Technical Assistance to Strengthen Capabilities (TASC) Project

FCDO's aid spending for nutrition: 2019

14 May 2021

SUBMITTED BY DAI IN ASSOCIATION WITH

Nutrition Works
International Public Nutrition Resource Group

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About TASC

Technical Assistance to Strengthen Capabilities (TASC) is part of the broader Technical Assistance for Nutrition (TAN) Programme, funded by UK Aid, which is a mechanism to provide technical assistance to Scaling Up Nutrition (SUN) country governments and build capacities towards advancing multi-sector nutrition agendas, in line with the SUN Movement principles and roadmap.

The objective of the TASC Project is to provide:

1. Technical assistance to Governments in the SUN Movement and to the SUN Movement secretariat (SMS) to catalyse country efforts to scale up nutrition impact (Component 1) in 60+ SUN Movement countries.
2. Technical assistance to the Foreign, Commonwealth and Development Office (FCDO) to maximise the quality and effectiveness of its nutrition-related policy and programmes, to support evidence generation and lesson learning and to develop nutrition capacity (Component 2).

TASC Partners:

- DAI
- NutritionWorks
- Development Initiatives

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About This Publication

This document was produced through support provided by UK aid and the UK Government; however, the views expressed do not necessarily reflect the UK Government's official policies.

On 9 December 2021, page 14 (including Figure 10 and Figure 11) were updated.

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Abbreviations

CRS	Creditor Reporting System
DAC	Development Assistance Committee
DFID	Department for International Development
FCDO	Foreign, Commonwealth and Development Office
MQSUN+	Maximising the Quality of Scaling Up Nutrition Plus
N4G	Nutrition for Growth
ODA	Official development assistance
OECD	Organisation for Economic Co-operation and Development
SDN	SUN Donor Network
SUN	Scaling Up Nutrition

Executive summary

The latest outcome data show that malnutrition remains a pervasive challenge in all parts of the world, affecting every country. Progress is currently too slow against global targets, and the current levels of available resources sit below estimates of need.

While domestic investments are key to sustainability, donor commitments to nutrition-related interventions have been – and continue to be – an essential resource in achieving short-, medium- and long-term outcomes in developing countries. While the global economy, competing national priorities and the impact of the Covid-19 pandemic all continue to affect the aid landscape, additional action and increased resources are required to accelerate progress and secure better futures for all. Although delayed until late 2021, the Tokyo Nutrition for Growth Summit presents a critical opportunity for stakeholders to commit to further action, including financial commitments to invest in nutrition at different levels.

Against this backdrop, this report presents detailed information on the United Kingdom (UK) Foreign, Commonwealth and Development Office (the FCDO, formerly the Department for International Development, or DFID)'s aid spending to improve nutrition. Building on previous assessments (Development Initiatives, 2014; 2015; 2016; 2017; 2018; 2019; 2020) and using the Scaling Up Nutrition (SUN) Movement's agreed methodology, the report analyses the latest available data up to 2019, alongside historical data, and finds the following:

- The FCDO's total aid spending for nutrition exceeded US$1 billion in 2019.
  - Spending on nutrition-specific interventions[1] increased by 6.9%, from US$155.9 million in 2018 to US$166.6 million in 2019.
  - Spending on nutrition-sensitive interventions[2] also increased by 22.6%, from US$711.7 million in 2018 to a record US$872.7 million in 2019.
  - Proportional to its total official development assistance (ODA) spending, the FCDO's total nutrition spending also increased in 2019, reaching 11.4% (from 10.4% in 2018).
- In 2019 the FCDO supported fewer projects, with greater disbursements.
- Nutrition-sensitive spending increased among the humanitarian and agriculture sectors, though it decreased in other key sectors.
- The majority of the FCDO's nutrition spending is in Sub-Saharan Africa, though the Middle East received over a quarter of the FCDOs nutrition-sensitive spending in 2019.
  - The FCDO increased disbursements to 22 countries, including four new countries.
  - Yemen remains the FCDO's greatest single country recipient of nutrition aid, with disbursements up from US$127.8 million in 2018 to US$211.7 million in 2019, primarily in support of humanitarian interventions.
- 72% of the FCDO's nutrition aid has gender equality policy objectives.
- The FCDO has not yet met its nutrition-specific Nutrition for Growth (N4G) commitment.
  - The FCDO has cumulatively disbursed £411.7 million in nutrition-specific funding (excluding matched funding) since 2013, and therefore has not met the UK's nutrition-specific N4G commitment (£574.8 million). It must disburse £163.1 million in 2020 to do so.
- The FCDO has exceeded its nutrition-sensitive N4G commitment.
  - As of 2019, the FCDO has cumulatively disbursed £3.6 billion to nutrition-sensitive interventions since 2013, and so has already exceeded its nutrition-sensitive commitment (£2.1 billion). It is on pace to spend double the original commitment by 2020.

[1] Nutrition-specific investments address the immediate drivers of nutrition, i.e. diet and disease. For further details, please see Annex 1.

[2] Nutrition-sensitive investments have nutrition objectives or indicators and address the underlying or structural drivers of nutrition (i.e. food, health or care, or sociocultural, economic and other contextual factors). For further details, please see Annex 1.

1 Introduction

DFID merged with the Foreign and Commonwealth Office (FCO) on 2 September 2020 to become the FCDO. This document refers only to the FCDO, and covers commitments and disbursements made by DFID prior to the merger.

As part of continuing efforts to track and better understand donor financing for nutrition, this report identifies and analyses the UK FCDO's ODA spending on nutrition-related projects. The analysis uses the methodology developed by the Scaling Up Nutrition (SUN) Donor Network (SDN)[3] with the aim of capturing such spending in order to better track resources for nutrition. This methodology is used here to capture the FCDO's nutrition spend in 2019, and for monitoring of progress towards meeting the overall spending targets in the period 2013–2019, to which the UK committed at the 2013 N4G Summit.

Previous iterations of this assessment and report were produced for the FCDO through the Maximising the Quality of Scaling Up Nutrition Plus (MQSUN+) programme.

1.1 Approach

As in previous years, this analysis uses the SDN methodology and data from 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 the FCDO's total nutrition-related spend. All data in this report was downloaded on 17 February 2021.

The CRS database has two measures of ODA: disbursements and commitments. The latter is a formal obligation to disburse funds and should not be confused with the N4G commitments; the former is the funding that donors have actually provided. This report refers to the disbursements measure of the FCDO's ODA, representing their spending in each year expressed in US$.

The methodology is applied to the FCDO's bilateral ODA, capturing flows from the FCDO to official bodies in recipient countries. It should be noted that this methodology does not capture FCDO financing to multilateral agencies through contributions to their core budgets, though it does capture where the FCDO funded those agencies to implement specific projects.

The applied methodology identifies two types of nutrition-related projects: those that are 'nutrition-specific' and those classified as 'nutrition-sensitive' (see Annex 1). In line with the FCDO's N4G commitments made in 2013, the FCDO also provides details of their matched funding. These funds are tracked separately, as they constitute a separate category of the FCDO's N4G commitments, but they are included in the overall assessment of the FCDO's spending on nutrition. Full methodological details are given in Annex 1.

This report includes an assessment of the latest progress against existing UK N4G commitments, an overview of the FCDO's nutrition spending, disaggregated by nutrition-specific and nutrition-sensitive, and a more detailed analysis of the FCDO's spending across sectors and recipient countries. It also includes a brief analysis of the gender sensitivity of the FCDO's nutrition spending, using data also reported to the CRS database.

[3] SDN, 2013. Methodology and Guidance Note to Track Global Investments in Nutrition. Available at: http://docs.scalingupnutrition.org/wp-content/uploads/2013/12/RESOURCE_TRACKING_METHODOLOGY_SUN_DONOR_NETWORK.pdf

2 The FCDO's progress against the UK N4G commitments

In 2013 at the first N4G Summit hosted in London, the FCDO (then DFID) committed to triple its investment in nutrition-specific programmes, equal to spending a total of £574.8 million between 2013 and 2020 (hereby referred to as the FCDOs 'nutrition-specific N4G commitment').

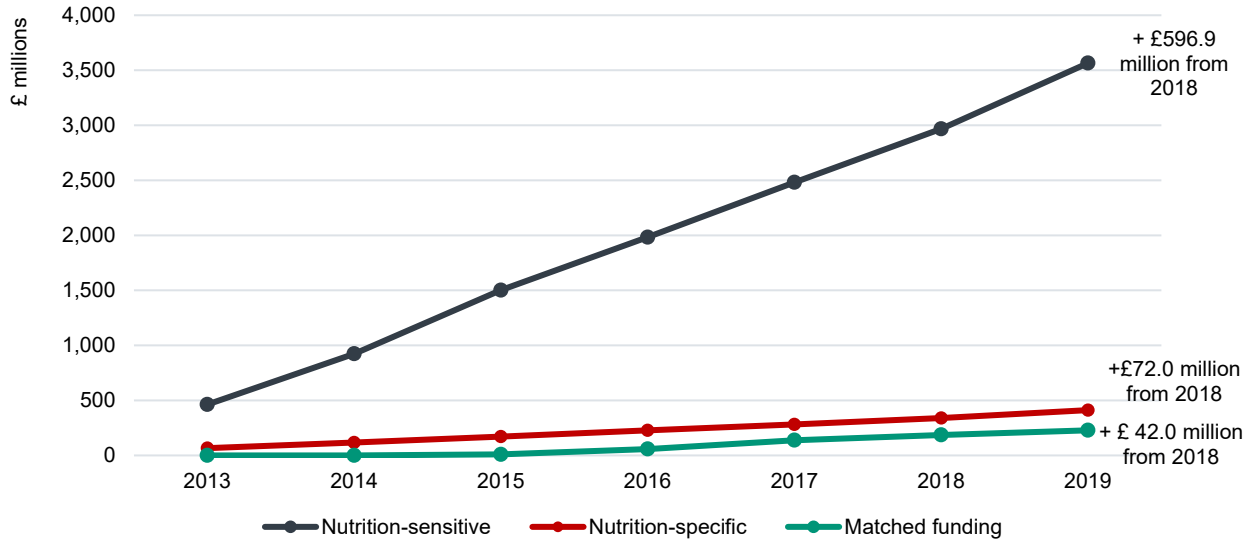
The FCDO also committed to match funding for new financial commitments for nutrition made by other actors, up to a value of £280.0 million (hereby referred to as the FCDO's 'matched funding N4G commitment'). This matched funding approach was put in place to encourage other donors to commit funding on top of what was committed at the N4G summit. The FCDO uses this to support the scale-up of other nutrition-specific interventions, making it an important part of the spend on nutrition.

Finally, the FCDO also committed to increase its nutrition-sensitive spending by eight percentage points over the same period, equal to spending a total of £2.1 billion by 2020 (hereby referred to as the FCDO's 'nutrition-sensitive N4G commitment').

These commitments and progress toward them are detailed in the following sections.

In 2019, the FCDO made nutrition-specific disbursements of £72.0 million (excluding matched funding) and nutrition-sensitive disbursements of £596.9 million, as well as £42.0 million of nutrition-specific matched funding disbursements (Figure 1).

Figure 1. FCDO's cumulative nutrition disbursements continue to grow

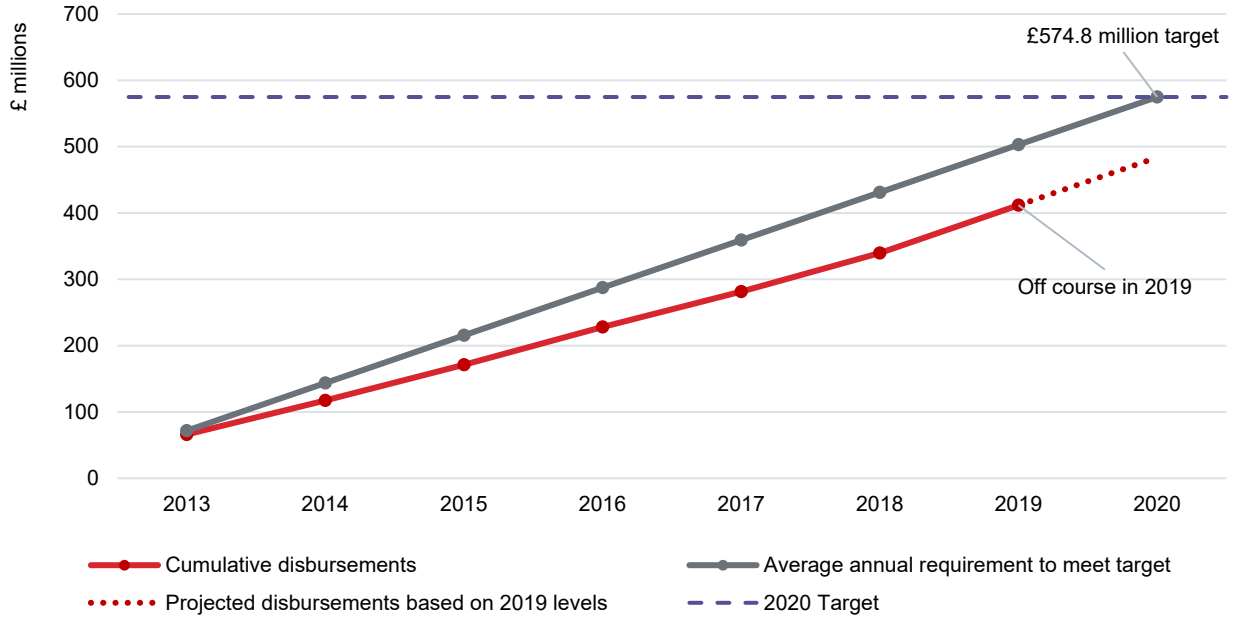


The FCDO's cumulative nutrition-specific, nutrition-sensitive and matched funding ODA disbursements for 2013–2019.
Notes: Nutrition-specific totals exclude matched funding. Disbursements are presented in 2019 prices and exchanged to £ from US$ using OECD exchange rates.
Source: Development Initiatives' calculations based on DAC CRS data, and OECD National Accounts Statistics: purchasing power parities (PPPs) and exchange rates.

2.1 Nutrition-specific N4G commitment

As of 2019, the FCDO has cumulatively disbursed £411.7 million in nutrition-specific funding (excluding matched funding). The FCDO is therefore off course to meet its target by 2020, when comparing the cumulative disbursements to the average annual required investment (Figure 2). It must disburse £163.1 million in 2020 to meet the target.

Figure 2. FCDO is off course to meet its nutrition-specific N4G commitment

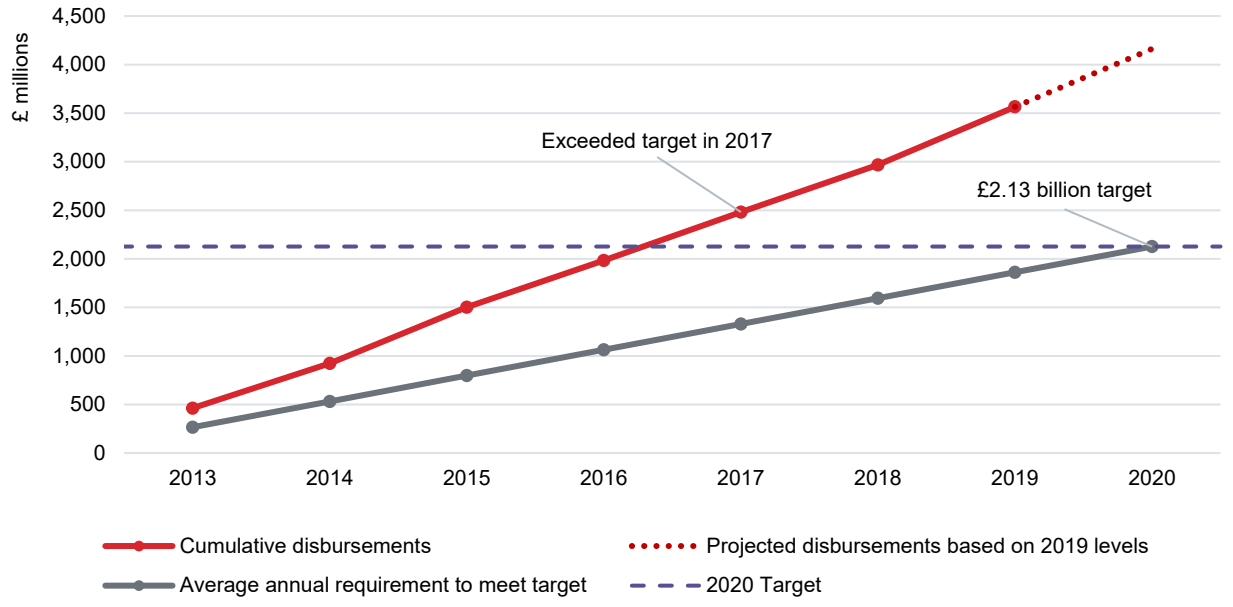


The FCDO's N4G commitments and cumulative nutrition-specific ODA disbursements for 2013–2020.
Notes: Totals exclude matched funding. Disbursements are presented in 2019 prices and exchanged to £ from US$ using OECD exchange rates.
Source: Development Initiatives' calculations based on DAC CRS data, and OECD National Accounts Statistics: purchasing power parities (PPPs) and exchange rates.

2.2 Nutrition-sensitive N4G commitment

As identified in the previous report, the FCDO has exceeded its nutrition-sensitive target of £2.1 billion (Figure 3) and so the nutrition-sensitive N4G commitment has been met. In current, real-term prices, the FCDO exceeded this target in 2017. As of 2019, the FCDO has cumulatively disbursed £3.6 billion to nutrition-sensitive interventions since 2013. If the FCDO maintains its current levels of nutrition-sensitive spending, it will reach £4.2 billion in 2020 – double the original commitment.

Figure 3. FCDO has exceeded its nutrition-sensitive N4G commitment



The FCDO's N4G commitments and cumulative nutrition-sensitive ODA disbursements for 2013–2020.

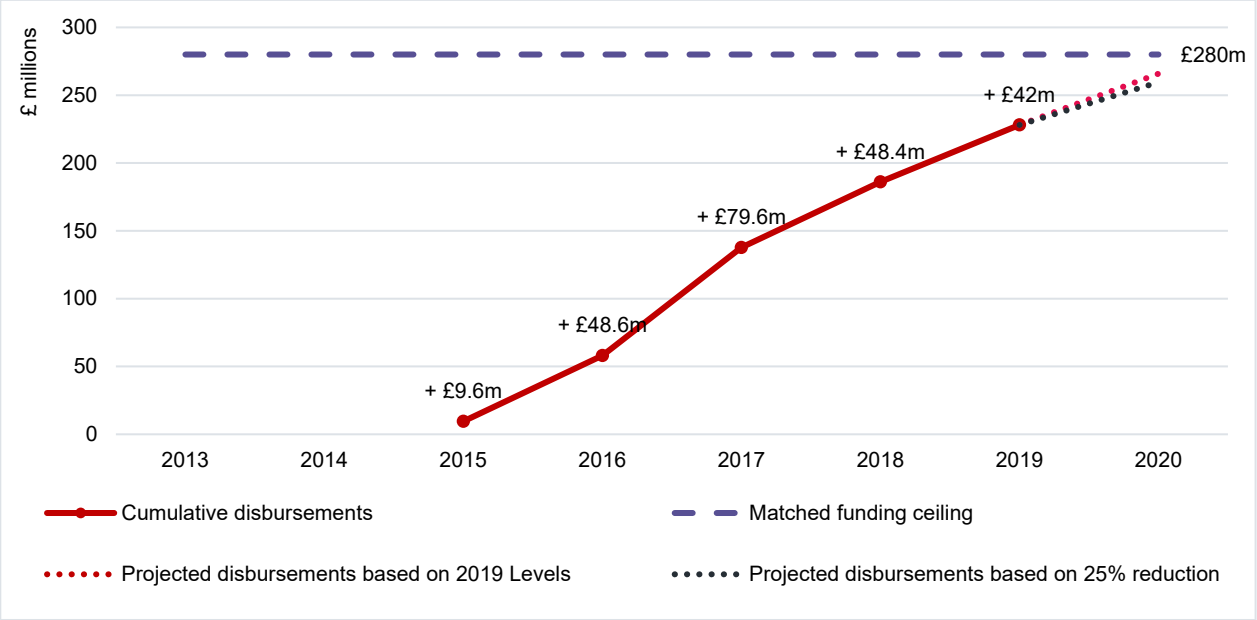
Notes: Totals exclude matched funding. Disbursements are presented in 2019 prices and exchanged to £ from US$ using OECD exchange rates.
Source: Development Initiatives' calculations based on DAC CRS data, and OECD National Accounts Statistics: purchasing power parities (PPPs) and exchange rates.

2.3 Matched funding

As below, previous editions of this report have included assessments of the FCDO's matched funding, though it should be noted the method of estimation has been revised. In previous reports, the FCDO had provided details of matched funding based on specific components of identified projects. The sum of the value of these disbursements was considered the 'matched funding spending'; it was used to estimate the FCDO's total matched funding spending, and was subtracted from calculations of nutrition-specific spending for the purposes of monitoring progress against N4G commitments. For this report, the FCDO has provided details of matched funding at the country office level, sharing subtotals of matched funding spending for each year since 2015. These estimates replace previous estimates, and are detailed below. Due to some previous coding errors, the nutrition-specific disbursement values (including matched funding) included in this section of the report will not exactly match those provided below or those presented in previous years.

Since 2015, the FCDO has cumulatively disbursed £228.1 million of nutrition-specific matched funding to partner organisations. If 2019 spending levels continue, the FCDO will disburse a total of £270.0 million between 2013 and 2020. This would be £10.0 million short of the ceiling it had set. In a 25% reduction scenario, this total would reach £259.5 million

Figure 4. The FCDO disbursed £42.0 million of matched funding for nutrition in 2019



The FCDO's cumulative matched funding ODA disbursements for 2013–2019.
Note: Disbursements are presented in constant 2019 prices.
Source: Development Initiatives' calculations based on DAC CRS data, and OECD National Accounts Statistics: purchasing power parities (PPPs) and exchange rates.

3 The FCDO's ODA disbursements to nutrition, 2010–2019

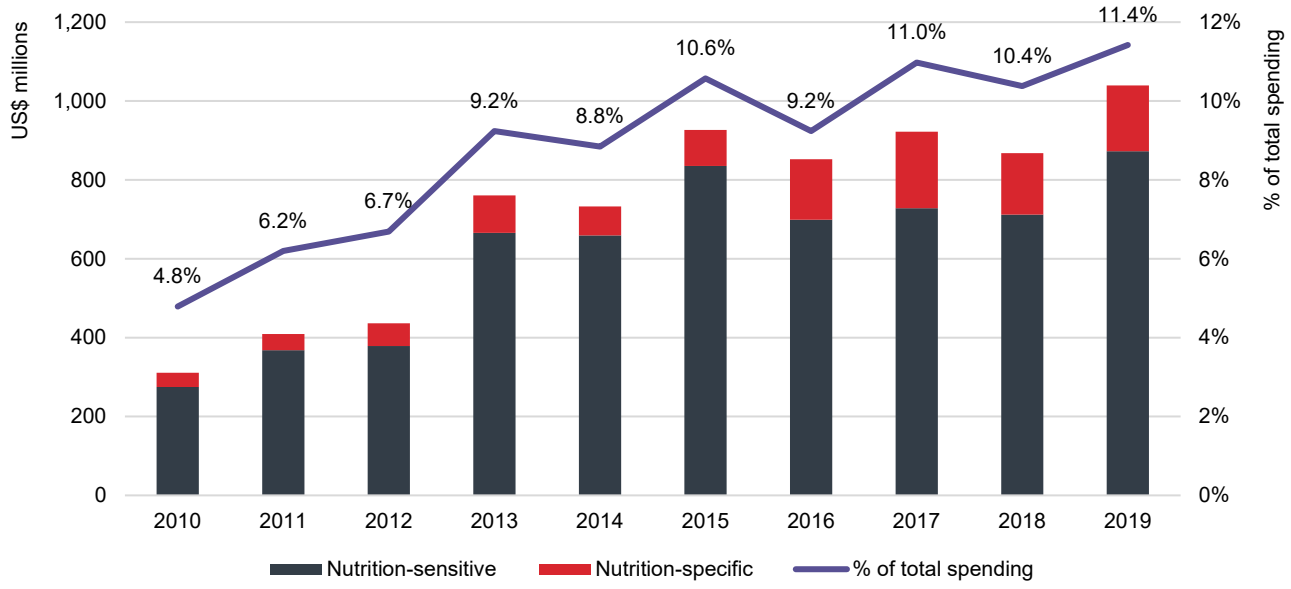
3.1 Overview

In 2019, the FCDO's total aid spending for nutrition, including matched funding, increased to a record high of US$1,039.4 million, up by US$171.8 million or 19.8% from 2018 levels.

In comparison with 2018, the spending on nutrition-specific interventions increased by 6.9%, from US$155.9 million in 2018 to US$166.6 million in 2019. The FCDO's spending on nutrition-sensitive interventions also increased by 22.6%, from US$711.7 million in 2018 to a record US$872.7 million in 2019. Nutrition-sensitive spending continues to dominate the FCDO's total spending for nutrition, constituting 84.0% (up from 82.0% in 2018) of overall spend.

Proportional to its total ODA spending, the FCDO's total nutrition spending also increased in 2019, reaching 11.4% (from 10.4% in 2018).

Figure 5. The FCDO's total aid spending for nutrition exceeded US$1 billion in 2019



The FCDO's ODA spending for nutrition for 2010–2019.
Notes: Based on gross ODA disbursements. Constant 2019 prices.
Source: Development Initiatives' calculations based on DAC CRS data.

Table 1. The FCDO's ODA spending for nutrition for 2010–2019

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Nutrition-sensitive	274.6	368.2	378.6	665.5	659.3	835.3	699.0	728.1	711.7	872.7
Nutrition-specific	36.2	41.0	57.9	95.1	73.5	91.4	153.3	194.1	155.9	166.6
Total	310.9	409.1	436.5	760.6	732.8	926.7	852.3	922.2	867.6	1039.4

Notes: Based on gross ODA disbursements. US$ millions. Constant 2019 prices.
Source: Development Initiatives' calculations based on DAC CRS data.

While the FCDO is the largest source of UK ODA and the focus of this analysis, other UK government departments and agencies can also contribute to UK ODA, including for nutrition interventions. This is however comparatively limited, and in 2019 no other UK government agencies reported any ODA for nutrition-specific projects. ODA contributions to nutrition-sensitive interventions by other UK government agencies have not been assessed here.

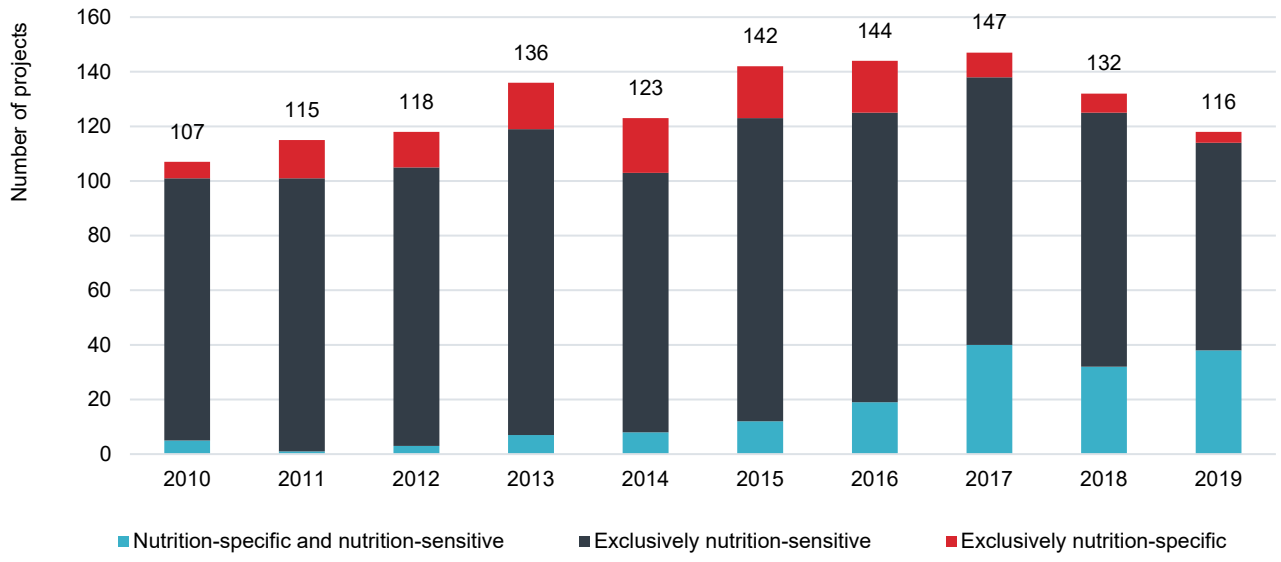
The proportion of total UK ODA provided by the FCDO has continued to decline annually, to 63.5% in 2019, decreasing from 68.3% in 2018. Despite this, and as illustrated above, the volume and proportion of nutrition-related ODA has increased, both as a proportion of the FCDO's total spend, and as a proportion of total UK ODA, buoyed by record high nutrition-sensitive spending.

3.2 Projects

While total disbursements, inclusive of matched funding, have increased, the total number of nutrition-related projects in 2019 actually fell to 116 from 132 projects in 2018, meaning that the FCDO supported fewer projects, though with greater disbursements (Figure 6). This includes just four exclusively nutrition-specific projects (down from seven in 2018), 76 nutrition-sensitive projects (down from 93 in 2018), and 36 projects that had both nutrition-specific and nutrition-sensitive components (was 32 in 2018). This represents the smallest total number of nutrition-related projects supported by the FCDO in any year since 2012, and the greatest annual drop in total number of nutrition-related projects in any year since 2010. This may reflect improved reporting, whereby FCDO programmes are reported at the component level, with multiple codes detailed, and also a mainstreaming of nutrition activities across sectors and the FCDO's broader programmes, whereby nutrition objectives or components are purposely incorporated into the design of programmes in other sectors.

It should also be noted that there were 38 nutrition-related projects that received disbursements in 2018 but did not in 2019; in most cases, these projects were completed and closed. Of the 116 nutrition-related projects that the FCDO supported in 2019, 26 were 'new', having no prior disbursements recorded.

Figure 6. In 2019, the FCDO supported fewer projects, with greater disbursements



Number of projects by category, 2010–2019.
Source: Development Initiatives' calculations based on DAC CRS data.

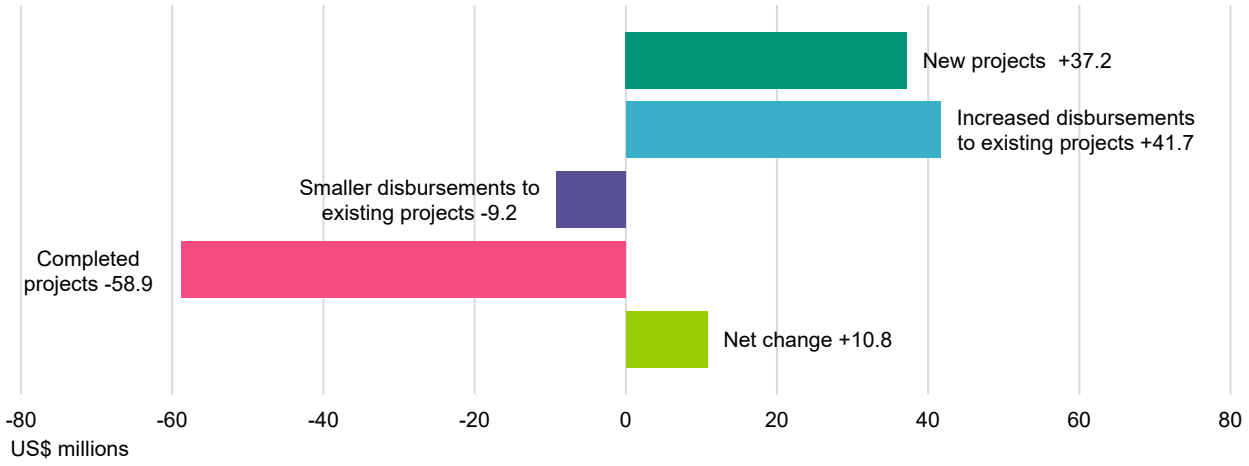
3.3 Nutrition-specific spending, 2018–2019

Between 2018 and 2019, the FCDO's total spending on nutrition-specific projects, including through matched funding, increased by US$10.8 million, equivalent to a 6.9% rise.

The details of this increased spending are:

- New projects with new disbursements, +US$37.2 million
- Increased disbursements to existing projects, +US$41.7 million
- Completed projects with no new disbursements, -US$58.9 million
- Smaller disbursements to existing projects, -US$9.2 million.

Figure 7. Nutrition-specific spending increased by US$10.8 million between 2018 and 2019



Changes to nutrition-specific disbursements, 2018–2019.
Notes: 'New projects' are those with no disbursements before 2019. 'Completed projects' are those with disbursements in 2018, but none in 2019. 'Increased disbursements' and 'Smaller disbursements' refer to spending changes on existing projects. Constant 2019 prices.
Source: Development Initiatives' calculations based on DAC CRS data.

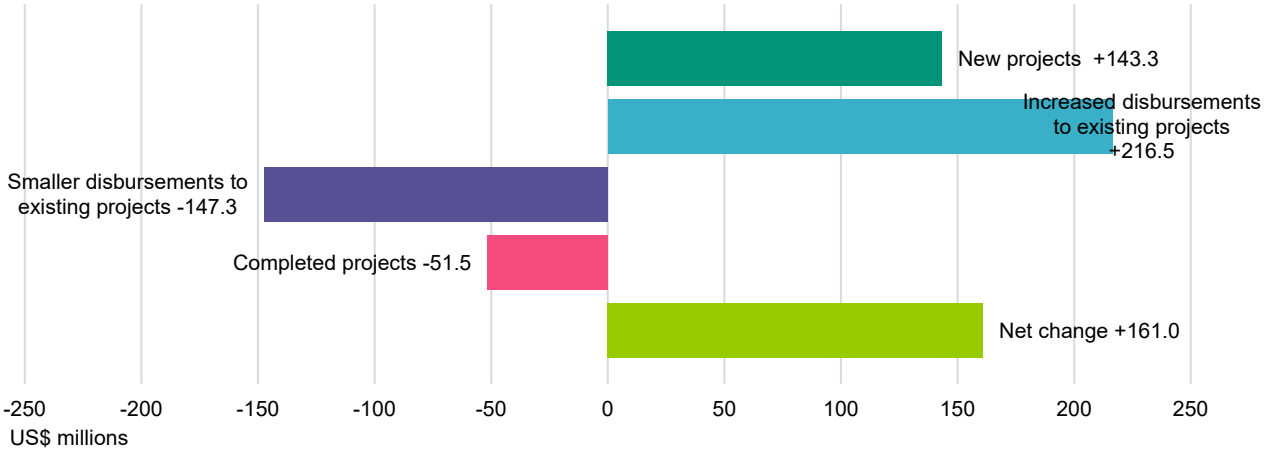
3.4 Nutrition-sensitive spending, 2018–2019

Between 2018 and 2019, the FCDO's total spending on nutrition-sensitive projects increased by US$161.0 million, representing a 22.6% increase.

The details of this increased spending are:

- New projects with new disbursements, +US$143.3 million
- Increased disbursements to existing projects, +US$216.5 million
- Completed projects with no new disbursements, -US$51.5 million
- Smaller disbursements to existing projects, -US$147.3 million.

Figure 8. Nutrition-sensitive spending increased by US$161.0 million



Changes to nutrition-sensitive disbursements, 2018–2019.

Notes: 'New projects' are those with no disbursements before 2019. 'Completed projects' are those with disbursements in 2018, but none in 2019. 'Increased disbursements' and 'Smaller disbursements' refer to spending changes on existing projects. Constant 2019 prices.
Source: Development Initiatives' calculations based on DAC CRS data.

4 FCDO nutrition-sensitive ODA by sector and purpose

While nutrition-specific spending falls under the health sector in the DAC CRS system, the FCDO's nutrition-sensitive spending falls elsewhere, across a broad variety of sectors.

4.1 Sectors

As in previous years, the largest share of the FCDO's nutrition-sensitive spending is allocated to humanitarian interventions, which account for 62.7% of all nutrition-related aid in 2019 (Figure 9). Nutrition-sensitive spending in this sector has increased in 2019, as it has done since 2016, and this time rather significantly, with an increase of US$136.8 million from 2018 to 2019.

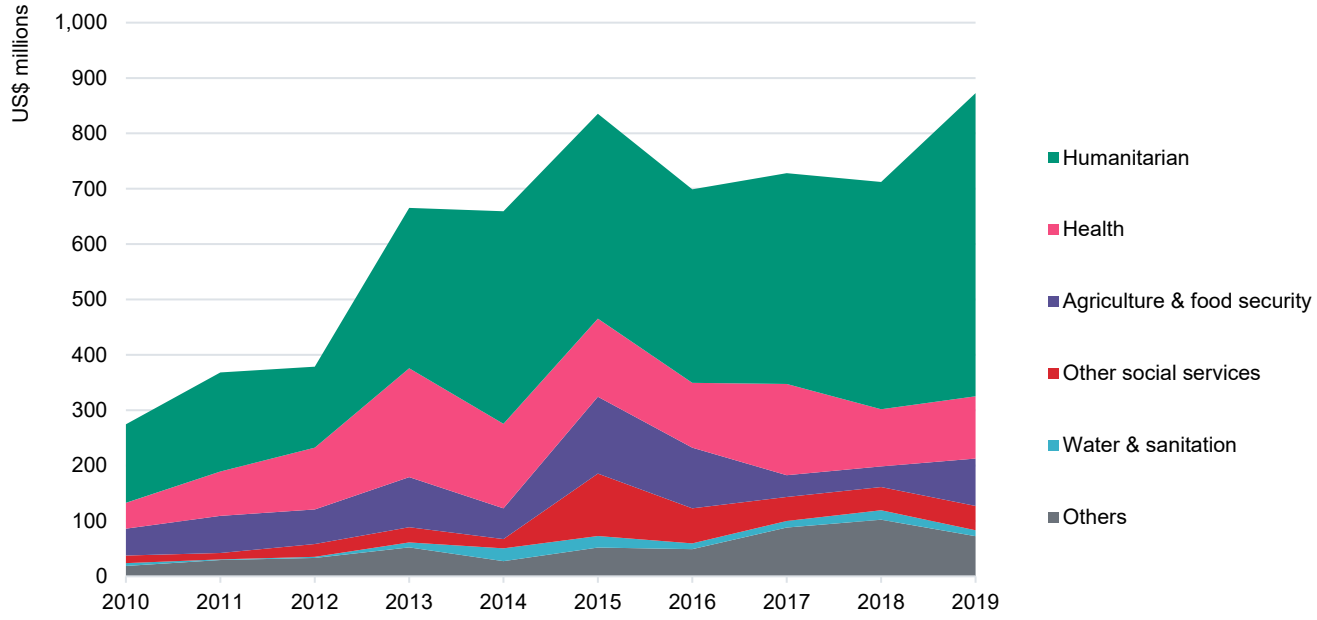
The substantial proportion of nutrition-sensitive spending within humanitarian interventions reflects the FCDO's general emphasis on humanitarian spending across its entire aid portfolio. The apparent focus on emergencies correlates with the realities of significant humanitarian needs in Yemen, Afghanistan, South Sudan and Bangladesh, among others.

The second largest share of nutrition-sensitive aid in 2019 was among the health sector, equal to 12.9% of the FCDO's total nutrition-sensitive spending in 2019 and totalling US$112.3 million, up from US$103.2 million in 2018.

Nutrition-sensitive spending also increased among the agriculture and food security sector, up to US$85.8 million in 2019, and among the social services sector, reaching US$43.9 million in 2019.

Nutrition-sensitive spending decreased among all other sectors, including WASH (down by US$6.3 million to US$10.8 million in 2019), governance and security (down by US$3.4 million to US$24.7 million), environment (down by US$15.5 million to US$9.6 million), and education (down US$11.9 million to US$9.1 million).

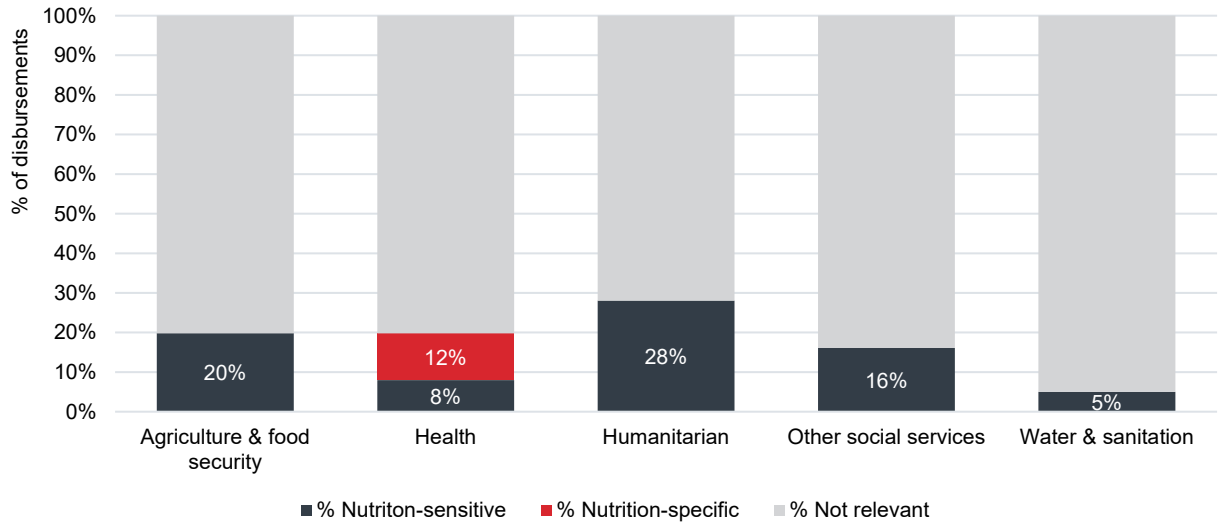
Figure 9. Nutrition-sensitive spending increased among the humanitarian and agriculture sectors, though decreased to other key sectors



Nutrition-sensitive disbursements by sector, 2010–2019.
Notes: Constant 2019 prices. 'Others' includes 'Environment', 'Education', 'Governance and security', 'Business and industry', 'Infrastructure' and 'General budget support'.
Source: Development Initiatives' calculations based on DAC CRS data.

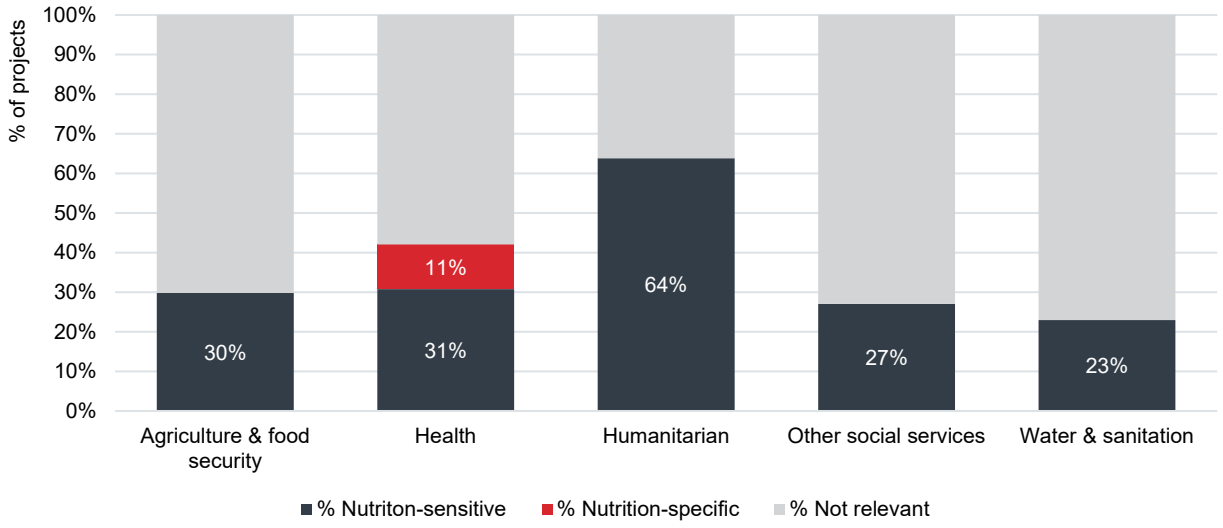
Nutrition-sensitive disbursements account for varying proportions of the total amount the FCDO spends in each sector. For example, in 2019 nutrition-sensitive spending accounted for 28% of the FCDO's total spend in the humanitarian sector. Also in 2019, 20% of the FCDO's total agriculture and food security spending was nutrition-sensitive, along with 16% of other social services spending, 8% of health spending, and 5% of WASH spending. By this measure, the business and industry sector was the least nutrition-sensitive, with less than 1% of disbursements being nutrition-sensitive. The pattern is similar by proportion of projects: 64% of humanitarian projects in 2019 were nutrition-sensitive, along with 31% of health projects, 30% of agriculture and food security projects, and 27% of other social services projects.

Figure 10. Over a quarter (28%) of the FCDO's humanitarian spending was nutrition-sensitive in 2019



Disbursements by key sectors and type, 2019.
Source: Development Initiatives' calculations based on DAC CRS data.

Figure 11. 64% of the FCDO's humanitarian projects were nutrition-sensitive in 2019



Projects by key sectors and type, 2019.
Notes: Proportion of projects calculated using total number of FCDO components.
Source: Development Initiatives' calculations based on DAC CRS data.

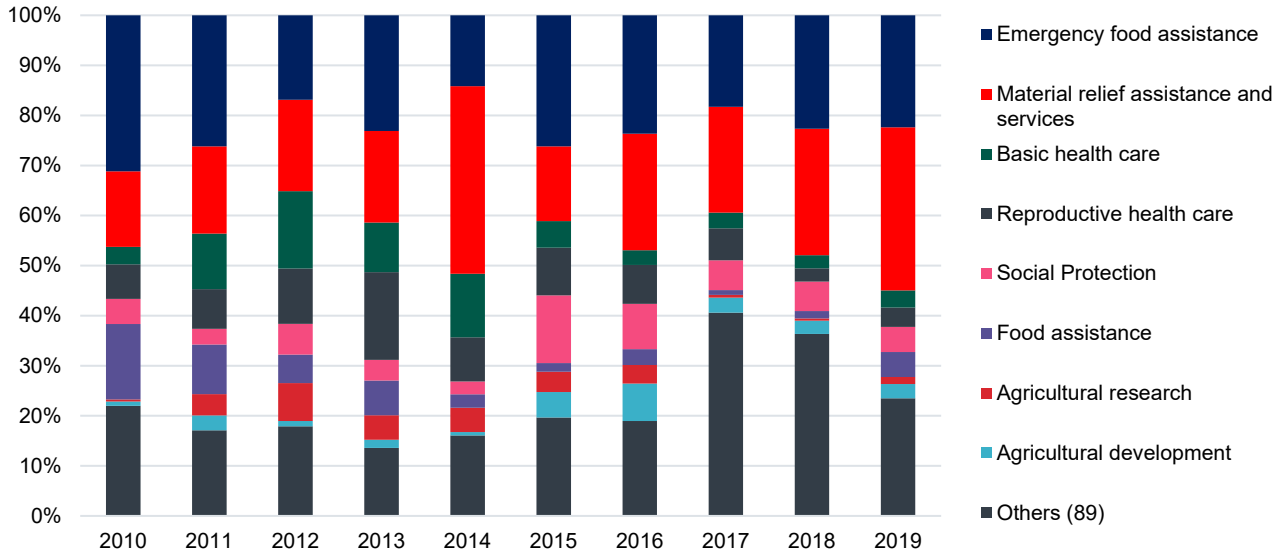
4.2 Purpose codes

Purpose codes offer additional detail on the nature of the FCDO's nutrition-sensitive spending across sectors. The bulk of the FCDO's nutrition-sensitive spending has fallen under a select number of purpose codes since 2010, although the distribution across these codes fluctuates.

The distribution of spending across purpose codes in 2019 shows a similar pattern to that seen in recent years. 'Emergency food assistance' and 'material relief assistance and services' accounted for the greatest amounts, together representing 46% of the FCDO's total nutrition-sensitive disbursements in 2019. In comparison with 2018, the 2019 spending on these two purpose codes has increased, to US$195.2 million and US$284.3 million respectively. In comparison with 2018, the disbursements to 'emergency food assistance' increased by 21.1%, while disbursements to 'material relief assistance and services' increased by 58.1%.

The categorisation of 'others' includes 89 purpose codes which, combined, received US$205.0 million in 2019. When these purpose codes were combined, they received 20.7% less in 2019 than in 2018. Out of these 89 purpose codes, 41 received less disbursements in 2019 than in 2018 while 33 received more in 2019 than in 2018. Nine of the purpose codes experienced reduced disbursements of at least US$2 million, including 'health policy and administrative management', 'environmental policy and administrative management' and 'primary education', which received US$32.9 million, US$8.9 million and US$8.4 million less each.

Figure 12. Spending remained similar across purposes, with a majority spent on humanitarian interventions



Proportion of nutrition-sensitive disbursements by DAC CRS purpose code, 2010–2019.
Notes: Constant 2019 prices.
Source: Development Initiatives' calculations based on DAC CRS data.

5 Recipients of nutrition ODA disbursements

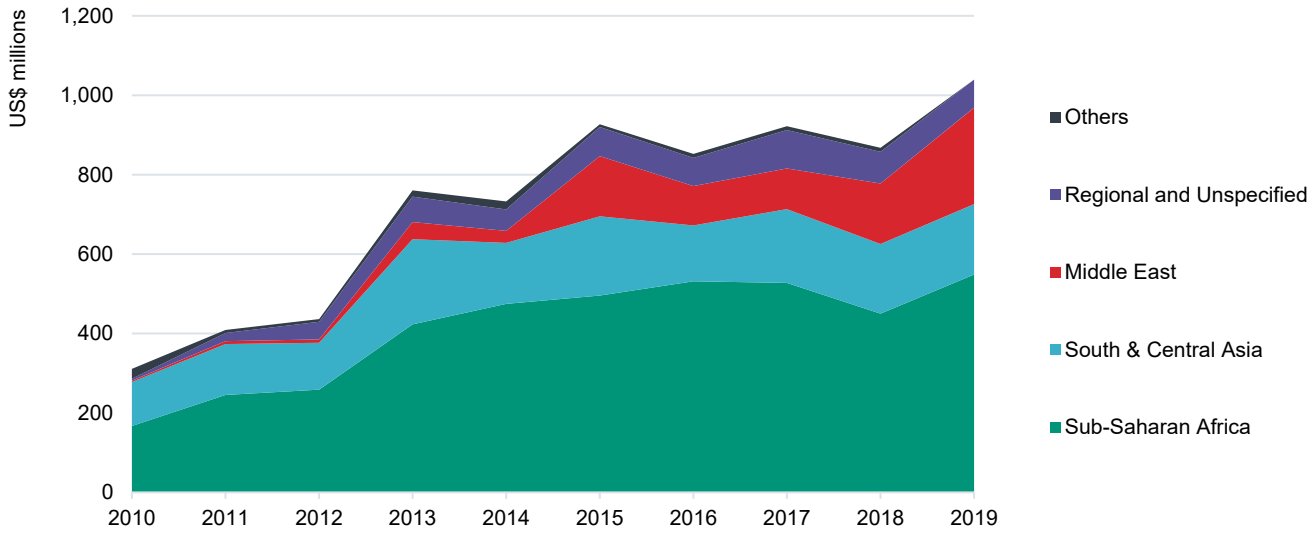
5.1 Regions

While the FCDO's total aid spending for nutrition has increased substantially since 2010, the geographic distribution of supported projects has remained fairly consistent. In line with previous years, the majority of the FCDO's nutrition aid is disbursed to Sub-Saharan Africa, with over half (53%) of the FCDO's total nutrition spending in 2019 directed there (Figure 13). Nutrition ODA to this region increased by 21.8% compared to 2018 (an increase of US$98.2 million).

Proportionally and by volume, disbursements to the Middle East grew the most, with an increase of US$90.6 million when compared with 2018 funding for this region, which is the equivalent of 59.4%. This is primarily attributable to increased nutrition-sensitive spending in Yemen, with increased disbursements

to several existing humanitarian programmes. In 2019, Central Asia received US$2.0 million more aid than in 2018, equalling just 1.1% growth. There was also an 11% decline in aid to regional and unspecified bodies, from US$79.6 million in 2018 to US$70.8 million in 2019.

Figure 13. The majority of the FCDO's nutrition spending is in Sub-Saharan Africa

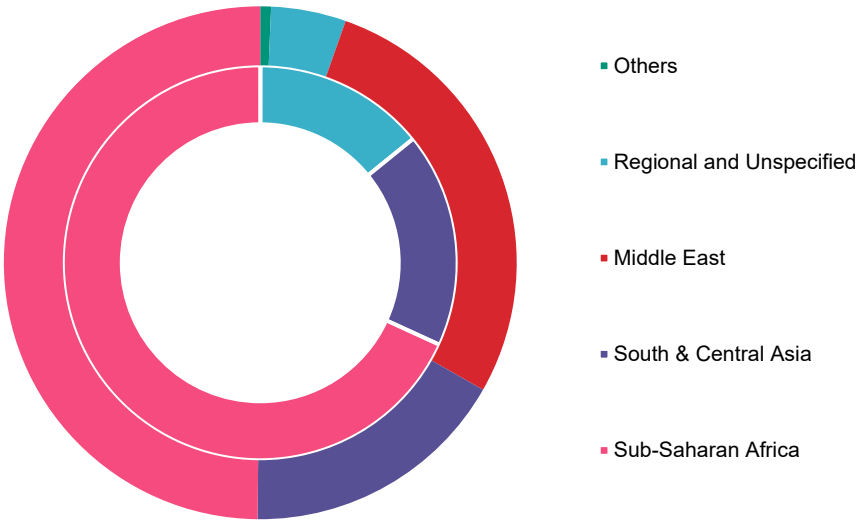


Nutrition disbursements by region, 2010–2019.
Notes: Constant 2019 prices. 'Unspecified' refers to funding not allocated to a single region. 'Others' include funding allocated to the West Indies and to Africa with no further specification.
Source: Development Initiatives' calculations based on DAC CRS data.

The FCDO's nutrition-sensitive spending continues to reach a greater number of regions than its nutrition-specific spending, which seems coherent with the greater number of nutrition-sensitive projects.

In 2019, 68% of the FCDO's nutrition-specific spending and 50% of its nutrition-sensitive spending went to Sub-Saharan Africa (Figure 14). South and Central Asia accounted for 17.7% and 16.9% of nutrition-specific and nutrition-sensitive spending, respectively. In 2019, there was no nutrition-specific spending in the Middle East region, however 27.8% of nutrition-sensitive spending went to the region, primarily to humanitarian interventions in Yemen. A further 14.1% of the FCDO's nutrition-specific spending and 4.7% of nutrition-sensitive spending was not allocated to any single country or region, as it was spent on multi-regional and global interventions.

Figure 14. The Middle East received over a quarter of the FCDOs nutrition-sensitive spending



Nutrition disbursements by category and region, 2019.
Notes: Inner ring, nutrition-specific. Outer ring, nutrition-sensitive. 'Unspecified' refers to funding not allocated to a single region. 'Others' include funding allocated to the West Indies and to Africa with no further specification.
Source: Development Initiatives' calculations based on DAC CRS data.

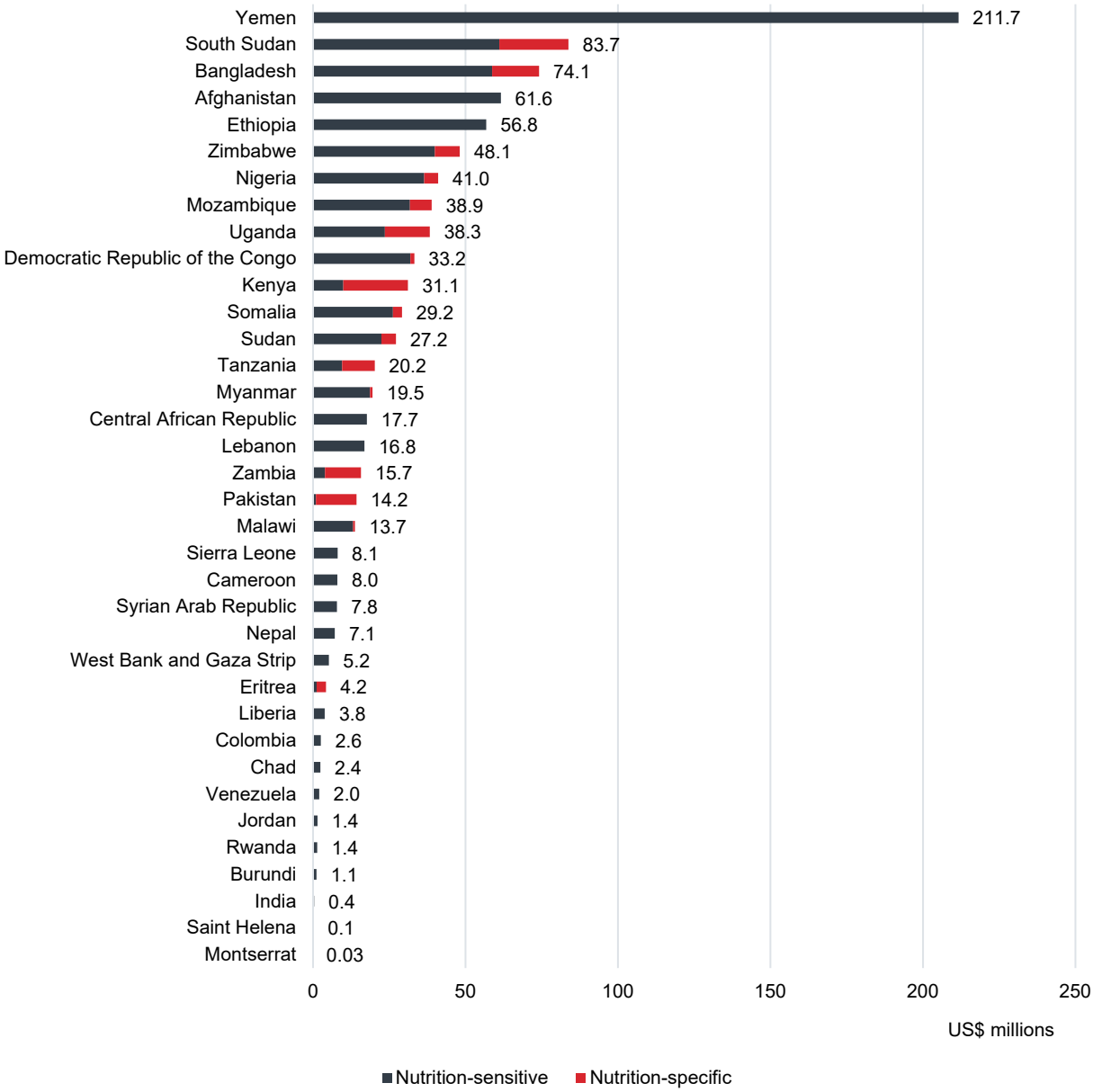
5.2 Countries

While the FCDO's nutrition spending has supported fewer projects in 2019, its total spending has increased – as has the number of countries receiving disbursements. In 2019, a total of 36 countries received nutrition-related ODA from the FCDO, up from 33 countries in 2018.

Not all countries received both nutrition-specific and nutrition-sensitive spending. 20 countries received only nutrition-sensitive aid, while 16 countries received both nutrition-sensitive and nutrition-specific aid. No country received only nutrition-specific aid in 2019. Regional bodies received both types of nutrition aid.

As in 2017 and 2018, Yemen remains the largest single recipient of the FCDO's total nutrition aid, despite only receiving nutrition-sensitive aid in 2019, equal to US$211.7 million (Figure 15). Yemen is followed by South Sudan, which received US$83.7 million of mixed spending, and Bangladesh, which received US$74.1 million of mixed spending. Afghanistan and Ethiopia complete the list of top five recipients, with US$61.6 million and US$56.8 million of nutrition-sensitive spending only respectively. The scale of spending in these countries largely reflects the FCDO's support to humanitarian interventions, which account for the majority of spending in each of these countries.

Figure 15. Yemen remains the FCDO's greatest recipient of nutrition aid



Nutrition disbursements by country, 2019.
Notes: Excludes regional and global level disbursements. Constant 2019 prices.
Source: Development Initiatives' calculations based on DAC CRS data.

Between 2018 and 2019, the FCDO increased its total nutrition-related aid spending in 22 countries, including to four 'new' countries, which received no disbursements in 2018: West Bank and Gaza Strip, Colombia, Chad and Venezuela (Figure 16).

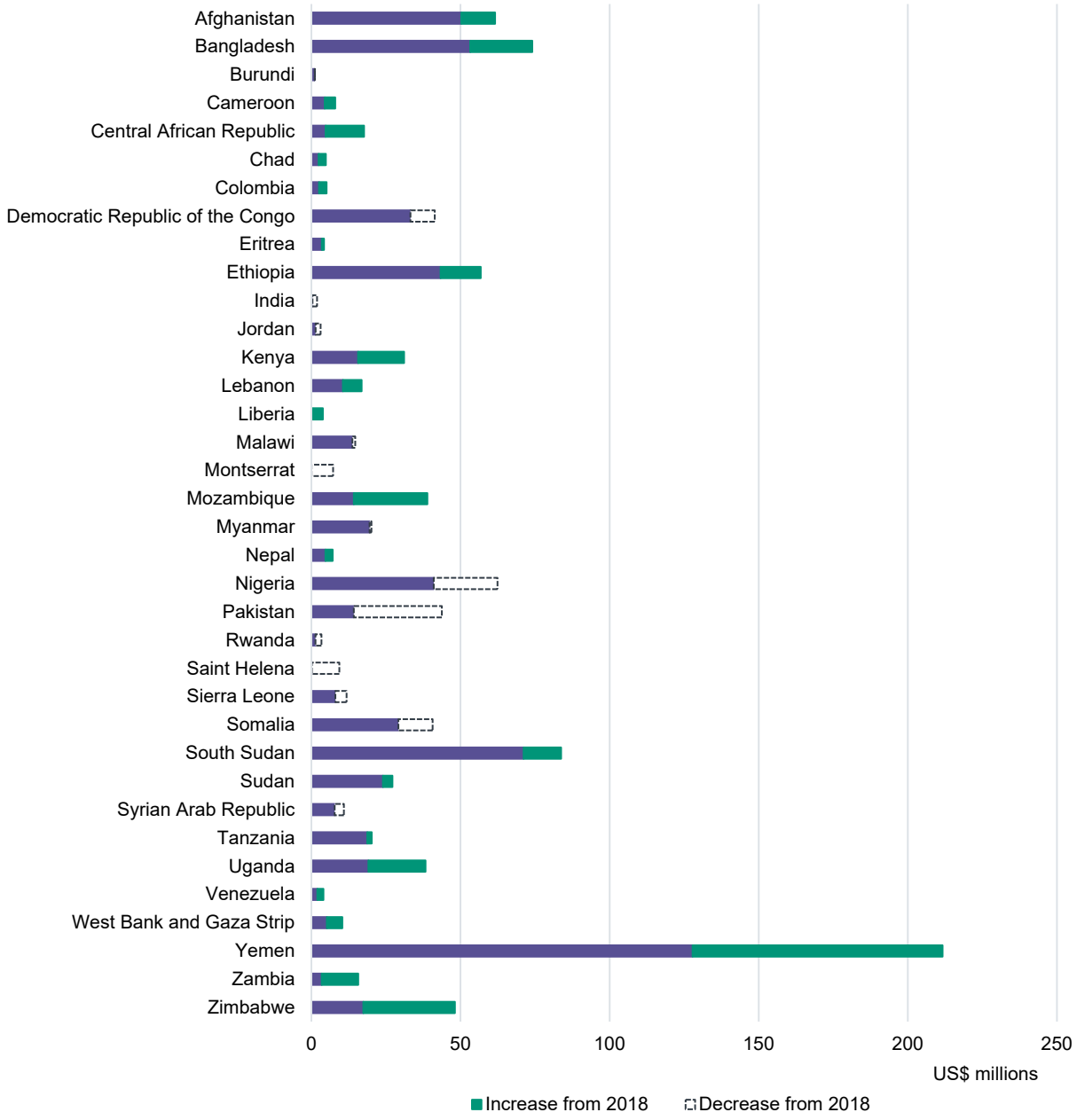
By volume, disbursements to Yemen increased most, up from US$127.8 million in 2018 to US$211.7 million in 2019. This is largely the result of increased financial support to the World Food Programme (WFP) to Provide Emergency Food Assistance in Yemen (2017–2020) (project code GB-GOV-1-300434), as well as the start of Responding to the Nutrition Crisis in Yemen (project code GB-GOV-1-300525).

Among the 22 countries that received higher disbursements were Zimbabwe (US$30.7 million more in 2019 than in 2018), Mozambique (US$24.7 million more), Bangladesh (US$20.8 million more) and Uganda (US$19.1 million more).

In total, 14 countries received lower disbursements in 2019 than in 2018. Of those countries, Pakistan received US$29.5 million less in 2019, followed by Nigeria (US$21.4 million less), Somalia (US$11.5

million less), Saint Helena (US$9.2 million less) and the Democratic Republic of Congo (US$8.1 million less), among others.

Figure 16. The FCDO increased disbursements to 22 countries, including four new countries



Changes in nutrition disbursements by country, 2018–2019.
Notes: Excludes regional and global level disbursements. Constant 2019 prices.
Source: Development Initiatives' calculations based on DAC CRS data.

6 The FCDO's aid spending for nutrition and the gender marker

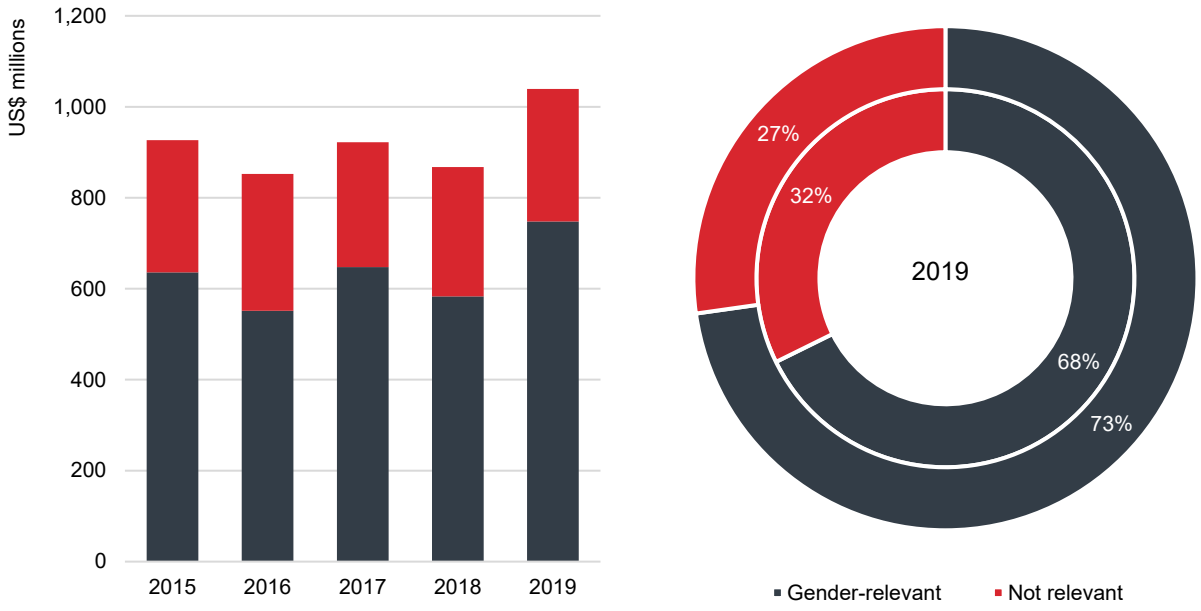
ODA relevant to gender equality and women's rights is identified using the OECD DAC's gender equality policy marker, defined as "a statistical tool to record aid activities that target gender equality as a policy objective" (OECD, 2016).

A marker is used by reporting organisations to signal the policy objectives of a project – in this case, gender equality. Reporters can mark a project as having either a significant or principal gender equality policy objective, signalling the relevance of each marked project. Projects marked as 'principal' have gender equality as a primary objective, whereas projects marked as 'significant' may have other key objectives, while retaining gender equality as a deliberate objective. The following section refers to the sum of ODA associated with projects marked as significant and principal. It should be stressed that ODA identified in this way should be considered an estimate only. Please note that previous editions of this report assessed the FCDO's ODA **commitments** using the gender marker. The following section refers to the FCDO's ODA **disbursements**.

For 2019, the FCDO screened 100% of its reported bilateral ODA commitments using the DAC gender equality policy marker, as in the previous year. The data show that since 2015, when gender marker data became viable, the proportion of the FCDO's nutrition spending marked relevant to gender equality has remained similar, around an average of 69%. This reached 72% in 2019, equalling US$747.8 million in gender-relevant nutrition spending. This represents a record volume and proportion of the FCDO's total nutrition disbursements with gender equality objectives.

In 2019, around two thirds (68%) of the FCDO's nutrition-specific disbursements were gender-relevant, versus 73% of nutrition-sensitive disbursements.

Figure 17. 72% of the FCDO's nutrition aid has gender equality policy objectives



Gender-relevant nutrition commitments, 2015–2019.
Notes: Inner ring, nutrition-specific. Outer ring, nutrition-sensitive. Gender-relevant refers to commitments reported as having a significant or principal gender equality policy objective. Constant 2019 prices.
Source: Development Initiatives' calculations based on DAC CRS data.

In addition to the gender equality policy marker, there are two purpose codes that are relevant to gender equality: 'Women's rights organisations and movements, and government institutions', code 15170, and 'Ending violence against women', code 15180, under which it is useful to see how much nutrition-sensitive ODA is captured.

In 2019, the FCDO reported US$1.2 million of nutrition-sensitive disbursements under the ‘Ending violence against women and girls’ purpose code, increasing from US$0.9 million in 2018 and US$0.7 million in 2017. The amount reported under ‘Women's rights organisations and movements, and government institutions’ reached US$0.8 million in 2019, up from US$0.6 million in 2018, though slightly less than the US$0.9 million reported in 2017.

Annex 1: Methodology

Identifying nutrition-specific ODA projects

Donors reporting to the CRS, including the FCDO, must specify in some detail the sector[4] that their ODA investments intend to support, using a defined list of purpose codes that classify activities – enabling a view of each donor's support across key sectors.

The SDN methodology defines all projects recorded under the 'basic nutrition' CRS purpose code (12240) as 'nutrition-specific'. In 2017, a revised code was adopted that included some amendments, most notably the removal of school feeding and household food security.

At the time of reporting for 2019 spending, as assessed in this report, this code captures reported spend on (OECD, 2020):

- Micronutrient deficiency identification and supplementation
- Infant and young child feeding promotion, including exclusive breastfeeding
- Non-emergency management of acute malnutrition and other targeted feeding programmes (including complementary feeding)
- Staple food fortification, including salt iodisation
- Nutritional status monitoring and national nutrition surveillance
- Research, capacity building, policy development, monitoring and evaluation in support of these interventions.

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. The FCDO's reporting to the CRS is more detailed, as is that of some other donors, such as Canada. The FCDO 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, an FCDO CRS record represents the whole project. In others, a record represents only part of a broader project, with the other components appearing as separate purpose codes.

Because of this, for the original 2010–2012 assessment, the application of the SDN methodology to the FCDO's CRS records under the 'basic nutrition' purpose code was adapted, with the agreement of the SDN. In this analysis, all FCDO 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 the FCDO'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 Annex 2 for a record of projects with both specific and sensitive components).

Identifying nutrition-sensitive ODA projects

The SDN methodology uses a three-step approach to identify nutrition-sensitive projects. In the methodology used, an additional step is needed to account for the FCDO's detailed CRS reporting. The steps used in this analysis are outlined below.

Step 1: Identify 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 projects coded under relevant nutrition-sensitive purpose codes (Table 2). A keyword search is applied to the description field of all other CRS records under the remaining purpose codes (Box 1). The purpose code filter and keyword search yield a pool of potentially nutrition-sensitive records. As explained above, for the FCDO, these records represent project components rather than whole projects.

[4] The OECD defines sectors as the "specific area of the recipient's economic or social structure is the transfer intended to foster". www.oecd.org/dac/stats/purposecodessectorclassification.htm (accessed 14/05/2021).

Table 2. DAC CRS purpose codes used to identify nutrition-sensitive projects

Food security and agriculture	Public health and water and sanitation
Availability	Public health (including reproductive health)
31110 Agricultural policy and administrative management	12110 Health policy and administrative management
31120 Agricultural development	12220 Basic health care
31140 Agriculture water resources	12250 Infectious disease control
31150 Agricultural inputs	12261 Health education
31161 Food crop production	12281 Health personnel development
31163 Livestock	13020 Reproductive health care
31166 Agricultural extension	13022 Maternal health (including neonatal health)
31181 Agricultural education/training	Sanitation
31182 Agricultural research	14030 Basic drinking water supply and sanitation
31191 Agricultural services	14032 Basic sanitation
31193 Agricultural financial services	Drinking water
31194 Agricultural cooperatives	14031 Basic drinking water supply
31310 Fishing policy and administrative management	Care environment
31320 Fishery development	Gender empowerment
31381 Fishery education and training	15170 Women's equality organizations and institutions
43040 Rural development	Other
Accessibility	51010 General budget support
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	

Box 1. 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.

Step 2: Review 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 the FCDO's Development Tracker. Projects with insufficient publicly available information are raised with FCDO officials, who provide relevant documentation to enable an assessment.

To qualify as nutrition-sensitive, a project must meet three of the following criteria. The project must:

- be aimed at individuals (specifically women, adolescent girls or children)
- include nutrition as a significant objective or indicator
- contribute to at least one nutrition-sensitive outcome as per the SDN methodology (Table 3).

Table 3. Examples of nutrition-sensitive outcomes from the SDN methodology

Nutrition-sensitive outcomes
A. Individual level (women, adolescent girls or children)
• 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 with breastfeeding). • Improve access to childcare (i.e. 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.

While identifying explicit nutrition targets and objectives among project documents is straightforward, applying the first criterion (aimed at individuals) is more subjective. The SDN methodology requires a project to intend to improve nutrition for women or adolescent girls or children to be considered nutrition-sensitive. 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" (SDN, 2013).

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 the FCDO, 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 SDN methodology. Only when all three of these criteria are met can a project qualify as nutrition-sensitive.

Annex 3 provides examples of how these criteria are applied to specific projects.

Step 3: Determine the total project spend for nutrition-sensitive projects in the case of the FCDO's CRS records

As the FCDO 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 or captured using the keywords. 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 SDN members for the original 2010–2012 FCDO nutrition-spending assessment. For each project, total spend is calculated as the sum of all the project's components.

Step 4: Classify 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, 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 3 provides examples of how projects are assessed as dominant or partial.

Annex 4 provides an illustration of these steps.

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 that donors have actually provided. Commitments and disbursements from a donor will differ by 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 transferred to developing countries in a given reporting year, this analysis reports primarily on the FCDO's disbursements.

Constant versus current prices

In this report, the FCDO's spending on nutrition is assessed and expressed in constant US$ 2019 prices. This negates to a degree the effects of annual exchange rate changes and domestic price inflation on the way spending trends appear. This can also allow for more meaningful comparisons over time.

Consistent with the approach used in previous assessments, constant US$ prices are calculated from financial data as reported to the OECD DAC CRS and the OECD DAC's deflators.

Spending figures presented in previous reports were also presented in a constant series, aligned with the latest year for which there was available data. This report on the FCDO's spending up to 2019 presents data in a constant 2019 series.

Annex 2: Projects with nutrition-specific and nutrition-sensitive components

Table 4. Details of projects with both nutrition-specific and nutrition-sensitive components.

Number	Project Title	Project Classification
202214	Health Sector Wide Approach (Swap) Monitoring Evaluation Policy and Dialogue (GB-1-202214)	Nutrition Specific and Nutrition-Sensitive Partial
202488	Public Health England Pakistan Integrated Disease Surveillance Project (PHE) (GB-1-202488)	Nutrition Specific and Nutrition-Sensitive Partial
202541	Climate Smart Agriculture – Implementation Costs for the Projects Results Facility and Learning and Influencing Components (GB-1-202541)	Nutrition Specific and Nutrition-Sensitive Partial
202732	Capital Expenditure on Health Programme (Construction and Vehicles) (GB-1-202732)	Nutrition Specific and Nutrition-Sensitive Partial
202841	Integrated Community Case Management (ICCM) Operational Costs (GB-1-202841)	Nutrition Specific and Nutrition-Sensitive Partial
202927	Support to Grand Challenges on Health and Agri Nutrition (GB-1-202927)	Nutrition Specific and Nutrition-Sensitive Partial
203429	Agricultural Productivity – Food and Agriculture Organisation (FAO) (GB-1-203429)	Nutrition Specific and Nutrition-Sensitive Partial
203771	Ngo Provision of Emergency Assistance to Populations Affected by Violence in North and South Kivu (GB-1-203771)	Nutrition Specific and Nutrition-Sensitive Partial
203864	Better Health in Bangladesh (UN-ICF) (GB-1-203864)	Nutrition Specific and Nutrition-Sensitive Partial
204019	Support to the South Sudan Humanitarian Fund (SSHF) for the South Sudan Humanitarian Assistance and Resilience Building Programme Costs (GB-1-204019)	Nutrition Specific and Nutrition-Sensitive Partial
204189	Design of Myanmar UK Health Partnership Programme (GB-1-204189)	Nutrition Specific and Nutrition-Sensitive Partial
204640	Strengthening Health Management Systems for Improved Health Sector Performance Nationally and In the Western and Central Provinces of Zambia (GB-1-204640)	Nutrition Specific and Nutrition-Sensitive Partial
204903	Demand Creation for the Somali Health and Nutrition Programme (SHINE) (GB-1-204903)	Nutrition Specific and Nutrition-Sensitive Partial
205206	Technical Assistance and Surge Support - Resilience and Emergency Response (GB-1-205206)	Nutrition Specific and Nutrition-Sensitive Partial
300139	Support to Provide Life-Saving Interventions in Nutrition, Health, Water and Sanitation, Protection, Shelter and Voluntary Returns for Refugees in Kenya (GB-1-300139)	Nutrition Specific and Nutrition-Sensitive Partial
300158	Monitoring and Operational Research (GB-1-300139)	Nutrition Specific and Nutrition-Sensitive Partial
300163	Supporting Zimbabwe's Disease Preparedness and Response (GB-1-300163)	Nutrition Specific and Nutrition-Sensitive Partial
300196	Humanitarian Standby (GB-1-3001969)	Nutrition Specific and Nutrition-Sensitive Partial
300616	Enhancing Effective Development Cooperation Between the UK, Brazil, and Sub-Saharan African Partners (GB-1-3006169	Nutrition Specific and Nutrition-Sensitive Partial
205165	GIZ- to Strengthen Climate Resilience Through Operation and Maintenance of Water Supply and Sanitation Systems in Selected Health Centers in Karamoja Uganda (GB-1-2051659	Nutrition Specific And Nutrition-Sensitive Dominant

300298	Humanitarian Response to El Nino: WFP (Food Security in Climate Affected Regions) (GB-1-300298)	Nutrition Specific And Nutrition-Sensitive Dominant
203981	Linking Agribusiness and Nutrition – Food and Agricultural Organization (GB-1-203981)	Nutrition Specific And Nutrition-Sensitive Dominant

Notes: 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.

Annex 3: Determining the level of nutrition sensitivity of projects: worked examples

Example of a nutrition-sensitive project

Support to UNICEF Cholera, Nutrition, Malaria and Primary Health Care Projects for South Sudan Humanitarian Assistance and Resilience Building programme. Project code GB-GOV-1-204019.

This project meets all three of the criteria:

- Aimed at individuals: Number of children (six-59 months), women, adolescents treated with severe or moderate acute malnutrition
- Significant nutrition objective or indicator: Number of children (six-59 months), women, adolescents treated with severe or moderate acute malnutrition
- Contribution to nutrition-sensitive outcomes: Improve women's or adolescent girls' or children's access to water, sanitation and hygiene: Improved access to water, hygiene and sanitation facilities.

This project is therefore classified as **nutrition-sensitive**.

Example of a discounted project

Agribusiness Africa Round 3 Women's Economic Empowerment in Agriculture. Project code GB-GOV-1-200094.

This project does not meet all three criteria:

- Aimed at individuals: The project does not have any (direct) actions relating to improving nutrition
- Significant nutrition objective or indicator: This project has no evidence of a nutrition objective or indicator
- Contribution to nutrition-sensitive outcomes: The project has no evidence of nutrition-sensitive outcomes.

This project is therefore classified as **not nutrition-sensitive**.

Example of a nutrition-sensitive dominant project

Linking Agribusiness and Nutrition – Development of a SUN Business Network (GAIN). Project code GB-GOV-1- 203981.

All its actions contribute to nutrition-sensitive outcomes, including improved access to primary healthcare.

This project is therefore classified as **nutrition-sensitive dominant**.

Example of a nutrition-sensitive partial project

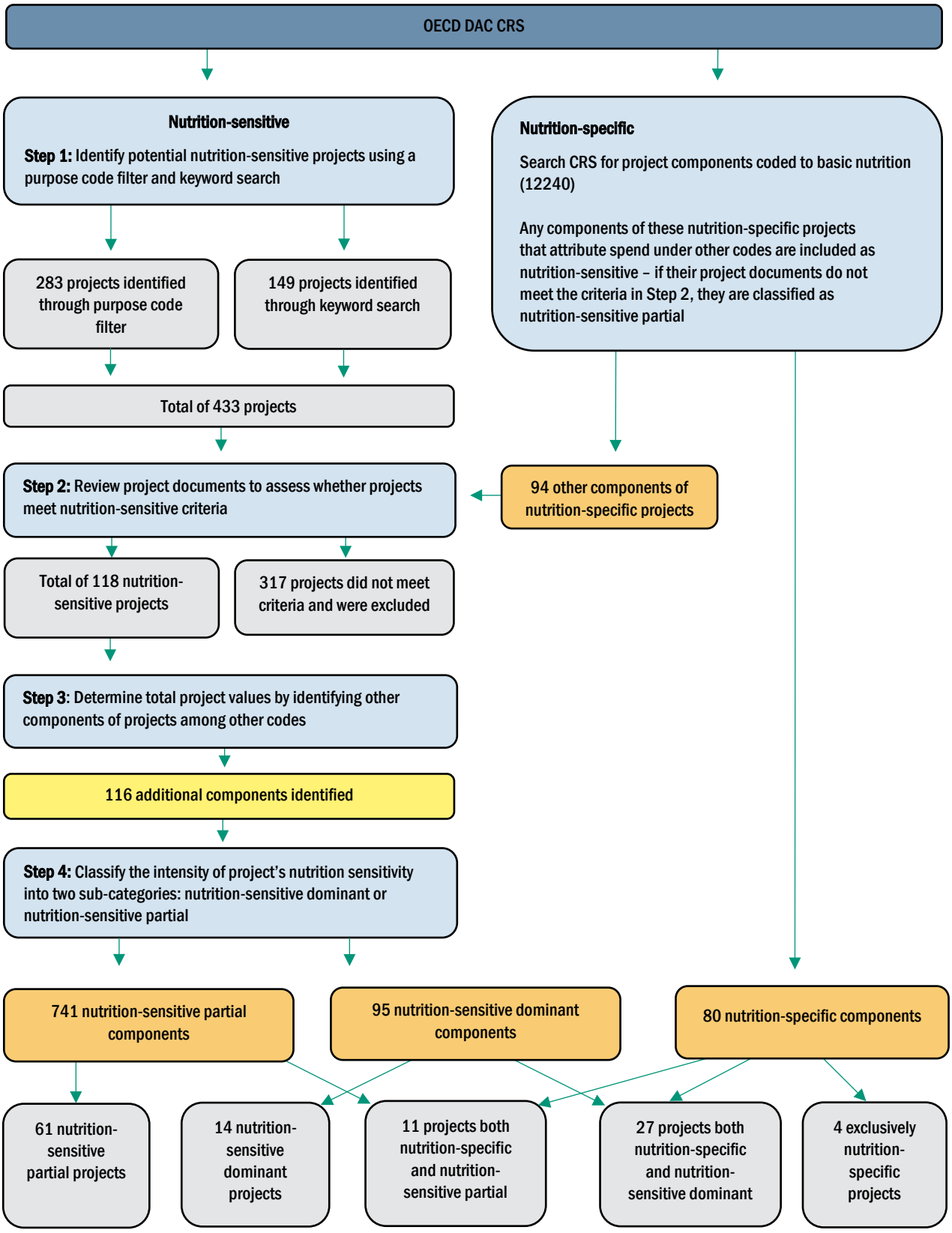
Livelihoods and Food Security Trust Fund for the rural poor and vulnerable in Burma. Project code GB-GOV-1- 201239.

This project meets all three of the criteria.

Not all of its actions contribute to nutrition-sensitive outcomes.

This project is therefore classified as **nutrition-sensitive partial**.

Annex 4: Project classification s



Annex 5: Nutrition-sensitive ODA by DAC CRS sector and purpose code

Table 5: Nutrition-sensitive ODA by sector and purpose code, 2019, US$ millions

DAC CRS sector and purpose code	Disbursements (US$ millions)
Emergency response	520.2
Emergency food assistance	195.2
Material relief assistance and services	284.3
Relief co-ordination and support services	40.7
Basic health	47.9
Basic health care	30.1
Health education	4.8
Health personnel development	5.1
Infectious disease control	1.9
Malaria control	5.5
Tuberculosis control	0.4
Population policies/programmes and reproductive health	46.2
Family planning	6.0
Personnel development for population and reproductive health	3.4
Population policy and administrative management	2.5
Reproductive health care	33.5
STD control including HIV/AIDS	0.9
Other social infrastructure and services	43.9
Social protection	43.9
Development food assistance	43.6
Food assistance	43.6
Others	171.0
Total	872.7

Notes: US$ millions, 2019 prices.

Source: Development Initiatives' calculations based on DAC CRS data.

Table 6: Nutrition-sensitive ODA disbursements distribution among DAC CRS codes

CRS sector	ODA disbursements (US$ million)		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	1755.6	520.2	29.6%	50.0%	5.7%
Basic health	565.4	214.5	37.9%	20.6%	2.4%
Population policies/programmes and reproductive health	550.9	46.2	8.4%	4.4%	0.5%
Other social infrastructure and services	272.5	43.9	16.1%	4.2%	0.5%
Development food assistance	90.3	43.6	48.2%	4.2%	0.5%
Agriculture	301.3	42.2	14.0%	4.1%	0.5%

Government and civil society, general	738.6	24.3	3.3%	2.3%	0.3%
Other multi-sector	473.4	24.2	5.1%	2.3%	0.3%
Health, general	294.5	18.2	6.2%	1.8%	0.2%
VIII.3. Disaster prevention and preparedness	127.0	17.1	13.4%	1.6%	0.2%
Water supply and sanitation	213.8	10.8	5.0%	1.0%	0.1%
Reconstruction relief and rehabilitation	69.5	10.3	14.8%	1.0%	0.1%
General environment protection	200.0	9.6	4.8%	0.9%	0.1%
Secondary education	151.1	3.6	2.4%	0.3%	0.04%
Basic education	419.2	3.5	0.8%	0.3%	0.04%
Education, level unspecified	258.8	2.0	0.8%	0.2%	0.02%
Industry	507.8	1.3	0.3%	0.1%	0.01%
Transport and storage	80.7	1.2	1.4%	0.1%	0.01%
Banking and financial services	1004.3	1.0	0.1%	0.1%	0.01%
Energy generation, renewable sources	46.0	0.8	1.8%	0.1%	0.01%
Conflict, peace and security	110.7	0.4	0.4%	0.04%	0.005%
Business and other services	104.9	0.3	0.3%	0.03%	0.003%
Construction	2.9	0.2	5.4%	0.02%	0.002%
Forestry	41.5	0.1	0.2%	0.01%	0.001%
Unallocated / unspecified	34.6	<0.1	0.1%	0.005%	0.001%
Post-secondary education	63.4	<0.1	0.004%	0.0002%	0.00003 %
Communications	4.9	<0.1	0.029%	0.0001%	0.00002 %
Energy policy	72.9				
Energy distribution	37.5				
Fishing	0.4				
Mineral resources and mining	11.8				
Trade policies and regulations	85.1				
Tourism	1.0				
Administrative costs of donors	406.9				
Grand total	9099.5	1039.4			

Source: Development Initiatives' calculations based on DAC CRS data.

Notes: Ordered by nutrition-sensitive ODA disbursements. US$ millions, 2019 prices.

The total and relative shares refer to bilateral ODA to all sectors, including those not displayed in the table.

Annex 6: Nutrition ODA by recipient

Table 7: FCDO nutrition-related ODA by country and category, 2019, US$ millions, ordered by disbursements

	Commitments (US$ millions)			Disbursements (US$ millions)		
Country	Nutrition-sensitive	Nutrition-specific	Total	Nutrition-sensitive	Nutrition-specific	Total
Yemen	796.2		796.2	211.7		211.7
South Sudan	26.8	0.0	26.8	61.1	22.7	83.7
Bangladesh	50.0	7.2	57.2	58.7	15.4	74.1
Afghanistan	21.6		21.6	61.6		61.6
Ethiopia	40.4		40.4	56.8		56.8
Zimbabwe	45.9	6.2	52.1	39.9	8.2	48.1
Nigeria	27.7	3.0	30.7	36.4	4.6	41.0
Mozambique	31.1	4.5	35.6	31.8	7.1	38.9
Uganda	35.1	13.6	48.8	23.5	14.7	38.3
Democratic Republic of the Congo	50.9	0.8	51.7	31.9	1.3	33.2
Kenya	11.0	31.7	42.7	9.9	21.2	31.1
Somalia	36.3	3.2	39.5	26.2	3.0	29.2
Sudan	4.6	0.0	4.6	22.4	4.8	27.2
Tanzania	2.9	9.7	12.6	9.5	10.7	20.2
Myanmar	11.4	1.4	12.8	18.7	0.8	19.5
Central African Republic	17.6		17.6	17.7		17.7
Lebanon	0.3		0.3	16.8		16.8
Zambia	0.0	10.4	10.4	3.9	11.8	15.7
Pakistan	0.2	1.0	1.3	0.9	13.3	14.2
Malawi	14.3	0.0	14.3	13.1	0.6	13.7
Sierra Leone	13.0		13.0	8.1		8.1
Cameroon	8.3		8.3	8.0		8.0
Syrian Arab Republic	0.0		0.0	7.8		7.8
Nepal	3.2		3.2	7.1		7.1
West Bank and Gaza Strip	0.2		0.2	5.2		5.2
Eritrea	1.2	3.0	4.1	1.2	3.1	4.2
Liberia	3.9		3.9	3.8		3.8
Colombia	2.6		2.6	2.6		2.6
Chad	2.4		2.4	2.4		2.4
Venezuela	1.7		1.7	2.0		2.0
Jordan	1.4		1.4	1.4		1.4
Rwanda	0.1		0.1	1.4		1.4
Burundi	0.0		0.0	1.1		1.1
India	0.0		0.0	0.4		0.4
Saint Helena	1.9		1.9	0.1		0.1
Montserrat	0.0		0.0	0.0		0.0
Grand total	1391.2	102.6	1493.9	872.7	166.6	1039.4

Notes: US$ millions, 2019 prices. Grand total includes disbursements and commitments to regional bodies not shown in the table

Source: Development Initiatives' calculations based on DAC CRS data.

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