

# Monitoring and evaluation framework:

## Choices for women: planned pregnancies, safe births, healthy newborns

### Overview

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

‘Choices for Women: planned pregnancies, safe births and healthy newborns: the UK’s Framework for Results for Reproductive, Maternal and Newborn Health in the developing world’ will be subject to a mid-term review of progress and an independent final evaluation.

This document is the first stage in a process of developing a robust monitoring and evaluation process for this Framework for Results on Reproductive, Maternal and Newborn Health (RMNH). It is a living document that will be developed as DFID country programmes develop business cases for RMNH programmes, in the context of the global community’s continued action and monitoring of progress towards the MDGs and the Secretary General’s Global Strategy for Women and Children’s Health. This is the first iteration in this process.

### The Reproductive, Maternal and Newborn Health Framework for Results

The RMNH Framework for Results sets out why the UK government is prioritising RMNH, the evidence for what works to reduce unintended pregnancies and maternal and newborn deaths. It sets out what we will do and how we will work with partners to achieve our goals, and how we will be held accountable for results. It builds on the UK government’s broader support to improve health outcomes and to empower women and girls in developing countries. It is complementary to commitments set out in the UK’s Framework for Results on Malaria (2010) and closely linked to commitments set out in DFID’s Strategic Vision for Women and Girls, particularly pillar 1: Delay first pregnancy and support safe childbirth.

The UK’s vision is a developing world where all women are able to exercise choice over the size and timing of their families, where no woman dies giving birth and where all newborns survive and thrive. The RMNH Framework for Results represents an important way in which women and girls are being placed at the heart of the UK’s development assistance. It sets



Picture of family in Ethiopia © Panos / Sven Torfinn

out the UK's two strategic priorities in RMNH, to **prevent unintended pregnancies** by enabling women and adolescent girls to choose whether, when and how many children they have; and to **ensure pregnancy and childbirth are safe** for mothers and babies.

The RMNH Framework for Results sets out following results, which will directly contribute to Millennium Development Goal targets 5a, 5b and 4a (see box below):

- **save the lives** of at least 50,000 women during pregnancy and childbirth and 250,000 newborn babies by 2015
- **enable at least 10 million more women to use modern methods of family planning (including 1 million young women aged 15-19)** by 2015
- **prevent more than 5 million unintended pregnancies**
- **support at least 2 million safe deliveries**, ensuring long lasting improvements in quality maternity services, particularly for the poorest 40%.

### Reduce child mortality and improve maternal health

#### Goal 4: Reduce child mortality

##### Target 4a: Reduce by two thirds the mortality rate among children under five

- 4.1 Under-five mortality rate
- 4.2 Infant mortality rate
- 4.3 Proportion of 1 year-old children immunised against measles

#### Goal 5: Improve maternal health

##### Target 5a: Reduce by three quarters the maternal mortality ratio

- 5.1 Maternal mortality ratio
- 5.2 Proportion of births attended by skilled health personnel

##### Target 5b: Achieve, by 2015, universal access to reproductive health

- 5.3 Contraceptive prevalence rate
- 5.4 Adolescent birth rate
- 5.5 Antenatal care coverage (at least one visit and at least four visits)
- 5.6 Unmet need for family planning

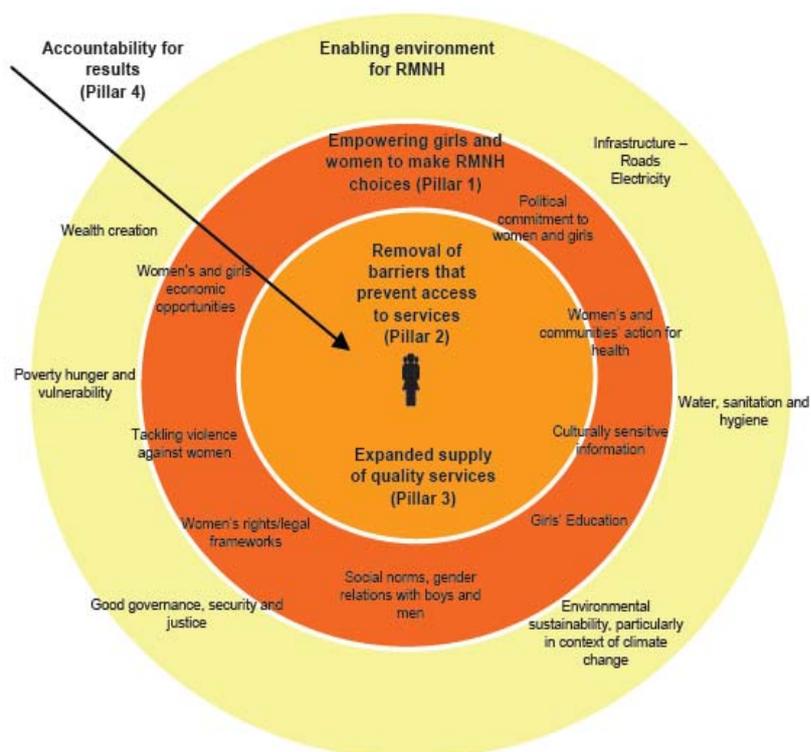
To achieve these results, the UK will:

- **scale up action through country programmes**, giving increased resources and greater attention to the geographical areas within DFID's portfolio and to the women and babies with the greatest need, focusing where the UK considers it has a comparative advantage
- **improve the effectiveness of the global response** through our engagement with international institutions, partnerships and global civil society
- **invest in global public goods** including market efficiencies, research and evidence
- **harness UK expertise** through better partnerships with academics, professional bodies and other UK government departments to help deliver this Framework.

**Figure 1: The Framework for Results**

Preventing unintended pregnancies		Safe pregnancy and childbirth	
Women and newborn lives saved [target at least 50,000 women during pregnancy and childbirth and 250,000 newborns by 2015]			
<b>Numbers of women/couples using modern methods of family planning</b> calculated from Contraceptive Prevalence Rate – for all, poorest 40% of women, those aged 15-19; <b>Number of unintended pregnancies prevented</b> – modelled from Couple Years of Protection of family planning		<b>Number and percentage of births attended by a skilled birth attendant</b> - for all women and the poorest 40%	
<b>Target groups:</b> Those at greatest risk, especially growing numbers of young people, the poorest, those affected by conflict and natural disaster. <b>Programme focus:</b> Based on comparative advantage, where short, medium and long term impact can be delivered, on budget, with demonstrable results and value for money			
Framework for results			
Pillar 1 Empower women and girls to make healthy reproductive choices	Pillar 2 Remove barriers that prevent access to services, particularly for the poorest and most at risk.	Pillar 3 Expand the supply of quality services	Pillar 4 Enhance accountability for results at all levels
Political commitment to girls and women and their health at all levels Legal frameworks for girls' and women's rights and protection	<b>Financial barriers to services removed</b> , increasing purchasing power, choice and incentives where appropriate through services free at point of use, cash transfers, vouchers, cash incentives, social health insurance (see para 55 for important considerations).. Including for family planning.	<b>Increased coverage and integration of health services that provide high impact, cost effective interventions</b> for family planning, safe abortion, antenatal care, safe birth, emergency obstetric care, postnatal care, newborn care, with PMTCT, HIV prevention, nutrition, malaria, water, sanitation and hygiene	<b>Data and information systems</b> for registering births/deaths, better planning and tracking of results
<b>Girls' education</b> , including to lower secondary level	<b>Innovative approaches to referrals and transport</b> (to emergency obstetric care)	<b>Health workers</b> –especially midwives/equivalent and community health workers – trained, deployed, motivated, managed and supervised	<b>Enhanced accountability and transparency</b> between citizens, communities, civil society and providers
<b>Economic opportunities</b> including employment, income, assets, financial education and savings	<b>Tackling discrimination</b> and treatment of women in services. <b>Services that are appropriate for adolescents</b> , including married and unmarried girls at risk.	<b>Commodities</b> – product innovation (eg for long acting and reversible methods of family planning), getting supplies in the right place at the right time, making them affordable and available, social marketing	<b>Accountability for better performance</b> in RMNH services
<b>Locally-led social change</b> of norms that constrain women's choice, control over resources and body (eg early marriage, FGM/C, violence, cultural preferences for sons); working with men and boys	<b>Action for those affected by conflict and natural disaster</b> to improve reproductive, maternal and newborn health  <i>(Note: action to remove many social and cultural barriers is covered in Pillar 1)</i>	<b>More efficient and effective delivery of quality services by public or private providers</b> through quality assurance, management, regulation, performance based funding  <b>Delivery through a range of non state providers (private and NGOs) whenever appropriate</b> , cost effective and pro-poor - through social marketing, accreditation, innovation.	<b>International agencies</b> more accountable for better reproductive, maternal and newborn health outcomes
<b>Girls', womens' and wider communities' action</b> for RMNH			
<b>Culturally sensitive information</b> especially about family planning, to meet unmet need and stimulate demand			

**Figure 2:** Puts the framework in the context of a wider multi-sector response.



## Monitoring and Evaluation Activities

Five main processes will be used to measure progress, performance and impact of the RMNH Framework for Results:

- a. **Routine programme monitoring:** DFID's monitoring and corporate reporting processes will tell us the extent to which we have achieved the overall results set out in the Framework for Results.
- b. **Routine 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.
- c. **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.
- d. **Global and partner monitoring and evaluation processes:** such as MDG and other monitoring and evaluation activities which DFID will contribute to and draw on.
- e. **Final evaluation (2016):** The final independent evaluation will evaluate the RMNH Framework for Results as a whole. This will now be completed by the end of 2016, because the Framework for Results runs until the end of 2015. This will also allow the final evaluation to draw on global monitoring activities that take place during 2015.

Given the read-across to DFID's Framework for Results on Malaria, links will be made between the two Frameworks for Results. Links will also be made to other related evaluations including DFID's Strategic Vision for Women and Girls, the Girls' Education Challenge Fund and 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 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 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."

This 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 RMNH outcomes. Evaluation findings will be used to provide accountability to the taxpayer and our stakeholders, and to improve programme, project and policy decisions.

The objective of the independent evaluation in 2016 will be twofold. Firstly, it will synthesise and objectively examine DFID's progress and results against the overall RMNH Framework for Results, considering 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 implementation of the RMNH Framework for Results 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.

Secondly, the final evaluation will consider RMNH 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 Framework for Results and what contribution the Framework for Results has made to this. This will include consideration of donor and partner country priorities on RMNH, funds channelled to supporting RMNH, and developments in knowledge and research.

As recommended in the recently published Independent Commission for Aid Impact (ICAI) Report<sup>1</sup>, the evaluation of the RMNH Framework for Results 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 and Global Strategy 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 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 RMNH projects, programmes and policy.

2014 and 2015 will be an intense period for MDG monitoring and evaluation so it will also be important to avoid overly burdening DFID country offices, governments and partners and to ensure that the RMNH evaluation is cognisant of, informed by and contributes to, these efforts and the efforts of partners.

The Independent Commission for Aid Impact (ICAI) is planning an evaluation of DFID's maternal health programmes in Africa in its third year which will inform this evaluation.

## 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 RMNH Framework for Results will be carried out by an independent multi-disciplinary team with expertise and experience in Reproductive, Maternal and Newborn Health including adolescent reproductive health, 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 RMNH 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

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<sup>1</sup> Independent Commission for Aid Impact. Synthesis Study of DFID's Strategic Evaluations 2005-2010. January 2010

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 RMNH Framework for Results 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 final evaluation will not be subject to extensive consultation but 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.

Evaluation Framework		Target Groups			Pillars			
	Overall synthesis	Reaching 15-19 year old girls	Reaching the poorest 40%	Intervening effectively and sensitively in fragile, conflict-affected and countries and in emergency situations	Empowering women and girls to make healthy reproductive choices	Removing barriers that prevent access to services	Ensuring the supply of quality services	Enhancing Accountability at all levels
Overarching Questions:	<i>Indicative Questions:            Covering bilateral and regional programmes, research and international financing and influencing</i>							
Implementation	<ul style="list-style-type: none"> <li>Synthesis of programme implementation against the elements of the Framework for Results</li> <li>To what extent did we implement the Framework for Results, at what scale and where?</li> </ul>				<ul style="list-style-type: none"> <li>To what extent did DFID's programming map against the pillars?</li> </ul>			
Results	<ul style="list-style-type: none"> <li>What happened as a result and why or why not?</li> <li>Were the two strategic priorities (preventing unintended pregnancies and safe pregnancy and childbirth) the right ones to achieve the top level results (women's and newborn's lives saved)?</li> <li>To what extent are results achieved sustainable?</li> </ul>				<ul style="list-style-type: none"> <li>Did the sum of the programming under the four pillars add up to what was needed to achieve the overall results?</li> </ul>			

<p><b>Learning</b></p>	<ul style="list-style-type: none"> <li>• 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?</li> <li>• What did we learn about the effectiveness and the cost effectiveness of approaches and interventions that did work, across different contexts?</li> <li>• To what extent did the central Framework guide programming and contribute to achieving results at country level?</li> <li>• What did we learn across countries about how to reach 15-19 year old girls? What worked, what didn't and why?</li> <li>• What did we learn across countries about how to reach the poorest 40%? What worked, what didn't and why?</li> <li>• 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?</li> </ul>	<ul style="list-style-type: none"> <li>• Which pillars, interventions and combinations of interventions contributed most to the overall impact in terms of numbers of women's and newborns' lives saved</li> <li>• For each pillar, were the assumptions and causal mechanisms correctly identified in the Theory of Change? What have we learnt about the conditions</li> </ul>
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