

What we are learning from our evaluations

CBM Australia's meta-evaluation

Based on an assessment of 33 evaluations of projects funded by CBM Australia's International Programs conducted between 2018 and 2021.



The meta-evaluation by CBM Australia's Quality Team looked at 33 evaluation reports from 2018 to 2021 of our funded international projects. The review looked at both the quality of the evaluation process, and the learnings and findings from the evaluations. Drawing on and assessing information provided in these project evaluations, this review will assist CBM Global in better understanding the strengths and weaknesses in our projects and give further insight into approaches to project implementation and performance measurement.

We looked at 33 evaluation reports from 2018 to 2021 from 11 countries across six thematic areas. In total, 17 mid-term evaluations and 16 final evaluations were reviewed.

Community Based Inclusive Development (CBID) evaluations accounted for 48% of total evaluations reviewed, and eye health, mental health and organisational strengthening were 12% each, and there were smaller numbers of evaluations of humanitarian response/Disaster Risk Reduction and health.

We found that 88% of evaluations of field projects were completed to standard that was satisfactory or above.

Are we achieving our project outcomes?

Looking across 33 evaluations of projects:

- 2 projects were assessed as achieving outcomes beyond expectations and scope;
- 6 projects achieved outcomes beyond expectations but within the project scope;
- 22 projects achieved outcomes in line with expectations;
- 3 projects achieved a disappointing level of change compared to expectations. This was due to a number of factors, including the impact of COVID-19, targets that were too ambitious, an unrealistic expectation of partner capacity, and poor project phasing.

Good practice – common themes

Common learnings around good practice highlighted across multiple evaluations were:

- **Stigma reduction must go hand-in-hand with improving access to healthcare, rehabilitation and devices.** The best projects did both – raising awareness about disability rights and reducing discrimination, as well as helping people with disability to access the services they need.
- **Mobilising access to existing schemes and pensions.** Effective projects focused on identifying who did not have access to disability certification and government subsidies and helped people to navigate application processes. This was a good entry point to further engagement with the project.

- **Retaining and supporting good community organisers.** Evaluations of strong CBID projects emphasised that well-trained local community organisers were key to project success, enhanced further by supporting (and not assuming) their understanding of disability inclusive approaches.
- **Disaster preparedness models.** Evaluations highlighted that we have good models for working with government disaster preparedness committees, raising awareness of the need for inclusive disaster preparedness approaches, and helping engage local people with disabilities into these committees. We have good examples to build on, so need to ensure that these are well socialised across CBM Global.
- **Mental health models.** Mental health programs supported in West Africa over many years have recently finished and been evaluated with strong outcomes achieved against project expectations, but in some instances disappointing ongoing government buy-in.

Practice requiring attention

Common project weaknesses identified in evaluations:

- Poor monitoring systems and data management (mentioned in one third of evaluations), and in some teams, a lack of systematic reflection and learning. We are not going to be able to demonstrate the change we are making we do not have consistent, but realistic data collection, and partner reflections on the findings.
- Some projects were too ambitious or assuming too much, meaning that quality is compromised in order to hit targets. Project planners overestimated, for example, what they could achieve with government, what Organisations of People with Disabilities (OPDs) could lead on, how many people could get employment, and what government health workers could take on in addition to their standard workload.
- Some projects teams showed poor understanding and consideration of project phasing, which led to competing priorities and compromises in quality.
- Less government buy-in than expected – this was mentioned often. While virtually all projects were very conscious about not setting up parallel systems to government, often the aim to get governments engaged and strengthened proved more challenging than anticipated. Discussed further below.
- Livelihoods – a lack of data to convincingly demonstrate impact, some cookie cutter approaches especially around gender roles, and ambitious targets. Livelihoods projects generally had more challenges than other projects, which is discussed below.
- Weaknesses in ensuring meaningful engagement of women, although this had improved since our 2018 review.
- Weaknesses in engaging people with more challenging impairments, particularly in economic development projects. We suspect this also links to the aim to meet targets, hence working with people with milder impairments.
- Limitations in project budgets for reasonable accommodation and transport- this was mentioned occasionally.

Policy influence: good examples, worth showcasing more

The meta-evaluation looked at the degree to which projects were influencing government policy, and documented examples of influence. Change usually happened at a local level (43% of projects), with a few projects also influencing nationally. Health and eye health projects seemed to only influence an institutional level.

Projects that had strong achievements in policy influence had clear expectations of what they wanted to achieve with government. They also invested in strong relations with individuals in local government.

We were surprised that the meta-evaluation revealed so many strong examples of policy influence, and effective actions being taken to change government approaches. These are not being showcased beyond the immediate reporting. *CBM Global is missing opportunities here to demonstrate how we work at all levels for systemic change, so we need to be more intentional about synthesising this information and in facilitating cross learning about successful approaches.*

Livelihoods: big changes, but let's track it better

A number of evaluations of Community Based Inclusive Development (CBID) projects reported big transformations in people's lives as a result of support in livelihoods. However, there were very mixed outcomes regarding our work in livelihoods, and we assessed this as being one of the weaker outcome areas in the suite of approaches that our CBID project takes.

Notable weaknesses noted by evaluations of our livelihood approaches included:

- A lack of comprehensive tracking of changes in peoples' economic situation, with a lack of baselining and monitoring.
- A lack of follow-up measures to ensure people were benefiting from the vocational skills they were trained in.
- Too much focus on improving vocational skills of family members, rather than supporting people with disability themselves to build income generating skills.
- A lack of risk analysis or mitigation measures for when planned approaches did not eventuate.
- Targets for people to benefit from livelihood support being too high, creating pressure on project teams to meet targets rather than ensure quality support.
- An initial assessment tool that focused too much on people's interest and experience, and did not include an assessment of market demand
- Poor quality training in business management delivered by a sub-partner, with the implementing partner unaware of these shortcomings.

The collection (and retention, and ability to tabulate within endline) of some basic baseline information on people's economic situation should be imperative in any economic development project that we are supporting. It is worth exploring further what is stopping project teams from doing this.

Given that livelihoods support is a strong feature of both CBID, Disaster Risk Reduction and mental health projects, these shortfalls highlight areas that *CBM Australia needs to pay more attention to in our monitoring, with associated training support to Country Teams, to*

ensure that simple but effective monitoring plans are in place when the project work begins.

OPD engagement- what we can build on

With a growing emphasis in CBM Global on supporting OPDs, we assessed the degree to which OPDs have been involved in projects since 2018 and in what capacity. Nine percent of projects were led by an OPD, 21% had existing OPDs as a sub-partner in a project, 31% of projects created OPDs as part of their work. This provides a baseline against which we can assess changes in focus as we commit to more OPD engagement.

Issues noted from evaluations regarding OPDs that should be explored in the future evaluations:

- How OPDs are involving of people with all sorts of impairments: this was often noted as a challenge, with people with physical impairments tending to be most engaged.
- The degree to which CBM Australia is flexible in the timing and implementation of targets in projects being led by OPDs.
- The degree to which OPD capacity building is going hand-in-hand with project implementation.
- If projects are going to support OPD establishment, they must ensure that they have viable ongoing systems and ways to engage membership. We should track whether these OPDs are continuing after project phase out, and document what they are continuing to achieve in influencing government.

Addressing gender in our work

Evaluations showed up some strong gender practices in helping women take up opportunities to participate and lead, particularly in CBID projects. CBM Australia has placed emphasis in recent years in ensuring that project plans are in place to address gender issues, and that gender equity was assessed in evaluations. Of the 33 project evaluations reviewed, seven did not consider or discuss gender, and 11 did not collect any disaggregated data by sex. Eye health evaluations struggled particularly in this regard. Further work is needed to ensure that this happens in future evaluations.

Features of good gender considerations in evaluations:

When gender was included in the project Monitoring and Evaluation plans and project baselines, evaluators could understand better what had actions had occurred regarding gender and assess these. Good evaluations considered how gender was addressed across all result areas of the project, and how the project addressed gender barriers and documented gender sensitive approaches that had been taken. These included (for example) highlighting strong models that developed opportunities for women and girls, considering what blockers stopped fathers of children with disability from being more active, how women were supported to take on stronger leadership roles in committees, and how health service providers targeted men who generally avoiding health services. Good evaluations also included a separate section on gender, data was consistently disaggregated throughout the evaluation, and recommendations also considered gender issues.

Sustainability: government buy-in and strong groups are key

We reviewed what evaluations said about sustainability. How are we tracking against our commitment to building inclusive resilient communities and to support governments to meet their obligations to address systemic change?

These are the good practices common in most projects:

- **Government engagement from the outset:** Project outcomes were more sustainable when government bodies were engaged in the project planning process, and when there was government budgetary, staffing or accountability requirements and responsibilities, and these were factored into the project plans.
- **Changes in higher level government policy or practice:** Projects were more effective if they had a systems strengthening approach and aimed to change government policy or practice as part of their sustainability strategy.
- **Establishing community committees or local advocacy groups/OPDs:** the assumption here is self-help groups, small OPDs and community committees and registered OPDs would continue to function locally.

These are the common weaknesses and actions to address this:

- **Assumed government buy-in that did not eventuate:** The meta-evaluation found that the “aspiration” for government engagement was often confused with an assumption that this would happen. We understand that partners often need to walk that fine balance between pushing government to act on its responsibilities while facilitating more immediate support to those in need. *Reflecting on this, CBM Australia and Country Office teams need to be realistic and sophisticated in assessing what can be achieved in terms of government uptake or buy-in.* CBM Australia’s learning from this is that lack of buy-in was not assessed sufficiently as a project risk.
- **Setting up self-help groups that include people with disabilities was often seen by project teams as a sustainable approach to inclusion.** However, a very high number of evaluators across all countries raised concerns that self-help groups were weak and would be unlikely to continue to actively function after the phase-out of the project. *We should consider promoting a more phased approach to moving out of one area into another so that self-help groups can continue to be supported, as well as pay attention to developing some advocacy activities for self-help groups so they do not dissipate because of boredom and inaction once project activities phase out.*
- **CBM Australia processes also potentially impede sustainability:** This is due to our three-year project funding model, where there is the assumption but not the commitment that work will extend beyond this period. This can hamper more holistic long-term planning and phasing. We also found that there is too much focus by both partners and CBM in checking and reporting on the achievement of targets and activities, at the expense of a focus on benchmarks to exit in a sustainable way. *CBM Australia will look how it can better support partners in practical approaches to appropriately exit from project areas.*

Evaluation Process and Products: what is working?

What needs attention?

Using similar criteria to a similar review done in 2018, the review assessed that 39% evaluation reports as strong, and 49% were satisfactory. Only three were considered “disappointing” and one “very poor”. Most strong evaluations were from 2018 and 2019, with a drop in quality since 2020, no doubt because of COVID-19 lockdowns and challenges.

Strong evaluations- we love ‘em

- A well-defined and coherent structure, with clear evidence, links to examples and use of baseline data and project indicators to assess progress.
- An assessment of value for money.
- An exploration and critique of project sustainability, even at the mid-term stage.
- Detailed recommendations that are practical and clear on who should take action, whether focused on actors or grouped thematically.
- Reference to mid-term evaluations (for final evaluations).

Poor evaluations - let’s step up here

- Eye health project evaluations were surprisingly weak – more guidance is needed about what to focus on (no puns intended).
- A report structure that was incoherent and lacked logic, with inadequate or no reference to the project’s specific and overall objectives, or to logframe result areas or indicators. It was found that 24% of evaluations did not use the indicators in the project logframe to measure progress. Additionally, 12% of evaluations did not provide details of achievements against the project result areas.
- A heavy focus on qualitative data while missing opportunities to gather quantitative data that can be compared with a baseline. In fact, 72% of evaluations reviewed did not reference a baseline, in many instances because there was not one.
- Qualitative data drawn from biased informants (partners and Country Offices) rather than beneficiaries, and failure to address or even acknowledge participant bias.
- Limited disaggregated data on gender and different types of disability.
- Little to no consideration of addressing barriers and accessibility issues which prevent people with disabilities from engaging in evaluations.

There was a higher proportion of inclusive eye health projects that were poor, which was surprisingly given that these projects generally take a similar approach and are generally institutionally based.

Recommendations to improve the quality of evaluations include improving time management so that evaluations are well prepared with the right personnel and informants available, making more effort to include people with disabilities in evaluation teams, and maximising the use of new technologies for data collection. Evaluations need to ensure that data gathering includes feedback from project beneficiaries, not just from project implementers. Those commissioning evaluations should be clear on the required report structure and the fact that evaluations need to reference project indicators, as well as guidance on assessing value for money. This will also assist in showcasing the ripple effect of CBM Global's work. CBM Australia should also be more open to have evaluation reports written in local language with funds allocated for the translation.

Use our evaluations! Don't just file them

In this meta-evaluation, we looked at the degree to which project recommendations had been socialised and addressed by CBM Australia, Country Offices and implementing partners. We concluded that this does not happen in any systematic way, meaning that recommendations are at risk of not being addressed, and weaknesses identified are not always attended to. A better focus on having a systematic management response to evaluations findings is needed.

Another area for improvement is that there is not strong evidence that evaluations findings are being fed back to key partners and project stakeholders. This may have fallen foul of COVID-19 limitations, but certainly the process of feeding back needs attention in some locations.

CBM Australia also sees the value in supporting the packaging of evaluation findings simply for partners (and us) to use to promote the work, by developing short summaries and infographics. This will assist organisations to further promote themselves and access further funding.

Conclusion

The meta-evaluation found that most (88%) evaluations of field projects that CBM Australia supports were completed to standard that was satisfactory or above. The review process highlighted key strengths and weaknesses in project evaluations, and, with feedback from CBM Australia IP team, put forth practical recommendations on how CBM and partners can further increase the quality of evaluations.

Reflecting on what was learnt from the previous meta-evaluation (2015-17), it is noticeable that CBM and partners have continued improving the quality of evaluations being produced (with the exception of COVID-19 impacting project monitoring during the peak of the pandemic in 2020), and project outcomes have strengthened.

However, there is still a need to further strengthen some aspects of evaluations as we have identified in this overview, and this provides an opportunity for our teams to focus on quality, present findings and reflections across the CBM Global Federation, and look for systematic ways to improve quality of project approaches and evaluation processes.



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