

# **MID TERM REVIEW OF THE UK REPRODUCTIVE, MATERNAL AND NEWBORN HEALTH FRAMEWORK FOR RESULTS: SUMMARY OF FINDINGS**

In December 2010, the UK government published a Framework for Results in Reproductive, Maternal and Newborn Health (RMNH) setting out a target of saving the lives of at least 50,000 women during pregnancy and childbirth and 250,000 newborns by 2015. This would be achieved through (1) empowering women and girls to make reproductive choices; (2) removing barriers that prevent access to services, particularly for the poorest and most at risk; (3) expanding the supply of quality services; and (4) enhancing accountability for results at all levels. It builds on DFID's earlier strategies to address maternal deaths and promote sexual and reproductive health.

The Frameworks are innovative as statements of DFID strategy in combining a thorough process of evidence review and consultation with the setting of outcome targets directly related to DFID's activities. The Mid Term Review (MTR) has taken stock of progress in the implementation of the Framework to assess if DFID is on track to achieve the results intended. This note summarises the headline findings and recommendations from the MTR.

## **Headline MTR findings for the RMNH Framework**

**DFID has been an influential participant in a series of international initiatives since 2008 that have focused on addressing concerns that the Millennium Development Goals related to maternal and child health are off track.** These initiatives included the Global Consensus on Maternal, Newborn and Child Health agreed in 2009, the UN Secretary General's 'Every Woman, Every Child' Global Strategy and the G8 Muskoka Declaration, both of which were launched during 2010, and the Family Planning Summit in 2012. These initiatives have been accompanied by significant additional international funding commitments, though it is not yet clear whether globally these commitments are being met.

**The RMNH Framework and funding commitments have signalled the priority the UK has placed on these objectives,** as well as DFID's special focus on the high-impact but relatively neglected areas of reproductive and neonatal health.

**DFID has met its financial commitments under the Muskoka agreement on Maternal and Child Health,** to which spending on the RMNH Framework contributes, spending a total of £2.7 billion on maternal and child health from 2010-13. The Framework objectives have not been fully costed so it is not possible to judge whether this level of spending is sufficient to achieve the objectives. Around two-thirds of spending has been through the bilateral programme and a third through the multilateral programme. This is judged to be broadly appropriate given the evidence from the MAR on the strong performance of the multilateral agencies supported. There has been some change in the pattern of spending toward new priorities, including family planning.

**The RMNH Framework has provided an effective means to articulate and communicate DFID's priorities and approach, but it has had only an indirect role in determining the activities and programmes undertaken.** The RMNH Framework contributed to ensuring coherence with HIV/AIDS and gender strategies, although the review processes for these strategies have not so far been linked. Spending and programming decisions were more directly influenced by the Bilateral and Multilateral Aid Reviews (BAR and MAR) during 2010

than by the Framework itself. The Framework has avoided potential risks related to its results-focused orientation such as an excessive focus on short-term activities, largely because of DFID's continuing commitment to partnership working and support to health systems. Conceptual and data quality issues remain in the use of Value for Money indicators.

**DFID activities under the RMNH Framework appeared to be generally relevant, effective and efficient but it is not possible to make a complete assessment of whether DFID is on course to meet the objectives of the Framework.** There are significant weaknesses in monitoring systems both at country level and for multilateral programmes. Except for outputs that are related to a small number of headline targets reported in DFID's Departmental Results Framework, the information available from DFID's monitoring systems does not permit an aggregation of the outputs from DFID's activities. The country case studies and key informant interviews undertaken for the MTR found that DFID targets poor and disadvantaged states and groups in its RMNH programmes, but there is no disaggregated analysis of activities to support a judgement about whether priority groups such as young people, the poorest, and those affected by conflict and natural disaster areas, are in fact reached.

**DFID is on track to meet its target of supporting at least 2 million safe deliveries, with a cumulative total of 1.63 million reported by 2012/13.** It is not yet clear whether the target of enabling 10 million more women to use modern FP methods will be achieved by 2015, as this had only been 48% achieved by 2012/13.

**Modelling approaches suggest DFID may be on track to achieve both the maternal and neonatal lives saved targets** but the validity of these estimates depends on the quality and completeness of data and assumptions made about key parameters.

## **Summary of Main Recommendations**

The MTR recommended that DFID should undertake strategic reviews of the prospects of achieving Framework objectives in selected high-burden countries and an annual internal review of progress, assess and strengthen relevant national data systems, and strengthen support to country programmes. DFID should also strengthen the analysis and monitoring of value for money, improve reporting on influencing and multilateral engagement, and revise the coding and expenditure classification.

Specific actions recommended on RMNH included updating the review of evidence, with a focus on interventions for scaling up more effective neonatal care, improving access to sexual and reproductive health for hard-to-reach groups, and addressing quality of care gaps. They also included building on success and innovation in RMNH programmes in areas in which DFID has a particular comparative advantage, and establishing a RMNH Results Tracker to provide more systematic reporting on outputs produced and trends in outcome indicators.