

DFID's aid spending for nutrition: 2013

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This report presents detailed information on aid investments to improve nutrition by the UK's Department for International Development (DFID). Building on a previous report which looked at investments over 2010–2012, and using the Scaling Up Nutrition movement's agreed methodology, this reports analyses 2013 nutrition aid and finds as follows.

- DFID disbursed US\$840 million of nutrition-related official development assistance (ODA or aid) to developing countries in 2013, 9% of total 2013 DFID disbursements.
- The value of DFID's nutrition-specific aid disbursements increased by 64% between 2012 and 2013, while aid to nutrition-sensitive interventions increased by 76%.
- These significant increases continue the rising trend of nutrition-related aid spending over 2010–2012.
- Nutrition-sensitive ODA had a wider geographic reach (31 countries) than nutrition-specific aid (11 countries) in 2013.
- Ethiopia received the most overall nutrition-related aid (US\$107 million) in 2013.

Introduction and approach

As part of increasing efforts to track donor spending on nutrition, this report analyses the official development assistance (ODA) spending on nutrition-related projects by the UK's Department for International Development (DFID). We use the approach developed by the Scaling Up Nutrition (SUN) movement, which allows for the identification and quantification of donor spending on both nutrition-specific and nutrition-sensitive interventions.

This assessment uses the 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 disbursements (83% in 2013 based on CRS records) and the focus of this analysis, it is worth noting that other UK government departments and agencies also contribute ODA, including on nutrition. The Department for Business, Innovation and Skills and the Foreign & Commonwealth Office together disbursed US\$5.8 million to nutrition-specific interventions in 2013, equivalent to 5% of total UK nutrition-specific ODA.¹ This compares with 2% of the total in 2010.

¹ The Department for Business, Innovation and Skills supported six nutrition projects in Gambia, Kenya and India. The Foreign & Commonwealth Office supported one nutrition project in Honduras.

Identifying nutrition-related ODA projects

The [SUN Donor Network](#) oversees the application of the methodology used in this study to determine nutrition-related ODA. The Network aims to better align and track resources for nutrition to national goals of developing country SUN members. Their methodology has two stages: identifying projects that are ‘nutrition-specific’ and then those classed as ‘nutrition-sensitive’.

Identifying nutrition-specific ODA projects

The SUN methodology defines all projects recorded under the ‘basic nutrition’ CRS purpose code as nutrition-specific.² This code captures reported spend on:

- direct feeding programmes (e.g. maternal feeding, breastfeeding and weaning foods, child feeding, school feeding);
- identification of micronutrient deficiencies;
- monitoring of nutritional status;
- nutrition and food hygiene education;
- household food security.

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 records.

Because of this, the application of the SUN methodology to DFID’s CRS records under the ‘basic nutrition’ purpose code was adapted for the 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 Annex 9 for a record of projects with both specific and sensitive components).

Identifying nutrition-sensitive projects

The SUN methodology uses a three-step approach to identify nutrition-sensitive projects. An additional step is required to account for DFID’s detailed CRS reporting (see Annex 4 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 5 for the agreed

² DAC CRS code 12240.

list of nutrition-sensitive purpose codes). A keyword search is applied to the description field of all other CRS records under the remaining purpose codes (see Annex 6). 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 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.³

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

- be aimed at individuals (i.e. women and children);
- include nutrition as a significant objective or indicator;
- contribute to at least one nutrition-sensitive outcome (see Annex 6).

Annex 6 provides examples of how these criteria are applied to specific projects.

While identifying nutrition targets among project documents is straightforward, the application of the first criterion (aimed at individuals) is less so and more subjective. This analysis considered a project to be aimed at individuals when there was evident intent among project documents to achieve results and measure them at an individual level, as advised by the SUN Donor Network. Both explicit and implicit intent were considered.

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 that 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 6). Only when all three of the above 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 above 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 4 or they are not captured using the keywords (see Annex 5). 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 (see Annex 9 for details of the number of additional components identified), in line with what was agreed by SUN Donor Network members for the 2010–2012 DFID nutrition spending assessment. For each project, total spend is calculated as the sum of all the project's components.

³ Documents for just 40 of the 382 projects identified were not available on DFID's [Development Tracker](#). Missing information was provided directly by DFID.

Step 4. Classifying projects as nutrition-sensitive ‘dominant’ or ‘partial’

The final step of the SUN methodology classifies nutrition-sensitive projects as either ‘dominant’ or ‘partial’. This step has been included because of the way projects (or DFID components) are coded in the CRS, either under a single purpose code, related to the project’s main objective or sector, or under a ‘multi-sector’ purpose code. While this avoids double-counting of ODA, it does mean that detailed financial information about how funds are split across activities within projects is lost.⁴ Therefore, to overcome this limitation, the SUN methodology requires that:

- when the **full project** (its main objective, results, outcomes and indicators) is nutrition-sensitive (see Annex 5), 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 and 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 7 provides examples of how projects are assessed as dominant or partial.

In addition to the steps outlined above, 308 ‘multi-year’ projects already assessed in the [2010-2012 analysis](#) were reassessed to capture any shifts in their focus. Projects that were classified differently in 2013 were re-examined. New classifications were discussed with DFID officials to validate documentation information and understand the reasons for inter-year differences. In most cases, these were due to changes or updates to project documents, or because project information was missing at the time of the previous assessment.

Of the pool of projects that were re-classified, two projects with a combined value of US\$52 million changed classification because they had been reported differently to the CRS. One project (“Sector Wide Approach to Strengthening Health in Bihar”) was no longer reported under ‘basic nutrition’. It was reported under other health-related purpose codes and qualified as nutrition-sensitive dominant. The other project (“CSO action on nutrition”) was reported under code 12110,⁵ but should have been coded under ‘basic nutrition’. This project was consequently re-classified as nutrition-specific.

Projects with insufficient publicly available information were raised with DFID officials, who then provided relevant documentation to enable an assessment: some 15 projects were assessed using documents provided directly. Outstanding projects with their information either unavailable or restricted were discounted on the grounds that their nutrition-sensitivity could not be evidenced.

⁴ A reporting standard that allows classification of projects split by activity would make tracking of funding to nutrition more accurate. The [International Aid Transparency Initiative](#) proposes such a standard and aims to provide a more granular understanding of development financing.

⁵ Health policy & admin, management (12110).

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 what donors have actually provided. While commitments and disbursements should match over several years, in practice this is not necessarily the case, with discrepancies common across sectors. These do not necessarily indicate that donors have underperformed against their commitments or that they systematically disburse more than amounts committed. Some discrepancies can be attributed to donors recording their commitments more accurately than their disbursements. Discrepancies can also arise because commitments made and recorded in a given year can then be disbursed, and so recorded, over several subsequent years, depending on the duration of the project.

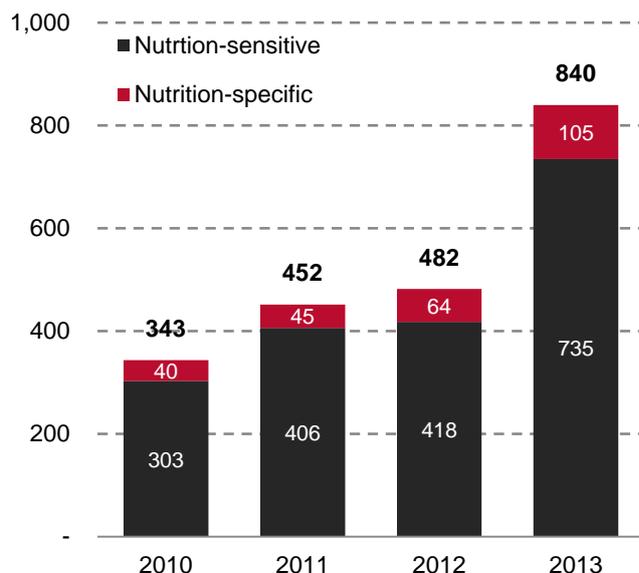
As disbursements offer a better picture of transactions and resource flows to developing countries in a given reporting year, we report primarily on DFID's disbursements. Commitments data can be found in Annex 1.

DFID's ODA disbursements to nutrition

In 2013, DFID disbursed a total of US\$840 million to 136 nutrition-related projects (all figures are presented in 2013 prices). This represents a significant increase of US\$358 million on 2012 levels, and continues a broader trend of increases over the previous three years (Figure 1, discrepancies may occur due rounding).

FIGURE 1

Nutrition-related ODA is increasing and almost doubled in 2013



Both DFID's nutrition-specific and nutrition-sensitive spending increased over 2010–2013, most significantly between 2012 and 2013. Nutrition-specific ODA increased by almost two-thirds (64%) while nutrition-sensitive ODA increased by three-quarters (76%).

In addition to total spending, the number of DFID-supported nutrition projects has increased substantially. There were 24 nutrition-specific projects in 2013, up from 16 in 2012, and 119 nutrition-sensitive projects, up from 105.

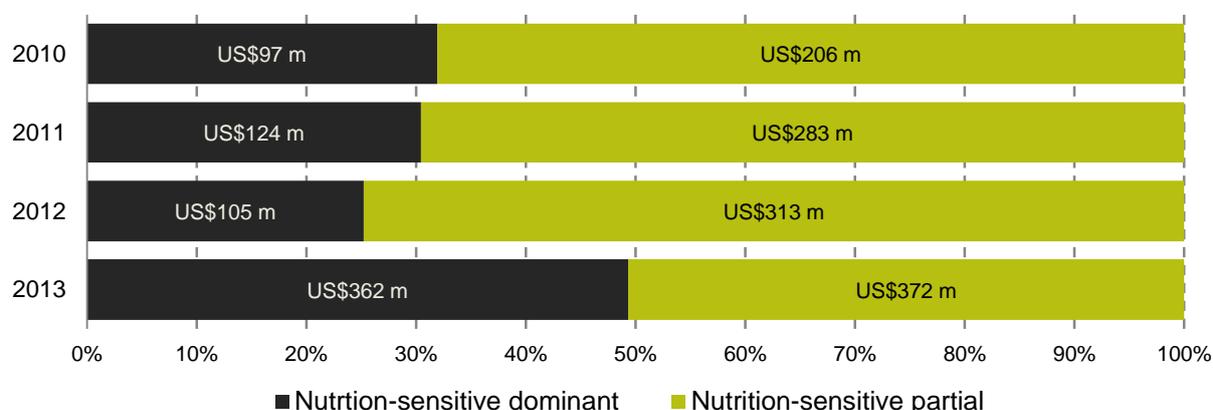
In 2013, 87% (US\$735 million) of nutrition-related aid went to nutrition-sensitive interventions. Nutrition-specific interventions accounted for 13% (US\$105 million).

Value of DFID nutrition disbursements, 2010–2013, US\$ millions (constant 2013 prices).
Source: Development Initiatives' calculations based on DAC CRS data.

Nutrition-sensitive aid increased by US\$317 million between 2012 and 2013. Aid to nutrition-sensitive dominant projects more than tripled (from US\$105 million to US\$362 million), while aid to nutrition-sensitive partial projects increased by US\$60 million (Figure 2).

FIGURE 2

Nutrition-sensitive dominant aid increased much more than nutrition-sensitive partial aid



Value and share of total nutrition-sensitive disbursements by category, 2010–2013. Constant 2013 prices.
Source: Development Initiatives' calculations based on DAC CRS data.

This is due to three main factors, as follows.⁶

1. **Increased spending** on 13 existing multi-year projects **(+US\$18 million)** over funding received in previous years
2. **New funding (+US\$147 million)**: in 2013, 14 nutrition-sensitive dominant projects were either set up or received new funding. This group accounted for 41% of DFID's nutrition-sensitive dominant spending in 2013.⁷
3. **Re-classification of projects from nutrition-sensitive partial to nutrition-sensitive dominant (+US\$120 million)**: six multi-year projects that were classified as nutrition-sensitive partial in the 2010-2012 assessment were reclassified as nutrition-sensitive dominant.⁸ This is because either these projects demonstrated an evident shift in focus towards more nutrition-sensitive outcomes at the time of the 2013 assessment, or that there was more information available during this assessment which was absent during the previous exercise. Both the 2010-2012 and 2013 assessments were undertaken independently and changes were made on the basis of available evidence amongst project documents.⁹

⁶ The increase attributable to these three factors (US\$285 million) is greater than the net increase (US\$257 million). This is because some disbursements to other projects decreased by US\$28 million.

⁷ New funding refers to projects recorded in the DAC CRS in 2010-12 that did not receive any funding in those years, but started to disburse funds only in 2013. Of the 14 projects, 3 are major humanitarian programmes: "World Food Programme Operations in Darfur" (US\$30 million); "Humanitarian Response to Food Insecurity in Malawi" (US\$30 million); and "Supporting the International Humanitarian Response in South Sudan" (38 million). These three programmes alone account for over a quarter (27%) of DFID's nutrition-sensitive dominant spending in 2013 and 12% of its total nutrition spending.

⁸ Together these six projects account for a third (33%) of all nutrition-sensitive dominant disbursements in 2013.

⁹ DFID provided additional project documents where needed and was consulted on the classification. Final decisions were made by the author.

Nutrition-sensitive ODA by purpose code and sector

Donors reporting to the CRS are required to specify in some detail the sector that their ODA investments intends to support using a defined list of purpose codes.¹⁰ These purpose codes classify different activities and the sector they fall under, enabling a breakdown of a donor's support across sectors.

In 2013, DFID's nutrition-sensitive interventions were recorded under 39 different purpose codes across 17 sectors. Despite this breadth, much of DFID's nutrition-sensitive spending concentrated in a small number of purpose codes, namely humanitarian interventions (emergency food aid 23%, material relief assistance and services 18%), maternal and broader health programmes (reproductive health care 18%, basic health care 10%), food security programmes (food aid/food security programmes 7%). Together these five purpose codes represent over three-quarters (76%) of DFID's nutrition-sensitive disbursements (Table 1).¹¹ Annex 3 gives further disaggregation across sectors and purpose codes.

TABLE 1

Nutrition-sensitive interventions tend to concentrate in certain areas

DAC CRS purpose code used by donor	Disbursements (US\$ millions)	Nutrition-sensitive disbursements (%)
Emergency food aid	170	23
Material relief assistance and services	134	18
Reproductive health care	129	18
Basic health care	73	10
Food aid/food security programmes	51	7
Other purpose codes	178	24

Nutrition-sensitive ODA disbursements by CRS purpose code, 2013. Source: Development Initiatives' calculations based on DAC CRS data.

¹⁰ The OECD defines purpose codes as "the specific areas of the recipient's economic or social development the transfer intends to foster" (OECD, 2015: <http://www.oecd.org/dac/stats/purposecodessectorclassification.htm>).

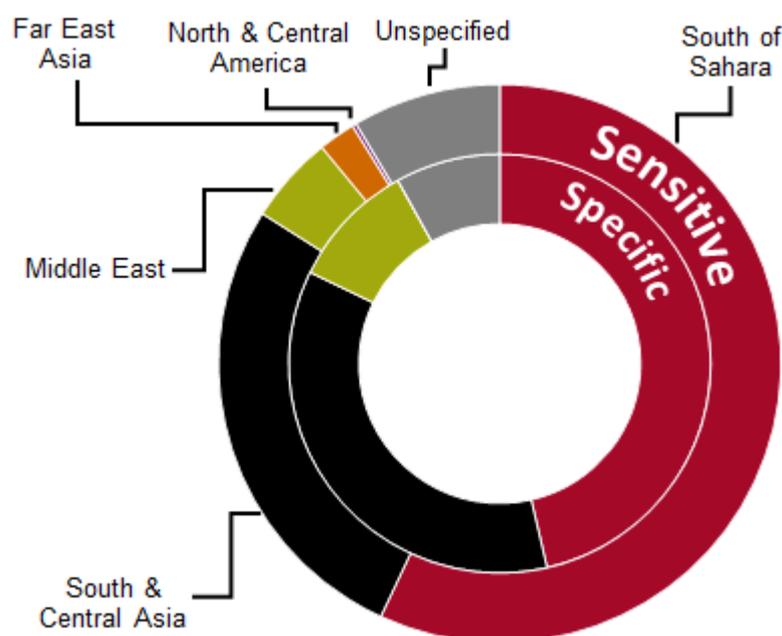
¹¹ The top five purpose codes and their corresponding code numbers are: Emergency food aid (72040); Material relief assistance and services (72010); Reproductive health care (13020); Basic healthcare (12220); Food aid/Food security programmes (52010).

Recipients of nutrition ODA disbursements

Looking at world regions, nutrition-related spending was largely directed to countries in sub-Saharan Africa (Figure 3), which received 56% (US\$467 million) of DFID's total ODA in this area. South and Central Asian countries were the second-largest recipient region (28%, US\$236 million). While nutrition-specific aid is slightly more focused on these two regions, Far East Asia and North & Central America also received some nutrition-sensitive disbursements.¹²

FIGURE 3

Nutrition aid focuses on sub-Saharan Africa and South and Central Asia



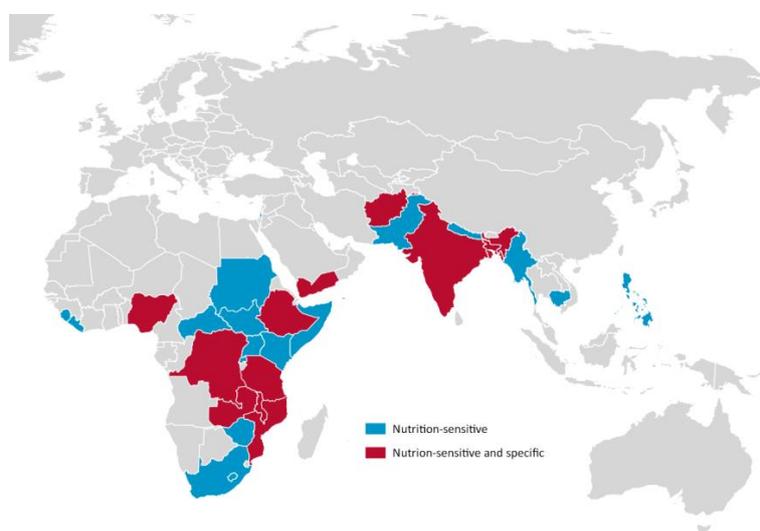
Allocation of DFID nutrition-related disbursements by type and region, 2013 (% of total). Source: Development Initiatives' calculations based on DAC CRS data.

DFID disbursed nutrition-related aid to 31 countries in 2013. While 11 countries received both nutrition-sensitive and nutrition-specific aid, 20 countries received only nutrition-sensitive aid, and no country received solely nutrition-specific aid (Figure 4).

¹² DFID's allocations to countries were complemented by regional-level disbursements, most significantly to sub-Saharan Africa which received US\$27 million in nutrition-sensitive aid. Disbursements to projects where country and region were not specified amounted to US\$71 million, covering 23 different projects focusing on nutrition-related research, advocacy or policy.

FIGURE 4

More countries received nutrition-sensitive aid than nutrition-specific aid

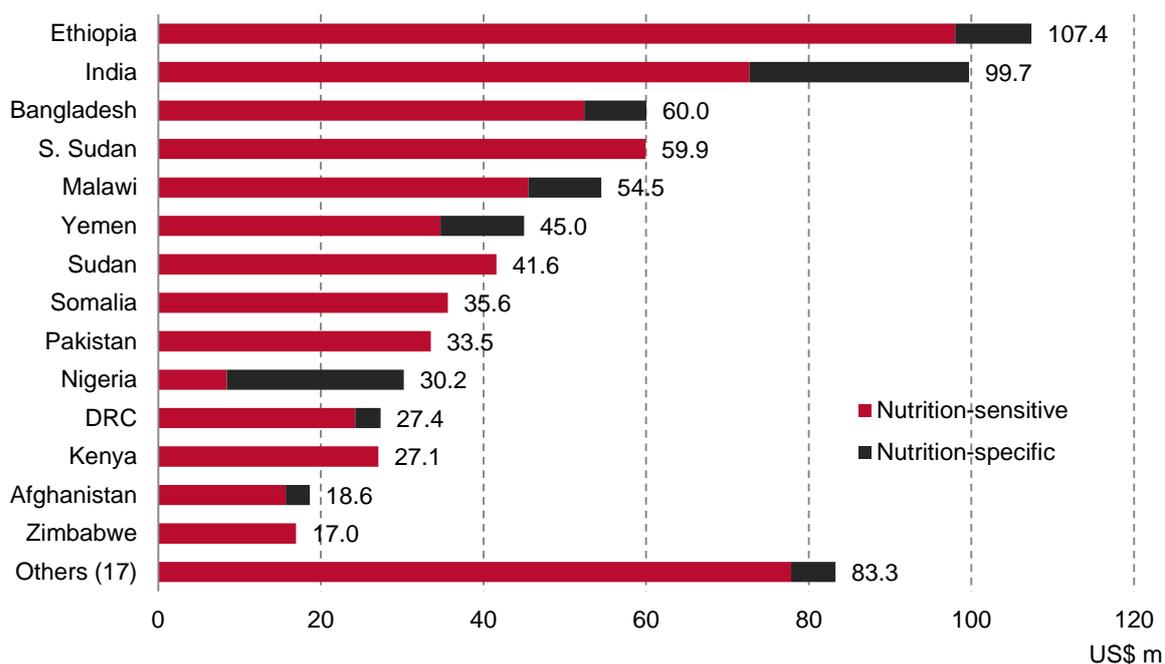


Global distribution of DFID's nutrition-specific and nutrition-sensitive disbursements, 2013. Note: Haiti and Montserrat are excluded from the display, although both were allocated nutrition-sensitive disbursements. Source: Development Initiatives' calculations based on DAC CRS data. Refers to country-allocable disbursements only.

Ethiopia was the largest recipient of nutrition-related aid in 2013 (US\$107 million), followed by India (US\$100 million), Bangladesh and South Sudan (both US\$60 million) (Figure 5). These four countries accounted for 39% of all DFID's nutrition-related ODA (and 44% of aid that could be allocated to countries). While South Sudan and Sudan did not receive nutrition-specific disbursements, they rank as the fourth- and seventh-largest recipients due to the scale of nutrition-sensitive aid received. For all but two countries (Nigeria and Mozambique), nutrition-sensitive ODA far exceeded nutrition-specific ODA. In the case of Nigeria, this is largely due to a single large nutrition-specific project ("Working to Improving (sic) Nutrition in Northern Nigeria"). Some 17 countries (including Mozambique) received a combined US\$83 million of nutrition-related ODA.

FIGURE 5

Nutrition-related ODA is dominated by Ethiopia and India



Recipients of DFID's nutrition-related disbursements by category, 2013. Source: Development Initiatives' calculations based on DAC CRS data.

Nutrition-specific ODA was highly concentrated in 2013, with India and Nigeria alone accounting for almost half (46%) of DFID nutrition-specific flows (Figure 6). India received the largest amount of nutrition-specific disbursements (US\$27 million), equivalent to 26% of all DFID's nutrition-specific aid. Nutrition-specific spending was also high in Nigeria (US\$22 million, 21%). Other countries received far smaller amounts: only the allocation to Yemen, the third-largest recipient, was above US\$10 million.

By contrast, the distribution of nutrition-sensitive disbursements was less concentrated (Figure 7). The top two recipients, Ethiopia and India, received 13% and 10% of these flows respectively; the top five recipients, Ethiopia, India, South Sudan, Bangladesh and Malawi, together received over half (53%) of nutrition-sensitive ODA.

See Annex 2 for a complete breakdown of disbursements and commitments by recipient and type.

FIGURE 6

India and Nigeria received almost half of nutrition-specific disbursements

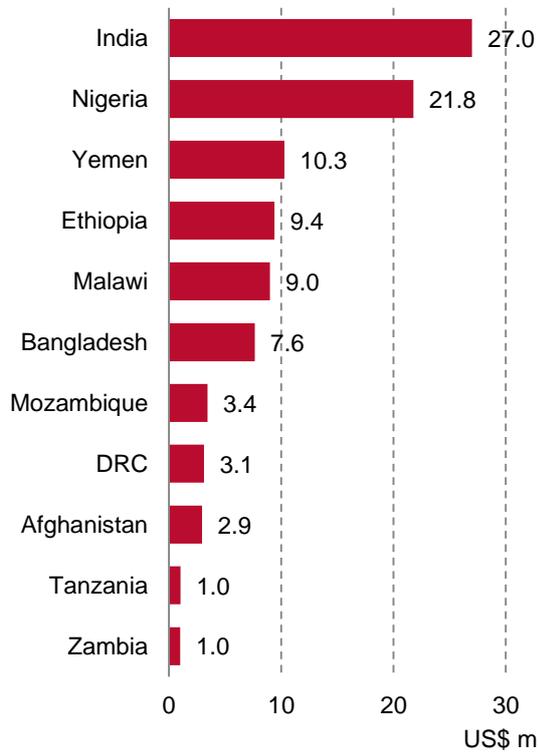
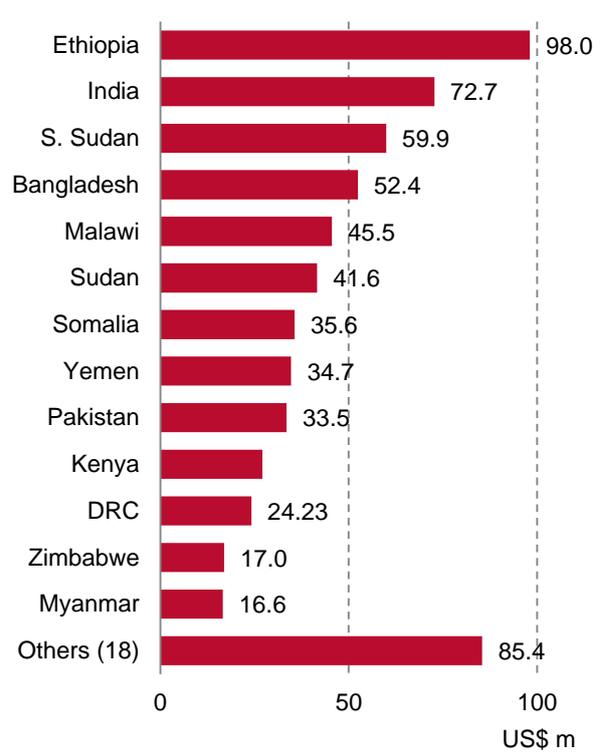


FIGURE 7

Nutrition-sensitive ODA is more widely distributed



Largest recipients of DFID nutrition-specific and nutrition-sensitive disbursements, 2013. Source: Development Initiatives' calculations based on DAC CRS data.

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Annex 1: DFID's ODA commitments for nutrition

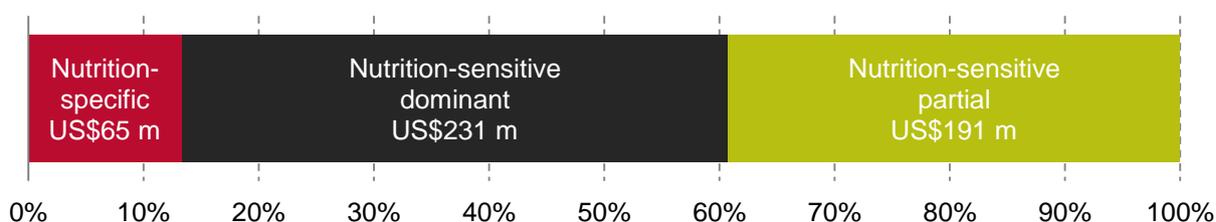
In 2013:

- DFID committed US\$487 million of nutrition-related official development assistance to developing countries (equivalent to 58% of the disbursements), representing 11% of overall DFID commitments of US\$3.8 billion;
- the value of DFID's nutrition-specific aid commitments increased almost four-fold on 2012, while aid to nutrition-sensitive interventions increased by 70%;
- the value of nutrition-sensitive commitments was seven times that of nutrition-specific aid;
- India had the largest value of commitments (US\$87 million).

The majority of nutrition-related commitments (87%, US\$423 million) was for nutrition-sensitive projects, the remaining share was for nutrition-specific interventions.

FIGURE A1

87% of DFID nutrition-related aid was nutrition-sensitive in 2013



Value and share of total nutrition commitments by category, 2013. Source: Development Initiatives' calculations based on DAC CRS data.

DFID's nutrition-sensitive commitments were concentrated in the humanitarian sector, reproductive health care, food security and basic health care. Similarly to disbursements, five purpose codes account for 81% of all DFID's nutrition-sensitive commitments in 2013 (see Annex 3 for further disaggregation across sectors and purpose codes).

TABLE A1

Five purpose codes account for 81% of DFID's nutrition-sensitive commitments

CRS purpose code used by donor	Commitments (US\$ millions)	Nutrition-sensitive commitments (%)
Material relief assistance and services	126	30
Reproductive health care	88	21
Emergency food aid	72	17
Food aid/Food security programmes	40	9
Basic health care	18	4
Other	78	19

Nutrition-sensitive ODA commitments by CRS purpose code, five largest over 2013. Source: Development Initiatives' calculations based on DAC CRS data.

DFID's ODA commitments to nutrition-related interventions in 2013 were made to 26 different countries: 10 countries received both nutrition-specific and nutrition-sensitive commitments and the remaining 16 countries received only nutrition-sensitive commitments.

India had the largest level of commitments (US\$87 million). South Sudan followed with US\$60 million (see Annex 2 below for complete breakdown of disbursements and commitments by recipient and type).

Annex 2: Nutrition ODA by recipient

TABLE A2

Nutrition-related disbursements were equal to or exceeded commitments in all but four countries

Country	Commitments			Disbursements		
	Nutrition-specific	Nutrition-sensitive	Total	Nutrition-specific	Nutrition-sensitive	Total
Ethiopia	9.4	1.4	10.7	9.4	98.0	107.4
India	23.2	63.3	86.5	27.0	72.7	99.7
Bangladesh	4.3	2.2	6.5	7.6	52.4	60.0
South Sudan		59.8	59.8		59.9	59.9
Malawi	8.5	41.9	50.4	9.0	45.5	54.5
Yemen		6.1	6.1	10.3	34.7	45.0
Sudan		41.6	41.6		41.6	41.6
Somalia		13.3	13.3		35.6	35.6
Pakistan		30.7	30.7		33.5	33.5
Nigeria	11.5	2.8	14.4	21.8	8.5	30.2
DRC	3.1	17.3	20.4	3.1	24.2	27.4
Kenya		11.7	11.7		27.1	27.1
Afghanistan	2.9	15.6	18.6	2.9	15.7	18.6
Zimbabwe		10.2	10.2		17.0	17.0
Myanmar		14.7	14.7		16.6	16.6
Philippines		23.9	23.9		12.5	12.5
Uganda		7.0	7.0		11.5	11.5
Rwanda		5.2	5.2		7.5	7.5
Tanzania	0.05	2.5	2.5	1.0	6.1	7.1
Nepal					6.8	6.8
Mozambique	1.7		1.7	3.4	2.9	6.3
Zambia	0.1	0.8	0.9	1.0	2.6	3.6
Cambodia					3.1	3.1
West Bank and Gaza Strip					2.6	2.6
South Africa		0.8	0.8		2.1	2.1
Haiti					1.6	1.6
Central African Republic		0.9	0.9		0.7	0.7
Lesotho		0.4	0.4		0.6	0.6
Liberia					0.4	0.4
Montserrat		0.3	0.3		0.2	0.2
Sierra Leone		0.02	0.02		0.01	0.01
Asia, regional		0.01	0.01		0.01	0.01
South Asia, regional					1.1	1.1
South of Sahara, regional		12.3	12.3		26.6	26.6
Bilateral, unspecified		35.8	35.8	8.4	62.7	71.1
Total	64.9	422.6	487.5	105.0	734.7	839.7

DFID ODA nutrition investments by country and category, 2013, US\$ millions, ordered by size of total disbursements. Source: Development Initiatives' calculations based on DAC CRS data.

Annex 3: Nutrition-sensitive ODA by CRS sector and purpose code

TABLE A3

Emergency response accounts for the largest volume of nutrition-sensitive ODA

DAC CRS sector and purpose	Commitments	Disbursements
Emergency response	202.6	311.5
Emergency food aid	72.5	169.8
Material relief assistance and services	126.3	134.2
Relief co-ordination; protection and support services	3.9	7.5
Population policy/programmes & reproductive health	88.0	128.7
Reproductive health care	87.9	128.6
Personnel development: population & reproductive health	0.1	0.1
Basic health	23.1	78.9
Basic health care	18.1	73.0
Infectious disease control	1.2	3.2
Malaria control	1.7	1.7
Health personnel development	1.9	0.8
Tuberculosis control	0.2	0.2
Development food aid/food security assistance	39.7	51.1
Food aid/Food security programmes	39.7	51.1
Agriculture	24.9	49.0
Agricultural research	13.2	35.8
Agricultural development	11.4	12.1
Agricultural policy & admin. management	0.3	0.6
Agricultural services		0.5
Livestock	0.01	0.002
Other	44.3	115.5

Nutrition-sensitive ODA by CRS sector and purpose code, 2013, US\$ millions, ordered by sector and size of total disbursements. Source: Development Initiatives' calculations based on DAC CRS data.

See Annex 8 for a complete record of all CRS sectors and the disbursements therein.

Annex 4: SUN approach to identifying nutrition-sensitive ODA

Step 1: select projects under a pre-determined set of CRS codes likely to contain projects relevant to nutrition and, additionally, projects under other codes selected through a keyword-matching exercise (Annexes 5 and 6).

Step 2: determine which of the projects selected above 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: e.g. 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 (Annex 5).

Step 3: assess the degree of nutrition-sensitivity of those projects selected as above, classifying them as either 'nutrition-sensitive dominant' or 'nutrition-sensitive partial' (Annex 6).

TABLE A4

Project criteria as defined in the SUN methodology

Sensitivity	Criteria	Amount counted
Nutrition-sensitive partial	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%
Nutrition-sensitive dominant	When the full project (its main objective, results, outcomes and indicators) is nutrition-sensitive, as per the criteria described in Step 2.	100%

Annex 5: DAC CRS purpose codes used to identify nutrition-sensitive ODA (under SUN methodology)

<p>Food security and agriculture</p> <p>Availability</p> <p>31110 Agricultural policy and administrative management</p> <p>31120 Agricultural development</p> <p>31140 Agriculture water resources</p> <p>31150 Agricultural inputs</p> <p>31161 Food crop production</p> <p>31163 Livestock</p> <p>31166 Agricultural extension</p> <p>31181 Agricultural education/training</p> <p>31182 Agricultural research</p> <p>31191 Agricultural services</p> <p>31193 Agricultural financial services</p> <p>31194 Agricultural cooperatives</p> <p>31310 Fishing policy and administrative management</p> <p>31320 Fishery development</p> <p>31381 Fishery education and training</p> <p>43040 Rural development</p> <p>Accessibility</p> <p>16010 Social welfare services</p> <p>16011 Social protection</p> <p>52010 Food aid/food security programs</p> <p>72010 Material relief assistance and services</p> <p>72040 Humanitarian/emergency relief</p> <p>72050 Relief coordination, protection and support services</p> <p>73010 Reconstruction, relief and rehabilitation</p>	<p>Public health and water and sanitation</p> <p>Public health (including reproductive health)</p> <p>12110 Health policy and administrative management</p> <p>12220 Basic health care</p> <p>12250 Infectious disease control</p> <p>12261 Health education</p> <p>12281 Health personnel development</p> <p>13020 Reproductive health care</p> <p>13022 Maternal health including neonatal health</p> <p>Sanitation</p> <p>14030 Basic drinking water supply and sanitation</p> <p>14032 Basic sanitation</p> <p>Drinking water</p> <p>14031 Basic drinking water supply</p> <p>Care environment</p> <p>Gender empowerment</p> <p>15170 Women's equality organizations and institutions</p> <p>Other</p> <p>51010 General budget support</p>
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Annex 6: Agreed keywords used to identify nutrition-sensitive ODA and examples of nutrition-sensitive outcomes

Keywords

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.

Nutrition-sensitive outcomes

A. At individual level (children or adolescent girls or women)

- Increase purchasing power of women (examples: safety nets, cash transfers).
- Improve access to nutritious food of women, adolescent girls and/or children (examples: agriculture/livestock diversification, biofortification, food safety, increased access to markets).
- Improve the 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 (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: inclusions of nutritional education in the curriculum for primary and secondary education, 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

- Improved 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 the implementation of the Code of Marketing of Breast-Milk Substitutes, food safety).

C. Research

- Increased research with nutrition objectives.

Annex 7: Determining level of nutrition-sensitivity of projects: worked examples

Example of a nutrition-sensitive project

Enhancing Nutrition Surveillance, Response and Resilience – DFID project code GB-1-202994

This project meets all three of the criteria.

- ✓ Aimed at individuals: this project's target beneficiaries are children aged 6 to 59 months.
- ✓ Significant nutrition objective or indicator: this project intends to reduce the prevalence of Global Acute Malnutrition in children.
- ✓ Contributes to nutrition-sensitive outcomes: this project intends to improve feeding practices and access to nutrition services, and to strengthen nutrition-information systems.

So this project is classified as **NUTRITION-SENSITIVE**

Example of a discounted project

Routine Immunisation – DFID project code GB-1-104227

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 reproductive health care.

So this project is **NOT NUTRITION-SENSITIVE**

Example of a nutrition-sensitive dominant project

Low Birth Weight in South Asia Trial – DFID project code GB-1-202796

This project's stated outcome is "improved nutrition policy and programmes in South Asia focused on maternal and neonatal outcomes".

- ✓ This project meets all three of the criteria.

All of its actions contribute to nutrition-sensitive outcomes: improved governance of nutrition and increased research with nutrition objectives.

So this project is classified as **NUTRITION-SENSITIVE DOMINANT**

Example of a nutrition-sensitive partial project

Assistance to Conflict-affected People, Eastern Burma – DFID project code GB-1-114532

- ✓ This project meets all three of the criteria.

Not all of its actions contribute to nutrition-sensitive outcomes, such as: "Improved access to justice and protection services for refugees living in camps".

So this project is classified as **NUTRITION-SENSITIVE PARTIAL**

Annex 8: Distribution of potential nutrition-sensitive projects in the DAC CRS

TABLE A5

Origins of nutrition-sensitive projects

Potential DFID ODA nutrition investments by SUN methodology filter

Origin	Potential projects identified	Projects that qualified as nutrition-sensitive (%)
DAC CRS codes	353	30
Keyword matches	89	54

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

TABLE A6

Nutrition-sensitive ODA disbursements distribution among DAC CRS codes

DFID ODA nutrition-sensitive investments by DAC CRS code compared with total ODA recorded under that code

CRS sector	ODA disbursements (US\$ millions)				
	Bilateral ODA	Nutrition-sensitive ODA	Purpose code ODA (%)	Nutrition-sensitive ODA (%)	Bilateral ODA (%)*
Emergency Response	1,207.5	311.5	37.4	42.4	3.4
Population Pol./Progr. & Reproductive Health	500.3	128.7	28.2	17.5	1.4
Basic Health	1,095.6	78.9	9.2	10.7	0.9
Dev. Food Aid/Food Security Ass.	147.0	51.1	75.3	7.0	0.6
Agriculture	184.2	49.0	38.0	6.7	0.5
Other Multisector	791.5	43.9	6.6	6.0	0.5
Other Social Infrastructure & Services	484.9	30.4	7.7	4.1	0.3
Water Supply & Sanitation	215.1	9.9	5.2	1.3	0.1
Health, General	324.6	9.4	3.1	1.3	0.1
Reconstruction Relief & Rehabilitation	39.3	6.9	36.8	0.9	0.1
Education, Level Unspecified	646.7	6.4	1.0	0.9	0.1
Unallocated / Unspecified	237.8	3.6	1.5	0.5	0.04
General Environment Protection	324.0	3.2	1.0	0.4	0.04
Disaster Prevention & Preparedness	42.5	1.4	3.5	0.2	0.01
Government & Civil Society – General	902.7	0.3	0.03	0.04	0.003
Conflict, Peace & Security	141.6	0.2	0.2	0.03	0.003
Basic Education	349.8	0.01	0.004	0.002	0.0002
Total (all sectors)	9,090.4	735			8.1

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

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

Annex 9: Nutrition-specific and nutrition-sensitive projects

TABLE A7

Details of projects with both nutrition-specific and nutrition-sensitive components

Project number	Project title	Classification*
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
203118	Yemen Nutrition Programme 2012–2015	Nutrition-specific and nutrition-sensitive dominant
203511	Emergency Food and Nutrition Support	Nutrition-specific and nutrition-sensitive dominant
203556	Humanitarian Response to Food Insecurity in Malawi 2012–13	Nutrition-specific and nutrition-sensitive dominant

Note: 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 4 above).

Annex 10: Projects classification flowchart

