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Research Paper No. 2007/62

Issues to Consider in Assessing International Support for Realizing Children's Rights

A Reflection on Aid Modalities and Transparency
in Reporting, and a Review of Aid for Basic Social
Services

Eva Jespersen¹ and Julia Benn²

October 2007

Abstract

The paper reflects on the potential of the OECD-DAC creditor reporting system to systematically capture flows of official development assistance (ODA) in support of realizing children's rights. The growth in modalities for delivering aid, including sector programmes, sector wide approaches (SWAPs), dedicated funds which encompass public-private partnerships such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, as well as the OECD-DAC commitment to promote harmonization and simplification in the provision of ODA and promote government ownership through general budget support raises challenges to assessing ODA for children. The question also needs asking whether singling out and measuring direct assistance to children is meaningful.

.../.

Keywords: ODA, basic social services, sector programmes, SWAPs

JEL classification: F35, H53, I38, J13

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The paper goes on to analyse ODA trends for basic social services. It shows that ODA to basic social services as a proportion of total ODA has been on an upward trend during the 1995-2004 period, particularly since 2000, the year in which the Millennium Summit set out the Millennium Agenda including the Millennium Development Goals. It shows that ODA to combat HIV and address AIDS infections has increased rapidly since 2000, but does not alone explain the overall increased aid share for basic social services. The analysis further confirms that social sector programmes and SWAPs are on the rise but still account only for a small portion of total ODA to basic social services although a number of such programmes are targeted specifically to basic services.

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Introduction

The present paper contributes to a project by the UNICEF Innocenti Research Centre on *General Measures of Implementation of the Convention on the Rights of the Child*, notably an effort to ascertain whether it is meaningful and feasible to develop a systematic approach to review official development assistance (ODA)¹ targeted to children using the internationally comparable statistics of the OECD-DAC creditor reporting system (CRS).

A number of donors explicitly recognize the Convention on the Rights of the Child (hereafter referred to as the Convention) as guiding their development policy. In reporting to the Committee on the Rights of the Child (the Committee) donors are expected to provide data on their aid in direct support of children, but the Committee currently does not appear to apply a systematic approach to assess the efforts by donor countries in terms of estimated spending and shares in total ODA. Furthermore, in many countries, parliamentarians and the civil society are increasingly interested in aid targeted to children. For international comparison, transparency and accountability, it may therefore be desirable to have an internationally agreed approach for recording and assessing such flows.

The current paper presents some reflections on the considerations necessary for using the current reporting system and in interpreting the results with regard to aid in support of children's rights, as well as in support of other developmental objectives. It is necessary to emphasize that the findings, interpretations and views expressed in this paper are entirely those of the authors.

Structure of the discussion

Section 1 discusses the new aid environment and the challenges this presents to existing aid-reporting systems, particularly from the perspective of international reporting on aid for children. Section 2 illustrates some of the challenges faced by the reporting system in capturing aid for specific purposes (in this case, basic social services) in light of the changing aid modalities such as sector budget support. Section 3 concludes and presents some specific observations for the next steps of the initiative to better capture ODA for children. (Clarifications on the statistical methods are given in Appendix.)

1 Consideration on reporting ODA for children

1.1 Changing aid environment

The Convention on the Rights of the Child and the World Summit for Children (New York, September 1990) drew attention to the role of the international community in the cooperation and provision of adequate resources for advancing and accelerating the progressive realization of human rights for every child.

¹ ODA and aid will be used interchangeably to signify assistance originating from members of the OECD Development Assistance Committee (which includes the European Commission).

The modalities and orientation of development cooperation have undergone many changes since the Convention. The growing concern for social development led to a number of thematic international conferences during the 1990s.² Changes were also influenced by the untenable debt burden faced by many low-income countries, as well as by frustrations of the international community that the prevailing modes of development cooperation did not achieve anticipated results. Another round of meetings and agreements in the new millennium therefore focused on the modes of providing assistance³ and the notion of a ‘new aid architecture’. These events led to both a growing appreciation for a ‘human rights-based approach’ to development and to a convergence among donors (and recipients) on the importance of poverty reduction supported by greater developing country ‘ownership’ as well as simplified and harmonized development assistance. Furthermore, a host of other initiatives have emerged, and new players have come on the scene to advance international objectives when these were seen to be falling behind.⁴

A returning component in these events is the assessment of available international resources and the filling of estimated resource gaps for either the broad objectives of poverty reduction and sustainable development, or more thematic/cross-cutting issues of basic social services and education for all.

1.2 The Convention on the Rights of the Child (CRC) and international cooperation

The Convention was the fastest and most widely ratified international human rights treaty (endorsed by all states, with the exception of two). It is informed by the general human rights principles of universality, indivisibility and interdependence of rights as well as accountability to and participation of children. It integrates civil, political, economic, social and cultural rights of children, and while addressed to State Parties, recognizes the primary responsibility of parents/caregivers, and the role of civil society and the international community in its implementation.

The Convention explicitly encourages ‘international cooperation’ (see Box 1) and notes that ‘particular account should be taken of the needs of developing countries’ in addressing the rights of the child to education (Article 28) and to the highest attainable standard of health (Article 24). The Convention also highlights the child’s right to be registered at birth (Article 7); social security (Article 25); public support for acquiring necessary nutrition, clothing, housing (Article 27) and thus a standard of living adequate

2 For example, 1990 International Conference on Education for All (Jomtien); 1990 World Summit for Children (New York); 1992 International Conference on Nutrition (Rome); 1993 Conference on Human Rights (Vienna); 1994 International Conference on Population and Development (Cairo); 1995 World Summit on Social Development (Copenhagen); Fourth World Conference on Women, 1995 (Beijing); Millennium Summit, 2000 (New York).

3 Monterrey International Conference on Financing for Development (2002); Rome High Level Forum on Harmonisation (2003); Marrakech Roundtable on Managing Development Results (2004); Paris Declaration on Aid Effectiveness (2005); World Summit (2005); High Level Panel on Operational Coherence (2006).

4 20/20 Initiative for funding universal access to basic social services (WSC), Education Fast Track initiative, Global Alliance for Vaccines and Immunisation (GAVI), UNAIDS, Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM), etc.

for the physical, mental, spiritual, moral and social development of the child (Article 27(1)). Furthermore, it mentions the child's right to be informed (Article 17), to be heard and to participate on issues directly affecting his immediate situation (Article 12-15), also covering the right to appropriate measures of juvenile justice. The Convention also acknowledges the child's right to be protected from economic, sexual and other exploitation and abuse, trafficking, and to be shielded from all forms of violence (Article 19) with special emphasis in the context of armed conflict.⁵ Not all of these issues fall directly within the purview of Article 4 on economic, social and cultural rights but extend to civil and political rights. But the spirit of the entire convention conveys international cooperation.

Article 44 calls on state parties to report every five years to the Committee on their implementation of the Convention. The Committee reviews reports and publishes concluding observations on the State Party performance.

An assessment of selected Concluding Observations made by the Committee suggests that while commentary on financial resources in support of children has become more substantive in recent years, there appears to be no consistent methodology or guidance provided to State Parties with regard to reporting on international cooperation or for the Committee to assess whether development cooperation in support of children has been steered by a human rights approach.

It is widely argued that stable, sustained high levels of broad-based (poverty-reducing) economic growth, peace and security, political stability, general investments in administrative, social and economic infrastructure and employment creation all contribute significantly to the advancement of children's rights by creating an environment in which direct investments in children are more productive. It can therefore be questioned whether it is feasible—or even meaningful—to 'single out' development cooperation directed at children. Such a task becomes even more difficult in light of the new aid modalities and the greater emphasis on promoting government ownership through joint planning and general budget support. Yet, there is concern that these modalities may also limit the opportunities to advance the child-rights agenda through technical cooperation and advocacy in areas of child protection such as juvenile justice, child labour, exploitation and trafficking as well as in strengthening civil society and increasing awareness of the Convention at all levels of society.

Box 1
CRC Article 4 encourages international cooperation

States Parties shall undertake all appropriate legislative, administrative, and other measures for the implementation of the rights recognized in the present Convention. With regard to *economic, social and cultural rights*, States Parties shall undertake such measures to *the maximum extent of their available resources* and, where needed, *within the framework of international cooperation* (emphasis added).

⁵ The articles are mentioned to illustrate the levels at which development cooperation takes place. The list is by no means exhaustive and readers are encouraged to review the CRC.

A strong case, however, remains that internationally comparable reporting on direct support to children is needed in light of the call for accountability by the Convention. It should also be feasible when bearing in mind the caveats to interpretation which are discussed in the following section. For the longer term, it will be useful to promote the systematic identification of the ODA that supports the implementation of the Convention based on the internationally comparable statistics of OECD-DAC. This could serve as a potential general model for the Committee in assessing the aid of individual donor State Parties.

It may, however, not be meaningful to propose a system whereby support for activities benefiting children can be summarized into a single number to be compared against an aid target in support of children's rights. It is not feasible to link ODA to specific objectives within the child-rights agenda (e.g., ODA in support of children's participation or aid supporting juvenile justice reform).

1.3 Assessing aid quantity, quality and leverage

Quantity

The notion of shared responsibility to accelerate development in lower-income countries dates back to the first development decade in the 1960s. At that time, it was estimated that 0.7 per cent of GDP from developed countries could fill the resource gap that would enable GDP to grow by 6 per cent in the developing countries. Subsequently, the 0.7 per cent benchmark became the goal for aid from the developed world and was endorsed by the UN. Over the years it has become de-linked from its original focus on capital accumulation, and is seen as the rich nations' measurement of support and burden-sharing in international development.

OECD-DAC member states report on their ODA according a set of agreed principles and rules (which define, *inter alia*, ODA and the ODA recipient countries and organizations). The rules ensure consistency in reporting over time and comparability of data between donors. In principle this ensures transparency and accountability in the assessment of development assistance vis-à-vis the international community and taxpayers in donor countries. The OECD reporting system, however, is 'exclusive' in the sense that one aid activity can be reported only against a single sector. Statistics of a 'qualitative nature' are collected for key cross-cutting themes in international development (for example, assistance explicitly targeted to improving gender equality) through the so-called policy-markers.

Based on national reporting the OECD calculates the share of ODA in each DAC member's GNI (earlier GDP), which is seen as a measure of overall burden sharing. However, the assessment of donor efforts to increase resources to specific sectors or themes cannot be based solely on ODA volumes. The targeting of aid also needs to be addressed. The usual practice is to examine aid trends within a sector as compared to total aid or total 'sector allocable' aid, which facilitates the identification of sector policies and priorities of the donor by excluding either unpredictable categories or those that are not entirely under the control of the aid administration and could not have been allocated in any case to the sector (see section 2). For example, in recent years, total ODA figures have included increasing amounts of debt relief, the calculation of which is not without controversy. Also, allocations to humanitarian assistance (including in-kind food aid) which are of great importance, may not reflect current development

policy objectives or directions or may fluctuate considerably on an annual basis. However, as will be discussed later, if multilateral funding is excluded from the ‘sector’ or thematic funding, the assessment may lead to an underestimation of effort.

Assessment of ODA volumes is also carried out in the context of international conferences that evaluate, usually with some contention, the resource gaps in specific sectors or themes. Global estimates for resource requirements are usually based on ‘best practices’, incorporating effective and efficient approaches, and are intended to advance sustainable systems. Evaluations that could determine the role played by these estimates in increasing ODA for particular purposes or whether they are instrumental in building a consensus around conference objectives are limited. The continued attention to these types of projections suggests that they are important to the global debate.

Recent OECD reports on aid allocations to specific sectors or themes (e.g., basic social services (BSS), HIV/AIDS, water supply and sanitation) have pointed to the difficulty of incorporating activities in statistics data that address several objectives at the same time. Donors may use markers in their internal reporting systems to capture their aid allocations for specific priorities. However, counting the same activity against several priorities will bias the analysis of the extent to which donors’ contributions are closing the identified resource gaps in general.

Quality

Estimating resource gaps and monitoring aid flows to assess progress are closely linked to the aid effectiveness agenda, i.e., issues of allocation among countries or their support of ‘global public goods’ (for example, new vaccines to fight malaria and HIV/AIDS, the bird influence), the absorptive capacity or potential of countries and/or government institutions to make good use of resources, the balance among interventions (textbooks, teacher training and sanitation facilities in schools), coordination among different types of development partners (bilateral and multilateral donors, NGOs and the partner government), the role of resources provided through international development finance and the private sector, and the more general question of the fungibility of aid. These challenges have given rise to the current debate about the channels of delivery, coordination, selectivity in the choice of partner countries, ownership, etc. that constitute the new aid architecture.

Another qualitative aspect that raises new challenges to the interpretation of ODA levels has to do with the integration of human rights-based approaches to development cooperation. It is now commonly understood that to serve its purpose and achieve its objectives, design and supervision within aid activity must engage in a dialogue between ‘the duty bearers’ (the appropriate level of government and service providers) and the ‘right holders’ (those for whom the services are intended, including marginalized and vulnerable groups who may not be reached with systems targeted to the population in general). OECD-DAC is currently discussing the integration of human rights and development.⁶ Participating UN agencies at the Stamford meeting in May 2003 adopted guiding principles for human rights-based approaches to programming. However, determining whether an activity has been developed and is carried out

⁶ OECD GOVNET mandated the Human Rights and Development Task Team to work towards an action-oriented policy paper; a related workshop on integrating human rights into development was held on 19 October 2005.

through a human rights-based approach introduces a new set of challenges for aid assessment. It suggests that an agreed set of assessment criteria should be part of the regular qualitative peer reviews of member countries' aid programmes carried out by the DAC.

Leveraging and multiple delivery channels

Leveraging, i.e., using allocations or policy analysis to attract other allocations/actions for shared objectives, is an important part of development cooperation whether implemented through traditional partnerships or new modalities such as budget support. General or sector budget support is also considered to promote harmonization, simplification and government ownership.⁷

Donor governments support development cooperation through a wide range of partners to leverage/contribute to development at different levels of society, including government institutions, civil society and NGOs. They take advantage of the expertise, access and focus of specialized multilateral organizations (ILO, WHO, UNESCO) or operational agencies (UNICEF, UNDP, WFP, UNFPA) as well as NGOs that may also be specialized or have a particular operational approach/reach. Funding for these partners is either in the form of general support for their mandates (core funding for multilateral organizations and framework agreements with NGOs), funds-in-trust or contributions to specific projects and programmes in line with the donor's development objectives (the latter two are recorded in DAC statistics as multi-bilateral aid).

Delegated cooperation is a relatively new channel of aid delivery. Rather than select a multilateral/UN or NGO partner, the 'sleeping partner' allocates resources towards a country or an objective by designating another DAC member to act and negotiate on its behalf. This may give the donor a higher profile with the partner country than would be the case with an international partner.

Leveraging has also been raised in the context of public private partnerships—initiatives to mobilize private resources both locally and internationally for development purposes. Relatively large private contributions to specific initiatives, such as the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) and the Global Alliance for Vaccines and Immunization (GAVI), have brought about new structures in development cooperation. These can be seen as vertical programmes challenging—or complementing—the current trend towards budget support. Efforts are at least being made to integrate the assistance from these programmes into sector programmes and PRSPs.⁸

As the following analysis will show, GFATM, for example, appears to have been successful in mobilizing and directing funds towards the HIV/AIDS crisis. However, education aid which does not have corporate sponsor(s) has also increased. Both areas have been the subject of recent conferences and high visibility initiatives.

7 One of the indicators for monitoring the Paris Declaration on Harmonization of Donor Practices is the share of aid extended in the form of budget support in total ODA.

8 The impact on assessment of aid of the health aid pact launched in September 2007 as an initiative by the UK Prime Minister Gordon Brown with a number of multilateral organizations, including the World Bank, and bilateral donors (Canada, France, Germany and Norway) to coordinate aid programmes at the country level, is not yet clear.

Such multi-layered development cooperation with an increasing number of players—and increased attention to harmonization and quality, including aid guided by a human rights approach—poses demands on the compilation and interpretation of ODA statistics for specific purposes. Core funding of multilateral and non-governmental partners is a good example. Data are available on these contributions as well as increasingly on the activities subsequently financed. Statistical presentations occasionally depict these as being part of a donor’s aid for a specific purpose (imputed amounts), e.g., for HIV/AIDS or education. However, a proliferation of such statistics can easily inflate the public’s perception of total ODA.

Multiple reporting obligations, multiple reporting systems

Reporting systems are expected to produce data that enable the quality, quantity and leveraging of aid to be assessed concurrently. There is a pull in opposite directions: donor governments, on the one hand, are asked to provide more or less unconditional support for partner governments or to channel funds as cash transfers to multilateral and NGO partners. On the other hand, taxpayers, media and stakeholders in international development are asking for evidence of strong financial commitment to specific human development objectives. Box 2 gives an example of one donor’s efforts to advance the new aid modalities while at the same time attempting to report to its constituencies on its support to specific objectives. Similar rational is sometimes evident in aid activity descriptions. (For example, a donor reporting on its contribution to the World Bank managed Afghanistan Reconstruction Trust Fund is required to highlight its preferences for support to education, public administration and livelihood and social security.)

In practical terms, reporting systems serve several objectives. Foreign affairs ministries and development cooperation agencies report to parliament (or in the case of a multilateral agency to its board of governments). They are increasingly requested to indicate results on key objectives (as viewed by the general public/media, e.g., addressing street children and trafficking) while also showing support for the OECD/international agenda for harmonization and simplification. Donor governments

Box 2
Broad budget support, but for specific purposes—the DFID experience

... As the share of budget support within the DFID programme grew, so did demand for the department to give Parliament sectoral breakdowns for such allocations. Hence DFID analysed budget support by sector and derived a working average for spending on each sector. There was no fixed methodology for this. One approach was to extrapolate from the budget of the recipient government, another to use notional earmarking figures, where available. Among the results was an estimate that 20 per cent of budget support was spent on education. In early 2004, DFID approved a standard methodology for this process, referred to as notional sector classification of budget support. It is a developmental approach, designed to provide consistent and comparable figures, based on country-specific data. Budget support expenditure is attributed pro rata to the ODA-eligible parts of the recipient government’s budget. The focus on ODA-eligible expenditure explicitly excludes elements such as defence. The new methodology, which DFID began using in April 2004, is designed to promote greater transparency on how each country receiving British aid uses it.

UNICEF (2005a: 190, box 5.1)

report annually to the DAC on aid using a series of classifications that inter mingle the purposes and modalities of aid and policy outcomes. Donors are also called on to produce increasingly detailed accounts of activities for specific sectors or objectives for various international events or conventions, which usually have specific reporting obligations. The requirement to report every five years on ‘international cooperation’ in support of the Convention on the Rights of the Child (CRC) is an example of these.

As each development theme has its particular specificities, there is a tendency to launch new initiatives to track financial flows. One such new initiative is ‘monitoring financial flows for child health at global and country levels’ (sponsored, among others, by USAID). It develops and tests methodologies for tracking expenditures on child health, including ODA from major international donors, with the aim:

- to ‘help raise global awareness’ of the gap between expenditures and the funding needed to achieve the child survival objectives embodied in the MDGs;
- to encourage greater and more efficient national and international investment for child survival; and
- to hold stakeholders at all levels accountable.

Importantly, the initiative concludes that OECD-DAC’s creditor reporting (CRS) database should constitute the basis for global ODA tracking, and that it will require improved project descriptions by all reporting agencies and better reporting by multilaterals (Powell-Jackson et al. 2006).

The multi-type donor structure, and expectations and demand of accountability by private contributors have led to parallel reporting systems. Some of these initiatives have sought to capture intra-sector ODA allocations, for example, to health within a wide range of activities, including research and development. This begs the question whether separate systems/surveys of individual donors can provide information that is of a comparable quality and comprehensiveness to justify going beyond the OECD system, and suggests that alternative estimates be used only as ballpark indications. Operating within the OECD-DAC system makes it possible to complement reporting categories with word searches and collective reflection on how to capture contributions from ‘complementary’ activities. It should, however, be acknowledged that the OECD-DAC system has evolved from a system that reflects development cooperation priorities of the 1970s, including categories detailing interventions in areas that are of less focus in today’s aid orientation aid. However, the implementation of a marker system does extend the opportunities of analysis, as does the increased opportunity of word searches at project level.

These developments suggest that DAC might seek to capture some of the private NGO flows in the CRS format, on a voluntary basis, or that DAC donors should seek to enhance their activity-specific reporting with descriptors to make word searches easier and to allow easy reference back to the DAC-supported system in the interest of accountability.

2 Aid for basic social services⁹

This sector illustrates some of the factors that need to be considered in order to assess aid for cross-cutting development concerns, such as universal access to basic social services (BSS). The concept of BSS pertains to the provision of services in education, health (nutritional and reproductive) and clean water supply and adequate sanitation at the primary or basic level. Within a broader supportive environment, these services are necessary to promote the survival, protection and development of children, as articulated in the Convention.

2.1 Origin of the concept ‘basic social services’¹⁰

The concept of basic social services was put forward by UNDP, UNESCO, UNFPA, UNICEF and WHO at the time of the World Summit on Social Development (WSSD) in Copenhagen in May of 1995.¹¹ Based on global estimates of resource requirements to meet these goals and the essential health service packages (World Bank 1993), the agencies calculated the resource gap to be US\$30-40 billion annually during the 1990s. They further proposed—as a guiding principle—that developing countries strive to allocate 20 per cent of their public expenditures to support these services, appropriately balanced to maximize synergy. The donor community would, in return, meet the gap in funding which, it was argued, could be met by earmarking 20 per cent of each donor’s total aid budget to BSS, along with a steady progress towards the 0.7 per cent ODA goal.¹²

This so-called 20/20 Initiative was reflected in the final declaration of the WSSD and at international meetings co-funded by the governments of Netherlands and Norway in Oslo (1996) and Hanoi (1998). Efforts were made to estimate the levels of spending on BSS by a number of developing and donor governments, even though the main principle was to establish partnerships around the provision of basic social services.

DAC members agreed to revise the CRS sector classification to allow aid earmarked to basic social services to be identified separately. The first analysis of member states’ support for BSS was prepared by OECD-DAC for the 2000 Geneva Summit which took stock, at mid-decade, of the WSSD agenda. This indicated that donors were on average allocating 14 per cent of ‘sector allocable’ ODA to basic social services.¹³ Reviews by UNDP and UNICEF for the 1998 Hanoi Conference on the 20/20 Initiative had

9 The analysis in section 2 is shaped by the analysis undertaken by the OECD; see (OECD 2006).

10 The origin and basis for the initiative is elaborated in Parker and Jespersen (1994).

11 The World Bank joined in a subsequent revision prepared for the WSSD+5 in Geneva in 2000.

12 The date by which universal access should be achieved is somewhat obscure. The WSC goals were set for 2000 but the population and development resource needs were extended to 2015.

13 As is discussed in section 1, the assessment of priority to BSS is currently calculated against sector allocable ODA, suggesting in effect that this share should be somewhat higher than the share in total ODA to bridge the estimated resource gap.

indicated that developing countries had on average allocated the same level of public spending to these services.¹⁴

From the outset, the 20/20 Initiative was met with widespread scepticism. Most notably, the initiative was seen as placing too much emphasis on resources while ignoring the importance of a strong institutional context (governance, sector reform, efficiency and effectiveness). This was, in turn, countered by arguments that effectiveness, efficiency and synergy were integral to the proposed approach. Furthermore, it should be seen as a necessary but not sufficient part within a greater context (20 per cent for BSS and 80 per cent for the rest). It is also important to note that although sponsoring agencies and the initiative were fully cognisant of the need for continuous reform in the social sectors and the importance of support functions such as teacher training or training of medical staff, they also acknowledged the necessity, first, to ensure that the needs and rights of children were given due attention in the development debate, and second, to ensure adequate financial support for children in the present—in the ‘here and now’—while comprehensive reforms and sector development and management were underway.

In the current perspective, it may be considered that the initiative failed to link the BSS concept directly to the CRC and its objectives of ‘highest attainable level of health’ and ‘of education’. Furthermore, the focus was on supporting public services that directly advance good health and good education for all. It did not include what is commonly understood as social safety nets/protection/welfare systems, which are necessary for the protection of children from harm and abuse. Nor—perhaps intentionally—did it include humanitarian assistance. However, as articulated in the Convention, children have the right to services and protection by the state also in these areas. Thus to assess the ODA in support of the realization of children’s rights, it is necessary to consider reporting under a wider set of aid categories. Section 3 reviews the experience of a few donors to propose a schematic approach for this purpose.

2.2 Trends in ODA and aid to basic social services¹⁵

The subsequent data analysis takes as its starting point 1995: the year of the WSSD and the final declaration which made reference to the 20/20 Initiative for universal access to basic social services.¹⁶

Trends in total ODA

Figure 1 illustrates the trend in total ODA commitments over the period 1995-2004. Total ODA has increased steadily from 1997 onwards in real terms, and since 2001 also as a per cent of GNI. The Monterrey Conference in 2002 led to further increases in ODA: sector-allocable aid grew from an average of US\$36 billion in 2001-02 to US\$45

¹⁴ UNICEF and UNDP with contributions from the World Bank and United Nations Population Fund (UNFPA) See UNICEF (1998).

¹⁵ Unless otherwise noted, commitment data have been used (showing direction and intent of the aid programme). Efforts are increasing by DAC members to report also actual expenditures to the OECD. See annex for further discussion.

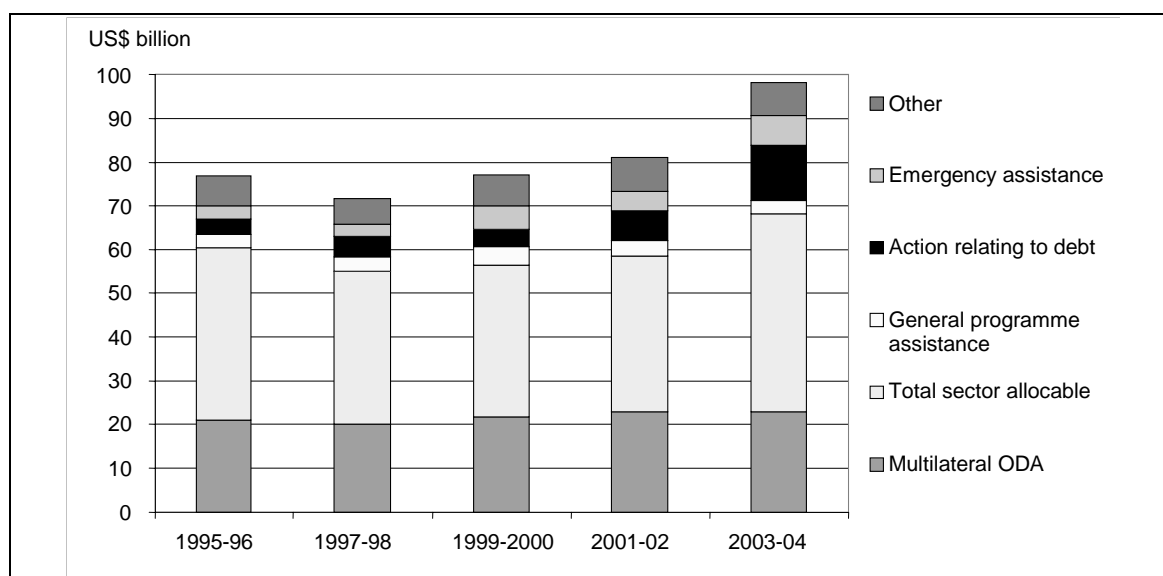
¹⁶ The statistical methodology and definitions used to measure aid to BSS are explained in the Appendix.

billion in 2003-04 (constant 2004 prices).¹⁷ Debt relief almost doubled during the same period (from US\$7 billion to US\$13 billion). But, despite statements from many bilateral donors to that effect, there are no significant increases in general budget support (included in category general programme assistance). Multilateral aid (i.e., contributions by DAC members to the core budgets of multilateral organizations) increased only slightly over the period.

Sector-allocable aid can be further broken down into four main categories: social infrastructure and services, economic infrastructure and services, production, and multisector aid. Aid to ‘social infrastructure and services’ has been increasing throughout the last decade (Figure 2) and most of the rise in 2003-04 is attributed to this category. Support to education has remained relatively stable, whereas health and population/reproductive health sectors have attracted more funding, in particular to combat HIV/AIDS. Nevertheless, the largest increases have taken place in the government and civil society sector in the fields of security and peacebuilding and support to general government administration (Figure 3). Aid for economic infrastructure and services (not shown) has been declining, except during 2004, which reflects the start-up in the reconstruction of Iraq.

Basic social services sectors have benefited from an overall increase in sector-allocable aid. Bilateral ODA commitments to BSS more than doubled between 1995 and 2004 (from US\$3.2 billion in 1995-96 to US\$7.1 billion in 2003-04) (Figure 3). Growing steadily until 2000, there was a major increase in 2002 in aid to basic health and population/reproductive health, which is partly explained by the creation of the

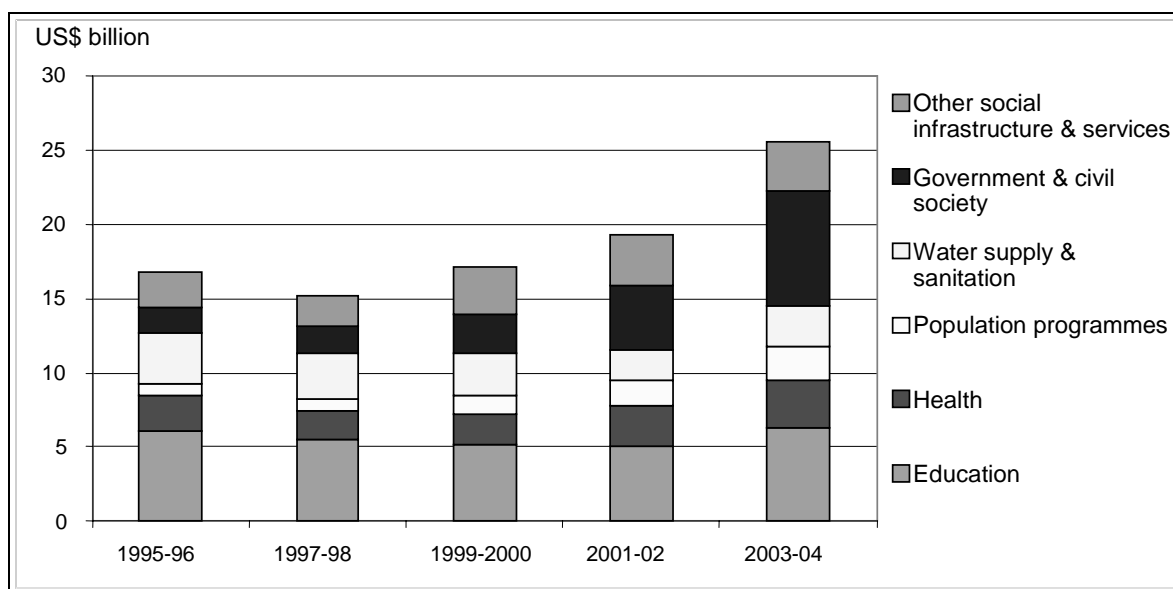
Figure 1
Trends in bilateral and multilateral ODA, 1995-2004
2-year average commitments (constant 2004 prices)



¹⁷ As shown in Figure 1, sector-allocable ODA consists of ODA with the exclusion of humanitarian assistance, aid related to debt cancellation, general programme assistance (including budget support) and core funding for multilateral organizations.

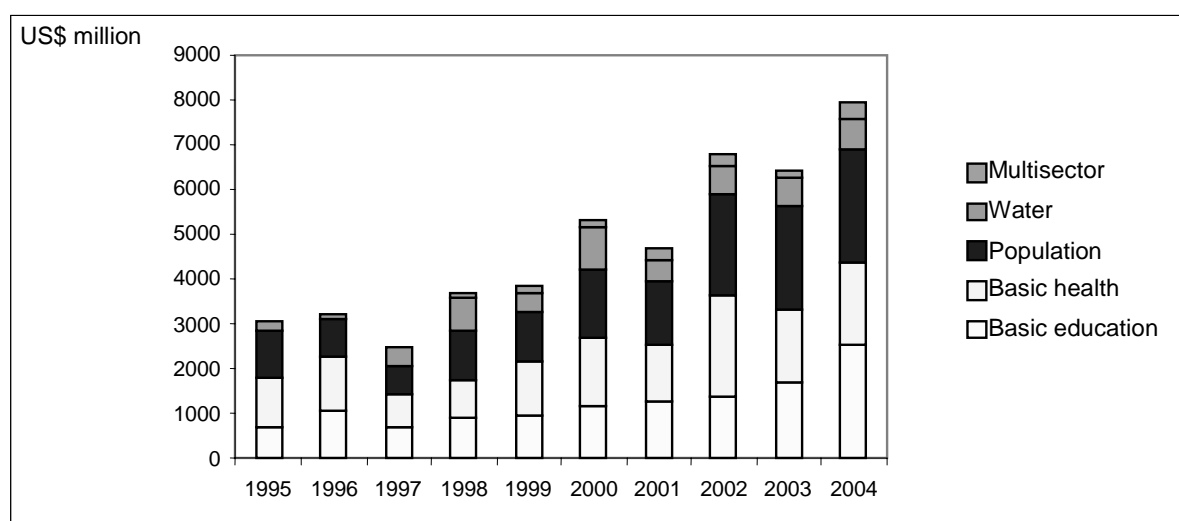
GFATM¹⁸ with initial commitments from donors amounting to US\$700 million in 2002, and in 2004 in aid to basic education. The addition to basic education may reflect the revitalization of the goals of Education for All in Dakar (April 2000) and the Fast Track Initiative Catalytic Fund.

Figure 2
Bilateral ODA to social infrastructure and services, 1995-2004
Commitments (constant 2004 prices)



Source: OECD-DAC.

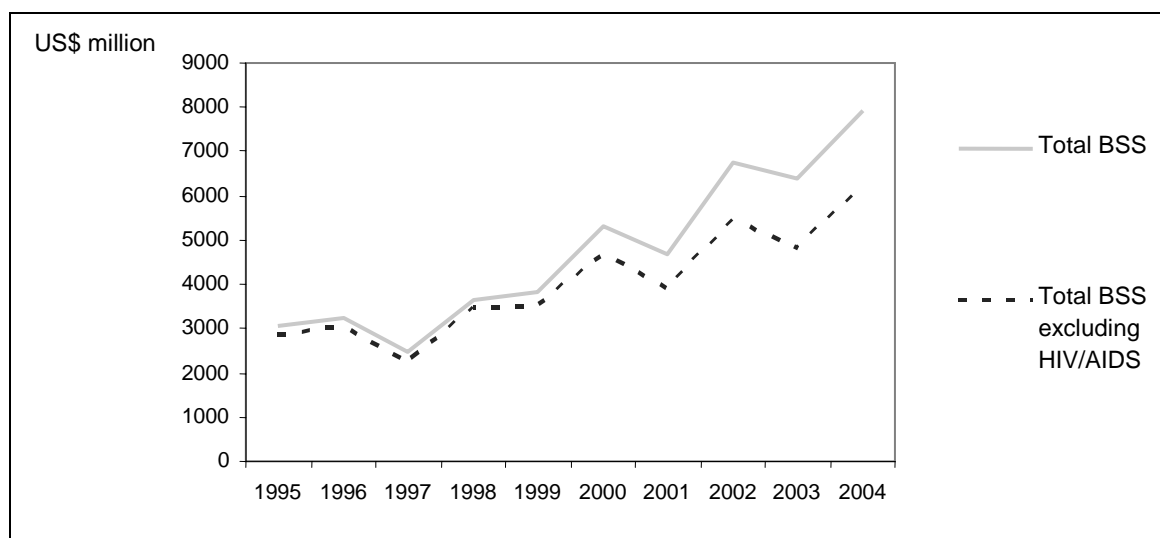
Figure 3
Bilateral ODA to basic social services, breakdown by sub-sector, 1995-2004
Commitments (constant 2004 prices)



Source: OECD-DAC.

¹⁸ From 2003 onwards contributions to GFATM have been recorded as multilateral aid.

Figure 4
Bilateral ODA to basic social services, excluding HIV/AIDS, 1995-2004
Commitments (constant 2004 prices)



Source: OECD-DAC.

The trend in aid to BSS sub-sectors is increasing across all DAC donors. Detailed analysis shows, however, that the ‘jumps’ are due to a few relatively large commitments, subsequently benefiting a limited number of recipient countries (cf. OECD 2006).

Because the increase in ODA for HIV/AIDS has been so considerable, it is of interest to review the basic social service assistance that excludes these allocations. Figure 4 shows that the trend still increasing, albeit more modestly.

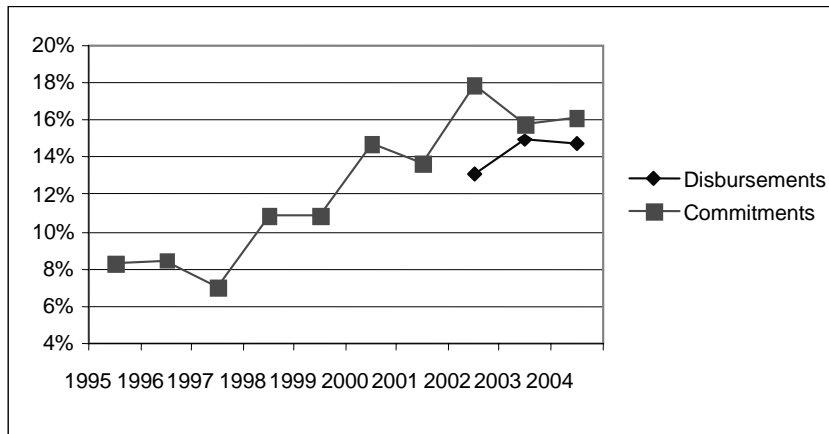
Examination of the data on aid directed to BSS confirms the upward trend if considered against the sector-allocable ODA. This is also evident when measured against the proposed 20 per cent target, as Figure 5 illustrates. As a share of total bilateral sector-allocable ODA, aid to basic social services peaked at 18 per cent in 2002 and is currently 16 per cent on average. If contributions to multilateral organizations are taken into account, the share is almost 20 per cent as shown in Figure 5 and Appendix Table A, which shows BSS shares for individual countries.

It is interesting to note that although the key champions for basic social services and the 20/20 Initiative had faded by 2000,¹⁹ the upward trend in aid to BSS continued. Much of this is explained by the fact that many of the goals targeted by the Initiative were integrated and reconfirmed as the goals of the Millennium Declaration of the Millennium Summit in New York, September 2000.²⁰

¹⁹ An editorial in the *Lancet*, 11-17 December 2004, also argued that UNICEF, at the expense of increasingly directing their attention to other areas of the child rights agenda, has given less attention to child survival and development.

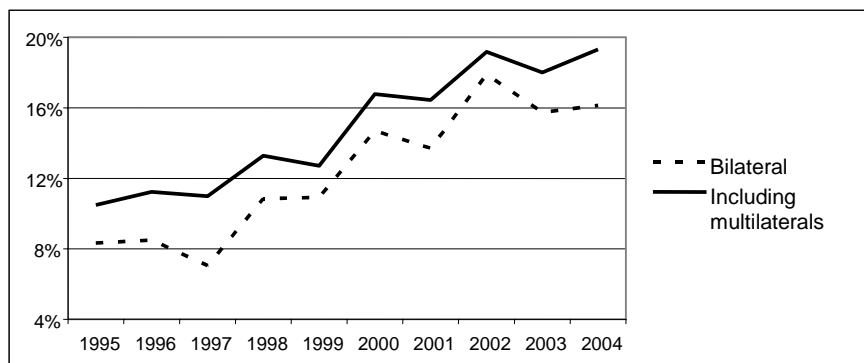
²⁰ The Millennium Declaration and the MDGs omit the goals regarding reproductive health that were set at the 1994 Cairo Conference and reaffirmed at the Beijing Conference on Women and Development.

Figure 5
Share of aid to basic social services
in bilateral sector-allocable aid, 1995-2004 (2004 prices)



Source: OECD-DAC.

Figure 6
Share of aid to basic social services, 1995-2004
Bilateral aid and total aid (including imputed amounts for multilaterals) (2004 prices)



Source: OECD-DAC.

2.3 Changes in modalities for support to BSS

The data on aid to BSS relate to projects and programmes which have basic social services as their main purpose. Aid to BSS channelled through sector programmes, sector budget support or pooled funding is captured only when these focus entirely on basic services (such as the education sector development programme in Bangladesh) or if a donor reports commitments at the component level. This, however, is usually not the case. Sector programmes reported at a more general level (such as the health sector strategic plan in Mozambique) are not captured.

The obvious point of interest that arises is the size of the share of aid delivered in the form of sector-wide approaches to education, health or water. These contributions are separately identified in the CRS through a 'sector programme flag'.²¹

²¹ Sector programme aid is defined as comprising 'contributions to carry out wide-ranging development plans in a defined sector such as agriculture, education, transportation, etc.'. The directives further

Table 1
Commitments for sector programmes in education, health and water, 2000-04
US\$ millions (constant 2004 prices)

	2000	2001	2002	2003	2004
Australia	-	-	-	-	-
Austria	-	-	3.8*	0.7*	2.0*
Belgium	-	9.1	26.1	8.9	22.8
Canada	-	-	-	70.2	130.8
Denmark	61.9	-	131.8	78.5	382.0
Finland	-	-	-	44.6	35.2
France	-	-	-	10.1*	33.7*
Germany	na	na	na	na	na
Greece	-	-	-	1.1	-
Ireland	-	-	-	21.8	26.0
Italy	-	-	10.2	-	-
Japan	-	-	-	-	7.7
Luxembourg	-	-	-	-	-
Netherlands	74.0	27.2	351.5	80.8	287.6
New Zealand	-	-	-	7.7	16.3
Norway	-	27.5	33.7	160.3	56.2
Portugal	-	1.9	2.9	0.9	4.1
Spain	-	-	-	4.2	-
Sweden	25.0	-	46.1	222.4	50.0
Switzerland	-	-	-	52.8*	1.6
United Kingdom	-	-	-	829.6	385.7
United States	-	-	420.2	82.5	650.1
EU	569.9	396.0	229.4	471.5	300.5
Total DAC	730.8	461.8	1,255.7	2,148.6	2,392.4
Memo: Total aid to education, health, water by DAC members	12,421.0	11,257.1	13,184.2	15,089.3	17,721.0

Note: Figures in bold have been confirmed by members. * = data to be amended. For France, only the French Development Agency (Afd) has provided corrected data.

As part of the general review on the reporting of sector programmes in the CRS, DAC members were requested to verify the commitments they had made to education, health and water supply and sanitation in 1995-2004. The DAC Secretariat provided each member with a list of possible sector programmes, resulting from a text search on words such as 'sector reform', 'sector support', 'swap', 'pooled fund' or 'budget support'. Descriptions of all activities valued over US\$10 million were also reviewed. Members were then asked to go through the list, indicate the activities which were indeed sector programmes (as defined in the directives) and the amount estimated to be spent on BSS.

As Table 1 shows, aid extended in the form of sector programmes has been increasing over the last five years, but still constitutes only a minor share of total aid to education, health and water supply and sanitation. Furthermore, the bulk of the programmes in these sectors have been recorded as BSS and are thus captured in the standard aid

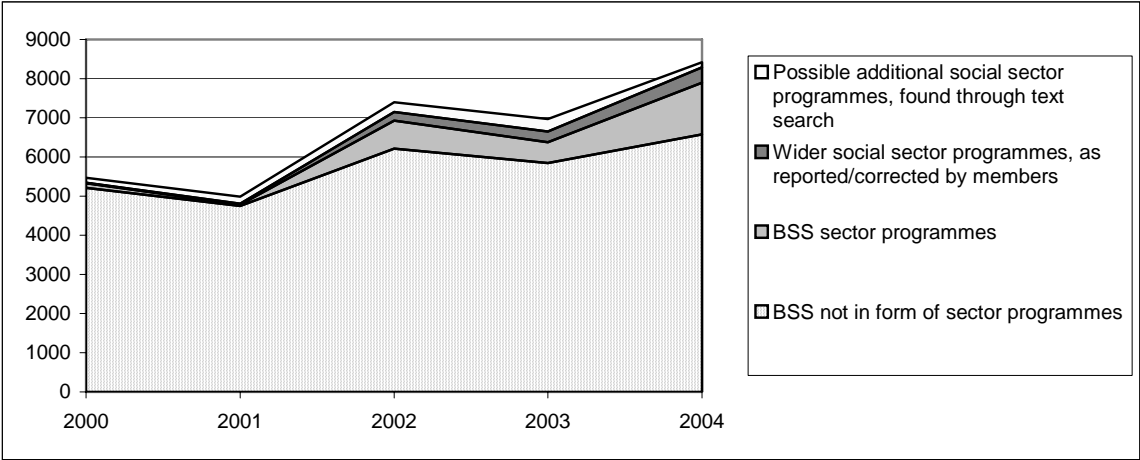
specify that 'assistance is made available "in cash" or "in kind", with or without restriction on the specific use of the funds, but on the condition that the recipient executes a development plan in favour of the sector concerned'. Sector budget support as such is not defined in the current directives, but falls under the definition of sector programme aid.

statistics on BSS, as Figure 7 illustrates.²² In 2003, 11 per cent of the allocations to BSS were within sector programmes, and 17 per cent in 2004.

Finally, to obtain an indication of the maximum amount of BSS aid, data on ‘possible social sector programmes’ for members that have not yet responded to the Secretariat are included to indicate the upper limit of aid to BSS.

While the review on the reporting of sector programmes is still incomplete, it is possible already at this stage to conclude that standard statistics do capture the quasi totality of DAC members’ bilateral aid to BSS over the period 1995-2004.

Figure 7
Bilateral aid to BSS in 2000-04 and wider social sector programmes
(education, health, water supply and sanitation), US\$ millions (2004 prices)



Source: OECD-DAC.

2.4 Distribution of ODA for BSS to recipient countries

The CRS provides the tools for analysing the recipient breakdown of aid to BSS. Main recipients over this period in terms of commitments included India (US\$602 million), Bangladesh (US\$387 million) and Nigeria (US\$378 million). On a per capita basis (Table 2), aid to BSS is the highest in countries with small population such as Guyana (in first place with per capita aid of US\$47.3 to BSS) but also in Benin and Zambia, each with over six million inhabitants. India and Bangladesh are in 109th and 78th positions, respectively. The regional breakdown shown in Figure 8 highlights the focus of aid for BSS to be in countries south of the Sahara and in Asia. Figure 9 gives the breakdown by income group, and confirms that BSS aid is targeted to the least developed countries.

Analysis suggests that global cross-sectoral initiatives can stimulate some discussion and efforts of assessment. However, the original concept may lose currency in the process and be replaced by related efforts formulated differently by new stakeholders.

22 About three-quarters of the total amount of sector programmes in education and health in 2000-04 were classified under purpose codes 112xx and 122xx, respectively; 60 per cent of sector programmes in water supply and sanitation were classified under code 14030.

Clearly ODA for basic social services has increased primarily for HIV/AIDS, the resource needs of which were not foreseen when the BSS concept was initiated. The analysis also suggests that sector-wide programmes in the social sectors may be directed mostly at the basic level, but may not have not led to significantly higher levels of overall spending (in health other HIV/AIDS). Sector programmes may also be less prevalent than the current development debate would suggest. Finally, the analysis also suggests the need to better capture funds channelled through entities such as GFATM, which receive resources from both public and private sources.

Table 2
Aid commitments to basic social services for top ten recipients, 2002-04

Aid to basic social services, average commitments				
		Total, US\$ million	US\$ per capita	As % of total aid to recipient
1	Guyana	36.4	47.3	8.9
2	Namibia	48.0	23.8	11.1
3	Palestinian adm. areas	77.1	22.9	4.1
4	Timor-Leste	19.8	22.5	3.3
5	Djibouti	13.5	19.1	5.9
6	Zambia	182.6	17.6	6.8
7	Benin	99.9	14.9	8.1
8	Swaziland	15.1	13.7	13.7
9	Bhutan	11.7	13.4	5.1
10	Lesotho	23.9	13.3	9.4
Others		8,779.8	1.8	3.2
Total		9,307.6	1.9	3.4

Note: Recipient countries of less than 500,000 inhabitants have been excluded from the list.

Source: OECD-DAC.

Figure 8
Breakdown of commitments by region, 2002-04

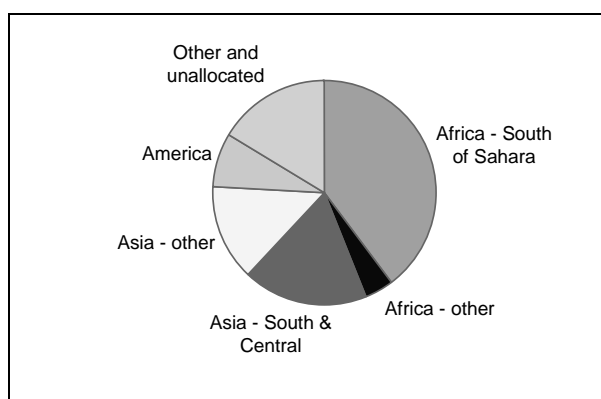
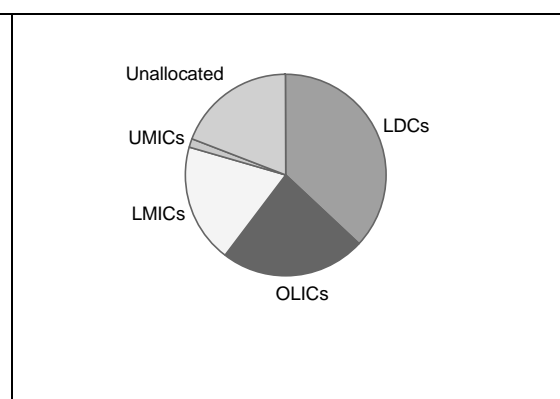


Figure 9
Breakdown of commitments by income group, 2002-04



Source: OECD-DAC.

3 Issues to consider in the development of a schematic approach for capturing ODA for children

A number of donors explicitly recognize the CRC as the guide to their development policy. The development assistance policies of Norway and Sweden, for example, are both guided by strategies to promote and protect the human rights of children.

- The child-rights strategy of Norway focuses on health, education, participation and protection; special mention is also made of children affected by armed conflict, the role of children in peacebuilding and violence against children (Norway’s Ministry of Foreign Affairs 2005).
- Sweden’s strategy focuses assistance in support of child rights on health, education, social reform and disadvantaged children (particularly child labourers, children with disabilities, children subjected to sexual exploitation, affected by HIV/AIDS, affected by war, armed conflicts and refugee situations and children in institutions) (GoS 2001).

Some of these areas of focus conform with the DAC statistical definition of aid to BSS while others appear to apply to—and are frequently recorded—in the sectors ‘government and civil society’ and ‘other social infrastructure and services’.

Norway’s and Sweden’s internal recording systems (used for reporting to the CRS) permit the tagging of activities specifically identified by these donors as being directed towards children as main beneficiaries. Therefore, a review of their data can indicate the codes under which child-centred aid (protection and participation, children affected by war, refugee children) is likely to be found. An initial examination of the data for Sweden shows that over half of total aid targeted to children was for education and health/population. But child-centred aid is also being delivered through human rights’ activities, and social and welfare services, a large share of which is earmarked for programmes on HIV/AIDS mitigation. In the case of Norway, aid targeted to children, although more widely spread, was nevertheless focused on education, health/population and activities classified as support to human rights, strengthening civil society and social/welfare services. In both cases, highlighting activities as being geared for children may suggest no more than the fact that children (often also women) are among the targeted beneficiaries, whether in connection with mine clearance or supporting juvenile justice systems advocated by the CRC.

It remains to be determined whether additional non-BSS activities targeted to children could be captured through data information on the channel of delivery (i.e., searching for agencies such as UNICEF, Save the Children).²³ Based on such a review, a shortcut approach could then be proposed for identifying the sectors where major geared-for-children activities appear most frequently or should be most substantively classified. At this stage, it is nevertheless possible to conclude that the following areas would need to be considered in a systematic approach to identify aid specifically targeted to children:

23 The internal systems of Norway and Sweden permit the estimation of this total through a specific field (policy-marker) identifying activities targeted to children. However, it is important to note that there may be considerable variations within the agencies and between the countries on how the marker is used. These variations, plus the fact that not all donors have such a marker, would seem to imply that it is not advisable to attempt international comparisons of ODA for specific child-centred activities beyond aid to basic social services. By utilizing the distinct child policy-markers, it is nevertheless possible to review child-centred activities for an understanding of the nature of the support and the channels of delivery (e.g., multilateral agencies, Save the Children, churches). This can in turn contribute to suggestions for ‘key search words’ for donors who do not have specific markers.

3.1 Aid to BSS

BSS was conceived to identify basic services for children and their families, as articulated at the major international conferences in the early 1990s. To capture ODA for children as defined by the CRC (under 18 years), it could be considered to add (to aid for BSS) aid for lower secondary and even higher secondary education (vocational training directed at those under 18).

3.2 Sector-wide approaches targeted specifically at basic services

Donors have stated that support for basic services in the social sectors is increasingly—or significantly—undertaken through participation in coordinated donor support for government sector initiatives, either through the coordination and harmonization of efforts (SPS/SWAs) or through direct budget support to the sector (basket/pooled funding/budget support).

Some sector initiatives are directly targeted to basic services, while others support reforms and development of entire sectors. Sector programmes targeted at basic services are reported under the relevant basic services codes.²⁴

3.3 Other sector-wide approaches

It is widely argued that sector reform/development programmes contribute to the fundamentals of long-term sustainable development, including improvement of services at the basic level and thus these should be counted in their entirety as support for BSS.

3.4 Pro-rating of regular resource contributions through other development agencies

Donors also channel some part of their support for basic social services and assistance directly targeted to children through the multilateral system and possibly particularly outside the BSS area. Multi-bilateral assistance is captured in the CRS. By contrast, support provided as regular resources to agencies that deal with social services or children is not part of bilateral sector-allocable ODA. Such aid can be included in the statistics using the method of pro-rating (see Appendix). It is important to do so, as otherwise donors' efforts to support BSS and children will be underestimated.

Much assistance within the child-rights agenda, particularly outside the BSS, appears to be channelled through framework agreements with national NGOs or organizations in the partner countries. These agreements outline the broader objectives of social development or promotion of children's rights that can be attained through a variety of activities across countries. In such cases, donors' reporting to the CRS relate to the framework agreements but not the activities financed within the agreements. Information on the use of funds is obtained by the donor agencies from the NGOs ex-post.

²⁴ The review of reporting on sector programmes in the CRS confirmed this.

3.5 Other ODA targeted directly at children

It is recognized that many CRC concerns can best be understood and implemented in terms of operational approaches (human rights-based approaches to programming) although they also have validity in their own right, as is shown by the focus areas of Norway and Sweden. While a system of international comparison of ODA efforts in direct support of children cannot identify qualitative differences among programme interventions within a given sector,²⁵ it could be used to track a number of activity areas that are frequently identified as child protection and child rights promotion. These include areas such as combating child labour, child soldiers, exploitation and abuse, and promotion of the participation and, more generally, the human rights of children. Some of these activities are also prominently linked to humanitarian assistance.

Assistance directed at children outside BSS is likely to be found in such categories as ‘government and civil society’, and ‘other social infrastructure and services’ (and in humanitarian assistance). However, these categories are also used for support for activities that are general in nature or targeted at other categories of beneficiaries, and direct support to children may constitute only a small share of the total.

Based on the proposed methodology, Table 3 details the data on aid targeted to children within education, health and water supply and sanitation sectors by Sweden and Norway. Aid to BSS captured through standard statistics make up 40-50 per cent of the aid targeted to children.

The current limited analysis of child-targeted aid suggests that donors who are explicitly committed to advancing the child-rights agenda allocate a considerable proportion of

Table 3
Estimates of ODA in direct support of children
within education, health, and water supply and sanitation sectors,
commitments by Norway and Sweden, 2003-04

	Norway		Sweden	
	2003	2004	2003	2004
A Aid to basic social services	197	141	189	150
Basic education	120	76	44	59
Basic health	69	52	103	90
Basic drinking water & basic sanitation	4	2	43	1
Multisector aid to basic social services	4	11	0	0
Of which sector programmes targeted specially at basic services	52	26	190	48
B Secondary education	2	6	5	1
C Other sector programmes (in education, health, water supply & sanitation)	60	0	87	14
Of which estimated allocations for basic services	Na		82	12
D Pro-rating of multilateral contributions ^(a)	152	227	106	201
Total	351	374	382	364

Note: ^(a) including World Bank, regional banks, UNICEF, UNFPA, UNAIDS.

Source: OECD-DAC.

²⁵ For example, whether primary education development is child-centred or not.

their efforts outside the social sectors that are traditionally associated with children. Many activities are classified as human rights and support to civil society.²⁶ A further analysis should examine whether this assistance is targeted directly at advancing child rights, protecting children or have children among the beneficiaries. The analysis could also shed light on the channels of delivery to show how the international community in practice endeavours to reach children. According to a preliminary view, multilateral agencies and a combination of local and selected international NGOs are the key players in these efforts. This in turn suggests that donors seek out these particular partners because these are known to advocate human rights-based approaches and have recognized track records for stimulating sustainable change in these areas. Further qualitative examination will enable clearer understanding of such decision process.

4 Concluding remarks

There has been a clear upward trend in ODA for basic social services during the past decade as a proportion of total sector allocable ODA and more modestly in real terms. Increased aid for HIV/AIDS has been a significant factor in the overall increase.

The delivery of aid in general and to the social sectors is changing. Budget support, sector programmes and special grant-giving programmes such as GFATM have become more prevalent as instruments of harmonization and recognition of the lead roles and responsibilities of governments in programme countries. These changes affect children, albeit possibly less so than what may initially appear.

Aid plays an important role in bridging resource gaps, stimulating reforms and resource mobilisation by partner governments. However, issues such as the often short-term nature of aid commitments, a lack of absorptive capacity in the programme country and the growing service deficit (growing number of school-age children or HIV infected who are not receiving services) result in persistently high resource and capacity gaps as suggested by the slow progress towards the Millennium Development Goals.

Awareness and commitments of the child rights agenda has grown among donors and considerable aid may be flowing to areas of child protection and child rights promoters. These activities may be less affected by the new aid modalities as bilateral donors appear to be providing much assistance through NGOs and the multilateral system. Aid to children outside basic social services is currently difficult to assess.

The analysis for this paper suggests the desirability of a system to better track such aid in order to assess impact, draw lessons, stimulate policy discussions with programme countries and with the Committee on the Rights of the Child. Ultimately, however, donors need also to consistently apply a child and general human rights approach in their development assistance, be it in negotiations of budget support; programme assistance, humanitarian programmes and in choice of development partners. Better assessment of ODA can support such reflections but not replace political will and dialogue.

²⁶ Note that it has been possible to track assistance for the demobilization of child soldiers only from 2005 onwards.

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Appendix: DAC statistical treatment of aid to basic social services

The coverage and the methods used in calculating the share of aid to BSS in total aid.

A1 Agreed methods

DAC statistics on aid to BSS are collected through the application of the ‘sectoral approach’. DAC members assign the sector of destination for each aid activity, and within that sector a detailed purpose code, which identifies ‘the specific area of the recipient’s economic or social structure which the transfer is intended to foster’. A selection of purpose codes, in Appendix Table A1, defines ‘aid to basic social services’. This operational definition of BSS was agreed by the DAC Working Party on Statistics (WP-STAT) at its meeting on 14-15 June 1999.

The WP-STAT also agreed that measuring the share of aid to BSS in total aid should use bilateral sector allocable ODA as the basis of reference. As only a proportion of aid can be allocated to sectors, the denominator for measuring progress against sectoral targets should comprise only aid that can be so apportioned. (Otherwise there is an implicit assumption that none of the aid unallocable by sector goes to benefit basic social services.) This approach also enables a number of unpredictable items to be excluded from the denominator that are not entirely under the control of the aid administration (e.g., refugee costs in the donor country, emergency aid, debt reorganization) that could obscure analysis and, in particular, inter-country and inter-temporal comparisons of aid to BSS. Originally developed for monitoring the 20/20 Initiative, the method is currently used for tracking Millennium Development Goal No. 8 (develop a global partnership for development), Indicator 34.²⁷

Sectoral statistics are traditionally compiled on a commitment basis. Although commitments reflect changes in donor policies faster than disbursements, they can be lumpy. For this reason data are usually presented as two-year averages. Thanks to improvements in members’ reporting on disbursement data in the CRS, it has become possible to examine the extent to which commitments (in a specific sector) lead to disbursements. It has been possible to compile standard statistics on aid to BSS on both commitment and disbursement basis since 2002.

Standard statistics on aid to BSS exclude (core-funded) multilateral aid²⁸ because data from multilateral organizations have not been sufficiently complete and detailed to calculate the share of aid to BSS from their total outflows. Section A3 reviews the progress in data collection from the multilaterals. While data are still missing for a number of UN agencies, the coverage is adequate (85 per cent in 2004) to envisage including multilateral aid in the analysis. Section A3 uses data for the World Bank as an example to demonstrate how multilateral aid to BSS can be imputed to bilateral donors and Table A9 (section A4) provides an illustration of the overall picture including imputed multilateral aid.

²⁷ The proportion of total bilateral sector-allocable ODA from OECD-DAC donors to basic social services.

²⁸ Aid channelled through multilateral organizations (also called ‘non-core’ or ‘extra-budgetary’ funding) is included.

Table A1
DAC definition of aid to basic social services: selected CRS purpose codes

Code	Purpose description	Clarification/additional notes on coverage
112xx Basic education		
11220	Primary education	Formal and non-formal primary education for children; all elementary and first cycle systematic instruction; provision of learning materials.
11230	Basic life skills for youth and adults	Formal and non-formal education for basic life skills for young people and adults (adult education); literacy and numeracy training.
11240	Early childhood education	Formal and non-formal pre-school education.
122xx Basic health		
12220	Basic health care	Basic and primary health care programmes; paramedical and nursing care programmes; supply of drugs, medicines and vaccines related to basic health care.
12230	Basic health infrastructure	District-level hospitals, clinics and dispensaries and related medical equipment; excluding specialized hospitals and clinics (12191).
12240	Basic nutrition	Direct feeding programmes (maternal feeding, breastfeeding and weaning foods, child feeding, school feeding); determination of micro-nutrient deficiencies; provision of vitamin A, iodine, iron, etc.; monitoring of nutritional status; nutrition and food hygiene education; household food security.
12250	Infectious disease control	Immunization; prevention and control of malaria, tuberculosis, diarrhoeal diseases, vector-borne diseases (e.g., river blindness and guinea worm), etc.
12261	Health education	Information, education and training of the population for improving health knowledge and practices; public health and awareness campaigns.
12281	Health personnel development	Training of health staff for basic health care services.
130xx Population policies/programmes and reproductive health		
13010	Population policy and administrative management	Population/development policies; census work, vital registration; migration data; demographic research/analysis; reproductive health research; unspecified population activities.
13020	Reproductive health care	Promotion of reproductive health; prenatal and postnatal care including delivery; prevention and treatment of infertility; prevention and management of consequences of abortion; safe motherhood activities.
13030	Family planning	Family planning services including counselling; information, education and communication activities; delivery of contraceptives; capacitybuilding and training.
13040	STD control including HIV/AIDS	All activities related to sexually transmitted diseases and HIV/AIDS control, e.g., information, education and communication; testing; prevention; treatment, care.
13081	Personnel development for population and reproductive health	Education and training of health staff for population and reproductive health care services.

Table A1 continues

Table A1 (con't)

DAC definition of aid to basic social services: selected CRS purpose codes

Code	Purpose description	Clarification/additional notes on coverage
140xx	Water supply and sanitation	
14030	Basic drinking water supply and basic sanitation*	Water supply and sanitation through low-cost technologies such as hand pumps, spring catchments, gravity-fed systems, rain water collection, storage tanks, small distribution systems; latrines, small-bore sewers, on-site disposal (septic tanks).
160xx	Other social infrastructure and services	
16050	Multisector aid for basic social services	Basic social services are defined to include basic education, basic health, basic nutrition, population/reproductive health and basic drinking water supply and basic sanitation.

Note: The definition covers, although does not specifically mention, institutional capacity-building, education and training in BSS sub-sectors. (This follows from the principles of sector coding which identify the sectors ultimately assisted rather than the intermediate method of delivery. E.g., training of primary school teachers is covered by the sector code 'primary education'.)

To assist in distinguishing between 'basic drinking water supply and basic sanitation' on the one hand and 'water supply and sanitation—large systems' on the other, the reporting directives give further guidance as follows: 'Large systems provide water and sanitation to a community through a network to which individual households are connected. Basic systems are generally served between several households. Water supply and sanitation in urban areas usually necessitate network installation. To classify such projects consider the per capita cost of services. The per capita cost of water supply and sanitation through large systems is several times higher than that of basic services'.

Source: OECD-DAC.

Table A2
Bilateral ODA commitments to BSS by donor, 1994-2004 (millions of US\$)

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Australia	109	62	76	111	175	181	129	63	194	99
Austria	2	9	7	16	13	5	5	9	19	30
Belgium	27	34	35	35	38	58	70	151	88	96
Canada	89	48	27	47	66	127	112	197	357	396
Denmark	66	140	29	34	3	71	29	50	112	306
Finland	16	9	10	13	17	17	26	37	30	54
France	–	–	–	9	53	148	210	258	284	384
Germany	634	440	471	505	247	268	232	364	382	606
Greece	3	3	4	5	1	2	5	2	43	41
Ireland	0	0			0	17	24	71	66	93
Italy	17	34	10	22	57	42	18	78	120	73
Japan	181	311	355	468	359	678	290	277	351	485
Luxembourg			14	16	10	16	16	25	11	31
Netherlands	121	196	138	222	181	229	360	443	204	410
New Zealand	1			6	6	4	5	7	16	21
Norway	53	70	49	35	163	49	71	181	197	141
Portugal	1	9	3	1	4	4	4	5	4	5
Spain	42	45	75	79	110	116	80	103	132	132
Sweden	160	82	95	118	69	90	66	114	189	150
Switzerland	18	21	38	40	51	91	84	103	48	60
United Kingdom	125	443	102	512	435	797	414	844	588	1,180
United States	1,086	841	551	734	1041	1254	1439	2192	2404	3,100
Total	2,751	2,797	2,090	3,027	3,101	4,264	3,688	5,573	5,841	7,901

Source: CRS; bold figures from DAC5 (basic education + basic health + population) supplemented by CRS codes 14030: basic drinking water supply and basic sanitation, and 16050: multisector aid for BSS.

Table A3
Bilateral ODA to BSS by donor, 1995-2004 (millions of US\$)

	Commitments					Disbursements		
	1995-96	1997-98	1999-2000	2001-02	2003-04	2002	2003	2004
Australia	85	93	178	96	146	105	96	113
Austria	6	11	9	7	25	5	9	15
Belgium	30	35	48	110	92	85	48	101
Canada	69	37	97	154	378	94	159	285
Denmark	103	32	37	39	210	0	48	82
Finland	13	12	17	31	42	18	31	0
France	–	–	100	234	334	38	42	48
Germany	537	488	258	298	495	192	334	366
Greece	3	4	2	3	42	2	43	41
Ireland	0	–	8	48	80	71	66	93
Italy	25	16	50	48	97	12	75	57
Japan	246	411	518	284	418	229	367	447
Luxembourg	–	15	13	20	21	0	0	31
Netherlands	158	180	205	402	307	291	285	314
New Zealand	1	6	5	6	18	9	10	20
Norway	62	42	106	126	169	116	178	170
Portugal	5	2	4	5	5	5	4	5
Spain	43	77	113	91	132	125	158	139
Sweden	121	106	80	90	170	71	135	205
Switzerland	19	39	71	93	54	72	51	57
United Kingdom	284	307	616	629	884	396	441	660
United States	963	642	1,148	1,816	2,752	1,451	2,204	2,358
Total	2,775	2,557	3,682	4,631	6,871	3,387	4,785	5,608

Source: OECD-DAC.

Table A4
Share of aid to BSS in bilateral sector allocable aid, 1995-2004

	Commitments					Disbursements		
	1995-96	1997-98	1999-2000	2001-02	2003-04	2002	2003	2004
Australia	10	18	24	17	16	19	17	18
Austria	2	7	7	4	13	2	6	9
Belgium	9	12	15	20	15	19	17	20
Canada	9	7	17	24	29	18	22	30
Denmark	13	7	6	8	24	–	12	17
Finland	9	8	13	15	15	10	16	0
France	–	0	4	11	10	2	2	2
Germany	10	13	9	11	13	8	10	10
Greece	19	13	2	4	21	2	23	19
Ireland	0	–	10	33	29	40	25	33
Italy	7	7	17	13	18	11	21	14
Japan	2	4	5	4	5	4	5	5
Luxembourg	–	27	20	29	21	–	–	33
Netherlands	12	16	23	28	18	28	23	22
New Zealand	2	9	8	11	19	12	14	23
Norway	11	11	17	15	18	17	20	16
Portugal	7	3	3	3	3	3	3	4
Spain	6	13	17	12	14	16	17	14
Sweden	14	14	15	13	16	11	16	20
Switzerland	6	12	16	19	8	14	9	8
United Kingdom	24	22	25	31	32	28	26	31
United States	25	17	18	27	19	19	26	20
Total	8	9	12	16	16	13	15	15

Source: OECD-DAC.

Table A2 shows data on aid to BSS by donor in 1995-2004,²⁹ while Table A3 transforms the data into 2-year average commitments and shows disbursement data for the last three years. Table A4 presents the share of aid to BSS in bilateral sector allocable aid.

A2 Limitations of the agreed method

The sectoral approach described above identifies the activities which have basic social services as their main purpose. It fails to capture aid to BSS that is delivered within wider sector programmes.³⁰ Furthermore, assistance to basic social service through NGOs may also be excluded, since this is not always sector coded in as much detail as project and programme aid. Multisector BSS programmes have been identifiable through purpose code 16050 from the year 1999 onwards.

Before the decision was made to measure aid to BSS utilizing the sectoral approach, WP-STAT considered various options (identifying BSS-relevant activities through a marker or secondary purpose codes; calculating BSS spending with the help of coefficients based on sample data examined by sector experts). Members noted that in theory it was possible to conceive a reporting system to track information on estimated spending on BSS within each aid activity. The consensus, however, was that such a system would not work in practice and that statistical reporting requirements should, if anything, be simplified. Furthermore, trends and orders of magnitude were considered to be far more important than precise shares. The WP-STAT concluded, therefore, that no mechanism would be put in place to identify BSS components of wider programmes in regular statistical reporting to the DAC.³¹ On the contrary, members were encouraged to provide any supplementary data on aid to BSS they might have (including explanations on the methodology used) to the Secretariat for its use.

A3 Multilateral ODA to basic social services

One of the recommendations arising from WP-STAT discussions on aid to BSS was that the DAC should collect data on aid activities financed from the regular budgets of multilateral organizations on the same basis as is done for bilateral donors. This would make it possible to measure multilateral aid to BSS using the definition in Table A1 and thus incorporate multilateral aid to BSS in the performance analyses of DAC members, when needed.

²⁹ Data in Tables A2 through A8 are in current US\$ (to facilitate checking by DAC members) but will be converted to constant US\$ for the final report.

³⁰ In DAC reporting (as well as in the internal reporting systems of most members), each activity can be assigned only one sector/purpose code. For activities cutting across several sectors, either a multisector code or the code corresponding to the largest component of the activity is used. Consequently, DAC statistics may underestimate total aid to BSS. Some overestimation can also occur when projects deal primarily with BSS but also contain components from other areas.

³¹ The final report on measuring aid to BSS noted: 'Underestimation becomes an issue when statistics are used to assess donors' performance and to do inter-country comparisons. Quantitative targets focus political and public attention on development goals. ... But there are disadvantages. The fact that donors' activities will be monitored, and eventually criticized, in relation to the target inspires theoretical discussions which seek perfection in statistical methodology, whereas in practice, data collection at the international level requires pragmatism'.

At present, sufficiently detailed data are received from the European Commission, the World Bank group, the regional development banks, IFAD, GFATM, and a number of UN agencies (UNAIDS, UNFPA, UNICEF) which together account for approximately 85 per cent of multilateral ODA. Sectoral data are missing for UNDP, UNHCR, UNWRA and UNTA.

Despite progress in data collection from the multilaterals statistics still need further improvement before reliable figures for total aid to BSS can be published. However, the coverage is significant enough to envisage including estimates of multilateral aid in the analysis. This section explains therefore how multilateral aid to BSS can be imputed to bilateral donors.

Example: Aid to basic social services by the World Bank

Table A5
ODA to basic social services by IDA, 1995-2004 (US\$ million)

	1995-96	1997-98	1999-00	2001-02	2003-04
Basic education	413	154	126	212	717
Basic health	130	239	133	109	119
Population/reproductive health	109	302	190	246	289
Water supply	146	163	133	244	646
Total BSS	798	858	581	810	1,771
As % of concessional lending (sector allocable)	15.1	15.3	12.3	16.3	23.1
Total BSS, excl. water supply-large systems	652	704	449	567	1,125
As % of concessional lending (sector allocable)	12.4	12.5	9.5	11.4	14.6
Memo: total concessional lending (sector allocable)	5,280	5,626	4,725	4,975	7,681

Source: OECD-DAC.

Table A6
ODA to basic social services through IDA by DAC countries, 1995-2004, imputed amounts (US\$ million)

	PART A: Contributions from DAC countries to IDA				
	1995-96	1997-98	1999-2000	2001-02	2003-4
Australia	88.2	73.5	73.5	68.5	87.7
Austria	29.1	46.8	12.8	25.5	44.4
Belgium	155.8	52.8	48.2	50.5	46.1
Canada	100.6	214.3	136.2	64.4	170.6
Denmark	74.9	42.9	72.1	50.2	63.5
Finland	33.6	11.8	13.4	30.9	38.4
France	476.5	257.6	231.4	237.7	343.3
Germany	949.0	343.2	400.1	195.1	819.4
Greece	3.2	2.5	1.0	4.2	4.3
Ireland	6.9	7.1	7.5	7.9	13.6
Italy	211.1	247.8	148.5	183.3	0.8
Japan	946.7	1005.0	650.3	827.1	738.5
Luxembourg	4.4	4.4	4.2	3.9	6.2
Netherlands	256.7	205.9	221.6	95.4	260.1
New Zealand	4.3	9.8	6.3	4.7	7.6
Norway	81.7	65.5	42.0	76.5	109.8
Portugal	3.3	7.0	6.5	3.5	11.4
Spain	62.4	45.9	48.1	77.4	121.3
Sweden	126.2	125.5	126.9	179.5	12.3
Switzerland	130.6	106.0	87.5	44.0	140.8
United Kingdom	323.4	365.8	129.0	212.9	474.4
United States	629.0	867.3	785.6	963.3	876.1
Total DAC	4,697.8	4,108.3	3,252.9	3,406.3	4,390.7

Table A6 continues

Table A6 (con't)
ODA to basic social services through IDA by DAC countries, 1995-2004

Country contributions to IDA multiplied by:	PART B: Contributions imputed to DAC countries for aid to BSS through IDA				
	1995-96	1997-98	1999-2000	2001-02	2003-04
Australia	13.3	11.2	9.0	11.2	20.2
Austria	4.4	7.1	1.6	4.2	10.2
Belgium	23.6	8.1	5.9	8.2	10.6
Canada	15.2	32.7	16.8	10.5	39.3
Denmark	11.3	6.5	8.9	8.2	14.6
Finland	5.1	1.8	1.6	5.0	8.9
France	72.1	39.3	28.5	38.7	79.1
Germany	143.5	52.4	49.2	31.8	188.9
Greece	0.5	0.4	0.1	0.7	1.0
Ireland	1.0	1.1	0.9	1.3	3.1
Italy	31.9	37.8	18.3	29.9	0.2
Japan	143.2	153.3	80.0	134.7	170.3
Luxembourg	0.7	0.7	0.5	0.6	1.4
Netherlands	38.8	31.4	27.3	15.5	60.0
New Zealand	0.7	1.5	0.8	0.8	1.7
Norway	12.4	10.0	5.2	12.5	25.3
Portugal	0.5	1.1	0.8	0.6	2.6
Spain	9.4	7.0	5.9	12.6	28.0
Sweden	19.1	19.1	15.6	29.2	2.8
Switzerland	19.7	16.2	10.8	7.2	32.5
United Kingdom	48.9	55.8	15.9	34.7	109.4
United States	95.1	132.3	96.7	156.9	202.0
Total	710.4	626.7	400.3	554.9	1,012.3

Source: OECD-DAC.

Table A5 shows total concessional lending to BSS by the World Bank during 1995-2004. The aggregates have been derived from the data on individual projects reported to the CRS and thus exclude aid to BSS delivered within sector programmes. The data show that IDA directs on average of 9-15 per cent of its lending to BSS. The share rises to 12-23 per cent if the code for 'water supply-large systems' is taken into account.³²

Table A6 presents members' contributions to IDA during 1995-2004 (Part A) and, applying the BSS percentage for each year to each member, gives the amount of aid to BSS through IDA that can be imputed to each member (Part B).

A4 Regional development banks

The share of aid to BSS in the concessional lending of the African Development Fund (AfDF), Asian Development Fund (AsDF) and the Special Fund of the Inter-American Development Bank (IDBSF) can be calculated in the same way (Table A7) to obtain the imputed amounts of aid to BSS 'through the regional development banks' for each member. A specific difficulty with data for regional banks is that project descriptions available in the CRS do not always permit a distinction to be made between basic and other services, especially in the case of the AfDF.

³² The World Bank's own estimates of its lending for BSS in the late 1990s included all water sector activities. Consequently the WP-STAT reports use the higher percentages.

A5 United Nations

DAC statistics on multilateral ODA to the United Nations relate to donors' contributions to the regular budgets of the UN organizations and specialized agencies (called core funding). Financing of specific projects executed by them ('non-core funding', also called extra-budgetary funding) is classified as bilateral if the recipient country is specified. Non-core funding in support of global programmes is classified as multilateral, since the donor does not know where the funds will finally be used.³³ In order to avoid double-counting, therefore, multilateral ODA to basic social services by the UN organizations and specialized agencies should include only activities financed from their regular budgets.

The UN agencies that can be expected to have significant contributions to basic social services, and the contributions of which are fully reportable as ODA, are UNDP, UNICEF, UNFPA and UNAIDS.

UNDP, which accounts for 10 per cent of total UN outflows, does not provide activity-level data to the CRS. Discussions with officials at UNDP headquarters have indicated that data on the sectoral and geographical distribution of UNDP outflows are available and that activities financed from core resources can be extracted from their internal ATLAS system. No such data have been received yet, but the DAC Secretariat is continuing to encourage the relevant UN authorities to provide them. Pending progress, aid to BSS through UNDP has to be estimated. The percentage of 16.5 given in Table A7 originates from an internal UNDP study in 1998 which estimated that 'on average, 16-17 per cent of UNDP's annual aid allocations were invested in projects with a BSS orientation'.

Data for UNICEF for 1995-98 are likewise based on its internal estimates. From 2000 onwards UNICEF has reported project-level data to the CRS so percentages can be calculated.

By their mandate, all UNFPA and UNAIDS activities are targeted to the population/reproductive health sector. Consequently, all of their expenditure is counted as aid to BSS. Both organizations provide activity data to the CRS.

UN activities in the field of basic social services, of course, are not limited to those mentioned above. For example, WHO's research for worldwide malaria control or ILO's adult literacy programmes fall under the definition of basic social services. However, as these activities represent a very small share of total UN assistance to basic social services, data collection is not 'cost-effective', at least before sufficient data are received from the larger agencies.

³³ In DAC statistics, a contribution is defined as multilateral if: (i) it is extended to a multilateral recipient institution, or (ii) it is fund managed autonomously by a multilateral agency, *and* in either case, the agency pools amounts received so that they lose their identity and become an integral part of its financial assets.

A6 The European Commission

The European Commission has reported complete sectoral data (i.e., including activities of the European Development Fund (EDF), activities financed through the Commission budget and by the European Investment Bank) since 2003. For the earlier years, the data are partial for EC budget.

Table A7
Share of ODA to basic social services by multilateral organizations, 1995-2004 (%)

	1995-96	1997-98	1999-2000	2001-02	2003-04
European Commission					
EC Budget	18.6	24.4	20.6	13.8	18.1
EC-EDF	11.7	8.2	11.7	17.4	13.0
IDA	15.1	15.3	12.3	16.3	23.1
Regional banks					
African Development Fund	18.2	12.6	9.7	13.6	16.6
Asian Development Fund	19.2	18.4	4.3	15.3	12.2
IDB Special Fund	11.7	6.3	15.9	3.9	1.3
UN agencies					
UNAIDS				100.0	100.0
UNDP	16.5	16.5	16.5	16.5	16.5
UNFPA	100.0	100.0	100.0	100.0	100.0
UNICEF	75.0	75.0	95.9	88.8	82.2
GFATM				100.0	99.8

Source: OECD-DAC.

Table A8
ODA to basic social services by DAC countries through multilateral organizations, 1995-2004, imputed amounts (US\$ million)

	1995-96	1997-98	1999-2000	2001-02	2003-04
Australia	21	17	17	21	25
Austria	25	36	24	21	46
Belgium	62	54	52	53	87
Canada	44	68	37	72	83
Denmark	115	103	98	94	133
Finland	40	43	38	44	50
France	236	215	189	244	462
Germany	444	366	313	258	551
Greece	12	21	18	16	23
Ireland	10	13	14	20	34
Italy	144	173	151	154	202
Japan	258	283	240	339	369
Luxembourg	4	5	4	4	8
Netherlands	157	164	178	196	307
New Zealand	2	4	3	3	7
Norway	87	85	76	105	190
Portugal	10	15	13	15	23
Spain	62	78	64	72	158
Sweden	101	102	93	121	154
Switzerland	47	47	37	38	75
United Kingdom	218	268	222	296	461
United States	212	255	238	481	774
Total	2,311	2,414	2,120	2,668	4,221

Source: OECD-DAC.

A7 Total aid to BSS

Table A9 below sums up the various elements of data required for a comprehensive analysis of aid to basic social services. It is recalled that the totals represent the best estimates as (i) BSS components of sector programmes, multisector aid or NGO activities cannot be identified, and (ii) data on multilateral aid to BSS are incomplete for some UN agencies.

Table A9
ODA to basic social services by DAC countries, average 2003-04

	Amounts, US\$ millions (2004 prices)			Shares in total aid, %	
	Bilateral	Imputed multilateral	Total	Bilateral	Total
Australia	163	27	191	16	17
Austria	26	49	75	12	15
Belgium	98	90	188	15	17
Canada	397	88	485	29	30
Denmark	217	140	357	23	26
Finland	44	53	96	5	20
France	351	479	829	10	14
Germany	516	571	1,087	13	16
Greece	45	25	70	21	19
Ireland	84	36	119	29	28
Italy	104	212	316	19	18
Japan	428	380	808	5	9
Luxembourg	22	9	30	20	21
Netherlands	318	321	639	18	23
New Zealand	19	7	27	19	22
Norway	180	197	377	18	27
Portugal	5	24	29	3	9
Spain	142	168	309	14	17
Sweden	180	160	340	16	22
Switzerland	56	78	134	8	14
United Kingdom	927	491	1,418	31	27
United States	2,784	780	3,564	19	22
Total	7,105	4,384	11,489	16	19

Source: OECD-DAC.