

# DFID's aid spending for nutrition: 2015

March 2017

## About MQSUN+

MQSUN+ aims to provide the Department for International Development (DFID) with technical services to improve the quality of nutrition-specific and nutrition-sensitive programmes. The project is resourced by a consortium of five leading non-state organisations working on nutrition. The consortium is led by PATH.

The group is committed to:

Expanding the evidence base on the causes of undernutrition

Enhancing skills and capacity to support scaling up of nutrition-specific and nutrition-sensitive programmes

Providing the best guidance available to support programme design, implementation, monitoring and evaluation

Increasing innovation in nutrition programmes

Knowledge-sharing to ensure lessons are learnt across DFID and beyond.

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About this publication

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## Summary

This report presents detailed information on aid investments to improve nutrition by the UK's Department for International Development (DFID). Building on previous reports<sup>i</sup> that looked at investments between 2010 and 2014, and using the Scaling Up Nutrition movement's agreed methodology, this reports analyses 2015 nutrition aid and finds the following:

- DFID disbursed a record US\$1.0 billion of nutrition-related official development assistance (ODA or aid) to developing countries in 2015.
- Spending increased significantly from 2014 volumes, by US\$206 million; nutrition-sensitive spending rose by US\$196 million, and nutrition-specific spending rose by US\$11 million.
- The number of DFID-supported nutrition projects continues to rise, and reached a total of 142 nutrition projects in 2015, most of which were nutrition-sensitive partial.
- Most nutrition-sensitive spending was in the humanitarian sector (accounting for 44% of DFID's total nutrition-sensitive spending in 2015), and specifically on emergency food aid.
- Most of DFID's total nutrition spending continues to concentrate in sub-Saharan Africa, which received more than half of both nutrition-specific and nutrition-sensitive spending in 2015.
- DFID spent nutrition-related aid in a greater number of countries than in any previous year, 32 in 2015.
- Ethiopia was the largest recipient of DFID nutrition ODA in 2015, receiving US\$227 million. Both nutrition-specific and nutrition-sensitive spending were greater in Ethiopia than any other country.

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<sup>i</sup>Development Initiatives (2014) DFID's aid spending for nutrition: 2010–2012. Available at: <http://devinit.org/post/dfids-aid-spending-nutrition-2010-2012>, Development Initiatives (2015) DFID's aid spending for nutrition: 2013. Available at: <http://devinit.org/post/dfids-aid-spending-for-nutrition-2013>, and Development Initiatives (2016) DFID's aid spending for nutrition: 2014. Available at: <http://devinit.org/post/dfids-aid-spending-for-nutrition-2014/>

## Introduction and approach

As part of continuing efforts to track and better understand donor financing for nutrition, this report analyses ODA spending on nutrition-related projects by DFID. We use the approach developed by the Scaling Up Nutrition (SUN) movement, which offers a method for the identification and quantification of donor spending on both nutrition-specific and nutrition-sensitive interventions.

The approach uses the Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) Creditor Reporting System (CRS) database to identify nutrition-related projects and calculate DFID's total nutrition-related spend. While DFID is the largest source of UK ODA spending (responsible for 82% of UK ODA disbursements in 2015) and the focus of this analysis, it is worth noting that other UK government departments and agencies also contribute to UK ODA, including on nutrition. The Department for Business, Innovation & Skills disbursed US\$4.5 million to nutrition-specific interventions in 2015, equivalent to 5% of total UK nutrition-specific ODA.<sup>ii</sup> All data in this report were downloaded on 20/12/2016 and are accurate as of the latest official quarterly update to the DAC CRS on 14 December 2016.<sup>iii</sup>

The [SUN Donor Network](#) developed the methodology used in this study to determine nutrition-related ODA. The network aims to better align and track resources for nutrition to the national goals of developing country SUN members. Its methodology identifies two types of projects: those that are 'nutrition-specific' and those classed as 'nutrition-sensitive'.<sup>iv</sup>

### Identifying nutrition-specific ODA projects

The SUN methodology defines all projects recorded under the 'basic nutrition' CRS purpose code as nutrition-specific.<sup>v</sup> This code captures reported spend on:

- Direct feeding programmes (maternal feeding, breastfeeding and weaning foods, child feeding, school feeding)
- Determination of micro-nutrient deficiencies
- Provision of vitamin A, iodine, iron etc.
- Monitoring of nutritional status
- Nutrition and food hygiene education
- Household food security

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<sup>ii</sup> The Department for Business, Innovation & Skills supported eight nutrition projects in Gambia, Kenya and Malawi.

<sup>iii</sup> Subsequent unofficial updates which have increased the total DFID's bilateral aid by US\$9 million up to 30 March 2017 have not been captured.

<sup>iv</sup> The SUN methodology is applied only to DFID's bilateral ODA. This captures flows from DFID to official sources in recipient countries. It does not capture spending by multilateral agencies that were funded by core contributions from DFID.

<sup>v</sup> DAC CRS code 12240.

Generally, donors report their projects to the CRS either under a single purpose code, based on the project's main objective or sector, or under a 'multi-sector' purpose code. DFID's reporting to the CRS is more detailed, as is that of some other donors such as Canada. DFID divides its projects into different components and assigns each a relevant CRS purpose code. Each component appears in the CRS as a separate record. In some cases, a DFID CRS record represents the entirety of the project. In other instances, a record represents only part of a broader project, with the other components appearing as separate purpose codes.

Because of this, the application of the SUN methodology to DFID's CRS records under the 'basic nutrition' purpose code was adapted for the original 2010–2012 assessment with the agreement of the SUN Donor Network. In this analysis, all DFID project components coded to 'basic nutrition' in the CRS are counted in full as nutrition-specific. Spending recorded against these components is used to determine DFID's total ODA funding to nutrition-specific interventions.

Other components of these projects recorded under any other CRS purpose code have been classified as 'nutrition-sensitive' (see below, and see Annex 6 for a record of projects with both specific and sensitive components).

### **Identifying nutrition-sensitive ODA projects**

The SUN methodology uses a three-step approach to identify nutrition-sensitive projects. An additional step is needed to account for DFID's detailed CRS reporting (see Annex 3 for a summary of the SUN approach). These steps are outlined below.

#### ***Step 1: Identifying potentially nutrition-sensitive projects***

Projects that are likely to be nutrition-sensitive are first identified in the CRS database using a purpose code filter and a keyword search. The purpose code filter selects all those projects coded under relevant nutrition-sensitive purpose codes (see Annex 3 for the agreed full list of these). A keyword search is applied to the description field of all other CRS records under the remaining purpose codes (see Annex 3). The purpose code filter and keyword search yields a pool of potentially nutrition-sensitive records. For DFID, these records represent project components rather than whole projects.

#### ***Step 2: Reviewing project documents to assess whether projects meet nutrition-sensitive criteria***

The project documents for all components identified in step 1 are reviewed to determine whether they are nutrition-sensitive. This assessment primarily uses publicly available documents published through DFID's Development Tracker. Projects with insufficient publicly available information were raised with DFID officials, who provided relevant documentation to enable an assessment. Seventeen projects were assessed using documentation provided by DFID directly. Outstanding projects with their information either unavailable or restricted were discounted on the grounds that their nutrition-sensitivity could not be evidenced. This affected just ten projects.

To qualify as nutrition-sensitive, projects must meet three criteria. The project must:

- be aimed at individuals (specifically, women or adolescent girls or children), and

- include nutrition as a significant objective or indicator, and
- contribute to at least one nutrition-sensitive outcome (see Annex 3).

Annex 4 provides examples of how these criteria are applied to specific projects.

While identifying explicit nutrition targets and objectives among project documents is straightforward, applying the first criterion (aimed at individuals) is less so and more subjective. The SUN Donor Network’s methodology requires a nutrition-sensitive project to intend to improve nutrition for women or adolescent girls or children. The methodology adds that “this does not necessarily entail targeting women or children because actions targeted at households, communities or nations can also be designed to result in improved nutrition for women and children. It entails, though, an intention to achieve results and measure them at the level of women, adolescent girls or children.”<sup>vi</sup>

This analysis considered a project to be aimed at individuals when there was evidence of explicit or implicit intent among project documents to achieve results and measure them at an individual level. In the case of DFID, some nutrition-sensitive projects track progress at the household level. Projects that only tracked progress at the household level and not at the individual level (e.g. numbers of children or numbers of women) were only considered to be aimed at individuals when there was at least a clearly stated objective to improve nutrition of individuals.

A project’s objectives and indicators are considered nutrition-sensitive if they demonstrate an intention to improve nutrition (e.g. ‘improving malnutrition’ and ‘reducing incidence of malnutrition’) or refer to actions that do this (e.g. through improvement in dietary diversity, breastfeeding and vitamin supplementation). Project objectives or indicators that focus only on actions that *could* lead to improved nutrition outcomes, but do not refer to nutrition explicitly, are not considered nutrition-sensitive (e.g. cash transfers, access to education or sanitation services not explicitly aimed at improving nutrition).

Finally, nutrition-sensitive projects must contribute toward nutrition-sensitive outcomes as defined in the SUN Donor Network’s methodology (see Annex 3). Only when all three of these criteria are met can a project qualify as nutrition-sensitive.

### ***Step 3: Determining the total project spend for nutrition-sensitive projects in the case of DFID’s CRS records***

As DFID reports at the component level, it is possible that a project identified as nutrition-sensitive under the criteria described in step 2 will have components elsewhere in the CRS database that are not captured in step 1. In some cases not all components are reported using one of the codes in Annex 3 or they are not captured using the keywords (see Annex 3). To account for this, the additional components of nutrition-sensitive projects are identified manually by searching for components with the same project identification number in the CRS, in line with what was agreed by SUN Donor Network members for the original 2010–2012 DFID nutrition spending assessment. For each project, total spend is calculated as the sum of all the project’s components.

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vi SUN Donor Network (2013) Methodology and Guidance Note to Track Global Investments in Nutrition. Available at: [http://scalingupnutrition.org/wp-content/uploads/2013/12/RESOURCE\\_TRACKING\\_METHODODOLOGY\\_SUN\\_DONOR\\_NETWORK.pdf](http://scalingupnutrition.org/wp-content/uploads/2013/12/RESOURCE_TRACKING_METHODODOLOGY_SUN_DONOR_NETWORK.pdf)

#### ***Step 4: Classifying nutrition-sensitive projects as ‘dominant’ or ‘partial’***

The final step of the SUN methodology classifies nutrition-sensitive projects as one of two sub-categories, ‘dominant’ or ‘partial’, depending on the extent to which projects contribute to nutrition-sensitive outcomes.

The SUN methodology requires that:

- when the **full project** (its main objective, results, outcomes and indicators) is nutrition-sensitive (see Annex 3), the project is classified as ‘nutrition-sensitive dominant’ and the total spend for the project is counted
- when **part of the project** (e.g. one of the objectives, results, outcomes or indicators) is nutrition-sensitive, but also aims to address other issues, the project is classified as ‘nutrition-sensitive partial’ and 25% of the project spend is counted.

Annex 4 provides examples of how projects are assessed as dominant or partial.

Multi-year projects that had qualified as nutrition-sensitive during the [previous assessment](#)<sup>vii</sup> were reassessed carefully to capture any shifts in their focus.

#### **ODA disbursements and commitments**

The CRS database has two measures of ODA: disbursements and commitments. Commitments are a formal obligation to disburse funds; disbursements are the funds donors have actually provided. Commitments and disbursements from a donor are likely to differ in any given year. This is because commitments often relate to projects that disburse funds over a number of years. Also, disbursements may be made where no previous commitments existed and the final disbursed cost of a project may differ from the originally committed amount.

As disbursements measure the resources actually transferred to developing countries in a given reporting year, we report primarily on DFID’s disbursements.

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<sup>vii</sup> Development Initiatives (2016) DFID’s aid spending for nutrition: 2014. Available at: <http://devinit.org/post/dfids-aid-spending-for-nutrition-2014/>

# DFID's ODA disbursements to nutrition

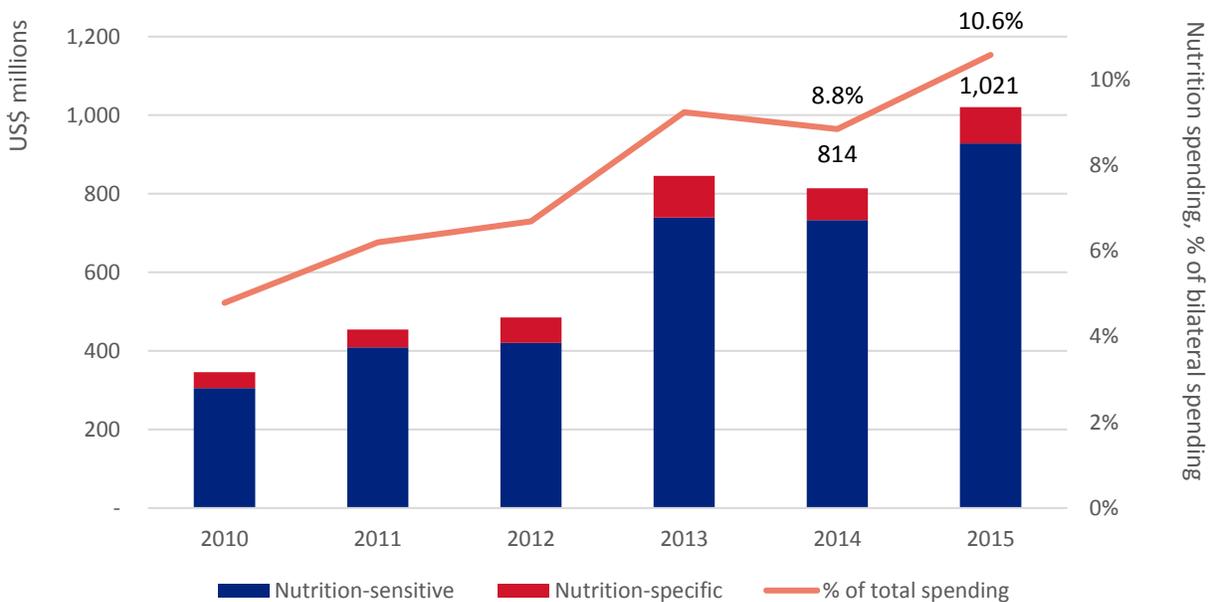
## Overview

In 2015 DFID's total aid spending for nutrition reached US\$1.0 billion. Spending increased significantly from 2014 volumes, by US\$206 million or 25%. Spending on nutrition-specific and nutrition-sensitive interventions increased by 13% and 27% respectively. The increase maintains a broad upward trend, with 2015 DFID nutrition ODA at its highest levels when compared with previous years.

Nutrition-sensitive spending continues to constitute the majority (91%) of total nutrition spending at US\$928 million. Nutrition-specific spending completes the remaining 9% at US\$92 million.

In the context of an overall decrease in DFID's total bilateral aid between 2014 and 2015, nutrition ODA increased in absolute volumes and as a proportion of total bilateral aid, peaking at 10.6% in 2015.

**FIGURE 1. DFID spent US\$1.0 billion on nutrition in 2015**



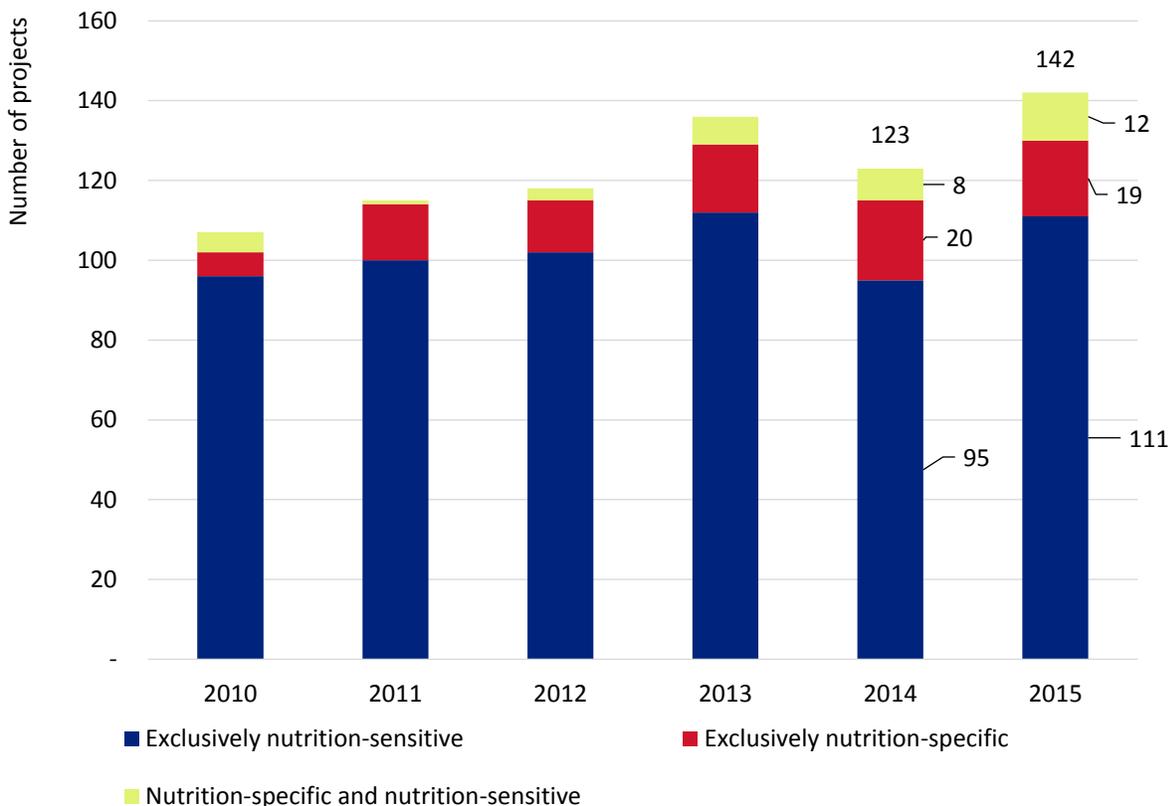
DFID nutrition ODA disbursements by volume and share of total bilateral disbursements, 2010-2015.

Notes: Constant 2015 prices.

Source: Development Initiatives' calculations based on DAC CRS data

The total number of unique DFID supported projects increased from 123 in 2014 to 142 in 2015. These consist of 111 nutrition-sensitive projects, 19 nutrition-specific projects and 12 projects that have both nutrition-specific and nutrition-sensitive components. The number of projects with both nutrition-specific and nutrition-sensitive components has grown from eight in 2014 to twelve in 2015.

**FIGURE 2. DFID supported 142 nutrition projects in 2015**

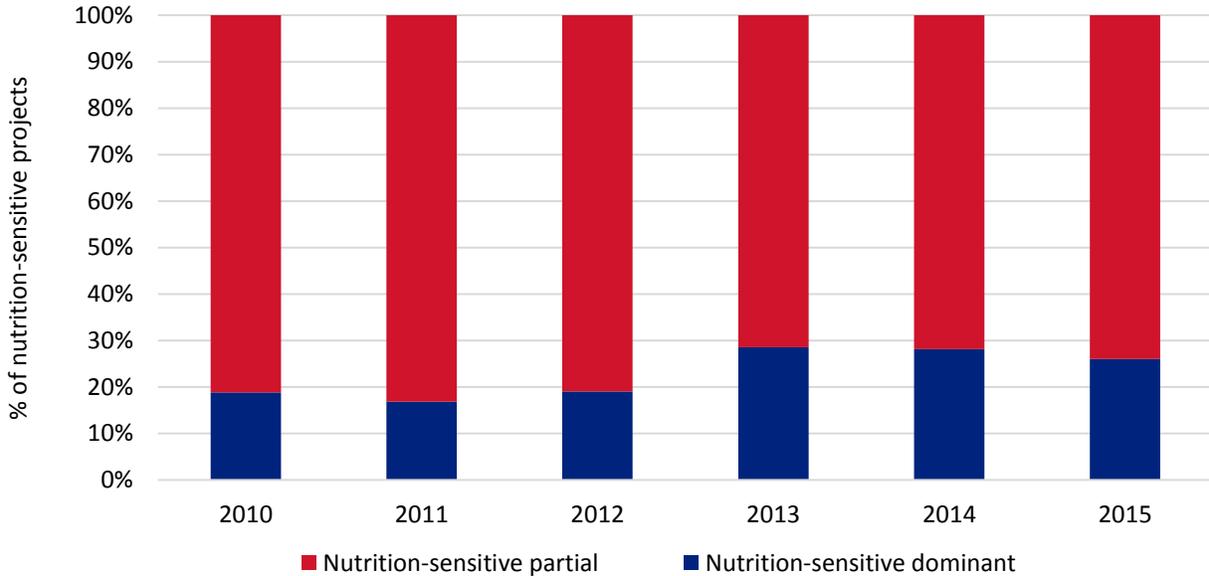


Number of projects by category, 2010-2015.

Source: Development Initiatives' calculations based on DAC CRS data

DFID supports a greater number of nutrition-sensitive *partial* projects than it does nutrition-sensitive *dominant* projects; 82 nutrition-sensitive partial projects compared with 29 nutrition-sensitive dominant projects. However, as the total number and value of DFID-supported nutrition-sensitive projects have grown since 2010, an increasing proportion of those have been classified as nutrition-sensitive dominant. The proportion of DFID’s nutrition-sensitive projects qualifying as nutrition-sensitive dominant has stayed between 29% in 2013 and 26% in 2015.

**FIGURE 3. Most of DFID’s nutrition projects are nutrition-sensitive partial**

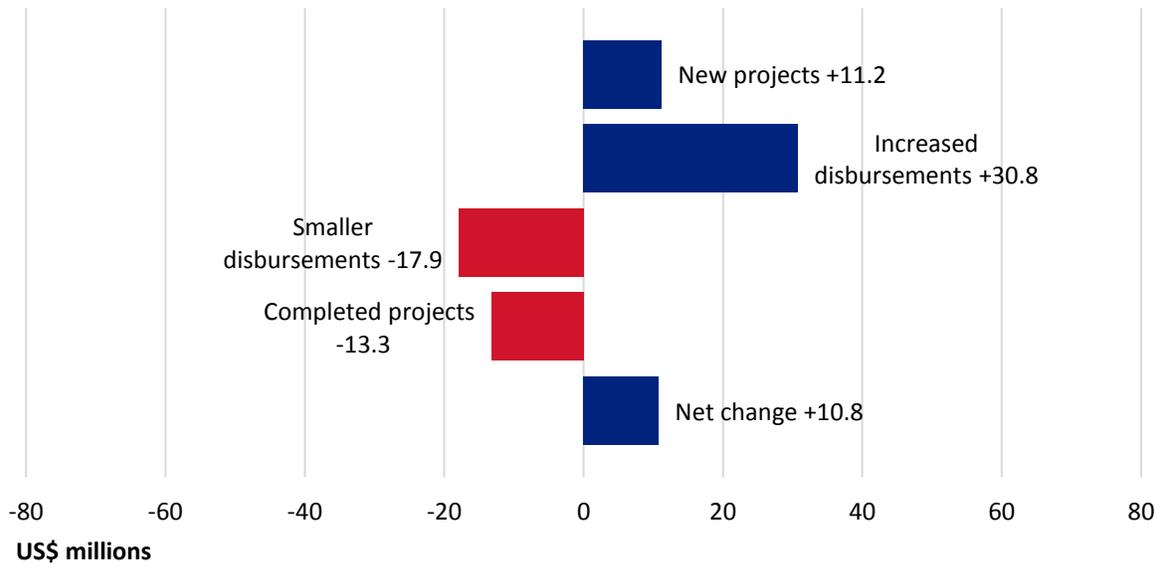


Proportion of nutrition-sensitive projects by sub-category (partial and dominant), 2010-2015.  
 Source: Development Initiatives’ calculations based on DAC CRS data

Between 2014 and 2015 DFID’s total spending on nutrition projects increased by US\$206 million. Nutrition-specific aid increased by net US\$11 million. The features of this increase are:

1. New projects with new disbursements, +US\$11.2 million
2. Increased disbursements to existing projects, +US\$30.8 million
3. Completed projects with no new disbursements, -US\$13.3 million
4. Smaller disbursements to existing projects, -US\$17.9 million

**FIGURE 4. Nutrition-specific spending rose by US\$11 million**



Changes to nutrition-specific disbursements, 2014–2015.

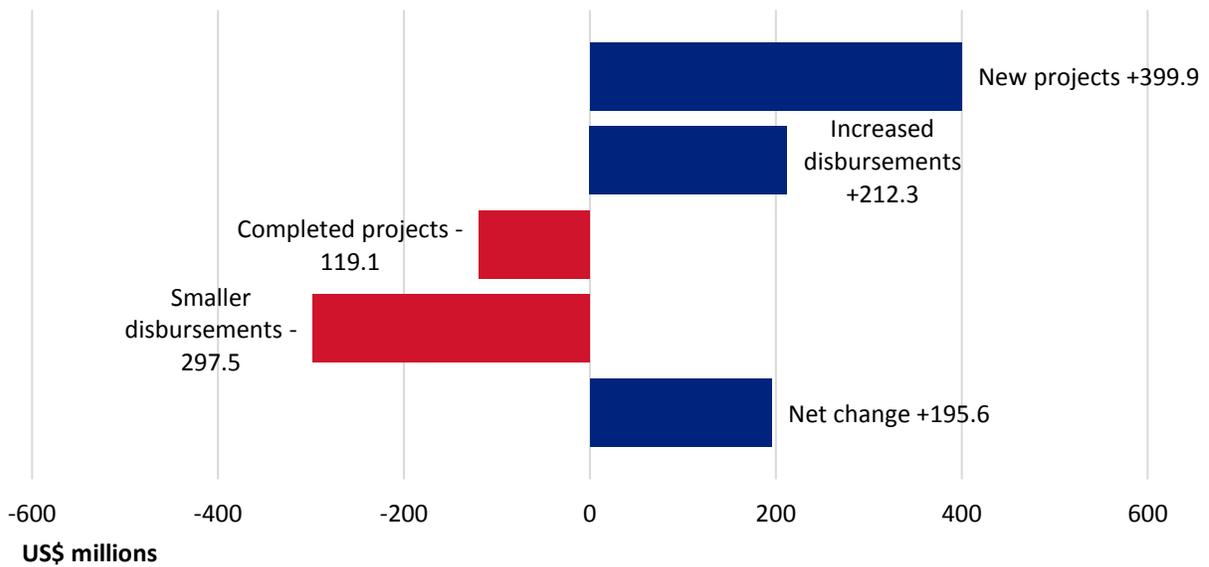
Notes: ‘New projects’ are those with no disbursements before 2015. ‘Completed projects’ are those with disbursements in 2014, but none in 2015. ‘Increased disbursements’ and ‘fewer disbursements’ refer to spending changes on existing projects. Constant 2015 prices.

Source: Development Initiatives’ calculations based on DAC CRS data

Nutrition-sensitive aid increased by net US\$196 million between 2014 and 2015. The features of this increase are:

1. New projects with new disbursements, +US\$399.9 million
2. Increased disbursements to existing projects, +US\$212.3 million
3. Completed projects with no new disbursements, -US\$119.1 million
4. Smaller disbursements to existing projects, -US\$297.5 million

**FIGURE 5. Nutrition-sensitive spending rose by US\$196 million**



Changes to nutrition-sensitive disbursements, 2014-2015.

Notes: 'New projects' are those with no disbursements before 2015. 'Completed projects' are those with disbursements in 2014, but none in 2015. 'Increased disbursements' and 'fewer disbursements' refer to spending changes on existing projects. Constant 2015 prices.

Source: Development Initiatives' calculations based on DAC CRS data

## Nutrition-sensitive ODA by purpose and sector

Donors reporting to the CRS, including DFID, are required to specify in some detail the sector that their ODA investments intend to support using a defined list of purpose codes, organised by sector.<sup>viii</sup> These purpose codes classify different activities, enabling a view of each donor's support across key sectors. While nutrition-specific spending falls under the health sector within the DAC CRS system, DFID's nutrition-sensitive spending falls elsewhere, across a broad variety of sectors.

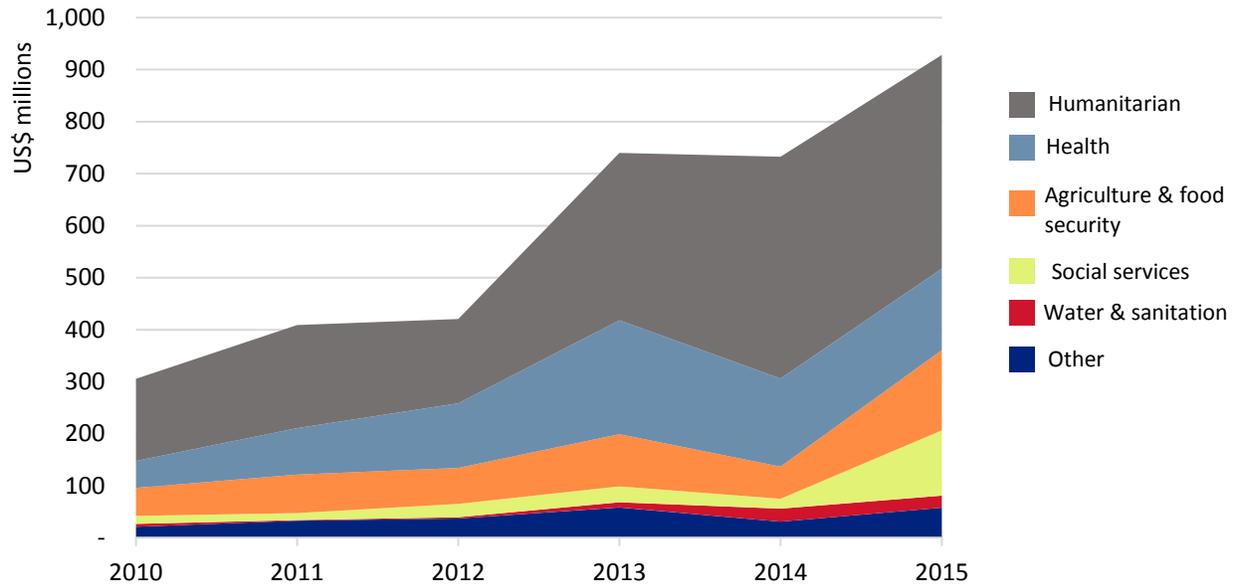
Since 2010 most of DFID's nutrition-sensitive aid has been reported under the humanitarian sector, which has accounted for almost half (47%) of DFID's nutrition-sensitive spending over 2010-2015. Another 23% of DFID's nutrition-sensitive spending over the same period falls under 'health' projects. Other significant amounts and proportions are reported under the 'agriculture and food security' and 'other social services' sectors, together representing another 21% of spending. Other spending is spread across a variety of sectors, including 'water and sanitation' (2%), 'environment' (1%) and 'education' (0.7%).

In 2015 spending remained concentrated among these sectors in similar proportions. The humanitarian sector continued to account for the greatest amount: US\$411, equal to 44% of DFID's nutrition-sensitive spending. Other significant amounts were found under the 'health' sector (US\$157 million, 17% of DFID's nutrition-sensitive aid), 'agriculture and food security' (US\$154 million, 17%) and 'social services' sector (US\$125 million, 14%). Between 2014 and 2015 nutrition-sensitive aid allocations grew for 'agriculture and food security' projects by US\$93 million and by US\$107 million for 'social services' activities. By contrast, allocations for humanitarian interventions decreased by US\$15 million and by US\$13 million for 'health' projects. However, the humanitarian sector continues to account for the majority of DFID's nutrition-sensitive aid spending.

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<sup>viii</sup> The OECD defines purpose codes as "the specific areas of the recipient's economic or social development the transfer intends to foster" (OECD, 2016: see [www.oecd.org/dac/stats/purposecodessectorclassification.htm](http://www.oecd.org/dac/stats/purposecodessectorclassification.htm)).

**FIGURE 6. Most nutrition-sensitive spending is in the humanitarian sector**



Nutrition-sensitive disbursements by sector, 2010-2015.

Notes: Constant 2015 prices

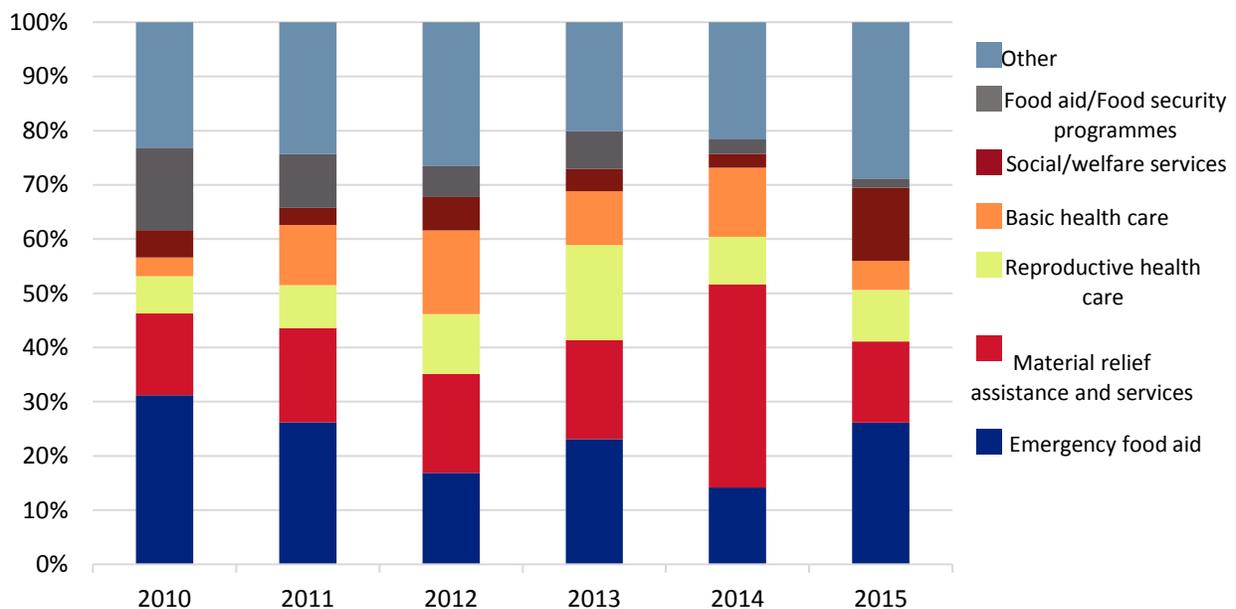
Source: Development Initiatives' calculations based on DAC CRS data

The distribution of DFID’s nutrition-sensitive spending across specific purpose codes reflects its distribution across sectors in more detail than outlined above. The bulk of DFID’s nutrition-sensitive spending has been reported under a select number of purpose codes since 2010. Four purpose codes together account for the majority of DFID’s nutrition-sensitive spending: ‘emergency food aid’, accounting for 22% of DFID’s nutrition-sensitive spending since 2010; ‘material relief assistance and services’, 21%; ‘reproductive health care’, 11%; and ‘basic health care’, 10%. In each year since 2010 these together accounted for over half of DFID’s annual nutrition-sensitive spending.

In 2015, these four purpose codes represented 56% of DFID’s nutrition-sensitive spending. The humanitarian purpose codes ‘emergency food aid’ and ‘material relief assistance and services’ continue to account for the greatest amounts (US\$243 million and US\$139 million respectively). In 2015, allocations to the former more than doubled and outpaced the aid reported under the latter. This occurred also because aid under ‘material relief assistance and services’ halved between 2014 and 2015.

Spending increased notably to the purpose code: ‘social/welfare services’, from US\$19 million in 2014 to US\$125 million in 2015. Spending under this single purpose code represents 6% of DFID’s total nutrition-sensitive spending in 2015. This increase is responsible for the pattern of increased spending amongst the ‘social services’ sector highlighted in Figure 6. This increase is the result of greater disbursements to nine existing projects and substantial disbursements to three new projects, including a social/welfare services intervention worth US\$72 million in Ethiopia.

**FIGURE 7. Much nutrition-sensitive spending is on emergency food aid**



Proportion of nutrition-sensitive disbursements by purpose, 2010–2015.

Notes: Constant 2015 prices

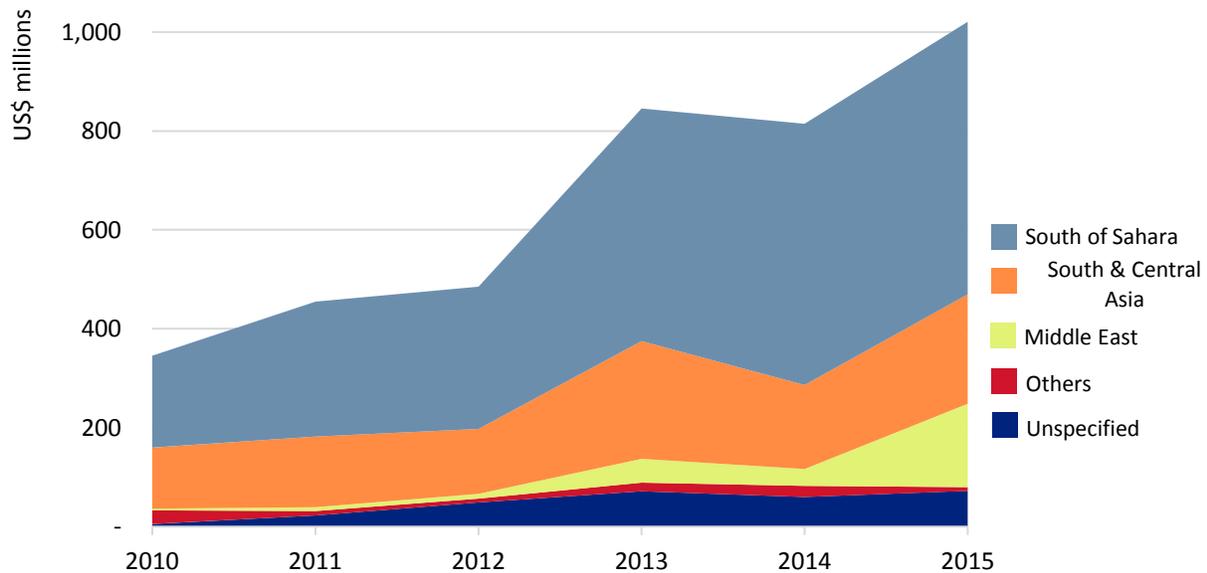
Source: Development Initiatives’ calculations based on DAC CRS data

## Recipients of nutrition ODA disbursements

- Most of DFID’s nutrition aid continues to concentrate in sub-Saharan Africa, which received 54% (US\$551 million) of DFID’s nutrition aid in 2015. Countries in South and Central Asia and in the Middle East respectively received the second and third largest amounts (US\$222 million and US\$168 million).
- Between 2014 and 2015 there has been a notable fivefold increase in nutrition aid to the Middle East, attributable to greater nutrition-sensitive spending on humanitarian interventions in Yemen and Syria. Conversely, nutrition spending in Far East Asia decreased by 95%, primarily due to a drop in allocations in the Philippines after the response to Typhoon Haiyan. North and Central America recipients are in a similar pattern, following the discontinuation of the response to the Hurricane Sandy in Haiti.

In 2015 DFID allocated US\$72 million to projects at the global level, to no specific region or country. This amount remains in line with amounts spent in the previous two years, and represents 7% of DFID’s total nutrition spending in 2015. This amount includes US\$55 million of spending on nutrition-related agricultural development, policy and research.

**FIGURE 8. Most spending continues to concentrate in sub-Saharan Africa**



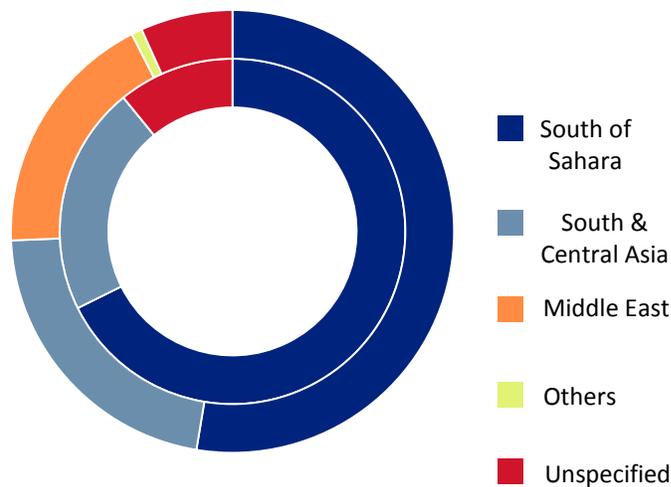
Nutrition disbursements by region, 2010–2015.

Notes: Constant 2015 prices

Source: Development Initiatives’ calculations based on DAC CRS data

In 2015 DFID’s nutrition spending reached at least 32 countries, up from 26 countries in 2014 and greater than in any previous year. Ten countries received both nutrition-specific and nutrition-sensitive aid resources. The remaining 22 countries received nutrition-sensitive aid only. While more than half of both DFID’s nutrition-specific and nutrition-sensitive spending is in sub-Saharan Africa, DFID’s nutrition-sensitive spending is less concentrated than nutrition-specific resources: 68% of nutrition-specific spending is in sub-Saharan countries, compared with 53% of nutrition-sensitive spending. Slightly more than a fifth of both nutrition-specific (21%) and nutrition-sensitive aid (22%) is in South and Central Asia countries. 7% of DFID’s nutrition-sensitive spending and 11% of DFID’s nutrition-specific spending is not allocated to any single country or region.

**FIGURE 9. More than half of both nutrition-specific and nutrition-sensitive spending targets sub-Saharan Africa**



Nutrition disbursements by category and region, 2015.

Notes: Inner ring, nutrition-specific. Outer ring, nutrition-sensitive. 2015 prices

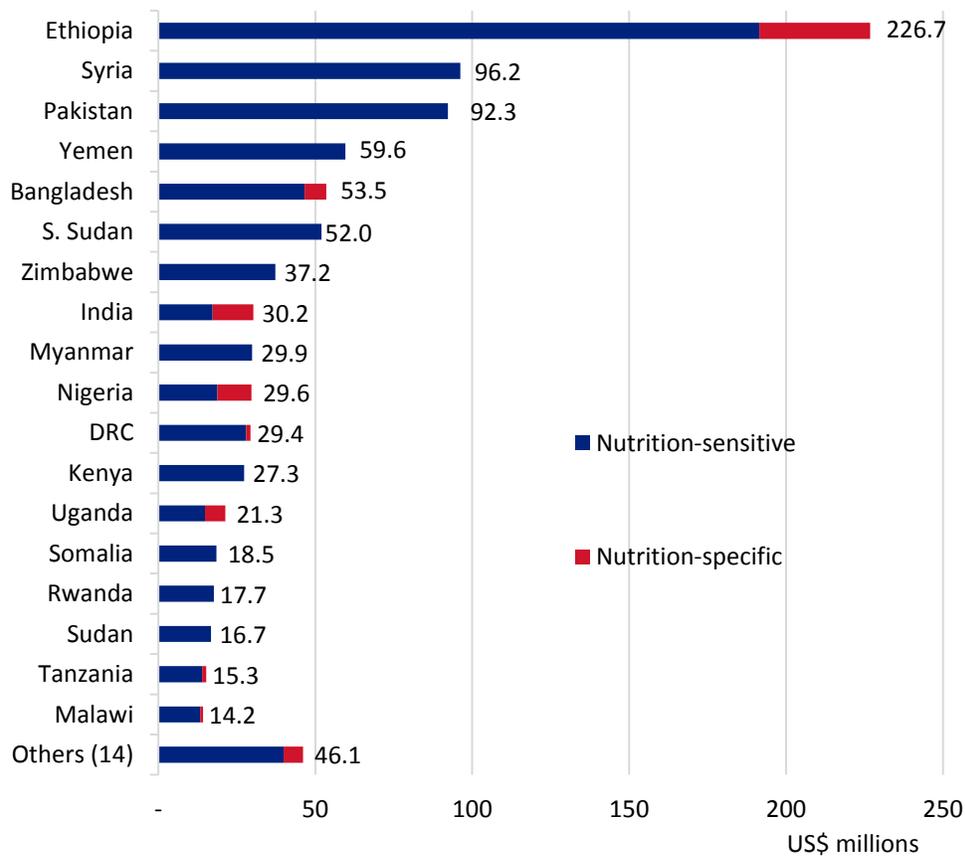
Source: Development Initiatives’ calculations based on DAC CRS data

Ethiopia was the largest recipient of DFID nutrition ODA in 2015, receiving US\$227 million. Both nutrition-specific and nutrition-sensitive spending were greater in Ethiopia than any other country. Around a third (32%) of this spending is attributable to the nutrition-sensitive ‘Productive Safety Net Programme’ project (code 204290). Another 31% of spending in Ethiopia is attributable to nutrition-sensitive humanitarian interventions, which includes the provision of emergency food aid through the ‘Multi-year support to World Food Program emergency response’ project (code 203071). Ethiopia is also the recipient of DFID’s 2015 largest country nutrition-specific intervention – ‘Accelerating reductions in under nutrition in Ethiopia’ (code 202890), worth US\$35 million disbursements.

Syria and Pakistan were the second and third largest recipients, but received less than half of that received by Ethiopia in nutrition ODA (US\$96 million and US\$92 million respectively). Both countries received only nutrition-sensitive aid. Spending in Syria is almost exclusively related to humanitarian interventions, while spending in Pakistan focused on two nutrition-sensitive reproductive health care interventions. Yemen, Bangladesh and South Sudan also received over US\$50 million each.

DFID spent US\$34 million at the regional level in no single defined country, equal to 3% of DFID’s total nutrition spending in 2015. This consists primarily of humanitarian and resilience-related interventions in the Sahel region.

**FIGURE 10. DFID is supporting a greater number of countries than in any previous year**



Nutrition disbursements by country, 2015.  
 Notes: Excludes regional and global level disbursements. 2015 prices  
 Source: Development Initiatives’ calculations based on DAC CRS data

Between 2014 and 2015 DFID increased its total nutrition aid spending in 21 different countries. Twelve other countries received less in 2015 than in 2014.

The greatest increase by volume of spending was to Ethiopia (which received US\$126 million more in 2015) due to new spending on a nutrition-sensitive social protection project, greater spending on three humanitarian interventions and increased spending on another nutrition-specific project.

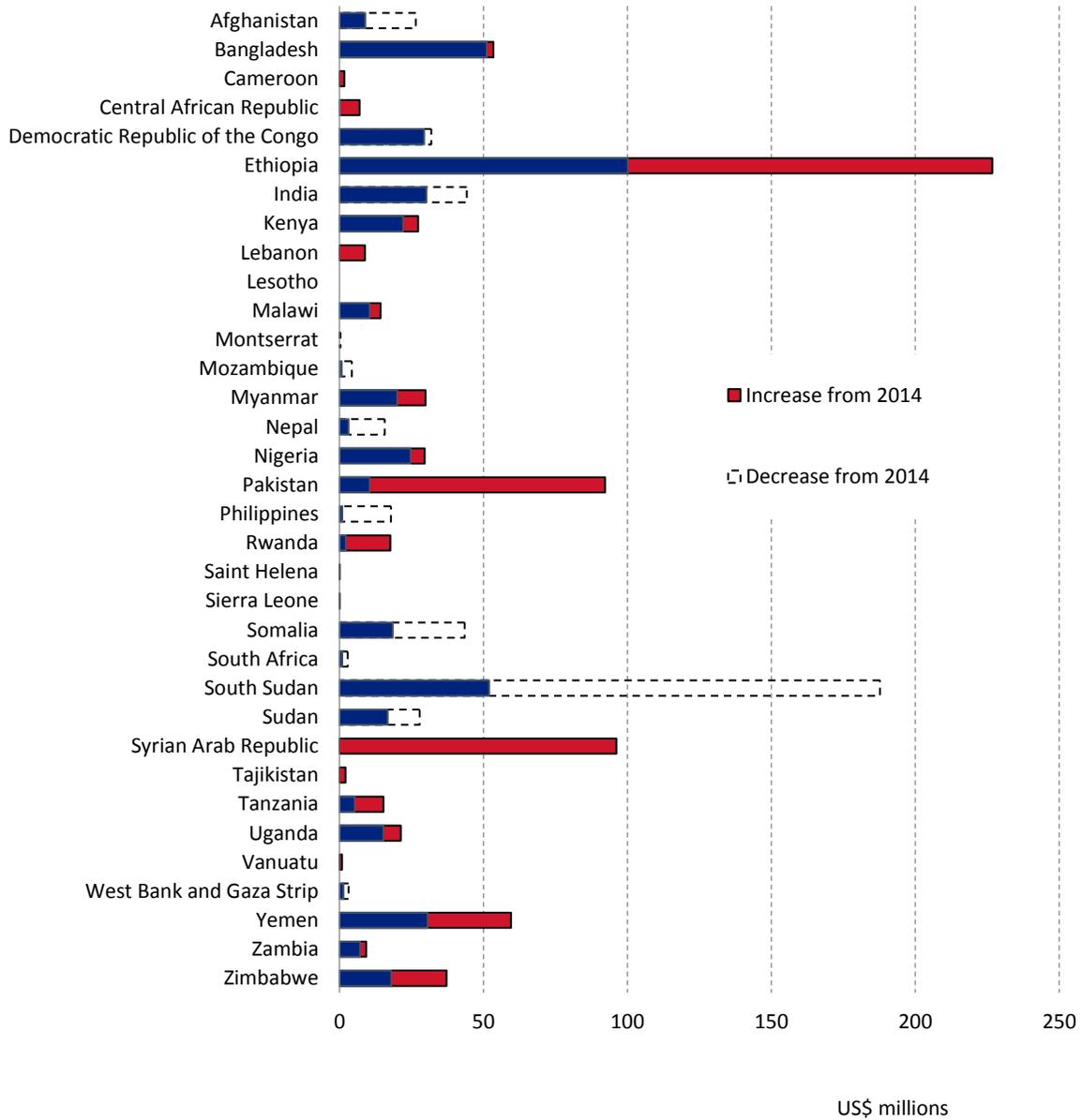
The value of nutrition spending in Syria is higher than in previous years. More programme documents for Syria were available for review this year than previously, and it is not possible to assess to what extent the increased funding identified represents a scale up in funding as opposed to improved availability of documentation. US\$96 million of nutrition-sensitive spending was received in 2015; this was related to the provision of emergency food aid. Six other countries with no nutrition spending captured in 2014 – Cameroon, Lebanon, Saint Helena, Sierra Leone, Tajikistan and Vanuatu – all received some nutrition aid in 2015.

Pakistan received significantly more nutrition funding in 2015 than in 2014. Nutrition aid spending increased from US\$11 million to US\$92 million in 2015. This was largely due to substantially greater disbursements to the 'Provincial Health and Nutrition Programme' (code 202488), which increased from US\$4 million in 2014 to US\$64 million in 2015.

Spending also increased significantly to Yemen and Zimbabwe, by US\$29 million and US\$19 million respectively between 2014 and 2015. Both of these increases included greater spending on emergency food aid and material relief assistance and services.

Spending to 12 countries fell between 2014 and 2015. Of these countries, disbursements decreased most significantly to South Sudan, falling by US\$136 million from a peak in 2014 of US\$188, due to less spending on humanitarian interventions, in particular material relief assistance and services. Disbursements also decreased notably to Somalia (by US\$25 million: caused by a drop in reproductive health care spending), Afghanistan (US\$17 million: less humanitarian spending), the Philippines (US\$17 million: also less humanitarian spending) and India (US\$14 million: less reproductive health care spending).

**FIGURE 11. DFID's nutrition spending increased to 21 different countries**



Changes in nutrition disbursements by country, 2014–2015.

Notes: Excludes regional and global level disbursements. 2015 prices

Source: Development Initiatives' calculations based on DAC CRS data

## DFID's ODA commitments to nutrition

### Overview

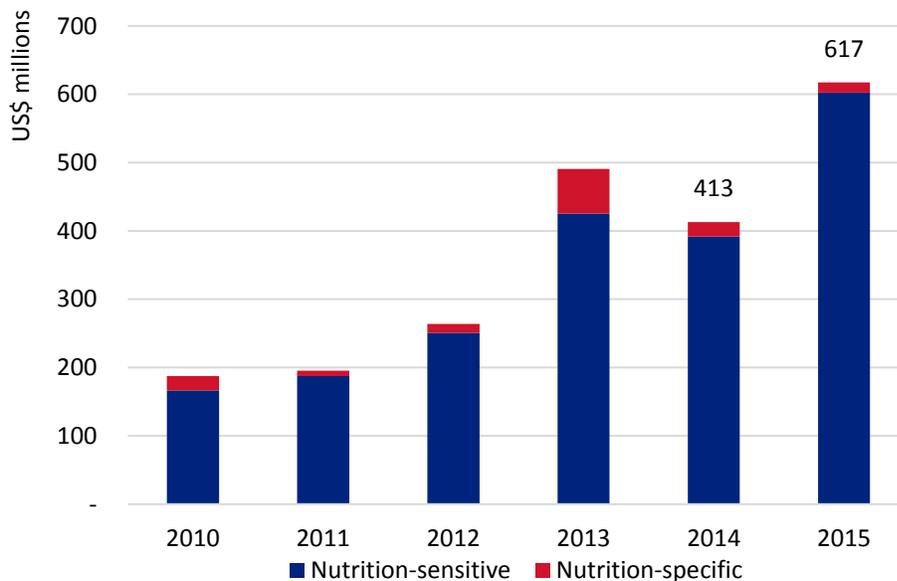
In 2015 DFID committed a record US\$617 million of nutrition-related ODA to developing countries, equal to 9.9% of DFID's total bilateral commitments that year. Commitments increased significantly over 2014 levels, by US\$204 million in total. Nutrition-sensitive commitments increased by US\$211 million, while nutrition-specific commitments fell slightly by US\$6 million.

Nutrition-sensitive commitments continue to constitute the majority (98%) of DFID's total nutrition-related aid commitments, while nutrition-specific commitments represent just 2%.

Over half (54%) of DFID's nutrition-sensitive commitments are to humanitarian interventions, primarily the provision of emergency food aid.

DFID committed nutrition-related aid to 31 different countries. Ethiopia and Yemen were allocated by far the greatest commitments, US\$126 million and US\$116 million respectively. Together these two countries account for 39% of DFID's total nutrition-related commitments.

**FIGURE 12. DFID committed US\$617 million to nutrition-related projects in 2015**



DFID nutrition ODA commitments by volume and category, 2010-2015.

Notes: Constant 2015 prices

Source: Development Initiatives' calculations based on DAC CRS data

# Annex 1

## Nutrition ODA by recipient

TABLE 1. DFID nutrition-related ODA by country and category, 2015, US\$ millions, ordered by size of total disbursements.

Country	Commitments (US\$ millions)			Disbursements (US\$ millions)		
	Nutrition-specific	Nutrition-sensitive	Total	Nutrition-specific	Nutrition-sensitive	Total
Ethiopia		126.2	126.2	35.3	191.4	226.7
Syrian Arab Republic		90.0	90.0		96.2	96.2
Pakistan		15.0	15.0		92.3	92.3
Yemen		115.8	115.8		59.6	59.6
Bangladesh	3.4	2.7	6.1	6.9	46.6	53.5
South Sudan		34.7	34.7		52.0	52.0
Zimbabwe		19.2	19.2		37.2	37.2
India	0.3	14.5	14.8	12.9	17.3	30.2
Myanmar		19.0	19.0		29.9	29.9
Nigeria		1.8	1.8	10.9	18.8	29.6
Democratic Republic of the Congo		4.2	4.2	1.5	27.9	29.4
Kenya		8.1	8.1		27.3	27.3
Uganda	6.4	10.1	16.5	6.4	14.9	21.3
Somalia		2.5	2.5		18.5	18.5
Rwanda		11.1	11.1		17.7	17.7
Sudan		10.4	10.4		16.7	16.7
Tanzania	0.5	13.4	13.9	1.4	13.9	15.3
Malawi		10.9	10.9	0.9	13.3	14.2
Zambia	0.9	1.1	2.0	5.5	3.8	9.3
Afghanistan		0.7	0.7		9.0	9.0
Lebanon		8.0	8.0		8.8	8.8
Central African Republic		5.8	5.8		7.0	7.0
Nepal		1.5	1.5		3.2	3.2
Tajikistan		0.01	0.0		2.1	2.1
Cameroon		13.8	13.8		1.7	1.7
West Bank and Gaza Strip		1.2	1.2		1.3	1.3
South Africa					1.0	1.0
Philippines					0.9	0.9
Vanuatu		1.3	1.3		0.9	0.9
Mozambique		0.01	0.01	0.8	0.01	0.8
Sierra Leone		0.1	0.1		0.1	0.1
Saint Helena		0.004	0.004		0.01	0.01
Africa, regional		3.4	3.4		3.2	3.2
Asia, regional		4.4	4.4		2.3	2.3
Developing countries, unspecified	3.4	42.1	45.5	10.0	62.4	72.4
Middle East, regional		0.8	0.8		2.5	2.5
South Asia, regional					1.5	1.5
South of Sahara, regional		8.9	8.9		25.0	25.0
Total	14.8	602.5	617.3	92.4	928.3	1020.7

Source: Development Initiatives' calculations based on DAC CRS data

## Annex 2

## Nutrition-sensitive ODA by sector and purpose code

TABLE 2. Nutrition-sensitive ODA by sector and purpose code, 2015, US\$ millions, ordered by sector and size of total disbursements

DAC CRS sector and purpose code	Commitments (US\$ millions)	Disbursements (US\$ millions)
Emergency response	321.2	397.7
Emergency food aid	240.5	243.0
Material relief assistance and services	73.7	138.7
Relief co-ordination; protection and support services	6.9	16.0
Agriculture	96.0	138.2
Agricultural development	31.7	47.0
Agricultural land resources	39.3	39.5
Agricultural research	16.0	37.9
Agricultural policy & administrative management	9.0	10.2
Agricultural services		3.5
Livestock		0.2
Other social infrastructure & services	87.0	125.4
Social/welfare services	87.0	125.4
Population policies/programmes & reproductive health	24.8	90.9
Reproductive health care	24.8	88.5
Personnel development for population & reproductive health		2.4
Sexually transmitted disease control including HIV/AIDS	0.1	0.03
Basic health	9.4	50.8
Basic health care	9.4	49.2
Health personnel development		0.8
Malaria control		0.5
Tuberculosis control		0.2
Others	64.0	125.3
Total	602.5	928.3

Source: Development Initiatives' calculations based on DAC CRS data

See Annex 5 for a complete record of all CRS sectors and the disbursements therein.

## Annex 3

### SUN approach to identifying nutrition-sensitive projects

**Step 1:** select projects under a pre-determined set of CRS codes (TABLE 3.1) likely to contain projects relevant to nutrition and, additionally, projects under other codes selected through a keyword-matching exercise (TABLE 3.2).

**Step 2:** determine which of the selected projects are nutrition-sensitive and which are not by examining project documents. To be nutrition-sensitive, projects must fulfil all of the following criteria:

- The project is aimed at individuals: i.e. it is intended to improve nutrition for women or adolescent girls or children.
- The project has significant nutrition indicators, or a nutrition objective.
- The project explicitly contributes to nutrition-sensitive outcomes (TABLE 3.3)

**Step 3:** assess the degree of nutrition-sensitivity of the selected projects, classifying them as either 'nutrition-sensitive dominant' or 'nutrition-sensitive partial' (TABLE 3.4).

TABLE 3.1. DAC CRS purpose codes used to identify nutrition-sensitive projects

<p>Food security and agriculture</p> <p><i>Availability</i></p> <p>31110 Agricultural policy and administrative management  31120 Agricultural development  31140 Agriculture water resources  31150 Agricultural inputs  31161 Food crop production  31163 Livestock  31166 Agricultural extension  31181 Agricultural education/training  31182 Agricultural research  31191 Agricultural services  31193 Agricultural financial services  31194 Agricultural cooperatives  31310 Fishing policy and administrative management  31320 Fishery development  31381 Fishery education and training  43040 Rural development</p> <p><i>Accessibility</i></p> <p>16010 Social welfare services  16011 Social protection  52010 Food aid/food security programs  72010 Material relief assistance and services  72040 Humanitarian/emergency relief  72050 Relief coordination, protection and support services  73010 Reconstruction, relief and rehabilitation</p>	<p>Public health and water and sanitation</p> <p><i>Public health (including reproductive health)</i></p> <p>12110 Health policy and administrative management  12220 Basic health care  12250 Infectious disease control  12261 Health education  12281 Health personnel development  13020 Reproductive health care  13022 Maternal health including neonatal health</p> <p><i>Sanitation</i></p> <p>14030 Basic drinking water supply and sanitation  14032 Basic sanitation</p> <p><i>Drinking water</i></p> <p>14031 Basic drinking water supply</p> <p>Care environment</p> <p><i>Gender empowerment</i></p> <p>15170 Women’s equality organizations and institutions</p> <p><i>Other</i></p> <p>51010 General budget support</p>
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TABLE 3.2. Keywords used to identify nutrition-sensitive projects

aflatoxin; biofortification; breastfeeding; cash transfer; child feeding; CMAM; community management of acute malnutrition; deworming; diarrheal disease; diet; dietary diversification; direct feeding; enteropathy; feeding; feeding program; feeding programme food intake; food intake; food security; food subsidy; food voucher; fortification; GAM; global acute malnutrition; garden; gastrointestinal illness; global nutrition coordination; growth monitoring; growth monitoring and promotion; handwashing; helminth; hunger; hygiene; IUGR; intrauterine growth restriction; iodine; iron; iron-folic acid; iron folic acid; low birthweight; maternal feeding; MAM; mineral; moderate acute malnutrition; malnutrition; micronutrient; nutrition; nutrition education; ready to use therapeutic food; ready-to-use therapeutic food; ready-to-use-therapeutic-food; RUTF; SAM; severe acute malnutrition; Scaling Up Nutrition; school feeding; stunting; supplement; supplementation; under nutrition; undernutrition; under-nutrition; under weight; underweight; under-weight; vitamin; wasting; zinc

TABLE 3.3. Examples of nutrition-sensitive outcomes

## Nutrition-sensitive outcomes

*A. Individual level (children or adolescent girls or women)*

Increase purchasing power of women (examples: safety nets, cash transfers)

Improve access to nutritious food for women, adolescent girls and/or children (examples: agriculture/livestock diversification, biofortification, food safety, increased access to markets)

Improve diet in quality and/or quantity for women, adolescent girls or children (examples: promotion of quality/diversity, nutritious diets, quantity/energy intake in food-insecure households, stability, micronutrient intake, vouchers, access to markets)

Improve access of women or adolescent girls or children to primary health care (examples: maternal health care, child health care, reproductive health care, supplementation, therapeutic feeding, support to breastfeeding)

Improve access to childcare (ie childcare not supplied through the health services)

Improve women's or adolescent girls' or children's access to water, sanitation and hygiene (examples: access to latrines, access to safe water, improvement of hygiene)

Improve access to education/school for adolescent girls

Improve knowledge/awareness on nutrition for relevant audiences (examples: inclusion of nutritional education in primary and secondary education curricula, TV and radio spots addressing vulnerable households and decision-makers, nutrition awareness campaigns)

Improve empowerment of women (examples: access to credit, women-based smallholder agriculture, support to women's groups)

*B. National level*

Improve governance of nutrition (examples: increased coordination of actors and policies for nutrition, establishment of budgets specifically contributing to nutrition, improvement of institutional arrangements for nutrition, improved nutrition information systems, integration of nutrition in policies and systems)

Increase nutrition-sensitive legislation (examples: food-fortification legislation, right-to-food, legislation for implementing the Code of Marketing of Breastmilk Substitutes, food safety)

*C. Research*

Increased research with nutrition objectives

**TABLE 3.4. Project criteria as defined in the SUN methodology**

Sensitivity	Criteria	Amount counted
<b>Nutrition-sensitive partial</b>	When part of the project (e.g. one of the objectives, results, outcomes and indicators) is nutrition-sensitive, as per the criteria described in step 2.	25%
<b>Nutrition-sensitive dominant</b>	When the full project (its main objective, results, outcomes and indicators) is nutrition-sensitive, as per the criteria described in step 2.	100%

## Annex 4

### Determining level of nutrition-sensitivity of projects: worked examples

#### Examples of a nutrition-sensitive project

Provincial Health and Nutrition Programme – DFID project code GB-1-202488

This project meets all three of the criteria.

- Aimed at individuals: this project’s target beneficiaries are children under five.
- Significant nutrition objective or indicator: this project intends to reduce the prevalence of wasting (severe and moderate) in children.
- Contributes to nutrition-sensitive outcomes: this project intends to improve access to multiple nutrition services.

So this project is classified as NUTRITION-SENSITIVE

#### Example of a discounted project

Improving Access and Equity to the Basic Package of Essential Health Services in Sierra Leone

– DFID project code GB-1-202722

This project does not meet all three of the criteria.

- Aimed at individuals: this project has no actions intending to improve nutrition for women or children.
- Significant nutrition objective or indicator: this project has no nutrition objectives or indicators.
- Contributes to nutrition-sensitive outcomes: this project does intend to improve access to primary health care, through improved utilisation of quality, effective, essential health services, especially by poor people.

So this project is classified as NOT NUTRITION-SENSITIVE

#### Example of a nutrition-sensitive dominant project

Scaling up orange fleshed sweet potato through the International Potato Center – DFID project code GB-1-204022

This project’s stated intended impact is “Improved nutritional security and vitamin A intakes by women and young children in at least four countries in sub-Saharan Africa”.

- This project meets all three of the criteria.

All of its actions contribute to nutrition-sensitive outcomes: improved access to nutritious food and improved quality of diets.

So this project is classified as NUTRITION-SENSITIVE DOMINANT

### **Example of a nutrition-sensitive partial project**

Yemen Humanitarian Resilience Programme – DFID project code GB-1-203847

- This project meets all three of the criteria.

Not all of its actions contribute to nutrition-sensitive outcomes, such as: ‘Number of men and women provided with emergency shelter assistance’.

So this project is classified as NUTRITION-SENSITIVE PARTIAL

## Annex 5

## Distribution of potential nutrition-sensitive projects in the DAC CRS

TABLE 5.1. Origins of nutrition-sensitive projects

Origin	Potential projects identified	Projects that qualified as nutrition-sensitive (%)
DAC CRS codes	380	30%
Keyword matches	109	69%

TABLE 5.2. Nutrition-sensitive ODA disbursements distribution among DAC CRS codes

CRS sector	ODA disbursements (US\$ millions)		Nutrition-sensitive ODA as a proportion of (%)		
	Bilateral ODA	Nutrition-sensitive ODA	Total purpose code ODA	Total nutrition-sensitive ODA	Total bilateral ODA*
Emergency response	1730.9	397.7	23.0%	42.8%	4.1%
Agriculture	437.2	138.2	31.6%	14.9%	1.4%
Other social infrastructure & services	437.8	125.4	28.7%	13.5%	1.3%
Population policies/programmes & reproductive health	552.9	90.9	16.4%	9.8%	0.9%
Basic health	611.4	50.8	8.3%	5.5%	0.5%
Water supply & sanitation	278.0	22.9	8.2%	2.5%	0.2%
General environment protection	380.5	22.3	5.9%	2.4%	0.2%
Other multisector	725.7	17.6	2.4%	1.9%	0.2%
Developmental food aid/food security assistance	35.7	16.0	44.8%	1.7%	0.2%
Health, general	271.6	15.0	5.5%	1.6%	0.2%
Reconstruction relief & rehabilitation	90.2	9.2	10.2%	1.0%	0.1%
Basic education	322.3	6.3	1.9%	0.7%	0.1%
Education, level unspecified	314.8	5.7	1.8%	0.6%	0.1%
Disaster prevention & preparedness	100.5	4.3	4.3%	0.5%	0.04%
Banking & financial services	819.8	1.5	0.2%	0.2%	0.02%
Government & Civil Society-general	965.1	1.5	0.2%	0.2%	0.02%
Conflict, peace & security	101.3	1.1	1.0%	0.1%	0.01%
Business & other services	103.3	0.1	0.1%	0.02%	0.002%
Industry	101.4	0.1	0.1%	0.01%	0.001%
Transport & storage	231.8	0.1	0.04%	0.01%	0.001%
Unallocated / unspecified	130.3	1.6	1.2%	0.2%	0.02%
Total*	9653.2	928.3			9.6%

DFID ODA nutrition-sensitive investments by DAC CRS code compared with total ODA recorded under that code, US\$ millions 2015 prices.

Source: Development Initiatives' calculations based on DAC CRS data

Notes: Ordered by nutrition-sensitive ODA disbursements. \*The total and relative shares refer to bilateral ODA to all sectors, including those not displayed in the table.

## Annex 6

### Nutrition-specific and nutrition-sensitive projects

TABLE 6.1. Details of projects with both nutrition-specific and nutrition-sensitive components

Project number	Project title	Classification
113963	Orissa Health Sector Nutrition Programme (OHSNP)	Nutrition-specific and nutrition-sensitive dominant
201874	Working to Improving Nutrition in Northern Nigeria (WINNN)	Nutrition-specific and nutrition-sensitive dominant
203981	Linking Agribusiness and Nutrition in Mozambique	Nutrition-specific and nutrition-sensitive dominant
104200	Education Sector Support Programme in Nigeria	Nutrition-specific and nutrition-sensitive partial
107402	Economic Empowerment of the Poorest	Nutrition-specific and nutrition-sensitive partial
107467	Urban Partnerships for Poverty Reduction	Nutrition-specific and nutrition-sensitive partial
114175	Chars Livelihoods Programme 2	Nutrition-specific and nutrition-sensitive partial
202744	DFID India - Programme for Strengthening Evaluation	Nutrition-specific and nutrition-sensitive partial
202779	Bridging Support between Multi-stakeholder Forestry Programme 2 and Multi-stakeholder Forestry Programme 3	Nutrition-specific and nutrition-sensitive partial
203224	Strategic Health and Nutrition Partnership	Nutrition-specific and nutrition-sensitive partial
203559	UK Aid Match 2013–2016: giving the public a say in how a portion of the aid budget is spent	Nutrition-specific and nutrition-sensitive partial
203603	Enhancing resilience in Karamoja Uganda	Nutrition-specific and nutrition-sensitive partial

Notes: Nutrition-specific and nutrition-sensitive dominant components were counted in full (100%). In line with the SUN methodology, 25% of nutrition-sensitive partial components were counted (see Annex 3).

# Annex 7

## Project classification flowchart

