

Innocenti Working Paper

**INTERNATIONAL SUPPORT FOR THE
REALISATION OF CHILDREN'S RIGHTS**

**AID MODALITIES AND ACCOUNTABILITY IN
REPORTING, AND A REVIEW OF AID
FOR BASIC SOCIAL SERVICES**

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IWP-2007-02

September 2007

Innocenti Working Papers

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ISSN: 1014-7837

Readers citing this document are suggested to use the following form:

Eva Jespersen and Julia Benn (2007), 'International Support for the Realisation of Children's Rights: Aid Modalities and Accountability in Reporting, and a Review of Aid for Basic Social Services'. *Innocenti Working Paper* No. 2007-02. Florence, UNICEF Innocenti Research Centre

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**INTERNATIONAL SUPPORT FOR THE REALISATION
OF CHILDREN'S RIGHTS
AID MODALITIES AND ACCOUNTABILITY IN REPORTING, AND
A REVIEW OF AID FOR BASIC SOCIAL SERVICES**

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Summary: 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 realising children's rights. The growth in modalities for delivering aid, including sector programmes, SWAP's, 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 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.

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 (MDGs) and further boosted by the Monterrey Conference on Financing for Development. 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 sector wide approaches (SWAP's) are on the rise but still account only form a small portion of total ODA to basic social services although a number of such programmes are targeted specifically to basic services.

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

Acknowledgments: Colleagues in the official development agencies and ministries of foreign affairs of Sweden, Denmark and Norway generously made themselves available for discussions related to this study. The authors are also grateful for the assistance provided by Valérie Gaveau and Andrzej Suchodolski in completing graphs and tables and to David Parker for editorial input and comments. This paper has also been released as UNU-WIDER Research Paper No. 2007/60 (October 2007) and will be published in an edited form in a volume by UNU-WIDER on 'Aid: Principles, Policies and Performance' (edited by George Mavrotas).

The findings, interpretations and conclusions expressed in this paper are those of the authors and do not necessarily reflect the policies or views of UNICEF, the OECD or their members. Funding for the analysis was provided to UNICEF IRC by the Government of Sweden.

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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 for 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 or CRC) as guiding their development policy. In their 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 for assessing donor country efforts 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 matters of international comparison, transparency and accountability it may therefore be desirable to have an internationally agreed approach to report on and assess such flows.

The current paper presents some reflections on the necessary considerations in using the current reporting system and in interpreting the resulting figures on aid in support of children’s rights – and other development objectives. It is necessary to emphasise that the findings, interpretations and views expressed in this paper are entirely those of the authors.

Part I discusses the new aid environment and the challenges this presents to the existing aid reporting systems, in particular from the perspective of international reporting on aid for children. Part II illustrates some of the challenges to the reporting system in capturing aid for specific purposes (in this case aid for basic social services) in light of the changing aid modalities such as sector budget support. Part III concludes and presents some specific considerations for next steps in the initiative to better capture ODA for children. (Clarifications on the statistical methods are given in the Annex.)

I. CONSIDERATIONS ON REPORTING ON ODA FOR CHILDREN

I.1 The Changing Aid Environment

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

The modalities and orientation of development co-operation have undergone many changes since that time. The growing concern for social development led to a number of thematic

¹ The terms ODA and aid are used interchangeably in this paper to signify assistance originating from members of the OECD Development Assistance Committee (which includes the European Commission).

international conferences during the 1990s.² Changes were also influenced by the untenable debt burdens faced by many low income countries, and by international frustrations that the prevailing modes of development co-operation did not achieve anticipated results. Another set of meetings and agreements in the 2000s therefore focused on the modes of providing assistance³ and the principles of a ‘new aid architecture’. These events led both to a growing appreciation for a ‘human rights based approach’ to development and to a convergence among donors (and recipients) on poverty reduction with greater developing country ‘ownership’ supported by simplified and harmonized development assistance. Furthermore, a host of other initiatives have emerged and new players have come on the scene to advance the international objectives when these were seen as falling behind.⁴

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

I.2 The Convention On The Rights Of The Child An International Cooperation Measures

The Convention on the Rights of the Child is the most widely and most rapidly ratified international human rights treaty (all States but 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, recognises 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), to social security (article 25) and public support to obtain necessary nutrition, clothing, housing (article 27) and thereby a standard of living adequate for her physical, mental, spiritual, moral and social development (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 her immediate situation (article 12-15), covering also the right to appropriate measures of juvenile justice. It also acknowledges the child’s right to be protected from economic, sexual

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

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.

and other exploitation and abuse, trafficking, and be protected against all forms of violence (article 19) with special emphasis on the protection and care in the context of armed conflict.⁵ Not all of these articles fall directly within the purview of article 4 on economic, social and cultural rights, extending also to civil and political rights. But in the spirit of the entire convention international cooperation pervades.

Box 1: CRC Article 4 encourages international co-operation

“States Parties shall undertake all appropriate legislative, administrative, and other measures for the implementation of the rights recognised 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 co-operation.”

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 a lack of consistent methodology or guidance to State Parties for their reporting on international co-operation or for the Committee to assess whether development co-operation in support of children has been informed 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 significantly contribute to the advancement of children’s rights by creating an environment which makes direct investments in children 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 new aid modalities and the greater emphasis on advancing government ownership through joint planning and general budget support. Yet, there is concern that these new aid modalities may also reduce opportunities to advance the child rights agenda through technical cooperation and advocacy in areas of child protection such as juvenile justice, combating child labour, exploitation and trafficking as well as in strengthening civil society and increasing awareness of the Convention at all levels of society.

A strong case, however, remains that internationally comparable reporting on direct support to children is desirable in light of the call for accountability by the Convention. It should also be feasible when bearing in mind the caveats to interpretation discussed in the following section. For the longer term, it will be useful to promote the systematic identification of ODA in support of the implementation of the Convention based on the internationally comparable

⁵ The articles are referenced to illustrate at which levels development co-operation takes place. The list is not meant to be exhaustive; readers are encouraged to review the CRC.

statistics of the OECD-DAC. This could serve as a potential general model for the Committee in assessing an individual donor State Party's aid.

It may however not be meaningful to propose a system whereby support for activities benefiting children can be summarized into a single number held up against a target for aid 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).

I.3 Assessing Aid Quantity, Quality And Leverage

Quantity

The notion of a shared responsibility to accelerate development in lower income countries dates back to the first development decade in the 1960s when it was estimated that 0.7 per cent of GDP from developed countries would fill a resource gap that would allow GDP growth of 6 per cent in developing countries. The 0.7 per cent subsequently 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 capital accumulation focus to be seen as a measurement of rich nations' support and burden-sharing in international development.

The OECD-DAC member states report on their ODA based on a set of agreed principles and rules (which define, inter alia, ODA and the list of ODA recipient countries and organisations). The rules ensure consistency in reporting over time and the comparability of data between donors. In principle this allows for transparency and accountability in the assessment of development assistance vis-à-vis the international community and taxpayers in donor countries. The OECD reporting system is however 'exclusive' in the sense that one aid activity can be reported only against a single sector. Some information of a 'qualitative nature' is collected for key cross-cutting themes in international development (for example, assistance that explicitly attempts to improve 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 donors' efforts to increase resources to specific sectors or themes cannot be solely based on the volume of ODA. Its targeting also needs to be addressed. The usual practice is to examine trends in aid to a sector as a share of total aid or total 'sector allocable' aid. The latter facilitates the identification of donors' sector policies and priorities by excluding categories that are unpredictable, not entirely under the control of the aid administration and that could not in any case be allocated by sector (see part II). For example, the total ODA figures have in recent years included increasing amounts of debt relief, the calculation of which is not without controversy. Also figures on humanitarian assistance (including in-kind food aid), which albeit is of great importance, may not reflect current development policy objectives or directions – and may fluctuate considerably on an annual basis. However, as will be discussed later, taking out multilateral funding from consideration of 'sector' or thematic funding assessment may in fact lead to an underestimation of efforts.

Assessments of the volume of ODA are carried out also in the context of international conferences that assess – usually not without contention – resource gaps in specific sectors or themes. Global estimates for resource requirements are usually said to be based on best practices, incorporating effective and efficient approaches, and intended to advance sustainable systems. Little evaluation appears to exist to ascertain the degree to which the estimates play a significant role in increasing ODA for particular purposes or are instrumental in consensus building around conference objectives. Nevertheless, the continued attention to these types of estimation suggests that they are important to the global debate.

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

Quality of Aid

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 in support of ‘global public goods’ (for example new vaccines for the fight against malaria and HIV/AIDS, avian influenza), countries’/government institutions’ absorptive capacity/potential to make good use of resources, the balance among interventions (textbooks, teacher training and sanitation facilities in schools), co-ordination among different types of development partners (bilateral and multilateral donors, NGOs and the partner government) and 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 pre-occupation with channels of delivery, co-ordination, selectivity in choice of partner countries, ownership etc. constituting 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 co-operation. It is now commonly understood that, to serve their purpose and achieve their objectives, aid activity design and supervision must engage a dialogue between the ‘duty bearers’ (the appropriate level of government and service providers) and the ‘rights holders’ (those for whom the services are intended, including groups that are marginal or particularly vulnerable and not reachable through systems targeted to population in general). The OECD DAC has been engaged in reflection on the integration of human rights into development support.⁶ Similarly, at a meeting held in May 2003, participating UN agencies adopted guiding principles for human rights based approaches to programming. However, capturing whether an activity has been designed and is carried out through a human rights based approach raises a new set of challenges to aid assessment. It suggests that the an agreed set of criteria of assessment should be part of the regular qualitative peer reviews of member countries’ aid programmes carried out by the DAC.

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 Oct 2005.

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 co-operation whether implemented through traditional partnerships or new modalities such as budget support. General or sector budget support is also seen to promote harmonisation, 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 multilateral organisations (specialized agencies such as ILO, WHO, UNESCO or operational agencies such as UNICEF, UNDP, WFP, UNFPA) and NGOs which also may be specialized or have a particular approach/reach in their activities. Funding for these partners is either in the form of general support for their mandates (core funding for multilateral organisations 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 being recorded in DAC statistics as multi-bilateral aid).

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

Leveraging is also an issue raised in the context of public private partnerships – initiatives to mobilise private resources both locally and internationally for the purpose of development. Relatively large private contributions to specific initiatives such as the Global Fund to fight against AIDS, Tuberculosis and Malaria (GFATM) and the Global Alliance for Vaccines and Immunisation (GAVI) have brought about new structures in development co-operation. These can be seen as vertical programmes challenging – or complementing – the current trend towards budget support. Efforts are at least 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 able to mobilise and direct funds towards addressing the HIV and AIDS crisis. However, education aid, which typically does not have corporate sponsorship, has also increased. Both of these areas have also been the subject of recent conferences and high visibility initiatives.

Such multi-layered development co-operation with an increasing number of players – and increased attention to harmonisation and quality, including aid informed by a human right-

⁷ One indicator for monitoring implementation of the Paris Declaration on Harmonisation of Donor Practices is the share of aid, that is extended in form of budget support.

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 organisations, including the World Bank, and bilateral donors (Canada, France, Germany and Norway) to coordinate aid programmes at the country level is not yet clear.

based approach – raises challenges for the compilation and interpretation of statistics on ODA. Core funding of multilateral and non-governmental partners is a good example. Data are available on these contributions and also increasingly on the activities subsequently financed. Statistical presentations occasionally depict these as part of donors’ aid to specific purposes (imputed amounts), e.g. for HIV/AIDS or education. However, a proliferation of such statistics can easily inflate the public’s view of total ODA.

Multiple reporting obligations, multiple reporting systems

Reporting systems are expected to produce data that permit to assess at the same time the quality, quantity and leveraging of aid. Forces are pulling in opposite directions: Donor governments are asked to provide more or less unconditional support to partner governments or for channel funds as cash transfers to multilateral and NGO partners, while tax payers, media and stakeholders in international development at the same time request evidence of strong financial commitment to specific human development objectives and its results. Box 2 presents an example of how one donor seeks to advance new aid modalities while at the same time reporting to its constituencies on support for specific objectives. Similar reasoning sometimes emerges in aid activity descriptions. (For example, reporting on a contribution to the World Bank-managed Afghanistan Reconstruction Trust Fund specifies that the donor emphasised its preferences for support to education, public administration and livelihood and social security.)

Box 2: Broad budget support, but for specific purposes ... 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.” [Education for all monitoring report (EFA 2005, box 5.1 p 190).]

In practical terms, reporting systems serve several objectives. Ministries of Foreign Affairs and/or Development Co-operation report to parliament (or in the case of a multilateral agency to its board of governments) and in doing so are increasingly requested to present results on key objectives (as viewed by the general public/media, e.g. addressing street children and trafficking) while showing at the same time the support for the OECD/international agenda for harmonisation and simplification. Donor governments report annually to the DAC on aid using a series of classifications that inter mingle 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. International conventions usually have specific reporting obligations. The requirement to report every five years on international cooperation in support of the CRC is an example of these.

As each theme in development has its 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’, promoted by USAID and others. It sets out to develop and test methodologies for tracking expenditure for child health, including ODA from major international donors to ‘help raise global awareness of the gap between current expenditures and funding requirements to achieve the child survival MDGs, encourage greater and more efficient national and international investment for child survival and hold stakeholders at all levels accountable’. Importantly, the initiative concludes that the OECD DAC CRS database should be the basis for the global ODA tracking, and that it will require improved project descriptions by all reporting agencies and better reporting by multilaterals.⁹

The multi-donor structure and the expectations and demand on accountability by private contributors have also led to the development of parallel reporting systems. Some of these initiatives have sought to capture intra-sector allocation of ODA, for example to health into a wide range of activities including research and development. It begs the question whether separate systems/surveys of individual donors can provide information of a comparable quality and comprehensiveness that justify going beyond the OECD system, and suggests the use of the alternative estimates only as ballpark indications. Operating within the OECD-DAC system provides opportunities to complement reporting categories with word search 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 reflecting development cooperation priorities of the 1970s including with categories detailing intervention in areas that are less focus of attention in today’s orientation of aid. However, the implementation of a marker system does extend the opportunities of analysis as does increased opportunity to use word search at the project level.

These developments suggest that the 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 that make word search easier and allows an easy reference back to the DAC supported system in the interest of accountability.

II. AID FOR BASIC SOCIAL SERVICES¹⁰

This part illustrates some of the considerations that are necessary in order to assess aid for cross cutting development concerns such as supporting universal access to basic social services (BSS) The concept of BSS pertains to the provision of services in education, health including nutrition, reproductive health and clean water supply and sanitation – at the primary or basic level. Within a broader supportive environment, these services are necessary to

⁹ Powell-Jackson T, Borghi J, Mueller D, Patouillard E and Mills A. Countdown to 2015: Tracking donor assistance to maternal, newborn and child health. *The Lancet*, 368, 1077-1087, 2006.

¹⁰ Discussion in this section is informed by analysis that was undertaken by/for the OECD; see CRS, Aid Activities for Basic Social Services, OECD 2006.

advance the survival, development and protection of children as exemplified in the Convention.

II.1 Origin Of The Basic Social Services Concept¹¹

The concept of BSS was put forward by UNDP, UNESCO, UNFPA, UNICEF and WHO at the time of the World Summit on Social Development (WSSD) in Copenhagen, May 1995.¹² Based on global estimates for resource requirement to achieve the goals of Education for All, Population and Development, and the estimates for packages of essential health services¹³, the agencies approximated the global resource gap for achieving universal access to basic social services to be at \$30-40 billion annually during the 1990s. They further proposed – as a guiding principle – that developing countries strive to allocate 20 per cent of public expenditures in support of these services, appropriately balanced to maximize synergy, and that the donor community in return would meet the funding gap, which, it was argued could be met by devoting 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.¹⁴

This ‘20/20 Initiative’ was reflected in the final declaration of the WSSD and was a focus of international meetings supported by the Governments of Netherlands and Norway held in Oslo (1996) and Hanoi (1998). Efforts were made to estimate levels of spending by a number of developing and donor governments on BSS, the support of the effort to establish partnerships for the provision of basic social services.

DAC members agreed to revise the sector classification in the reporting system to allow the separate identification of aid to BSS, and a first analysis of member states’ support for BSS was prepared by OECD DAC for the 2000 Geneva Summit which took mid-decade stock of the agenda of the WSSD. The analysis indicated that donors were allocating on average 14 per cent of ‘sector allocable’ ODA to BSS.¹⁵ Review by UNDP and UNICEF for the 1998 Hanoi conference on the 20/20 initiative had shown that developing countries on average allocated the same level of public spending to these services¹⁶.

From the outset, the 20/20 initiative was met with widespread scepticism. Most notably the initiative was seen as focusing too much on resources and 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

¹¹ The origin and basis for the initiative is elaborated in Parker and Jespersen (1994).

¹² The World Bank joined in a subsequent revision prepared for the WSSD+5 in Geneva 2000.

¹³ World Bank, 1993.

¹⁴ 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 into 2015.

¹⁵ As was discussed in Part I, 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 fill the estimated resource gap.

¹⁶ United Nations Children’s Fund (UNICEF) and UNDP with contributions from the World Bank and United Nations Population Fund (UNFPA), 1998, Country experiences in assessing the adequacy, equity and efficiency of public spending on basic social services. Document prepared for the Hanoi meeting on the 20/20 Initiative, UNICEF: New York.

proposed approach, which furthermore 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 the sponsoring agencies and the initiative were fully cognisant of the need for continuous reform in the social sectors, the importance of support functions such as teacher training or training of medical staff – but also identified a need to firstly ensure that needs and rights of children were given due attention in the development debate, and secondly to ensure adequate financial support for children in the present – here and now – while comprehensive reforms and sector development and management were underway.

In the current perspective it may be judged that the initiative failed to link the BSS concept directly to the CRC and its objectives of ‘highest attainable level’s of health and 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 to protect children from harm and abuse, nor – and intentionally – did it include humanitarian assistance, which is generally difficult to identify by sector. However, as per the Convention, children have the right to services and protection by the State also in these areas. Thus to assess ODA in support of the realisation of children’s rights, it will be necessary to consider reporting under a wider set of aid categories. Part III of this paper reviews experience by a few donors to propose a schematic approach for this purpose.

II.2 Trends in ODA And Aid to Basic Social Services¹⁷

The subsequent analysis of data takes as its starting point 1995 – year of the WSSD, whose final declaration made reference to the 20/20 principle for universal access to basic social services.¹⁸

Trends in total ODA

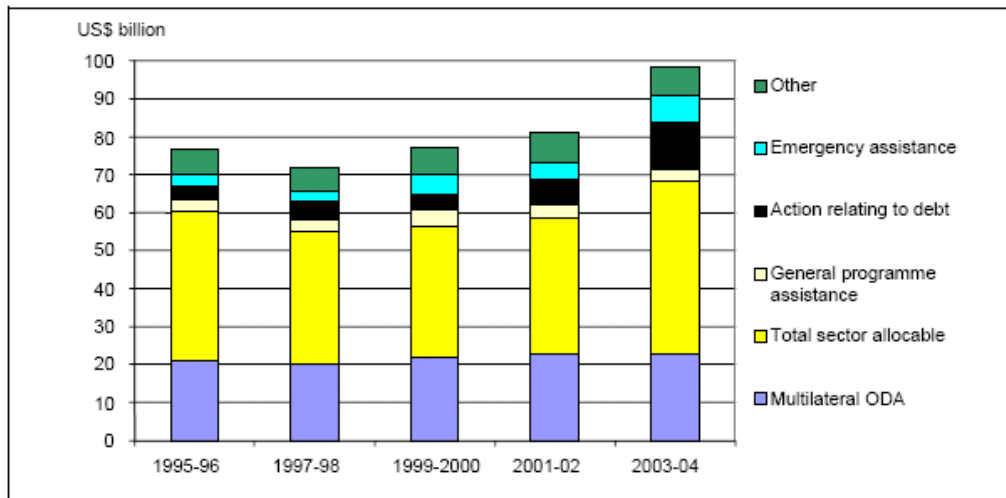
Figure 1 illustrates the trend in total ODA commitments over 1995-2004 period. Total ODA has increased steadily from 1997 onwards in real terms, and since 2001 also in terms of per cent of GNI. The Monterrey Conference on Financing for Development in 2002 led to further increases in ODA. Sector-allocable aid increased from an average of USD 36 billion in 2001-02 to USD 45 billion in 2003-04 (constant 2004 prices).¹⁹ Debt relief almost doubled during the same period (from USD 7 billion to USD 13 billion). The data do not show significant increases in general budget support (included in category general programme assistance) despite such intentions stated by many bilateral donors. Multilateral aid (i.e. DAC members’ contributions to the core budgets of multilateral organisations) increased only slightly over the period.

¹⁷ 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.

¹⁸ The statistical methodology and definition used in measuring aid to BSS is explained in the Annex.

¹⁹ As shown in Figure 1, sector allocable ODA is ODA excluding humanitarian assistance, aid related to debt cancellation, general programme assistance (including budget support) and core funding for multilateral organisation.

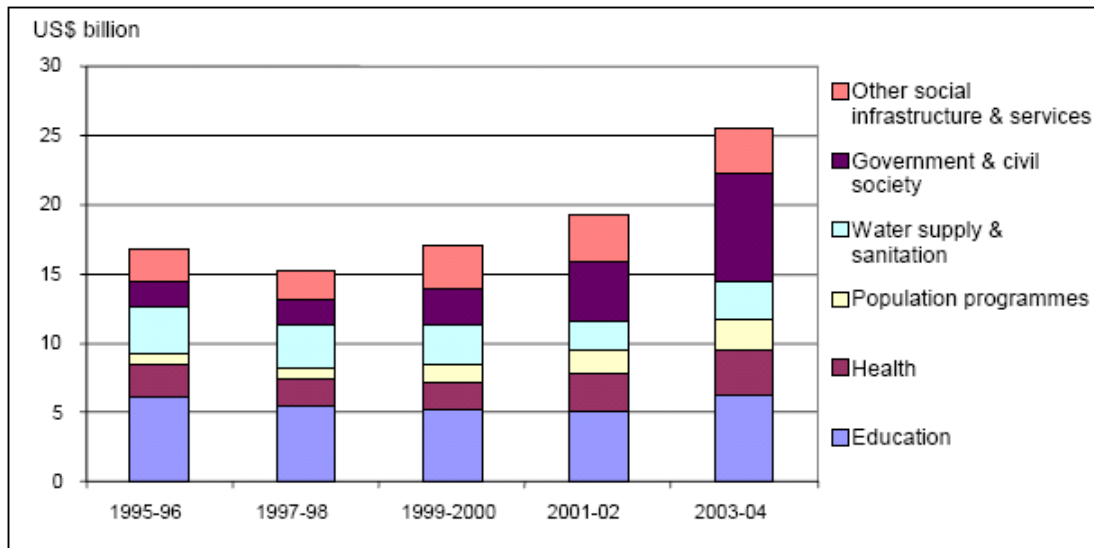
Figure 1: Trends in bilateral and multilateral ODA in 1995-2004, 2-year average commitments, constant 2004 prices



Source: OECD DAC.

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 was attributed to this category. Aid to education has remained relatively stable over the years, whereas health and population/reproductive health sectors have attracted increased funding, in particular to fight HIV and AIDS. The largest increases have nevertheless taken place in the government and civil society sector in the fields of security and peace building and support to general government administration. The trend in aid to economic infrastructure and services (not shown) has been downward except in 2004, which reflected the start-up in the reconstruction of Iraq.

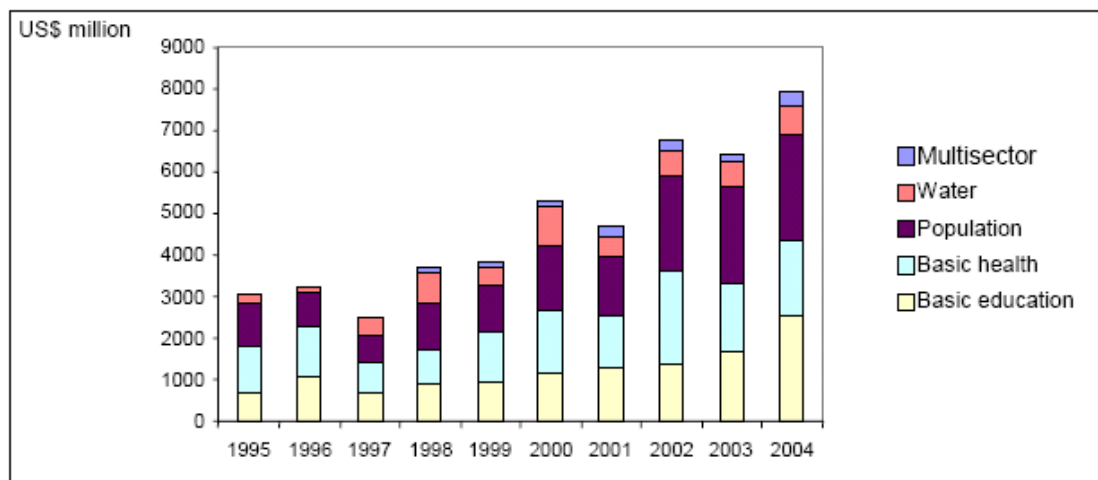
Figure 2: Bilateral ODA to social infrastructure and services 1995-2004, commitments, constant 2004 prices



Source: OECD DAC.

Basic social services sectors have benefited from the overall increase in sector-allocable aid. Bilateral ODA commitments to BSS more than doubled between 1995 and 2004 (from USD 3.2 billion in 1995-96 to USD 7.1 billion in 2003-04) (Figure 3). There was steady growth up until 2000, followed by a major increase in 2002 in aid to basic health and population/reproductive health, and in 2004 in aid to basic education. The former is partly explained by the creation of the GFATM with initial commitments from donors amounting to USD 700 million in 2002.²⁰ The latter may reflect the revitalisation of the goals of Education for All in Dakar (April 2000) and the Fast Track Initiative Catalytic Fund.

Figure 3: Bilateral ODA to BSS in 1995-2004, breakdown by sub-sector (commitments, constant 2004 prices).



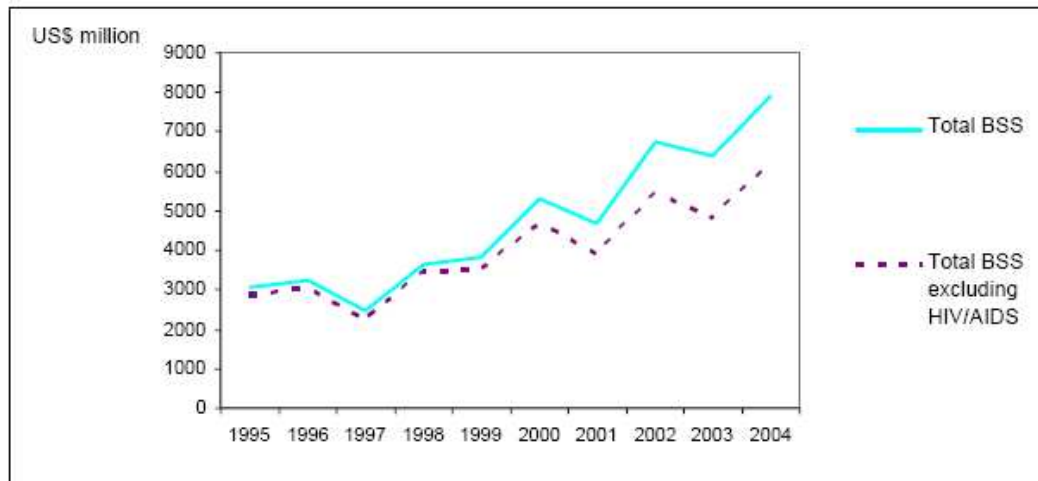
Source: OECD DAC.

²⁰ From 2003 onwards contributions to GFATM have been recorded as multilateral aid.

The trend in aid to BSS sub-sectors is increasing across all DAC donors. Detailed analysis of the data shows however that the ‘jumps’ are due to a relatively few large commitments that consequently benefit a limited number of recipient countries. [Cf. CRS Aid Activities for Basic Social Services, OECD 2006.]

Because the increase in ODA for HIV and AIDS has been so considerable, it is of interest to review ODA for BSS excluding HIV and AIDS. Figure 4 shows the trend still increasing but more modestly.

Figure 4: Bilateral ODA to BSS in 1995-2004 excluding HIV/AIDS control, commitments, constant 2004 prices



Source: OECD DAC.

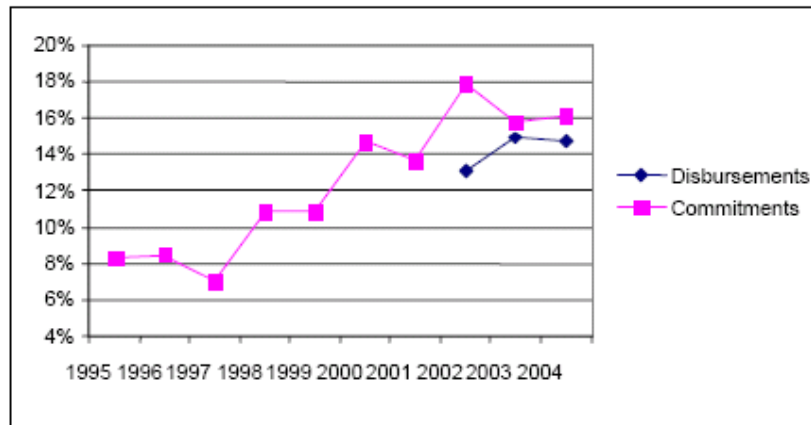
Examination of data on aid to BSS by donor confirms the upward trend in this support. This is also visible if measured against the proposed target of 20 per cent, as Figure 5 illustrates – if considered against the sector-allocable ODA. The share of aid to BSS in total bilateral sector-allocable ODA reached 18 per cent in 2002 and currently averages 16 per cent. If contributions to multilateral organisations are taken into account, the share approaches 20 per cent, as shown in Figure 6 and annex table A9, which shows BSS shares for individual countries. (See Annex for an explanation of the statistical methodology.)

It is interesting to note that although ‘basic social services’ and the 20/20 initiative had lost key champions by 2000²¹ the upward trend in aid to BSS continued. Much of this is explained by the integration and reconfirmation of many of the goals targeted by the initiative into the goals of the Millennium Declaration of the Millennium Summit in New York, September 2000.²²

²¹ An editorial in *The Lancet*, 11-17 December 2004, also argued that UNICEF gave less attention to child survival and development at the expense of increasingly directing their attention to other areas of the child rights agenda.

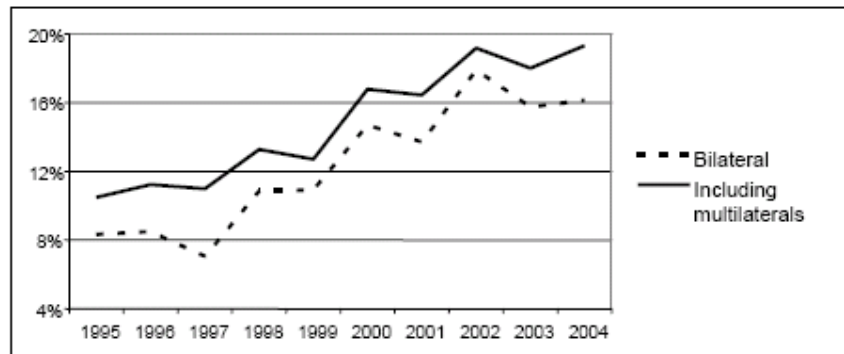
²² The Millennium Declaration and the MDGs omit the reproductive health goals set at the 1994 Cairo conference and reaffirmed at the Beijing Conference on Women and Development.

Figure 5: Share of aid to BSS in bilateral sector-allocable aid, 1995-2004 (2004 prices)



Source: OECD DAC.

Figure 6: Share of aid to BSS 1995-2004: Bilateral aid and total aid including imputed amounts for multilateral (2004 prices)



Source: OECD DAC.

II.3 Changes In Modalities For Support to BSS

The data on aid to BSS presented above relate to projects and programmes that have BSS as their main purpose. Aid to BSS channelled through sector programmes, sectoral budget support or pooled funding is captured only to the extent these entirely focus on basic services (such as the Education Sector Development Programme in Bangladesh), or if the donor reports the commitments at a component level which is, however, 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 question that arises is how large a share of aid to education, health and water is delivered in form of sector-wide approaches. Such contributions are separately identified in the CRS through a 'sector programme flag'.²³

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

The table shows that during the last five years aid extended in form of sector programmes has been increasing, but that it remains a minority of total aid to education, health and water supply and sanitation. Furthermore, the bulk of sector programmes in these sectors has been reported as BSS and is thus captured in standard statistics on aid to BSS, as Figure 7 illustrates.²⁴ Sector programmes represented 11 per cent of the allocations to BSS in 2003 and 17 per cent in 2004.

²³ Sector programme aid is defined in the statistical reporting directives to comprise 'contributions to carry out wide-ranging development plans in a defined sector such as agriculture, education, transportation, etc.' The Directives further 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 is not defined as such in the current Directives, but falls under the definition of sector programme aid.

²⁴ 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 the total of sector programmes in water supply and sanitation were classified under code 14030.

Table 1: Sector programmes in education, health and water in 2000-04, commitments, USD million, 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

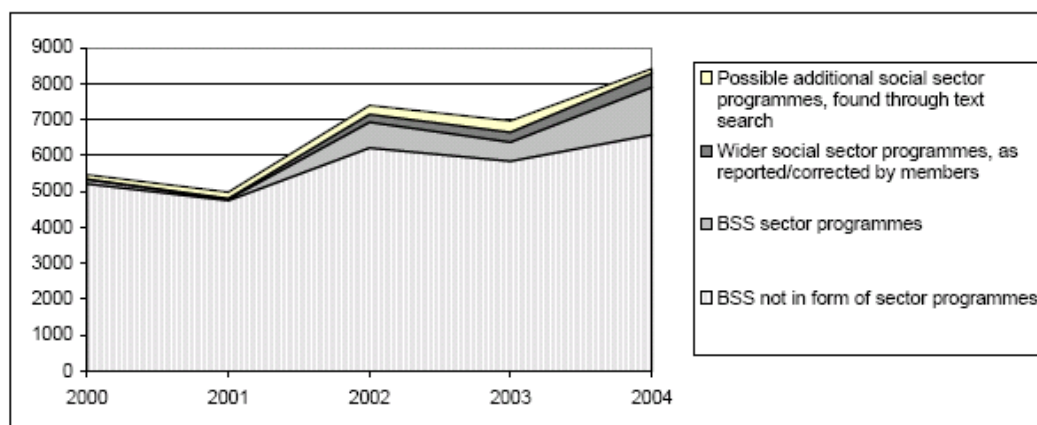
Source: OECD DAC.

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

As regards wider social sector programmes, members were generally not able to estimate the relevant amounts allocated to BSS. Figure 7 therefore shows their total spending. Finally, 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 of reporting on sector programmes is not yet completed, it is possible to conclude at this stage that, over the period 1995-2004, standard statistics appear to capture a reasonable totality of DAC members’ bilateral aid to BSS.

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



Source: OECD DAC.

II.4 Distribution of ODA for BSS among recipient countries

The CRS provides also the tools for analysing the breakdown of aid to BSS by recipient country. Main recipients of aid for BSS over this period in terms of commitments were India (USD 602 million), Bangladesh (USD 387 million) and Nigeria (USD 378 million). On a per capita basis (Table 2), aid to BSS is highest in the countries with small populations such as Guyana (the first recipient with USD 47.3 per capita aid to BSS), but also in Benin and Zambia which both have over 6 million inhabitants. Bangladesh and India arrive in only 78th and 109th positions, respectively. The regional breakdown shown in Figure 8 highlights the focus of aid to BSS on Africa South of Sahara and Asia. Figure 9 presents the distribution by income group, and confirms targeting of aid to BSS to Least Developed Countries (LDCs).

Table 2: Top ten recipients, per capita aid commitments to BSS, 2002-2004

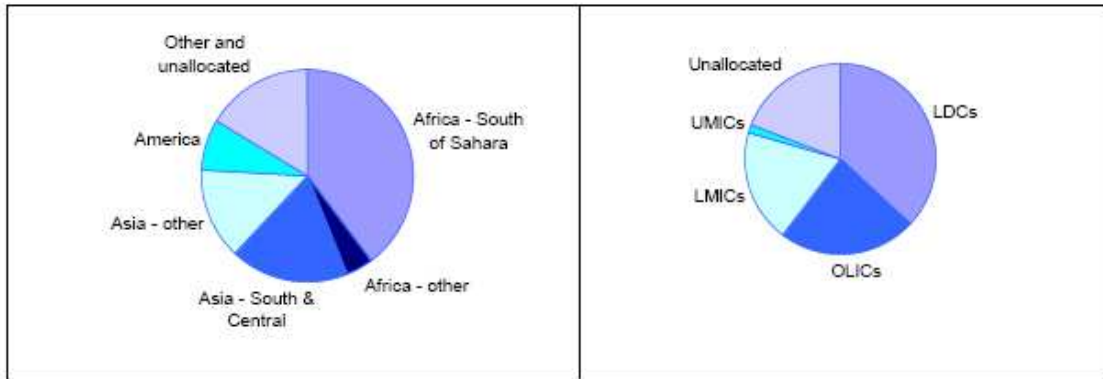
		Aid to basic social services, average commitments		
		Total, US\$ million	US\$ per capita	As % of total aid to recipient
1	Guyana	36.4	47.3	8.9
2	Namibia	48.0	23.8	11.1
3	Palestinian adm. Areas	77.1	22.9	4.1
4	Timor-Leste	19.8	22.5	3.3
5	Djibouti	13.5	19.1	5.9
6	Zambia	182.6	17.6	6.8
7	Benin	99.9	14.9	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

Source: OECD DAC.

Note: recipients of less than 500,000 inhabitants have been excluded from the top ten.

Figure 8: Breakdown of commitments by region (2002-2004)

Figure 9: Breakdown of commitments by income group (2002-2004)



Source: OECD DAC.

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 concerns formulated differently by new stake holders. Clearly, within basic social services ODA has increased primarily for HIV and AIDS, whose resource implications were not foreseen when the BSS concept was initiated. The analysis also suggests that the sector-wide programmes in the social sectors are directed mainly at the basic level, but may not have led to significantly higher levels of overall spending (in health outside HIV and AIDS). Sector programmes may also be less prevalent than the current development debate suggests. 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.²⁵

III. ISSUES FOR THE DEVELOPMENT OF A SYSTEMATIC APPROACH TO CAPTURE ODA FOR CHILDREN

A number of donors explicitly recognise the CRC as playing a guiding role in their development policy. The development assistance policies of Norway and Sweden, for example, are both informed 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 peace building and violence against children.²⁶
- Sweden's strategy is to focus 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, children affected by HIV/AIDS,

²⁵ Also noted earlier, ODA directed to GFATM is no longer classified as bilateral but as core funding to an international organisation (multilateral aid). A record of total flows to GFATM is available from the Fund or in special analysis, including by UNAIDS.

²⁶ Norwegian Ministry of Foreign Affairs (May 2005).

children affected by war, armed conflicts and refugee situations and children in institutions).²⁷

Some of these areas of focus fall within the DAC statistical definition of aid to BSS, while others appear to fit within, and are frequently recorded in, the sectors 'Government and Civil Society' and 'Other Social Infrastructure and Services'.

The internal monitoring systems of Norway and Sweden (which form the basis of reporting to the CRS) permit the identification of activities specifically marked by them as having children as main beneficiaries. A review of this data can therefore indicate under which purpose codes aid in support of children (protection and participation, children affected by war, refugee children) is likely to be found. An initial review of Swedish figures showed that over one-half of total aid targeted to children was in the sectors of education and health/population. But aid targeted to children is also being delivered through human rights activities and social and welfare services, a large share of which is for programmes for social mitigation of HIV/AIDS. In the case of Norway, aid targeted to children was more widely spread, but nevertheless focused on education, health/population and activities classified as support to human rights, strengthening civil society and social/welfare services. In both cases marking activities positive for children may suggest no more than the fact that children (often also women) are among the targeted beneficiaries, ranging from mine clearance to supporting juvenile justice systems informed by the CRC.

It remains to be determined whether additional non-BSS activities targeted to children could be captured through information on the channel of delivery (searching for agencies such as UNICEF, Save the Children).²⁸ Based on such a review, a 'short cut' approach could then be proposed for identifying sectors where major activities targeted on-a-children appear to be most frequently or most prominently classified.

At this stage, it is nevertheless possible to conclude that the following areas should be considered in a more comprehensive approach to identifying aid targeted to children,

1. Aid to BSS

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

²⁷ Sweden Government Communication 2001/02:186 The Rights of the Child as a Perspective in Development Cooperation.

²⁸ 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 outside aid to BSS. By using the dedicated 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 dedicated markers.

2. Sector-wide approaches targeted specifically at basic services

Donors have stated that support for basic services in the social sectors should be increasingly – or significantly – undertaken through participation in coordinated donor support for Government sector initiatives, either through co-ordination and harmonization of efforts (SPs/SWAPs) or through direct budget support to the sector (basket/pooled funding/budget support).

Some sector-wide initiatives are directly targeted on 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.²⁹

3. Other sector-wide approaches

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

4. Pro-rating of regular resource contributions to other development agencies

Donors also channel some part of their support for BSS, directly targeted to children, through the multilateral system, and possibly particularly outside the BSS categories. 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 Annex.) 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 partner countries. These agreements outline the broader objectives of social development or promotion of children’s rights which can be attained through a variety of activities across countries. In such cases, donors’ reporting to the CRS relates 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.

5. Other ODA targeted directly at children

It is recognized that many child rights concerns can best be understood and implemented in terms of operational approaches (Human Rights based approaches to programming) although they will also have validity in their own right, as the focus areas of Norway and Sweden show (N: children’s participation). 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,³⁰ it could be used to track a number of activity areas

²⁹ This is confirmed by a review of reporting on sector programmes in the CRS.

³⁰ For example, whether primary education development is child-centred or not.

which are frequently identified as concerned with child protection and child rights promotion. These include areas such as combating child labour, child soldiers, exploitation and abuse, and the 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 the categories ‘Government and Civil Society’, and ‘Other social infrastructure and services’ [– and in humanitarian assistance]. However, these categories are also used for support to 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.

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

Table 3: ODA in direct support of children within education, health and water supply and sanitation sectors. Commitments by Norway and Sweden, 2003-2004

	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

Source: OECD DAC.

The current limited analysis of aid in support of children suggests that donors explicitly committed to advancing the child rights agenda allocate a considerable proportion of their efforts outside the social sectors traditionally associated with services for children. Many activities are classified as ‘human rights’ and ‘support to civil society’.³¹ Further analysis would shed light on whether this assistance is targeted directly at advancing child rights, protecting children or simply as having children among the beneficiaries. The analysis would also shed light on the channels of delivery – showing how the international community seeks to reach children in practice. A preliminary view suggests that multilateral agencies and a mix of local and selected international NGOs are key players in these efforts. It may in turn suggest that donors seek out these partners because they are known to apply a human rights

³¹ Assistance for demobilisation of child soldiers can be tracked only from 2005 onwards.

based approach and have a track record of stimulating sustainable change in these areas. Further qualitative examination will enable clearer understanding of such decision process.

IV. 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 (growth in the number of school-age children or HIV infected who are not receiving services) results 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.

References

- Financial Times, September 6, 2007 'Brown Launches World Health Aid Pact' by Beatie, Alan and Andrew Jack
- Lancet, The (editorial) (2004), UNICEF Leadership 2005–2015: A Call for Strategic Change vol. 354, issue 9451364, 11-17 December 2004, pp. 2071-2074.
- OECD (2006), 'CRS Aid Activities for BSS 1999-2004' and 'OECD International Development Statistics online databases', <http://www.oecd.org/dac/stats/idsonline> .
- OECD (2005), 'Paris Declaration on Aid Effectiveness'. High Level Forum. Paris 28 February, 2 March 2005.
- Norwegian Ministry of Foreign Affairs (2005), *Three Billion Reasons: Norway's Development Strategy for Children and Young People in the South*. Oslo, May 2005.
- Parker, David and Eva Jespersen (1994), '20/20: Mobilizing Resources for Children in the 1990s' *UNICEF Staff Working Paper*, No. 12. New York: UNICEF.
- Powell-Jackson T, Borghi J, Mueller D, Patouillard E and Mills A. Countdown to 2015: Tracking donor assistance to maternal, newborn and child health. *The Lancet*, 368, 1077-1087, 2006
- Sweden Government (2001), 'The Rights of the Child as a Perspective in Development Cooperation'. Communication 2001/02:186
- UNESCO (2005) *Education for All*. Paris: UNESCO
- UNICEF/UNDP (1998), 'Country Experiences in Assessing the Adequacy, Equity and Efficiency of Public Spending on Basic Social Service'. Paper for Hanoi meeting on the 20/20 Initiative, 27-29 October 1998.
- UNICEF (1990), *Convention on the Rights of the Child*. World declaration and Plan of Action from the World Summit for Children. New York: UNICEF
- World Bank (1993), *Investing in Health*. World Development Report 1993.

ANNEX: DAC STATISTICAL TREATMENT OF AID TO BASIC SOCIAL SERVICES³²

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

a) Agreed methods

DAC statistics on aid to BSS are collected applying the ‘sectoral approach’. DAC members are requested to assign for each aid activity a sector of destination, 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, given below in 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 the aid that can be so apportioned. (Otherwise there is an implicit assumption that none of the aid unallocable by sector benefits basic social services.) This approach also allows excluding from the denominator a number of unpredictable items not entirely under the control of the aid administration (e.g. refugee costs in the donor country, emergency aid, debt reorganisation) which could obscure analysis and, in particular, inter-country and inter-temporal comparisons of aid to BSS. Originally developed for the purposes of monitoring the 20/20 Initiative, the method is currently used for monitoring the Millennium Development Goal 8 (Develop a global partnership for development), Indicator 34.³³

Sectoral statistics are traditionally compiled on a commitment basis. While commitments reflect changes in donor policies more quickly than do disbursements, they can be lumpy and hence unrepresentative on a yearly basis. 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 however become possible to monitor the extent to which commitments (in a specific sector) result in disbursements. From 2002 onwards, standard statistics on aid to BSS can be compiled on both commitment and disbursement bases.

Standard statistics on aid to BSS exclude (core-funded) multilateral aid.³⁴ This is mainly because data obtained from multilateral organisations have not been sufficiently complete and detailed to calculate the share of aid to BSS in their total outflows. Section c) reviews progress in data collection from the multilaterals. While data are still missing for a number of UN agencies, the coverage is significant enough (85% in 2004) to envisage including multilateral aid in the analysis. Section c) uses data for the World Bank as an example to

³² The reporting of ODA flows is guided by statistical reporting directives of the DAC

³³ Proportion of total bilateral sector-allocable ODA of OECD/DAC donors to basic social services.

³⁴ Aid channelled through multilateral organisations (also called ‘non-core’ or ‘extra-budgetary’ funding) is included.

demonstrate how multilateral aid to BSS can be imputed to bilateral donors and Table A9 (section d) provides an illustration of the overall picture including imputed multilateral aid. Table A2 shows data on aid to BSS in 1995-2004 by donor³⁵. Table A3 transforms the data into rolling 2-year average commitments and presents disbursement data for 2002-2004.

Table A1: DAC definition of aid to Basic Social Services: selected CRS purpose codes

PURPOSE CODE	DESCRIPTION	Clarifications / Additional notes on coverage
112..	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 (adults education); literacy and numeracy training.
11240	Early childhood education	Formal and non-formal pre-school education.
122..	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 specialised 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	Immunisation; 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.
130..	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;

³⁵ Data in Tables A2 through A8 are in current USD (to facilitate checking by DAC members) but will be converted to constant USD for the final report.

PURPOSE CODE	DESCRIPTION	Clarifications / Additional notes on coverage
		information, education and communication (IEC) activities; delivery of contraceptives; capacity building 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.
140..	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).
160..	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.

* 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 necessitates a 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 in 1995-2004 by donor, millions of USD

	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	399
Denmark	66	140	29	34	3	71	29	50	112	309
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	609
Greece	3	3	4	5	1	2	5	2	43	41
Ireland	0	0			0	17	24	71	66	99
Italy	17	34	10	22	57	42	18	78	120	79
Japan	181	311	355	468	359	678	290	277	351	489
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 in 1995-2004 by donor, millions of USD

	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

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.

b) Limitations of the agreed method

The sectoral approach described above identifies activities which have BSS as their main purpose. It fails to capture aid to BSS delivered within wider sector programmes.³⁶ Aid to BSS through NGOs may also be excluded, since this is not always sector-coded in as great detail as project and programme aid. Multisector BSS programmes are identifiable through purpose code 16050 from 1999 onwards.

Before deciding to measure aid to BSS using the sectoral approach, the WP-STAT considered various options, including 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 request information on estimated spending on BSS within each aid activity. All members agreed, however, that such a system would not work in practice and that statistical reporting requirements should, if anything, be simplified. Furthermore, trends

³⁶ In DAC reporting (as well as in most Members' internal reporting systems), 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.

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 DAC³⁷. By contrast, 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 when making detailed analyses of aid to BSS.

c) **Multilateral ODA to Basic Social Services**

A recommendation 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 organisations 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 above and to incorporate multilateral aid to BSS in analyses of DAC members' performance in this area, when needed.

At present, sufficiently detailed data are received from the European Commission, the World Bank group, the regional development banks, IFAD, the Global Fund to fight against AIDS, Tuberculosis and Malaria (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 it is judged from the statistics still need further improvement before publishing reliable figures for total aid to BSS. However, current 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 BSS by the World Bank

Table A5 below presents total concessional lending to BSS by the World Bank through the International Development Association in 1995-2004³⁸. The aggregates have been derived from data on individual projects reported to the CRS and thus exclude aid to BSS delivered within sector programmes. The data show that IDA directs an 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.³⁹

Table A6 presents members' contributions to IDA in 1995-2004 (columns on the left) 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 (columns on the right).

³⁷ 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 criticised, 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."

³⁸ Concessional bank lending is recorded at face value

³⁹ The World Bank's own estimates of its lending for BSS in the late 1990s included all water sector activities. The WP-STAT reports consequently use the higher percentages.

Table A5: ODA to Basic Social Services by IDA 1995-2004, USD 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: DAC countries' ODA to Basic Social Services through IDA 1995-2004

	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

Source: OECD-DAC.

Table A6 continues: DAC countries' ODA to Basic Social Services through IDA 1995-2004

PART B: Contributions imputed to DAC countries for aid to BSS through IDA					
Country contributions to IDA multiplied by:	1995-96	1997-98	1999-2000	2001-02	2003-04
	15.1%	15.3%	12.3%	16.3%	23.1%
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.

Regional development banks

The share of aid to BSS in the concessional lending of the African Development Fund (AfDF), the 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.

United Nations

DAC statistics on multilateral ODA to the United Nations relate to donors' contributions to the regular budgets of the UN organisations and specialised 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.⁴⁰ In order to avoid double-counting, therefore,

⁴⁰ In DAC statistics, a contribution is defined as multilateral if: (a) it is extended to a multilateral recipient institution, or (b) it is a 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.

reported multilateral ODA to basic social services by the UN organisations and specialised agencies should only include activities financed from their regular budgets.

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

The UNDP, which accounts for 10 per cent of total UN outflows, does not provide activity-level data to the CRS. Discussions with officials in the 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. Such data have not yet been received, but the DAC Secretariat is continuing to encourage the relevant authorities to provide them. Pending progress, aid to BSS through the 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 1995-1998 are likewise based on its internal estimates. From 2000 onwards UNICEF has reported project-level data to the CRS so the percentage 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 organisations provide activity data to the CRS.

The UN activities in the field of BSS are of course not limited to activities by UN funds and programmes such as UNDP, UNICEF, UNFPA and UNAIDS. UN specialized agencies such as ILO, UNESCO and WHO are also highly active in this area. For example, WHO’s research for world-wide malaria control or ILO’s adult literacy programmes fall under the definition of basic social services. Their funding structure based on assessed contributions to a global programmes (not only programmes in developing countries), the non-core (‘bilateral’) nature of specific activities and the relatively modest share of these activities in total UN assistance to basic social services, suggests that data collection may not be cost-effective, at least before sufficient data are received from the larger agencies.

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 years before, the data are partial for EC budget.

Table A7: Share of ODA to Basic Social Services by multilateral organisations 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: DAC countries' ODA to BSS through multilateral organisations 1995-2004
Imputed amounts - USD million**

	1995-96	1997-98	1999-2000	2001-02	2003-4
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.

d) 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 (1) BSS components of sector programmes, multisector aid or NGO activities cannot be identified, and (2) data on multilateral aid to BSS are incomplete for some UN agencies.

Table A9: DAC countries' ODA to Basic Social Services, 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	15	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.