

Operational Plan 2011-2015

DFID HUMAN DEVELOPMENT DEPARTMENT

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Introduction

The UK Government is determined to help reduce the inequalities of opportunity we see around the world today. We believe that promoting global prosperity is both a moral duty and in the UK's national interest. Aid is only ever a means to an end, never an end in itself. It is wealth creation and sustainable growth that will help people to lift themselves out of poverty.

In May 2010, the International Development Secretary, Andrew Mitchell, commissioned the Bilateral Aid Review to take a comprehensive and ambitious look at the countries in which DFID works through our direct country and regional programmes. The review focussed on the best ways for the UK to tackle extreme poverty, ensuring that we make the greatest impact with every pound we spend. In parallel, through the Multilateral Aid Review, DFID assessed how effective the international organisations we fund are at tackling poverty.

On the 1st March 2011, the key outcomes of the reviews were announced, including the results that UK aid will deliver for the world's poorest people over the next four years. The Bilateral Aid Review has refocused the aid programme in fewer countries so that we can target our support where it will make the biggest difference and where the need is greatest. The Multilateral Aid Review findings enable us to put more money behind effective international organisations which are critical to delivering the UK's development priorities. In addition the independent Humanitarian Emergency Response Review looked at how the UK can build on its strengths in responding impartially to humanitarian needs and help ensure future disaster responses can be better prepared and coordinated.

DFID is committed to being a global leader on transparency. In the current financial climate, we have a particular duty to show that we are achieving value for every pound of UK taxpayers' money that we spend on development. Results, transparency and accountability are our watchwords and guide everything we do. DFID regards transparency as fundamental to improving its accountability to UK citizens and to improving accountability to citizens in the countries in which it works. Transparency will also help us achieve more value for money in the programmes we deliver and will improve the effectiveness of aid in reducing poverty.

The UK Aid Transparency Guarantee commits DFID to making our aid fully transparent to citizens in both the UK and developing countries. As part of this commitment we are publishing Operational Plans for country programmes. The Operational Plans set out the vision, priorities and results that will be delivered in each of our country programmes.

We will concentrate our efforts on supporting achievement of 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

The context for the Department for International Development (DFID)'s Policy Division (PD), and the context for aid, is changing. Externally, the face of poverty is changing as three quarters of the world's poor are now thought to live in middle income countries. Many of them have poor governance; global challenges such as climate change, fragility and resource scarcity are impacting on the poorest; and emerging global powers such as India and China are changing the way development happens and are proving critical to solving global problems. At the same time the 2015 Millennium Development Goal (MDG) deadline is now squarely in our sights. Many challenges remain however, with increasing pressure to focus on those issues that are proving increasingly intractable e.g. maternal mortality; access to water and sanitation; ensuring that the world's most marginalised girls complete good quality primary and lower secondary education. Global leadership is needed to push forward on these areas but the context is changing from one of advocacy to one that is based on leading by example, i.e. demonstrating good results in bilateral programming.

Internally, the context for PD is changing too. As DFID shifts to a 0.7% (aid to Gross National Income (GNI)) organisation and increases its aid 'footprint', there is an increasing imperative for DFID to make the very best investments with its increased resources. Evaluation, Value for Money assessments and transparency of aid are critical to achieving this. The UK needs a policy function that is looking ahead to the policy challenges for today and tomorrow; and is at the forefront of ensuring the UK's aid money is spent with a strong focus on Value for Money.

Human Development Department

The global context for the Human Development Department (HDD) is also changing. Great strides have been made. Much remains to be done. Much can be done. There have been successes in global **health**. Globally, 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, and many of the 8 million children who die each year die from preventable causes. Over 33 million people are living with HIV. 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).

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. Whilst great strides have been made towards universal primary education (MDG 2), with over 30 million extra children in school over the last 4 years, 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.

Sanitation is the most off-track target in Africa (MDG 7c) with just 31% access. **Water** is on-track globally, but off-track in Africa; about one-third of handpumps in Africa are not functional, demonstrating that a strong focus on sustainability is required. Diarrhoea is the leading killer of under-fives in Africa. 44% of the population in South Asia practise open defecation. 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

What Policy Division (PD) will do over the planning period will change. Recognising the increasing aid budget which DFID will have, PD will focus on increasing the Value for Money (VfM) of UK aid. 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 and doesn't work and how to measure impact. It will make sure knowledge, learning and innovation is shared across the organisation to best benefit DFID staff.

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

- support the delivery of the bilateral programme through lesson learning across the portfolio; expertise on VfM, indicators and unit costs of investments; knowledge sharing and facilitation; capturing experience from innovation; delivering reviews of the portfolio etc.
- provide analysis and advice in support of Ministerial policy requests and business plan/ Structural Reform Plan priorities;
- continue (but devote less staff time to) to promoting change internationally and in international organisations by helping develop UK Government policy positions for the G20, G8, 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).
- 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 the Human Development Department (HDD) is to provide corporate and international leadership on human development and the MDGs. HDD will provide policy leadership on results and VfM of 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 UK 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 HMG 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 & HMG 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 3 years to 45, and will continue to reduce further. We will 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 & Newborn Health, and support to implementation, saves the lives of women & newborns 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 newborns 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	Global support for access to medicines generates costs savings for key global health commodities.	<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) £xm for malaria rapid diagnostic tests [to be quantified during design phase]
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 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: elimination 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	The Health Partnerships Scheme effectively delivers: (i) multi-country partnerships, (ii) paired institutional partnerships, (iii) successful volunteer placements.	<p>(i) 0</p> <p>(ii) 0</p> <p>(iii) 0</p>	Capacity development in LICs, and support for development in the UK, successfully supported through: (i) x multi-country partnerships, (ii) y paired institutional partnerships, (iii) z volunteers by 2015. [to be quantified during design phase]

3) Contd

Headline results

Pillar/ Strategic Priority	Indicator	Baseline (including year)	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	Policies and programming approaches for scaling up sanitation and hygiene promotion demonstrate results and value for money. UK engagement with the international architecture leads to improvements in effectiveness, vfm and transparency of Wash sector measured by increased results in x countries.	0	Sanitation for 15 million people and water services provision, including through the private sector, for at least 3 million people. [to be fleshed out in light of SoS plans for SWA HLM]

3) Results (continued)

Evidence Supporting Results

Health: DFID's Health Portfolio Review found that DFID's aid to 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 UK 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/ DALY averted). Polio vaccination is \$51/DALY averted. NTDs 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 of savings through price reductions on key anti-retrovirals.

Education: the Education Portfolio Review, NAO bilateral aid to primary education report and subsequent PAC 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 PD 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 worked out in the design of HDD programmes, and will be measured based on clear and measurable indicators.

4) Delivery and Resources

Policy Division

While Policy Division (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 Policy Division’s priorities and work-programmes, and Policy Division 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 & Newborn Health.

(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). 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, IDC, APPGs, NAO, PAC); 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) Organisational Design (continued)

Planned Programme Spend

Pillar/Strategic priority	2010/11		2011/12		2012/13		2013/14		2014/15	
	Resource £'000	Capital £'000	Resource £'000	Capital £'000	Resource £'000	Capital £'000	Resource £'000	Capital £'000	Resource £'000	Capital £'000
Wealth Creation										
Climate Change										
Governance and Security										
Education	5,125		3,000		13,411		116,000		176,000	
Reproductive, Maternal and Newborn Health	3,400		7,017		6,170		8,000		8,000	
Malaria	1,200		1,094		3,138		5,000		5,000	
HIV/Aids	2,100		1,125		1,400		2,000		2,000	
Other Health	28,000		100,205		59,886		81,350		83,750	
Water and Sanitation	5,800		14,302		7,120		20,500		21,500	
Poverty, Hunger and Vulnerability										
Humanitarian										
Other MDG's										
Global Partnerships										
TOTAL	45,625	0	126,743	0	91,125	0	232,850	0	296,250	0

4) Organisational Design (continued)

Operating Costs

	2010/11 (outurn)	2011/12	2012/13	2013/14	2014/15	Total 2011-15
	£'000	£'000	£'000	£'000	£'000	£'000
Frontline staff costs - Pay	325	1,104	1,538			2,642
Frontline staff costs - Non Pay	200	135	135			270
Administrative Costs - Pay	2,443	1,925	1,644			3569
Administrative Costs - Non Pay	510.8	256	123			379
Total	3478.8	3420	3440	0	0	6860

The 2010/11 figures reflect actual outturn as the baseline year before the current spending review period. Figures for 2011/12 to 14/15 are planned budgets within the spending review period. The 2012/13 figures differ from the previously published Operational Plan as the 2012/13 budget round has now taken place and updated allocations for this year have been agreed. 2013/14 and 2014/15 figures are subject to updates in subsequent years

4) Organisational Design (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	2011/12		2012/13		2013/14		2014/15	
	PAY £'000	Non Pay £'000	PAY £'000	Non Pay £'000	PAY £'000	Non Pay £'000	PAY £'000	Non Pay £'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 (inc re-scoped posts)		67	298	22				
Total	30	338.7	298	22	0	0	0	0

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 shared on PD knowledge platforms, 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-2012

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 UK Government 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 & Newborn 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 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 & Newborn 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.