International
Labour
Organization

Measuring CHANGE

First published 2012

ILO Cataloguing in Publication Data

Measuring CHANGE; ILO country Office for the Philippines. - Manila: ILO, 2012

ISBN: 978-92-2-126445-3 (print); 978-92-2-126446-0 (web pdf); 978-92-2-126447-7 (web HTML)

International Labour Organization; ILO Office in Manila; ILO Country Office for the Philippines

working conditions/ safety and health at work/ cigarette smoking/ HIV/ AIDS/ STI/ Alcohol/ Drugs/ Tuberculosis/ Good Nutrition/ Breastfeeding/ Exercise/ Philippines

13.03.1

Printed in Philippines

Table of Contents

How to Measure CHANGE in the Workplace?

This guide aims to explain the role of monitoring and evaluation in instituting CHANGE in the Workplace, providing examples on what data may be collected and how analysis may be conducted. It is intended to guide monitoring and evaluation of workplace programs to promote healthy lifestyles.

The Purpose of Monitoring and Evaluation

Monitoring and Evaluation provides an assessment of a program before, during, and after implementation. It is a tool to gauge progress towards the intended health program outcomes, outputs, and activities. It shows workers and the management if, what, and why program interventions are working or not. A well thought-out and implemented M&E should provide data that can help to determine the following:

- Whether or not inputs (i.e., resources) are put to good use and contribute to the timely attainment of program objectives
- Whether or not barriers are avoided or overcome; and, opportunities harnessed
- Whether or not the program is achieving or achieved the intended results
- How actual results compare to targets
- Which strategies are effective or not and why
- Who is/are responsible for the results

In sum, the framework should answer two essential questions: ***"Is the program efficient?"*** and ***"Is the program effective?"*** Efficiency is concerned with value for money. It refers to how resources were used towards accomplishment of

program goals. On the other hand, effectiveness describes whether or not the program was able to achieve its targets.

The link between health program objectives and M&E

The objective of the workplace health program should first be clearly defined to have a basis for monitoring and evaluation. It should describe the situation or the change that is expected to happen after the program has been implemented. An example of a workplace health program objective is to improve employees' access to information and services on the CHANGE domains.

The enterprise needs to identify as well, activities that need to be carried out to achieve the objectives. Activities are very specific actions that need to be taken and may include, conduct of health trainings and orientations, dissemination of marketing collaterals or, a board presentation of the draft workplace policy on drug use.

Monitoring versus Evaluation

Monitoring and Evaluation are two separate activities that have very specific but related purposes.

Monitoring is the continuous process of data collection focused on identifying and recording short-term progress. It is necessary to gauge the progress of activities and outputs. It tells the program implementers and management if the project is off-track, allowing for corrective action to be taken to get the program back on track. Thus, it is necessary to conduct monitoring on short, regular intervals.

Evaluation, on the other hand, is focused on assessing if the program has indeed achieved its intended results. It aims to identify which interventions

worked or not, and why. Compared to monitoring, evaluation is done less often, and over longer, regular intervals. Evaluation may serve to improve program design and strategies by making sense of overall project experience.

For monitoring purposes, consider preparing a matrix summarizing a combination of the following information:

- **Indicators.** What to monitor? Indicators may either be quantitative or qualitative, and either directly or indirectly hint that the intended results have been achieved.
- **Frequency of data collection.** When and how often will data be collected? Determine regularity of reporting. Keep in mind that for monitoring results to be meaningful, it must be done on short, regular intervals.
- **Method of data collection.** How will data be obtained? Data may be collected via quantitative or qualitative means or both. It may involve conduct of secondary or desk research, baseline study, survey, focus group discussion, focus interviews, observation, and other similar data gathering techniques. Sources of any other existing or regularly reported enterprise-level data such as sick days, tardiness or, attrition must also be identified for corresponding indicators.
- **Person/s responsible.** Who is responsible? Establishing accountability increases the likelihood that planned data collection and monitoring activities will be accomplished and reported regularly.
- **Targets versus actual achievements.** To what extent have targets been achieved? Putting these data side-by-side provides responsible staff and decision-makers with a quick snapshot of how the program is progressing towards targets, and easily identifies problematic areas as well. Information on reason/s for deviation may also be included.

Evaluation, on the other hand, is conducted using an agreed set of criteria

among stakeholders as basis for the assessment. For instance, it may appraise the program's overall relevance, efficiency, effectiveness, impact, and sustainability. It is important that stakeholders also agree on the definition or parameters of each criterion identified.

The purpose of evaluation is to summarize program achievements and shortcomings, as well as document program experiences and lessons learned. Evaluation gains significance, then, when findings are acted upon, such as to improve program design or resource allocation, and results are shared to both internal and external stakeholders.

Making use of M&E results

A meaningful M&E goes beyond measurement to make practical and feasible recommendations to improve program implementation. A functional M&E, therefore, serves as a feedback mechanism for continuous improvement of the program.

Reporting of M&E results must aid in identifying which program coverage and activities to prioritize. Priority may be assessed using a set of criteria agreed among program stakeholders, especially workers and management. Criteria may include the following:

- workplace incidence rate and associated risky behaviors, direct or indirect cost of treatment of related chronic illnesses
- employee and management interest
- availability of strategies and touch points proven to effectively deliver program interventions
- funding availability versus cost of implementation
- return on investment, especially in keeping employee satisfaction high and attrition rates low

M&E results may be interpreted in many ways, so that weighing out a set of criteria is critical in making practical use of the data, so is the representation

and active involvement of stakeholders in program planning. Reported incidence of HIV, for instance, may be low but, risky behaviours such as low condom use during sex may be high. Another example is that workers and management may be interested in providing gym membership subsidy to address physical inactivity but, funding may be insufficient. These examples highlight that M&E may be a powerful decision-making tool but it is only meant to guide stakeholder decision-making. It is necessary that program priorities are not only dictated by M&E results but, more importantly, stem out of consensus-building from among workers and management.

Other than M&E's decision-making function, disseminating information on M&E results may also contribute to motivating and improving the participation of workers and management in program activities. Enterprise-specific data, for instance, on the prevalence of smokers and exposure of non-smokers to second-hand smoke may prompt management to re-designate its smoking areas to push it farther away from common areas such as walkways. It is important, thus, to consider communicating M&E results in the program communication strategy.

The most practical use of M&E to responsible staff or OSH Committee is to justify a program budget proposal or to continue allocation of resources for program activities. M&E allow for good practices to be sustained in the workplace. On a larger scale, M&E makes it possible for good program practices to be adopted and replicated in other worksites.

M&E essentially weaves together all the components of the program from conceptualization to feedback and improvement phases. M&E determines practical, cost-effective interventions that may be introduced in the workplace.

What data to collect for M&E and how

In sales terms, change is the growth target. It is this intended change that M&E sets out to measure.

To measure the change, it is necessary to conduct a baseline study. A baseline study is important to establish a "no intervention" or pre-program implementation scenario. It allows for reasonable targets to be made, and makes possible progress measurements to be taken later, during and after the program has been implemented. Among the many benefits of completing a baseline study prior to implementation are as follows:

- ensures that efforts and resources are channelled to real workplace health needs
- guides development of program design and interventions
- informs the development of a communication strategy, with primary objectives of reaching workers that exhibit risky and unhealthy behaviors, and of promoting program interventions

Baseline instruments to assess CHANGE domains among workers and management are provided in the *References Section for your guidance.*

Progress against baseline results may be monitored by administering again the baseline instruments after at least a year of program implementation. Data may be taken either from the entire workplace population or a representative sample.

Other possible sources of data are surveys, site observations, interviews with workers and key officials. Data may also be drawn from Health Maintenance Organization (HMO) reports, Human Resource Unit (HR) reports, and from secondary data such as those produced by national mandated institutions such as the Department of Labor and Employment, and the Department of Health.

Ethical concerns in M&E

Responsible staff must keep in mind that M&E for workplace health promotion programs are conducted for two primary reasons: (1) assess the efficiency by which program resources are used, and (2) measure the effectiveness of

program strategies. Both of which are critical to make informed decisions about program design and implementation. Thus, the enterprise does not have any meaningful use or purpose for workers' personal data. Responsible staff must only report the aggregated data, and ensure that workers' personal information are kept private and confidential at all times.

An enterprise, therefore, must have a well-defined policy on data collection and use. Other than ensuring privacy and confidentiality of information, such policy must also specifically identify who may be given access to data, and the corresponding level of access whenever applicable.

It is against the law and international labour standards to use workers' personal information against them, including discriminating workers from employment, incentives, and similar matters.

Monitoring Templates for Workplace Healthy Lifestyle Program

(The following Monitoring Templates are only intended to serve as a guide in monitoring your workplace policy and program on healthy lifestyle promotion. Use, discard, replace, or add any item in consideration of your program objectives.

Policy & Management

Health Domain/ Parameters	Baseline	After 6 months	After 1 year	Remarks
POLICY	(For this section, specify dates when tasks below were completed)			
1. OSH Committee created				
2. Healthy Lifestyle promotion policy				
created				
approved				
disseminated				
3. Tobacco/ Cigarette Smoking Policy				
created				
approved				
disseminated				
4. HIV, AIDS, and STI Policy				
created				
approved				
disseminated				
5. Alcohol and Drug Policy				
created				
approved				
disseminated				

Health Domain/ Parameters	Baseline	After 6 months	After 1 year	Remarks
6. Good nutrition and Breastfeeding Policy				
created				
approved				
disseminated				
7. Exercise and Physical Activity Policy				
created				
approved				
disseminated				
PROGRAM MANAGEMENT				
Management support for the program secured?				
Focal point assigned?				
Financial and other resource requirements approved?				

Tobacco/Cigarette Smoking

Health Domain/ Parameters	Baseline	After 6 months	After 1 year	Remarks
Tobacco/Cigarette Smoking				
% or No. of employees aware of company policy on smoking				
% or No. of employees aware of company program on smoking				
% or No. of employees exposed to second hand tobacco smoke at the workplace				
% or No. of employees who smoke				
% or No. of employees who smoke and want to quit				
Tobacco-related services available at the workplace				

Health Domain/ Parameters	Baseline	After 6 months	After 1 year	Remarks
Information dissemination?				
-No. and type/s of BCC materials developed				
- % or No. of employees reached, per touchpoint				
Smoking area designated?				
Smoking cessation program available?				
- % or No. of employees enrolled in the program				
- % or No. of employees referred to smoking cessation clinics				
- % or No. of employees enrolled who successfully quit smoking				
Health Insurance?				
- Covering smoking cessation				

HIV, AIDS and STI

Health Domain/ Parameters	Baseline	After 6 months	After 1 year	Remarks
HIV, AIDS, STI				
% or No. of employees aware of company policy on HIV, AIDS, STI				
% or No. of employees aware of company program on HIV, AIDS, and STI				
% or No.of employees who know how to protect themselves from HIV and STI (i.e., abstinence and proper and consistent use of condom)				

Health Domain/ Parameters	Baseline	After 6 months	After 1 year	Remarks
% or No. of employees who know how HIV can be transmitted (i.e., unprotected penetrative sex, sharing of used needles and syringes with infected blood, blood transfusion, organ transplant, mother-to-child				
% or No. of employees who know where to go for:				
- HIV voluntary counseling and testing				
- STI screening and testing				
% or No. of employees who use condoms regularly				

Health Domain/ Parameters	Baseline	After 6 months	After 1 year	Remarks
% or No. of employees who had an HIV test and know the result				
% or No. of employees who are willing to become colleagues with people with HIV				
% or No. of employees who are supportive to keep colleagues who have HIV continue to be employed by the company				
HIV, AIDS, STI services available at the workplace				
Information dissemination?				
-No. and type/s of BCC materials developed				

Health Domain/ Parameters	Baseline	After 6 months	After 1 year	Remarks
- % or No. of employees reached, per touchpoint				
HIV, AIDS, STI Orientation?				
- No. of sessions held				
- No. of participants				
Peer Education?				
- No. of peer education trainings held				
- No. of peer educators trained				
- No. of peers served by peer educators				
Referral system in place?				
- No. of cases referred to internal units				
- No. of cases referred to external institutions, including HMO and healthcare providers				
Condom distribution?				
- No. of condoms procured				

Health Domain/ Parameters	Baseline	After 6 months	After 1 year	Remarks
- No. of condoms distributed				
- No. of employees availing of condoms				
Health Insurance?				
- Covering HIV test				
- Covering STI test				
- Covering HIV-related lab tests (e.g. CD4 count) and treatment drugs				
- Covering HIV and AIDS-related illnesses				

Alcohol and Drugs

Health Domain/ Parameters	Baseline	After 6 mos	After 1 yr	Remarks
Alcohol and Drugs				
% or No. of employees aware of company policy on alcohol and drugs				
% or No. of employees aware of company program on alcohol and drugs				
Random Drug Testing guidelines and procedures in place?				
No. of employees who reported or have been found to be abusing alcohol and drugs				
Alcohol and Drug Abuse services available at the workplace				
Information dissemination?				
-No. and type/s of BCC materials developed				
- % or No. of employees reached, per touchpoint				
Orientation & Seminars on alcohol and drug abuse?				

Health Domain/ Parameters	Baseline	After 6 mos	After 1 yr	Remarks
- No. of sessions conducted				
- No. of participants				
Random drug testing?				
- % or No. of employees found positive for drugs				
Referral to rehabilitation centers?				
- No. of employees referred to rehabilitation centers				
- No. of employees successfully rehabilitated				

Tuberculosis

Health Domain/ Parameters	Baseline	After 6 months	After 1 year	Remarks
Tuberculosis				
% or No. of employees aware of company policy on TB				
% or No. of employees aware of company program on TB				
No. of employees who have been diagnosed with TB in the past six months				
TB services available at the workplace				
Information dissemination?				
-No. and type/s of BCC materials developed				
- % or No. of employees reached, per touchpoint				
Orientation & Seminars on TB?				
- No. of sessions conducted				

Health Domain/ Parameters	Baseline	After 6 months	After 1 year	Remarks
- No. of participants				
Directly Observed Treatment Short-Course?				
- No. of employees enrolled in DOTS program				
- No. of employees referred to DOTS Centers				
Contact tracing?				
- No. of employees who possibly acquired TB from an infected colleague				

Good Nutrition and Breastfeeding

Health Domain/ Parameters	Baseline	After 6 mos	After 1 yr	Remarks
Good Nutrition & Breastfeeding				
% or No. of employees aware of company policy on good nutrition				
% or No. of employees aware of company policy on breastfeeding				
% or No. of employees aware of company program on good nutrition				
% or No. of employees aware of company program on breastfeeding				
% or No. of employees who are overweight				
% or No. of employees who are obese				
No. of breastfeeding employees				
No. of pregnant employees				
Good Nutrition and Breastfeeding services available at the workplace				

Health Domain/ Parameters	Baseline	After 6 mos	After 1 yr	Remarks
Information dissemination?				
-No. and type/s of BCC materials developed				
- % or No. of employees reached, per touchpoint				
Orientation & Seminars on good nutrition and breastfeeding?				
- No. of sessions conducted				
- No. of participants				
Weight Management Program				
- No. of enrollees				
Healthy food available from canteen concessionaires and vending machines?				
Healthy food served during meetings?				
Provision of Lactation Room?				
- % or No. of female employees who recently gave birth using the Lactation Room				
- frequency of use				

Exercise and Physical Activity

Health Domain/ Parameters	Baseline	After 6 mos	After 1 year	Remarks
Exercise and Physical Activity				
% or No. of employees aware of company policy on exercise and physical activity				
% or No. of employees aware of company program on exercise and physical activity				
% or No. of employees who are overweight				
% or No. of employees who are obese				
Exercise and physical activity services available at the workplace				
Information dissemination?				
-No. and type/s of BCC materials developed				
- % or No. of employees reached, per touchpoint				
Orientation & Seminars on exercise and physical activity?				

Health Domain/ Parameters	Baseline	After 6 mos	After 1 year	Remarks
- No. of sessions conducted				
- No. of participants				
Weight Management Program				
- No. of enrollees				
Provision of gym facilities at the worksite or gym subsidy				
- No. of daily users				
- No. of regular users				
Improved stairwells?				
Company-sponsored special events, e.g marathon, bicycling, etc				
- % or No. of employees participating				

Cost and Productivity

Parameters	Baseline	After 6 mos	After 1 yr	Remarks
Employee Productivity				
Average no. of sick leaves filed per employee for the past six months				
- reason/s for filing sick leave				
Cost of absence of employees (based on the average no. of sick leaves filed)				
Turnover rate for the past six months				
Cost of recruiting and retraining replacement employees				
Average no. of hours each employee spends participating in the workplace healthy lifestyle promotion program				
PROGRAM COST				
Cost of health promotion programs, per health domain; and type of investment				
- Cigarette Smoking				
- HIV, AIDS, STI				

Parameters	Baseline	After 6 mos	After 1 yr	Remarks
- Alcohol and Drugs				
- Nasal and Lung Ailments and TB				
- Good Nutrition and Breastfeeding				
- Exercise and Physical Activity				
HEALTH INSURANCE CLAIMS				
Amount of health claims filed in the past six months, per type				
- Amount spent for employees				
- Amount spent for dependents				
- Amount spent for:				
----treatment of chronic diseases (e.g. cardiovascular diseases, cancers, diabetes)				
----treatment of communicable diseases				
OCCUPATIONAL ACCIDENTS AND INJURIES				
No. of accidents affecting employees reported in the past six months				
- cause/s of accidents				

Parameters	Baseline	After 6 mos	After 1 yr	Remarks
No. of injuries affecting employees recorded in the past six months				
- cause/s of injuries				
Any damage to property incurred as a result of accidents/injuries?				
- Cost of property/ies lost				
EMPLOYEE JOB SATISFACTION				
% or No. of employees who claim they are satisfied with their jobs				
Job satisfaction rating				

ACKNOWLEDGMENTS

Alliance of Progressive Labor

Mr Joshua Mata

Business Processing Association of the Philippines

Ms Gigi Virata

Contact Center Association of the Philippines

Mr CesarTolentino

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Stream Global Services

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Trade Union Congress of the Philippines

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UN Joint Programme on HIV and AIDS

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United Nations Development Programme

Mr Philip Castro

World Health Organization

Mr John Julliard Go, MD

Ms Madeleine Salva, MD

Mr Florante, Trinidad, MD

Ms Marl Mantala, MD

Very special thanks to:

Assistant Secretary Benjamin Reyes

Mr Jayson Celeste

Mr Joselito de Mesa

Mr Romulo de Villa

Ms Rica Palomo-Espiritu

Ms Marianne Louise Kristine Hagedorn

Ms Isabel Melgar, PhD

Mr Romeo Santos, PhD

Ms Klarizze Valdoria

Ms Gilda Uy