MQSUN+ REPORT

DFID's Aid Spending for Nutrition: 2018

5 June 2020

About MQSUN+

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

The group is committed to:

- Expanding the evidence base on the causes of undernutrition
- Enhancing skills and capacity to support scaling up of nutrition-specific and nutrition-sensitive programmes
- Providing the best guidance available to support programme design, implementation, monitoring and evaluation
- Increasing innovation in nutrition programmes
- Knowledge-sharing to ensure lessons are learnt across DFID and beyond.

MQSUN+ partners

Aga Khan University (AKU)

DAI Global Health

Development Initiatives (DI)

NutritionWorks (NW)

PATH

Contact

PATH | 455 Massachusetts Avenue NW, Suite 1000 | Washington, DC 20001 | USA

Tel: +1 (202) 822-0033

Fax: +1 (202) 457-1466

About this publication

This report was produced by Development Initiatives, through the MQSUN+ programme, to assess DFID's 2018 nutrition spending.

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Abbreviations

CRS	Creditor Reporting System
DAC	Development Assistance Committee
DFID	Department for International Development
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

Summary

Malnutrition in all its forms remains a critical global challenge, burdening—to different degrees—all countries. Whilst 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. The 2013 Nutrition for Growth (N4G) Summit triggered an increased investment in international assistance for nutrition; however, global assessments find that nutrition financing is beginning to stagnate[1], and remains far below the levels required to deliver on global goals, such as the 2025 Global Nutrition Targets.[2]

This stagnation may relate to global economic shifts over the past few years. However, continued support for nutrition will be especially critical in light of the COVID-19 pandemic, which, as its impact unfolds, may disproportionally affect undernourished people, exacerbate existing health and nutrition inequities, disrupt food systems and environments across the globe and deepen existing food insecurities, thereby increasing the burden of malnutrition. It is not yet clear how the pandemic will affect the aid landscape, though the international response may squeeze aid budgets–affecting donor capacity to continue prioritising certain forms of support for nutrition outcomes.

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

- DFID's total aid spending for nutrition has decreased slightly from 2017 levels, amounting to US$888.4 million in 2018.
    - This continues a fluctuation–increases and decreases—since 2013.
    - DFID's spending on nutrition-specific interventions[3] has decreased by 20% from 2017 levels, though is greater than in any other year besides 2017, whilst spending on nutrition-sensitive[4] interventions decreased by 2.3%. This represents a drop by about US$39.2 million in nutrition-specific and US$16.8 million in nutrition-sensitive spend.
    - The decreases are attributable to not only smaller disbursements to existing projects, but also a decrease in the number of active projects, including some key investments which have ended without a replacement (see section on recipients).
    - The number of nutrition-related projects fell by 15—the greatest annual decrease since analysis began in 2010; the present number (132) is the smallest number of nutrition-related projects since 2014, a return to pre-N4G levels.

[1] See Chapter 5: 2020 Global Nutrition Report: Action on equity to end malnutrition. Bristol, UK: Development Initiatives
[2] See: https://www.who.int/nutrition/publications/CIP_document/en/
[3] Nutrition-specific investments address the immediate drivers of nutrition, i.e. diet and disease. For further details, please see Annex 1.
[4] 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.

- DFID's nutrition-related commitments[5] also decreased sharply in 2018, falling from US$427.3 million in 2017 to US$114.2 million.
    - Though official development assistance commitments and disbursements are not directly comparable, the fall in recorded commitments does call into question the scale of future disbursements.
- Despite this, the analysis indicates that DFID could be on course to meet its N4G commitments.
    - DFID has exceeded its nutrition-sensitive N4G commitment (which is £2.1 billion).
    - DFID must disburse £100.2 million between 2019 and 2020 to meet its nutrition-specific commitment (£574.8 million).
    - DFID has not yet reached the ceiling of its matched funding commitment (£280.8 million), having cumulatively disbursed £145.0 million in matched funding since 2013.
- Whilst this report reflects on DFID's 2010-2018 aid spending, it is worth noting that the COVID-19 pandemic and other crises may affect future spending. Relatedly:
    - Despite an overall decrease in nutrition-sensitive disbursements, in 2018, spending amongst humanitarian interventions increased by 8%, or US$30.8 million, from the previous year.
    - Continued, systematic inclusion of discreet nutrition objectives amongst DFID's humanitarian programming could help sustain nutrition-sensitive spending levels and achieve joint humanitarian/development nutrition outcomes in fragile contexts.
- Looking ahead, and despite the uncertainties posed by the pandemic, the 2021 Japan N4G Summit presents an opportunity for country governments, donors and other stakeholders to renew and expand financial commitments for nutrition, as well as to strengthen the accountability framework around such commitments.
    - Whilst the concept of universal health coverage has been gaining traction[6], analysis shows that DFID's nutrition-related disbursements have typically represented less than 20% of their total health spending and that total health spending is not increasing substantially--remaining constant at around US$1.8 billion.

[5] Commitments here referring to the measure of ODA. Not to be confused with DFID's N4G commitments.
[6] See Chapter 3: 2020 Global Nutrition Report: Action on equity to end malnutrition. Bristol, UK: Development Initiatives

Introduction

As part of continuing efforts to track and better understand donor financing for nutrition, this report analyses the United Kingdom (UK) Department for International Development's (DFID) official development assistance (ODA) spending on nutrition-related projects. The analysis uses the methodology developed by the Scaling Up Nutrition (SUN) Donor Network (SDN) to capture such spending in order to better track resources for nutrition and to better align to the national goals of developing country SUN members.

This analysis also enables monitoring of progress towards meeting the spending targets to which the UK committed at the 2013 Nutrition for Growth (N4G) Summit and which are due to be met this year (2020), ahead of potential new commitments to be made at the 2021 N4G Summit in Tokyo.

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 DFID's total nutrition-related spend. All data in this report was downloaded on 12 March 2020 and is accurate as of the latest official quarterly update to the DAC CRS.

The methodology is applied to DFID's bilateral ODA, capturing flows from DFID to official sources in recipient countries. It does not capture spending by multilateral agencies which DFID funded through core contributions, though it does capture where DFID funded those agencies to implement specific projects.

The methodology identifies two types of nutrition-related projects, those that are 'nutrition-specific' and those classed as 'nutrition-sensitive' (See Annex 1). DFID also provides details of matched funding to enable their separate tracking. Matched funding is distinguished in the assessment of DFID's N4G commitments, and is included in the rest of this assessment of DFID's spending.

DFID's progress against the N4G commitments

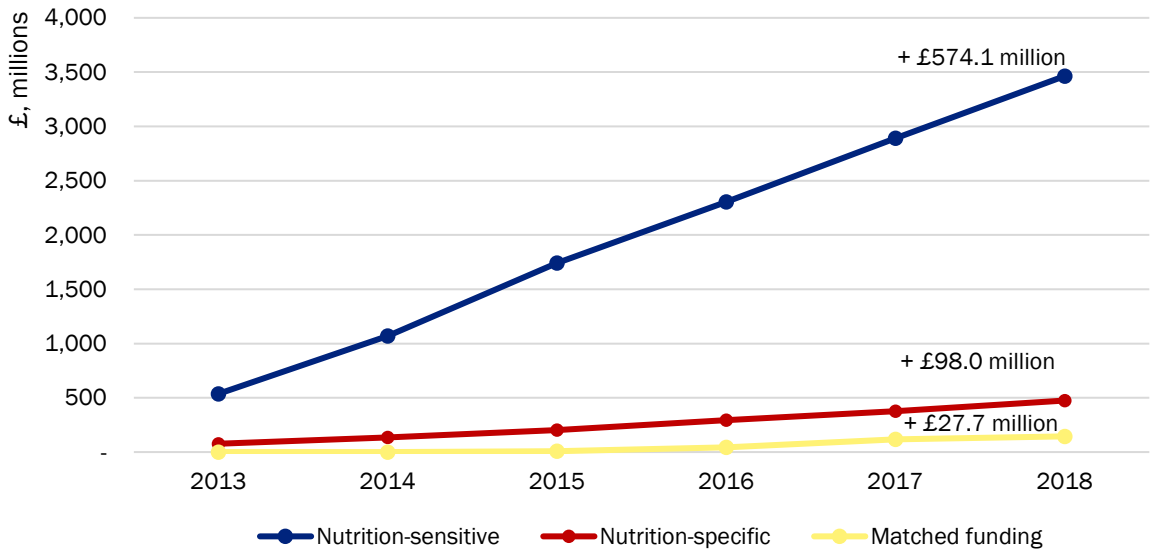
In 2013 at the first N4G Summit hosted in London, DFID committed to triple its investment in nutrition-specific programmes, equal to spending a total of £574.8 million between 2013 and 2020 (hereby referred to as DFID's 'nutrition-specific N4G commitment').

DFID 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 DFID'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 N4G. DFID uses this to support the scale-up of other nutrition-specific interventions, making it an important part of the spend on nutrition.

Finally, DFID also committed to increase its nutrition-sensitive spending by 8 percentage points over the same period, equal to spending a total of £2.1 billion by 2020 (hereby referred to as DFID's 'nutrition-sensitive N4G commitment').

These commitments and progress toward them are detailed below. In 2018, DFID made nutrition-specific disbursements of £98.0 million and nutrition-sensitive disbursements of £574.1 million, as well as £27.7 million of matched funding (Figure 1).

FIGURE 1. DFID's cumulative nutrition disbursements grow, though at different rates.

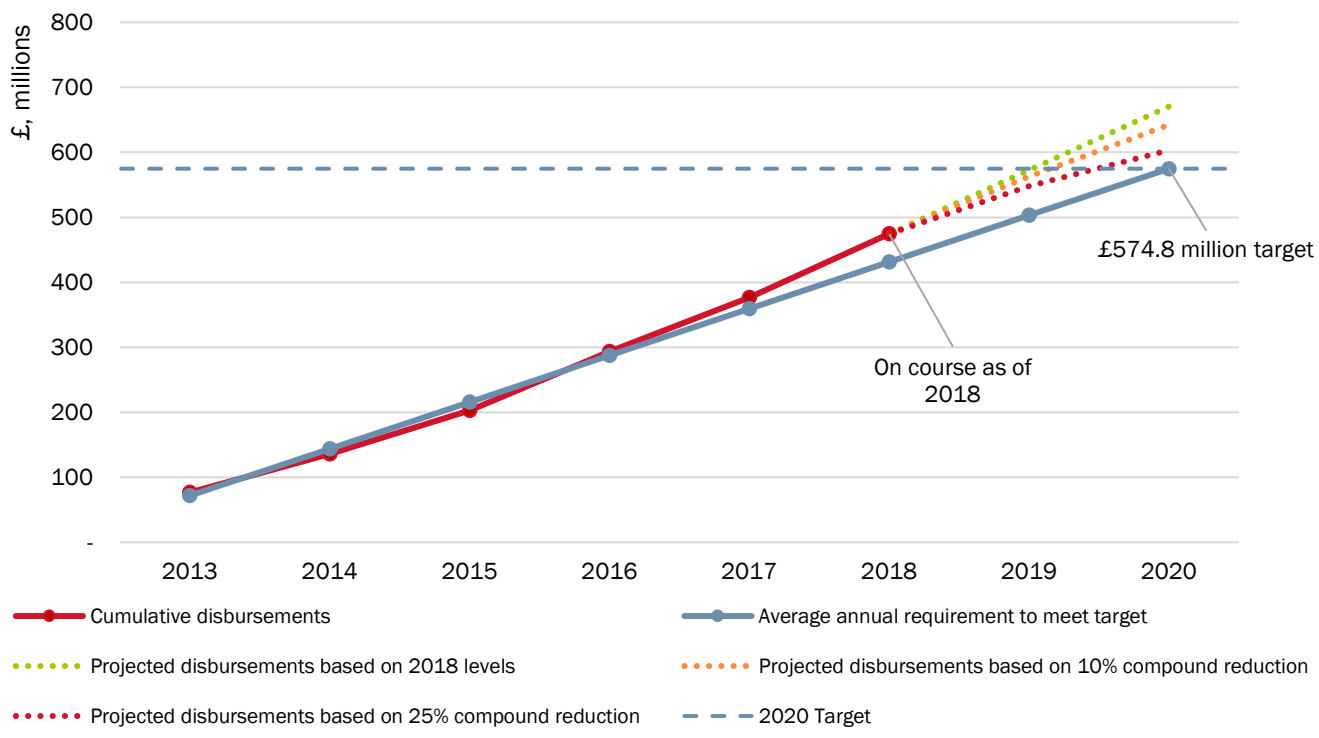


DFID's cumulative nutrition-specific, nutrition-sensitive and matched funding ODA disbursements for, 2013–2018.
Notes: Totals exclude matched funding. Disbursements are presented in 2018 prices and exchanged to £ from US$ using OECD exchange rates.
Source: Development Initiatives' calculations based on DAC CRS data, and OECD National Accounts Statistics: purchasing power parities (PPPs) and exchange rates.

Nutrition-specific N4G commitment

Between 2013 and 2018, DFID has cumulatively disbursed £474.6 million in nutrition-specific funding (excluding matched funding). If DFID were to maintain its nutrition-specific spending at 2018 levels, it would cumulatively disburse £670.6 million between 2013 and 2020, and consequently, meet its £574.8 million commitment. DFID's cumulative disbursements have so far exceeded the calculated average annual requirement to meet this commitment by 2020 (Figure 2). It is, however possible that if the 2018 reduction is a trend which continues, that this level of spending will not be maintained. Figure 2 offers some scenarios of potential declines in disbursements because of the challenging external environment, such as the impact since 2018 of Brexit and COVID-19. In a 25% compound reduction scenario (which would exceed any decreases observed since 2010) total disbursements would still reach £603.2 million by 2020.

FIGURE 2. DFID must disburse £100.2 million to meet its nutrition-specific N4G commitment.

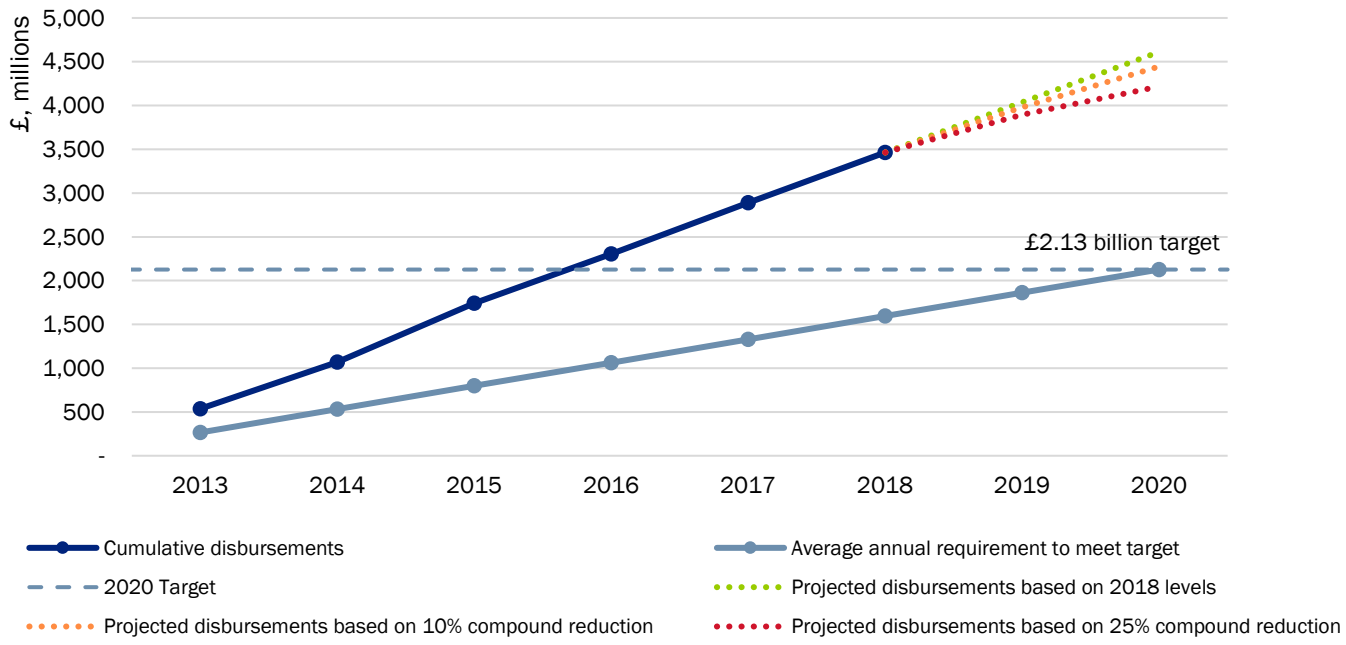


DFID's N4G commitments and cumulative nutrition-specific ODA disbursements, 2013–2020.
Notes: Totals exclude matched funding. Disbursements are presented in 2018 prices and exchanged to £ from US$ using OECD exchange rates.
Source: Development Initiatives' calculations based on DAC CRS data, and OECD National Accounts Statistics: purchasing power parities (PPPs) and exchange rates

Nutrition-sensitive N4G commitment

DFID has exceeded its nutrition-sensitive target of £2.1 billion (Figure 3). Between 2013 and 2018, DFID cumulatively disbursed £3.5 billion to nutrition-sensitive interventions. If it maintains its nutrition-sensitive spending at 2018 levels, rather than further decreases, DFID is set to disburse £4.6 billion between 2013 and 2020—more than doubling the original commitment. Even under reduced disbursement scenarios, DFID is still expected to exceed £4.0 billion by 2020. Given that this target has been reached, perhaps DFID could consider shifting some of its investments back towards nutrition-specific. However, as many of these nutrition-sensitive projects are well into implementation, perhaps an appropriate response could be new nutrition-specific investments.

FIGURE 3. DFID has exceeded its nutrition-sensitive N4G commitment.

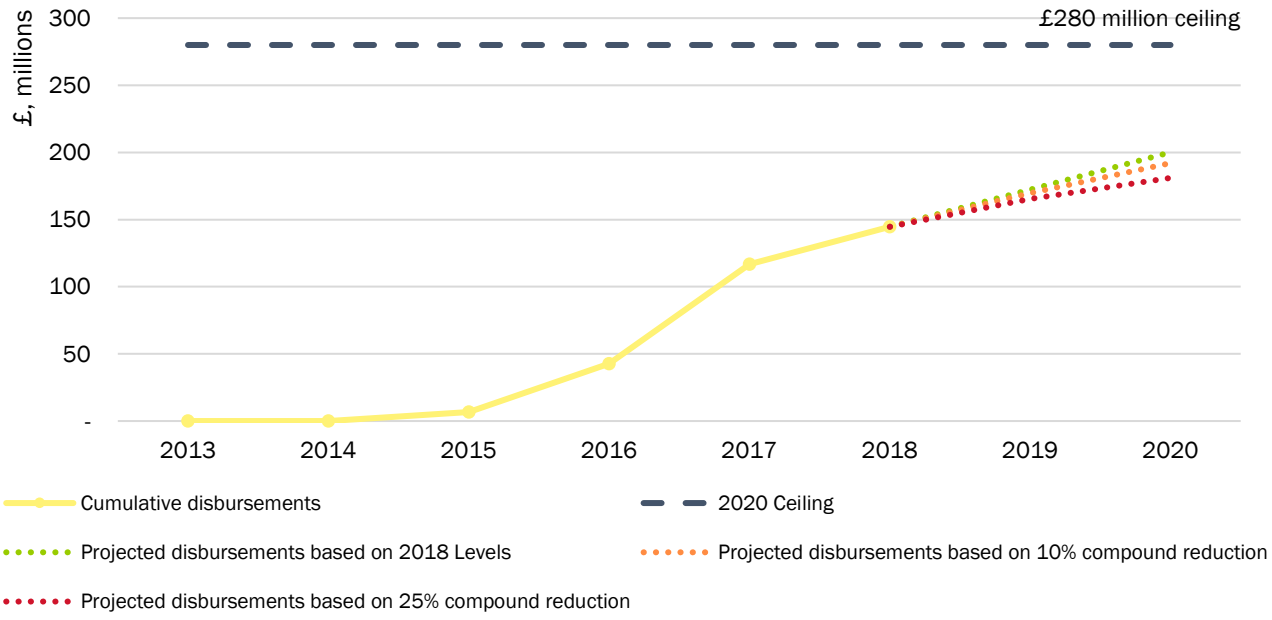


DFID's N4G commitments and cumulative nutrition-sensitive ODA disbursements, 2013–2020.
Notes: Totals exclude matched funding. Disbursements are presented in 2018 prices and exchanged to £ from US$ using OECD exchange rates.
Source: Development Initiatives' calculations based on DAC CRS data, and OECD National Accounts Statistics: purchasing power parities (PPPs) and exchange rates.

Matched funding

DFID provides details of matched funding to enable separate tracking of these disbursements (Figure 4). DFID's spending attributable to matched funding fell significantly to £27.7 million in 2018, from £74.2 million in the previous year. As of 2018, DFID has cumulatively disbursed £145.0 million in matched funding. If 2018 spending levels continue, DFID will disburse a total of £200.1 million between 2013 and 2020. This is £79.9 million short of the ceiling it had set. In a 25% compound reduction scenario, this total would only reach £181.0 million.

FIGURE 4. DFID is projected to disburse a total of £200 million in matched funding by 2020.



DFID's cumulative matched funding ODA disbursements, 2013–2018.
Notes: Disbursements are presented in 2018 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

DFID's ODA disbursements to nutrition

Overview

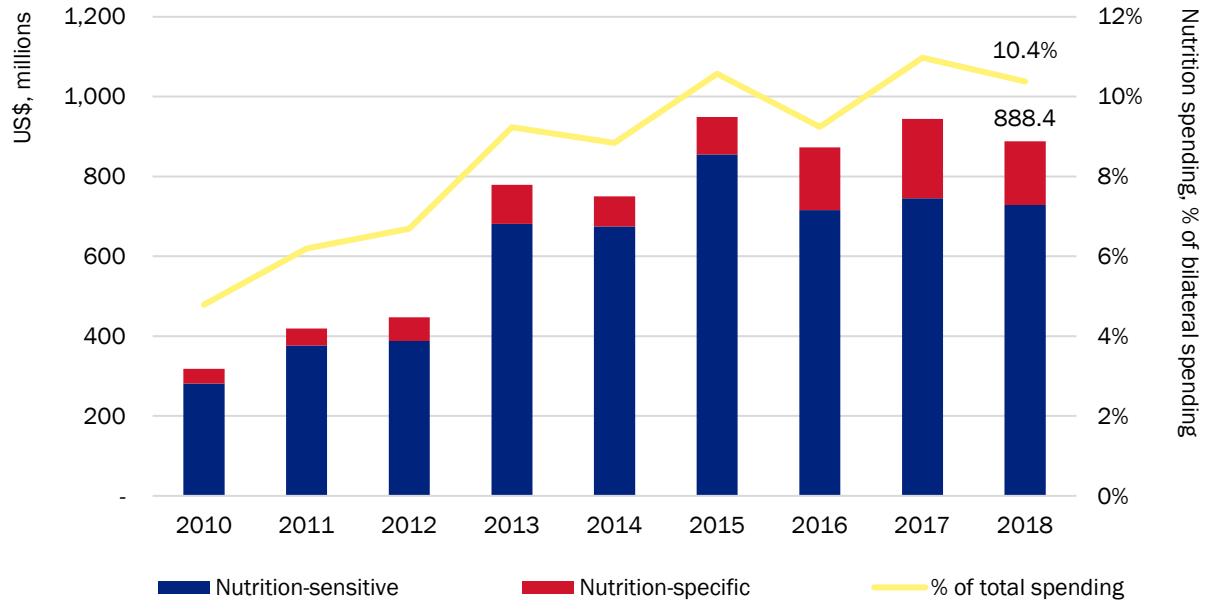
In 2018, DFID's total aid spending for nutrition, including matched funding, amounted to US$888.4 million, down by US$56.0 million or 5.9% from 2017 levels (Figure 5).

Its spending on nutrition-specific interventions decreased by 20%, from US$198.8 million in 2017 to US$159.6 million in 2018. However, the US$198.8 million spent in 2017 represented a spike. The 2018 level is similar to that seen in 2016 (US$157.0 million) and remains greater than in any other prior year besides 2017 (with levels at less than US$100.0 million in each year before 2016).

DFID's spending on nutrition-sensitive interventions also decreased, though by a much smaller degree (2.3%), from US$745.6 in 2017 to US$728.8 million in 2018. Spending on nutrition-sensitive interventions, therefore, remains at a similar level to previous years—well above 2010-2014 levels, but below the 2015 peak of US$855.3 million.

Proportional to its total aid spending, DFID's total nutrition spending peaked in 2017 at 11% and then decreased slightly in 2018 to 10.4%. It remains greater than in most other years. Nutrition-sensitive spending continues to dominate DFID's total spending for nutrition, constituting a majority 82.0%, close to the average 85.6% over 2010-2018.

FIGURE 5. DFID's total aid spending for nutrition decreased slightly between 2017 and 2018.



DFID's ODA spending for nutrition, 2010–2018.
Notes: Based on gross ODA disbursements. Constant 2018 prices.
Source: Development Initiatives' calculations based on DAC CRS data.

Whilst DFID is the largest source of UK ODA and the focus of this analysis, other UK government departments and agencies also contribute to UK ODA, though comparatively little related to nutrition. In 2018, other than DFID, only the Foreign & Commonwealth office offered any nutrition-specific ODA, equal to US$0.03 million, or 0.03% of the UK total funding on nutrition.

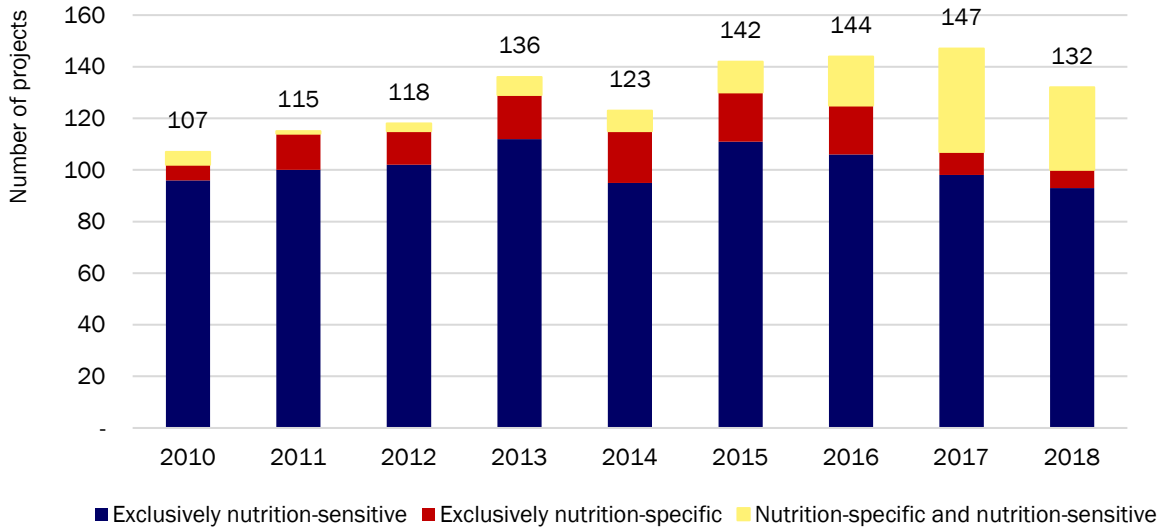
Since 2014, the share of total UK ODA delivered by DFID has declined annually, from 83.2% to 68.3%. Whilst DFID has increased spending on nutrition over the years, the decreasing proportion of UK ODA spent via DFID (and on nutrition) calls into question whether future UK nutrition spending can be maintained.

Projects

The number of nutrition-related projects fell to 132 in 2018—dropping 15 from its 2017 record of 147. The decline comprised 7 exclusively nutrition-specific projects (two fewer than in 2017), 93 exclusively nutrition-sensitive projects (five fewer than in 2017) and 32 projects that have both nutrition-specific and nutrition-sensitive components (eight fewer than in 2017) (Figure 6). This represents the smallest total number of nutrition-related projects supported by DFID in any year since 2014, and the greatest annual drop observed in any year from 2010.

There were 42 nutrition-related projects which received disbursements in 2017 but did not receive funding in 2018; in most cases, these projects were completed and closed. Of the 132 nutrition-related projects supported in 2018, 27 were 'new', having no prior disbursements recorded.

FIGURE 6. DFID supported 132 nutrition projects in 2018, 15 fewer than in 2017.



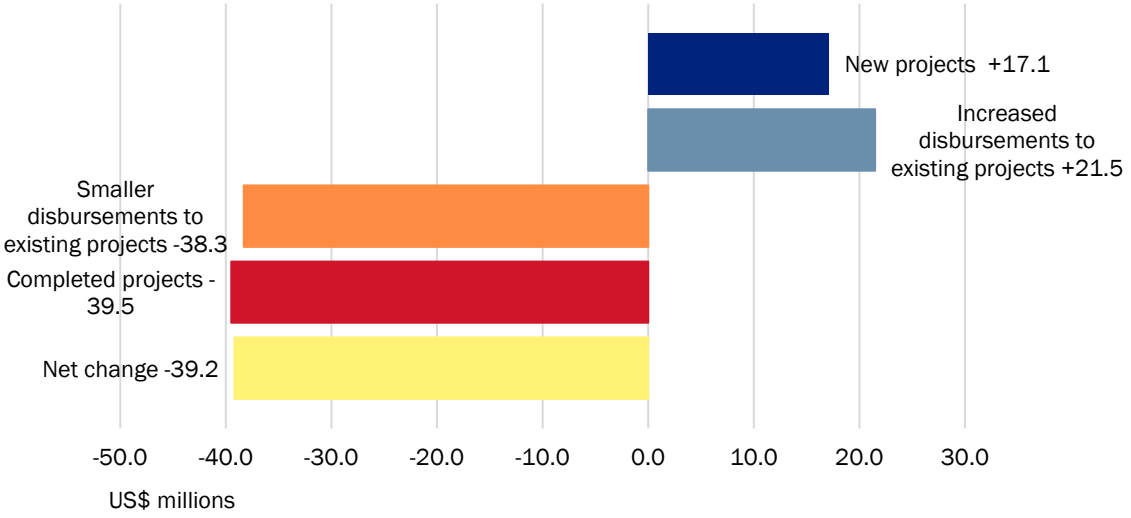
Number of projects by category, 2010–2018.
Source: Development Initiatives' calculations based on DAC CRS data.

Nutrition-specific spending 2017–2018

Between 2017 and 2018, DFID's total spending on nutrition projects decreased by US$56.0 million. Nutrition-specific spending alone decreased by net US$39.2 million (Figure 7); the details of this change are:

- New projects with new disbursements, +US$17.1 million
- Increased disbursements to existing projects, +US$21.5 million
- Completed projects with no new disbursements, -US$39.5 million
- Smaller disbursements to existing projects, -US$38.3 million.

FIGURE 7. Nutrition-specific spending decreased by US$39.2 million between 2017 and 2018.



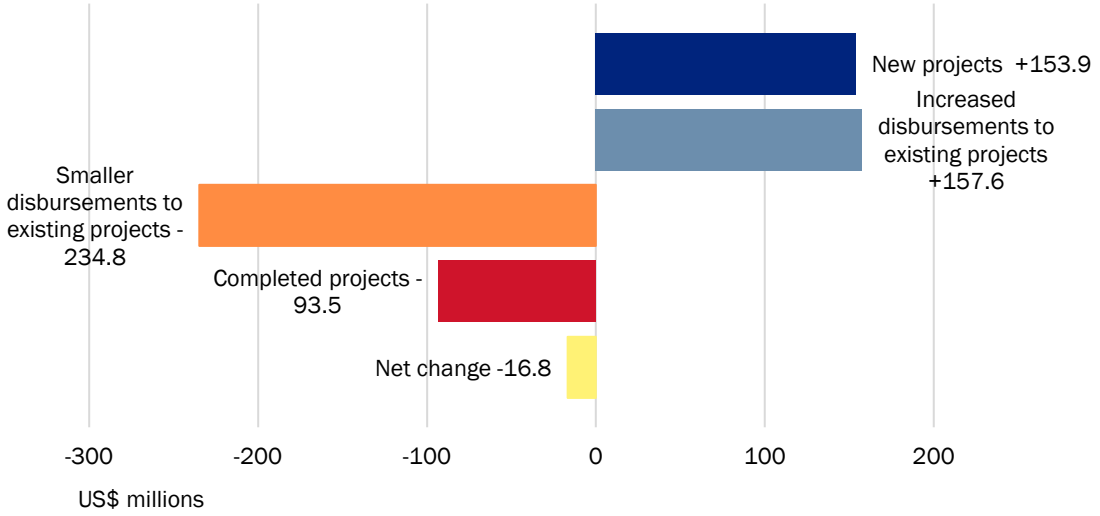
Changes to nutrition-specific disbursements, 2017–2018.
Notes: 'New projects' are those with no disbursements before 2018. 'Completed projects' are those with disbursements in 2017, but none in 2018. 'Increased disbursements' and 'Smaller disbursements' refer to spending changes on existing projects. Constant 2018 prices.
Source: Development Initiatives' calculations based on DAC CRS data.

Nutrition-sensitive spending 2017–2018

Nutrition-sensitive spending decreased by net US$16.8 million between 2017 and 2018 (Figure 8); the details of this change are:

- New projects with new disbursements, +US$153.9 million
- Increased disbursements to existing projects, +US$157.6 million
- Completed projects with no new disbursements, -US$93.5 million
- Smaller disbursements to existing projects, -US$234.8 million.

FIGURE 8. Nutrition-sensitive spending decreased by US$16.8 million.



Changes to nutrition-sensitive disbursements, 2017–2018.
Notes: 'New projects' are those with no disbursements before 2018. 'Completed projects' are those with disbursements in 2017, but none in 2018. 'Increased disbursements' and 'Smaller disbursements' refer to spending changes on existing projects. Constant 2018 prices.
Source: Development Initiatives' calculations based on DAC CRS data.

Nutrition-sensitive ODA by sector and purpose

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

Sectors

As in most years since 2010, the majority of DFID's total nutrition-sensitive spending is still found amongst humanitarian interventions, equal to 58% or U$420.6 million in 2018 (Figure 9). Despite an overall decrease in nutrition-sensitive disbursements, spending amongst humanitarian interventions increased by 8%, or US$30.8 million, from the previous year.

The substantial proportion of nutrition-sensitive spending channelled to humanitarian interventions reflects DFID's general emphasis on humanitarian spending across its entire aid portfolio. Humanitarian spending has grown to constitute a major portion of DFID's annual ODA spending, sitting just under 20% since 2014. Spending on 'emergency response' alone accounts for 18.5% of DFID's total aid spending in 2018—a much greater share than the second greatest, 'banking and financial services' at 10%. As in previous years, this also reflects the typical nature of humanitarian interventions supported by DFID, which are often found to include distinct nutrition-sensitive components and discrete nutrition objectives. Whilst levels of humanitarian spending have been steady in recent years around US$1.6 billion since 2016, the amount which is nutrition-sensitive has continued to grow in volume, and so too as a proportion of DFID's total humanitarian spending, reaching 25.9% in 2018.

Of course, as these interventions are largely reactive to various crises, future nutrition-sensitive spending of this kind could be highly variable and difficult to predict. Perhaps particularly in the face of COVID-19, continued, systematic inclusion of discreet nutrition objectives amongst DFID's responsive humanitarian programming could help sustain levels of nutrition-sensitive spending.

In each year since 2010 'health' interventions, excluding nutrition-specific activities, account for the second greatest share of DFID's nutrition-sensitive spending. Whilst still representing the second greatest share, at 15%, nutrition-sensitive 'health' spending fell substantially (by US$63.1 million) from US$168.8 million in 2017 to US$105.7 million in 2018. This is attributable to reduced disbursements to the "Provincial Health and Nutrition Programme" (GB-1-202488) in Pakistan and to "HarvestPlus - Phase 2 - Delivering Nutritionally Enriched Food Crops (GB-1-204991) project which is reported to the CRS as a "Health policy and administrative management" activity.

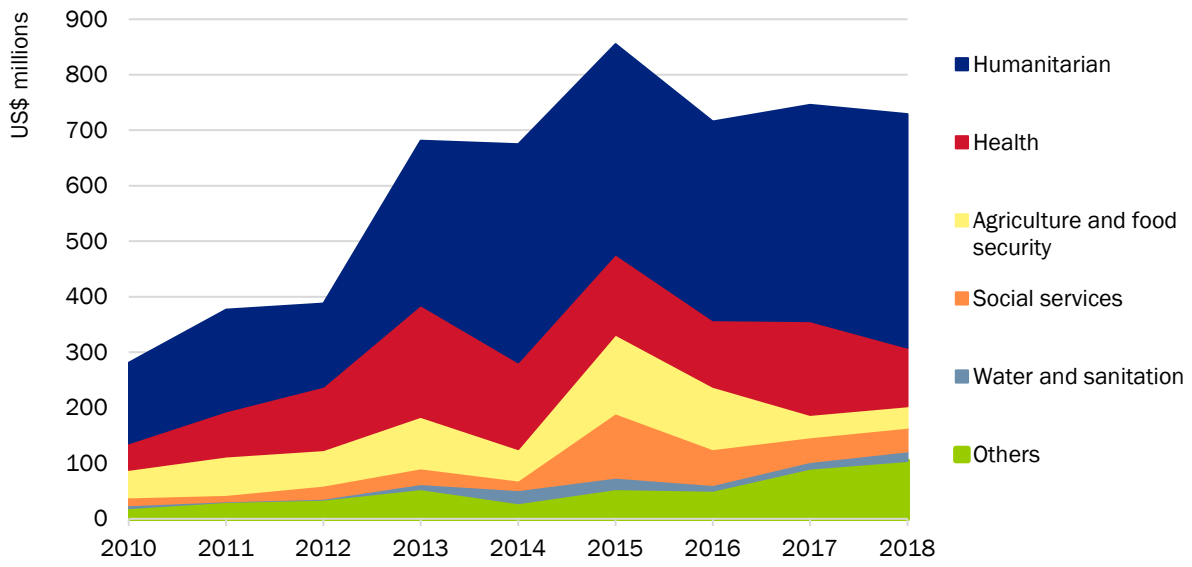
This is the lowest volume of nutrition-sensitive spending found amongst the 'health' sector since 2011, which disregarding a spike in 2017 (with substantial disbursements to the aforementioned HarvestPlus project peaking), has been declining steadily since 2013. This decline is notably affected by the completion of the "Sector Wide Approach to Strengthening Health (SWASTH) in Bihar" (GB-1-114506) and "Orissa Health Sector Nutrition Programme (OHSNP)" (GB-1-113963) programmes in India, as well as to the Pakistan programme mentioned above.

Relative to DFID's total health spending, DFID's nutrition-related disbursements have typically represented less than 20% of total health spending. In 2017, this reached a peak and accounted for 25% of total health spending. DFID's total health spending remained constant in 2018 at US$1.4 billion, however, disbursements to nutrition-related projects fell to US$159.6 million for nutrition-specific projects (11% of total health spending) and US$105.7 in nutrition-sensitive spending (7% of total). These amounts may well increase if nutrition actions are incorporated into the Universal Health Coverage agenda. Likewise, nutrition-sensitive spending may increase if the COVID-19 pandemic affects a general increase in spending amongst the health sector, and the programmatic responses include nutrition components or objectives.

Nutrition-sensitive spending amongst 'agriculture and food security' and 'social services' remained similar to the previous year—at US$38.2 million and US$42.8 million in 2018, respectively. Spending on 'water and sanitation' interventions, however, rose significantly: to US$17.5 million in 2018 from US$12.1 million in 2017.

The remaining nutrition-sensitive spending was found across a broad variety of sectors, including 'governance and security' (4%), 'environment' (4%), and 'education' (3%). There were some notable changes amongst these smaller sectors, such as: spending on the 'environment' sector, which increased to US$25.7 million in 2018 from US$16.2 million in 2017, and decreased on the 'infrastructure' sector, falling to US$2.4 million from US$4.6 million in 2017.

FIGURE 9. Over half of DFID's nutrition-sensitive spending goes toward humanitarian interventions.



Nutrition-sensitive disbursements by sector, 2010–2018.
Notes: Constant 2018 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.

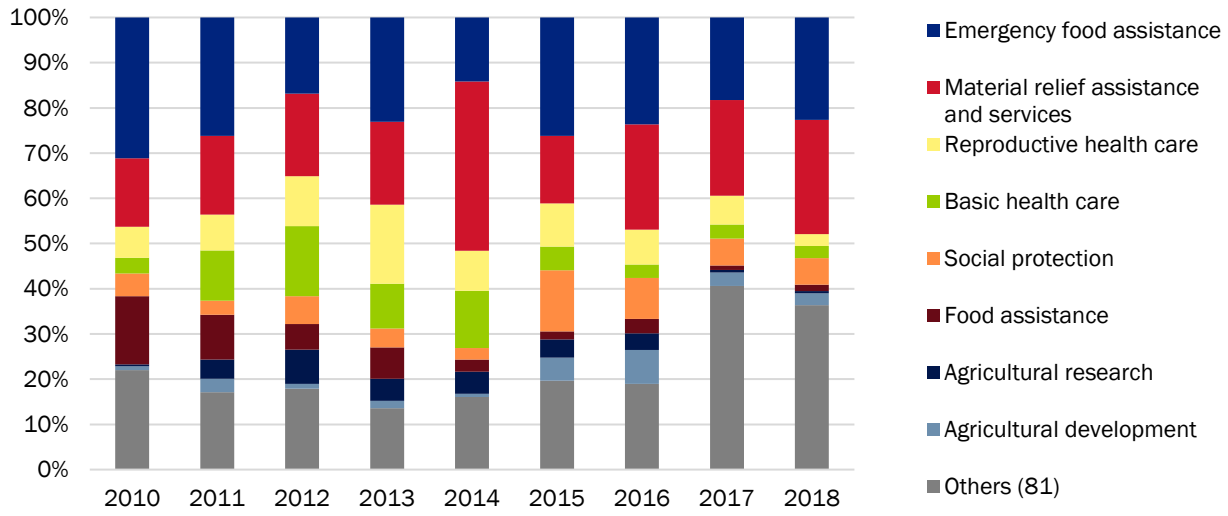
Purpose codes

Purpose codes offer additional detail on the nature of DFID's nutrition-sensitive spending across sectors. The bulk of DFID'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 2018 is similar to that seen in recent years. 'Emergency food assistance' and 'material relief assistance and services' accounted for the greatest amounts, together representing 48% of DFID's total nutrition-sensitive disbursements in 2018 (Figure 10). Spending to both these purpose codes increased, to US$165.1 million and US$184.1 million, respectively, from 2017.

Between 2017 and 2018, disbursements decreased to 'reproductive health care' by 59% and to 'basic healthcare' by 18%. Conversely, spending to 'food assistance' increased by 48%; it will be worth keeping an eye to ensure responses to COVID-19 still allow for other support needed.

FIGURE 10. Just two purpose codes ('emergency food assistance' and 'material relief assistance and services') constitute almost half (48%) of nutrition-sensitive spending.



Proportion of nutrition-sensitive disbursements by DAC CRS purpose code, 2010–2018.
Notes: Constant 2018 prices.
Source: Development Initiatives' calculations based on DAC CRS data.

See Annex 5 for more details of DFID's disbursements across sectors and purpose codes.

Recipients of nutrition ODA disbursements

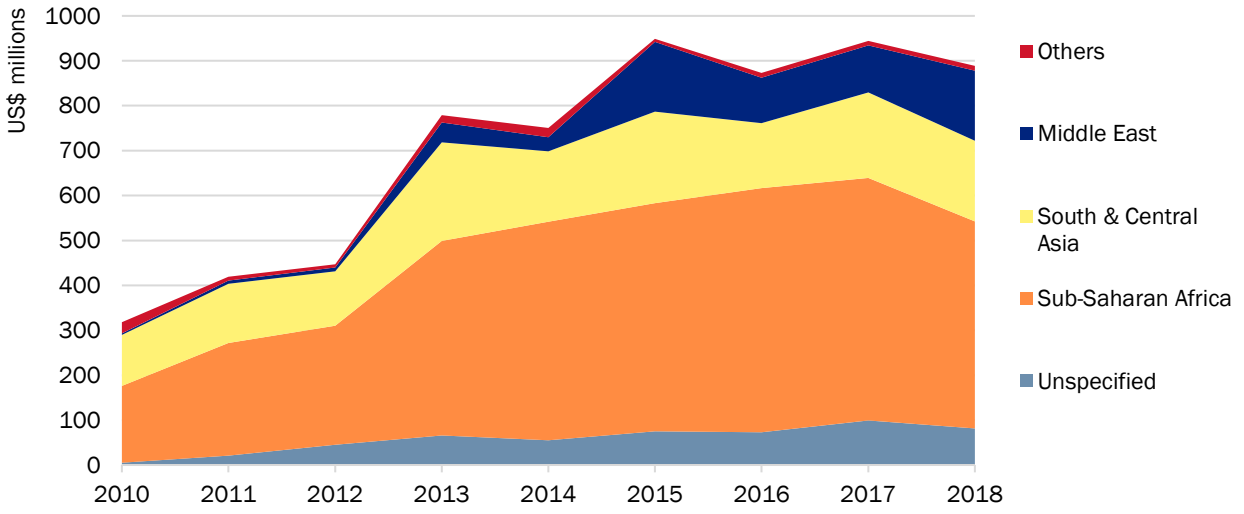
Regions

As DFID's total aid spending for nutrition has increased since 2010, the geographic distribution of supported projects has remained fairly consistent. In line with previous years, the majority of DFID's nutrition aid is disbursed to sub-Saharan Africa, with over half (52%) of DFID's total nutrition spending directed there in 2018, despite a 15% (US$78.9 million) decrease from 2017.

Proportionally and by volume, disbursements to the Middle East grew the most, by US$51.0 million, or 49%, to US$156.0 million in 2018. Despite this, more was still allocated to South and Central Asia, which received US$179.3 million, down by US$10.9 million or 6% from the previous year.

DFID also disbursed US$81.5 million to projects at the global level; this has steadily increased since 2010 (Figure 11).

FIGURE 11. Disbursements to the Middle East have reached US$156 million.

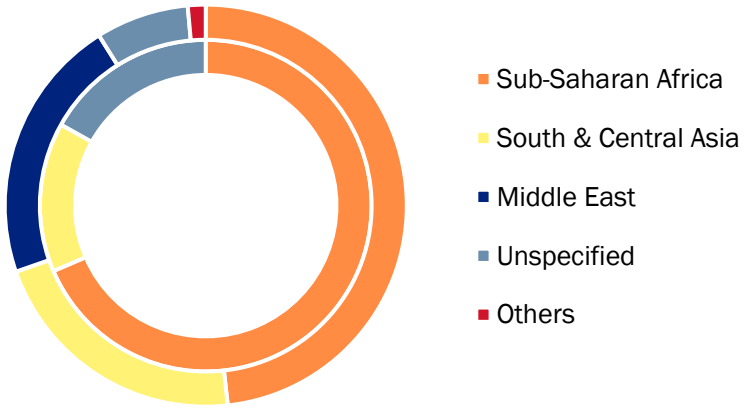


Nutrition disbursements by region, 2010–2018.
Notes: Constant 2018 prices. 'Unspecified' refers to funding not allocated to a single region. 'Others' include funding allocated to the West Indies and to Africa with no further specification.
Source: Development Initiatives' calculations based on DAC CRS data.

DFID's nutrition-sensitive spending continues to reach a greater number of regions than DFID's nutrition-specific spending, reflecting both the greater number of nutrition-sensitive projects and the fact that nutrition-sensitive projects reach a greater number of countries.

In 2018, 69% of DFID's nutrition-specific spending went to sub-Saharan Africa, whilst only 48% of nutrition-sensitive spending did (Figure 12). South and Central Asia accounted for 15% and 21% of nutrition-specific and nutrition-sensitive spending, respectively. As in 2017, the Middle East received nutrition-sensitive disbursements exclusively–related to humanitarian crises in Jordan, Lebanon, Syria and Yemen–and comprised 21% of DFID's total nutrition-sensitive spending. A further 17% of DFID's nutrition-specific spending and 7% of nutrition-sensitive spending was not allocated to any single country or region and rather spent on multi-regional and global interventions.

FIGURE 12. DFID's nutrition-sensitive spending has a broader geographic reach than its nutrition-specific spending.



Nutrition disbursements by category and region, 2018.
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.

Countries

Whilst DFID's total nutrition spending decreased slightly in 2018, that spending reached a greater number of countries: 33 countries, up from 30 in 2017.

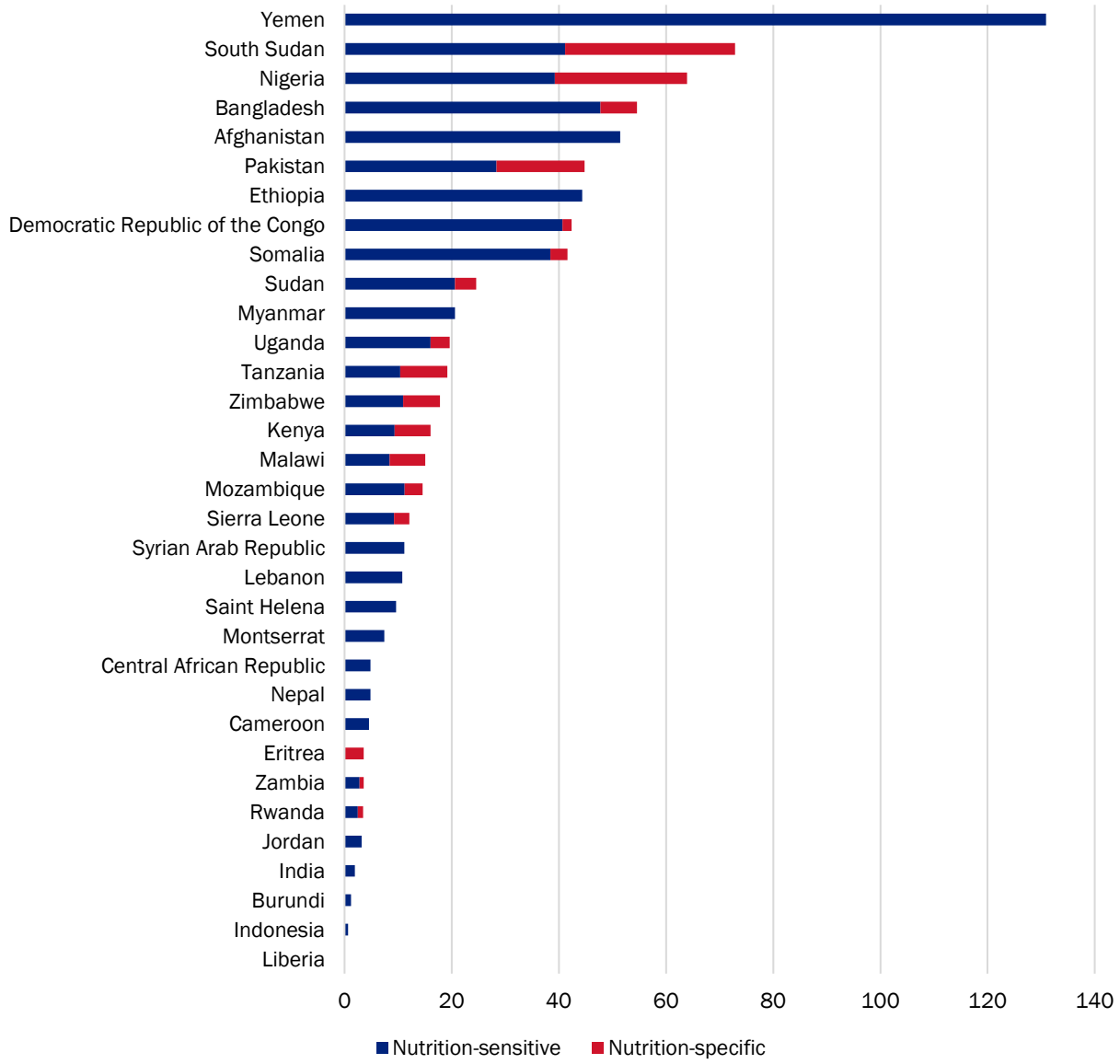
Sixteen countries received both nutrition-specific and nutrition-sensitive aid (Figure 13). Another 17 countries received nutrition-sensitive aid only. Just one country, Eritrea, received nutrition-specific support exclusively. All countries in receipt of both types of support received greater amounts of nutrition-sensitive aid.

The scale of spending in these 'largest recipient' countries remains driven largely by DFID's support to humanitarian interventions, which account for the majority of spending in each of these countries. As in 2017, Yemen remains the largest single recipient of DFID's nutrition aid, receiving US$130.9 million of nutrition-sensitive support in 2018. Yemen is followed by South Sudan, which received US$72.9 million, and Nigeria, US$63.9 million. Bangladesh and Afghanistan received US$54.6 million and US$51.5 million, respectively.

Between 2017 and 2018, DFID increased its total nutrition-related aid spending in 15 countries (Figure 14), including to five 'new' countries, which received no disbursements in 2017: Montserrat, Lebanon, Indonesia, Eritrea and Cameroon (Figure 14).

Disbursements increased most, by volume, to Yemen, up from US$82.2 million in 2017 to US$130.9 million in 2018. This is largely the result of increased disbursements to Support to World Food Programme (WFP) to Provide Emergency Food Assistance in Yemen (2017–2020) (GB-GOV-1-300434), as well as the start of Responding to the Nutrition Crisis in Yemen (GB-GOV-1-300525). Disbursements also increased substantially to the Democratic Republic of the Congo, from US$30.4 million in 2017 to US$42.4 million in 2018, and to Lebanon, with US$10.8 million in 2018 and none the previous year.

FIGURE 13. DFID supported at least 33 countries with nutrition-related aid in 2018.



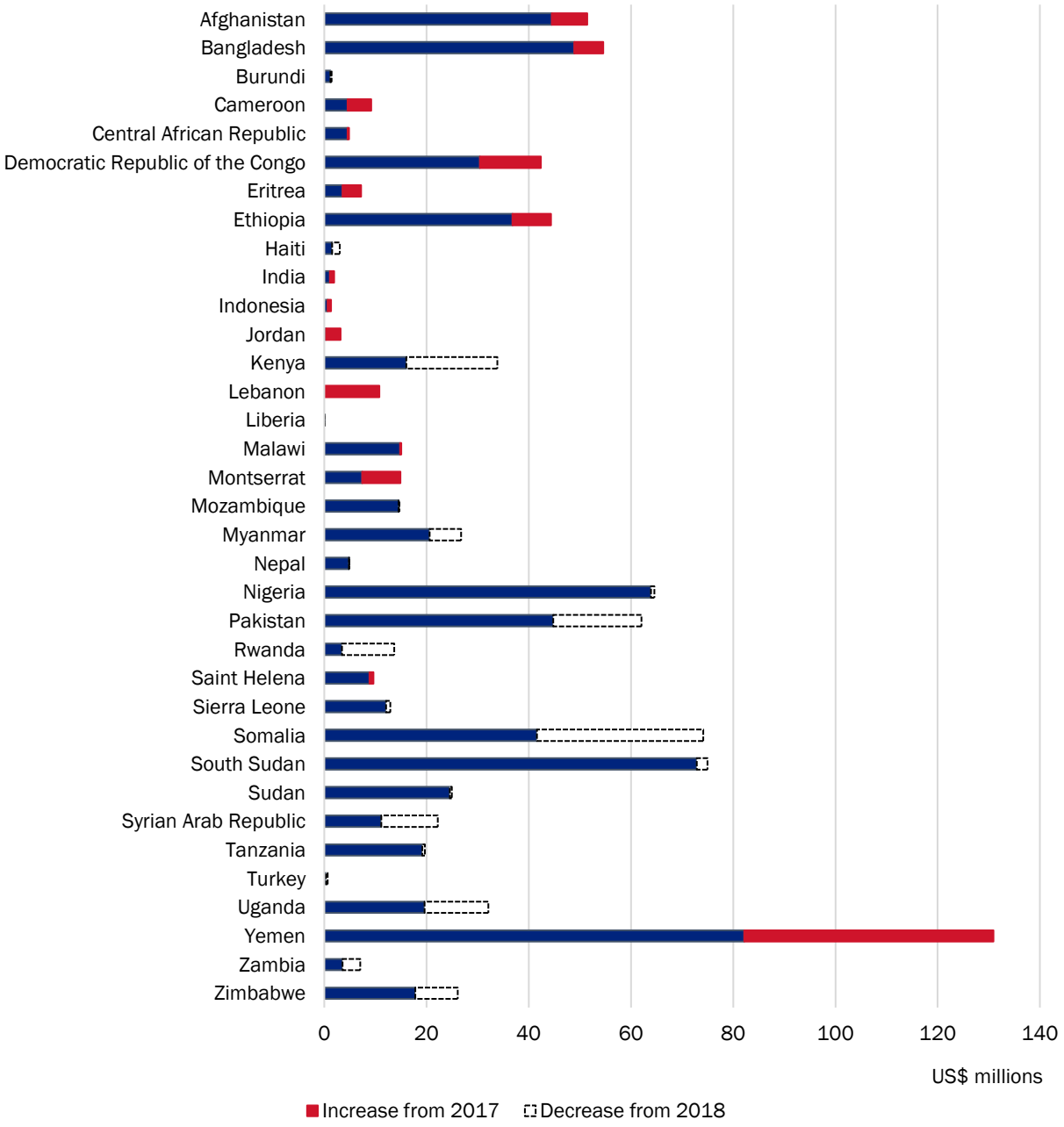
Nutrition disbursements by country, 2018.

Notes: Excludes regional and global level disbursements. Constant 2018 prices.

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

20 countries received less nutrition disbursements in 2018 than in 2017. Disbursements ceased completely to Turkey with the completion of a nutrition-sensitive humanitarian intervention (Syria Humanitarian Assistance GB-1-204007), and to Haiti, also owing to the completion of a nutrition-sensitive humanitarian intervention (Humanitarian Response to Hurricane Matthew in the Caribbean, 2016-2017 GB-GOV-1-300334). Although DFID is not historically a major aid donor to Haiti, the UK government did provide £8 million to support relief efforts for a 6-month period, channelled through partners to, for example, provide child malnutrition screening and treatment services and strengthen water, sanitation and hygiene as well as health services to counter water supply and infrastructure damage.

FIGURE 14. Spending increased in 15 countries and decreased in 20.



Changes in nutrition disbursements by country, 2017–2018.
Notes: Excludes regional and global level disbursements. Constant 2018 prices.
Source: Development Initiatives' calculations based on DAC CRS data.

Disbursements fell most to **Somalia**, by US$32.5 million mainly as a result of the Multi-year Humanitarian Programme (MYHP) 2013 to 2017(GB-1-203462) coming to completion. The MYHP exceeded expectations despite the repeated droughts and corresponding effect on food availability and water, and DFID took away some critical lessons learned for the next programme (The Somalia

Humanitarian and Resilience Programmes, SHARP GB-1-205128) which has yet to disburse most of its projected costs. Spending also decreased significantly for **Kenya**, down US$17.9 million, a decrease largely attributable to the completion of Kenya Emergency Drought Response (GB-GOV-1-300503) which was effective in providing food to households at a critical period and Managing Malnutrition in Kenya (GB-GOV-1-300367), which included activities to support the IMAM Surge Model. Both programmes had substantial disbursement in 2017. **Pakistan** had the third-largest drop, down US$17.2 million—a decrease driven primarily by fewer disbursements to the Provincial Health and Nutrition Programme (GB-1-202488), which were worth US$49.6 million in 2017 and US$13.5 million in 2018. The fourth-largest drop (US$12.5 million) was **Uganda,** primarily due to reduced disbursement to the *Humanitarian Emergency Refugee Response in Uganda (HERRU, GB-GOV-1-300357)* which closed in 2018 after providing 1.2 million refugees with food and cash transfers, providing vitamin A supplementation and deworming to children under five and supporting other protection and relief activities. This drop is despite the introduction of the new DFID project *Building Resilience and an Effective Emergency Refugee Response (BREAR, GB-1-205206)* and increased disbursement to the Karamoja Nutrition Programmes (KNP, GB-1-205165). The KNP will actually be closing early, in 2020. Some of these programmes are closing without a replacement Business Case.

See Annex 6 for more details of DFID's country-level nutrition aid in 2018.

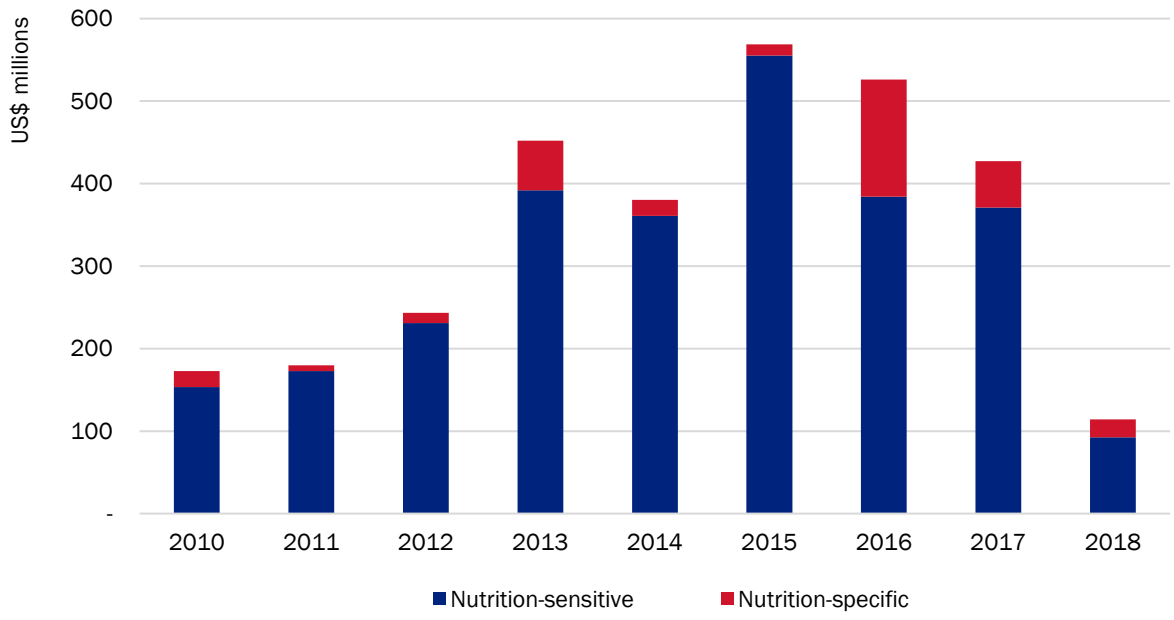
DFID's ODA commitments to nutrition

The CRS database has two measures of ODA: disbursements and commitments. The former is a formal obligation to disburse funds; the latter is the funding donors have actually provided. The section below details DFID's aid commitments for nutrition. These are not perfect predictors of disbursements the following year, as commitments can be made in a single year and be disbursed across a number of future years. These should also not be confused with the N4G commitments.

Overview

DFID's nutrition-related commitments decreased sharply, falling from US$427.3 million in 2017 to US$114.2 million in 2018—a reduction of US$313.1 million, or a relative decrease of 73.3% (Figure 15). This represents the greatest annual drop and the lowest volume observed in the period from 2010. The total US$114.2 million committed in 2018 includes US$21.6 million of nutrition-specific commitments (US$34.9 million fewer than in 2017) and US$92.6 million of nutrition-sensitive commitments (US$278.2 million fewer than 2017). The overall decrease continues the trend of annual decline in total nutrition commitments observed since 2015. However, nutrition-specific commitments were lower from 2010–2012, in 2014, and in 2015 at US$13.7 million.

FIGURE 15. Nutrition-sensitive and nutrition-specific commitments have fallen.



DFID nutrition ODA commitments, 2010–2018.
Notes: Constant 2018 prices.
Source: Development Initiatives' calculations based on DAC CRS data.

Though ODA commitments and disbursements are not directly comparable, the fall in recorded commitments does call into question the scale of future nutrition disbursements, especially as this trend is observed before any reactions to the COVID-19 pandemic and possibly before any impacts from global economic shifts

DFID made commitments to 18 specified countries, down from 27 in 2017, with almost a quarter committed to a single country: Pakistan (US$26.1 million). Yemen (US$18.1 million), Bangladesh (US$13.0 million) and Kenya (US$12.5 million) also each received commitments exceeding US$10.0 million. Most (40.4%) commitments were for the health sector (including nutrition-specific activities), followed by 28.6% toward humanitarian interventions and 14.8% for social protection.

DFID's aid spending for nutrition and the Gender marker

Official development assistance 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).

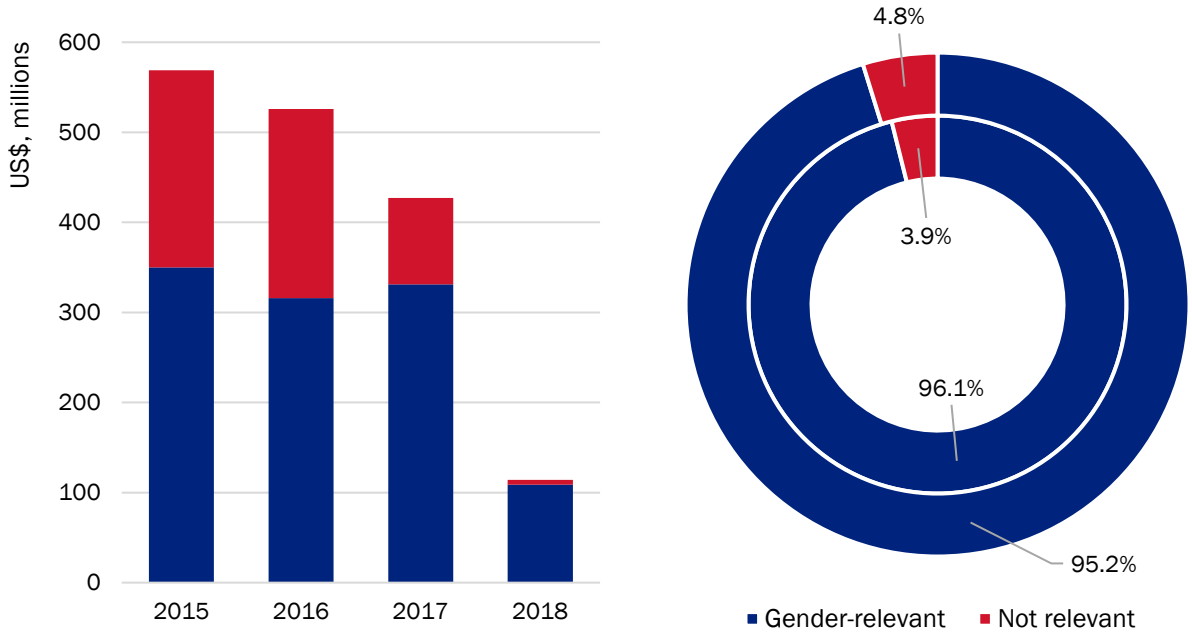
A marker is used by reporting organisations to signal the policy objectives of a project—in this case, gender equality. Reporters can mark a project as having either a significant or principal gender equality policy objective, signalling the relevance of each marked project. Projects marked as

'principal' have gender equality as a primary objective, whereas projects marked as 'significant' may have other key objectives, though still have gender equality as a deliberate objective. The following refer to the sum of ODA associated with projects marked as significant and principal. Data is best for reported commitments, and so the following refer to DFID's commitments for nutrition. It should be stressed that ODA identified in this way should be considered an estimate only.

DFID continues to screen 100% of its reported bilateral ODA commitments using the DAC gender equality policy marker. In 2018, 63.0% of DFID's total commitments were marked relevant to gender equality; this is down slightly from 72.2% in 2017.

Despite this, and whilst DFID's total commitments for nutrition fell sharply in 2018, those which include gender equality policy objectives now constitute a majority (95.4%) of DFID's total nutrition commitments (Figure 16), up from 77.5% in 2017. This represents the greatest proportion ever of DFID's total nutrition commitments that have gender equality objectives, as captured by this series of assessments. A majority of both nutrition-specific and nutrition-sensitive commitments are shown to have gender equality policy objectives–96.1% and 95.2%, respectively.

FIGURE 16. A majority of 95.4% of DFID's commitments for nutrition now have gender equality policy objectives.



Gender-relevant nutrition commitments, 2015–2018.
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 2018 prices.
Source: Development Initiatives' calculations based on DAC CRS data.

In addition to the gender equality policy marker, there are two purpose codes which are relevant to gender equality: 'Women's equality organisations and 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 2018, as in 2017, no nutrition-sensitive commitments were reported under the 'Women's equality organisations and institutions' purpose code, or the 'Ending violence against women' code. There were, however, US$582,612 and US$882,863 of disbursements found amongst the codes respectively, aimed toward nutrition-sensitive interventions in South Sudan and Bangladesh.

Annex 1. Methodology

Identifying nutrition-specific ODA projects

Donors, including DFID, reporting to the CRS, must specify in some detail the sector[7] 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 which included some amendments, most notably the removal of school feeding and household food security.

At the time of reporting for 2018 spending, as assessed in this report, this code captures reported spend on (OECD, 2019):

- 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. 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 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 DFID's CRS records under the 'basic nutrition' purpose code was adapted, with the agreement of the Sun Donor Network (SDN). 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 2 for a record of projects with both specific and sensitive components).

[7] The OECD defines sectors as the "specific area of the recipient's economic or social structure is the transfer intended to foster". See www.oecd.org/dac/stats/purposecodessectorclassification.htm

To reflect the fact that DFID has two commitments on nutrition-specific spend, components that have been coded as basic nutrition are then identified as either core nutrition-specific funding components or matched funding nutrition-specific 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 DFID'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 1). 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 DFID, these records represent project components rather than whole projects.

TABLE 1. 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 organisations and institutions
43040 Rural development	Other
Accessibility	51010 General budget support
16010 Social welfare services	
16011 Social protection	
52010 Food aid/food security programmes	
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 DFID's Development Tracker. Projects with insufficient publicly available information are raised with DFID officials, who provide relevant documentation to enable an assessment. 20 projects were assessed using information provided by DFID directly. 19 with their information either unavailable or restricted (in this case all having details unavailable) were discounted on the grounds that their nutrition sensitivity could not be evidenced.

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 2).

TABLE 2. Examples of nutrition-sensitive outcomes from the SUN Donor Network methodology.

Nutrition-sensitive outcomes
A. Individual level (children or adolescent girls or women)
• Increase purchasing power of women (examples: safety nets, cash transfers) • Improve access to nutritious food for women, adolescent girls and/or children (examples: agriculture/livestock diversification, biofortification, food safety, increased access to markets) • Improve diet in quality and/or quantity for women, adolescent girls or children (examples: promotion of quality/diversity, nutritious diets, quantity/energy intake in food-insecure households, stability, micronutrient intake, vouchers, access to markets) • Improve access of women or adolescent girls or children to primary health care (examples: maternal health care, child health care, reproductive health care, supplementation, therapeutic feeding, support to breastfeeding) • Improve access to childcare (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

Whilst identifying explicit nutrition targets and objectives amongst 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 amongst project documents to achieve results and measure them at an individual level. In the case of DFID, some nutrition-sensitive projects track progress at the household level. Projects that only tracked progress at the household level and not at the individual level (e.g. numbers of children or numbers of women) were only considered to be aimed at individuals when there was at least a clearly stated objective to improve the 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 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 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 DFID 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 DFID's disbursements. Details of DFID's commitments are presented in the main body, in the section on "DFID's ODA commitments to nutrition".

Constant versus current prices

In this report, DFID's spending on nutrition is assessed and expressed in constant US$ 2018 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 DFID's spending up to 2018 presents data in a constant 2018 series.

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

TABLE 3. Details of projects with both nutrition-specific and nutrition-sensitive components.

Number	Project title	Project classification
201854	SHINE - Impact of improved Sanitation/ Hygiene and Infant Nutrition on environmental enteropathy, growth, and anaemia amongst young children in Zimbabwe. [GB-1-201854]	Nutrition specific and Nutrition-sensitive partial
201874	Working to Improving Nutrition in Northern Nigeria (WINNN) [GB-1-201874]	Nutrition specific and Nutrition-sensitive dominant
202214	Malawi Health Sector Support Programme [GB-1-202214]	Nutrition specific and Nutrition-sensitive partial
202488	Provincial Health and Nutrition Programme [GB-1-202488]	Nutrition specific and Nutrition-sensitive partial
202571	Support to the Global Agriculture and Food Security Programme (GAFSP) [GB-1-202571]	Nutrition specific and Nutrition-sensitive partial
202732	Access to Health Care in the Democratic Republic of Congo [GB-1-202732]	Nutrition specific and Nutrition-sensitive partial
202927	Innovative Ventures & Technologies for Development (INVENT) [GB-1-202927]	Nutrition specific and Nutrition-sensitive partial
203109	South Sudan Health Pooled Fund [GB-1-203109]	Nutrition specific and Nutrition-sensitive partial
203429	Zimbabwe Livelihoods and Food Security Programme [GB-1-203429]	Nutrition specific and Nutrition-sensitive partial
203551	Tackling Maternal and Child Undernutrition Programme- Phase II [GB-1-203551]	Nutrition specific and Nutrition-sensitive dominant
203559	UK Aid Match 2013–2016: giving the public a say in how a portion of the aid budget is spent [GB-1-203559]	Nutrition specific and Nutrition-sensitive partial
203631	Addressing Stunting in Tanzania Early (in the under 5's): ASTUTE[GB-1-203631]	Nutrition specific and Nutrition-sensitive dominant
203639	Scaling up the 12+ Programme-empowerment of 12 year old girls in Rwanda. [GB-1-203639]	Nutrition specific and Nutrition-sensitive partial
203981	Linking Agribusiness and Nutrition in Mozambique [GB-1-203981]	Nutrition specific and Nutrition-sensitive dominant
204019	South Sudan Humanitarian Programme (HARISS) 2014 - 2020 [GB-1-204019]	Nutrition specific and Nutrition-sensitive partial
204023	Supporting Nutrition in Pakistan (SNIP) [GB-1-204023]	Nutrition specific and Nutrition-sensitive dominant

Number	Project title	Project classification
204131	Ending the Cycle of Undernutrition in Bangladesh - Suchana [nutsen] [GB-1-204131]	Nutrition specific and Nutrition-sensitive dominant
204457	Complementary food production (CHAI) [GB-1-204457]	Nutrition specific and Nutrition-sensitive partial
204477	Exiting Poverty in Rwanda [GB-1-204477]	Nutrition specific and Nutrition-sensitive partial
204789	Driving Delivery of Nutrition for Growth (N4G) Commitments [GB-1-204789]	Nutrition specific and Nutrition-sensitive dominant
204903	Somali Health and Nutrition Programme (SHINE) 2016-2021 [GB-1-204903]	Nutrition specific and Nutrition-sensitive partial
204916	Strategic Partnership Arrangement II between DFID and BRAC [GB-1-204916]	Nutrition specific and Nutrition-sensitive partial
204940	Improving Market Systems for Agriculture in Rwanda (IMSAR) [GB-1-204940]	Nutrition specific and Nutrition-sensitive partial
205122	Malawi Humanitarian Preparedness and Response Programme [GB-1-205122]	Nutrition specific and Nutrition-sensitive partial
205165	Karamoja Nutrition Programme (KNP) [GB-1-205165]	Nutrition specific and Nutrition-sensitive dominant
300163	Supporting a Resilient Health System in Zimbabwe (SRHS) [GB-GOV-1-300163]	Nutrition specific and Nutrition-sensitive partial
300196	Responding to Protracted Crisis in Sudan: Humanitarian Reform, Assistance & Resilience Programme [GB-GOV-1-300196]	Nutrition specific and Nutrition-sensitive partial
300304	Integrated Community Case Management Phase 2 (ICCM 2) [GB-GOV-1-300304]	Nutrition specific and Nutrition-sensitive dominant
300432	North East Nigeria Transition to Development Programme [GB-GOV-1-300432]	Nutrition specific and Nutrition-sensitive partial
300478	Nutrition, health and sanitation support in Eritrea [GB-GOV-1-300478]	Nutrition specific and Nutrition-sensitive dominant
300492	Emergency UK aid for Sierra Leone landslide and flooding victims [GB-GOV-1-300492]	Nutrition specific and Nutrition-sensitive partial

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

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

Example of a nutrition-sensitive project

Responding to the Nutrition Crisis in Yemen (R2N) – DFID project code GB-GOV-1-300525

This project meets all three of the criteria.

- Aimed at individuals: this project's target beneficiaries include children aged under five.
- Significant nutrition objective or indicator: this project's aim is to address the immediate and underlying causes of undernutrition through a life-cycle approach.
- Contributes to nutrition-sensitive outcomes: this project intends to improve access to multiple nutrition and health services.

So, this project is classified as NUTRITION-SENSITIVE.

Example of a discounted project

Scoping a Strategic UK–Brazil Global Development Partnership – DFID project code GB-GOV-1-300616

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 shows no evidence of intent to contribute to nutrition-sensitive outcomes.

So, this project is classified as NOT NUTRITION-SENSITIVE.

Example of a nutrition-sensitive dominant project

Yemen Multisector Humanitarian Response Programme – DFID project code GB-GOV-1-300046

This project meets all three of the criteria.

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

So, this project is classified as NUTRITION-SENSITIVE DOMINANT.

Example of a nutrition-sensitive partial project

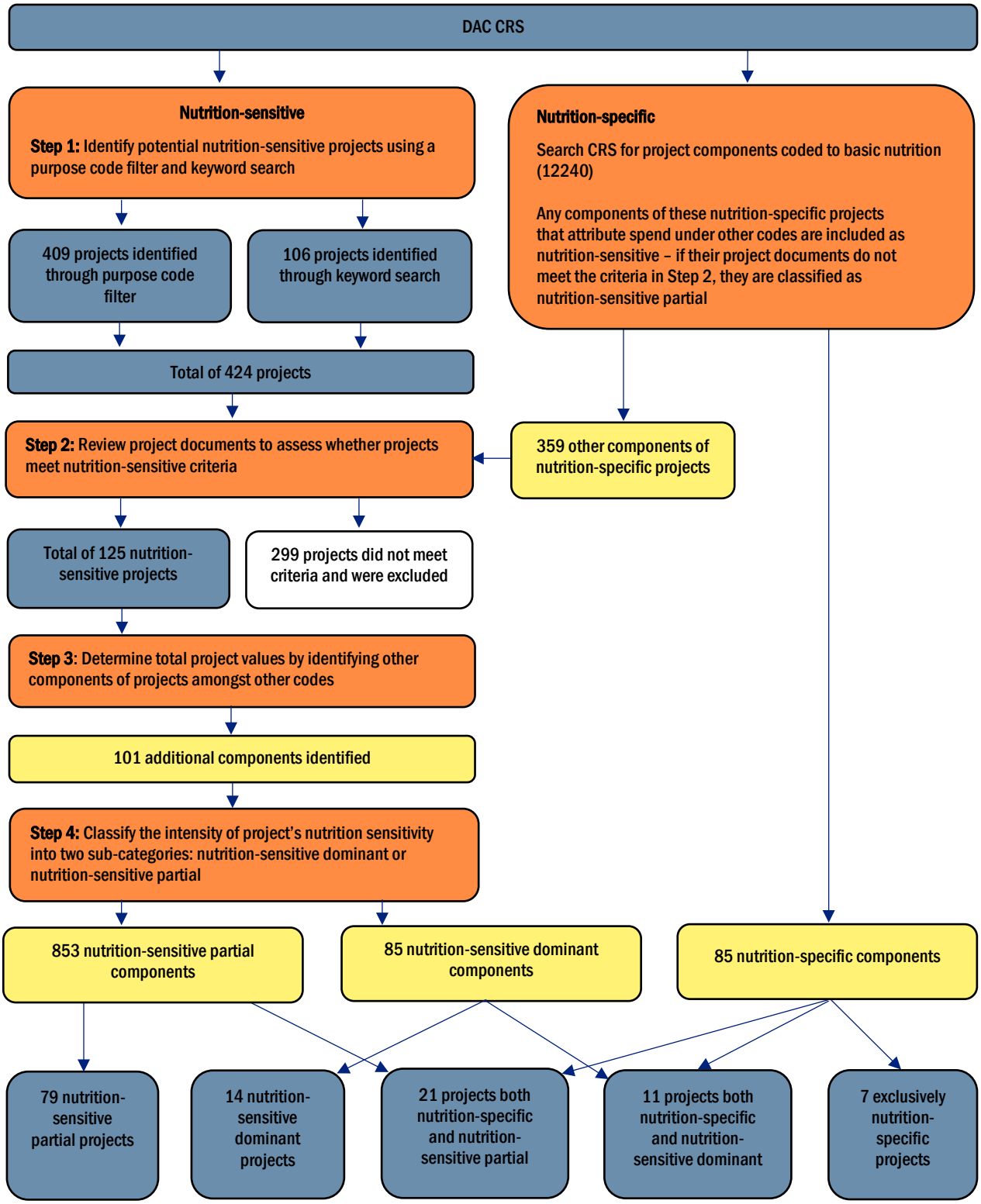
Support to the United Nations Children's Fund in Syria – DFID project code GB-GOV-1-300388

This project meets all three of the criteria.

Not all of its actions contribute to nutrition-sensitive outcomes, such as: "Protection of children and adolescents through psychosocial interventions and mine risk awareness" and "Non-Food Items to protect children from extreme weather".

So, this project is classified as NUTRITION-SENSITIVE PARTIAL.

Annex 4. Project classification flowchart



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

TABLE 5. Nutrition-sensitive ODA by sector and purpose code, 2018, US$ millions.

DAC CRS sector and purpose code	Disbursements (US$ millions)
Emergency Response	391.2
Material relief assistance and services	184.1
Emergency food assistance	165.1
Relief co-ordination and support services	42.0
Health, General	52.5
Health policy and administrative management	52.1
Medical research	0.4
Other Social Infrastructure & Services	42.8
Social protection	42.8
Agriculture	27.6
Agricultural development	19.4
Agricultural research	3.3
Agricultural policy and administrative management	2.4
Agricultural services	1.4
Livestock	0.8
Agricultural land resources	0.2
Government & Civil Society, General	27.1
Public sector policy and administrative management	22.5
Facilitation of orderly, safe, regular and responsible migration and mobility	1.2
Public finance management	1.1
Ending violence against women and girls	0.9
Women's equality organisations and institutions	0.6
Human rights	0.5
Democratic participation and civil society	0.2
Decentralisation and support to subnational government	0.03
Basic Health	26.8
Basic health care	19.3
Health personnel development	3.8
Malaria control	2.3
Health education	0.8
Infectious disease control	0.6
Others	160.9
Total	728.8

Notes: US$ millions, 2018 prices.
Source: Development Initiatives' calculations based on DAC CRS data.

TABLE 6. Nutrition-sensitive ODA disbursements distribution amongst 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	1548.0	391.2	25.3%	53.7%	4.6%
Health, General	352.0	52.5	14.9%	7.2%	0.6%
Other Social Infrastructure & Services	269.7	42.8	15.9%	5.9%	0.5%
Agriculture	268.5	27.6	10.3%	3.8%	0.3%
Government & Civil Society, General	657.4	27.1	4.1%	3.7%	0.3%
Basic Health	567.9	26.8	4.7%	3.7%	0.3%
Population Policies/Programmes & Reproductive Health	491.6	26.4	5.4%	3.6%	0.3%
Environment Protection, General	306.9	25.7	8.4%	3.5%	0.3%
Other Multi-sector	431.1	17.8	4.1%	2.4%	0.2%
Water Supply & Sanitation	273.6	17.5	6.4%	2.4%	0.2%
Reconstruction Relief & Rehabilitation	77.4	15.1	19.6%	2.1%	0.2%
Disaster Prevention & Preparedness	97.8	14.2	14.6%	2.0%	0.2%
Basic Education	325.2	12.2	3.7%	1.7%	0.1%
Development Food Assistance	47.1	10.6	22.6%	1.5%	0.1%
Education, Level Unspecified	226.0	5.3	2.4%	0.7%	0.1%
Banking & Financial Services	862.2	4.4	0.5%	0.6%	0.1%
Secondary Education	124.3	4.0	3.2%	0.6%	0.05%
Business & Other Services	155.6	2.3	1.5%	0.3%	0.03%
Conflict, Peace & Security	98.5	1.7	1.8%	0.2%	0.02%
Transport & Storage	178.1	1.1	0.6%	0.2%	0.01%
Industry	416.0	0.8	0.2%	0.1%	0.01%
Energy Generation, Renewable Sources	89.4	0.7	0.7%	0.1%	0.01%
Communications	5.9	0.3	5.5%	0.05%	0.004%
Unallocated/Unspecified	21.4	0.3	1.5%	0.04%	0.004%
Construction	3.9	0.3	6.5%	0.03%	0.003%
Energy Distribution	49.7	0.03	0.1%	0.004%	0.0004%
Energy Generation, Non-renewable Sources	0.001	0.0003	25.0%	0.00004%	0.000003%
Total*	8,558.6	728.8			8.5%

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

Notes: Ordered by nutrition-sensitive ODA disbursements. US$ millions, 2018 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. DFID nutrition-related ODA by country and category, 2018, US$ millions, ordered by disbursements.

	Commitments (US$ millions)			Disbursements (US$ millions)		
Country	Nutrition -specific	Nutrition-sensitive	Total	Nutrition -specific	Nutrition-sensitive	Total
Yemen		18.1	18.1		130.9	130.9
South Sudan	0.5	0.5	1.0	31.7	41.1	72.9
Nigeria	0.04	9.1	9.1	24.7	39.3	63.9
Bangladesh		13.0	13.0	6.8	47.7	54.6
Afghanistan		0.5	0.5		51.5	51.5
Pakistan	20.2	5.9	26.1	16.4	28.4	44.8
Ethiopia		8.7	8.7		44.3	44.3
Democratic Republic of the Congo		0.3	0.3	1.7	40.7	42.4
Somalia		6.0	6.0	3.2	38.4	41.6
Sudan		4.8	4.8	4.0	20.6	24.6
Myanmar		6.5	6.5		20.6	20.6
Uganda				3.5	16.1	19.6
Tanzania				8.8	10.4	19.2
Zimbabwe				6.9	10.9	17.8
Kenya		12.5	12.5	6.7	9.4	16.0
Malawi		1.7	1.7	6.7	8.4	15.1
Mozambique				3.3	11.2	14.6
Sierra Leone		1.0	1.0	2.8	9.2	12.1
Syrian Arab Republic					11.2	11.2
Lebanon					10.8	10.8
Saint Helena					9.6	9.6
Montserrat		0.1	0.1		7.4	7.4
Central African Republic					4.8	4.8
Nepal					4.8	4.8
Cameroon		0.1	0.1		4.6	4.6
Eritrea				3.6		3.6
Zambia		0.1	0.1	0.8	2.8	3.6
Rwanda		0.6	0.6	1.0	2.5	3.5
Jordan					3.2	3.2
India					1.9	1.9
Burundi					1.2	1.2
Indonesia					0.7	0.7
Liberia					0.01	0.01
Total	20.7	89.3	110.1	132.7	644.6	777.2

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

Notes: US$ millions, 2018 prices.

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