

DFID's aid spending for nutrition: 2014		2016 April
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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 previous reports¹ that looked at investments between 2010 and 2013, and using the Scaling Up Nutrition movement's agreed methodology, this reports analyses 2014 nutrition aid and finds the following:

- DFID disbursed US\$868 million of nutrition-related official development assistance (ODA or aid) to developing countries in 2014. This is 8.8% of DFID's total bilateral disbursements in 2014 (based on all bilateral ODA disbursements reported to the Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC)'s Creditor Reporting System (CRS)).
- DFID supported a total of 123 nutrition related projects in 2014. The number of nutrition-specific projects has continued to increase as it has done steadily since 2010.
- DFID's total aid to nutrition has increased steadily since 2010 and peaked in 2013. Aid levels were broadly maintained in 2014.
- Nutrition-sensitive disbursements account for 90% of DFID's 2014 total nutrition spending, and nutrition-specific disbursements the remaining 10%.
- The value of DFID's nutrition-specific aid disbursements decreased by 23% between 2013 and 2014, while aid to nutrition-sensitive interventions decreased by 1%.
- Nutrition-sensitive aid had a wider geographic reach (26 countries) than nutrition-specific aid (11 countries) did in 2014.
- South Sudan received the most overall nutrition-related aid (US\$200 million) in 2014, following the continuing conflict and deep humanitarian crisis.

Introduction and approach

As part of increasing efforts to track donor spending on nutrition, this report analyses the ODA spending on nutrition-related projects by DFID. We use the approach developed by the Scaling Up Nutrition (SUN) movement, which allows donor spending on both nutrition-specific and nutrition-sensitive interventions to be identified and quantified.

¹ Development Initiatives (2014) DFID's aid spending for nutrition: 2010–2012. Available at: <http://devinit.org/post/dfids-aid-spending-nutrition-2010-2012> and Development Initiatives (2015) DFID's aid spending for nutrition: 2013. Available at: <http://devinit.org/post/dfids-aid-spending-for-nutrition-2013>

This assessment uses the OECD DAC 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 2014 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 & Skills disbursed US\$5.5 million to nutrition-specific interventions in 2014, equivalent to 6% of total UK nutrition-specific ODA.²

Identifying nutrition-related ODA projects

The [SUN Donor Network](#)³ 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 the national goals of developing country SUN members. Its methodology identifies two types of projects: those that are 'nutrition-specific' and those classed as 'nutrition-sensitive'.⁴

Nutrition-specific ODA projects

The SUN methodology defines all projects recorded under the 'basic nutrition' CRS purpose code as nutrition-specific.⁵ This code captures reported spend on:

- direct feeding programmes (eg maternal feeding, breastfeeding and weaning foods, child feeding, school feeding)
- identifying micronutrient deficiencies
- monitoring 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 purpose codes.

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

² The Department for Business, Innovation & Skills supported six nutrition projects in Gambia, Kenya and India.

³ See <http://scalingupnutrition.org/the-sun-network/donor-network>

⁴ The SUN methodology is applied only to DFID's bilateral ODA. This captures flows from DFID to official sources in recipient countries. It does not capture spending by multilateral agencies that were funded by core contributions from DFID.

⁵ DAC CRS code 12240.

Other components of these projects recorded under any other CRS purpose code have been classified as 'nutrition-sensitive' (see below, and see Annex 9 for a record of projects with both specific and sensitive components).

Nutrition-sensitive ODA projects

The SUN methodology uses a three-step approach to identify nutrition-sensitive projects. An additional step is needed to account for DFID's detailed CRS reporting (see Annex 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 full list of these). A keyword search is applied to the description field of all other CRS records under the remaining purpose codes (see Annex 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 project documents for all components identified in step 1 are reviewed to determine whether they are nutrition-sensitive. This assessment primarily uses publicly available documents published through DFID's Development Tracker.⁶

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

- be aimed at individuals (specifically, women or adolescent girls or children)
- include nutrition as a significant objective or indicator
- contribute to at least one nutrition-sensitive outcome (see Annex 6).

Annex 7 provides examples of how these criteria are applied to specific projects.

While identifying explicit nutrition targets and objectives among project documents is straightforward, applying the first criterion (aimed at individuals) is less so and more subjective. The SUN Donor Network's methodology requires a nutrition-sensitive project to intend to improve nutrition for women or adolescent girls or children. The methodology adds that "this does not necessarily entail targeting women or children because actions targeted at households, communities or nations can also be designed to result in improved nutrition for women and children. It entails, though, an intention to achieve results and measure them at the level of women, adolescent girls or children."⁷

This analysis considered a project to be aimed at individuals when there was evidence of explicit or implicit intent among project documents to achieve results and measure them at an individual level. In the case of DFID, some nutrition-sensitive projects track progress at the household level. Projects that only tracked progress at the household level and not at the individual level (eg 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 (eg 'improving malnutrition' and 'reducing incidence of

⁶ Documents for just 38 of the 400 projects identified were not available on DFID's Development Tracker (see <https://devtracker.dfid.gov.uk>). Missing information was provided directly by DFID.

⁷ SUN Donor Network (2013) Methodology and Guidance Note to Track Global Investments in Nutrition. Available at: http://scalingupnutrition.org/wp-content/uploads/2013/12/RESOURCE_TRACKING_METHODODOLOGY_SUN_DONOR_NETWORK.pdf

malnutrition') or refer to actions that do this (eg 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 (eg 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 these criteria are met can a project qualify as nutrition-sensitive.

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

As DFID reports at the component level, it is possible that a project identified as nutrition-sensitive under the criteria described in step 2 will have components elsewhere in the CRS database that are not captured in step 1. In some cases not all components are reported using one of the codes in Annex 5 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, in line with what was agreed by SUN Donor Network members for the original 2010–2012 DFID nutrition spending assessment. For each project, total spend is calculated as the sum of all the project's components.

Step 4: Classifying nutrition-sensitive projects as 'dominant' or 'partial'

The final step of the SUN methodology classifies nutrition-sensitive projects as one of two sub-categories, 'dominant' or 'partial', depending on the extent to which projects contribute to nutrition-sensitive outcomes. 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 ODA, it does mean that detailed financial information about how funds are split across activities within projects is lost.⁸ 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 6), the project is classified as 'nutrition-sensitive dominant' and the total spend for the project is counted
- when **part of the project** (eg 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 7 provides examples of how projects are assessed as dominant or partial.

Following the steps outlined above yielded 396 potentially nutrition-sensitive projects for 2014 (see Annex 10). Of these, 111 were multi-year projects that had qualified as nutrition-sensitive during the [2013 assessment](#).⁹ These projects were reassessed carefully to capture any shifts in their focus; none were found and no projects were reclassified between 2013 and 2014.

⁸ 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/IATI (see www.aidtransparency.net) proposes such a standard and aims to provide a more granular understanding of development financing.

⁹ Development Initiatives (2015) DFID's aid spending for nutrition: 2013. Available at: <http://devinit.org/post/dfids-aid-spending-for-nutrition-2013>

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

ODA disbursements and commitments

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

As disbursements measure the resources actually transferred to developing countries in a given reporting year, we report primarily on DFID's disbursements. Commitments data can be found in Annex 1.

DFID's ODA disbursements to nutrition

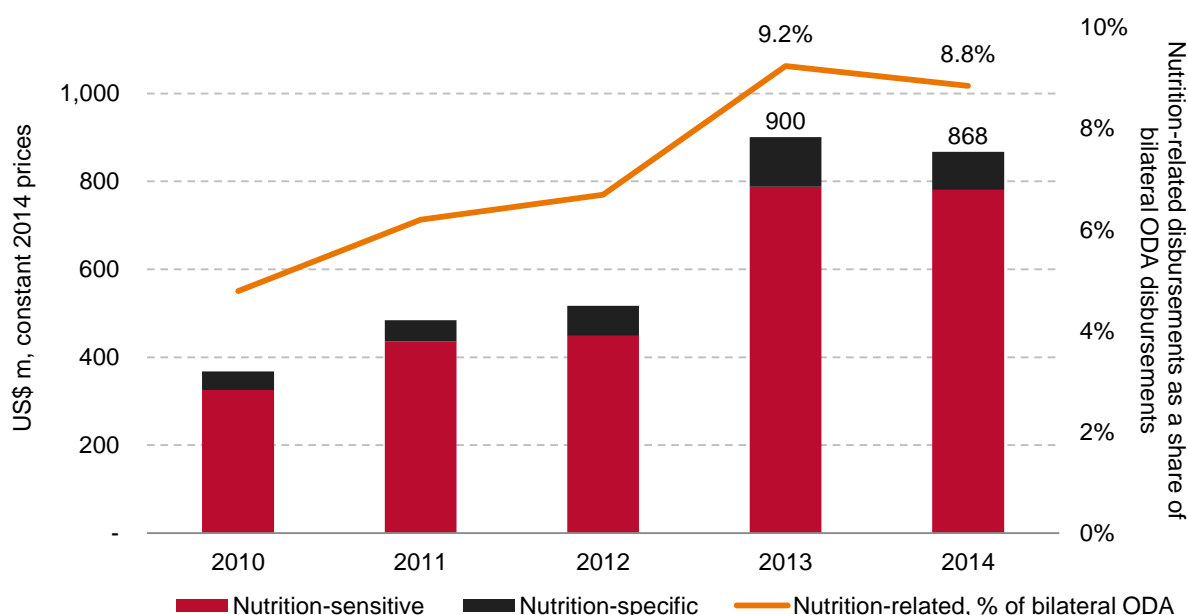
In 2014 DFID disbursed US\$868 million to 123 different nutrition-related projects. This is slightly less than 2013 spending in real terms.¹⁰ This is the first reduction in total nutrition-related spending observed since 2010, but 2014 volumes remain well above aid disbursed yearly between 2010 and 2012 (Figure 1).

The majority (90%) of nutrition-related spending continues to consist of nutrition-sensitive spending; nutrition-specific spending constitutes just 10% of total spending. Both DFID's nutrition-specific and nutrition-sensitive spending decreased between 2013 and 2014, though nutrition-specific ODA decreased much more (23%) than nutrition-sensitive ODA, which fell by just 1%.

With the decrease in nutrition-related disbursements, the proportion of ODA spent on nutrition-related projects calculated as a share of bilateral aid has also fallen from 2013 levels.¹¹ DFID's nutrition-related spending equalled 8.8% of its bilateral ODA spending, down from a peak of 9.2% in 2013 (Figure 1).

FIGURE 1

Nutrition-related spending remains high, though slightly less than 2013 levels



DFID nutrition disbursements by volume and share of total bilateral disbursements, 2010–2014.

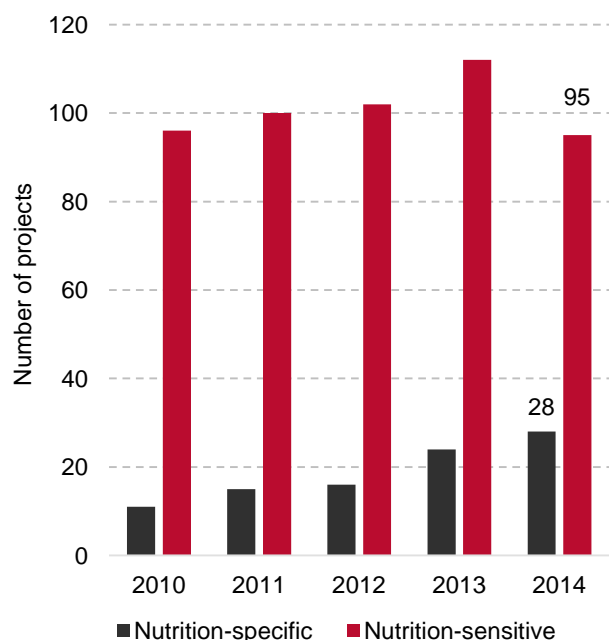
Source: Development Initiatives' calculations based on DAC CRS data.

¹⁰ All figures are presented in constant 2014 prices. Discrepancies may appear due to rounding.

¹¹ The SUN methodology is applied only to DFID's bilateral ODA. See footnote 4.

FIGURE 2

The total number of DFID nutrition-related projects fell, though the number of nutrition-specific projects rose in 2014



The total number of DFID’s nutrition-related projects has also fallen (Figure 2). DFID supported a total of 123 unique projects in 2014, down from 136 in 2013. Of these 123 projects, 95 were nutrition-sensitive and 28 were nutrition-specific. Of these nutrition-specific projects, eight had nutrition-sensitive components.

While the total number of nutrition-related projects has decreased for the first time since 2010, the number of nutrition-specific projects has continued to increase as it has done steadily since 2010 (from 24 in 2013 to 28 in 2014).

Number of projects by type and year, 2010–2014.
Source: Development Initiatives’ calculations based on DAC CRS data.

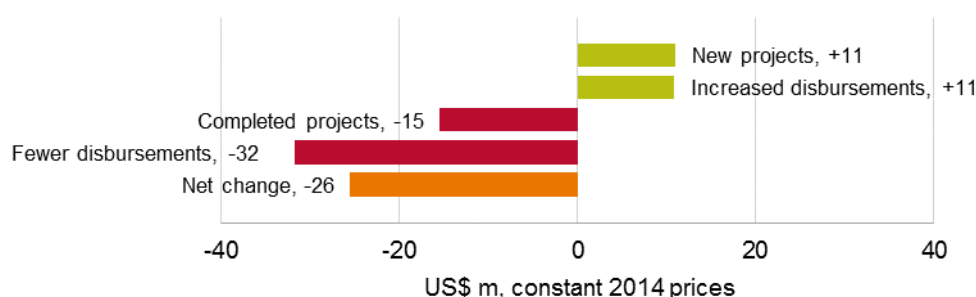
DFID’s nutrition-specific spending fell by net US\$25.5 million between 2013 and 2014. As Figure 3 shows, the net decrease is attributable to a decrease of US\$47.3 million caused by:

1. Smaller disbursements to 15 existing nutrition-specific projects **-US\$31.8 million**
2. Four nutrition-specific projects existing in 2013 received no disbursements in 2014 **-US\$15.5 million**

Other projects received increased funds and eight new projects were funded, for a combined total of US\$21.8 million. The net change is therefore a reduction of US\$25.5 million in nutrition-specific disbursements between 2013 and 2014.

FIGURE 3

Nutrition-specific disbursements decreased by US\$25.5 million between 2013 and 2014



Changes in nutrition-specific disbursements, 2013–2014. Note: ‘New’ projects are those that received no disbursements before 2014. ‘Completed’ projects are those that had previously received disbursements, but did not in 2014. ‘Increased disbursements’ and ‘fewer disbursements’ refer to disbursements to existing projects.
Source: Development Initiatives’ calculations based on DAC CRS data.

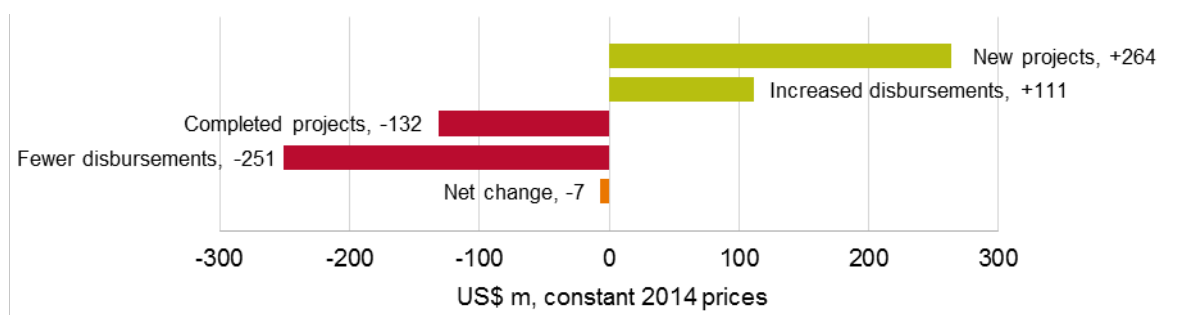
DFID’s nutrition-sensitive spending also decreased, though to a lesser extent, by net US\$7.4 million. This decrease is attributable to similar factors (Figure 4):

1. Smaller disbursements to 42 existing nutrition-sensitive projects **-US\$250.9 million**
2. No additional disbursements to 33 nutrition-sensitive projects existing in 2013 **US\$131.5 million**

The decrease attributable to these two factors (US\$382.4 million) is greater than the increases to other projects (US\$375.1 million) resulting in a net decrease of US\$7.4 million).¹²

FIGURE 4

Nutrition-sensitive disbursements also decreased, by US\$7.4 million between 2013 and 2014



Changes in nutrition-specific disbursements, 2013–2014. Note: ‘New’ projects are those that received no disbursements before 2014. ‘Completed’ projects are those that had previously received disbursements, but did not in 2014. ‘Increased disbursements’ and ‘fewer disbursements’ refer to disbursements to existing projects. Source: Development Initiatives’ calculations based on DAC CRS data.

While total nutrition-sensitive aid decreased between 2013 and 2014, spending specifically on nutrition-sensitive dominant projects actually increased, from US\$389 million to US\$443 million and continues to constitute a growing proportion of DFID’s total nutrition-sensitive spending.

¹² 42 existing projects received greater disbursements and DFID supported 16 new nutrition-sensitive projects in 2014.

Nutrition-sensitive ODA by purpose code and sector

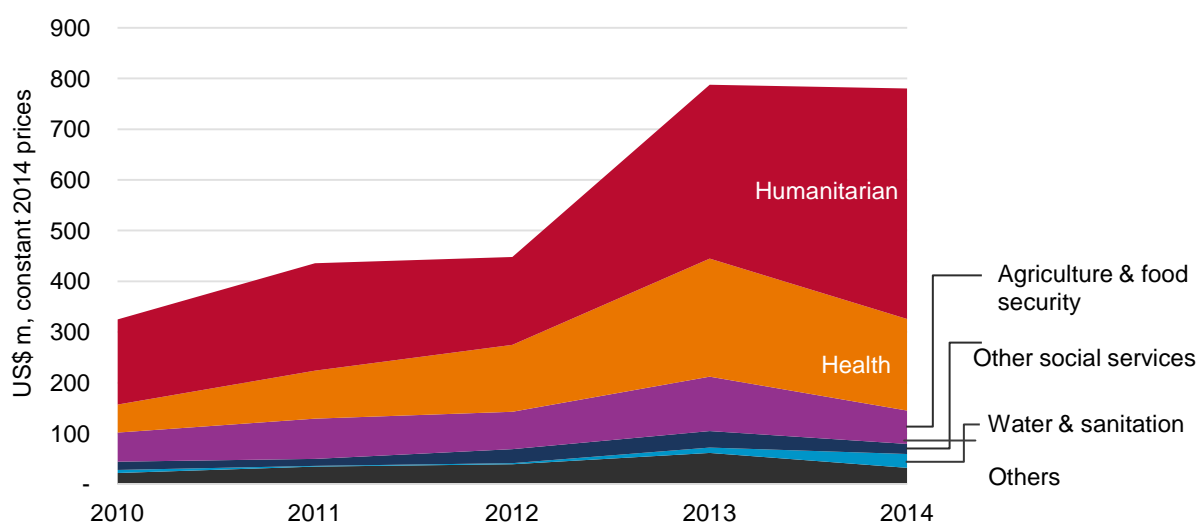
Donors reporting to the CRS are required to specify in some detail the sector that their ODA investments intend to support using a defined list of purpose codes, organised by sector.¹³ These purpose codes classify different activities, enabling a breakdown of a donor's support across key sectors.

The majority of DFID's nutrition-sensitive spending occurs in the humanitarian sector, which accounts for 49% of this spending between 2010 and 2014. Since 2011, health is consistently the second largest sector, accounting for 25% of DFID's nutrition-sensitive aid between 2010 and 2014.

Between 2013 and 2014, nutrition-sensitive humanitarian spending increased by a third. The largest proportional increase (158%) occurred in the water and sanitation sector, although starting from a very low volume. Nutrition-sensitive spending reported under other key sectors decreased. The health sector had the largest drop by volume (US\$52 million), followed by agriculture and food security (US\$42 million) and other social services¹⁴ (US\$13 million) (Figure 5).

FIGURE 5

49% of nutrition-sensitive ODA in 2010–2014 was spent in the humanitarian sector



Nutrition-sensitive ODA disbursements by sector, 2010–2014.

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

In 2014, DFID's nutrition-sensitive interventions were recorded under 37 different purpose codes across 17 sectors. Similarly to in recent years, much of DFID's nutrition-sensitive spending is concentrated in a small number of purpose codes, namely humanitarian interventions (material relief assistance and services 37%, emergency food aid 14%),

¹³ The OECD defines purpose codes as "the specific areas of the recipient's economic or social development the transfer intends to foster" (OECD, 2016: see www.oecd.org/dac/stats/purposecodessectorclassification.htm).

¹⁴ The other social services sector includes activities reported under the following purpose codes: Social/welfare services (this includes social security and other social schemes); Employment policy and administrative management; Housing policy and administrative management; Low-cost housing; Multisector aid for basic social services; Culture and recreation; Statistical capacity building; Narcotics control; and Social mitigation of HIV/AIDS.

maternal and broader health programmes (basic health care 13%, reproductive health care 9%). These four purpose codes alone represent almost three-quarters (73%) of DFID's nutrition-sensitive disbursements (Table 1).¹⁵ 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	Nutrition-sensitive disbursements (US\$ millions)	% of total nutrition-sensitive disbursements
Material relief assistance and services	292	37%
Emergency food aid	110	14%
Basic health care	99	13%
Reproductive health care	69	9%
Agricultural research	38	5%
Other purpose codes	172	22%

Nutrition-sensitive ODA disbursements by CRS purpose code, 2014.

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

¹⁵ The top five purpose codes and their corresponding code numbers are: Material relief assistance and services (72010); Emergency food aid (72040); Basic healthcare (12220); Reproductive health care (13020); Agricultural research (31182).

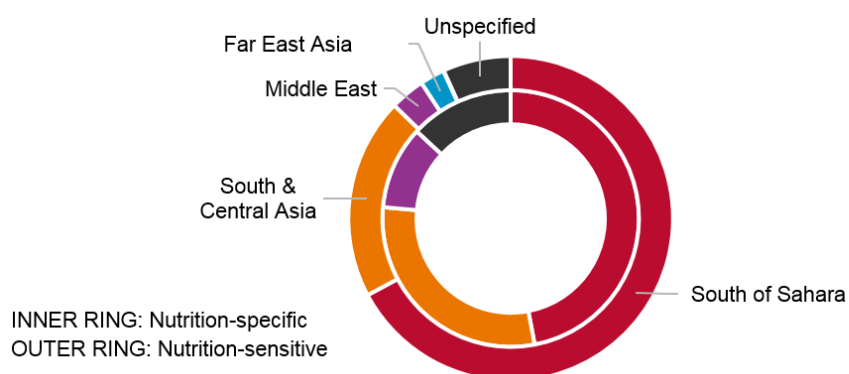
Recipients of nutrition ODA disbursements

In line with previous years, DFID's nutrition-related spending was largely directed to countries in sub-Saharan Africa that received over half (65%, US\$562 million) of DFID's nutrition-related ODA (Figure 6). South and Central Asia received 21% (US\$181 million) and the Middle East received US\$36 million, equal to 4% of all nutrition-related ODA. DFID's nutrition-sensitive aid also reached countries in Far East Asia and North and Central America.

Disbursements to projects with unspecified geographies amounted to US\$64 million, covering 22 different projects focusing on nutrition-related research, advocacy or policy. These aid allocations followed the same overall trend of nutrition-related ODA, rising to a peak in 2013 before falling slightly in 2014. Since 2010, disbursements to projects with unspecified geographies have increased by US\$58 million. The share of these projects as a proportion of DFID's nutrition-related ODA has recently declined, however, from 10% in 2012 to 7% in 2014.

FIGURE 6

Nutrition aid continues to focus on sub-Saharan Africa and South and Central Asia



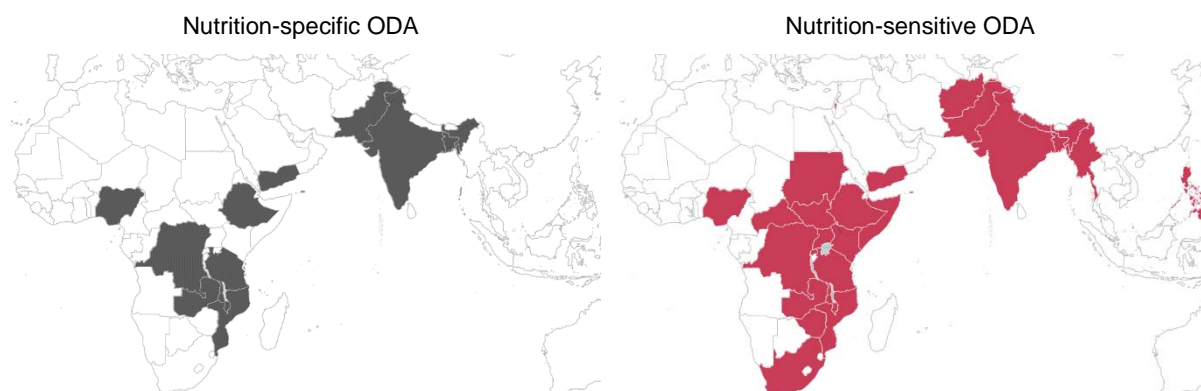
Allocation of DFID nutrition-related disbursements by type and region, 2014 (% of total).
Source: Development Initiatives' calculations based on DAC CRS data.

DFID's nutrition-related aid was more concentrated by country in 2014 than in 2013. DFID directly disbursed nutrition-related aid to 26 countries in 2014, down from 31 countries in 2013.¹⁶ While 11 countries received both nutrition-sensitive and nutrition-specific aid, 15 countries received only nutrition-sensitive aid (Figure 7). No country received solely nutrition-specific aid.

¹⁶ DFID's country-specific allocations are also complemented by US\$18 million in spending at the regional level, most significantly on humanitarian interventions in sub-Saharan Africa. See Annex 2 for a complete breakdown of disbursements and commitments by recipient and type.

FIGURE 7

Nutrition-sensitive aid is more broadly distributed than is nutrition-specific aid



Geographic distribution of nutrition-specific and nutrition-sensitive disbursements.
Source: Development Initiatives' calculations based on DAC CRS data.

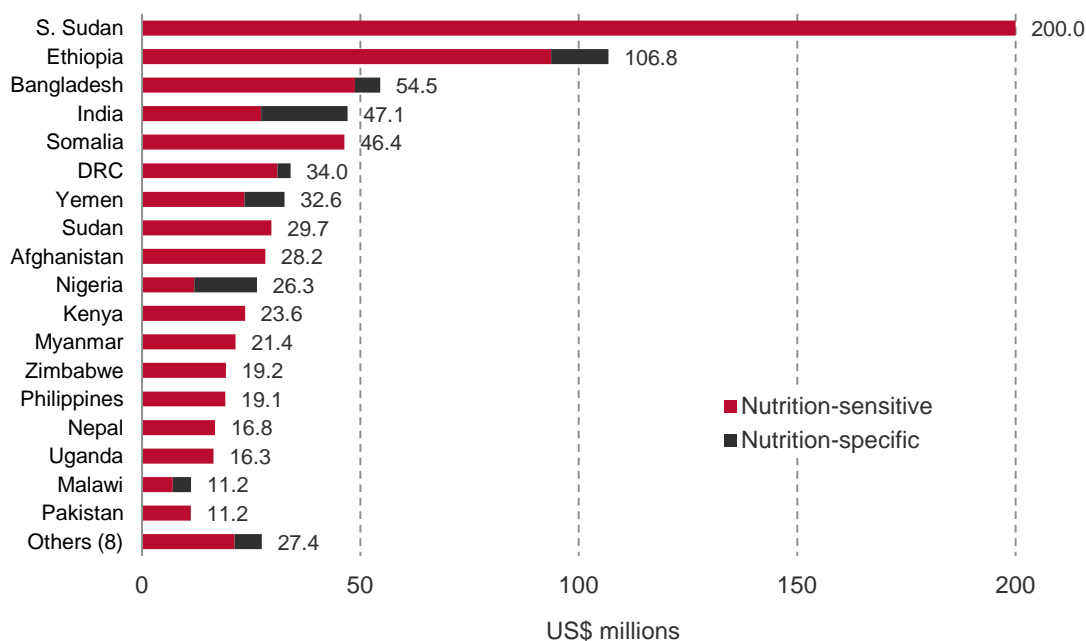
Nutrition-specific ODA was more concentrated than nutrition-sensitive ODA in 2014, in line with previous years. Both flows focused on selected countries, the former India and the latter South Sudan. In 2014 a quarter (26%, US\$20 million) of country-allocable nutrition-specific ODA is allocated to just one country – India. Nigeria and Ethiopia received over US\$10 million each (respectively US\$14 million and US\$13 million). In parallel, nutrition-sensitive ODA was heavily concentrated in South Sudan, which accounted for 29% of DFID's nutrition-sensitive disbursements. The majority of this spending is attributable to large scale nutrition-sensitive humanitarian interventions. Ethiopia, Bangladesh and Somalia also received significant amounts of nutrition-sensitive aid (US\$94 million, US\$49 million and US\$46 million respectively). Another 13 countries received more than US\$10 million each and nine countries less than US\$10 million each.

Despite receiving only nutrition-sensitive aid, South Sudan received by far the greatest amount of nutrition-related disbursements of any country – US\$200 million, primarily amongst emergency humanitarian support (Figure 8). By comparison the second largest recipient, Ethiopia, received US\$107 million. Bangladesh, India and Somalia complete the five largest recipients, receiving US\$55 million, US\$47 million and US\$46 million respectively. Another 15 countries received more than US\$10 million each and the remaining eight countries less than US\$10 million each.

Of the 11 countries that received both nutrition-specific and nutrition-sensitive disbursements, the amount of nutrition-sensitive ODA exceeds the amount of nutrition-specific ODA in all but two countries – Nigeria and Zambia. In both cases this is largely due to a single large nutrition-specific project: 'Working to Improving Nutrition in Northern Nigeria' in the former and "Tackling Maternal and Child Undernutrition Programme- Phase II" in the latter. Nutrition-specific disbursements also constitute significant portions of total nutrition-related ODA to India (42%), Malawi (37%), Yemen (28%) and Tanzania (23%).

FIGURE 8

Deep humanitarian needs drove South Sudan to the top of DFID's nutrition aid recipients list



Recipients of DFID's nutrition-related disbursements by category, 2014.
Source: Development Initiatives' calculations based on DAC CRS data.

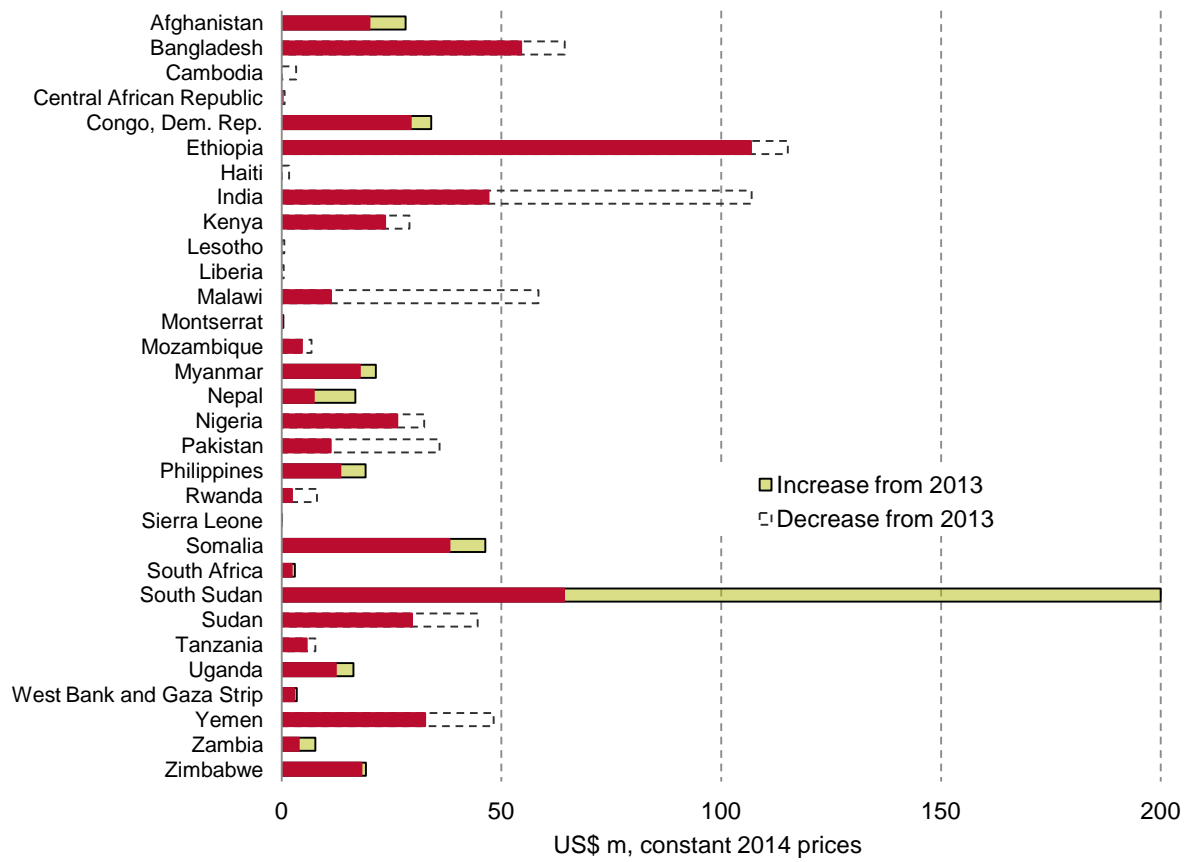
In response to the persistent humanitarian crisis, South Sudan had the largest increase in nutrition-related disbursements between 2013 and 2014, out of a total of 13 countries to which DFID's nutrition aid grew (Figure 9). Nepal, Afghanistan, Somalia and the Philippines also had significant increases. Conversely, DFID decreased disbursements to 13 other countries, including Ethiopia, India, Bangladesh and Malawi, each among the largest five recipients in 2013. Five recipient countries (Cambodia, Haiti, Lesotho, Liberia and Sierra Leone) that received nutrition-related aid in 2013 did not receive any disbursements in 2014.

Since 2010 DFID has supported a group of 17 countries with consistent annual nutrition-sensitive disbursements.¹⁷ Some other countries that previously received disbursements have not received nutrition-related disbursements since 2012 (Angola, Burundi, Republic of the Congo, Cote d'Ivoire, Eritrea, Ghana, Iraq, Nicaragua, Sri Lanka, and Vietnam), while others only received funds since 2012 (Afghanistan, Central African Republic, Haiti, Lesotho, Philippines, Sierra Leone, and West Bank and Gaza Strip).

¹⁷ DFID has disbursed country-allocable nutrition-related aid in each year between 2010 and 2014 to the following countries: Bangladesh, Ethiopia, India, Kenya, Malawi, Mozambique, Myanmar, Nepal, Nigeria, Pakistan, Rwanda, Somalia, Sudan, Uganda, Yemen, Zambia and Zimbabwe.

FIGURE 9

Disbursements increased to 13 countries and decreased to 13 others



Changes in country-allocable nutrition-related disbursements, 2013-2014.
 Source: Development Initiatives' calculations based on DAC CRS data.

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Annex 1: DFID's ODA commitments for nutrition

In 2014:

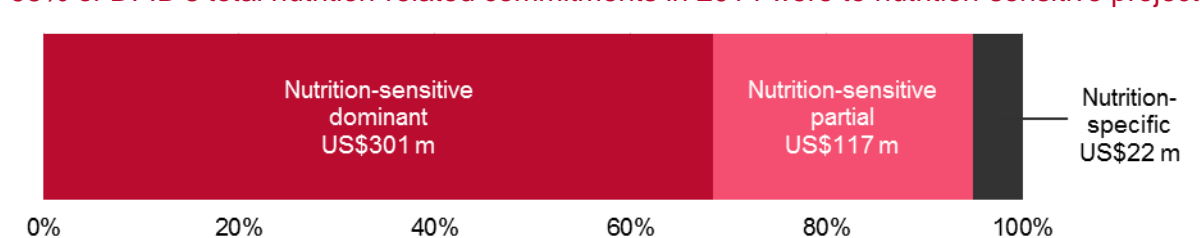
- DFID committed a total of US\$440 million of nutrition-related official development assistance to developing countries, representing 6.6% of DFID's total commitments (US\$6.5 billion)
- DFID's commitments to both nutrition-sensitive and nutrition-specific projects decreased considerably from 2013 levels, by 8% and 68% respectively
- Nutrition-sensitive commitments (US\$417 million) constituted the majority of DFID's total nutrition-related commitments and were almost 19 times greater than nutrition-specific commitments (US\$22 million)
- South Sudan was allocated the greatest amount of commitments (US\$230 million), equal to 52% of DFID's total nutrition-related aid.

DFID's total nutrition-related commitments decreased by 16% in real terms (or US\$83 million), from US\$523 million in 2013 to US\$440 million in 2014. Nutrition-sensitive commitments fell by US\$36 million and nutrition-specific commitments by US\$47 million.

Nutrition-sensitive commitments continue to constitute the majority of DFID's total nutrition-related commitments. Nutrition-specific commitments accounted for just 5% of DFID's total nutrition-related commitments made in 2014.

FIGURE A1

95% of DFID's total nutrition-related commitments in 2014 were to nutrition-sensitive projects



Value and share of total nutrition-related commitments by category, 2014. Errors may appear due to rounding. Source: Development Initiatives' calculations based on DAC CRS data.

TABLE A1

90% of total nutrition-sensitive commitments were concentrated in five purpose codes

DAC CRS purpose code used by donor	Nutrition-sensitive commitments (US\$ millions)	% of total nutrition-sensitive disbursements
Material relief assistance and services	264	63%
Reproductive health care	41	10%
Basic drinking water supply and basic sanitation	39	9%
Reconstruction relief and rehabilitation	26	6%
Emergency food aid	7	2%
Other purpose codes	172	22%

Nutrition-sensitive ODA disbursements by CRS purpose code, 2014.

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

Annex 2: Nutrition ODA by recipient

TABLE A2

Country	Commitments			Disbursements		
	Nutrition-specific	Nutrition-sensitive	Total	Nutrition-specific	Nutrition-sensitive	Total
South Sudan		230.2	230.2		200.0	200.0
Ethiopia		22.2	22.2	13.2	93.6	106.8
Bangladesh	0.1	2.7	2.8	5.8	48.7	54.5
India	4.6	2.0	6.6	19.8	27.3	47.1
Somalia		35.6	35.6		46.4	46.4
Democratic Republic of the Congo		2.0	2.0	3.0	31.0	34.0
Yemen		0.1	0.1	9.1	23.5	32.6
Sudan		7.4	7.4		29.7	29.7
Afghanistan		28.2	28.2		28.2	28.2
Nigeria	1.4	1.5	2.9	14.4	12.0	26.3
Kenya		2.8	2.8		23.6	23.6
Myanmar		7.1	7.1		21.4	21.4
Zimbabwe		3.4	3.4		19.2	19.2
Philippines					19.1	19.1
Nepal		1.4	1.4		16.8	16.8
Uganda		8.7	8.7		16.3	16.3
Malawi	4.4	1.3	5.7	4.2	7.0	11.2
Pakistan	1.3	7.2	8.5	0.01	11.2	11.2
Zambia	1.3	1.1	2.4	4.1	3.6	7.6
Tanzania	1.3	0.1	1.4	1.3	4.4	5.7
Mozambique	1.6	1.0	2.6	0.8	3.8	4.6
West Bank and Gaza Strip					3.4	3.4
South Africa					3.0	3.0
Rwanda		2.0	2.0		2.3	2.3
Montserrat					0.4	0.4
Central African Republic		0.005	0.005		0.3	0.3
Africa, regional		2.4	2.4		2.3	2.3
Asia, regional					2.3	2.3
South Asia, regional					2.3	2.3
South of Sahara, regional		15.6	15.6		25.1	25.1
Unspecified	6.4	31.5	37.9	11.4	52.5	63.9
Total	22.5	417.4	439.9	87.0	780.5	867.5

DFID ODA nutrition investments by country and category, 2014, 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

DAC CRS sector and purpose code	Commitments	Disbursements
Emergency response	274.8	416.1
Material relief assistance and services	263.8	292.4
Emergency food aid	7.2	110.4
Relief coordination; protection and support services	3.8	13.2
Basic health	7.0	103.5
Basic health care	6.2	99.1
Health personnel development	0.7	2.8
Malaria control	0.0	1.3
Tuberculosis control	0.0	0.3
Population policies/programmes & reproductive health	41.3	70.0
Reproductive health care	41.2	68.9
Personnel development for population & reproductive health	0.0	1.1
Family planning	0.1	0.0
Agriculture	0.9	44.8
Agricultural research	0.0	38.0
Agricultural development	0.6	5.2
Agricultural policy & administrative management	0.3	1.0
Agricultural services	0.0	0.6
Reconstruction relief & rehabilitation	25.9	34.0
Reconstruction relief and rehabilitation	25.9	34.0
Others	67.5	112.1
Total	417.4	780.5

Nutrition-sensitive ODA by CRS sector and purpose code, 2014, 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 projects

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 (Annex 5).

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

- The project is aimed at individuals: ie 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 6).

Step 3: assess the degree of nutrition-sensitivity of the selected projects, classifying them as either 'nutrition-sensitive dominant' or 'nutrition-sensitive partial' (Annex 7).

TABLE A4

Project criteria as defined in the SUN methodology

Sensitivity	Criteria	Amount counted
Nutrition-sensitive partial	When part of the project (eg 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 and keywords used to identify nutrition-sensitive ODA (under SUN methodology)

<p>Food security and agriculture</p> <p><i>Availability</i></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><i>Accessibility</i></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><i>Public health (including reproductive health)</i></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><i>Sanitation</i></p> <p>14030 Basic drinking water supply and sanitation</p> <p>14032 Basic sanitation</p> <p><i>Drinking water</i></p> <p>14031 Basic drinking water supply</p> <p>Care environment</p> <p><i>Gender empowerment</i></p> <p>15170 Women's equality organizations and institutions</p> <p>Other</p> <p>51010 General budget support</p>
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Annex 6: 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 for women, adolescent girls and/or children (examples: agriculture/livestock diversification, biofortification, food safety, increased access to markets)
- Improve diet in quality and/or quantity for women, adolescent girls or children (examples: promotion of quality/diversity, nutritious diets, quantity/energy intake in food-insecure households, stability, micronutrient intake, vouchers, access to markets)
- Improve access of women or adolescent girls or children to primary health care (examples: maternal health care, child health care, reproductive health care, supplementation, therapeutic feeding, support to breastfeeding)
- Improve access to childcare (ie childcare not supplied through the health services)
- Improve women's or adolescent girls' or children's access to water, sanitation and hygiene (examples: access to latrines, access to safe water, improvement of hygiene)
- Improve access to education/school for adolescent girls
- Improve knowledge/awareness on nutrition for relevant audiences (examples: inclusion of nutritional education in primary and secondary education curricula, TV and radio spots addressing vulnerable households and decision-makers, nutrition awareness campaigns)
- Improve empowerment of women (examples: access to credit, women-based smallholder agriculture, support to women's groups)

B. National level

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

to-food, legislation for implementing the Code of Marketing of Breastmilk Substitutes, food safety)

C. Research

- Increased research with nutrition objectives
-

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

Example of a nutrition-sensitive project

Joint Health and Nutrition Programme – DFID project code GB-1-202812

This project meets all three of the criteria.

- ✓ Aimed at individuals: this project's target beneficiaries are children under five years of age.
- ✓ Significant nutrition objective or indicator: this project intends to reduce stunting among children.
- ✓ Contributes to nutrition-sensitive outcomes: this project intends to improve access to multiple nutrition services.

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

Example of a discounted project

International Centre for Diarrhoeal Disease Research – DFID project code GB-1-202767

This project does not meet all three of the criteria.

- ✗ Aimed at individuals: this project has no actions intending to improve nutrition for women or children.
- ✗ Significant nutrition objective or indicator: this project has no nutrition objectives or indicators.
- ✓ Contributes to nutrition-sensitive outcomes: this project does intend to improve access to primary healthcare.

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

Example of a nutrition-sensitive dominant project

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

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

- ✓ This project meets all three of the criteria.

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

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

Example of a nutrition-sensitive partial project

Humanitarian Support for Refugees from Democratic Republic of Congo – DFID project code GB-1-203722

- ✓ This project meets all three of the criteria.

Not all of its actions contribute to nutrition-sensitive outcomes, such as: "Procurement of household item kits and shelter kits".

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	356	27%
Keyword matches	85	53%

Source: Development Initiatives' calculations based on DAC CRS data. Note: Some projects are identified by both the code filter and the keyword search.

TABLE A6

Nutrition-sensitive ODA disbursements distribution among DAC CRS codes

CRS sector	ODA disbursements (US\$ millions)		Nutrition-sensitive ODA as a proportion of (%)		
	Bilateral ODA	Nutrition-sensitive ODA	Total purpose code ODA	Total nutrition-sensitive ODA	Total bilateral ODA*
Emergency response	1710.7	416.1	24.3%	53.3%	4.2%
Basic health	919.8	103.5	11.3%	13.3%	1.1%
Population policies/programmes & reproductive health	764.9	70.0	9.2%	9.0%	0.7%
Agriculture	232.8	44.8	19.2%	5.7%	0.5%
Reconstruction relief & rehabilitation	94.4	34.0	36.1%	4.4%	0.3%
Water supply & sanitation	293.9	27.3	9.3%	3.5%	0.3%
Dev. food aid/food security ass.	39.2	21.0	53.6%	2.7%	0.2%
Other social infrastructure & services	317.3	19.9	6.3%	2.5%	0.2%
Multisector	810.6	17.6	2.2%	2.3%	0.2%
General environment protection	517.6	7.5	1.5%	1.0%	0.1%
Health, general	278.2	7.1	2.6%	0.9%	0.1%
Education, level unspecified	496.0	5.8	1.2%	0.7%	0.1%
Disaster prevention & preparedness	30.4	4.4	14.4%	0.6%	0.04%
Business & other services	62.8	0.5	0.7%	0.1%	0.005%
Conflict, peace & security	123.2	0.4	0.3%	0.1%	0.004%
Government & civil society-general	989.1	0.4	0.04%	0.1%	0.004%
Industry	100.8	0.1	0.1%	0.01%	0.001%
Unspecified	378.5	0.04	0.01%	0.005%	0.0004%
Total (all sectors)	9809.2	780.5			8.0%

DFID ODA nutrition-sensitive investments by DAC CRS code compared with total ODA recorded under that code, US\$ millions 2014 prices. 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
113963	Orissa Health Sector Nutrition Programme	Nutrition-specific and nutrition-sensitive dominant
114175	Chars Livelihoods Programme 2	Nutrition specific and nutrition-sensitive partial
202779	Medicines Transparency Alliance	Nutrition specific and nutrition-sensitive partial
203118	Yemen Nutrition Programme 2012–2015	Nutrition-specific and nutrition-sensitive dominant
203638	mNutrition- Business models for mobile phone based delivery of nutrition services in Africa and South Asia	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).

Annex 10: Projects classification flowchart

