

Tracking aid for the WHA nutrition targets:

*Global spending in 2015
and a roadmap to better data*

SUPPLEMENTARY MATERIAL

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Results for Development
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Appendix 1: Step-by-step data extraction and screening methods

- 1) **Downloaded the full OECD Creditor Reporting System dataset for 2015.** The OECD Creditor Reporting System related files were downloaded on June 19, 2017 from OECD.Stat.org. The DAC and CRS online databases are updated every quarter (April, June, September, December), and this download date was just after the June update. The CRS related files dataset includes transaction-level data for all official development assistance, other official flows (non-export credit), and private grants committed/disbursed in 2015.¹ Qualitative variables include project titles and short/long descriptions, which provide additional information on basic project characteristics. The CRS code list is updated regularly and can be found online (OECD, n.d.).

In any given year, negative disbursement values represent loan repayments. Any negative disbursement values were excluded to not discount total funding upon summation of totals. Positive disbursements for concessional loans are currently captured at full value here. Loans and grants are currently not treated differently since the objective is to track dollars associated with programmatic scale-up (i.e., whether in loan or grant form).²

“Aid activity”: the lowest level of disaggregation reported through the CRS; an aid activity represents a project/program investment and is assigned a purpose code, sector code, and all other CRS variables. Aid activities may be made up of multiple components or interventions that are not disaggregated in CRS data. For example, one aid activity may represent a maternal and child health program that includes iron/folic acid supplementation as well as immunization and antenatal care services; this aid activity has nutrition and non-nutrition components, but the whole investment may be reported by one transaction, under one purpose code (i.e., not disaggregated). Alternatively, some project/program investments are separated across different purpose codes upon reporting—this varies across donors.

In this documentation, **“aid activities”** are referred to as **“transactions”** for brevity.

- 2) **Compiling data.** We aimed to identify all transactions that potentially include investments towards the WHA targets. The catchment of transactions within the whole CRS database included:
 - a) All transactions coded under the basic nutrition purpose code (12240)
 - b) All transactions captured by a keyword search screening across all other purpose codes. The keyword search was run against project title, short description, and long description variables to

¹ **Official Development Assistance (ODA):** financial support, either grants or concessional loans (grant element of at least 25%), from OECD-DAC member countries to developing countries.

Other Official Flows (non-export credit): loans, including refinancing loans, that either have a grant element of less than 25% or do not qualify as ODA because they are not primarily targeted towards development.

Private Grants: currently, BMGF is the only organization reporting private grants through the OECD

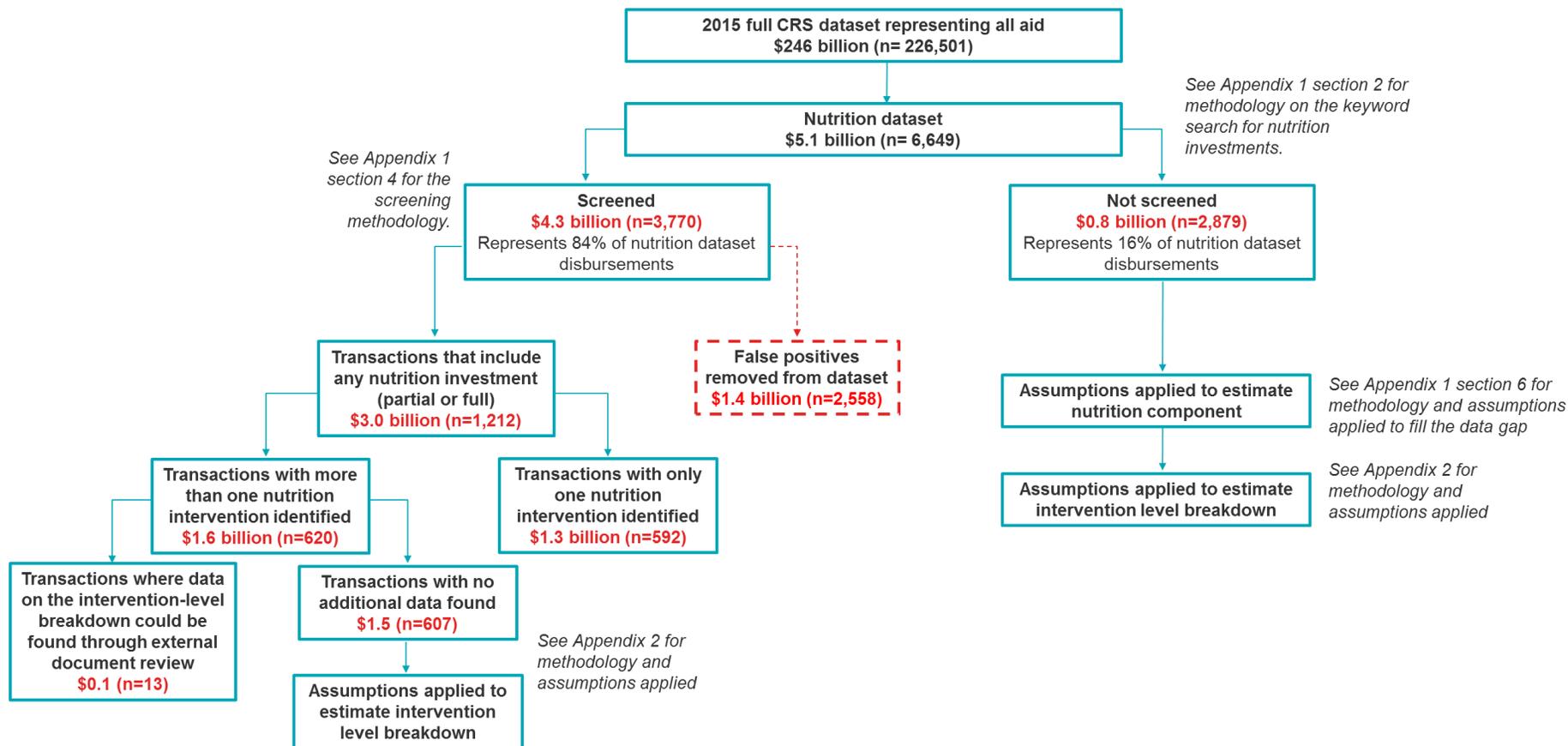
² This poses a question: Should loans and grants be treated in the same way, or differently? Some argue that loans and grants both represent money being deployed for programmatic scale up of nutrition programs. Others argue that loans are not donor aid in the same ways as grants as they must be repaid; and therefore should be predominantly considered as domestic financing, with some aid value attributed to any concessions on the loans.

identify the subset of aid that could potentially be relevant to nutrition. Supplemental Table A (at the end of Appendix 1) includes the full list of keywords used, which draws from the SUN Donor Network resource tracking method for keywords (SUN Donor Network 2013). This list of keywords was deliberately restricted to words/phrases that represent nutrition activities, indicators and/or outcomes to explicitly select for nutrition investments towards the WHA nutrition targets and not overcount. Keywords were translated into French and Spanish.

Once the keyword search was conducted, we screened a subset of projects captured by keywords that might have resulted in false positives (e.g., diet, vegetable) and excluded transactions from keywords that were likely to result in false positives to be conservative.

A total of **6,649 transactions** were captured and extracted into a “nutrition dataset” which represent an estimated number of 4,052 discrete projects. Figure A1.1 shows the entire screening process undertaken to determine how many of these transactions are aligned with the WHA nutrition target framework.

Figure A1.1: Screening process flow chart (total transaction disbursement in USD; n=number of transactions)

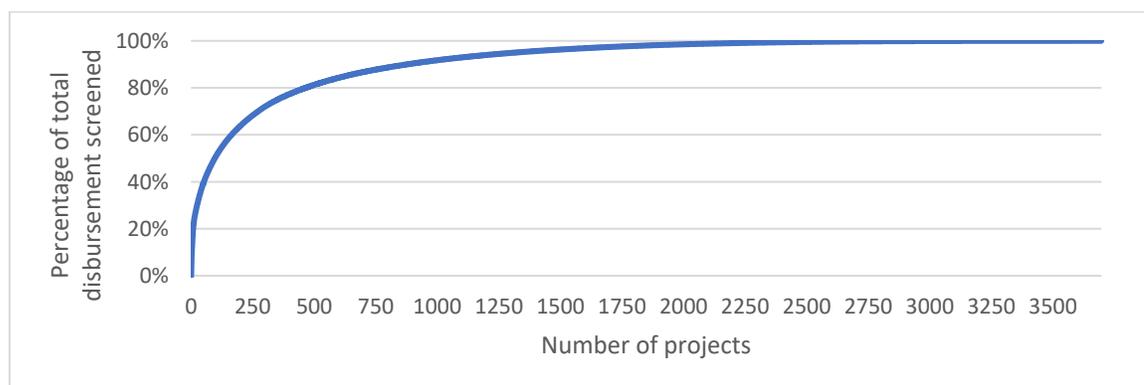


Note: Due to rounding, disaggregated numbers presented may not sum to exact total amounts shown

- 3) **Pre-identified nutrition interventions using a keyword search.** To preliminarily identify the nutrition interventions within projects, a keyword search was conducted within the nutrition dataset based on the activity-level keywords. If the project title, short description, and/or long description was found to contain one of the activity-level keywords, the transaction was preliminarily flagged as including that intervention. Appendix 2 reports the full intervention taxonomy.
- 4) **Qualitatively screened transactions.** A team of five researchers screened transactions included in the nutrition dataset to i) remove any ‘false positives’ (i.e., investments caught in the keyword search that were not in fact nutrition programs), ii) for transactions outside the basic nutrition code, estimate the proportion of the program that should be allocated to nutrition, and iii) identify the interventions present within that transaction. This process is described:
 - a) **Benchmark setting and prioritization:** Within the nutrition dataset, the top 19 donors for nutrition by disbursement value were included in the screening process. Coders were assigned full donor workbooks to enhance coding reliability and consistency within donor profiles.

A qualitative screening benchmark was set at 70% of donor disbursements,³ meaning the aim was to review transactions that represent at least 70% of donor disbursements. While there is no gold standard to compare this benchmark to, screening 70% of disbursements was determined to be an appropriate level of screening to assess a donor’s investment, based on consultation with stakeholders. Furthermore, because there are many transactions with small dollar amounts, returns to screening additional projects decline substantially as more projects are screened (Figure A1.2). This screening goal was met for 16 of the 19 donors included. In two cases, the benchmark was not met due to the sheer volume of transactions with small dollar amounts (i.e., many transactions with small disbursement value).

Figure A1.2: Percentage of total disbursement vs number of projects



NOTE: This graph shows all 4,059 projects included in the nutrition database, sorted in decreasing order of total disbursement value to illustrate resource-intensity of increasing the screening benchmark with diminishing return of ability to better capture the overall donor portfolio. Note that the actual number of projects screened in this analysis are not shown in this Figure. Rather, it’s meant to illustrate the benchmark. The number of projects actually screened do not match this Figure because some projects were screened based on the contents of project descriptions (e.g. to identify false positives) rather than their disbursement size.

³ The benchmark was established per donor and applied for all disbursements as well as for basic nutrition disbursements.

Within each donor workbook for review, transactions with the same project title and project descriptions were considered the same project and screened together to streamline the process. Transactions were prioritized based on the size of disbursement to ensure the largest projects were reviewed.

- b) **Removing false positives and quantifying the nutrition component within projects:** All transactions in the basic nutrition purpose code were included in the dataset at 100%. For any purpose code *outside* basic nutrition, reviewers screened whether the transaction was in fact a nutrition investment. Then, they estimated how much of the disbursement to count towards nutrition. Two cases occurred often:

CASE A. If there were multiple transactions with the same project title by the same donor, these transactions were considered the same project/program. If the donor already identified the nutrition component via the basic nutrition code (i.e., one of those transactions is found in basic nutrition), no further disaggregation is necessary:

- For the transaction in basic nutrition: keep 100% counted
- All other purpose codes in this project/program: 0% counts as nutrition because the nutrition component has already been disaggregated upon reporting⁴

CASE B. If the transaction is not coupled with basic nutrition, the nutrition component of the project/program was estimated. External project documents were referenced to estimate the share of the transaction counted as nutrition. Excluding basic nutrition disbursements (where a constant 100% was applied), information on what to count as the nutrition component in the transaction was available for 66% of screened transactions by count (representing 49% of what ultimately was counted as nutrition disbursements).

When a breakdown could not be found (34% of screened transactions by count), coders reported an upper and lower bound estimate to count based on the following rubric:

- 1-25%: nutrition interventions represent a small component of the project/programs
- 25-50%: nutrition interventions represent a moderate component of the project/programs
- 50-75%: nutrition interventions represent a large component of the project/programs
- 75-100%: nutrition interventions represent most of the project/program

Because this is somewhat subjective without the actual financial breakdown of projects, coders provided a range of what to count towards nutrition. We have a low estimate and a high estimate of nutrition component disbursements.

Through this process, among screened transactions, 1,212 transactions were included as relevant towards the WHA targets, representing an estimated 513 discrete projects.

See **Appendix 4** for a list of purpose codes included.

⁴ This was done systematically across screened and unscreened transactions.

- c) **Identifying interventions:** Coders used short and long descriptions and external document review to identify which interventions were delivered through the transaction. When available through external document review, the breakdown of disbursement by intervention was recorded, though this data was found for a minority of cases.

General instructions for coders:

CASE A. If the nutrition component was made up of multiple nutrition activities with *separate* funding streams, implemented separately (e.g., research to support nutrition and vitamin A supplementation):

- In this case, both R&D and vitamin A were identified and two intervention codes applied.

CASE B. If the nutrition component was made up of multiple nutrition activities with *the same* funding streams (e.g., research *on* vitamin A):

- In this case, only one code—the dominant code—was applied. This was done so that transactions were not artificially split in a way that doesn't make sense programmatically

- d) **Number of projects screened:** Within the nutrition dataset, 1,832 discrete projects were screened, made up of 3,770 transactions and representing 84% of total disbursements. Of these screened transactions, 1,212 were identified as having a nutrition component (Table A1.1).

Table A1.1: Total number of projects and transactions screened from the nutrition dataset

Screened	Number of projects	Number of transactions representing projects	Total disbursement value (USD, 1000s)	Disbursement value as a share of total (%)
No	2,317	2,879	802	16%
Yes	1,832	3,770	4,312	84%
<i>Not nutrition</i>	<i>1,319</i>	<i>2,558</i>	<i>1,357</i>	<i>27%</i>
<i>Kept in nutrition database to determine nutrition component</i>	<i>513</i>	<i>1,212</i>	<i>2,955</i>	<i>58%</i>
Total	4,052	6,649	5,114	100%

- 5) **Validation and reconciliation.** To check consistency of data coding between coders, 10% of projects within each donor workbook were screened by a second coder (representing 44% of screened disbursements). The 10% of projects were selected by overall disbursement size, so that the coding of projects with the largest disbursements – and therefore the most influence on the final numbers – was verified.

To preclude bias and equalize the portion of validation conducted by each coder, second coders were randomly ordered using a list randomizer and assigned to donor workbooks in decreasing order of number of projects originally screened. While re-coding the 10% of previously screened

projects, second coders were blind to the first coders' work, although they could use links to program documents identified by the first coder. The two sets of codes were then compared, with disagreements between coders reconciled through discussion; in cases in which coders could not agree, a third team member broke the tie.

The agreement between coders is summarized by target and intervention in Tables A1.2 and A1.3. For the purposes of these tables, codes were considered to match when both coders either a) flagged one or more interventions counted towards the target/intervention category or b) flagged no interventions counted towards the target/ intervention category. The percentages shown are the percent of projects for which codes were considered to match – that is, a 90% agreement rate would indicate that coders agreed on 90% of projects screened by two coders for the specified target or intervention category. Percentages are shown on a project basis rather than a transaction basis to reflect the fact that all transactions in a project were coded identically in almost all cases.

Table A1.2: Coder agreement rates by target (percent of twice-screened projects)

Stunting	92%
Wasting	85%
Exclusive breastfeeding	84%
Anemia	92%

Table A1.3: Coder agreement rates by intervention category (percent of twice-screened projects)

Home fortification	100%
Food safety	100%
Biofortification	98%
Fortification of staples	97%
School feeding	95%
Breastfeeding promotion	93%
Coordination, governance, and advocacy for nutrition	93%
Diet-related NCD prevention	93%
Social protection	93%
Nutrition delivered through infectious disease programs	92%
Micronutrient supplementation	90%
Food security	90%
Direct feeding programs	87%
Treatment of acute malnutrition	85%
Nutrition counseling	84%
Capacity building for nutrition	82%
Research, knowledge management and data for decision making	82%

- 6) **Applied assumptions for remaining projects that were not screened.** For the 16% of disbursements in the nutrition dataset that were not screened, assumptions were applied to a) remove an expected proportion of false positives from the keyword search, b) estimate the disbursement value for nutrition among purpose codes outside of basic nutrition, and c) identify which nutrition interventions were included in these disbursements.
- a) For unscreened transactions that represent one project and where the basic nutrition code was used, all non-basic nutrition transactions were excluded (similar to step 4.b, CASE A for screened projects). From the screening process, we identified keywords that were likely to result in false positives (i.e., diet or vegetable)—these transactions were reviewed, and false positives removed from the dataset.
 - b) For all other unscreened transactions, an analysis was conducted of screened projects to calculate the average percentage of the total project disbursement that was assigned to the nutrition component. This was done on a donor-by-donor basis. For unscreened projects, this average percentage was used as the nutrition component.
 - c) For unscreened transactions, intervention codes (i.e., codes used to tell when a transaction includes a particular intervention) were applied on average across all unscreened transactions only if the interventions had been identified within the donor’s screened transactions. Note that the intervention-level breakdown was estimated using the same approach as screened transactions (step 7). By doing this, this method applies the average intervention-level breakdown to all unscreened transactions, drawing on *screened* transactions on a donor-by-donor basis.
- 7) **Applied assumptions for intervention-level breakdown.** Refer to **Appendix 3** for a detailed description of the assumptions that were applied to all transactions (screened and unscreened) to estimate intervention-level breakdown.
- 8) **Calculating multilateral outflows.** Within the CRS database, double-counting between bilateral and multilateral flows is avoided as follows:
- Bilateral flows include direct aid to recipient countries plus the earmarked, non-core contributions through multilaterals. These flows are termed “bi/multi aid” and the donor/financing source is listed as the bilateral donor in the CRS dataset.
 - Multilateral flows include core funding only, so bilateral contributions to the regular core budgets would be captured here. In the CRS database, the original bilateral donor cannot be tracked because funding is not earmarked.⁵ The donor/financing source is listed as the multilateral donor in the CRS dataset.

In order to capture total multilateral outflows to nutrition, core funding (when the multilateral is listed as the donor) is added to non-core funding (when a bilateral donor is listed as the donor but where the index multilateral is listed as the channel organization receiving the funding). Total outflows represent all financial flows for nutrition, whether they serve as a source or a channel through which funding is disbursed.

⁵ The OECD "Members' total use of the multilateral system" database provides data on bilateral contributions to multilaterals.

Supplemental Table A: Keywords used to identify the nutrition universe

Note that keywords that are partial words will capture the full word of which they are part. For example, the “nutri” keyword will capture project descriptions containing the words “nutrition,” “acute malnutrition,” “micronutrient,” etc.

English	French	Spanish	Full words captured under the keyword
BMI		IMC	
iron	supplémentation en fer	suplementos de hierro	
anaemia			
anemia	anémie		
biofort		bioenriquecimiento	biofortification, biofortify, biofortified
body mass index	indice de masse corporelle	índice de masa corporal	
breast-			breast-milk, breast-feed, breast-feeding
breast milk	lait maternel	leche materna	
breastfeeding	allaitement	lactancia, amamant	amamantar, amamantamiento
breastmilk			
CMAM			
complementary food	alimentation complémentaire, aliments complémentaires	alimentación complementario, alimentos complementarios	
diet*	diversité alimentaire	dieta	dietary diversity
fetal growth		crecimiento fetal	
folic	folique	fólico	iron-folic acid
fortif		enriquecimiento	fortify, fortification, fortified
golden rice	riz doré	arroz dorado	
growth monitoring			growth monitoring and promotion
HarvestPlus			
height-for	debout-pour-l'âge, debout pour l'âge, poids-pour-taille debout, poids pour taille debout, poids-taille	estatura para el peso, estatura para la edad	height-for-weight, height-for-age
high in fat	élevé de graisse	alto contenido de grasa	
infant and young child feeding	alimentation du nourrisson et du jeune enfant	alimentación del lactante y del niño pequeño	
infant growth	croissance infantile, croissance de l'enfant, croissance chez l'enfant	crecimiento infantil	
intrauterine growth restriction		restricción del crecimiento intrauterino	
iodiz	iodation du sel, sel iodé	yodación de la sal, sal yodada	iodization, iodized
IUGR	RCIU		
IYCF	ANJE	ALNP	
lactat			lactating, lactate
linear growth	croissance linéaire	crecimiento lineal	
low birth weight			
low birthweight	insuffisance pondérale	bajo peso al nacer	
low sodium	teneur en sodium	bajo contenido en sodio	
mid-upper arm circumference	circonférence du bras à mi-hauteur	perímetro braquial	
MUAC			
nourish	nourr		undernourish, well nourished, malnourish

nutri			nutrition, malnutrition, moderate/severe acute malnutrition, maternal nutrition, nutrition coordination, nutrición, micronutrient, micronutrimient, malnutrition aiguë, micronutriments en poudre, micronutrientes en polvo, conseil nutritionnel, asesoramiento nutricional, nutrition BCC, BCC for nutrition, scaling up nutrition, nutrition labelling, nutrient, gestión comunitaria de la malnutrición grave, gestión comunitaria de la malnutrición aguda grave
obesity	obésité	obesidad	
orange fleshed sweet potato	patate douce à chair orange	camote de pulpa anaranjada, camote anaranjado	
orange-fleshed sweet potato			
overweight	surpoids	sobrepeso	
processed food	aliments transformés	comida procesada	
protein energy			
ready to use therapeutic food	aliment thérapeutique	alimentos terapéuticos listos para usar, alimentos terapéuticos listos para consumir	
ready-to-use therapeutic food			
reduce sodium	réduire le sodium	reducir sodio	
RUTF	ATPE	ATLC, ATLU	
salt intake	consommation de sel	consumo de sal	
salt reduction	réduction de sel	reducir el consumo de sal	
salty	salé	salado	
SAM treatment			
stunting	retard de croissance	retraso en talla	retard de croissance intra-utérin
sugar consumption	consommation de sucre	consumo de azúcar	
sugar-sweeten		azucaradas, azucarados	
sugary	sucré	alto contenido de azúcar	
trans fat	gras trans	grasas trans	
trans-fat			
under weight			
underweight			
under-weight			
vegetable*	légume	verdura	
vitamin			vitamin A
wasting	émaciation	emaciación	
weight-for	poids-pour-l'âge, poids pour l'âge	peso para la estatura, peso para la edad	weight-for-height, weight-for-age

* Upon review of transactions that this keyword pulled, it was found to be likely to include false positives; recommend to not include in future screenings.

Appendix 2: Categorization of nutrition disbursement by WHA target

This resource tracking analysis followed the Global Investment Framework package of interventions per target. Table A2.1 shows the list of interventions included in the framework along with the ten-year costs to scale-up the interventions to achieve the targets. Note that most intervention costs are targeted to a specific population/beneficiary group.

Table A2.1: Ten-year total financing needs to meet all four targets, as reported by the Global Investment Framework for Nutrition (Shekar, Kakietek, et al. 2017)

Intervention	Stunting	EBF	Anemia	Wasting	Total	Share of total costs
Prophylactic zinc supplementation for children	14,212				14,212	23%
Public provision of complementary foods for children	12,750				12,750	20%
Treatment of severe acute malnutrition for children				8,091	8,091	13%
Balanced energy-protein supplementation for pregnant women	6,949				6,949	11%
Infant and young child nutrition counseling	6,823	4,159			6,823	11%
Iron and folic acid supplementation for non-pregnant women			6,705		6,705	11%
Staple food fortification			2,443		2,443	4%
Antenatal micronutrient supplementation	2,309		2,017		2,309	4%
National breastfeeding promotion campaigns		906			906	1%
Vitamin A supplementation for children	716				716	1%
Intermittent preventive treatment of malaria for pregnant women	416		337		416	1%
Pro-breastfeeding social policies		111			111	<1%
Subtotal	44,175	5,176	11,502	8,091	62,431	100%
Capacity strengthening (assumed to be 9% of subtotal)	3,976	466	1,035	728	5,619	NA
Monitoring and evaluation (assumed to be 2% of subtotal)	884	104	230	162	1,249	NA
Policy development (assumed to be 1% of subtotal)	442	NA	115	81	614	NA
Total	49,476	5,745	12,882	9,062	69,913	NA

The overweight and low birthweight targets were not included in the Global Investment Framework for Nutrition, thus there is no reference package of interventions as there is for stunting, wasting, anemia, and exclusive breastfeeding from that reference.

As indicated in **Appendix 1**, this analysis used disbursement data from the Creditor Reporting System and relied on project descriptions coupled with external document review to identify *which* interventions within the framework are being funded via the basic nutrition purpose code and beyond. Disbursement data is *not* often reported by beneficiary population, and project descriptions often do not provide this information either.

Because most cost categories in the Global Investment Framework for Nutrition are tied to a specific target population (e.g., public provision of complementary foods for children), it is not possible to match exact disbursements to each cost category from the data available.

Instead, this analysis captured total project/program disbursements. No attempt was made to discount total project/program disbursements by beneficiary, since it would distort the full picture of funding because it would have to rely on assumptions of beneficiaries reached. This was discussed during initial stakeholder consultation with general agreement, with the aim to end up with a fuller picture of total disbursements.

Table A2.2 shows the nutrition taxonomy used to roll up investments to the WHA targets. In the qualitative screening process described in **Appendix 1**, researchers screened transactions to identify when nutrition-specific interventions were present and coded them using the list shown as “nutrition intervention (level 3)” in Table A.2.2. A single transaction could have multiple intervention codes applied—**Appendix 3** describes how the disbursement value was split across these interventions.

The ‘NOTES’ section that follows reports considerations for each target with regards to the screening process.

Table A2.2: Nutrition intervention taxonomy for WHA target roll-up

Nutrition Program Area (level 1)	Nutrition Intervention Category (level 2)	Nutrition Intervention (level 3)	Stunting	Wasting	Anemia	EBF	Over-weight	Low birth weight	Not assigned to any one target
Treatment of acute malnutrition	Treatment of acute malnutrition	Treatment of acute malnutrition		X					
Fortification of staples	Fortification of staples	Fortification of staples			X				
Micronutrient supplementation	Micronutrient supplementation	Multiple micronutrient powder (point-of-use fortification)	X		X				
		Iron and folic acid supplementation	X		X				
		Vitamin A supplementation	X						
		Zinc and/or ORS for diarrhea management	X						
		Multiple micronutrients supplementation	X		X			X	
Behavior change communication for nutrition	Nutrition counseling	Nutrition counseling	X						
	Breastfeeding promotion	Breastfeeding promotion	X			X			
Diet-related non-communicable disease (NCD) prevention	Diet-related NCD prevention	Diet-related NCD prevention					X		
Above service delivery	Coordination, governance, and	Advocacy for nutrition							X

	advocacy for nutrition	Workshops and conferences							X	
		Nutrition policy making and priority setting							X	
	Capacity building	Nutrition trainings and capacity building							X	
	Research and data	Nutrition research and development							X	
		Evaluation of nutrition programs (M&E) distinct from within programs							X	
Other investments in the basic nutrition code, not aligned with GIFN	Direct feeding programs	Direct feeding programs	Partly - can't disaggregate by beneficiary						X	
	School feeding	School feeding							X	
	Biofortification	Biofortification							X	
	Salt iodization	Salt iodization							X	
	Food safety	Food safety							X	
	Income generation	Income generation							X	
	Nutrition delivered through infectious disease control programs	Deworming								X
		All else								X
	Social protection	Nutrition and cash transfer							X	
	Women's empowerment & nutrition	Women's empowerment & nutrition							X	

NOTES:

Stunting:

- The Global Investment Framework includes costs for the “public provision of complementary foods for children,” and while we could capture disbursements to direct feeding programs, we were unable to determine how much goes to children to align with costs. Because direct feeding disbursements represent large sums of disbursements, they were categorized as “other” and not rolled up to the WHA targets, **except** when they explicitly mention targeting acute malnutrition (see wasting, below).
- We did not find disbursements specifically for “balanced energy-protein supplementation.” This may be because this intervention is not invested in by donors or because this term is not used regularly during reporting to the CRS. If the latter, these investments may be included under direct feeding program disbursements if targeted to pregnant and lactating women (though that level of disaggregation is also unavailable).

Wasting:

- Food aid projects that explicitly mention targeting of acute malnutrition or therapeutic foods were included under the wasting target.
- Community-based management of acute malnutrition (CMAM) programs often include components of nutrition counseling, micronutrient supplementation, or other nutrition-specific interventions to treat malnourished children. In the analysis, for transactions that include treatment of acute malnutrition along with other interventions, the disbursement value was split across interventions so that what is rolled-up to the wasting target is a fraction of the total disbursement (depending on what else was identified and assumptions on the breakdown, as reported in **Appendix 3**). Based on consultation with stakeholders, it was decided that the estimate of core treatment costs should be rolled-up to the wasting target, as opposed to the more holistic set of program delivery costs including investments in components like nutrition counseling. As such, only the estimate of treatment costs are rolled up to the wasting target.

Exclusive breastfeeding:

- Transactions were coded as a breastfeeding intervention when there was explicit mention of breastfeeding; transactions could have also been coded as nutrition counseling.
- For transactions that were coded as nutrition counseling,

Overweight:

- The overweight target was not included in the Global Investment Framework for Nutrition, thus there is no reference package of interventions as there is for stunting, wasting, anemia, and exclusive breastfeeding from that reference.
- Nonetheless, this analysis captured some investments on prevention of overweight via “diet-related NCD prevention”

- Investments in research towards diet-related NCD prevention with explicit mention of overweight/obesity were found, but as these were included under the 'research and data' category (which is not further disaggregated), they were **not** rolled-up to the overweight category.
- It should be noted that any *domestic investment* in overweight/obesity reduction and prevention by donors (e.g., for research or programming within DAC donor countries) fit within the spirit of the global target, but are not reported as development assistance to the DAC. We expect domestic investments to be significant, however, there is currently limited/no data to account for these investments.

Low birthweight:

- The low birthweight target was not included in the Global Investment Framework for Nutrition, thus there is no reference package of interventions as there is for stunting, wasting, anemia, and exclusive breastfeeding from that reference.
- A 2017 systematic review points towards multiple micronutrient supplementation during pregnancy as the main nutrition-specific intervention to reduce the risk of low birthweight (da Silva Lopes et al. 2017). Because we are generally unable to disaggregate data by target population (e.g., by pregnant women), we included total disbursements for multiple micronutrient supplementation towards the low birthweight target.

Above-service delivery (ASD):

- These disbursements help support the scale-up of proven interventions.
- The 'research and data' (R&D) category currently includes all research on nutrition – if these disbursements were included in the basic nutrition code in the CRS, we did not discriminate between R&D on interventions included in the Global Investment Framework or not included, in line with the Catalyzing Progress ideology that suggests that investments in R&D/implementation science in general are important for the WHA targets (Shekar, Jakub, et al. 2017). As it stands, we have not disaggregated the R&D category, but worth noting it could include a range of topics including diet-related NCD prevention, gut biomes, and biofortification.
- There are two types of ASD investments:
 - Standalone ASD disbursements** (e.g., research projects). These disbursements are reported directly.
 - ASD disbursements as part of programmatic delivery** (e.g., monitoring and evaluation of a program). Here, we did not find reliable data to estimate the percent of total disbursement going to above-service costs versus program costs. For transactions that included both program delivery and ASD investments (e.g. M&E delivered alongside a CMAM program), we did not attempt to disaggregate the ASD component given data limitations; so, these disbursements are nested within their respective pragmatic categories. Further research is needed to determine the share of overall projects going to above-service delivery costs.

Both types of investments were identified in this analysis. Of all transactions where any above-service delivery component was identified, about 60% of transactions screened were standalone and 40% were part of programmatic delivery (by count).

- Table A2.3 shows each above-service delivery intervention category (rows of the table), the frequency where these were identified within programmatic delivery (shown as a percentage), the total disbursement value of the WHA nutrition component of the transaction, and the type of programmatic intervention it was identified with (percentage of transactions that also include any of the twelve programmatic categories shown). For example, for all transactions where a ‘capacity building’ investment was identified, 30% were identified together with programmatic delivery of some kind (representing a total disbursement of \$93 million to the WHA targets). The columns with grey headers display which programmatic interventions were identified along with ‘capacity building’—e.g., 13% of these transactions were found within transactions that delivered ‘treatment of acute malnutrition’, 4% within ‘micronutrients’, etc.

Table A2.3: The amount of ASD disbursements identified as part of programmatic delivery

ASD Intervention category	Percentage of transactions where ASD disbursements are part of programmatic delivery (i.e., non-standalone)	Value of screened transactions going to WHA nutrition targets where ASD disbursements are part of programmatic delivery (i.e., non-standalone), (USD millions)	Intervention the ASD category was identified in (Percent of transactions that include the programmatic intervention by count)										
			Treatment of acute malnutrition	Micronutrients not disaggregated	Staple fortification	Multiple micronutrient powders	IFA	Vitamin A	Zinc	Nutrition counseling	Breastfeeding	Diet NCDs	Total
Capacity building	30%	\$92.68	12.8%	4.3%	2.1%	8.5%	12.8%	6.4%	4.3%	2.1%	27.7%	17.0%	2.1%
Policy	16%	\$24.92	25.0%	6.3%	6.3%	12.5%	6.3%	6.3%	6.3%	6.3%	18.8%	6.3%	0.0%
M&E	13%	\$22.89	28.6%	7.1%	0.0%	7.1%	7.1%	7.1%	7.1%	7.1%	14.3%	14.3%	0.0%
Advocacy	12%	\$52.61	16.7%	0.0%	0.0%	5.6%	5.6%	11.1%	11.1%	5.6%	16.7%	27.8%	0.0%
R&D	3%	\$15.15	7.7%	7.7%	0.0%	7.7%	7.7%	7.7%	7.7%	7.7%	23.1%	23.1%	0.0%

Other in the basic nutrition code:

- These categories represent other disbursements found within basic nutrition that do not align with the Global Investment Framework for Nutrition package. This assessment **does not** represent a comprehensive screening across the entire CRS for these program categories. For example, there may be additional disbursements to school feeding programs coded under education purpose codes that were not captured here.

Appendix 3: Intervention-level disbursement disaggregation assumptions

Background

Because data in the CRS does not immediately provide information on disbursements by WHA nutrition target or type of nutrition intervention, qualitative review of CRS descriptive variables (i.e., project titles and short/long descriptions) and external project documents is needed. **Appendix 1** documents the qualitative screening methods. **Appendix 2** documents the intervention codes applied per transaction.

There is a level of uncertainty to be expected when segmenting transactions by WHA target, simply due to the level of reporting and data available. The methodology presented here is a way to approximate the intervention-level disbursement breakdown in order to roll up investments to the WHA targets. Accuracy must be balanced with the ability to transform and analyze the data by WHA target. Three options are explored. External consultations with donors and key stakeholders were conducted to review the data gaps, underlying assumptions, and outputs from the analysis to help determine the best of the three options.

Intervention-level disbursement data from the screening step and data gaps

During the project level screening (method described in **Appendix 1**), the research team was generally able to determine how much to count as nutrition and *which* interventions were included in a transaction. However, in only a minority of cases did we find information on how the nutrition portion of the transaction was allocated across the included interventions.

Some transactions had only one intervention identified (i.e., 100% of the nutrition component is allocated towards that intervention) (see Figure A1.1 of **Appendix 1**). The total nutrition disbursement amount can be counted to that intervention.

For all other transactions—i.e., where there is more than one intervention per transaction *and* the intervention-level breakdown is unknown—the intervention-level breakdown had to be estimated based on assumptions. Table A3.1 shows the number of transactions with two or more interventions identified per transaction where no additional data was found.

Table A3.1: Screened transactions with two or more interventions identified per transaction and where no additional data was found on the breakdown by intervention

Number of interventions per transaction	Number of transactions	Share of transaction count	Share of nutrition disbursements (%)*
2	175	29%	34%
3	256	42%	29%
4	39	6%	16%
5	95	16%	11%
Over 5	42	7%	11%
Total	607	100%	100%

*Estimate uses the high range of what to count towards nutrition (see Appendix 1 section 4.b: in some cases, coders provided a range of what the nutrition component might be).

To assess the range of possible disbursements going to each intervention, we calculated the theoretical minimum and maximum disbursement amounts. Figure A3.1 shows the possible range for disbursements for the top ten interventions, where the minimum (teal) represents only those disbursements attributed directly to the intervention during project review,⁶ and the maximum (teal + grey) represents the disbursement that could theoretically be attributable to the intervention if 100% of disbursements for all transactions for which it was flagged were attributed to it. For example, for direct feeding, we know *at least* \$200 million was spent on that intervention, but total disbursement could be as high as \$390 million *if* no disbursement went to any of the other interventions identified in transactions alongside direct feeding. Note that the disbursements cannot be summed across intervention categories in Figure A3.1.

The grey portion of each bar represents the maximum additional disbursement value of all transactions where that intervention was identified *and* where two or more interventions were identified. This represents the maximum theoretical range of uncertainty for what to count as going towards that intervention and how much we might expect to go towards other interventions. Where the true value lies depends on the share of disbursement received by that intervention within each transaction. This is likely to be influenced by many factors, including the number of other interventions identified within each transaction.

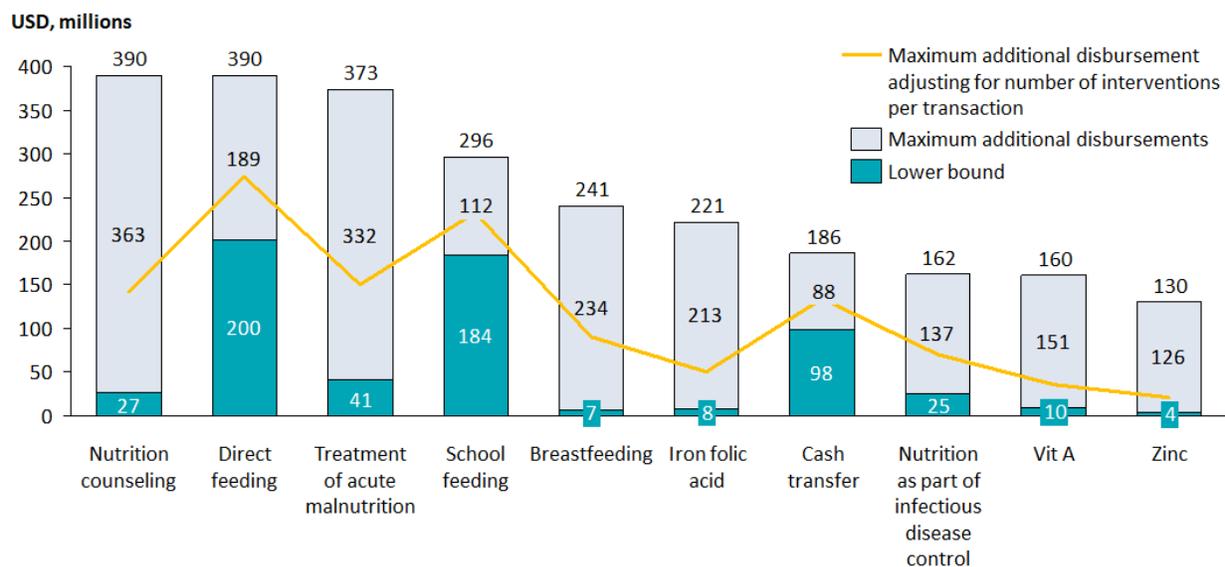
As a next step to adjust for the fact that some interventions are often found in transactions alongside many other interventions, while some interventions tend to be found with relatively few interventions, we split disbursements equally by the number of interventions per transaction.⁷ This value is shown in Figure A3.1 by the yellow line. The line represents what the expected value would be if each intervention within any transaction were allocated an equal share of the disbursement – i.e., with a naïve split.

Because these ranges are large, final conclusions are sensitive to the assumptions used to segment funds between interventions for projects missing this data. The next section describes options to more closely approximate the split.

⁶ These come from two sources: 1) projects which only had one intervention flagged (i.e. 100% of the disbursement value goes towards that intervention), and 2) projects for which we found the intervention-level breakdown via external document review.

⁷ This was done to adjust for large project disbursements that include many nutrition interventions.

Figure A3.1: Maximum and minimum disbursements for the top ten screened intervention categories



Possible approaches

Here, we present three possible approaches to estimate intervention-level breakdown when no additional data is available. All three approaches generate ‘weights’ which are used to split a transaction disbursement into intervention categories.

Approach	Brief description	External data needed to drive assumptions	Implications
Approach A: cost proportionality	<ul style="list-style-type: none"> Weights are based on the relative costs of interventions. For transactions that include above-service delivery (ASD), assume 25% of the disbursement goes to ASD For transactions that include nutrition-sensitive interventions where relative costs are not included in the Global Investment Framework, but where we largely think they are costly, assume 60% of the disbursement goes to that nutrition-sensitive intervention 	<ul style="list-style-type: none"> Costs for each of the Global Investment Framework interventions, based on unit cost, target population size, and coverage 	<ul style="list-style-type: none"> Underlying assumption is that donors spend more on interventions that we know are likely to be more costly to deliver at a given scale However, the cost assumptions approach is difficult for interventions where cost data is weaker (e.g. many nutrition-sensitive interventions), or conceptually challenging to apply (e.g. what should we consider to be the unit cost for capacity-building?); and assumes donors will show no preference within transactions in favor of more cost-effective interventions

<p>Approach B: intervention prioritization</p>	<ul style="list-style-type: none"> Weights are based on an estimate of donor intervention prioritization: the total maximum value of intervention disbursement, adjusting for the number of interventions per transaction (Figure A3.1 yellow line) The relative size of these weights provides an approximation of how much donors prioritize (or spends on) that intervention in aggregate 	<ul style="list-style-type: none"> No external data used for assumption – based on trends in the disbursement year 	<ul style="list-style-type: none"> Underlying assumption is that donor spending patterns <i>within</i> a transaction will reflect the patterns in donor spending estimated at the aggregate level <i>across</i> transactions. Weight size is largely driven by the frequency by which an intervention is identified and the dollar value of the transaction in which it is identified in; theoretically could overemphasize cheaper interventions included as part of many intervention packages
<p>Approach C: imputed cost driver</p>	<ul style="list-style-type: none"> Weights are based on an estimate of cost drivers observed: the average value of intervention disbursement, adjusting for the number of interventions per transaction The relative size of these weights approximates which interventions are more or less costly, based on whether they tend to be associated with larger disbursements. 	<ul style="list-style-type: none"> No external data used for assumption – based on trends in the disbursement year 	<ul style="list-style-type: none"> Underlying assumption is that interventions that appear predominantly in transactions with large disbursements-per-intervention are more costly than other interventions, and likely to require a larger share of disbursement within a given transaction. Weight size is driven by transaction size associated with the intervention; in the absence of beneficiary data to control for program scale, theoretically could underemphasize any programs that are often performed at smaller scale

Approach selection and uncertainty ranges

There is no perfect method to estimate intervention-level disbursement splits without granular intervention-level data. As such, we reviewed the three approaches above with donors and key stakeholders to help select best approach, noting limitations and assumptions for each.

The review process suggested Approach C was the strongest technical approach because it is not sensitive to external data (such as with Approach A), and it modulates weight size based on average disbursement values seen in the data (compared with Approach B, which is more susceptible to total dollar values).

All disbursement data presented in the main report represent values based on Approach C. Uncertainty ranges in the intervention breakdown were calculated based on two areas of uncertainty: 1) the uncertainty in what was counted towards the *nutrition component* of the transaction (see **Appendix 1**, section 4, part b for further details), and 2) the difference in intervention splits as calculated by Approach A and B. For instance, main report Figure 8, which displays global disbursements to the WHA targets and interventions, presents an estimate for each target and intervention as well as the uncertainty range associated with it.

Uncertainty ranges were calculated as follows:

First, the estimate of nutrition component within a transaction is taken in consideration. For instance, take a hypothetical \$100 transaction which had been identified as having a 15-25% nutrition component. We took the midpoint of that range, or 20%, as the nutrition component, leading to an estimate of \$20 of the \$100 being spent on nutrition. The uncertainty range would be calculated based on the full range of the 15-25% estimated share of the transaction. This results in an estimate of \$20 with a possible range of values from \$15 to \$25.

Next, we calculated the intervention splits using Approach A and Approach B and compared them to our main estimate from Approach C. To illustrate, take the same transaction above, for which our estimate was that it included \$20 for nutrition interventions. Imagine that it included two interventions, X and Y. Approach C suggests the split of 50/50 for interventions X and Y respectively, meaning that the split would be \$10 to intervention X and \$10 to intervention Y. However, Approach A suggests the split is 40/60, leading to \$8 to X and \$12 to Y, while Approach B suggests it's 55/45, leading to \$11 to X and \$9 to Y. In this case, we would estimate that \$10 was spent for both X and Y, with uncertainty of \$8-11 for intervention X and \$9-\$12 for intervention Y, respectively.

The actual uncertainty range for a given transaction would incorporate the uncertainty from both steps at once. That is, we would calculate the second step using uncertainty from the first: rather than using only the \$20 value for nutrition disbursements to determine the disbursement to interventions X and Y, we would also calculate the disbursements using the \$15 and \$25 values for the nutrition disbursement. The highest and lowest values resulting for X and Y would then be taken as the uncertainty ranges for that transaction.

Uncertainty ranges calculated at transaction level were aggregated at intervention and target levels by summing the respective minimum and maximum values. These uncertainty ranges can be seen in Figure 8 of the main report. Note that when the result of Approach C was either the minimum or maximum

value (e.g., for an example intervention Approach A estimates \$8, Approach B estimates \$9, Approach C estimates \$10 was spent), an uncertainty bar is shown only in the direction of the other potential values.

Overall, the uncertainty bars should be interpreted to represent the range of results that we believe to be plausible based on the data available.

Appendix 4: Donor disbursements to the WHA nutrition targets by sector and purpose code in 2015

Disbursement sector/purpose code	Disbursements to WHA nutrition targets (USD, millions)	Share of disbursement counted towards the WHA targets, of purpose codes shown here (%)*
Basic nutrition	\$606	59.49%
Basic nutrition	\$606	59.49%
Emergency response	\$172	0.85%
Emergency food aid	\$112	3.01%
Material relief assistance and services	\$48	0.38%
Relief co-ordination; protection and support services	\$9	0.67%
Reconstruction relief and rehabilitation	\$2	0.17%
Disaster prevention and preparedness	\$2	0.14%
Health	\$164	0.78%
Reproductive health care	\$82	4.03%
Basic health care	\$36	1.17%
Health policy & administrative management	\$13	0.58%
Infectious disease control	\$10	0.33%
Medical research	\$7	2.40%
Std control including hiv/aids	\$6	0.10%
Medical services	\$2	0.43%
Health education	\$2	2.05%
Family planning	\$1	0.10%
Personnel development for population & reproductive health	\$1	0.82%
Basic health infrastructure	\$1	0.24%
Tuberculosis control	\$0.5	0.05%
Population policy and administrative management	\$0.4	0.11%
Health personnel development	\$0.4	0.25%
Medical education/training	\$0.1	0.13%
Developmental food aid / food security	\$72	4.88%
Food aid/Food security programmes	\$72	4.88%
Agriculture	\$63	0.89%
Agricultural development	\$26	1.07%
Agricultural research	\$26	3.51%
Agricultural policy & administrative management	\$7	0.42%
Agricultural education/training	\$2	1.91%
Agricultural extension	\$1	0.68%

Agricultural land resources	\$1	0.14%
Agricultural water resources	\$1	0.04%
Agricultural inputs	\$0.2	0.18%
Livestock/veterinary services	\$0.1	0.10%
Plant and post-harvest protection and pest control	\$0.1	0.12%
Agrarian reform	\$0.1	0.32%
Other social infrastructure and services	\$24	0.58%
Social/welfare services	\$24	0.58%
All other sectors	\$16	0.04%
Basic sanitation	\$8	2.26%
Rural development	\$3	0.15%
Fishery development	\$1	1.29%
Democratic participation and civil society	\$1	0.04%
Multisector aid	\$1	0.01%
Public sector policy and administrative management	\$1	0.01%
Sectors not specified	\$1	0.00%
Trade facilitation	\$0.2	0.03%
Forestry development	\$0.2	0.05%
Education facilities and training	\$0.2	0.02%
Education and training in water supply and sanitation	\$0.1	0.38%
Basic drinking water supply	\$0.1	0.01%
Agro-industries	\$0.1	0.01%
Grand Total	\$1,117	1.14%

*Percentages shown for individual purpose codes (light grey rows) represent the percentage of the total disbursement in that purpose code counted towards the WHA targets. Percentages shown for sectors (dark grey rows) represent the percentage of the total disbursements *in the purpose codes listed below it* counted towards the WHA targets; this calculation does *not* include other purpose codes within the sector not shown in this table.

Appendix 5: Donor disbursements to basic nutrition and to the WHA targets in 2015, by region and recipient country

Recipient	Disbursement to the basic nutrition purpose code in 2015 (USD, millions)	Disbursement to WHA nutrition targets in 2015 (USD, millions)	Disbursement to WHA nutrition targets per child under 5 in 2015 (USD)*
Sub-Saharan Africa	\$460	\$479	
Ethiopia	\$64	\$70	\$4.77
South of Sahara, regional	\$38	\$38	NA
Nigeria	\$18	\$29	\$0.89
Niger	\$15	\$25	\$6.19
Democratic Republic of the Congo	\$8	\$25	\$1.99
Zambia	\$12	\$23	\$8.05
Malawi	\$35	\$20	\$6.89
Burkina Faso	\$26	\$19	\$6.09
Mozambique	\$33	\$18	\$4.01
Mali	\$23	\$17	\$5.44
Tanzania	\$24	\$17	\$1.86
Senegal	\$19	\$16	\$6.56
Somalia	\$6	\$14	\$7.10
Madagascar	\$20	\$14	\$3.74
Uganda	\$15	\$13	\$1.77
Africa, regional	\$5	\$13	NA
Chad	\$6	\$13	\$4.97
Zimbabwe	\$2	\$12	\$5.89
Kenya	\$9	\$12	\$1.62
South Sudan	\$1	\$10	\$5.41
Ghana	\$11	\$9	\$2.31
Mauritania	\$5	\$7	\$12.19
Rwanda	\$5	\$6	\$3.16
Sierra Leone	\$5	\$6	\$6.41
Cameroon	\$7	\$5	\$1.38
Sudan	\$2	\$5	\$0.83
Burundi	\$11	\$5	\$2.43
Central African Republic	\$3	\$3	\$4.70
Guinea	\$4	\$3	\$1.41
Liberia	\$2	\$2	\$3.50
Côte d'Ivoire	\$5	\$2	\$0.70
Gambia	\$4	\$2	\$6.57
Benin	\$7	\$2	\$0.90
Angola	\$0.5	\$1	\$0.21
South Africa	\$1	\$1	\$0.12
Togo	\$1	\$1	\$0.54
Guinea-Bissau	\$3	\$1	\$1.98
Eritrea	\$0.1	\$1	\$0.46
Congo	\$2	\$0.4	\$0.59

Comoros	\$0.3	\$0.3	\$2.25
Swaziland	\$0.1	\$0.1	\$0.62
Namibia	\$0.1	\$0.1	\$0.35
Botswana	\$0.1	\$0.1	\$0.30
Sao Tome and Principe	\$0.1	\$0.1	\$2.11
Lesotho	\$0.1	\$0.0	\$0.09
Cabo Verde	\$0.0	\$0.0	\$0.10
Equatorial Guinea	\$0.0	\$0.0	\$0.03
Mauritius	\$0.0	\$0.0	\$0.02
Gabon	\$0.0	\$0.0	\$0.003
South Asia	\$181	\$271	
Pakistan	\$23	\$96	\$4.49
Bangladesh	\$34	\$46	\$3.05
India	\$42	\$45	\$0.37
Nepal	\$34	\$27	\$9.72
Afghanistan	\$16	\$27	\$5.53
Asia, regional	\$17	\$16	NA
Sri Lanka	\$12	\$11	\$5.95
South & Central Asia, regional	\$1	\$1	NA
South Asia, regional	\$0	\$0	NA
Bhutan	\$1	\$0	\$2.97
Maldives	\$0	\$0	\$1.60
Latin America & Caribbean	\$148	\$118	
Peru	\$56	\$54	\$18.30
Guatemala	\$37	\$32	\$13.70
Haiti	\$22	\$17	\$13.86
Nicaragua	\$12	\$4	\$6.24
Bolivia	\$5	\$2	\$1.86
America, regional	\$3	\$2	NA
Mexico	\$0.03	\$2	\$0.15
Honduras	\$10	\$1	\$1.30
Colombia	\$2	\$1	\$0.19
Brazil	\$0.3	\$1	\$0.04
Ecuador	\$0.4	\$1	\$0.33
Panama	\$0.2	\$0.4	\$1.17
South America, regional	\$0.04	\$0.3	NA
Argentina	\$0.04	\$0.2	\$0.07
Venezuela	\$0	\$0.2	\$0.05
El Salvador	\$0.1	\$0.1	\$0.22
Guyana	\$0.1	\$0.1	\$1.12
Costa Rica	\$0	\$0.1	\$0.22
Grenada	\$0	\$0.05	\$4.95
Belize	\$0	\$0.05	\$1.22
Dominican Republic	\$0.03	\$0.04	\$0.04
Dominica	\$0.1	\$0.04	NA
Jamaica	\$0.04	\$0.03	\$0.11
Cuba	\$0.02	\$0.02	\$0.03
Paraguay	\$0.01	\$0.01	\$0.01
Middle East & North Africa	\$62	\$71	
Yemen	\$48	\$56	\$15.73

Middle East, regional	\$6	\$5	NA
Syrian Arab Republic	\$0.2	\$3	\$1.36
Iraq	\$1	\$3	\$0.64
Egypt	\$5	\$1	\$0.09
Lebanon	\$0.02	\$1	\$2.14
Jordan	\$0.02	\$1	\$0.56
Djibouti	\$1	\$0.4	\$3.33
North of Sahara, regional	\$0	\$0.2	NA
Iran	\$0.2	\$0.2	\$0.03
Morocco	\$1	\$0.2	\$0.05
West Bank and Gaza Strip	\$0.04	\$0.1	NA
Libya	\$0	\$0.1	\$0.17
Algeria	\$0.03	\$0.02	\$0.004
Tunisia	<\$0.01	<\$0.01	\$0.001
East Asia & Pacific	\$52	\$40	
Indonesia	\$16	\$17	\$0.75
Myanmar	\$1	\$7	\$1.56
Viet Nam	\$3	\$3	\$0.43
Democratic People's Republic of Korea	\$1	\$3	\$1.71
Timor-Leste	\$4	\$3	\$15.01
Cambodia	\$9	\$3	\$1.47
Philippines	\$0.3	\$2	\$0.13
Lao People's Democratic Republic	\$16	\$1	\$1.61
Far East Asia, regional	\$1	\$1	NA
China (People's Republic of)	\$0.4	\$0.3	\$0.003
Thailand	\$0.01	\$0.3	\$0.08
Papua New Guinea	\$0.2	\$0.2	\$0.24
Mongolia	\$0.3	\$0.2	\$0.70
Oceania, regional	\$0.3	\$0.2	NA
Tonga	\$0.03	\$0.1	\$9.48
Kiribati	\$0.01	\$0.1	\$4.89
Solomon Islands	\$0.01	\$0.1	\$0.62
Fiji	\$0.1	\$0.03	\$0.36
Samoa	\$0.1	\$0.03	\$1.16
Vanuatu	<\$0.01	\$0.01	\$0.39
Cook Islands	\$0.03	\$0.01	NA
Tuvalu	\$0.01	<\$0.01	NA
Marshall Islands	<\$0.01	<\$0.01	NA
Europe, Central Asia and North America	\$4	\$5	
North & Central America, regional	\$0.2	\$1	NA
Ukraine	\$0.03	\$1	\$0.32
Tajikistan	\$1	\$1	\$0.58
Uzbekistan	\$0.1	\$1	\$0.24
Europe, regional	\$1	\$1	NA
Georgia	\$0.05	\$0.4	\$1.25
Armenia	\$0.1	\$0.3	\$1.50
Kazakhstan	\$0	\$0.2	\$0.10
Bosnia and Herzegovina	\$0.01	\$0.1	\$0.50
Kyrgyzstan	\$2	\$0.1	\$0.12
Belarus	\$0.1	\$0.1	\$0.10

Albania	\$0.03	\$0.03	\$0.14
Turkey	\$0.02	\$0.02	<\$0.01
Turkmenistan	\$0.04	\$0.02	\$0.03
Former Yugoslav Republic of Macedonia	\$0.01	\$0.01	\$0.08
Moldova	\$0.01	\$0.01	\$0.04
Kosovo	\$0.01	\$0.01	NA
Serbia	\$0.01	<\$0.01	\$0.01
Central Asia, regional	\$0	<\$0.01	NA
Unspecified	\$112	\$132	
Bilateral, unspecified	\$112	\$132	NA
Grand Total	\$1,019	\$1,117	

*NA indicates that the 2016 Global Nutrition Report (IFPRI 2016) did not report on the under 5 population for that recipient; population data by CRS regional categories are not reported.

Appendix 6: Disaggregated funding channel maps for bilateral donors, multilateral donors, and private BMGF grants

The series of Figures presented here complement Figure 6 in the main report by disaggregating each category of donor source—bilateral donors, multilateral donors, and private BMGF grants—into their own funding channel map.

For all of the following figures: color corresponds to the channel through which funding flows; thickness of the lines is proportional to WHA-aligned disbursements in 2015. At the time of analysis, BMGF was the only private donor reporting to the CRS. European Union (EU) Institutions and the World Bank are defined as multilateral donors by the CRS. Above-service delivery includes: coordination, governance & advocacy for nutrition, capacity building for nutrition, and research & data. BMGF=Bill and Melinda Gates Foundation; IFIs=international financial institutions; NGOs=non-governmental organizations; PPPs= public-private partnerships; NCD=non-communicable diseases.

Figure A6.1: Disbursements by bilateral donors to the WHA targets in 2015; funding channel map illustrating flows from the source channeled through partners and to the activity implemented (USD, millions)

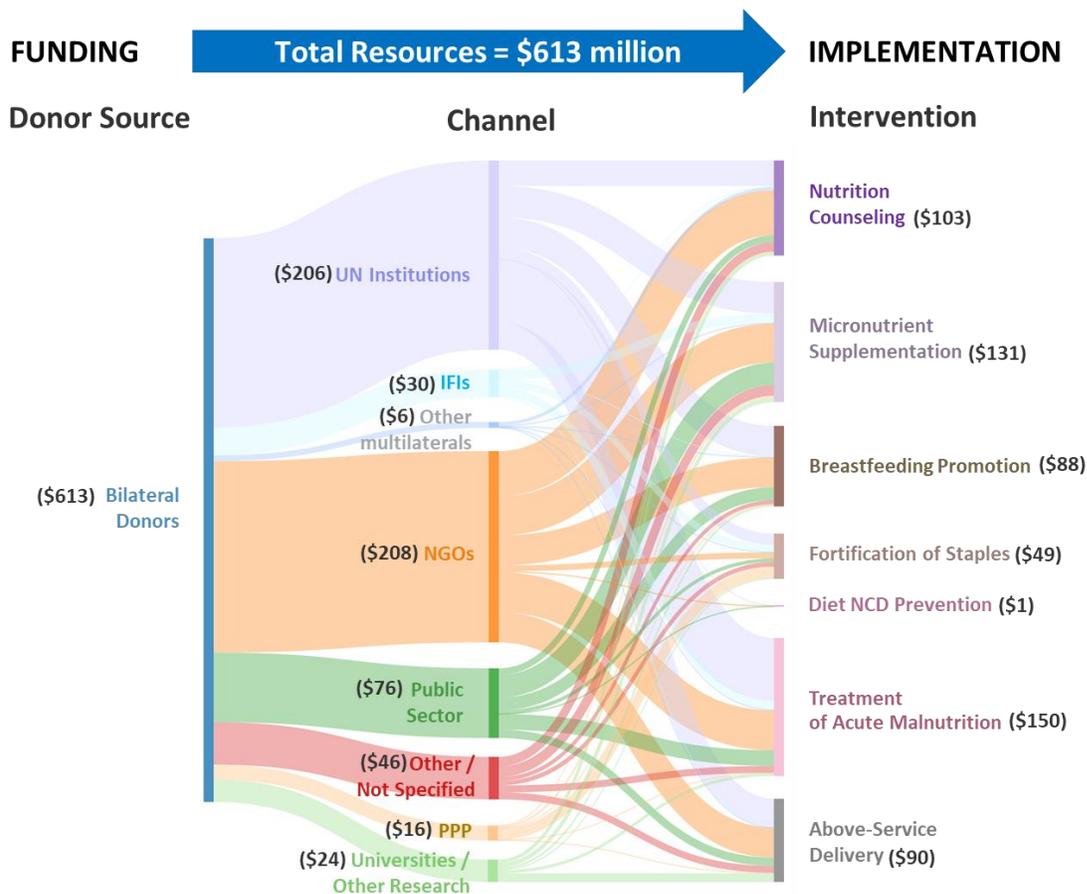


Figure A6.2: Disbursements by multilateral donors to the WHA targets in 2015; funding channel map illustrating flows from the source channeled through partners and to the activity implemented (USD, millions)

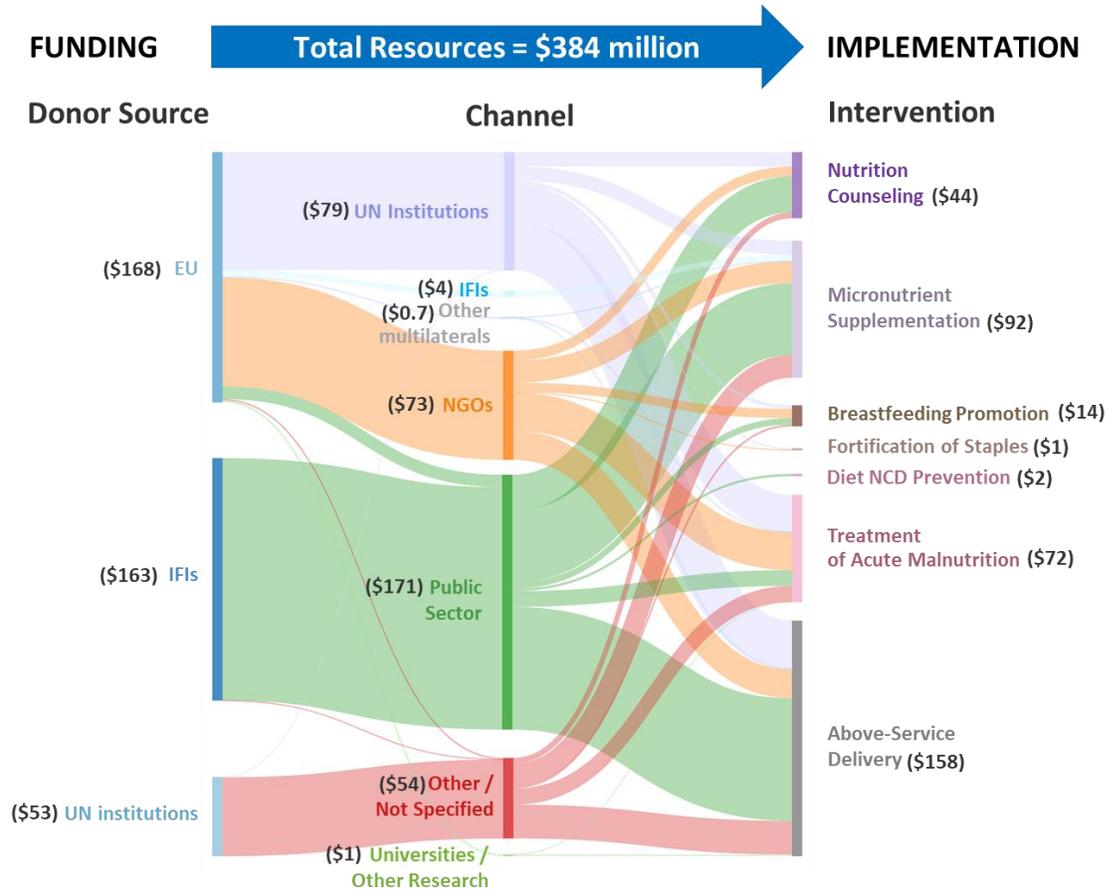
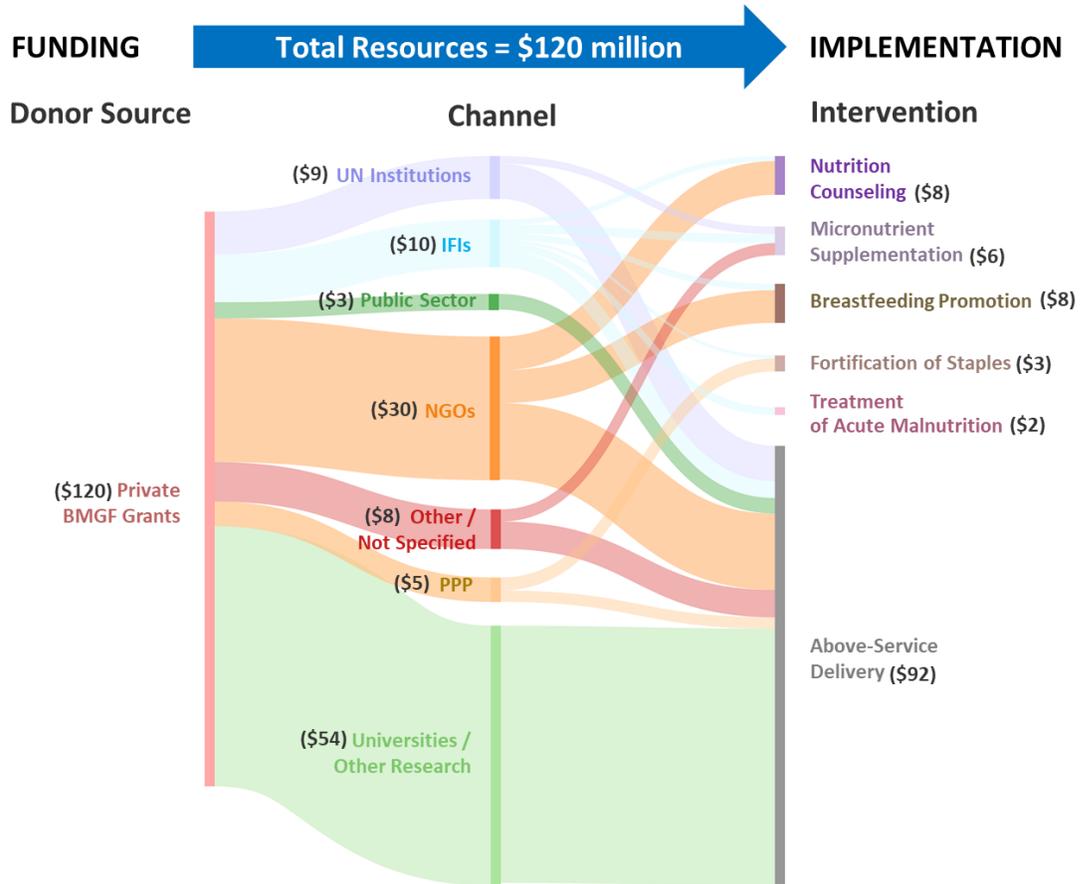


Figure A6.3: Disbursements by private BMGF grants to the WHA targets in 2015; funding channel map illustrating flows from the source channeled through partners and to the activity implemented (USD, millions)



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