2020 Annual Evaluation Report

All fields marked with ***** **are required and must be completed.**

Please fill out this form for **every individual project** you are implementing <u>with JFNA funding</u>. **Each project requires its own report.**

This report applies to the period of <u>March 1, 2019 to February 29, 2020</u>. It is due on **March 31, 2020**.

(If your agency has received a no-cost extension or carryover requst, however, this report will be due on <u>May 29, 2020</u>.)

1. Agency Information:

Full Legal Organization Name: *****

Name

Grant #: *****

e.g. C-17

City and State: *****

City	Please Select ▼
City	State

Name of staff who prepared this report: *****

Email address of staff who prepared this report: *****

example@example.com

2. Number of Projects:

Total Number of JFNA Funded Projects: *

Project Report Number: *

e.g. 1/4 (Report 1 of 4 total JFNA Funded Projects)

Is this project in Year 1 or Year 2 of funding? *

○ Year 1
○ Year 2

3. Target Population(s):

Please select all that apply: *

☐ Holocaust Survivors
☐ Family Caregivers of Holocaust Survivors
☐ Staff/Service Providers
☐ Community Partner Professionals

4. Primary Project Goal:

Please select the primary goal of this project. For example: If a yoga class is primarily used to improve physical health and secondarily to decrease social isolation, only select the goal of physical health.

You may only select one response: *

- ⚪ Reduced social isolation
- ⚪ Improved mental health
- ⚪ Improved cognitive health
- ⚪ Improved physical health/well-being
- ⚪ Improved ability to provide PCTI care
- ⚪ [Other]

5. Secondary Project Goal(s):

Please select any secondary goal(s) of this project, if applicable. For example: If a yoga class is secondarily used to decrease social isolation, select "reduced social isolation".

Please select all that apply: *

- ☐ Not applicable
- ☐ Reduced social isolation
- ☐ Improved mental health
- ☐ Improved cognitive health
- ☐ Improved physical health/well-being
- ☐ Improved ability to provide PCTI care
- ☐ [Other]

6. Number of Program Participants:

You may use cumulative numbers from your Year 1 or Year 2 quarterly reports to answer these questions. Please note that this report applies to the period of March 1, 2019 to February 29, 2020. *Write 0 if the field does not apply to your project.*

Unduplicated # of ANTICIPATED Holocaust Survivor Participants *

[   ]

Unduplicated # of ACTUAL Holocaust Survivor Participants *

[   ]

Unduplicated # of ANTICIPATED Family Caregiver Participants *

[   ]

Unduplicated # of ACTUAL Family Caregiver Participants *

[   ]

Unduplicated # of ANTICIPATED Staff/Service Providers Trained *

[   ]

Unduplicated # of ACTUAL Staff/Service Providers Trained *

[   ]

Unduplicated # of ANTICIPATED Community Partner Professionals Trained *

[   ]

Unduplicated # of ACTUAL Community Partner Professionals Trained *

[   ]

7. Project Summary:

7a. Please select the primary activity: *

○ Social event
○ Mental health counseling
○ Cognitive health counseling
○ Physical health/well-being activity
○ PCTI training
○ [Other]

7b. Please provide a short summary of the project (500 words max): *

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                                                                    0/500
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8. Evaluation Procedures:

8a. Methods (please select all that apply): *

- ☐ Surveys
- ☐ Interviews
- ☐ Observations
- ☐ Anecdotal
- ☐ Program logs or written reports
- ☐ Other

8b. Modality (please select all that apply): *

- ☐ Telephone
- ☐ Computer
- ☐ Written
- ☐ In-Person
- ☐ Other

8c. Anticipated Sample Size: *

e.g. 12

Number of participants invited/asked to participate in the evaluation

8c. Actual Sample Size: *

e.g. 10

Number of participants who actually participated in the evaluation

8d. Evaluation Timeline (please select all that apply): *

- ☐ Before the program or event
- ☐ Immediately after the program or event
- ☐ Weeks after the program or event
- ☐ Months after the program or event
- ☐ Ongoing (every few months)
- ☐ [Other]

8e. Summary: Please write a short summary of your evaluation procedures, including your methods, participants surveyed, collection and analysis of data collected, assurances of anonymity or confidentiality, other procedures intended to promote participant comfort and safety, and what worked and did not work. *

[text box]

e.g. We use sign-in logs to keep track of attendance at each event, to determine how many repeat attendees and new attendees are at each event, and to document some basic demographic data about our participants. We also use a brief survey, in combination with our outcomes evaluation (see attached), to document what participants like and dislike about each event to help us plan additional events. We used a brief survey to document the impact of the program on participant social isolation. Surveys were distributed after each event and returned to a covered box as participants left the event. We averaged a response rate of about 85%. All of our surveys were anonymous and were available in English and Russian.

9. Evaluation Findings:

9a. Process Findings: Please provide a brief summary of your process evaluation findings. Include items such as: number of programs offered (social activities, classes, counseling sessions, etc.), client satisfaction, program characteristics, what respondents liked and didn't like; how they found out about the program; barriers to participation; and any additional findings that could help other agencies replicate the program. *

[text box]

e.g. For the 5 events held at this point, the cumulative data is as follows: we average 50 participants at each event, 10 over our stated goal; 80% of our attendees are repeat attendees, 20% are new attendees; the average age of participants is 87, although we have had several in their 90s; two-thirds of our attendees are female; most (70%) reported that they found out about the program from others who participated, only 30% reported seeing advertisements in local newspapers; most (75%) reported that the primary reason they come to the events is to be with friends and acquaintances they otherwise wouldn't get to see, only 25% report that they primarily come for the movie; 80% reported that they would like the events to be held more often; 90% said they know other survivors who would attend if transportation was provided.

9b. Outcome Findings: Please provide a brief summary of the outcomes of your program, including the number and/or percent of respondents who achieved the stated goal(s) of the program (e.g. decreased social isolation) and/or stated outcomes indicators (e.g. knowing more people, going out more). *

[text box]

e.g. Our indicators for social isolation were connection to the community, feeling alone, meeting new people, feeling connected to JFS, and meeting with survivors outside of program events. For the 5 events held at this point, the cumulative data is as follows: 85% of attendees reported feeling more connected to the community as a result of participating in social events; 80% of attendees reported that they met new people as a result of participating in social events; 80% of attendees reported feeling more connected to JFS as a result of participating in the social events; 75% of attendees reported feeling less alone as a result of participating in social events; 55% of attendees reported that they have met with survivors they met at the social events in other settings.

10. Evaluation Challenges:

What challenges did you face in implementing this evaluation? *

[text box]

e.g. Our biggest challenge was translating the survey into Russian, which took longer (and cost more) than we anticipated. Another challenge was getting participants to complete the survey. The response rate for our first event was only about 40%, but at that point we were asking respondents to return the surveys to agency staff. In subsequent events, we asked participants to return the surveys to the covered box as they left, which dramatically increased the number of participants who completed the survey. We believe that having the surveys returned this way increased feelings of anonymity and safety among participants (in accordance with the PCTI approach), and therefore increased their willingness to return the surveys.

11. Conclusions and Lessons Learned:

Please share your conclusions and lessons learned from your evaluation. *

[text box]

Please upload any evaluation materials you wish to share here (e.g. surveys, results):

[Browse Files]

Save Submit