



# Operational Plan 2011-2015

## DFID HUMAN DEVELOPMENT DEPARTMENT

Updated June 2013

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# Introduction

The UK Government is determined to help end extreme poverty around the world. We believe that international development is not just the right thing to do, but the smart thing to do. Britain has never stood on the sidelines, and it is in all our interests for countries around the world to be stable and secure, to have educated and healthy populations and to have growing economies. DFID aims to end aid dependency through jobs – building the economies of developing countries so that they can stand on their own feet.

No country can develop with only half of the population involved, that is why DFID is scaling up its support for women and girls across all of our country programmes, including an increased emphasis on girls education and preventing violence against women and girls.

We are also focussing on what works, investing in research and taking advantage of new technology to ensure that UK development support has the greatest impact.

DFID is committed to being a global leader on transparency, and in 2012 was ranked the top aid organisation in the world for transparency. Transparency is fundamental to improving accountability both to UK citizens and to citizens in the countries where we work. Transparency also helps us achieve greater value for money and improves the effectiveness of aid. As part of our commitment to transparency we publish Operational Plans for each area of our work setting out what we will achieve and how we will achieve it. In June 2013 DFID launched a new online tool, Development Tracker, to provide an easy way to access information and data about DFID programmes.

With less than 1000 days to go, we will continue to focus our efforts on delivering the Millennium Development Goals, creating wealth in poor countries, strengthening their governance and security and tackling climate change. The prize, in doing so, is huge: a better life for millions of people, and a safer, more prosperous world.



# 1) Context

## Policy Division

In the last decade, many developing countries have experienced fast growth, and in most parts of the world, poverty has been decreasing. However, there are still over 1 billion people living in extreme poverty, mostly in sub-Saharan Africa and South Asia. 22 of the 34 countries furthest from reaching the MDGs are in or are emerging from violent conflict, most of which have an associated, protracted humanitarian crisis. Much poverty also remains in countries that have reached middle income status.

In the period to 2015 DFID will continue to focus on progress on the Millennium Development Goals (MDGs) in those low income fragile and conflict-affected states in which none of the MDGs have yet been met; we will support the delivery of global public goods: finally eradicating polio, tackling pandemics, and dealing with problems created by ungoverned spaces such as terrorism and organised crime; and consider what we can do as a development agency to help tackle poverty in middle income countries. Emerging global powers such as Brazil and China are changing the way development landscape and will be critical to solving these global problems.

The context for Policy Division (PD) will be to provide the best options to help DFID focus its efforts on building economic, social and political institutions that provide the environment for sustained growth and poverty reduction, as well as social and political inclusion, including for women and girls.

## Human Development Department

The global context for the Human Development Department (HDD) is also changing. Great strides have been made but much remains to be done.. There have been successes in **global health**. We have the knowledge needed to save many or most of these lives, but many countries remain off-track to achieve the health-related MDGs (4,5 and 6).

- The number of children under 5 who die each year has declined from 12.5 million in 1990 to around 8 million – meaning 10,000 fewer children are dying every day than in 1990.
- Between 1997 and 2006, maternal mortality in Bangladesh declined from 440 deaths per 100,000 live births, to around 290.
- But:
- more than a third of a million women and girls die from complications during pregnancy and childbirth,
- many of the 8 million children who die each year die from preventable causes.
- Around 34 million people are living with HIV.

In terms of **global education** great strides have been made towards universal primary education (MDG 2), with over 30 million extra children in school over the last 4 years however on present trends over 50 million children will still be out of school by 2015. The World missed the 2005 target for gender parity (MDG 3) and whilst progress in primary is good, most poor countries are off track for post-primary. In Sub-Saharan Africa, if all girls had primary education, 200,000 children's lives a year would be saved; if secondary, the figure would be 1.8 million lives.



# 1) Context (continued)

67 million children of primary school age remain out of school and many times this figure suffer a poor quality **education**, leaving school without basic literacy or numeracy by 2015.

**Sanitation** is the most off-track target in Africa (MDG 7c) with just 31% access to sanitation facilities that meet the standard defined in the MDG target. Globally over 1 billion people and 44% of the population in South Asia practice open defecation . The **Water** target was met at a global level in 2010, but is off-track in Africa. However, women and girls still often walk long distances for unsafe and unreliable water.

Current estimates indicate that about one-third of hand pumps in Africa are not functional, demonstrating that a strong focus on sustainability is required. Diarrhoea is the leading killer of under-fives in Africa and is primarily a consequence of poor water, sanitation and hygiene. Inadequate water, sanitation and hygiene account for 50% of the consequences of under-nutrition and cost countries such as Ghana and Pakistan 8% of GDP.

Most of the interventions to address these issues are known, and are highly cost effective. Our job is to help to generate the political will, resources, knowledge and know-how to implement these cost-effective interventions, to drive progress towards the MDGs.



## 2) Vision

### Policy Division

PD will shape, drive and deliver policy to transform poor people's lives. It will be the 'go to' place for cutting edge knowledge, innovation and expertise on what works/doesn't work and how to measure impact. PD will support analysis on approaches or partnerships which DFID will want to prioritise in the future (eg working with the private sector, a stronger focus on innovation and technology) and how DFID should engage in countries where it does not have a traditional bilateral programme.

We will use the best ideas, evidence, and analysis to:

- support the delivery of DFID's bilateral programme through lesson learning across the portfolio; expertise on value for money, indicators and unit costs of investments; knowledge sharing and facilitation; capturing experience from innovation; etc.;
- provide analysis and advice in support of Ministerial policy requests and business plan/ Structural Reform Plan priorities;
- continue to promote change internationally and in international organisations by helping develop UK Government policy positions for the G8, G20, post-2015 framework, international summits, and climate negotiations; and coordinating actions and policy positions with other donors, philanthropic organisations and international bodies;
- engage in Whitehall policy discussions around aid and non aid (e.g. migration);
- build public and parliamentary support for the UK's development effort (PD answers half of all of DFID's Parliamentary Questions); and, deliver selected aid results that are better funded centrally e.g. eliminating polio and neglected tropical diseases; the international growth centre; and climate knowledge network.

### Human Development Department

**The purpose of HDD is to provide corporate and international leadership on human development and the MDGs.** HDD will provide policy leadership to maximise results and value for money from UK and global investment (public and private) in human development. HDD provides UK and international leadership on most of the MDGs (MDGs 2, 3, 4, 5, 6, and MDG 7c), covering around 40% of DFID spend, a large share of the government's international development objectives, and the highest volume of public and parliamentary scrutiny in DFID. The functions of HDD are: (i) shaping and delivering **policy and strategy** and driving innovation, (ii) support to **country programmes**, (iii) shaping the **international system**, (iv) directly financing and managing programmes that deliver **global public goods**, and (v) supporting **Ministers** in accounting for the results and value for money of our UK investments in human development.

### Alignment to DFID and wider UK Government priorities

Human Development lies at the heart of the Programme for Government: "...we will prioritise aid spending on programmes to ensure that everyone has access to clean water, sanitation, healthcare and education; to reduce maternal and infant mortality; and to restrict the spread of major diseases like HIV/AIDS, TB and malaria." Human development is also critical to delivering broader DFID & government objectives on girls and women, economic growth, security and climate change.

### What we will stop doing

We have halved the number of projects we manage over the last 4 years to 42, and will continue to reduce further. We will be more selective in our engagement with international initiatives and networks and engage less with lower impact multilateral bodies.



### 3) Results

#### Headline results

Pillar/ Strategic Priority	Indicator	Baseline (2010 unless otherwise stated)	Expected Results (including year)
MDGs HEALTH	<p>'Framework for Results' for Reproductive, Maternal &amp; New born Health, and support to implementation, saves the lives of women &amp; new borns and provides women with modern methods of family planning.</p> <p>'Framework for Results' for Malaria, and support to implementation, drives the reduction of malaria deaths in high prevalence countries.</p>	<p>0</p> <p>0</p>	<p>Contribution to saving 50,000 women's and 250,000 new born's lives, providing family planning to at least 10m couples by 2015, and to host a global event to raise funds and to develop policy to meet unmet need for family planning by at least 120m women by 2020.</p> <p>Contribution to halving malaria deaths in at least 10 countries by 2015.</p>
MDGs HEALTH	Cost savings generated for key global health commodities by global support for access to medicines.	<p>(i) 0</p> <p>(ii) 0</p> <p>(iii) 0</p>	Global savings of: (i) over £20m p.a. for contraceptive implants and injectables, equating to over 2 million pregnancies avoided, (ii) \$140m for first line anti-retroviral regimens and \$100m for second line, (iii) £15m for malaria rapid diagnostic tests.
MDGs HEALTH	Support global partnerships to control a number of infectious diseases to reduce the prevalence of: polio, guinea worm, lymphatic filariasis, schistosomiasis, onchocerciasis, and other selected Neglected Tropical Diseases (NTDs).	<p>Polio: 968 cases; 4 countries</p> <p>Guinea Worm: 4 countries</p>	<p>Polio: 90m inoculations by 2012; cessation of polio transmission by 2013; elimination by 2015</p> <p>Guinea Worm: eradication in 3 of 4 endemic countries by end 2012; in South Sudan by end 2015</p> <p>Schistosomiasis: 75m treatments delivered / cases averted over 5 years in 8 countries by 2015</p> <p>Significant progress in the control of other NTDs by 2015.</p>
MDGs HEALTH	Number of i) multi-country partnerships ii) paired institutional partnerships iii) successful volunteer placements delivered by the Health Partnerships Scheme.	<p>(i) 0</p> <p>(ii) 0</p> <p>(iii) 0</p>	Capacity development in Low Income Countries, and support for development in the UK, successfully supported through: (i) 7 multi-country partnerships, (ii) 67 paired institutional partnerships, (iii) 655 volunteers by 2015.



### 3) Results (continued)

Pillar/ Strategic Priority	Indicator	Baseline (2010 unless otherwise stated)	Expected Results (including year)
MDGs HEALTH	Clearly articulated and evidence-based policy positions on HIV/AIDS developed and used to (a) inform programmes in 8-10 key countries and (b) influence global policy at UNGASS and other fora.	3.2m young women (15-24 yrs) living with HIV (2009). 57% of MSM reached; 58% of sex workers reached; 32% of IDUs (2009)	Reduced HIV prevalence in young women (15-24 yrs) in 8-10 countries. Increased coverage of HIV prevention services for most at risk populations in low and middle income countries.
MDGs EDUCATION	(i) Number of projects supported by Girls Education Challenge (GEC) & (ii) Number of girls supported in school through GEC.	(i) 0 (2012) (ii) 0 (2012)	(i) At least 5 projects announced by 2013 (ii) By 2015 projects under GEC support up to 1 million girls in school and learning.
MDGs EDUCATION	Number of Higher Education partnerships supported within a new programme & examples of policy/programming changes as a result of partnerships.	200 partnerships have been supported under previous DelPHE programme (2012)	New Programme established and first 20 partnerships selected by 2013 as part of a wider HMG offer on HE to deliver tangible policy and programming outcomes in partner countries
MDGs EDUCATION	Number of country programmes supported to improve education data sets or pilot new efficiency metrics	At the end of 2011 approximately 50% of DFID priority countries had full data sets (PAC Memo). Guidance under development 2011; specific support to 2 countries	All DFID's Education programmes track key education value for money indicators, including learning outcomes, system efficiency and unit costs by 2015.
MDGs WATER SANITATION & HYGIENE	i) Delivery of WASH results through PD programmes. ii) Evidence on value for money and effectiveness in WASH programme delivery. iii) Resilience to climate change.	i) PD programmes in implementation expected to deliver 0.5 – 1 million people with access to sustainable WASH (2012). ii) Wide variation and lack of evidence on unit costs (2012). iii) Limited climate actions in WASH programming.	i) Approximately 13 million people to gain access to water, sanitation and/or hygiene through Policy Division programmes by December 2015. ii) Evidence to generate reduced unit costs across the WASH portfolio (up to 10% in fragile and high cost countries, 2-5% in other countries) by 2015. iii) 50% of all WASH programmes to have climate actions by 2015.



## 3) Results (continued)

### Evidence Supporting Results

**Health:** DFID's Health Portfolio Review found that DFID's spend on health is well aligned to need, on a geographic and sectoral basis, but that there was scope to increase the effectiveness and efficiency of UK spend through a greater focus on strengthening health systems, and on reproductive, maternal and newborn health (including nutrition). The Coalition Government has responded to this challenge through increasing investments in these areas. DFID's Research & Evidence Division worked with HDD to produce comprehensive Evidence Papers in Reproductive, Maternal & Newborn Health and in Malaria, to ensure that increased investments in these areas are underpinned by the most up-to-date evidence, including identifying where there are gaps for future research.

**Education:** global evidence demonstrates a quality education is a good investment; an extra year of quality schooling is correlated with a 1% increase in GDP, and girls' education is key to achieving reductions in fertility, maternal and infant mortality. DFID is the largest bilateral donor to education and is projected to be supporting at least 11m children in school by 2014/15 at around 2.5% of cost of educating a child in the UK.

**Water & Sanitation:** around 40% of the world population (2.6 billion people) still lack basic sanitation. Eighty-eight per cent of diarrhoea worldwide is due to unsafe water, inadequate sanitation or insufficient hygiene. 4000 people are dying every day from diarrhoea primarily because they don't have toilets or clean water, and don't wash their hands at key moments. Achieving the sanitation MDG is robustly cost-beneficial for developing country economies, with a global return of US\$9.1 per US\$1 invested (WHO/ UNDP). Meeting it would add 3.2 billion annual working days worldwide.

### Value for Money Rationale

**Health:** HDD-financed interventions offer excellent value (many are under \$100/ Disability Adjusted Life Years (DALY) averted). Polio vaccination is \$51/DALY averted. Neglected Tropical Disease programmes are high value & impact: Onchocerciasis program costs \$0.58 per person and a total treatment cost of \$7/ DALY averted while the programme offers a net present value of \$1,724m. Family planning is equally good value: pregnancies averted cost \$28; the cost per maternal DALY saved is \$62 and about a third of maternal deaths could be averted. HDD will intervene to improve market efficiencies delivering £20 million per year in global savings on contraceptives. Our support to the Clinton Health Access Initiative (CHAI) is projected to deliver over \$500 million savings through price reductions on key anti-retrovirals.

**Education:** the Education Portfolio Review, National Audit Office bilateral aid to primary education report and subsequent Public Accounts Committee hearing, identified a set of priority areas where DFID needs to improve results and value for money in its education programme: basing all education programme investments on evidence of what works; better measuring learning outcomes and systems effectiveness; driving down unit costs without compromising education quality; increased transparency and accountability for education outcomes; developing benchmarks for effective education systems. HDD will lead on driving this agenda through DFID's education portfolio; supporting and challenging country programmes, our multilateral education programme as well as Policy Division funded programmes.

**Water & Sanitation:** interventions, particularly in areas with little access to water and sanitation facilities, can be highly cost effective (US\$94 per daily-adjusted life year (DALY) averted for installation of hand pumps and US\$270 per DALY averted for provision and promotion of basic sanitation facilities). The World Bank ranks hygiene promotion as the most cost-effective public health intervention (\$5 per DALY averted). Sanitation is relatively cheap. A cost of a basic toilet could be as little as £10 per household as it does not rely exclusively on public funds: typically over 50% of funding is from the households. Water supply would typically cost about £20 - £25 per person to provide. Value for money will be measured based on clear and measurable indicators in Policy Division programmes and we will support improvement in evidence on VfM through operational research.



## 4) Delivery and Resources

### Policy Division

While PD will continue to set the agenda, including for the international community, on some of the key policy themes that can have significant impact on development (climate, wealth creation, health, education, anti-corruption, fragility etc.) our delivery focus will change to be even more country-facing – with DFID country office demands increasingly shaping PD's priorities and work-programmes, and PD increasingly helping to improve the value for money of bilateral programming. A broad menu will include:

- facilitating the flow of knowledge and information across DFID in thematic areas which require rapid scale-up, new niche areas for DFID or with specific poor/vulnerable groups (e.g. disabled).
- increasing value for money of DFID programme delivery bringing in learning from elsewhere, advice on unit costs, benchmarking, metrics and indicators, implementing specific findings from portfolio reviews.
- capturing experience from innovation to contribute to programme design and business cases.
- shaping & strengthening UK/DFID policy which can provide a framework for action at country level e.g. elections guidance briefing & assessments of cash transfers
- looking across the sectoral portfolio to assess the overall coherence.
- provide practical guidance to country offices to operationalise policy themes.
- -in exceptional circumstances, filling staffing gaps on a short term basis in high priority countries where the lack of technical capacity is threatening the ability of the country office to achieve results. These would be agreed with the PD Director.

### Human Development Department

(i) shaping and delivering policy and strategy and driving innovation: we will do this through turning ideas and evidence into policy and strategy, producing and monitoring results frameworks (based on standardised indicators), and supporting delivery of policy commitments. In accordance with SRP commitments (see Section 3 above), 'Frameworks for Results' have been produced in 2010 for Malaria and for Reproductive, Maternal & New born Health (RMNH).

(ii) support to country programmes: HDD has been restructured to reflect PD's enhanced role with a number of new front line posts. Support to country offices will focus on: (a) driving results & value for money across DFID's human development investments, (b) support in sub-sectoral areas where DFID is scaling up support (e.g. malaria, RMNH, girls education, water & sanitation), (c) working with Research & Evidence to drive lesson learning, knowledge management & innovation.

(iii) shaping the international system: we will provide global leadership in Health, Education, HIV/AIDS and Water & Sanitation through: (a) working through existing institutions where the UK is a shareholder / contributor, (b) working more broadly through alliances with governments, multilaterals, civil society, foundations and the private sector, (c) shaping and delivering at set piece events (e.g. G20, EU, UN forums). This work will be directed by the results of the Multilateral Aid Review.

(iv) directly financing global public goods: we will deliver global public goods through technical advice and a rising portfolio of spend – approximately £800 million over the next 4 years – particularly in a range of diseases where elimination is feasible, and in education where we will take forward a new girls education initiative.

(v) supporting Ministers in accounting for the results and value for money of UK investments: including: advising Ministers; ensuring implementation of public commitments; engaging external stakeholders and Parliament (e.g. PQs, debates, International Development Committee, All-Party Parliamentary Groups, National Audit Officer, Public Accounts Committee); and building support for UK aid through communicating DFID impact. HDD handles the highest volume of correspondence and parliamentary scrutiny of any DFID department.



## 4) Delivery and Resources (continued)

### Planned Programme Spend

Pillar/Strategic Priority	2010/11		2011/12		2012/13		2013/14		2014/15		TOTAL	
	Resource £'000	Capital £'000										
Wealth Creation												
Climate Change												
Governance and Security												
Education	5,125		3,000		11,600		112,218		109,140		241,083	
Reproductive, Maternal and New born health	3,400		7,017		7,882		9,055		7,240		34,594	
Malaria	1,200		1,094		4,500		5,630		6,770		19,194	
HIV/AIDS	2,100		1,125		1,608		1,845		1,775		8,453	
Other Health	28,000		100,205		91,230		93,536		133,061		446,032	
Water and Sanitation	5,800		14,302		10,896		10,566		10,400		51,964	
Poverty, Hunger and Vulnerability												
Humanitarian												
Other MDGs												
Global Partnerships												
<b>TOTAL</b>	<b>45,625</b>		<b>126,743</b>		<b>127,716</b>		<b>232,850</b>		<b>268,386</b>		<b>801,320</b>	



## 4) Delivery and Resources (continued)

### Planned Operating Costs

	2010/11	2011/12	2012/13	2013/14	2014/15	TOTAL
Frontline staff costs - Pay	325	705	1460	1668	1892	6050
Frontline staff costs - Non Pay	200	295	125	129	129	878
Administrative Costs - Pay	2443	1722	1556	1531	1630	8882
Administrative Costs - Non Pay	511	171	123	124	124	1053
<b>TOTAL</b>	<b>3,479</b>	<b>2,893</b>	<b>3,264</b>	<b>3,452</b>	<b>3,775</b>	<b>16,863</b>



## 4) Delivery and Resources (continued)

### Planned Efficiency savings

Delivering Programme Efficiencies		
Category	Details	Residual cost in the SR period £'000
Strategic Reprioritisation		
Further examples of Programme efficiency		

Administrative Cost Savings Initiative	PAY		Non Pay		PAY		Non Pay	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Reduction in Consultancy Payments		118.7						
Reduction in Travel		107						
Reduction in Training		46						
Reduction in Estates & Property Costs								
Reduction in costs as a result of Office Restructuring	30							
Other Reductions		67	286	22				
<b>Total</b>	<b>30</b>	<b>338.7</b>	<b>286</b>	<b>22</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>



## 5) Delivering Value for Money

### **HDD will provide DFID policy leadership on Value for Money (VfM) and results in health, education and water & sanitation.**

This will put greater emphasis on the measurement of results, VfM and evidence-based policies and practices. We will work to improve VfM in four areas:

- I. building **DFID-wide** sectoral results and VfM knowledge and capability. This will include the development of tools and techniques to share best practice, communicating through internal websites and other internal tools, with methods to measure, calculate and explain the results and VfM of human development activities (including unit costs and benchmarking). It will also include monitoring sectoral portfolio progress by supporting and challenging sectoral portfolio performance on results and VfM.
- II. engaging the **international system** and institutions to get better results and VfM from global investments in health, education and water & sanitation. We will work with others to develop new and innovative ways to monitor and quantify results and VfM, and to build DFID and international knowledge, evidence and tools.
- III. ensuring that VfM and expected results are central to decision making, implementing and monitoring **HDD funded programmes**. Advisers in HDD will provide support and advice, including the design of programmes, using the DFID Business Case, and robust monitoring and evaluation of programmes.
- IV. using the principles of the DFID Business Case to justify **HDD admin spend**.

### **HDD's work on VfM will draw on the following products:**

- Portfolio Reviews for Education, Health and Water & Sanitation;
- HDD's extensive involvement in the Bilateral and Multilateral Aid Reviews;
- HDD work on developing Results and VfM frameworks and indicators at various DFID levels (e.g. DFID Business Plan, Operational Plans, Frameworks for Results, individual programmes);
- HDD's involvement in developing Business Case methodologies for human development programmes;
- Evidence of the results and VfM of HDD's own major programmes.
- Health Position Paper to be finalised Mid-2013
- Education Position Paper to be finalised Mid-2013

As detailed in Section 5 on workforce planning, we will also strengthen our **staffing and capability** in the area of VfM, recruiting 2 extra new economists/statisticians to strengthen our core capacity in statistics, economics and VfM.



## 6) Monitoring and Evaluation

### Programme Level

- HDD will monitor progress on its own **programmes** as set out in individual Business Case documentation and in line with DFID corporate and wider HMG requirements (annual reviews and a project completion report)
- HDD programmes will additionally be subject to standard periodic DFID internal **audit** procedures

### HDD departmental level

- HDD will conduct a full **annual review** of the HDD Operational Plan
- Supported by a **six monthly traffic light review** of the HDD Operational Plan; the Head of HDD is **accountable** for the implementation of this Operational Plan

### DFID corporate level

- The 'Frameworks for Results' for Reproductive, Maternal & New born Health and for Malaria are subject to **mid-term reviews** and **final evaluations**; elements of the Frameworks will also be tracked on an annual basis by HDD and by DFID's Finance & Corporate Performance Division
- Additional elements of HDD-led work and HDD programmes may be subject to formal evaluations or reviews, either by DFID's **Evaluation Department**, or by the **Independent Commission for Aid Impact** reporting to Parliament, or by the **National Audit Office** reporting to Parliament
- HDD will additionally play a role in monitoring DFID activities across relevant human development sectors, including collecting data on **sectoral results & value for money**, and conducting internal **Portfolio Reviews** by sector

### International level

- HDD will additionally seek to drive monitoring & evaluation and accountability in **global funds and initiatives** in human development sectors; this will include the routine use of **impact evaluation** (including but not limited to randomised trials) to support a culture of accountability and learning, and also accountability for delivery of **political / institutional policy & financial commitments** (e.g. the Secretary of State's participation in the 'Commission on Information and Accountability for Women & Children's Health')



## 7) Transparency

Transparency is one of the top priorities for the UK Government. We will ensure that we continue to meet our commitments under the UK Aid Transparency Guarantee including **publishing detailed information about DFID projects, including programme documents** and all spend above £500. We will continue to ensure that information is accessible, comparable, accurate, timely and in a common standard with other donors and that we provide opportunities for those directly effected by our projects to provide **feedback**.

- We will meet the standards set out in the **International Aid Transparency Initiative (IATI)** and will encourage our partners to do the same.
- Major new programmes such as the Girls' Education Challenge (GEC) will actively seek **design inputs and feedback from partners** outside government, including the private sector.
- Major new strategies, such as the 'Frameworks for Results' for Reproductive, Maternal & New born Health and for Malaria, will be preceded by a period of **formal external consultation**, as per Cabinet Office guidelines.
- Within HDD, we will be encouraging partners within the various **multilateral agencies and global funds and partnerships** important to human development sectors to be more transparent in their own business, as assessed and recommended by the Multilateral Aid Review.
- These measures will not only ensure that HDD meets the corporate commitments of the **UK Aid Transparency Guarantee**, but will also ultimately improve the **effectiveness** of our programmes and the programmes of our partners.



# Annex A: Revisions made to Operational Plan 2012/13

The following changes have been made since the June 2012 HDD Operational Plan:

- Factual updates to the context and vision to reflect changes during the year (slides 2 and 3).
- The target for costs savings for malaria rapid diagnostic tests has been quantified as £15m (slide 5).
- The headline indicator on Water and Sanitation has been amended (slide 6) to reflect new plans for scaling up water and sanitation programmes.
- Text on measuring value for money in Water, Sanitation and Hygiene has been amended (slide 7) to reflect latest plans.
- Updates to figures on delivery and resources to reflect current plans (slides 9-11).
- Reference to forthcoming position papers on health and education has been added to reflect DFID plans in the future (slide 12).
- New results slides on progress against headline indicators (slides 16-18).



# Annex B: Results Progress

Pillar/ Strategi c Priority	Indicator	Baseline (2010 unless otherwise stated)	Progress towards results (include year)	Expected Results (include year)
MDGs HEALTH	<p>'Framework for Results' for Reproductive, Maternal &amp; New born Health, and support to implementation, saves the lives of women &amp; new borns and provides women with modern methods of family planning.</p> <p>'Framework for Results' for Malaria, and support to implementation, drives the reduction of malaria deaths in high prevalence countries.</p>	<p>0</p> <p>0</p>	<p>UK hosted global event in July 2012 to raise funds and to develop policy to meet unmet need for family planning by 120m women by 2020.</p> <p>Independent evaluation of the framework has been set up with mid-term review due at the end of 2013.</p>	<p>Contribution to saving 50,000 women's and 250,000 new borns lives, providing family planning to at least 10m couples by 2015.</p> <p>Contribution to halving malaria deaths in at least 10 countries by 2015.</p>
MDGs HEALTH	<p>Cost savings generated for key global health commodities by global support for access to medicines.</p>	<p>(i) 0</p> <p>(ii) 0</p> <p>(iii) 0</p>	<p>(i) The Jadelle Access Program agreed by DFID and other partners will generate savings of over £25m per year over the next 6 years. Additional work is underway to secure further savings on other family planning commodities.</p> <p>(ii) DFID's market-shaping programme implemented by CHAI helped to secure significant global price reductions on first and second line therapies for HIV. These reductions are expected to result in over \$250 million in savings over the next five years (excluding South Africa). In addition, CHAI's work in South Africa was one factor that contributed to a savings of US \$169 million for the country in 2011, with a further US \$400-500 million in savings expected in 2012.</p>	<p>Global savings of: (i) over £20m p.a. for contraceptive implants and injectables, equating to over 2 million pregnancies avoided, (ii) \$140m for first line anti-retroviral regimens and \$100m for second line, (iii) £15m for malaria rapid diagnostic tests.</p>
MDGs HEALTH	<p>Support global partnerships to control a number of infectious diseases to reduce the prevalence of: polio, guinea worm, lymphatic filariasis, schistosomiasis, onchocerciasis and other selected Neglected Tropical Diseases.</p>	<p>Polio: 968 cases; 4 countries</p> <p>Guinea Worm: 4 countries</p>	<p>Polio: 223 cases in 2012 in 3 countries; 16 cases January-March 2013 (40 same time in 2012);</p> <p>Guinea worm: 542 cases reported in 4 countries in 2012, almost half the numbers in 2011. Zero cases to date in 2013.</p> <p>Schistosomiasis: progress towards 2015 target maintained;</p> <p>Other NTDs : progress in control maintained</p>	<p>Polio: 90m inoculations by 2012; cessation of polio transmission by 2013; elimination by 2015</p> <p>Guinea Worm: eradication in 3 of 4 endemic countries by end 2012; in South Sudan by end 2015</p> <p>Schistosomiasis: 75m treatments delivered / cases averted over 5 years in 8 countries by 2015</p> <p>Significant progress in the control of other NTDs by 2015.</p>



## Annex B: Results Progress (Slide 2)

### Progress towards headline results\*

Pillar/ Strategic Priority	Indicator	Baseline (include year)	Progress towards results (include year)	Expected Results (include year)
MDGs HEALTH	Number of i) multi-country partnerships ii) paired institutional partnerships iii) successful volunteer placements delivered by the Health Partnerships Scheme.	(i) 0 (ii) 0 (iii) 0	Progress towards results (2013) i) 7 MCPs ii) 67 PIPs iii) 306 volunteers	Capacity development in Low Income Countries, and support for development in the UK, successfully supported through: (i) 7 multi-country partnerships, (ii) 67 paired institutional partnerships, (iii) 655 volunteers by 2015.
MDGs HEALTH	Clearly articulated and evidence-based policy positions on HIV/AIDS developed and used to (a) inform programmes in 8-10 key countries and (b) influence global policy at UNGASS and other fora.	3.2m young women (15-24 yrs) living with HIV (2009).  57% of MSM reached; 58% of sex workers reached; 32% of IDUs (2009)	3.08m young women (15-24 years) living with HIV (2011).  <i>Reducing new infections:</i> 4 new DFID HIV prevention programmes have been designed with a focus on women and girls. HDD support has improved efficiency, effectiveness and equity of country plans. <i>Key populations:</i> A new pooled fund has been established to support key population networks.  Through DFID's support to the International Harm Reduction Association, between 2008 and 2012, the number of countries supporting harm reduction in policy and/or practice has increased from 82 to 97.	Reduced HIV prevalence in young women (15-24 yrs) in 8-10 countries.  Increased coverage of HIV prevention services for most at risk populations in low and middle income countries (UNAIDS reporting).
MDGs EDUCATION	i) Number of projects supported by the Girls' Education Challenge (GEC) & ii) Number of girls supported in school through GEC.	i) 0 (2012) ii) 0 (2012)	(i) 15 GEC Step Change Window projects announced in January 2013. These will support at least 670,000 girls with improved learning outcomes. (ii) 0	i) At least 5 projects announced by 2013 ii) By 2015 projects under GEC support up to 1 million girls in school and learning.
MDGs EDUCATION	Number of Higher Education partnerships supported within a new programme & examples of policy/programming changes as a result of partnerships.	200 partnerships have been supported under previous DelPHE programme (2012)	New programme in design, on track for first round of partnerships to be selected and in place by December 2013/January 2014.	New programme established and first 20 partnerships selected by 2013 as part of a wider HMG offer on HE to deliver tangible policy and programming outcomes in partner countries.

\* These results may not be directly aggregated with other country results due to different measurement methodologies



## Annex: Results Progress (Slide 3)

### Progress towards headline results\*

Pillar/ Strategic Priority	Indicator	Baseline (include year)	Progress towards results (include year)	Expected Results (include year)
MDGs EDUCATION	Number of country programmes supported to improve education data sets or pilot new efficiency metrics.	At the end of 2011 approximately 50% of DFID priority countries had full data sets (PAC memo). Guidance under development 2011; specific support to 2 countries.	At the end of 2012, 83% of DFID priority countries had full data sets. All but 3 DFID focus countries (Afghanistan, Burma and DRC) were able to measure and report against an indicator of learning, teacher salary, textbook cost and unit cost per child per year (PAC 2012). SABER toolkits in development to allow for comparative benchmarking of education systems.	All DFID's Education programmes track key education value for money indicators, including learning outcomes, system efficiency and unit costs by 2015.
MDGs WATER & SANITATION	<ul style="list-style-type: none"> <li>(i) Delivery of WASH results through PD programmes.</li> <li>(ii) Evidence on value for money and effectiveness in WASH programme delivery.</li> <li>(iii) Resilience to climate change.</li> </ul>	<ul style="list-style-type: none"> <li>i) PD programmes in implementation expected to deliver 0.5 – 1 million people with access to sustainable WASH (2012).</li> <li>ii) Wide variation and lack of evidence on unit costs (2012).</li> <li>iii) Limited climate actions in WASH programming.</li> </ul>	Plans developed to deliver PD's contribution to WaSH targets by 2015. Business cases approved for operational research and for climate resilience.	<ul style="list-style-type: none"> <li>i) Approximately 13 million people to gain access to water, sanitation and hygiene through Policy Division programmes by December 2015.</li> <li>ii) Evidence to generate reduced unit costs across the WASH portfolio (up to 10% in fragile and high cost countries, 2-5% in other countries) by 2015.</li> <li>iii) 50% of all WASH programmes to have climate actions by 2015.</li> </ul>

\* These results may not be directly aggregated with other country results due to different measurement methodologies