

Evaluation Report Title: Effectiveness Evaluation of the Prevention of Maternal Death from Unwanted Pregnancy Programme

Response to Evaluation Report (overarching narrative)

The Prevention of Maternal Deaths from Unwanted Pregnancy (PMDUP) programme aimed to reduce maternal mortality and improve women's lives by reducing recourse to unsafe abortion and increasing family planning use, especially among young and marginalised women. The programme began in 2011 and was implemented across 14 countries in Africa and Asia. The external evaluation of PMDUP was conducted by Eva-PMDUP, a consortium comprising the London School of Hygiene & Tropical Medicine (LSHTM), Population Council, and Guttmacher Institute. Evaluation research was conducted in seven countries using data up to 2016 and employing different methodologies in different programme countries.

At the start of PMDUP, DFID commissioned the external evaluation "*to assess the effectiveness and cost-effectiveness of PMDUP in contributing to reducing recourse to unsafe abortion and increasing uptake of modern contraception*". We are pleased to note that the evaluation findings confirm that "PMDUP provided services to many women across 14 countries. These services benefited individual women and saved lives". This supports Annual Review findings (2016) that in the 5 year period covered by the evaluation, PMDUP supported approximately one million additional women to access contraception and averted some 26,000 maternal deaths. The PMDUP Evaluation further notes that PMDUP provided valuable technical and policy support across the range of programme countries and has been flexible and adaptive to changing policy / political context.

We broadly endorse the recommendations of the evaluation report. Indeed the PMD programme extension adopted similar measures in 2016 to those put forward in the recommendations, such as increased focus on reaching the most vulnerable populations.

However, we feel that more could have been learned from the overall evaluation process. This has been a learning process for DFID on the most effective means through which evaluation can contribute to improving programme outcomes, especially with regard to complex programmes being implemented across in multiple countries.

Evaluation findings could also have been used more effectively to feed back in to practical programming. In practice, the use and dissemination of research material has been targeted more towards an academic audience than towards evidence uptake for programming. This is a lesson learned on both sides around the need for a clearly theory of change on evidence uptake, from the outset of a programme evaluation exercise.

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Recommendations	Accepted or Rejected	If “Accepted”, Action plan for Implementation or if “Rejected”, Reason for Rejection
1. (As a Multi-Country Programme), adapt theory of change to each country based on local research to test and document the epidemiological and other assumptions built into the programme’s hypotheses; and that theory of change models are updated over time.	Accept	We accept that this would be useful in principle, subject to the specific needs of future programmes. Given that PMD is closing, the need for context specific ToCs will be considered during the inception phase of DFID’s forthcoming Women’s Integrated Sexual Health (WISH) programme.
2. Pay closer attention to tensions between achieving service efficiency and successfully targeting disadvantaged populations. A greater focus on vulnerable or marginalised populations, for example those living in rural areas with limited access to services, is necessary. It is also important to recognise that marginalised populations are not necessarily the poorest.	Accept	<p>We accept the recommendation which is already being implemented. The Preventing Maternal Deaths (PMD) extension contract from 2016-June 2018 includes additional Key Performance Indicators (KPIs) for reaching under 20 year olds and the poorest. PMD implementing partners have also been tasked with cost benefit analysis of reaching these beneficiary groups. DFID has also ensured that the contract to implement WISH includes KPIs on delivering to the most disadvantaged people.</p> <p>It would have been useful for the evaluation report to document concrete evidence and lessons on the potential trade-offs between operational costs and reaching the most vulnerable. For example the PMD Annual Review for 2016/17 found that outreach to the most marginalised has provided strong value-for-money. It would have been useful if the evaluation could have provided cost data to help further understand potential trade-offs.</p>
3. Gain greater clarity about donors’ expectations for ‘locally-led’ change and the international NGOs’	Accept	We agree that there is a fine balance for iNGOs between technical support to locally led efforts for reform, and influencing such reform. Where the political

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<p>(iNGOs) role in enabling change, including the power differentials between international NGOs and local counterparts. Discretion and secrecy surrounding policy work can generate tensions and suspicion that undermine advocacy aims, these can be exploited by anti-abortion groups to delegitimize legal and regulatory reform processes.</p>		<p>environment is unfavourable to safe abortion and women’s sexual and reproductive rights, international and local organisations working on this agenda may face personal, financial and other risks. Thus, there is a tension between the need for transparency in advocacy work and the need for iNGOs to exercise discretion and mitigate risk to their counterparts. There are important lessons to learn from PMDUP in getting the balance right on this, which warrants further reflection.</p>
<p>4. Give increased focus to knowledge and rights so that they are addressed at scale – it may be necessary for reproductive health programmes to collaborate with other iNGOs specialising in communication to succeed in awareness-raising on sensitive issues such as abortion.</p>	<p>Accept</p>	<p>The programme has increasingly focused on communications. Increasing people’s access to information and knowledge around reproductive health and rights has been a core principle of services provided by or with support from the implementing partners. We will consider the need for advice from specialist iNGOs in future programmes.</p>
<p>5. Invite evaluators alongside implementers to agree a final implementation and evaluation plan so that the scale, scope and location of the implementation, and the feasibility of impact evaluation can be agreed at the outset. If it is not possible or desirable to implement at an agreed intensity in agreed locations, it may still be possible to evaluate impact if appropriate secondary data exist for the right locations and time periods. If neither situation is possible, flexible evaluation designs can be adopted, but are not a magic bullet for evaluating impact.</p>	<p>Accept</p>	<p>Through the PMDUP evaluation, lessons have been learned about evaluation methodologies and what works best for programme learning. The design of the new WISH programme takes this learning in to account, and includes commissioning of a Third Party Monitoring agent to undertake process evaluation. DFID encourages service providers to be realistic about what can be achieved / raise any queries regarding the scope of work.</p>

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<p>6. Consider whether usual service delivery approaches to good quality and safe abortion services can be delivered in the context of rapid MA availability in the community. NGOs such as MSI and Ipas are well placed to test innovative approaches to ensure quality, particularly with respect to post-abortion family planning.</p>	<p>Largely accept</p>	<p>The rapid expansion of MA availability has opened up the space to test innovative approaches to deliver safe abortion services and we agree that MSI and IPAS are well placed to test exciting new delivery models. Indeed under the PMD extension MSI has significantly increased outreach to poor and marginalised women through new delivery models made feasible by the availability of MA. On the other hand, we accept that there is still a need for clinical provision both for any complications and to ensure women's choice; and that it is reasonable to expect a transitional period between clinic-focused provision to a much more diversified model for service delivery.</p>
<p>7. Experience from Eva-PMDUP suggests encouraging a greater focus on what makes PMDUP unique compared to other programmes. It is certainly the willingness to provide PAC and CAC but also the sharing of know-how and the quality of the services delivered.</p>	<p>Accept</p>	<p>We have learned lessons on quality provision of PAC and CAC services and on family planning, which have informed the design of the new WISH programme. Furthermore DFID is setting out a detailed plan to ensure that further lessons learned from PMD are captured and help to inform WISH implementation.</p>