

7a Guidelines for Evaluation Report

This guide gives you a suggested format for writing the report. However of course you should use it flexibly according to the needs of the specific setting and type of programme you are reporting on, and the data you have collected. Also the terms of reference of the evaluation you are doing might dictate the format of the report, so then you will have to adapt it to suit. In each section here you will see where you should have information to draw on from the different tools and forms.

Use the headings suggested by this guide. Very often you will be able to slot information in from the data you have collected quite easily. Sometimes it might be very easy to see where a piece of data fits – because it answers a question in the framework, other times it may be more difficult. Just make a ‘best fit’ choice. If something comes up in the data that doesn’t fit neatly in the framework headings and you think it is important you may have to add an additional section in the findings to describe it (e.g. ‘additional finding’).

Throughout the report it is really good to use visual examples such as maps, drawings, and some photos in with the text. They will illustrate what you are talking about and bring the report to life.

Of course real quotes from your participants are also great to include – maybe put them in boxes in between your commentary so that they stand out? Real quotes should always be acknowledged with the type of participant not their name. (E.g. visually impaired woman, CBR core team member, Healthcare provider etc.) so that the reader understands who said what.

Remember that some of the future readers of your evaluation may not always have extensive background information of a programme. It is important to write the report as if the reader had no knowledge whatsoever so that anyone could read it and still fully understand it.

This guide is divided into **Part A** and **Part B**.

Part A provides detailed guidance on the structure and contents of the report.

Part B provides detailed guidance about organising qualitative and quantitative findings including visualisations, graphs, figures etc.

Part A

I Title page

Name of CBR programme/location, implementing body, date of evaluation, names of evaluators and evaluation funders if relevant

- i. Content
- ii. List of abbreviations
- iii. List of tables and diagrams

II Executive summary

No more than two pages including:

- Short paragraph introducing the CBR programme – e.g. history of programme, where it is, who is involved, who are CBR core team and key strategic partners, funders? key aspects of the context (e.g. remote hilly area, 100 miles from capital, mainly agricultural etc)
- Underlying model of evaluation used including short introduction to the evaluation framework
- Methodology: methods of collecting data, types of participants & amount of data
- Key findings as per the evaluation framework (short statements taken from each of the findings sections in the main report (Impact, Relevance, Efficiency, Effectiveness, Sustainability).
- Indication of which CBR components are active and which having most impact on lives of people
- Conclusions
- Recommendations

III Introduction (info mainly from Stage 1 tools)

1. Purpose or objective of this evaluation (eg was it to evaluate one particular aspect (eg just education activity, one district or team? Over a particular period? e.g. the work of the last 3 years?).
2. Background: Scene setting info about the locality and the CBR programme
A narrative description of the area and the history of the programme, key activities being undertaken related to disability and CBR (ref to the CBR matrix for identification of key components). Insert a photo of the Big Map and Timeline and give short explanations of what they show (1a, 1b).

3. Overview of the key CBR core team (i.e. who is the team and how is it structured? Eg CBR manager and 10 volunteers? CBR manager & one assistant?) and the wider CBR network of Strategic Partners, the CBR programme governance/funding arrangements (e.g. Govt. & or NGO etc.), other key community stakeholders etc. and key local government and NGO structures. The size of the CBR budget and how it is allocated, audited etc. Include the image from the Stakeholder mapping task (big medium and small chappatis) and an organogram of the CBR team (1c, 2b).

4. Table showing population statistics (with dates and source) (general and disability/impairment/age & gender/SES/literacy rates breakdowns) as far as these are available (give the /dates of this info). If there are gaps in the data provide a comment on these rather than leaving many sections blank. E.g. comment on how often stats are reported to be collected, whether the stats are very old, not collected at all, seem to be very inaccurate, how they are stored etc. (1d, 2b).

IV Methodology for the evaluation

Give an overview of the evaluation approach, the methods used and types of data collected.

Explain the theory behind the evaluation model briefly. E.g. it is a participatory approach (including talking to many people) based on the UNCRPD and CBR matrix and principles. You could put the evaluation framework and the CBR matrix in the appendix. The evaluation model uses some common ideas about evaluation which have been refined to suit CBR activities these are:

1) **Impact on disabled people and their families** That is how CBR has changed the lives of people with disabilities and their families particularly focusing on the three areas of impact: the living conditions of people with disabilities, how people with disabilities have been empowered by the programme and how people with disabilities are now included in community development/life.

2) **Organisational/structural aspects of the CBR programme: Relevance, Efficiency, Effectiveness** (subdivided into quality and access and coverage), and **Sustainability**.

During discussion of these two aspects participants are encouraged to reflect on the different components of the CBR matrix and which ones are the focus in this CBR programme and which ones have the strongest or weakest impact on people with disabilities .

Outline the data collection methods used: mainly a flexible qualitative approach with some use of low-tech quantitative data such as rating scales.

The main methods are:

- focus group discussions (FGDs) with various people including: groups of people with disabilities (4-6 groups),
- focus groups discussions with various stakeholders (core team members, network of strategic partners (usually 4-6 groups) and possibly some other community stakeholders)
- individual interviews with key CBR staff and
- individual interviews with adults and youth with disabilities and their families/carers.
- Validation meeting held in the community to agree on the findings and make recommendation

Structured tools are provided as part of the evaluation approach, so evaluators follow a specific format, which links clearly with the evaluation framework described above. The approach to evaluation used is a participatory process focussing mainly on outcomes and impact of the CBR programme by asking for the perceptions of people with disabilities and their families.

It also asks providers of support and services (strategic partners) to talk about what they are doing, the strengths and weaknesses etc. It asks everyone for their recommendations for change and improvement which will feed into future planning.

Local logistics and organisation of the evaluation: Briefly describe any logistical difficulties encountered (eg long distances/communication challenges), permissions needed/granted and local liaison, who mobilised, sensitised and assisted with recruitment of participants? Say whether participants were given transport or other allowances and if special resources needed e.g. sign language or other interpreters, personal assistants etc.?

Looking back at the groups of disabled people was everyone included or were there any groups missing and why was that?

Show in one table the type and amount of data collected in total, this important to show the depth and rigor of the evaluation (mainly from 1d, 2a, 2b, 3a, 4a, 4b, 4c):

- Types of monitoring data available – monthly/quarterly, annual stats/reports
- No of documents reviewed (show what they were)
- No of Key Informant interviews (e.g. CBR manager + other? who?)
- 5Cs (with whom? Was it just with CBR manager or with a larger Core team?)
- No of Focus Group Discussions with Strategic Partners (who? breakdown of numbers in groups)

- Number of individual interviews with disabled people (include details of impairment/severity /gender/age (from 1e) (eg 4 women, 5 men, age range 18-65, 2 deaf/3 physical imp/I blind etc)
- Number of Focus Group discussions with DPOs, Self-help groups, parents/carers/ disabled children
- Other methods used (No of stories collected, other activities)
- Validation meeting – numbers attending/breakdown of types participants (e.g. gender/age/impairment/role/organisation)

V Findings

(combining data from stages 1-6)

This is obviously the most important and biggest section of the report. The findings need to be presented at several different levels of detail, so at the most general level they appear in the executive summary, but also are available in detail in this section. Avoid being repetitive; only talk in depth about something once – but you can refer backwards or forwards about that same finding in the report to make links between other findings or issues that have emerged.

The reader should be able to find out about each individual aspect of the Evaluation Framework and about evaluation findings about whichever different components of the CBR matrix are being worked in.

It should be clear what different stakeholders have said. This can be very important, especially if different stakeholders' views differ greatly in their views (eg PWDs might have different views from service providers).

Any visualisations such as graphs or spider diagrams should be placed within the relevant section with a commentary and extra explanations under it. It should be very clear what the diagram means!

The findings can be presented in two sections as outlined below:

V.i Narrative summary overview

Short overview statement about what CBR programme core team and wider network are doing (which CBR matrix components) and what has been said about: IMPACT on people (living conditions, inclusion, empowerment) and relevance, efficiency, effectiveness, and sustainability (this will go into the executive summary) (evidence found in the forms 1c, 2a, 2b, 3a, 4a, 4b, 4c, 6a).

This overview tells the reader about the overall performance and capacity of the programme and can include the overview 5Cs spider diagram. This will show whether everyone is agreement about the CBR programme or if there are differences of perspective.

Vii Detailed sections about each of the aspects of the Evaluation Framework

Include here examples of real quotes, photos, spider diagrams of specific 5Cs as relevant etc. as appropriate for each aspect. This is where the real depth comes!

The first section (main heading) is about Impact (First part of the Evaluation Framework)

To what extent has the CBR programme/CBR network changed (positively or negatively) the lives of disabled people and their families in the last 3 years? Describe the extent of the changes under the 3 main sub-headings of:

- **Living conditions** (physical and emotional aspects of people's lives)
- **Empowerment** (realizing rights, self-esteem, control over future, choice, ability to effect change)
- **Inclusion** (access, stigma, discrimination, attitudes, recognition of special needs)

Describe if these changes have been positive or negative and why?

- o What have been significant positive changes?
- o What have been significant negative changes?
- o In which areas nothing has changed?

Discuss how the 5 different CBR components (that the programme is working in) have influenced the changes identified above in our three key impact areas.

- Health
- Education
- Livelihood
- Social
- Empowerment

(You may not need to discuss all 5 components it will depend on the main objectives and activities of the CBR programme)

Give examples (from people of different genders/impairments/ages) and possibly include some (eg perhaps 2) stories (positive/negative) about changes (identify the component) (2b, 4a,4b,4c).

Include evidence from the rating scales (forms 2b, 4a, 4b and 3a) also think how you could include the data from form 4 a, question 1c on assistive devices and aids and what this tells us about the impact of services.

Also Include in here the responses and commentary from the participants at the validation meeting as you talk about each component.

For example:

Findings

Impact

Living Conditions

Describe Positive /negative/ no changes.....

Because the CBR programme is doing a,b,c in Education and this is linked to a,b,c activities in Health and these activities a,b,c in Livelihoods. This was evidenced by.....parent of disabled child who said “.....” and was confirmed by the local teachers who described “.....” and the CBR volunteers who are active doing

Here is a photo of one of the parents with their child who was involved in this programme and now they are doing/living.....

The 2nd section of the findings is about the CBR programme’s organisational aspects

(i.e. the 2nd half of the Evaluation Framework)

Relevance: what are the particularly strong points of the CBR programme in responding to the needs of disabled people and their families in the specific context of the area? Who has been left out? Which geographical area needs to be included more? In which ways has the CBR programme been especially strong at adapting to changes in context? (give examples) Which opportunities or requirements for change have been missed? (refer to evidence found in forms 1d, 2a, 2b, 4a, 4b, 4c)

For example:

Findings
CBR organisational aspects
Relevance

Over the past 3 years the CBR programme and network have responded to the needs of people with disabilities by introducing a,b,c activities (in x,y,z components) this has meant people with disabilities can now access a,b,c or are now included in a,b,c or are now empowered to do a,b,c the evidence collected from the individual interviews and fgd with disabled people and their families illustrates the successful impact of these activities on their lives and they have improved in a,b,c ways. However the Pwd are reporting no changes or a further need for change in the areas of x,y,z component areas for example; One visually impaired lady praised the CBR volunteer for their support in providing mobility training and she now has much greater independence at home and can now socialise with neighbours and friends and go to church. However as she now feels she has the confidence to engage in business again the only training available by the programme is tin-smithing or carpentry and therefore the programme can not help her it needs a wider variety of training programmes or affiliation with local businesses.

Efficiency: to what extent were resources and capacity efficiently used to maximum effect (do the inputs produced achieve the planned outputs in the best way?): what could be done more efficiently? Are all the resources used well? What are good examples for cost-effective resource allocation? Is there clear planning, accountability and auditing? (refer to evidence found in forms 1d, 2a, 2b could include and discuss spider-diagrams)

Effectiveness: what is the performance of:

- a) the CBR core programme team
- b) the CBR network (strategic partners)

How was the quality, access/coverage of services?

(Here again you could mention effectiveness across different CBR matrix components eg is Health of high quality and very accessible, whereas livelihoods is low quality and poor coverage?)

Are the views of the different stakeholders similar or different?

Eg do PWDs say the same things as service providers/Gov/Nongovernment agencies/community orgs?

In responding to PWDs and families' needs - are everyone's needs met?

Consider age, gender, and impairment, rural/urban location? Who is left out and why?

What are the strengths? What are the gaps?

(refer to evidence found in forms 1d, 2b, 3a, 4a, 4b, 4c)

Create tables to triangulate the rating scale activities found in forms 2b, 4a, 4b and 3a. How did the strategic partners rate their services and access to their services compared to the scales that people with disabilities gave. Does the data agree? Or are their disparities in the different groups perceptions of the services. People with disabilities are asked to rate their satisfaction with the services and this can be compared with what they scored the services 3-5 years ago has there been any changes? Can these be attributed to the activities carried out by the CBR programme? How do the scores from the CBR manager compare with the scores from People with Disabilities?

Sustainability: How is the CBR programme organised and how does it relate to other structure locally?

Analysis of quality of relationships and collaborations/communications between CBR team, the CBR network (strategic partners) people with disabilities and their families, other community stakeholders?

What is the capacity of the CBR team to sustain the programme in the long-term?

What do particular partners bring to make the programme stronger?

Which collaborations/partnerships need to be stronger/more involved to ensure longevity of the programme?(refer to evidence found in forms 1c,1d, 2a, 2b, 3a)

Include the responses and commentary of the participants at the validation meeting. Did they agree with the preliminary findings. Did they add any modifications or refinements to the findings?

VI Conclusions

Headline findings from the evaluation. How well is the CBR programme working overall? – be specific!

Impact: summary of the major impacts on people with disabilities and their families? How clear is it that the impact is because of CBR?

Strengths: Summary of the main strengths of the programme; summarise what you found out about the relevance, efficiency, effectiveness and sustainability of the programme. Which CBR matrix components are the most active? The way the programme is implemented, relationship, capacity, capability of the core team and how it collaborates with the network of strategic partners, community and government and non-government organisations or structures. Can any of the strengths be related to changes/influences at national/district/community level? (supported by evidence from the timeline)

Areas identified for improvement: Summarise the main gaps you have identified in the programme from the findings about relevance, efficiency, effectiveness and sustainability of the programme. Which CBR matrix components are not very active or could improve in the way the CBR core team and / or partners collaborate and share resources? Can any of the gaps be related to weak (or dominant) relationships / influences/ priorities of government or non-government structures at national/district or local levels?

Any grey areas where the picture is not clear? Include a paragraph on **comparative perspectives** of different stakeholders: highlight any contrasts between the views of different participants you talked to. e.g. difference between CBR manager and CBR core team, or CBR core team and people with disabilities, or between different strategic partners views of the CBR team etc. These differences could be very important in planning future work. e.g. they might point towards the need for better information sharing and collaboration, or a training or awareness raising need (evidence found in forms 2a, 2b, 3a, 4a, 4b, 4c).

See guidance about presenting ratings from different participants in graphical form - at the end of this document.

VII Overall recommendations

1) Broad recommendations from the validation meeting - suggested changes to CBR programme and or CBR network activities made by participants. These should be recommendations that are very practical and easily implemented at the CBR programme and stakeholder network level. There might be additional recommendations put forward from the validation meeting that are beyond the scope of the programme it would be OK to include some of the key ones; as long as the readers of the report are clear of the distinction that these are recommendations for higher level intervention such as at headquarters, national or even international level and while the CBR programme may be able to lobby upwards there would certainly be no immediate response or action available to the programme.

2) Additional recommendations arising from the evaluation team's analysis (bullet points – max 5).

VIII Action Plans

3) In the validation meeting you will have used the recommendations to produce an action plan in which different stakeholders make short (expect to see), medium (like to see) and long-term (love to see) objectives, which they as a group will aim for: organised by CBR matrix component (max 4 per component). Make sure the recommendations are very concrete and specific. Who is going to change what? by when? How?

You could present these in a table as suggested in 7b Format for validation meeting.

IX Appendices

These are optional extras for you to consider. Not all will be applicable for every evaluation.

Selected examples of visualisations (not all) (children's group visuals, ratings sheets, photos etc.)

Stories – perhaps 1 or 2 which focus mainly on each component – but these could be included in the body of the report at the appropriate place – eg in a box – Story about education

CBR Matrix, Evaluation Framework, Photos cards used for discussion (i.e. of CBR matrix components).

The Terms of Reference for the evaluation – if relevant.

Part B

Guidance about organising qualitative and quantitative findings

Presenting qualitative findings in the report

Qualitative findings help to clarify the context, explain numbers and bring together the multiple experiences of real people. It is useful to give examples of common statements shared by many people, and to give quotes that stand out because they express a very different experience, a particularly insightful opinion, or an important recommendation.

Use real case examples, stories, and recommendations for suggested actions and plans for future as they are discussed in the community meeting. Boxes like these help to break up a wordy document:

Self-Advocacy for Education

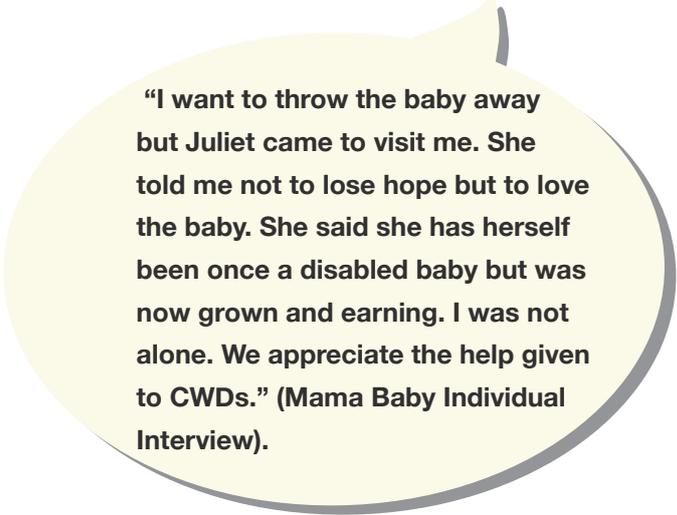
(As told by coordinator of the DPO during timeline exercise)

We had been promoting Universal Primary Education and not thinking of the consequences. In 2008 four parents and their children came to my office with their luggage. The children had passed Primary seven but had not been admitted anywhere. They saw their friends join secondary schools. They told me they are ready to join secondary school. I took them to Madam Kuruthum (SNE coordinator) who took us to the District Education Officer. He did not know what to do so he took us to the Chief Administrative Officer who also took us to the District Chairman. The chairman asked me to call the Ministry of Education. I called the commissioner and he said we could take them to Wakiso secondary school for the Deaf. So we took them, on district scholarship. One of them is now a Sign language trainer at Saad sec school.

Or you could include a brief quote alongside a summarizing paragraph like the following :

‘Self-help groups (SHGs) were mentioned time and again to bring positive change in the lives of people with disabilities as well as their parents/carers. People mentioned that the SHGs built their confidence through talks and sharing, and that the examples of others motivated them, helped them to move away from self-pity and to access income-generating activities. The SHGs in the district are formed by either the DPOs or the sub county CDOs. ‘

A number of parents who were in parent support groups (PSGs) reported that they sometimes borrow money if their child is sick or needs cloths. An example is the mother of a five month baby with no upper limbs who said she joined the SHG in case her baby needed medication or cloths. One young person with spinal injury was confident to join a SHG, learn singing and the playing the guitar and even dared ask again for a place in school after going through rehabilitation.



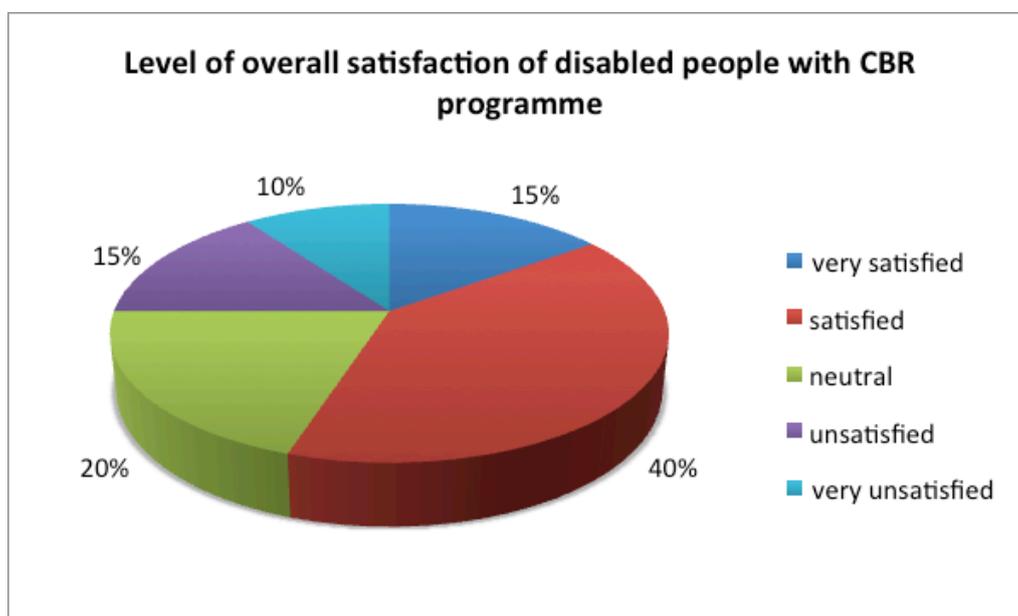
“I want to throw the baby away but Juliet came to visit me. She told me not to lose hope but to love the baby. She said she has herself been once a disabled baby but was now grown and earning. I was not alone. We appreciate the help given to CWDs.” (Mama Baby Individual Interview).

Presenting qualitative information in the report with tables, graphs and figures

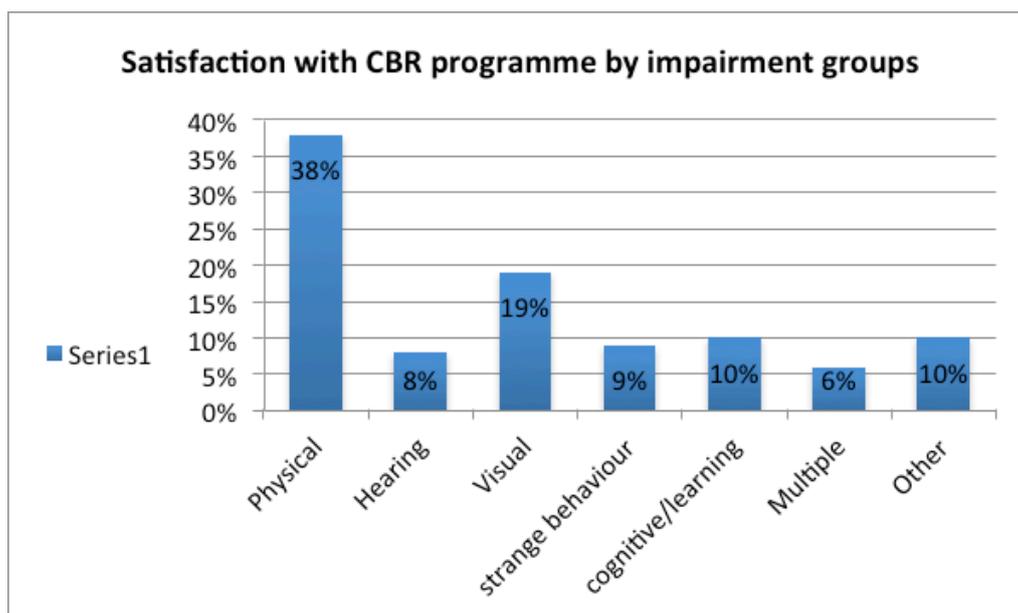
Quantitative findings can be presented in any appropriate section, using tables, diagrams, or charts. It is often an easier way to express numerical information and they show how many people may have had the same experience or share an opinion. However you need to label these carefully and also provide a short commentary or explanation below to explain what the visual means.

For example, the interviews include opportunities for respondents to rate their satisfaction with the CBR programme overall, or aspects of it. The result could be presented as a pie chart as shown below as part of the conclusion section.

Fig 1. Percentage of People with disabilities ask who expressed different levels of satisfaction with CBR programme:



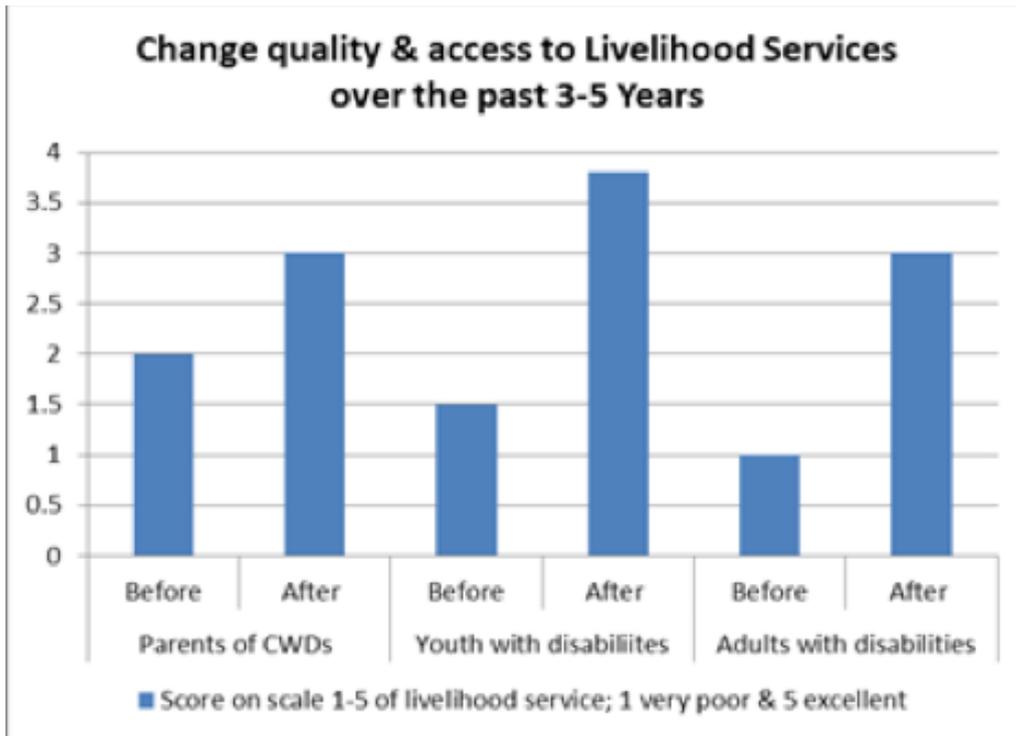
Underneath the figure or graph you need to briefly explain how these numbers came about, i.e. you can refer back to interviews and give examples of why people responded as they did. Refer to other sections in the report where you will present more qualitative details including quotes for the most important or striking reasons. Other possibilities for visual representation of quantitative data are the representation of specific ratings, analysed by people’s characteristics such as by gender, or rural/urban/semi-rural, or by type of impairment as below.



Commentary would say: the striking finding here is that the many more physically disabled people are satisfied with the CBR programme. You could give a brief explanation as to why (e.g. compared to people with hearing impairment or multiple impairments).

Another possibility is this example: which might appear in the effectiveness section

Figure 2. Change of quality and access to livelihood services



The commentary would say: that young people with disabilities gave the highest score, and suggest why change was so strong for them, compared with for adults.

In the following example findings are presented in a table...

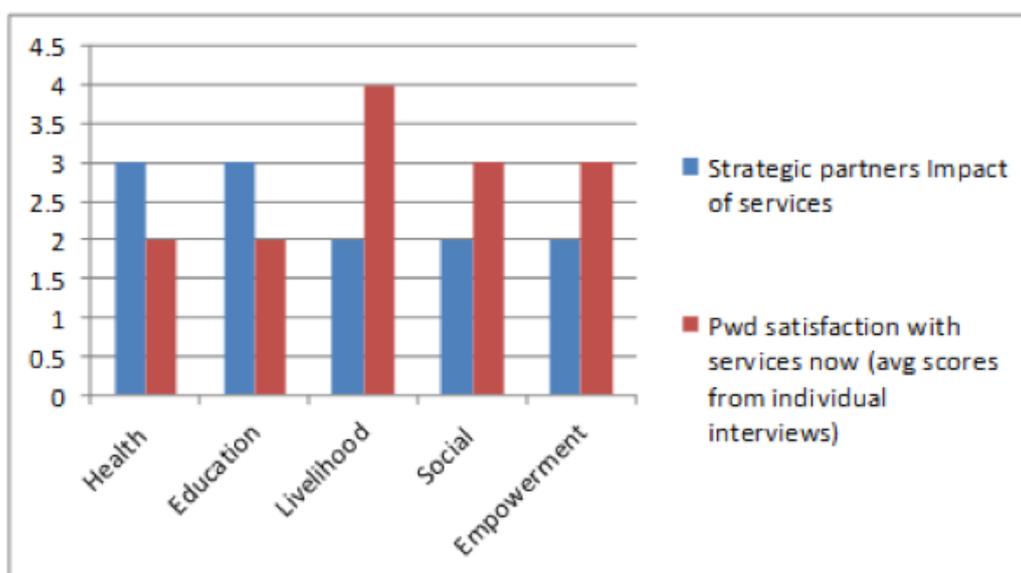
Component	No. of Responses	%	No. of responses	%	Total no of respondents	%
	Perceptions of what CBR is doing		Perceptions of what CBR is not doing			
Health	71	97.3	2	2.7	73	100
Education	35	79.5	9	20.5	44	100
Livelihood	44	62.0	27	38.0	71	100
Social	59	74.7	20	25.3	79	100
Empowerment	76	95.0	4	5.0	80	100

The commentary would say: People with disabilities describe the CBR programme as doing a lot in the areas of Empowerment and Health but much less in Livelihood. Not many people with disabilities reported either way for Education which might suggest the CBR programme is supporting some types of people with disabilities with their education but not for others?

However you might also have some other evidence that might explain these findings further.

Graphs can show comparisons between different participants in the evaluation. Here is an example of how to compare rating scales in forms 2b, 4a, 4b and 3a.

Bar Chart 1. showing Strategic Partners ratings of the impact of their services compared to satisfaction ratings of People with Disabilities.



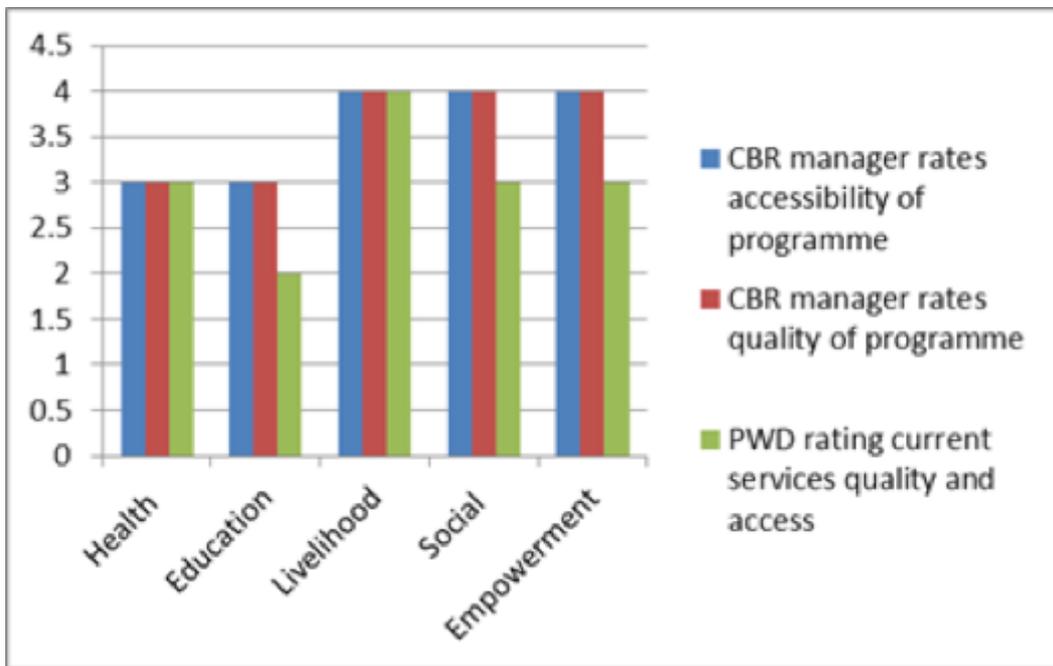
The commentary would say: this graph shows that the strategic partners think they have a greater impact in Health and Education than actually the people with disabilities are reporting.

However this graph also shows that people with disabilities are more satisfied with services in Livelihood, Social and Empowerment than the strategic partners have rated their impact.

This might suggest that something else and (possibly the CBR programme offered by the Core team – but you need to look for more evidence) is making this impact rather than other strategic partners.

It would be useful to compare people with disabilities' satisfaction with the CBR managers' rating scales to see if this is true.

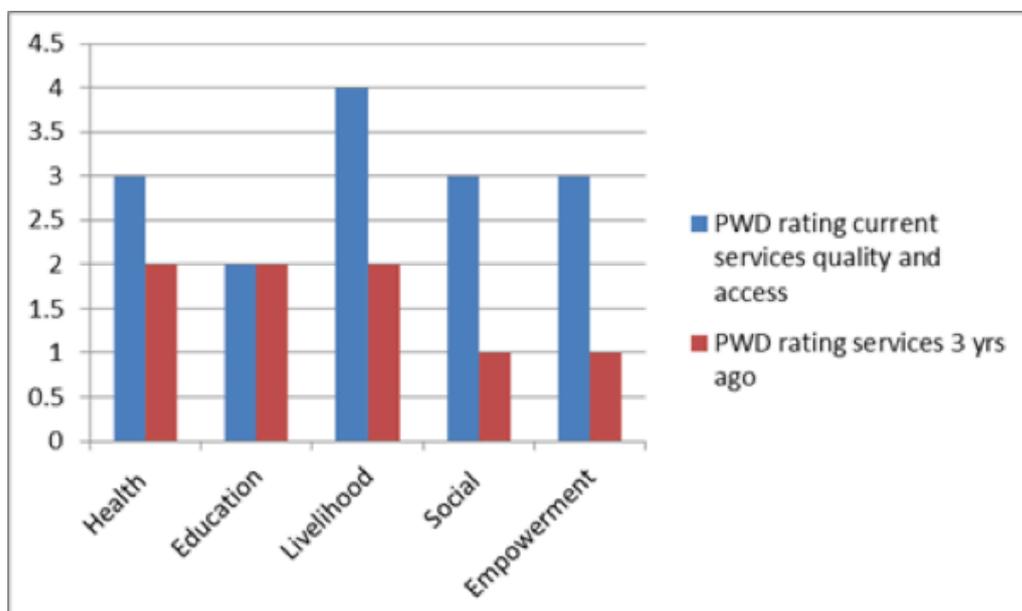
Bar Chart 2 comparing CBR manager ratings of access and quality of the CBR programme compared with People with Disabilities ratings.



The commentary would say: Compared to the previous chart, this one shows some possible evidence that the level of satisfaction for people with disabilities is due to the CBR programme. However this chart also shows there is some disparity between what the CBR manager thinks and what people with disabilities think. The CBR manager thinks the CBR programme is doing better in education, social and empowerment than the people with disabilities are reporting.

Additionally you could show how people think things have changed over time, as below:

Bar Chart 3 showing People with Disabilities rating for services now and compared with 3 years ago.



The commentary would say: This chart shows that people with disabilities report an improvement in nearly all service areas over the past three years apart from in education which has remained the same.

Clearly people with disabilities are saying that CBR has had least impact in the area of Education and yet both the CBR manager and the strategic partners have rated this higher.

The researcher would need to explore the data to find out why there is such a gap? What are people with disabilities saying about education? Perhaps some of their contributions in interviews and discussions or during the validation meeting will provide some explanations?

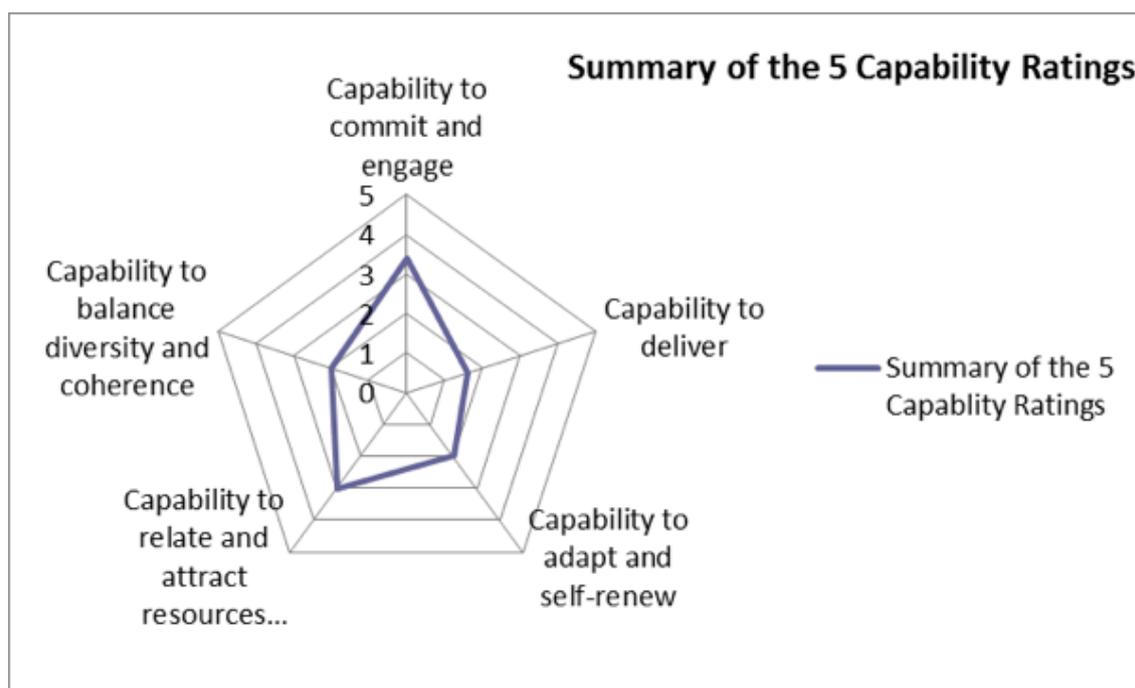
Presenting the 5Cs data – Perceptions of the CBR manager and Core Team

The 5 Core Capability exercise has a particular format – the spider diagram - to visualise the results.

During the 5C exercise, the focus is on reflection and discussion of the various capabilities and sub-competencies.

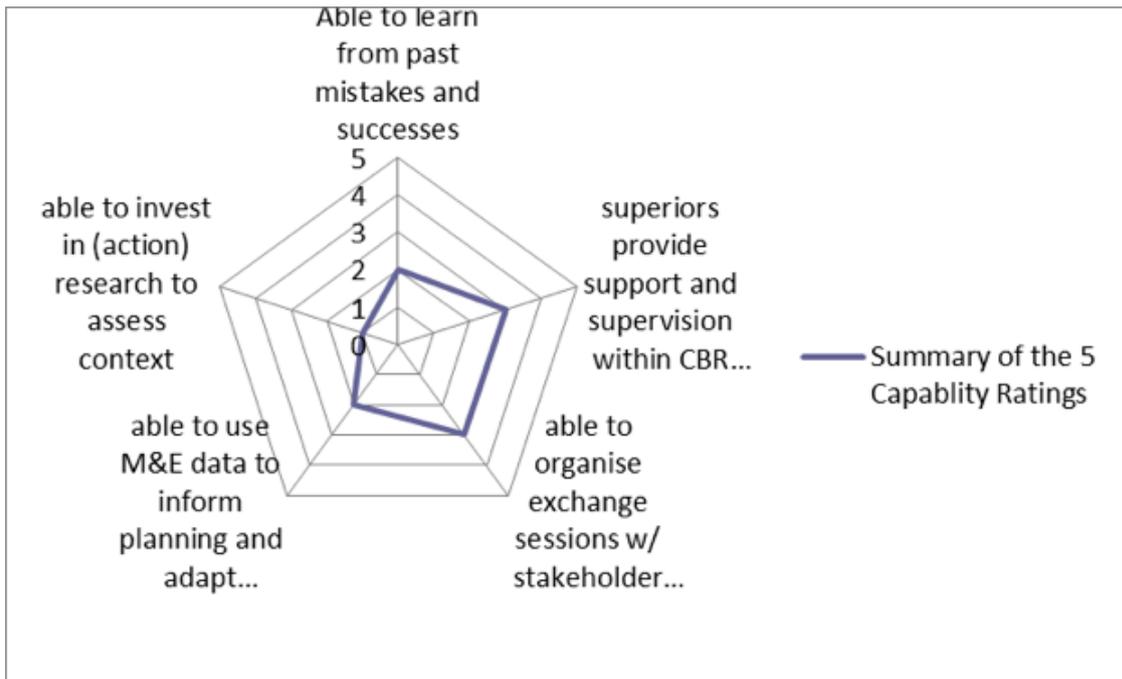
Ideally, the participants try to reach a consensus when it comes to scoring each capability. If that is the case and most team members more or less agree, then it will be enough to present the results in one spider diagram like in Fig 1 below.

Fig 1: Summary of 5 Core Capability Ratings – this might be included in the conclusion as an overview of how the team see their different capabilities. It shows them clearly where they are doing well and where some improvement is needed.



However if any of the core capabilities seem to bring out very different opinions and team members are unable to reach a consensus then you would make a spider diagram for the sub-competency to show this variation in their view as in Fig 2 below. In this case this would be included in the Relevance section of the report (see Evaluation Framework for guidance about which capability belong in which section)

Fig 2: Ratings of sub-competencies no 3 Capability to Adapt and Self-Renew



The commentary would say: The team discussions showed that they had relative strengths in superiors supporting support and supervision and in in organising exchange sessions, but some weakness in M & E skills, in learning from mistakes and successes, and a particular weakness in action research in their context.