



Department
for International
Development

Operational Plan 2011-2016

Human Development Department

Updated December 2014

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Introduction

In 2013 the UK became the first G7 country to meet the United Nations target of spending 0.7% of gross national income on international development. The Department for International Development (DFID) uses that investment to help countries to lift themselves out of poverty and leave poverty behind. Operational plans set out to the public how we plan to deliver results across policy areas and for every country we work in. These plans clearly explain why, and how, DFID is targeting its resources and what we expect to achieve; covering the period up until March 2016.

DFID is focused on spending in the right ways, on the right things, in the right places. The portfolio of our projects is already shifting to deliver a more coherent, focused and ambitious approach to economic development. We are helping to build strong and investable business environments in developing countries and improving access to finance for entrepreneurs.

Improving the prospects for girls and women in developing countries is a priority. Investing in girls and women is the smart thing to do, as well as the right thing to do. By unleashing their potential, we see returns for girls and women themselves, their families and communities, and for their economies and countries. No country can successfully develop if it leaves half its population behind.

Life-saving humanitarian assistance remains one of DFID's most fundamental responsibilities. When disaster strikes or conflict erupts we are first on the ground to support the most vulnerable people. We are also increasing our efforts to help those countries that are at higher risk of natural disasters to become more resilient in the first place.

DFID continues to drive value for money in everything we do on behalf of the British taxpayer. We have improved our procurement and programme management, increased our internal audit oversight and we are ensuring that staff have the skills to deliver the Department's priorities.

On the international stage we are working hard to agree a new set of global development goals to replace the Millennium Development Goals (MDGs) when they expire next year. We are determined to secure a clear and inspiring set of goals for the post 2015 development framework that leave no one behind.

Increasingly we will take new and innovative approaches and we will work with new partners. This will include businesses who are increasingly major development players. During the Secretary of State's time as co-chair of the Global Partnership for Effective Development Cooperation, DFID played a key role in encouraging different development actors to work together and use internationally agreed principles for aid and development effectiveness.

As our operational plans set out, our approach to international development is ambitious and innovative. We are determined to ensure that every pound DFID spends has the biggest possible impact on the ground. Ultimately by investing in developing countries, we can end aid dependency for good and build a better, more prosperous world for us all.

Context

The **Policy and Global Programmes Directorate;**

- delivers development results at scale
- influences change in the international system
- manages international partnerships
- develops new solutions, policy products, knowledge and instruments in support of Ministerial priorities and development outcomes

It is made up of the **Policy, International Relations** and **Research and Evidence** divisions and the **Global Funds Department**.

The **Policy Division** delivers development results at scale through multi-country projects to tackle specific development problems where this approach offers better value for money than working through individual country offices. The division influences change on matters such as anti-corruption work, international tax reform, supporting girls and women and climate change. It does this across the UK government, internationally and with civil society and academia. Policy Division supports new policy development and provides technical knowledge to overseas programmes. Policy Division manages major partnerships and funding to a wide variety of civil society organisations, and ensures DFID learns from their insights.

International Relations Division delivers development results at scale by providing funding through the European Union, the United Nations and the Commonwealth. It influences change by leading UK work on the post-2015 development agenda, financing for development and working closely with other governments, the G7, the G20, philanthropic foundations and others to help improve the effectiveness and efficiency of our collective development efforts. Policy Division manages partnerships with the United Nations, European Union and Commonwealth development institutions, working with them to improve the development effectiveness of our contributions.

Research and Evidence Division concentrates on longer term research to produce new knowledge, both to support UK action and inform development work more generally. The Research and Evidence Division also helps to ensure quality evaluations of DFID projects and that the technical knowledge of DFID staff stays current.

The **Global Funds Department** delivers results at scale as the department responsible for managing the UK's contribution to international funds on health and education. It manages our partnerships with the funds and uses our involvement to influence the work of the funds.

Human Development Department (HDD) is part of **Policy Division**. The department **delivers results at scale on health, education, water, sanitation and hygiene (WaSH) and nutrition**, for example through the Girls Education Challenge which will support up to 1 million marginalised girls in school and learning, and the WaSH results programmes which will provide approximately 10 million people with access to water, sanitation and hygiene.

HDD influences change in the international system through policy representation in international institutions and events, through alliances with partners (for example on Family Planning 2020), and through delivering international events on priority policy topics (for example our support to the Girl Summit in July 2014).

The department **manages major partnerships on human development with** the World Bank, UNICEF, WHO, the Bill and Melinda Gates Foundation and others in order to encourage global progress in human development.

The department develops knowledge and policy on health, education, nutrition and WaSH. It gathers and promotes lesson learning within and beyond DFID, especially on innovations in policy and delivery. For example our mNutrition research programme aims to work with mobile phone companies to provide information to poor farmers.

Vision

Human Development Department purpose

The vision for HDD is for a world where everyone fulfils their potential. We aim to deliver policy and programmes that link clearly to this aim, by giving centre stage to poor people, girls and women and those left behind.

HDD provides corporate and international leadership on human development to ensure that UK and global investment brings results for poor people and best value for money. HDD's policy remit includes most of the MDGs. This includes reducing hunger; achieving universal education; reducing child mortality; improving maternal health; combatting HIV/AIDS; malaria and other diseases; promoting gender equality and empowering women; and improving sustainable access to safe drinking water and basic sanitation. Our policy areas cover a large proportion of DFID spend and of the UK government's international development objectives. We deal with one of the highest volume of public and parliamentary scrutiny of all DFID departments.

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.

From April 2014, HDD became responsible for DFID's nutrition policy and took over Higher Education policy from the Higher Education Taskforce. In July, we transferred responsibility for polio eradication to DFID's Global Funds Department.

Background

Great strides have been made on human development, and while much remains to be done there are good prospects for continued progress.

There have been successes in **global health**. Worldwide, the number of deaths in children aged under 5 years dropped from 12.6 million in 1990 to 6.6 million in 2012. Maternal deaths fell from 500,000 in 1990 to 300,000 in 2013. Access to anti-retroviral therapy (ART) has increased dramatically and has saved 6.6 million lives since 1995. However, more needs to be done. Maternal and child deaths are mainly preventable. We have the knowledge to save many or most of these lives, but many countries remain off-track to achieve the health-related MDGs (4, 5 and 6).

An estimated 58 million children¹ of primary school age remain out of school and a further estimated 250 million children² suffer a poor quality **education**, leaving school without basic literacy or numeracy. Whilst huge progress has been made towards universal primary education, the trend is slowing and sub-Saharan Africa faces the challenge of rapid population growth. Half of the world's out of school children are in conflict affected areas (28.5 million children in 2013), up from 42 per cent in 2008. Over a third of the world's refugee children are still missing out on primary education, and three-quarters do not have access to secondary education. Access is not the only crisis - poor quality is holding back learning even for those who make it to school. A third of primary school age children are not learning the basics, whether they have been to school or not.

An estimated 748 million and 2.5 billion people still lack access to safe **water** and basic **sanitation** respectively.³ Sanitation is the most off-track target in Africa with just 30% access. Globally over 1 billion people practise open defecation. The **water** target was met at a global level in 2010, but is off-track in Africa. Women and girls still often walk long distances for unsafe and unreliable water. Current estimates indicate that about a third of hand pumps in Africa are not functional, demonstrating that a strong focus on sustainability is required.

Food and **nutrition** insecurity remains a significant problem. 842 million people do not get enough to eat to meet daily energy needs, with another one billion people suffering from "hidden hunger" as they do not get enough vitamin and minerals. 165 million children under the age of five are stunted (chronically undernourished) and 52 million children are wasted (acutely malnourished) which is life threatening. Only 58 of 118 countries are

¹ United Nations, The Millennium Development Goals Report, 2014

² UNESCO Education For All Global Monitoring Report, 2013/4,

³ JMP report, 2014, Update on Progress on Drinking Water and Sanitation, UNICEF and World Health Organisation.

on track to achieve MDG 1c. Undernutrition is associated with 45% of all child deaths – 3.1 million deaths annually (2011)⁴. Poor maternal and child nutrition causes 11% of the global burden of disease⁵.

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 critical to delivering broader DFID and UK government objectives. Human development investments can combine powerfully with investment in inclusive growth, the creation of open societies and peace and stability. They are crucial to providing girls and women with more voice, choice and control over their lives.

⁴ Black et al, The Lancet Series: Maternal and Child Nutrition, June 2013 Paper 1: Maternal and child undernutrition and overweight in low-income and middle-income countries.

⁵ Bhutta *et al.* (2008) What works? Interventions for maternal and child undernutrition and survival, *Lancet*, Feb 2, 371 (9610): 417-40 Cited in DFID's (2012) An Update of the Neglected Crisis of Undernutrition: Evidence for Action published.

Results 2011/12-2015/16

Headline results (those with a * directly attributable to DFID. In all other cases, DFID is contributing to the results) .

Pillar/ Strategic priority	Indicator	Baseline	Progress towards results (including year)	Expected (end year included)
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>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>UK hosted global event in July 2014 to mobilise efforts to end female genital mutilation and child, early and forced marriage.</p> <p>A new programme has been developed to fund essential health commodities through a UN trust fund. This is expected to save 34,000 lives.</p> <p>Independent mid-term review of both Frameworks was undertaken in 2013 and concluded that DFID is broadly on track against its commitments.</p>	<p>Contribution to saving 50,000 women's and 250,000 newborns lives by Dec 2015 and providing family planning to at least 10m couples by March 2015.</p> <p>Contribution to halving malaria deaths in at least 10 high burden countries by March 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>	<p>(i) The price reduction agreements reached with Bayer and Merck by DFID and other partners for contraceptive implants are generating savings of over £25m per year over the next 6 years. Additional work is underway to secure further savings and more competitive markets for injectables such as DMPA and Sayana Press.</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 by 2016 (excluding South Africa). In addition, CHAI's work in South Africa was one factor that contributed to savings of US \$169 million for the country in 2011, with a further US \$400-500 million in savings expected in 2012.</p> <p>(iii) DFID's market-shaping programme implemented by CHAI continues to engage at global and national level through both public and private sectors to secure these savings.</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.

Pillar/ Strategic priority	Indicator	Baseline	Progress towards results (including year)	Expected (end year included)
MDGs – Health	Support global partnerships to control a number of infectious diseases to reduce the prevalence of: selected Neglected Tropical Diseases (NTDs): guinea worm, lymphatic filariasis, schistosomiasis, onchocerciasis, trachoma, and, visceral leishmaniasis.	Guinea Worm: 1,058 cases (2011)	Guinea worm: 542 cases reported in 4 countries in 2012, almost half the number in 2011. 148 cases in 2013, 53 cases during January-July 2014. Schistosomiasis: 25m treatments delivered by June 2014, progress towards 2015 target maintained. Other NTDs: Over 2013/14 progress in control of trachoma, onchocerciasis and lymphatic filariasis maintained. 2014 Visceral leishmaniasis programme approved and in inception phase.	Guinea Worm: 140 cases January – December 2014. Schistosomiasis: 203.5m treatments delivered / cases averted in 10 countries by 2018. Target expanded with approval of phase 2. Significant progress in the control of other NTDs by end 2015.
MDGs – Health	*Number of i) multi-country partnerships (MCP) ii) paired institutional partnerships (PIP) iii) number of UK health professional days spent volunteering overseas as part of the Health Partnerships Scheme.	i) 0 ii) 0 iv) 0	Progress towards results (by June 2014) i) 7 MCPs ii) 67 PIPs iii) 31,039 volunteer days	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) 50,000 volunteer days by end 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 UN General Assembly Special Sessions and other fora.	0 (2010)	By 2013: Mid-term review of UK's position paper on HIV published 37% reduction in deaths from TB of people with HIV. 67,200 pregnant women with HIV treated with Preventing Mother –To-Child Transmission (PMTCT) drugs 508,800 receiving treatment for HIV 110,000 people with HIV in 5 countries given care and support 10,240 children with HIV receiving child-friendly medicines.	By December 2015: HIV/AIDS programmes in 10 DFID focus countries. 50% reduction in deaths from TB of people with HIV since 2004. 37,000 pregnant women with HIV treated with PMTCT drugs. 768,000 receiving treatment for HIV. 120,000 people with HIV in 5 countries given care and support.

Pillar/ Strategic priority	Indicator	Baseline	Progress towards results (including year)	Expected (end year included)
MDG Education	* (i) Number of projects supported by the Girls' Education Challenge Fund (GEC) & * (ii) Number of girls supported in school through GEC	(i) 0 (2012) (ii) 0 (2012)	i) The GEC is on track to be supporting up to 1 million girls in school and learning. Fifteen projects are now implementing in the Step Change Window, covering over 670,000 girls to potentially improve their learning. Nineteen innovative projects are underway and will reach a further 200,000 girls. Four Strategic Partnerships have now been signed with Coca-Cola, Discovery, Avanti and Ericsson. ii) A one year extension has been agreed, allowing projects to implement until March 2017 and is currently being contracted. This has meant that the first outcome data will be collected during late 2014/early 2015 to allow us to understand the success of the programmes in terms of improved learning and attendance.	(i) 37 GEC projects operating in 2015, across 18 countries. (ii) By March 2017 projects under GEC support up to 1 million girls in school and learning.
MDG Education	* Number of high-value Higher Education partnerships supported under a new programme.	0 (2014)	A Higher Education Taskforce was established in 2013 and reported to Ministers in May 2014. This has delayed the development of the new programme, but two programmes are now being set up to take forward the recommendations from the Taskforce.	Up to 5 'flagship' partnerships between universities and other Higher Education providers, research institutes and private sector employers established by 2016.
MDG 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.	At the end of 2013, 96% of DFID priority countries had data sets. All but 1 DFID focus country (Afghanistan) was able to measure and report against an indicator of learning, teacher salary, textbook cost and unit cost per child per year (PAC 2013). 10 SABER toolkits developed to allow for comparative benchmarking of education systems; a further 3 are under development (see link 2014).	All DFID's Education programmes track key education value for money indicators, including learning outcomes, system efficiency and unit costs by 2015.

Pillar/ Strategic priority	Indicator	Baseline	Progress towards results (including year)	Expected (end year included)
MDG Water, Sanitation and Hygiene	<p>*i) Delivery of WASH results through Policy Division (PD) programmes.</p> <p>*ii) Evidence on value for money and effectiveness in WASH programme delivery.</p> <p>*iii) Resilience to climate change</p>	<p>i) PD programmes in implementation expected to deliver 0.5 – 1 million people with access to sustainable WASH (2012).</p> <p>ii) Wide variation and lack of evidence on unit costs (2012).</p> <p>iii) Limited climate actions in WASH programming (2012)</p>	<p>(i) (a) Business Cases approved (2013). (b) Procurement process for selecting delivery partners and independent monitoring assistance completed (mid-2014). (c) All PD programmes reporting delivery of WASH results against agreed milestones expected (end-2014). Delivered access to WASH for 300,000 people as at March 2014 and forecast to reach 4 million people by March 2015.</p> <p>(ii) Operational research programme has completed six country case studies (mid-2014) and these are currently being synthesised to produce comparable benchmarking information (end 2014).</p> <p>(iii) On track, 42% of WaSH programmes have climate actions (September 2014).</p>	<p>i) Approximately 10 million people to gain access to water, sanitation and hygiene through Policy Division programmes by December 2015.</p> <p>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 March 2015.</p> <p>iii) 50% of all WASH programmes to have climate actions by March 2015.</p>
MDGs - Reduce poverty, hunger and vulnerability	<p>*i) Successful “Nutrition for Growth” event on 8 June 2013 delivers greater political leadership on nutrition, commitments to new deliverables, financing, business action.</p> <p>ii) Number of countries that have reached Stage 3 of readiness, according to the Scaling Up Nutrition (SUN) Monitoring and Evaluation framework (this includes political leadership, an effective multi stakeholder platform, agreed flow of financial resources and a common results framework with alignment of nutrition specific and sensitive).</p> <p>iii) Reported on annually in the SUN progress report (Sept).</p>	<p>i) Three countries at Stage three in Sept 2011, 11 at Stage three in Feb 2013. \$300 million ODA per year. (2010)</p> <p>ii) Weak global governance and leadership for nutrition. 2008 Lancet series on Nutrition, architecture analysis for SUN’s set up (2010)</p> <p>iii) None</p>	<p>i) Nutrition for Growth event which raised bringing governments, civil society, business and science together to reverse the neglect of nutrition. A compact was endorsed by 90 stakeholders (made up of partners, businesses, scientific and civil society groups) which commits to: Improve the nutrition of 500 million pregnant women and young children. Reduce the number of under-fives who are stunted by a further 20 million and save the lives of at least 1.7 million children by 2020. (2013)</p> <p>ii) £2.7bn new financial commitments for nutrition were made, with commitments made by business, partner governments, donors and CSOs. (2013)</p> <p>iii) On track on SUN. We await publication of the SUN Evaluation Report in Dec 2014, to confirm target met. In the Scaling Up Nutrition (SUN) Progress Report 2013, 15 countries were classified as at Stage 3 (with developed strategies and budgeted plans, common results frameworks, strengthened monitoring systems and mobilising resources). (2014)</p>	<p>i) Successful UK G8 Presidency delivers transformation in global efforts to improve food and nutritional security (by end of 2013)</p> <p>ii) At least 15 countries have leadership, budgets and structures to scale up nutrition programmes and deliver reductions in malnutrition (by Dec 2016)</p> <p>iii) Annual reporting in SUN progress report (2014).</p>

Headline Results

Portfolio shifts

New shifts in our priorities include:

- Achieving a strong post MDG framework which highlights human development (including sexual and reproductive health and rights) through compelling goals and measurable targets and indicators. Developing new indicators for the new DFID Results Framework to reflect the shifts in the new global framework.
- Supporting country offices (and own programmes) to combine human development work effectively with economic development and “Golden Thread”: including through work on domestic resource mobilisation, strengthening systems, governance of service delivery, higher education, skills.
- Ensuring strong follow up to the Girl Summit to cement political will to combat female genital mutilation and child, early and forced marriage.

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. DFID funds the Step Up consortium which funds policy-relevant research on family planning and safe abortion.

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 2nd largest bilateral donor (behind the US) 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 35% of the world population (2.5 billion people) still lack basic sanitation. 88% 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.

Nutrition was until recently a neglected area in development, but since 2010 with new evidence from the Lancet Series (2008) and accelerated international momentum provided by the Scaling Up Nutrition (SUN) movement along with the Nutrition for Growth event, it has received greater international prominence. Fighting undernutrition is a development best buy. Every dollar spent on a bundle of nutrition interventions has a \$15 return⁶. Improved nutrition is estimated to boost wage rates by 5%-50% and estimates are that it will boost GNP by 11% in Africa and Asia⁷. Improved nutrition leads to better economic growth. Better nourished children get sick less often, are in school longer and are more likely to be employed as adults.

⁶ Copenhagen Consensus 2012 <http://www.copenhagenconsensus.com/copenhagen-consensus-iii/outcome>

⁷ Child Growth = Sustainable Economic Growth: Why we should invest in Nutrition, IDS Policy brief, June 2013

Delivery and Resources

Instruments of delivery

i) shaping and delivering policy and strategy and driving innovation: we do this through turning ideas and evidence into policy advice and practical guidance, producing and monitoring results frameworks (based on standardised indicators), and supporting delivery of policy commitments. In accordance with SRP commitments (see Annex B), 'Frameworks for Results' were produced in 2010 for Malaria and for Reproductive, Maternal & Newborn Health (RMNH)..

(ii) support to country programmes: (a) provide guidance and practical help on ways to increase and measure results & value for money across DFID's human development investments, and in cross-sectoral programmes, (b) working with Research & Evidence Division,, gather and disseminate lesson learning and knowledge & support innovation, for example in approaches to behaviour change and the "Nutrition Hub" which is a cross-DFID virtual team working on nutrition-related programmes

(iii) shaping the international system: we provide global leadership in health, education, nutrition and water & sanitation through: (a) the UN processes to count down to 2015, and to agree the post 2015 Sustainable Development Goal framework (b) existing international institutions and events where the UK is a shareholder / contributor such as the UN General Assembly, International Conference on Population and Development, the Second International Conference on Nutrition (ICN2) (c) alliances with governments, multilaterals, civil society, foundations and the private sector, and d) delivering international events such as the London Summit on Family Planning in 2012, Nutrition for Growth in 2013 and the Girl Summit in 2014.

(iv) directly financing global public goods: we deliver global public goods through technical advice and investment – approximately £800 million over the next 4 years – particularly in a range of diseases where elimination is feasible, and in education the Girls Education Challenge continues to test innovative ways of delivering quality education at scale and our support of PISA and UIS will provide better data on quality education outcomes. For example, nutrition research such as the "mNutrition research programme" which aims to work with mobile phone companies to provide mobile-phone based health, nutrition and agricultural-based information services to poor farmers, including women and adolescent girls, who are often unable to access conventional extension systems.

(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, NAO, 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.

Planned Programme Spend

Pillar/Strategic	2011/12		2012/13		2013/14		2014/15		2015/16 (provisional*)
	Resource £'000	Capital £'000	Resource £'000	Capital £'000	Resource £'000	Capital £'000	Resource £'000	Capital £'000	Total Resource and Capital £000
Education	2,639		6,818		70,825		98,743		
Global Partnerships	1,779		468		753		989		
Governance and Security	280		196		0		100		
Poverty, Hunger and Vulnerability							6,353		
Water and Sanitation	13,994		11,892		27,124		46,933		
Wealth Creation	34						359		
Health	110,984		104,338		181,727		152,943		
Total	129,710		123,712		280,429		306,420		264,600

*Expenditure figures for 2015/16 are indicative. DFID works in a variety of challenging environments, including fragile and conflict affected areas. Humanitarian work is often reactive and can be scaled up or down. An element of flexibility within funding allocations is necessary to ensure that we can balance the need for long term planning alongside the ability to respond where necessary to changing requirements

Planned Operating Costs

	2011/12	2012/13	2013/14	2014/15	2015/16 (provisional*)
	£'000	£'000	£'000	£'000	£'000
Frontline Delivery Costs – Pay	735	1,460	1,656	2,027	
Frontline Delivery Costs – Non Pay	265	120	104	153	
Administrative costs – Pay	1,724	1,450	1,687	1,702	
Administrative costs – Non Pay	169	192	120	153	
Total	2,893	3,222	3,567	4,035	5,205

*Expenditure figures for 2015/16 are indicative. DFID works in a variety of challenging environments, including fragile and conflict affected areas. Humanitarian work is often reactive and can be scaled up or down. An element of flexibility within funding allocations is necessary to ensure that we can balance the need for long term planning alongside the ability to respond where necessary to changing requirements

In 2014/15 HDD had agreed to reduce their Admin Non-Pay costs from £185k to £153k making an operating cost saving of £32k.

Delivering Value for Money

We aim to maximise the impact of every pound that we spend in HDD on poor people's lives.

Human development, well delivered, is a development 'best buy'. HDD-financed **health** interventions offer excellent value (many are under \$100 for each Disability Adjusted Life Years (DALY) averted). Neglected Tropical Disease programmes are high value & impact: the Africa Onchocerciasis control programme 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.

Water & Sanitation: interventions, particularly in areas with little access to water and sanitation facilities, can be highly cost effective (US\$94 per 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.

Fighting **undernutrition** is also excellent value for money. Every dollar spent on a bundle of nutrition interventions has a \$15 return, according to the Copenhagen Consensus, a group of leading economists. Improved nutrition is estimated to boost wage rates by 5%-50% and estimates are that it will boost GNP by 11% in Africa and Asia. Improved nutrition leads to better economic growth. Better nourished children get sick less often, are in school longer and are more likely to be employed as adults.

Global evidence demonstrates a quality **education** is a good investment; an extra year of quality schooling is correlated with a 1% increase in GDP. Education also has a number of well-established positive externalities; better health outcomes⁸, reduced crime rates⁹ and greater political participation¹⁰. DFID is the 2nd 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. On average the cost of supporting a boy or girl in school in one of our focus countries is £65 per year, compared to approximately £3,000 per child per year in the UK.

In HDD programmes, value for money is measured based on clear and measurable indicators. A Programme Review Group scrutinises progress and shares learning on how to extract the most impact from HDD's spend.

HDD also provides DFID **policy leadership** on value for money (VfM) in health, education, water & sanitation and nutrition. We have supported and challenged country education programmes to measure VfM and learning outcomes, drive down costs where appropriate without compromising education quality and developing benchmarks for effective education systems. We will continue 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 Policy Division 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 domestic and global investments in health, nutrition, education and water & sanitation. We will work with others to

⁸ During the 1990s the life expectancy of those attending university increased an additional 1.6 years, but those who did not go to university experienced no change in the period (Cutler et al. 2011).

⁹ in 1997, over two-thirds of all prison inmates in the US were high school dropouts; in 2001, more than 75 per cent of convicted persons in Italy had not completed secondary education; and prison rates among men aged 21-25 in the UK were more than eight times higher for those without an education qualification (i.e. dropouts) relative to those with a qualification (Lochner 2011).

¹⁰ In the US, tertiary education enrolment increases rates of voting by 30-50 per cent (Dee 2004), while completion of high school (upper secondary level) increases voting by 40-70 per cent (Milligan, Moretti and Oreopoulos, 2004).

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) Improving market efficiencies, for example the price reduction agreements reached with Bayer and Merck by DFID and other partners for contraceptive implants are generating savings of over £25m per year over the next 6 years. 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 by 2016 (excluding South Africa).

Monitoring and Evaluation

Programme Level

- HDD monitors 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 has set up a Programme Review Group to quality assure Business Cases, Annual Reviews and Project Completion Reviews and to share lessons across teams.
- HDD programmes are additionally subject to standard periodic DFID internal audit procedures
- HDD takes a strategic approach to evaluating its programmes, conducting independent evaluations on high value or innovative programmes, or in areas where evidence is lacking. The Girls Education Challenge has established robust baselines for each intervention which they are now using to improve the programmes as they progress.

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 results; the Head of HDD is **accountable** for the implementation of this Operational Plan

DFID corporate level

- A Mid Term Review of the 'Frameworks for Results' for Reproductive, Maternal & Newborn Health and for Malaria was conducted in 2013. Elements of the Frameworks are 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 (ICAI)** reporting to Parliament, or by the **National Audit Office** reporting to Parliament. In 2014 ICAI undertook a comprehensive review of DFID's nutrition portfolio. Its report gave our work a Green-Amber marking.
- HDD plays a key role in monitoring the **DFID Results Framework**, with responsibility for the methodologies and quality assurance for human development indicators. We will learn lessons from the current framework to support future monitoring plans.
- 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'). The UK initiated and is co-chair of the Stakeholder Group for the new authoritative comprehensive Global Nutrition Report to track progress and assess data gaps on nutrition.

Transparency

Transparency is one of the top priorities for the UK government. It helps people see where money is going and for what purpose. It helps improve value for money and makes governments everywhere more accountable to their citizens. DFID is a world leader in aid transparency and has an ambitious vision for both DFID and its partners. We will ensure that we play our part in continuing to work towards that vision – set out in a suite of commitments the Aid Transparency Guarantee (ATG), Aid Transparency Challenge (ATC) and DFID's Open Data Strategy.

Actions to ensure DFID meets its commitments in the UK Aid Transparency Guarantee

Publication of information

We will support DFID's transparency commitments by

- We will ensure that all project documentation is published on the Development Tracker
- We will ensure that all information in the public domain is comprehensive, accessible, accurate, timely and written in plain English
- We will map our programmes so that we can visualise where our support is targeted

Supporting transparency in our work

- We will increase opportunities for those directly affected by our projects to provide feedback on project performance. Major new programmes such as the Girls' Education Challenge will actively seek **design inputs and feedback from partners** outside government, including the private sector.
- We will seek similar levels of transparency from our partners (CSOs, contractors, other donors). We will encourage 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.
- We will help government and citizens use availability of rich data. For example, the new Global Nutrition Report will provide improved data to drive accountability for global nutrition for growth commitments. It will ensure information is available in multiple formats to help citizens hold governments, businesses and civil society to account for their nutrition for growth commitments.
- 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: Changes to Operational Plan

Page Number	Change made to operational Plan	Reason for change
3	New text on Context.	
5	Vision updated	Reflecting shifts in DFID's priorities, updating figures and reflecting addition of nutrition to HDD's responsibilities.
8	Neglected Tropical Disease indicator amended to amend Guinea Worm target from eradication to number of cases, to increase the target on Schistosomiasis and remove the polio target.	WHO has adjusted the target for Guinea Worm from eradication to interruption of transmission by end 2015. The target has been amended to the number of cases. New Schistosomiasis target reflects additional funding through a new programme. Responsibility for polio has been transferred to Global Funds Department
8	Health Partnerships Scheme indicator iii) amended to measure number of UK health professional days spent volunteering overseas.	Information on volunteer placements is no longer collected.
8	Change in expected result and baseline for HIV/AIDS indicator.	The baseline and expected results have been amended as not reported by UNAIDS in their most recent Global Monitoring Report. Progress and targets for the HIV indicator have been reported from the DFID 2013 review of the HIV position paper.
9	Girls Education Challenge indicator amended	End date amended to 2017 to reflect the one year extension to the programme, approved by Ministers, to allow sufficient time for embedding learning outcomes.
9	Higher Education indicator amended	Reflects decisions made by Ministers following the report from the Higher Education Taskforce.
10	Water and Sanitation target reduced from 13m to 10m	The number of people reached by the WaSH results programme was reduced following a review of overall progress against DFID's WaSH targets in October 2013.
10	Nutrition indicator and text added	Responsibility for nutrition has been transferred from Growth and Resilience Department to Human Development Department.
12	Results text has been updated and amended to include nutrition.	Responsibility for nutrition has transferred to Human Development Department.
12-14	Indicators amended as above and text on progress updated	As above
15	Text on delivery and resource has been updated	To reflect latest position and transfer of nutrition to Human Development Department.
13-14	Programme and Total Operating costs figures have been updated	To reflect latest position.
15-16	Text on Value for Money has been amended.	To reflect latest position and transfer of nutrition to Human Development Department.
17	Text on monitoring and evaluation has been updated	To reflect latest position and transfer of nutrition to Human Development Department.
18	Text on transparency has been updated	To reflect latest position and transfer of nutrition to Human Development Department.

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