

# **DFID's aid spending for nutrition: 2016**

April 2018

## 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. The consortium is led by PATH.

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

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

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## Summary

This report presents detailed information on aid investments to improve nutrition by the UK's Department for International Development (DFID). Building on previous reports<sup>i</sup> that looked at investments between 2010 and 2015, and using the Scaling Up Nutrition (SUN) movement's agreed methodology, this report analyses 2016 nutrition aid and finds the following:

- DFID disbursed US\$805 million of nutrition-related official development assistance (ODA or aid) to developing countries in 2016: US\$693 million on nutrition-sensitive interventions, and US\$111 million on nutrition-specific interventions.
- Total nutrition-related spending decreased from 2015 volumes by US\$110 million; nutrition-sensitive spending fell by US\$139 million, though nutrition-specific spending rose by US\$29 million.<sup>ii</sup>
- The number of DFID-supported nutrition projects has remained steady at 140: 104 nutrition-sensitive projects, 16 nutrition-specific projects and 20 projects that have both nutrition-specific and nutrition-sensitive components.
- Half of DFID's nutrition-sensitive spending relates to humanitarian interventions. The remaining spending is broadly split between the 'health' sector (17%), 'agriculture and food security' (15%) and the 'social services' sector (9%).
- DFID's nutrition spending reached a record 35 countries, up from 32 countries in 2015 and greater than in any previous year. Spending, particularly nutrition-specific spending, continues to concentrate in sub-Saharan Africa.
- The largest recipient of DFID's nutrition-related aid in 2016 was Nigeria (US\$71 million), due to substantial spending on nutrition-specific interventions, namely the 'Life Saving Humanitarian Support in Northeast Nigeria' (code 205161) project; DFID's largest nutrition-specific intervention to a single country in 2016.

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

<sup>ii</sup> For the UK, US\$ spending figures are influenced by the GB£–US\$ exchange rate and domestic price inflation. See Box 1 for details on how this affects DFID's spending trends.

## Introduction and approach

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

The approach 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. While DFID is the largest source of UK ODA spending (responsible for 75% of UK ODA disbursements in 2016) and the focus of this analysis, it is worth noting that other UK government departments and agencies also contribute to UK ODA, including on nutrition. The Department for Business, Innovation & Skills disbursed US\$1.7 million to nutrition-specific interventions in 2016, equivalent to 0.3% of total UK nutrition-specific ODA.<sup>iii</sup> All data in this report was downloaded on 10 January 2018 and is accurate as of the latest official quarterly update to the DAC CRS on 8 January 2018.

The [SUN Donor Network](#) developed the methodology used in this study to determine nutrition-related ODA. The network aims to better align and track resources for nutrition to the national goals of developing country SUN members. Its methodology identifies two types of projects: those that are 'nutrition-specific' and those classed as 'nutrition-sensitive'.<sup>iv</sup>

### Identifying nutrition-specific ODA projects

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

- Direct feeding programmes (maternal feeding, breastfeeding and weaning foods, child feeding, school feeding)
- Determination of micronutrient deficiencies
- Provision of vitamin A, iodine, iron etc.
- 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 'multisector' purpose code. DFID's reporting to the CRS is more detailed, as is that of some other donors such as Canada. DFID divides its projects into different components and assigns each a relevant CRS purpose code. Each component appears in the

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<sup>iii</sup> The Department for Business, Innovation & Skills supported three nutrition projects through the Medical Research Council.

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

<sup>v</sup> DAC CRS code 12240.

CRS as a separate record. In some cases, a DFID CRS record represents the entirety of the project. In other instances, a record represents only part of a broader project, with the other components appearing as separate purpose codes.

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

Other components of these projects recorded under any other CRS purpose code have been classified as 'nutrition-sensitive' (see below, and see Annex 6 for a record of projects with both specific and sensitive components).

## Identifying nutrition-sensitive ODA projects

The SUN methodology uses a three-step approach to identify nutrition-sensitive projects. An additional step (step 3) is needed to account for DFID's detailed CRS reporting (see Annex 3 for a summary of the SUN approach). These steps are outlined below.

### ***Step 1: Identifying potentially nutrition-sensitive projects***

Projects that are likely to be nutrition-sensitive are first identified in the CRS database using a purpose code filter and a keyword search. The purpose code filter selects all those projects coded under relevant nutrition-sensitive purpose codes (see Annex 3 for the agreed full list of these). A keyword search is applied to the description field of all other CRS records under the remaining purpose codes (see Annex 3). The purpose code filter and keyword search yields a pool of potentially nutrition-sensitive records. For DFID, these records represent project components rather than whole projects.

### ***Step 2: Reviewing project documents to assess whether projects meet nutrition-sensitive criteria***

The project documents for all components identified in step 1 are reviewed to determine whether they are nutrition-sensitive. This assessment primarily uses publicly available documents published through DFID's Development Tracker. Projects with insufficient publicly available information were raised with DFID officials, who provided relevant documentation to enable an assessment. Seventeen projects were assessed using documentation provided by DFID directly. Outstanding projects with their information either unavailable or restricted were discounted on the grounds that their nutrition-sensitivity could not be evidenced. This affected just 10 projects.

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

- be aimed at individuals (specifically, women or adolescent girls or children), and
- include nutrition as a significant objective or indicator, and
- contribute to at least one nutrition-sensitive outcome (see Annex 3).

Annex 4 provides examples of how these criteria are applied to specific projects.

While identifying explicit nutrition targets and objectives among project documents is straightforward, applying the first criterion (aimed at individuals) is less so and more subjective. The SUN Donor Network's methodology requires a nutrition-sensitive project to intend to improve nutrition for women

or adolescent girls or children. The methodology adds that “this does not necessarily entail targeting women or children because actions targeted at households, communities or nations can also be designed to result in improved nutrition for women and children. It entails, though, an intention to achieve results and measure them at the level of women, adolescent girls or children”.<sup>vi</sup>

This analysis considered a project to be aimed at those 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 towards nutrition-sensitive outcomes as defined in the SUN Donor Network’s methodology (see Annex 3). Only when all three of these criteria are met can a project qualify as nutrition-sensitive.

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

As DFID reports at the component level, it is possible that a project identified as nutrition-sensitive under the criteria described in step 2 will have components elsewhere in the CRS database that are not captured in step 1. In some cases, not all components are reported using one of the codes in Annex 3 or they are not captured using the keywords (see Annex 3). To account for this, the additional components of nutrition-sensitive projects are identified manually by searching for components with the same project identification number in the CRS, in line with what was agreed by SUN Donor Network members for the original 2010–2012 DFID nutrition spending assessment. For each project, total spend is calculated as the sum of all the project’s components.

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

The final step of the SUN methodology classifies nutrition-sensitive projects as one of two sub-categories, ‘dominant’ or ‘partial’, depending on the extent to which projects contribute to nutrition-sensitive outcomes.

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<sup>vi</sup> 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](http://scalingupnutrition.org/wp-content/uploads/2013/12/RESOURCE_TRACKING_METHODODOLOGY_SUN_DONOR_NETWORK.pdf)

The SUN methodology requires that:

- when the **full project** (its main objective, results, outcomes and indicators) is nutrition-sensitive (see Annex 3), 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 4 provides examples of how projects are assessed as dominant or partial.

Multi-year projects that had qualified as nutrition-sensitive during the [previous assessment](#)<sup>vii</sup> were reassessed carefully to capture any shifts in their focus.

## Matched funding

Details of matched funding are provided by DFID to enable the separate tracking of disbursements related to their matched funding commitment. In this assessment of DFID’s spending for 2016, a total of 13 project components contributed to matched funding spending, amounting to US\$51.9 million of nutrition-related commitments and US\$44.5 million of nutrition-related disbursements. The following figures exclude these matched funding components.

## ODA disbursements and commitments

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

As disbursements measure the resources actually transferred to developing countries in a given reporting year, we report primarily on DFID’s disbursements.

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<sup>vii</sup> Development Initiatives (2016) DFID’s aid spending for nutrition: 2015. Available at: <http://devinit.org/post/dfids-aid-spending-nutrition-2015/>



# DFID’s ODA disbursements to nutrition

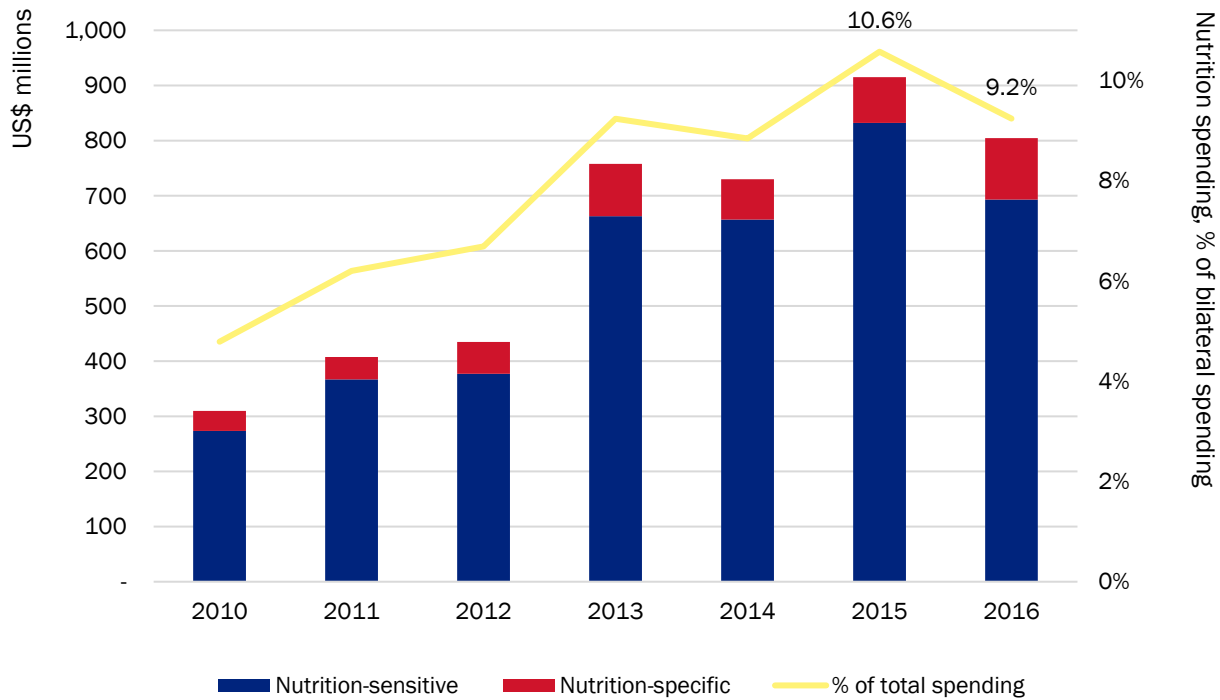
## Overview

In 2016 DFID’s total aid spending for nutrition amounted to US\$805 million. Spending decreased in real terms from 2015 volumes, by US\$110 million or 12%.<sup>viii</sup>

Spending on nutrition-sensitive interventions decreased by US\$139 million (17%), though spending on nutrition-specific interventions increased, by US\$29 million (35%) to US\$111 million – the greatest amount recorded. Despite these changes, nutrition-sensitive spending continues to constitute the majority (86%) of total nutrition spending at US\$693 million. Nutrition-specific spending completes the remaining 14% at US\$111 million.

As a proportion of DFID’s total bilateral aid spending, spending on nutrition reached 9.2% in 2016, down slightly from 10.6% in 2015. However, DFID’s nutrition-specific spending as a proportion of DFID’s total aid spending has reached a record high of 1.3%, up from 1.0% in 2015

**FIGURE 1. DFID spent a record US\$111 million on nutrition-specific aid in 2016**



DFID nutrition ODA disbursements by volume and share of total bilateral disbursements, 2010–2016.

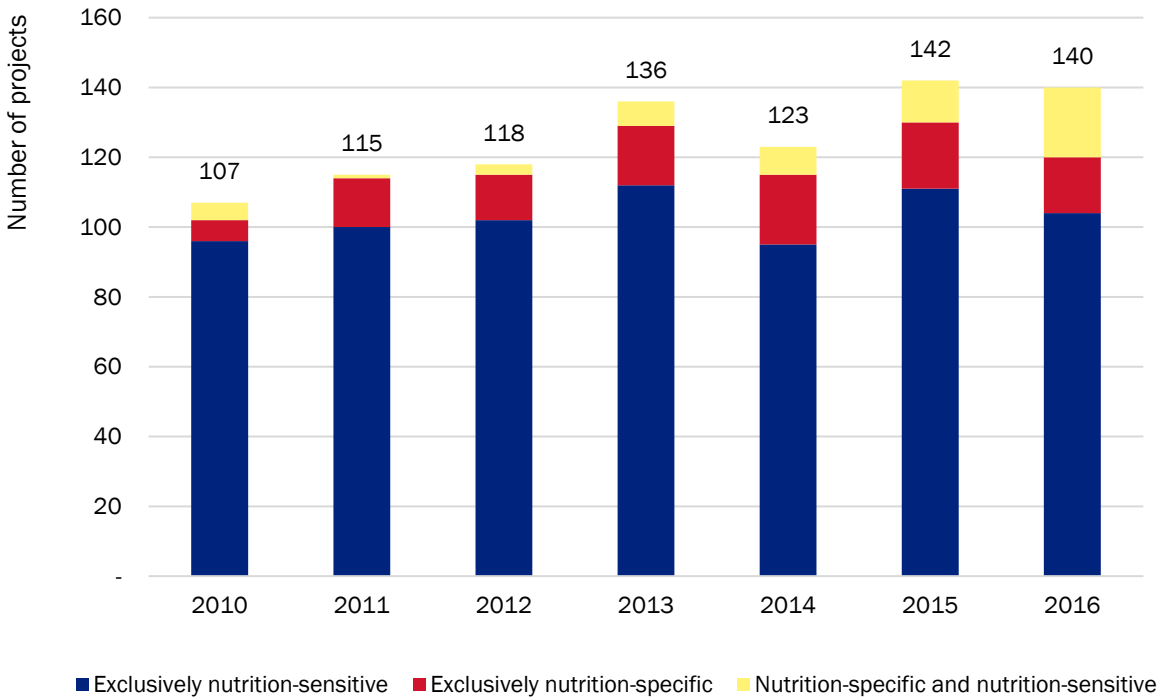
Notes: Constant 2016 prices.

Source: Development Initiatives’ calculations based on DAC CRS data

<sup>viii</sup> For the UK, US\$ spending figures are influenced by the GB£–US\$ exchange rate and domestic price inflation. See Box 1 for details on how this affects DFID’s spending trends.

In 2016 DFID supported a similar number of projects to previous years: 140, down just two from 142 in 2015. These consist of 104 nutrition-sensitive projects, 16 nutrition-specific projects and 20 projects that have both nutrition-specific and nutrition-sensitive components. The number of both nutrition-specific and nutrition-sensitive projects remains similar to previous years. The number of projects with nutrition-specific and nutrition-sensitive components continues to grow slightly each year, reaching 20 in 2016.

**FIGURE 2. DFID supported 140 nutrition projects in 2016**

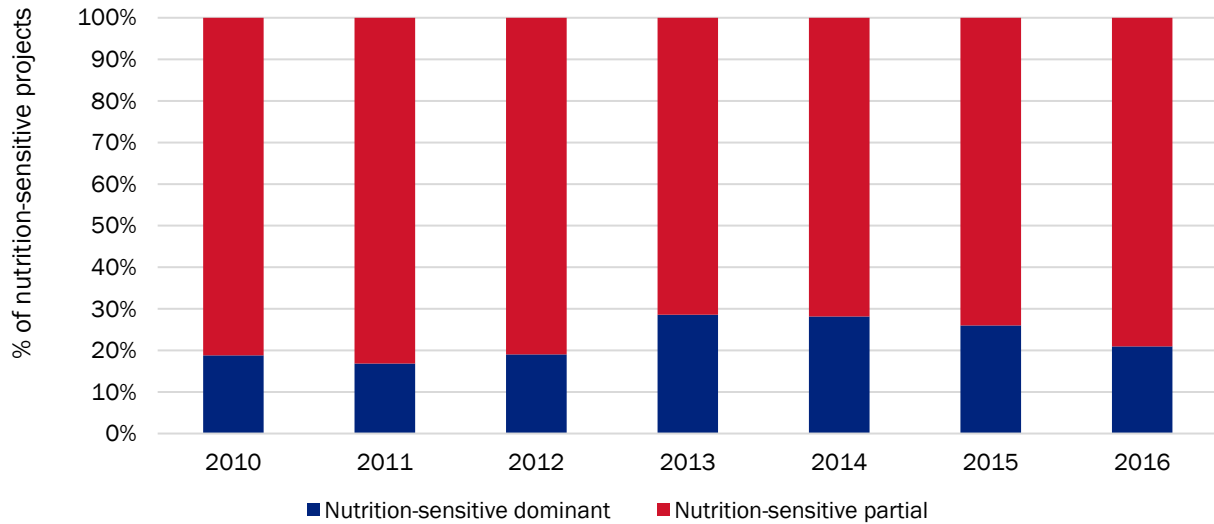


Number of projects by category, 2010–2016.

Source: Development Initiatives’ calculations based on DAC CRS data

DFID continues to support a greater number of nutrition-sensitive *partial* projects than nutrition-sensitive *dominant* projects: 98 nutrition-sensitive partial projects compared with 26 nutrition-sensitive dominant projects in 2016. The proportion of DFID’s nutrition-sensitive projects qualifying as nutrition-sensitive dominant has decreased slightly, maintaining an annual trend, from a peak of 29% in 2013 to 21% in 2016.

**FIGURE 3. Most of DFID’s nutrition projects are nutrition-sensitive partial**

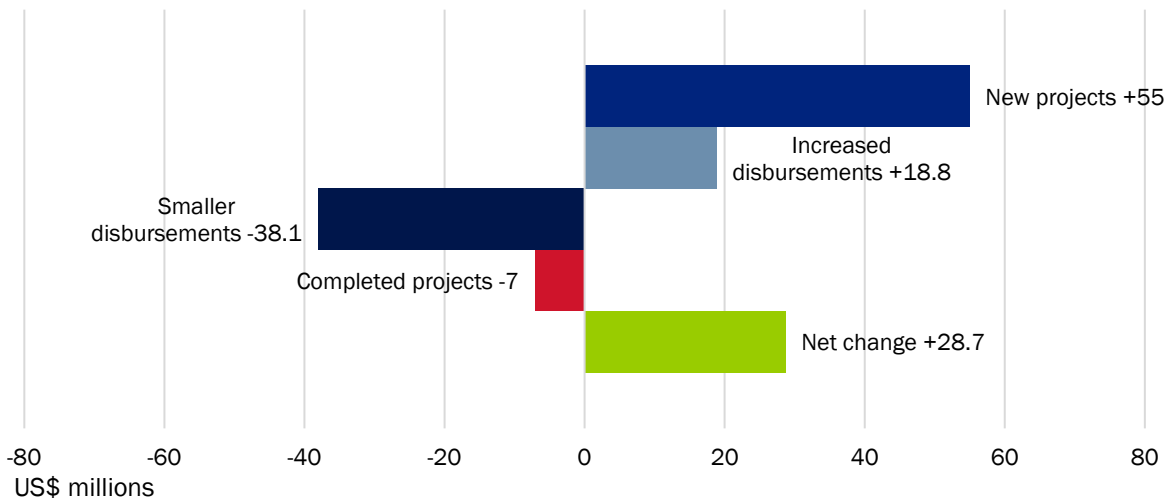


Proportion of nutrition-sensitive projects by sub-category (partial and dominant), 2010–2016.  
 Source: Development Initiatives’ calculations based on DAC CRS data

Between 2015 and 2016, DFID’s total spending on nutrition projects decreased by US\$110 million. Nutrition-specific aid alone increased, by net US\$29 million. The features of this increase are:

1. New projects with new disbursements, +US\$55 million
2. Increased disbursements to existing projects, +US\$19 million
3. Completed projects with no new disbursements, -US\$7 million
4. Smaller disbursements to existing projects, -US\$38 million

**FIGURE 4. Nutrition-specific spending rose by US\$29 million**



Changes to nutrition-specific disbursements, 2015–2016.

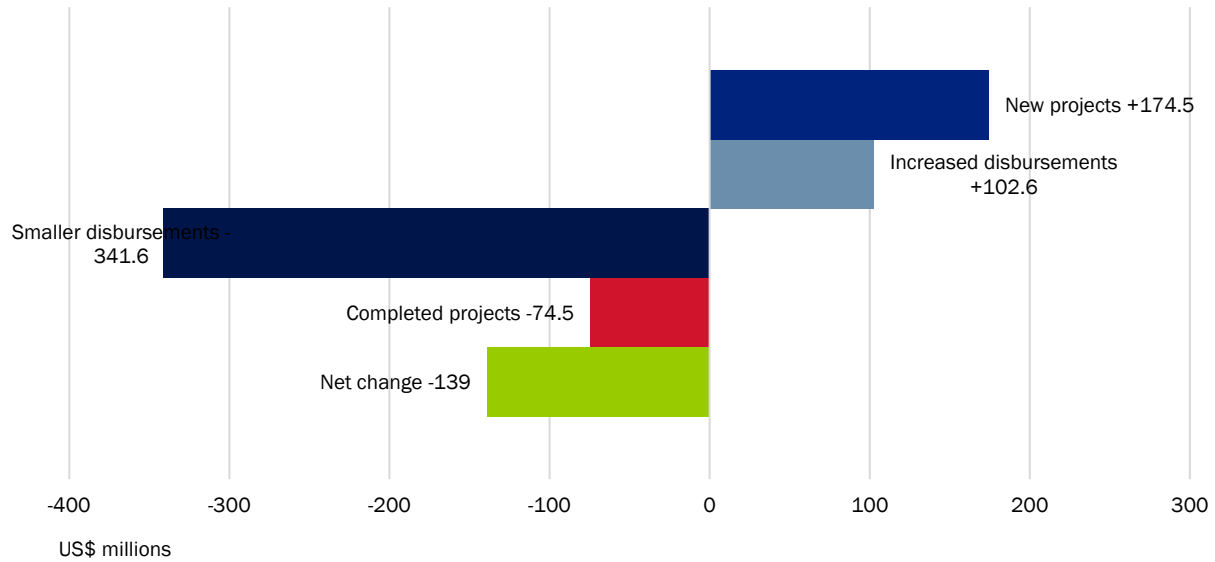
Notes: ‘New projects’ are those with no disbursements before 2016. ‘Completed projects’ are those with disbursements in 2015, but none in 2016. ‘Increased disbursements’ and ‘fewer disbursements’ refer to spending changes on existing projects. Constant 2016 prices.

Source: Development Initiatives’ calculations based on DAC CRS data

Nutrition-sensitive aid decreased by net US\$139 million between 2015 and 2016. The features of this decrease are:

1. New projects with new disbursements, +US\$174 million
2. Increased disbursements to existing projects, +US\$103 million
3. Completed projects with no new disbursements, -US\$74 million
4. Smaller disbursements to existing projects, -US\$342 million

**FIGURE 5. Nutrition-sensitive spending decreased by US\$139 million**



Changes to nutrition-sensitive disbursements, 2015–2016.

Notes: ‘New projects’ are those with no disbursements before 2016. ‘Completed projects’ are those with disbursements in 2015, but none in 2016. ‘Increased disbursements’ and ‘fewer disbursements’ refer to spending changes on existing projects. Constant 2016 prices.

Source: Development Initiatives’ calculations based on DAC CRS data

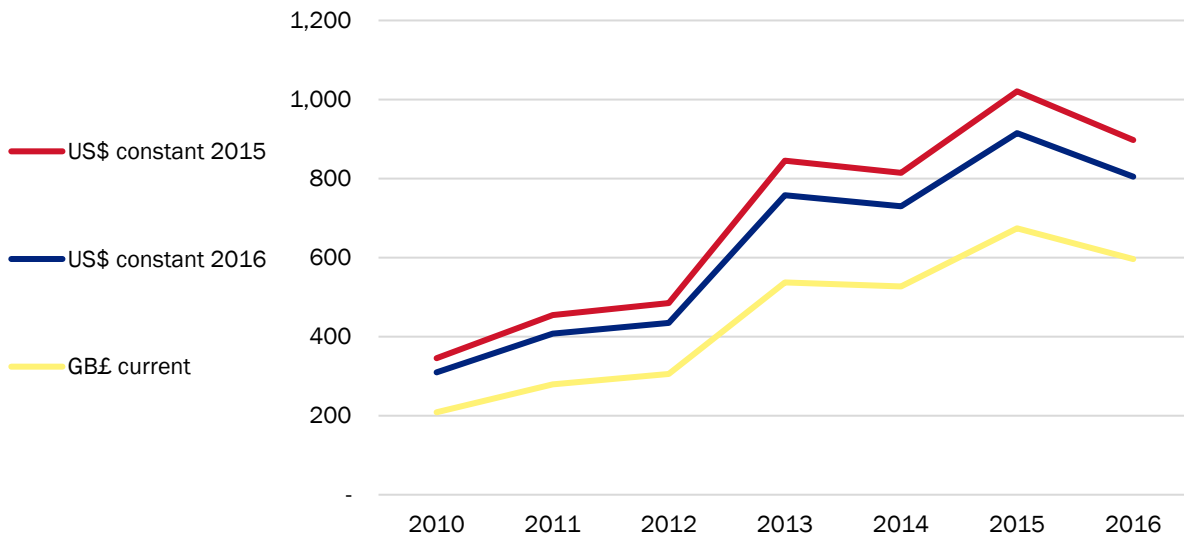
**Box 1. Constant versus current prices**

In this report, DFID’s spending on nutrition is assessed and expressed in constant US\$ 2016 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.<sup>ix</sup>

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 2015 presented data in a constant 2015 series.<sup>x</sup>

The rebasing of data from constant 2015 to constant 2016 prices, coupled with a decrease in the value of the GB£ has resulted in an apparent fall in the constant US\$ value of DFID’s spending. Most notably, this affects the US\$1 billion figure reported last year.<sup>xi</sup> When updated and expressed in 2016 prices, this US\$1,021 million becomes US\$915 million. The chart below illustrates the differences between price series.



Source: Development Initiatives’ calculations based on DAC CRS data

<sup>ix</sup> See [www.oecd.org/dac/stats/informationnoteonthedacdeflators.htm](http://www.oecd.org/dac/stats/informationnoteonthedacdeflators.htm)

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

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

## Nutrition-sensitive ODA by purpose and sector

Donors reporting to the CRS, including DFID, are required to specify in some detail the sector that their ODA investments intend to support using a defined list of purpose codes, organised by sector.<sup>xii</sup> These purpose codes classify different activities, enabling a view of each donor's support across key sectors. While nutrition-specific spending falls under the health sector within the DAC CRS system, DFID's nutrition-sensitive spending falls elsewhere, across a broad variety of sectors.

Between 2010 and 2016, almost half (48%) of DFID's nutrition-sensitive aid has been reported under the humanitarian sector. Another 22% of this spending falls under 'health' projects. Other significant proportions are reported under the 'agriculture and food security' (15%) and 'other social services' (7%) sectors. The remaining spending is spread across a broad variety of sectors, including 'water and sanitation' (2%), 'environment' (1%) and 'education' (0.8%).

Despite fluctuating total nutrition-sensitive spending amounts, this spending pattern across sectors has remained fairly consistent in recent years.

Half (50%) of DFID's nutrition-sensitive spending in 2016 continues to be found among humanitarian interventions: US\$348 million. As in previous years, other significant amounts are found under the 'health' sector (US\$116 million, 17% of DFID's nutrition-sensitive aid in 2016), 'agriculture and food security' (US\$107 million, 15%) and 'social services' sector (US\$63 million, 9%).

To an extent this mirrors DFID's general sectoral focus. Of DFID's *total* 2016 bilateral aid spending, 20% occurs in the humanitarian sector, followed by 15% in the health sector. Perhaps expectedly, the 'agriculture and food security' sector accounts for a greater proportion of DFID's nutrition-sensitive spending than of its total spending (15% vs 5% in 2016).

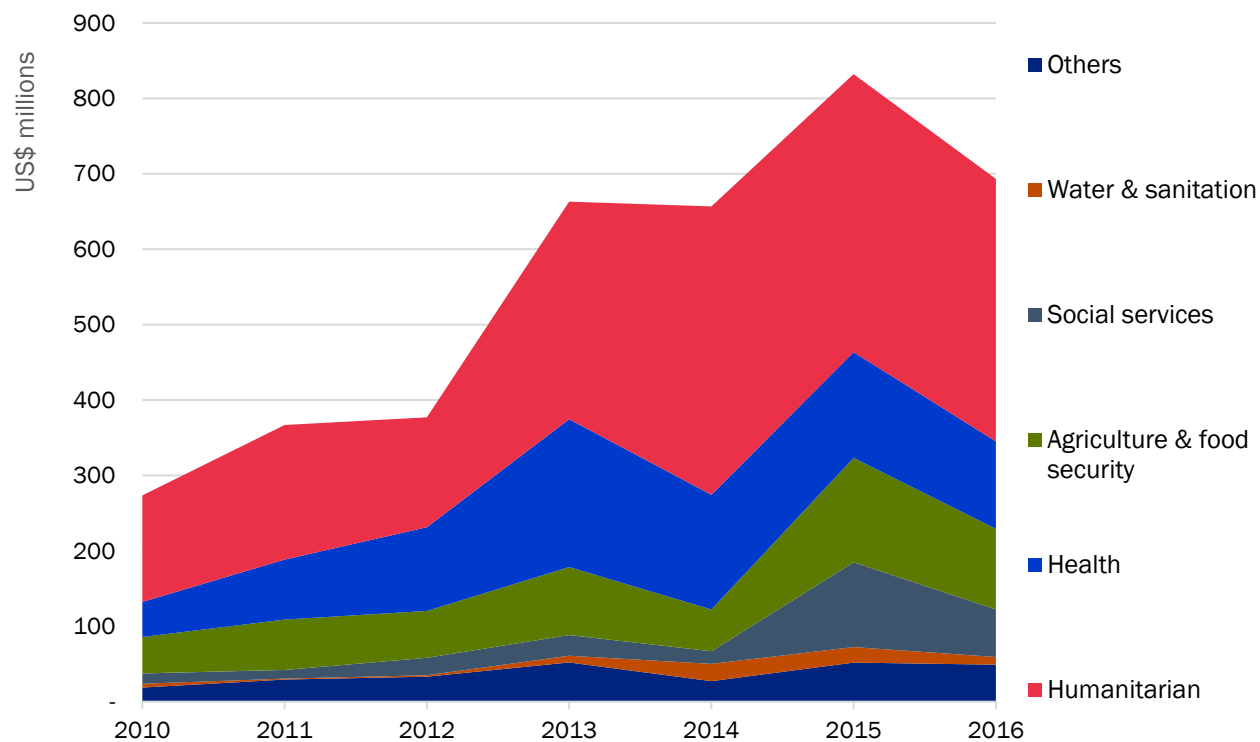
As DFID's total nutrition-sensitive spending fell slightly in 2016, by US\$139 million or 17%, spending against most sectors also decreased. By volume, spending decreased most significantly among the 'social services' sector (by US\$49 million, or by 44%), and the 'agriculture and food security' sector (by US\$31 million, or 23%). Of the other common nutrition-sensitive sectors, spending also decreased by US\$20 million (or 6%) in the 'humanitarian' sector, by US\$25 million (or 18%) in the 'health' sector, and by US\$10 million (or 50%) in the 'water and sanitation' sector.

Spending among the 'Other' sector category (incorporating multisector and unspecified activities) notably increased in 2016, by US\$10 million or 50%. This increase is attributable to a large nutrition-sensitive dominant project commencing in 2016, 'Southern Africa Regional Response to El Nino', worth US\$31 million.

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<sup>xii</sup> The OECD defines sectors as the "specific area of the recipient's economic or social structure is the transfer intended to foster" (OECD (2018), see [www.oecd.org/dac/stats/purposecodessectorclassification.htm](http://www.oecd.org/dac/stats/purposecodessectorclassification.htm)).

FIGURE 6. Most nutrition-sensitive spending remains in the humanitarian sector



Nutrition-sensitive disbursements by sector, 2010–2016.

Notes: Constant 2016 prices.

Source: Development Initiatives’ calculations based on DAC CRS data

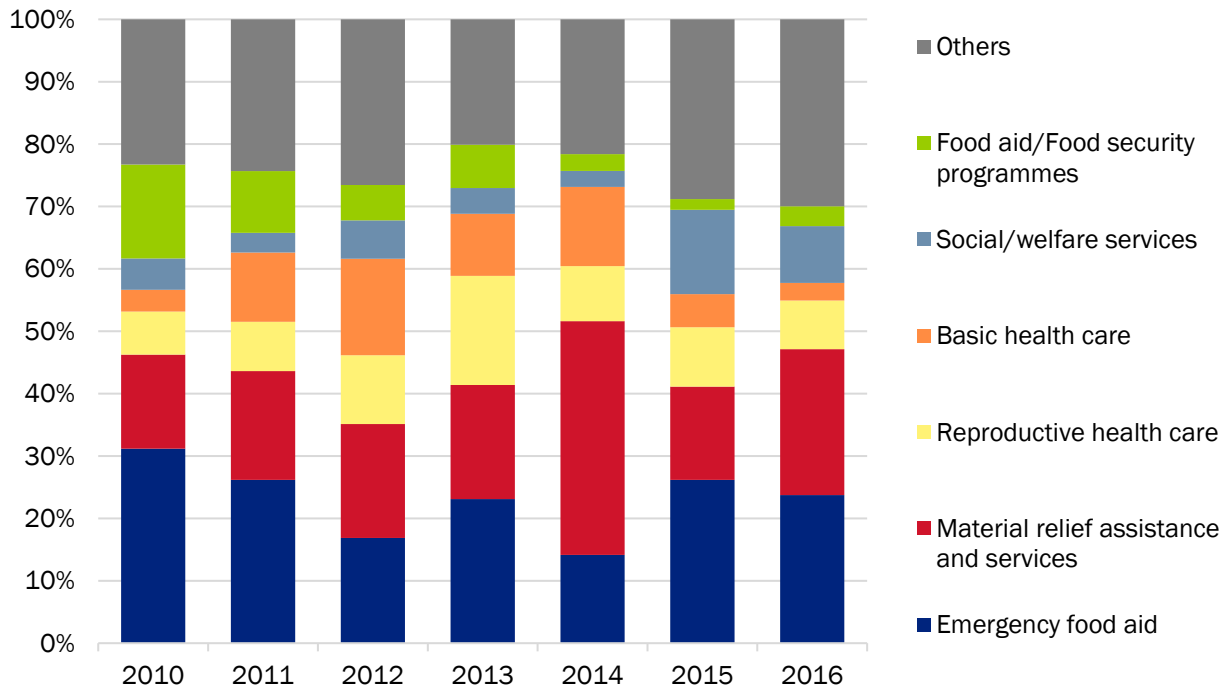
Purpose codes offer additional detail on the distribution of DFID’s nutrition-sensitive spending across sectors.

The bulk of DFID’s nutrition-sensitive spending remains to be found under a select number of purpose codes since 2010, though the distribution across these codes has fluctuated in recent years.

Five purpose codes together account for the majority of DFID’s nutrition-sensitive spending: ‘emergency food aid’, accounting for 23% since 2010; ‘material relief assistance and services’, 21%; ‘reproductive health care’, 10%; ‘basic health care’, 8%; and ‘social/welfare services’, 7%. In 2016, these five purpose codes represented 70% 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\$165 million and US\$162 million respectively). As total nutrition-sensitive spending has decreased slightly, most purpose codes have seen a subsequent decrease. Notably, however, spending among ‘material relief assistance and services’ has increased substantially, by US\$38 million in 2016, rebounding from significantly decreased spending in 2015. This is primarily attributable to increased spending on the ‘Zimbabwe Humanitarian Response’ project, alone worth an additional US\$43 million in 2016.

**FIGURE 7. Just two purpose codes constitute almost half (47%) of nutrition-sensitive spending**



Proportion of nutrition-sensitive disbursements by purpose, 2010–2016.

Notes: Constant 2016 prices.

Source: Development Initiatives’ calculations based on DAC CRS data



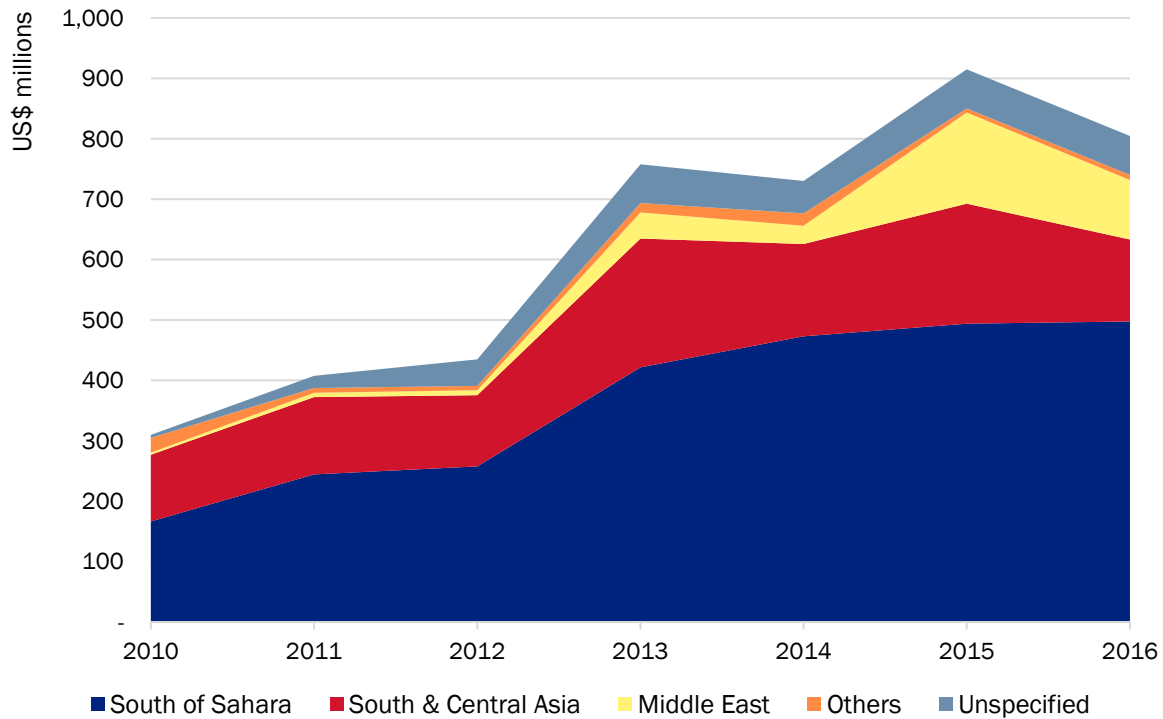
## Recipients of nutrition ODA disbursements

Most of DFID’s nutrition aid continues to concentrate in sub-Saharan Africa; the region received 62% (US\$498 million) of DFID’s nutrition aid in 2016. This constitutes a much greater share of DFID’s total compared with 2015 (54%), despite only a small absolute increase (up from US\$494 million). Countries in South and Central Asia and in the Middle East respectively received the second and third-largest amounts (US\$136 million and US\$99 million).

Nutrition aid to the Middle East dropped in 2016 to US\$99 million, following a peak in 2015 of US\$151 million, which was attributable to greater nutrition-sensitive spending on humanitarian interventions in Yemen and Syria. Similarly, nutrition aid to South and Central Asia dropped by US\$63 million to US\$136 million between 2015 and 2016, while changes in other regions in this period have been limited.

In 2016 DFID allocated US\$64 million to projects at the global level, to no specific region or country. This amount is nearly identical to amounts spent in three of the last four years, besides a drop to US\$54 million in 2014, and represents 8% of DFID’s total nutrition spending in 2016. This amount includes US\$14 million of spending on nutrition-related ‘material relief assistance and services’.

**FIGURE 8. Most spending continues to concentrate in sub-Saharan Africa**



Nutrition disbursements by region, 2010–2016.

Notes: Constant 2016 prices.

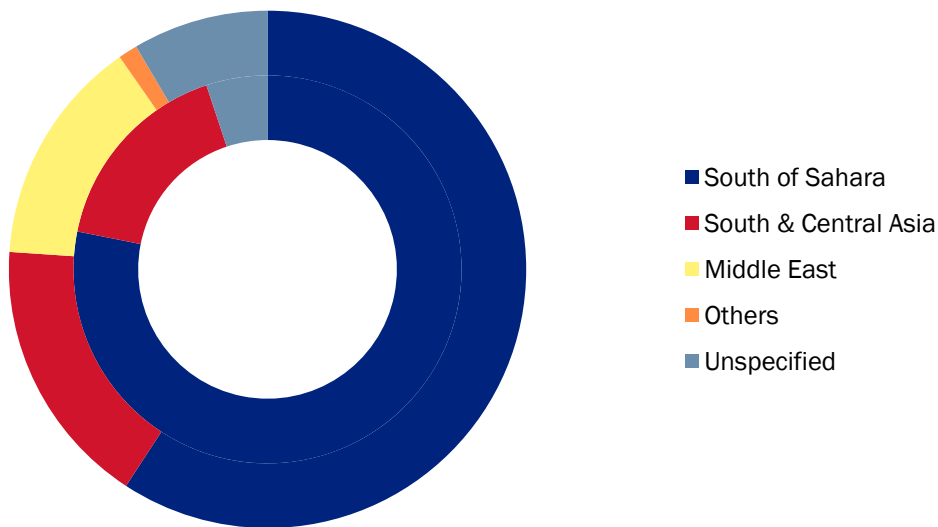
Source: Development Initiatives’ calculations based on DAC CRS data

In 2016 DFID’s nutrition spending reached at least 35 countries, up from 32 countries in 2015 and greater than in any previous year. Twelve countries received both nutrition-specific and nutrition-sensitive aid resources. The remaining 23 countries received nutrition-sensitive aid only.

DFID’s nutrition-sensitive spending continues to be less concentrated than DFID’s nutrition-specific spending, reaching a greater number of countries. In 2016, 78% of DFID’s nutrition-specific spending was in sub-Saharan Africa compared with 59% of nutrition-sensitive spending.

South and Central Asia countries received 17% of both nutrition-specific and nutrition-sensitive aid, while 5% of DFID’s nutrition-specific spending and 8% of DFID’s nutrition-sensitive spending is not allocated to any single country or region.

**FIGURE 9. More than half of both nutrition-specific and nutrition-sensitive spending targets sub-Saharan Africa**



Nutrition disbursements by category and region, 2016.  
 Notes: Inner ring, nutrition-specific. Outer ring, nutrition-sensitive. 2016 prices.  
 Source: Development Initiatives’ calculations based on DAC CRS data

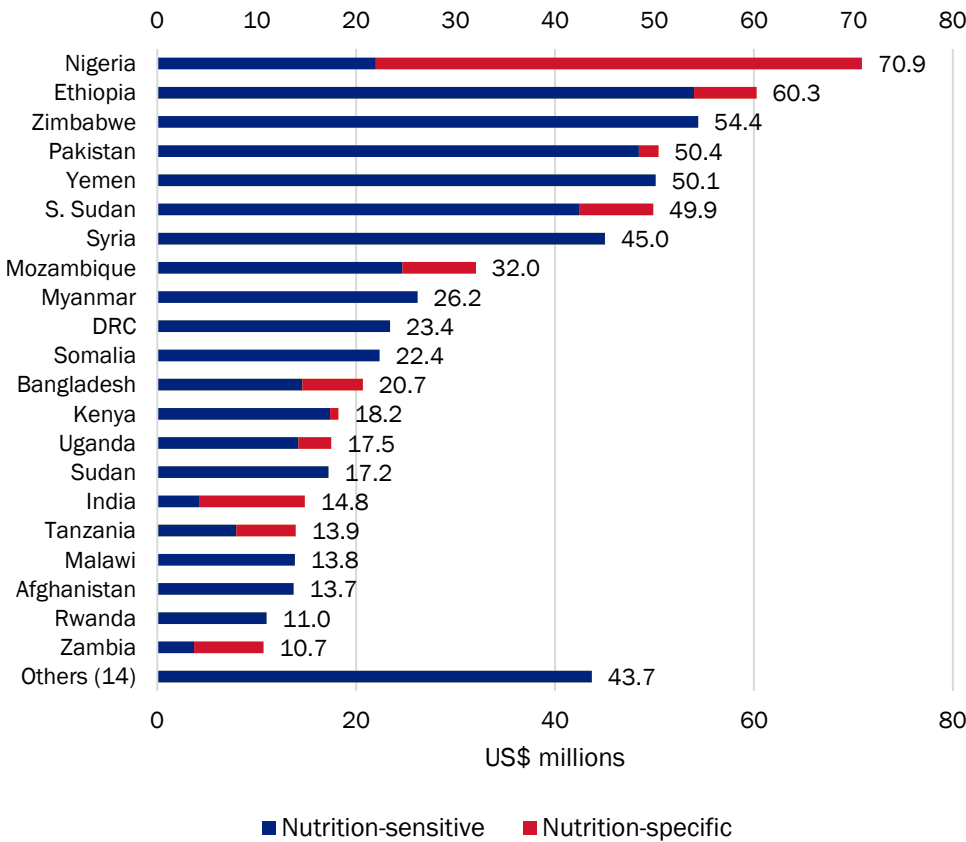
Nigeria was the largest recipient of DFID nutrition ODA in 2016, receiving US\$71 million. Nutrition-specific spending in Nigeria (US\$49 million) was over four times as great as the next largest recipient, India (US\$11 million), and seven times greater than the third-largest recipient, Zambia, at US\$7 million. Only these three countries received a majority of nutrition-specific ODA, while 17 of the lowest 18 recipients of DFID nutrition aid received no nutrition-specific ODA at all. Of this US\$49 million spending to Nigeria, US\$39 million (79%) is attributable to the ‘Life Saving Humanitarian Support in Northeast Nigeria’ (code 205161) project. This project was DFID’s largest country nutrition-specific intervention in 2016.

Ethiopia and Zimbabwe were the second and third-largest recipients at US\$60 million and US\$54 million respectively. Both received US\$54 million worth of nutrition-sensitive ODA, while the ‘Accelerating reductions in undernutrition in Ethiopia’ project (code 202890) contributes US\$6

million of nutrition-specific aid to the former. Pakistan and Yemen also received over US\$50 million each.

DFID spent US\$124 million at the regional level in no single defined country, equal to 15% of DFID's total nutrition spending in 2016, and consisting primarily of 'agriculture and food security' and humanitarian interventions.

**FIGURE 10. DFID is supporting a greater number of countries than in any previous year**



Nutrition disbursements by country, 2016.

Notes: Excludes regional and global level disbursements. Constant 2016 prices.

Source: Development Initiatives' calculations based on DAC CRS data

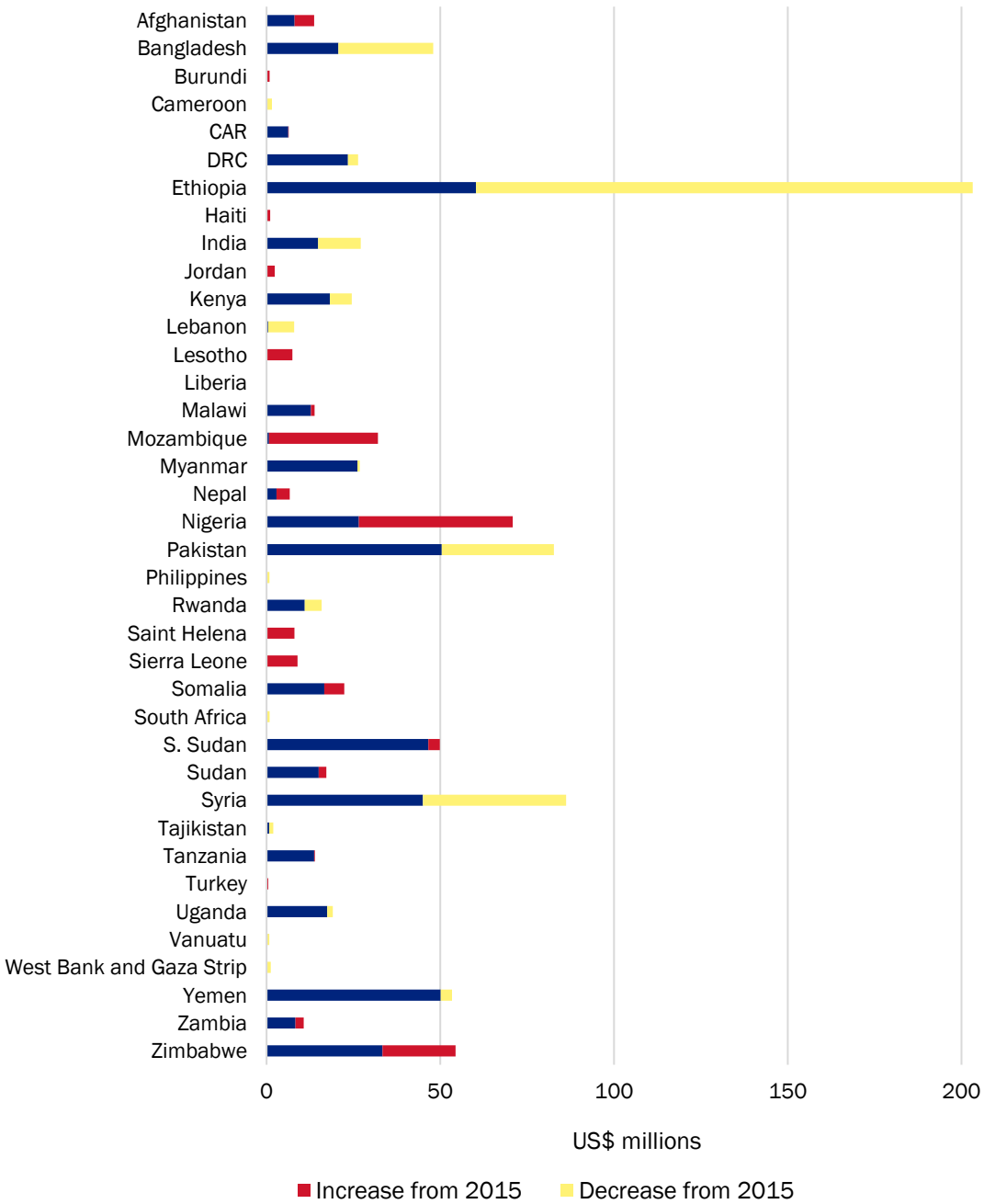
Between 2015 and 2016 DFID increased its total nutrition aid spending in 20 countries, while 18 other countries received less in 2016 than in 2015. Of these countries with increased aid, four countries received no nutrition ODA in 2015 (Burundi, Haiti, Lesotho, Liberia), while Jordan and Turkey are new recipients to this series of assessments. Cameroon, South Africa and West Bank and Gaza Strip conversely received no DFID nutrition-related ODA in 2016, after having done so the previous year.

The greatest increase by volume of spending was to Nigeria (which received US\$44 million more in 2015) and represents a 167% increase. Indeed, five countries received more than double in 2016 than 2015, with Saint Helena, Sierra Leone and Mozambique greatly increasing from 2015 values of below US\$1 million, and Nepal increasing 135% to US\$7 million. These increases are largely due to

more funding towards 'health' and 'humanitarian' sectors in nutrition-specific and partial nutrition-sensitive projects.

Volumes of nutrition spending in Ethiopia fell significantly in 2016, dropping US\$143 million to US\$60 million. This is a consequence of much less funding to various projects such as the 'Productive Safety Net Programme' (code 204290; US\$109 million to US\$27 million) and 'Multi-year support to World Food Program emergency response' (code 203071; US\$48 million to US\$7 million), which support the 'agriculture and food security' and 'humanitarian' sectors respectively. Similarly, the humanitarian project 'Support to the United Nations (UN) World Food Programme (WFP) for the Syria crisis' dropped by US\$49 million and accounted for the decrease in nutrition aid to Syria.

FIGURE 11. DFID's nutrition spending increased in 21 countries



Changes in nutrition disbursements by country, 2015–2016.

Notes: Excludes regional and global level disbursements. Constant 2016 prices.

Source: Development Initiatives' calculations based on DAC CRS data

# DFID’s ODA commitments to nutrition

## Overview

DFID’s total aid commitments for nutrition equalled US\$460 million in 2016, down slightly from US\$553 million in 2015, though maintaining relatively high levels initiated in 2013.

As with DFID’s nutrition disbursements, commitments to nutrition-sensitive projects decreased in 2016, by almost a third (a decrease of US\$166 million or 31%), while commitments to nutrition-specific projects increased six-fold to reach a record US\$86 million (an increase of US\$73 million or 548%).

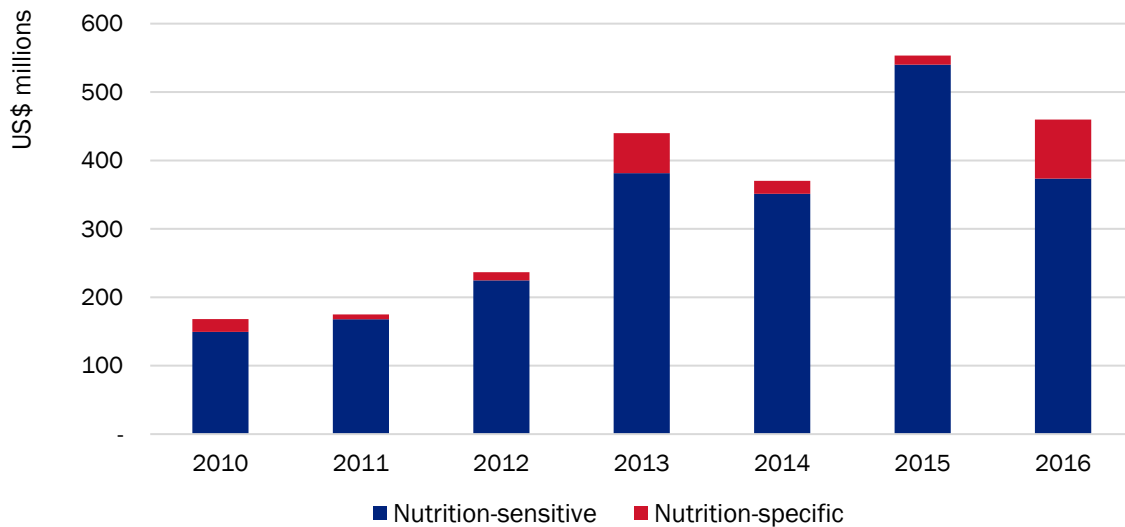
As a proportion of DFID’s total aid commitments, those towards nutrition equalled 9.91%, down marginally from the 9.94% in 2015. However, the proportion of total aid commitments directed towards *nutrition-specific* activities reached a peak of 1.9%, up from 0.2% the previous year.

The ratio of nutrition-sensitive to nutrition-specific commitments remains similar to DFID’s disbursements, with nutrition-sensitive commitments accounting for a majority 81% of DFID’s total nutrition-related commitments, versus nutrition-specific accounting for 19%.

Also mirroring DFID’s disbursements pattern, and in line with previous years, over half (55%) of DFID’s nutrition-sensitive commitments were to humanitarian interventions including emergency food aid and material relief in South Sudan, Mozambique and Yemen.

In total, DFID committed nutrition-related aid to a record 35 countries in 2016. South Sudan and Nigeria were allocated the greatest amounts, US\$92 million and US\$59 million respectively. Uganda, Mozambique, Ethiopia and Yemen were also allocated significant commitments, between US\$40 million and US\$20 million each.

**FIGURE 12. DFID committed a record proportion of aid to nutrition-specific projects in 2016**



DFID nutrition ODA commitments, 2010–2016.

Notes: Constant 2016 prices.

Source: Development Initiatives’ calculations based on DAC CRS data

## DFID's aid spending for nutrition and the Gender marker

DFID's investments, such as this analysis, require demonstration of a meaningful consideration of gender. 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".<sup>xiii</sup>

This marker is used by reporting organisations to signal the policy objectives of a project, specifically 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 2016:

- DFID screened 100% of its reported bilateral ODA commitments using the DAC gender equality policy marker.
- 60% of DFID's total commitments were marked relevant to gender equality – 51% were to 'significant' projects, 9% to 'principal' projects.
- Of DFID's nutrition-related commitments, 63% were marked as relevant to gender equality – 58% were 'significant' and 4% were 'principal'.
- A higher proportion of nutrition-specific commitments targeted gender equality objectives:
  - 82% of nutrition-specific commitments were marked as relevant, compared with 58% of nutrition-sensitive commitments
  - 76% of nutrition-specific commitments had gender equality as a 'significant' policy objective, versus 54% of nutrition-sensitive commitments
  - 7% of nutrition-specific commitments had gender equality as a 'principal policy objective', compared with 4% of nutrition-sensitive commitments.

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), and under which it is useful to see how much nutrition-sensitive ODA is captured. In 2016, US\$0.3 million of nutrition-sensitive commitments were captured under the 'women's equality organisations and institutions' purpose code. There were no nutrition-related commitments captured under the 'violence against women' code.

<sup>xiii</sup> <https://www.oecd.org/dac/gender-development/Handbook-OECD-DAC-Gender-Equality-Policy-Marker.pdf>

## Annex 1

### Nutrition ODA by recipient

**TABLE 1. DFID nutrition-related ODA by country and category, 2016, 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
Afghanistan		3.4	3.4		13.7	13.7
Bangladesh	0.2	1.0	1.2	6.1	14.6	20.7
Burundi		1.0	1.0		0.9	0.9
Central African Republic		4.8	4.8		6.4	6.4
Democratic Republic of the Congo	0.0	0.7	0.7	0.0	23.4	23.4
Ethiopia	0.0	28.2	28.2	6.3	54.0	60.3
Haiti		1.0	1.0		1.0	1.0
India	13.4	0.2	13.6	10.6	4.2	14.8
Jordan		0.0	0.0		2.4	2.4
Kenya	0.8	6.4	7.3	0.8	17.4	18.2
Lebanon		0.0	0.0		0.4	0.4
Lesotho		7.4	7.4		7.4	7.4
Liberia		0.1	0.1		0.0	0.0
Malawi		4.2	4.2		13.8	13.8
Mozambique	8.0	28.4	36.4	7.4	24.6	32.0
Myanmar		7.5	7.5		26.2	26.2
Nepal		2.3	2.3		6.7	6.7
Nigeria	41.9	17.0	58.9	48.9	22.0	70.9
Pakistan	2.1	1.9	4.0	2.0	48.4	50.4
Philippines		0.0	0.0		0.0	0.0
Rwanda		13.2	13.2		11.0	11.0
Saint Helena		5.8	5.8		8.0	8.0
Sierra Leone		9.4	9.4		8.9	8.9
Somalia	0.1	11.9	12.0	0.1	22.3	22.4
South Sudan	12.7	79.1	91.9	7.4	42.5	49.9
Sudan		1.2	1.2		17.2	17.2
Syria		0.0	0.0		45.0	45.0
Tajikistan		0.0	0.0		0.8	0.8
Tanzania	5.7	2.8	8.5	6.0	8.0	13.9
Turkey		0.0	0.0		0.5	0.5
Uganda	0.7	36.9	37.5	3.3	14.2	17.5
Vanuatu		0.0	0.0		0.3	0.3
Yemen		25.6	25.6		50.1	50.1
Zambia	0.1	2.6	2.6	7.0	3.7	10.7
Zimbabwe		0.3	0.3		54.4	54.4
<b>Africa, regional</b>		<b>1.0</b>	<b>1.0</b>		<b>6.5</b>	<b>6.5</b>
Bilateral, unspecified	0.5	29.8	30.4	5.7	58.8	64.5
Middle East, regional		0.0	0.0		0.8	0.8
South Asia, regional		2.0	2.0		2.4	2.4
South of Sahara, regional		36.5	36.5		50.4	50.4
<b>Total</b>	<b>86.2</b>	<b>373.6</b>	<b>459.8</b>	<b>111.5</b>	<b>693.1</b>	<b>804.6</b>

Source: Development Initiatives' calculations based on DAC CRS data



## Annex 2

### Nutrition-sensitive ODA by sector and purpose code

**TABLE 2. Nutrition-sensitive ODA by sector and purpose code, 2016, US\$ millions, ordered by sector and size of total disbursements**

DAC CRS sector and purpose code	Commitments (US\$ millions)	Disbursements (US\$ millions)
<b>Emergency Response</b>	<b>204.7</b>	<b>340.4</b>
Emergency food aid	146.9	164.6
Material relief assistance and services	50.8	162.1
Relief coordination; protection and support services	7.0	13.7
<b>Agriculture</b>	<b>35.8</b>	<b>84.9</b>
Agricultural development	8.2	50.0
Agricultural land resources	0.1	0.1
Agricultural policy & administrative management	5.3	5.1
Agricultural research	22.1	25.7
Agricultural services	0.0	3.8
Livestock	0.0	0.2
<b>Other Social Infrastructure &amp; Services</b>	<b>57.2</b>	<b>63.1</b>
Social/welfare services	57.2	63.1
<b>Population Policies/Programmes &amp; Reproductive Health</b>	<b>7.0</b>	<b>56.8</b>
Personnel development for population & reproductive health	0.0	2.8
Reproductive health care	7.0	54.0
STD control including HIV/AIDS	0.0	0.1
<b>Basic Health</b>	<b>10.6</b>	<b>30.2</b>
Basic health care	2.9	19.6
Health personnel development	0.1	0.5
Infectious disease control	0.5	0.4
Malaria control	7.1	9.4
Tuberculosis control	0.0	0.3
<b>Others</b>	<b>58.3</b>	<b>117.7</b>
<b>Total</b>	<b>373.6</b>	<b>693.1</b>

Source: Development Initiatives' calculations based on DAC CRS data  
See Annex 5 for a complete record of all CRS sectors and the disbursements therein.

## Annex 3

### SUN approach to identifying nutrition-sensitive projects

**Step 1:** select projects under a pre-determined set of CRS codes (TABLE 3.1) likely to contain projects relevant to nutrition and, additionally, projects under other codes selected through a keyword-matching exercise (TABLE 3.2).

**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 3.3).

**Step 3:** assess the degree of nutrition-sensitivity of the selected projects, classifying them as either ‘nutrition-sensitive dominant’ or ‘nutrition-sensitive partial’ (TABLE 3.4).

**TABLE 3.1. DAC CRS purpose codes used to identify nutrition-sensitive projects**

<p><b>Food security and agriculture</b></p> <p><i>Availability</i></p> <p>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 cooperatives            31310 Fishing policy and administrative management            31320 Fishery development            31381 Fishery education and training            43040 Rural development</p> <p><i>Accessibility</i></p> <p>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</p>	<p><b>Public health and water and sanitation</b></p> <p><i>Public health (including reproductive health)</i></p> <p>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</p> <p><i>Sanitation</i></p> <p>14030 Basic drinking water supply and sanitation            14032 Basic sanitation</p> <p><i>Drinking water</i></p> <p>14031 Basic drinking water supply</p> <p><b>Care environment</b></p> <p><i>Gender empowerment</i></p> <p>15170 Women’s equality organizations and institutions</p> <p><i>Other</i></p> <p>51010 General budget support</p>
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**TABLE 3.2. Keywords used to identify nutrition-sensitive projects**

afatoxin; 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; underweight; underweight; under-weight; vitamin; wasting; zinc

**TABLE 3.3. Examples of nutrition-sensitive outcomes**

**Nutrition-sensitive outcomes**

*A. Individual level (children or adolescent girls or women)*

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

*B. National level*

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

*C. Research*

Increased research with nutrition objectives

**TABLE 3.4. Project criteria as defined in the SUN methodology**

<b>Sensitivity</b>	<b>Criteria</b>	<b>Amount counted</b>
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

### Determining level of nutrition-sensitivity of projects: worked examples

#### Examples of a nutrition-sensitive project

Provincial Health and Nutrition Programme – DFID project code GB-1-202488

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 reduce the prevalence of wasting (severe and moderate) in children.
- Contributes to nutrition-sensitive outcomes: this project intends to improve access to multiple nutrition services.

So this project is classified as NUTRITION-SENSITIVE

#### Example of a discounted project

Improving Access and Equity to the Basic Package of Essential Health Services in Sierra Leone

– DFID project code GB-1-202722

This project does not meet all three of the criteria.

- Aimed at individuals: this project has no actions intending to improve nutrition for women or children.
- Significant nutrition objective or indicator: this project has no nutrition objectives or indicators.
- Contributes to nutrition-sensitive outcomes: this project does intend to improve access to primary health care, through improved utilisation of quality, effective, essential health services, especially by poor people.

So this project is classified as NOT NUTRITION-SENSITIVE

#### Example of a nutrition-sensitive dominant project

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

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

- This project meets all three of the criteria.

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

So this project is classified as NUTRITION-SENSITIVE DOMINANT

**Example of a nutrition-sensitive partial project**

Yemen Humanitarian Resilience Programme – DFID project code GB-1-203847

- This project meets all three of the criteria.

Not all of its actions contribute to nutrition-sensitive outcomes, such as: ‘Number of men and women provided with emergency shelter assistance’.

So this project is classified as NUTRITION-SENSITIVE PARTIAL

## Annex 5

# Distribution of potential nutrition-sensitive projects in DAC CRS

**TABLE 5.1. Origins of nutrition-sensitive projects**

Origin	Potential projects identified	Projects that qualified as nutrition-sensitive (%)
DAC CRS codes	369	46%
Keyword matches	106	53%

**TABLE 5.2. 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*
VIII.1. Emergency Response	1,651.0	340.4	20.6%	42.3%	2.9%
I.2.b. Basic Health	662.4	141.7	21.4%	17.6%	1.2%
III.1.a. Agriculture	382.3	84.9	22.2%	10.5%	0.7%
I.6. Other Social Infrastructure & Services	582.9	63.1	10.8%	7.8%	0.5%
I.3. Population Policies/Programmes & Reproductive Health	456.4	56.8	12.5%	7.1%	0.5%
I.2.a. Health, General	305.4	28.7	9.4%	3.6%	0.2%
IX. Unallocated / Unspecified	89.6	24.9	27.8%	3.1%	0.2%
VI.2. Developmental Food Aid/Food Security Assistance	47.8	22.1	46.2%	2.7%	0.2%
IV.1. General Environment Protection	430.2	13.2	3.1%	1.6%	0.1%
I.4. Water Supply & Sanitation	230.0	10.3	4.5%	1.3%	0.1%
I.1.b. Basic Education	615.0	7.3	1.2%	0.9%	0.1%
VIII.3. Disaster Prevention & Preparedness	74.6	5.8	7.8%	0.7%	0.05%
VIII.2. Reconstruction Relief & Rehabilitation	28.0	1.9	6.9%	0.2%	0.02%
IV.2. Other Multisector	1,137.0	1.9	0.2%	0.2%	0.02%
I.5.a. Government & Civil Society-general	948.0	1.1	0.1%	0.1%	0.01%
I.5.b. Conflict, Peace & Security	580.9	0.2	0.04%	0.03%	0.002%
I.1.c. Secondary Education	136.3	0.1	0.1%	0.01%	0.001%
II.5. Business & Other Services	121.2	0.1	0.1%	0.01%	0.001%
I.1.a. Education, Level Unspecified	403.1	0.1	0.02%	0.01%	0.001%
II.1. Transport & Storage	216.7	0.02	0.01%	0.003%	0.0002%
III.2.a. Industry	127.9	0.01	0.01%	0.001%	0.0001%
<b>Total*</b>	<b>11,668.7</b>	<b>804.6</b>			<b>6.9%</b>

DFID ODA nutrition-sensitive investments by DAC CRS code compared with total ODA recorded under that code, US\$ millions 2016 prices.

Source: Development Initiatives' calculations based on DAC CRS data

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

## Annex 6

### Nutrition-specific and nutrition-sensitive projects

**TABLE 6.1. Details of projects with both nutrition-specific and nutrition-sensitive components**

Project number	Project title	Classification
107402	Economic Empowerment of the Poorest	Nutrition-specific and nutrition-sensitive partial
114175	Chars Livelihoods Programme 2	Nutrition-specific and nutrition-sensitive partial
114506	Sector Wide Approach to Strengthening Health (SWASTH) in Bihar	Nutrition-specific and nutrition-sensitive partial
201448	Tackling the Neglected Crisis of Undernutrition	Nutrition-specific and nutrition-sensitive dominant
202637	Maternal and Newborn Child Health Zimbabwe	Nutrition-specific and nutrition-sensitive partial
202744	DFID India - Programme for Strengthening Evaluation	Nutrition-specific and nutrition-sensitive partial
202779	Medicines Transparency Alliance (MeTA)	Nutrition-specific and nutrition-sensitive partial
202890	Accelerating reductions in under nutrition in Ethiopia	Nutrition-specific and nutrition-sensitive dominant
203106	Growth in Rural Economy and Agriculture in Tajikistan	Nutrition-specific and nutrition-sensitive partial
203109	South Sudan Health Pooled Fund	Nutrition-specific and nutrition-sensitive partial
203224	Strategic Health and Nutrition Partnership	Nutrition-specific and nutrition-sensitive partial
203429	Zimbabwe Livelihoods and Food Security Programme	Nutrition-specific and nutrition-sensitive dominant
203603	Enhancing resilience in Karamoja Uganda	Nutrition-specific and nutrition-sensitive partial
203981	Linking Agribusiness and Nutrition in Mozambique	Nutrition-specific and nutrition-sensitive dominant
204019	South Sudan Humanitarian Programme (HARISS) 2014 - 2020	Nutrition-specific and nutrition-sensitive partial
204439	Providing Humanitarian Assistance in Sahel Emergencies (PHASE)	Nutrition-specific and nutrition-sensitive partial
204903	Somali Health and Nutrition Programme (SHINE) 2016-2021	Nutrition-specific and nutrition-sensitive partial
205122	Malawi Humanitarian Preparedness and Response Programme	Nutrition-specific and nutrition-sensitive partial
205161	Life Saving Humanitarian Support in Northeast Nigeria	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	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 3).



# Annex 7

## Project classification flowchart

