

## SUN DONOR NETWORK

### Methodology and Guidance Note to Track Global Investments in Nutrition

This guidance note presents a method to track financial investments in nutrition based on the work of the SUN Donor Network working group on resource tracking. It was approved by Senior Officials of the SUN Donor Network at a meeting on the 1 December 2013. Reporting will start in April 2014, for the years 2010 and 2012.

Two categories of investments will be reported on:

- Nutrition-specific projects (Category 1)
- “Nutrition-sensitive” projects (Category 2)

#### **Background:**

Through the SUN Donor Network, a small group has been working together to develop a common methodology to increase accountability and improve the tracking of external development assistance resources aimed at addressing undernutrition. Improved tracking of donor spending on nutrition is important, not only for accountability purposes, but to measure progress in mobilizing resources and improve the quality of nutrition aid by highlighting gaps and inspiring changes to investments in other sectors in a way that will impact nutrition. A common methodology will also bring greater transparency to the process of tracking investments in nutrition. It is expected that a common accepted methodology that is simple, yet rigorous, will improve the quality and availability of data on nutrition spending. Eventually this common methodology could inspire other constituencies to develop approaches to track their nutrition investments.

Although there is an OECD-DAC sector code for reporting activities that are aimed primarily at direct nutrition interventions (12240), there is currently no common, agreed-upon approach to track resources for “nutrition-sensitive” development assistance. Nutrition-sensitive programming is attempting to do something different for nutrition, includes a nutrition objective or indicator and contributes to nutrition-sensitive outcomes.

This proposed methodology represents an approach for donors to accurately and effectively track external nutrition development assistance.

The SUN Donor Network will review the guidance note on an annual basis to determine if modifications are necessary, based on new evidence or other factors that may necessitate adjustments or additions to the guidance note or methodology itself.

*1 December 2013*

## 1. Nutrition-specific projects – Category 1

Nutrition-specific commitments will be tracked using the DAC purpose code 12240 “basic nutrition”. All projects encoded under this DAC code will be considered Category 1 (i.e. nutrition-specific). The scoring attributed to these projects will be 100%. For donors who can apply multiple DAC codes to a grant when reporting into the OECD-DAC Creditor Reporting System (CRS), the proportion of the grant coded as 12240 will be included.

## 2. “Nutrition-sensitive” projects – Category 2

There are three main steps to determine whether a project is nutrition-sensitive (Category 2) or not:

- **Step one:** Select a pool of potentially nutrition-sensitive projects using a combination of DAC codes and a key word search on the CRS database. The list of DAC codes and the list of key words are presented in the Annex.
- **Step two:** Review the projects selected in step one by assessing individually each project document. The objectives, expected results and indicators are examined to determine whether the project is nutrition-sensitive.
- **Step three:** through the same review of project documents, classify the “intensity” of nutrition-sensitivity into two sub-categories: nutrition-sensitive dominant or nutrition-sensitive partial.

### STEP ONE: DETERMINE THE UNIVERSE OF ACTIONS CONTRIBUTING TO NUTRITION

- DAC code filter: Using a database of all projects (e.g., CRS), search for all projects which relate to nutrition from the list of DAC codes (see Annex 1)<sup>1</sup>
- Keyword filter: Using a database of all projects (e.g., CRS), search for all projects which have at least one of the key words in the list (see Annex 2)

### STEP TWO: DETERMINE IF NUTRITION SENSITIVE

To be nutrition sensitive, the actions must fulfil **ALL** the following criteria:

- Aimed at Individuals<sup>2</sup>: the actions must intend to improve nutrition for women or adolescent girls or children; **AND**
- The project has a significant nutrition objective<sup>3</sup> **OR** nutrition indicator(s)(see Annex 3); **AND**
- The project must contribute to nutrition-sensitive outcomes (listed in the grey-shaded box below), which are explicit in the project design through activities, indicators and specifically the expected results themselves.

<sup>1</sup> These steps are not sequenced, but are to be used to identify projects in sectors known to be closely linked to nutrition-sensitive outcomes, as well as to identify projects in other sectors that may be nutrition-sensitive by using key words.

<sup>2</sup> This does not necessarily entail targeting women or children because actions targeted at households, communities or nations can also be designed to result in improved nutrition for women and children. It entails, though, an intention to achieve results and measure them at the level of women, adolescent girls or children.

<sup>3</sup>The objective must go beyond just mentioning nutrition and aim to take action(s) to improve nutrition.

## **Nutrition Sensitive Outcomes**

*These outcomes, used to gauge the degree of nutrition sensitivity, are drawn from the nutrition conceptual framework (UNICEF 1990), the Reference Document “Addressing Undernutrition in External Assistance” (EC 2011) and the SUN Movement Strategy 2012-2015.*

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

- Increase purchasing power of women (examples: safety nets, cash transfers)
- Improve access to nutritious food of women, adolescent girls and/or children (examples: agriculture/livestock diversification, biofortification, food safety, increased access to markets)
- Improve the diet in quality and/or quantity for women, adolescent girls or children (examples: promotion of quality/diversity, nutritious diets, quantity/energy intake in food insecure households, stability, micronutrient intake, vouchers, access to markets)
- Improve access of women or adolescent girls or children to primary 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)

### **B. National level:**

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

### **C. Research**

- Increased research with nutrition objectives

**STEP THREE: DETERMINE HOW NUTRITION SENSITIVE**

Nutrition-sensitive actions will be categorised into two sub-categories defined below depending on the intensity to which they contribute to the predefined outcomes:

Category	Sub-Category	Criteria	Amount of investment counted	EXAMPLE
"Nutrition-Sensitive"	Dominant	When the <b>full project</b> (its main objective, results, outcomes and indicators) is nutrition-sensitive, as per the criteria described in step two	<b>100%</b>	<i>\$1,000,000 project: \$1,000,000 would be included in the count</i>
	Partial	When <b>part of the project</b> (e.g. one of the objectives, results, outcomes and indicators) is nutrition-sensitive, as per the criteria described in step two	<b>25%</b>	<i>\$1,000,000 project: \$250,000 would be included in the count</i>

**Annex 1: list of OECD-DAC purpose codes to be used for DAC code filter**

<p><b><u>Food Security and Agriculture:</u></b></p> <p><i>Availability</i></p> <ul style="list-style-type: none"> <li>31110 agricultural policy and administrative management;</li> <li>31120 agricultural development;</li> <li>31140 agriculture water resources</li> <li>31150 agricultural inputs;</li> <li>31161 food crop production;</li> <li>31163 livestock;</li> <li>31166 agricultural extension;</li> <li>31181 agricultural education/training;</li> <li>31182 agricultural research;</li> <li>31191 agricultural services;</li> <li>31193 agricultural financial services;</li> <li>31194 agricultural co-operatives;</li> <li>31310 fishing policy and administrative management;</li> <li>31320 fishery development;</li> <li>31381 fishery education and training</li> <li>43040 rural development</li> </ul> <p><i>Accessibility</i></p> <ul style="list-style-type: none"> <li>16010 social welfare services;</li> <li>16011 social protection;</li> <li>52010 food aid/food security programs;</li> <li>72010 material relief assistance and services</li> <li>72040 humanitarian/emergency relief</li> <li>72050 relief coordination, protection and support services</li> <li>73010 reconstruction, relief and rehabilitation</li> </ul>	<p><b><u>Public Health and Water and Sanitation</u></b></p> <p><i>Public Health (including reproductive health)</i></p> <ul style="list-style-type: none"> <li>12110 health policy and administrative management;</li> <li>12220 basic health care;</li> <li>12250 infectious disease control;</li> <li>12261 health education;</li> <li>12281 health personnel development;</li> <li>13020 reproductive health care;</li> <li>13022 maternal health including neonatal health</li> </ul> <p><i>Sanitation</i></p> <ul style="list-style-type: none"> <li>14030 basic drinking water supply and sanitation;</li> <li>14032 basic sanitation</li> </ul> <p><i>Drinking Water</i></p> <ul style="list-style-type: none"> <li>14031 basic drinking water supply</li> </ul> <p><b><u>Care Environment</u></b></p> <p><i>Gender Empowerment</i></p> <ul style="list-style-type: none"> <li>15170 women’s equality organizations and institutions</li> </ul> <p><b><u>Other</u></b></p> <ul style="list-style-type: none"> <li>51010 general budget support</li> </ul>
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## **Annex 2: list of words to be used for key word filter<sup>4</sup>**

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

## **Annex 3: Nutrition Indicators**

Nutrition indicators should be specific to nutrition and not only an indicator to benchmark progress towards a nutrition-sensitive outcome. For example, indicators<sup>5</sup> that track progress on child growth, dietary diversification, access to support for breastfeeding, anaemia 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 healthcare or childcare or improved access to education, for example, would not count.

1 December 2013

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<sup>4</sup> These words will also be translated into French and Spanish, for use in searching donor databases.

<sup>5</sup> The indicators listed in Annex 3 are examples of nutrition indicators and not a final, exhaustive list.