



DFID Response

5th December 2018

DFID Response to the Independent Commission for Aid Impact recommendations on: Assessing DFID's Results in Improving Maternal Health – an Impact Review, October 2018

DFID welcomes the Independent Commission for Aid Impact's impact review on assessing DFID's results in improving maternal health and its recommendations.

The review assesses DFID's maternal health work results between the period 2011 and 2015 across three domains: impact, equity and sustainability. The report is timely and the recommendations will feed into DFID's upcoming strategic planning work. The report also highlights potential changes to ways of working and focus areas that coincide with current thinking both within DFID and globally. DFID also plans to publish a results update.

Recommendation 1: As part of its commitment to the Sustainable Development Goals, DFID should develop a long-term approach to improving maternal health, planning through to 2030 in focus countries with high maternal mortality. These plans should focus on improved quality and continuity of care, cross-sectoral interventions and efforts to empower women and girls.

Accept

We agree with the recommendation to develop a focused long-term approach. The majority of our current maternal and newborn health (MNH) programmes build on years of long-term investment, rooted in an integrated health system strengthening approach, and we will look at how to embed this further. Many programmes have sought to address quality of care, though this is a complex area, and particularly challenging in situations where the basics of the health system are absent.

We will strive for future programme design to continue to be evidence based and adapted to each country context, ensuring rights are protected and promoted. We will look across our portfolio of current and planned MNH work, and related sectors, to see what opportunities there are to further improve the quality and continuity of care and breadth of approach, particularly in countries with a high burden of mortality. We will also look to shape global MNH policy on these issues through our influence on multilateral organisations and global funds and initiatives, such as WHO, Reproductive Health Supplies Coalition, the Partnership for Maternal Newborn and Child Health and the Global Financing Facility.

Through all this work, we will consider the latest evidence, including the findings from the recent Lancet Quality of Care commission. And we will sustain our evidence-based

leadership in policy areas that others find too sensitive, such as safe abortion or services for adolescents, where UK support saves lives.

Recommendation 2: DFID should clarify its approach to health systems strengthening, prioritising improvements in the availability and accessibility of good quality, respectful care for women and their babies.

Accept

In most cases, DFID's bilateral MNH programmes work with partner governments to improve the health system and the availability and accessibility of quality care. However, we accept that the links between MNH and health system strengthening could be more explicit, with an emphasis on systematic quality improvement, effective coverage and better access.

DFID will publish a Health Systems Strengthening position paper in 2019 outlining our approach to quality, accessible service provision that respects people's rights. Within this, we will look at the provision of MNH services through both public and non-state providers. Effective, affordable coverage is critical to universal health coverage. We are also working with the Foreign and Commonwealth Office and the Department for Health and Social Care on the global Patient Safety Initiative and its application in low income countries – supporting our broader quality system strengthening approach.

Poor quality of care may include abuse and disrespect in maternity care. We plan to look at this in more detail, collating the global evidence and advising global and country staff. DFID's safeguarding unit plans to include health as a thematic focus in 2019.

Recommendation 3: DFID should directly monitor the impact of its sexual, reproductive and maternal health services programmes on adolescents and the poorest women. This means including design features in programmes that target adolescents and the poorest women, monitoring whether they are effective and adjusting course where they are not.

Accept: Partially implemented

We will aim to monitor the impact of our sexual, reproductive and maternal health services on adolescents and the poorest women. This is challenging as country systems, where most programme data is taken from, often do not disaggregate in this way. However, DFID produced a Data Disaggregation Action Plan in 2016, committing to report key results disaggregated by sex, age, disability status and geography, where appropriate by 2020, and to work with national governments to strengthen their information systems and analytical capabilities by 2030. We have also developed an Inclusive Data Charter Action plan, that prioritises working with partners to invest in country data systems and assess programme impact.

We are committed to strengthening national government data systems, and avoiding the creation of parallel data mechanisms just to meet donor needs. For example, we have funded WHO to develop a core set of sexual reproductive health and rights (SRHR) indicators for adolescents and to institutionalise age-disaggregation into country systems.

We used the 2017 Family Planning Summit to push for global action on these data issues. As a result, more than 30 countries committed to designing programmes to target adolescents and over 60 donors and partners committed to the collection of age-disaggregated data in their SRHR programmes. The UK committed that all our future SRHR service delivery programmes would include a focus on adolescents. This includes MNH programmes. Our recently launched Women's Integrated Sexual Health

(WISH) programme in Africa, for example, includes specific performance indicators for reaching adolescents and the poorest women.

We will now look to raise our ambition on other Global Goal disaggregation variables such as income, which is much harder to address. In the meantime, we can broadly track access to and coverage of core health services using the Universal Health Coverage Index, disaggregated by wealth quintile.

Recommendation 4

When using models to generate outcome data, DFID should test its assumptions and triangulate its results claims using other quantitative and qualitative data.

Accept: Partially Implemented

Wherever possible, we seek to test assumptions and triangulate our results and data. Across our human development work, triangulation involves checking the validity of data with country staff as well as comparisons with global sources of information. For family planning, this includes respected sources such as Track 20 and UN Population Division estimates. Some human development programmes, including nutrition and WASH, use third party verification systems to check data. For the maternal health results reviewed by ICAI, our academic partner triangulated estimates & tested modelling assumptions with qualitative information on programmes from DFID country offices each year. Where possible, quantitative data from Demographic Health Surveillance /Multiple Indicator Cluster Surveys was used to check estimates and assess assumptions. We are also currently reviewing our broader approach to results and drawing up some conclusions and next steps for the future.

Qualitative data is also used to back up our estimates through discussions with country-based health advisers, senior responsible officers and programme managers, who visit programmes in the field regularly.

We will aim to update our methodology notes for indicators included in DFID's current Single Departmental Plan to emphasise the need to take account of other relevant quantitative and qualitative data at country level where appropriate, to ensure this happens as systematically and robustly as possible.

Recommendation 5

As part of its commitment to the Sustainable Development Goal data revolution, DFID should prioritise and invest in international and country-level efforts to gather data on the quality of maternal health services and outcomes, including disaggregated data relating to key target groups.

Accept: Partially Implemented

DFID currently supports both international and country level efforts to improve data systems. We assisted the development of the Global Health Data Collaborative and continue to support the organisation to achieve greater alignment of donor investments in national health information systems at the country level. We also support both central and country level data Health Observatories, providing a platform to integrate health related data at international, national and subnational levels to improve access.

Specific to MNH, through WHO, we support global monitoring and data disaggregation in relation to 60 core indicators as well as specific activities to unblock bottlenecks in MNH data e.g. estimating stillbirth numbers. We are funding the Guttmacher Institute to produce data on the cost effectiveness of interventions, including those to end maternal and newborn preventable deaths, due in 2019. We will explore ways of

continuing to use the expertise of international institutions to assess the quality of maternal and newborn health interventions.

At the country level, data investments are based on national priorities, but include assistance with the national roll-out of health data systems, support to maternal death surveillance reviews and, in Kenya, support for the country's first confidential enquiry into maternal deaths. DFID-funded Global Health Initiatives, such as the Global Fund, support routine health monitoring and the Global Financing Facility supports Civil Registration and Vital Statistics.

We will consider how best to further improve coherence between the work of our country offices, policy teams and data teams. Within health programmes, we will provide more guidance around ensuring some funding, where appropriate, to strengthen government monitoring systems.