaluating Efforts to Advance Social Participation in Health: An Implementer’s Resource.”

Let’s refer to it as the “Implementer’s Resource” or “the Resource.”

You can see on the cover that it was developed by the non-profit Training and Research Support Center with a team from five different countries within the international “Shaping Health” consortium, and it was funded by the Robert Wood Johnson Foundation Global Ideas Fund at the Charities Aid Foundation of America.

What is it? It is a resource on designing and conducting program evaluations. It was produced for people like you and your colleagues and their colleagues all around the world who are implementing or helping to implement programs that advance social participation or community engagement in health.

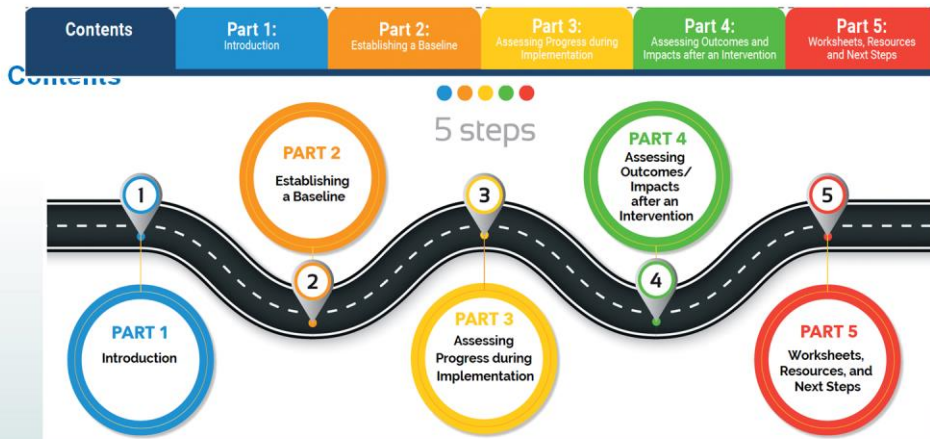
Maybe you work for a health department or other government agency that is partnering with a local community-based organization to engage community members in health improvement? Or perhaps you work for a community-based organization? Or maybe you’re someone who organizes volunteers in your community? Or maybe you work for a philanthropy that listens to and follows the lead of local community members when funding efforts to improve their health? *[If audience members pre-registered for this presentation, you can modify this list to reflect the types of roles held by those in attendance. If not, you can poll your audience now to gain a better sense of who is participating.]*

As with any change effort, everyone involved even a little bit, as well as a broad audience of interested observers, will want to know how the effort is producing the desired changes and improving health. What is working well and what needs modification?

The Implementer’s Resource was developed to help you evaluate a program and find the answers to these and other questions. An evaluation involves gathering, analyzing, and sharing a range of evidence to assess progress and show changes achieved as a result of the efforts made.

Ultimately, this evidence will help you, your colleagues, local residents, funders, policymakers—everyone who is working together to improve the community’s health—to make decisions about that work based on evidence, to make decisions to improve action, and to show how much the intervention did or did not contribute to meaningful change.

Contents



The Resource is divided into five parts, each of which I will discuss in more detail in this presentation:

Part 1 is the introduction, which includes a little bit of background on social participation in health, as well as a big picture overview of evaluation, explaining its three main stages or phases.

Part 2 goes into detail about the first phase of an evaluation-establishing a baseline. This means figuring out where things stand before you begin implementing a new program or intervention and using this information to design an evaluation and achieve the desired change.

Part 3 details the second stage of an evaluation-assessing progress during program implementation. This can be repeated at different points in time during the intervention.

Part 4 explains the third and final phase of an evaluation-assessing outcomes or impacts after a program or intervention has been operational for a while or has ended.

Part 5 gathers supporting materials in one place-it includes worksheets that are used as interactive activities as you move through the different parts of the Resource. It provides a glossary of terms, a summary table of the many methods shared, as well as next steps and where to go for more information.

But, before I walk you through each part in more detail, I first want to draw your attention to the real-world examples that are featured throughout the Resource.



Implementer's Resource



Real-World Examples of Evaluation

- Variety of brief examples focused on specific topics
- One complete story told across the Resource



An evaluation story in Amish and Mennonite communities

Ohio is home to two of the world's largest Amish and Mennonite communities. Among women under 60 in these communities, breast cancer was the leading cause of death. Barriers to breast cancer screening services were identified, including local beliefs about health and health care, the need to travel long distances to access services, and language. In 1997, [Project Hoffnung](#), working with and steered by community-based coalitions in the region, [began providing cancer outreach](#) to the Amish and Mennonite communities, providing a bridge between local community cultures and breast cancer care. The project team, comprised of community members and health workers, provided information, free mammography screenings, and follow-up support to help women prevent and manage breast cancer. Local communities saw the need to evaluate their progress and outcomes and mobilised funding for this. Amish and Mennonite team members brought an understanding of the communities and their cultures to the team, which also included non-Amish members from rural Ohio and Ohio University. The team planned its evaluation of the intervention.

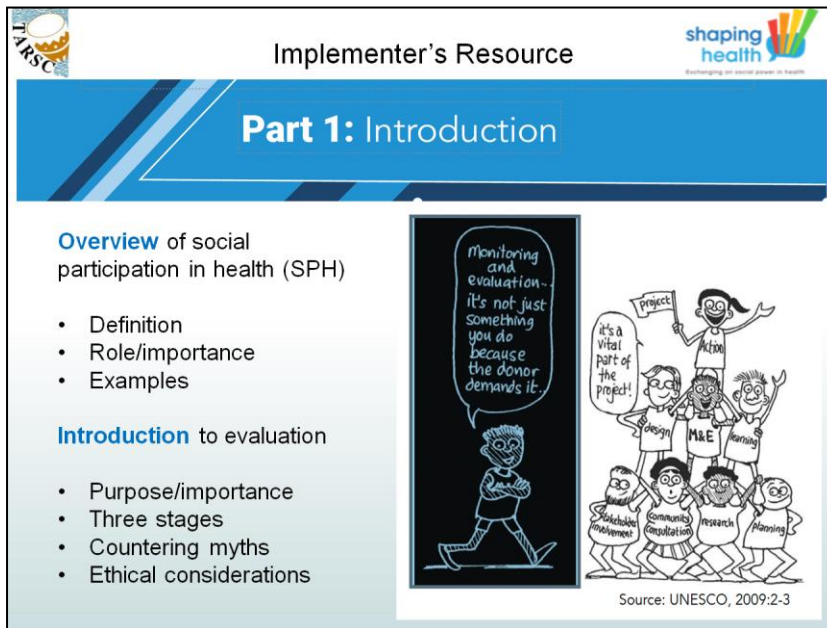
We will follow the team's story through each part of this resource to see how the evaluation was designed and implemented, and how results were communicated.

Every section of the Resource features stories from across the globe illustrating the various ways that evaluation has been embedded in and used to advance real-life efforts to expand social participation in health.

Most of the stories are just a paragraph or two; small pieces or segments of longer stories. These brief stories are used to highlight certain details about how a specific concept or skill described in the Resource has played out within a real-world evaluation.

While the brief stories provide examples of certain topics within evaluation, the Resource also includes one complete story of evaluation from start to finish. Titled “An Evaluation Story in Amish and Mennonite Communities,” the story is introduced in Part 1 and told in installments at the start of each subsequent part of the Resource. It recounts how implementers of a program to increase breast cancer screenings among Amish and Mennonite women in Ohio successfully evaluated their efforts.

These real-world stories are featured in green text boxes throughout the Resource because they help clarify a complex topic, providing practical examples that bring evaluation to life and show how implementers around the world have used it to advance social participation in health.



Part 1 of the Resource does two things:

First, it provides an overview of “social participation in health” or “SPH.” It clarifies what is meant by the term “social participation in health” because we may all call it something different. In the U.S., it is often referred to “community engagement in health.” Around the world, “social participation in health” is more common.


Regardless of the term used, it is about people in communities using their voices, speaking up and speaking out about the health issues in their own neighborhoods, collaborating and forming partnerships to identify needs, assets, and solutions; participating in collective decision making about how health-related funds are spent; etc. It is about people taking charge of their own lives and their own health rather than health systems, governments, social service organizations, or other entities deciding what is best for them and the people in their community.

Part 1 explains the significance of interventions that seek to advance social participation in health as a means to improving a community’s health status and outcomes. It introduces us to several interesting stories about ways that SPH interventions have been carried out in communities around the world to improve health. [\[Here, you may provide an example from the Resource that you believe will resonate with your audience, or you can ask participants for their own examples.\]](#)


Second, Part 1 introduces us to evaluation—both in general and as it pertains specifically to social participation in health. It explains [as shown in the cartoon] that evaluation plays a critical role in any intervention designed to improve health—how else will you know if your efforts are succeeding as intended?

Part 1 introduces the three stages that comprise an evaluation—establishing a baseline, monitoring and measuring progress during an intervention, and assessing impacts and outcomes. As you’ll see in this presentation, parts 2, 3, and 4 of the Resource explore each of these three stages in detail.

For each stage, parts 2, 3, and 4 help readers make decisions about what information or evidence to gather, ways or methods to gather the desired information, what to do with the evidence gathered, and potential challenges that can be anticipated. The introduction also debunks a variety of myths that stop people from conducting evaluations and it outlines a set of ethical principles that should guide evaluation of SPH interventions.




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Part 2: Establishing a Baseline

Evaluation Phase 1: Baseline

- Developing a theory of change
- Identifying evidence to gather/data points to measure
- Deciding how to gather/measure the data
- Analyzing, organizing, & sharing evidence
- Managing challenges



A roadmap on steps and plans to strengthen participation
©CESFAM MT Calcuta, Santiago, Chile 2016

The first stage of any complete evaluation requires you to establish a baseline. The baseline is the reference or starting point against which you can measure the change that occurs during and after the intervention. It identifies how the things that you want to change currently stand in the community.

The first step in establishing a baseline is developing a theory of change. A theory of change helps us to think through, in an organized way, our assumptions and the pathways that will lead to change. The process engages stakeholders in conversations about their hopes, expectations, and assumptions regarding the intervention. Creating a theory of change will help guide you through establishing a baseline because it clarifies the desired changes, analyses the current situation, identifies priorities and assumptions, and maps the pathways for change.

[The photo shows a visual representation of a theory of change from a program in Chile, but theories can be represented visually in many different ways. A worksheet in Part 2 helps teams prepare their own theory of change.]

The next step is deciding what evidence to gather, what data points to measure. The Resource walks you through different categories of information to gather, including on: context, community, conditions affecting health, stakeholders, and the existing level and quality of SPH. It helps you understand how to choose the best data to gather based on the specific context for and details of the planned intervention. It also goes into ways to take available resources into account and the pros and cons of different kinds and quality of information, including the differences between primary vs. secondary data, quantitative vs. qualitative data, and determining the validity and reliability of your data.

Part 2 details the different ways to gather evidence for the baseline. Some are quantitative, such as surveys, while others are qualitative, such as interviews and focus groups. Many are participatory, and collect visual evidence, such as relationship maps, and stakeholder and network analyses. Evidence on existing services can be gathered via service use maps and exit interviews. Choosing which methods to use depends on what is accessible and relevant for the context, implementing team, and other stakeholders.

In terms of engagement, Part 2 helps you decide how to analyze, organize, and share your baseline findings for use by your team and other target audiences. It discusses how to manage challenges you may face in gathering and sharing baseline evidence.

Part 3: Assessing Progress during Implementation

Evaluation Phase 2: Performance

- Identifying evidence to gather/data points to measure
- Deciding how to gather/measure the data
- Analyzing, organizing, & sharing evidence
- Managing challenges



The middle phase of evaluation assesses an intervention while it is operational. Also termed progress monitoring, a process or performance evaluation helps to keep an active intervention on track.


Performance evaluations are conducted at least once during an intervention and are often done more than once for longer-term interventions. They look at process measures or indicators, including what inputs have been applied during the intervention and what outputs have been produced, such as actions taken, events held, materials developed.

As with the baseline evaluation, for performance evaluations, you will need to decide what to measure, how to measure, and what to do with the findings. And this type of evaluation also requires decisions regarding quantitative vs. qualitative data and primary vs. secondary sources. In this phase and the next, you will gather some of the same evidence that you gathered during the baseline evaluation.


With respect to identifying what data to gather and how, Part 3 of the Resource walks you through collecting evidence on context (relying heavily on what was presented in Part 2). It also goes through gathering evidence on the community's experience with and/or acceptance of the intervention; and on the intervention's inputs, organization, performance, and outputs. These measures are gathered using various tools described in Part 3, including surveys, Likert scales, scorecards, and progress markers. During this phase, a cost-effective analysis can be done to compare information on how resources were used for inputs to information on the outputs produced.

In addition to links for more information on all the tools, and examples from practice in different parts of the work, the worksheets in Part 3 guide teams through deciding what evidence to collect, which tools to use, and how to organize and use the information collected.

At this point, data analysis involves comparing progress achieved so far against planned targets and determining whether or not adjustments should be made. Sometimes, challenges with implementation occur, such as language gaps, resource shortages, conflicts among stakeholders, etc. The Resource helps you think through how best to manage these challenges.




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Part 4: Assessing Outcomes and Impacts after an Intervention

Evaluation Phase 3: Impacts and Outcomes

- Identifying evidence to gather/data points to measure
- Deciding how to gather/measure the data
- Analyzing, organizing, & sharing evidence
- Managing challenges



IFRC, 2011

The changes resulting from an SPH intervention are measured as outcomes. If the changes can be directly linked to the intervention, they are called impacts. The third and final evaluation phase is used to look for these types of results. An outcome evaluation focuses on the intended and unintended changes that occur as a result of an intervention. Timing is key for this: *too early* and you may not have allowed enough time for the expected changes to have taken place; *too late* and the momentum built and the changes produced may have waned or been lost.


An outcome evaluation tests our thinking in planning the intervention and in the theory of change. It examines what changes were achieved as well as what caused them and how performance affected them. Regardless of whether you are assessing outcomes or impacts, Part 4 discusses what evidence is gathered on many areas implemented in the previous two stages, including the context in which the intervention is operating; the inputs, actions, processes, and outputs; and the participants in the process. To assess outcomes, evidence is also gathered on the changes achieved (both expected and unexpected), who benefited, what factors affected the changes, and what value and social return was obtained for the resources invested.

As for the other parts, the decisions on what evidence to gather is determined by the context, the local situation, and the intervention. To assess change against earlier phases, the evidence collected needs to be comparable to what was collected in the baseline and performance evaluations. Part 4 provides information and worksheets to help guide your team's decisions regarding what to collect.


Many of the tools used to gather evidence for the third phase of evaluation are similar to those used in the first two phases. Part 4 adds to these tools to assess outcomes in comparison to baselines, such as citizen report cards, wheel charts, and outcome stars, and tools to help interpret what contributed to these changes, such as contribution analysis, causal flow diagrams, and the most significant change technique. Part 4 discusses how to do a cost-benefit analysis using a social return on investment model that measures both monetary and non-monetary inputs and outcomes.

The processes at this stage for analyzing, organizing, and sharing the findings, and for managing challenges build on what was learned during the first two stages. At this stage, there is more evidence to organize and share. Communities, managers, and funders may have different information needs regarding the outcomes achieved, what has been learned, and how this affects future practice. The Resource helps teams identify what different stakeholders may want to know and how to organize and present findings in ways that work for them. This includes ways that you and your colleagues can learn from the findings

regarding what to do next.



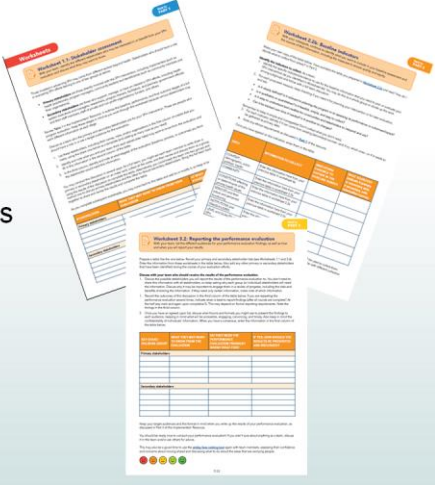
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Part 5: Worksheets, Resources, and Next Steps

Supplementary Information

- Worksheets
- Table: Summary of methods & tools
- Glossary
- References and resources
- Next steps



Part 5 of the Resource is focused on supplementing the contents of Parts 1-4. It includes the full set of 14 worksheets, which are intended to clarify the information contained throughout the Resource and help users practice the skills described in the text.

Part 5 also contains a table that summarizes all of the various methods and tools that can be used to gather evidence for the three evaluation phases. It also contains a glossary, a bibliography, a list of resources with links, and outlines some next steps.

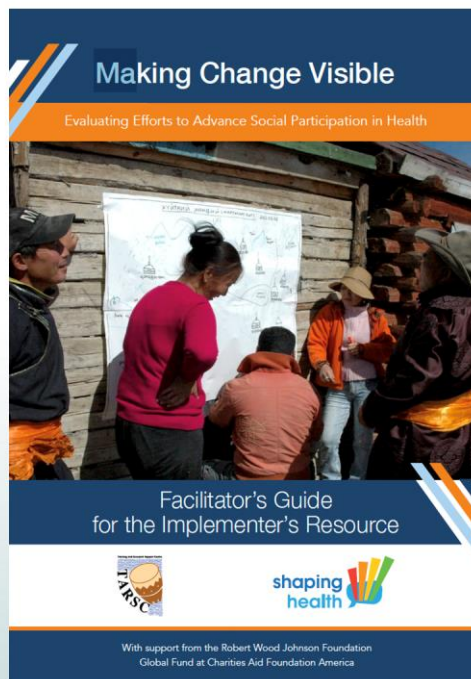
Facilitator's Guide

A guide to using the
Implementer's Resource

Audience: Anyone who wants
to facilitate evaluation using
the Resource

Purpose: Supports facilitators
as they guide their colleagues
or others through use of the
Resource

Goal: Designing/conducting an
effective evaluation



Once you've been through the Implementer's Resource and feel more comfortable with evaluation, one of the next steps is to consider sharing what you've learned with your colleagues.

The Resource has a companion publication, called the Facilitator's Guide. It is intended for people who are familiar with the Resource and want to share it with others. The Guide is like the teacher's version of a text book—it helps you think through the best ways to introduce others to the Resource. This could, for example, be through a 2-3 hour overview session, a 2-3 day workshop, or a real-time coaching effort to help implementers design and conduct an evaluation of their intervention.



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For more information

- Visit the Shaping Health website via:
www.shapinghealth.org
or use the QR code at right → → →
- Email questions about the Implementer's Resource and/or Facilitator's Guide to:
admin@tarsc.org
- Share feedback using
www.shapinghealth.org/node/85



The Implementer's Resource is currently in its second iteration. The first complete draft was extensively tested and reviewed by implementers around the world before it was finalized and published in its current form. Some amendments and corrections have been made based on feedback received from pilot sessions.

The Resource is available as a hardcopy, while the electronic form is freely available online on the Shaping health site at the QR code shown. The electronic version is more interactive, with links for more information, and back-and-forth links between information and worksheets.

The Resource is now being widely disseminated for use. It is also being translated; the Spanish version will be available online in January 2023. The goal is to produce a more interactive, online version, especially for the worksheets.

The authors at Shaping Health want to hear from us—from everyone who uses the Resource. They encourage everyone to contact them with questions, suggestions, and feedback. There is a simple online form that you can fill on the Shaping health website. The Making Change Visible team would be very grateful to hear your feedback on the Resource and your experiences using it so that they can continue to improve it.