



Canadian International  
Development Agency

Agence canadienne de  
développement international

# How to Perform Evaluations - □

## □

# Model Executive Summaries

Canadian International Development Agency  
200 Promenade du Portage  
Gatineau, Quebec  
K1A 0G4  
Tel: (819) 997-5006  
Toll free: 1-800-230-6349  
Fax: (819) 953-6088  
(For the hearing and speech impaired only (TDD/TTY): (819) 953-5023  
Toll free for the hearing and speech impaired only: 1-800-331-5018)  
E-mail: [info@acdi-cida.gc.ca](mailto:info@acdi-cida.gc.ca)

**Canada** 



# HOW TO PERFORM EVALUATIONS

## MODEL EXECUTIVE SUMMARIES

### 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
- 4 Gender Equality
- 5 Evaluation Workplans
- 6 Information Collection & Analysis
- 7 Evaluation Reports
- 8 Model Executive Summaries
- 9 Model Abstracts
- 10 Sharing Results

#### Distilling essence and value

Executive summaries are often the most widely-read accounting of what was learned from an evaluation. They usually are the first piece read – and, in some cases, the only piece as many readers are too busy to complete the entire document.

That makes writing executive summaries both an important challenge and an opportunity for the evaluator. A challenge in that all the substantive aspects of the evaluation are to be covered within a concise format. An opportunity in that executive summaries serve as a primary means for sharing results and convincing decision-makers to initiate policy, programming and project improvements.

A good executive summary offers a digested version of the overall report that quickly and efficiently informs key audiences. Principal points of the evaluation are consolidated in a stand-alone presentation that is logical, clear, interesting and results-based.

Having read an executive summary, the reader should be left with a clear and succinct understanding of why the evaluation was initiated, what results were expected from the subject program/project, how the evaluation was carried out, and what was achieved and learned. The goal is to communicate simply and conclusively to all readers, regardless of their knowledge or level of expertise.

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

Canada



## USING THIS GUIDE

### Writing Tips

Work to a realistic deadline.



Communicate the essence of the main report, briefly covering key aspects of every section.



Present the big picture. It is unworkable to cover every point in the main report.



Crystallize your thoughts. Set priorities. Keep key audiences in mind as choices are made about what's most important.



Don't introduce any new information that is not in the main report.



Keep the language simple and 'understandable'. Use short sentences. Avoid technical jargon and acronyms. Round off numbers (\$7.2 M. not \$7,181,500).



Attractive presentations enhance readership. Use attention-drawing devices for emphasis (e.g. bullets, italics, bold print).



Build towards your recommendations, ensuring credible supporting information exists.



Take time to polish your work, focusing on crispness while eliminating redundant detail and duplication.

### Focus on results

This Guide sets out an executive summary for a fictitious evaluation to communicate what CIDA expects from practitioners preparing executive summaries. It allows evaluators to work from a standard that has been designed to address the Agency's information requirements and to optimize the value of the evaluation for external audiences. A series of checklists guides the reader to report on critical elements.

Writing executive summaries can be the most difficult aspect in preparing an evaluation report. People usually find it more difficult to write concisely than it is to write at length. Judgment is required to present your findings, conclusions, and recommendations comprehensively and conclusively – at a level that contributes most effectively to information sharing and decision-making. All results must have a basis in fact and logic that ensues from the information collected.

The sample text set out in this Guide provides a section-by-section working reference for a mid-term evaluation.

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

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

## Executive Summary

## 1 Introduction

The Balyamar Reproductive Health Project became operational in early 1999 to assist the resident government in improving the country's reproductive health capacities. This project is being carried out under an agreement between the Government of Balyamar and the World Bank to reduce fertility rates, and maternal and child morbidity and mortality. Through this umbrella agreement, separate agreements amounting to \$68.5 million CDN have been established with Canada and three other donors (Australia, Norway, United Kingdom).

Canada is contributing to 12 sub-projects (of a total of 32) with a focus on: 1) the provision of oral contraceptives to local populations, 2) strengthening the delivery of family planning services, and 3) developing capacities to respond to gender-related issues. Under present arrangements, CIDA's contribution is \$3.5 million CDN annually with a completion date set for December 2003.

The evaluation of the Canadian contribution to the Balyamar Reproductive Health Project 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?

Information collection activities for this component comprised a document review, individual and group interviews, focus group discussions and several site visits. Fieldwork for this was initiated in April 2001 and some 50 persons in Canada and Balyamar were interviewed.

Checklist

- Does the opening inspire the reader to continue?
- Is the project adequately described in terms of its organization, scope and focus, expected results and financial dimensions?
- Is the evaluation adequately described in terms of scope and focus, key issues, methodology and activities?



### Checklist

- Are the most significant economic, social and/or political conditions that characterize the country/region addressed?
- Is the reader adequately informed about the factors most relevant to the subject program/project?
- Does the context portray a situation that "expresses" the need for the subject program/project?

### Checklist

Have you addressed (as appropriate):

- Progress towards the achievement of results?
- Contributions to poverty reduction, sustainability, democratic development and economic liberalization?
- Actual vs. intended results, and unintended results?

## **2 Context**

---

Balyamar continues to endure the consequences of the fifteen-year civil war that ravaged the country both economically and socially. The Gross Domestic Product per capita for the year 2000 was set at \$1,465 USD and the Human Development Index ranked Balyamar 156th of the 175 countries rated. Statistics indicate that economic conditions have steadily declined during the rebuilding years since the Peace Accords were signed in 1995. Illiteracy rates have dropped from 67 percent in 1997 to 58 percent in the year 2000.

During the war, urban migration was considerable as people abandoned traditional lifestyles seeking greater security. This dynamic exacerbated an already tenuous capacity to cope with needs for health services. Only 63 percent of Balyamar households in main centres have access to safe water, while only 32 percent have access to adequate sanitation. The average life expectancy for females and males alike is 56 years.

Largely rudimentary patient care capacities, which are virtually nonexistent in many locations, make it difficult to determine with any certainty the degree of distress within health service delivery. Largely as a result of donor interventions, there are some indications that Balyamar has achieved moderate progress in lowering its fertility rates during the period 1997 to 2000. The infant mortality rate is believed to be in the range of 95 deaths per 1,000 live births, while the maternal mortality rate is thought to be about 500 deaths per 100,000.

## **3 Achievement of Results**

---

Notable progress towards expected results has been achieved. Canada's contribution of oral contraceptives is considered a main factor in the increase in the contraceptive prevalence rate from 25 percent (1997) to 42 percent (2000) and a steady decline in total fertility rates from 5.4 (1997) to 3.9 (2000).

Local NGOs and the Ministry of Health are annually distributing the targeted 20 million oral contraceptives contributed by CIDA. Some 320 individuals have now completed family planning training in six regions, including 40 males. The Ministry of Health has established a Gender Issues Office and an educational out reach program is being designed.



There are indications that the Ministry of Health is becoming increasingly aware of the need for improving the balance between health and family planning. Interviews and focus group sessions indicated that women link poverty with lack of land, inadequate shelter, and difficulty in earning enough cash to buy adequate daily supplies to feed the family. Given more income or land, they would like to have more children than the three or four they currently feel limited to. The opportunity costs of bearing children are currently very low because of the social strictures that limit women's mobility and therefore access to income-generating activities. Yet generally women are becoming more open to contraception and are actively pursuing family planning services .

The degree to which oral contraceptives are being rejected due to their side effects for alternative methods (e.g. IUDs, condoms) was unanticipated. Also, incidents of domestic violence were attributed to family planning initiatives felt to be intrusive to traditional male 'domains'.

#### 4 Cost-Effectiveness of Results

The information assessed would indicate that the project is cost-effective relative to comparable CIDA programming in 'like' contexts. Actual vs. planned expenditures are generally in line, with variances between years being used to maintain the overall budget levels. All major variances were fully supported in writing and considered to be justified.

High start-up costs were remedied through savings initiatives introduced in subsequent years. Overhead costs have been minimized and the widespread engagement of local professionals has helped to reduce labour costs. Documentation indicated a favourable price-point for a high volume shipment of oral contraceptives.

#### 5 Relevance of Results

In a country that cannot meet the basic human needs of a rapidly growing population, relevance to targeted beneficiaries is best indicated by: 1) the increased contraceptive prevalence rate, 2) the associated decline in fertility rates, and 3) the rising demand for family planning services.

The project is integrally aligned with "CIDA's Social Development Priorities: A Framework for Action" demonstrating consistency with

#### Checklist

Have you addressed (as appropriate):

- The relationship between costs and results? Are they reasonable?
- Actual vs. planned expenditures? Are the variances justifiable?



### Checklist

Is the program/project:

- Relevant to the needs and priorities of beneficiaries and the recipient country?
- Consistent with Canadian foreign policy, and CIDA's priorities, policies and cross-cutting thematic goals?
- Consistent with other efforts addressing the same needs locally?

### Checklist

Have you addressed (as appropriate):

- If results will continue after CIDA's involvement ends?
- The local commitment to achieving results and the methods being used?
- The adequacy of future resourcing, institutional capacity, domestic policies and support to maintain results?

the Agency's family planning, best reproductive health care, and capacity-building objectives. Within the overall project, CIDA has been instrumental in promoting gender-sensitive policies and programming, and the creation of the Gender Issues Office within the Ministry represents a milestone accomplishment.

Although some gains have been made, the need for the Government of Balymar to attach a greater priority and more resources to reproductive health care and family planning services remains a challenge. This will likely require a coordinated policy dialogue initiative involving an ongoing commitment from all participating donors.

Consultations indicated that the approach of the total project was well-coordinated, that there was little evidence of duplicated effort and other parallel initiatives were being complemented by the direction of the project at local, regional and national levels.

## **6 Sustainability of Results**

Planning for the overall project was predicated on a progressive takeover of responsibility by the Government of Balymar with full realization of this objective targeted for December 2003. Interviews with Ministry representatives conveyed the impression that the Government is generally satisfied with the results being achieved, the methods being employed and the assumption of project 'ownership'. Rejection of oral contraceptives due to side effects (nausea, dizziness and headache) remains a complicating factor.

Sustainability beyond December 2003, however, remains an open question at this point. The sustainability of results will depend largely on the Government of Balymar's ongoing fiscal commitment to maintaining the quality and level of services, and the current momentum in contraceptive usage. This will likely require progressively increasing its financial commitment with a doubling of its original investment for fiscal year 2004/2005.

Since the program is based on free contraceptives and on motivational programs targeting couples with very limited financial resources, any cost-recovery options may deter contraceptive acceptance. Financial constraints and user rejections could necessitate increased acceptance of long-term clinical methods (e.g. male and female sterilization) in order to maintain low fertility rates.

## 7 Partnership

The operational framework for the World Bank-led donor consortium clearly sets out what is expected of donor participants, identifying individual responsibilities and accountabilities by sub-project. This has contributed to improving the effectiveness of project implementation, the coordination of activities and the achievement of expected results.

Local stakeholders are actively involved with the design and implementation of family planning programming and have been instrumental in helping to ensure that local customs and practices are fully respected. The contributions made by partners involved in CIDA's sub-projects indicate that the individuals involved are sufficiently empowered to function effectively.

The UN agency responsible for procuring and delivering oral contraceptives met all expectations. Delays in developing an implementation plan for establishing the Gender Issues Office, poor communication with the responsible NGO and a lack of cooperation between participating partners resulted in the opening date for this initiative being set back by six months.

### Checklist (as appropriate)

- Is shared responsibility and accountability for results being demonstrated?
- What is the extent of local partner and stakeholder participation?
- Are partners and participants adequately empowered to achieve results?

## 8 Appropriateness of Design

Overall appropriateness of design is perhaps best measured by the achievements realized in reducing fertility rates and increasing contraceptive prevalence rates. However, shortcomings in the approach to some sub-projects impacted negatively on the quality of care (e.g. failure to recognize local customs).

Issues that were not adequately addressed include:

- Risk associated with a heavy reliance on the acceptance of oral contraception methods
- Heavy demand for menstrual regulation services, and
- Effective strategies to reduce maternal mortality rates.

The overall project design incorporated some elements of managing for results and provided for an ongoing system to monitor the performance of all sub-projects. There is little tangible evidence that risks were identified and assessed during project planning.

### Checklist (as appropriate)

- Did program/project design prove to be appropriate and adequate for the "job" it set out to do?
- How were results-based management, ongoing monitoring, participatory approaches, and previous lessons learned addressed?
- How were risks identified and assessed?





### Checklist

- Are appropriate levels of human, financial and physical resources being judiciously applied?
- Is financial information complete, accurate and reliable?

### Checklist (as appropriate)

- Was decision-making adequately informed?
- Was responsiveness timely and effective?
- Are the information systems in place adequate (e.g. networks, processes, monitoring and reporting)?

## 9 Appropriateness of Resource Utilization

Overall, the capacities allocated to Canadian sub-projects have been well utilized. On balance, the individuals engaged in these projects have demonstrated that they are highly qualified and committed. Their contributions have helped to raise the profile of Canada within the consortium and the donor community.

The financial management of Canadian components is being adequately exercised, demonstrating credible decision-making and adherence to sound policies and procedures. Contracting practices are consistent with accepted norms and standards.

Financial information was found to be complete, accurate and reliable. Ongoing information being provided to CIDA Headquarters is current. Financial issues are dealt with promptly and decisively.

## 10 Informed and Timely Action

It would be premature to measure responsiveness at this stage to develop effective strategy alternatives to oral contraceptives that will sustain acceptable fertility and contraceptive prevalence rates. Several mechanisms are being evaluated as pilot projects.

Consultations and focus group sessions indicated that decision-making was generally well informed through information collection in the field. Progress reporting is well structured and valued by senior management. In some instances, a reluctance to report on negative developments has retarded effective remedies being imposed and led to larger complications.

Experimentation with innovative, new distance training technologies for remote regions has produced mixed results. The risks associated with this initiative were poorly managed.

## 11 Conclusion

### *How have the results improved human wellbeing?*

On balance, CIDA's sub-projects have contributed to improving the overall human wellbeing of beneficiaries. Focus groups indicated that female and male participants alike are demonstrating a greater feeling of empowerment and self-realization that accrues from an increased understanding of family planning methods. These individuals are better able to manage their lives within the economic, social and basic needs parameters that characterize their daily routines.

Evidence that the implementation strategies had not taken full account of cultural dimensions in administering oral contraceptives was linked to poor initial rates of acceptance. Efforts to communicate this programming more sensitively have produced mixed results – complicated in part by the extent of the side-effects experienced. Yet the overall decrease in fertility rates serves as a paramount indication that this programming has had a positive general impact. That being said, a recent increase in the demand for menstrual regulation services would indicate that participants are either discontinuing their usage of oral contraceptives or experiencing failures.

The fact that some 85 percent of childbirths occur at home contributes to a lack of understanding as to why the maternal mortality rate remains relatively high. This issue requires greater attention and a cooperative effort involving the Ministry of Health and its local health offices. Greater emphasis needs to be brought to quality of care and universal access to counselling services.

### *Which family planning and reproductive health care initiatives generated the best results?*

Sub-projects involved with the delivery of basic reproductive health services performed well when educational campaigns were carried out to inform women about:

- Safe birth control and harmful practices
- Prenatal, delivery and postnatal care, and
- The diagnosis and treatment of infections related to pregnancy and delivery complications.

### Checklist

- Have you provided a thorough assessment that clearly, fairly, accurately and objectively articulates how the subject program/project is performing?
- Are expected results vs. actual results addressed?
- Does the conclusion respond to the issue questions and/or tie the results achieved to the *Agency's Framework of Results and Key Success Factors*?
- Does the wording of the conclusion minimize the potential for misinterpretation?
- Does your presentation facilitate informed decision-making?



The provision of high-quality family planning information is considered to be the most effective option for attaining safe motherhood. Results are enhanced when this programming includes: 1) access to proper nutrition, 2) attendance by a skilled midwife during delivery, and 3) the availability of emergency obstetric care.

*How successful were policy dialogue interventions in advancing gender equality within the consortium and the recipient government?*

CIDA's participation in the Balymar Reproductive Health Project was instrumental in formalizing gender equality in the overall agenda and contributed to a positive change in donor attitudes. These efforts facilitated the establishment of the Gender Issues Office and resulted in a broader gender-sensitive orientation within the consortium.

The results achieved demonstrate that the Government of Balymar is developing a more favourable disposition towards gender equality as a priority for policy reforms. There are also indications that the Agency's interventions have influenced broader national policy initiatives. While there are grounds for optimism, significant gains will no doubt be tempered by the formidable economic challenges that continue to shape the country's outlook.

It is clear that CIDA's capacity to realize policy dialogue successes is strengthened by working together with other donors and creating alliances. Broad government support for advancing gender equality will determine what substantive gains can be achieved in the future.

Policy dialogue results in Balymar were linked to:

- The diplomacy skills and commitment of CIDA staff, and
- The level of trust that defined personal relationships within the consortium.

## 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 Balymer 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).

### Checklist

- ☑ Have you identified the key steps that would lead to enhanced results in the future?
- ☑ Are your recommendations: 1) supported by the evidence, 2) appropriate given what was learned, and 3) adequate in terms of coverage?
- ☑ Are changes to policies, approaches, procedures, practices and/or financial resources required?
- ☑ Who would be responsible for implementing each recommendation? Are new partnerships required? With whom?
- ☑ Have you addressed how valuable information should be shared (e.g. research papers)? Options include: workshops, training sessions and newsletters.
- ☑ Have the recommendations been written to facilitate implementation?



### Checklist

- Are the lessons learned: 1) supported by the evidence, 2) significant, and 3) an adequate expression of the entire learning experience?
- Have the lessons learned been written to facilitate implementation?

These guides are designed for internal application. They should, in no way, be viewed as defining and/or modifying CIDA Policy.

We welcome any suggestions to improve our work.

Please e-mail us at:

[dger\\_prb@acdi-cida.gc.ca](mailto:dger_prb@acdi-cida.gc.ca)

...thank you

## 13 Lessons Learned

### *For Policies*

- Canada's leadership amongst consortium members in maintaining an integral and consistent focus on gender equality led to many, wide-ranging results that extended beyond its specific areas of involvement.
- The procurement of oral contraceptives represented some 40 percent of Canada's financial contribution, yet findings indicate a 44 percent discontinuation rate due to side effects and health concerns after the first year of usage.

### *For Country Programming*

- Further progress towards decreasing fertility rates in Balymar will be directly linked to the building of institutional capacity to deliver gender sensitive programming that successfully raises the status of women in society.
- Horizons for reproductive health research need to extend well beyond project time periods given the length of time required to undergo demographic transitions. For this project, research results critical to the improvement of the quality of care had not been fully utilized, either because research papers had not as yet been completed or the consortium had not arrived at a strategy for the dissemination of completed papers.

### *For Projects*

- Three key factors threatening the long-term sustainability of results are: 1) high discontinuation rates and/or switching to methods other than oral contraceptives, 2) poor terms of employment for government health workers, and 3) the limited capacity of the Government of Balymar to increase the resources needed to sustain the current momentum.
- Traditional family planning methods are currently used by some twelve percent of Balymar women, without any endorsement from the family planning services being offered in the country.