

DFID management response to the independent Mid Term Review of the Frameworks for Results on malaria and RMNH

DFID welcomes the MTR and its findings. The Frameworks have clearly served an important and effective role. They have strengthened DFID's influence in international forums and contributed to sustaining or reinforcing international attention on these important areas. The evidence reviews supporting the Frameworks were found to be high quality and had an independent value in providing an authoritative assessment of the evidence on effective interventions. The bilateral/multilateral funding split and the bilateral spend by country were considered to be broadly appropriate. The Frameworks have avoided potential risks related to their results-focused orientation, largely because of DFID's continuing commitment to partnership working and support to health systems. DFID is broadly on track against the spending and results commitments within the Frameworks.

The MTR findings do not recommend any major changes to DFID's policy direction on malaria and RMNH although it did find that continued attention to strategies to reach marginalised people will be key to meeting global and DFID targets. It also found that strengthened health systems, together with increased government efforts and commitment of resources, will be required to sustain the gains made. Many of the recommendations deal with DFID's processes, for example the limitations of DFID's monitoring systems, rather than policy direction.

DFID agrees that many of the issues in the MTR need to be addressed. The MTR made fifteen recommendations, each with detail on the action required. Although the issues raised are important, not all the proposed actions are feasible or appropriate. This response highlights the areas that DFID will focus on in the short-term, setting out specific action that will be taken to tackle the priority issues.

Recommendation	Accept/ reject	Action already taken	Action to be taken	Target date
Recommendation 1: Undertake strategic reviews of the prospects of achieving Framework objectives in selected high burden countries.	Reject	DFID engages in national review processes including Joint Assessments of National Health Strategies and Malaria Programme Reviews. The recommendation duplicates these processes and also risks duplication with external reviews carried out by ICAI and the NAO. We do not consider additional strategic reviews a good use of resources although we will strengthen DFID's engagement with the existing national processes.		
Recommendation 2: Strengthen linkages between RMNH programmes and other non-health interventions.	Reject	While strong links do need to be maintained between health and non-health interventions, we do not agree that developing a core set of indicators for pillars 1 and 4 is a priority. Linkages within and between human development and other programmes are being identified and strengthened through DFID's resource allocation process.		

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Recommendation 3: Strengthen operational research for malaria	Reject	DFID has begun a review of its operational research portfolio on malaria (and other neglected tropical diseases) to identify gaps and areas for future support but these will be subject to value for money appraisal and budgetary constraints.		
Recommendation 4: Update the review of evidence for RMNH.	Partially accept	<p>DFID has participated in the development of the Every Newborn Action Plan (ENAP) and fully supports it; we are also a co-author on the Lancet series that will accompany the launch. This includes a review of evidence for interventions to improve newborn health and some for maternal health interventions.</p> <p>We took part in the Bill and Melinda Gates Foundation (BMGF) evidence review of Maternal and Newborn Health in January 2014.</p> <p>We do not feel that a separate evidence review would add value at this stage.</p>	As outlined in DFID's response to the Government Response to the Public Accounts Committee report on malaria, DFID will update its Malaria Evidence Overview Paper to include a review of different strategies to sustain bed net coverage and use.	End 2014
Recommendation 5: Assess and strengthen relevant national data systems.	Accept	<p>DFID is a leader on statistical capacity building in developing countries and has worked in this area for many years. We are supporting countries to strengthen malaria surveillance.</p> <p>DFID's Africa Regional Malaria Programme is supporting effort to establish a more systematic approach to collating, managing and using information for malaria control to help define priorities for malaria control and maximize the results.</p> <p>DFID has supported efforts to improve vital registration, strengthen routine health information systems and undertake surveys.</p>	<p>DFID will support the 'data revolution' called for by the High Level Panel on the 2015 Development Agenda.</p> <p>DFID will collate information on what is being achieved through its support to statistical capacity building and what lessons can be learnt. This will include identifying disaggregated data gaps and how they could be filled.</p>	End 2014

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Recommendation 6: Strengthen support to country programmes.	Reject	DFID central and regional teams provide a wide range of support to country programmes. In addition peer support is provided through DFID advisory cadres. We do not consider that this needs to be substantially strengthened. As part of DFID's resource allocation process country offices have been asked to consider what is needed to ensure a co-ordinated approach to delivery. DFID will explore how to meet country office needs identified through the resource allocation process.		
Recommendation 7: Build on success and innovation in RMNH programmes.	Accept	Evaluations of some RMNH and malaria programmes are underway.	DFID will use evaluations, annual reviews and the process of gathering information to populate the Lives Saved Tool to identify key lessons from successful and innovative programmes, paying particular attention to lagging areas set in recommendation 7. These will be shared with DFID health advisers.	Lessons from available reviews and evaluations will be shared during 2014.
Recommendation 8: Regular review of the epidemiological situation of malaria and support provided by country.	Accept	Through its Africa Regional Malaria Programme DFID is supporting 22 African countries to select the optimal mix of interventions based on a better understanding of their epidemiological situation and local context.	We will extend the approach to 8 countries by July 2014 and ensure that lessons learned are promptly disseminated to partners and stakeholders.	July 2014
Recommendation 9: Undertake an annual internal review of the Frameworks.	Reject	Reviews of results and performance are conducted on an annual basis for the DFID Annual Report. We do not consider that an annual review of the Frameworks is necessary or a good use of resources.		
Recommendation 10: Strengthen the Malaria Results Tracker.	Accept	The Malaria Results Tracker was updated following the National Audit Office Report on DFID's malaria programmes.	We will further strengthen the results tracker and its use. We will incorporate it into the DRF Results Framework reporting process for the autumn 2014 reporting round.	September 2014

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<p>Recommendation 11: Establish a RMNH Results Tracker.</p>	<p>Reject</p>	<p>DFID has invested in use of the John Hopkins University Lives Saved Tool (LiST) to assess whether we are meeting our commitments on lives saved. Through this process we are collating programme forecast and actual data on an annual basis. Investing further in this tool will provide better value for money than a separate tracker.</p>		
<p>Recommendation 12: Incorporate logframes into DFID's project management system.</p>	<p>Accept</p>	<p>Logframes are already an integral part of project management and are used by DFID project managers throughout the life of projects to monitor the results being delivered through UK investment. Logframes are published routinely on the Development Tracker for DFID projects. This recommendation refers to incorporating logframes into DFID's central aid management system (ARIES).</p>	<p>DFID will explore opportunities for better collection of results information within our aid management system as part of longer term developments to reform our existing system (ARIES).</p> <p>This work will include considering the feasibility of incorporating logframes into a new results data management system. This would enable more efficient monitoring of results centrally but further scoping work is needed to understand whether this development is feasible.</p> <p>In the longer term and once the successor framework to the Millennium Development Goals is agreed, DFID will consider use of standard indicators across its programmes.</p>	<p>During 2014</p>

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<p>Recommendation 13: Strengthen the analysis and monitoring of VfM.</p>	<p>Accept</p>	<p>DFID has been improving the rigour with which VfM is assessed and managed. A VfM working group has been overseeing the development of sector VfM guidance across a range of sectors in which DFID works, with participation from health sector specialists.</p> <p>DFID's Research and Evidence Division has established a working group on assessing VfM and the rates of return from research including malaria.</p>	<p>As outlined in DFID's response to the Government Response to the Public Accounts Committee report on malaria, we will disseminate to country offices additional guidance on assessing and securing cost-effectiveness of malaria programmes at the country level.</p> <p>We will disseminate guidance on relevant RMNH VfM issues.</p> <p>The guidance will encourage VfM indicators to be tracked through programme Annual Reviews, including in logframes where appropriate.</p>	<p>End 2014</p>
<p>Recommendation 14: Improve reporting on influencing and multilateral engagement.</p>	<p>Partially accept</p>	<p>DFID has recently developed a How To Note on Evaluating Influence and disseminated it to staff.</p> <p>DFID's International Divisions have developed new ways of monitoring influencing, for example through developing indicators to track progress on influencing international targets, conducting an evaluability assessment of work on influencing Emerging Powers, and holding workshops on the incorporation of influence into Business Case theories of change and monitoring and evaluation plans. They have also consulted organisations on approaches to influencing including the FCO.</p> <p>We are not able to report against on progress against influencing objectives.</p>	<p>DFID's International, Policy and Regional Divisions will continue to progress their work on influencing, including improving the way impact is documented. They will reassess their engagement strategies as part of the development of new Programme Plans following the recent Programme Management Review.</p>	<p>End 2014</p>

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<p>Recommendation 15: Revise coding and expenditure classification.</p>	<p>Partially accept</p>	<p>DFID's coding classification is harmonised with OECD-DAC codes. It is also constrained by the need to report against internationally agreed commitments such as the Muskoka commitment on maternal, newborn and child health. There are no simple adjustments to the coding system that would allow improved reporting against the Framework pillars.</p> <p>We accept that the quality of reporting can be improved. DFID's Chief Statistician has conducted a quality review of the systems underpinning its national statistics publications.</p>	<p>DFID will implement the findings of the Chief Statistician's review to improve the quality of its coding.</p> <p>In the longer term DFID will review its coding system in the light of the international framework that is agreed as a successor to the Millennium Development Goals.</p>	<p>During 2014</p>