



AUSTRALIAN
COUNCIL
FOR
INTERNATIONAL
DEVELOPMENT

Submission to the Federal Budget 2013-2014

Invest in Women and Girls to Eradicate Poverty

"The UN articulates humanity's highest ideals; but more, the UN makes practical progress towards realising those ideals in the world. There is no better example of this than the Millennium Development Goals. Specific, measurable targets of the highest human importance – goals now familiar to us all..."

Where the world has fallen short of ambitious goals, our response must be action, not disillusion.

This is what Australia will do. We will act."

Prime Minister Julia Gillard, Co-chair the Millennium Development Goal Advocacy Group: Address to the United Nations, September 2012

December 2012

ACFID MEMBERS.

Full Members (* Denotes Provisional Full Member):

- 40K Foundation Australia
 - ACC International Relief
 - Act for Peace - NCCA
 - ActionAid Australia
 - ADRA Australia
 - Afghan Australian Development Organisation
 - Anglican Board of Mission - Australia Limited
 - Anglican Overseas Aid
 - Archbishop of Sydney's Overseas Relief and Aid Fund
 - Assisi Aid Projects
 - Australasian Society for HIV Medicine
 - Australian Cranio-Maxillo Facial Foundation
 - Australia for UNHCR
 - Access Aid International
 - Australian Business Volunteers
 - Australian Conservation Foundation
 - Australian Doctors International
 - Australian Doctors for Africa
 - Australian Federation of AIDS Organisations
 - Australian Foundation for the Peoples of Asia and the Pacific
 - Australian Himalayan Foundation
 - Australian Hope International Inc.
 - Australian Injecting and Illicit Drug Users League*
 - Australian Lutheran World Service
 - Australian Marist Solidarity Ltd
 - Australian Medical Aid Foundation
 - Australian Respiratory Council
 - Australian Volunteers International
 - Baptist World Aid Australia
 - Brien Holden Vision Institute Foundation
 - Burnet Institute
 - Business for Millennium Development
 - CARE Australia
 - Caritas Australia
 - CBM Australia
 - Charities Aid Foundation
 - ChildFund Australia
 - CLAN (Caring and Living as Neighbours)
 - Credit Union Foundation Australia
 - Daughters of Our Lady of the Sacred Heart Overseas Aid Fund*
 - Door of Hope Australia Inc.
 - Emergency Architects Australia
 - Engineers without Borders
 - Family Planning New South Wales
 - Foresight (Overseas Aid and Prevention of Blindness)
 - Fred Hollows Foundation, The
 - Friends of the Earth (Australia)
 - Global Development Group
 - GraceWorks Myanmar
 - Habitat for Humanity Australia
 - HealthServe Australia
 - Hunger Project Australia, The
 - International Detention Coalition*
 - International Needs Australia
 - International Nepal Fellowship (Aust) Ltd
 - International RiverFoundation*
 - International Women's Development Agency
 - Interplast Australia & New Zealand
 - Islamic Relief Australia
 - John Fawcett Foundation
 - Kyeema Foundation
 - Lasallian Foundation
 - Leprosy Mission Australia, The
 - Lifestyle Solutions (Aust) Ltd
 - Live & Learn Environmental Education
 - Mahboba's Promise Australia
 - Marie Stopes International Australia
 - Mercy Works Inc.
 - Mission World Aid Inc.
 - Motivation Australia
 - Nusa Tenggara Association Inc.
 - Opportunity International Australia
 - Oro Community Development Project Inc.
 - Oxfam Australia
 - Partners in Aid
 - PLAN International Australia
 - Project Vietnam
 - Quaker Service Australia
 - RedR Australia
 - RESULTS International (Australia)
 - Salesian Society Incorporated
 - Salvation Army (NSW Property Trust)
 - Save the Children Australia
 - SeeBeyondBorders
 - Sexual Health & Family Planning Australia
 - SIMaid
 - TEAR Australia
 - Transparency International Australia
 - Union Aid Abroad-APHEDA
 - UnitingWorld
 - University of Cape Town Australian Trust
 - WaterAid Australia
 - World Education Australia
 - World Vision Australia
 - WWF-Australia
- Affiliate:**
- Australian Red Cross (also a signatory to the [ACFID Code of Conduct](#))
 - Refugee Council of Australia
 - Vision 2020

Overview

Invest in Women and Girls to Eradicate Poverty

Introduction

The Australian Council for International Development (ACFID) unites Australia's non-government aid and international development organisations to strengthen their collective impact against poverty. Our vision is a world where gross inequality within societies and between nations is reversed and extreme poverty is eradicated.

ACFID currently has 94 [members](#) operating in more than 100 developing countries. ACFID's membership expends \$1.3 billion on humanitarian and development activities annually. In 2011-12, ACFID's members raised \$895 million from over 2 million Australian households. Approximately 20 per cent of agency funding is from AusAID. ACFID's members range from large Australian multi-sectoral organisations that are linked to international federations of NGOs, to agencies with specialised thematic expertise, to smaller community-based groups and a mix of secular and faith-based organisations.

ACFID members must comply with the ACFID Code of Conduct, a voluntary, self-regulatory sector code of good practice that aims to improve international development practice and promote transparency and accountability of signatory organisations. The Code sets standards for program effectiveness, fundraising, governance and financial reporting. It has an independent complaints-handling process and annual reporting and checks to ensure compliance.

ACFID represents an independent sector and the Australian community forms our supporter base. ACFID also receives funding from the Australian Government.¹

Focus of Submission

For ACFID's 2013-2014 Federal Budget submission, our sector is focusing on **investing in women and girls to eradicate poverty in overseas communities** over the next three years of the AusAID budget cycle, ending in 2015-16.

ACFID's four year budget submission from 2011-2015 can be found at: <http://www.acfid.asn.au/resources-publications/submissions/helping-people-overcome-poverty-acfid-2012-13-federal-budget-submission-1>. This reflects the four year budget cycle of AusAID following the Independent Review of Aid Effectiveness.

Female health workers as a development 'best buy'

We advocate for the need to **train more female health workers** to help address the 4.3 million global shortage of health workers.² Without skilled, trained and equipped health workers, it will be impossible to achieve the health-related MDGs by 2015.

Countries that have trained and deployed female health workers have achieved dramatic declines in maternal, newborn and child mortality. Relatively modest investments in health workers can have a measurable impact on survival rates in isolated rural communities. While it costs a lot to train a doctor, many health services including the promotion of healthy behaviours, the provision of basic medicines and the referral of serious cases to clinics, can

be delivered cost-effectively by community health workers. Studies prove that the most effective health care often begins at home, or very close to home.

ACFID recommends:

- The Australian Government boost its efforts to improve maternal, newborn and child health in eight key countries through additional support for the recruitment and training of female health workers, totalling \$265 million over the next three years.
- The Australian Government provide increased funding for sexual and reproductive health services, totalling \$98.4 million over the next three years.

Protect our aid investment: Supporting conflict prevention, peace and security

As one of only six countries that invests the majority of our aid in fragile states, Australia has the opportunity to be a leader on conflict and violence reduction in fragile states. No poor, fragile state is on track to achieve a single MDG.³ Fragile states generally lag 40-60 per cent behind other low-income countries in MDG achievement.⁴ The majority of the world's poorest live in a small group of conflict-affected and fragile states, with this share projected to go from 30 per cent in 2000 to 70 per cent by 2025.⁵ Despite this, only 1 per cent of total global ODA is directly invested in development-focused conflict reduction, peace and security projects in fragile states – of which half is in Afghanistan.

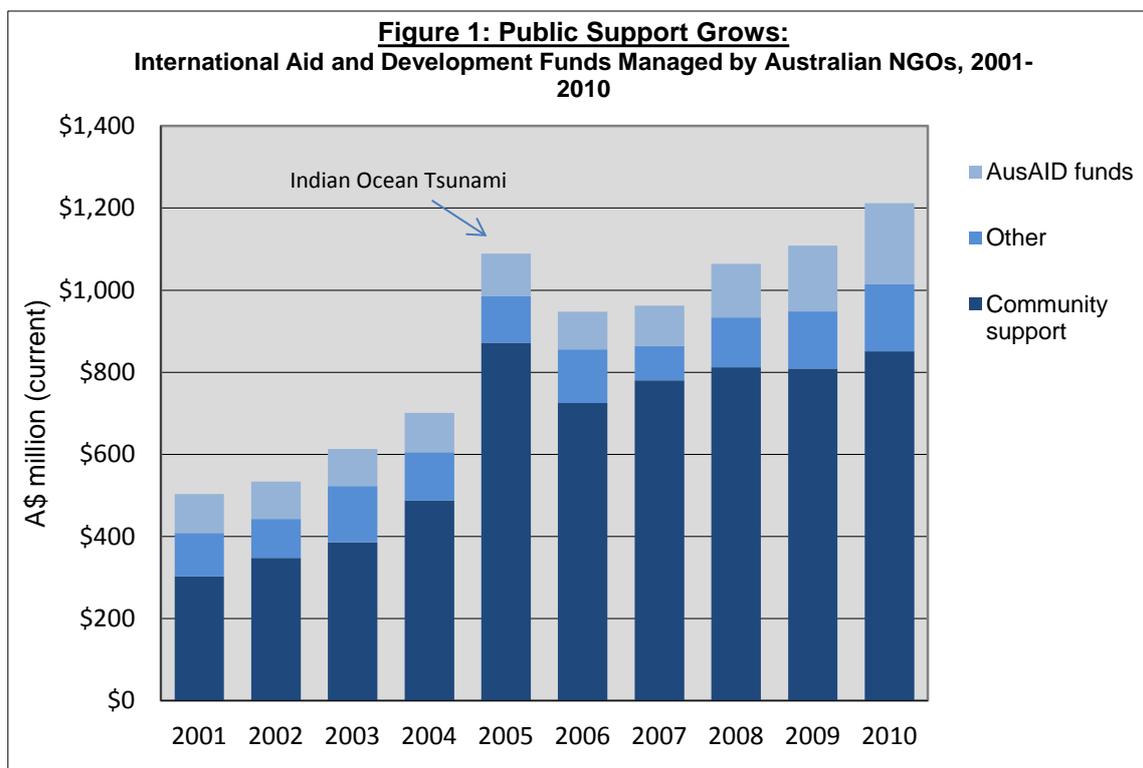
ACFID recommends:

- An allocation of \$309 million over the next three years to support conflict prevention, peace and security initiatives. This would make up around 1.3 per cent of Australia's total projected ODA for the period. As a new member of the UN Security Council, Australia should invest in women's participation in peace processes, conflict prevention and conflict reduction; the regulation of small arms; and the protection of children in armed conflict.

Australian Public Support for International Aid

In 2011, more than **2 million Australian households** donated to international aid NGOs and a further 50,000 individuals gave their time as volunteers. For most supporters, their donations and time represent a life-long commitment.

Since 2001, Australian public support through direct donations to international aid organisations has been steadily on the rise. As shown below, Australian public donations make up the bulk (over 66 per cent) of all revenue for the international aid sector in Australia. Our most recent survey shows that over \$895 million was donated by the public to Australian aid and development NGOs in 2011. 20 per cent of total revenue comes from AusAID.



Beyond these figures, thousands more Australians participate in NGO campaigns and activities each year, including Micah Challenge and Make Poverty History. During 2011's Anti-Poverty Week, people from across Australia participated in the Make Poverty History 'Keep the Promise' campaign which focused on the promise wealthy countries have made to assist the world's poorest people.

Australia's Aid and Development Commitments

ACFID's submission to the 2013-14 Federal Budget does not call for additional new aid money, but rather specifies how the Government should allocate the current aid expenditure as it scales up to 0.5% of Gross National Income (GNI) to Overseas Development Assistance (ODA) by 2015-16. Similarly, there is not a call to deliver aid through a particular aid modality, as context will determine the best mechanism for delivering effective aid.

ACFID sees the bipartisan commitment to the Millennium Development Goals (MDGs) and to reach 0.5% of GNI for ODA as central to our recommendations for Australia's international development assistance program in 2013-14.

Increasing Australia's ODA is essential to meet the MDGs

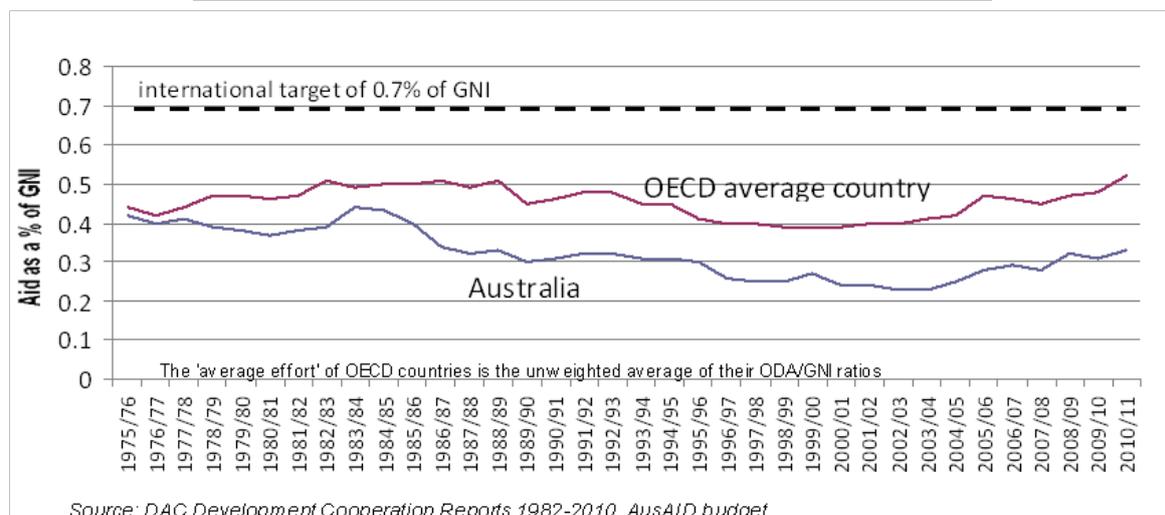
In 2000, 189 Heads of State and Government, including former Australian Prime Minister John Howard, agreed to halve the number of people living in extreme poverty by 2015. Prime Minister Julia Gillard and Foreign Minister Bob Carr have reaffirmed Australia's commitment to increase aid:

"Australia is rapidly increasing its aid budget to meet today's development challenges: in the ten years to 2015 Australia's aid budget will have trebled, and is set to reach \$9 billion by 2016-17. We are building partnerships to create development opportunities for the world's poorest. We are intensifying our efforts in the global fight to eradicate extreme poverty and achieve the Millennium Development Goals." - Prime Minister Julia Gillard⁶

"We remain committed to increasing our aid effort to 0.5% of GNI." - Foreign Minister Bob Carr⁷

To stay on track to reach 0.5 per cent of GNI for aid by 2015-16, 0.37 per cent of GNI must be allocated to ODA in the 2013-14 Federal Budget.

Figure 3: Australia's aid budget lags behind the OECD average



Recommendation

Maternal, Newborn and Child Health

Improving health systems is value for money

ACFID recommends that the Australian Government boost its efforts to improve maternal, newborn and child health in eight key countries through additional support for the recruitment and training of female health workers, totalling \$265 million over the next three years.

Investing in female health workers, who are trained, equipped, supported and retained, can make the difference between life and death for the poorest mothers and babies in developing countries.

ACFID welcomes Australia's commitment to address the current global shortage of 4.3 million health workers - doctors, nurses, midwives and community health workers - including Minister Carr's announcement in October 2012 that Australia will train another 1,400 health workers in Papua New Guinea.

ACFID recommends that the Australian Government make an investment of \$265 million over three years to train and deploy female health workers in the following eight countries which have been identified by the Australian Government and in-country governments as a priority for improving maternal health: Papua New Guinea, Indonesia, Timor Leste, Burma, Bangladesh, Pakistan, Afghanistan and Ethiopia.

An investment of \$250 million will provide training for approximately 50,000 female health workers at an average cost of \$5000 per staff member.⁸

The Australian Government should distribute increased funding in proportion to each country's share of total Australian ODA with the exact distribution dependent on the needs on the ground.

The Strategic Goals of the Aid Program supported by this recommendation include:

- ***Saving Lives:*** *saving the lives of poor women and children through greater access to quality maternal and child health services (for example, skilled birth attendants and midwives.)*
- ***Promoting opportunities for all:*** *empowering women to participate in the economy, leadership and education because of the critical untapped role of women in supporting development.*
- ***Humanitarian and disaster response:*** *enhancing disaster preparedness and delivering faster, more effective responses to humanitarian crises, given the increased frequency and impact of natural disasters in recent decades*

Allocations within the committed \$1.6 billion for maternal, newborn and child health:	\$AU m Year 1: 2013-14	\$AU m Year 2: 2014-15	\$AU m Year 4: 2015-16	Total \$AU m
Investing in Female Health Workers	70	85	95	250
Pilot Program - Disaster Response Training for Female Health Workers (Indonesia)	5	5	5	15
\$AU Total				265

Why Investing in Female Health Workers is a ‘Best Buy’ for our aid dollar

This investment would deliver results:

- Countries that train and deploy more female health workers have seen dramatic declines in maternal, newborn and child mortality. Bangladesh has reduced its under-five mortality rate by 64 per cent since 1990 with the help of tens of thousands of female health workers who have promoted family planning, safe motherhood and essential care for newborn babies.
- Relatively modest investments in female health workers can have a measurable impact on survival rates in isolated rural communities. It costs a lot of money to train a doctor or operate a hospital. But in developing countries, lifesaving health services can often be delivered cost-effectively by community health workers with appropriate training and support. In one study in Bangladesh, female community health workers with limited formal education and 6 weeks of hands-on training contributed to a reduction in newborn mortality of 34 per cent.
- Evidence from many developing countries indicates that investments in training and deploying midwives and other health workers can make the difference between success and failure in the fight to save lives. It can also overcome social and cultural barriers which prevent many women from visiting health providers even when they know that they – or their children – are ill and need help. Studies prove that the most effective health care often begins at home, or very close to home.

Pilot Program: Disaster Response Training for Female Health Workers in Indonesia

ACFID recommends an allocation of \$20 million over three years for a pilot program in Indonesia to train local female health workers to respond during disasters and humanitarian crises. In Indonesia and other Asian countries, it is often not culturally appropriate for a woman to be treated by a male health worker.

The proposed pilot program in Indonesia could be modelled on the successful Pakistan program and the local tradition of ‘floating nurses.’ If successful, the program could be scaled-up to provide similar training in other countries in Asia and the Pacific which are susceptible to natural disasters.

Recommendation

Sexual and Reproductive Health

Achieving Millennium Development Goal 5

ACFID recommends that the Australian Government provide increased funding for sexual and reproductive health services, making allocations totalling \$98.4 million over the next three year years until 2015-16⁹.

Reproductive health problems remain the leading cause of poor health and death for women of childbearing age worldwide. Currently 222 million women have an unmet need for family planning.¹⁰ Moreover, 800 women die daily from preventable causes relating to pregnancy and childbirth.¹¹ Further progress is essential if maternal mortality ratios are to be reduced by three-quarters by 2015.

Skilling-up health workers in family planning and the provision of other sexual and reproductive health services supports women's rights, prevents unintended pregnancies, saves years of productive life lost to disability through childbirth injuries, and saves billions in family and healthcare system expenditure.

The Strategic Goals of the Aid Program supported by this recommendation include:

- ***Saving Lives:*** *saving the lives of poor women and children through greater access to quality maternal and child health services (for example, skilled birth attendants and midwives).*
- ***Promoting opportunities for all:*** *empowering women to participate in the economy, leadership and education because of the critical untapped role of women in supporting development.*

ACFID welcomes the Australian Government's announcement at the 2012 London Summit on Family Planning to spend an additional \$58 million over 5 years on family planning - increasing Australia's annual contribution to \$53 million by 2016. This commitment will form part of Australia's broader investment in maternal, newborn and child health - \$1.6 billion over five years from 2010-2015 - but is subject to annual budget processes.

ACFID proposes an investment of \$98.4 million (made up from funding announced in London plus an additional \$40.4 million) over the next three years for life-saving sexual and reproductive health services, in countries where AusAID has prioritised maternal health interventions: Afghanistan, Bangladesh, Burma, Ethiopia, Indonesia, Pakistan, Papua New Guinea, and Timor Leste.

Recommendation	2013-14 \$AU m	2014-15 \$AU m	2015-16 \$AU m	\$AU Total
Sexual and Reproductive Health Initiatives	33	33	32.4	98.4

MDG 5 Indicators per Priority Country

Nation	Total Fertility Rate (births per woman)	Maternal Mortality Ratio (per 100,000 live births) ¹²	Contraceptive Prevalence Rate (%) ¹³		Adolescent Birth Rate (births per 1,000 women aged 15-18) ¹⁴	Unmet Need for Family Planning (%) ¹⁵
			Modern	Any		
Afghanistan	5.1 ¹⁶	460	16	22	90	14.6 ¹⁷
Bangladesh	2.3 ¹⁸	240	48	56	133	17
Ethiopia	4.8 ¹⁹	350	27	29	79	25 ²⁰
Myanmar	2 ²¹	200	38	41	17	19
Pakistan	4.1 ²²	260	19	27	16	25
Papua New Guinea	4.4 ²³	230	N/A	36	70	27 ²⁴
Timor-Leste	5.7 ²⁵	300	21	22	54	32

Recommendation

Building peace and security

Supporting conflict prevention, peace and security

ACFID recommends the allocation of \$309 million over the next three years²⁶ to support conflict prevention, peace and security initiatives. This would make up around 1.3 per cent of Australia's total projected ODA for the period.

As a new member of the UN Security Council, Australia should invest in women's participation in peace processes, conflict prevention and conflict reduction; the regulation of small arms; and the protection of children in armed conflict.

No poor, fragile state is on track to achieve a single MDG.²⁷ Fragile states generally lag 40-60 per cent behind other low income countries in MDG achievement.²⁸ For the first time in history, the majority of the world's poorest now live in a small group of conflict-affected and fragile states. This share is projected to increase from 30 per cent in 2000 to 70 per cent by 2025.²⁹ According to the 2011 Global Peace Index, a 35 per cent reduction in violence could reap a peace dividend of at least \$2 trillion.³⁰ Despite this, only 1 per cent of total global official development assistance (ODA) is directly invested in development-focused conflict reduction, peace and security projects in fragile states – of which half is in Afghanistan

Australia has the opportunity to be a leader in conflict and violence reduction in fragile states. It is one of only six countries which invests the majority of its ODA in fragile states. ACFID welcomes Australia's support for the 'New Deal for Engagement in Fragile States' and its peace-building and state-building goals, as well as the Prime Minister's pledge to advocate for development in fragile states announced at the 'New Deal' meeting in September 2012. However, according to an analysis of government spending, support for direct conflict reduction, peace and security development projects in fragile states still only accounts for 0.5 per cent of Australia's total ODA.

The allocation of \$309 million over the next three years³¹ to support conflict prevention, peace and security initiatives should include the following activities:

- Security and justice system management and reform;
- Development and implementation of a comprehensive protection strategy;
- Disarmament, demobilisation and reintegration of armed actors;
- Child soldiers: prevention and demobilisation;
- Civilian peace-building, conflict prevention and resolution;
- Women's participation in peace processes, conflict prevention and conflict reduction;
- Control of small arms and light weapons;
- Removal of land mines and explosive remnants of war;
- Creation of a mediation unit within AusAID to reduce the potential need for aid and rebuilding assistance by preventing conflict;³² and
- A centre for investment in armed violence reduction.

Country	2013-14 \$AU m	2014-15 \$AU m	2015-16 \$AU m	Total \$AU m	Global Peace Index Ranking of 153 countries worldwide ³³
Somalia	9	13	15	37	153
Iraq	7	9	9	25	152
South Sudan	9	13	15	37	115
Afghanistan	25	30	35	90	150
DR Congo	4	6	8	18	148
Pakistan	12	14	16	42	146
Palestinian Territories	4	6	8	18	145
Libya	3	5	6	14	143
Burma	3	5	6	14	133
Sri Lanka	3	5	6	14	126
Total Yearly Funding	79	106	124	309	

The 10 countries selected for funding are all highly conflict-affected countries for which AusAID already provides funding. The allocations are based on indicative allocations as set out in the Independent Review of Aid Effectiveness³⁴ and current funding priorities of AusAID in the countries listed.

The Strategic Goals of the Aid Program supported by this recommendation include:

- ***Effective Governance:*** Improving governance to deliver better services, improve security, and enhance justice and human rights; and
- ***Humanitarian and disaster response:*** More effective preparedness and responses to disasters and crises.

Funding Comparison

According to the OECD, the UK spent \$543 million on conflict prevention and resolution, peace and security (CPS) sector programs in the last reported year. Below is a comparison of Australian³⁵, UK, and all donors' ODA in the following countries:

Highly conflict-affected countries ³⁶	% of Aust. ODA to CPS	% of UK ODA to CPS	% Of all donors' ODA to CPS
Somalia	0%	7%	5%
Iraq	4%	20%	4%
Sudan	15%	43%	12%
Afghanistan	5%	30%	10%
DR Congo	1%	13%	6%
Pakistan	0%	2%	1%
Palestinian Territories	0%	7%	2%
Zimbabwe	0%	2%	1%
Burma	0%	0%	2%
Sri Lanka	3%	4%	3%
Philippines ³⁷	6%	19%	2%
Unweighted average	3%	13%	4%

¹ In March 2009, ACFID and the Commonwealth, through [AusAID](#), the Australian Agency for International Development, signed a partnership agreement to recognise the long standing cooperation between the organisations and to promote a robust and professional Australian international development NGO sector. Funding under the agreement augments core funding provided by ACFID members. The agreement recognises that the NGO sector contributes significantly to Australia's overall international development outcomes. Any advocacy undertaken by ACFID such as the development, publicising and dissemination of ACFID positions on development issues is fully funded by ACFID members' fees only and is not part of the ACFID–AusAID Partnership funding.

² Save the Children, *Women on the Front Lines of Health Care*, State of the World's Mothers 2010.

³ www.oecd.org/document/19/0,3746,en_21571361_43407692_46008211_1_1_1_1,00.html

⁴ Kharas and Rogerson, *Horizon 2025 – creative destruction in the aid industry* (2012), Overseas Development Institute, p8.

⁵ www.odi.org.uk/resources/details.asp?id=6687&title=creative-destruction-aid-industry-development-kharas-rogerson

⁶ Australia: Candidate for the united nations security council 2013–14, <http://australia-unscc.gov.au/wp-content/uploads/2012/07/unscc_candidature_brochure.pdf.pdf>

⁷ *Aid Budget Statement 2012-13*

⁸ WHO, The costs of eliminating critical shortages in human resources for health,

http://www.who.int/choice/publications/d_human_resources.pdf

⁹ ACFID's four year budget submission 2011-15 can be found at:

http://www.acfid.asn.au/resources/docs_resources/docs_submissions/acfid-budget-analysis-2012-13-final.pdf. This reflects the four year budget cycle of AusAID.

¹⁰ UNFPA, *The State of World Population 2012 - By Choice, Not By Chance: Family Planning, Human Rights and Development* (2012), p. 1

¹¹ Maternal Mortality Factsheet, WHO, May 2012

¹² Iqbal Shah & Elisabeth Ahman, „Unsafe Abortion in 2008: Global and Regional Levels and Trends“, *Reproductive Health Matters* (2010) 18: 36; WHO, UNICEF, UNFPA and The World Bank, *Trends in Maternal Mortality: 1990 to 2010* (2012), pp. 32-36

¹³ WHO, UNICEF, UNFPA and The World Bank, *Trends in Maternal Mortality: 1990 to 2010* (2012), pp. 32-36

¹⁴ UNFPA, *The State of World Population 2012 - By Choice, Not By Chance: Family Planning, Human Rights and Development* (2012), pp.106-110

¹⁵ UNFPA, *The State of World Population 2012 - By Choice, Not By Chance: Family Planning, Human Rights and Development* (2012), pp.106-110

¹⁶ UNFPA, *The State of World Population 2012 – By Choice, Not By Chance: Family Planning, Human Rights and Development* (2012), pp.106-110

¹⁷ Afghan Public Health Institute, ICF Macro, Indian Institute of Health Management Research et al., *Afghanistan Mortality Survey 2010* (2011), p.40

¹⁸ Marie Stopes International Best Practice Gateway, <<https://bestpractice.mariestopes.org/BPG/Stats/NationalNonTrend>> [accessed 14/11/2012]

¹⁹ Cambodia National institute of Statistics, Cambodia Ministry of Health and ICF Macro, *Cambodia Demographic and Health Survey 2010* (2011), p.57

²⁰ Ethiopia Central Statistical Agency, *Ethiopia Demographic and Health Survey 2011* (2012), p.70

²¹ Kenya National Bureau of Statistics, USAID et al., Kenya Demographic and Health Survey 2008-09 (2010), p.47

²² Nepal Ministry of Health and Population, New ERA and ICF International, Nepal Demographic and Health Survey 2011 (2012), p. 76

²³ Pakistan National Institute of Population Studies and Macro International Inc., Pakistan Demographic and Health Survey 2006-07 (2008), p. 42

²⁴ Papua New Guinea National Statistical Office, Papua New Guinea Demographic and Health Survey 2006 (2009), p. 41

²⁵ Tanzania National Bureau of Statistics and ICF Macro, Tanzania Demographic and Health Survey 2010 (2011), p. 55

²⁶ ACFID's four year budget submission 2011-15 can be found at:

http://www.acfid.asn.au/resources/docs_resources/docs_submissions/acfid-budget-analysis-2012-13-final.pdf. This reflects the four year budget cycle of AusAID.

²⁷ www.oecd.org/document/19/0,3746,en_21571361_43407692_46008211_1_1_1_1,00.html

²⁸ Kharas and Rogerson, *Horizon 2025 – creative destruction in the aid industry* (2012), Overseas Development Institute, p8.

²⁹ www.odi.org.uk/resources/details.asp?id=6687&title=creative-destruction-aid-industry-development-kharas-rogerson

³⁰ Independent Review of Aid Effectiveness, April 2011, p167, www.aidreview.gov.au

³¹ ACFID's four year budget submission 2011-15 can be found at:

http://www.acfid.asn.au/resources/docs_resources/docs_submissions/acfid-budget-analysis-2012-13-final.pdf. This reflects the four year budget cycle of AusAID.

³² Recommendation 11 by Joint Standing Committee on Foreign Affairs, Defence and Trade; *Australia's Overseas Representation – Punching Below our Weight?*

http://www.aph.gov.au/Parliamentary_Business/Committees/House_of_Representatives_Committees?url=ifadt/overseas%20representation/report.htm

³³ This list of 10 countries are all ranked in the bottom 30 by the 2011 Global Peace Index. See www.visionofhumanity.org. As only countries with more than 1 million people are ranked, PNG is the only Pacific Island listed. PNG is ranked 94 of 153. The other highly conflict-affected countries listed in the bottom 30 include: North Korea, Central African Republic, Nigeria, Chad, Colombia, Yemen, Lebanon, Georgia, Zimbabwe, Philippines and Burundi.

³⁴ *Independent Review of Aid Effectiveness*, April 2011, p24, www.aidreview.gov.au.

³⁵ Most of Australia's CPS assistance, which includes the Australian Defence Force and Australian Federal Police, is focused on the Pacific and that perhaps not all of it is reported to the OECD Creditor Reporting System

³⁶ Libya has not been included due to its armed conflict only beginning in 2011

³⁷ Due to timing distortions, this figure represents the average for 2008 and 2009