

Independent Commission for Aid Impact (ICAI)
DFID’s Contribution to the Reduction of Child Mortality in Kenya
Inception Report

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1. Introduction

1.1 The Independent Commission for Aid Impact (ICAI) is the independent body responsible for scrutinising UK aid. We focus on maximising the effectiveness of the UK aid budget for intended beneficiaries and on delivering value for money for UK taxpayers. We carry out independent reviews of aid programmes and of issues affecting the delivery of UK aid. We publish transparent, impartial and objective reports to provide evidence and clear recommendations to support UK Government decision-making and to strengthen the accountability of the aid programme. Our reports are written to be accessible to a general readership and we use a simple ‘traffic light’ system to report our judgement on each programme or topic we review.

1.2 We have decided to review the Department for International Development’s (DFID’s) support in Kenya since 2008 to reducing under-five mortality, one of the Millennium Development Goals (MDGs). We will review the overall coherence of DFID’s work, both directly and through multilateral partners. We will then focus on reviewing DFID programmes aimed at reducing under-five mortality and overall donor programmes for childhood immunisations and the provision of insecticide-treated bed nets. This will include the work of the GAVI Alliance (GAVI) and The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), both of which receive substantial funding from DFID. This inception report sets out the assessment questions, methodology and a work plan for the delivery of the review. It is, however, intended that the methodology and work plan be flexible enough to allow for new issues and questions that emerge over the course of the review.

2. Background

2.1 The background to this review is provided in Section 2 of the Terms of Reference.¹ It details global progress in reducing child mortality, the context within which DFID’s work is implemented. It raises specific issues in Kenya, particularly provincial disparities in child mortality levels, which range from 51 to 149 deaths per 1,000 live births in different provinces. It also details the rising share of neonatal mortality (within the first 28 days of life) in all deaths among children under the age of five in Kenya, which increased from 27% to 42% over the decade to 2008-09. Understanding these variations and trends is important for maintaining a strong poverty focus in DFID’s programmes and for future strategies for equitable mortality reduction. Our review excludes children in refugee camps, for whom different approaches are needed to reduce under-five mortality.

2.2 The majority of health services in Kenya are delivered by the Government. In April 2012 Kenya adopted a decentralised system of government with 47 counties. The country is currently in a process of change affecting institutions and individuals at all levels of government. The Constitution allows for a transition period of three years over which the transfer of functions shall take place. With regard to reducing regional differences in under-five mortality, decentralisation could be positive in allocating resources locally according to need but it could also exacerbate existing inequities.

2.3 Many international NGOs are active in this sector. The most important donors involved in this work in Kenya, who will be interviewed during the country visit, are:

- UNICEF;
- WHO;
- Global Fund;

¹ *Terms of Reference: DFID’s contribution to the reduction in child mortality in Kenya*, ICAI, September 2013, <http://icai.independent.gov.uk/wp-content/uploads/2011/11/DFID-contribution-to-the-reduction-of-child-mortality-in-Kenya.pdf>.

- GAVI;
- the World Bank;
- the European Union;
- UNAIDS; and
- a range of bilateral donors, including Germany, Japan and the USA.

3. Purpose of this review

3.1 To assess whether DFID's bilateral and multilateral support for the reduction of under-five mortality in Kenya offers a strategic, coherent, well-managed, sustainable and effective package of support for intended beneficiaries.

3.2 This assessment will be made in the context of the overall efforts of the Government of Kenya to create country-owned, sustainable and effective health systems at national and local level.

4. Relationships to other reviews

4.1 Previous ICAI reviews of relevance to this work are mentioned in Section 4 of the Terms of Reference.² This review will examine the relevant findings of these and other reports to extract hypotheses on theories of change and expected impact of donor interventions. The review will assess whether lessons and recommendations from these reports have helped to inform DFID's current assistance to under-five mortality in Kenya. The review will have a particular focus on DFID's evaluation material and reports produced by GAVI and the Global Fund. It will also examine a range of global and Kenya-specific research studies and evaluations and various publications by the Government of Kenya to be identified in the course of the literature review.

5. Methodology

Overview of analytical approach

5.1 This review will assess the coherence of a range of interventions being funded by DFID in pursuit of reductions in under-five mortality in Kenya. This includes direct DFID bilateral support to Kenya and DFID contributions through global programmes including GAVI and the Global Fund. The analytical approach for the review includes a literature review, head office interviews, a beneficiary survey, key informant interviews in Kenya, site visits and case studies, which will be focussed primarily on analysis of delivery chains and cost effectiveness.

5.2 The literature review will start from published data on the incidence and trends in child mortality at global, national and provincial levels. It will review DFID and other organisations' research, learning and theories of change to explore the extent to which theories of change for the reduction of child mortality are implemented in Kenya.

5.3 The team will conduct head office interviews with DFID, GAVI and Global Fund staff in the UK and Geneva. These will provide an understanding of how DFID and the global programmes we are reviewing use their central research, resources, policies and guidance to teams in Kenya in order to help to achieve corporate goals for the reduction of child mortality.

² *Terms of Reference: DFID's contribution to the reduction in child mortality in Kenya*, ICAI, September 2013, <http://icai.independent.gov.uk/wp-content/uploads/2011/11/DFID-contribution-to-the-reduction-of-child-mortality-in-Kenya.pdf>.

5.4 The review will include four pieces of work on the ground in Kenya. First, the team will undertake a beneficiary survey, including focus groups and individual interviews. Secondly, it will undertake interviews and review documents to examine the role of DFID in achieving outcomes through its own portfolio and its influence with the Government of Kenya and other donors. Thirdly, the team will visit three operational sites to assess whether the interventions are meeting key needs. This will enable us to see the whole system in action in a range of good and less good outcome areas and to go deeper on vertical interventions in the overall systems context. Fourthly, the team will undertake two 'case studies', which will look in more depth at immunisation programmes and the provision of bed nets, which has been a major element of the DFID programme. The case studies will include financial and supply chain analysis to assess cost effectiveness and value for money. We will hold interviews with and gather data from the delivery partners of GAVI and the Global Fund in Kenya. The case studies will also draw material from the general interviews and field visits in Kenya and from our visits to the GAVI and Global Fund headquarters in Geneva, which will be undertaken in advance of the main field visit.

5.5 The review will focus on five core questions:

- Are the DFID-funded approaches coherent in their support of the strategic objective of reducing under-five mortality?
- Are activities managed so as to maximise effectiveness for intended beneficiaries and value for money for UK taxpayers?
- Are the programmes performing and achieving sustainable impact? (This will be subject to evidence from existing evaluation sources.)
- How effectively is DFID leveraging and working through multilateral agencies as a key element of its portfolio?
- Do we see evidence that vertical interventions, such as immunisation programmes, are effectively coordinated with health system strengthening activities?

A fuller set of review questions is given in the assessment framework at the end of this section.

5.6 The review will have three phases, outlined in more detail below. These are:

Phase 1: Desk review and preliminary meetings:

- literature review;
- portfolio and channel mapping;
- collection and analysis of impact and beneficiary data; and
- head office interviews.

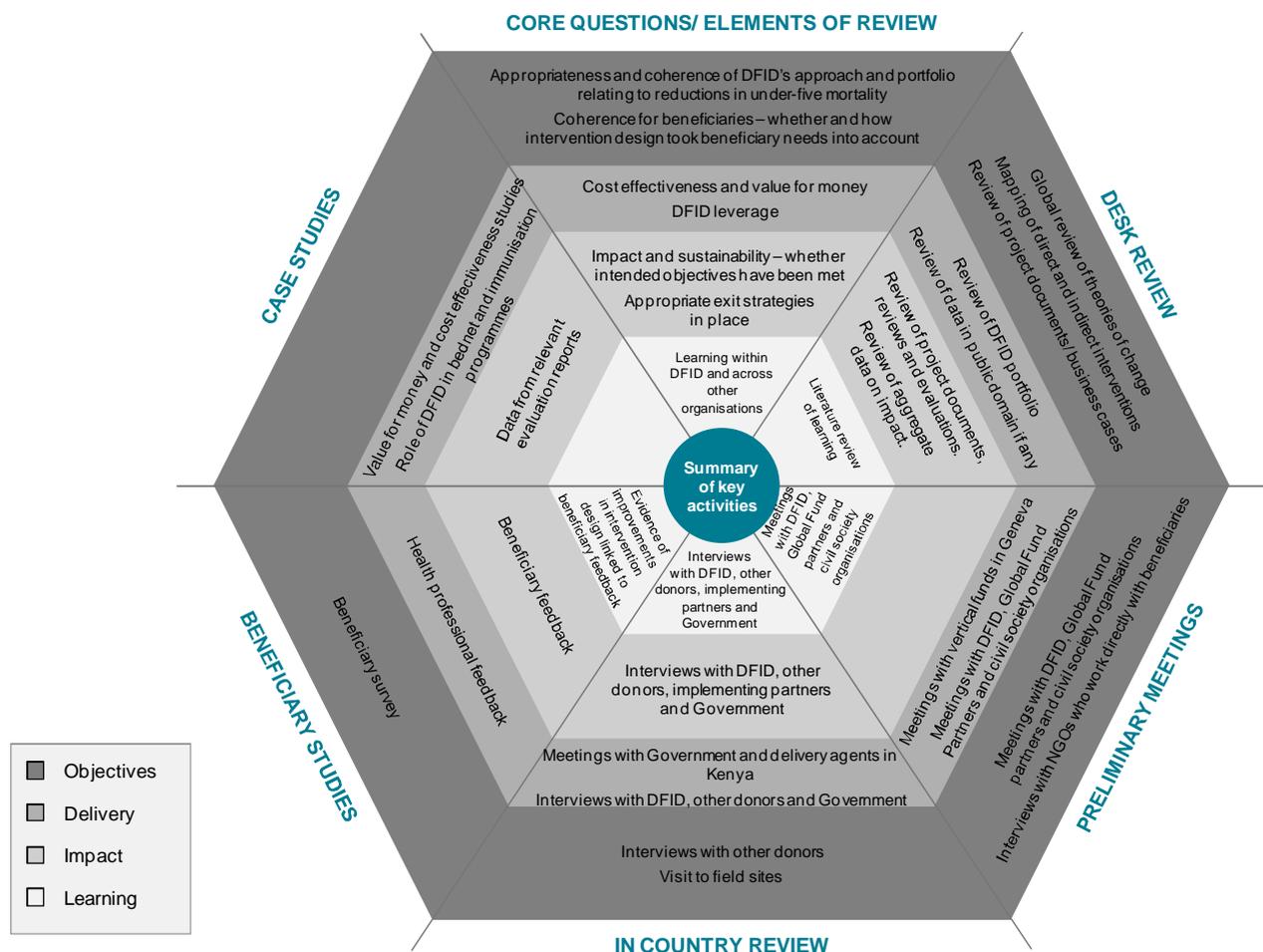
Phase 2: Country visit and portfolio review:

- beneficiary surveys;
- meetings, DFID portfolio review and site visits; and
- case studies.

Phase 3: Analysis and report writing

Figure 1 on page 5 summarises the activities to be undertaken as part of the review in a diagram which matches the core questions against the major elements of our analytical approach.

Figure 1: Summary of key activities for the review



Phase 1: Desk review and preliminary meetings

Literature review

5.7 The literature review will capture the incidence and trends in child mortality at the national and provincial levels in Kenya. It will provide information on DFID and other organisations' approaches to addressing MDG 4. The literature review will also look at the use of accepted 'best practices' and learning, current research and theories of change to explore whether these have been applied across the DFID programme in Kenya. It will establish testable hypotheses that can be applied in the remainder of the review about what should be expected from the donor response to child mortality in Kenya. Where evaluations have highlighted weaknesses and errors, the review will assess whether such lessons have led to learning and adjustments in DFID programme design and implementation.

5.8 The research will include both DFID and non-DFID theories of change and other models that relate to the reduction of under-five mortality in Kenya. We note that the type of interventions that are necessary to improve the odds of surviving the first week of life are very different from those required to reduce child health hazards and mortality later in life. We will assess whether these theories of change are reflected in DFID's approach, priorities and financial allocations to support reductions in under-five mortality in Kenya.

5.9 We will conduct a review of the epidemiological and socio-economic data and factors affecting under-five mortality in Kenya, focussing on the difference between the high and low areas of under-five mortality. The literature review will explore any causal factors that have been identified and tested in this regard. We will assess DFID's and other donors' child survival strategies in this context. We will review evaluations and evidence of impact to assess the extent to which donor support has helped to reduce child mortality in Kenya since 2008 and the extent, if any, to which this can be attributed to specific programmes. We will particularly examine:

- DFID's child survival strategies at the global and country levels in Kenya since 2008;
- any evaluations of DFID's child survival programmes in Kenya and evaluations of other bilateral and multilateral child survival interventions; and
- what other multilateral and bilateral donors are doing to promote child survival in Kenya and whether DFID has learnt lessons from these programmes.

Portfolio and channel mapping

5.10 We want to understand how the different programmes that DFID funds work together to achieve results. Reducing under-five mortality requires a complex mix of interventions in health (including post-natal support, malaria, HIV and AIDS, and immunisation) and other sectors (including nutrition, hygiene, water and sanitation). We will map the elements of the DFID bilateral portfolio in Kenya that affect child survival and also the relevant multilateral programmes, particularly the vertical funds. We will cross-reference this to DFID's financial contribution to each of the multilaterals. In this way we will seek to develop a more comprehensive picture of DFID's overall financial contribution to this goal.

Collection and analysis of impact and beneficiary data

5.11 We are aware from initial research that there are gaps in impact and beneficiary data. Even where data is available, a further challenge will be to identify the impact of specific interventions separately from the impact of more general factors and trends beyond the individual projects and programmes. This includes the possibility of positive impact from project interventions being offset by more general negative trends in the overall environment. To address these limitations we have designed a beneficiary survey and intend to conduct site visits and key informant interviews as part of the review. We will fill information gaps to provide a more coherent picture by triangulating specific learning and data from our own beneficiary survey, case studies, field visits and interviews with findings from our literature review. Our approach to data sources, gaps and triangulating data is outlined below.

5.12 We will survey existing beneficiary impact data. This will show trends in under-five mortality and allow us to draw conclusions about overall progress that has been made. Gaps in published data include the lack of detail of the causes and ages of child deaths, much of which is out of date. More detailed conclusions for the review period will, therefore, depend on data that has been collected by specific projects and programmes.

5.13 The most reliable data on impact with regard to under-five mortality comes from the Kenya Demographic Health Survey (KDHS), which can be used to give a good picture of the situation five years ago, the baseline for our review. The challenge for our review will be measuring progress since then and making statements on changes to under-five mortality over the review period, because the KDHS will not be repeated until later this year. A Multiple Indicator Cluster Survey (MICS), which is a UNICEF tool, was carried out in the Mombasa informal settlements in 2009 and in Nyanza Province in 2011. The UNICEF Kenya

website shows aggregate figures for Kenya for 2011 but these are UN projections and cannot be used to assess changes in mortality.

5.14 We will review existing data collected routinely by the Ministry of Health through the Health Information System (HIS). This system collects data from all health facilities and is aggregated at district level. We will use this to assess the trend over time in the utilisation of specific services relevant to child health. It is used to estimate the coverage of immunisations and insecticide-treated bed nets at district and national levels, figures which are then confirmed in larger surveys. We will be able to use this data to understand trends in the utilisation of specific child health services in our target areas and also to inform our case studies. There are weaknesses in the HIS but efforts are being made to improve the quality and increase the speed of data collection to have more up-to-date data. More positively, it is the Government of Kenya's system, which is country-wide and is relatively easy to access. In the interest of harmonisation and alignment, most donors support and use the government systems in Kenya, although DFID and other development partners will also have data for specific projects that we will review, particularly for malaria projects.

5.15 The lack of available impact data is an important issue for the review and is typical of many development contexts. It may limit our ability in the report to form strong conclusions on the trends of key indicators during the review period. To mitigate this risk, we will collate and triangulate all the available data sources, in order to give us the best overall picture of trends and gaps in data. To strengthen our conclusions, we will cross-reference published data with learning from the beneficiary survey and our field visits. We will review project documents, both for the DFID programmes and for the case studies, to assess how they have dealt with data availability and gaps. In particular, we will assess the extent to which project design has included the collection of data necessary to assess impact in the context of the availability, quality and frequency of existing published data sources. We know that the data will have inadequacies. It will also be important in this review, therefore, to consider how DFID makes decisions without full data, including how it decides priorities in the context of imperfect information.

Head office interviews

5.16 Before making the country visit to Kenya, we will hold meetings with:

- DFID Headquarters staff, to explore theories of change for reducing child mortality; to understand current DFID research in this area; to discuss how success is evaluated and what data is available; and to explore the priorities for DFID across the East and Southern Africa region; and
- relevant multilaterals and global programmes, including visits to the GAVI and the Global Fund headquarters in Geneva, to understand their approaches to programme design and the extent to which these are guided by bodies on which DFID is represented.

Phase 2: Country visit and portfolio review

Beneficiary surveys

5.17 The views of intended beneficiaries will be central to this review. It has been decided to undertake a combination of focus groups for parents and carers and one-to-one interviews with health sector professionals in the same locations. This will provide key insights and beneficiary feedback. The survey will comprise intended beneficiaries, care providers and other experts in the sector. The intended beneficiaries are children under the age of five, who will be represented by mothers who have had at least one child in this age group in the last 12 months. Care providers will be key informants in the health sector in

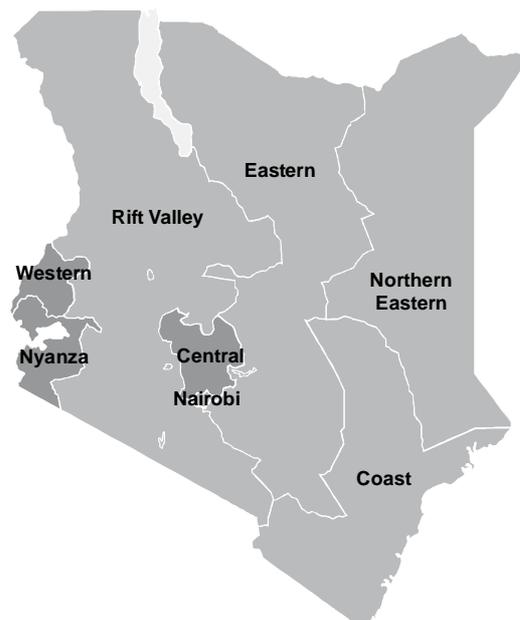
rural areas and urban informal settlements. Their perspectives will be sought on projects and programmes that have been undertaken to improve service access and behaviour change. In particular their understanding of reasons for the lack of up-take in some areas and of the level of consultation with intended beneficiaries that has taken place will be sought.

5.18 Our research will focus on closing any gaps in available information required to test any hypotheses that may arise from the review process and allowing the voice of the intended beneficiaries to be heard as a major element of the report. The key objectives of the survey will be to:

- understand better the needs of intended beneficiaries to compare with programme focus areas;
- find out the extent to which people have been consulted about the provision of services to reduce child mortality;
- understand better their access to services to reduce child mortality;
- understand better the reason for variations in mortality rates across different parts of the country;
- obtain beneficiary feedback on overall quality of services, successes and key gaps in service provision; and
- obtain beneficiary feedback on services funded by DFID, if possible.

5.19 The beneficiary survey will be carried out by a local contractor (TNS Global) in October 2013 so that the results will be available to the team during the country visit. The survey will be carried out in the provinces of Nyanza, Western, Central and an informal settlement in Nairobi, as illustrated in Figure 2. These areas were selected as they represent the provinces that were found to have highest and lowest under-five mortality during the last Demographic and Health Survey (2009). The survey, where possible, will focus on areas and health facilities supported by current DFID bilateral programmes.

Figure 2: Map of Kenya



5.20 TNS Global will carry out a total of 10 focus group discussions with 6-8 care-givers per group and one-to-one interviews with 20 health professionals over the 4 selected areas. The objective is to get an understanding of whether care-givers in the focus areas are using critical under-five services and if not why not, looking particularly at the challenges being faced in the different areas. The focus groups will also explore whether care-givers have been consulted about the provision of services in the area and whether they are aware that certain services and items such as bed nets have been provided by DFID. Qualitative findings from surveys can only offer descriptions of processes and possible explanations of issues as they are perceived by respondents, taking into account their respective roles and their degree of knowledge. The subjective nature of qualitative approaches does not allow for transferability of findings and cannot be generalised. These challenges will be addressed through increased rigour in the following areas: selection of respondents, verification of respondent views (post-interviews as an iterative process to check for consistencies) and presentation of all findings (common, less common, positive and negative). Finally, through comparison with other data sources, we will triangulate the results to provide a clearer picture of overall programme impact.

5.21 TNS adheres to the International Code of Market and Social Research. This includes guidance on fairness in the selection of potential participants. Specific steps will be taken to ensure that pressure is not placed on intended beneficiaries to participate in the survey. Recruitment of health providers, caregivers and health professionals will be conducted transparently. The research team will first seek to obtain verbal consent to participate in the study by providing respondents with information about the research being conducted. Researchers are also expected to ensure that each of these respondent groups understand the voluntary nature of participation in the study. Therefore, TNS will ensure that they are not subject to any form of coercion, inducement or intimidation. TNS will also explicitly state that respondents are free to withdraw from the study at any time, should they choose to no longer participate. Caregivers will also be informed of the benefits of participation, in learning more about maternal and child health services offered in Kenya. TNS does not believe that respondents are at risk by participating in this research. TNS will attempt to recruit health professionals as individuals, not as representatives of specific health institutions, highlighting that their perspectives will provide the team with key insights on health-seeking behaviour and health service provision.

5.22 Should individuals agree to participate in the study, TNS is obligated to undertake specific steps to ensure confidentiality and protect their privacy. This will be done during the informed consent process and TNS will explain how respondents' names and positions or any other personal information that may link them to the study will not be shared with anyone outside of the immediate research team. Furthermore, this information will not be presented or included in the final report.

Meetings, portfolio review and field visits

5.23 The review team will visit Kenya to meet key officials and development partners, examine programmes and visit field locations. The aim of this is to test hypotheses developed from the literature review and initial analysis. We will test whether DFID has achieved its projected targets through review of documentation and data, field visits and interviews with counterparts in the Government of Kenya, NGOs, other donors and sector specialists.

5.24 The review will examine the DFID-funded portfolio of bilateral and multilateral intervention approaches, to assess whether it is coherent and effective in its support of the strategic objective of reducing under-five mortality. The review will consider relevant interventions across a range of sectors, with a primary focus on health but also considering

interventions in nutrition, water and sanitation. It will examine the extent to which provincial disparities in child mortality have affected prioritisation and programme design. It will consider how effectively DFID is deploying its resources to achieve leverage by working with the Government of Kenya and through multilateral agencies, as a key element of its portfolio.

5.25 DFID-funded work will be set in the context of the Government of Kenya's overall approach to reducing child mortality and the work of other donors. We will review DFID's bilateral programmes in Kenya in health and other sectors that aim to promote child survival (MDG 4), to assess the evidence base, objectives and the apportionment of funds and how these programmes are related. We will assess evidence presented of achievement against objectives. We will review evidence of beneficiary involvement and the impact of the programmes in terms of evidence presented by DFID of measurable outcomes for intended beneficiaries.

5.26 DFID has funded 12 programmes related to child health since 2008, including central funding but excluding humanitarian support. Three have now finished. The current portfolio includes two programmes that have been designed since 2008 and are expected to contribute to reducing under-five mortality. These two programmes will be a main focus of the review of DFID's bilateral support and the performance of the overall portfolio will be assessed using the project completion reports for the programmes that have closed.

5.27 The Kenya Health Programme (KHP), 2010-15, has a budget of £106.3 million. The goal of this programme is to reduce health inequalities and reverse the downward trend in health outcomes. The KHP is providing support to six strategic areas, some of which will have direct or indirect benefits on reducing under-five mortality including:

- provision of insecticide-treated bed nets;
- improving health systems' accountability mechanisms;
- improving the efficiency of government health facilities; and
- piloting health financing mechanisms to improve access to government health services.

5.28 The most significant component in relation to child health is the free distribution of insecticide-treated bed nets to pregnant women and under-five children, which has a budget of £47.3 million and is implemented through Population Services International (PSI).

5.29 The second programme is centrally funded and looks at improving maternal and child health outcomes in pastoralists in Mandera Northern Kenya (2013-15), with a budget of £647,000.

5.30 We will examine the processes by which DFID influences the overall strategy to reduce under-five mortality in Kenya. This will include a review of how DFID influences other governments, other donors and civil society. We will examine the mechanisms for dialogue with government and donor co-ordination. We will assess the influence that DFID has on a sample of global initiatives and multilateral organisations to which it makes contributions, at both head office and country office level. This will be based on documentary evidence of joint working and data from interviews. On the basis of this evidence, we will make a judgement as to whether DFID has had an impact in improving the quality of government, NGO and other donors' programmes.

5.31 The review team will visit areas with high and low under-five mortality (Nyanza, Nairobi and Central) and divide into two groups. One group will meet with intended beneficiaries interviewed during our beneficiary surveys. The other group will visit local health facilities

and the district hospital to obtain more information for the case studies, talking to health professionals and checking on the stock position for vaccines and insecticide-treated bed nets. The planning of these visits and the sharpness of the question preparation will be vital, given the breadth of what we are trying to cover.

Case studies

5.32 The review will have a particular focus on newer multilateral global initiatives, sometimes known as 'vertical funds', which finance programmes to achieve specific outcomes. It will undertake two case studies of the role of vertical funds supported by DFID. It will ask whether these interventions to reduce child mortality achieve impact and are managed to maximise effectiveness and value for money for intended beneficiaries. This will include financial analysis of supply chains and the movement of both money and resources through the system. It will assess evidence on whether vertical funds have distorted the allocation of resources.

5.33 The two detailed case studies will cover:

- immunisation, focussing on the role of GAVI; and
- insecticide-treated bed nets, where there are both bilateral DFID projects and Global Fund programmes.

The case studies will provide a more focussed examination of the cost effectiveness of the delivery of immunisation and bed nets. This will primarily be based on a financial review of data from DFID, GAVI and Global Fund. The beneficiary surveys and field visits will corroborate elements of this data and highlight issues for further investigation.

5.34 On immunisation we will be asking whether systems are delivering appropriate vaccines on a cost effective basis and whether these are being accessed by intended beneficiaries. We will look for evidence of stock-outs and draw evidence from the focus groups on any issues to be explored in more depth. On bed nets we will be asking whether these were distributed at the planned quality, cost and price to intended beneficiaries. We will compare alternative delivery mechanisms where these exist. We will ask whether planned coverage of both DFID and Global Fund interventions were achieved. We will look for any evidence that the bed nets are being used appropriately and whether any guidance is provided to users in this regard. We will explore the evidence as to whether this is a sustainable solution, including the expected lifespan of the nets, the maintenance of them, the incentives and procedures for replacing them and the extent to which they are used for other purposes. We will seek to highlight gaps and alternative planning approaches that could have been adopted.

5.35 Vertical health interventions need to be implemented in conjunction with broader health system approaches. Key questions include whether vertical funds meet their own objectives at the global or country level and whether this is at the cost of diverting resources away from other priorities, including the strengthening of overall health systems.

5.36 GAVI employs performance-based funding, thereby relying on government and inter-agency committees to set up goals and monitor progress. This increases the risk of over-reporting by governments in order to increase the cash reward that may be claimed. The chosen case studies should give an insight into the monitoring of results and comparative data available.

5.37 The case studies will aim to examine cost effectiveness and value for money in the delivery of these services. We will look at the reporting structures and independent audit results of the quality and robustness of the results reported. We will also review the

procedures in place to prevent fraud and consider any specific cases brought to our attention.

5.38 Where possible we will include comparisons of alternative delivery channels for multilateral and bilateral delivery of equivalent services. Where data is available, we will examine the level of overheads involved in alternative delivery arrangements. In order to conduct the studies efficiently and effectively, we will require access to sound data at a detailed level to ensure comparisons are made on a like-for-like basis.

Phase 3: Analysis and Report Writing

5.39 Following the research phases of our work we will analyse the data we have collected, assess the evidence and then write our report, which will include the following elements reflecting our key questions:

- Assessment of the coherence of DFID's approach to reducing under-five mortality in Kenya. This will include an examination of:
 - the extent to which theories of change have been used in programme design for under-five mortality work and the extent to which DFID's overall portfolio for child survival in Kenya reflects its theory of change;
 - the extent to which delivery channels work effectively together to create an approach that is strategically coherent; and
 - the extent to which beneficiaries are involved in the design of programmes by DFID or government and whether programmes reflect their perceptions of key issues and gaps.
- Assessment of the effectiveness and impact of DFID's approach to reducing under-five mortality in Kenya. This will include:
 - how well DFID's health and other interventions support child survival in Kenya and the evidence that supports this;
 - how well DFID influences other donors at headquarters and country levels to achieve child survival outcomes;
 - judgements based on evidence from the case studies of whether DFID's support of vertical funds in Kenya is appropriate in terms of its financial resources, policy influence and joint working, including the extent to which delivery channels work together in a cost effective way;
 - the effectiveness and efficiency of programme delivery and impact on intended beneficiaries; and
 - evidence of sustainable impact.
- Assessment of learning in DFID's approach to reducing under-five mortality in Kenya. This will include:
 - the extent to which DFID's approach and programmes have adapted to new evidence and learning; and
 - evidence of the extent to which learning is shared within DFID and between organisations.

5.40 We will then make clear recommendations to DFID based on our analysis and findings.

Assessment Framework

5.41 The assessment framework for this review is set out in the table below. This has as its basis the standard ICAI guiding criteria and assessment framework, which are focussed on four areas: objectives, delivery, impact and learning. It also incorporates other pertinent questions we want to investigate in this review. The questions highlighted in bold are those on which we will focus in particular.

ICAI Assessment Framework Questions	Assessment Questions	Criteria for Assessment	Sources of Evidence
(1) Objectives: what impact is the programme trying to achieve?			
Does the programme have clear, relevant and realistic objectives that focus on the desired impact? (1.1)	Does the programme have clear, relevant and realistic objectives that focus on the desired impact? (1.1)	<ul style="list-style-type: none"> • Evidence of clear, relevant and realistic objectives being set at the programme level • Evidence of objectives being specific, measurable, attainable, realistic and time-bound 	<ul style="list-style-type: none"> • DFID and partners' programme planning and implementation documentation • Annual reviews of Kenya Health Programme and project completion reports of closed programmes • Interviews with DFID and other donor staff • Interviews with partners and other donors financing the same organisations • Interviews with senior officials in the Government of Kenya
Is the programme based on both sound evidence and credible assumptions as to how its activities will lead to the desired impact (a 'theory of change')? (1.2)	Is there a clear and convincing plan (a 'theory of change') underlying DFID's approach to achieving the MDGs and specifically child survival interventions, with evidence and assumptions, to show how the programme activities will lead to the desired impact? Is there a coherent and strategic focus by DFID on under-five mortality in Kenya? (ToR 6.2.1)	<ul style="list-style-type: none"> • The existence of an evidence-based DFID Theory of Change for MDG 4 in Kenya • Evidence of consistency between different donors' theories of change • Evidence of impact validating proposed approaches • DFID portfolio appropriately focussed on child survival as a priority 	<ul style="list-style-type: none"> • Literature review of Theories of Change • Theories of change from DFID, multilateral and bilateral donors • Research and evaluation reports • DFID operational plan and strategies • Programme reviews and evaluations • Interviews with staff of DFID and delivery partners • Interviews with other donors • Interviews with third-party experts

<p>Are the programme's design and objectives responsive to intended beneficiary needs and to the context? (1.3)</p>	<p>Are the programme's design and objectives responsive to intended beneficiary needs and to the context? (1.3)</p> <p>Has beneficiary feedback contributed to the design? (ToR 6.2.3)</p>	<ul style="list-style-type: none"> • Documentary evidence of in depth contextual analysis being undertaken • Evidence of appropriate needs assessment • Evidence of consultation with intended beneficiaries and that the needs of the beneficiaries were incorporated into new and existing programmes 	<p>Literature review</p> <ul style="list-style-type: none"> • DFID documentation • Interviews with DFID and other donor staff • Focus group discussions with intended beneficiaries and health professionals
<p>Is the programme well designed, with appropriate choices of partnerships, funding and delivery options? (1.4)</p>	<p>Are the programmes well designed, with appropriate objectives and choices of partnerships, funding and delivery options? (ToR 6.2.3)</p>	<ul style="list-style-type: none"> • Business Cases articulate the options considered and present clear arguments for the final choice of partnerships, objectives and funding mechanisms for delivering objectives • Evidence of significant beneficiary involvement in the design of new programmes in Business Cases and other planning documents • Government has positive views of design process and focus 	<ul style="list-style-type: none"> • Interviews with Government, DFID and other donor staff • DFID Operational Plan • Third party reports: <ul style="list-style-type: none"> o Review of Business Cases o Beneficiary survey o Case study on delivery of insecticide treated nets through multilateral and bilateral delivery channels • Official evaluations of programmes that have closed • Internal and independent assessments

<p>Does the programme complement the efforts of government and other aid providers and avoid duplication? (1.5)</p>	<p>Do DFID interventions complement the efforts of government and other aid providers to fill gaps and avoid duplication? Does DFID use its influence in Kenya to promote a coherent response from the international community as a whole? Do the various programmes demonstrate shared goals and common indicators for measuring progress? (ToR 6.2.2)</p>	<ul style="list-style-type: none"> • No major gaps identified • Programmes are suitably aligned to Government health sector objectives and targets • Appropriate coherence and consistency of overall donor programmes • Evidence of regular consultation and co-ordination through joint reviews of donor programmes • Examples of where DFID has positively influenced harmonisation and alignment of new programmes by other development partners • DFID participates fully in joint annual reviews of the health sector 	<ul style="list-style-type: none"> • Business Cases for Kenya Health Programme and other recent projects • Programme documentation • Records of donor meetings including joint annual reviews • Interviews with DFID and other donors • OECD reviews • Government and development partners documentation • Programme reviews and evaluations • Interviews with senior officials in the Government of Kenya • Third party reporting
<p>(2) Delivery: is the delivery chain managed so as to maximise impact?</p>			
<p>Does programme roll-out actively involve intended beneficiaries and take their needs into account? (2.1)</p>	<p>Does programme roll-out produce a coherent and integrated package of services which addresses the needs of the intended beneficiaries? Are intended beneficiaries actively involved in programme design and improvement? (ToR 6.3.1)</p>	<ul style="list-style-type: none"> • Evidence of beneficiaries being adequately consulted on programme design • Evidence of intended beneficiaries' needs being met appropriately in child survival programmes • Evidence of substantial integrated programming between partners • Evidence of beneficiary feedback significantly influencing programme roll-out 	<ul style="list-style-type: none"> • Survey of beneficiary impact data • Intended beneficiary survey feedback for this review • Annual review of Kenya Health Programme and Programme Completion reports • Research for case studies on immunisation and bed nets • Field visits

<p>Is there good governance at all levels, with sound financial management and adequate measures to avoid corruption? (2.2)</p>	<p>Are risks to the achievement of the objectives, including corruption, identified and managed effectively? (ToR 6.3.2)</p>	<ul style="list-style-type: none"> • Evidence of regular updates of risk registers • Evidence of appropriate mitigating actions being taken • Evidence of comprehensive and high-quality anti-corruption systems 	<ul style="list-style-type: none"> • Risk registers • Financial management and reporting systems and reports • Fraud reporting and action
<p>Is the programme leveraging resources and working holistically alongside other programmes? (2.3)</p>	<p>How much do the delivery systems used engage with local implementing partners to reinforce sustainability and ownership? (ToR 6.2.4)</p>	<ul style="list-style-type: none"> • Evidence that partner activities were not overlapping but were complementary • Evidence that Ministry of Health was fully involved in design of DFID programmes and ongoing implementation • Evidence of Ministry of Health and other development partners involvement in annual reviews of DFID programmes • Evidence of influence with other parties 	<ul style="list-style-type: none"> • Interviews with Ministry of Health • DFID documentation • Interviews with other donors • Donor documentation
<p>Is robust programme management in place, ensuring the efficiency and effectiveness of the delivery chain? (2.4)</p>	<p>Are the delivery systems for the programmes operating in a cost effective and efficient manner? How do different delivery channels compare with regard to value for money? (ToR 6.3.3)</p>	<ul style="list-style-type: none"> • Evidence of cost effective unit costs • Appropriate levels of overhead expenditure • Evidence of appropriate reviews of delivery chain • Documentary evidence that value for money frameworks are reviewed and revised regularly 	<ul style="list-style-type: none"> • Value for money frameworks • Financial reporting • ICAI team analysis of different delivery channels • Case studies of immunisation and bed nets
<p>Is there a clear view of costs throughout the delivery chain? (2.5)</p>	<p>Is there a clear view of costs throughout the delivery chain? (2.5)</p>	<ul style="list-style-type: none"> • Evidence of high quality cost appraisals • Evidence of appropriate and timely financial reporting 	<ul style="list-style-type: none"> • DFID documentation • Financial reporting • Interviews with DFID staff and implementing partners

<p>Are the delivery arrangements flexible enough to respond to risks, opportunities and changing circumstances and has this in fact occurred? (2.6)</p>	<p>Are the delivery arrangements flexible enough to respond to risks, opportunities and changing circumstances and has this in fact occurred? (2.6)</p>	<ul style="list-style-type: none"> • Evidence of appropriate risk appraisal • Evidence of risks registers in place and being maintained • Evidence of appropriate management of identified risks • Evidence of prompt and effective responses to changes in conditions 	<ul style="list-style-type: none"> • Risk appraisals • Risk registers • Interviews with DFID and other donor staff
<p>(3) Impact: what is the impact on intended beneficiaries, including women and girls?</p>			
<p>Are there appropriate arrangements for monitoring inputs, processes, outputs, results and impact? Are the views of intended beneficiaries taken into account? (3.1)</p>	<p>Are there appropriate arrangements for monitoring inputs, processes, outputs, results and impact? Are the views of intended beneficiaries taken into account? (3.1)</p>	<ul style="list-style-type: none"> • Evidence of appropriate monitoring arrangements • Evidence of systematic consultation with intended beneficiaries 	<ul style="list-style-type: none"> • DFID monitoring reports • Interviews with DFID staff • Intended beneficiary surveys • Field visits
<p>Is the programme delivering its planned results? (3.2)</p>	<p>Are the programmes delivering against their planned results? How do the different channels compare in this regard? (ToR 6.4.1)</p>	<ul style="list-style-type: none"> • Evidence of delivery against workplans • Evidence of appropriate data being collected 	<ul style="list-style-type: none"> • Government surveys and statistics • Programme reviews and evaluations • Case study looking at delivery of bed nets
<p>Is the programme maximising impact for the intended beneficiaries including women and girls? (3.3)</p>	<p>Are the programmes delivering clear, significant, sustainable and timely benefits for the intended beneficiaries? How do the different channels compare in this regard? (ToR 6.4.2) Are the programmes focussed on geographical areas with high child mortality? Are they reaching the poorest and most vulnerable children so that access and equity issues are being addressed? (ToR 6.4.3)</p>	<ul style="list-style-type: none"> • Evidence of effective delivery against objectives and workplans • Evidence of beneficiary satisfaction with services provided • Evidence of appropriate regional allocations linked to the high child mortality • Evidence of reducing variations in child mortality between boys and girls 	<ul style="list-style-type: none"> • Review of DFID health portfolio • Beneficiary satisfaction surveys • Government reviews and planning documents • Annual reviews of Kenya Health Programme • Government statistics - KDHS, MICS • Literature review identifying studies on child mortality in Kenya • Case studies

<p>Are the results and impact of the programme likely to be long term and sustained? (3.4)</p>	<p>Is there evidence of lasting impact and sustained improvement and do the measurement systems allow this impact to be measured on an ongoing basis to drive decision – making? (ToR 6.4.4)</p>	<ul style="list-style-type: none"> • Evidence of sustainable impact • Examples of improvement in the sustainability of programmes • Increased budget allocation for activities that will reduce under-five mortality in the Government of Kenya since 2008 • Documentary evidence that monitoring and evaluation framework are in place and used regularly to monitor performance • Evidence that results have been used to change child health strategies • Evidence of appropriate measuring systems for sustainability being in place 	<ul style="list-style-type: none"> • DFID reports and evaluations • DFID project documentation • Interviews, including with the Government of Kenya • Monitoring and Evaluation frameworks for current programmes
<p>Is there an appropriate exit strategy involving effective transfer of ownership of the programme? (3.5)</p>	<p>Is there an appropriate exit strategy involving effective transfer of ownership of the programme? (3.5)</p>	<ul style="list-style-type: none"> • Clearly defined exit strategies in place for components of Kenya Health Programme and other projects 	<ul style="list-style-type: none"> • DFID documentation • Interviews with DFID and other donor staff
<p>(4) Learning: how is the programme contributing to learning?</p>			
<p>Are appropriate amendments made to the programme to take account of lessons learnt? (4.1)</p>	<p>Are appropriate amendments made to the programme to take account of lessons learnt?(4.1)</p>	<ul style="list-style-type: none"> • A good monitoring and evaluation framework updated and used on a regularly basis • Evidence of changes to the programmes in response to lessons learnt 	<ul style="list-style-type: none"> • DFID and implementing partner reporting • Reports of Monitoring and Evaluation frameworks

<p>Is there transparency and accountability to intended beneficiaries, UK taxpayers and other parties with a direct interest in the programme? (4.2)</p>	<p>Is there transparency and accountability to intended beneficiaries, donors and UK taxpayers and is there learning from their feedback? (ToR 6.5.2)</p>	<ul style="list-style-type: none"> • Evidence of publication and scrutiny of results • Appropriate systems for tracking and publicising financial flows and results 	<ul style="list-style-type: none"> • DFID reports • Feedback from intended beneficiaries, donors and UK taxpayers • Reviews and third party reports • Programme audits
<p>Is there evidence of innovation and use of global best practice? (4.3)</p>	<p>Do DFID child survival interventions in Kenya demonstrate innovation, response to changing evidence, shared learning across countries and use of global best practice? (ToR 6.5.1)</p>	<ul style="list-style-type: none"> • Evidence of best practice incorporated into the design and implementation of programmes • Evidence of innovation • Examples of where global best practice has been used in design of existing or new programmes 	<ul style="list-style-type: none"> • Project documentation • Interviews with DFID and other donor staff • Literature review
<p>Is there anything currently not being done in respect of the programme that should be undertaken? (4.4)</p>	<p>Is there anything currently not being done in respect of the programme that should be undertaken? (4.4)</p>	<ul style="list-style-type: none"> • Alignment of DFID approaches with best practice global theories of change • Evidence that child related components of existing or new programmes are focussed in areas of high under- five mortality • Evidence that relevant recommendations from previous annual reviews and project completion reports have been taken up 	<ul style="list-style-type: none"> • Theories of change • Literature review • Interviews with DFID and other donor staff • Business Cases and planning documents
<p>Have lessons about the objectives, design and delivery of the programme been learned and shared effectively across the organisation and its partners? (4.5)</p>	<p>Have lessons about the objectives, design and delivery of the programmes been learned and shared effectively across different organisations, regions and sectors? (ToR 6.5.3)</p>	<ul style="list-style-type: none"> • Evidence of key lessons being shared within DFID and with other organisations • Documentary evidence of DFID writing up lessons to be used when developing new programmes regionally and in Kenya 	<ul style="list-style-type: none"> • Interviews with DFID and other donors • Learning reports • Project design documentation • Project reporting • Literature review

6. Roles and responsibilities

6.1 This review will be led and managed on a day-to-day basis by the team leader, who will be the primary point of contact with DFID.

6.2 KPMG will provide oversight of this review under the overall leadership of the ICAI Project Director. We propose recruiting a small senior expert panel to advise on the methodology and findings of the work.

6.3 We propose that this assessment is undertaken by a core team of three (marked in bold), together with a researcher to assist with the literature review, analysis and collation of materials. A peer reviewer familiar with the issues of under-five mortality will be used to lead on the literature review, as well providing advice throughout.

Team member	Role
Team Leader	Team Leader
Team member 1	Principal Consultant
Team member 2	Principal Consultant
Team member 3	Senior Researcher
Team member 4	Peer Reviewer
Team member 5	Researcher
Team member 6	Researcher
Team members 7-9	Beneficiary survey team members
Team members 10-13	Expert panel members

Team Leader (Agulhas)

He is an economist and senior manager with 25 years of development experience and a wide knowledge of the international development system. He has, since 2010, been a Principal Consultant with Agulhas. Prior to this, he spent five years as International Director of Tearfund, including responsibility for over 1000 staff in fragile states. Between 1990 and 2005 he worked for the UK's Department for International Development. He was a DFID economic adviser working on India and Bangladesh and served as Head of Asia Regional Economic Policy Department and as Deputy Director, Asia. His final post, from 2002 to 2005, was as Director, International with responsibility for the development aspects of the UK's multilateral partnerships, including the World Bank, Regional Development Banks, EU and UN; and for trade, conflict and humanitarian work.

The Team Leader will be responsible for overall quality control and delivery of review. He will have a particular focus on the coherence aspects of the review across the international system, economic analysis and involvement of intended beneficiaries.

Team member 1: Principal Consultant (Independent)

She is a health and development adviser. She has extensive experience as a senior director and lead consultant on large-scale health programmes across Africa, Asia, Europe and Latin America. She specialises in health systems strengthening, capacity building and organisational development and review. Her particular areas of health focus include: maternal newborn and child health, sexual and reproductive health and HIV/ AIDS. Between 2000 and 2003 she was Director of Training and Development for a large health NGO based in Kenya, with responsibility for regional programmes in over nine countries in Eastern and Southern Africa.

She will be responsible for providing advice and analysis of health issues and the Kenyan health system. She will be fully involved in the production of all the major outputs from the review.

Team member 2: Principal Consultant (KPMG)

She is a finance transformation consultant with over 12 years of professional experience within the public sector. She has worked with a range of clients including DFID and has worked on two previous ICAI reviews (Bihar Health and Education and Orissa Rural Livelihoods). She is able to engage on complex projects within high profile, political environments with a variety of stakeholders.

She will be responsible for financial analysis and will play a central role in the case studies to examine costs effectiveness, value for money and financial management issues.

Team member 3: Senior Researcher (Independent)

She has over 30 years of development experience working for the Department for International Development, UNICEF and Save the Children Fund, focussing particularly on strengthening health systems to deliver evidence-based essential reproductive, maternal, neonatal, child health and nutrition services to poor women and children. She has worked in a wide range of countries and circumstances, including fragile states. She has extensive experience of working with governments at the policy and strategic levels in the areas of health, HIV/AIDS and human resources. She is very familiar with the aid effectiveness and harmonisations agendas. She has had close working relationships with multilaterals such as the World Bank and UN. Her experience of working with UNICEF and United Nations Development Assistance Frameworks has given her a good understanding of the UN system. She has strong inter-personal and negotiation skills; working well in cross-cultural and diverse situations.

She will perform the role of Senior Researcher, assisting with the ToRs, inception report, literature review, in-country orientation and briefings. She will also provide guidance and specific Kenya advice to the team. She will not be present in any meetings with DFID owing to a potential conflict of interest (see below).

Team member 4: Peer Reviewer (Agulhas)

She has worked on health and development issues for 19 years in the UK civil service and in consultancy. She has worked for both the UK Department for International Development and the Department of Health. Her consultancy clients include UN agencies, the World Bank, DFID, the Global Health Council, the Center for Global Development, Save the Children and WaterAid (UK and US). She has particular expertise in health and development policy issues - having worked for a range of clients in areas relating to health systems reform, drug policy, drug resistance, communicable and non-communicable disease - and also governance, capacity building and the environment, particularly climate change and environmental health (including water, sanitation and hygiene). Her country experience includes work in the UK, US, Ghana, South Africa and India.

She will be responsible for peer review of all outputs and for leading on the literature review.

Team member 5: Researcher (Agulhas)

She has nine years' experience of monitoring and evaluating programme and institutional performance. She has regularly undertaken research and data analysis for policy planning and decision-making. She has recently joined review teams supporting the work of the UK's Independent Commission for Aid Impact, including four reviews in Asia and Africa. She also has operational experience of programme and budget management, as well as working with a wide range of donor and partner stakeholders. She began her career in development as a DFID programme manager working in Nairobi on the Somalia programme, specialising in governance. After spending seven years in East Africa, she is now based in South Africa.

She will be responsible for desk research of key documentation and statistics and will support the literature review.

Team member 6: Researcher (KPMG)

He is a programme manager for the ICAI programme and assists in managing the overall programme. He is educated to Master's level in Economics, with particular knowledge of economic growth and development and has previous experience in international financial institutions and non-profit organisations. He is familiar with ICAI, having worked on the recent ICAI reviews of DFID's Support to Agricultural Research and of DFID's Support to Palestine Refugees through UNRWA.

He will support the gathering of information from DFID systems.

TNS Global

The beneficiary surveys will be undertaken by TNS Global. TNS Global is part of Kantar, one of the world's largest information and consultancy groups, with a presence in over 80 countries. TNS Global has a country office in Kenya, including health professionals and has extensive experience of health sector surveys in Kenya.

TNS will be responsible for the beneficiary surveys in Kenya and will advise on survey methodology and use of the results.

Team member 7: TNS Global Junior Consultant

She has a background in Environmental Health and currently works for TNS RMS as a Research Executive. She will serve as a Junior Consultant on the TNS Global team.

Team member 8: TNS Global Principal Consultant

She holds a masters degree in Public Health and currently works as an Associate Director for TNS RMS. She will participate as a Principal Consultant on the TNS Global team.

Team member 9: TNS Global Principal Consultant

She holds a background in qualitative and quantitative research and a background as a HIV/AIDS Counsellor. She is a Senior Research Executive for TNS RMS and will serve as a Principal Consultant on the TNS Global team.

Expert panel of advisors and peer reviewer

A peer reviewer and expert panel of advisors will input into the development of the review scope, field visits, findings and analysis; and provide a quality assurance and challenge function.

Team member 10: Expert panel member

She has been a Partner for KPMG since 2011. She has an extensive medical background as a Professor of Oncology and joined a healthcare provider as Group Medical Director in 2007. She holds a background in social care as well as mental health and learning disabilities.

Team member 11: Expert panel member

He is a former Permanent Secretary at the Department of Health and Chief Executive of the NHS.

Team member 12: Expert panel member

He is a leading practitioner in international development and currently the Director of Research for a development organisation. Previously, he served as a Research Director and Head of Policy Development for an international development charity.

Team member 13: Expert panel member

He is a professor at a leading university and was previously an Under Secretary-General of the United Nations.

7. Management and reporting

7.1 A first draft report for review by the ICAI Secretariat and Commissioners will be produced for 20 December 2013 with time for subsequent revision and review prior to completion and sign off in March 2014.

8. Expected outputs and timeframe

8.1 The following timetable is based on the assumption that the report will need to be finalised in Q1 2014, to meet ICAI's requirements.

Phase	Timetable
Planning Preliminary consultations Planning and methodology Finalising inception report	July 2013 - September 2013
UK research and field work Literature review Interviews with DFID multilateral division, DFID Africa Division, NGOs, GAVI, Global Fund Review of policies, strategies and guidance	August 2013 - October 2013
Field research Kenya	27 October - 13 November 2013
Analysis and write-up Roundtable with Commissioners First draft report Report quality assurance and review by Secretariat and Commissioners Report to DFID for fact checking Final report sign off	02 December 2013 20 December 2013 27 December 2013 - 14 February 2014 21 February 2014 14 March 2014

9. Risks and mitigation

9.1 The following sets out the key risks and mitigating actions for this assessment:

Risk	Level of risk	Specific Issues	Mitigation
Devolution of local government distracts attention of officials and donor partners and changes governance arrangements for delivery of public services.	Medium	This step change in governance arrangements creates a discontinuity between past arrangements which will be the focus of the review and forward arrangements which will be relevant to recommendations.	We will make ourselves aware of the changes. Early planning should ensure availability of key staff. Hold joint meetings to reduce burden.
Provincial/County differences in mortality becomes a political issue	Medium	There are wide variations in mortality in different parts of the country. This is in part driven by the allocation of public resources.	Be clear that this is about coherence of donor efforts and is focussed on outcomes related to disease burden and mortality.
Inadequate data on health outcomes to form firm conclusions	Medium/High	The most detailed data on health outcomes is five years old and will not be repeated during the review period.	Rely on data as a baseline and use a variety of sources including new surveys to understand trends and key issues. Collate and triangulate data from all available sources including the review team's visit. Focus work in areas where data is available.
Attribution of impact to DFID is difficult	Medium/High	Surveys will pick up the impact of health services provided by all. Intended beneficiaries are very unlikely to be aware of DFID support.	Focus on areas where there has been significant DFID support.
Survey does not produce robust results	Medium	The study will be able to undertake focus groups and interviews of health professionals. These will generate issues, insights and stories but not quantitative results which would require much greater timescales and resources.	Methodology to be subject to external review by the University of Manchester. Cross-referencing reliable data from national and international sources on health outcomes will also strengthen the survey methodology. The key mitigation measure is to ensure that the results are accurately presented.

10. How this ICAI review will make a difference

10.1 This review will examine DFID's contribution to the reduction of under-five mortality in Kenya. It will consider the use of theories of change to drive progress towards achieving the MDGs and particularly MDG 4. It will look at the coherence of interventions by DFID and other development agencies at both the strategic and beneficiary levels. It will assess the integration of these different interventions and the level of impact achieved.

10.2 Reducing under-five mortality is vital to the health and wellbeing of children and families. It is one of the Millennium Development Goals. Substantial progress has been made on child survival and there is an important story to tell on the impact of development assistance. Large disparities remain, however, within countries and new approaches are required to make further progress. This review will highlight theories of change in a context where different sectoral interventions are required. It will comment on whether they are being applied in Kenya. It will generate lessons for DFID in terms of how to work to achieve goals which require interventions in a range of sectors. It will also make recommendations to achieve more effective co-operation between development partners in this field. The review will provide useful pointers for the approaches to be adopted with regard to theories of change and global strategies as a new round of international goals is negotiated and agreed for the post-2015 period.

10.3 The review will examine how the needs of the intended beneficiaries are being met by programmes to reduce under-five mortality in Kenya. It will shed light on the involvement of intended beneficiaries in government and donor programme design and delivery. It will make recommendations about how beneficiary feedback can be utilised more effectively.

10.4 The review will compare the different channels which DFID uses and will help to inform future design of these programmes. It will comment on the effectiveness, impact and balance of DFID's portfolio in Kenya and whether this can be improved. It will comment on the role of influencing alongside bilateral programme delivery in achieving overall objectives. It will provide two case studies of the role of vertical funds – which have a targeted approach to delivering outcomes – and comment on the strengths and weaknesses of these approaches, including cost effectiveness. It will assess whether there is evidence that the international community's support of such vertical funds in Kenya has distorted the allocation of resources. The review will build on lessons from previous ICAI reports.