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Agence canadienne de
développement international

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*CIDA's Policy
on Meeting
Basic Human
Needs*

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"The day will come when the progress of nations will be judged not by their military or economic strength, nor by the splendour of their capital cities and public buildings, but by the well-being of their peoples: by their levels of health, nutrition and education; by their opportunities to earn a fair reward for their labours; by their ability to participate in the decisions that affect their lives; by the respect that is shown for their civil and political liberties; by the provision that is made for those who are vulnerable and disadvantaged; and by the protection that is afforded to the growing minds and bodies of their children."

(The Progress of Nations, UNICEF, 1995)

TABLE OF CONTENTS

SUMMARY

1. RATIONALE FOR POLICY	1
2. OBJECTIVES	6
3. APPROACHES AND PRINCIPLES OF ACTION	11
4. IMPLEMENTATION STRATEGY.....	14
5. MONITORING THE POLICY	19
ANNEX I: Definition of Basic Human Needs.....	22
ANNEX II: Relationship among the Components of Canada's Official Development Assistance Policy with Regard to Basic Human Needs.....	27
ANNEX III: References.....	28

This document is also available at CIDA's Internet site, at the following address:
<http://www.acdi-cida.gc.ca>. (under "CIDA in Action", "Mandate, Priorities and Policies",
"Policies", "Meeting Basic Human Needs").

SUMMARY OF CIDA'S POLICY ON MEETING BASIC HUMAN NEEDS

A FUNDAMENTAL COMMITMENT

The present policy statement on Meeting Basic Human Needs indicates how CIDA will follow up on the Canadian government's commitment "... to support efforts to provide primary health care, basic education, family planning, nutrition, water and sanitation, and shelter. Canada will continue to respond to emergencies with humanitarian assistance. Canada will commit 25% of its official development assistance (ODA) to basic human needs as a means of enhancing its focus on addressing the security of the individual".

OBJECTIVES: PUTTING THEM INTO ACTION

Under this policy, Canadian cooperation is committed to pursuing four objectives:

- ◆ Helping to meet Canada's international commitments in key areas.
- ◆ Building the capacities of developing countries in key areas.
- ◆ Reaching and strengthening people and groups most in need.
- ◆ Mobilizing and effectively utilizing necessary resources.

APPROACHES AND PRINCIPLES: AIMING FOR SUSTAINABILITY AND PERFORMANCE

To ensure the sustainability and improve the performance of activities designed to meet basic human needs, this policy will promote the application of the following approaches and principles of action, based on Canadian cooperation experience:

- ◆ Promoting human development
- ◆ Promoting an enabling macro-economic and political environment
- ◆ Ensuring grass-roots participation
- ◆ Achieving better knowledge of the local context
- ◆ Building local capacities
- ◆ Supporting indirect activities in the context of poverty reduction strategies
- ◆ Promoting coordination among donors
- ◆ Improving the consistency of activities
- ◆ Increasing leverage
- ◆ Using Canadian expertise with comparative advantages.

IMPLEMENTATION STRATEGY: A GLOBAL PARTNERSHIP

The implementation of this policy will require a global partnership of all channels of cooperation and the international community. It recognizes that developing countries have the principal responsibility for meeting the basic human needs of poor people in their country. It implies the cooperation of all Canadian organizations involved in the delivery of Canadian ODA programs, as well as their mobilization to achieve common objectives.

MONITORING THE POLICY: LEARNING FROM THE EXPERIENCE

CIDA will report on the use of ODA funds, emphasizing the results and drawing lessons learned from experience in order to improve its performance.

1. RATIONALE FOR POLICY

This policy has five rationales: Canada's official development assistance (ODA) mandate, the current situation in the developing world, Canada's commitments to the international community, Canadian values, and the existence of basic rights.

Canada's ODA Policy

In its statement on foreign policy, *Canada in the World*, the Government of Canada establishes that "the purpose of Canada's ODA is to support sustainable development in developing countries in order to reduce poverty and to contribute to a more secure, equitable and prosperous world". (*Canada in the World*, p. 42)

CIDA has since adopted a **Policy on Poverty Reduction**. The objective of this policy is to ensure that ODA genuinely and sustainably assists in reducing the number of poor people in developing countries and in improving their living conditions. To ensure that substantial progress is made along these lines, the Government of Canada has established six ODA priorities. **Meeting basic human needs** is one of these priorities. This policy statement on meeting basic human needs seeks to clarify objectives, intervention priorities, action strategies and monitoring mechanisms.

This policy is intended to complement other CIDA policies concerned with increasing the participation of women in development, human rights, democracy and good governance, private sector development, the environment and infrastructure services. Experience shows that complementary activities to generate income for people living in poverty (such as micro-credit, employment, productive activities, and so on) reinforce the sustainability and efficiency of interventions aimed directly at meeting basic human needs.

This policy is also reinforced by the *Strategy for Health*, the *Statement on Population and Sustainable Development*, the HIV/AIDS strategy (which is being revised), and a water and sanitation strategy (which is currently being prepared).

**Meeting Basic Human Needs:
A Priority for Canadians**

A recent survey conducted for the departments of Foreign Affairs, Defence and CIDA showed that four out of five Canadians believe it is important to help people in poorer countries; a substantial majority of Canadians (74%) believe that ODA spending should be maintained (51%) or increased (23%). Canadians believe that ODA priorities should be emergency assistance to ease suffering by providing food, clothing and medicine (54%) and supporting projects that help to meet basic human needs (52%).

Regarding basic human needs, Canadians place the following priorities for allocating resources per sector: clean water and sanitation (60%), nutrition (51%), primary health care (49%), basic education (47%), family planning (41%), basic housing (31%). There is a notable gender difference with regard to priority given to family planning, as women are more likely to give this program highest priority (50%) than are men (33%).

Source: *Canada and the World: Public Attitudes regarding Foreign and Defence Policy*, 1995.

Global Poverty and Basic Needs

The current global situation requires an effective response. During the second half of the 20th century, the network of commercial trade has extended around the world, and the total wealth produced by nations has increased sevenfold. In several countries, this period has been characterized by rapid growth in social development areas: increased life expectancy, improved literacy, better health and housing conditions, and so on. To date, however, this growth has not produced decent living conditions for all human beings. Globalization and urbanization are affecting the living environment and conditions of a growing proportion of the population.

More than one billion people still live in a state of absolute poverty, at a level where they are unable to meet their basic needs. This situation affects women in particular, who represent 60% of these people. On average, women have more limited access to resources, education and health care. They single-handedly shoulder a large part of the task of supporting and providing basic care for their families—a task whose economic value is not always recognized. It is estimated that 800 million people suffer from malnutrition, including 200 million children under five years of age. The rate of population growth in some parts of the world perpetuates or aggravates the vicious cycle of poverty.

Commitments by the International Community

Canadian cooperation intends to contribute to the efforts of the international community, which tends to focus official development assistance (ODA) efforts on more effectively combatting poverty and meeting the basic needs of vulnerable populations. Since the early 1990s, the United Nations has been promoting **human development** that focuses on people, who are seen as both beneficiaries and agents of their own development.

Several international conferences have targeted specific aspects of this problem: children (New York, 1990), the environment (Rio, 1992), human rights (Vienna, 1993), population (Cairo, 1994), social development (Copenhagen, 1995), the status of women (Beijing, 1995), habitat (Istanbul, 1996) and food (Rome, 1996). The United Nations' declaration of the International Year (1996) and Decade (1997-2006) for the Eradication of Poverty will probably offer an opportunity to combine all of these efforts and to rally the international community.

The recent commitments by the OECD Development Assistance Committee in *Shaping the 21st Century. The Contribution of Development Co-operation* have confirmed the international community's determination in this regard.

Canadian Values

This policy also reflects the concerns and values of Canadians regarding ODA priorities: respect and dignity for all human beings, emergency relief, more equitable access to essential services,

individual responsibility, efficient management of resources, and cooperation with the international community. When asked what reasons justify development assistance, Canadians put humanitarian assistance and meeting basic human needs at the top of the list. They also want to see that financial resources are used effectively, and that aid reaches those who are most vulnerable.

Human Rights and Social Justice

Basic rights are the foundation for meeting basic human needs. The Universal Declaration of Human Rights (1948) and the International Covenant on Economic, Social and Cultural Rights (1976) recognize that every human being is entitled to decent living conditions. Performing the basic functions of life (the intake of adequate nutrition, maintenance of health, protection, reproduction, growth) and taking part in the socio-economic and cultural life of the community (learning, understanding, communicating, producing, exchanging) are considered to be people's most basic needs.

In this context, the principle of social justice suggests that access to social services be universal. No citizen should be excluded for reasons having to do with human rights (discrimination on the grounds of race, sex, language, religion or ethnicity), for socio-economic reasons (vulnerable groups and people living in poverty), or because of specific situations (neglect, loss of autonomy, disability and so on).

Basic Human Needs – A Few Facts

In today's world, one out of every 200 human beings is a refugee or displaced person. Between 1970 and 1994, the number of refugees increased ninefold, from 3 million to 27 million people. More than three-quarters of the world's population live in developing countries, but share only 16% of world revenue, while 20% who live in developed countries use 85% of the world's wealth. One out of every three people lives in poverty. More than one billion individuals have no access to basic social services such as basic education and health care, drinking water and adequate food.

Health: Approximately 17 million people die every year because of infectious or parasitic diseases, such as diarrhea, malaria and tuberculosis. In developing countries, the mortality rate for children under 5 (100 per 1,000 live births) is seven times as high as in industrialized countries. From 1960 to 1990, life expectancy increased by one-third, and 30 countries now have a life expectancy rate of more than 70 years. The infant mortality rate has decreased by half, from 149 per 1,000 to 70 per 1,000, although the rate in less-developed countries (LDCs) is 110 per 1,000.

Education: Roughly 130 million children of primary school age and 275 million of secondary school age do not attend school. In recent years, the primary school enrolment rate has risen from 48% to 77%. The combined school enrolment rate (primary and secondary) for girls rose from 38% to 68%. The adult literacy rate remains 46% in LDCs, and the overall school enrolment ratio is 34%, rising to 76% in countries with a high human development index (HDI).

Family planning and reproductive health: The fertility rate has declined by more than one-third in recent decades. In developing countries, the maternal mortality rate, at more than 350 per 100,000 live births, is nine times as high as in OECD countries. The maternal mortality rate doubled in LDCs, i.e., 608 per 100,000 live births.

Nutrition: Nearly 800 million people do not have sufficient food, and approximately 500 million suffer from chronic malnutrition. In 1990, the average daily calorie intake was 2,027 calories for LDCs, compared with 2,826 calories for countries with a high HDI. More than one-third of children are undernourished.

Water and sanitation: Access to safe drinking water has risen from 36% of the population to 70% in recent years. In LDCs, 48% have access to drinking water, and 33% have access to sanitation services.

Shelter: In 1992, in LDCs, 21% of the total population was living in cities, i.e., double the proportion in 1960 (9%). By the turn of the century, the proportion will have reached 25%, implying that urban infrastructures will be even more severely pressured, that housing will be even more scarce, and that access to social services will be reduced.

Source: *Human Development Report 1995*.

2. OBJECTIVES

Under this policy, Canadian cooperation is committed to pursuing four objectives:

Objective 1: *Helping to meet Canada's international commitments in key areas*

Canada has subscribed to the commitments defined by the international community in

Objective 2: *Strengthening the capacities of developing countries in key areas*

Canadian cooperation will seek to assist developing countries in establishing the necessary means and conditions to achieve these concrete results, with emphasis on the following activities:

Objectives stated in *Shaping the 21st Century*

- A reduction by half in the percentage of people living in extreme poverty in developing countries by the year 2015;
- universal primary education in all countries by 2015;
- demonstrated progress toward gender equality and the empowerment of women by eliminating gender disparity in primary and secondary education by 2005;
- a reduction by two-thirds in the mortality rates for infants and children under age 5 and a reduction by three-fourths in maternal mortality, all by 2015;
- access through the primary health-care system to reproductive health services, including safe and reliable family planning methods, for all individuals of appropriate ages as soon as possible and no later than the year 2015.

Source: *Shaping the 21st Century*, OECD-DAC, 1996.

key areas at various recent international conferences and summits. CIDA will contribute to achieving the objectives reiterated in DAC's *Shaping the 21st Century* (see box) and the World Summit for Social Development in Copenhagen (see box: "Other Priority Objectives of the International Community").

- ◆ **Strengthening the public and para-public sectors and local governments:** (a) to define social priorities and develop policies and programs that relate to meeting basic needs, and (b) to build the capacity of local institutions (including governments and municipalities) to mobilize the necessary human, material and

financial resources, to manage them properly and to be publicly accountable for the results achieved.

- ◆ **Supporting civil society**, including non-profit organizations (grass-roots community groups, farmers' associations, religious organizations, NGOs), cooperatives, universities and private businesses: (a) to promote knowledge of the local community, involvement by citizens and the equitable expression of needs, (b) to improve the delivery and management of services by and to the people, (c) to promote social policy dialogue aimed at equity and poverty reduction.
- ◆ **Encouraging coordinated efforts and partnership** between government authorities, civil society and the private sector to improve the effectiveness and performance of social policies and programs.

Objective 3: *Reaching and strengthening people and groups most in need*

Canadian cooperation will seek to reach people living in poverty and to build their capacity to meet basic needs. Efforts will thus be focused mainly on women, children and youth living in poverty, and those in situations of emergency.

- ◆ **Women:** Women often have limited access to social services, and yet they are the ones most responsible for the family. Their work needs to be recognized socio-economically, and workloads need to be better distributed within the family and in society. Women must thus participate fully in

the decision-making process regarding the allocation of resources and the establishment of social services for the family, the community and society at large. Canadian cooperation will continue its efforts to ensure that the commitments made at the Beijing Conference are met.

- ◆ **Children and youth:** Children are a very vulnerable group. Orphans, street children, children living with HIV and AIDS, and children who are victims of commercial sexual exploitation must be protected. Girls are often excluded, especially in education. Furthermore, in most developing countries, young people form the largest demographic group, with children under 18 accounting for more than 50% of the total population. Appropriate literacy programs, vocational training and civic education foster their integration into the labour force and prepare them for their role as citizens. Canadian cooperation will continue its efforts to meet the commitments made at the World Summit for Children.
- ◆ **Victims of Emergencies:** Natural disasters and socio-political conflicts are giving rise to a flood of displaced persons and refugees, who do not have access to the minimum resources necessary for survival. Special attention will be given to using food aid and humanitarian assistance for development purposes. Canadian cooperation will continue to respond, within its means, to appeals by national governments and international agencies responsible for dealing with such situations.

◆ **Capacity building:** The preferred approach will be to empower individuals and the groups and organizations to which they belong. In particular, equitable access to quality social services (including education, health and family planning), without discrimination, will be promoted for families and their members. Special emphasis will be focused on the education of girls. The food production

capacity of people living in poverty in rural areas will be increased. Moreover, heads of households (particularly women) will be encouraged to participate in defining and managing key social services.

Other Priority Objectives of the International Community

Health: Life expectancy of not less than 60 years in any country. By the year 2000, reduction of mortality rates of infants and children under five years of age by one-third of the 1990 level, or 50 to 70 per 1,000 live births; by the year 2015, achievement of an infant mortality rate of 35 to 45 per 1,000 live births. Ensuring primary health care for all. Reducing malaria mortality and morbidity by 20% compared with 1995 levels in 75% of affected countries (especially in Africa). Eradicating, eliminating or controlling major diseases constituting global health problems.

Family planning and reproductive health: By the year 2000, a reduction in maternal mortality by one half of the 1990 level; by the year 2015, a further reduction by one half. Making reproductive health services accessible to all individuals no later than the year 2015.

Basic education: Universal access to basic education and completion of primary education by 80% of children; universal primary education by the year 2015. Achieving an equal enrolment rate for girls and boys as soon as possible. Reduce the adult illiteracy rate by half of the 1990 level. Closing the gender gap in education.

Nutrition: Achieving food security. By the year 2000, a reduction of malnutrition among children under five years of age by half of the 1990 level.

Food: Reducing the number of under-nourished people by half of its current level, by 2015.

Water and sanitation: Providing access to safe drinking water in sufficient quantities and proper sanitation.

Shelter: By the year 2000, improving the availability of adequate shelter for all.

Source: *Report of the World Summit for Social Development*, 1995, Chapter 2C and World Food Summit, 1996.

Objective 4: *Mobilizing and effectively utilizing necessary resources*

Meeting basic human needs is an enormous task. All stakeholders must help to mobilize the necessary resources and to use them more effectively, in accordance with the specific needs of each country or region.

- ◆ **Achieving the 25% target:** In its policy statement, *Canada in the World*, the Government of Canada committed itself to allocating 25% of total ODA resources to meet basic human needs, including emergency relief. This total commitment applies to all departments, public and private corporations, and non-profit organizations involved in managing Canadian ODA. CIDA will report on its contribution made in this regard.
- ◆ **Contributing to the 20/20 initiative:** At the Copenhagen Summit and the Oslo Conference, Canada supported the 20/20 initiative. This initiative encourages the governments of developing countries to allocate 20% of their public expenditures to basic social services. It also asks developed countries to allocate 20% of their ODA to these sectors. Bilateral programs will contribute to this initiative on the basis of priorities and needs. International organizations funded by Canadian ODA will be encouraged to contribute to implementing the initiative.
- ◆ **Increasing effectiveness:** Better use of resources will increase the results achieved by Canadian contributions. Exchanging experiences involving bilateral partners, non-governmental organizations and multilateral agencies will favour the adoption of the most effective methods.

3. APPROACHES AND PRINCIPLES OF ACTION

To ensure the sustainability and improve the performance of activities designed to meet basic human needs, this policy will promote the application of the following approaches and principles of action, based on Canadian cooperation experience:

- ◆ **Promoting human development** – A human-centred development approach will constitute the basic criterion for judging the relevance of activities to meet basic human needs. The question will be whether the project or program allows an improvement in the living conditions and capacities of the individuals, families and communities concerned.
- ◆ **Promoting an enabling macro-economic and political environment** – The existence of an enabling macro-economic and political environment is a decisive factor in implementing strategies to meet basic needs. Levels of economic growth, indebtedness, good governance and participation in political life directly affect social policies and their chances of success. Bilateral and multilateral policy dialogue will foster the existence of an enabling macro-economic and political climate. Canada will continue to encourage the reduction of excessive military spending, one of the reasons for inadequate funding of basic social services.
- ◆ **Ensuring grass-roots participation** – Government has a central role to play in managing social services. Intermediate groups in civil society (cooperatives, civic associations, businesses and so on) and citizens have responsibilities in this regard as beneficiaries or agents in producing services. Experience shows that participation by individuals and groups concerned allows appropriate response to people's needs, increases the sense of ownership, and ensures the sustainability of activities. This is particularly true of the participation of women. CIDA has conducted a review of its experience and potential in this area (see Annex III: References).
- ◆ **Achieving better knowledge of the local context** – Knowledge of the local context, including community and global aspects, remains an essential key to the success of social development activities. This means identifying structural economic, social or cultural constraints, identifying recipient groups, setting targets for each activity and defining indicators to measure results. Adequate resources must be allocated to these social assessments. Local partners must play an active role in these operations. Participatory approaches must be favoured. CIDA's *Handbook for Social and Gender Analysis* suggests various possible approaches (see Annex III: References).
- ◆ **Building local capacities** – The purpose of development projects is to help local partners to become self-sufficient. Capacity building is a comprehensive approach that operates on three levels: developing local human resources capable of designing and implementing programs (micro); providing institutional support for

effective and transparent management (meso); and defining and implementing policies and an appropriate legal framework (macro).

- ◆ **Supporting indirect activities in the context of poverty reduction strategies** – While it identifies a number of areas as priorities, this policy recognizes that other activities contribute indirectly to meeting basic human needs. Poverty reduction strategies must attach particular importance to activities that promote employment, production, income generation, and access to credit for the poorest. These activities will increase access to basic social services, which help to meet basic human needs in a sustainable manner. The network of relationships between key areas and Canada's other official development assistance priorities is illustrated by the chart in Annex II.
- ◆ **Promoting coordination among donors** – Meeting basic human needs will be a priority in policy dialogue at international meetings, in consultative groups and at United Nations forums. Special attention will be paid to the coordination and complementarity of the roles played by the various bilateral and multilateral cooperation agencies. Developing countries themselves must play a central role in this coordination effort.
- ◆ **Improving the consistency of activities** – Canadian cooperation will favour the consistency of activities

supported by Canadian ODA officials, non-profit organizations, private businesses and multilateral agencies in accordance with national poverty reduction strategies. Similarly, the consistency of activities to meet basic needs with other Canadian ODA priorities (status of women, productive activities, infrastructure, human rights, the environment) will also be a guiding principle in program planning.

- ◆ **Increasing leverage** – Multi-sectoral approaches will be encouraged to avoid fragmenting and compartmentalizing activities by sector. Preference will be given to approaches designed to influence several aspects of social services that have multiplier effects for a given community (such as health, water and sanitation, agricultural production, nutrition), or that increase the benefits of the resources invested (such as educating girls).
- ◆ **Using Canadian expertise with comparative advantages** – The use, availability and adaptability of Canadian expertise will be favoured for partnership, bilateral and multilateral programs. Niches where this expertise is most appropriate must be determined on the basis of developing country needs, Canada's comparative advantages, and potential multiplier effects in terms of results and impacts.

4. IMPLEMENTATION STRATEGY

In accordance with our national and international commitments, CIDA policy intends to favour and give priority to specific areas of intervention while recognizing the need for a global partnership among the different implementation mechanisms.

Key Areas

The Statement on Foreign Policy identifies the following key areas of intervention (see Annex I):

- Primary health care
- Family planning and reproductive health
- Basic education
- Food and nutrition
- Water and sanitation
- Shelter
- Humanitarian assistance.

The Statement on Foreign Policy recognizes that **humanitarian assistance** is often necessary to meet the basic human needs of people in situations of emergency. This policy acknowledges this principle of equity and justice toward those who are often the most vulnerable. This is consistent with the commitment made at the Copenhagen Summit.

The importance to be attached to each of these areas depends on the analysis of the country's needs and Canada's ability to respond effectively. Sectoral strategies may suggest various specific means and

approaches for each area of intervention. Various participatory methods may be used for recipients to identify their needs. Priority will be given to activities that act on causes and structures, and that have long-term sustainability.

CIDA has developed a precise definition for each key area (see Annex I). CIDA's activity coding system for development assistance priorities will make it possible to report on basic social services that exclude food aid, humanitarian assistance and shelter.

Global Partnership

The implementation of this policy will require a global partnership of all channels of cooperation. It recognizes that developing countries have the principal responsibility for meeting the basic human needs of poor people in their country. It also implies the cooperation of all Canadian organizations involved in the delivery of Canadian official development assistance programs, as well as their mobilization to achieve common objectives.

Bilateral Programs

At the bilateral level, various means will be used and various actions will be undertaken to achieve the objectives of this policy.

- ◆ **Policy frameworks and poverty profiles** – Country or regional development policy frameworks (C/RDPF) and poverty profiles serve to determine how the main objectives of Canadian ODA will be pursued in the target area. This should allow for: (a) identifying the most vulnerable groups; (b) specifying areas where Canadian cooperation could help to meet basic needs; (c) establishing parameters in allocating resources to meet basic needs.
- ◆ **Program planning aimed at meeting basic needs** – Based on the priorities of these country or regional development policy frameworks, a thematic strategy on basic human needs can be developed. This strategy will be established in accordance with national poverty reduction strategies. *Human Development: Guide for Thematic Planning* is a tool that can facilitate this process (see References).
- ◆ **Design and delivery of specific projects** – Programs that directly seek to meet basic human needs may include several projects based on the definitions, approaches, objectives and guiding principles of this policy. Managers of these projects will ensure that they strike the necessary balance between achieving concrete results, implementing a participatory process, and promoting capacity building.
- ◆ **Use of counterpart funds** – CIDA will encourage consultation with its local partners, so that the funds generated by Canadian aid serve to support projects designed to meet basic human needs, and adequate follow-up is provided. This policy could be applied particularly to counterpart funds generated by food aid, which should be

used to reduce the dependency of people living in poverty on outside food aid.

- ◆ **Voluntary sector and country focus approach** – CIDA bilateral programs will seek to use the services of Canadian non-profit organizations that have acquired expertise in key areas to support initiatives and capacities in developing countries.

Canadian Partnership

A large portion of Canadian ODA is channelled through a wide network of NGOs, institutions, cooperatives and private firms. They are effective vehicles for the values of Canadian society and help to lend a human face which is the hallmark of Canadian cooperation overseas. Many of these organizations and businesses have also acquired considerable expertise in meeting basic human needs, as well as knowledge of local partners and areas of intervention.

The Canadian Partnership Branch will support the implementation of this policy through the following initiatives:

- ◆ **Non-governmental organizations** – Supporting NGOs and local partners in developing effective community intervention programs, aimed at addressing the needs of the poorest and building the capacities of local voluntary organizations.
- ◆ **Specialized institutions** – Supporting the efforts of universities, colleges, associations and other specialized institutions to increase human resource and institutional capacities in technical fields associated with basic human needs (health workers, teachers, social

program administrators, community development workers, and so on) in developing countries.

- ◆ **Private sector** – Supporting Canadian private-sector expertise in areas where Canada has a comparative advantage, to ensure that this know-how benefits developing countries where basic human needs are concerned.
- ◆ **Partnership and consultation** – Recognizing the experience and expertise of NGOs, institutions and the private sector in areas associated with meeting basic human needs, and seeking to learn lessons from this experience, to identify best practices, and to disseminate and share this information with Canadians.

Multilateral Programs

As far as multilateral programs are concerned, Canadian ODA officials will invite agencies seeking Canadian ODA support to ensure that their programs complement the objectives of this policy or help to achieve them. Consultation among multilateral agencies will be encouraged. Where appropriate, Canada will encourage multilateral organizations of which it is a member to address the following issues or undertake the following related activities:

- ◆ **Promoting sustainable development and poverty reduction** – Encouraging multilateral agencies to contribute to sustainable development in developing countries, particularly through support for a macro-economic environment that enables economic and social development. Contributing to poverty reduction in developing countries. Improving the quality of poverty

assessments in the countries concerned. Undertaking these assessments in a participatory manner.

- ◆ **Effective utilization of resources** – Favouring dialogue on policy and good governance, through multilateral agencies, so that governments can fulfil their legitimate responsibilities to meet the basic needs of all citizens, so as to encourage (and not replace) local initiatives.
- ◆ **Humanitarian assistance** – Offering humanitarian assistance that focuses on meeting basic human needs in emergencies, in cooperation with multilateral agencies. Working with multilateral agencies to provide a coordinated, timely and effective response to appeals for humanitarian assistance.
- ◆ **Disaster preparedness and reconstruction activities** – Improving disaster preparedness and conflict prevention or resolution mechanisms. Where appropriate, ensuring that humanitarian assistance projects are complemented by reconstruction activities and initiatives. Promoting the return of displaced persons and refugees by supporting the re-establishment of community structures and services.
- ◆ **United Nations conferences and summits** – Promoting the coordination of UN initiatives, particularly through the inter-agency task forces established to follow up UN conferences and summits. Examining the measures that multilateral agencies will implement to follow up on commitments made at international meetings to address the basic human needs of people in developing countries.

5. MONITORING THE POLICY

Monitoring of Results

CIDA's officials will monitor this policy, using existing management systems where possible. This will be done in conjunction with the **Performance Review** on basic human needs. The monitoring of the policy will include the following components:

- ◆ **Reporting on results:** Providing various quantitative and qualitative measurements to evaluate results achieved in key areas, target groups and capacity building.
- ◆ **Measuring the allocation of resources** to follow up on Canada's commitment to allocate 25% of ODA resources. (This will take into account the level of effort devoted to humanitarian assistance and development programs.)
- ◆ **Producing gender-disaggregated analyses** and measuring results achieved for women.
- ◆ **Learning lessons from experience** regarding best practices and operational constraints that affect program effectiveness (this includes analyzing the global situation). The methods used should be participatory and aimed at developing a knowledge-based Agency.

Strengthening CIDA's Capacity

The following measures will be implemented to build the Agency's capacity to produce anticipated results quickly in a spirit of consultation:

- ◆ **Working Group on Social Development** – This working group was established in 1993 to plan and follow up the Copenhagen Summit. It will be used to provide technical support in implementing this policy and monitoring the progress of activities. Some tasks may be added to its current responsibilities.
- ◆ **Training for program and project managers** – The Agency will train its staff in the various aspects of basic human needs (second generation of sustainable development courses, sessions on participatory development and capacity building, second generation of courses on women in development).
- ◆ **Building technical teams for key areas** – The Agency will consider various measures (recruitment, establishment of standing offers and so on), to ensure access to appropriate in-house and external expertise in key areas, as well as the capacity to analyze multi- and cross-sectoral considerations.

Consultation and Accountability

To encourage consultation and dialogue, data concerning the results achieved with respect to this policy on meeting basic human needs will be made available to the various partners involved in Canadian cooperation. Consultation meetings will be held on the basis of this information to analyze lessons learned from experience and to improve activities. Similarly, results will be communicated to Canadians at large to inform them of the achievement of this Canadian ODA priority.

CANADA'S ODA MANDATE

The purpose of Canada's ODA is to **support sustainable development in developing countries in order to reduce poverty and to contribute to a more secure, equitable and prosperous world**. To achieve this purpose, Canadian ODA will concentrate available resources on the following six program priorities:

Basic human needs: to support efforts to provide primary health care, basic education, family planning, nutrition, water, sanitation and shelter. Canada will continue to respond to emergencies with humanitarian assistance. Canada will commit 25% of its ODA to basic human needs as a means of enhancing its focus on addressing the security of the individual.

Women in development: to support the full participation of women as equal partners in the sustainable development of their societies.

Infrastructure services: to help developing countries to deliver environmentally sound infrastructure services, with an emphasis on poorer groups and on capacity development.

Human rights, democracy and good governance: to increase respect for human rights, including children's rights, to promote democracy and better governance, and to strengthen both civil society and the security of the individual.

Private sector development: to promote sustained and equitable economic growth by supporting private sector development in developing countries.

The environment: to help developing countries to protect their environment and to contribute to addressing global and regional environmental issues.

Source: *Canada in the World*, 1995, p. 42.

**ANNEX 1 – Definition of Basic Human Needs:
Version Adopted by CIDA in July 1995
Updated in February 1997**

Background

The Statement on Foreign Policy defines the priority of basic human needs as follows:

"... to support efforts to provide primary health care, basic education, family planning, nutrition, water and sanitation, and shelter. Canada will continue to respond to emergencies with humanitarian assistance. Canada will commit 25% of its ODA to basic human needs as a means of enhancing its focus on addressing the security of the individual."
(*Canada in the World*, p. 42)

To ensure effectiveness and transparency in reporting, the coding system will include the following categories: primary health care, basic education, family planning and reproductive health care, nutrition, nutrition – emergency, water and sanitation, shelter, humanitarian assistance and integrated basic human needs. The activities listed under each category are indicative, not exclusive.

0101. Primary Health Care

- **Prevention and control of diseases:** Immunization against major infectious diseases. Prevention and control of endemic diseases, including the Expanded Program on Immunization (EPI), diarrheal diseases, HIV/AIDS, malaria and other major programs. Anti-smoking initiatives.

- **Basic curative care:** Treatment of common diseases and injuries. Provision of essential drugs.
- **Health education:** Access to information, education and training for local populations about prevailing health problems, including methods of identification, prevention and control. School health programs to treat worm infections and micronutrient deficiencies, and to provide health education.
- **Health personnel development:** Staff training in primary health care. Training for nurses, health aides, administrators and other personnel (such as midwives). Support for training facilities and training materials (excluding medical training for tertiary care).
- **Capacity building:** Strengthening of services in rural and urban areas, with a focus on better quality and more accessible services. Strengthening of district hospitals and health service management. Capacity building of institutions delivering primary health care. Development of coordinated policies to improve primary health programs.

Note: A broader definition of primary health care would include most aspects of family planning and reproductive health care, and some aspects of nutrition, water and sanitation (see below).

0102. Basic Education

- **Early childhood development:** Child care, stimulation and learning through family and community-based programs and pre-school institutions. Education for children in difficult circumstances.
- **Primary education and alternative programs:** Infrastructure development and upgrading of facilities and equipment. Curriculum development. Teacher training and skills upgrading. Provision of learning materials. Evaluation of academic achievement. School feeding programs.
- **Basic education for youth and adults:** Literacy and numeracy programs designed for different sectors. Formal and non-formal education programs providing basic skills training in health, nutrition, population and agricultural techniques. Education programs through traditional and modern media, and other forms of communication.
- **Capacity building:** Improved system and institutional management. Development of coordinated policies to improve the delivery of basic education programs. Policies and programs designed to remove barriers that prevent girl children and women from gaining access to education.

0103. Family Planning and Reproductive Health Care

- **Family planning services:** Client-centred family planning programs. Delivery of contraceptive services. Capacity building for information, education and communication regarding family planning, population and development issues.
- **Basic reproductive health services:** Information and routine services for prenatal, normal and safe delivery, and postnatal care. Access to safe birth control methods and reproductive health services. Education and information on reproductive health and against harmful practices. Counselling. Diagnosis and treatment of infections related to pregnancy and delivery complications.
- **Sexually transmitted diseases and HIV/AIDS prevention programs:** Information, education, communication, referral and counselling services for sexually transmitted diseases, including HIV/AIDS. Mass media and in-school education programs.
- **Capacity building:** National capacity building through support for training. Improvement of gender-disaggregated information management and statistical systems. Support for demographic and program-related data collection and analysis. Policy development research.

0104. Food and Nutrition

- **Household food security:** Activities to improve access to food at the household and community levels. This includes home gardening, training of agricultural extensionists and food producers with a gender perspective, food security for landless workers and urban and peri-urban poor households. Support to improve local food production, animal husbandry, traditional fisheries, storage facilities and applied food crop research.
- **Micronutrient malnutrition:** Identification of micronutrient deficiencies. Provision of Vitamin A, iodine, iron and other micronutrients through supplementation, fortification and change of diet, especially for children and pregnant women. Promotion of breast feeding. Improved child nutrition practices.
- **Capacity building:** Training on nutritional issues directed at all household members. Community participation and empowerment. Establishment of community-based nutritional status information systems. Collection and processing of local and national gender-disaggregated data on nutritional status. Improved national nutrition policies and strategies. Development of long-term food security policies.

0105. Nutrition - Emergency

- **Direct feeding programs:** Distribution of food and associated support in managing feeding programs. Distribution of food aid on humanitarian grounds or through development programs.

0106. Water and Sanitation

- **Drinking water supply:** Provision of water supply through low-cost technologies, including hand pumps, wells, boreholes, gravity-fed systems and rainwater collection. Storage tanks in rural and peri-urban areas.
- **Water treatment:** Low-cost systems for preventing or eliminating contamination of water supplies. Chlorination and filtering. Slow-sand or low-cost filtration water treatment plants. Rural or peri-urban water treatment.
- **Sanitation:** Low-cost, on-site sanitation, including grey and sanitary waste water disposal, latrines and other systems. Water-borne sanitation of sewage disposal systems, including small-bore sewerage, conventional sewerage and septic tanks. Liquid waste treatment, including conventional treatment, waste stabilization ponds, resource recovery (biogas, aquaculture, composting).

- **Health concerns:** Control of transmission routes. Drainage and spraying of breeding grounds. Improved control of diseases and infections caused by unsanitary conditions. Safe storage of water. Health education related to water-borne diseases.
- **Capacity building:** Training in the maintenance and repair of low-cost water and sanitation systems. Promotion of community participation, social mobilization and gender-balanced approaches. Support for institution and capacity building in the area of water supply. Development of coordinated policies to improve the delivery of water and sanitation programs.

0107. Shelter

- **Access to housing:** Construction and renovation of low-cost housing, including access to building materials and related infrastructure. Improving land tenure security for people living in poverty. Access to low-cost housing through credit mechanisms.
- **Community involvement in housing:** Promoting participation by civil society in defining and meeting housing needs. Increase in, strengthening of, and support for the participation of women in housing programs. Training for community groups. Support for businesses in the formal and informal sectors in the construction and renovation of low-cost housing.
- **Capacity building:** Support in developing and managing housing

programs. Promotion of the use of appropriate, low-cost techniques and materials. Training of builders, construction workers and administrators. Development of policies and programs designed to help improve housing supply (such as price controls). Development of policies to address land and property tenure in rural and urban areas.

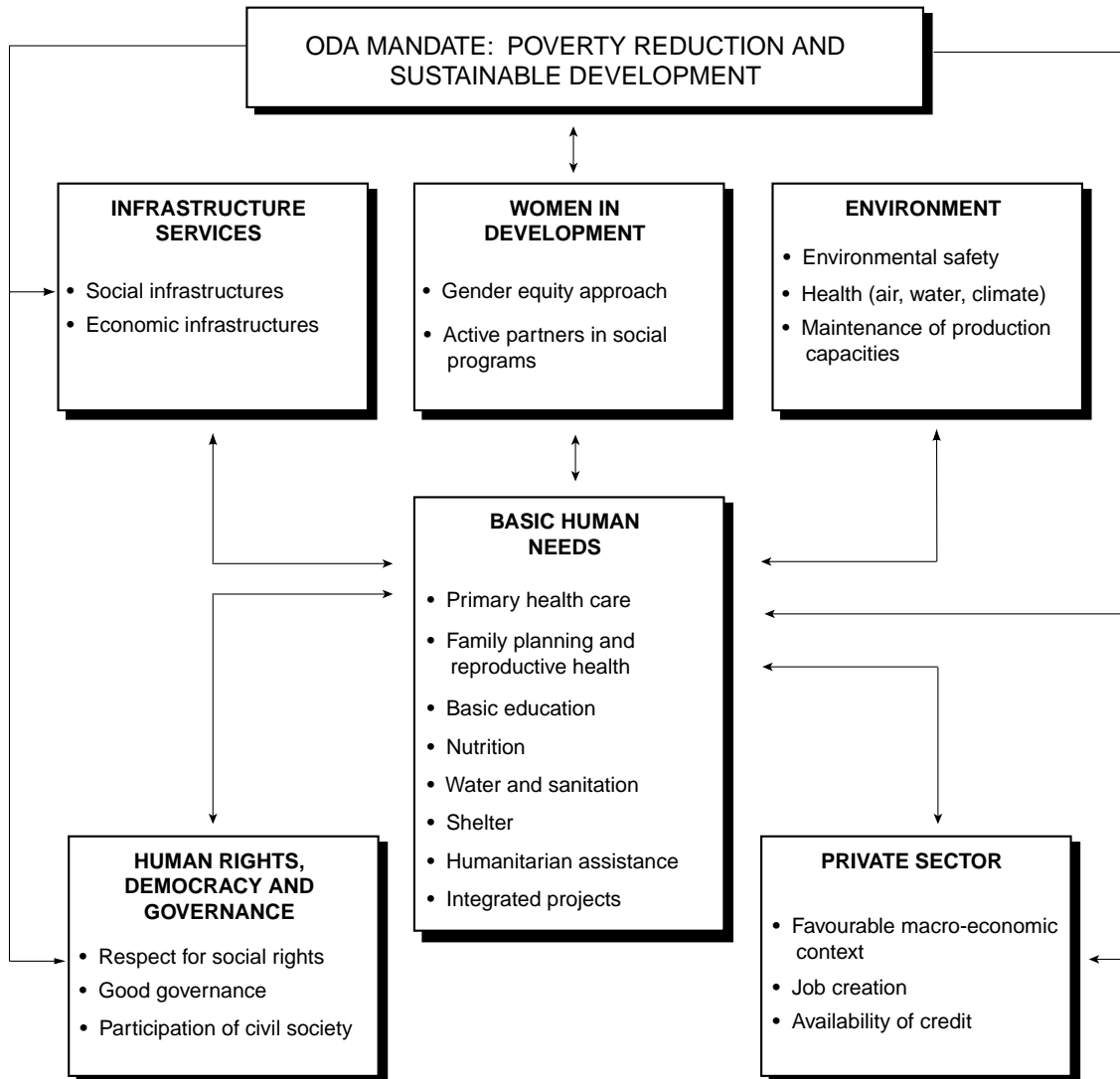
0108. Humanitarian Assistance

- **Emergency assistance:** Provision of food, primary health care, drinking water and sanitation services, and temporary shelter for refugees and people in emergencies or to ensure human safety and security, such as mine clearing.

0109. Integrated Basic Human Needs

- **Integrated projects:** Integrated strategies involving several sectors (such as health, education and water, food production and distribution), which make it possible to meet basic human needs.
- **Community development:** Local development funds. Emergency funds to minimize the negative impacts of structural adjustment. Counterpart funds to meet basic human needs. Support for community organizations.
- **Institution building:** Building the capacity of institutions to improve the delivery of essential social services. Public sector reforms related to redesigning social policy on meeting basic human needs.

ANNEX II – Relationship among the Components of Canada's Official Development Assistance Policy



ANNEX III – References

- CIDA, *A Handbook for Social and Gender Analysis*, prepared by the Coady Institute, 1989.
- CIDA, *Human Development: Guide for Thematic Planning*, 1993.
- CIDA, *Learning for Results: Issues, Trends and Lessons Learned in Basic Human Needs (Literature Review)*, Performance Review Division, June 1996.
- CIDA, *Participatory Development: A Brief Review of CIDA's Experience and Potential*, 1994.
- CIDA, *Strategy for Health*, Policy Branch, November 1996.
- CIDA, *Selective Bibliography on Basic Human Needs*, International Development Information Centre, November 1995.
- Government of Canada, *Canada in the World*, Government Statement, Ottawa, February 1995.
- OECD, *Shaping the 21st Century: The Contribution of Development Co-operation*, Development Assistance Committee, Paris, May 1996.
- UNDP, *Human Development Report*, New York, 1990-1996 (annual).
- UNICEF, *The Progress of Nations*, New York, 1993-1996 (annual).
- UNICEF, *State of the World's Children*, New York, 1995 (annual).
- United Nations, *World Summit for Social Development: The Copenhagen Declaration and Programme of Action*, March 6-12, 1995, New York, 1995.
- United Nations, *World Food Summit: Rome Declaration on World Food Security and World Food Summit Plan of Action*, FAO, 1996.