DFID Department for International Development

UKaid from the Department for International Development

Monitoring and evaluation framework:

Breaking the cycle: saving lives and protecting the future

Overview

The UK Government is committed to making British aid more effective by improving transparency and value for money and, as part this, build more and better evaluations into DFID programmes.

As outlined in DFID's Business Plan, 'Breaking the Cycle: Saving Lives and Protecting the Future' (MFfR) will be subject to a mid-term review of progress in 2013, and will also be subject to an independent evaluation in 2015.

Aisha is one of more than 21,000 scouts from over 1,000 schools in Kenya who are taking part in a bed net-hanging project aimed at preventing the spread of malaria © PSI / Kenya

This document is the first stage in a process of developing a complex and robust monitoring and evaluation process for the MFfR. It is a living document that will become more detailed as DFID country and multilateral programmes develop business cases for malaria and related health programmes, and as the global community develops its monitoring and evaluation processes for the MDGs and the Global Malaria Action Plan leading up to 2015. This is the first iteration in this process.

The UK's Framework for Results for Malaria in the developing world

The MFfR sets out why the UK government is prioritising malaria; the evidence for what works to reduce malaria illness and deaths and where new approaches are needed; how we will work with our partners to achieve our goals; and how we will be held accountable for results. It guides how we work through international organisations and with global partners to increase our reach and get more value for our money by leveraging the investments of others. It builds on the UK government's broader support to improve health outcomes in developing countries, and to complementary commitments set out in the UK's Framework for Results on Reproductive, Maternal and Newborn Health (RMNH) (2010).

The UK government's vision is that illness and death from malaria are dramatically reduced and controlled over the long-term in the countries currently most affected. As part of this we have pledged to contribute to at least halving malaria deaths in at least ten high burden countries by 2014/2015 and to support action to sustain and expand gains into the future.

Our achievements will contribute directly to reaching international targets set out in the 2008 Global Malaria Action Plan and the Millennium Development Goal 6c target to have halted and begun to reverse the incidence of malaria and other major diseases by 2015.

To achieve this the UK government will:

- invest up to £500 million each year by 2014/2015, where results can be delivered and value for money demonstrated;
- work through its country programmes, using appropriate funding approaches in each case, to support countries and communities to achieve malaria and broader health goals;
- improve the effectiveness and efficiency of the global response through international institutions, partnerships and global civil society;
- invest in global public goods including tackling resistance, building and sharing evidence and supporting market efficiencies; and
- harness UK expertise through better partnerships with academics, civil society, professional bodies and partnerships with other UK government departments to help deliver this framework.

Figure 1: Summary of the MFfR. It is based on an understanding of what drives malaria patterns and outcomes, evidence of what interventions are effective and where innovation is needed, principles for how we will work and an assessment of where the UK government can add most value.

Reducing the burden of illness and deaths due to malaria	**Sustain and expand gains into the future**
Contribute to at least halving malaria deaths in at least ten high burden countries by 2015 ("scale up")	**Contribute to: 1) sustained reductions in malaria burden to 2015 and beyond; 2) containment of resistance by 2015 and beyond ("keep up")**

Indicators
(1) All cause U5 deaths and (2) Malaria attributable deaths

(a) % children under 5 who slept under an ITN the previous night (b) % children under 5 years who received appropriate antimalarial treatment (including ACTs) within 24 hours of onset of fever in the last two week (c) % of children under 5 with fever in the last two weeks receiving finger/heel stick diagnostic test for malaria (d) % of women who received at least two doses of Intermittent Preventive Treatment (IPTp) during antenatal care (ANC) visits during their last pregnancy (in settings where IPTp is recommended) (e) Number of health workers per 10,000 population disaggregated by rural and urban settings and by cadre (f) % of health facilities without stock outs of a core set of essential drugs (including first-line anti-malarials) in the last 6 months	(g) Average unit price (FCA) of highest volume LLIN procured by (or on behalf of) a country

Core Principles

- focus on the poor and vulnerable populations in high-burden countries in Africa and Asia
- achieve results by supporting national malaria control programmes that are embedded in health sector plans using funding approaches appropriate to country circumstances
- seek opportunities to link malaria and other health and non-health programmes to increase benefits and value for money
- improve the quality and availability of data on malaria so that results are measurable, transparent and strengthen accountability to communities and the UK public
- base investment on evidence of what works, and innovate where needed
- work with international partners to ensure that global efforts support countries to tackle malaria as efficiently as possible

Pillar 1 **Improve quality of services**	**Pillar 2** **Increase access and build demand for services**	**Pillar 3** **Support innovation and global public goods**	**Pillar 4** **Focus on impact and results**
Ensuring services are of the highest quality possible to save lives	*Removing barriers that prevent people from seeking care*	*Containing resistance and supporting the development of new cost effective tools*	*Delivering value for money and the greatest impact on those most in need*
Scale up context appropriate high impact, cost effective interventions. Includes LLINS, IRS, IPTp, IPTi, ACTs, RDTs	**Support increased reach of services particularly to remote rural and marginalised groups**	**Support to evidence based global policy development**	**Work with national governments, donors and other agencies to support better data and information systems for measuring impact and results**
Support to more effective financing and management capacity to deliver and monitor results	Scale up community based management of fever	**Contain resistance to malaria drugs**	**Actively monitor and evaluate results in all DFID funded programmes**
Improve financial and programme planning and management capacity at national and district levels of the MOH/NMCP	Extend reach by improving the quality of and increasing access to capacity in the non-state/private sector	Reduce the distribution and use of monotherapy through increasing availability and affordability of ACTs and regulation	Publish a mid-term review of progress in 2013. Publish a full evaluation of the MFfR in 2015.
Strengthen Health Management Information Systems for routine data collection and analysis for district and national planning purposes	Operational research on reaching the hard to reach, including in conflict-affected and fragile states, the poorest and geographically remote.	Strengthen surveillance systems and networks (country and regional) for drug and insecticide resistance	**Make information on performance transparent and increase accountability at all levels**
Strengthen commodity supply chains to provide continual supplies of essential commodities and avoid stock outs	**Remove financial barriers to accessing health services and increase equity**	Promote adherence to diagnostic and treatment protocols by the practitioner /provider	**Work with other to improve the effectiveness of the global response**
Support and promote integrated delivery of malaria with other health and non-health services to maximise value for money and sustainability	**Increase community knowledge and participation**	**Work with partners to improve the performance of global commodity markets for the poor**	Leverage greater efficiency and results through collaborations /partnerships with other bilateral, multilaterals and others.
	Behaviour change communication strategies, with a focus on women, to increase care seeking behaviour, acceptability of services and treatment compliance	**Support product development of cost effective new tools and operational research to improve delivery**	
	Increase community participation in planning, implementing and monitoring malaria and health services		

Monitoring and Evaluation Activities

Five processes will be used to inform progress, performance and impact of the MFfR :

- **routine programme monitoring (throughout):** DFID's monitoring and corporate reporting processes will tell us the extent to which we have achieved the results set out in the Framework for Results;
- **routine project and programme level evaluation:** DFID has a commitment to increase the proportion of projects and programmes subject to sound independent evaluation; including an expansion in the use of impact evaluation;
- **mid term review (2013):** The mid-term review will be published by the end of 2013. The review will take stock of progress, inputs and spend and direction of travel and set out recommendations for changes that need to be made to achieve our results;
- **global and partner monitoring and evaluation process:** such as MDG and Global Malaria Action Plan monitoring and evaluation activities and those of the US President's Malaria Initiative which DFID will contribute to and draw on; and
- **final evaluation (2015-6):** independent evaluation in 2015/16 will evaluate the MFfR as a whole.

Given the read-across to DFID's Framework for Results for RMNH, links will be made between the two Frameworks for Results. Links will also be made to DFID's work on Empowerment and Accountability.

In addition, we will work during the period of the Framework for Results to help strengthen the capacity of partner countries to track their progress.

Mid Term Review

As outlined in DFID's Business Plan the MFfR mid-term review will be published by the end of 2013. The review will take stock of progress, inputs and spend and direction of travel and set out recommendations for changes that need to be made to achieve our results. The terms of reference and scope of the mid-term review has yet to be finalised but will address the following overarching questions:

- Are the planned activities likely to achieve the outputs? If not, what should be done differently or in addition?
- If all the outputs are achieved, will they achieve the purpose of the framework? If not, are extra outputs or altered outputs required?
- Are the assumptions in the framework correct? If not, does it require revision?
- Are the risks being managed successfully? If not, what measures are needed to mitigate them?
- What lessons are being learnt for wider interest?

Evaluation

DFID uses the definition of evaluation agreed by the OECD's Development Assistance Committee (DAC):

"The systematic and objective assessment of an on-going or completed project, programme or policy, its design, implementation, and results in relation to specified evaluation criteria."

Evaluation is important because findings can be used to provide accountability to the taxpayer and our stakeholders, and to improve programme, project and policy decisions.

The evaluation will be in line with OECD DAC guidelines on both evaluation and aid effectiveness – particularly those relating to partnership and transparency. It will be published and is intended to meet UK transparency and accountability requirements as well as to contribute to the global evidence base to help understand what works and what does not work in achieving malaria outcomes.

The objective will be to evaluate the MFfR as a whole. First, the evaluation will synthesise and objectively examine our performance and impact against the overall Framework for Results, what we did, what happened as a result and why, and what was learnt. The evaluation will look at intended and unintended, positive and negative effects, and whether these can be attributed to the MFfR implementation or other forces operating in the same context. Flexibility is critical and we will ensure that the evaluation considers issues that arise during the life of the Framework for Results and which may not have been anticipated.

Second, the final evaluation will consider malaria more broadly; examining how the global discourse and architecture has been shaped and developed. It will look at what has changed over the period of the MFfR and what contribution the MFfR has made to this. This will include consideration of donor and partner country priorities on malaria, funds channelled in support of improved malaria outcomes and impact, and developments in knowledge and research.

As recommended in the recently published Independent Commission for Aid Impact Report[1], the evaluation of the MFfR will synthesise and analyse data aggregated from policy, research and our multilateral and bilateral reporting and evaluations as well as data compiled for corporate performance monitoring and the UK's international reporting on G8 commitments.

Further focussed evaluation work will be commissioned, for example on innovative programmes, specific themes and cross-cutting issues. The focus will be on overarching strategic questions of interest to DFID and partners, and on areas where the existing global evidence on interventions is weak and hence where evaluation can best add value. A key element of this is for DFID to build a body of robust independent evaluations of malaria-related projects, programmes and policy.

2014 and 2015 will be an intense period for MDG monitoring and evaluation. In this regard, it will also be important to avoid overly burdening DFID country offices, governments and partners and that the MFfR evaluation is cognizant of, informed by and contributes to these efforts and the efforts of partners including the US President's Malaria Initiative, the World Health Organization and the Roll Back Malaria Partnership.

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[1] Independent Commission for Aid Impact. Synthesis Study of DFID's Strategic Evaluations 2005-2010. January 2010.

Evaluation Process

A more detailed evaluation framework will be developed by early 2012 to guide and inform the design and commissioning of evaluations undertaken at programme level during the period in which DFID country level business cases are under development.

The evaluation of the MFfR will be carried out by an independent multi-disciplinary team with expertise and experience in malaria and health more broadly including malaria epidemiology, health systems, health economics, social development, statistics and evaluation, including in fragile and conflict-affected countries and emergency situations. This team will be responsible for refining the initial evaluation framework and for planning and developing a full methodology for the evaluation, guided by the DAC evaluation criteria: relevance, effectiveness, efficiency, impact and sustainability. The evaluation team will also provide guidance and initial support to the design of country level malaria-related programme evaluations, in order to maximise comparability and scope for aggregation. It is anticipated that this team will be contracted and in place by early to mid 2012.

A Monitoring and Evaluation Group will be convened to oversee the full process until the end of 2016. This group will be responsible for ensuring the M and E plan is implemented, ensuring DFID's own investments are tracked and evaluated, and tracking the progress of the issue on the global agenda. They will be responsible for overseeing the work of the evaluation team and for ensuring progress is communicated within DFID and to partners.

Stakeholder engagement

The MFfR itself was a result of an extensive consultation and peer review process with stakeholders and UK public. The design of the mid-term review and evaluation will not be subject to external consultation. However, we will discuss them with a small number of key informants.

The mid-term review and evaluations will aim to identify and convey valid and reliable information and reflect inputs from a variety of stakeholders. Entry points for engagement will be shared when the TORs and scope of the mid-term review and evaluation are finalised.

Evaluation framework

The following table sets out an indicative framework for the evaluation and the types of questions that will be considered.

<table>
<tr><th>Framework Pillars</th><th>Improve quality of services</th><th>Increase access and build demand for services</th><th>Support innovation and global public goods</th><th>Focus on impact and results</th></tr>
<tr><td>CORE PRINCIPLES</td><td colspan="4">• focus on the poor and vulnerable populations in high-burden countries in Africa and Asia
• achieve results by supporting national malaria control programmes that are embedded in health sector plans using funding approaches appropriate to country circumstances
• seek opportunities to link malaria and other health and non-health programmes to increase benefits and value for money
• improve the quality and availability of data on malaria so that results are measurable, transparent and strengthen accountability to communities and the UK public
• base investment on evidence of what works, and innovate where needed
• work with international partners to ensure that global efforts support countries to tackle malaria as efficiently as possible</td></tr>
<tr><td colspan="5">Indicative Questions:
Questions will cover bilateral and mulitlateral malaria related investments and influencing</td></tr>
<tr><td>PLANNING</td><td colspan="4">To what extent are/were appropriate plans and funding in place?
To what extent are/were support (financial/TA etc.) to countries/policy effective?
To what was extent was our theory of change validated/proven?</td></tr>
<tr><td>IMPLEMENTATION</td><td colspan="4">What did we do?
Did we do what we said we would?
To what extent did we implement the Framework for Results, at what scale and where?
To what extent did DFID's programming map against the pillars?
What happened as a result and why or why not?
Were the two strategic goals (reduce the burden of illness and deaths due to malaria and sustain the gains into the future) the right ones to achieve the top level results?
To what extent were we guided by the core principles ?
What has contributed to successful outcomes in fragile and conflict-affected states and what has hindered progress.? What have we learnt about ensuring interventions are conflict-sensitive?
To what extent has health impact occurred? Were there are any negative/unintended impacts?</td></tr>
<tr><td>IMPACT AND RESULTS</td><td colspan="4">To what extent have the frameworks strategic goals been met?
How do the results relate to the core principles?
Did the sum of the programming under the four pillars add up to what was needed to achieve the overall results?
To what extent are results achieved sustainable?
How cost effective/efficient was our approach?
Were the causal mechanisms correctly identified and what were the conditions necessary for them to work in different types of context to achieve the high level results?</td></tr>
<tr><td>LEARNING</td><td colspan="4">What evidence has been generated?
What did we learn about the effectiveness and the cost effectiveness of approaches and interventions that did work, across different contexts?
To what extent did the central Framework guide programming and contribute to achieving results at country level?
What did we learn across countries about how to reach the most poor and vulnerable? What worked, what didn't and why?
What did we learn about mechanisms and process to improve the performance of the global response ? What worked, what didn't and why?
Which pillars, interventions and combinations of interventions contributed most to the overall impact in terms of reduction in malaria attributable cases and deaths and reductions in all cause U5 mortality?
For each pillar, were the assumptions and causal mechanisms correctly identified in the Theory of Change? What have we learnt about the conditions?
What are the lessons learned/how did that inform changes in programme/strategic/policy direction?</td></tr>
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