



Canadian International
Development Agency

Agence canadienne de
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How to Perform Evaluations - □ □ Model Abstracts

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HOW TO PERFORM EVALUATIONS

MODEL ABSTRACTS

PERFORMANCE REVIEW BRANCH

About this Series...

Evaluations are a key contributor to CIDA's performance measurement and reporting system.

These guides describe the Agency's expectations for delivery to help ensure effective, consistent work practices.

Bringing a Focus to...

- 1 Getting Started
- 2 Model TORs
- 3 Participatory Evaluations
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What is an abstract?

Abstracts offer a condensed version or surrogate of the main evaluation report. At CIDA, we use abstracts to summarize key information from each major section of the evaluation report, highlighting what was achieved and learned.

How are they used?

Abstracts function as stand-alone 'messengers' for the full report. They provide rapid and accurate communication of professional knowledge to promote information sharing with wider audiences.

Abstracts are used to:

- Inform key audiences about Performance Review Branch's (PRB) evaluations on CIDA's *Entre Nous* website
- Prepare input to the Agency's *Corporate Memory System*, and
- Brief senior management and other key audiences.

Abstracts for larger evaluations can become the main resource for preparing special issues of PRB's *Performance Newsletters*.

How are they different to executive summaries ?

At CIDA, abstracts differ from executive summaries in that they are designed to inform a wider audience, are significantly shorter and do not generally accompany the main report.

This Guide serves as a companion piece to CIDA's Evaluation Guide

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Writing Tips

Reread the main report with abstracting in mind...work from full text...rephrase key sentences (don't copy)...don't add any new information.



Write to satisfy and be 'understandable' to a wider audience of less familiar or knowledgeable readers.



Build readability by being coherent and concise.



Respect main report's chronology and maintain proportional representation of sections.



Don't sacrifice key numerical facts for brevity.



Use keywords that will facilitate e-searches.



Restrict background information and omit citations.



Eliminate any opportunities for misinterpretation...be precise.



Polish your abstract to correct weaknesses in organization, eliminate wordiness, add key points that initially missed, eliminate unnecessary information and smooth transitions from point-to-point.



Make sure the abstract is neither too brief nor too long.

USING THIS GUIDE

Focus on results

This Guide sets out an evaluation abstract for a midterm evaluation of the fictitious "Balyamar Reproductive Health Project" to guide practitioners in meeting CIDA's expectations. It provides a standard that should be referred to section-by-section to ensure that abstracts being prepared are consistent in terms of the approach, content and level of detail put forward.

The sample abstract contains the following features:

- Findings are aligned with CIDA's *Framework of Results and Key Success Factors*.
- The conclusion responds to the issue questions fabricated for this evaluation.
- What was learned is differentiated for policy, country programming and project applications.

Throughout, a consistent focus is maintained on the achievement of results.

This approach is not meant to be prescriptive. Rather, evaluators are expected to structure their reports in a manner that best communicates what has been learned to meet the information needs of all targeted audiences.

SAMPLE TEXT

Evaluation of the Balyamar Reproductive Health Project

Evaluation Abstract

1 Introduction

Since early 1999, the Balyamar Reproductive Health Project has been assisting the resident government in improving reproductive health capacities, targeting fertility rates, and maternal and child morbidity and mortality. An umbrella agreement between Balyamar and the World Bank includes separate agreements with Canada and three other donors (Australia, Norway, United Kingdom) that amount to \$68.5 million CDN. CIDA's annual contribution of \$3.5 million CDN is scheduled to terminate December 2003.

The evaluation of CIDA's involvement in 12 sub-projects (of a total of 32) addresses three key issues:

- How have the results achieved improved human well-being?,
- Which family planning and reproductive health care initiatives generated the best results?
- How successful were policy dialogue interventions in advancing gender equality within the consortium and the recipient government?

2 Context

Since the Peace Accords were signed in 1995, economic conditions have steadily declined. Largely rudimentary patient care capacities are virtually nonexistent in many locations, Urban migration resulting from the war has exacerbated the demand for health services. The infant mortality rate is about 95 deaths per 1,000 live births, while the maternal mortality rate is estimated to be 500 deaths per 100,000.

3 Achievement of Results

Canada's supply of 20 million oral contraceptives has contributed to: 1) an increase in the contraceptive prevalence rate from 25 percent (1997) to 42 percent (2000), and 2) a steady decline in total fertility rates from 5.4 (1997) to 3.9 (2000). The Ministry of Health indicates a growing acceptance of the need to balance health and family planning, and has established a Gender Issues Office. Some 320 individuals have completed family planning training in six regions (40 males). An educational outreach program is being designed.

Women are more open to contraception and are demanding family planning services. Low opportunity costs drive desire to have more children. The shift from oral contraceptives to alternative methods (e.g. IUDs, condoms) due to side effects was unanticipated. Family planning was linked to domestic violence cases (intrusive to traditional male 'domains').



4 Cost–Effectiveness of Results

On balance, project is cost–effective, overhead costs are acceptable and variances are justified. Savings have resulted from the engagement of local professionals. A favourable price–point was obtained for supplying the oral contraceptives.

5 Relevance of Results

The increased contraceptive prevalence rate, the decline in fertility rates, and the demand for family planning services best indicate relevance to targeted beneficiaries. The project is integrally aligned with “CIDA’s Social Development Priorities: A Framework for Action”.

6 Sustainability of Results

A progressive takeover of responsibility by the Government of Balymar is to be completed for December 2003. Ministry representatives indicate a general satisfaction with the achievements to date, approach and the assumption of ‘ownership’. Sustainability beyond December 2003 hinges on the government's commitment to increasing its financial commitment (with its original investment to be doubled by 2004/2005) and continuation of the current momentum in contraceptive usage. Financial constraints and/or user rejections could necessitate long-term clinical methods (sterilization) to maintain low fertility rates.

7 Partnership

The World Bank-led donor consortium is well–structured, accountable and functions effectively. Local stakeholders are actively involved with family planning programming and are sufficiently empowered to make meaningful contributions. The UN agency responsible for supplying the oral contraceptives met all expectations. Some shortcomings were noted (e.g. planning delays by NGO for Gender Issues Office).

8 Appropriateness of Design

Positive results indicate overall appropriateness of design. In some cases, failure to recognize local customs impacted on the quality of care. Risks were not identified and assessed during project planning. For example, heavy reliance on the acceptance of oral contraception methods was not adequately addressed. Demand for menstrual regulation services higher than expected and strategies to reduce maternal mortality rates were not effective. Project design incorporated some elements of managing for results and an ongoing system to monitor performance.

9 Appropriateness of Resource Utilization

Generally, Canadian sub–projects are characterized by sound financial management and effective resource utilization. Qualified and committed practitioners are doing a credible job and making a positive impression for Canada. CIDA Headquarters is routinely kept informed of key developments.

10 Informed and Timely Action

Premature to comment on responsiveness to the need to consider strategy alternatives to oral contraceptives. Decision-making is generally well informed, and progress reporting is effective. However, some issues became larger problems because they were not dealt with. Nothing conclusive has been learned about new distance training technologies for remote regions.

11 Conclusion

Improved human well-being: Family planning has empowered individuals with a greater understanding of themselves, leading to better managed lifestyles. The overall decrease in fertility rates is tempered by recent indications that participants are rejecting oral contraceptives. Cultural insensitivities were linked to poor initial acceptance rates. Reasons for high maternal mortality rates remain unknown and require attention. Priority should be attached to the quality of care and access to counselling services.

Successful family planning and reproductive health care initiatives: Educational campaigns to inform women about safe birth control and harmful practices; prenatal, delivery and postnatal care; and the diagnosis and treatment of pregnancy/delivery infections represent the most effective option for attaining safe motherhood. Key factors: access to proper nutrition, attendance by a skilled midwife during delivery, availability of emergency obstetric care.

Gender equality advancements through CIDA's policy dialogue interventions: Gender equality has been formalized in the overall project agenda. Other results: positive change in donor attitudes, new Gender Issues Office, broader national policy initiatives. Future gains will be hampered by the formidable economic challenges facing the country.

12 Recommendations

- Canada should continue to contribute to the overall project and partner with consortium members, recipient government ministries and implementing organizations to develop new strategies and approaches that benefit from what has been learned about family planning and reproductive health care.
- CIDA should promote research by an independent body on the impact of side effects from the use of the oral contraceptives provided, and the discontinuance and switching rates experienced.
- CIDA should lead formal policy dialogue initiatives designed to: 1) establish a better balance between family planning services and basic reproductive health services at the overall project level, and 2) integrate women's felt needs into subsequent project planning exercises.
- The Agency's Balymar Country Program should demonstrate an integrated approach for promoting gender equality throughout its programming initiatives, bringing an emphasis to capacity development at the macro, meso and micro levels.



- ❑ CIDA should help to design and implement an educational campaign on basic reproductive physiology to empower women and men to make informed decisions about family planning, and avert failures linked to the use of traditional methods. Research is needed to determine why the use of traditional methods has not decreased given the investment in the overall project.
- ❑ The Consortium should develop a dissemination strategy that allows for the sharing of timely and critical research information amongst implementing agencies. The full benefit of a large body of knowledge that has been accumulated on important emerging issues is not being realized (e.g. menstrual regulation, family life education, gender equality integration).

13 Lessons Learned

Policies

- ❑ Canada's consistent focus and leadership in promoting gender equality produced wide-ranging results that extended beyond areas of involvement.
- ❑ Project vulnerability can be reduced through effective risk management (e.g. discontinuation rate for oral contraceptives).

Country Programming

- ❑ Reductions in fertility rates can be linked to raising the status of women in society.
- ❑ Horizons for reproductive health research have to be adequate.

Projects

- ❑ The long-term sustainability of results can be threatened by high discontinuation/switching rates, inadequate employment conditions for health workers, and financial constraints.
- ❑ Traditional family planning methods have to be considered in project design.

These guides are designed to promote learning. They should, in no way, be viewed as defining and/or modifying CIDA Policy.

We welcome any suggestions to improve our work.

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...thank you