RESULTS FOR DEVELOPMENT

POLICY BRIEF

Tracking Funding for Nutrition: Improving how aid for nutrition is reported and monitored

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RESULTS FOR DEVELOPMENT
NOVEMBER 2016

Acknowledgments

This report builds upon the analysis done by Results for Development (R4D) in Chapter 8 of the World Bank publication *An Investment Framework for Nutrition: Reaching the Global Targets for Stunting, Anemia, Breastfeeding, and Wasting*, which documents work developed jointly between the World Bank, R4D, and 1,000 Days.

The authors would like to thank the Bill and Melinda Gates Foundation (BMGF) for supporting this study.

The authors are grateful to Nathaniel Heller and Jack Clift (R4D) for their guidance and support, and to Hilary Rogers (R4D) who provided some of the background research and data necessary for this work. We would also like to thank Sandra Mutuma (independent) for her edits and expert review of drafts of the report, and particularly for her contributions to the discussion of blanket and targeted feeding programs and tracking emergency versus non-emergency aid for nutrition.

Peer review comments were provided by Ellen Piwoz (BMGF), Nora Coghlan (BMGF), David Kim (BMGF consultant), and Aurore Gary (Action Against Hunger).

Carmel Steindam was responsible for graphic design, and Dana Armstrong (Last Pass Editing) contributed copy edits.

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Executive Summary

The Global Investment Framework for Nutrition estimates that it will cost an additional $70 billion to scale-up a core package of nutrition-specific interventions in order to achieve the World Health Assembly targets for nutrition by 2025. As aid for nutrition rises according to the proposed scale-up, it will become increasingly important to track Official Development Assistance (ODA) for nutrition, including commitments, disbursements and the extent to which investments are targeted to the highest-burden countries and the most cost-effective interventions. However, two broad challenges exist to track nutrition ODA using the Creditor Reporting System (CRS) of the Organisation for Economic Co-operation and Development (OECD):

1. The purpose code for basic nutrition (12240), which is often used as a proxy for nutrition-specific investments, is not well-aligned with *The Lancet* definition of nutrition-specific investments; and

2. There is currently no systematic way to track nutrition-sensitive investments.

In this policy brief, we unpack these challenges and outline two main recommendations to address these issues. **First**, we recommend better aligning the basic nutrition purpose code with the widely accepted definition of nutrition-specific interventions from *The Lancet*. This involves removing school feeding and household food security from the definition of the basic nutrition code and transferring them to other existing purpose codes; adjusting the basic nutrition code to only include targeted feeding programs to better align with *The Lancet* definition of nutrition-specific; and adding food fortification and supporting investments in policy development, capacity building, research, and implementation science for nutrition-specific initiatives to the definition of the basic nutrition code. We propose revising the definition of the basic nutrition code to the following:

> *"Provision of iron-folic acid, calcium, multiple micronutrient and balanced energy protein supplementation to pregnant and lactating women; provision of vitamin A, zinc and multiple micronutrient supplementation to children; promotion of infant and young child feeding practices including exclusive breastfeeding; provision of complementary feeding to target groups; non-emergency management of acute malnutrition and other targeted feeding programs; staple food fortification/biofortification including salt iodization; monitoring of nutritional status; policy development, monitoring & evaluation, capacity-building, and research in support of the science and implementation of aforementioned interventions."*

Second, we recommend instating a nutrition policy marker to track all nutrition investments across sectors. Because nutrition is a cross-cutting global health and development theme, it is critical to account for its multi-sectoral nature by monitoring *nutrition-sensitive* investments. The Scaling Up Nutrition (SUN) Donor Network has demonstrated a strong interest in reporting this information and has developed a methodology to do so. However, the process is time- and resource-intensive and not necessarily standardized across donors, indicating a need to systematically track this information through the CRS.

Using a policy marker would involve the following steps: 1) assess whether the investment meets the nutrition-specific criteria, as defined by *The Lancet*, or the nutrition-sensitive inclusion criteria as defined by the SUN Donor Network, 2) if the investment is related to nutrition, assign it a score of 2 if its principal objective is to improve nutrition, and a score of 1 if the policy objectives are significant, but not principal, to nutrition. This is aligned with the standard policy marker system of the CRS. The nutrition policy marker system would allow researchers to filter through projects that meet the SUN Donor Network definition of nutrition-sensitive, and track the upper bound of investments. The full amount of project investments can be tracked over time, meaning no percentage allocation, or weight, is applied.

If these recommendations are implemented, they will help fill a gap in access to nutrition financing data that will improve transparency, accountability, and, ultimately, timely planning and priority-setting for nutrition.

Introduction

Undernutrition is a pervasive problem globally. Currently, 156 million children are stunted, meaning they suffer from chronic undernutrition and impaired linear growth [1]. In contrast, good nutrition builds human capital and economic prosperity, and improves health outcomes [2-4]. *The Lancet Series on Maternal and Child Nutrition* (2008 and 2013) synthesizes a large body of evidence on how to intervene with high-impact, cost-effective, nutrition-specific interventions [5], and outlines nutrition-sensitive programs and sectors that are needed to address the underlying causes of undernutrition (see **Box 1** for definitions of nutrition-specific and nutrition-sensitive interventions) [6]. While previous work has been done to estimate the cost of scaling up nutrition interventions [5,7] and to track funding for nutrition [8-14], there was a gap in the literature to link cost estimates with impact expected through global scale-up, and to link cost estimates with current and future financing needs. This information is critical — understanding the cost and financing needs to scale-up nutrition interventions is important for priority-setting, planning and building an investment case for nutrition. Nutrition interventions are among the most cost-effective global health interventions [15], and having cost and financing information can help support the prioritization of nutrition among other competing global health and development priorities.

In 2012, the World Health Assembly (WHA) endorsed six nutrition targets to be achieved by 2025, and in 2015, the targets for stunting and wasting were adopted under the Sustainable Development Goal framework. Results for Development (R4D), in partnership with the World Bank and 1,000 Days, analyzed the costs and financing needs required to achieve these targets. The World Bank estimated that it would cost an additional $70 billion over the next 10 years to achieve the WHA targets for stunting, anemia and exclusive breastfeeding, and to treat severe acute malnutrition [16]. This $70 billion investment, which is in addition to current contributions, is needed to rapidly scale-up a package of evidence-based, high-impact nutrition-specific interventions. Alongside this scale-up of nutrition-specific interventions, achieving the WHA targets would also require improvements in the underlying determinants of undernutrition through nutrition-sensitive programs in sectors such as water, sanitation and hygiene (WASH), agriculture and education. A strong enabling environment is necessary to support and leverage the impact of nutrition-specific programs on improving nutrition outcomes.

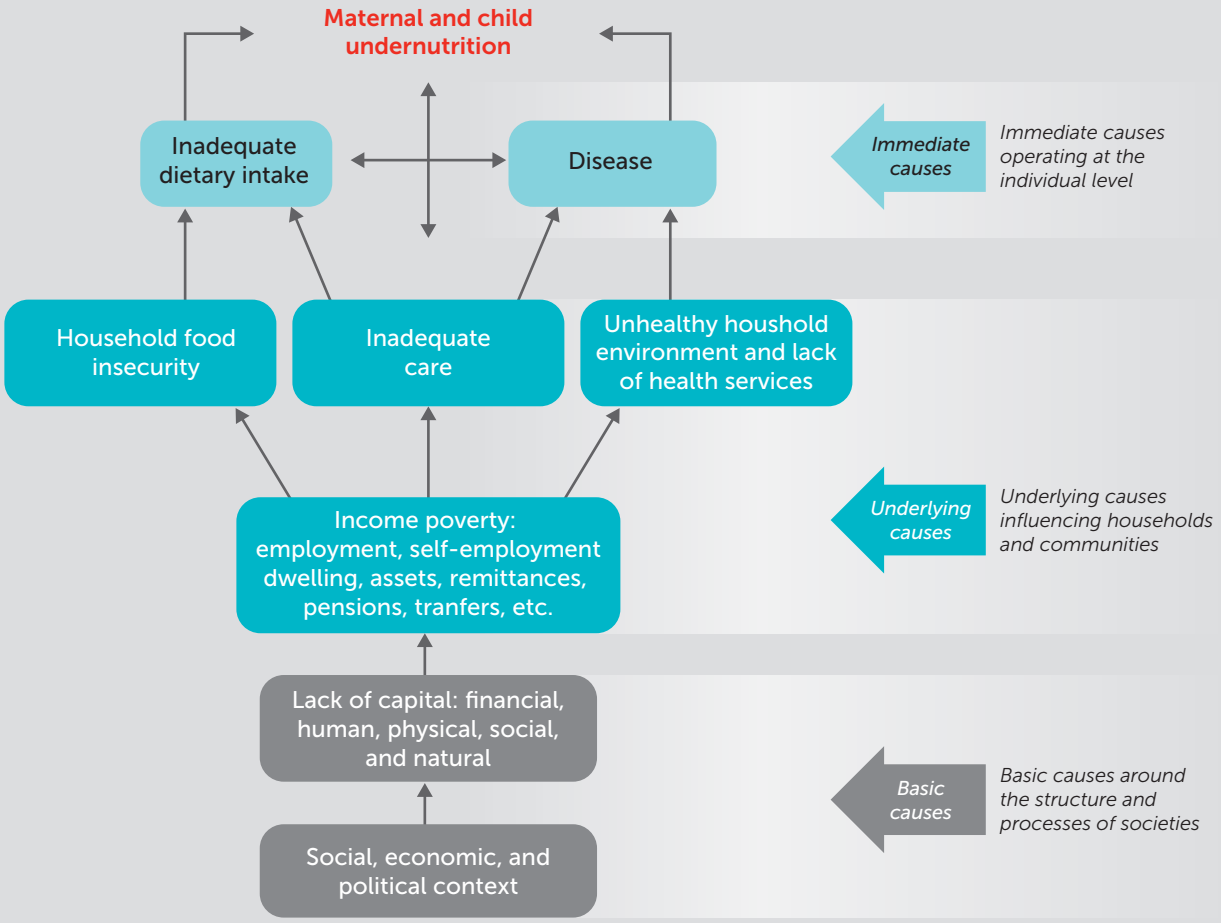
R4D developed a series of future financing scenarios through which the resource gap can be closed through coordinated effort between donors, governments and new innovative financing mechanisms for nutrition [17]. The increased financing need among all sources is substantial – scaling up all nutrition-specific interventions would require a **4.5-fold** increase in total donor contributions by 2021 through Official Development Assistance (ODA), when donor contributions start to taper, and a **3.5-fold** increase in total government contributions by 2025, based on the Global Solidarity model [17]. This is a large increase in ODA for nutrition and represents **an additional $25.6 billion, on top of projected baseline spending**, over the next 10 years (**Figure 1**). As ODA for nutrition grows to support the scale-up of life-saving interventions to achieve the global nutrition

As ODA for nutrition grows to support the scale-up of life-saving interventions to achieve the global nutrition goals, it will be increasingly important to be able to monitor and track these resources in a transparent, timely, and replicable manner.

BOX 1: *The Lancet* definitions of nutrition interventions, as mapped to the UNICEF conceptual framework for undernutrition

Nutrition-specific: Interventions and programs that address the immediate determinants of fetal and child nutrition and development: adequate food and nutrient intake, feeding, caregiving and parenting practices, and low burden of infectious diseases.[a]

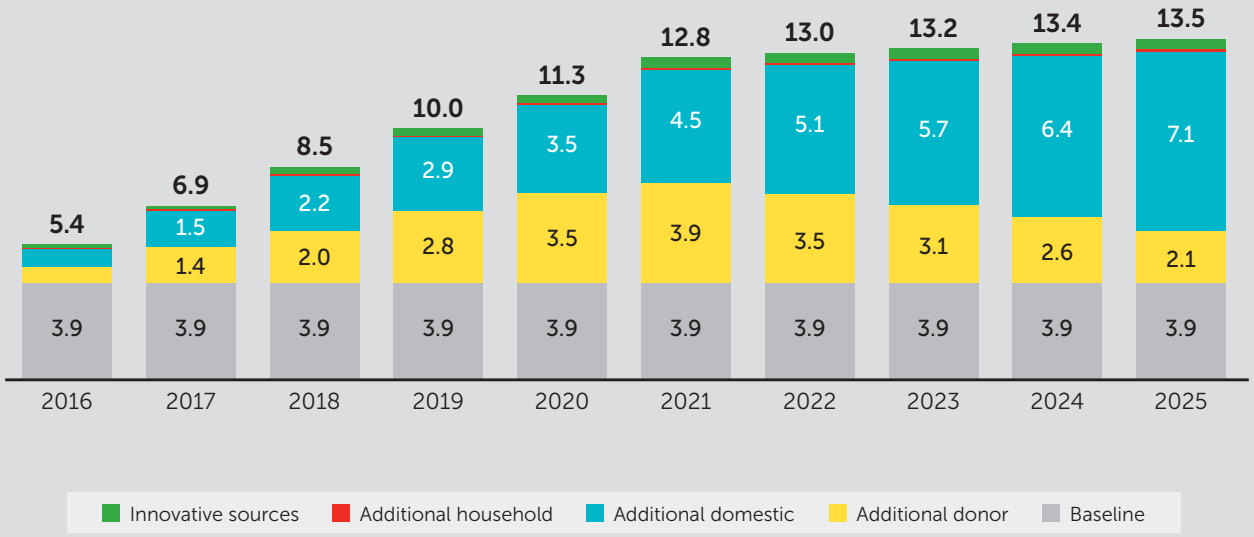
Nutrition-sensitive: Interventions or programs that address the underlying determinants of fetal and child nutrition and development — food security; adequate caregiving resources at the maternal, household and community levels; and access to health services and a safe and hygienic environment — and incorporate specific nutrition goals and actions.[a] Nutrition-sensitive programs can serve as delivery platforms for nutrition-specific interventions, potentially increasing their scale, coverage and effectiveness.



Sources: (a) Executive Summary of The Lancet Maternal and Child Nutrition Series. (2013). Retrieved from http://www.thelancet.com/pb/assets/raw/Lancet/stories/series/nutrition-eng.pdf

(b) UNICEF. (2008). UNICEF Conceptual Framework. Retrieved from UNICEF: http://www.unicef.org/nutrition/training/2.5/4.html

FIGURE 1: The Global Solidarity Financing Scenario — Mobilizing the $70 Billion Required for Scale-Up to Achieve the WHA Targets (USD, billions).



Source: The World Bank. (2016). *An Investment Framework for Nutrition: Reaching the Global Targets for Stunting, Anemia, Breastfeeding, and Wasting.* Retrieved from http://documents.worldbank.org/curated/en/758331475269503930/main-report

goals, it will be increasingly important to be able to monitor and track these resources in a transparent, timely, and replicable manner.

To estimate current donor funding for nutrition as part of the wider work on the global Investment Framework for Nutrition [16], R4D compiled data on ODA for nutrition from the Creditor Reporting System (CRS) of the Organisation for Economic Co-operation and Development (OECD). In order to identify investments directed towards nutrition-specific interventions, R4D researchers undertook a labor-intensive process of qualitative, project-by-project analysis of the CRS purpose code for basic nutrition (12240) in order to identify the investments that were aligned with *The Lancet* definitions and the costed package of interventions.[i] In addition, a rapid keyword search assessment of 15 additional purpose codes in the health and emergency response sectors was conducted to identify where nutrition-specific investments might be reported elsewhere, based on previous reporting that indicated this would be the case [9].

Because this labor-intensive process took almost a year to conduct, it represents an important barrier for routinized tracking of nutrition investments. In turn, the difficulty of routinized tracking of nutrition investments is an obstacle to several tasks: monitoring donors' progress towards their nutrition commitments, improving coordination among the donor community, assessing the allocative efficiency of nutrition investments, and determining whether resources are appropriately targeted to the highest-burden geographies and most cost-effective interventions [8,9].

Based on R4D's experience tracking ODA for nutrition through the CRS, which builds on work conducted by ACF International [8,9] and Development Initiatives

[i] Data for 2013 basic nutrition disbursements was used as it was the most recent data at the time of analysis.

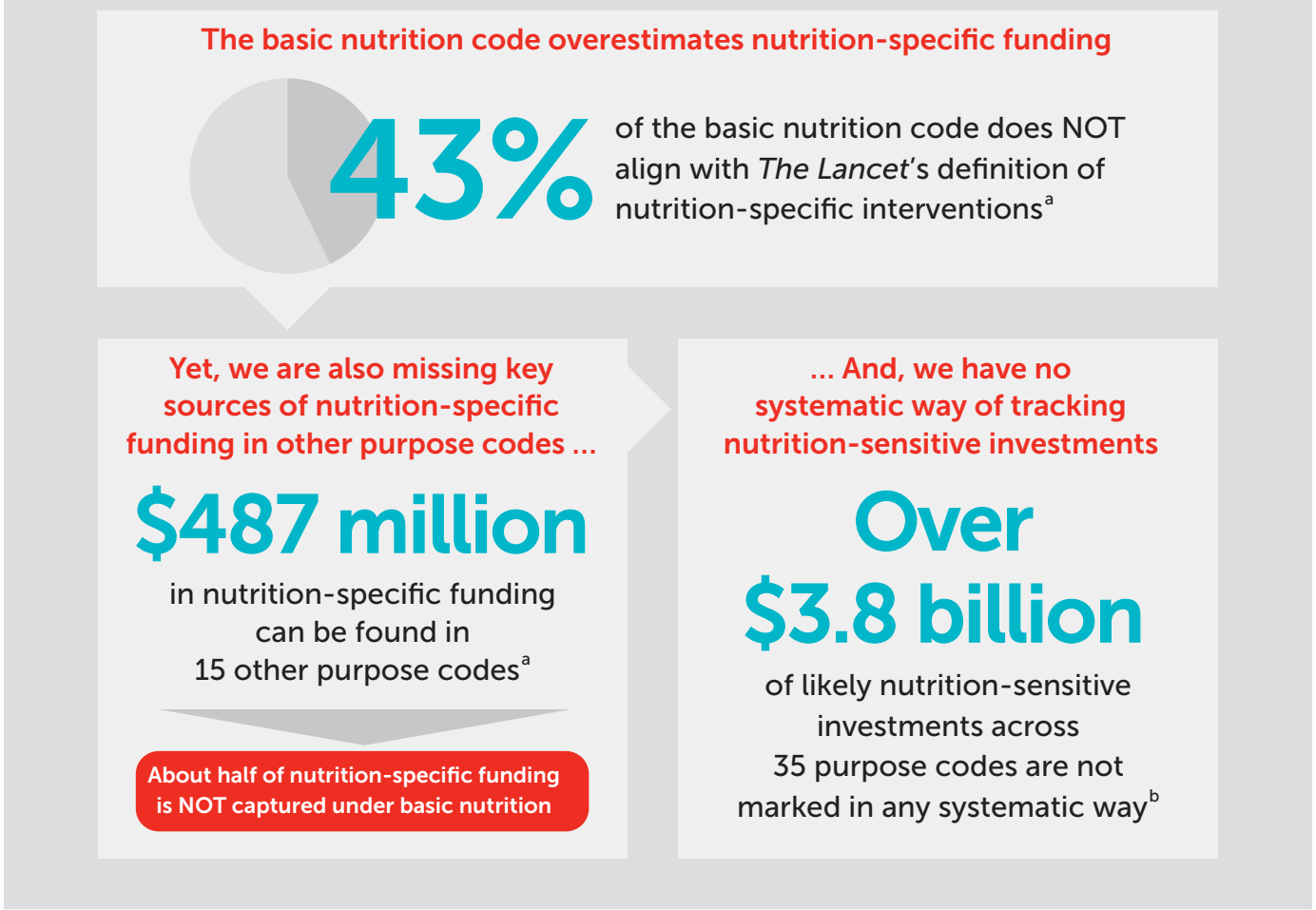
[10], two major challenges to tracking nutrition ODA have been identified:

1. The purpose code for basic nutrition (12240), which is often used as a proxy for *nutrition-specific* investments, could be better aligned with The Lancet definition of nutrition-specific investments [6].
2. There is currently no systematic way to track *nutrition-sensitive* investments.

Each of these two challenges is explained in further detail below, and also illustrated in **Figure 2**.

The purpose of this policy note is to document the challenges that currently exist to accurately and efficiently track aid for nutrition, and to outline recommendations for how ODA for nutrition can be tracked in the future.

FIGURE 2: The main challenges to routinely tracking aid for nutrition.



Sources: (a) Shekar M, Kakietek J, Eberwein JD, Walters D, et al. *An Investment Framework for Nutrition: Reaching the Global Targets for Stunting, Anemia, Breastfeeding, and Wasting*. Washington, DC: The World Bank; 2016. Note that this 43% figure includes deworming.

(b) The Global Nutrition Report 2016 (http://globalnutritionreport.org/the-report/) reports that 11 donors disbursed approximately $5 billion to nutrition-sensitive programs in 2014. However, this number was derived through different methodologies across donors. In order to ensure consistency across donors, the authors used their own keyword search to estimate total nutrition-sensitive investments across all donors in 2014 ODA based off the SUN Donor Network's recommended keywords and purpose codes (described in the Expected Outputs section of this report). This analysis was meant to be illustrative and has not been validated. The search revealed that at least $4.8 billion was invested in all nutrition activities across 35 purpose codes and 11 sectors. Within this $4.8 billion total, we estimate that approximately $1 billion was spent on nutrition-specific interventions, and $3.8 billion was spent on nutrition-sensitive interventions.

Unpacking the Two Major Challenges to Tracking Aid for Nutrition

1. *The purpose code for basic nutrition (12240), which is often used as a proxy for nutrition-specific investments, is not well aligned with* The Lancet *definition of nutrition-specific investments [5,8,9].*

Currently, the basic nutrition code is defined as:

> *"Direct feeding programmes (maternal feeding, breastfeeding and weaning foods, child feeding, school feeding); determination of micro-nutrient deficiencies; provision of vitamin A, iodine, iron etc.; monitoring of nutritional status; nutrition and food hygiene education; household food security."*

The Lancet Series on Maternal and Child Nutrition 2013 outlines an evidence-based package of nutrition-specific interventions that improve nutrition outcomes throughout the life cycle, and is commonly used as the "gold standard" by researchers in the nutrition space [5]. The existing purpose code for basic nutrition (12240) includes most of these recommended interventions, but it also includes nutrition-sensitive interventions. **Table 1** compares the interventions that are included in the basic nutrition code and *The Lancet* package of nutrition-specific interventions.

TABLE 1: Comparison of nutrition investments included in *The Lancet Series on Maternal and Child Nutrition* 2013 versus the basic nutrition purpose code

Target group	Intervention	Included in the "basic nutrition" definition	*The Lancet* nutrition-specific interventions
Women of reproductive ages and pregnant women	Iron and folic acid supplementation	✓	✓
	Multiple micronutrient supplementation	✓	✓
	Calcium supplementation	✓	✓
	Balanced energy supplementation	✓	✓
Infants and children	Exclusive breastfeeding promotion	✓	✓
	Complementary feeding education	✓	✓
	Provision of complementary foods	✓	✓
	Vitamin A supplementation	✓	✓
	Preventative zinc supplementation	✓	✓
	Management of acute malnutrition[a]	✗	✓
School-aged children	School feeding	✓	✗
Households/general population	Household food security	✓	✗
	Monitoring of nutritional status[b]	✓	✗
	Staple food fortification with vitamin A, iron, folic acid and iodine[c]	✗	✓

Notes: (a) Management of acute malnutrition is not explicitly included in the definition of the basic nutrition code, but could be considered under "direct feeding programmes." Management of acute malnutrition, when not part of an emergency response as defined for emergency purpose codes in the CRS, should continue to be coded under basic nutrition.

(b) While monitoring of nutritional status is not a nutrition-specific intervention, as defined by *The Lancet*, it is an important operational investment to help support these interventions and has reason to remain in the basic nutrition code.

(c) Food fortification can be categorized as nutrition-specific based on updated systematic review by Keats and Bhutta, 2016 [18].

For the purposes of this brief, we assumed "food hygiene education," as included in the basic nutrition code, falls under "complementary feeding education" as an important component of optimal infant and young child feeding counseling and education.

Table 1 illustrates the following discrepancies:

- School feeding, household food security, and monitoring of nutritional status are not included within *The Lancet* package of nutrition-specific interventions, but are included in the basic nutrition code.
- Management of acute malnutrition is not *explicitly* included in the basic nutrition code, although it can be considered under "direct feeding programmes." We found that 15% of all basic nutrition funding goes to interventions that address acute malnutrition such as through community management of acute malnutrition [17]. This inclusion in the basic nutrition code is appropriate, though, since this is a large investment in nutrition-specific interventions.
- Food fortification is not explicitly included in the basic nutrition code. Evidence exists to support salt iodization, and emerging evidence exists to support food fortification with vitamin A, zinc, iron and folic acid as nutrition-specific interventions [18]. Biofortification is also a commonly funded intervention with the objective to improve nutrition outcomes.

The inclusion of school feeding programs in the basic nutrition code is a notable discrepancy with *The Lancet* package, with implications of overestimating investments in nutrition-specific interventions. Based on a rapid keyword search of the basic nutrition code, roughly 20% of disbursements to basic nutrition in 2013, and 16% of disbursements in 2014, are investments in school feeding programs, which would lead to a significant overestimation of nutrition-specific funding.

For the other two interventions — monitoring of nutritional status and household food security — the choice on whether to include or exclude these interventions from the basic nutrition definition is not as clear-cut. Though monitoring of nutritional status is not explicitly included in *The Lancet* package, it is important for operations and research to support the implementation of nutrition-specific interventions, and in practice is closely interlinked with the scale-up of *The Lancet* package. It therefore has reason to remain within the definition of the basic nutrition purpose code.

Meanwhile, "household food security" could refer to a broad range of interventions, including training smallholder farmers on sustainable agriculture techniques, linking smallholder farmers to markets, and poverty reduction. Its inclusion in the definition of the basic nutrition code allows a variety of programs to be classified under basic nutrition, none of which are the nutrition-specific programs in *The Lancet* package. Of the household food security programs found in the basic nutrition code in 2013, 49% were coupled with nutrition-specific interventions, such as vitamin A supplementation and provision of complementary foods. The remainder (i.e., household food security programs in 2013 that were not coupled with nutrition-specific interventions) accounted for around 10% of total basic nutrition investments in 2013. In turn, this leads to an approximate 10% overestimate of nutrition-specific investments, as indicated by the basic nutrition code.

It is also important to clarify the meaning of direct feeding programs. In practice, there are two types of feeding programs: targeted feeding to at-risk groups and blanket feeding for the general population (see **Box 2** for definitions). Targeted feeding programs are generally considered *nutrition-specific*, while blanket feeding programs could be considered *nutrition-sensitive*. The current definition of the basic nutrition code does include some specification of which feeding programs should be included (i.e., maternal feeding, breastfeeding and weaning foods, child feeding, and school feeding). However, greater clarity is needed to ensure that the basic nutrition code only includes *nutrition-specific* targeted feeding programs, and not *nutrition-sensitive* blanket feeding programs that likely belong under the emergency response or food aid codes.

A number of high-impact interventions are coded under basic nutrition in practice, but are not yet formally included in the definition of basic nutrition. These include food fortification, non-emergency management of acute malnutrition, and nutrition-related policy, capacity-building, and research. Within the 2013 disbursements to basic nutrition, 15% went to nutrition-related policy development, capacity-

BOX 2: Targeted versus blanket feeding programs as nutrition-specific and nutrition-sensitive programs

Blanket feeding is defined as feeding of all persons or households in an affected population without targeting specific individuals or subgroups.[a] These are nutrition programs that provide food supplements to all members of specified at-risk groups, regardless of nutritional status or whether they have moderate acute malnutrition.[a,b] Blanket supplementary feeding programs are usually implemented in combination with a general food distribution. They primarily aim to prevent deterioration in the nutritional status of at-risk groups.

Blanket feeding is typically considered food aid, and is a nutrition-sensitive intervention rather than a nutrition-specific intervention (mainly because it does not target the 1,000-day window).

Targeted or selective feeding, by contrast, includes provision of foods to at-risk groups such as children known to be malnourished (i.e., have acute malnutrition), or beneficiaries within the 1,000-day period (i.e., children under age two, pregnant and lactating women).[c] When targeting populations with moderate or severe malnutrition, this involves identification by weight-for-height, body mass index (BMI), mid-upper arm circumference, or clinical signs.

Due to its targeted nature, targeted feeding programs are considered to be nutrition-specific.

Sources: (a) Retrieved from www.vitaminsinmotion.com
(b) ENN Briefing Note. (2013). Retrieved from www.ennonline.net/resources
(c) UNSCN. Retrieved from www.unscn.org

building, and research, 15% went to non-emergency management of acute malnutrition, and 3% went to food fortification – totaling 33% of the basic nutrition code that is not yet formally encompassed by the current definition.

Furthermore, not all nutrition-specific investments are captured within the basic nutrition purpose code, thereby making it an imperfect proxy for total nutrition-specific investments [8-10]. Our analysis of 15 purpose codes in the health and emergency response sectors found that in 2014, $487 million of nutrition-specific investments were captured under purpose codes outside of the basic nutrition code [17]. This represents approximately half of all nutrition-specific investments (about $1 billion), and is therefore a major component of nutrition ODA that is not currently captured under the basic nutrition purpose code. **Annex Table A.1** provides a description of the nutrition investments which were found under the purpose codes outside of basic nutrition.

2. There is currently no systematic way to track nutrition-sensitive investments in WASH, agriculture, education, and other sectors, which are critical to address the underlying causes of undernutrition.

Nutritional status is greatly impacted by nutrition-sensitive investments, which help address the underlying causes of undernutrition and therefore leverage the impact of nutrition-specific programs on improving nutrition outcomes. Examples of nutrition-sensitive investments might include agriculture programs with a component for improving the availability and affordability of nutritious foods in markets, or a school feeding program with an indicator for ensuring that the meals served are nutritious and part of a diverse diet [6,19].

Under the current structure of the CRS database, it is not possible to systematically analyze which investments are nutrition-sensitive. Nutrition-sensitive investments are embedded under the purpose codes for their respective sector (i.e., education, WASH and agriculture), but there is no way to indicate that these

projects have nutrition components or indicators that would make them nutrition-sensitive.

As a result, the nutrition community is currently unable to comprehensively track the extent to which ODA for sectors outside of health contribute to addressing the underlying causes of undernutrition. This is an important data gap, since a key priority of the nutrition community in recent years has been to better understand and track the contribution of nutrition-sensitive investments.

In an effort to fill this gap, the SUN Donor Network developed a methodology for donors to track nutrition-sensitive investments [20]. The 2015 and 2016 Global Nutrition Reports report donor disbursements to nutrition-sensitive programs using this method [21,22]. However, because the data that is reported is all categorized as "nutrition-sensitive," it is not possible to identify the amount of funding channeled through various sectors. Furthermore, because the methodology requires retrospective project-level screening, donors have indicated that the process is time-consuming and resource-intensive (which makes routinized reporting less likely), and in practice, is not standardized across donors [23]. For example, the United States Government has adapted the methodology to reduce the level of effort required to generate disbursement data. The Global Nutrition Report points out the importance of standardizing the methodology on how donors count nutrition-sensitive investments, since differences in the methodology can lead to very different end results [24]. This is critical when comparing investments across donors. However, a time- and resource-intensive process for calculating these investments is not ideal.

Recommendations

We recommend the following technical adjustments to how ODA for nutrition is tracked through the CRS:

1. *Adjust the definition of the basic nutrition purpose code (12240) to better align with* The Lancet *definition of nutrition-specific investments.*

As was previously mentioned, *The Lancet* definition is widely used among researchers in the nutrition space. Aligning the CRS nutrition code with this definition, while allowing for supporting interventions such as monitoring of nutrition status, would make the basic nutrition code a better proxy for nutrition-specific investments, and make data collection for nutrition financing analyses significantly less time-consuming.

2. *Create a nutrition policy marker to track nutrition investments across sectors.*

With a nutrition policy marker, researchers can identify all projects within health, education, WASH, agriculture and emergency response codes that are related to nutrition without resorting to a less accurate keyword search and more time-consuming retrospective project-by-project analysis. A policy marker can assist in identifying nutrition investments outside of the basic nutrition code that either have a primary or secondary objective to improve nutrition. Due to the cross-sectoral nature of nutrition, a policy marker might be the only option that would generate accurate information on multi-sectoral nutrition funding in a timely basis.[ii]

[ii] Another option could include instating a new purpose code for multi-sectoral nutrition investments. However, this would artificially reduce investments in primary sector codes if investments are transferred to this new code. It would also require a method to quantify nutrition-sensitive investments which has proved to be challenging for those working in this field and, as such, often includes using an arbitrary percentage allocation taken from a total program, which could introduce an element of error with limited gain. On top of this, we would lose information on which sectors are involved. For these reasons, this option was not preferred over a nutrition policy marker. A policy marker would allow researchers to track full, non-adjusted investments within all sectors.

Recommendation 1:

Better align the basic nutrition purpose code with nutrition-specific interventions

Our recommendation is to better align the basic nutrition purpose code (12240) with the widely accepted definition of nutrition-specific investments from *The Lancet*, which currently consists of high-impact, nutrition-specific interventions with a strong evidence base (outlined in **Table 1**) [5]. This involves a revision of the definition of the basic nutrition code to the following:

> *"Provision of iron-folic acid, calcium, multiple micronutrient, and balanced energy protein supplementation to pregnant and lactating women; provision of vitamin A, zinc, and multiple micronutrient supplementation to children; promotion of infant and young child feeding practices including exclusive breastfeeding; provision of complementary feeding to target groups; non-emergency management of acute malnutrition and other targeted feeding programs; staple food fortification/biofortification including salt iodization; monitoring of nutritional status; policy development, monitoring & evaluation, capacity-building, and research in support of the science and implementation of aforementioned interventions."*

This alignment would involve adjustments to the definition of the basic nutrition purpose code as outlined below.

A. Remove household food security from the basic nutrition code and transfer it to relevant existing purpose codes, such as 52010 or 31191, as appropriate

As described above, "household food security" could refer to various types of interventions, and the most common types of programs currently included in the basic nutrition code seem to be related more to agriculture and poverty reduction rather than nutrition. In order to keep the basic nutrition code aligned with nutrition-specific investments and avoid overestimation, we recommend removing household food security from the basic nutrition definition, and moving these investments to existing purpose codes such as 52010 (food aid and food security[iii]) or 31191 (agricultural services[iv]). A rapid assessment of these codes indicates that at least 7% of disbursements under 52010 and at least 10% under 31191 are already for projects that address household food security.[v] Given the diversity of household food security programs, donors will have to evaluate these programs on a case-by-case basis to determine which purpose code is most appropriate for them.

B. Remove school feeding from the basic nutrition code and transfer it to the education purpose codes

As described above, school feeding programs are not considered nutrition-specific under *The Lancet* definition. Though there is a strong evidence base that school feeding can incentivize school attendance and reduce absenteeism, the evidence is much more limited for improving nutritional outcomes. School feeding can potentially improve health and nutritional status, but only if the school meals are sufficiently diversified and fortified to provide the appropriate micronutrients [6,25]. However, a World Food

[iii] The definition of the food aid and food security purpose code (52010) is: "Supply of edible human food under national or international programmes including transport costs; cash payments made for food supplies; project food aid and food aid for market sales when benefiting sector not specified; excluding emergency food aid."

[iv] The definition of the agricultural services purpose code (31191) is: "Marketing policies & organisation; storage and transportation, creation of strategic reserves." Investments currently included in this code include projects such as linking smallholder farmers to markets and frequently mention food security within project descriptions.

[v] This is a rough estimate based on a keyword search for "household" in the long project description of the food aid and food security (52010) and agricultural services (31191) purpose codes.

Programme survey of 30 school feeding programs in low- and lower-middle-income countries found that in practice, nutrition was almost never the primary rationale for a school feeding program, and it was typically framed as an education or social protection program instead [25]. Additionally, school feeding usually targets children over 5 years old, who are beyond the optimal 1,000-day window. As a result, school feeding is generally considered a nutrition-sensitive intervention by the nutrition community [19], and its inclusion in the basic nutrition code results in an overestimate of investments in high-impact, nutrition-specific interventions known to improve nutritional outcomes.

We performed a keyword search[vi] for school feeding activities in the basic nutrition code (12240) and among 11 purpose codes within the education umbrella code (110) (purpose codes are defined in **Annex Table A.2**).The results of this keyword search, as shown in **Table 2**, indicate that in 2013 and 2014, approximately $190 million (20% of the total basic nutrition disbursement) and $151 million (16% of the total basic nutrition disbursement) were disbursed to school feeding programs coded under basic nutrition, respectively. We also found that school feeding programs are not only captured under basic nutrition, but are also coded under education purpose codes.

The United States is by far the largest donor for school feeding programs, disbursing $158 million and $116 million to school feeding programs under basic nutrition in 2013 and 2014, respectively. School feeding disbursements accounted for 59% of the United States' basic nutrition disbursements in 2013, and 52% in 2014. The United States also stands out because it consistently codes school feeding programs under basic nutrition. Most other donors coded school feeding programs under a mix of purpose codes, including basic nutrition and various codes in the education sector (these codes are outlined below).[vii] **Table 2** shows that a substantial amount of investments for school feeding is coded within education purpose codes —$58 million in 2013 and $57 million in 2014.

In 2013, excluding the United States, 65% of all disbursements to school feeding were coded under education, with the remainder coded under basic nutrition.[viii] Similarly, in 2014, excluding the United States, 62% of all disbursements to school feeding were coded under education.[ix] Despite the inclusion of school feeding in the current definition of the basic nutrition code, this indicates that donors other than the U.S. often use education codes when reporting school feeding disbursements (sometimes even more often than they use the basic nutrition code).

Correcting for this overestimation of nutrition-specific investments would require a labor-intensive and time-consuming process of qualitative, project-by-project analysis in the basic nutrition code. We therefore recommend moving school feeding into the definition of education codes, where school feeding is frequently coded in practice.[x]

In order to assess which purpose code(s) within education should include school feeding in the future, we looked at the frequency at which the codes are currently being used (**Table 3**). The specific purpose code that school feeding should fall under within education may depend on the targeted educational stage of students. Under education, the code for primary education (11220) is currently used most frequently to report school feeding programs. The priority should therefore be redefining the primary education code to include school feeding, although in principle school feeding programs should be coded according to their target beneficiaries (and not necessarily to primary education if that is not the main target population).

[vi] Keywords used: feeding, feed, meal, aliment, comida, school, école, escuela, escolar, nutrition, nourrir, nutrición.

[vii] School feeding interventions reported under education codes are generally part of broader education packages.

[viii] As a percentage of the total number of projects, this translates to 61%.

[ix] As a percentage of the total number of projects, this translates to 43%.

[x] Some advocates have suggested keeping school feeding projects with targeted nutrition components under basic nutrition and moving the rest to education codes, but we consider this to be an impractical solution because it would require those reporting to the CRS to have a high level of nutrition expertise and be able to distinguish between nutrition-specific and -sensitive components of school feeding.

TABLE 2: Development Assistance Committee (DAC) donor disbursements to school feeding programs in 2013 and 2014 within the basic nutrition code (12240) and education codes (all purpose codes within 110)

Year	DAC Donor[xi]	12240: Basic nutrition				110: Education, Total		Combined	
		Project count	Project count as % of donor's total projects in basic nutrition	Disbursement (USD millions)[xii]	Disbursement as % of donor's total disbursement to basic nutrition	Project count	Disbursement (USD millions)[xii, xiii]	Project count	Disbursement (USD millions)
2013	Australia	0	0%	-	0%	6	19.0	6	19.0
	Canada	15	9%	26.4	16%	17	28.3	32	54.8
	Denmark	0	0%	-	0%	1	9.6	1	9.6
	EU Institutions	1	4%	1.0	2%	0	-	1	1.0
	Finland	3	43%	0.2	63%	0	-	3	0.2
	Germany	1	8%	0.9	2%	0	-	1	0.9
	Italy	0	0%	-	0%	0	-	0	-
	Japan	2	10%	0.1	0%	1	0.1	3	0.2
	Korea	0	0%	-	0%	2	0.2	2	0.2
	Netherlands	1	17%	2.4	12%	0	-	1	2.4
	Norway	0	0%	-	0%	0	-	0	-
	Slovak Republic	0	0%	-	0%	1	<0.1	1	<0.1
	Spain	4	7%	<0.1	2%	11	0.2	15	0.2
	United Kingdom	0	0%	-	0%	3	0.5	3	0.5
	United States	53	22%	158.5	59%	0	-	53	158.5
	2013 Total[xiv]	**80**	**6%**	**189.5**	**20%**	**42**	**57.9**	**122**	**247.4**
2014	Australia	1	14%	2.7	28%	5	23.6	6	26.3
	Canada	17	10%	26.8	17%	18	26.9	35	53.7
	Denmark	0	0%	-	0%	0	-	0	-
	EU Institutions	1	2%	1.0	1%	0	-	1	1.0
	Finland	1	17%	<0.1	8%	1	<0.1	2	<0.1
	Germany	1	4%	1.5	3%	0	-	1	1.5
	Italy	3	30%	<0.1	3%	0	-	3	0.1
	Japan	0	0%	-	0%	0	-	0	-
	Korea	0	0%	-	0%	1	0.1	1	0.1
	Netherlands	1	14%	2.2	9%	0	-	1	2.2
	Norway	0	0%	-	0%	2	5.7	2	5.7
	Slovak Republic	0	0%	-	0%	0	-	0	-
	Spain	20	17%	0.2	4%	5	0.1	25	0.4
	United Kingdom	0	0%	-	0%	2	0.5	2	0.5
	United States	53	23%	116.4	52%	0	-	53	116.4
	2014 Total[xiv]	**98**	**7%**	**151.0**	**16%**	**34**	**56.9**	**132**	**207.9**

[xi] Only Development Assistance Committee (DAC) donors were found to have school feeding disbursements coded under basic nutrition. Non-DAC donor funding for school feeding, excluded from this table, is limited to Asian Development Bank Special Funds disbursements (two projects for $2.3 million total in 2013) and United Arab Emirates disbursements (three projects for $3.3 million total in 2014) to projects coded under education.

[xii] The 2013 disbursements are adjusted for inflation in order to be directly comparable with 2014 disbursements.

[xiii] Within the education purpose codes, over 70% of school feeding investments were coded under a broader package of education programs. In those cases, the full value of the total project was reported here. These values are therefore likely an overestimate.

[xiv] This is not exactly equal to the sum of disbursements from all donors, due to rounding errors.

TABLE 3: Current distributions of school feeding activities among purpose codes under education[xv]

	Project count (percent of all school feeding projects coded under education)	
	2013	2014
Basic education		
Primary education	14 (33%)	16 (47%)
Early childhood education	6 (14%)	4 (12%)
Basic life skills for youth & adults	3 (7%)	2 (6%)
Education, level unspecified		
Education facilities and training	7 (17%)	4 (12%)
Education policy & administrative management	3 (7%)	2 (6%)
Teacher training	3 (7%)	2 (6%)
Secondary education		
Secondary education	2 (5%)	3 (9%)
Vocational training	1 (2%)	0 (0%)
Post-secondary education		
Higher education	3 (7%)	1 (3%)
TOTAL	**42 (100%)**	**34 (100%)**

C. Only include targeted feeding programs, not blanket feeding programs, in the basic nutrition code

The current definition of the basic nutrition code also includes "direct feeding programmes" outside of school feeding (i.e., maternal feeding, breastfeeding and weaning foods, and child feeding). By qualifying the inclusion of direct feeding programs to specific target groups (i.e., children under 2 years of age and pregnant and lactating women), the programs captured by the basic nutrition code should, in practice, be *targeted* feeding programs as opposed to *blanket feeding* programs which provide food supplies and rations to general populations. Box 2 describes the distinction between targeted and blanket feeding programs. In general, blanket feeding programs are typically coded under food aid/food security programs (52010) or emergency food aid (72050), and are considered nutrition-sensitive.

D. Add food fortification/biofortification, non-emergency management of acute malnutrition, and nutrition-related policy development, capacity-building, and research to the definition of basic nutrition

We suggest adding several high-impact, nutrition-specific interventions to the definition of basic nutrition that are currently not explicitly included in the definition, including staple food fortification, biofortification, and non-emergency management of acute malnutrition. In addition, we suggest adding nutrition-related policy development, capacity-building, and research (both science and implementation research) to the definition of basic nutrition, since these investments support the scale-up of nutrition-specific interventions and should be counted towards donor contributions for nutrition-specific investments. Note that emergency

[xv] The educational research (11182) and advanced technical and managerial training (11430) codes were also searched, but were not found to have any disbursements for school feeding. This table is limited to projects funded by DAC donors.

management of acute malnutrition should be coded primarily under emergency response (720).

This proposed change may help improve the consistency of coding within the CRS. A search across purpose codes found that a maximum of $45 million in disbursements for food fortification/biofortification was coded under the agriculture sector (311), representing about 64% of all funding for food fortification within the CRS.[xvi] Similarly, a maximum of $6 million in disbursements for nutrition research was coded under the medical research purpose code (12182), representing about 32% of all funding for nutrition research within the CRS.[xvii] Adding these important nutrition interventions to the formal definition of the basic nutrition code will help improve the consistency of coding within the CRS by consolidating them under a single code. If captured by the basic nutrition code, this re-coding will also give donors credit for their total overall nutrition-specific investment, since as it stands now, these investments are not captured.

Recommendation 2:

Use a nutrition policy marker to track multi-sectoral nutrition investments

We propose that a nutrition policy marker be created to track nutrition activities beyond what is categorized under the basic nutrition purpose code. This would be structured similarly to existing CRS markers used to track investments in gender equality [26], climate protection, and other areas (see **Box 3**) [27].

With a nutrition policy marker, researchers can identify all projects within health, education, WASH, agriculture, and emergency response codes that are related to nutrition, without resorting to a less accurate keyword search and more time-consuming, retrospective project-by-project analysis. The benefit of a policy marker is that it can assist in identifying nutrition investments outside of the basic nutrition code that either have a primary or secondary

BOX 3: CRS policy markers

Currently, the CRS uses eight markers to track a project's level of involvement on various policy objectives. Four of these are known as general policy markers, which are designed to track investments for gender equality, aid to environment, participatory development/good governance (PD/GG) and trade development. The remaining four are "Rio" markers that are designed to track investments toward objectives of the Rio Conventions: biodiversity, climate change mitigation, climate change adaptation and desertification. A ninth marker for reproductive, maternal, newborn and child health (RMNCH) was introduced in 2014 for reporting on 2013 flows and will be evaluated after a two-year trial period.

Most markers are assigned based on a system with three values. An activity is given a score of "2" under a particular marker if its **principal** (primary) policy objectives align with that marker. A score of "1" is assigned when the policy objectives that the marker represent are **significant**, but not principal, reasons for undertaking the activity. The difference between a score of principal or significant can be assessed with the question, "Would the activity have been undertaken without this objective?" A score of "0" is assigned when the activity is screened against the marker, but found to not target the marker's policy objective. An empty field indicates that the activity has not been screened against the marker.

The RMNCH marker uses a unique scoring system that has five values (0 to 4) and provides quantitative information. The scores represent the proportion of an activity's funding that is allocated to RMNCH.

[xvi] A keyword search was conducted for "biofort," "bio-fort," "forti," "HarvestPlus" and "micronut" within the long project descriptions of the 2014 CRS data for the agriculture sector (311). Some of these investments were coded under a broader package that included interventions beyond just food fortification. In those cases, the full value of the total project was reported here. These values are therefore likely an overestimate.

[xvii] A keyword search was conducted for "nutrition" within the long project descriptions of the 2014 CRS data for the medical research (12182) purpose code. Some of these investments were coded under a broader package that included research topics beyond just nutrition. In those cases, the full value of the total project was reported here. These values are therefore likely an overestimate.

objective to improve nutrition. It is an appropriate method to track aid for nutrition considering the cross-cutting nature of nutrition within global health.

In order for nutrition-sensitive investments to merit inclusion under the proposed nutrition marker, they must meet the SUN Donor Network inclusion criteria (summarized in **Table 4**) [20].

Furthermore, this marker would also track nutrition-specific investments (as defined by *The Lancet*) that cannot be disaggregated from broader health packages or emergency response projects. As was previously mentioned, our analysis of 15 purpose codes in the health and emergency response sectors found that in 2014, $487 million of nutrition-specific investments were captured under purpose codes outside of the basic nutrition code [17]. These investments represent either a) interventions that are part of broader health and nutrition programs that are primarily coded under health because their nutrition components (small or large) cannot be disaggregated, or b) nutrition interventions implemented as an emergency response, whereby the primary code should be emergency based on CRS definitions. As such, it is not possible to reallocate these investments to the basic nutrition code, since that would result in an artificial drop in funding for the other primary codes (i.e., health and emergency response). It is also useful for tracking purposes to separate emergency and non-emergency funding for nutrition. Application of a nutrition policy marker would provide a way to track these nutrition-specific investments and prevent them from being overlooked.

Under this new nutrition policy marker, investments would be assigned a code similar to those used by other policy markers (described in **Box 3** and summarized in **Table 4**):

- Activities where nutrition is a principal objective of the project would be categorized as a "2." By definition, all activities coded under basic nutrition would receive a score of "2" under this marker. Furthermore, in practice, this marker would likely also include nutrition-specific activities in the health and emergency response sectors (see **Annex Table A.1** for a description of these investments). Because these nutrition-specific activities may be part of broader RMNCH packages or emergency response projects, they may be excluded from the basic nutrition code but would be captured under the nutrition marker.
- Activities where nutrition is a *significant* objective of the project would be categorized as a "1." In practice, most nutrition-sensitive activities would be captured here, since nutrition is usually not the principal objective of nutrition-sensitive activities. Additionally, some nutrition-specific activities may also be captured here, where nutrition is only one small component of a larger project.
- The standard definitions for policy marker scores of "0" or "null" would apply for all other activities.

A quantitative nutrition policy marker that is scored in a similar way as the RMNCH marker (i.e., a scoring system of 0 to 4 as indicated in **Box 3**) was considered, but ultimately not recommended, because it may not be feasible to expect those reporting to the CRS to have a high level of nutrition expertise and accurately apply percentages to nutrition-sensitive investments. A quantitative scoring system may add a level of unwanted error to the nutrition policy marker due to inconsistency in its application. Furthermore, the RMNCH marker is still undergoing evaluation and final decisions have not been made, but initial feedback from the OECD Secretariat suggests a preference for harmonizing the scoring systems of all policy markers to the qualitative "0-1-2" scoring system.

Annex Table A.3 shows the purpose codes identified by the SUN Donor Network that may potentially contain investments that would be captured under this marker.

TABLE 4: Proposed definition for the nutrition policy marker

THE NUTRITION POLICY MARKER	
DEFINITION An activity should be classified as nutrition-focused (score Principal or Significant) if:	A. It is intended to address the ***immediate*** determinants of fetal and child nutrition and development – adequate food and nutrient intake, feeding, caregiving and parenting practices, and low burden of infectious diseases (commonly known as *nutrition-specific* interventions), ***OR*** B. It is intended to address the ***underlying*** determinants of fetal and child nutrition and development — food security; adequate caregiving resources at the maternal, household and community levels; and access to health services and a safe and hygienic environment — and incorporate specific nutrition goals and actions (commonly known as *nutrition-sensitive interventions*) [6]
CRITERIA FOR ELIGIBILITY	The activity meets **all** the following criteria [20]: A. **Aimed at individuals** — the actions must intend to improve nutrition for women or adolescent girls or children. B. **The project has a significant nutrition objective OR nutrition indicator(s)**. Nutrition indicators should be specific to nutrition and not only an indicator to benchmark progress towards a nutrition-sensitive outcome. For example, indicators that track progress on child growth, dietary diversification, access to support for breastfeeding, anemia prevalence or health facility capacity in nutrition, such as capacity to manage acute undernutrition, would count. Indicators that only monitor increasing resources in the hands of women, increased access to reproductive health care or childcare or improved access to education, for example, would not count. C. **[For nutrition-sensitive programs] The project must contribute to nutrition-sensitive outcomes,** which are explicit in the project design through activities, indicators and specifically the expected results themselves. Examples of nutrition-sensitive outcomes: improved knowledge/awareness of nutrition for relevant audiences; increased purchasing power or empowerment of women; improved governance for nutrition; increased nutrition-sensitive legislation; increased access of women, adolescent girls and children to nutritious foods, primary health care, schooling, childcare, and/or WASH; and increased research with nutrition objectives. See **Annex Table A.4** for a list of nutrition-sensitive outcomes.
EXAMPLES OF TYPICAL ACTIVITY The list is not exhaustive. The activities may be scored against the objective only if the above criteria for eligibility are fulfilled.	**Examples of activities that could be marked as *principal* objectives:** • Addressing management of acute malnutrition in emergency situations • Fortifying staple foods, with the aim of reducing iron and folic acid deficiency • Behavior change communication to promote exclusive breastfeeding • Improving nutrition surveillance and information systems • Training health personnel to identify and treat nutritional deficiencies **Examples of activities that could be marked as *significant* objectives:** • An integrated program for maternal and child health that includes breastfeeding promotion, along with several other health interventions that are not directly relevant to nutrition • A school feeding program whose principal objective is increased school attendance, while also including explicit objectives/indicators for the dietary diversity and micronutrient-richness of school meals • An agriculture program whose principal objective is improving the access of smallholder farmers to markets, while also including explicit objectives/indicators for the availability and affordability of nutritious foods in markets

N.B. Activities that can be assigned to the basic nutrition sector (CRS purpose code 12240) are scored, by definition, as a principal objective.

Expected Outputs and Applications

The implementation of the two recommendations above would significantly improve the nutrition community's ability to track ODA for the full range of nutrition-specific and nutrition-sensitive programming in a timely way.

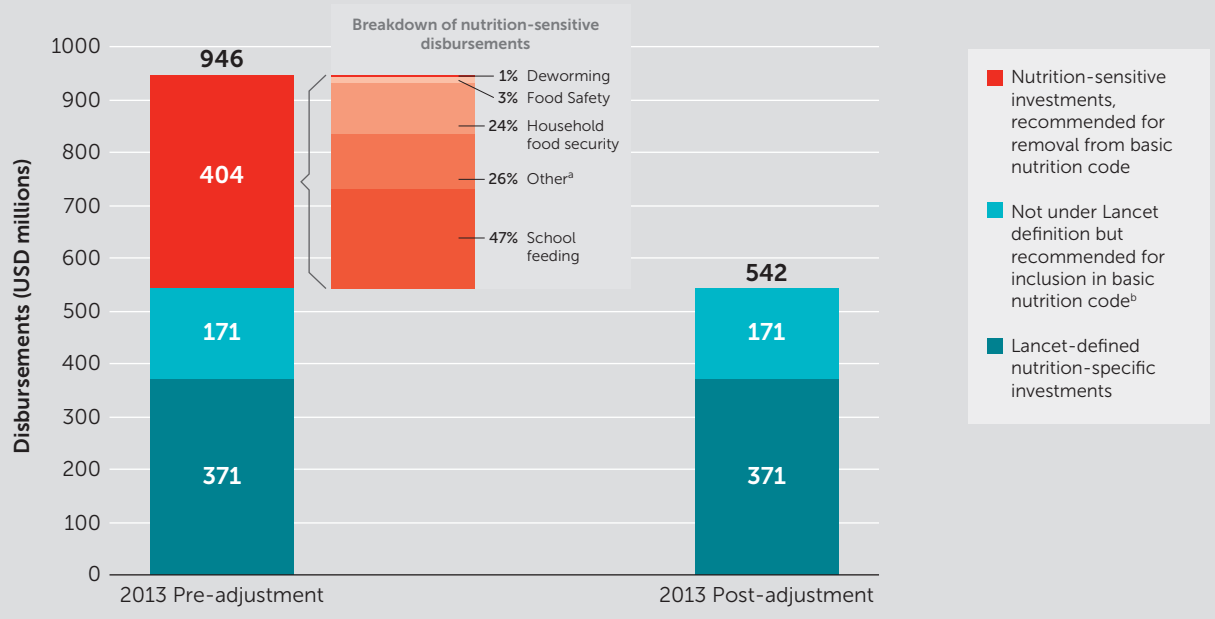
First, a greater proportion of the basic nutrition code would be aligned with the commonly used definition of high-impact, nutrition-specific interventions from* The Lancet, *thereby making it a better proxy.

In 2013, 43% of investments coded under basic nutrition (or $404 million) were not aligned with *The Lancet* definition of nutrition-specific programs, and in fact reflect nutrition-sensitive activities, as seen in **Figure 3**. School feeding is the largest component of these nutrition-sensitive disbursements that should be re-coded, as it represents 47% of all nutrition-sensitive disbursements within basic nutrition (20% of all basic nutrition disbursements) [17]. Transferring school feeding from the definition of basic nutrition should thus be given priority over the other changes.

Under our proposed coding adjustments, nutrition-sensitive investments currently under basic nutrition would be moved to other purpose codes (for example, moving school feeding to the education purpose codes, and household food security to the agricultural services or food aid/food security codes). As a result, there would be a significant decrease in disbursements coded to basic nutrition, by as much as $404 million per year (as illustrated in **Figure 3**).

Because the basic nutrition code is often used as a rough proxy by the nutrition community for global nutrition-specific ODA, removing household food security, school feeding, and blanket feeding from the basic nutrition definition will help prevent a significant overestimation of nutrition-specific financing by as

FIGURE 3: 2013 basic nutrition ODA before and after implementation of the proposed recommendations (illustrative)



[a] Includes disbursements for women's empowerment, blanket feeding, WASH, and education

[b] Includes food fortification and nutrition-related policy, capacity-building, and research

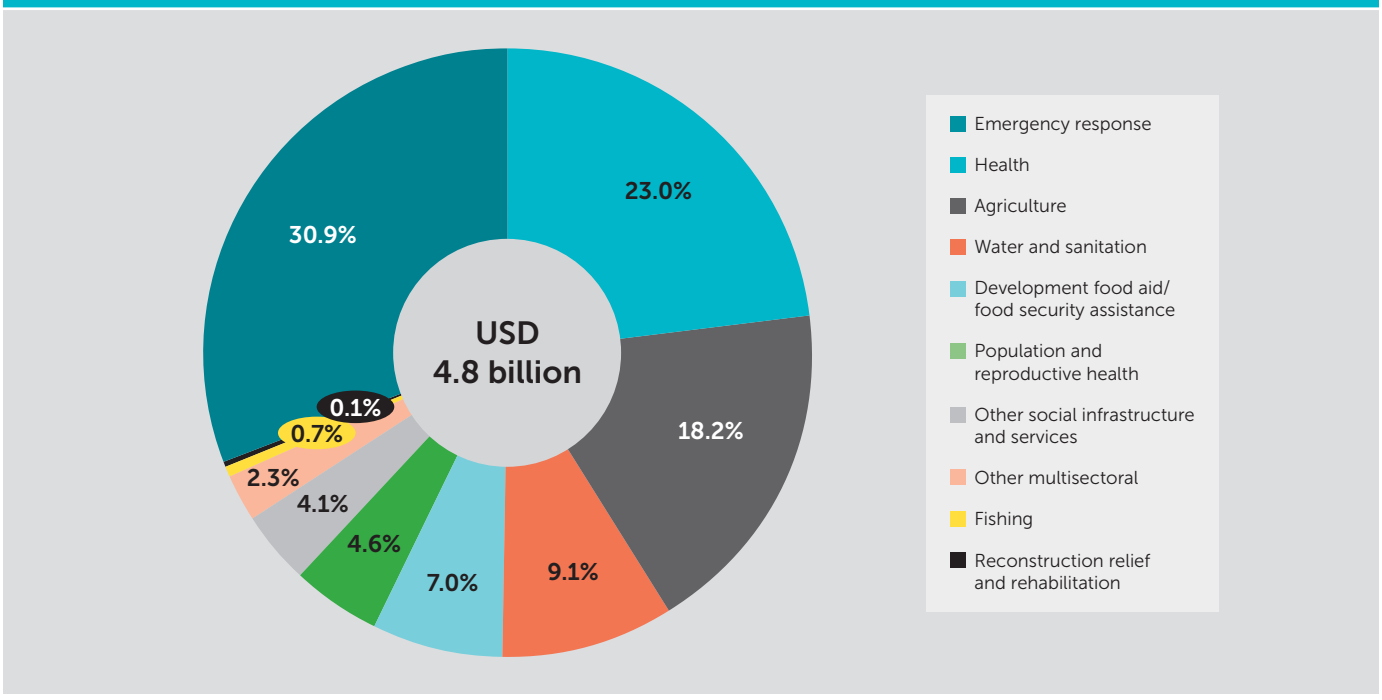
much as $404 million per year. However, the total investment under basic nutrition is unlikely to drop by as much as $404 million under our recommended adjustments because we are also proposing the addition of investments in food fortification/ biofortification, non-emergency management of acute malnutrition, and nutrition-related policy, capacity-building, and research to the basic nutrition code.

If enacted, this change should be communicated clearly to the nutrition advocacy community, since it could look like an artificial drop in funding for basic nutrition, while in reality it would represent a change in the CRS coding structure.

Second, a nutrition policy marker will make it possible to track the large nutrition disbursements that are coded outside of basic nutrition, including likely over $3.8 billion in nutrition-sensitive investments and half of all nutrition-specific investments not coded within basic nutrition.

We performed a keyword search for nutrition ODA in 2014 based on the SUN Donor Network's recommended keywords (**Annex Table A.5**) and purpose codes (**Annex Table A.3**) to model the output of what could be expected when such a policy marker is used [20]. Though this search was not precise and was conducted only to illustrate the expected outputs from a nutrition marker, we estimated that at least $4.8 billion was invested in nutrition-specific and nutrition-sensitive activities across 35 purpose codes and 11 sectors, as illustrated in **Figure 4**. However, keyword searches have their limitations. In this case, one limitation is that the SUN-recommended keywords are all in English, which

FIGURE 4: Breakdown of total nutrition ODA, by sector code, illustrating investments in the enabling environment for nutrition (includes both nutrition-specific and nutrition-sensitive)[xviii]



[xviii] Many of these nutrition investments were coded under a broader package of programs that included interventions beyond just nutrition. In those cases, the full value of the total project was reported here. These values are therefore likely an overestimate.

means activities that are reported in other languages, such as French or Spanish, would not be captured.

Our recommendation to create a nutrition policy marker to track nutrition disbursements outside of the basic nutrition code would provide a more accurate picture of nutrition ODA and its distribution across purpose codes. **Figure 4** illustrates the expected output that can be produced with data in the public domain if a nutrition policy marker is instated.

Activities coded in the CRS may have more than one primary objective [27], so it is possible for integrated packages of interventions to have nutrition as a primary component without being coded under basic nutrition. Even if the definition of basic nutrition were revised as we suggest earlier, it is unlikely that these programs would be re-coded under basic nutrition because nutrition is only a partial component of these integrated packages. For example, a large maternal and child health project that is coded under "basic health care" that includes nutrition counselling would not be transferred to "basic nutrition," if basic health care is the primary objective of the project, since moving it would artificially reduce investments in this sector code. We suggest using a policy marker system so that these investments can be flagged, even if they are not coded under basic nutrition.

Examples of programs that have nutrition as a primary objective and would score a "2" under the nutrition marker include projects with the following purpose codes and descriptions:

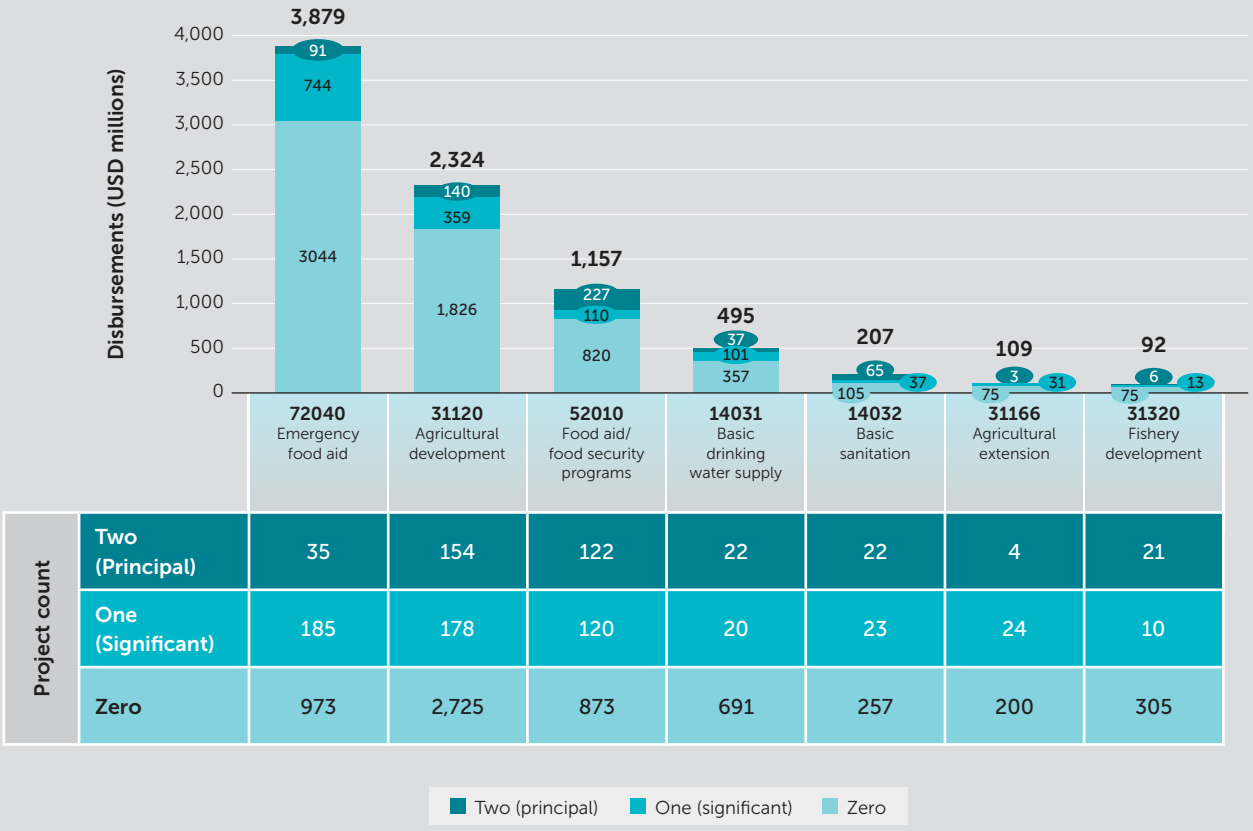
1.	**Purpose code:** 72040 – Emergency food aid
	Description: Targeted food assistance to refugees and vulnerable people affected by malnutrition and recurrent food crises. The aim is to help mothers and children suffering from malnutrition.
	Notes: Since this is primarily an emergency-related investment, it was not coded under basic nutrition. However, the policy marker would allow us to identify this as nutrition-relevant.
2.	**Purpose code:** 12281 – Health personnel
	Description: The Support to Zero Malnutrition Program project supports the Government of Bolivia in its commitment to eradicate malnutrition in children under two years of age and to greatly decrease malnutrition in children under five years of age and in pregnant women. The project contributes to one of the Government of Bolivia's cornerstone programs, the Zero Malnutrition Program. There are three components to the project. This component builds on the micronutrient component of the Zero Malnutrition Program. It addresses three of the main malnutrition challenges in Bolivia - iron, vitamin A, and zinc deficiencies - mainly through building the capacity of institutions and health personnel to eradicate these prevalent causes of malnutrition.
	Notes: Since this is primarily an investment in capacity building of health personnel, it was not coded under basic nutrition. However, the policy marker would allow us to identify this as nutrition-relevant.
3.	**Purpose code:** 31320 – Fishery development
	Description: Indigenous communities involved in fisheries and aquaculture are among the most food insecure in the Bolivian Amazon. Although fish could be the main source of protein, it is often not part of the local diet. This project will explore the potential contribution of fish to the nutritional wellbeing of vulnerable populations, particularly women and ethnic minorities. Researchers will investigate artisanal fishery and small-scale aquaculture value chains in two pilot areas. The team will analyze the nutritional value of different species, identify bottlenecks in the value chain, and find ways of improving fish handling, processing and marketing. The research will make a direct contribution to the Bolivian government's new plan for strengthening fisheries in the Amazon.
	Notes: Since this is primarily an investment in fisheries, it was not coded under basic nutrition. However, the policy marker would allow us to identify this as nutrition-relevant.

Examples of programs that have nutrition as a significant objective and would score a "1" under the nutrition marker include projects with the following purpose codes and descriptions:

1.	**Purpose code:** 13020 – Reproductive health care
	Description: Australia's contribution to the International Planned Parenthood Federation (IPPF) supports the IPPF's work in East and South East Asia, and Oceania regions. This initiative provides core funding to support women's and children's health focusing on: maternal health; sexual and reproductive health; access to safe and effective contraception based on informed choice; nutrition; and programs to combat gender based violence. The total value of this initiative is $23.5 million over six years, starting 2008-09.
	Notes: Though this project has an explicitly defined component for nutrition, nutrition is only one of several objectives. It would therefore have nutrition as a significant objective, scoring a 1.
2.	**Purpose code:** 52010 - Food aid/Food security programmes
	Description: To address food and livelihood insecurity, malnutrition, seasonal vulnerability, social exclusion, injustice and discrimination to the target groups: the ultra-poor women and the marginal farmers and sharecroppers in North-western District of Bangladesh
	Notes: Though this project has an explicitly defined component for nutrition, nutrition is only one of several objectives. It would therefore have nutrition as a significant objective, scoring a 1.
3.	**Purpose code:** 31120 – Agricultural development
	Description: Climate change makes farming in Kenya's arid regions particularly challenging because of low and increasingly erratic rainfall. Unfortunately, many technologies developed after decades of agricultural research to improve farming systems in the region have not been adopted by farmers. This project will allow researchers to test and promote new strategies to facilitate large-scale adoption of resilient farming practices among resource-poor women and men in three semiarid counties in Kenya. The project will endeavor to strengthen farmers' links to markets and increase consumption of nutritious local foods by women and children. This will involve on-farm trials and farmer training, plus ongoing assessment of the social, economic, nutritional, institutional and policy contexts that determine the adoption of new farming practices.
	Notes: Though principal purpose of this project is improved farming practices, there is a clear and explicit nutrition objective ("increase the consumption of nutritious local foods by women and children"). This project would therefore have nutrition as a significant objective, scoring a 1.

[xix] Projects with keyword(s) in only the long description (typically indicating that the project was at least somewhat related to nutrition) were given a score of "1". Projects with keyword(s) in both the short description (typically indicating that nutrition was one of the main purposes of the project) and the long description were given a score of "2". All other projects were given a score of "0".

FIGURE 5: Illustrative analysis of how a nutrition marker would be scored in purpose codes with the largest share of nutrition disbursements[xx]



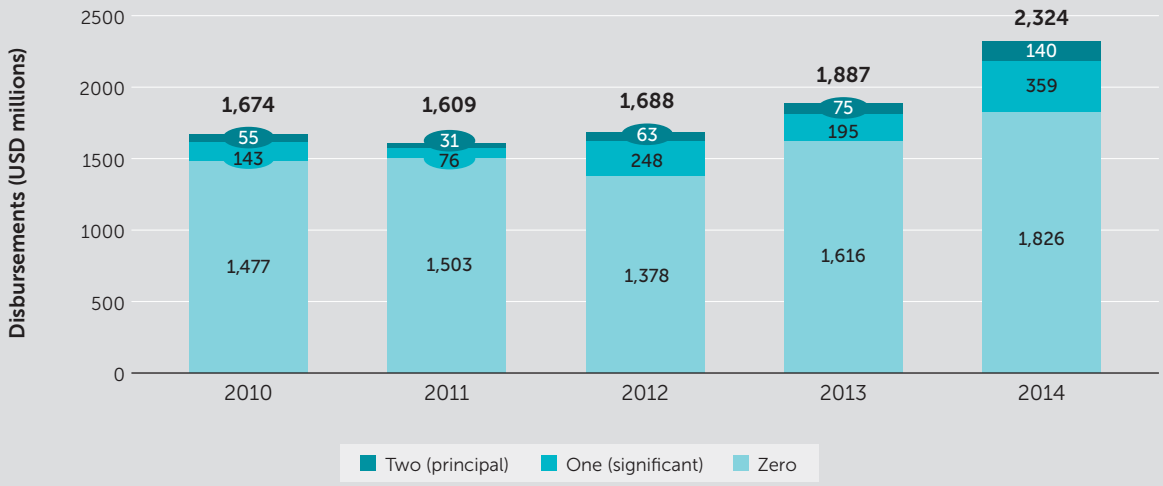
Disbursements may not sum to the total due to rounding error.

To get a sense for how the nutrition policy marker would be applied more broadly, we used the results of the keyword search (based off the SUN Donor Network's recommended keywords and purpose codes) to estimate the scores that projects would receive.[xix] The majority of projects examined were not related to nutrition (score of "0"). For projects that could be considered related to nutrition, the majority would have nutrition as a significant objective (score of "1") as opposed to a principal objective (score of "2") (see **Figure 5**). These estimated policy marker score distributions are meant to be used for illustrative purposes only, as there are significant limitations to using a keyword search to determine whether nutrition is the principal or significant objective of a project. **Figure 5** serves as an illustration of the expected output from a nutrition policy marker.

A nutrition policy marker would provide a way to systematically track the share of projects in nutrition-sensitive sectors that take on nutrition objectives year on year. For instance, the annual increase in disbursements to the agricultural development purpose code (31120) is illustrated in

[xx] Excluding 12240 basic nutrition, because projects under basic nutrition are given a score of "2" by definition.

FIGURE 6: Illustrative annual analysis of nutrition marker score for the agricultural development purpose code (by disbursements, USD millions)[xxi]



Disbursements may not sum to the total due to rounding error.

Figure 6. A nutrition policy marker would provide standardized data across donors in less time, relative to current efforts, to report annual nutrition-sensitive investments.

It is important to note that the proposed nutrition policy marker would not be a quantitative marker for three reasons (i.e., it will not report the share of investment related to nutrition to any given project flagged with the policy marker). First, it may not be feasible to expect those reporting to the CRS to have a high level of nutrition expertise and accurately apply quantitative percentages to nutrition-sensitive investments. Second, a quantitative scoring system may add a level of unwanted error to the nutrition policy marker due to inconsistency in its application. Third, initial feedback from the OECD Secretariat regarding the quantitative RMNCH marker suggests a preference for instead harmonizing the scoring systems of all policy markers to the qualitative "0-1-2" scoring system. This is acceptable since nutrition is a cross-cutting theme, and the proposed nutrition policy marker would be a good proxy to provide information on the enabling environment in support of nutrition outcomes.

The proposed nutrition policy marker is designed so that nutrition researchers can easily pull all projects judged to be relevant to nutrition, and then subsequently conduct further quantitative analysis on these projects. Researchers can filter through projects that meet the SUN Donor Network definition of nutrition-sensitive and track the upper bound of investments, conducting further analysis to identify nutrition-sensitive components within projects as needed.

[xxi] The 2010-2013 disbursements are adjusted for inflation in order to be directly comparable with 2014 disbursements.

Conclusions

This report unpacks two of the major challenges to tracking aid for nutrition globally using the CRS, and proposes technical recommendations for improvements. The ultimate goal is to ensure the nutrition community is able to track funding for both nutrition-specific and nutrition-sensitive investments in a standardized, accurate, and reliable way in order to inform research, advocacy, and program planning.

Through these proposed recommendations, the nutrition community can expect two major outcomes. First, the basic nutrition purpose code will become a better proxy for nutrition-specific investments. Second, the nutrition policy marker will be able to track multi-sectoral investments in nutrition that support the enabling environment in terms of number of projects and dollar amounts of commitments and disbursements. For example, within any given sector, we could track how the number of projects that meet the nutrition-sensitive criteria changes year-on-year (both in terms of project count and disbursements). This information has important policy implications, as it could help determine whether or not we are unlocking all potential multi-sectoral investments that could theoretically be made more nutrition-sensitive (i.e., 1% of projects within agriculture meet the inclusion criteria in 2015 increases to 5% by 2020), and highlight the gaps. Depending on the research question, if a project-by-project analysis is required, the nutrition policy marker will help organize projects by categorizing them as related to nutrition, thus making the analysis more streamlined and structured.

It is important to emphasize that though the proposed coding system outlined here is not perfect, it represents a significant improvement over where we currently stand in tracking aid for nutrition, especially in regards to nutrition-sensitive investments. If donors scale-up their nutrition investments according to the global Investment Framework for Nutrition, and financing for nutrition increases several-fold by 2025, then the nutrition community may eventually require more granular coding that includes more disaggregation at the intervention level. However, until then, the proposed coding system outlined in this policy brief is what is needed now to support the scale-up outlined in the Investment Framework for Nutrition over the next 10 years by promoting transparency and mutual accountability among the nutrition community.

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Annex Tables

ANNEX TABLE A.1: Summary of purpose codes that include nutrition-specific investments outside of the basic nutrition code (12240)

Purpose code	Purpose code name	Total disbursements in 2013 (USD millions)	Percent of disbursements found to be aligned with *The Lancet* definition of nutrition-specific interventions	Nutrition-specific interventions found to be included in the purpose code
12220	Basic health care	3,217	0.9%	Breastfeeding promotion, complementary feeding education, management of acute malnutrition, iron-folic acid supplementation, multiple micronutrient powders, zinc supplementation, vitamin A supplementation
12261	Health education	167	1.5%	Breastfeeding promotion, complementary feeding education
12281	Health personnel development	107	2.4%	Capacity-building and systems strengthening for nutrition
13020	Reproductive health care	1,678	5.7%	Breastfeeding promotion, complementary feeding education, iron-folic acid supplementation, multiple micronutrient powders
52010	Food aid/ food security programmes	1,290	2.0%	Management of acute malnutrition
72010	Material relief assistance and services	7,405	1.2%	Management of acute malnutrition
72040	Emergency food aid	3,835	5.3%	Management of acute malnutrition
72050	Relief co-ordination; protection and support services	835	0.5%	Management of acute malnutrition
73010	Reconstruction relief and rehabilitation	625	0.04%	Management of acute malnutrition
74010	Disaster prevention and preparedness	1,017	0.2%	Management of acute malnutrition

Note: Of the 15 codes analyzed in total, five were found to have less than <0.01% for nutrition disbursements. These include infectious disease control (12250), personnel development for population & reproductive health (13081), general budget support-related aid (51010), import support for capital goods (53030) and import support for commodities (53040).

Source: D'Alimonte, M., Rogers, H., and de Ferranti, D. Chapter 8: Financing the Global Nutrition Targets. *An Investment Framework for Nutrition: Reaching the Global Targets for Stunting, Anemia, Breastfeeding, and Wasting*. Washington, DC: The World Bank; 2016.

ANNEX TABLE A.2: Definition of education purpose codes

DAC 5 Code	CRS Code	Voluntary Code	Description	Clarifications / Additional notes on coverage
110			**Education**	
111			**Education, level unspecified**	**The codes in this category are to be used only when level of education is unspecified or unknown (e.g., training of primary school teachers should be coded under 11220).**
	11110		Education policy and administrative management	Education sector policy, planning and programmes; aid to education ministries, administration and management systems; institution capacity building and advice; school management and governance; curriculum and materials development; unspecified education activities.
	11120		Education facilities and training	Educational buildings, equipment, materials; subsidiary services to education (boarding facilities, staff housing); language training; colloquia, seminars, lectures, etc.
	11130		Teacher training	Teacher education (where the level of education is unspecified); in-service and pre-service training; materials development.
	11182		Educational research	Research and studies on education effectiveness, relevance and quality; systematic evaluation and monitoring.
112			**Basic education**	
	11220		Primary education	Formal and non-formal primary education for children; all elementary and first cycle systematic instruction; provision of learning materials.
	11230		Basic life skills for youth and adults	Formal and non-formal education for basic life skills for young people and adults (adult education); literacy and numeracy training.
		11231	*Basic life skills for youth*	*Formal and non-formal education for basic life skills for young people.*
		11232	*Primary education equivalent for adults*	*Formal primary education for adults.*
	11240		Early childhood education	Formal and non-formal pre-school education.
113			**Secondary education**	
	11320		Secondary education	Second cycle systematic instruction at both junior and senior levels.
		11321	*Lower secondary education*	*Second cycle systematic instruction at junior level.*
		11322	*Upper secondary education*	*Second cycle systematic instruction at senior level.*
	11330		Vocational training	Elementary vocational training and secondary level technical education; on-the job training; apprenticeships; including informal vocational training.
114			**Post-secondary education**	
	11420		Higher education	Degree and diploma programmes at universities, colleges and polytechnics; scholarships.
	11430		Advanced technical and managerial training	Professional-level vocational training programmes and in-service training.

Source: Obtained from http://www.oecd.org/dac/stats/purposecodessectorclassification.htm.

ANNEX TABLE A.3: Purpose codes that may be covered by the proposed nutrition marker

Public health	12110 health policy and administrative management; 12220 basic health care; 12240 basic nutrition; 12250 infectious disease control; 12261 health education; 12281 health personnel development; 13020 reproductive health care
Emergency response	72010 material relief assistance and services; 72040 emergency food aid; 72050 relief coordination, protection and support services; 73010 reconstruction, relief and rehabilitation
Food security, agriculture, and social protection	16010 social welfare services; 16050 multisector aid for basic social services; 16064 social mitigation of HIV/AIDS; 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; 52010 food aid/food security programs
Water and sanitation	14030 basic drinking water supply and sanitation; 14032 basic sanitation; 14031 basic drinking water supply
Care environment	15170 women's equality organizations and institutions

Source: Obtained from SUN Donor Network's Methodology and Guidance Note to Track Global Investments in Nutrition, updated December 2013. Revised to remove purpose codes no longer used by the OECD, as of May 2016, found here: www.oecd.org/dac/stats/purposecodessectorclassification.htm. Added purpose codes 16050 and 16064 as they were identified as containing nutrition investments per stakeholder consultation. Purpose code 51010 (general budget support) was removed from the list because, by CRS definition, it contains un-earmarked funding and is excluded from the policy marking system (http://www.oecd.org/dac/stats/DCD-DAC(2016)3-ADD2-FINAL%20-ENG.pdf).

ANNEX TABLE A.4: Nutrition-sensitive outcomes as defined by the Scaling Up Nutrition criteria

I. At the 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 healthcare (examples: maternal health care, child healthcare, reproductive healthcare, supplementation, therapeutic feeding, support to breastfeeding)
- Improve access to childcare (i.e. childcare not supplied through the health services)
- Improve women or adolescent girls or children 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)

II. At the 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)

III. Research

- Increased research with nutrition objectives

Source: Obtained from SUN Donor Network's Methodology and Guidance Note to Track Global Investments in Nutrition, updated December 2013.

ANNEX TABLE A.5: List of nutrition keywords as defined by the Scaling Up Nutrition Resource Tracking Methodology

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

Source: Obtained from SUN Donor Network's Methodology and Guidance Note to Track Global Investments in Nutrition, updated December 2013.

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