

BRIEF 1: How do we understand the concepts of ‘monitoring and evaluation’

In *Shaping health* we focused on forms of social participation in health where communities co-decide the actions and services that affect their health and wellbeing. Such processes seek to enhance peoples’ collective power and to challenge power relations that lead to social injustice and inequities in health.

How do we understand what works in such processes and what learning we can share? How we evaluate efforts that build social power and participation for improved health and health systems is the subject of the four briefs in this series from *Shaping health*.

In this first brief we outline concepts and terms commonly used in discussions on monitoring and evaluation. We indicate what motivates– and discourages - us in evaluating social participation and power in health, and observe how evaluation processes can themselves affect social power.

Concepts, terms and key conceptual frameworks

Planning, monitoring and evaluation are linked processes that contribute to achieving change:

- **Planning** makes clear what results constitute success and how to achieve them.
- **Monitoring** is an ongoing process to review evidence on the progress made in the planned actions and changes.
- **Evaluation** is a process to explore whether and how the actions contributed to the intended changes (UNDP 2009).

In planning change we apply, consciously or not, a **theory of change** about what will produce the change we seek. We make multiple **assumptions** based on our beliefs and hypotheses about what triggers change and what role we play in it; about how change processes ‘work’; about pathways of change; about the context in which change takes place, what social groups are involved and what will happen as a result of interventions (van Es et al., 2015). Using a theory of change (ToC) helps to think in an organised way about these assumptions and pathways within unpredictable and complex processes, to plan the often multiple interventions and processes that can contribute to change (van Es et al., 2015).

Some planning processes use a **logframe** (short for logical framework approach) for thinking about change. This approach is more linear. It assumes that implementers can predict or promise what will happen sequentially over time. *Table 1.1* contrasts logframes and ToC approaches. As social participation processes are context-dependent, complex and unpredictable, with different perspectives on what needs to

Table 1.1: Comparing theories of change and logframes

| THEORY OF CHANGE | LOGFRAME |
|--|---|
| Critical thinking, room for complexity and deep questioning | Linear representation of change, simplifies reality |
| Explanatory: A ToC articulates and explains the what, how, and why of the intended change process, and the contribution of the initiative | Descriptive: A Logframe states only what is thought will happen/‘will’ be achieved |
| Pathways of Change, ‘unlimited’ and parallel result chains or webs, feedback mechanisms | Three result levels (output, outcome, impact) |
| Ample attention for the plausibility of assumed causal relations | Suggests causal relations between results levels without analysing and explaining these |
| Articulates assumptions underlying the strategic thinking of the design of a policy programme or project | Focuses on assumptions about external conditions |

Sources: van Es et al., 2015, p15, Used under creative common license

change and why, a ToC approach may be more relevant for planning and evaluating them. *Brief 3* provides further information on using a ToC, particularly for evaluations.

Following planning, **monitoring, including participatory monitoring** is an ongoing process to review evidence on the progress made in the planned actions and changes. It involves the regular collection of evidence to assess progress toward achieving goals over time, for those involved to make informed decisions on what actions to take or how best to use available resources (Constantino et al 2012).

Evaluation is a systematic and analytic inquiry. It aims to obtain comprehensive information about what is taking place and why, to inform strategic review and planning while work is underway, and to identify whether and how the actions contributed to the intended changes (Patton, 2008; Lennie et al 2011; Perrin 2012). Evaluations may be formative, process or summative, or may evaluate outcomes or impacts, depending on at what stage of processes they are done and what type of change they assess, as shown in *Table 1.2* below.

Table 1.2: Different types of evaluations and when they are done

| Stage of a process | Type of evaluation | Its role |
|---|-----------------------------|---|
| From the start of and during implementation of a program, policy or activity | Formative evaluation | Provides information to guide program improvement. |
| | Process evaluation | Determines whether a program is delivered as intended to the targeted recipients. |
| When the program either has been completed or has been ongoing for a substantial period of time | Summative evaluation | Informs judgments about whether the program worked (i.e., whether the goals and objectives were met) and requires making explicit the criteria and evidence being used to make “summary” judgments. |
| | Outcome evaluation | Focuses on the observable conditions of a specific group, attribute, or condition that a program is expected to have changed, termed the <i>outcomes</i> . Tends to focus on conditions or behaviours that the program was expected to affect most directly and immediately (i.e. “proximal” outcomes). |
| | Impact evaluation | Examines the program’s nature and long-term goals and the changes produced. Considers external, contextual factors that influence the impacts of programs; and other factors that may influence whether or not an intervention can “work”. |

Sources: NIH 2011; Lennie et al 2011; Perrin 2012

Box 1: Implementing process and impact evaluations

Quito (Ecuador) municipality’s ‘healthy markets’ strategy supports efforts to create the conditions to make safe, fresh food available at affordable prices for the city’s residents. The strategy has two intermediate outcomes: (1) the certification of markets that meet national standards and (2) the community certification of markets that meet criteria set by citizens. In the community evaluation, citizens propose criteria for community certification, such as better customer service, cleanliness and opening hours. These criteria are used to assess and guide improvement processes in **process evaluations**, with further assessment by municipal technical teams and community members (Obando and Loza 2017). Community process evaluations on meat markets in Quito,

As an example of an **impact evaluation**, Griebler et al. (2017) analysed from multiple studies what impact student participation had on school health promotion programmes. Almost all the studies showed personal effects on the students, in terms of their satisfaction, motivation, ownership, skills, competencies, knowledge and personal development. They also found positive impacts on the school culture, teaching content and policies. Not all impacts were positive, however: The studies also showed that students felt that participation was challenging and interfered with their work.



Community process evaluations on meat markets in Quito, J Arevalo, 2018.

Both monitoring and evaluation processes assess **indicators** of actions, processes or change. Indicators can be seen (observed), heard, read and felt (people's emotions). They define what evidence to collect so they should be relevant, specific, practical, adequate, culturally appropriate and not too numerous (UNESCO 2009). They can be of ongoing progress (**process indicators**) or of changes to achieve (**outcome indicators**), and evaluations often include both.

At the same time, some dimensions of participation and power, voice, agency or capability may be difficult to provide indicators for. So proxy or indirect indicators may be used to provide best, related ways of assessing them for them (UNDP 2009). For example, in Quito's Healthy Neighbourhood strategy, the extent of social participation is assessed indirectly by how many community action plans have been developed and implemented, or how many neighbourhood health teams have been formally consulted (Obando and Loza 2017). Chile's health system sets having a social participation in health plan and elements for evaluation constructed with the community as their outcome indicator for social participation in primary health care (Chile Minsal 2017). In *Brief 2* we discuss this further.

The data collected in evaluations may be quantitative or qualitative, and often includes both. **Quantitative data** is numerical and measured, such as the volume of drinking water people access. **Qualitative data** may be visual, verbal or counted (but not measured), such as reported perceptions or preferences, seasonal calendars, prioritized needs or interactions between services and people. Statistical techniques are used to analyse quantitative data. For qualitative data, we examine, compare and contrast, interpreting themes and patterns and so on. Both forms of data provide complementary evidence to explain complex issues. Qualitative data often explains the "why" and "how" behind the "what" that is measured through quantitative data (NIH 2011).

There are standards for ensuring that an evaluation is conducted legally, ethically, and with regard for promoting the welfare of those involved. **Utility standards** intend to ensure that the evaluation meets the information needs of intended users. **Feasibility standards** intend to make sure that the scope and methods are realistic. **Accuracy standards** intend to ensure that evaluation reports use and transparently describe valid methods (NIH 2011). **Ethical standards** ensure that all involved are ethically and fairly treated, such as by being protected from harm, providing informed consent, participating voluntarily and being informed of the results of the evaluation.

Different approaches to evaluation

As noted in *Table 1.2*, evaluations can be embedded across all or different phases of work on social participation and power in health, as formative, process, summative, outcome or impact evaluations. While evaluations are often perceived to follow experimental case-control or pre-and post-intervention designs, they can take many other forms.

Real time evaluations, for example, provide those involved with timely feedback throughout each of these stages to provide information to make immediate inputs to initiatives underway (UNDP 2009). This 'feedback' loop can be an effective way of reflecting on assumptions and adjusting programmes in progress, to improve practice, support innovation and accountability and to facilitate active participation, dialogue and learning (Tachhi and Lennie 2014).

Realist evaluation takes the philosophical position that interventions work (or not) because of the decisions and actions of those involved. This form of evaluation doesn't simply ask 'what works?', but seeks to identify 'what works, for whom, in what respects, to what extent, in what contexts, and how?' It tests and refines the theories of change that are applied to programmes and processes to explore the contextual influences and underlying mechanisms that explain how outcomes are produced. This form of evaluation is well suited to assess interventions in complex situations because it deconstructs the web of conditions underlying interventions, to explore the mechanisms that 'do or do not fire' and the conditions needed for a mechanism to work. It may use a range of methods to generate conclusions that '...in this context, that particular mechanism worked for these actors, generating those outcomes'. Realist evaluations search for the most robust and plausible explanation for an observed pattern of outcomes and explore how this compared with the initial thinking about change (Pawson and Tilley 1997; Westhorp G 2014).

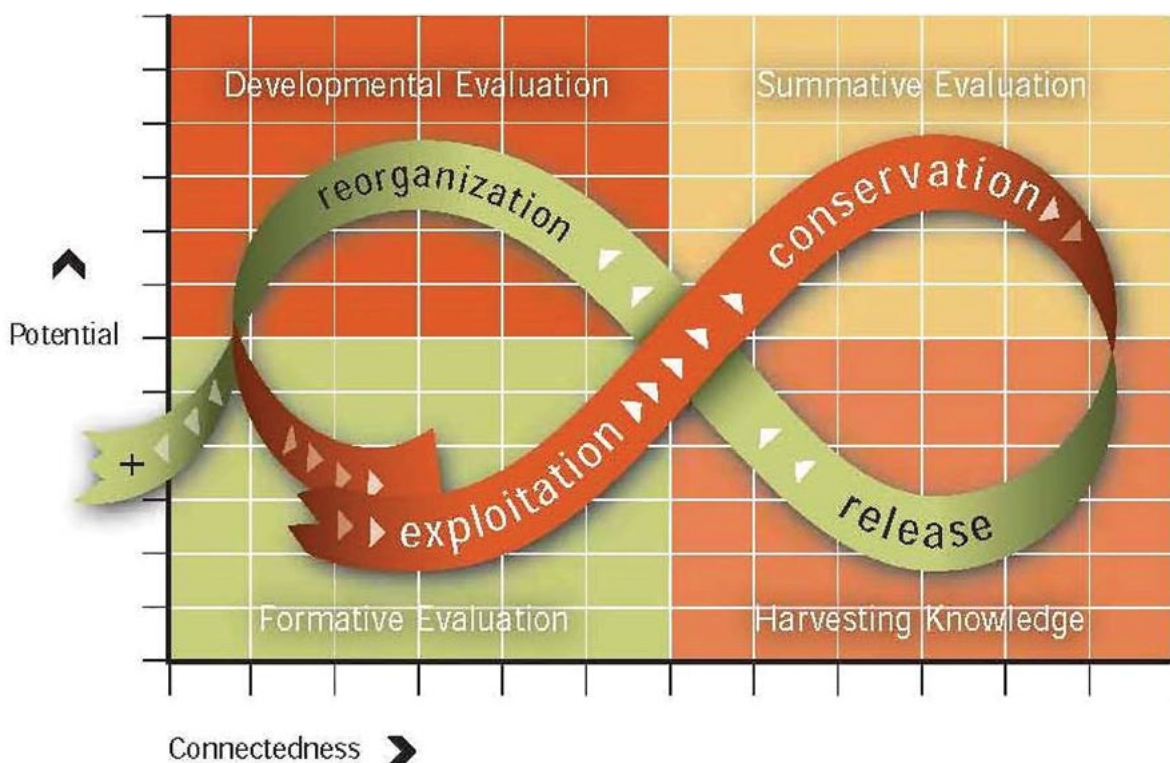
Box 1.2: A realist evaluation of community-based participatory research

Jagosh et al. (2015) conducted [a realist evaluation of community-based participatory research](#) (CBPR) to increase the understanding of what supports partnership synergy in successful long-term CBPR partnerships. They explored this through interviews with both academic and community partners involved in CBPR. The realist approach was seen to be well suited to this question, given the multiple intervention strategies for CBPR implemented in diverse community contexts dependant on the dynamics of relationships among all stakeholders. The team began by making clear the underlying assumptions about the mechanisms supporting partnership and what might work to support partnership synergy to focus the research questions and data collection. The interviews provided evidence to test these mechanisms and to explore practical explanations for the outcomes found. Their analysis supported the central importance of developing and strengthening partnership synergy through trust, with a sense of trust amongst CBPR members a prominent mechanism leading to partnership sustainability. This in turn resulted in population-level outcomes including: sustained collaborative efforts toward health improvement; spin-off projects; and systemic transformations.

Appreciative Inquiry focuses on open and energising questions on the assets of a process, what motivates participants and what is working well. It intentionally focuses on identifying and building on what an organisation or community does *well* rather than on eliminating what it does badly. It follows a cycle of four processes, to identify processes that work well, envision those that would work well in the future; plan and prioritise which can be integrated into interventions, taking action and tracking the difference being made (Inspiring Communities CLD (2015). While focused on the positive assets, it can also review what has not gone according to plan to relate this to the assets and positive processes, to learn how to do things more effectively. U Oxford School of Geography and Env (2014) provide more information on this in an [overview on AI](#).

The dynamic and evolving nature of processes involving social participation and power suggest that a mix of timings of and forms of evaluation may be needed to understand the changing relations and conditions. [Developmental evaluation](#) is used when situations are complex or in early stages of social innovation. In contrast to approaches that make ‘course corrections’ to achieve a clearly defined goal, developmental evaluation aims to facilitate review of innovation within a context of uncertainty. In these situations, Gamble (2008) links formative and summative evaluations with other stages of change in a ‘developmental evaluation’ framework that acknowledges that the process and result are constantly evolving.

Figure 1.1: The Panarchy loop in developmental evaluation



The 'Panarchy Loop' shown in *Figure 1.1* on the previous page, shows the four stages for this:

- *reorganization*, characterized by trial and error with developmental evaluation testing success;
- *exploitation*, or turning invention to action, where formative evaluation is relevant;
- *conservation* or a stage of maturity, where summative evaluation may yield learning, and
- *release*, where practices that are no longer useful are abandoned and new knowledge organized.

These processes combine evidence-based evaluation with change-oriented and relational reflection (Gamble 2008). More detail can be found in a [developmental evaluation primer](#).

Motivations and disincentives for implementing evaluations

While the previous section indicates the diversity of possible approaches to evaluation that may better suit complex processes, many positive initiatives building social power and participation in health do not evaluate or document their work. This means that we lose possibilities for sharing valuable learning on what was done and what worked. In *Shaping health and more widely*, people involved in these processes have been cautious about attributing impact, about when evaluations are done, by whom and with what interests, and have pointed to experiences of external, summative evaluations that have disempowered those directly involved in participatory practices (Loewenson et al., 2017).

However, evaluation can provide a means to build and share learning from practice:

- To gain insight and learning from interventions implemented elsewhere.
- During implementation, to improve practice and fine-tune strategy.
- To assess whether the work is making a difference and to be accountable to those involved.
- To be transparent on whether resources are being effectively used to achieve desired goals.
- To build insights, learning and new knowledge on the practice of social participation in health.
- To increase visibility of work and learning on social power and participation in health.
- To build self-reflection and strategic capacities for self-directed change, increasing people's control over their programs (Community tool box 2017; Nabatchi 2012).

Evaluations provide a means for reflection and review of the theories of change informing participatory processes, to clarify from the onset the different views on the desired change (s), and the opportunities, obstacles and strategies for change. During and after implementation, a review of progress and outcomes against the intended changes and the theory of change raises dialogue and produces insight on how change happens, and can uncover the power relations and factors affecting the process (van Es et al. 2015).

As a matter of peoples' identity and rights, to reflect equity and social values in health and to realise these potential contributions of evaluations, it makes sense that from the onset, evaluation processes on social participation and power are themselves participatory. **Participatory forms** of evaluation make direct links between the review process and those involved in or affected by interventions, supporting their ownership, power and strategic review and informing their own decisions on 'course corrections'. There is not a 'single' method for this. It is rather about a way of undertaking evaluation that is meaningful for different stakeholders involved (Guijit 2014; NIH 2011). Various tools and methods for this are discussed in *Brief 3*.

There are both values-based and pragmatic reasons for participatory monitoring and evaluation. People have a right to be involved in informing decisions that directly or indirectly affect them (See the [UN human rights-based approach to programming](#)).

Participatory evaluations that include and integrate the lived experience and knowledge of those affected potentially yield better evidence, better context-relevant interpretation of the evidence and better uptake of findings. When implemented in a genuinely participatory manner, as discussed further in *Brief 3*, evaluations can contribute to social capacities, voice, confidence and power to produce change and resonate with other processes for this. Participatory evaluations can build capacities for self-reflection and leadership in teams, although this is not guaranteed.



Health centre committee dialogue, Zambia © M Daka 2013

At the same time, divergent interests and power relations amongst those involved can affect evaluation processes. The motivations may differ between the community members, service personnel; funders and managers in programmes. They may also have different power to determine, produce and use the results raising questions of how representative, accessible and meaningful the process and conditions are, including to address power differences during data collection and analysis (Guijit 2014; NIH 2011). It is thus important to identify these social groups and their interests, motivations and power early, to be transparent on how this affects the decisions on and design of evaluation processes (Community tool box 2017).

The effect evaluations have on power relations and health equity

Inequities in health relate to inequalities in health or access to health resources that are avoidable and unfair, and most importantly that are *socially produced*. Participatory processes that seek to address these unfair differences are thus not simply a question of efficiency or effectiveness, but also of people's values, rights, capacities and power to influence decisions over the resources for health.

Power reflects people's ability to achieve the change they want. It may be exercised as

- **Power over**, where one dominates another, such as through repression, coercion or abuse.
- **Power to**, or the unique potential of every person to shape his or her life and world.
- **Power with** in the development of common ground among different interests, building collective strength through mutual support, solidarity and collaboration, and
- **Power within**, reflecting a person or social group's sense of self-worth, self-knowledge and consciousness and the capacity to aspire and envision change. (VeneKlasen and Miller 2002)

It may be **visible**, exercised through formal rules, laws, structures and procedures such as by parliaments, local governments or traditional leaders and councils of elders or village chiefs; **hidden**, exercised from behind the scenes by powerful people who can influence decisions and outcomes to their own advantage and/or **invisible**, as culture, traditions and unwritten rules and processes of socialization (Actionaid and HRBA 2012). It may be exercised in **closed spaces**, where decisions are made behind closed doors; in **invited spaces**, where involvement and consultation is by 'invitation' from various authorities that may be ongoing or one-off; and in **claimed spaces** which less powerful social groups and movements create for themselves to debate, discuss and resist, outside of the institutionalized policy arenas (Es et al. 2015).

Processes for social participation and power seek to challenge the types of power and power relations that lead to social injustice and inequities in health, and to enhance peoples' collective power to produce changes that support their health. As noted in this brief, evaluation processes can - through their form, design, implementation, process and tools and use of evidence and control of decisions over these features - reflect these same imbalances in power and resources that lead to health inequities. However they can, if explicitly designed to do so, also uncover the power relations, mechanisms of control, the institutional or structural barriers, cultural norms and social biases to enable people to challenge internalized oppression and to develop new representations of reality (Wallerstein 2006). It is thus important to understand and engage with these power relations, to assess, make visible, understand and explicitly raise and engage with how they are affecting the design, implementation and interpretation of the evaluation. In *Brief 2* we explore some methods for doing this.

This brief has introduced the basic concepts and terms used in evaluation. It has introduced the different types of evaluation carried out at different stages of processes, and the different forms of evaluation. The brief outlined the incentives and disincentives for implementing evaluation on social participation and power in health.

In the brief we argue that evaluations on social power in health are themselves affected by the power relations that affect health equity, and thus advocate for participatory, realist and appreciative forms of evaluation that integrate the lived experience and knowledge of those affected and contribute to their social capacities, voice, confidence and power to produce change.

Brief 2 discusses how we define and assess social participation and power, for their integration in such forms of evaluation. *Brief 3* discusses further the approaches and tools that can be used in these forms of evaluation, while *Brief 4* discusses how the approaches used can be accessible, relevant and credible to both those involved in social power in health and those that support and fund them.

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Useful websites:

1. Better evaluation: <http://www.betterevaluation.org> - 16 approaches to evaluation and case studies
2. Community Tool Box <http://ctb.ku.edu/en/>
3. Evaluation tool box: http://evaluationtoolbox.net.au/index.php?option=com_content&view=article&id=20&Itemid=159
4. Global health learning: <https://www.globalhealthlearning.org/program/monitoring-and-evaluation> and <https://www.globalhealthlearning.org/course/m-e-fundamentals> – a free online course with certificate.
5. Participatory methods: <http://www.participatorymethods.org/resources/themes/monitoring-and-evaluation-37> - searchable resources on monitoring and evaluation and social change”
6. Searchable e-Library <https://www.interaction.org/resources/document-library>
7. Theory of change: <http://learningforsustainability.net/theory-of-change/>
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Co-ordinated by
Training and Research
Support Centre

With support from a grant awarded by
Charities Aid Foundation of America
from the Robert Wood Johnson
Foundation Donor-Advised Fund

