

DFID's aid spending for nutrition: 2017

30 April 2019

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.

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About this publication

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Table of Contents

Summary	1
Introduction and approach.....	2
Identifying nutrition-specific ODA projects	2
Identifying nutrition-sensitive ODA projects	3
ODA disbursements and commitments.....	5
DFID's progress against the N4G commitments	6
DFID's ODA disbursements to nutrition.....	8
Overview	8
Recipients of nutrition ODA disbursements	16
DFID's ODA commitments to nutrition.....	22
Overview	22
DFID's aid spending for nutrition and the Gender marker.....	23
Annex 1. Projects with nutrition-specific and -sensitive components	25
Annex 2. SUN approach to identifying nutrition-sensitive projects.....	27
Annex 3. Determining level of nutrition sensitivity of projects: worked examples	30
Annex 4. Project classification flowchart.....	32
Annex 5. Nutrition-sensitive ODA by DAC CRS sector and purpose code.....	33
Annex 6. Nutrition ODA by recipient.....	35
References	36

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

This report is the latest in a series which presents detailed information on United Kingdom Department for International Development (DFID) aid investments to improve nutrition. Building on previous reports (Development Initiatives, 2014; 2015; 2016; 2017; 2018) regarding investments made between 2010 and 2016, and using the Scaling Up Nutrition Movement's agreed methodology, this report analyses the latest data for 2017 alongside historical data and finds the following:

- DFID has exceeded its nutrition-sensitive Nutrition for Growth (N4G) commitment ahead of its target and is on track to meet its nutrition-specific N4G commitment at the end of 2020.
- DFID disbursed US\$895 million of nutrition-related official development assistance (ODA or aid) to developing countries in 2017; 8.2% more than in 2016.
- This includes US\$188.3 million of nutrition-specific aid and US\$706.3 million of nutrition-sensitive aid—both of which increased in 2017.
- Relative to DFID's total spending, its spending on nutrition reached 11.0%, up from 10.6% in 2015 and 9.2% in 2016.
- DFID supported 147 nutrition-related projects, including 40 projects with both nutrition-specific and nutrition-sensitive components, reflecting a growing integration of nutrition and other objectives.
- Humanitarian projects continue to constitute much of DFID's nutrition-related spending, affecting how its nutrition spending is spread across different activities and countries.
- DFID's spending reached fewer specific countries in 2017: 30 countries, down from 35.
- Spending to 17 countries increased, spending to 13 decreased, and to 5 others spending halted.
- Yemen was the largest single recipient of nutrition aid in 2017, receiving US\$77.9 million, followed by South Sudan (US\$71.0 million) and Somalia (US\$70.2 million); each received principally humanitarian support.

Introduction and approach

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 (DFID)'s official development assistance (ODA) spending on nutrition-related projects. The analysis uses the methodology developed by the [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 Scaling Up Nutrition (SUN) members. The methodology identifies two types of nutrition-related projects, those that are 'nutrition-specific' and those classed as 'nutrition-sensitive' (both further explained below).

This analysis also enables monitoring of progress by the UK to meet the spending targets it committed at the 2013 Nutrition for Growth Summit.

As in previous years, this analysis uses the Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) Creditor Reporting System (CRS) database to identify nutrition-related projects and calculate DFID's total nutrition-related spend. Whilst DFID is the largest source of UK ODA (responsible for 71% of UK ODA disbursements in 2017) and the focus of this analysis, it is worth noting that other UK government departments and agencies also contribute to UK ODA, including—in previous years—on nutrition. In 2017, however, no UK agency other than DFID reported any nutrition-specific ODA. All data in this report was downloaded on 18 January 2019 and is accurate as of the latest official quarterly update to the DAC CRS.

The SUN methodology is applied only to DFID's bilateral ODA, capturing 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.

Identifying nutrition-specific ODA projects

Donors reporting to the CRS, including DFID, are required to specify in some detail the sector¹ 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 SUN methodology defines all projects recorded under the 'basic nutrition' CRS purpose code as nutrition-specific (DAC CRS code 12240). In 2017, a revised code was adopted which included some amendments, most notably the removal of school feeding and household food security. These changes will affect reporting on 2018 flows. At the time of reporting for 2017 spending, as assessed in this report, this code captures reported spend on (OECD, 2019):

- direct feeding programmes (maternal feeding, breastfeeding and weaning foods, child feeding and school feeding)
- determination of micronutrient deficiencies
- provision of vitamin A, iodine, iron, etc.

¹ 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.

- monitoring of nutritional status
- nutrition and food hygiene education
- household food security.

Generally, donors report their projects to the CRS either under a single purpose code, based on the project's main objective or sector, or under a 'multi-sector' purpose code. DFID's reporting to the CRS is more detailed, as is that of some other donors like 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 SUN methodology to DFID's CRS records under the 'basic nutrition' purpose code was adapted, with the agreement of the 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 1 for a record of projects with both specific and sensitive components).

To reflect the fact that DFID has two commitments on nutrition-specific spend, components that 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 SUN 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 (see Annex 2 for a summary of the SUN approach). The steps used in this 2017 DFID 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. A keyword search is applied to the description field of all other CRS records under the remaining purpose codes (Annex 2). The purpose code filter and keyword search yield a pool of potentially nutrition-sensitive records. For DFID, these records represent project components rather than whole projects.

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. In the analysis done for 2017, 25 projects were assessed using information provided by DFID directly. Outstanding projects (only three) 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 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 (see Annex 2).

Annex 3 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 more subjective. The SDN methodology requires a project to intend to improve nutrition for women or adolescent girls or children to be considered nutrition-sensitive. The methodology adds that “this does not necessarily entail targeting women or children because actions targeted at households, communities or nations can also be designed to result in improved nutrition for women and children. It entails, though, an intention to achieve results and measure them at the level of women, adolescent girls or children” (SDN, 2013).

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

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

Finally, nutrition-sensitive projects must contribute toward nutrition-sensitive outcomes as defined in the SDN methodology (Annex 2). Only when all three of these criteria are met can a project qualify as nutrition-sensitive.

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 (Annex 2). 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 subcategories: ‘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 (Annex 2), 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.

Multi-year projects that had qualified as nutrition-sensitive during the [previous assessment](#) (Development Initiatives, 2018) were reassessed carefully to capture any shifts in their focus.

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 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 section on “DFID’s ODA commitments to nutrition”.

DFID's progress against the N4G commitments

In 2013 at the first Nutrition for Growth (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. In addition to this, DFID made the commitment to match new funding for nutrition-specific scale up by other donors up to a total of £280 million. Finally, DFID also committed to increase its nutrition-sensitive spending by 8 percentage points over the same period, equal to spending a total of £2.13 billion by 2020. That commitment and progress is detailed in Figure 1.

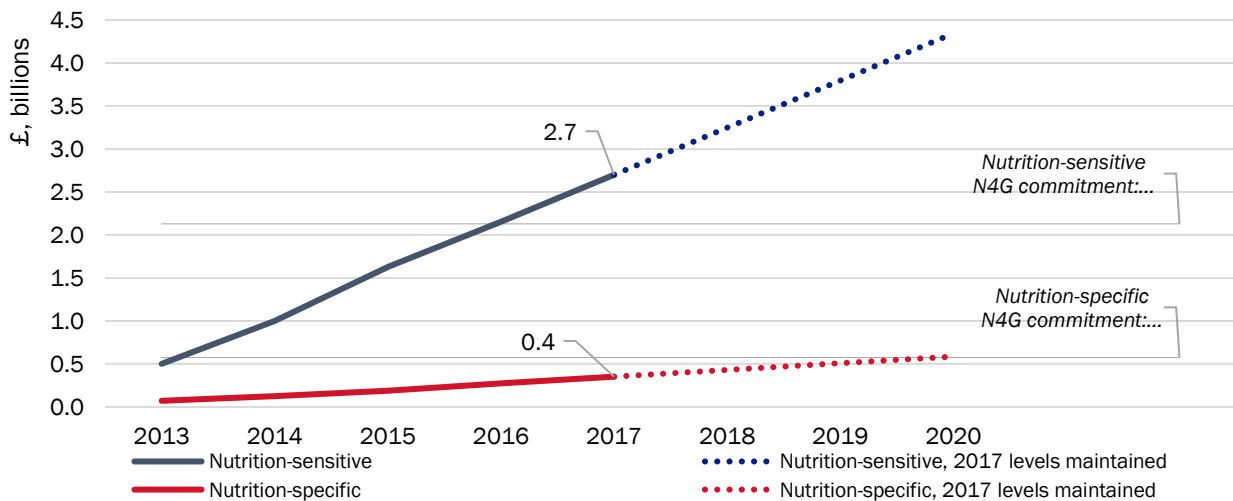
Nutrition-specific N4G commitment

Between 2013 and 2017, DFID has cumulatively disbursed £352.0 million in nutrition-specific funding. If DFID maintains its nutrition-specific spending at 2017 levels, it will just meet its £574.8 million commitment required by 2020, with £585.6 million in cumulative nutrition-specific disbursements between 2013 and 2020. To meet this commitment any earlier, by 2019 for example, DFID must spend at least £111.4 million in 2018 and in 2019.

Nutrition-sensitive N4G commitment

Looking at the nutrition-sensitive commitment, DFID has exceeded its target. Between 2013 and 2017, DFID has cumulatively disbursed £2.7 billion to nutrition-sensitive interventions, surpassing the nutrition-sensitive commitment of £2.13 billion ahead of 2020. If DFID maintains its current levels of spending, it will further exceed the nutrition-sensitive N4G commitment and reach £4.34 billion in cumulative nutrition-sensitive disbursements between 2013 and 2020, effectively spending double the original commitment.

FIGURE 1. DFID has exceeded its nutrition-sensitive N4G commitment.



DFID's N4G commitments and cumulative ODA disbursements, 2013–2020.

Notes: Totals exclude matched funding. Disbursements are presented in 2017 prices and exchanged to £ from US\$ using OECD exchange rates.

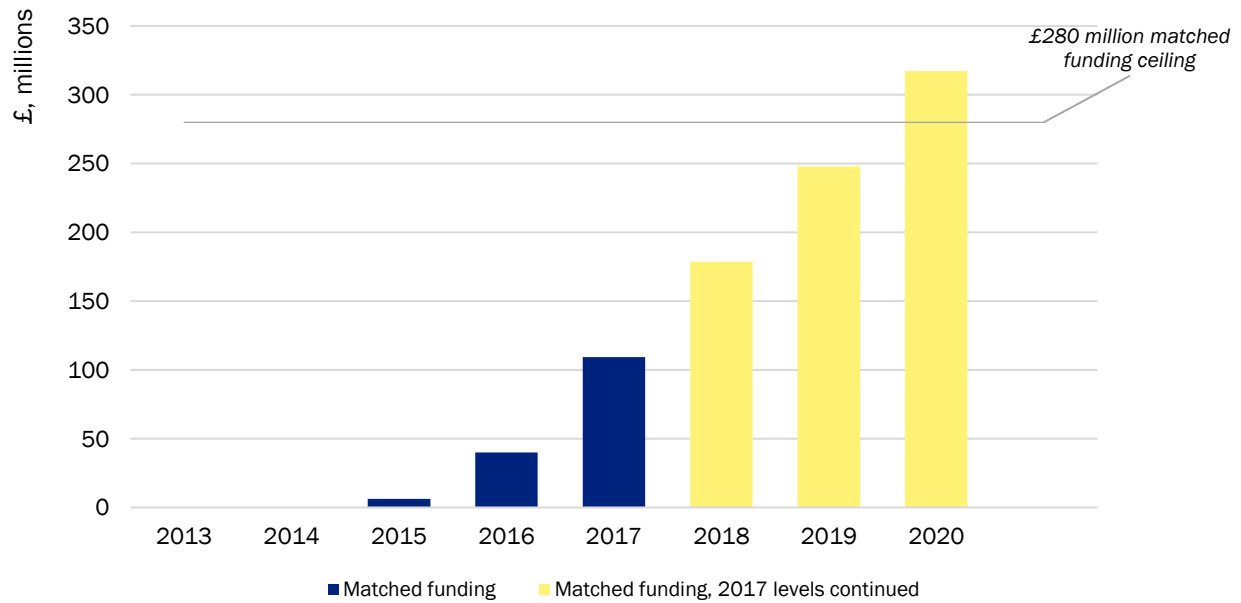
Source: Development Initiatives' calculations based on DAC CRS data, and OECD National Accounts Statistics: purchasing power parities (PPPs) and exchange rates.

Matched funding

In addition to the nutrition-specific and nutrition-sensitive N4G commitments assessed above, DFID also committed to provide matched funding for new financial commitments for nutrition made by other actors, up to a value of £280 million. This “matched funding” approach was put in place as a way to encourage other donors to commit further funding on top of what was committed at N4G. Donors who have committed new funds for nutrition beyond what was committed at N4G have been able to unlock up to £280 million of DFID funding which DFID uses to support scale up of nutrition-specific services through its own programmes. Because it is used to support scale up of nutrition-specific programmes, it is an important part of the spend on nutrition. DFID provides details of matched funding to enable separate tracking of disbursements and separate tracking of DFID’s different N4G commitments.

DFID’s spending which is attributable to matched funding more than doubled from £33.6 million in 2016 to £69.4 million in 2017, adding to £6.2 million in 2015. Cumulatively, this amounts to £109.2 million in 2017. If 2017 spending levels continue, the £280 million ceiling will be reached in 2020.

FIGURE 2. DFID will reach the £280 million ceiling in 2020.



DFID’s cumulative matched funding disbursements, 2013-17.

Disbursements are presented in 2017 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

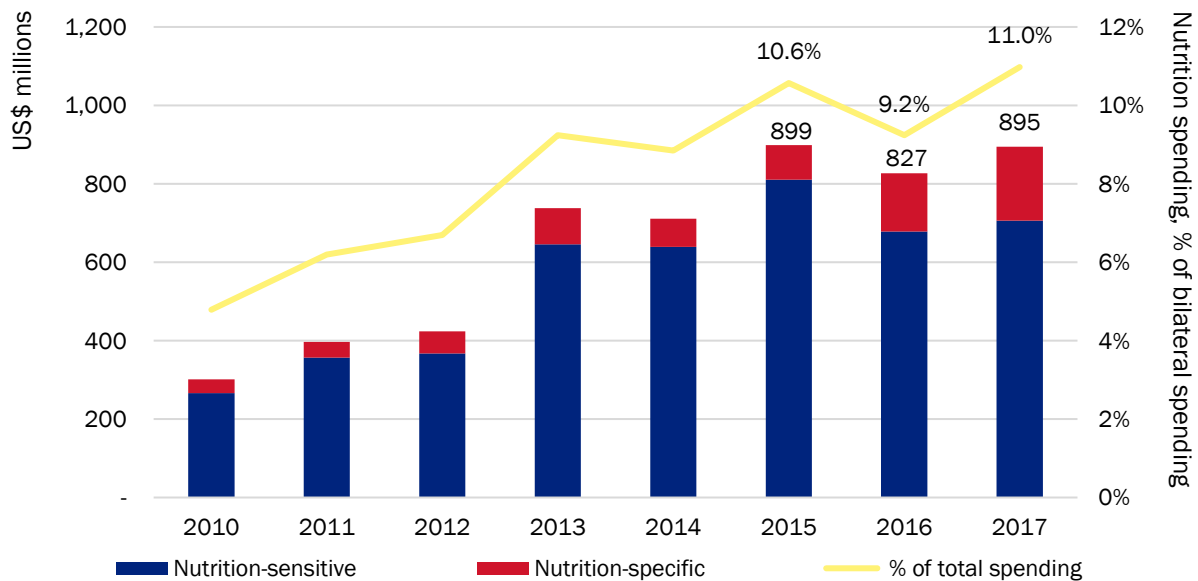
In 2017, DFID's total aid spending for nutrition, including matched funding, amounted to US\$895 million, up by US\$67.8 million or 8.2% from 2016 levels.

Previous reports of this series articulated that DFID spent a total of US\$1 billion for nutrition in 2015. In real terms, this amount now appears less, equal to US\$899 million in 2017 prices. This is because for UK, US\$ spending figures are influenced by the £–US\$ exchange rate and domestic price inflation. See Box 1 for details on how this affects DFID's spending trends.

Between 2016 and 2017, DFID increased both its nutrition-specific and nutrition-sensitive spending. Spending on nutrition-specific interventions increased by US\$39.6 million (26.6%)—to a record US\$188.3 million in 2017. Spending on nutrition-sensitive interventions also increased from 2016 volumes by US\$28.3 million, or 4.2%, reaching US\$706.3 million in 2017. Nutrition-sensitive spending continues to dominate DFID's total spending for nutrition, constituting a majority 79%.

DFID is spending more on nutrition, proportionally, than ever before. Spending on nutrition increased to a peak 11.0% in 2017, up from 9.2% in 2016, and more than the previous peak of 10.6% in 2015. DFID's nutrition-specific spending as a proportion of its total aid spending also peaked in 2017, at 2.3%, up 1.0% from 2016.

FIGURE 3. DFID's total aid spending for nutrition increased slightly in 2017.



DFID's aid spending for nutrition, 2010–2017.

Notes: Based on gross ODA disbursements. Constant 2017 prices.

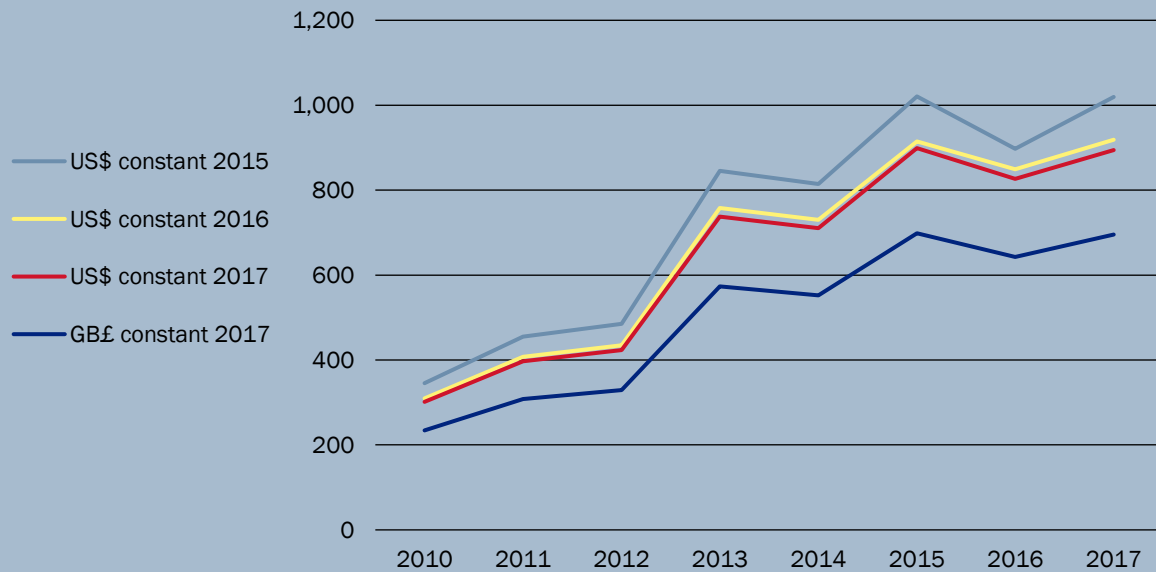
Source: Development Initiatives' calculations based on DAC CRS data.

BOX 1. Constant versus current prices.

In this report, DFID’s spending on nutrition is assessed and expressed in constant US\$ 2017 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 presented in a constant series, aligned with the latest year for which there was available data. For example, the report on DFID’s spending for 2016 presented data in a constant 2016 series. The chart below illustrates the differences between price series.



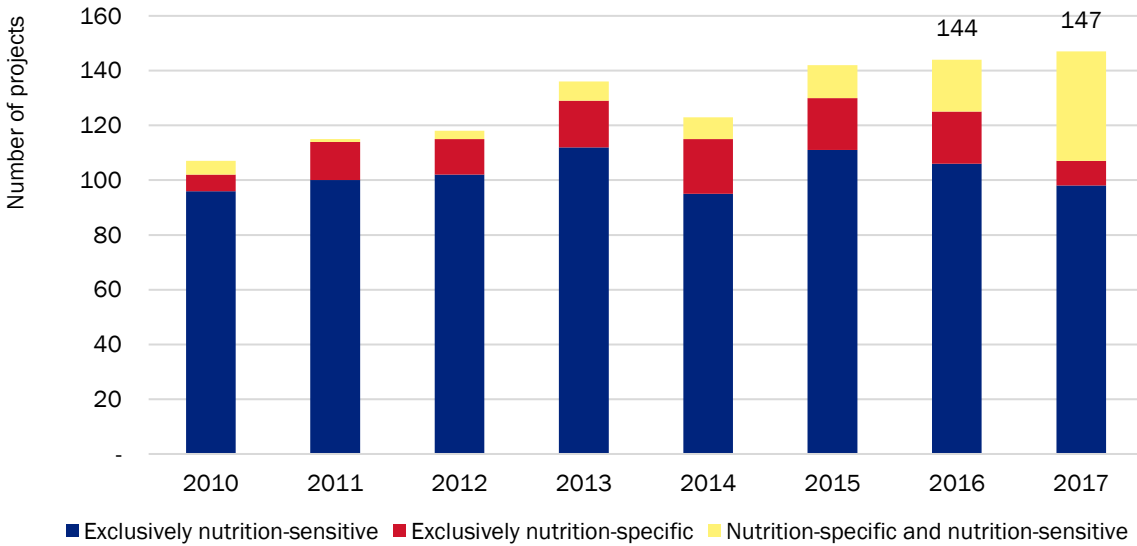
Source: Development Initiatives’ calculations based on DAC CRS data.

Projects

In 2017, DFID supported a record number of nutrition projects: 147, up from 144 in 2016. 2017 projects included 98 nutrition-sensitive projects, 9 nutrition-specific projects and 40 projects that have both nutrition-specific and nutrition-sensitive components.

The number of exclusively nutrition-specific and exclusively nutrition-sensitive projects decreased. Continuing from previous years, the number of projects with both nutrition-specific and nutrition-sensitive components continues to grow, increasing from 19 in 2016 to 40 in 2017. This reflects the greater integration of nutrition-specific objectives within broader projects, which has been an aim of the global nutrition community.

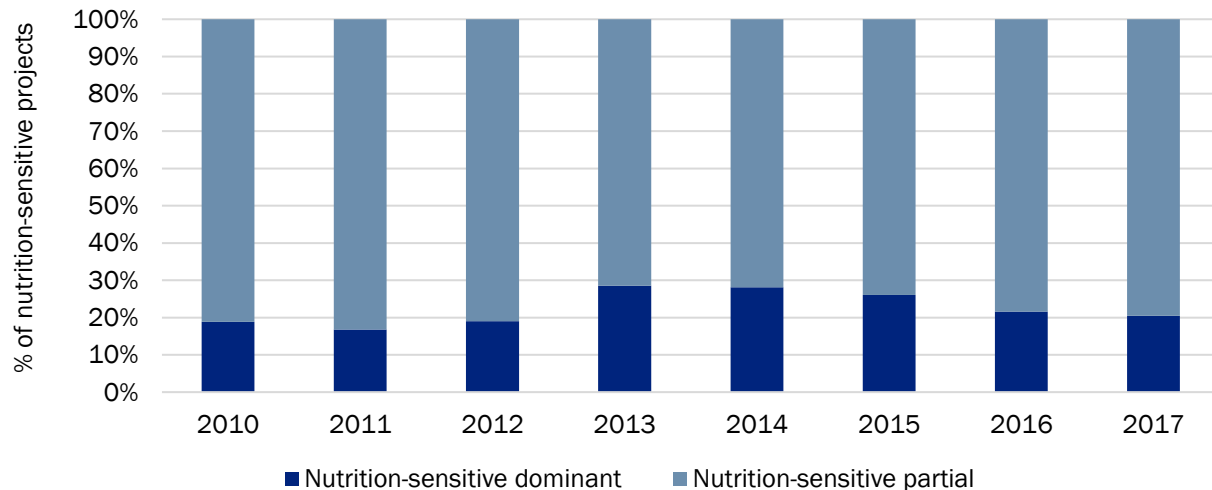
FIGURE 4. DFID supported a record 147 nutrition projects in 2017.



Number of projects by category, 2010–2017.
 Source: Development Initiatives' calculations based on DAC CRS data.

Among DFID's nutrition-sensitive projects, the balance between nutrition-sensitive partial and dominant projects remains steady. DFID supports more nutrition-sensitive partial projects than nutrition-sensitive dominant projects: 109 nutrition-sensitive partial projects compared with 28 nutrition-sensitive dominant projects in 2017. This is likely due to the frequency with which multi-sector projects include nutrition-relevant components.

FIGURE 5. Most of DFID's nutrition projects are nutrition-sensitive partial.



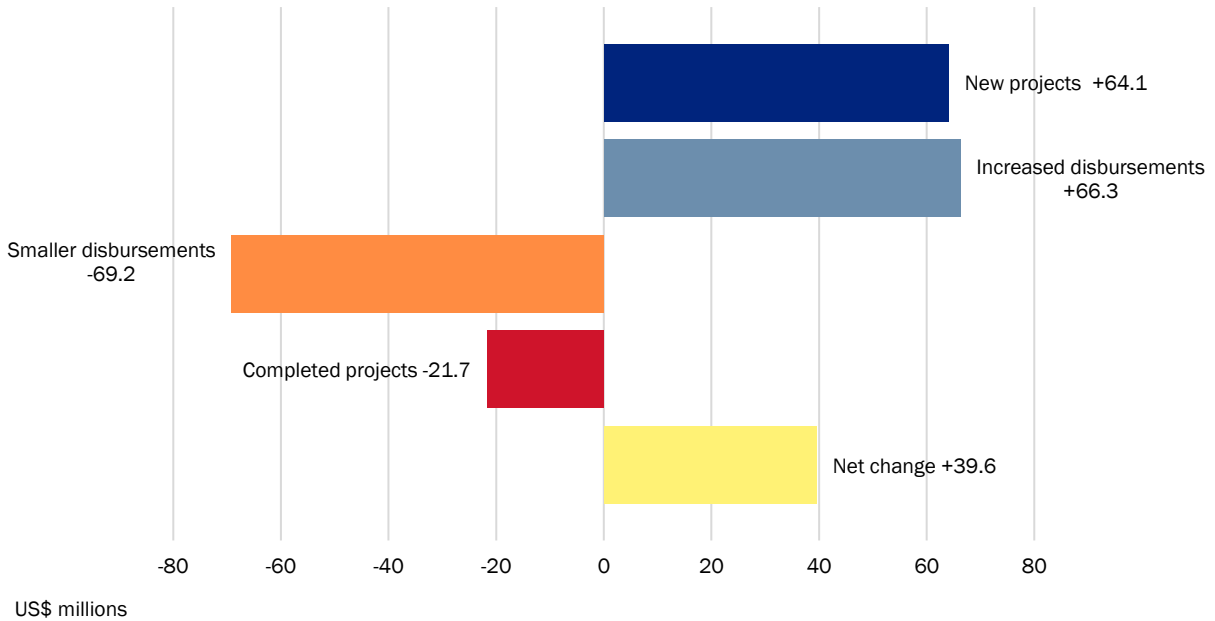
Proportion of nutrition-sensitive projects by subcategory, 2010–2017.
 Source: Development Initiatives' calculations based on DAC CRS data.

Nutrition-specific spending 2016–2017

Between 2016 and 2017, DFID’s total spending on nutrition projects increased by US\$67.8 million. Nutrition-specific spending alone increased by net US\$39.6 million. The details of this increase are:

- New projects with new disbursements, +US\$64.1 million
- Increased disbursements to existing projects, +US\$66.3 million
- Completed projects with no new disbursements, -US\$21.7 million
- Smaller disbursements to existing projects, -US\$69.2 million.

FIGURE 6. Nutrition-specific spending increased by US\$39.6 million



Changes to nutrition-specific disbursements, 2016–2017.

Notes: ‘New projects’ are those with no disbursements before 2017. ‘Completed projects’ are those with disbursements in 2016, but none in 2017. ‘Increased disbursements’ and ‘Smaller disbursements’ refer to spending changes on existing projects. Constant 2017 prices.

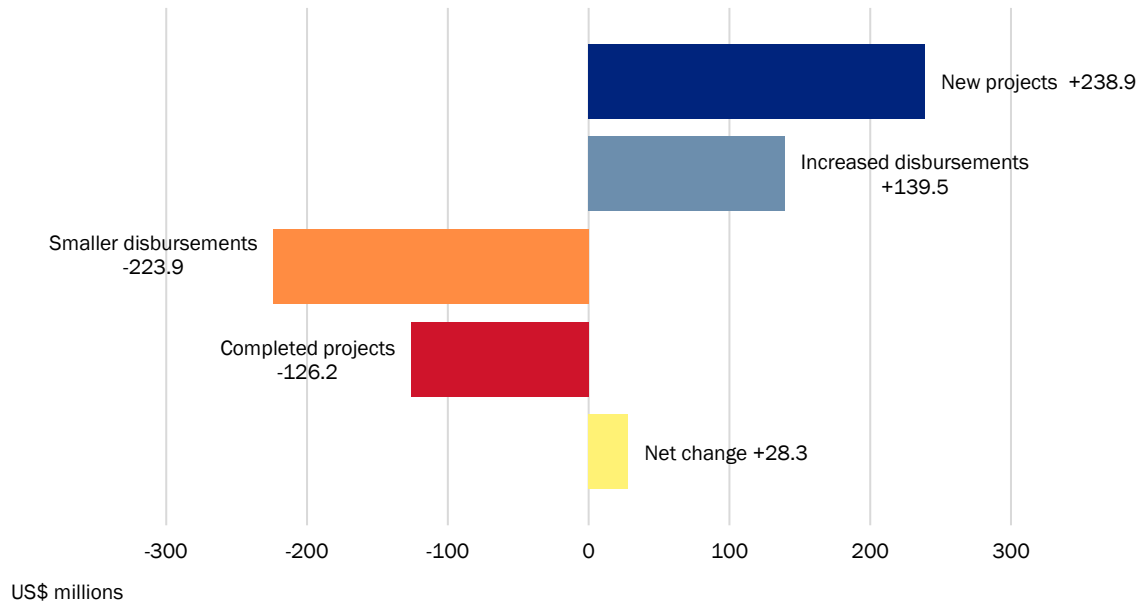
Source: Development Initiatives’ calculations based on DAC CRS data

Nutrition-sensitive spending 2016–2017

Nutrition-sensitive aid increased by net US\$28.3 million between 2016 and 2017. The details of this decrease are:

- New projects with new disbursements, +US\$238.9 million
- Increased disbursements to existing projects, +US\$139.5 million
- Completed projects with no new disbursements, -US\$126.2 million
- Smaller disbursements to existing projects, -US\$223.9 million.

FIGURE 7. Nutrition-sensitive spending increased by US\$28.3 million.



Changes to nutrition-sensitive disbursements, 2016–2017.

Notes: ‘New projects’ are those with no disbursements before 2017. ‘Completed projects’ are those with disbursements in 2016, but none in 2017. ‘Increased disbursements’ and ‘Smaller disbursements’ refer to spending changes on existing projects. Constant 2017 prices.

Source: Development Initiatives’ calculations based on DAC CRS data

Nutrition-sensitive ODA by sector and purpose

While 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

Just over half (52.3%) of DFID's total nutrition-sensitive spending in 2017 is found among humanitarian interventions: proportionally similar to previous years and equal to US\$369.3 million in 2017. This reflects, to some extent, DFID's focus on humanitarian interventions, which in recent years has accounted for much of its total spending. This also reflects the nature of DFID-supported humanitarian interventions which often include significant nutrition components.

As in previous years, other significant amounts are found under the 'health' sector (US\$159.9 million, 22.6% of DFID's nutrition-sensitive aid in 2017) and 'social services' sector (US\$42.0 million, 5.9%).

'Agriculture and food security' accounted for 5.4% (US\$38.2 million) in 2017, much less than in previous years. The remaining spending is spread across a broad variety of sectors, including 'governance and security' (2.9%), 'education' (2.8%), 'environment' (2.2%), and 'water and sanitation' (1.6%).

While DFID's total nutrition-sensitive spending increased between 2016 and 2017, not all sectors saw the same changes, with spending increasing to some sectors and decreasing to others.

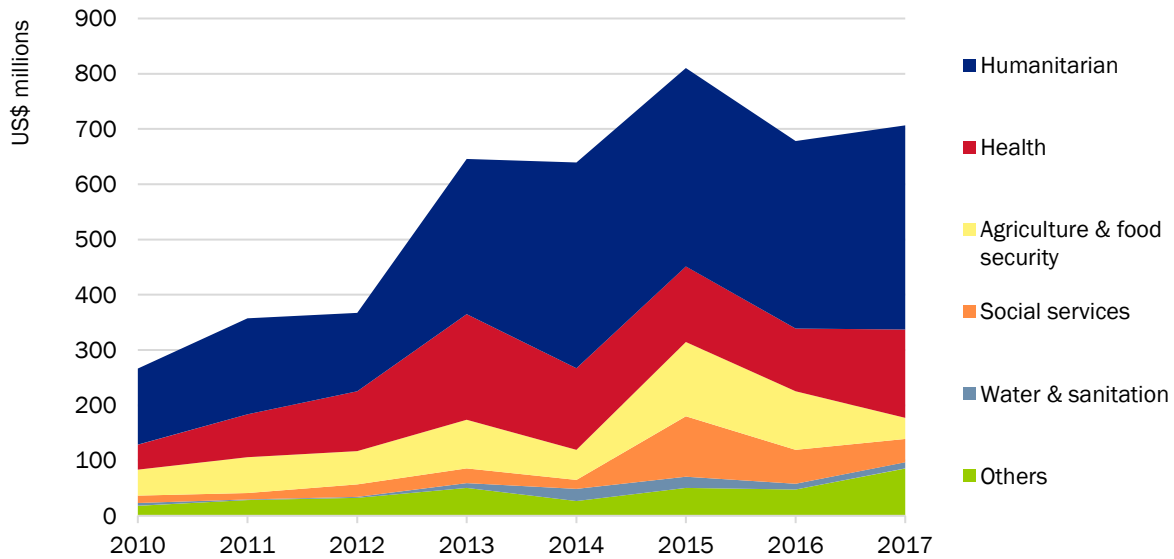
'Health' spending increased by the greatest amount of all sectors, US\$46.2 million (or 40.7%). This is partly attributable to new disbursements to components of the HarvestPlus – Phase 2 project (HarvestPlus – Phase 2, Delivering Nutritionally Enriched Food Crops, GB-1-204991) – to which DFID disbursed US\$27.7 million in 2017, and greater disbursements to the Provincial Health and Nutrition Programme in Pakistan – which was allocated US\$10.4 million more in 2017 than in 2016 (GB-1-202488).

'Humanitarian' spending also rose, by US\$30.2 million (or 8.9%), largely affected by new disbursements to projects in Yemen as well as the Democratic Republic of the Congo, Bangladesh, Syria, Kenya and Nigeria, alongside increased disbursements to interventions in Somalia and Uganda.

Disbursements to 'governance and security' also increased, by US\$19.1 million (1,405%) and to 'education' by US\$12.4 million (169.9%).

Spending decreased most significantly among the 'agriculture and food security' sector (by US\$68.0 million, or 64.0%). This is partly attributable to a pause in disbursements to the Global Agriculture and Food Security Programme (GB-1-202571) which saw no disbursements in 2017, neither did the now-completed Southern Africa Regional Response to El Niño project (GB-GOV-1-300047) nor the Joint Programme for El Niño Drought Response in Lesotho (GB-GOV-1-300301). 'Social services' also saw a large drop in spending (US\$19.4 million, or 31.6%).

FIGURE 8. Most nutrition-sensitive spending remains in the humanitarian sector.



Nutrition-sensitive disbursements by sector, 2010–2017.

Notes: Constant 2017 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, though the distribution across these codes fluctuates.

In 2017, six purpose codes together account for most of DFID’s nutrition-sensitive spending; ‘material relief assistance and services’ (21.1%); ‘emergency food aid’ (18.3%); ‘health policy and administrative management’ (8.0%); ‘reproductive health care’ (6.4%); ‘social/welfare services’ (5.9%); and ‘disaster prevention and preparedness’ (5.3%). In 2017, these purpose codes represented 65.0% of DFID’s nutrition-sensitive spending.

The humanitarian purpose codes ‘emergency food aid’ and ‘material relief assistance and services’ continue to account for the greatest amounts (US\$149.2 million and US\$129.1 million, respectively).

This reflects the pattern seen at the sector level, whereby much of DFID’s nutrition-sensitive spending is attributable to large-scale DFID-supported humanitarian projects, which often include significant nutrition objectives.

While this distribution of spending among purpose codes is similar to previous years, there are a few notable changes in 2017. There has been a marked increase in disbursements to ‘disaster prevention and preparedness’ activities, having increased from US\$31.6 million in 2016 to a peak of US\$37.3 million—attributable to greater disbursements to the Multi-year Humanitarian Programme 2013 to 2017 (GB-1-203462) in Somalia. Disbursements also increased sharply to the

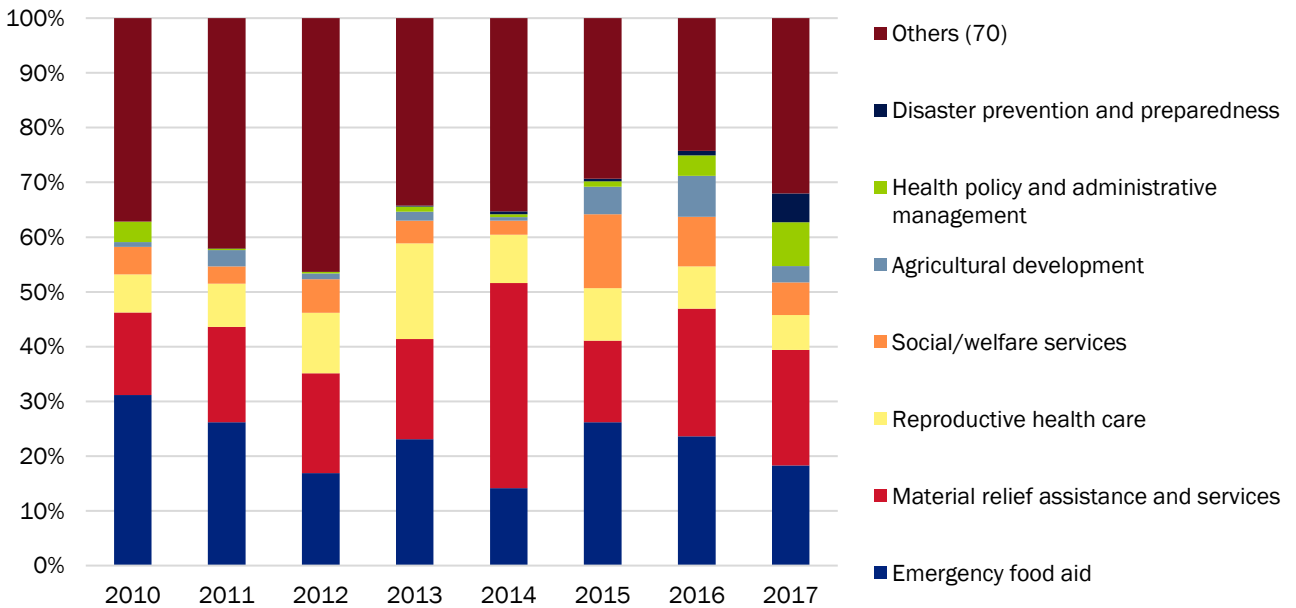
‘reconstruction relief and rehabilitation’, from US\$1.9 million to US\$22.4 million in 2017, attributable to the same project along with several new smaller interventions.

Disbursements also increased and peaked to ‘health policy and administrative management’, having more than doubled from US\$25.2 million in 2016 to US\$56.6 million. Once more, this reflects the same changes which affect the parent sector pattern and, in this case, is mostly attributable to components of the HarvestPlus – Phase 2 project (HarvestPlus – Phase 2, Delivering Nutritionally Enriched Food Crops, GB-1-204991).

Disbursements to ‘emergency food aid’ and ‘agricultural development’ decreased by the greatest volumes (by US\$31.1 million and US\$29.7 million, respectively).

Disbursements dropped significantly for ‘agricultural research’ from US\$25.0 million in 2016 to a low of US\$4.0 million in 2017, and for ‘food aid/food security programmes’ from US\$21.5 million to US\$6.8 million. Both decreases are attributable to a mix of fewer disbursements to ongoing projects and the completion of several others.

FIGURE 9. Just three purpose codes constitute almost half (47.4%) of nutrition-sensitive spending.



Proportion of nutrition-sensitive disbursements by DAC CRS purpose code, 2010–2017.

Notes: Constant 2017 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

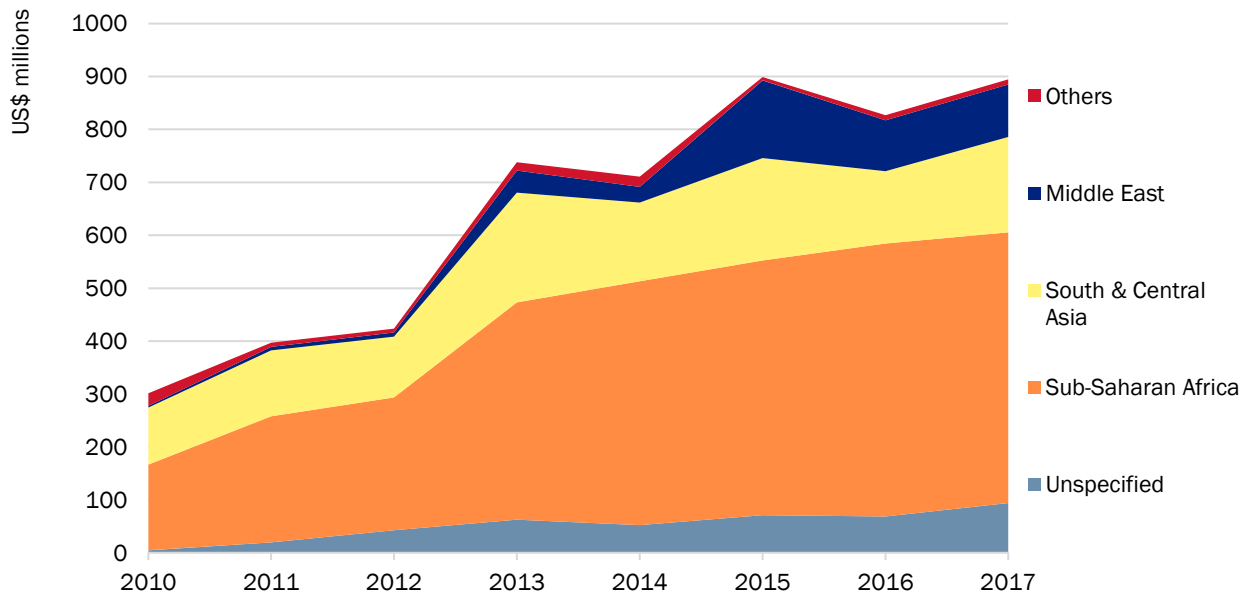
As in previous years, most of DFID’s nutrition aid is disbursed to sub-Saharan Africa; the region received 57.2% of DFID’s nutrition aid in 2017, decreasing slightly from US\$515.5 million to US\$511.6 million in 2017. The fall is attributable to substantial decreases in disbursements to Ethiopia, Nigeria, Mozambique and Zimbabwe, as well as to projects at the regional level.

Similar to previous years, South and Central Asia and the Middle East received the second and third-largest amounts, respectively (US\$180.2 million and US\$99.5 million).

Disbursements to South and Central Asia rose substantially, by US\$43.5 million, up from 16.5% of DFID’s total aid spending for nutrition in 2016 to 20.1% in 2017. These were attributable to increased nutrition-sensitive humanitarian spending in Afghanistan and greater nutrition-specific spending in Bangladesh. Disbursements also increased slightly to the Middle East, by US\$3.3 million. Its share remaining similar to the previous year at 11.1% in 2017.

In 2017, DFID allocated a peak US\$93.9 million to projects at the global level (‘Unspecified’ in Figure 10), rather than to a specific region or country—up US\$25.2 million from 2016. In 2017, this amount represents 10.5% of DFID’s total aid spending for nutrition. It includes disbursements worth US\$30.2 million to the Power of Nutrition Financing Facility (GB-1-204564) and worth US\$27.7 million to the HarvestPlus – Phase 2, Delivering Nutritionally Enriched Food Crops project (GB-1-204991).

FIGURE 10. Most spending continues to concentrate in sub-Saharan Africa.



Nutrition disbursements by region, 2010–2017.

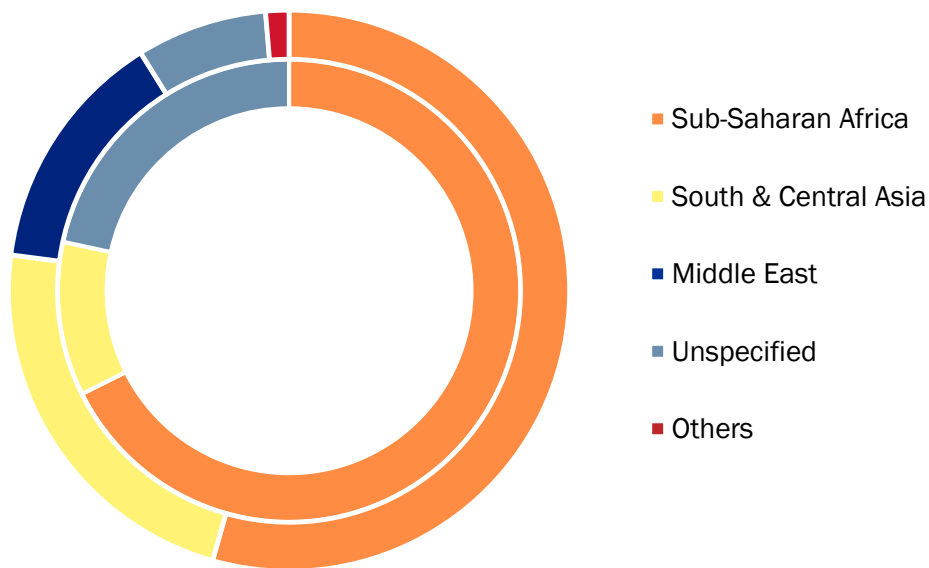
Notes: Constant 2017 prices. ‘Unspecified’ refers to funding not allocated to a single region. ‘Others’ include funding allocated to the West Indies and to Africa with no further specification.

Source: Development Initiatives’ calculations based on DAC CRS data

DFID’s nutrition-sensitive spending continues to be less concentrated than DFID’s nutrition-specific spending, reflecting the greater number of nutrition-sensitive projects and reaching a greater number of countries. In 2017, 67.6% of DFID’s nutrition-specific spending was in sub-Saharan Africa, while only 54.4% of nutrition-sensitive spending was. South and Central Asia accounted for 10.8% and 22.6% of nutrition-specific and nutrition-sensitive spending, respectively. The Middle East received nutrition-sensitive disbursements exclusively, equal to 14.1% of DFID’s total nutrition-sensitive spending.

In 2017, 21.6% of DFID’s nutrition-specific spending and 7.5% of nutrition-sensitive spending was not allocated to any single country or region, and rather spent on multi-regional and global interventions.

FIGURE 11. More than half of both nutrition-specific and nutrition-sensitive spending targets sub-Saharan Africa.



Nutrition disbursements by category and region, 2017.

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

While DFID increased both its nutrition-specific and nutrition-sensitive spending in 2017, that spending reached fewer countries: 30 countries down from 35 countries in 2016. Lebanon, Lesotho, Philippines, Tajikistan and Vanuatu each received nutrition-related disbursements in 2016 but did not in 2017.

Eighteen of those countries received both nutrition-specific and nutrition-sensitive aid. The remaining 12 countries received nutrition-sensitive aid only. No country received exclusively nutrition-specific support. Of the 30 recipient countries, only India received more nutrition-specific than nutrition-sensitive aid. All other countries received greater amounts of nutrition-sensitive aid.

Yemen was the largest single recipient of nutrition aid in 2017, receiving US\$77.9 million, followed by South Sudan with US\$71.0 million and Somalia with US\$70.2 million.

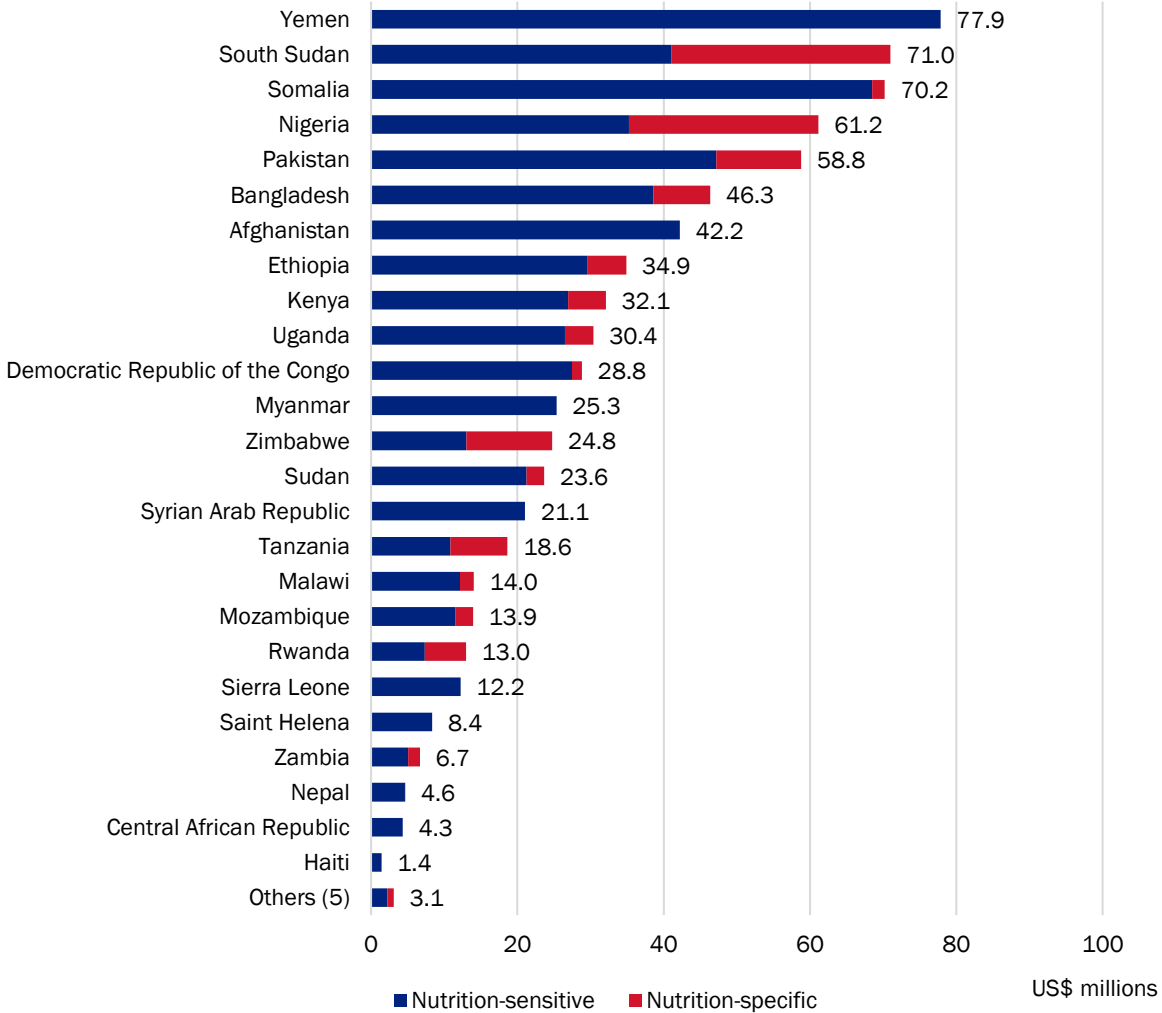
Yemen received only nutrition-sensitive disbursements, and almost half (44.7%) of these were attributable to a single project: An Integrated Programme to Address Malnutrition in Yemen (GB-GOV-1-300031). This was DFID's largest nutrition-sensitive project of 2017. All disbursements to Yemen were reported under the 'emergency response' purpose code.

South Sudan received both nutrition-sensitive and nutrition-specific support, most notably toward a mixed sensitive/specific humanitarian intervention which accounts for 71.0% of South Sudan's total nutrition-related disbursements in 2017: South Sudan Humanitarian Programme (HARISS) 2014–2020 (GB-1-204019). Disbursements to Somalia were also primarily 'humanitarian'.

While less than in 2016, Nigeria and Pakistan also received substantial amounts, US\$61.2 million and US\$58.8 million, respectively.

The scale of spending in these 'largest recipient' countries is driven by DFID's support to humanitarian interventions, which account for most spending in each of these countries except Pakistan, whose support is comprised mainly of focused health and nutrition interventions. DFID also spent US\$51.7 million at the regional level, with no single defined country.

FIGURE 12. DFID is supporting 30 countries, 5 less than last year.



Nutrition disbursements by country, 2017.

Notes: Excludes regional and global level disbursements. Constant 2017 prices. 'Others' includes Burundi, India, Turkey, Jordan and Liberia.

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

Between 2016 and 2017, DFID increased its total nutrition aid spending in 17 countries, while 18 countries received less in 2017 than in 2016. All increases in nutrition spending were toward countries already receiving support. Five of the 18 countries reporting fewer disbursements received no nutrition disbursements at all in 2017.

Disbursements increased most, by volume, to Somalia, up from US\$21.8 million in 2016 to US\$70.2 million in 2017 due primarily to humanitarian interventions. Disbursements also increased substantially to Yemen (up from US\$48.8 million to US\$77.9 million in 2017), Afghanistan (US\$13.3 million to US\$42.2 million), Bangladesh (US\$20.1 million to US\$46.3 million) and South Sudan (US\$51.4 million to US\$71.0 million). Increases in funding to Yemen were entirely humanitarian, while the rise to Afghanistan was multisectoral, with US\$29.0 million of new disbursements to a

variety of sectors. Bangladesh's increase is attributable to greater humanitarian spending alongside new 'education' disbursements to the sector. In South Sudan, disbursements to the 'health' sector increased most significantly (from US\$19.4 million in 2016 to US\$37.3 million in 2017) contributing to the country's net increase.

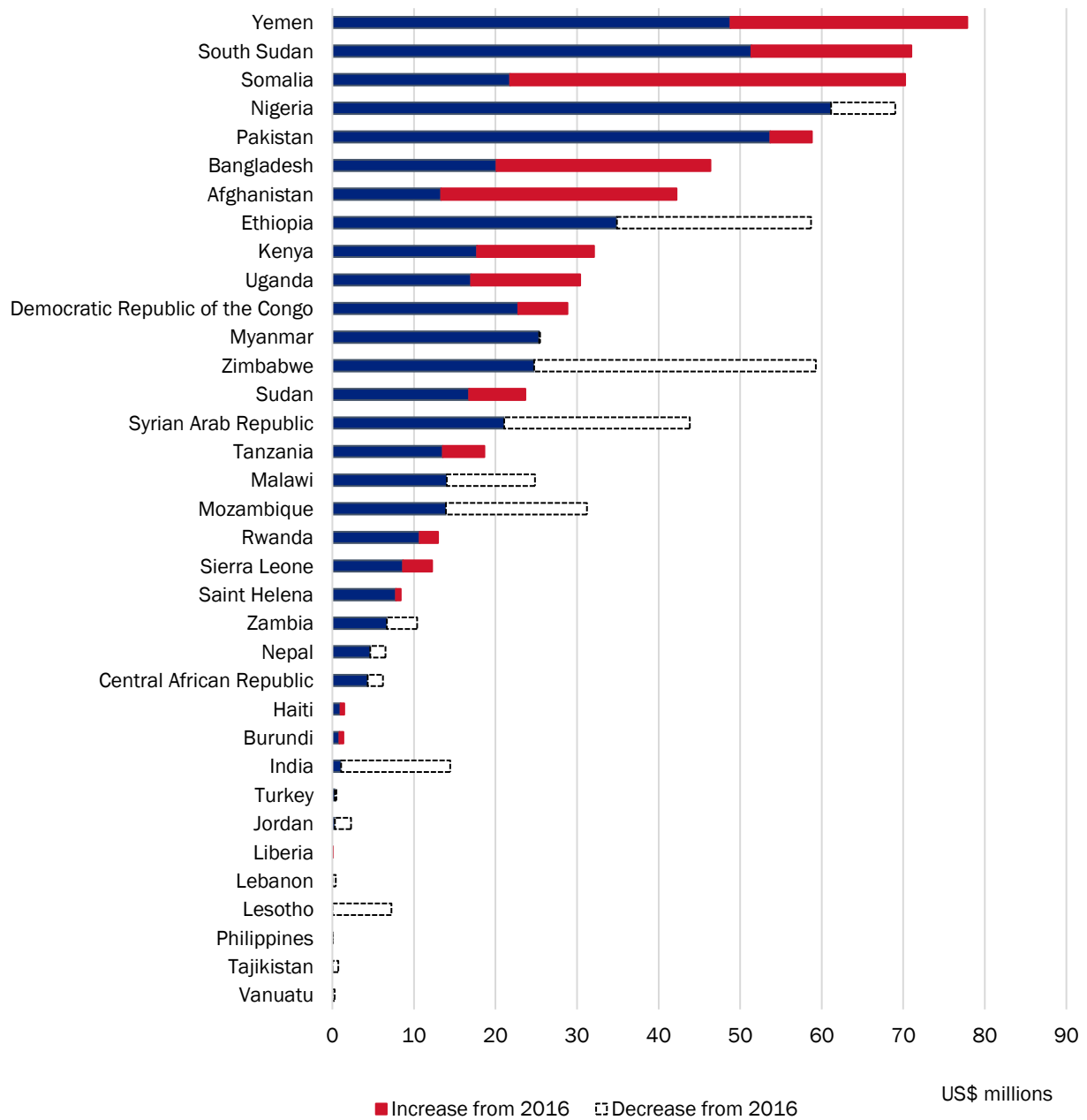
The countries with the largest decreases were Zimbabwe (US\$34.5 million fewer disbursements in 2017), Ethiopia (US\$23.8 million), Syria (US\$22.8 million) and Mozambique (US\$17.3 million).

The decrease in nutrition-related disbursements to Zimbabwe is attributable to significantly fewer 'humanitarian' and 'agriculture and food security' disbursements in 2017, responsible for US\$27.9 million and US\$11.0 million fewer disbursements respectively. Fewer humanitarian disbursements also primarily account for Syria and Mozambique's observed decreases.

While not a 'largest recipient' by volume of nutrition-related aid, disbursements to India decreased significantly by relative change, from US\$14.4 million to US\$1.1 million in 2017. This is due to fewer disbursements to two significant health projects, alongside no further disbursements in 2017 to three others.

Overall and as in previous years, significant changes to most countries reflect changes in humanitarian funding, which also largely dictates the composition of 'largest recipients'.

FIGURE 13. DFID's nutrition spending increased in 17 countries.



Changes in nutrition disbursements by country, 2016–2017.
 Notes: Excludes regional and global level disbursements. Constant 2017 prices.
 Source: Development Initiatives' calculations based on DAC CRS data.

See Annex 6 for more details of DFID's country-level nutrition aid in 2017.

DFID's ODA commitments to nutrition

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. The section below details DFID's aid commitments for nutrition. These should not be confused with DFID's N4G commitments.

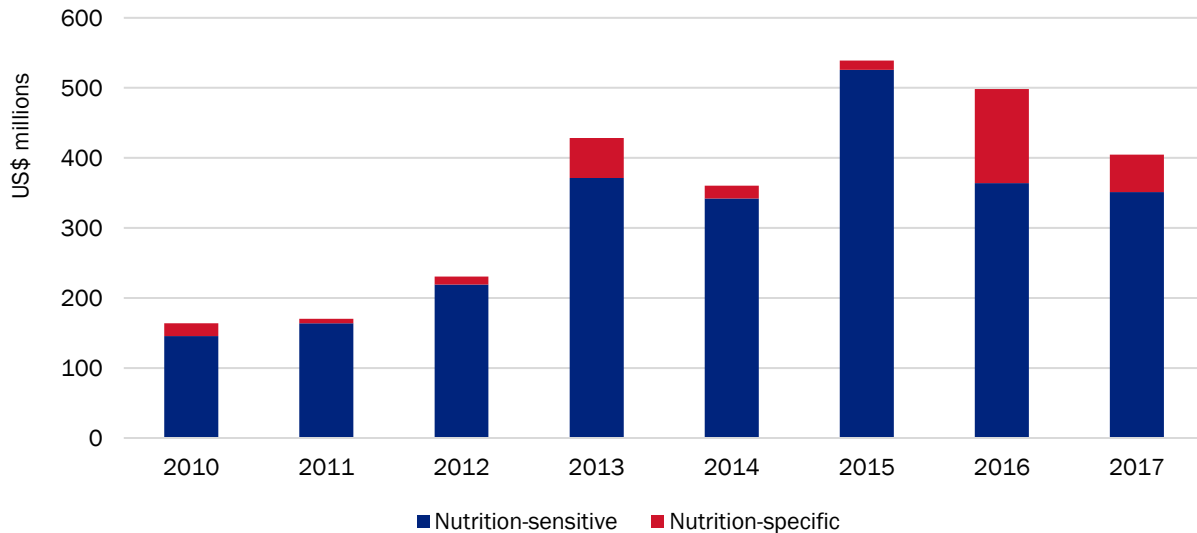
Overview

DFID made fewer commitments in 2017 than in 2016 with less nutrition-specific and nutrition-sensitive funding. Total nutrition commitments have fallen from US\$498.3 million to US\$404.8 million.

Unlike DFID's nutrition disbursements, which have increased from 2016, commitments to nutrition-sensitive projects have decreased by US\$12.5 million or 3.4%. Nutrition-specific commitments have decreased markedly from US\$134.4 million to US\$53.5 million.

By country, Somalia, Nigeria and Yemen received the largest commitments, totalling US\$159 million between them, 39.4% of all commitments. By sector, 'emergency response' received the most commitments at US\$214 million. This includes 'emergency food aid', 'material relief assistance and services', and 'relief coordination'; US\$116 million was committed to 'emergency food aid' alone. Proportionally, nutrition-sensitive projects received 87% of all commitments while nutrition-specific projects received 13%. The amount of countries receiving commitments is 27, which is 8 less than last year.

FIGURE 14. Nutrition-sensitive and nutrition-specific commitments have fallen.



DFID nutrition ODA commitments, 2010–2017.

Notes: Constant 2017 prices

Source: Development Initiatives' calculations based on DAC CRS data

DFID's aid spending for nutrition and the Gender marker

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

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

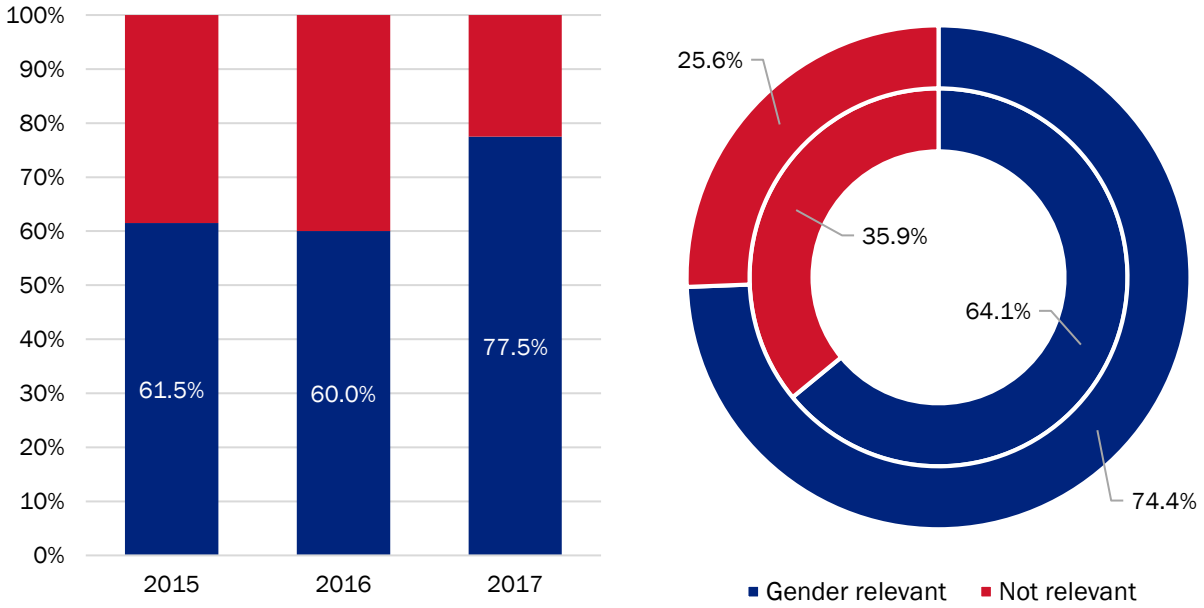
Projects marked as 'principal' have gender equality as a primary objective, whereas projects marked as 'significant' may have other key objectives, though still have gender equality as a deliberate objective.

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.

In 2017:

- DFID screened 100% of its reported bilateral ODA commitments using the DAC gender equality policy marker.
 - 72.2% of DFID's total commitments were marked relevant to gender equality – 68.1% were to 'significant' projects and 4.1% were to 'principal' projects.
- Of DFID's nutrition-related commitments, 77.5% (up from 60.0% in 2016) were marked as relevant to gender equality – 74.0% were 'significant' and 3.4% were 'principal'.
- While DFID's total nutrition commitments decreased in 2017, gender relevant commitments increased, from US\$299.2 million to US\$313.6 million.
- A larger proportion of nutrition-specific commitments targeted gender equality objectives:
 - 96.2% of nutrition-specific commitments were marked as relevant, compared with 74.6% of nutrition-sensitive commitments.
 - no nutrition-specific commitments had gender equality as a 'principal' policy objective, though had in 2016 and 2015.
 - 70.7% of nutrition-sensitive commitments are classed as 'significant' and 4.0% as 'principal', no change on the previous year.

FIGURE 15. Over three-quarters of DFID’s commitments for nutrition have gender equality policy objectives.



Gender-relevant nutrition commitments 2015–2017.

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. All prices in 2017 current prices, US\$ millions.

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

Gender relevance in DFID’s nutrition spending is now at 77.5%—an all-time high. Of this, a larger proportion of nutrition-specific spending is gender relevant with 74.4% of the total. Nutrition-sensitive spending is 64.1% gender relevant.

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 ‘violence against women’, code 15180, under which it is useful to see how much nutrition-sensitive ODA is captured. In 2017, no nutrition-sensitive commitments were captured under the ‘women’s equality organisations and institutions’ purpose code or the ‘violence against women’ code. However, US\$5.0 million of disbursements fell under these two purpose codes: US\$2.9 million to ‘violence against women’ and US\$2.1 million to ‘women’s equality organisations and institutions’.

Annex 1. Projects with nutrition-specific and -sensitive components

TABLE 1. Details of projects with both nutrition-specific and nutrition-sensitive components.

Number	Project title	Project classification
105270	Goal Humanitarian Response and Education, KUTUM, ABEYI and KASSALA [GB-1-105270]	Nutrition-specific and Nutrition-sensitive dominant
114506	Sector Wide Approach to Strengthening Health (SWASTH) in Bihar [GB-1-114506]	Nutrition-specific and Nutrition-sensitive partial
201854	SHINE – Impact of improved Sanitation/ Hygiene and Infant Nutrition on environmental enteropathy, growth, and anaemia among 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 dominant
202674	Framework for nutrition technical assistance (MQSUN) [GB-1-202674]	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
202767	International Centre for Diarrhoeal Disease Research Bangladesh (ICDDR,B Grant 2012-17) [GB-1-202767]	Nutrition-specific and nutrition-sensitive partial
202890	Accelerating reductions in under nutrition in Ethiopia [GB-1-202890]	Nutrition-specific and nutrition-sensitive dominant
202901	Livelihood Enhancement Through Agricultural Development (LEAD) Programme [GB-1-202901]	Nutrition-specific and nutrition-sensitive partial
202975	Accelerating Improved Nutrition for Extreme Poor in Bangladesh [GB-1-202975]	Nutrition-specific and nutrition-sensitive partial
203109	South Sudan Health Pooled Fund [GB-1-203109]	Nutrition-specific and nutrition-sensitive partial
203224	Strategic Health and Nutrition Partnership [GB-1-203224]	Nutrition-specific and nutrition-sensitive partial
203413	National Health Sector Programme III - Transition and Recovery of Nepal's Health System in Post-earthquake Situation [GB-1-203413]	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 partial
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
203603	Enhancing resilience in Karamoja Uganda [GB-1-203603]	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 partial
203639	Scaling up the 12+ Programme-empowerment of 12-year-old girls in Rwanda [GB-1-203639]	Nutrition-specific and nutrition-sensitive partial
203641	Social Protection Support to the Poorest in Rwanda [GB-1-203641]	Nutrition-specific and nutrition-sensitive partial

Number	Project title	Project classification
203981	Linking Agribusiness and Nutrition in Mozambique [GB-1-203981]	Nutrition-specific and nutrition-sensitive partial
204019	South Sudan Humanitarian Programme (HARISS) 2014 - 2020 [GB-1-204019]	Nutrition-specific and nutrition-sensitive partial
204131	Ending the Cycle of Undernutrition in Bangladesh - Suchana [nutsen] [GB-1-204131]	Nutrition-specific and nutrition-sensitive dominant
204439	Providing Humanitarian Assistance in Sahel Emergencies (PHASE)	Nutrition-specific and nutrition-sensitive partial
204457	Complementary food production (CHAI) [GB-1-204457]	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
204991	HarvestPlus - Phase 2 - Delivering Nutritionally Enriched Food Crops [GB-1-204991]	Nutrition-specific and nutrition-sensitive dominant
205161	Life Saving Humanitarian Support in Northeast Nigeria [GB-1-205161]	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
300306	Pakistan Nutrition Surveys [GB-GOV-1-300306]	Nutrition-specific and nutrition-sensitive dominant
300427	South Sudan Health Pooled Fund Phase III [GB-GOV-1-300427]	Nutrition-specific and nutrition-sensitive partial
300432	North East Nigeria Transition to Development Programme [GB-GOV-1-300432]	Nutrition-specific and nutrition-sensitive partial

Notes: Nutrition-specific and nutrition-sensitive dominant components were counted in full (100%). In line with the SUN methodology, 25% of nutrition-sensitive partial components were counted (see Annex 2).

Annex 2. SUN approach to identifying nutrition-sensitive projects

Step 1: select projects under a pre-determined set of CRS codes (Table 2) likely to contain projects relevant to nutrition and, additionally, projects under other codes selected through a keyword-matching exercise (Box 2).

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

- The project is aimed at individuals: i.e. it is intended to improve nutrition for women or adolescent girls or children.
- The project has significant nutrition indicators, or a nutrition objective.
- The project explicitly contributes to nutrition-sensitive outcomes (Table 3).

Step 3: assess the degree of nutrition sensitivity of the selected projects, classifying them as either 'nutrition-sensitive dominant' or 'nutrition-sensitive partial' (Table 4).

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

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

BOX 2. Keywords used to identify nutrition-sensitive projects.

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

TABLE 3. Examples of nutrition-sensitive outcomes from the SUN Donor Network methodology.

Nutrition-sensitive outcomes	
A. Individual level (children or adolescent girls or women)	
<ul style="list-style-type: none"> • 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	
<ul style="list-style-type: none"> • 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	
<ul style="list-style-type: none"> • Increased research with nutrition objectives 	

TABLE 4. Project criteria as defined in the SUN methodology.

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

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

Example of a nutrition-sensitive project

Sector Wide Approach to Strengthening Health (SWASTH) in Bihar– DFID project code GB-1-114506

This project meets all three of the criteria.

- Aimed at individuals: this project’s target beneficiaries are children under five.
- Significant nutrition objective or indicator: this project intends to improve the nutrition and health status of people in Bihar, particularly the poorest and excluded.
- 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

Growth and Employment in States Programme (GEMS) – DFID project code GB-1-104190

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

mNutrition – Business models for mobile phone-based delivery of nutrition services in Africa and South Asia – DFID project code GB-1-203638

This project’s stated intended impact is “improved livelihoods, food security and nutrition of 3 million poor people, especially women, in 14 countries in Africa and Asia”.

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

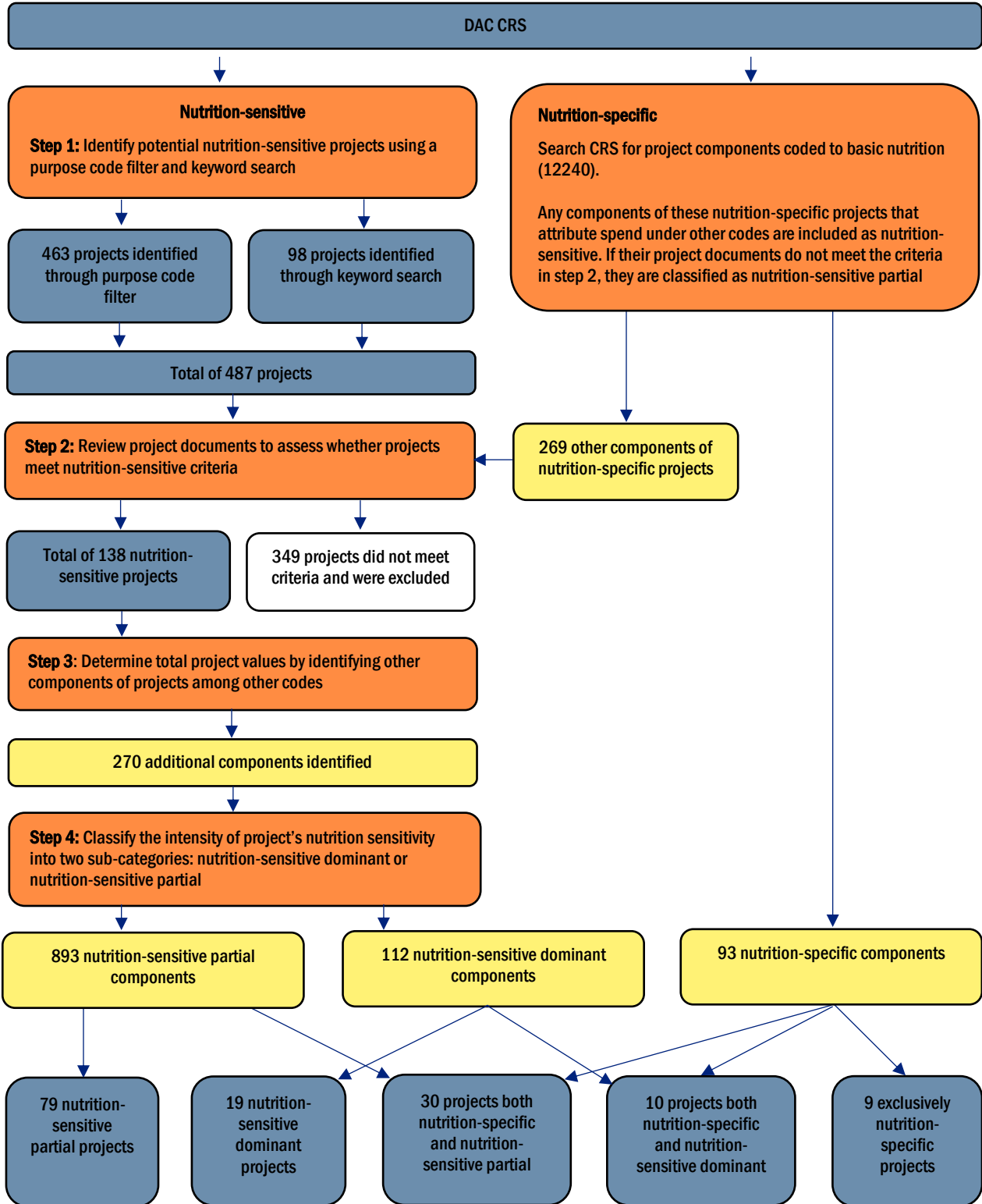
Climate Smart Agriculture in Africa– DFID project code GB-1-202541

This project meets all three of the criteria.

Not all of its actions contribute to nutrition-sensitive outcomes, such as: “Generate, extract, packages, disseminate evidence to support and influence policy makers, educators and practitioners”.

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, 2017, US\$ millions, ordered by sector and size of total disbursements.

DAC CRS sector and purpose code	Disbursements US\$ millions
Emergency Response	309.6
Material relief assistance and services	149.2
Emergency food aid	129.1
Relief coordination; protection and support services	31.3
Health, General	60.8
Health policy and administrative management	56.6
Medical research	4.3
Population Policies/Programmes & Reproductive Health	59.4
Reproductive health care	45.1
Family planning	9.7
Personnel development for population and reproductive health	2.1
Population policy and administrative management	1.3
STD control including HIV/AIDS	1.1
Other Social Infrastructure & Services	42.0
Social/welfare services	42.0
Basic Health	39.6
Basic health care	22.2
Health personnel development	8.5
Malaria control	5.4
Health education	1.4
Infectious disease control	1.4
Tuberculosis control	0.7
Others	194.8
Total	706.3

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

Notes: 2017 prices.

TABLE 6. 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
Administrative costs of donors	881.0	309.6	35.1%	43.8%	4.6%
I.1.a. Education, level unspecified	286.1	60.8	21.3%	8.6%	0.9%
I.1.b. Basic education	409.6	59.4	14.5%	8.4%	0.9%
I.1.c. Secondary education	177.7	42.0	23.6%	5.9%	0.6%
I.1.d. Post-Secondary education	580.8	39.6	6.8%	5.6%	0.6%
I.2.a. Health, general	83.7	37.3	44.5%	5.3%	0.6%
I.2.b. Basic health	210.6	31.4	14.9%	4.4%	0.5%
I.3. Population policies/programmes & reproductive health	34.4	22.4	65.1%	3.2%	0.3%
I.4. Water supply & sanitation	557.3	18.9	3.4%	2.7%	0.3%
I.5.a. Government & civil society-general	216.8	15.3	7.1%	2.2%	0.2%
I.5.b. Conflict, peace & security	337.6	12.3	3.6%	1.7%	0.2%
I.6. Other social infrastructure & services	190.9	11.5	6.0%	1.6%	0.2%
II.1. Transport & storage	259.7	10.5	4.0%	1.5%	0.2%
II.2. Communications	287.8	9.5	3.3%	1.3%	0.1%
II.3.a. Energy policy	34.3	6.8	19.8%	1.0%	0.1%
II.3.b. Energy generation, renewable sources	121.1	5.4	4.4%	0.8%	0.1%
II.3.c. Energy generation, non-renewable sources	449.8	5.0	1.1%	0.7%	0.1%
II.3.f. Energy distribution	267.7	2.5	0.9%	0.3%	0.04%
II.4. Banking & financial services	230.1	2.0	0.9%	0.3%	0.03%
II.5. Business & other services	3.4	1.9	54.9%	0.3%	0.03%
III.1.a. Agriculture	69.3	1.5	2.2%	0.2%	0.02%
III.1.b. Forestry	86.3	0.4	0.5%	0.1%	0.01%
III.1.c. Fishing	274.1	0.2	0.1%	0.03%	0.003%
III.2.a. Industry	2.4	0.2	9.1%	0.03%	0.003%
Total*	6,664.1	706.3			10.6%

Source: Development Initiatives' calculations based on DAC CRS data

Notes: Ordered by nutrition-sensitive ODA disbursements. US\$ millions, 2017 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, 2017, US\$ millions, ordered by size of total disbursements.

Country	Commitments (US\$ millions)			Disbursements (US\$ millions)		
	Nutrition-specific	Nutrition-sensitive	Total	Nutrition-specific	Nutrition-sensitive	Total
Yemen		42.36	42.36		77.86	77.86
Somalia		70.48	70.48	1.72	68.50	70.22
South Sudan	2.23	10.52	12.75	20.50	41.05	61.54
Pakistan	2.22	10.78	13.00	7.69	47.18	54.86
Nigeria	6.59	29.49	36.08	12.12	34.59	46.71
Bangladesh	0.05	11.78	11.83	7.75	38.60	46.34
Afghanistan		4.35	4.35		42.19	42.19
Ethiopia		12.95	12.95	5.28	29.61	34.88
Kenya	5.15	14.79	19.94	5.15	26.95	32.10
Uganda	4.06	22.60	26.67	3.88	26.52	30.39
Democratic Republic of the Congo		19.50	19.50	1.36	27.47	28.83
Myanmar		1.81	1.81		25.34	25.34
Sudan	2.38	9.01	11.39	2.38	21.26	23.65
Syrian Arab Republic		24.79	24.79		21.05	21.05
Tanzania		4.18	4.18	7.81	10.84	18.65
Zimbabwe	1.61	9.47	11.08	1.69	12.47	14.16
Malawi	4.51	16.02	20.53	1.88	12.16	14.05
Mozambique	1.37	3.73	5.10	2.43	11.49	13.93
Rwanda	0.84	4.71	5.54	5.61	7.36	12.97
Sierra Leone		5.95	5.95		12.22	12.22
Saint Helena		1.09	1.09		8.37	8.37
Zambia		0.94	0.94	1.64	5.05	6.69
Nepal		1.51	1.51	0.00	4.64	4.64
Central African Republic		0.64	0.64		4.33	4.33
Haiti					1.44	1.44
Burundi		0.63	0.63		1.37	1.37
India	2.18	0.23	2.41	0.88	0.18	1.06
Turkey					0.32	0.32
Jordan					0.32	0.32
Liberia					0.04	0.04
Total	33.19	334.32	367.51	89.77	620.77	710.54

Source: Development Initiatives' calculations based on DAC CRS data

Notes: US\$ millions, 2017 prices.

References

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

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

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

Development Initiatives (2017) DFID's aid spending for nutrition: 2015. Available at: <http://devinit.org/post/dfids-aid-spending-nutrition-2015>

Development Initiatives (2018) DFID's aid spending for nutrition: 2016. Available at: <http://devinit.org/post/dfids-aid-spending-nutrition-2016>

OECD (2016) Handbook on the OECD-DAC Gender Equality Policy Marker. Available at: <https://www.oecd.org/dac/gender-development/Handbook-OECD-DAC-Gender-Equality-Policy-Marker.pdf>

OECD (2019) DAC and CRS code lists. Available at: <http://www.oecd.org/dac/financing-sustainable-development/development-finance-standards/dacandcrscodelists.htm>

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