Report

DFID's aid spending for nutrition: 2010–2012

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This analysis responds to the need for better information on official development assistance investments to eradicate under-nutrition. This information helps support donors' accountability for meeting their commitments. It looks at UK Department for International Development aid spending on nutrition-specific and nutrition-sensitive projects from 2010 to 2012, following the Scaling Up Nutrition movement's methodology. Key findings:

- DFID disbursed (provided) US$1.27 billion to nutrition projects over 2010–2012. Annual disbursements increased by 39% over the period, from US$342 million to US$476 million.
- Nutrition-specific interventions grew quicker than disbursements to nutrition-sensitive activities (up 58% and 37% respectively).
- Nutrition-specific disbursements amounted to US$148 million (12% of total activities) while the majority of aid was to nutrition-sensitive activities, US$1.1 billion (88% of the total).
- Ethiopia and India were the largest recipients of disbursements in all three years, with these two countries accounting for 41% of total disbursements over the period.

Introduction and approach

Development Initiatives (DI) analysed official development assistance (ODA) directed to nutrition by the UK's Department of International Development (DFID) over three years (2010–2012). We followed the approach developed by the Scaling Up Nutrition (SUN) movement to capture both nutrition-specific and nutrition-sensitive interventions for accountability and monitoring purposes. This assessment uses the DAC CRS (Development Assistance Committee Creditor Reporting System) database to identify nutrition-relevant projects.

This overview only includes ODA from DFID. DFID is the largest source of UK ODA (87% overall in 2012) but other ministries, official bodies and agencies also provide smaller amounts, including for nutrition. Non-DFID departments, including the Foreign and Commonwealth Office and the Scottish Government, contributed US$0.7 million to nutrition-specific interventions in 2010, approximately 2% of total UK nutrition-specific ODA. These sources have not been included in the analysis in consideration of the low amounts involved and the time required to locate and scrutinise relevant documents in non-DFID departments.

Identifying nutrition-specific projects

The SUN methodology defines all projects recorded under the 'basic nutrition' DAC CRS purpose code as nutrition-specific.[1] This code captures reported spend on:

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

The CRS records each project either under a single purpose code, related to the project's main objective or sector, or under a 'multi-sector' purpose code. DFID's reporting to the DAC CRS is more detailed than this.[2] DFID divides its projects into different components and assigns them to a relevant DAC CRS purpose code. Each component appears in the DAC CRS as a separate record. In some cases, DFID's record in the DAC CRS database represents the entirety of the project. In other instances, the record only represents part of a broader project, whose other components appear as separate records in the DAC CRS. Whereas, for a number of other donors, a record in the CRS database always represents the entirety of a project.

Because of this, application of the SUN methodology to DFID's DAC CRS records under the 'basic nutrition' purpose code required some adaptations, as agreed by the SUN Donor Network (scalingupnutrition.org/the-sun-network/donor-network).[3] In this analysis, all DFID project components coded to 'basic nutrition' in the DAC CRS are counted as nutrition-specific. Spend against these components is used to determine overall DFID ODA funding to nutrition-specific interventions.

Other components of these same projects recorded under any other DAC CRS purpose code have been classified as nutrition-sensitive (see section below).

Identifying nutrition-sensitive projects

The SUN methodology has three steps to identify nutrition-sensitive projects and one further step has been added to adapt to DFID records (see Annex 3).

Step 1. Identifying potentially nutrition-sensitive projects

Projects that are likely to be nutrition-sensitive are selected in the CRS with two filters. Filter one selects projects coded under relevant nutrition-sensitive purpose codes (see Annex 4); filter two selects projects in all other purpose codes that contain relevant keywords in the project description (see Annex 5). For DFID, this step identifies components of projects rather than entire projects.

Step 2. Reviewing project documents to assess whether projects meet nutrition-sensitive criteria

The documents for all projects identified in Step 1 are reviewed to determine whether they are nutrition-sensitive. This assessment uses documents available on Development Tracker (devtracker.dfid.gov.uk) or through DFID internal systems.[4] Projects have to meet three criteria to be classified as nutrition-sensitive. The project must:

- be aimed at individuals (i.e. women and children);
- include nutrition as a significant objective or indicator;
- contribute to at least one nutrition-sensitive outcome (see Annex 5).

[1] DAC CRS code: 12240.
[2] Also, other donors (e.g. Canada) report their records to the DAC CRS database in a more detailed way.
[3] The SUN Donor Network works to better align and track resources for nutrition to national goals of developing countries members of the SUN. This Network oversees the application of the methodology used in this study.
[4] For the period 2010 to 2012, documents for 284 of the 771 projects identified were not available on Development Tracker. Relevant information about these projects was accessed by DI from DFID's internal systems. The proportion of publically available project documents has increased since 2010.

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

For this review, we initially followed the 'aimed at individuals' criterion strictly, i.e. only nutrition-sensitive projects explicitly referring to children and women as beneficiaries were considered. An element of individual judgement was required in the application of this criterion, as some project documents refer to activities targeting children and women, but others use broader terms such as 'vulnerable population' or 'target population' in the context of projects clearly relevant to this exercise. To overcome this difficulty, during the analysis, the SUN Donor Network discussed a more flexible interpretation of this criterion to include relevant projects that only implicitly refer to reaching women and children.

As a result, during the review process, seven of the 181 projects initially excluded based on a strict interpretation of the 'aimed at individuals' criterion were flagged as relevant. With the adoption of a more flexible interpretation, these seven projects were subsequently classified as nutrition-sensitive (contributing a total of US$37.6 million to the nutrition-sensitive total disbursements over the three years). It is possible that other projects among the remaining 174 would be considered nutrition-sensitive, but time and resource constraints did not allow us to re-review these project documents and all 174 projects were classified as not nutrition-sensitive.

Objectives and indicators are considered nutrition-relevant if they show an intention to improve nutrition specifically (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 only focus on actions that *could* lead to improved nutrition outcomes but that do not refer to nutrition explicitly are not considered nutrition-sensitive (e.g. cash transfers, access to education or sanitation services not explicitly aimed at improving nutrition).

Step 3. Determining the total project spend for nutrition-sensitive projects (including spend outside of the listed purpose codes in Annex 4 and keywords in Annex 5)

For DFID – due to its more detailed reporting to the DAC CRS – there are some cases where not all components of a project are identified during Step 1. In some cases not all components are coded using one of the codes in Annex 4 or they are not captured using the keywords (see Annex 5). The SUN Donor Network members agreed that the additional components of nutrition-sensitive projects should be identified manually by searching for components with the same project identification in the DAC CRS (see Step 3 in the flowcharts in Annex 9 for details of the number of additional components identified). For each project, total spend is calculated as the sum of all the project's components. Projects are then classified as nutrition-sensitive 'dominant' or 'partial' as outlined in Step 4 below.

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

The final step of the SUN methodology classifies nutrition-sensitive projects as either 'dominant' or 'partial'. This step has been included because of the way projects are coded in the DAC CRS. The DAC CRS records each project (or DFID component) either under a single purpose code, related to the project's main objective or sector, or under a 'multi-sector' purpose code. While this avoids double counting of ODA, it does mean that detailed information about activities within projects is lost.[5] Therefore, to overcome this limitation, the SUN methodology requires that:

- if the primary objective of a nutrition-sensitive project is to improve nutrition, the project is classified as nutrition-sensitive dominant and the total spend for the project is counted;
- if a project has one nutrition objective but also aims to address other issues, the project is classified as nutrition-sensitive partial and 25% of the spend for the project is counted.

Annex 6 provides examples of how projects are assessed as dominant or partial.

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

Nutrition-specific and nutrition-sensitive projects

Ten DFID projects with components coded as 'basic nutrition' in the DAC CRS included other components reported under other codes. The members of the SUN Donor Network agreed that these projects should be classified as both nutrition-specific and nutrition-sensitive. All spend against the components reported as 'basic nutrition' counted towards the nutrition-specific spend. If the other project components met the nutrition-sensitive criteria they were classified as outlined in Step 4. If the other project components did not meet the nutrition-sensitive criteria they were classified as nutrition-sensitive partial and only 25% of spend across these components was counted towards the nutrition-sensitive spend.

In line with this adaptation of the methodology, one project was classified as nutrition-specific and nutrition-sensitive dominant and nine projects were classified as nutrition-specific and nutrition-sensitive partial (see Annex 8 for details of projects classified as both nutrition-specific and nutrition-sensitive).

ODA commitments versus disbursements

In the DAC CRS, ODA 'commitments' are a formal obligation to disburse funds; 'disbursements' are what donors have actually provided. While commitments and disbursements should match over several years, this is not necessarily the case. Discrepancies are common across sectors and do not necessarily indicate that donors have underperformed against commitments or that they systematically disburse more than the amounts pledged.

Some of these discrepancies, particularly in the past, have been attributed to donors recording commitments more accurately than disbursements. Discrepancies can also arise because commitments made and recorded in a given year can then be disbursed (and so recorded) over several subsequent years, depending on the duration of the project. The sections below present data on DFID's ODA disbursements. Commitment data can be found in Annex 1. All figures are presented in constant 2011 prices.

DFID's ODA disbursements to nutrition

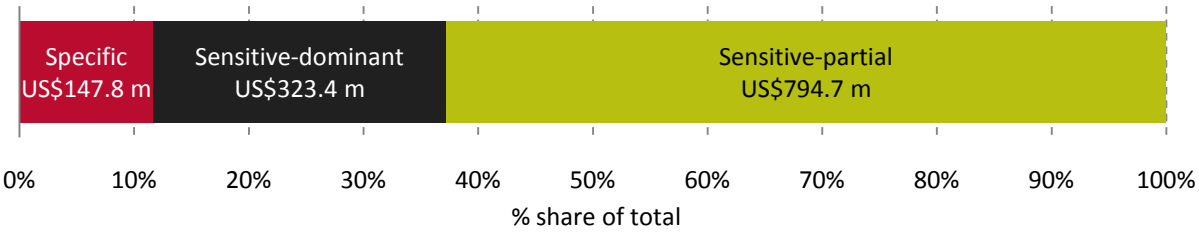
Over 2010–2012, there were 193 DFID projects involving nutrition: 27 of these were nutrition-specific projects coded as being primarily for basic nutrition, while 176 projects were classified as nutrition-sensitive (see Annex 7). Of the latter projects, 135 were nutrition-sensitive partial and the remaining 41 projects were nutrition-sensitive dominant. The sum of project numbers by type is greater than the number of total projects, 203 against 193. This is because DFID has reported individual components of the same project separately under the DAC CRS, recording nutrition-specific components under the 'basic nutrition' purpose code and other project components within other codes. This affects ten projects, which classify as nutrition-specific and sensitive with a total value for disbursements of US$175million.

The three-year period saw DFID disburse a total of US$1.3 billion of ODA to nutrition-specific and nutrition-sensitive interventions. Commitments over the same period amounted to US$637 million, 50% of the level of total disbursements (see Annex 1).

The majority (88%) of these ODA disbursements went to nutrition-sensitive projects. The remaining 12% was to nutrition-specific activities.

Figure 1: Nutrition-sensitive partial projects received the greatest share of nutrition disbursements

Value and share of total nutrition disbursements by category, 2010–2012 (US$ millions, constant 2011 prices)



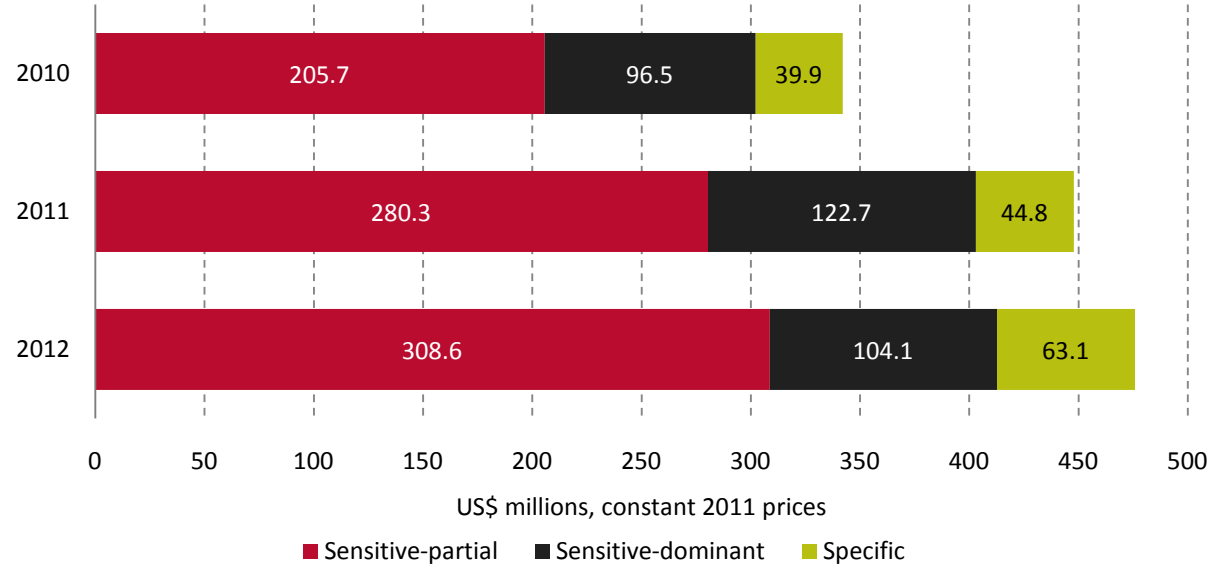
Source: Development Initiatives' calculations based on CRS data.

ODA nutrition disbursements increased by 39% from US$342 million to US$476 million over 2010–2012. Most of this increase occurred between 2010 and 2011. Disbursements to nutrition-specific projects increased by 58% over 2010–2012. As a single category, disbursements to nutrition-sensitive projects increased by 37%.

Nutrition-sensitive partial disbursements increased by 50% over 2010–2012, while disbursements to nutrition-sensitive dominant projects increased by 8%. This pattern may reflect a more multi-sector approach to nutrition, addressing this goal within wider projects.

Figure 2: The value of nutrition-specific ODA disbursements has increased in each year

Value of total nutrition disbursements by category, 2010, 2011 and 2012



Source: Development Initiatives' calculations based on CRS data.

Nutrition-sensitive ODA by purpose code and sector

DFID provided nutrition-sensitive ODA in projects under a range of different purpose codes. Between 2010–2012 DFID's nutrition-sensitive ODA was recorded under 40 different purpose codes across 19 sectors in the DAC CRS.

Projects were primarily classed as ‘emergency food aid’ and ‘material relief and assistance’. Together, these two codes accounted for 41% of nutrition-sensitive disbursements over 2010–

2012.[6] 'Emergency food aid' alone accounted for 24% of disbursements, with 17% recorded as 'material relief assistance and services'. These two purpose codes along with 'basic health care', 'food security programmes/food aid' and 'reproductive health care' accounted for 70% of DFID's nutrition-sensitive disbursements over 2010–2012.[7]

Table 1: Five codes account for 70% of nutrition-sensitive disbursements over 2010–2012

Nutrition-sensitive ODA disbursements by CRS purpose code, five largest over 2010–2012

CRS purpose code used by donor	Disbursements (US$ millions)	% nutrition-sensitive disbursements
Emergency food aid	269.4	24%
Material relief assistance and services	191.2	17%
Basic health care	119.0	11%
Food security programmes/food aid	108.8	10%
Reproductive health care	98.3	9%

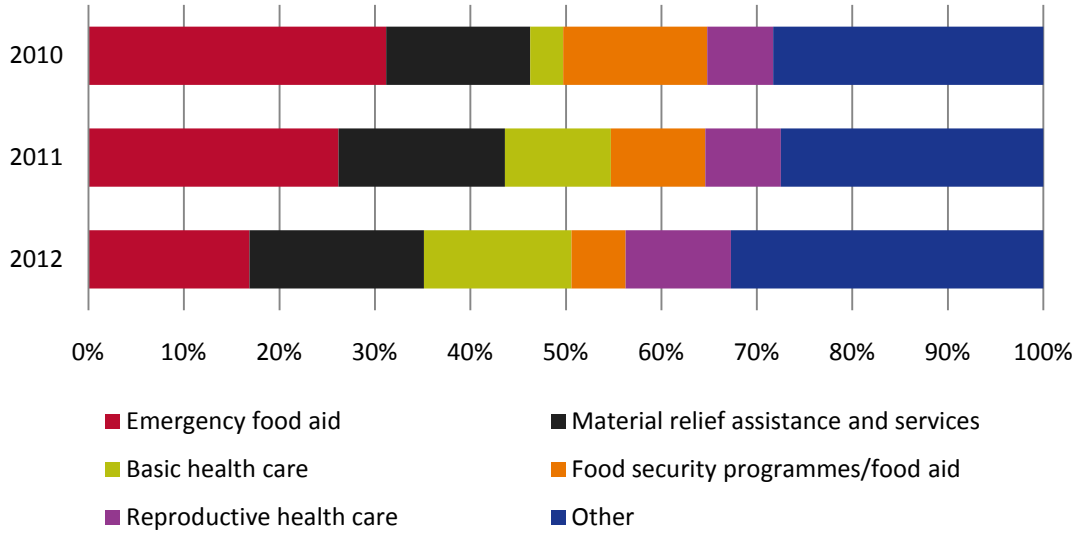
Source: Development Initiatives' calculations based on CRS data.

DAC CRS codes are grouped under different sectors. The 'emergency response' sector accounted alone for 43% of nutrition-sensitive disbursements over 2010–2012.[8] Health accounted for 23%.[9]

ODA recorded under 'emergency food aid' and 'material relief assistance and services' combined decreased from 46% of nutrition-sensitive disbursements in 2010 to 35% in 2012. Disbursements to 'food security/food aid projects' have also decreased. Conversely, the two main principal health codes ('basic health care' and 'reproductive health care') increased their share of nutrition-sensitive disbursements from 10% to 26% over the period.

Figure 3: The main purpose of nutrition-sensitive projects is changing

Nutrition-sensitive ODA disbursements (% of total) by CRS purpose code



Source: Development Initiatives' calculations based on CRS data.

[6] Emergency food aid (72040); material relief and assistance (72010).
[7] Basic health care (12220); reproductive health care (13020); food security programmes/food aid (52010).
[8] Includes also: relief co-ordination ([author insert code here]); protection and support services (72050).
[9] Health is comprised of: health, general (121); basic health (122); and population policy/programmes and reproductive health (130).

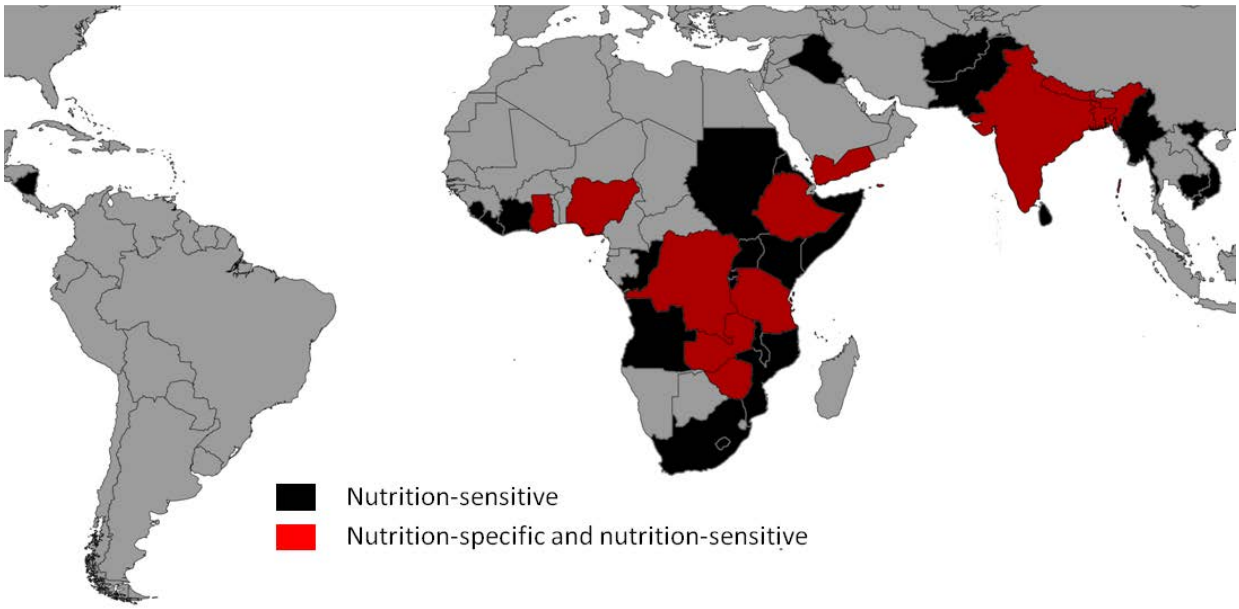
Recipients of nutrition ODA

Disbursements for nutrition-specific interventions reached 11 countries: Bangladesh, the Democratic Republic of the Congo, Ethiopia, Ghana, India, Nepal, Nigeria, Tanzania, Yemen, Zambia and Zimbabwe. These countries received a total of US$143 million over 2010–2012. The remaining US$4.8 million went to nutrition-specific projects with a regional or global scope.[10]

Some 37 countries received US$1 billion of nutrition-sensitive disbursements, which reached 26 more countries than nutrition-specific ODA. The remainder of nutrition-sensitive ODA was provided regionally or globally. Specifically, Africa received US$36 million of regional aid (sub-Saharan Africa received US$15 million of this), Asia received US$8 million and South Asia received US$1 million. A further US$71.1 million went to other global or cross-regional projects.

Figure 4: Nutrition-sensitive disbursements reached 26 more countries than nutrition-specific disbursements

Global distribution of DFID nutrition-specific and nutrition-sensitive disbursements, 2010–2012



Source: Development Initiatives' calculations based on CRS data.

[10] These projects are classified as 'bilateral, unspecified' in the DAC CRS dataset.

Figure 5: India received 63% of nutrition-specific ODA disbursements

Ten largest recipients of DFID nutrition-specific ODA disbursements, 2010–2012

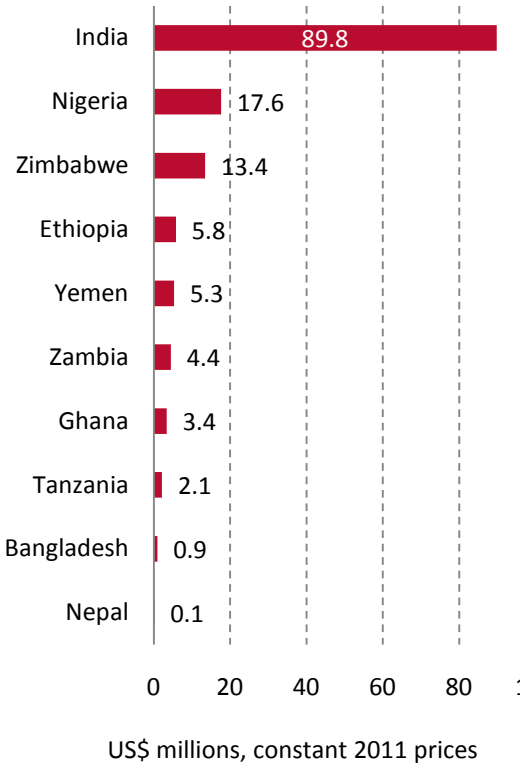
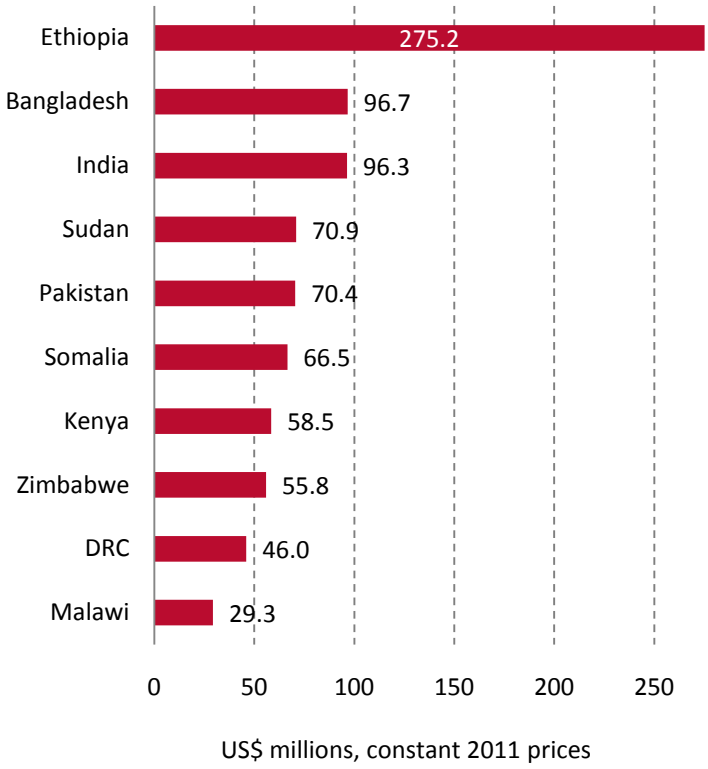


Figure 6: Ethiopia received 28% of nutrition-sensitive ODA disbursements

Ten largest recipients of DFID nutrition-sensitive ODA disbursements, 2010–2012



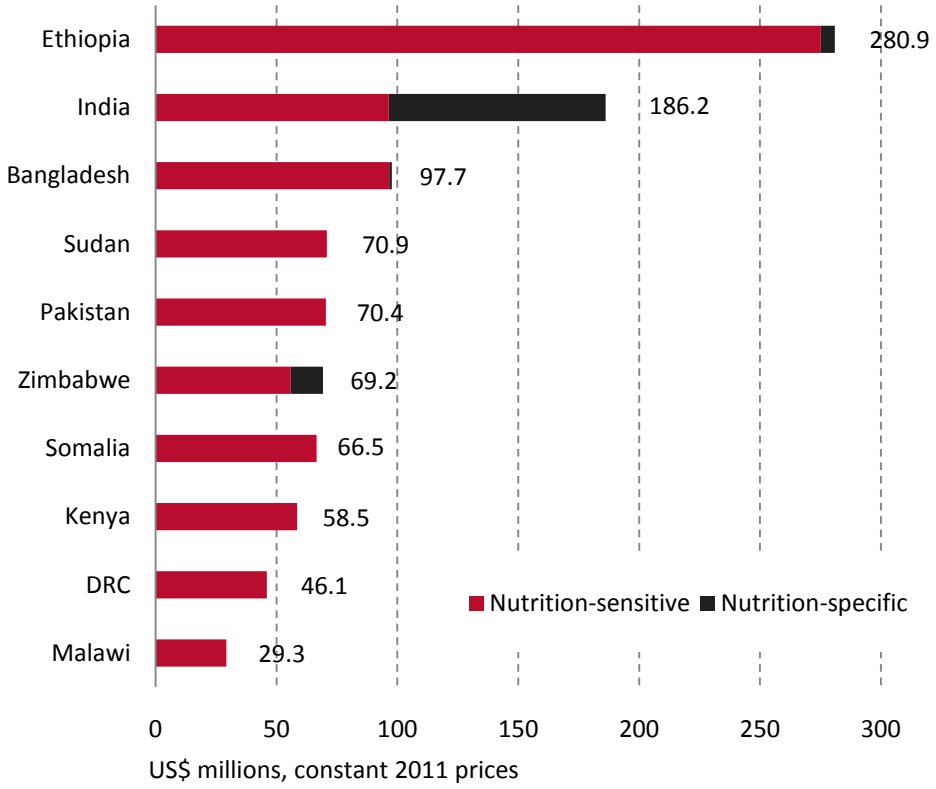
Source: Development Initiatives' calculations based on CRS data.

India received US$90 million nutrition-specific ODA, equivalent to 63% of country-allocable nutrition-specific disbursements over 2010–2012. Nigeria and Zimbabwe were next largest recipients, with US$18 million and US$13 million respectively.

Of the 37 specific countries that received nutrition-sensitive ODA, Ethiopia was by far the largest recipient (US$275 million, 27% of country-allocable nutrition-sensitive disbursements). Bangladesh, India, Sudan, Pakistan and Somalia also received US$60–100 million each.

Figure 7: Ethiopia received over a quarter of nutrition-sensitive disbursements over 2010–2012

Ten largest recipients of DFID nutrition disbursements by category, 2010–2012



Source: Development Initiatives' calculations based on CRS data.

Between 2010 and 2012, Ethiopia received the most nutrition ODA disbursements, receiving a total of US$281 million over the period (a quarter of country-allocable disbursements), and US$95 million more than India, the second largest recipient. The top five countries received 62% of all country-allocable nutrition disbursements.

The majority of funds were for nutrition-sensitive projects for most major recipients, apart from India where half of the US$186 million received was for nutrition-specific interventions. This was followed by Bangladesh (US$98 million), Sudan (US$71 million) and Pakistan (US$70 million).

The ten largest recipients of nutrition ODA have remained similar over the period. Ethiopia has been consistently the largest recipient, and India has been the second largest recipient in all years – receiving almost double the ODA received by Bangladesh (the third largest recipient in 2011 and 2012). The Democratic Republic of the Congo, Kenya, Somalia and Zimbabwe have also featured among the ten largest recipients over the period.

Table 2: Ethiopia and India were the largest recipients in each year

The largest country recipients of nutrition disbursements each year, 2010–2012 (constant 2011 prices)

2010			2011			2012		
Country	US$ millions		Country	US$ millions		Country	US$ millions	
	Specific	Sensitive		Specific	Sensitive		Specific	Sensitive
Ethiopia	5.8	79.5	Ethiopia	-	114.8	Ethiopia	-	80.9
India	19.8	35.3	India	33.1	32.3	India	37.0	28.7
Pakistan	-	37.4	Bangladesh	0.3	38.7	Bangladesh	0.6	36.3
Sudan	-	35.4	Somalia	-	30.9	Zimbabwe	-	34.3
Bangladesh	-	21.6	Sudan	-	24.9	DRC	0.1	26.3
Zimbabwe	13.4	7.5	Kenya	-	24.0	Somalia	-	24.6
Kenya	-	12.2	Pakistan	-	23.6	Kenya	-	22.3
Somalia	-	11.1	Zimbabwe	-	14.0	Malawi	-	16.7
DRC	-	6.7	DRC	-	13.0	S. Sudan	-	13.6
Vietnam	-	4.6	Malawi	-	8.3	Nigeria	11.0	0.6

Source: Development Initiatives' calculations based on CRS data.

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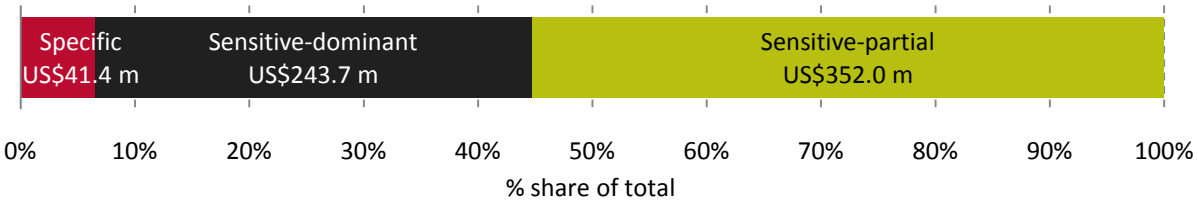
Annex 1: DFID's ODA commitments for nutrition

DFID committed US$637 million to nutrition over 2010–2012. Of this, 94% was committed to nutrition-sensitive projects and 6% to nutrition-specific interventions.

Figure 1.1: Commitments to nutrition-sensitive projects dwarf those to nutrition-specific projects

Value and share of total nutrition commitments by category, 2010–2012 (US$ millions, constant 2011 prices)

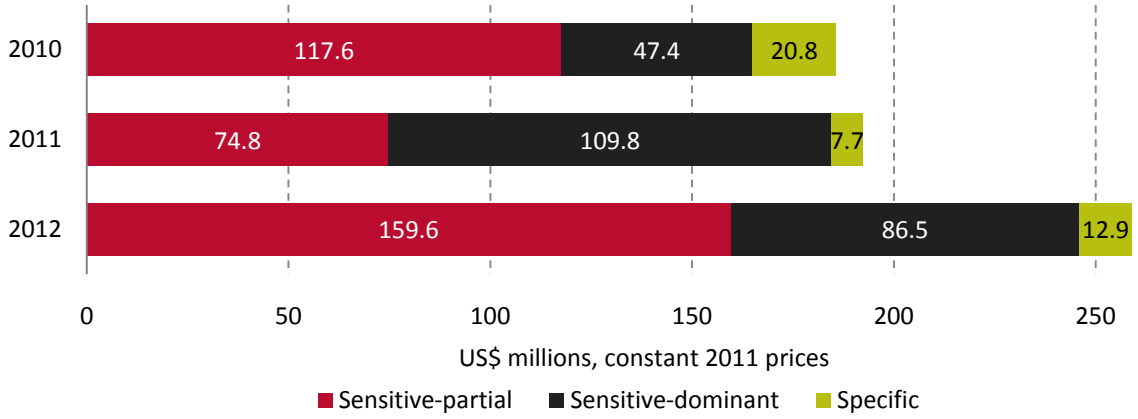


Source: Development Initiatives' calculations based on CRS data.

ODA commitments to nutrition projects have increased by 39% over 2010–2012, from US$186 million to US$259 million. Commitments to nutrition-sensitive projects increased by 49% while funds to nutrition-specific activities decreased by 38%.

Figure 1.2: DFID committed a total of US$637 million ODA to nutrition-specific and nutrition-sensitive projects

Value of total nutrition commitments by category, 2010, 2011 and 2012



Source: Development Initiatives' calculations based on CRS data.

Nutrition-sensitive ODA commitments by CRS purpose code and sector

As with disbursements, nutrition-sensitive commitments were concentrated in the 'emergency food aid' and 'material relief and assistance' codes over 2010–2012. These two codes accounted for 58% of nutrition-sensitive commitments (compared with 41% of disbursements).[11] These codes, together with 'food security programmes/food aid', 'agricultural research' and 'social/welfare services', accounted for 79% of nutrition-sensitive commitments.[12] Unlike for disbursements, health is not a major sector for channelling nutrition-sensitive commitments.

[11] Emergency food aid (72040); material relief and assistance (72010).
[12] Food security programmes/food aid (52010); agricultural research (31182); social/welfare services (16010).

Table 1.1: 58% of nutrition-sensitive commitments were recorded as ‘emergency food aid’ and ‘material relief assistance and services’

Nutrition-sensitive ODA commitments by CRS purpose code, five largest over 2010–2012

– CRS purpose code used by donor	Commitments (US$ millions)	% nutrition-sensitive commitments
Emergency food aid	205.5	34%
Material relief assistance and services	138.8	23%
Food security programmes/food aid	57.0	10%
Agricultural research	43.1	7%
Social/welfare services	25.5	4%

Source: Development Initiatives' calculations based on CRS data.

Recipients of ODA commitments to nutrition

Over 2010–2012, nutrition-specific commitments went to nine countries: Bangladesh, the Democratic Republic of the Congo, Ghana, India, Nepal, Nigeria, Yemen, Zambia and Zimbabwe. A further 22 countries received nutrition-sensitive commitments (31 in total).

Ethiopia received US$147 million making it by far the largest recipient of country-allocable ODA commitments to nutrition over 2010–2012. Pakistan and Somalia received more than US$50 million each, with Sudan receiving almost US$44 million. These four recipients accounted for over half (56%) of total commitments to nutrition over the three years.

Table 1.2: Ethiopia was consistently the largest recipient of DFID’s nutrition commitments

The largest country recipients of nutrition commitments each year, 2010–2012 (constant 2011 prices)

2010			2011			2012		
Country	US$ millions		Country	US$ millions		Country	US$ millions	
	Specific	Sensitive		Specific	Sensitive		Specific	Sensitive
Ethiopia	-	38.7	Ethiopia	-	74.8	Ethiopia	-	33.3
Sudan	-	33.6	Somalia	-	23.8	Zimbabwe	-	24.3
Pakistan	-	31.2	Kenya	-	21.1	DRC	0.1	22.8
India	19.8	0.5	Pakistan	-	8.4	Somalia	-	21.8
Somalia	-	6.6	Nepal	0.1	5.6	Malawi	-	17.2
Bangladesh	-	4.8	Zimbabwe	-	5.5	S. Sudan	-	14.4
Vietnam	-	4.5	Nigeria	5.0	-	Pakistan	-	14.3
Kenya	-	4.5	Liberia	-	3.6	Yemen	3.8	7.7
Yemen	-	4.2	Yemen	-	3.6	Sudan	-	10.0
Myanmar	-	3.9	CdI	-	2.9	Kenya	-	8.8

Source: Development Initiatives' calculations based on CRS data.

Annex 2: Nutrition-sensitive ODA disbursements by CRS sector and purpose code

Table 2.1: The 'emergency response' sector accounted for 43% of nutrition-sensitive ODA disbursements

Nutrition-sensitive ODA by CRS sector and purpose code, 2010–2012 totals

CRS sector	Disbursements (US$ millions)	% of total disbursements
Emergency response	**485.3**	**43%**
Emergency food aid	269.4	24%
Material relief assistance and services	191.2	17%
Relief co-ordination**; protection and support services**	24.8	2%
Basic health	**142.9**	**13%**
Basic health care	119.0	11%
Health personnel development	<0.1	<1%
Infectious disease control	23.9	2%
Development food aid/food security assistance	**108.8**	**10%**
Food security programmes/food aid	108.8	10%
Population policy/programmes and reproductive health	**102.0**	**9%**
Family planning	0.1	<1%
Personnel development: population and repr**oductive health**	0.2	<1%
Reprod**uctive health care**	98.3	9%
STD control including HIV/AIDS	3.3	<1%
Agriculture	**85.8**	**8%**
Agricultural development	19.0	2%
Agricultural inputs	12.1	1%
Agricultural land resources	0.1	<1%
Agricultural policy and admin. management	4.8	<1%
Agricultural research	49.6	4%
Livestock	0.1	0%
Multi-sector	**81.5**	**7%**
Multi-sector aid	9.0	1%
Research/scientific institutions	1.2	<1%
Rural development	71.3	6%
Social infrastructure and services	**53.4**	**5%**
Employment policy and admin. management	<0.1	<1%
Social/welfare services	53.3	5%
Other	**58.3**	**5%**

Source: Development Initiatives' calculations based on CRS data.

Note: discrepancies are a result of rounding.

Table 2.2: Many countries received more nutrition-sensitive ODA disbursements and commitments than nutrition-specific ODA

DFID ODA nutrition investments by country and category, 2010–2012 (constant 2011 prices)

Country	Disbursements			Commitments		
	US$ millions			US$ millions		
	Specific	Sensitive	Total	Specific	Sensitive	Total
Ethiopia	5.8	275.2	280.9	-	146.9	146.9
India	89.8	96.3	186.2	19.8	1.4	21.2
Bangladesh	0.9	96.7	97.7	0.1	5.3	5.4
Sudan	-	70.9	70.9	-	43.6	43.6
Pakistan	-	70.4	70.4	-	53.8	53.8
Zimbabwe	13.4	55.8	69.2	0.3	30.7	31.1
Somalia	-	66.5	66.5	-	52.2	52.2
Kenya	-	58.5	58.5	-	34.4	34.4
DRC	0.1	46.0	46.1	0.1	26.6	26.7
Malawi	-	29.3	29.3	-	17.6	17.6
Yemen	5.3	14.8	20.1	3.8	15.5	19.3
Nigeria	17.6	0.6	18.2	5.7	0.1	5.7
Tanzania	2.1	13.2	15.3	-	6.8	6.8
Myanmar	-	15.2	15.2	-	5.2	5.2
S. Sudan	-	13.6	13.6	-	14.4	14.4
Nepal	0.1	12.0	12.1	0.1	9.0	9.1
Afghanistan	-	9.5	9.5	-	8.8	8.8
Zambia	4.4	4.8	9.2	1.2	1.1	2.3
Uganda	-	8.7	8.7	-	1.2	1.2
Cambodia	-	8.0	8.0	-	0.1	0.1
Eritrea	-	6.6	6.6	-	3.4	3.4
Rwanda	-	6.4	6.4	-	0.2	0.2
Vietnam	-	6.0	6.0	-	5.5	5.5
Liberia	-	5.9	5.9	-	5.2	5.2
Ghana	3.4	1.4	4.8	1.6	2.8	4.4
Cote d'Ivoire	-	2.9	2.9	-	2.9	2.9
Mozambique	-	2.1	2.1	-	2.0	2.0
Congo, Rep.	-	1.2	1.2	-	1.2	1.2
Sierra Leone	-	0.9	0.9	-	0.0	0.0
Nicaragua	-	0.8	0.8	-	-	-
Iraq	-	0.7	0.7	-	-	-
Burundi	-	0.6	0.6	-	-	-
Angola	-	0.5	0.5	-	-	-
Lesotho	-	0.4	0.4	-	0.4	0.4
Sri Lanka	-	0.2	0.2	-	-	-
South Africa	-	0.1	0.1	-	0.1	0.1
Montserrat	-	<0.1	<0.1	-	-	-

Source: Development Initiatives' calculations based on CRS data.

Annex 3: SUN approach to identifying nutrition-sensitive ODA

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

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

- The project is aimed at individuals: e.g. it is intended to improve nutrition for women or adolescent girls or children.
- The project has significant nutrition indicators, or a nutrition objective.
- The project explicitly contributes to nutrition-sensitive outcomes (Annex 5).

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

Table 3.1: 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 4: CRS codes used to identify nutrition-sensitive ODA (set by SUN methodology)

Food security and agriculture:

Availability

31110 Agricultural policy and administrative management;

31120 Agricultural development;

31140 Agriculture water resources

31150 Agricultural inputs;

31161 Food crop production;

31163 Livestock;

31166 Agricultural extension;

31181 Agricultural education/training;

31182 Agricultural research;

31191 Agricultural services;

31193 Agricultural financial services;

31194 Agricultural co-operatives;

31310 Fishing policy and administrative management;

31320 Fishery development;

31381 Fishery education and training

43040 Rural development

Accessibility

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

Public Health and Water and Sanitation

Public health (including reproductive health)

12110 Health policy and administrative management;

12220 Basic health care;

12250 Infectious disease control;

12261 Health education;

12281 Health personnel development;

13020 Reproductive health care;

13022 Maternal health including neonatal health

Sanitation

14030 Basic drinking water supply and sanitation;

14032 Basic sanitation

Drinking water

14031 Basic drinking water supply

Care environment

Gender empowerment

15170 Women's equality organizations and institutions

Other

51010 General budget support

Annex 5: Keywords used to identify nutrition-sensitive ODA and examples of nutrition-sensitive outcomes

Keywords

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

Nutrition-sensitive outcomes

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

• Increase purchasing power of women (examples: safety nets, cash transfers).
• Improve access to nutritious food of women, adolescent girls and/or children (examples: agriculture/livestock diversification, biofortification, food safety, increased access to markets).
• Improve the diet in quality and/or quantity for women, adolescent girls or children (examples: promotion of quality/diversity, nutritious diets, quantity/energy intake in food-insecure households, stability, micronutrient intake, vouchers, access to markets).
• Improve access of women or adolescent girls or children to primary health care (examples: maternal health care, child health care, reproductive health care, supplementation, therapeutic feeding, support to breastfeeding).
• Improve access to childcare (i.e. childcare not supplied through the health services).
• Improve women's or adolescent girls' or children's access to water, sanitation and hygiene (examples: access to latrines, access to safe water, improvement of hygiene).
• Improve access to education/school for adolescent girls.
• Improve knowledge/awareness on nutrition for relevant audiences (examples: inclusions of nutritional education in the curriculum for primary and secondary education, TV and radio spots addressing vulnerable households and decision makers, nutrition awareness campaigns).
• Improve empowerment of women (examples: access to credit, women-based smallholder agriculture, support to women's groups).

B. National level:

• Improved governance of nutrition (examples: increased coordination of actors and policies for nutrition, establishment of budgets specifically contributing to nutrition, improvement of institutional arrangements for nutrition, improved nutrition information systems, integration of nutrition in policies and systems).
• Increase nutrition-sensitive legislation (examples: food-fortification legislation, right-to-food, legislation for the implementation of the Code of Marketing of Breast-Milk Substitutes, food safety).

C. Research

• Increased research with nutrition objectives.

Annex 6: Determining level of nutrition-sensitivity of projects: worked examples

Example of a nutrition-sensitive project

'*Sector Wide Approach to Strengthening Health (SWASTH) in Bihar***'**- project code GB-1-114506.

This project meets all the criteria:

- ✔ Aimed at individuals: the project's target beneficiaries are women and children.
- ✔ Significant nutrition objectives and indicators: the project's goal is **'***to improve the nutrition and health status of people in Bihar, particularly the poorest and excluded***'** and the project has many nutrition-sensitive indicators (e.g. % of under-weight children; % children breast fed within an hour of birth).
- ✔ **Nutrition-sensitive outcomes: the project's outputs give a good indication of its contribution to nutrition-sensitive outcomes (e**.g. through increasing the scale and functionality of nutrition, health and water and sanitation services).

This project is classified as **NUTRITION-SENSITIVE**.

Example of a discounted project

'*Rural Water and Sanitation Programme***'** - project code GB-1-203187.

The project meets only one of the criteria:

- ✕ Aimed at individuals: there is no indication of intention to improve nutrition for women or children. The intended impact of this project is **'***Universal access to potable water, sanitation, and better health of communities***'**.
- ✕ **Significant nutrition objectives or indicators: there no reference to nutrition in the project's objectives, and none of the project's indicators are nutrition-sensitive. The project's intended outcome is that '***Rural communities manage adequate use of potable water, improved hygiene and sanitation***'**.
- ✔ Nutrition-sensitive outcomes: some of the project's outcomes are nutrition-sensitive, such as increased access to latrines and improved hygiene practices.

This project is classified as **NOT NUTRITION-SENSITIVE**.

Example of a nutrition-sensitive dominant project

'*WFP Emergency Operations in Sudan, 2010***' –** project code GB-1-201767.

The project's stated purpose is explicitly to improve nutrition:

- **'***Reduce or stabilise acute malnutrition in children under 5 in targeted and emergency affected populations (Darfur, South Sudan and CETA) and improve food consumption over assisted period for targeted emergency-affected households.***'**

All of the project's outputs and their indicators are nutrition-sensitive:

- **'***Actual beneficiaries receiving WFP food assistance*.**'**
- **'***Therapeutic and supplementary rations provided to vulnerable beneficiaries and caregivers including malnourished children under 5, pregnant and lactating women*.**'**

The project is classified as **NUTRITION-SENSITIVE DOMINANT**.

Example of a nutrition-sensitive partial project

'*Fertiliser Procurement for the 2011/12 Farm Input Subsidy Programme***' –** project code GB-1-203004.

Only some of the project's details are nutrition-sensitive:

- Its expected result is **'***Increased food security and agricultural growth, and reduced hunger***' and is not nutrition-sensitive**.
- The project has three impact indicators: **'***i) under 5 malnutrition (measured by stunting); ii) growth rate of agricultural output; iii) poverty headcount using national poverty line.***' Only the first of these indicators is nutrition-sensitive, while the other two refer to agricultural productivity and poverty reduction.**
- Of 16 outcome indicators, just one is nutrition-sensitive: **'***Average number of households per year of programme provided with improved seeds through the Farm Input Subsidy Programme***'**.

The project is classified as **NUTRITION-SENSITIVE PARTIAL**.

Annex 7 – Distribution of potential nutrition-sensitive projects in the DAC CRS

Table 7.1: Origins of nutrition-sensitive projects

Potential DFID ODA nutrition investments by SUN methodology filter, 2010–2012 (constant 2011 prices)

Origin	Potential projects identified	% of projects that qualified as nutrition-sensitive
DAC CRS codes	720	2%
Keyword matches	123	15%

Source: Development Initiatives' calculations based on CRS data.

Table 7.2: Nutrition-sensitive ODA disbursements distribution among DAC CRS codes

DFID ODA nutrition-sensitive investments by DAC CRS code compared with total ODA recorded under that code, 2010–2012 (constant 2011 prices)

	Nutrition-sensitive ODA (US$ millions)				
CRS sector	**Bilateral ODA**	**Nutrition-sensitive ODA**	**% purpose code ODA**	**% nutrition-sensitive ODA**	**% bilateral ODA***
Administrative costs of donors	1037.5	0.1	<0.1%	<0.1%	<0.1%
Education, level unspecified	1121.1	0.1	<0.1%	<0.1%	<0.1%
Basic education	1065.5	0.8	0.1%	0.1%	<0.1%
Health, general	609.7	15.5	2.5%	1.4%	0.1%
Basic health	1829.7	142.9	7.8%	12.8%	0.7%
Population and reproductive health	1845.7	102.0	5.5%	9.1%	0.5%
Water supply and sanitation	495.9	8.9	1.8%	0.8%	<0.1%
Government and civil society, general	2517.1	0.1	<0.1%	<0.1%	<0.1%
Other social infrastructure and services	1028.9	53.4	5.2%	4.8%	0.2%
Banking and financial services	232.8	<0.1	<0.1%	<0.1%	<0.1%
Agriculture	387.1	85.8	22.2%	7.7%	0.4%
General environment protection	1038.1	3.4	0.3%	0.3%	0.0%
Multi-sector	1707.6	81.5	4.8%	7.3%	0.4%
Unallocated/unspecified	288.5	2.6	0.9%	0.2%	<0.1%
General budget support	1484.0	0.7	<0.1%	0.1%	<0.1%
Food aid/food security assistance	431.1	108.8	25.2%	9.7%	0.5%
Emergency response	1762.7	485.3	27.5%	43.4%	2.3%
Reconstruction relief and rehabilitation	159.2	26.0	16.3%	2.3%	0.1%
Disaster prevention and preparedness	29.7	0.2	0.6%	<0.1%	<0.1%
Total sector allocable*	**21,520.9**	**1118.0**			**5.2%**

Source: Development Initiatives' calculations based on CRS data.
*Note:*The total amount and the relative shares refer to bilateral ODA to all sectors, included those not displayed in the table.*

Annex 8 – Specific and sensitive projects

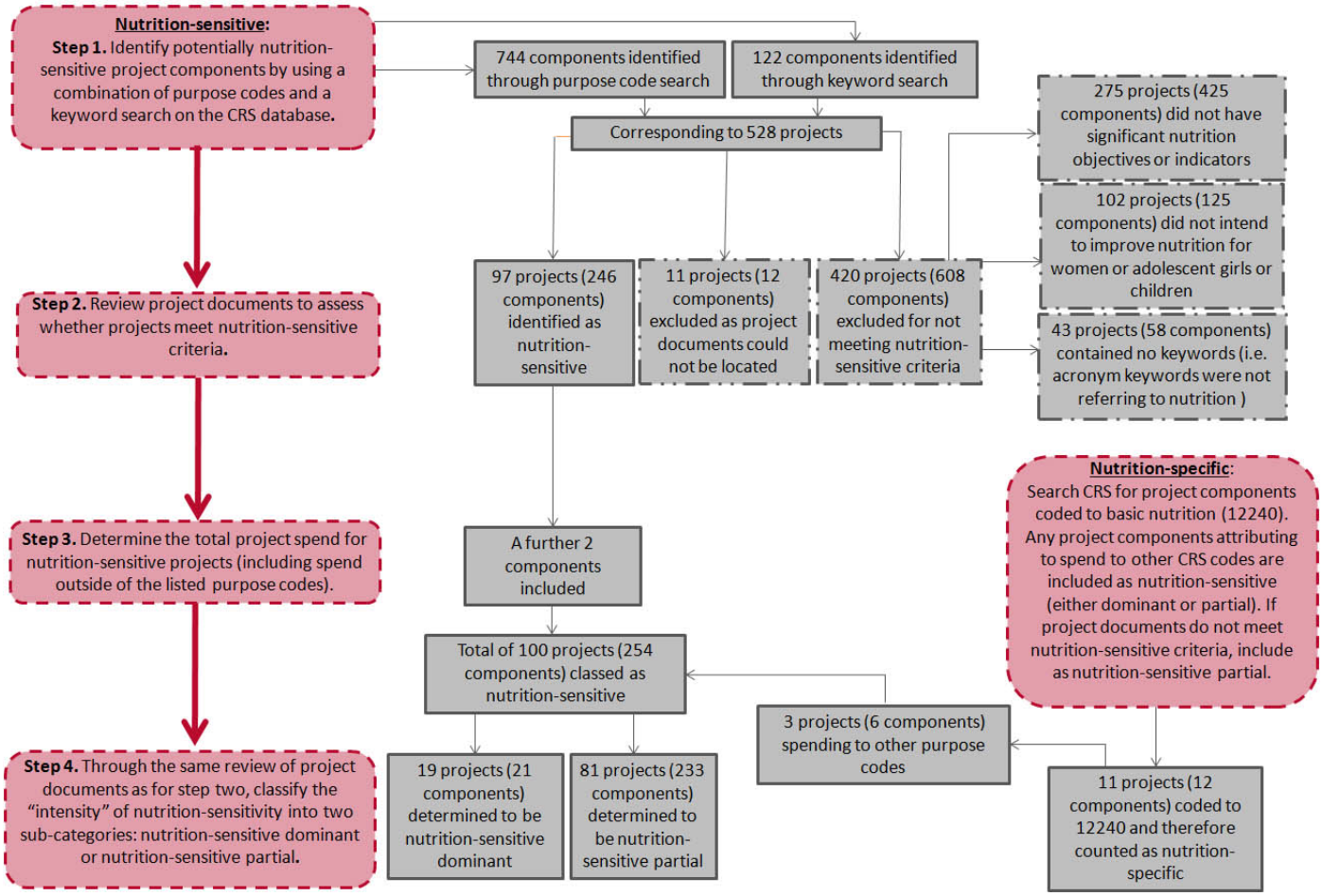
Table 8.1: Details of nutrition-specific and nutrition-sensitive projects

Project number	Project title	Classification*
105861	Access to Health Care in the Democratic Republic of the Congo	Nutrition-specific and nutrition-sensitive partial
106178	Zimbabwe Saving Maternal and Newborn Lives Project	Nutrition-specific and nutrition-sensitive partial
106216	Orphans and Vulnerable Children	Nutrition-specific and nutrition-sensitive partial
107402	Economic Empowerment of the Poorest	Nutrition-specific and nutrition-sensitive partial
113394	Madhya Pradesh Health Sector Reform Programme	Nutrition-specific and nutrition-sensitive partial
113707	Madhya Pradesh Health Sector Reform Programme	Nutrition-specific and nutrition-sensitive partial
114506	Sector Wide Approach to Strengthening Health (SWASTH) in Bihar	Nutrition-specific and nutrition-sensitive partial
201227	Policy Support Fund	Nutrition-specific and nutrition-sensitive partial
201228	Harnessing Non-State Actors for Better Health for the Poor (HANSHEP)	Nutrition-specific and nutrition-sensitive partial
203118	Yemen Nutrition Programme 2012–2015	Nutrition-specific and nutrition-sensitive dominant

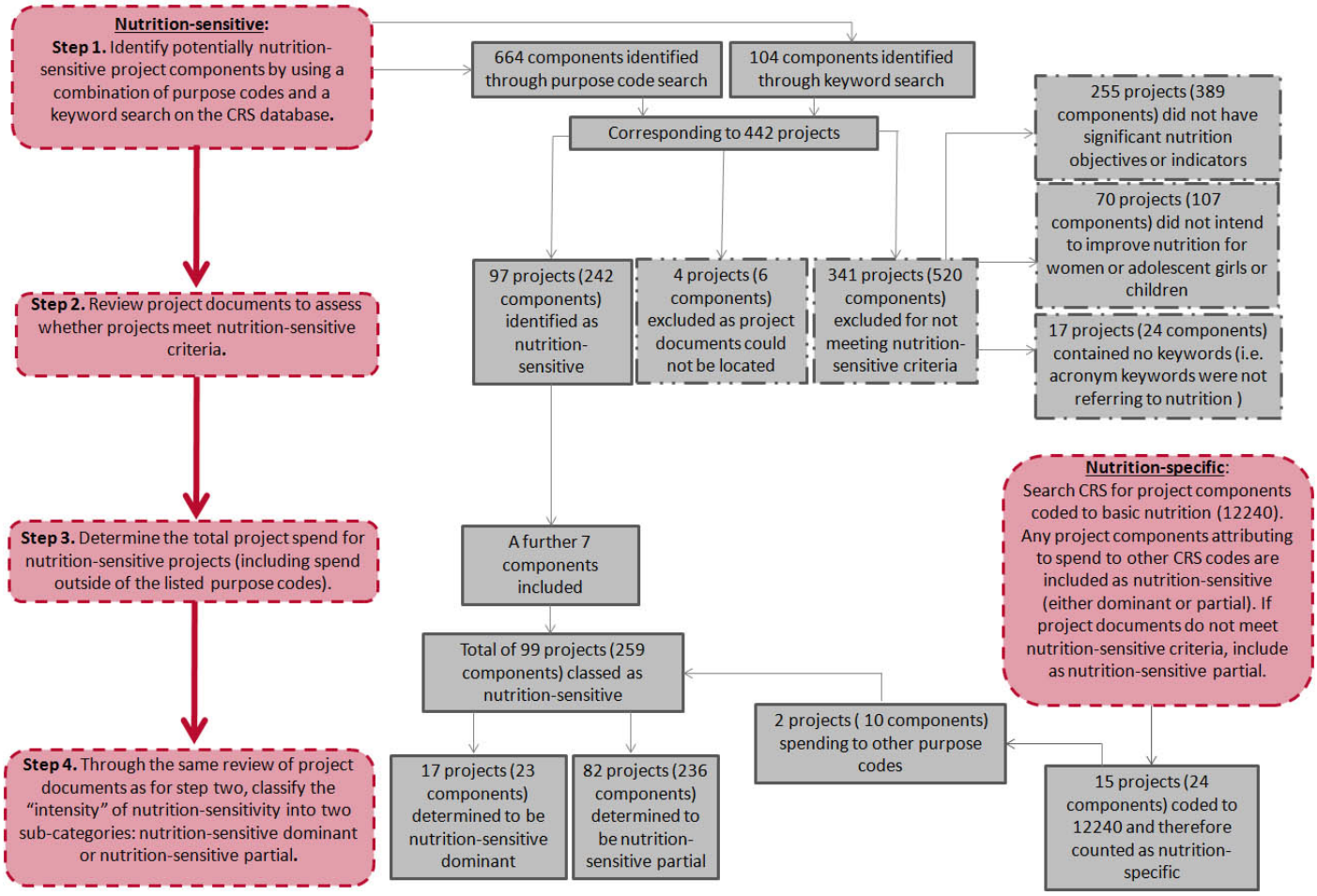
*Note:**Nutrition-specific and nutrition-sensitive dominant components were counted in full (100%). In line with the SUN methodology, 25% of nutrition-sensitive partial components were counted.

Annex 9 – Projects classification flowchart

2010 projects



2011 projects



2012 projects