A case study prepared for BD and CMMB
by
The Corporate Citizenship Company

Walking the Talk
A Case Study of the BD Employee Volunteer Partnership Program in Zambia
BD volunteer Shrita Smith worked alongside healthcare workers at Mphanshya Mission Hospital to ensure safe testing of blood samples.

BD donated a range of basic laboratory products including testing kits, syringes, needles and Petri dishes.

BD volunteers worked with teams at rural hospitals to build incinerators to dispose of hospital waste efficiently and safely.

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Front Cover: The images on the cover show the BD volunteers in action in Zambia training local healthcare workers to use donated BD products safely and effectively; working together to distribute the BD products; and visiting the office of their partner CMMB (Catholic Medical Mission Board).
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Methodology
This case study was prepared by Michelle Dow at The Corporate Citizenship Company at the request of BD, and is based on:
• Interviews with CMMB staff, BD executives, BD volunteers
• Reports from the field by CMMB and BD volunteers
• Diary updates from BD volunteers while on assignment

About The Corporate Citizenship Company
The Corporate Citizenship Company is a specialist management consultancy offering research, consultancy and publications to help businesses succeed as good citizens of our changing global society.
We have developed strengths in CSR consulting and reporting, community investment strategies and management, issues research, and performance evaluation through measurement and benchmarking.
We are known for the creation and development of the London Benchmarking Group (LBG), the international model for measuring, benchmarking and reporting corporate community involvement programs. We publish the leading European magazine on corporate citizenship, Corporate Citizenship Briefing. Our directors have also published extensively on international corporate philanthropy and employee volunteering.
The company has a core team based in London, UK and an office in New York City, USA, both supported by an international network of associates.

For more information please visit our website at
http://www.corporate-citizenship.com
Welcome

In 2005, ten BD associates from around the world traveled to five rural healthcare facilities in Zambia to assist in the fight against HIV/AIDS. In 2006, another group of BD associates are returning to the clinics to continue their colleagues’ good work. In collaboration with the Catholic Medical Mission Board (CMMB), BD Associates are making a real difference in some of the neediest rural Zambian communities.

The BD Volunteer Service Trip Program is a celebration of BD associates’ belief in the BD corporate purpose of “Helping all people live healthy lives”. It also supports CMMB’s mission to provide healthcare to people in need worldwide, particularly women and children.

In the true spirit of partnership, both BD and CMMB were able to achieve more together than would have been possible by working alone. Through collaboration, we combined valuable resources and skills such as: CMMB’s network of knowledge and partners on the ground in Zambia; BD’s medical resources, skills and knowledge; CMMB’s experience in grassroots healthcare challenges; and BD’s ability to leverage funds and donations from other partners.

This case study summarizes the challenges and successes of the first BD Volunteer Service Trip Program to Zambia. We commissioned this external report to assess the full impacts of the program. We measure our success by the improvements that we actually achieve. We hope to learn from this report to ensure that future partnerships result in positive experiences for those whom we seek to help and for our volunteers.

We recognize that the challenges to improving healthcare the world over are great and complex, and that this program is but a drop in the ocean. Nevertheless, our experience highlights the opportunities that exist for working in partnership to make a small but important contribution to improving the lives of people in need. We hope this case study will be a helpful learning tool for others initiating such partnerships.

We thank and congratulate everyone at BD and CMMB who have participated in, and supported, the Volunteer Service Trip Program.

John F. Galbraith
President and Chief Executive Officer
CMMB

Edward J. Ludwig
Chairman, President and Chief Executive Officer
BD
“This volunteer program brings BD values to associates in a way that is very personal, as well as extremely rewarding for those fortunate enough to participate. It shows the world that we don’t just talk about BD values, we truly believe in them and support them by giving the most valuable asset we have to offer, our time.”

— Tom Braden, BD Associate, San Diego

“Your donations of needles, syringes, computers and microscopes will forever be a lasting testimony to BD saying to these facilities: “we will help, we are in this together”...Everything all round is better since your training inputs and the concern your company has shown for our rural poor.”

— Dr. Elizabeth Musaba, CMMB, Zambia
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**Summary**
In 2005, ten BD employees from around the world spent two weeks working at five rural hospitals in Zambia, a country facing extreme healthcare challenges – 16% of the population is HIV-positive. The visit was the first trip of the BD Volunteer Service Program, a partnership initiative with The Catholic Medical Mission Board (CMMB), designed to give BD employees the opportunity to truly illustrate the company’s commitment to its corporate purpose: “Helping all people live healthy lives”.

The aim of this case study is to present an overview and assessment of the success and impacts of the first pilot trip of the BD Volunteer Service Program. It is intended to inform BD and CMMB in developing the program and other such initiatives in the future, and to provide information and resources for other organizations aiming to develop high impact partnership community programs.

**Background and preparation**
The first BD employee volunteer trip was developed by BD and CMMB working in close partnership. As a company that designs and markets products to improve health outcomes, BD recognized its ability to contribute skills and expertise in helping to address the HIV/AIDS pandemic in the developing world. CMMB brought complimentary skills and expertise, in particular a knowledge of Zambia and a network of partners on the ground through which the five sites to be visited on this first trip were selected.

**Key objectives:**

**CMMB**
- Furtherance of CMMB mission to deliver healthcare to those in need in developing world
- Strengthening of BD/CMMB relationship, resulting in support in other ways
- Strengthening of CMMB’s leadership position in Zambia
- Template for developing partnerships and joint efforts with other donors and partners

**BD**
- Give associates a new opportunity to “walk the talk”
- Assist in tackling global health issues by sharing the company’s collective knowledge
- Continue the company’s legacy of good works
- Field test a framework for corporate volunteer programs in the developing world
- Work with a partner organization, and meet their needs
- Measure our impact and sustain the program
**Volunteers in action**

Based on CMMB’s assessment of local need, five pairs of volunteers with skills as laboratory trainers, general laboratory assistants and light construction workers were selected to travel to Zambia. Their objectives were to help to improve the laboratory and general facilities at the rural hospitals, and in particular to develop local healthcare workers’ ability to perform routine lab and HIV/AIDS tests. The BD volunteer visits were supported by a planned program of BD product donations of basic laboratory products, including testing kits, syringes, needles and Petri dishes, up to the value of $50,000 (valued at ‘fair market value’ by BD – see note on page 30). BD also committed to additional production donations over a two year period, and to cover all the costs and expenses for project. Through fundraising, BD associates raised more than $20,000, matched in part by the company’s matching gifts program. The company’s business partners also donated money and products, including computers, microscopes and other supplies.

The volunteers were warmly welcomed to the five hospitals, and for all the visit was a remarkable, challenging, enjoyable and even life-changing experience. Each volunteer felt that even in the short time, they were able to make a difference to the hospital and the people working there. Some key areas of learning from the first trip included:

- Understand local needs and keep it simple: recognize local realities and think basic and long term when estimating volunteers’ potential contribution. Get as much information in advance about local needs, and take the right resources.

- Supportive environment: the volunteers were supported by BD from the top of the company through to their direct boss and colleagues. Support on the ground from CMMB and the local partners was invaluable.

- Big picture: give volunteers ‘the bigger picture’ so they understand how their contribution fits in with the project and the company’s goals and values in the longer term.

**Measuring impacts**

As with every part of the business, the company’s objectives in its philanthropic activities and investments are to make a difference and contribute towards real improvement and progress. The LBG (London Benchmarking Group) model is an emerging global standard for measuring and reporting community contributions and achievements. It is based on adapting quality management thinking to the management of corporate community involvement policies. In LBG, the focus is on defining and measuring inputs to community programs and measuring the outputs and impacts over time of the program. In this way the goals are to know what you contribute, but to be known for what you achieve.

The application of the LBG Model to the BD Volunteer Service Trip provides a summary of the ‘inputs,’ ‘outputs’ and longer-term ‘impacts’ of the program. The estimated total ‘inputs’ to the program, including cash given, time invested and products donated, was about $260,000 which includes product donations with a ‘fair market value’ of $50,000. In addition more than
$60,000 was raised as ‘leverage’ – extra value created by the partners’ outreach to other contributors.

The achievements that these funds facilitated on the ground, or ‘outputs,’ can be summarized as follows: five hospital sites received essential healthcare equipment that otherwise would not have been available to them. The healthcare workers at the sites received professional training from BD employees on using the equipment safely, as well as general training about laboratory procedures, efficiency and safety. Two hospitals have new incinerators, one has a new laboratory, another a new kitchen, and each benefited from general repair and renovation. In the longer term, the sites have a commitment of additional product donations from BD, which will be informed by the BD volunteers’ first hand understanding of the priority needs of each site.

The longer-term ‘impacts’ for the sites is that they each have better equipped and managed laboratories. This puts them in a better position to attract and secure funding from other sources. Mwandi now qualifies for government support for ARTs (anti-retroviral therapies), in part due to the improved lab skills and safety procedures, and Chilonga is closer to becoming a candidate for PEPFAR (President’s Emergency Plan for AIDS Relief) funding. BD volunteers contributed to this progress in part, and in both cases much more work is needed. All of the sites visited were given advice and support to find alternative sources of funding for the future, and are better equipped to seek the right kinds of donations and to use them more effectively.

Both BD and CMMB achieved organizational benefits from the first trip of the program. CMMB’s grantee relationship with BD was strengthened, opening opportunities for additional donations and partnership work. In turn, CMMB has drawn on the experience to extend offerings for other corporate partners, developing a new model for effective partnerships and recognizing the organization’s previously untapped expertise in training around cultural competencies and in volunteer team preparation. For BD, the project helps to illustrate to employees and others the company’s commitment to living out its corporate purpose – to ‘walk the talk’. The BD associates who volunteered developed skills including self confidence, leadership, team building, flexibility, respecting diversity and innovation, which they will bring back to their work at BD. In addition, the experience gives BD associates, and the company at large, a first hand understanding of global health challenges and the specific customer needs in developing societies.

Executive Summary
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Shifting the focus to impacts

Use of the LBG tool helps to shift the focus of corporate community investment projects away from a focus on ‘giving’ to ‘achieving’. Tangible impacts on the ground, and for the company, should be the starting point from which to work backwards to consider what ‘inputs’ are needed to achieve those goals. In this way the program can move from being driven by these inputs, ie. how much money or time we want or are able to contribute to ‘the problem’ (often with the mentality that ‘anything we can give or do is better than nothing’), to being driven by ‘outputs’ drivers, or rather, what the company and their partners want to achieve.

In case of the BD Volunteer Service Trip, this would mean that instead of the program being driven by BD’s ability to donate products and two weeks of 10 employees’ time to addressing the issue of HIV/AIDS, BD would shift the focus towards specific impact targets, say for each trip to improve by 10% the rate and effectiveness of HIV/AIDS testing at five rural hospitals in Zambia. Practically, volunteers would assess current quality or capacity on arrival and set a target for improving this, both in the short and longer term. In this way BD’s intervention would be measurable, and could be put in context as one small but measurable contribution to wider HIV/AIDS treatment objectives in Zambia.

Success and future challenges

Interviews with BD, CMMB and the volunteers suggest that both BD and CMMB achieved their own key objectives for participating in this project. The success of the trip can be attributed to several factors, in particular the power of the partnership between BD and CMMB and the commitment of the individuals involved, including the project team, the volunteers and the unwavering support of BD management.

But as the BD volunteers experienced first hand, the need is great. The ability of one company to contribute is limited. But this case study illustrates what is possible. By working in partnership, BD and CMMB brought both hope and real change to five hospitals in Zambia. By leveraging support from other groups of people and other companies, such as DHL’s help in transporting the product donations for this project, even more was achieved. In turn, it is essential for BD and CMMB to recognize the longer-term needs of the sites selected for this trip. Work has already been done and will continue to support the sites in their ability to attract other sources of support and funding, to ensure that the progress made through this partnership can be continued beyond the BD investment.

While this first BD volunteer service trip has succeeded in delivering a range of benefits to all partners, it must clearly only be regarded as a temporary ‘solution’. The greatest challenge is for BD to play its part in supporting the development of more sustainable healthcare services for people around the world. But for now, in the words of one volunteer: “The biggest difference was that we rolled up our sleeves…”


**About BD**

BD is a medical technology company that serves healthcare institutions, life science researchers, clinical laboratories, industry and the general public. BD manufactures and sells a broad range of medical suppliers, devices, laboratory equipment and diagnostic products.

For more than 100 years, BD has pursued its company purpose of “Helping all people live healthy lives”. The company designs and markets products that contribute to societies and communities worldwide by improving health outcomes. Yet, for BD, making the world a healthier place extends beyond business considerations.

BD has a legacy of community involvement. In 1954, for instance, BD provided syringes and needles to inoculate almost 1 million people against polio. Today, the company’s social investments include a worldwide campaign to eliminate maternal and neonatal tetanus.

The company’s operations are guided by clear corporate values that shape how the company operates:
- Treat each other with respect
- Do what is right
- Always seek to improve
- Accept personal responsibility

Charitable giving strategies are most effective when they leverage the company’s strengths and resources. To that end, the BD Community Partnerships Mission includes the statement that “BD will mobilize its financial, product and human resources to focus on issues where we can have a significant influence on the health of at-risk populations around the world.” As noted by the Chief Executive Officer in his Letter to Shareholders in the 2005 Annual Report, “Our associates are passionate about living our corporate purpose.” The BD Volunteer Program is one way for BD associates to participate in pursuing the company purpose.

More information about the company is available at www.bd.com

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**BD and Product Donations**

BD manufactures a broad range of medical supplies and devices and diagnostic systems used by health care professionals, medical research institutions, industry, and the general public. Because BD products are integral to human health, BD works closely with international non-profit agencies and organizations to achieve humanitarian goals through in-kind and product donations. This charitable distribution is an important component of their comprehensive philanthropy program.

To assure that donated BD products reach those areas where their distribution is most crucial, the company relies on the expertise and experience of several US-based, non-governmental relief organizations. Through these established relationships with partners, BD is able to deliver millions of dollars’ worth of vital products not only to address the critical needs arising in emergency situations, but also to support health care services that meet the on-going needs of at-risk populations.

Both BD and CMMB participate in The Partnership for Quality Medical Donations (PQMD), a non-profit membership organization that brings together healthcare manufacturers and nongovernmental organizations in pursuit of the development, dissemination and adherence to high standards in the delivery of medical products to under-served people and disaster victims around the world. Find out more at www.pqmd.org.
About CMMB

Since 1928, Catholic Medical Mission Board (CMMB) has served as the leading U.S.-based Catholic charity focusing exclusively on international healthcare, particularly the well-being of women and children. In the 2005 financial year, total support to CMMB reached more than US$200 million. With donor support, CMMB sponsored medical volunteers, supported healthcare programs and provided more than US$175 million in medicines and medical supplies to more than 48 countries worldwide. CMMB works collaboratively to provide quality healthcare without discriminations to people in need throughout the world. More information about CMMB is available at www.cmmb.org.

“Our Vision is a world in which every human life is valued and quality healthcare is available to all.”
— CMMB

About Zambia

Zambia is an English-speaking developing nation in south central Africa. It has suffered from a deteriorating political and economic condition for some years, in part because of the high rate of HIV/AIDS infection, estimated at 15–20% of the population. In addition to depleting health and education resources, the disease has left many people unable to work, and more than 600,000 children have been orphaned.

BD products are available in Zambia, distributed by BD associates based in South Africa, who work with third party distributors and facilities in Zambia.

CMMB is a member of the umbrella organization Churches Health Association of Zambia (CHAZ). Created in 1970, CHAZ is an interdenominational family of church health institutions in Zambia. One hundred and sixteen institutions are affiliated with CHAZ, representing 16 different denominations and church organizations. Together, these institutions are responsible for over 50% of formal health care in rural areas of Zambia and about 30% of health care in the country as a whole.

Zambia at a glance

Population: 11,261,795
Location: Southern Africa, east of Angola
Area: 752,614 sq km (slightly larger than Texas)
Language: English (official), major vernaculars - Bemba, Kaonda, Lozi, Lunda, Luvale, Nyanja, Tonga, and about 70 other indigenous languages
Population below the poverty line: 86% (1993)
Life expectancy at birth: 39.7 years
HIV/AIDS adult prevalence rate: 16.5% (2003 est.)

First steps

In 2004, Edward J. Ludwig, the Chief Executive Officer of BD, set out to develop and implement a program that would involve employees in good works around the globe. His vision was to give BD associates the opportunity to take part in a project that would truly illustrate the company’s commitment to its corporate purpose: “Helping all people live healthy lives.”

BD has a long history of contributing to society: through its people’s time, its products and its philanthropic contributions. The new project would combine a contribution of these three valuable resources together in parts of world where the needs are the greatest.

Based on the company’s positive experience of working in partnership with philanthropic, government, and nongovernmental organizations around the world, BD approached one of its ‘Trusted Partners’, the Catholic Medical Mission Board (CMMB). BD and CMMB had worked together before through the Partnership for Quality Medical Donations (PQMD) initiative. CMMB was enthusiastic to partner with BD, and together they began to develop ideas for a program.

Making choices

As a medical technology company that develops new products to impact major health challenges around the world, BD recognized it was uniquely poised to contribute skills and expertise in helping to address the HIV/AIDS pandemic. BD decided to focus on Africa, where the needs on this disease are so great.

CMMB suggested a focus on Zambia: the country is English-speaking, easing communication for the volunteers, and is considered to be a relatively safe and accessible destination for travel. BD worked with CMMB headquarters and field staff to assess the needs in Zambia and to develop a service concept. Together, they refined objectives, defined operational challenges, and identified resource needs and key milestones.

Through CMMB’s association with the umbrella organization, Churches Health Association of Zambia (CHAZ), CMMB identified five potential partner sites in the country. CMMB’s in-country director in Zambia visited a range of hospitals, and selected five sites that would benefit from participating in the program. The sites were each located in remote areas where the overall healthcare needs were great, and in particular had a laboratory that needed support and resources of the kind that BD was best placed to provide.

It was decided that a first volunteer trip to Zambia would consist of five pairs of BD volunteers visiting the five sites for a period of two weeks. Crucially, their...
visits would be supported by a planned program of BD product donations, the first shipment of which would arrive concurrently with the first visit of the volunteers.

CMMB’s assessment of the hospitals in Zambia suggested a clear need to improve facilities in general and in the laboratories. In particular the need to develop healthcare worker ability to perform routine lab and HIV/AIDS tests was identified. Based on this information, BD decided to seek volunteers for three types of role: laboratory trainers, general laboratory assistants and light construction workers. This allowed BD to open the selection process to every one of their 25,000 employees. (Some restrictions were set, such as a minimum of one year of service at BD.)

BD agreed to cover all the costs and expenses for project, including the volunteers’ regular salaries for the two week period, including all medical benefits and travel expenses once the project started. BD provided CMMB with the required funding in advance and reimbursed any additional expenses incurred.

Together, BD and CMMB formed a planning and implementation team, working side by side to develop the program. BD drew on a cross-functional team including HR, marketing, legal, finance, health services, corporate risk and others.

**Setting objectives**

Together BD and CMMB developed a set of objectives for the project.

**CMMB Objectives**

- Furtherance of CMMB mission to deliver healthcare to those in need in the developing world
- The strengthening of the BD/CMMB relationship that will hopefully further result in support in other ways — grants, matching gifts, ad campaign, etc.
- The strengthening of CMMB’s leadership position in Zambia
- A template for the development of partnerships and joint efforts with pharmaceutical and medical supply donors, and U.S. based Catholic hospital systems

**BD Objectives**

- Give BD associates a new opportunity to “walk the talk” by providing an additional company-sponsored service opportunity
- Assist in tackling global health issues by sharing the company’s collective knowledge
- Continue the company’s legacy of good works
- Field test a framework for corporate volunteer program(s) in the developing world
- Work with a partner organization, and meet their needs
- Transfer knowledge to local residents: “teach a man to fish”
- Engage more associates for a shorter time than fewer for longer
- Measure our impact
- Sustain the program
Selecting volunteers

BD and CMMB worked closely together to design the process for attracting and selecting volunteers from within the company’s 25,000 employees around the world. While the process was very time intensive, the investment was worthwhile, as it produced an outstanding group of individuals to be the first volunteers.

Selecting only 10 people to join the volunteer program from the company’s 25,000 employees was a challenge. The people chosen would, of course, determine the success of the program. As this was a first-time project, BD could not draw on experience to know what kind of person would be best suited, nor did they have a full knowledge of what kind of experience the volunteers would face in Zambia.

In response to the challenge, BD drew together experts within the business, including senior management, to create the internal application process for prospective BD volunteers. Equally importantly, CMMB was involved throughout, bringing essential experience in selecting volunteers for projects in developing countries. Together, the team developed an information pack and application form, which was distributed throughout the company (see Appendix III). All full-time and part-time BD associates with a minimum of one year of service at the application deadline were eligible to apply for participation in the program.

In September 2004, BD invited Jack Galbraith, CEO of CMMB, to speak at the BD headquarters at Franklin Lakes. At BD events around the world, including Baltimore, Mexico and Germany, CMMB shared with BD associates their experiences of the benefits of volunteering. It soon became clear that BD associates were inspired. More than 350 BD people, representing all regions of the company’s business, submitted applications (in eight different languages) to the Zambia Service Trip. Choosing just 10, and disappointing so many, was not easy.

The selection panel sought people with different skills for the three different roles to be filled by the volunteers: laboratory trainer, general assistant and light construction. The full job descriptions are shared in Appendix II. The lab trainer needed particular technical experience and skills, good communications skills, an ability to think critically and creatively, leadership skills including the ability to influence and motivate others, and to be a team player able to handle cultural sensitivities. A potential general assistant needed good interpersonal, communication and organization skills, and needed to be able to handle cultural sensitivities. For a role in light construction, individuals needed knowledge of basic tools, familiarity with construction materials and general knowledge of basic construction and maintenance work, including safety procedures.

The application asked associates about their motivations for applying and to share any related experience volunteering abroad. They were also asked to give an example of dealing with unfamiliarity, challenges or difficulty.
Experience in volunteering in developing countries was encouraged, but not mandatory. The primary objective was to ensure the volunteers would understand the challenging nature of the environment in rural Zambia. The selection panel looked for evidence of flexibility and resourcefulness – for people who would be able to respond to challenge and to the unexpected. For each position the most highly qualified persons were selected, regardless of their stature in BD. No preferences were given based on an associate’s position within BD; in fact, the applicants’ names were unknown by the selection panel.

Finally, the selection panel recommended finalists, who were interviewed by phone, and 10 participants were selected, along with three alternates (see Appendix II).

**Learnings:**
- The volunteers, CMMB and BD found the selection process to be very effective.
- The volunteer selection process was time intensive. CMMB estimates that they invested more than four months in developing and implementing the process. However, the time spent on selecting the right associates proved invaluable for finding volunteers who were both able to contribute in the field and benefit from and enjoy the experience.
- Volunteers with experience in medical facilities in developing countries used this experience to inform their preparations and objective setting, and had a better idea of what to expect on arrival in Zambia.

**Making preparations**

BD and CMMB continued to work closely together to prepare the associates for their trip.

All of the volunteers were brought together at an orientation event held in March 2005 in New Jersey. They were joined by CMMB staff including the CMMB Zambia in-country director, Dr. Elizabeth Musaba, who had been personally responsible for visiting and selecting the five hospital sites where the volunteers would be working. CMMB prepared an information resource about Zambia for the volunteers.

The volunteers were closely involved in setting objectives for what they would achieve at each site in Zambia, with support from CMMB and BD. The objectives were developed based on:
- Dr. Musaba’s information about the sites and their needs
- CMMB’s experience in sending volunteers to hospitals in the developing world
- Some experience among volunteers of working in such hospitals
As this was a new and unique project for BD, and CMMB only had limited knowledge of each site, only a certain amount was known about the standards of the hospital and the laboratory, their priorities or the existing resources in place. Each site would be different, so it was not possible to set common objectives for all. So each volunteer developed a broad set of objectives they hoped to achieve, recognizing the need to be flexible and respond to the reality of local conditions when they arrived on site.

In the weeks before the trip, the volunteers worked together to develop plans and prepare resources. For example, the lab trainers pulled together and shared educational materials for use in training.

Throughout BD, associates got involved in fundraising activities to support their colleagues’ trip to Zambia. More than $20,000 was raised, matched in part by the company’s matching gifts program. The company’s business partners also got involved in supporting the initiative, donating money and products including computers, microscopes and other supplies.

Learnings

- Setting realistic objectives for change requires a good knowledge of the current status of a situation. While Dr. Musaba had visited each of the sites, the knowledge of the status of the facilities at each was low. Therefore, while the group could set broad objectives, it was not until the volunteers arrived in situ that they were able to make more concrete plans based on local needs, priorities and the resources available.

- Any return trips to the sites visited on this trip would benefit from this trip’s volunteers’ direct and detailed knowledge of the site, which should be used to determine more specific objectives for each trip, and identify the resources needed to achieve them.
Chapter 3: In Zambia

In early May 2005, thirteen BD associates traveled to Lusaka, the capital city of Zambia. After an introductory meeting, they headed out to their ultimate destinations throughout the country, where they spent two weeks on site in five rural hospitals:

- Nyanje Mission Hospital
- St. Fidelis Chilubula Hospital
- Chilonga Mission Hospital
- Mpanshya Mission Hospital
- Mwandi Hospital

Working in partnership with CMMB on the ground in Zambia was invaluable to BD. CMMB has long-standing relationships in the country and was able to provide in-country distribution channels and systems between the five BD regions that eased the transfer of information, supplies and contributions in support of the project.

The volunteers were warmly welcomed to all five hospitals and for all the visit was a remarkable, challenging, enjoyable and in, some cases, life-changing experience. Each felt that even in the short time they were able to make a difference to the hospital and the people working there. The stories over the next few pages give a flavor of their experiences.

**Product donations**

The volunteers arrived on site in Zambia alongside a shipment of BD donations of basic laboratory products including testing kits, syringes, needles and Petri dishes, to the total value of $50,000 (valued at ‘fair market value’, see page 30). While the products themselves were extremely useful, of almost more importance and value was that the volunteers were able to train the local laboratory technicians and nurses on how to use the equipment safely and effectively. The BD laboratory trainer volunteers also fed back to BD and made recommendations for making any future donations even more relevant and valuable to the sites. At all the hospitals the volunteers saw evidence of inappropriate donations from past donors, from equipment that could not be used because a key element was missing, such as an electrical adapter, to materials that had not been properly stored and so were useless.

While in Zambia the volunteers devoted time to working with local colleagues to devise plans for securing future resources, both financial support and material donations. They shared fundraising skills and strategies, and developed local confidence to approach potential donors. They also helped the sites think strategically about what kind of donations to request from potential donors, which might not be the latest in expensive hi-tech equipment, but rather a sustainable supply of basic laboratory essentials.
Case study 1

Albert Scuis and Yvette Lewandowski, Laboratory Trainer and General Assistant at Mwandi Hospital

Albert and Yvette traveled from France to the Mwandi Christian Hospital, located in the village of Mwandi on the Zambezi River in the southwest corner of Zambia.

Albert and Yvette’s objectives at Mwandi were to improve the laboratory’s overall efficiency and capacity so they could qualify for HIV/AIDS support from the government; and to improve safety for the healthcare workers.

The pair started by going back to basics, undertaking an inventory of the stocks and supplies in the laboratory. Immediately problems were revealed – such as a mismatch between instrument and reagent - that were affecting the quality of blood samples being taken. The next step was to put in place simple laboratory procedures like quality control and maintenance. “The lab needed a lot of help…but the lab technician was positive and did his best to improve - it’s easy to convince people once they see you roll up your sleeves and go to work beside them.”

Albert and Yvette feel their biggest contribution was to bring a new professional focus on the laboratory. “The Lab is usually the last piece of the hospital looked at, and it’s often run by non-lab people. We brought real expertise and focused on day to day improvements: methodology, process, organization.”

“We were amazed to find that one part of the lab was full of unusable equipment that had been donated to the hospital in the past. We worked with the lab tech to clear out the space, doubling the area available for lab work.”

Albert worked to develop competency in the laboratory staff to efficiently perform routine lab and HIV/AIDS tests. Albert drew on his professional experience in training to ensure that the skills and procedures he taught were understood and recognized as valuable, so they would be passed on and embedded in the laboratory in the longer term.

Since returning home, Albert and Yvette have shared the program with BD associates at sites across Europe, and they report finding a high level of awareness and support for the program, and admiration for BD for supporting it. “But in addition,” says Albert, “I think it makes BD employees more demanding that BD ‘walks the talk’ in everything that we do, even in basic things closer to home, like employee recognition and relations with staff.”

Albert and Yvette were thrilled when, on return from the trip, CMMB wrote to BD to say: “Shortly after the BD visit to Mwandi, Ministry of Health officials visited the hospital to assess the capacity to administer ART, and Mwandi was given the thumbs up!” The hospital will now be able to deliver ART therapy to 50 patients, and hopes to extend this to more in time.
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a Case Study of the BD Employee Volunteer Partnership Program in Zambia

Case studies: volunteers in action

Paul Falkenstein, Light Construction at Mpansha Hospital

Paul Falkenstein, Director, Preanalytical Systems at BD, used the construction skills his father taught him to build a brick medical waste incinerator at the Mpanshya Hospital about two hours east of Lusaka, the Zambian capital.

Mpanshya is a Catholic hospital run by an order of nuns from Poland. Prior to the company’s visit, the hospital had been burning their medical waste in a very old incinerator, and the waste was not being consumed properly. As a result, half burned syringes and bandages were left exposed to scavengers, both animal and human.

Upon arrival, Paul was pleased to find a willing team of local construction workers. Once materials had been sourced, it was only a matter of days before the team had built a brand new incinerator. Paul educated the hospital staff on using the new facility efficiently and safely. Reflecting their pride in the addition to the site, the hospital sisters set to work planting a pathway of roses to the new incinerator.

In his time at Mpanshya, Paul also took on the challenge of building a new field kitchen with brick ovens, to give women accompanying relatives to the hospital a communal area for cooking. He also began construction of a major new nursing education center. Foundations laid, walls and door frames up and a new generator in place, Paul had to leave his new colleagues in Mpanshya to fit the roof on the center. And there is always more to be done. “If I had had another week we could have extended the lab to make space to test for TB and malaria, which my colleague Shrita Smith had been teaching the healthcare workers when we were there.”

Back in New Jersey, Paul’s manager was 100% supportive of his participation in the trip. Paul says his greatest learning from the experience was humility, and gratitude for his life at home. “I am so fortunate to be working for a company that makes products that make our customers cry with happiness, because the value to them is so high, they literally change the way they live.”

BD leadership support

The BD Zambia Volunteer Trip was initiated by the executive leaders of BD, and was supported throughout by the entire management team. On arrival in Zambia the volunteers were joined by three senior BD representatives who not only showed support for the volunteers, but also got involved in practical tasks like facilitating the BD product donations’ passage into the country and to the sites. The company’s VP for Medical Affairs and the VP and General Manager on HIV/AIDS visited the volunteers at their sites in Zambia, sharing their professional expertise with the local health workers and themselves learning about the real needs on the ground for healthcare, including BD products.


"People in Nyanje couldn’t thank us enough. They were amazed that a company was willing to put in the effort and send in help. BD made the donation and put a face with it - they’ll remember that." (Susan Saiget)

“I am so proud of this company – I am proud and honored to be a part of BD.”
(Shrita Smith)

“BD is a true champion where it comes to public health. My first impression was that BD was about business and money first, but when this program came along and I was selected and I went, I was so impressed – this just blew me away.”
(Deirdre Hinds-Gravesande)

“People are speaking about HIV/AIDS, putting the spotlight on it, writing petitions …but this is about having 10 people today that BD leaders allowed this infectious experience. It will play out in our jobs, home lives, and world community – it will have a lifelong impact.” (Paul Falkenstein)

“We need to be there because we are the leaders in these products that keep our health care workers safe. We’re involved in every step of this process. It’s so obvious we need to be doing this!” (Susan Saiget)

“A healthcare worker in Zambia said to me: “This is the first time a worldwide pharmaceutical or devices company…provides this kind of help. Who are you?”
(Albert Scius)

“It gives many new reasons to fight to meet the company’s expectation so that we can also invest in this kind of program in the future.” (Albert Scius)

“The biggest difference was that we rolled up our sleeves…” (Paul Falkenstein)

In their own words

Sharing the experience

On return home, all of the volunteers were eager to share the stories of their trip with their families and friends, but also with their colleagues at BD and beyond. The volunteers have made presentations at BD sites and meetings across the U.S., Canada and Europe. The stories have been shared at ‘Pursuing our Purpose’ events, in the BD Annual Report, in internal journals, on the company website and more.

Karen Scraba, from Ontario, Canada is preparing to present her experience to a group of customers in her region. When Karen asked a hospital in her hometown if she could take photographs of their laboratory to show the people in Chilubula, she sparked the interest of the hospital’s laboratory director. On his invitation, Karen will speak to the Hospital Laboratory Regional Association, whose members have expressed interest in getting involved in this kind of project. Karen has also been asked to write an article for the members’ magazine of The Canadian Society for Medical Laboratory Services.
Learnings

Preparing and carrying out the first visit of the BD Volunteer Program to Zambia provided a wide array of lessons for everyone involved. Months of careful planning and preparation by the BD and CMMB team meant the trip ran smoothly and was regarded by all as a success. Below we draw out some key lessons from both the successes and challenges of the first trip, to inform and improve future visits.

Work in partnership: BD benefited greatly from working in close partnership with CMMB. The partnership drew on each organization’s core strengths, such as CMMB’s extensive local knowledge and experience in the field, and the volunteers’ medical and laboratory skills. BD drew on its project management skills and benefited from drawing on advice from an internal cross-functional team, including marketing, HR and regional representatives.

Create a supportive environment for volunteers: Partnership with CMMB gave volunteers access to local expertise, knowledge and support, and at home the volunteers were boosted by broad management support at all levels.

Understanding local needs: CMMB’s assessment and understanding of local needs was essential, for example: their advice to send volunteers with construction skills to improve and build new facilities. The more specific information about the current resources and needs of hospital and the laboratory the volunteers have in advance, the better prepared they can be to set and achieve objectives and thus have more impact.

Keep it simple: Recognize local realities and think basic and long term when estimating volunteers’ potential contribution. On arrival, all volunteers focused on basic improvements: implementing safe laboratory processes, improving sanitation, cleaning and painting, and teaching basic skills such as blood drawing techniques. Recognize the importance of embedding essential knowledge and skills that the healthcare workers will retain, rather than introducing too many changes and new information.

Take right resources: Volunteers have recommended future trips take more basic education and training materials, including wall charts and books relevant to developing countries. Also, laptop computers and general office supplies. Recognize that early shipments of product, materials and supplies are essential.

Length of trip: Volunteers have impact in two weeks, but more could be achieved in three. Volunteers arriving one day earlier to rest, settle in, and start making preparations would be advantageous.

The bigger picture and BD goals: Volunteers sought clarity about plans to sustain the project and its longer-term goals. Link this to the company’s wider efforts on HIV/AIDS, including developing products and services that can be accessed in communities where they are most needed.
Why measure?

“BD continually strives to take healthcare from where it is today and elevate it to ever-higher levels in the future. While the goal is clear, the challenges to improving health the world over are complex. At BD, deeply embedded traits, including an unwavering focus on patients and customers and a culture of continuous improvement, drive us to make meaningful progress.” (BD Annual Report 2005)

BD’s corporate purpose is ‘Helping all people live healthy lives.’ While the goal is clear, the challenges to improving health the world over are complex. In the Annual Report, BD claims that “Deeply embedded traits, including an unwavering focus on patients and customers and a culture of continuous improvement, drive us to make meaningful progress.”

The same traits should apply to the company’s voluntary and philanthropic programs. As with every part of the business, BD needs to be sure that philanthropic activities and investments make a difference and contribute towards real improvement and progress.

To do so, it is essential to measure the effectiveness of the BD CMMB Zambia Volunteer Program. The key questions are:

- What is the overall contribution to the program?
- What benefits and impacts does the program have for the community, the partners and the company?
- What is the value of working in partnership? What leverage is created?
- How should success be measured?
- How can any benefits created for the community be part of sustainable progress?

In developing the program both BD and CMMB set out objectives they hoped to achieve. On page 30 the extent to which these objectives were achieved by the pilot project are assessed. In addition, the London Benchmarking Group Model (LBG) is applied to the project in an attempt to quantify the benefits and impacts achieved.
Walking the Talk: a Case Study of the BD Employee Volunteer Partnership Program in Zambia

The LBG Model: inputs, outputs, impacts

The LBG (London Benchmarking Group) model is an emerging global standard for measuring and reporting community contributions and achievements. The model is based on adapting quality management thinking to the management of corporate community involvement policies. With LBG the focus is on defining and measuring inputs to community programs and measuring the outputs and impacts over time of the program. In this way the goals are to know what you contribute, and to be known for what you achieve.

First developed in 1994 in London by a group of six companies working with The Corporate Citizenship Company, the LBG model is now used by groups of companies across the world, including a group of more than 100 companies in the UK and groups around the world including Canada, Australia, Europe. A close variant exists in the United States, the Corporate Giving Standard, developed by The Committee to Encourage Corporate Philanthropy. More information about LBG is available at www.lbg-online.net.

The LBG model aims to quantify the total corporate contribution to the program (inputs), the leverage the company initiative generates, and the benefits to the community and where appropriate to the business (outputs) and finally to explore the longer term benefits or ‘impacts’ of the program. This offers a way to measure the success of the program – by comparing the ratio between the ‘inputs’ (the contribution) and the ‘outputs’ and ‘impacts’ (benefits achieved).

This link between ‘inputs’ (contribution) and ‘outputs’ and ‘impacts’ (benefits) is important. It is essential to quantify total investment (contribution) in the program, not only because as a public company BD needs to be accountable to shareholders for the use of company assets, but because the program’s achievements will be shaped by and should be judged by an assessment of the cost of the program - in short, the ‘return on investment’, both to the community and to the business.

In this case study, the objectives of the BD Volunteer Service Program include having an impact on global health challenges. Taking just Zambia alone, where one in six adults is living with HIV, it is essential to be realistic about what a corporate volunteer service program can achieve. So it is important to be able to quantify what the program does achieve, in order to justify its existence alongside the many other established initiatives addressing the challenges. So the benefits (or ‘outputs’) of the program need to be measured against the scale of the contribution (‘inputs’).

On the next pages the LBG model has been applied to the first Zambia trip. First the overall contribution to the program (inputs) is quantified, and then the benefits generated (outputs) for the community, both locally at the hospital level and for our partner CMMB, and for the business are assessed. These benefits include contributions that were ‘leveraged’ by BD from other sources, such as employee fundraising and gifts from business partners. Finally the model aims to qualify (and quantify) the longer term ‘impacts’ of the program. Much more detail about the inputs, outputs and impacts is provided in Appendix I.

The benefits for the community, CMMB and the company have been assessed based on interviews with the volunteers, CMMB and those involved in managing the program.

The BD Volunteer Service Trip - the LBG model applied
## 1) INPUTS

<table>
<thead>
<tr>
<th>Company INPUTS to the project</th>
<th>Value ($)</th>
<th>LEVERAGE</th>
<th>Value ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BD cash donation</td>
<td>151,700</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(CMMB, preparation and trip expenses)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BD matching of associates’ fundraising</td>
<td>13,564</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>In-kind</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BD product donations¹</td>
<td>50,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A variety of BD product (including needles, syringes, blood collection supplies, lancets, labware and lab equipment)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Time</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BD Volunteers time - 2 weeks²</td>
<td>23,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Management costs</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BD management time³</td>
<td>24,000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL**                        | **$262,264** | **TOTAL** | **$63,114** |

1 In this case study BD’s product donations are valued at ‘fair market value’. See Box on page 30 about valuing product donations.
2 In this case study BD employee time in volunteering is valued at $2,300 per person, based on an estimate of the average salaries of BD professionals at similar job levels. See page 42 for more information on valuations of inputs.
3 In this case study BD management time is valued at $24,000, a conservative estimate of the value of the time spent by BD in setting up and managing the project. See page 42 for more information on valuations of inputs.
4 In this case study CMMB management time is valued at $24,000, a conservative estimate of the value of the time spent by CMMB in setting up and managing the project. See page 42 for more information on valuations of inputs.

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**Business partner contributions (in-kind)**

- DHL – shipping: 6,300
- Dell – 5 desktop computers: 5,000*
- Midnight Media Group – 5 DVD conversions of training sets: 2,000
- Henry Schein – lab supplies and protective wear: 1,500
- Sharp – 1 photocopier: 500*
- Given to volunteers: 4 microscopes, assorted gifts/toys/candy for children in Zambia: 500*

**BD Associates cash donations**

- BD cash donations (later matched by BD): 13,564
- BD Canada donations (direct to BD to support BD Canada volunteer at Chilubula to buy teaching microscope and centrifuge (not matched): 6,000

**BD Associates in-kind donations**

- Personal gifts: 2 computers donated by BD associates: 2,000*
- BD IT department—5 computer printers: 1,000*
- BD Employee Health donated 10 First Aid Kits for the volunteers: 500*
- Volunteers and associates gave assorted toys, sporting goods and candy for children in Zambia: 250*

**CMMB contributions to the project**

- CMMB management time: 24,000
## Outputs

<table>
<thead>
<tr>
<th>Community benefits</th>
<th>Global partner benefits</th>
<th>Business benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Local community benefits</strong></td>
<td><strong>Global partner benefits</strong></td>
<td><strong>Business benefits</strong></td>
</tr>
<tr>
<td>Access to BD products</td>
<td>Much strengthened relationship with donor</td>
<td>Deepened relationship with trusted partner</td>
</tr>
<tr>
<td>Five hospitals receive supply of BD products (valued at $50,000 US fair market value)</td>
<td>Including BD donations to other CMMB projects (including 400,000 syringes to Haiti for a CMMB/Merck vaccination project)</td>
<td>BD seen to be “walking the talk” by employees</td>
</tr>
<tr>
<td>Healthcare workers at 5 sites trained on basic laboratory skills and procedures</td>
<td>Advancement of program objectives in Zambia</td>
<td>Improved morale, motivation and commitment to the company among volunteers; also reported to be felt among wider employees</td>
</tr>
<tr>
<td>• Intensive training on basic lab skills and procedures, such as drawing blood and HIV/AIDS testing</td>
<td>Fortifying healthcare infrastructure and building capacity</td>
<td>Employee development</td>
</tr>
<tr>
<td>• Safety procedures greatly improved</td>
<td></td>
<td>Building skills including self confidence, leadership, team building, flexibility, respecting diversity, innovation</td>
</tr>
<tr>
<td>• Training on use of products donated</td>
<td>Extended offerings for corporate partners and new model for effective partnership development</td>
<td>Better understanding of customer needs and new perspectives on global health challenges</td>
</tr>
<tr>
<td>• Skills developed among lab technicians, nurses, doctors</td>
<td>New capacity for designing situation-specific volunteer programs, including short term and using non-medical volunteers – instead volunteers with more general skills. Recognized own untapped expertise in training around cultural competencies and in volunteer team preparation</td>
<td>Highlights global approach of BD corporate citizenship program</td>
</tr>
<tr>
<td>• Management of labs improved: new systems, more efficient</td>
<td>Expanded donor base</td>
<td>Publicity, media coverage</td>
</tr>
<tr>
<td></td>
<td>The credibility of the organization in the eyes of their local partners in Zambia increased due to ability to “deliver” equipment, volunteers and cash support like never before</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Increased visibility related to work in country</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Increased awareness of CMMB – for example from press coverage, or from BD events/publications</td>
<td></td>
</tr>
</tbody>
</table>
**LONGER TERM IMPACTS**

The impacts listed in this table are not based on scientific measurement, but are expected longer-term impacts of the project, based on the findings of research and measurement of other community programs. (see Appendix V)

<table>
<thead>
<tr>
<th>Community impacts</th>
<th>Global partner impacts</th>
<th>Business impacts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Local community impacts</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Better patient services at hospital, e.g. led to greatly improved VCT (voluntary counseling and testing) uptake (Chilonga)</td>
<td>CMMB organization strengthened through capacity and skill development</td>
<td>Better awareness and understanding of company purpose among employees</td>
</tr>
<tr>
<td>Better safety / less accidents in the laboratory, less risk of infection from waste</td>
<td>New corporate partnerships achieved</td>
<td>Impacts of employee personal skill development</td>
</tr>
<tr>
<td>Hospitals attract investment; contributed to • Mwandi qualifying for government support for ARTs • Chilonga coming closer to candidate for PEPFAR funding</td>
<td>New kind of relationships with partners based on new ‘services’</td>
<td>Impacts of improved commitment of BD volunteers and other employees to the company, resulting in reduced absenteeism and turnover</td>
</tr>
<tr>
<td>Access to 2-year supply of BD product donations</td>
<td></td>
<td>First-hand information about the needs in healthcare products in hospitals in the developing world</td>
</tr>
<tr>
<td>Support and training toward more sustainable access to resources (financial and donations)</td>
<td></td>
<td>Improved reputation as a responsible corporate citizen</td>
</tr>
</tbody>
</table>
Walking the Talk: a Case Study of the BD Employee Volunteer Partnership Program in Zambia

Measuring success

The overall contribution of the program is summarized in the LBG tables – where the reader can compare the estimated total cost of the program (inputs, page 27) with the outcomes or achievements (outputs and impacts, pages 28-29).

The total cost of the program is estimated at around $260,000, including the product donation valued at $50,000 at ‘fair market value’ (see below). In addition more than $60,000 was raised as ‘leverage’ – extra value created by the partners’ outreach to other contributors.

Valuing product donations

The LBG Model encourages companies to value their ‘inputs’ at cost to the company. In-kind or product donations should be valued at the cost to the company to produce the goods. However in this case study BD’s donations are quoted at ‘fair market value’ (FMV), which is the average price of the goods in the marketplace. This approach to valuation is common among US businesses.

Some sector groups recommend different valuations appropriate to their sector, such as the pharmaceutical industry’s use of ‘wholesale acquisition cost’ (WAC) for valuing donations. WAC is the list price for wholesalers, distributors and other direct accounts before any rebates, discounts, allowances or other price concessions.

The achievements that these funds facilitated on the ground can be summarized as follows. 5 hospital sites received essential healthcare equipment that otherwise would not have been available to them. The healthcare workers at the sites received professional training from BD employees on using the equipment safely, as well as general training about laboratory procedures, efficiency and safety. Two hospitals have new incinerators, one has a new laboratory, another a new kitchen, and each benefited from general repair and renovation. In the longer term, the sites have a commitment of additional product donations from BD, which will be informed by the BD volunteers’ first hand understanding of the priority needs of each site.

The longer-term impacts for the sites is that they each have better equipped and managed laboratories. This puts them in a better position to attract and secure funding from other sources. Mwandi now qualifies for government support for ARTs, in part due to the improved lab skills and safety procedures, and Chilonga is closer to becoming a candidate for PEPFAR funding. BD volunteers contributed to this progress in part, and in both cases much more work is needed. All of the sites visited were given advice and support to find alternative sources of funding for the future and are better equipped to seek the right kinds of donations and to use them more effectively.

To understand the success of the project for the partners, BD and CMMB, we need to assess performance against the framework of objectives each organization hoped to achieve, as set out on page 14. The tables below assess whether each objective was achieved. This assessment is based on feedback from the hospitals in Zambia, CMMB in Zambia and at headquarters, and interviews with BD volunteers and managers.
## Walking the Talk:
a Case Study of the BD Employee Volunteer Partnership Program in Zambia

### CMMB Objectives

<table>
<thead>
<tr>
<th>CMMB Objective</th>
<th>Achieved?</th>
<th>Evidence or indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Furtherance of CMMB mission to deliver healthcare to those in need in the developing world</td>
<td>Yes</td>
<td>CMMB reports positive impact at sites, equating with CMMB mission</td>
</tr>
<tr>
<td>The strengthening of the BD/CMMB relationship that will hopefully further result in support in other ways – grants, matching gifts, ad campaign, etc.</td>
<td>Yes</td>
<td>CMMB and BD agree partner relationship has been strengthened; BD has made new contributions to CMMB projects</td>
</tr>
<tr>
<td>The strengthening of CMMB’s leadership position in Zambia</td>
<td>Yes</td>
<td>CMMB reports improved leadership position in Zambia</td>
</tr>
<tr>
<td>A template for the development of partnerships and joint efforts with pharmaceutical and medical supply donors, and U.S. based Catholic hospital systems</td>
<td>Yes</td>
<td>CMMB reports success of new template in attracting new donors and partners</td>
</tr>
</tbody>
</table>

*Chapter 4: Measuring impact*
## BD Objectives

<table>
<thead>
<tr>
<th>BD Objective</th>
<th>Achieved?</th>
<th>Evidence or indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engage BD associates in “walking the talk” by providing a company-sponsored</td>
<td>Yes</td>
<td>Ten Associates engaged in volunteering opportunity. Volunteers recognized program as BD “walking the talk” and reported other employees did too</td>
</tr>
<tr>
<td>service opportunity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assist in tackling global health issues by sharing BD’s collective knowledge</td>
<td>Yes</td>
<td>Volunteers shared knowledge and experience to lab techs to improve HIV/AIDS testing, and provided general education about the disease. Changed lab tech behaviors to improve lab processes and safety. BD contributed employee time and skills, BD products and financial support. Volunteers used laboratory, training, construction and general management skills</td>
</tr>
<tr>
<td>and resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continue the company’s legacy of good works</td>
<td>Yes</td>
<td>Volunteers interviewed agreed project lived out BD’s values and philanthropic legacy</td>
</tr>
<tr>
<td>Work with a partner organization, and meet their needs</td>
<td>Yes</td>
<td>Good partnership with CMMB, who reported needs were met</td>
</tr>
<tr>
<td>Transfer knowledge to local residents: “teach a man to fish”</td>
<td>Yes</td>
<td>CMMB reports ongoing use of improved processes and new skills at sites</td>
</tr>
<tr>
<td>Field test a framework for corporate volunteer program(s) in the developing</td>
<td>Yes</td>
<td>Success of first trip suggests program framework is effective; second trip is underway</td>
</tr>
<tr>
<td>world</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Engage more associates for a shorter time than fewer for longer</td>
<td>Yes</td>
<td>Ten associates engaged for two weeks, plus preparation time</td>
</tr>
<tr>
<td>Measure our impact</td>
<td>Yes</td>
<td>Case study to measure impacts</td>
</tr>
<tr>
<td>Sustain the Program</td>
<td>Yes</td>
<td>Follow up trip underway</td>
</tr>
</tbody>
</table>
**BD Objectives (continued)**

<table>
<thead>
<tr>
<th>Secondary goals</th>
<th>Yes</th>
<th>Volunteers interviewed report developed leadership skills and global awareness; improved morale and commitment to BD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Build future BD leaders (world citizens); heighten morale and employee pride,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>affirm BD as employer company of choice, develop skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inform company efforts with first-hand, front line experience</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deepen relationships with trusted partners, international organizations and</td>
<td></td>
<td>Relationship deepened with CMMB</td>
</tr>
<tr>
<td>governments</td>
<td></td>
<td>Unknown impact on relationships with IOs and governments</td>
</tr>
<tr>
<td>Accent global approach to corporate citizenship efforts, contribute to MDGs</td>
<td></td>
<td>Unmeasured contribution to two MDGs: Goal 6: Combat HIV/AIDS, malaria and other diseases; and Goal 8: develop</td>
</tr>
<tr>
<td></td>
<td></td>
<td>global partnership for development</td>
</tr>
</tbody>
</table>

Overall, it is clear that both BD and CMMB achieved their own key objectives for participating in this project. In most cases the assessment of success is based on verbal feedback from the volunteers and those involved in organizing the project, rather than against measurable indicators.
Future indicators of success

In order to more fully and accurately assess the success (according to its objectives) or wider impacts of future BD volunteering program trips, more detailed measures or indicators could be developed. Suggestions of such indicators, and how the necessary information might be gathered, are listed below:

1) Community – local level

Indicators to measure tangible improvements in healthcare service provision and increasing access to other investment and support

Tool: Detailed survey of healthcare service provision – before and after, or at beginning and end of BD visits, and monitor trends in data over time

Examples of indicators:
- Increase in number or improvement in quality of HIV/AIDS tests conducted; or evidence of BD knowledge/skills shared with other/new healthcare workers
- Improved safety: less accidents in the laboratory, less risk of infection from waste
- Improved VCT (voluntary counseling and testing) uptake
- Hospital attracts investment from other sources, including other donors and governments
- Qualification for ART funding, progress
- Qualification for PEPFAR funding, progress
- Site developing plan for sustainable access to resources (financial and donations)

2) Community impacts – the global level

Indicators to measure tangible benefits to partner (CMMB)

Tool: Detailed survey of partner to fully explore and measure the benefits they receive

Examples of indicators:
- Measures of benefits gained by partner from project and from partnership
- Measures of CMMB’s strengthened leadership position in Zambia
- Measures of the effectiveness of CMMB’s new template for partnerships – based on repeat application of the template with other corporate partners
- Number and success of new corporate partnerships developed
- Measures of improvements to partner relationship (eg new areas of support)
3) **Business impacts**

Indicators to measure tangible benefits to business

**Tool:** Employee survey, volunteer survey, external reputation survey

Examples of indicators:
- Employees recognize the program as BD “walking the talk”
- Employees link the program with the values and with the BD legacy
- Increased awareness among employees/volunteers of BD values and company purpose
- Lower employee turnover
- Improved pride in company
- Positive impact on BD as an employer of choice
- Improved skills, morale and commitment among former volunteers
- Volunteers transfer skills developed in Zambia into work at BD
- Volunteers progress into leadership roles at BD
- Positive impact on external opinion of the company’s values, BD “walking the talk” and BD reputation / trust in BD

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**Getting value from measurement**

**Recommendations from The Corporate Citizenship Company**

The LBG process positions measurement as a ‘management tool.’ By drawing out the ‘outputs’ and ‘impacts,’ that is, what a program achieves or wants to achieve in future, the company and its partners are able to then work backwards to re-examine what ‘inputs’ are needed to achieve those goals.

In this way the program can move from being driven by ‘input’ drivers to being driven by ‘output’ drivers.

What this means is to change from being driven by the company’s ‘inputs’, i.e. how much money or time they want or are able to contribute to ‘the problem’ (often with the mentality that ‘anything we can give or do is better than nothing’) to being driven by the ‘output’ and ‘impacts’ the company and their partner(s) want to achieve.

Based on their experience of the first trip we recommend that BD focus on what it wants the ‘outputs’ and ‘impacts’ of future trips and the future program to be. This should lead to an assessment of whether different ‘inputs’ are needed, as well as adopting a set of measures to monitor success.

So for example, rather than the program being driven by the company’s ability to contribute $150,000 cash donations plus product donations and two weeks of 10 employees’ time to addressing the issue of HIV/AIDS, BD should shift the focus towards specific impact targets, say to improve by 25% the rate and effectiveness of HIV/AIDS testing at five rural hospitals in Zambia. Practically, volunteers would assess current quality or capacity on arrival and set a target for improving this, both in the short and longer term. In this way the company’s intervention would be measurable, and could be put in context as one small but measurable contribution to wider HIV/AIDS treatment objectives in that country.
Next steps
At the time of publication of this case study, a second group of BD volunteers are
heading to Zambia to continue the work their colleagues began on the first trip. Once
again BD and CMMB have worked together to prepare the follow up visit.

BD and CMMB decided to send two pairs of volunteers to Chilibula St. Fidelis Mission
Hospital, Chilonga Mission Hospital, Mpanshya St. Luke’s Hospital and Mwandi Mission
Hospital, four of the sites visited on the earlier trip. Two volunteers from the earlier trip are
traveling with two new volunteers from BD. They will engage in laboratory training and light
construction work, including building an incinerator and maintaining the laboratories.

BD is also developing relationships with other non-profit organizations to develop
BD volunteer trips in other regions.

Future challenges
It is clear that the vision of involving BD associates in good works around the world, where
they would put the company’s corporate purpose into action, was realized in the first trip to
Zambia. The success of the trip can be attributed to several factors, in particular the power
of the partnership between BD and CMMB and the commitment of the individuals involved,
including the project team, the volunteers and the unwavering support of BD management.

But as the BD volunteers experienced first hand, the need is great. The ability of one
company to contribute is limited. But this case study illustrates what is possible. By
working in partnership, BD and CMMB brought both hope and real change to five
hospitals in Zambia. By leveraging support from other companies, such as DHL’s help
in transporting the product donations for this project, even more could be achieved.

In turn it is essential for BD and CMMB to recognize the longer-term needs of the sites
selected for this trip. Work has already been done and should continue to support the sites
in their ability to attract alternative sources of support and funding, to ensure that the
progress made through this partnership can be continued beyond the BD investment.

It is clear that the BD volunteers’ experiences in Zambia had a great impact on their
lives, both personally and professionally. Going forward, BD could do more to harness
the skills and experience gained so they can be developed within the individuals and
channeled into the company’s work. For example in selecting the volunteers BD and
CMMB made a conscious decision to not take into consideration associates’ roles at
BD. None of the volunteers selected are involved in the company’s work on developing
laboratory products for use in developing countries. Looking forward, BD might consider
involving associates from this business in future trips so the first hand observation
of the needs in such an environment can be directly applied to BD products.
The volunteers from this first trip will have an invaluable contribution to make to planning future visits, not least to support new volunteers. More information in advance about conditions, practices and resources at the hospitals to be visited will be useful to help set realistic objectives for future visits. However, it is clear that being flexible and able to adapt is both a necessity and a useful skill developed from the volunteer experience.

While this first BD volunteer service trip has succeeded in delivering a range of benefits to all partners, it must clearly only be regarded as a temporary ‘solution.’ The greatest challenge is for BD to play its part in supporting the development of more sustainable healthcare services for people around the world. But for now, in the words of one volunteer: “The biggest difference was that we rolled up our sleeves...”
Appendix I: Exploring the inputs, outputs and impacts

The tables on pages 27-29 provide a summary of the BD/CMMB Zambia Service Trip Program as analyzed through the London Benchmarking Group (LBG) model. In this Appendix we provide the background information behind these summary tables.

The model aims to quantify the total contributions to the program (inputs), the benefits to the community and to the business of these contributions (outputs) and, finally, to explore the longer term benefits or ‘impacts’ of the program. This offers a way to measure the success of the program – by comparing the ratio between the ‘inputs’ (our contribution) and the ‘outputs’ (benefits achieved).

This link between ‘inputs’ (contribution) and ‘outputs’ (benefits) is important. It is essential to know to quantify total investment (contribution) in the program, not only because as a public company BD needs to be accountable to shareholders for the use of company assets, but because the program’s achievements will be shaped by and should be judged by, an assessment of the cost of the program - in short, the ‘return on investment,’ both to the community and to the business.

Below we provide a detailed description of the total inputs, outputs and impacts of the first BD CMMB Zambia trip. This information is summarized in the tables on pages 27-29.

First, the overall contribution to the program (inputs) is quantified, and then the benefits generated (outputs) for the community, both locally at the hospital level and for our partner CMMB, and for the business are assessed. These benefits include contributions that were ‘leveraged’ by BD from other sources, such as employee fundraising and gifts from business partners. Finally the model aims to qualify (and quantify) the longer term ‘impacts’ of the program.

This Appendix describes the LBG analysis of the BD/CMMB Service Trip Program, looking in turn at:

1) Inputs: the partners’ contributions to the project
2) Outputs: the achievements of the project
3) Impacts: the longer-term impacts of the project
Walking the Talk: 
a Case Study of the BD Employee Volunteer Partnership Program in Zambia

1) Inputs – The partners’ contributions to the project

The ‘inputs’ to the project are the costs incurred by the company or partners in carrying out the project. The LBG model identifies four possible types of input cost:

- Cash payments
- Employee time (paid for by the company, but spent on community activities)
- In-kind contributions (such as products)
- Management costs (such as time of community team organizing the project)

The ‘inputs’ to the project are listed in the left hand column of the table on page 27, and described below.

| Cash | At the beginning of project BD agreed that it would cover all the costs of the project, including any costs incurred by the volunteers or by CMMB. BD made an initial cash donation of $151,700 to cover the planning of the trip, transport, communications, accomodation and building materials. BD matched employee fundraising to the value of $13,564. The total BD cash budget for the trip was therefore $184,828. |
| Time | BD paid the employees their normal salaries during the two weeks they spent in Zambia to complete the project. Using an estimate of the average salaries of BD associates at similar job levels, we have conservatively valued this time to cost $2,300 per employee to BD. The BD Associates brought significant skills and experience to their role in Zambia, including medical knowledge, laboratory skills, training skills, building skills, project management and a range of experiences working in developing countries. Value of volunteer time invested in the trip is estimated around $23,000 |
| In-kind | BD donated $50,000 worth of product to the five sites for the first volunteer trip, valued at fair market price (see note on page 30). BD has made a future commitment to provide sites with product for two years. |
| Management costs | BD and CMMB both invested considerable time in developing and managing this project, but neither has been included in previous project cost estimates. In an effort to know the full investment in, or costs of the program we aim to account for this time. BD and CMMB each invested an estimated 1,000 hours in developing and managing the program. Based on estimates of average salaries of such professionals, we have conservatively valued this time equal to about $48,000. The BD half of this figure is included under ‘inputs’ in the LBG assessment, while the CMMB time is considered to be ‘leverage’. While BD committed to covering all CMMB costs on the project, CMMB did not ‘charge’ BD for a significant proportion of the management time spent, as they felt this was ‘not the right thing to do’ in light of the company’s generosity as a partner in the program. It should be noted that as much management time was invested in this the first trip in the new Volunteer Service Program - management costs should be much lower for future trips. |

The total BD ‘inputs’ to the project are therefore estimated to be $262,264, based on inclusion of the product donation of $50,000 valued at ‘fair market value’.
2) Outputs – The achievements of the project

The LBG model draws a clear distinction between input costs, or ‘inputs’ and achievements, or ‘outputs.’ Output measures indicate what level of activity the ‘input’ factors are generating. The LBG model distinguishes outputs between:

• Leverage
• Community benefits (local and global)
• Business benefits

The case studies on pages 20-21 describe the accomplishments of three of the volunteers in their hospitals, and serve to illustrate the achievements of the full group. In this section, we focus on what was achieved overall by the program, the value that was created by the partnership and the benefits to each partner of participating: the hospitals, CMMB and BD.

| Leverage | Leverage is the additional resource attracted to an activity or project as a direct result of the initiative or participation of the company. The concept is included in the LBG model to show that company contributions can act as the catalyst for increasing resources to community projects. Within BD, associates raised more than $20,000 through their own fundraising. BD also used its business network to attract additional resources to the project. Working through the Global Business Coalition on HIV/AIDS, BD made contact with DHL, who helped to ship the medical donations to Zambia. Dell donated five desktop computers, and a supplier of digital media services to BD, donated 5 DVD conversions of training sets to help prepare the volunteers. The management costs of the partner, CMMB, estimated to be about $24,000 (see inputs for equivalent BD management costs) are included as ‘leverage’ because this was a resource that was leveraged by BD’s initiation of the project. The total value of the cash, time and in-kind goods leveraged by BD for this project was just over $63,000. |
| Benefits to the community | A) Benefits to the community at the local level
Each of the five hospital sites benefited greatly from the visit of BD volunteers and the provision of medical supplies from BD.

Product donations: The five sites shared donations of BD products with a ‘fair market value’ of $50,000, made up of basic medical tools like syringes, pipettes, Petri dishes, swabs and needles. In most cases the sites simply cannot afford to buy these kinds of basic modern items. An important lesson learned from this trip was that training on use of such donations is almost as valuable as the item itself. |

(continued)
### Benefits to the laboratory

**Benefits to the laboratory:** Five BD employees shared their specialist knowledge and skills in laboratory practices to specifically benefit the laboratories in the five sites.

- **Lab skills:** enhancing the skill sets of Zambian colleagues in routine lab work and in HIV/AIDS testing, teaching them simple procedures
- **Lab process:** helping to set the labs up better, develop processes. One volunteer introduced a new log book for lab results, which allows follow up with the patients, making a real improvement to patient care.
- **Safety knowledge:** new focus on safety for healthcare workers: teaching them to prioritize safety for healthcare workers. How to use safety products; creating an awareness of unsafe practice; giving them knowledge to do something to protect themselves
- **Healthcare worker education:** wider education of hospital staff including doctors and nurses

The BD volunteers found that while some of the sites had been supported by visits by doctors from abroad, in most cases this was the first time the laboratory had received external input or support. The BD volunteers brought real expertise and professional focus on improving the running of the labs, including practical day to day improvements to process and organization, leading to a much more effective lab. In addition, the volunteers felt they were able to bring increased strength and credibility to the lab technicians working onsite, to achieve change and recognize the importance of the lab to the whole hospital.

### Benefits to the hospital sites

**Benefits to the hospital sites:** Three BD volunteers focused on construction. They applied skills in building and project management, and provided tools and materials to lead a team of local people to construct new buildings and renovate existing facilities.

The volunteers built new incinerators at two sites. Incinerators are essential to allow the hygienic and safe disposal of hospital waste. Without incinerators, dumped waste was open to access by humans and animals, risking contamination. The volunteers managed teams of local workers to build the incinerators, and taught the hospital employees a more effective and safer process for managing and disposing waste.
In addition, the construction volunteers responded to other building needs. At one site they built a new field kitchen, to give women accompanying relatives to the hospital a communal area and brick ovens for cooking. They also initiated construction of a new nursing education center, and shared knowledge of solar energy and solar panels which was not previously available.

Chilubula has a new laboratory, complete with electrical wiring and plumbing. CMMB says “As Chilubula is the poorest and largest province in Zambia, this laboratory will be a landmark”. Along with the training of laboratory technicians and nurses and the BD donated computer, the structure is being hailed as potentially the best laboratory service in the province.

The construction volunteers could work in partnership with the medical teaching volunteers. At one site more time would have allowed the construction volunteer to extend the lab to make a space to test for TB and malaria, which the other volunteer was teaching to the hospital staff. Managing future needs: Each of the volunteers spent time working with local healthcare professionals to develop their strategy for future resourcing. All of the sites have little to no access to funding to buy medical products. In most cases they rely on charitable donations. The volunteers helped the sites to develop skills in sourcing and applying for additional support, and to think strategically about their priorities for donations based on urgency, compatibility with existing resource, storage limitations and so on. The result is that the sites are now better placed to present themselves for increased funding, and will make better use of offers of charitable donations.

For example, when Karen Scraba arrived at the St. Fidelis Hospital at Chilubula, the hospital was unable to qualify for the government supported ART program. The “reason” was because the hospital did not have a doctor. But the reason they were unable to get a doctor was the low standard of the operating theater. To improve, the operating theater first required a good laboratory. Karen helped the local team improve the lab and she identified exactly what was needed to do to get the operating room to the required level. Once these two were in place, the hospital could qualify for a doctor, and then for ARTs.
### Benefits to the community (continued)

**Hands on help:** In addition to sharing their specialist skills, the volunteers simply rolled up their sleeves and got involved. From cleaning and painting the hospitals to visiting local schools and teaching basic hygiene and first aid, the volunteers showed the local people that they cared about their hospital and their village, and were prepared to work side by side with them to make it better.

**Leveraged benefits:** All of the hospitals now have better equipped and managed laboratories. This strong foundation puts them in a better position to attract and secure funding from other sources. Mwandi now qualifies for government support for ARTs, in part due to the improved lab skills and safety procedures, and Chilonga is closer to becoming a candidate for PEPFAR funding. BD volunteers contributed to this progress in part, and in both cases much more work is needed.

### B) Benefits to the community at the global level – CMMB

CMMB gained real benefits by working in partnership with BD, both in furthering its healthcare mission on the ground in Zambia, and in developing a model for future corporate partnerships.

**Advancement of their program objectives:** The impacts of the project on healthcare in Zambia were in line with CMMB’s program goals: fortifying healthcare infrastructure and building capacity. By working in partnership with BD, the progress was made with a very modest, and therefore efficient, resource commitment from CMMB.

**A new and much strengthened relationship between donor and recipient:** During the year that encompassed the planning process, BD donations to CMMB projects unrelated to Zambiawere significantly increased, including a shipment of 400,000 syringes to Haiti for a CMMB/Merck vaccination project.

**Extended offerings for corporate partners:** The BD employee project prompted CMMB to question the status quo on their volunteer initiatives and led them to develop a new template for corporate volunteer involvement. Prior to this effort, CMMB believed they could only effectively use volunteers who were healthcare professionals who made one-year service commitments. CMMB has now increased its internal capacity to plan and design situation-specific volunteer programs of shorter duration.
| Benefits to the community (continued) | They also discovered volunteers with general skills are valuable assets. CMMB is now sharing the BD example as a model of effective partnership development with other corporate funders who have voiced a need to more strongly align cash giving with employee volunteerism. In addition, CMMB has reached out, selectively, to healthcare networks in the United States who may want to partner in overseas volunteer programs for their employees. The BD-CMMB partnership is an impressive story to tell them. |
| Skill and service development: CMMB found it had untapped expertise in training around cultural competencies and in volunteer team preparation – valuable skills to apply to other projects or to provide as services to potential partners. |
| Expanded donor base: CMMB has been able to expand its pool of cash supporters as a result of the project. The credibility of the organization in the eyes of their local partners in Zambia increased due to their ability to “deliver” equipment, volunteers and cash support like never before. |
| Increased visibility: CMMB was featured in press coverage generated about the project, and BD has promoted CMMB in publications and public events materials. |
| Benefits to BD | The BD volunteers all report extraordinary personal benefits from their time in Zambia. The experience and skills they developed will be transferred to both their personal and professional lives at home. Awareness of the project among BD associates is high, and the volunteers report that the program is viewed as an example of BD living out its values and mission in a way that makes employees proud. |
| Building future BD leaders and world citizens: In most cases, the volunteers returned from Zambia with a changed personal outlook on life (“We are 10 totally different people now.”). They also gained skills and experiences that they will bring to their professional work, whether at BD or elsewhere in the future. BD is a business built on highly talented, effective people, and is continually investing in continual learning and development of employees. (continued) |
### Benefits to BD (continued)

Research has shown (see Appendix V) that engagement in volunteering programs is highly effective in developing skills and confidence in employees in a way that traditional training does not. Interviews with BD volunteers found this to be the case. Skills developed include:

**Leadership:** The “expert” volunteers needed to show leadership, think on their feet, motivate others, recognize different needs in the group.

**Training:** Teaching a group of people with varying capabilities and ensuring retention of information.

**Influence:** Using information and communication skills to persuade people to change behaviors.

**Team work:** Because the volunteers came from across the BD business, cross-regional understanding and team building across businesses were strengthened. “It’s a family, sharing love for service with 10 people at BD.” There was also collaboration with BD partners at the sites to make best use of each person’s skills and capabilities.

**Communication:** Developing skills to communicate with, and win the acceptance of people who do not know you, or who are different to you.

**Diversity:** Recognizing the value of respecting others — even when you want to challenge or change their behavior, you can do this with respect to them.

**Innovation:** When provisional plans and objectives were not applicable or when resources were not available, the volunteers showed great innovation in finding alternative solutions to teaching, building or making the difference.

**Bringing home new perspectives:** The BD volunteers’ work with Zambian healthcare professionals gave them a direct experience and knowledge of healthcare needs in the developing world. They returned with an understanding of the real challenges, priorities and needs on the ground. This knowledge could directly influence the company’s ability to respond to these needs with appropriate products for use in these markets. At least one volunteer reported that what she learned in Zambia will directly influence her work in product development in the U.S. In a wider sense, the volunteers’ experiences could influence internal BD thinking on global healthcare challenges.
**Benefits to BD (continued)**

| Boosting employee morale and retention: Interviews with the volunteers found that, for each, the project had changed the way they felt about working at BD. The volunteers said the company’s commitment to the project would make them more likely to stay with the company and to recommend it to others. “I now look at the company in a very different way. This is a company saying that it’s going to be a great company...I didn’t buy into it before, and now I do.” Upon their return, many volunteers shared with colleagues eyewitness accounts of how BD products save lives. “I am so fortunate to work for a company that makes products that make such a difference to our customers — they literally change the way they live.”

**Living our values:** BD claims to have “a passion for caring,” and a mission of ‘helping all people live healthy lives.’ But without examples, such commitments can easily become empty words. This volunteer program was designed to give employees a way to participate in pursuing the company purpose, but it has also become a very successful example of the company “walking the talk.”

“At the BD site I work, the ‘Pursuing our Purpose’ initiative is not as visible or well understood as at the corporate headquarters. The Zambia Volunteer Trip really helped bring it to life,” said Susan Saiget. There is an extremely high level of awareness about the project within the company, according to interviews with the volunteers and feedback to the BD community team. Many BD associates got involved in raising funds for the project, followed the online blog when the volunteers were in Zambia, and have attended sessions with the volunteers on their return. Associates have related that they feel a new sense of purpose in their positions and for BD products, as well as a renewed pride in the company. “I have worked for other companies with strong corporate values, but I have not felt it the way you feel it at BD. This project has brought the “passion for caring” down to a common level for BD associates in a way that very few initiatives could do.” (Paul Falkenstein)
| Benefits to BD (continued) | Working in partnership: BD benefited greatly from partnership with CMMB, who offered expertise and support throughout the project, from the planning stages and volunteer selection through to invaluable local knowledge, networks and support. By working in partnership with an established, respected partner on the ground, BD gained real expertise in ensuring projects are culturally competent, appropriate and effective.  

Accent global approach to corporate citizen efforts, contribution to Millennium Development Goals (MDGs): The Zambia Service Trip has taken the company’s employee volunteering to a new level and added a high profile global aspect to the company’s wider corporate citizenship program. The tangible improvements to healthcare resources in the five hospitals visited will make a small but valuable contribution to MDG 6 – ‘combat HIV/AIDS, malaria and other diseases.’ The partnership with CMMB is a good example of MDG 8 – ‘develop global partnerships for development.’  

Respect for the company’s mission and social contribution: The aim of this project was not to garner positive public relations for BD. However, BD hopes the project will be respected by external audiences, including the public, international organizations and governments, and other parts of society, such as non-profits and ‘trusted partners.’ |
3) **Impacts: The longer-term impacts of the project**

Impact measures assess the effect of the ultimate goals of the activity, which are often only measurable in the longer term. Under the LBG model, the twin benefits to business and community should show through to impacts. In most cases, it takes time for impacts to be felt, and they are often difficult to measure.

Working from the ‘outputs’ achieved by the first trip, we have developed a list of the potential impacts of the program for the community and the business.

From interviews with the volunteers and CMMB, we are confident that some of these impacts have already been felt in the community and the business.

For others, it would be necessary to do more extensive impact assessment. For example while the volunteers and CMMB all report improved safety procedures in the laboratories, the number of accidents has not been measured; it is not certain there has been a reduction. Equally, while the volunteers reported feeling more committed to BD and motivated to work for BD, it is not proved that this is translating into effectiveness in the workplace.

| Community impacts – the local level | Better patient services at hospital, for example, greatly improved VCT (voluntary counseling and testing) uptake (Chilonga)  
• Better safety/less accidents in the laboratory, less risk of infection from waste (unconfirmed)  
• Hospitals attract an additional investment; contributed to o Mwandi qualifying for government support for ARTs  
 o Chilonga coming closer to candidate for PEPFAR funding  
• Sustainable access to resources (financial and donations) |
| Community impacts – the global level | CMMB “is effective” with maximized efficiency  
• Wider range of impacts, such as structural improvements at hospitals  
• New corporate partnerships achieved  
• More “services” to offer partners |
| Business impacts | Better awareness and understanding of company purpose among employees  
• Impacts of employee personal skill development  
• Impacts of improved commitment of BD volunteers, and other employees, to the company, resulting in reduced absenteeism and turnover  
• First hand information about the needs in healthcare products in hospitals in the developing world  
• Improved reputation as a responsible corporate citizen |
# Appendix II - The BD Volunteers

<table>
<thead>
<tr>
<th>Volunteer, job title</th>
<th>Hometown</th>
<th>Hospital in Zambia</th>
<th>Role</th>
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<tbody>
<tr>
<td>Ron Taylor</td>
<td>St Louis, MO</td>
<td>Nyanje Mission Hospital</td>
<td>Construction</td>
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<tr>
<td>Sales Consultant, BD Diagnostics, Preanalytical Systems</td>
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<tr>
<td>Susan Saiget</td>
<td>La Jolla, CA</td>
<td>Nyanje Mission Hospital</td>
<td>Lab trainer</td>
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<td>BD Biosciences Pharmingen</td>
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<tr>
<td>Albert Scius</td>
<td>Le Pont de Clai, France</td>
<td>Mwandi Hospital</td>
<td>Lab trainer</td>
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<td>Europe Sales &amp; Marketing Director/Safety, BD</td>
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<tr>
<td>Yvette Lewandowski</td>
<td>Le Pont de Clai, France</td>
<td>Mwandi Hospital</td>
<td>General Assistant</td>
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<tr>
<td>Assistant/Marketing, BD Medical, Pharmaceutical Systems, France</td>
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<tr>
<td>Paul Falkenstein</td>
<td>Franklin Lakes, NJ</td>
<td>Mpanshya Mission Hospital (St Luke’s)</td>
<td>Construction</td>
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<td>Director, Preanalytical Systems, BD</td>
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<tr>
<td>Shrita Smith</td>
<td>Franklin Lakes, NJ</td>
<td>Mpanshya Mission Hospital (St Luke’s)</td>
<td>General Assistant</td>
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<tr>
<td>Manager, Global Technical Services</td>
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<tr>
<td>BD Diagnostics, Preanalytical Systems</td>
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<tr>
<td>Karen Scraba</td>
<td>Ontario, Canada</td>
<td>St. Fidelis Chilubula Hospital</td>
<td>Lab trainer</td>
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<td>Clinical Education and Support, BD Preanalytical Systems</td>
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<tr>
<td>Tom Braden</td>
<td>San Diego, CA</td>
<td>St. Fidelis Chilubula Hospital</td>
<td>Construction</td>
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<td>Project Director/Operations, BD Biosciences</td>
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<tr>
<td>Deirdre Hinds-Gravesande</td>
<td>Franklin Lakes, NJ</td>
<td>Chilonga Mission Hospital</td>
<td>General Assistant</td>
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<td>Quality Analyst/Regulatory Affairs, BD Medical, Diabetes Care</td>
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<tr>
<td>Daryl D. Shank</td>
<td>Sparks, MD</td>
<td>Chilonga Mission Hospital</td>
<td>Lab trainer</td>
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<td>Senior Scientist, BD Diagnostic Systems</td>
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<tr>
<td>Alternates</td>
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<tr>
<td>Burt Houtz (unable to travel)</td>
<td>San Jose, CA</td>
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<td>Technical Adviser, Flow Cytometry Applications, BD Biosciences</td>
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<tr>
<td>Betty Wilson-Jones</td>
<td>Cockeysville, MD</td>
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<td>BD Diagnostic System</td>
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<tr>
<td>Denis Osbert</td>
<td>Le Pont de Clai, France</td>
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Introduction

For more than 100 years, we have pursued our Company purpose of “helping all people live healthy lives” through various activities that have included product donations, associate incentives, and philanthropic campaigns. Through the years, there have been hundreds of examples of the Company—and our people—working to provide aid and support all over the world.

The BD Volunteer Program is another way for BD associates to participate in pursuing our Company purpose. With this Program, the Company is providing opportunities for associates to serve in some of the most disadvantaged places in the world.

In developing the Program, a number of criteria and principles were developed:

- Ensure that we are addressing a global health need; attack a variety of diseases
- Put various BD capabilities to work
- Ensure geographic diversity
- Work with a partner organization, and meet their needs
- Transfer knowledge to local residents: “teach a man to fish”
- Engage more associates for a shorter time than fewer for longer
- Measure our impact
- Sustain the Program

Charitable giving strategies are most effective when they leverage the Company’s strengths and resources. To that end, the BD Community Partnerships Mission includes the statement that “BD will mobilize its financial, product and human resources to focus on issues where we can have a significant influence on the health of at-risk populations around the world.”

When associates volunteer their time, good things happen. They make not only a contribution to society, but also benefit personally from the experience.

For more than a century, healthcare professionals have trusted BD to help them address the world’s major health needs. With this Program, BD associates are continuing our tradition, and making another contribution toward helping all people live healthy lives.
**Locale**

Zambia is an English-speaking developing nation in south central Africa. It has suffered from a deteriorating political and economic condition for some years, in part because of the high rate of HIV/AIDS infection, estimated at 15–20% of the population. In addition to depleting health and education resources, the disease has left many people unable to work, and more than 600,000 children have been orphaned.

The Catholic Medical Mission Board (CMMB, see more information on page 5) has been working in Zambia for many years. One of its major initiatives provides care for families affected by HIV/AIDS. For this trip, 10 BD associates will be working in pairs at five rural CMMB facilities:

- St. Francis Katete Hospital
- St. Fidelis Chilubula Hospital
- Chilonga Mission Hospital
- Mpanshya Mission Hospital
- Mwandi Hospital

Selected participants will receive a full briefing on security measures in Zambia in advance of the trip. BD will continue to monitor the U.S. State Department Daily Information Sheet and other sources for security developments in Zambia.

**Dates of Service Trip**

Participants will travel to the capital city of Lusaka for arrival on May 8, 2005. After an introductory meeting, the five pairs of associates will depart for their ultimate destinations throughout the country.

Participants will work during the weeks of May 9 and May 16 at their appointed locales. Return travel will be arranged for the participants to be back in their country of origin on May 22, 2005.

**Living Conditions**

Participants can expect living conditions that are clean and safe, but extremely modest. At rural locations, BD associates may live in a basic cabin or hut that is not guaranteed to have indoor plumbing. In more urban areas, the associates may be staying in a building structure, or in the home of one of the clinic’s employees.

In general, meals will be prepared by the clinic’s staff. Zambians eat communally, often sharing, and BD participants will be welcome to join them. We also will be providing very basic provisions for participants.
Health Risks
Applicants should realize that there can be significant health risks when traveling to developing nations. These include traffic accidents, traveler’s diarrhea, tuberculosis, malaria, sexually transmitted diseases and accidental transmission of hepatitis or HIV via needlestick or transfusion. There is a very small risk of exposure to exotic infectious diseases such as cholera, yellow fever, or other tropical diseases.

Several vaccinations are recommended for the trip to Zambia; individuals selected to participate in the program will receive further detailed medical recommendations. Previously received vaccines will need to be documented, with dates. We recommend tuberculosis screening skin tests for each participant, before departure and upon return.

All applicants must recognize these risks and consider them seriously when deciding whether to apply.

About the Partner
Catholic Medical Mission Board (CMMB) is the leading U.S.-based Catholic charity focusing exclusively on global healthcare, particularly the well-being of women and children. CMMB has provided medicines and supplies to more than 100 countries on a non-sectarian basis around the world since 1928.

A leader in global healthcare, CMMB works to fight HIV/AIDS from Africa to Asia, to combat tuberculosis in Zambia, and to provide primary healthcare in Latin America and the Caribbean.

BD is proud to be a long-standing partner and supporter of CMMB. For more information, please visit www.cmmb.org.

Volunteer Position Descriptions
In order to meet CMMB’s needs, three types of positions are being filled.

- Laboratory Trainer
- General Assistance
- Light Construction

Applications must be received in Franklin Lakes in the U.S. by 5 p.m. Eastern Standard Time on January 7, 2005.
Job Description

Position Title: Laboratory Trainer

Department: Program

Reports to: Country Director, Zambia

Location:

Date: May 9-20, 2005

Approved:

The trainer will travel to Zambia to support the development and implementation of CMMB HIV/AIDS strategy and to help increase best practices within the country’s HIV/AIDS agenda. CMMB works with several Hospitals in country and would like to develop capacity in the laboratories. The trainer will help to develop competency in the staff to efficiently perform routine lab and HIV/AIDS tests. He/She will closely work with the laboratory staff and the hospital administrator under the direction of the CMMB Country Director.

Responsibilities:

- Develop competency in Lab staff in performing routine lab tests and HIV/AIDS tests.
- Provide guidance on maintenance of records in the lab and proper dissemination of test results to doctors, nurses and the patients.
- Assist in following the international and national guidelines for Laboratory facilities.
- Assist in implementing quality assurance protocols in the labs.
- Produce a report on the training performed, and outcomes achieved, along with recommendations on improvement.
- Build awareness of safe healthcare practices.

Qualifications:

- Bachelor’s or Master’s Degree in related laboratory field with 3-6 years working experience in Lab. HIV/AIDS testing experience preferable.
- Excellent oral and written communications skills, and the ability to communicate with all levels of management. Ability to think critically and creatively.
- Must have leadership skills and be skilled in team behaviors. Excellent interpersonal skills and ability to influence and motivate others to act.
- Excellent technical skills. Excellent organizational skills.
- Team player able to handle culture sensitivities effectively.
Position Title: General Assistant

Department: Program

Reports to: Country Director, Zambia

Location:

Date: May 9-20, 2005

Approved:

Responsibilities:
Depending on location, the selected associate may be required to:

- Perform administrative or office functions.
- Communicate and distribute information to local residents.
- Assist in setting up office systems.
- Perform basic bookkeeping.
- Teach basic skills to local residents (e.g., first-aid).

Qualifications:

- Effective communication skills.
- Excellent organizational skills, and the demonstrated ability to develop processes.
- Very good interpersonal skills, and the ability to handle cultural sensitivities.
- Experience in administration or supervision of office may be helpful.
Position Title: Light Construction

Department: Program

Reports to: Country Director, Zambia

Location:

Date: May 9-20, 2005

Approved:

This person will perform construction and carpentry duties to repair and renovate facilities such as hospitals, homes, clinics, and storage units.

Responsibilities:
Depending on the location, the selected associate may be required to:

- Determine specifications and calculate requirements for building and repairing structures of all types.
- Make estimates of materials and labor required.
- Measure, cut, shape, assemble, and join materials made of wood, cement, sheet material, etc.
- Build and repair wood, masonry and concrete structures.
- Build foundations, erect walls, and roof systems.
- Fit and install doors, stairs, and trim items.
- Construct and repair interior work, including building forms for concrete construction, mixing, placing and finishing concrete.

Qualifications/Requirements:

- Knowledge of basic carpentry tools, including small hand and power tools.
- Familiarity with all types of construction materials, including wood, metal, and concrete.
- Adherence to safety procedures and protocol, including work gloves, shoes, and helmet.
- General knowledge of the procedures, techniques and supplies used to perform routine construction and maintenance.
Selection Process

Eligibility
All full-time and part-time BD associates with a minimum of one year of service at the application deadline are eligible to apply for participation in the program. (Mini-time associates, freelancers, temporary associates, and independent contractors or consultants are not eligible.) Eligible associates must have achieved a satisfactory performance rating or better for the most recent evaluation period.

Applying to Participate
The easiest way to apply is by completing the application form found at:


E-mail to Pursuing_Our_Purpose@bd.com.

In addition, your local Human Resources department can assist you in obtaining a paper copy. Applicants may either fax or mail their completed application.

Fax to Franklin Lakes in the U.S.:       Mail to Franklin Lakes:
201-847-4845                             BD Volunteer Program
                                          1 Becton Drive
                                          MC 235
                                          Franklin Lakes, NJ 07417
                                          U.S.A.

Qualifying the Applicants
Each volunteer trip will be different, and will require people with different skills. In general, we expect that each trip will require several associates with a medical/clinical/scientific background. This requirement is necessary in order for us to remain consistent with our philosophy: We do the most good when we can share knowledge and teach good practices.

Other associates may be needed for duties such as light carpentry, and an associate with skills in these areas will be preferred. Still other associates will provide general assistance with routine tasks, office duties, distribution of information, etc.

For any position, our intent is to send the most highly qualified persons, regardless of their stature in BD. No preferences will be given based on an associate’s position within BD.
Selecting the Participants
After the application deadline, a small group of people will review the applications, and make initial recommendations about a list of finalists for the available positions. The finalists will be interviewed, usually by phone, to allow them the opportunity to describe in greater detail their interest in participation.

Following the interviews, the selection committee will choose the participants, and also several alternates. A personal background check will be conducted on the finalists. At the same time, those associates will be asked to undergo a medical screening, with criteria established by our Employee Health function. The medical screening will include a physical examination and laboratory tests, with screening for HIV, hepatitis A, B, and C, and tuberculosis. We will ask the finalists to complete a detailed medical history to determine if there are adequate medical facilities to accommodate their health care needs during the trip. Associates are welcome to contact the Employee Health department in Franklin Lakes in the U.S. (201.847.6968) should they have questions about their medical conditions in regard to participating in this program.

The final list of participants will be determined by the selection committee, and announced to all BD associates.
Travel Logistics

Local Arrangements
Since it is likely we will have associates participating from all over the world, whenever possible we will try to arrange a meeting in one central location upon arrival in the destination country. Once there, BD associates will be in the care of our partner organization for the trip. The partner organization will arrange for food and lodging, transportation, security, and other details on our behalf.

Expenses
The expenses for the trip will be covered entirely by BD. However, some important conditions will apply (e.g., the number of telephone calls permitted). See the “Policies” section for more information.

Travel Documentation
Participants will be responsible for obtaining the travel documentation they need, based on their country’s requirements. This important requirement will vary from country to country, and will include any passports, visas, permits, etc.

Passports must be valid for at least one year from the date of the trip, since in many countries an associate may not be able to receive a valid visa if the passport will expire within one year.

BD will pre-notify all appropriate embassies in the destination country about the group’s arrival and duration of stay. Many countries require a visitor to show proof of leaving the country within the designated length of the visa. This is typically demonstrated with an airline ticket with the date of departure. All participants must ensure that they arrange for a return ticket before they depart their home country.

BD will reimburse the participants for any applicable expenses they may incur in obtaining the necessary documentation.

Vaccinations
BD will provide a list of required and recommended vaccinations for each trip. Often, these require advance time to allow the vaccine to take effect. Any expenses incurred by an associate for vaccinations will be reimbursed by BD.

What to Pack
For each trip, we will provide a comprehensive list of items to take (e.g., appropriate clothing), as well as those things that are discouraged.
Cultural Training/Medical Training

Prior to departure, we will provide guidance on the cultural considerations specific to each trip. This will include information about local practices, as well as background information specific to each site. The material will also address behaviors and attitudes expected of the BD participants. We will also provide guidance about measures participants can take to minimize health risks. Selected associates will be expected to comply with local laws, culture and policies, and to avoid issues regarding politics, religion, etc.

Safety

Because the volunteer program will be successful only if everyone participates safely, every reasonable step will be taken to ensure the safety of the BD participants. Still, in developing nations there are additional risks, and our associates must acknowledge and accept them.

For each trip, we will conduct a security background check on the area where BD associates will be working, and provide information about recommended safety practices. Further, our intent is to have BD associates accompanied by representatives of the partner organization at all appropriate times.

Evacuation Planning

Medical evacuation is provided by the Zurich Travel Assist service. This service is offered in connection with the BD Business Travel Accident Program and is available for use by all BD associates worldwide. The online plan description (http://www.zurichna.com/TravelAssist/) provides an outline of the services available from Zurich Travel Assist, which includes other non-medical services.

Evacuation for security or personal reasons will be provided by CMMB or by the Corporate Aviation Department.

Medical Needs

For each trip, our partner organization will be responsible for ensuring access to local medical care. Since every country’s healthcare system works differently, each team of travelers will have instructions about methods of payment. An emergency hotline number will be provided to each team for 24 hour-a-day assistance.

We also intend to provide a small packet of medical supplies, food, and water for use by BD associates.
Compensation and Vacation Time

In keeping with the spirit of volunteerism, as well as other BD volunteering policies, participants in the program will be paid for straight time hours per their individual employment agreement. For example, a participant who works a 37.5-hour week for BD would be paid for 75 hours for a two-week volunteering assignment; a participant who works a 25-hour week would be paid for 50 hours for a two-week assignment. No overtime or holiday pay will be paid to participants, regardless of the total number of hours worked, the length of travel time, or the dates on which the work is completed.

Participants are not required to use any of their vacation benefit for the length of their assignment.

Insurance Benefit

Participants in the volunteer program will be considered “on the job” from the time they leave their home for their volunteer assignment until they return back to their home. As such, participants will receive the same insurance and welfare benefits as they would while “on the job” performing their regular job duties. As applicable, all existing benefits, such as worker’s compensation insurance and employer’s liability insurance (or the equivalent as is customary or legally required by the associate’s jurisdiction of domicile), will be in effect. Further, BD Business Travel Accident insurance will cover participants’ travel for this program regardless of points of origin or destination. Other employee benefits, such as life insurance, health insurance, and accident hazard insurance, may also apply depending on the associate’s work location and applicable benefits for that location.

Personal Expenses

Our intent is to pay all reasonable and necessary expenses for the participants in the program. This would include travel expenses, food and accommodations. (Keep in mind that for many of our trips, these arrangements will be extremely basic.)

Participants will be responsible for expenses related to their personal health, such as any routine or non-travel related medications they take, etc. BD will not reimburse for discretionary expenses, such as personal effects, souvenirs, etc.

It should be expected that access to telephone services will be extremely limited. Also, in many parts of the world there is inadequate cellular service, and what is available can be cost prohibitive. Additionally, many cellular plans do not have an international calling provision. Where telephone service exists, and under normal conditions, BD will pay for one telephone call upon arrival, and one per week, limited to 20 minutes per call.

Companion Travel

For insurance and liability reasons, we are unfortunately unable to permit participants to travel with a companion for the duration of the assignment.
Your Name

BD Facility Address

Your Telephone Number

Your Manager’s Name

Your Manager’s Telephone Number

Your Position

Your Date of Hire

Languages Spoken

Volunteer Position Applying For:
   ___ Laboratory Training   ___ Light Construction   ___ General Assistant

Please list your qualifications for the position you are applying for:
General Questions

Please list any related experience volunteering in another country:

Why would you like to go on this service trip? What would you hope to gain from this experience?

Describe a situation in a new or unfamiliar circumstance where you were faced with challenges or difficulties. What did you do, and what were the results?

In your opinion, why is it good for BD to organize a volunteering program?

Is there anything else we should know about your interest in or eligibility for this program?

Given the description of the job for which you are applying, do you believe you are able to perform the tasks required?

________________ Yes __________________ No
**Questions for Laboratory Trainer position only:**

What experience in laboratory training have you had in your career?

Please list the laboratory departments/sections where you’ve worked or trained.

Describe the extent to which you’ve performed basic QC, or set up a QC program for a laboratory.

Describe the extent to which you’ve performed basic troubleshooting of analytical equipment.
Acknowledgement:

I understand that with this application I am submitting my name for consideration to travel at BD’s expense to work on a service trip to Zambia, and that my application may be used and stored in the United States. I further understand that some of the contents of my application may be shared with associates worldwide in promotion of the BD Volunteer Program. I understand and acknowledge that, if selected, my participation is contingent upon a background check, a medical screening, and an interview. I understand that I am entitled to the same insurance coverage from BD that applies to all business travel, and do not hold BD liable beyond the limits of that coverage. I understand that with all international travel there are serious health risks, and do not hold BD responsible beyond the usual limits pertaining to business travel. I agree to comply with whatever vaccination schedule may be applicable. I also understand that BD is not obligated for overtime pay for this trip, including the travel time required to and from the service trip location.

I have read the information package for this trip, and understand, acknowledge and agree to comply with the policies therein. I attest that the information I have provided on this form is true.

Signature ___________________________ Date _______________

The easiest way to apply is by completing the application form found at:


E-mail to Pursuing_Our_Purpose@bd.com.

In addition, your local Human Resources department can assist you in obtaining a paper copy. Applicants may either fax or mail their completed application.

Fax to Franklin Lakes in the U.S.: 201-847-4845
Mail to Franklin Lakes:
BD Volunteer Program
1 Becton Drive
MC 235
Franklin Lakes, NJ 07417
U.S.A.

Applications must be received in Franklin Lakes in the U.S. by 5 p.m. Eastern Standard Time on January 7, 2005.
Press Release

BD and CMMB Join Forces to Address the Challenge of HIV/AIDS Pandemic in Zambia

Ten BD Associates Head to Africa as Part of Unique Volunteer Project

Franklin Lakes, NJ and New York, NY USA (May 5, 2005) – BD (Becton, Dickinson and Company) (NYSE:BDX), a global medical technology company, and the Catholic Medical Mission Board (CMMB) today announced an innovative collaboration to help combat HIV/AIDS in Zambia. A group of ten BD associates from around the world will work with CMMB at five rural healthcare facilities to assist in the fight against the deadly disease. More than 350 BD associates worldwide applied to participate in this effort; several of those selected are specialists with a laboratory background.

The BD team is scheduled to arrive in Zambia on May 8, 2005. During their two-week assignment, the volunteers will perform various functions, including: Laboratory Trainer – to focus on raising awareness and increasing best practices for routine lab and HIV/AIDS testing; General Assistants – to teach basic skills to local residents; and Construction Workers – to repair and renovate hospitals and clinics.

“In CMMB is proud to partner in this model employee volunteer program that demonstrates BD’s leadership among its industry in the global response to HIV/AIDS,” said John (“Jack”) F. Galbraith, President and CEO of CMMB. “This initiative utilizes CMMB’s longstanding global volunteer program expertise and BD’s resources and talent to make a real difference in the Zambian communities where the volunteers will work.”

“This program is a celebration of BD associates’ belief in our corporate purpose of helping all people live healthy lives,” said Edward J. Ludwig, BD Chairman, President and Chief Executive Officer. “CMMB is the ideal partner for this program because of their heritage and expertise in the developing world and their exclusive focus on global healthcare issues.”

In preparation for the trip, BD associates from offices worldwide have contributed funds, which were in part matched by BD. Additionally, the volunteers’ own fundraising initiative consisted of t-shirts and wristbands they developed to be sold both inside and outside the company. The funds raised will be used to purchase everything from textbooks to extension ladders for the clinics in Zambia. BD has also secured the donation of five new computers.

BD’s own product donations will include phlebotomy items (tubes, needle holders, sharps containers), labware (petrie dishes, pipettes), syphilis tests, syringes, needles, thermometers, alcohol swabs and antiseptic scrubs.

“Currently, an estimated 16 percent of Zambia’s population is HIV positive. The average life expectancy is 37 and there is limited access to healthcare, especially in rural areas,” said Dr. Elizabeth Musaba, Country Director, Zambia, CMMB. “We are thankful to the BD volunteers who will work in some of the neediest rural Zambian communities.”

BD hopes to be able to conduct additional volunteer programs in other locations in the future.
Walking the Talk:
a Case Study of the BD Employee Volunteer Partnership Program in Zambia

Media coverage

Prior to the volunteers’ departure, interviews were conducted with each volunteer and brief profiles created to explain the volunteers’ reasons for going, as well as their expectations and goals for their trip to Zambia.

A joint press release with the Catholic Medical Mission Board (CMMB), the company’s partner for the trip, was developed and distributed via PR Newswire in the United States and in Southern Africa.


The following are results from our proactive outreach:

ASSOCIATED PRESS / AP
Information about BD/CMMB program in Zambia featured in Associated Press/N.J. Business Briefs on May 11, 2005. As a result, items appeared in the following outlets: Bergen Record, Newsday, Miami Herald, Fort Wayne News Sentinel

OAKVILLE BEAVER
Hometown paper of BD Volunteer Karen Scraba ran article about her trip to Africa on May 7, 2005.

BERGEN RECORD
Social issues reporter Paul Johnson, conducted an in-person interview at BD with the three New Jersey volunteers: Paul Falkenstein, Deirdre Hinds-Gravesande, and Shrita Smith as well as BD spokespeople Dan Grimm and Jennifer Farrington. A feature story on the cover of the Local section, ran on June 16th.

NEW HOPE GAZETTE
This hometown paper of BD Volunteer Paul Falkenstein ran a story on June 2 on his experiences in Zambia.
Appendix V

Resources and further reading on measuring the impacts of employee engagement

Notable publications on best practice in employee volunteering

Best Practices in Employee Volunteerism: Corporate Volunteer Councils, Volunteer Centers, and Nonprofit Organizations Partner to Strengthen Communities and Improve Performance
Chris Hann Dec 2003 (University of Texas)
http://www.serviceleader.org/new/documents/articles/2004/06/000231.php#1

Employer volunteering – the guide
Published by volunteering England in collaboration with Abbey and Business in the Community.

Employees in the community: a global force for good
Edited by David Logan of The Corporate Citizenship Company, jointly researched and written with The Center for the Study of Philanthropy at the City University of New York
The first major study of employee volunteering as a global trend. It shows a quintessential American tradition has taken root around the world and the role which international companies have played in this process.

Employees and the Community
Prima Europe / The Corporate Citizenship Company, London 1995
How successful companies meet human resource needs through community involvement. The report explains how employee community involvement works and summarises the evidence of business benefit from Europe and the US. It makes recommendations for a range of evaluation methods.
http://www.corporate-citizenship.co.uk/publications/publications.asp#employee

Valuing Employee Community Involvement
Practical guidance on measuring business benefits from employee involvement in community activity. This study of eighteen companies with six detailed case studies, demonstrates a measurable gain in competency from employee community development. It offers practical guidance in evaluation.
http://www.corporate-citizenship.co.uk/publications/publications.asp#employee

Good Companies, Better Employees
This report helps to understand better how corporate community involvement and wider corporate citizenship contributes to business success by enhancing employee morale, motivation, commitment and performance. It is also a practical management tool containing methods to evaluate benefits.
http://www.corporate-citizenship.co.uk/publications/publications.asp#employee

Pfizer Global Health Fellows: expanding access to healthcare through cross-sector partnerships
A case study prepared for Pfizer, Inc. by The Center for Corporate Citizenship at Boston College, 2004
Jonathan B. Levine, Senior Associate
http://www.bcccc.net

Measurement Demystified: Determining the Value of Corporate Community Involvement
Center for Corporate Citizenship at Boston College, September 2002
This report takes a magnifying glass to the measurement process. It looks at seven companies – 3M, IBM, Petro-Canada, PPL, Prudential Insurance, Sears, Roebuck & Co., and Suncor Energy Inc. – that have demonstrated best practices in measuring their community involvement programs and deconstructs the processes they follow.
http://www.bcccc.net
Walking the Talk:
A Case Study of the BD Employee Volunteer Partnership Program in Zambia

BD volunteers worked with a local team to begin construction of a new nursing education center at Mpanshya Mission Hospital.

DHL lent support by shipping the BD donations to Zambia. The partnership was forged through The Global Business Coalition on HIV/AIDS, an initiative supported by both companies.

Daryl Shank, BD volunteer, pictured with Sisters of the Child Jesus, whom he trained in laboratory procedures at Our Lady’s Hospital, located in Chilonga, Zambia.

BD volunteers worked with a local team to begin construction of a new nursing education center at Mpanshya Mission Hospital.