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DEVELOPMENT ASSISTANCE TO WATER AND SANITATION; A PARTIAL (DRAFT!) OVERVIEW

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DEVELOPMENT ASSISTANCE TO WATER AND SANITATION; A PARTIAL OVERVIEW

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SUMMARY: **Most international agencies give a low priority to improving or extending provision for water and sanitation, despite the hundreds of millions of people in both rural and urban areas who lack adequate provision. Most agencies have allocated less than 5 percent of their funding commitments to water and sanitation each year for which records are available from 1970 to 1995. Health also receives a low priority from most agencies and where it is possible to gauge the level of support for primary health care within an agency's development assistance for health, primary health care usually receives a small proportion of the support for health.**

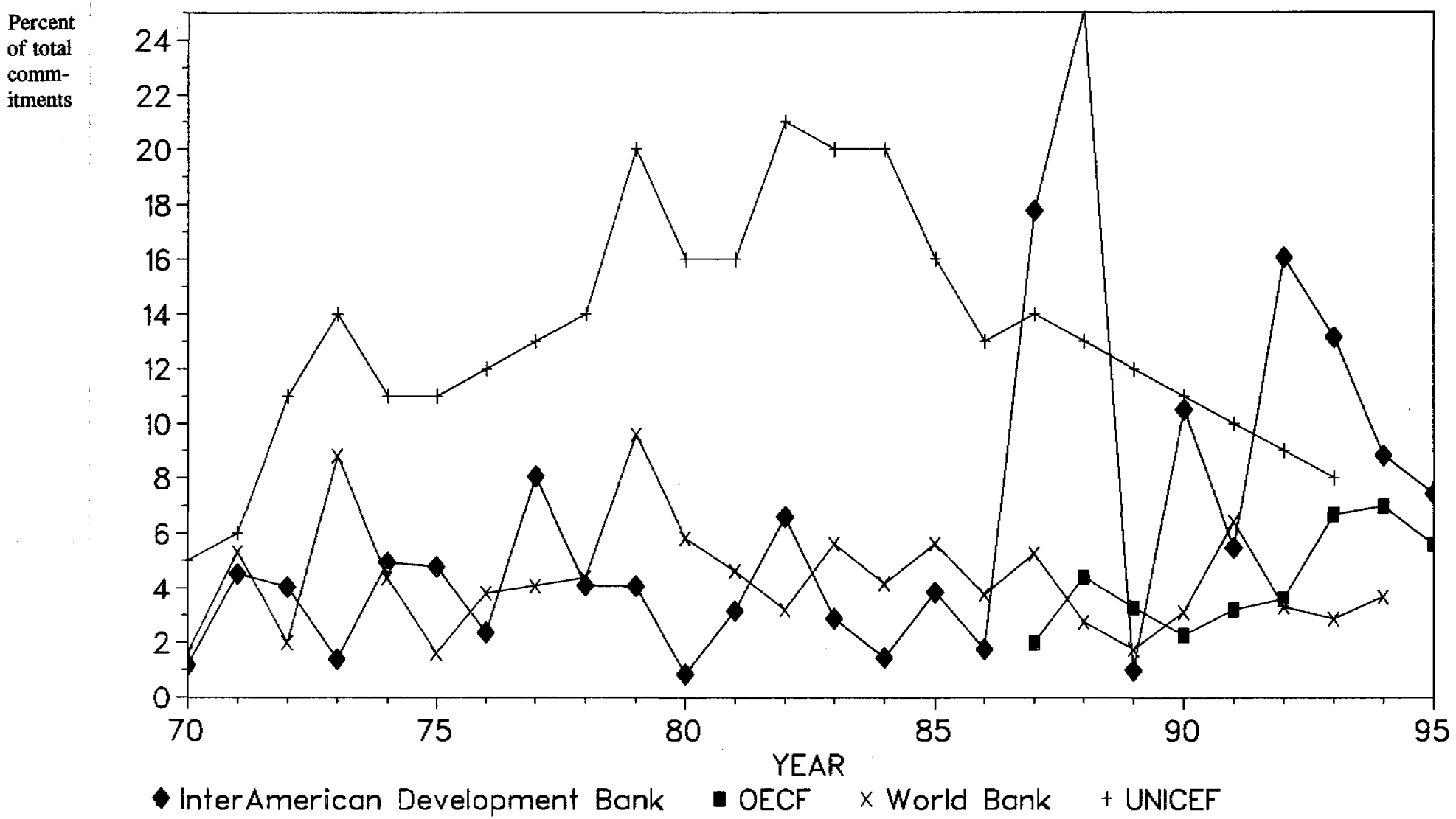
This short paper and the datasheets that are attached to it presents a summary of the volume of funding and the level of priority given to water and sanitation - and, where data are available, how these have changed between 1970 and 1995. It also includes some data on the volume of funding for other aspects of primary health care - where these are available - since primary health care services and the initiatives to control or cure diseases at community level (many of which are water-related) are an essential complement to improved water and sanitation in achieving improved health.

WATER AND SANITATION: Among the multilateral agencies, UNICEF is the exception with its relatively high priority to water and sanitation - although as Graph 1 shows, the priority that UNICEF has given to water and sanitation has declined rapidly since the early 1980s. The priority given to water and sanitation by the Overseas Economic Cooperation Fund (OECF - the world's largest bilateral donor) and by the Inter-American Development Bank has increased in recent years while that of the World Bank (the world's largest multilateral donor) has decreased (see Graph 1). However, although the World Bank has given a relatively small proportion of its funds to water and sanitation, especially for the years 1992-1995, it still allocated between $530 million and $710 million in each of these years to water and sanitation projects. And as will be described in more detail later, the World Bank is providing a substantial (and increasing) volume of funding to projects or initiatives which have components for water and sanitation - for instance social or municipal funds which support some water and sanitation investments and urban projects with many components that include improved provision for water and sanitation.

The attached datasheets and graphs contain accurate information about the scale and proportion of funding allocated to water supply and sanitation from the World Bank, the main regional development banks and OECF, by year. This is because it is possible to get complete information about all these agencies' project commitments, from which it is possible to draw out all project commitments which were for water and sanitation (or primary health care). The attached datasheets on these agencies also includes details of their commitments to projects which had water and sanitation components - for instance slum and squatter upgrading or social or municipal funds that provided support to water and sanitation or integrated community or urban development projects which had water and sanitation components.

For all the bilateral agencies except OECF, the only information on their sectoral priorities, by year, comes from the annual OECD Development Assistance Committee reports - and only in its 1995 report did it include 'water and sanitation' as a separate category (in reporting on

Graph 1: The changing priority given to water and sanitation by some of the largest donor agencies, 1970-1995



NOTES: For UNICEF, this is percentage of annual disbursements, not annual commitments. For the World Bank, account is taken only of total commitments and commitments to water and sanitation for countries in Africa, Asia and Latin America. For all agencies, only water and sanitation projects which improved or extended provision for people are included.

commitments made in 1993).[1] In this year, nearly three quarters of the agencies allocated less than 5 percent of their bilateral commitments to water and sanitation and only one (Denmark) allocated more than 10 percent (see Table 1). But the data also shows a low priority for water and sanitation among most bilateral programmes for the years 1985 to 1992 as well. Prior to

Table 1: Percent of bilateral aid programme's commitments to water and sanitation, 1993

BILATERAL PROGRAMME	Percent of bilateral commitments to water & sanitation	BILATERAL PROGRAMME	Percent of bilateral commitments to water and sanitation
Australia	3.9	Japan	8.3
Austria	3.7	Netherlands	6.3
Belgium	2.2	New Zealand	0.4
Canada	0.3	Norway	1.3
Denmark	11.6	Sweden	3.1
Finland	7.6	Switzerland	2.1
France	2.0	U. K.	3.2
Germany	4.1	USA	4.0
Ireland	5.5		
Italy	2.0	Total DAC	5.1

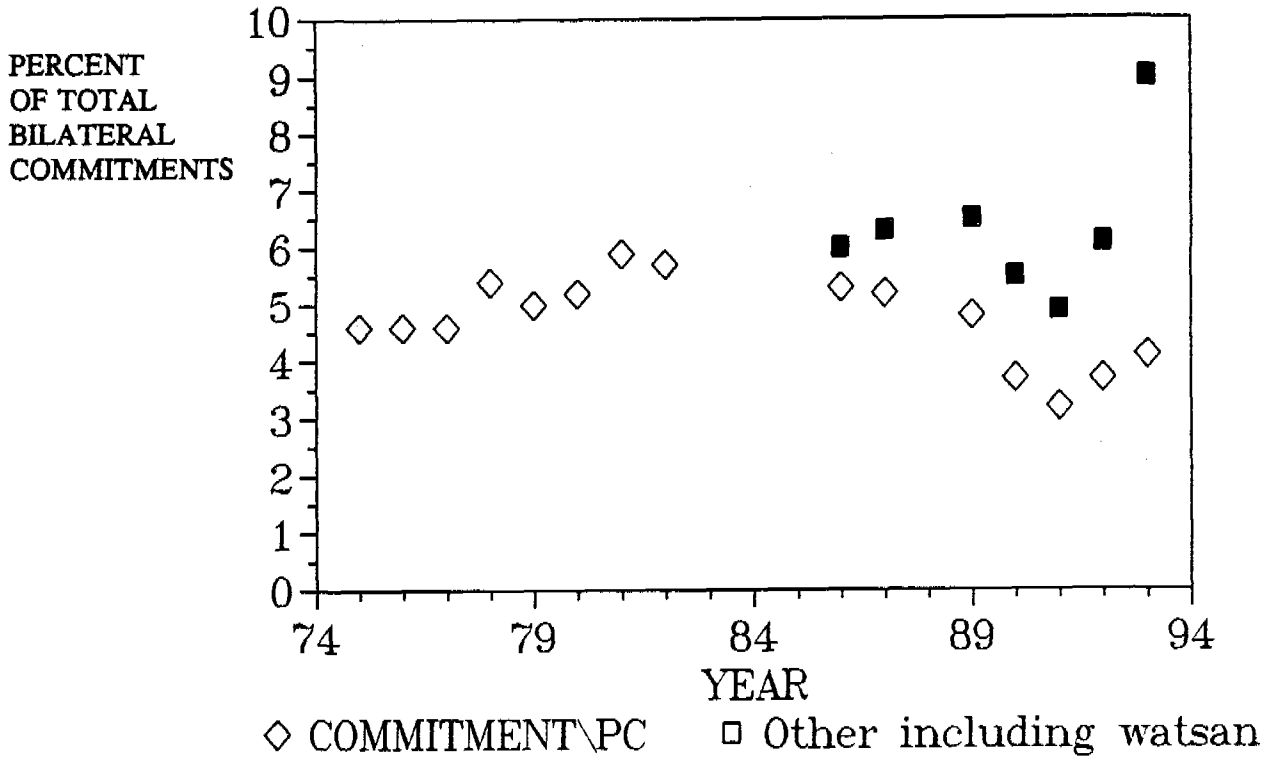
SOURCE: OECD, *Development Co-operation: Efforts and Policies of the members of the Development Assistance Committee 1995*, Development Assistance Committee, OECD, Paris, 1995 , 127 pages plus Annexes.

1995 DAC Report (which provides data for 1993), the proportion of each bilateral aid programme's annual commitments to water supply and sanitation were included within a category called "Social and administrative infrastructure: other including water supply." As Graph 2 shows, this category generally received less than 7 percent of the bilateral commitments of the agencies that are listed above for the years between 1985 to 1993 - while an attached table shows this to be the case for most of the individual bilateral agencies. Although the information is inadequate prior to 1985, there is no evidence of a significantly higher priority to water and sanitation by most agencies before 1985.

[1] This lack of accurate, detailed statistics on the bilateral aid programmes' sectoral priorities is puzzling. The OECD's Development Assistance Committee publishes detailed statistics on most other aspects of the bilateral aid programmes. Although there are obvious difficulties in drawing comparisons between different bilateral agencies' own statistics for sectoral priorities, as they use different sectoral categories, the bilateral aid programmes should also report on all project commitments to this Committee which would allow an accurate, detailed comparison of sectoral priorities between the agencies. This is the method used in this paper for the multilateral agencies and for OECF. Another obvious source of statistics on the scale and priority of donor assistance to water and sanitation would be WHO and, more recently, the UNICEF/WHO Water Supply and Sanitation Collaborative Council - but no detailed statistics on donor support were found. **An accurate and detailed monitoring of each development assistance agency's support for water and sanitation and for primary health care, would seem an obvious priority, if pressure is to be brought on agencies to increase their priority and improve their effectiveness.**

Graph 2: The Priority given by Bilateral Aid to Health, 1974-1993, and to Water and Sanitation, 1988-93

This graph shows the percent of bilateral aid going to "health", by year, from the bilateral aid programmes of OECD nations for all years for which data was available, 1974-1993, and to water and sanitation and other projects within the category "Social and administrative infrastructure: other including water supply" for the years for which data are available 1986-93.



◇ **The percentage of total bilateral commitments to health for that year**

■ **The percentage of total bilateral commitments to water supply and sanitation and to other projects within the category "Social and administrative infrastructure: other including water supply" for that year**

NB. Given that there are other kinds of projects with no components for water and sanitation within "Social and administrative infrastructure: other including water supply", these percentages represent the maximum that could have been allocated to water and sanitation. The only year for which there are data that separates "water and sanitation" from this category is 1993 - when water and sanitation represented 72 percent of "Social and administrative infrastructure: other including water supply."

A NOTE ON METHODOLOGY AND SOURCES: The data on support to water and sanitation and to other elements of primary health care for the multilateral development banks and OECF in this paper are derived from a review of all the projects to which they have committed funding for as many years as it was possible to obtain this information. Where possible, the coverage went back to 1970. By reviewing descriptions of all projects, it was possible to include projects that were not classified under 'water and sanitation' by the agencies but which had important water and sanitation components - for instance slum or squatter upgrading projects with components for improved water and sanitation. It also allowed a distinction to be drawn between projects that were primarily to improve or extend provision for water and/or sanitation to people and those which had no such component - for instance the construction of reservoirs with no component to improve or extend distribution or sewage treatment plants. This is not to claim that reservoirs or sewage treatment plants are not important - but reservoirs do not guarantee increased or improved supplies for people and the increased supplies may be used mainly for industry and commerce. Thus, Graph 1 shows commitments to water and sanitation (and drainage) which improved or extended provision for people. The tables that are attached to this paper report on this in more detail and also include data on support for other investments in water and sanitation and support for projects that had components for water and sanitation.

This method of reviewing all individual project commitments made by an agency also allows their funding to "health" to be divided into those that concentrate on primary health care and those that do not. For instance, support for dispensaries or primary health care centres or 'basic' drugs or disease control programmes (for instance support for Oral Rehydration Therapy) can be separated from support for large hospitals or for sophisticated medical equipment that is not associated with primary health care.

All funding commitments in any year for all agencies have also been converted into US dollars at their 1990 value; without this, data on long term trends in total funding commitments can be misleading as the volume of funding appears to rise when in real terms it may not increase at all or may even fall, as the value of the currency decreases over time. We have kept the description of the methodology used in this paper to a minimum - but can send more details to anyone who is interested. The data in this paper is drawn from two sets of databases prepared by IIED's Human Settlements Programme. The first has descriptions of all projects for water, sanitation, education, health, housing, community development and urban development for the multilateral agencies covered here for 1970 to 1995 (except for OECF for which data was only available from 1987-1995). The second has data on total funding commitments to each nation by these same agencies for these same years (to allow analyses of the proportion of funding allocated to water and sanitation and other aspects of primary health care).

PRIMARY HEALTH CARE: **Most multilateral and bilateral agencies give a low priority to health. And where it is possible to separate from an agency's total funding to health the proportion going to primary health care services, primary health care usually received only a small part of the funding allocated to health.**

For all the bilateral agencies except OECF, the only information on their sectoral priorities, by year, was from the annual OECD Development Assistance Committee reports - and these only included data on the commitments to "health" so it was not possible to disaggregate the funding allocated to primary health care from that to, for instance, large hospitals and sophisticated medical equipment. However, as graph 2 shows, "health" has received a low priority. Taking all the bilateral aid programmes that are within the OECD together, the proportion of their annual commitments to health has generally been between 3 percent and 6 percent of their bilateral commitments for the years from 1973 to 1993 with some decline in the priority for health if the

early 1990s are compared to the late 1970s and early 1980s. Details of each bilateral programme's priority to health between 1973 and 1993 are given in a later table. The only countries whose bilateral aid programme has regularly given health more than 10 percent of total commitments are Belgium during the late 1980s and early 1990s, Denmark and Norway (for several years between 1973 and 1993, although with great variations between years) and France during the late 1970s and early 1980s.

For the multilateral agencies for which detailed data were obtained, there is generally a low priority to health and within this a low priority to primary health care. For instance, less than one percent of the funding of the Inter-American Development Bank has gone to primary health care other than water and sanitation between 1970 and 1995 - and for OECF, the world's largest bilateral aid programme, only $31 worth of commitments were made to primary health care services between 1987 and 1995. One exception is UNICEF which, given its special mandate, obviously gives a high priority to child health, child nutrition and community/family based services for children. The proportion of UNICEF funding devoted to primary health care services increased very considerably from 1985 to 1990 and remained relatively high after that - much of this being the much expanded support for the expanded programme of immunization (although as noted earlier, this period also saw a rapid decline in the priority to water and sanitation).

The World Bank is interesting in that it has recently become the main international funder of primary health care services and of the other aspects of primary health care other than water and sanitation. Primary health care services received a very low priority from 1970 to 1987 (although in 1980 and 1984 they had received more than $200 million and in 1986 $365 million). But each year from 1988 to 1995, they received $300 million or more in commitments with commitments reaching between $800 million and $960 million in 1990, 1991, 1993 and 1995. This may still represent a relatively low proportion of its total commitments but it does represent a sudden change and, given the scale of the World Bank's total commitments, an important increase in funding for primary health care. Over 70 nations had received commitments for primary health care up to 1995; India had received some $1.5 billion with Brazil receiving nearly $800 million and China and Indonesia around $500 million each.

Some multilateral agencies give virtually nothing to primary health care. For instance, only one small $31 million project for primary health care was found in all the project commitments of the OECF between 1987 and 1995 - a period during which over $70 billion worth of commitments were made, including nearly $5 billion committed to projects for water and sanitation (some attached tables on OECF give more details).

OTHER PROJECTS OR PROGRAMMES WITH WATER AND SANITATION OR PRIMARY HEALTH CARE SERVICES COMPONENTS: As noted already, there are many donor funded projects and programmes that have improved provision of water and sanitation as one of their components - for instance 'slum and squatter upgrading' projects and many integrated community development and integrated urban development projects where water and sanitation are included among other components such as schools, roads and markets. These are never counted, when considering the priority that donor agencies give to water and sanitation, although they may constitute a significant proportion of all their support to water and sanitation. However, housing and housing-finance projects and programmes that are likely to improve provision of water and sanitation to low income households receive a very low priority from most donor agencies - and in general, the agencies that have allocated the most support for these have reduced their support. It is somewhat contradictory for agencies to claim an increased commitment to 'cost recovery' for water and sanitation yet to give no support (or withdraw support) from the kind of housing finance systems that have been shown to increase the capacity of low income households to buy or build

their own homes, or improve their existing homes (including affording better provision for water and sanitation) **and** achieve high levels of cost recovery.[1]

Many donor agencies have come to support 'social funds' operating at national level while some have come to support national funds on which local authorities can draw; both have importance for water and sanitation while the social funds may also fund other aspects of primary health care. However, social funds generally receive no more than a few percent of the total funding of multilateral and bilateral agencies. And although social funds may provide much needed support for particular water, sanitation or health care projects, it may divert funds away from the long term goal of building the capacity and competence of public authorities either to provide these themselves or to ensure that other providers achieve good standards and complete coverage.

WHY SO LOW A PRIORITY TO WATER, SANITATION AND OTHER ASPECTS OF PRIMARY HEALTH CARE?: From the analyses of long-run changes in donor agencies' priorities, there are few signs that an increasing priority is being given to water and sanitation and to other aspects of primary health care. For instance, there is no evidence of a significant increase in the priority given by most donor agencies to water and sanitation during the International Drinking Water Supply and Sanitation decade - although this Decade may have helped ensure no reduction in support for water and sanitation, during a decade where support for structural adjustment drew funding from sectoral programmes and when most donor agencies (and the governments who fund them) reduced their support for public sector intervention. But this is no more than a guess - which needs to be tested with a careful review of the main donor agencies' current priorities and interviews with a range of their staff. The quantitative analyses presented here were intended as a first step in seeking a better understanding of what constrains a higher level of priority from donor agencies for water, sanitation, health care - and education, housing and community development - but despite seeking funding for this work for nearly 20 years, IIED has never been able to raise the funding to do so. Perhaps not surprisingly, donor agencies are reluctant to fund research that questions their own funding priorities and investigates their own institutional constraints on a higher priority to projects or programmes such as water, sanitation and primary health care.

However, it is clear that there are important institutional constraints within many donor agencies to increased funding for water, sanitation and health care services.

For water and sanitation, as in all capital projects, donor agencies need efficient public or private agencies within the recipient country that can implement the capital works and also manage them, when they are completed. Most donor agencies themselves have very little capacity to do much more than manage the external funding and maintain some supervision of the works. Yet in most of the countries where the need for improved provision for water and sanitation is greatest, the institutional weakness of public water and sanitation agencies or other potential water and sanitation providers is also weakest. Donor agencies whose institutional structure was set up to fund and oversee large capital projects are rarely well-equipped to support long term institution-building in this or other areas - although most have tried to do so, as many of the water and sanitation projects they funded were not maintained. One review of donor agency performance for the International Drinking Water Supply and Sanitation Decade suggested that too much attention had been given to the "hardware" i.e. the capital equipment and too little to the "software" - the institutional structure that must operate to ensure efficient operation and maintenance - whether by a public authority, a private company or a community organization.[2] This is also borne out in many other reports - for instance our analysis of water supply and sanitation projects funded during the 1970s and 1980s found many in the late 1980s that were rehabilitating or repairing those that had been funded by international agencies a few years earlier.

SIDA with its long (and largely rural-focused) support for water and sanitation also recognizes the need to shift emphasis from the construction of new water schemes to support for improvements to existing facilities and improving the capacity of partner countries to solve the problems themselves.[3] But here, another important reason for donor agencies' low priority to water and sanitation is the low priority given by most governments in the South to water supply and sanitation. An analysis of who funded capital investments in water supply and sanitation based on a sample of countries found that the total contributions from international funding agencies were comparable to those of governments both for new systems and for rehabilitating existing ones and both in water supply and sanitation.[4] Donor agencies' priorities to water supply and sanitation would certainly be higher, if recipient governments gave these a higher priority in their negotiations for development assistance.

Donor agencies can turn to alternative providers, where governments permit this - as in, for instance, support for privatization. We have not had time to analyze the extent to support from donor agencies to private sector providers - but this is likely to be a growing trend in many agencies. But the agencies that fund private sector water and sanitation provision may forget that efficient and accountable local authorities are still needed to monitor the performance of private utilities - on, for instance, quality, coverage and pricing.

What we can say with some certainty is that very little support from official donor agencies has gone to NGO-based or community-based water and sanitation programmes or projects. There are some important exceptions which show that this is possible in certain nations - but again, most donor agencies lack the staff and structure to support a multiplicity of diverse, small water and sanitation projects - and it is rare for any NGO to have the capacity to develop large scale projects.

For primary health care services, one major constraint on increased funding may be the fact that most costs are for staff to run them and the supplies of medicines and equipment - and most donor agencies cannot fund these because these are not capital costs. (Many staff of donor agencies recognize the importance of funding these, but are constrained by the fact that the agency is meant to fund only capital projects). It is also much easier for donor agencies to fund the construction of hospitals since these are capital projects and they use up far more donor funding - and not primary level services where the construction of the buildings is not costly and can often be done with local resources.

There is also the constraint within all donor agencies on projects or programmes that require a lot of staff time. All donor agencies are pressed to reduce their staff costs. The lower the proportion of their funding that goes on 'staff', the more efficient they are judged to be by the governments or bodies that supervise them. One of the main criteria used by the development banks (and perhaps other agencies too?) to evaluate the performance of their projects is the ratio of staff costs to total project costs. Public perceptions have also been shaped by 'scandals' about agencies that have 'high proportions of their funding to staff'. Many donor agencies also have difficulty spending the funds they are allocated. But some of the most effective water, sanitation and primary health care projects are those which are cheap, which keep costs down to a minimum (so that costs can be recovered from user charges) and which draw on local as well as international funding sources. Many such 'projects', when implemented by NGOs or community organizations, are complex for any donor to support and they may take time to develop the capacity to increase in scale - see, for instance, the time needed for the Orangi Pilot Project support for sanitation in Orangi to develop the capacity to 'go to scale' and to gain the confidence of Orangi residents.

For housing or housing finance projects or programmes that benefit low income households (and

which should bring major benefits for improved water and sanitation), the ideological climate is simply too anti these? Despite the remarkable success of many community-managed, NGO (and occasionally municipally supported) housing finance schemes?

THE ROLE OF NGOS: Most international NGOs give a higher priority to water supply, sanitation and primary health care than official development assistance agencies - and many official bilateral aid programmes steer a significant proportion of their funding through the international NGOs based in their own country. By 1994, some $6 billion worth of official bilateral aid was being provided as grants to international NGOs (or Private Voluntary Organizations).[5] Most has been oriented to rural settlements although in recent years, an increasing number of these organizations have increased the scale and scope of their work in low-income urban settlements, especially illegal and informal settlements.

However, there are also some important innovations in improved water supply and sanitation that have been developed by local foundations or NGOs in the South, often with some international donor assistance. One of the best known is the Orangi Pilot Project in Pakistan which demonstrated that low-income households can afford to pay the full cost of installing basic drainage and sewage, if all households within a street or "lane" worked collectively, generally collecting small contributions from each household and sub-contracting out the work.[6] It also showed how to "go to scale" as its technical and organizational support reached some 70,000 households with improved sanitation and drainage. The municipal authorities in Karachi are now helping to fund this approach and Orangi Pilot Project is now working with local NGOs and community organizations in other settlements in Karachi and in other urban centres in Pakistan.[7] There are also other examples of low-cost water and sanitation programmes developed by community organizations with support from external agencies - as in Guatemala City.[8] But most donor agencies find it difficult to support these kinds of community-based, low-cost interventions.

NOTES AND REFERENCES

1. See Mitlin, Diana, "Building with credit: housing finance for low-income households", *Third World Planning Review*, Vol.19, No.1, February 1997.

2. Warner, D.B. and L. Laugeri, "Health for all: the legacy of the water decade", *Water International*, Vol. 16, 1991, pp. 135-141.

3. Andersson, Ingvar, *Swedish Support to Water and Sanitation in the Least Developed Countries: Lessons Learnt from 30 Years of Development Cooperation*, Department of Natural Resources and the Environment, Sida, Stockholm, 1996, 8 pages.

4. See Water Supply and Sanitation Collaborative Council, *Water Supply and Sanitation Sector Monitoring Report 1993*, World Most Health Organization and UNICEF, 1993, 57 pages. This reports on how many countries reported on the relative balance of investments into water supply and sanitation coming from governments, international agencies and communities for rehabilitation and new systems.

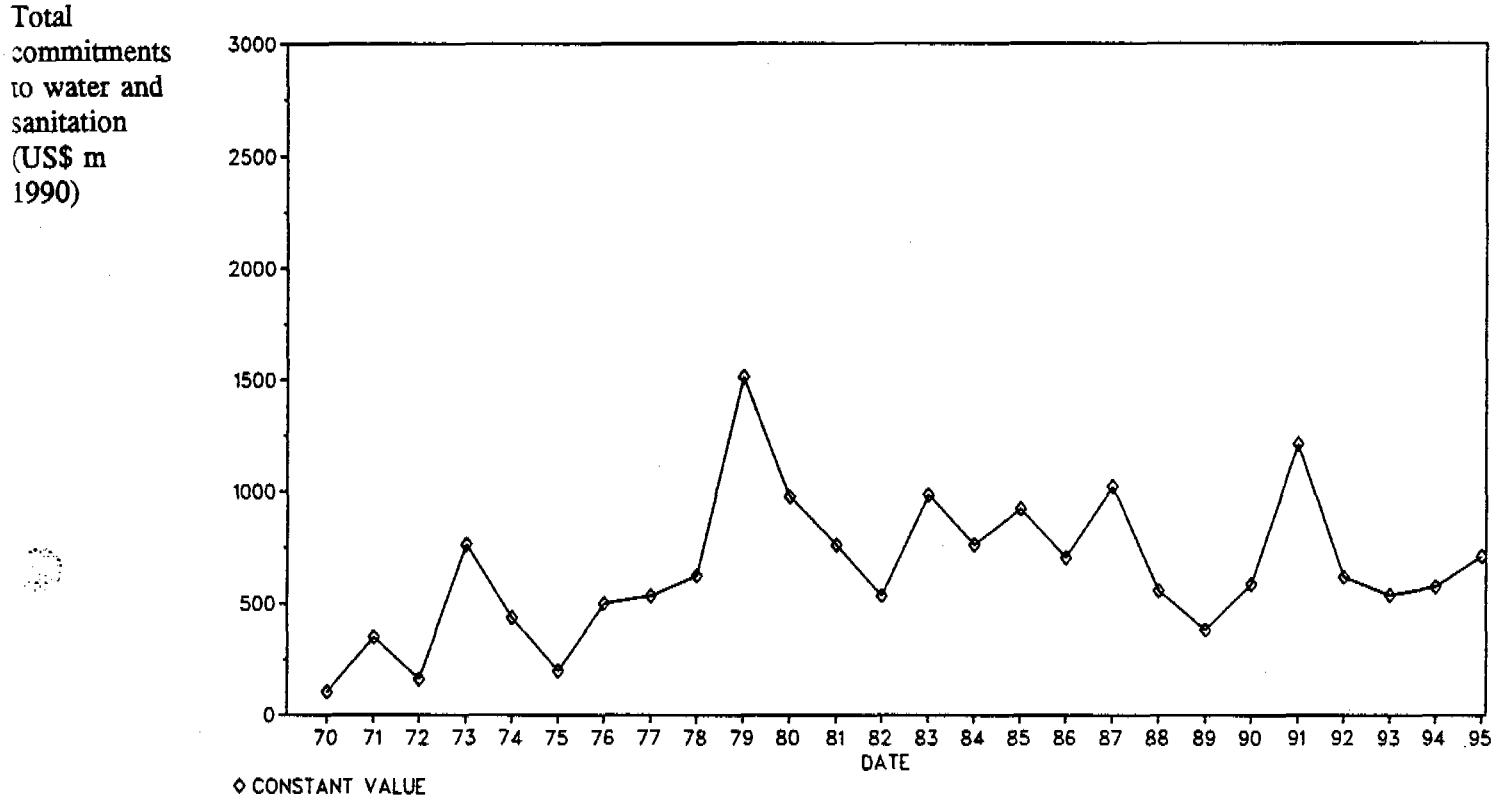
5. OECD, *Development Co-operation: Efforts and Policies of the members of the Development Assistance Committee 1995*, Development Assistance Committee, OECD, Paris, 1995 , 127 pages plus Annexes.

6. Orangi Pilot Project, NGO Profile - Orangi Pilot Project, *Environment and Urbanization* Vol.7, No.2, October 1995, pp. 227-236; Khan, Akhter Hameed, *Orangi Pilot Project Programmes*, Orangi Pilot Project, Karachi, 1991, 52 pages.

7. Ibid.

8. Espinosa, Lair and Oscar A. López Rivera, "UNICEF's urban basic services programme in illegal settlements in Guatemala City", *Environment and Urbanization* Vol. 6, No. 2, October 1994, pp. 9-29.

Graph 3: The World Bank: Total funding to water supply and sanitation projects, 1970-1995

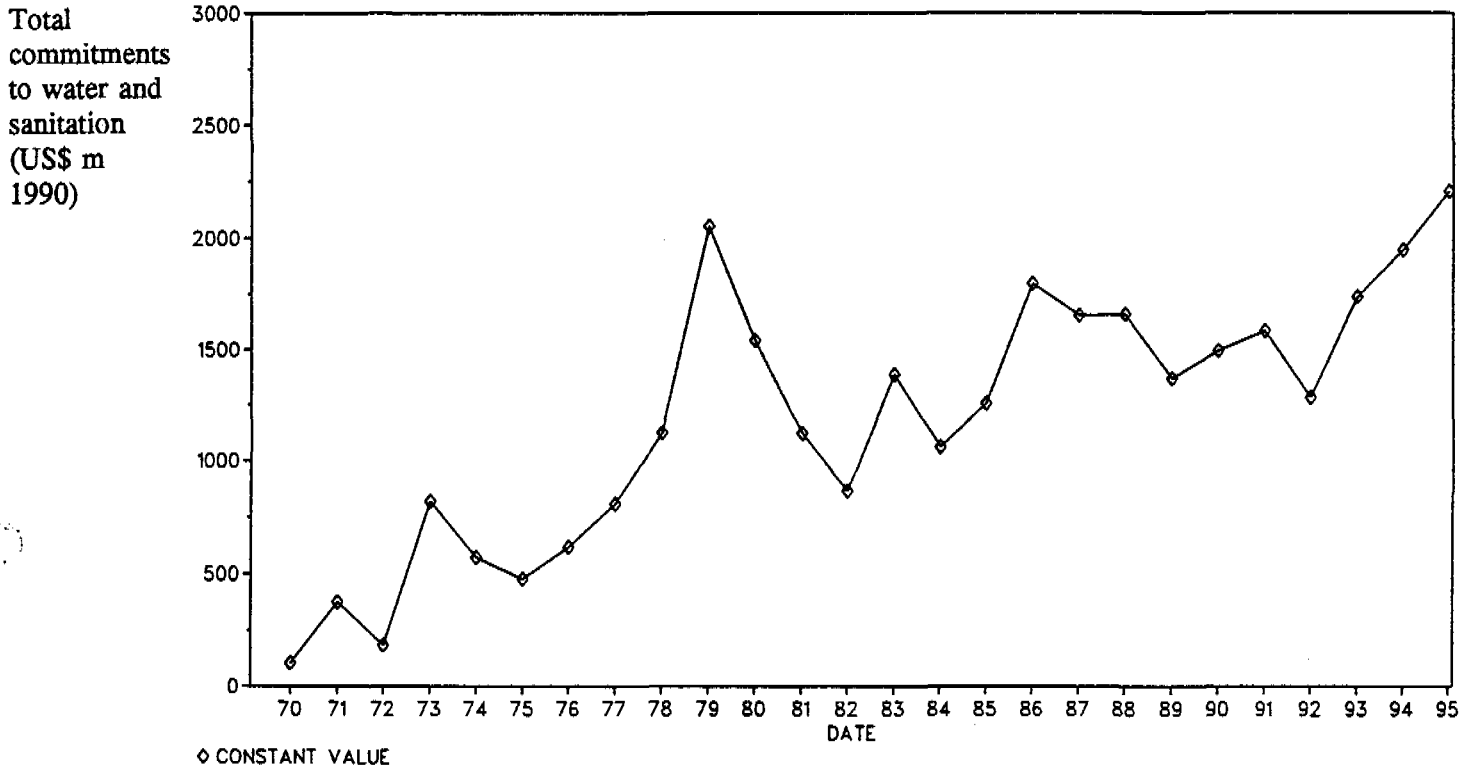


This graph shows the total funding committed (in US$ millions at its 1990 value) by the World Bank by year to water and sanitation projects which improved or extended provision for urban or rural populations. Over this 26 year period, commitments to this totalled some US$17 billion. Note the generally upward trend in the value of annual commitments from 1970 to 1979 and the fluctuations after that but with no evidence of any steady increase.

This fits with Graph 1 which showed the percentage of the World Bank's total commitments which went to water and sanitation each year. Here, the priority to water and sanitation peaked in 1979 at close to ten percent of all commitments and it has never reached this level of priority again.

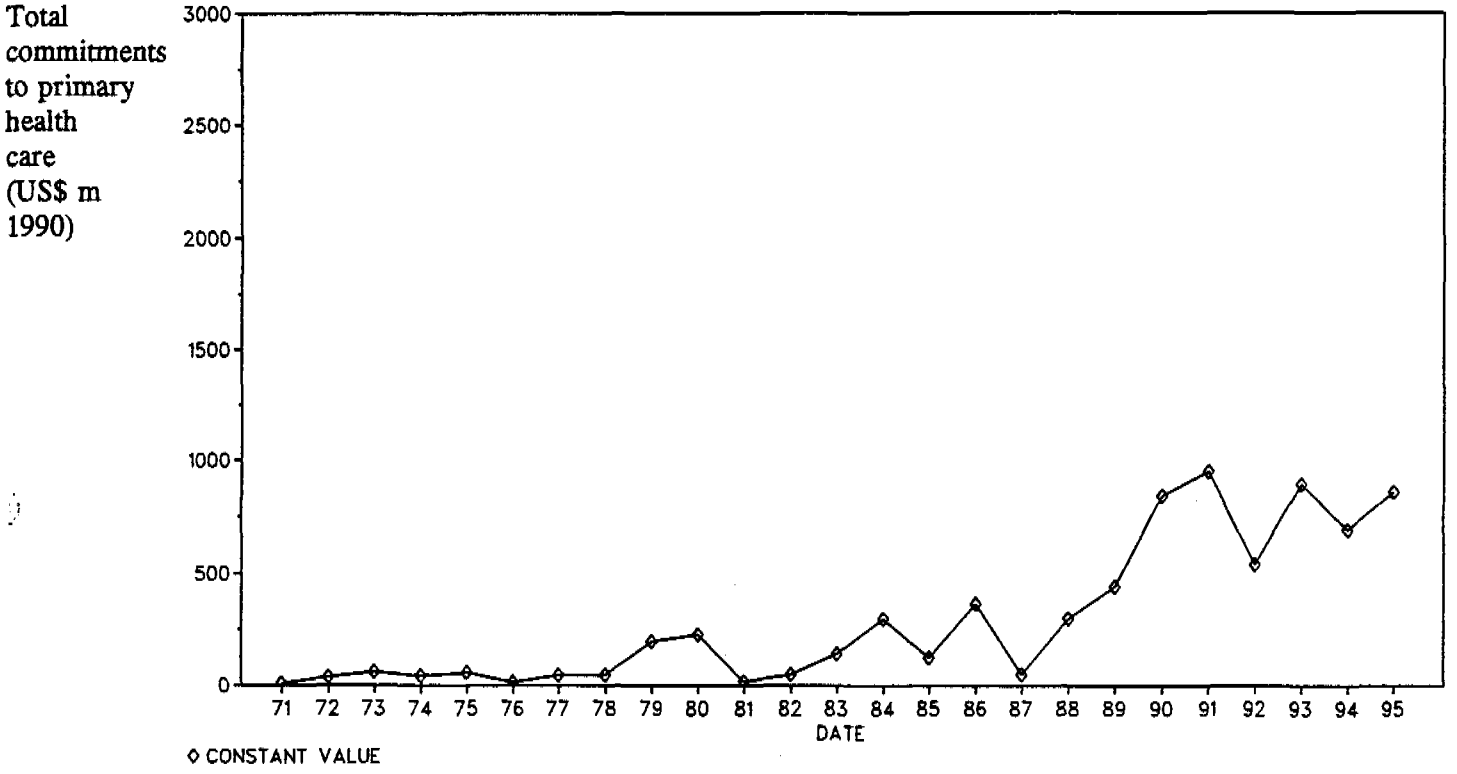
Note that this graph does not include projects which had a water and sanitation component (for instance serviced site projects or most squatter upgrading projects) or water and waste water treatment projects which did not concentrate on improving provision for people (for instance the construction of reservoirs or of sewage treatment plants). The total funding over this 26 year period to projects which had some component of water and/or sanitation is over $14 billion - close to the total committed to water and sanitation projects.

Graph 3a: The World Bank: Total funding to water supply and sanitation projects and to all other projects which had some component for water and sanitation, 1970-1995



This graph shows a rather different trend at the World Bank by including in the analysis not only water and sanitation projects which improved or extended provision to rural or urban settlements but also all housing and housing finance projects (on the assumption that virtually all included some provision for improved water and sanitation), all integrated community and integrated urban development projects and social and municipal funds which had components for water and sanitation and all other projects for water supply and waste water treatment and disposal. Here, there is a fall in funding after a peak 1979 - largely because so much funding was rapidly needed for structural adjustment - but with a steady increase in funding after the low of 1982 (although with some variation).

Graph 3b: The World Bank: Total funding to primary health care (other than water and sanitation) 1970-1995



This graph shows the total funding committed (in US$ millions at its 1990 value) by the World Bank by year primary health care other than water and sanitation projects. Note the absence of support for much of the 1970s and early 1980s - and the rapid increase during the late 1980s and early 1990s.

As noted earlier, the World Bank has become the single largest international funder of primary health care.

WORLD BANK: Annual commitments to projects for water supply and sanitation, to projects with some component for water supply and sanitation and to primary health care services, 1970-1995 (total and by country)

a. Annual commitments to water supply and sanitation (including drainage and waste-water disposal) 1970-1995 (millions of US dollars at their 1990 value)
(NB Only projects which improved or extended provision are included)

	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	ALL
TOTAL (US$ m 1990)	105	352	160	766	438	198	502	536	623	1513	979	762	535	988	762	924	704	1025	559	382	587	1215	620	538	576	710	17058
Afghanistan						21				28																	49
Algeria									154						361	314		283	22						100		1234
Argentina																	70					96					166
Bahamas								20										11									32
Bangladesh										38	32							34									104
Benin												7													9		16
Bolivia								23			14											34					71
Botswana		9									7				27												43
Brazil		67			91			81	207	173	425	258		393		20			87				234		140		2175
Burundi																	11						31				42
Cameroon											33																33
Chile											60						70					48					178
China																96		164				75	220	110	145		810
Colombia	60	275		25		62			26	105						177	71		163								965
Costa Rica												37												24			61
Cote D'Ivoire						21			92				58								80						251
Djibouti																						11					11
Ecuador					58													35									94
Egypt								113				81								38							232
Ethiopia			32																								32
Gabon				26																							26
Gambia																		8									8
Ghana	11				26																				20		58
Guatemala																		26									26
Guinea										22																	22
Guyana																									16		16
Haiti									12											21							33
Honduras															24												24
India				151			87			487	126			125	91		48	209				106		84		248	1762
Indonesia						33				62				69			51					96		73			384
Israel				82																							82
Jamaica						35									11												46
Jordan				24					26					22	37	36	58										204
Kenya							76		56	35											65		40				272
Korea, Republic of													122		98	114	44				34					68	479
Liberia										14																	14
Madagascar											32					18					31						81
Malawi								14										23									37
Malaysia				37			47										72										156

Mali														14								26				39
Mauritius													16													16
Mexico			247			87					179		130									288				932
Morocco			132						85		125													145		487
Nepal				20				24			39											58				140
Nicaragua		20								25																45
Nigeria									159				91			86	84			181		246	95			941
Pakistan						58							32							130		131		84		436
Panama						26							28												23	77
Paraguay										11		17												21	42	91
Peru													55													55
Philippines								47		218	99			46			81				125					615
Rwanda														17				17								34
Senegal																29									90	119
Sierra Leone																									32	32
Singapore				30																						30
Somalia										11			20													32
Sri Lanka								19			47						43							22	35	167
St Lucia																					8					8
Swaziland					8																					8
Syrian Arab Republic			41			76	101							37												256
Tanzania							30						5	29												65
Thailand				139							63															202
Togo														16												16
Tunisia	34			58			43		89				41	44	62										52	423
Turkey		108											119					208	238		173			119	90	1055
Uganda												13				34					60					107
Yemen Arab Republic				16	19		20				19															74
Yemen PDR										2	21	5						6		13	12					59
Zaire						47							24						49							120
Zambia														21											30	51

b. Annual commitments to other projects which had components for water supply, sanitation, drainage and waste-water disposal projects 1970-1995 (millions of US dollars at their 1990 value)

	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	ALL
Upgrading					46			30	88	49		175		49		64		98			59					659
Serviced sites		23		38	91				161			68											119			500
Combination of above				8	77	116	115	208		188	112		204	28	205	175	64	65				3	37			1606
Core or low cost housing											30	48								16						95
Housing reconstruction			55													117										172
Housing finance													78			321	312	599	374	431	96	421				2633
Public housing											129				96											225
Other - shelter related								31		55					18	175	24	225	209				183		315	1235
Integrated community devt				88			155	226	137	142	83	34	58	69		144		54	21	75		64		623	760	2734
Social funds/services																	11	29	23	103	208	140	556	27	36	1134
Water/waste disposal (city wide)**	25				64		3	7	30	8	5	5	58	14	13	93	214	24	360	280			238	357	234	2033
Municipal institution building*																									23	23
Integrated urban develt*									121	118				140									101	362	126	968
TOTAL	25	23	55	134	279	116	273	503	537	560	360	331	398	300	332	1090	626	1095	986	905	366	663	1197	1368	1494	14016

* With water components

** Includes water projects which had no component for improving or extending provision

c. Annual commitments to primary health care services

	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	ALL
TOTAL	9	39	59	43	58	15	46	47	197	226	18	49	140	299	123	365	50	300	444	844	952	540	896	693	861	7311
Argentina																								91		91
Bangladesh									55							91					173				54	373
Benin																			19						25	44
Bolivia																				20						20
Botswana														14												14
Brazil												18		71		70		119	103	267				145		793
Burkina Faso															32									50		82
Burundi																		15							19	34
Cameroon																									39	39
Chad																								17	18	35
China														106		93			54			121			105	480
Colombia								47												24			46			117
Costa Rica																								20		20
Dominican Republic							10																			10
Ecuador																							64			64
Egypt				13					43																	56
Egypt, Arab Republic																						25				25
Equatorial Guinea																						5				5
Ethiopia																		36								36
Gambia																	6									6
Ghana																					26					26
Guinea																		21						22		44
Guinea Bissau																	5									5
Guinea-Bissau																							8			8
Guyana																						10				10
Haiti																				28	11					39
Honduras																							23			23
India										123				87		60		62		193	102	353	256	188	120	1543
Indonesia		39					26			55			35			39			45		100		86		79	505
Iran			45																				130			175
Jamaica						15														30						45
Jordan															16								18			35
Kenya				30								31								35					36	132
Korea, Republic of										47																47
Lao People's Democratic R																									17	17
Lebanon																									32	32
Lesotho																				12						12
Madagascar																					30					30
Malawi													9				12				53					75
Malaysia			14						29															45		89
Mali														21												21
Mauritania																						15				15
Mexico																					173					173
Morocco															34					104						138
Mozambique																			28				6			34
Nepal																								24		24
Nicaragua																								14		14

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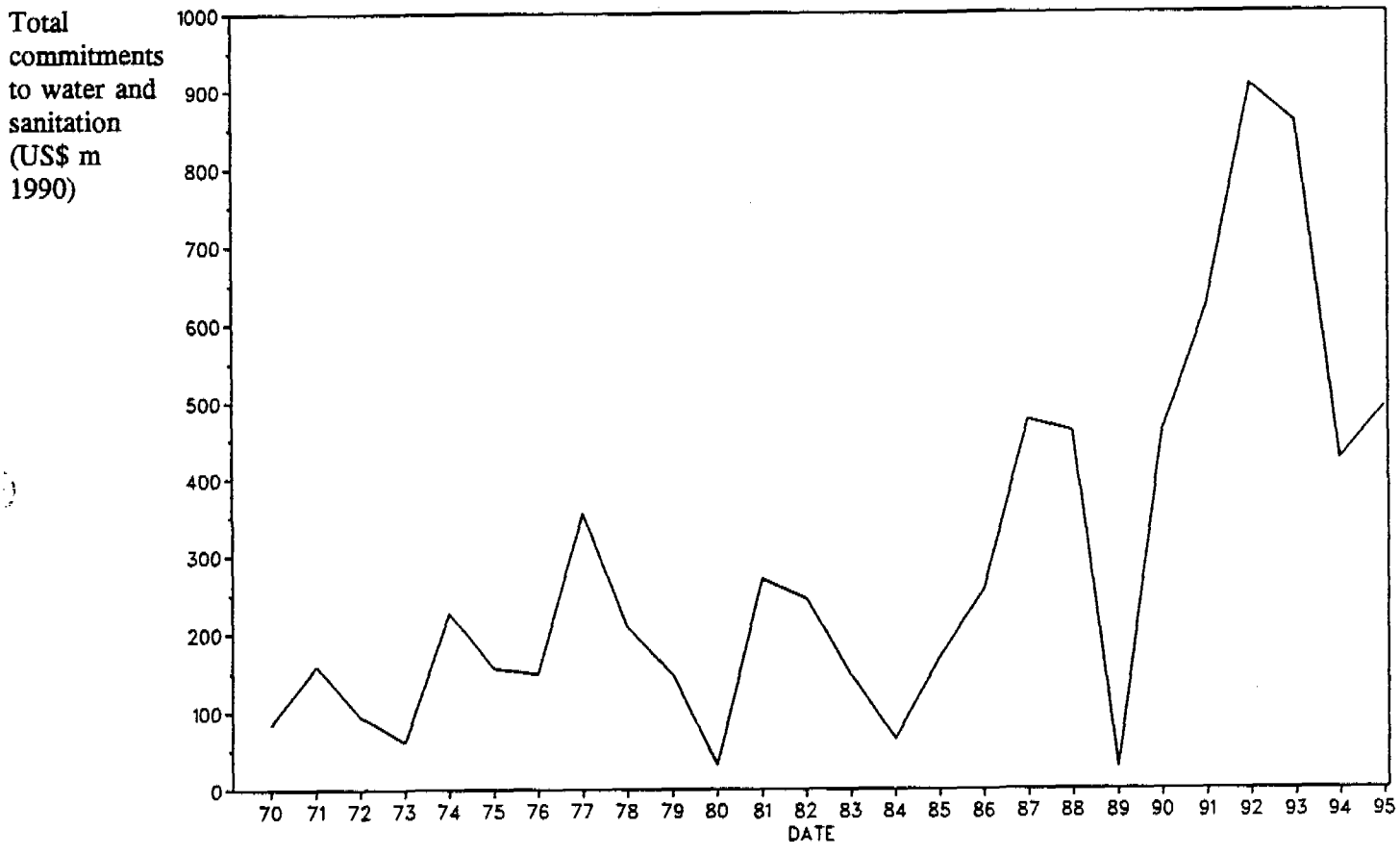
Nigeria							41				29	68					138
Oman									15								15
Pakistan						23							43		44	59	169
Papua New Guinea															6		6
Peru						44										31	74
Philippines		58		69							73				64	16	280
Rwanda								13					19				31
Sao Tome and Princip														11			11
Senegal						19							34			16	70
Tanzania												48					48
Togo													14				14
Trinidad and Tobago	9																9
Tunisia			10		18								25				53
Turkey											78					135	213
Uganda										46						41	132
Venezuela													96		86	49	231
Yemen Arab Republic												15					15
Yemen PDR						10					5						15
Zaire											8		29				38
Zimbabwe									11				24		59		94

Graph 4: Inter-American Development Bank: Total funding to water supply and sanitation projects, 1970-1995



Note how there was no significant increase in the scale of commitments from 1970 to 1986 (although with large annual fluctuations) - but after 1986, except for one year with exceptionally low commitments (1989), annual commitments have generally been much higher.

Note also that this graph only includes water and sanitation projects which included improved supplies or extended provision for people. It does not include projects which had a water and sanitation component (for instance serviced site projects or most squatter upgrading projects) or water and waste water treatment projects which did not concentrate on improving provision for people.

One notable change in the Inter-American Development Bank has been the switch from concessional loans to non-concessional loans for financing water and sanitation projects. From 1970 to 1985, most water and sanitation projects were funded with concessional loans; after this most funding came from non-concessional loans. This probably reflects the greater difficulties that the Inter-American Development Bank has had obtaining funding from bilateral aid programmes to fund its concessional loan programme.

If to water and sanitation projects were added all housing and housing finance projects (on the assumption that virtually all included some provision for improved water and sanitation), all integrated community and integrated urban development projects and social and municipal funds which had components for water and sanitation and all projects for water supply and waste water treatment and disposal, then the trend is towards increasing commitments over time (although with considerable fluctuations) and with a large and steady increase from 1990 to 1995 with total commitments reaching unprecedented levels after 1991.

INTER-AMERICAN DEVELOPMENT BANK: Annual commitments to projects for water supply and sanitation and for projects with some component for water supply and sanitation, 1970-1995 (includes both concessional and non-concessional loans)

a. To projects to improve or extend water supply, sanitation, drainage and waste-water disposal; annual commitments 1970-1995 (millions of US dollars at their 1990 value)

	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	ALL
TOTAL (US$ millions)	84	160	95	61	227	157	149	355	208	148	31	270	245	147	65	169	255	475	460	27	457	621	905	857	422	490	7,540
Argentina		37						168				76							183			96		137		180	878
Barbados						22				4													48				75
Bolivia					25				61					13										59			158
Brazil		92															190	113				476	608	488		238	2,205
Chile	10						16				31					20			61								139
Colombia				34					61	124				33					109					119			480
Costa Rica	20						34								35							49					138
Dominican Republic	13											12	203														228
Ecuador	25		32					84								29					50				124		343
El Salvador			4		46	69		10								25		188					18				360
Guatemala		8		27	38	16		72				32		22							33						248
Guyana																								12			12
Haiti	16					5			65	7						11	2										107
Honduras					10		26	9		13					30	29	63				50				17		246
Jamaica						28			20																		48
Mexico							37							79		56					325		187		154		838
Nicaragua			36				36																44				117
Panama			22									37															59
Paraguay					19			13											52							72	155
Peru					89								42												127		258
Trinidad and Tobago		23																									23
Uruguay						16						112								27				41			197
Venezuela																		174	54								228

b. To other projects which had components for water supply, sanitation, drainage and waste-water disposal projects 1970-1995 (millions of US dollars at their 1990 value)

	70	71	72	73	75	76	77	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	ALL
Serviced sites												22	5		114									141
Serv. sites+upgrading														47			69				46			162
Low cost housing																				45				45
Housing reconstruction						43	4																	48
Housing finance						32																		32
Housing - other																				51				51
Int. community develt	40	23			58		83	38				143		143	31		292		35				162	1,047
Social funds															5		40		159	45	159	173	809	1,389
Water infrastructure			84	54			53	268			194	35										276		964
Institution building*																		104				109		213
Municipal finance*																		60				455		515
Int. urban development*									7	271		249	60			13				38		36		674
Total (US$ millions)	40	23	84	54	58	76	140	306	7	271	194	448	65	190	150	13	401	164	194	178	205	1,048	971	5,281

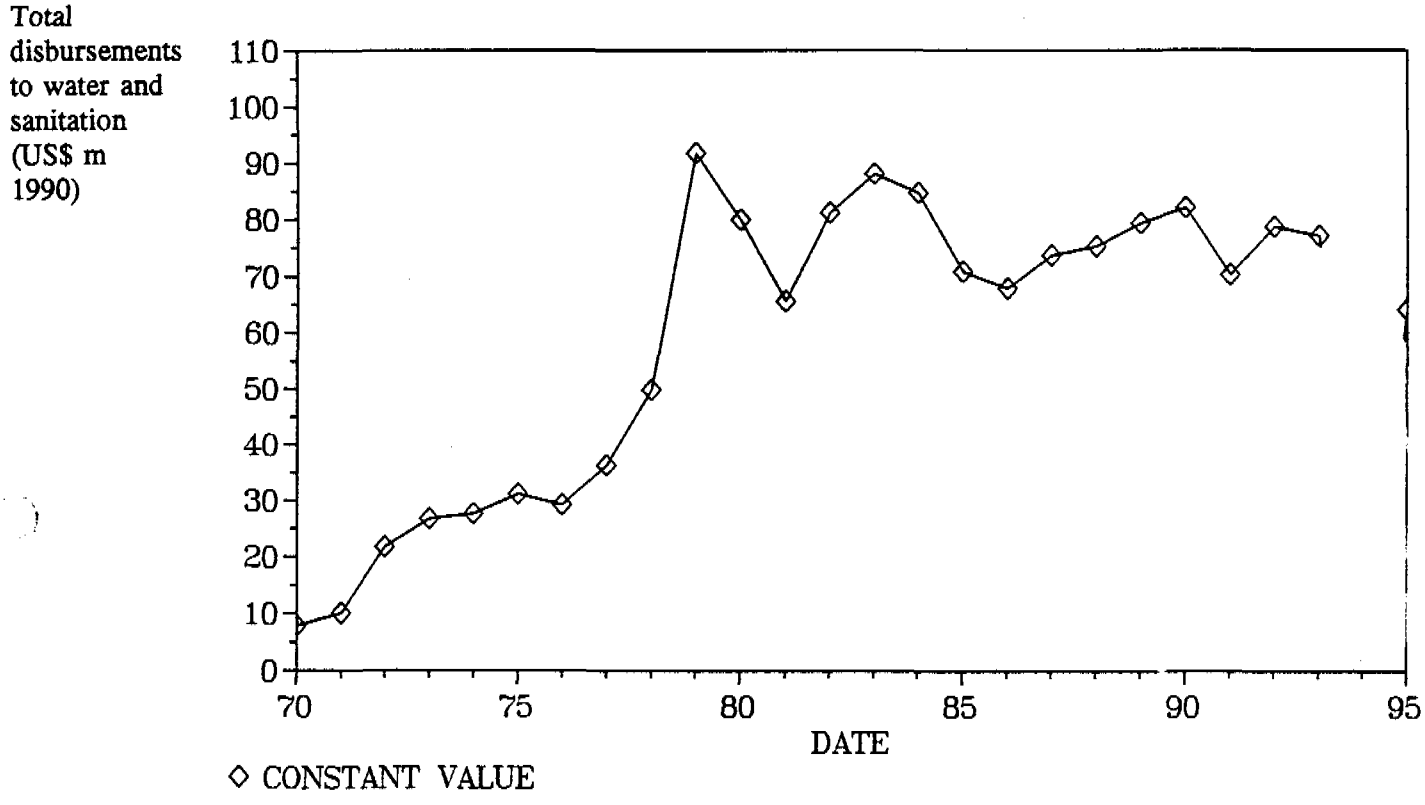
* with water components

	70	71	72	73	75	76	77	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	ALL
Argentina														143								1		144
Bolivia							4								5		40	60					54	163
Brazil			29								194											275	162	659
Chile					58					163				47			292				46			606
Colombia							83	38				392	60									36	225	834
Costa Rica												22												22
Dominican Republic				51																		27		78
Ecuador			55									35			65			104				27		286
El Salvador																			32		55	55		141
Guatemala						43									50					38				131
Guyana																					12			12
Haiti																			12					12
Honduras		23		3												13				29			54	123
Jamaica															31				35					66
Mexico								268		108												455	450	1,282
Nicaragua	40																			15		145		201
Panama									7				5									27		39
Paraguay																				51				51
Peru																					92			92
REGIONAL						32																		32
Trinidad & Tobago																	69						25	94
Uruguay							53												35	45				132
Venezuela																			81					81
TOTAL (US$ millions)	40	23	84	54	58	76	140	306	7	271	194	448	65	190	150	13	401	164	194	178	205	1,048	971	5,281

c. Loan commitments to primary health care services (includes both concessional and non-concessional loans)

	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	ALL
TOTAL (US$ millions)					38	93	61	41	79	52	4	29	19				49	4				100		38		35	641
RECIPIENT NATIONS																											
Argentina																		4									4
Barbados										6																	6
Bolivia																						33					33
Chile									26													67					94
Costa Rica						46																					46
Dominican Republic												29															29
Ecuador									18																		18
El Salvador					38					47																	84
Guatemala							61																			35	95
Guyana									17																		17
Haiti						15											1										15
Honduras						32																					32
Mexico																	48										48
Nicaragua								41			4																45
Panama																								38			38
Paraguay									9				19														29
REGIONAL									9																		9

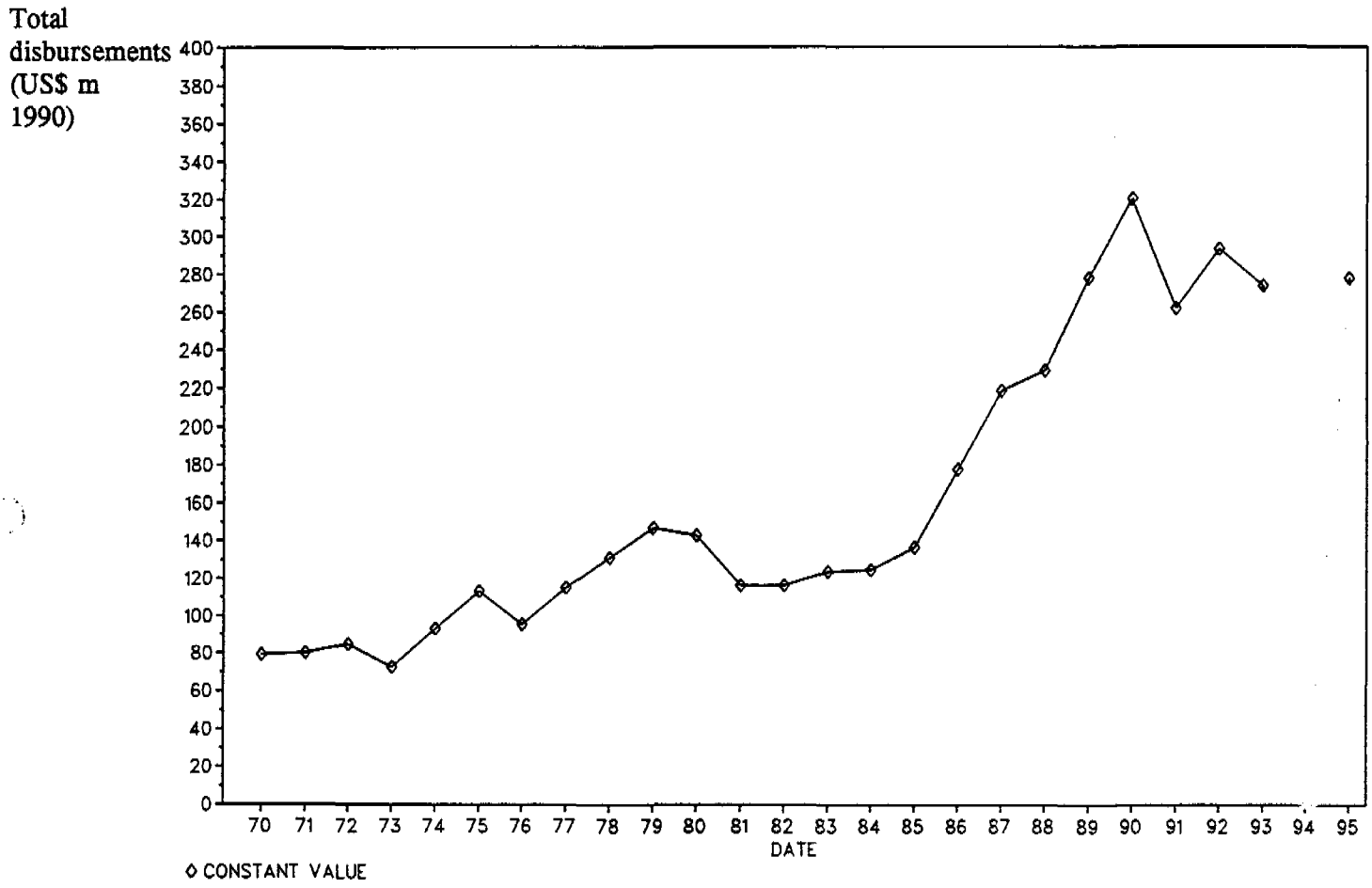
Graph 5: UNICEF: Total funding to water supply and sanitation projects, 1970-1995



Note the large increase in annual disbursements to water and sanitation from 1970 to 1980 with evidence of a decrease since 1980, although with considerable variation between years. Graph 1 showed the large and steady decline in the priority given by UNICEF to water and sanitation from 1984 to 1995.

N.B. This graph shows the annual disbursements in US$ millions at their 1990 value. The figure for total disbursements in 1994 was not available.

Graph 5a: UNICEF: Total funding to primary health care (including child nutrition) 1970-1995



Note the steady increase in the value of annual disbursements from 1985. This is partly explained by the increased priority given by UNICEF under James Grant as Director-General, for the 'child-survival' revolution with lower priorities given to water and sanitation.

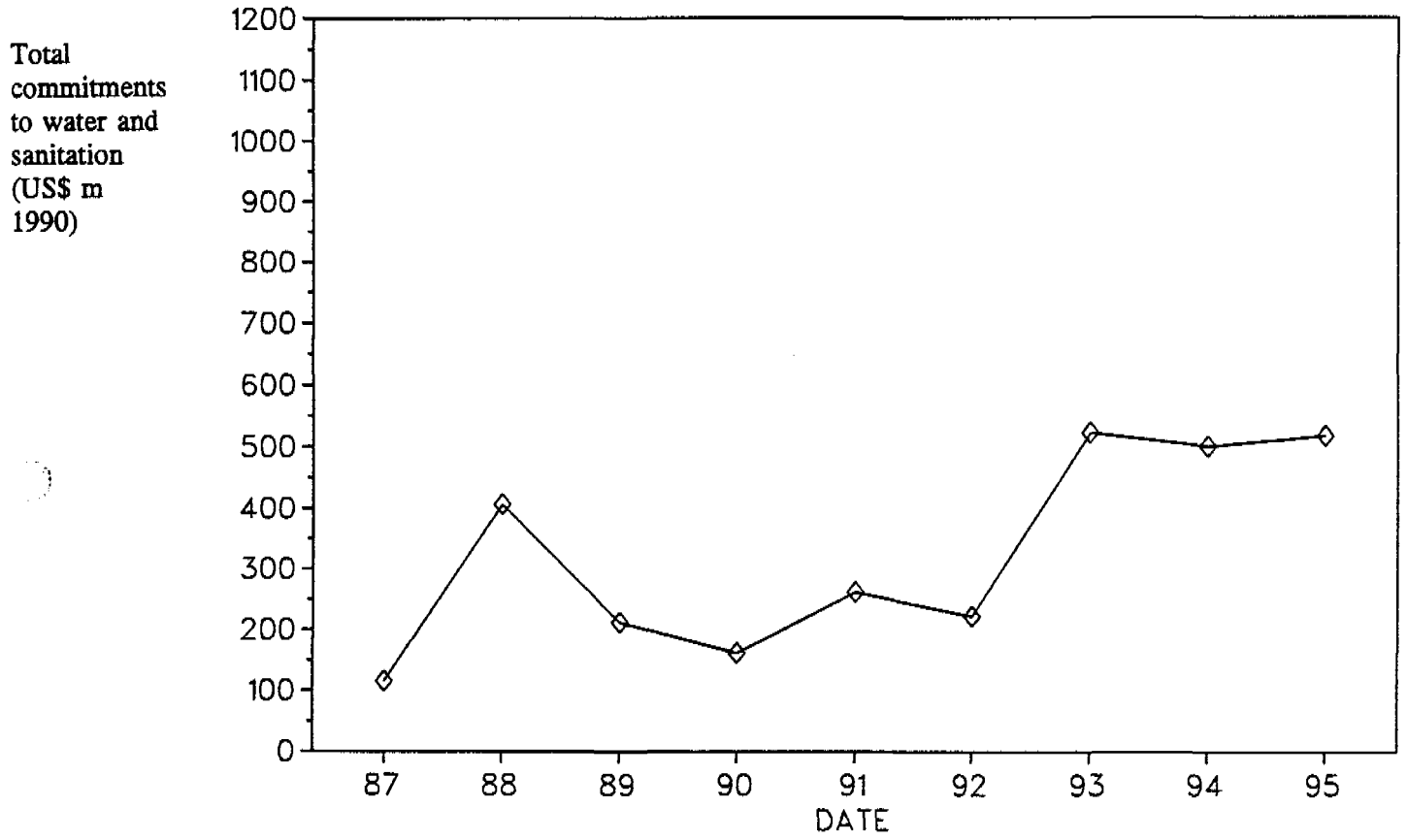
The graph above includes funding to child health (including the expanded programme on immunization and support for oral rehydration therapy), child nutrition and community/family-based services for children. However, it is the growth in disbursements for child health, especially for the expanded programme of immunization, that is behind most of the growth in the disbursements shown from 1984.

TABLE : UNICEF: total annual disbursements by sector and percent of total annual disbursements, 1970-1993

	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	ALL
Administrative services	12	14	15	18	19	21	25	28	30	32	37	42	50	53	51	47	53	52	56	61	69	72	81	80	1016
Child health	55	56	62	56	67	70	65	83	91	100	91	71	69	75	80	98	139	163	172	212	250	194	213	192	2725
Child nutrition	18	18	15	11	18	35	20	18	22	25	30	20	26	25	25	20	20	27	25	29	29	30	30	28	564
Community\family-based services for kids	6	6	8	6	7	9	11	14	19	21	22	25	21	23	20	17	19	28	32	37	41	38	50	52	530
Education	35	43	34	32	52	58	38	47	56	59	54	46	39	52	38	39	36	40	40	39	57	46	67	66	1114
Emergency relief	3	3	9	10	12	2	2	1	9	36	92	54	22	17	20	42	37	28	35	50	49	107	156	204	1005
Other	0	0	0	0	0	0	0	0	0	2	1	0	0	0	0	0	0	0	0	3	0	3	9	12	30
Planning and project support	4	5	9	9	15	15	14	15	21	27	29	31	30	38	38	47	62	53	57	77	75	84	101	116	971
Programme support	22	23	25	29	32	36	41	44	48	52	61	65	53	58	74	71	77	77	69	74	81	83	86	85	1366
Water supply and sanitation	8	10	22	27	28	31	29	36	50	92	80	66	81	88	85	71	68	74	75	79	82	70	79	77	1406
TOTAL (US$ millions, 1990 value)	163	178	198	197	251	277	245	287	345	448	496	420	391	431	430	453	511	542	560	661	733	726	873	914	10727

Percent of total disbursements	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	ALL
Administrative services	8	8	8	9	8	8	10	10	9	7	7	10	13	12	12	10	10	10	10	9	9	10	9	9	9
Child health	34	31	31	28	27	25	27	29	26	22	18	17	18	17	19	22	27	30	31	32	34	27	24	21	25
Child nutrition	11	10	7	6	7	13	8	6	6	6	6	5	7	6	6	5	4	5	4	4	4	4	3	3	5
Community\family-based services for chil	4	4	4	3	3	3	4	5	5	5	4	6	5	5	5	4	4	5	6	6	6	5	6	6	5
Education	21	24	17	16	21	21	15	16	16	13	11	11	10	12	9	9	7	7	7	6	8	6	8	7	10
Emergency relief	2	2	5	5	5	1	1	0	3	8	19	13	6	4	5	9	7	5	6	8	7	15	18	22	9
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0
Planning and project support	2	3	4	4	6	5	6	5	6	6	6	7	8	9	9	10	12	10	10	12	10	12	12	13	9
Programme support	13	13	13	15	13	13	17	15	14	12	12	15	14	13	17	16	15	14	12	11	11	11	10	9	13
Water supply and sanitation	5	6	11	14	11	11	12	13	14	20	16	16	21	20	20	16	13	14	13	12	11	10	9	8	13
ALL	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100

Graph 6: OECF: Total funding to water supply and sanitation projects, 1970-1995



This graph shows the total funding committed (in US$ millions at its 1990 value) by the Overseas Economic Cooperation Fund (OECF) by year to water and sanitation projects which improved or extended provision for urban or rural populations. Over this 9 year period, commitments to this totalled some US$2.9 billion.

Note that this graph does not include projects which had a water and sanitation component (for instance integrated urban development projects) or water infrastructure projects which did not concentrate on improving provision for people.

During this period, the OECF also made commitments of nearly $2 billion to water projects which did not concentrate on improving provision for people. For instance, over $500 million was committed to a "depollution" project for the Tiete River in Sao Paulo to finance the construction of reservoirs and dredging and excavation. OECF often finances major pipelines, reservoirs, pumping stations or waste-water treatment plants and if these were included as 'water and sanitation' projects, total commitments by the agency would be close to twice that shown in the graph above.

OECF also financed $811 million worth of projects which had some component for water and sanitation, over this nine year period.

OECF (Japan): Annual commitments to projects for water supply and sanitation, to projects with some component for water supply and sanitation and to primary health care services, 1987-1995

a. Annual commitments to water supply and sanitation (including drainage and waste-water disposal) 1987-1995 (millions of US dollars at their 1990 value)

	87	88	89	90	91	92	93	94	95	ALL
TOTAL (US$ millions)	114.9	405.3	210.9	161.4	261.4	221.6	522.2	499.8	517.1	2,914.5
RECIPIENT NATIONS										
Argentina								66.1		66.1
Brazil							246.0			246.0
Chile						39.3				39.3
China		156.4	69.6	61.2	73.4		55.5		21.4	437.6
Colombia	0.0									0.0
Costa Rica						11.9				11.9
El Salvador						8.7				8.7
Ghana							42.6			42.6
India					47.9	127.6		138.7	311.4	625.5
Indonesia		11.4		100.2			115.9	43.8		271.4
Jamaica		39.6								39.6
Kenya		44.8								44.8
Korea Republic of			10.6							10.6
Mauritius								23.7		23.7
Morocco								49.5		49.5
Pakistan		153.1								153.1
Paraguay									50.9	50.9
Peru									70.7	70.7
Philippines	92.8		115.9					50.4	62.8	321.8
Sri Lanka			14.8		79.0		29.1	35.4		158.4
Thailand	22.1				61.0	34.1	33.0	92.3		242.5

b. To projects for water and sanitation with no direct component to improve or extend water supply and sanitation to populations (this includes construction of reservoirs, waste water and sewage treatment plants etc)

	87	88	89	90	91	92	93	94	95	ALL
TOTAL (US$ millions)	5.5	74.0			59.1	470.4	568.9	230.5	572.4	1,980.7

c. Annual commitments to other projects which had components for water supply, sanitation, drainage and waste-water disposal projects 1970-1995 (millions of US dollars at their 1990 value)

	89	90	91	92	94	95	ALL
Housing - reconstruction		20.5					20.5
Integrated community development	309.8				170.3	102.5	582.6
Social funds						26.1	26.1
Integrated urban development*			60.7	80.8		40.3	181.8
TOTAL (US$ millions)	309.8	20.5	60.7	80.8	170.3	168.9	810.9

* with water component

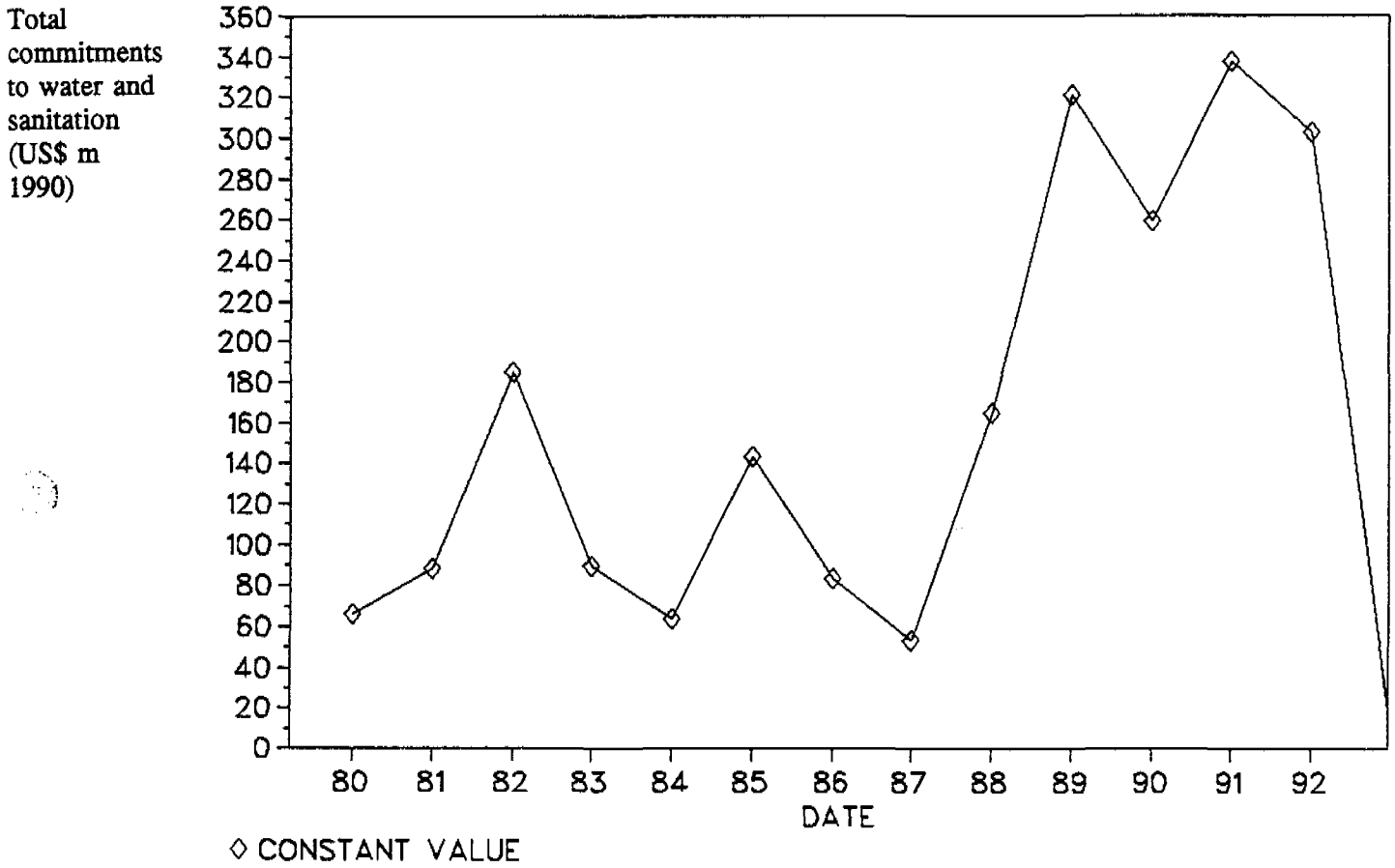
RECIPIENTS FOR b. AND c. ABOVE

	87	88	89	90	91	92	93	94	95	ALL
Botswana									39.3	39.3
Brazil									414.6	414.6
Colombia					59.1					59.1
Guatemala						33.8			26.1	59.9
India				20.5				57.2		77.7
Indonesia						245.2	115.0	198.6	102.5	661.3
Jamaica					60.7					60.7
Malaysia			309.8							309.8
Mexico						96.8				96.8
Pakistan								83.5		83.5
Philippines						7.9				7.9
Thailand	5.5	74.0				167.5	43.8			290.6
Tunisia								61.4	118.5	180.0
Turkey							410.1			410.1
Viet Nam									40.3	40.3
TOTAL US$ millions	5.5	74.0	309.8	20.5	119.9	551.1	568.9	400.8	741.2	2,791.6

d. Annual commitments to primary health care services

	87	88	89	90	91	92	93	94	95	ALL
131									31.5	31.5
TOTAL (US $ millions)									31.5	31.5

Graph 7: The African Development Bank Group: Total funding to water supply and sanitation projects, 1970-1995



This graph shows the total funding committed (in US$ millions at its 1990 value) by the African Development Bank by year to water and sanitation projects which improved or extended provision for urban or rural populations. Over this 14 year period, commitments to this totalled some US$2.1 billion. Note the generally upward trend from a low in 1987 but the dramatic fall in 1993.

AFRICAN DEVELOPMENT BANK GROUP: Annual commitments to projects for water supply and sanitation, to projects with some component for water supply and sanitation and to primary health care services, 1980-1993 (total and by country)

a. Annual commitments to water supply and sanitation (including drainage and waste-water disposal) 1970-1995 (millions of US dollars at their 1990 value)
(NB Only projects which improved or extended provision are included)

	80	81	82	83	84	85	86	87	88	89	90	91	92	93	ALL
TOTAL (US$ million 1990)	66.0	87.9	184.8	89.4	63.7	143.3	83.4	53.1	164.5	320.7	259.1	337.5	302.2	10.7	2,166.5
Angola												20.0			20.0
Benin			12.4												12.4
Burkina Faso									20.8					10.7	31.5
Burundi				31.7							13.5				45.2
Cameroon		11.5											41.7		53.3
Cape Verde		10.2									11.2				21.3
Congo			39.6			22.1				45.2					106.9
Djibouti				16.3			18.8								35.1
Equatorial Guinea						2.7									2.7
Ethiopia			20.6	18.7											39.3
Gambia	14.8							9.0							23.9
Ghana									33.6						33.6
Guinea Bissau									8.0						8.0
Kenya		11.5	17.8							36.8					66.2
Lesotho			13.1			18.5									31.5
Madagascar							10.3								10.3
Malawi					14.2						17.3		9.8		41.4
Mali			15.7		13.0	22.3				5.7					56.6
Mauritania						9.2						10.7			19.9
Morocco					13.0							60.5	77.5		151.1
Mozambique		16.7													16.7
Niger			14.0												14.0
Nigeria							37.2		65.9	112.0	94.0	235.6	173.1		717.9
Rwanda			2.3				17.1	16.4							35.9
Senegal			17.9												17.9
Seychelles		12.3													12.3
Tanzania	20.1			4.0								10.8			34.9
Tunisia			14.9		23.4										38.3
Uganda				18.8											18.8
Zaire	31.1					68.6				121.0					220.6
Zambia		25.7							36.1		11.0				72.9
Zimbabwe			16.5					27.7							44.2

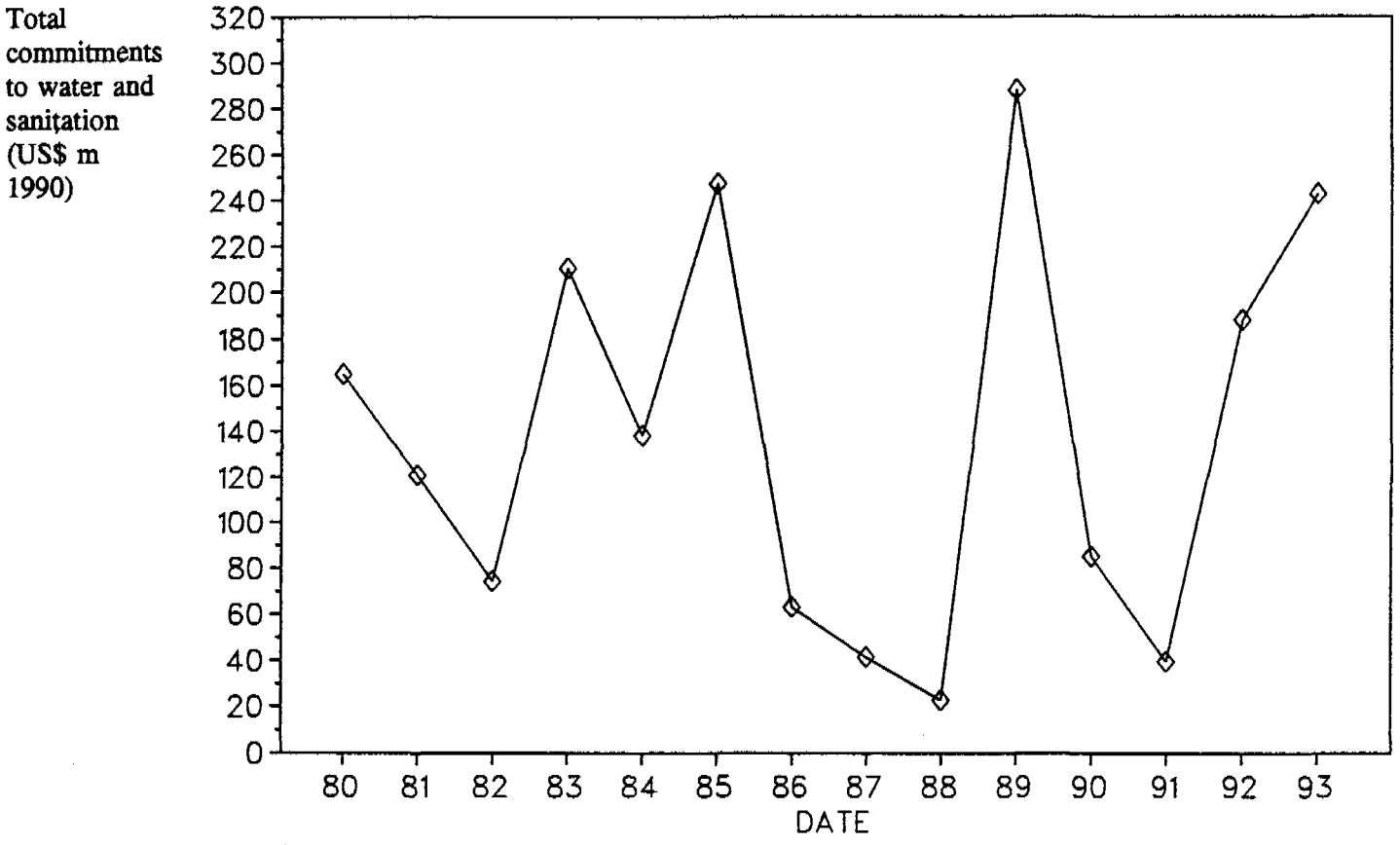
b. Annual commitments to other projects which had components for water supply, sanitation, drainage and waste-water disposal projects 1970-1995 (millions of US dollars at their 1990 value)

	80	82	84	86	87	88	89	90	91	92	93	ALL
Integrated comm develt	20.4	26.2	12.0									58.6
Social funds								60.8	13.3	74.1		148.2
Water infrastructure				2.9	12.8	9.4	23.1			7.8	134.0	190.0
TOTAL (US$ millions)	20.4	26.2	12.0	2.9	12.8	9.4	23.1	60.8	13.3	81.9	134.0	396.9

c. Annual commitments to primary health care services

	80	82	83	85	86	87	88	89	90	91	92	93	ALL
Health care facilities	14.8	11.0	9.5	10.3	17.4	48.5	9.9				68.6	20.8	210.9
Control of specific diseases		11.0						8.5					19.5
Other									80.5	24.9			105.4
TOTAL (US$ millions)	14.8	22.0	9.5	10.3	17.4	48.5	9.9	8.5	80.5	24.9	68.6	20.8	335.8

Graph 8: The Asian Development Bank Group: Total funding to water supply and sanitation projects, 1970-1995



The Asian Development Bank has never consistently given water and sanitation (or other aspects of primary health care) a high priority. The Bank made total commitments from 1980 to 1993 of some $45 billion; water and sanitation projects received 4.3 percent while other aspects of primary health care received little more than 1 percent.

The graph above shows how annual commitments to water and sanitation vary greatly - and the fact that in several years between 1980 and 1993, total commitments for all of Asia were less than $100 million. The graph also shows no obvious increase in the scale of commitments over time - and with an increase in real terms in the Bank's total funding commitments over time, this also means a decreasing priority to water and sanitation.

ASIAN DEVELOPMENT BANK: Annual commitments to projects for water supply and sanitation, to projects with some component for water supply and sanitation and to primary health care services, 1980-1993 (total and by country)

a. Annual commitments to water supply and sanitation (including drainage and waste-water disposal) 1970-1995 (millions of US dollars at their 1990 value)
(NB Only projects which improved or extended provision are included)

	80	81	82	83	84	85	86	87	88	89	90	91	92	93	ALL
TOTAL (US$ millions)	165	121	74	211	138	247	63	41	23	288	85	39	188	243	1,926
Bangladesh			19										51	28	99
Bhutan					9			4							13
Burma			20												20
Indonesia	51					48					39				138
Korea, Republic of	44	55	34	159	117	42		38	23						512
Lao													9	12	21
Lao PDR												9			9
Malaysia													98		98
Marshall Islands														1	1
Nepal					12					15			19		46
Pakistan										89				66	155
Papua New Guinea													11		11
Philippines	68	66		51			28			184	46	30		40	513
Solomon Islands	3														3
Sri Lanka							35							37	72
Thailand						157									157
Viet Nam														60	60

b. Annual commitments to other projects which had components for water supply, sanitation, drainage and waste-water disposal projects 1970-1995 (millions of US dollars at their 1990 value)

	80	81	82	83	84	85	86	87	88	89	90	91	92	93	ALL
Serviced sites and upgrading						45.6				25.3					70.9
Low cost housing										10.0					10.0
Housing finance												19.2			19.2
Housing - other	63.2														63.2
Integrated community develt		86.1		47.7		158.9	64.5								357.2
Social funds									8.7						8.7
Water infrastructure	4.4	51.0	4.1	31.8											91.3
Integrated urban develt		56.4										88.0			144.4
TOTAL (US$ millions)	67.6	193.5	4.1	79.5		204.5	64.5		8.7	35.3		107.2			764.8

c. Annual commitments to primary health care services

	80	81	82	83	84	85	86	87	88	89	90	91	92	93	ALL
Health care facilities			16.2			16.7		34.4				20.2	56.2		143.7
Family planning facilities														29.4	29.4
Health care and family planning		37.0	12.6		19.9	49.9			42.8						162.3
Other	24.6						59.3			109.6			24.4		217.9
TOTAL (US$ millions)	24.6	37.0	28.8		19.9	66.6	59.3	34.4	42.8	109.6		20.2	80.6	29.4	553.3

BILATERAL AGENCIES: Proportion of bilateral aid programmes' commitment to water supply and sanitation and to health, by year, 1973-1993

The OECD DAC Committee did not report on the proportion of commitments going to water and sanitation in its annual report until the 1995 report. However, from 1986, it did include a sub-category called "Other (including water supply)" within a broader category entitled "social and administrative infrastructure" and the figures below are for this subcategory. Prior to this, there are no figures available that give an idea of the priority given to water and sanitation.

The figures below highlight how low a priority most bilateral aid programmes have given to water and sanitation - since for most, less than 7 percent of commitments went to a category that included water and sanitation and other components of social infrastructure. The average for all DAC countries was between 4.9 and 6.5 percent of commitments for the years shown, except for a high of 9.0 percent in 1993.

Proportion of bilateral aid programmes' annual commitment to water and sanitation projects and to "other" within the category of "social and administrative infrastructure", 1985-1993.

	85-86	87	88	89	90	91	92	93
Australia	3.4	2.1		2.9	3.3	7.9	9.9	6.7
Austria	2.9			14.4	13.1	5.4	1.4	6.5
Belgium	6.0			1.5	1.0	1.6	3.9	2.4
Canada	4.0			4.2	3.2	4.9	4.0	3.0
Denmark	15.9	10.2		10.7	30.9	17.9	21.0	21.0
Finland	0.5			14.9	3.6	11.1	10.7	9.8
France	6.4			3.4	2.7	3.8	4.5	6.3
Germany	7.7	7.6		6.3	6.3	7.8	7.2	6.7
Ireland	8.5	9.2		6.2	7.7	3.7	11.2	11.2
Italy	3.0	7.1		3.3	9.2	8.4	6.2	4.8
Japan	6.0			8.4	9.9	3.9	7.9	13.6
Luxembourg							2.5	
Netherlands	13.5	9.4		14.1	11.7	8.3	11.7	12.3
New Zealand	4.5	3.9			2.6	2.3	2.5	1.9
Norway	8.4	17.1		6.4	9.6	3.3	7.4	6.4
Portugal							3.5	3.5
Spain						1.1	8.5	8.8
Spare								
Sweden	1.5	3.5		4.9	4.4	5.4	8.1	9.6
Switzerland	7.1	4.7		4.1	8.0	4.5	9.2	11.2
United Kingdom	7.4			9.3	3.5	5.4	5.4	4.5
USA	5.4			6.1	2.8	3.6	3.6	5.5
Total DAC	6.0	6.3		6.5	5.5	4.9	6.1	9.0

* Average for 1985-86

SOURCE: Development Assistance Committee (OECD), *Development Co-operation*, Reviews or Reports for 1984, 1987, 1990, 1991, 1992, 1993, 1994, 1995.

Proportion of bilateral aid programmes' annual commitment to health, by year, 1973-1993

	73	74	75	76	77	78	79	80	81	82	83
Australia	3.0	2.5	5.8	1.0	0.3	1.1	1.5	0.8	0.3	0.7	1.9
Austria	1.4	0.1	5.3	0.5	0.0	0.1	0.1	0.1	0.0	0.5	0.2
Belgium	1.4	1.6	1.6	1.5	2.4	3.2	3.2	2.8	2.7	2.4	2.9
Canada	1.1	1.5	1.6	1.3	1.2	1.5	0.7	2.4	0.0	2.2	2.1
Denmark	7.6	2.0	3.8	6.3	11.0	1.1	8.2	11.2	12.8	3.8	3.4
Finland	ERROR	3.0	5.3	0.6	0.9	1.1	0.5	23.3	3.3	7.5	3.3
France	3.9	7.8	9.4	11.5	10.9	13.7	11.6	9.3	9.9	10.2	9.9
Germany	2.0	1.4	1.6	0.9	1.6	1.3	1.0	2.2	1.5	3.3	2.2
Italy	N.a.	N.a.	2.3	0.0	4.7	7.2	11.4	2.8	3.0	5.6	N.a.
Japan	1.5	0.4	0.8	0.8	1.2	3.3	2.8	2.7	5.6	3.8	3.7
Netherlands	3.4	4.7	5.7	14.0	6.4	5.7	5.5	3.9	5.7	5.7	4.7
New Zealand	5.0	9.2	3.8	0.7	7.5	6.2	1.7	8.8	5.0	1.5	2.5
Norway	6.8	11.0	16.4	8.1	1.8	19.5	10.7	5.8	11.9	8.0	4.1
Sweden	22.0	6.5	5.7	7.1	6.9	3.2	7.1	5.2	7.2	5.6	9.2
Switzerland	4.3	1.8	0.1	0.4	1.4	1.9	4.9	2.9	3.9	2.2	9.9
United Kingdom	3.5	1.4	0.9	0.2	2.8	1.2	1.5	1.8	2.0	1.6	12.4
USA	N.a.	N.a.	5.0	3.0	4.6	6.2	6.0	8.0	8.4	6.7	3.6
DAC total	N.a.	N.a.	4.6	4.6	4.6	5.4	5.0	5.2	5.9	5.7	N.a.

	85	86	87	88	89	90	91	92	93
Australia		1.9	1.1		1.0	1.3	1.1	6.1	5.8
Austria		2.3			0.7	8.0	0.6	0.4	4.4
Belgium		8.8			13.1	11.6	12.6	12.3	14.2
Canada		2.4			2.4	2.3	1.8	1.3	1.6
Denmark		5.7	6.8		10.1	5.4	11.9	15.0	7.6
Finland		14.3			9.9	6.1	1.2	2.8	2.0
France		4.4			5.2	6.1	3.2	2.8	2.6
Germany		2.1	2.4		1.9	1.3	1.6	1.8	2.4
Ireland		6.6	10.2		7.9	7.3	6.2	8.8	8.8
Italy		7.5	8.7		6.7	5.2	4.4	3.5	4.2
Japan		3.7			2.6	2.1	1.6	1.8	2.6
Netherlands		4.8	3.3		3.3	4.0	2.0	8.3	3.4
New Zealand		2.3	1.9				2.5	2.5	2.0
Norway		13.8	11.2		3.4	3.0	2.2	10.6	1.0
Portugal								0.9	0.9
Spain							1.5	7.4	10.8
Sweden		5.7	5.8		5.3	7.9	8.8	9.5	9.8
Switzerland		3.5	3.7		5.6	7.0	3.6	3.3	3.0
United Kingdom		4.3			2.8	4.7	2.7	2.7	6.5
USA		6.9			8.4	3.5	4.4	4.4	6.7
Total DAC		5.3	5.2		4.8	3.7	3.2	3.7	4.1