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REVISED PROPOSAL FOR INTRODUCING A POLICY MARKER FOR NUTRITION TO THE CRS, PRESENTED BY FRANCE

Informal meeting of the Working Party on Development Finance Statistics (WP-STAT)
January 30-31 2018, OECD Boulogne

At the formal meeting of the WP-STAT held in June 2017, a proposal for redefining the "basic nutrition" purpose codes and introducing a policy marker for nutrition into the CRS was discussed [DCD/DAC/STAT/RD(2017)11]. In the aftermath of the meeting, only the proposed modifications to the purpose codes have been approved by written procedure.

This room document - presented by France for discussion at the informal WP-STAT meeting on 30-31 January 2018 - is a revised proposal for introducing in the CRS a policy marker for nutrition. A technical note is annexed explaining why, in the case of nutrition, a marker is a more appropriate solution than a reporting system based on the SDGs.

This document is presented FOR DISCUSSION under item 4 of the draft annotated agenda DCD/DAC/STAT/A(2018)1/REV1. This document is available in PDF format only.

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PROPOSAL TO

ESTABLISH A POLICY MARKER FOR NUTRITION

a) Rationale

The OECD-DAC Creditor Reporting System (CRS) purpose code for basic nutrition (12240) is the only way to systematically track nutrition investments within the CRS. However, this code is insufficient in capturing total aid for nutrition simply due to the inherent multi-sectoral and cross-cutting nature of nutrition programming within development. Nutrition is an important thematic area within health, agriculture, emergency response, education, social security, and other sectors. As such, nutrition components could be integrated within an array of programs across sector codes, including, for example, reproductive health, HIV prevention, and emergency response programs. Because these investments would be coded under sector codes for population policies/programmes and reproductive health (130) or emergency response (720), there is currently no systematic approach to identify investments in these areas as supporting the enabling environment for nutrition. Nutrition investments that are integrated within programs across sectors are critical to improve nutrition outcomes, and thus, it is important to identify and track them so that investments can be monitored and information provided to stakeholders in a timely and transparent manner.

To fill this information gap on multi-sectoral investments in nutrition, both the Scaling Up Nutrition (SUN) Movement Donor Network (SDN) and the G7 Food Security Working Group (FSWG) have developed methodologies to track their members' investments in nutrition. Both methodologies are based upon two different pre-selected sets of DAC codes and keyword filters to identify donor projects with nutrition components. Donors have clearly recognized the need to monitor nutrition as a cross-cutting global health and development investment; however the presence of competing methodologies to track multisector investments in nutrition is inefficient and produces competing narratives for reporting nutrition progress and investments across global platforms.

To improve the reporting and monitoring of multi-sectoral and cross-cutting nutrition investments, we are proposing a policy marker for nutrition, aligned with the approach employed by the SUN Donor Network and the G7 Food Security Working Group, to be implemented in a phased approach, with all donors in compliance by 2020.[1]

The objective of the policy marker is twofold: first it would provide a streamlined approach to tracking multi-sectoral nutrition investments by all donors across all nutrition reporting platforms; and second it would allow donors for the first time to systematically track the level of integration of nutrition components within the ensemble of their ODA programming portfolios. The resulting data would also be publicly available to donors, researchers, and civil society.

In the context of the 2030 agenda, the marker will be the only common tool available to DAC members to support bilateral aid in support of the commitments to end all forms of malnutrition. These recommendations will enable the tracking of nutrition investments aligned with SDG2 as well as all other nutrition-sensitive SDGs. Nutrition is vital to the success of many of the SDGs due to its underlying cause and effect on health, development, and economic prosperity.

Relying only upon the proposed SDG reporting system to track nutrition funding would result in inaccurate estimation of nutrition funding. Using either SDG 2 or a subset of nutrition-relevant SDG targets to report on nutrition ODA will likely result an over or underestimation of nutrition funding to both nutrition-specific and nutrition-sensitive programming. As such, the proposed SDG approach is not an adequate option to track nutrition investments alone.

The policy marker for nutrition aims to improve accountability and transparency for both nutrition-specific and sensitive investments made in all programming sectors. This is a critical function which is not met by the proposed SDG field.

For these reasons, the nutrition policy marker is the only comprehensive means of capturing nutrition investments, particularly those which are made across multiple sectors, on a timely basis. There is an imperative need to introduce a policy marker for nutrition to reflect the progress made by donors, and to give donors credit for their nutrition investments.

[1] SUN Donor Network, 2013

b) Scoring system

We recommend adopting a three-point scoring system as used by other policy markers. Screened projects may be given one of three values, dependent on the extent to which nutrition is central to the intervention:

- Principal objective (2)
- Significant objective (1)
- Not targeted to the policy objective (0)

The basic difference between a score of significant or principal can be ascertained with the question, "Would the project have been undertaken without this objective" OR "Is nutrition a fundamental component/objective of the project?" (if yes, a principal score is given).

Table 1. Three-point scoring system proposed for the nutrition policy marker

Score	Description
Not targeted (score 0)	The project has been screened against the marker but has not been found to target nutrition.
Significant (score 1)	Nutrition is an important and deliberate objective, but not the principal reason for undertaking the project.
Principal (score 2)	Nutrition is the principal objective of the project and is fundamental in its design and expected results. The project would not have been undertaken without this nutrition objective.
0 or 1 or 2	The sum of projects given a 0-1-2 represents number of projects screened.
Blank	Blank entries mean the project was not screened for the nutrition marker.

Source: *Adapted from* OECD (2016). Handbook on the OECD-DAC Gender Equality Policy Marker.

c) Definition and eligibility criteria

Projects would be screened per the criteria for eligibility stated below.

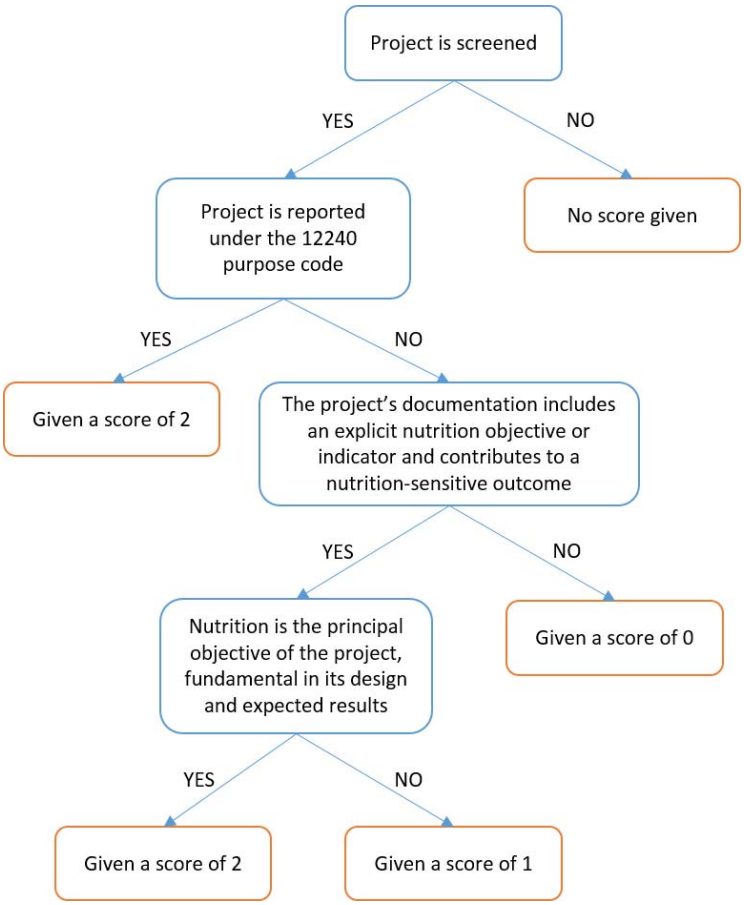
Definition A project should be identified as nutrition related with the policy marker (score Principal or Significant) when:	It is intended to address the immediate or underlying determinants of malnutrition[2]. This can encompass a range of projects across a variety of sectors, including humanitarian interventions, maternal health, WASH and agriculture.
Criteria for eligibility A project is eligible for the nutrition policy marker if:	a) It is reported under the 12240 basic nutrition purpose code **OR** b) The project documentation includes an explicit nutrition objective or indicator **AND** contributes a nutrition-sensitive outcome

Example nutrition objectives and indicators* Nutrition objectives or indicators must be specific to nutrition and demonstrate an intention to achieve results at the individual level. *This list is not exhaustive.	Qualifying objectives include: • Improve access to more diversified nutritional diets food • Improve the nutritional status of target population • Improve infant and young child feeding practices • Improve access to management of acute malnutrition Qualifying indicators include: • Prevalence of stunting amongst children under five who are stunted • Prevalence of overweight • Household Food Consumption Score • Household Dietary Diversity Score • Prevalence of severely underweight children under 5 years • % of acutely malnourished children under-5 enrolled in feeding program • Prevalence of anaemia among women in childbearing age • Mean household food consumption Indicators that only monitor increasing resources in the hands of women, such as increased access to reproductive health care, or improved access to education alone would not qualify.
Example nutrition-sensitive outcomes* *This list is not exhaustive.	Individual level: • Increased purchasing power or level of literacy of women • Improved access to nutritious food of women, adolescent girls and/or children • Improved diet in quality and/or quantity of diet for women, adolescent girls or children • Improved access of women or adolescent girls or children to primary healthcare • Improved women or adolescent girls or children access to water, sanitation and hygiene • Improved access to education/school for adolescent girls • Improved knowledge/awareness on nutrition for relevant audiences • Improved empowerment of women National level: • Improved governance of nutrition • Increased nutrition sensitive legislation Research

[2] The immediate determinants of malnutrition include inadequate dietary intake, feeding practices or access to food. Underlying determinants of malnutrition include food security; adequate caregiving resources at the maternal, household and community levels; and access to health services and a safe and hygienic environment.

	• Increased research with nutrition objectives
Examples of typical qualifying projects This list is not exhaustive. Projects may be scored only if the above criteria for eligibility are fulfilled.	• Fortification of staple foods with the aim of reducing iron and folic acid deficiency • Management of acute malnutrition in emergency situations • Behaviour change communication to promote exclusive breastfeeding • Improvements in nutrition surveillance and health information systems • Training health personnel to identify and treat nutritional deficiencies • 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 and women to markets, while also including explicit objectives/indicators for the availability and affordability of nutritious foods in markets • Programs promoting dietary diversity

Figure 1: Summary of screening and scoring process per the eligibility criteria



d) Scoring examples

Projects scoring either “significant” or “principal” must each meet the eligibility criteria as outlined in section 2.

Projects would be scored as significant (score “1”) when nutrition is an important and deliberate objective, but not the principal reason for undertaking the activity. These include many projects that are delivered across various sectors where nutrition is an important objective or part of the project

Examples of projects found within the CRS that would likely be scored as significant/ (1)

Example 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. **Notes:** Though there is an explicitly defined component for nutrition, nutrition is only one of several objectives.
Example 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 there is an explicitly defined component for nutrition, nutrition is only one of several objectives.
Example 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 endeavour 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, and institutional and policy contexts that determine the adoption of new farming practices. **Notes:** The principal purpose of this project is to improve farming practices. There is a clear and explicit nutrition objective (“increase the consumption of nutritious local foods by women and children”).

Projects would be scored as principal (score "2") when nutrition is the principal objective and/or where nutrition is fundamental to the project's design and expected results. These include:

- All projects coded under the basic nutrition purpose code (12240).
- Most projects that have nutrition-related activities or components integrated within them, but they are not coded under the basic nutrition code because of the integrated or cross-cutting nature of the program or because it is part of emergency response.
- Emerging non-communicable disease (NCDs) prevention/control projects that include activities and components to promote healthy diets. A parallel proposal to the OECD to improve the way NCD investments are tracked within the CRS is under consideration.

Examples of projects found within the CRS that would likely be scored as principal/ (2)

Example 1	**Purpose code:** 72040 – Emergency food aid **Description:** Targeted supplementary feeding 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 a principal nutrition activity.
Example 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 a principal nutrition activity.
Example 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 analyse 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 a principal nutrition activity.

Improve transparency and accountability on nutrition

A technical proposal to amend nutrition-related purpose codes within the Creditor Reporting System (CRS) and establish a new policy marker for nutrition was submitted by the French government to 29 DAC members at the recent Working Party on Development Finance Statistics (WP STAT) meeting, June 20-21 2017. At this meeting, the proposal was approved by the Working Party; however, following the meeting, the policy marker for nutrition was precluded following objections raised by some member states.

This note discusses the implications of tracking nutrition investments through the proposed SDG reforms, and argues why a policy marker in addition to the proposed SDG reform is the only reliable option to produce comprehensive data for donor nutrition investments across multiple sectors. It gives an outline for discussion at the next WP-Stat in January 2018.

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THE MULTI SECTORIAL NATURE OF NUTRITION

All nutrition strategies adopted by donors focus on the effective implementation of both specific and sensitive actions for nutrition.

Nutrition-specific interventions address the more immediate determinants of undernutrition (such as the quality of individual dietary intake and the provision of individual health services) while nutrition-sensitive programs address the underlying determinants of malnutrition and incorporate explicit nutrition goals and actions (e.g. food security and adequate caregiving resources at the maternal, household and community levels).

Nutrition-Specific Interventions

Global investments in nutrition-specific projects are currently tracked using aid data reported in the OECD DAC CRS database under the 12240 “basic nutrition” code. This code, which was amended by the WP STAT in June 2017, is based on nutrition interventions outlined by the 2013 Lancet Series on Maternal and Child nutrition.

Nutrition-Sensitive Interventions

Nutrition-sensitive interventions address the underlying determinants of undernutrition for the most nutritionally vulnerable populations, and to incorporate dedicated nutrition goals, targets and outcomes. Examples of nutrition-sensitive activities include: food security including availability of food, economic access, and use of food; adequate feeding and caregiving resources at the individual, household and community levels; and access to and use of health services and a safe and hygienic environment.

Nutrition-sensitive activities are cross-sectoral, and can be found under several purpose codes and SDG targets. Spending in a broad range of areas contributes to improved nutrition for the most nutritionally vulnerable populations.

OPTIONS

Two options are outlined on how the proposed SDG reporting system might theoretically be used to track nutrition: 1) reporting against a single SDG for nutrition - SDG 2; 2) reporting against all SDG targets linked to nutrition.

A third option is presented exploring the synergies between having a nutrition policy marker together with the SDG reporting system. Option three is the recommended option by donors to nutrition as the two systems together have the potential to improve the amount of policy-relevant information for nutrition available.

OPTIONS CONSIDERED

OPTION 1**:** USING SDG 2 TO TRACK NUTRITION FUNDING.

For this option, 100% of total aid reported under SDG 2, and SDG targets 2.1, 2.2, 2.3 and 2.4 is considered as nutrition funding.

Tracking SDG 2 (including targets 2.1, 2.2, 2.3 and 2.4) is essential to track nutrition funding; however, tracking SDG 2 alone will lead to an incomplete picture of nutrition investments and will fail to reflect nutrition ODA, as currently defined by the SUN Donor Network, and other bodies which track nutrition investments such as the G7 Food Security Working Group.

Here is why:

⇨ *SDG 2 has one main nutrition target:* "*by 2030 end all forms of malnutrition, including achieving by 2025 the internationally agreed targets on stunting and wasting in children under five years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women, and older persons*".

SDG target 2.2 tracks only three of the six WHA Global Targets for nutrition: wasting in children under five, stunting and childhood obesity (through its height for weight indicator). A reporting system based on SDG 2 does not allow for reporting of WHA Global Nutrition targets for the reduction of low birth weight, exclusive breastfeeding, and anemia in women.

⇨ *Not all nutrition-sensitive investments will be reported under SDG 2*

SDG 2 is insufficient in capturing total aid for nutrition-sensitive interventions simply due to the inherent multi-sectoral and cross-cutting nature of nutrition programming. Nutrition interventions are regularly integrated across different sectors such as health, agriculture, emergency response, education, and social security programs. Currently SDG 2 will only capture nutrition investments made in the agriculture and food security sectors.

⇨ *Tracking SDG 2 may result in an under estimation of nutrition funding*

As currently defined, SDG target 2.2 does not encompass all nutrition-specific interventions. Essential high impact nutrition activities will be missing if donors rely upon SDG target 2.2 to track development co-operation efforts to end malnutrition. In addition, if nutrition funding is tracked using only SDG 2, the tracking of nutrition investments will not reflect the multi-sectorial nature of nutrition programming and will underestimate total nutrition-relevant ODA.

OPTION 2**:** USING SDG TARGETS WHICH ARE RELEVANT FOR NUTRITION TO TRACK FUNDING.

For this option, 100% of total aid reported under SDG target 2.2 will be counted as nutrition funding, as well as funding reported under other nutrition–relevant SDG targets (see proposed list of relevant targets in annex 1).

Tracking of overall donor spending on nutrition is essential for capturing results in nutrition. As reported in the Global Nutrition Report, nutrition supports the achievement of 12 SDGs, specifically Goals 1, 2, 3, 4, 5, 6, 8, 12, 13, 15, 16 and 17 (concerning poverty, health, education, gender, WASH, responsible consumption and production, climate, life on land, peace, and partnerships respectively). However, using SDG targets across nutrition-relevant sectors will lead to an overestimation of nutrition funding.

Here is why:

⇨ *Not all activities reported under each SDG target by donors are systematically relevant for nutrition*

Although targets in other sectors may be relevant to nutrition, not all projects reported under each target will have nutrition impacts. Without the ability of each donor to identify

which investments in non-nutrition sectors have nutrition relevance, counting 100% of social protection targets or agriculture targets towards nutrition will lead to an overestimation.

Overestimating multi-sectoral investments for nutrition also risks undermining policy efforts to maximize investments for nutrition, as critical funding gaps will not be as easily identified.

See Annex 2 for how this approach could lead to an over estimation in different sectors.

OPTIMAL SOLUTION

OPTION 3: NUTRITION POLICY MARKER AND THE SDG REPORTING SYSTEM

This option layers the use of a nutrition policy marker to an eventual SDG reporting system, whereby donors report nutrition investments against SDG goals and targets; and track all nutrition-specific investments (including those that are reported outside of the basic nutrition code for statistical reasons), and all nutrition-sensitive interventions.

The inclusion of a nutrition policy marker is the preferred option by donors to nutrition, mainly because it can comprehensively and more accurately identify nutrition investments that cut across sectors.

The two reporting systems will not be duplicative; rather, they have the potential to be synergistic and to maximize policy-relevant data available for nutrition (data that would otherwise not be available via the SDG framework alone).

The nutrition policy marker will enable the identification of nutrition investments within each SDG. This will allow the nutrition community to identify how much funding for each SDG is relevant for nutrition. It will also allow for more rigorous data analysis and interpretation that would lead to nutrition policy and advocacy efforts that map to the SDG framework.

CONCLUSION

Relying only upon the SDGs to track nutrition funding would result in inaccurate estimation of nutrition funding. Using either SDG 2 or a subset of nutrition-relevant SDG targets to report on nutrition ODA will likely result an over or underestimation of nutrition funding to both nutrition-specific and nutrition-sensitive programming. As such, the proposed SDG approach is not an adequate option to track nutrition investments alone.

The policy marker for nutrition aims to improve accountability and transparency for both nutrition-specific and sensitive investments made in all programming sectors. This is a critical function which is not met by the proposed SDG field.

For these reasons, the nutrition policy marker is the only comprehensive means of capturing nutrition investments, particularly those which are made across multiple sectors, on a timely basis. There is an imperative need to introduce a policy marker for nutrition to reflect the progress made by donors, and to give donors credit for their nutrition investments.

Annex 1

The UNSCN, the nutrition community (with the 2015 and 2016 versions of the global nutrition report[1]) and civil society[2] have all identified many priority nutrition SDG targets[3]. Largely inspired by an analysis developed by Action Against Hunger and endorsed by the SUN Civil Society network, the following table summarizes the targets interesting for nutrition:

SDG	SDG targets related to nutrition	Area	Potential impact on nutrition
No poverty	1.3	Social protection systems and measures for all, including floors	Interventions from donors to raise the income level of the poorest and help them access adequate food in terms of both quality and quantity can have a direct impact on nutrition. -Investing in social protection systems can support the combat against chronic food and nutrition insecurity (e.g. safety nets)
	1.4	Equal rights to economic resources, access to basic services, etc.	Doubling per capita income leads to a 15-percentage point decrease in child stunting. Escaping from poverty trap reduces the risk of being undernourished.
No Hunger	2.1	end hunger and ensure access to safe, nutritious and sufficient food all year round	Zero hunger and full food security have a direct impact on nutrition. Sustainable agriculture development projects with resilient practices, which support the income of small-scale food producers, ensures the diversity of seeds, plants and animals, provides appropriate diets can be considered as nutrition-sensitive intervention.
	2.3	Productivity especially for smallholder farmers.	
	2.4	sustainability of food systems	
Good health & well being	3.1	reduce the global maternal mortality ratio to less than 70 per 100,000 live births	- Health and malnutrition are interrelated. Undernutrition is an underlying cause of mortality, which leads to 45% of deaths in children under 5.
	3.2	end preventable deaths of newborns and children under 5 years of age	- Investing in reproductive and mental health will help caregivers effectively respond to the nutritional needs of children.
	3.4	reduce premature mortality from non-	-Investments to reduce child mortality

[1] See both the 2016 report http://ebrary.ifpri.org/utils/getfile/collection/p15738coll2/id/130354/filename/130565.pdf and 2017 report https://www.globalnutritionreport.org/files/2017/11/Report_2017.pdf

[2] See the toolkit developed by Action Against Hunger and endorsed by the SUN Civil Society network, available here: http://www.actioncontrelafaim.org/sites/default/files/publications/fichiers/sdgs_advocacytoolkit_en.pdf

[3] Further information can be found in their report "Post 2015 nutrition targets and indicators" published in 2015 (page 13) and 2014, and in their Annex 1 of their discussion paper 'By 2030, end all forms of malnutrition, and leave no one behind' published in April 2017.

		communicable diseases through prevention and treatment and promote mental health and well-being	during the first 1000 days of children's lives are critical for the brain development, child growth, and lifelong immunity, which will have a direct impact on the nutritional status of children under 5 years of age.
	3.8 and 3.c	*strengthen health systems* via more health workers and better financing for *greater universal health coverage*	Investment to strengthen health systems may reinforce scaling up SAM treatment.
Quality edu-cation	4.1	all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes	-Fighting to end discrimination against women can directly affect the nutritional status of populations. Women are more vulnerable during conflicts and disasters; their incomes in the agriculture sector are lower. When they are malnourished, their babies are morel likely to be underweight. -Investments to end sexual discrimination will support progress on nutrition security.
	4.2	all girls and boys have access to quality early childhood development, care and preprimary education so that they are ready for primary education	
Gender equality	5.6	Ensure universal access to sexual and reproductive health and reproductive rights	Research has shown that when women are responsible for the family income, children's health and nutrition are more likely to improve. Promoting gender equality (in education, status, income) can improve child nutrition gains by 25%.
	5.a	Undertake reforms to give women equal rights to economic resources	
	6.1	universal and equitable access to safe and affordable drinking water for all	-Investing in water and sanitation helps create a healthy environment, thus preventing diseases such as diarrhea and reducing the risks of undernutrition in young children (see the link between a WASH intervention in Ethiopia and the reduction in rates of stunting). Investments in the WASH sector can also have a direct impact on food security for small and vulnerable farmers.
	6.2	access to adequate and equitable sanitation and hygiene for all and end open defecation	
	6.4	increase water-use efficiency across all sectors and ensure sustainable withdrawals and supply of freshwater	
	6.B	Support and strengthen the participation of local communities in improving water and sanitation management	

	10.1	Achieve and sustain income growth of the poorest	Interventions to mitigate income inequalities through ODA will help reduce inequalities in nutrition, and prevent future nutrition and income inequalities.
	10.3	Equal opportunity and inequalities in outcome	
	12.3	Reduce food waste and food looses	Less food waste supports nutrition in urban and rural areas. Interventions to reduce resource use and degradation will ensure sustainable production, increase food utilization and availability, and improve nutrition.
	13.2	Fight climate change and mitigate its effect	Climate change threatens all the basic needs: access to nutritious food, clean water, and healthcare. Rising temperatures will decrease global food production by 2% per decade. Efforts from donors to mitigate the effects of climate change may have an impact on nutrition.
	13.a		
	15.1 and 15.3	ensure the conservation, restoration and sustainable use of terrestrial and inland freshwater ecosystems and their services ; combat desertification, restore degraded land and soil, including land affected by desertification, drought and floods, and strive to achieve a land degradation-neutral world	Soil degradation, desertification, and deforestation threaten our ability to grow food, posing a great challenge to nutrition food security and nutrition security.[4]
	16.1	Significantly reduce all forms of violence and related death rates everywhere	Conflicts and hunger are inextricably linked. People living in areas of conflicts are suffering from the conduct of hostilities until they even starve. In some cases, food itself may be used as a weapon when one party to the conflict limits access to food. Agricultural production is limited, trade flows are restrained, and the entire economy is weakened. Access to resources like food, land and water is strongly restricted.
	16.2	End abuse, exploitation, trafficking and all forms of violence against and torture of children	
	Targets that are ODA by definition		
	8.a	support the inclusion of developing economies	Aid for trade may have a direct impact on nutrition by providing incentives for

[4] Arsenault, Chris. Only 60 years of farming left if soil degradation continues. https://www.scientificamerican.com/article/only-60-years-of-farming-left-if-soil-degradation-continues/

		in global markets with Aid for Trade	sustainable agricultural and health sectors.
	17.1 and 17.2	Strengthen domestic resource mobilization and development assistance from donors	Aid allocated to nutrition is proven to be efficient. A $1 investment in nutrition leads to a $16 return in economic growth; and has a rate of return greater than 10%. Strengthening global partnerships for improved governance and sustainable development will ensure multisector and multi-stakeholder coordination. Leveraging more resources (from both the national budget and external partners) for development will help ensure that more resources are dedicated to nutrition.

ANNEX 2

Some examples (among others) that could lead to an overestimation of nutrition funding under option 2, are reported below.

- Example 1: Nutrition and social protection (SDG target 1.3.)

Progress regarding target 1.3 (which introduces social protection measures, advocating especially for "floors," that is minimum standards of living to protect and remove people from extreme poverty) will be essential for the improvement of the nutrition situation. However, not all activities reported under SDG target 1.3 can be directly related to nutrition outcomes. Social protection measures can be marked as nutrition-sensitive interventions if they include a nutrition component (i.e. explicit nutrition objectives or indicators) and contribute a nutrition-sensitive outcome.

Examples of a social protection project which is nutrition relevant:

This project addresses society-wide norms, policies, laws, and capacities to develop or reform safety nets except as covered in other more specific elements (e.g. health elements above). Build the frameworks for identifying populations in need or at-risk, including the nutritionally vulnerable population.

This project is not reported under the 12240 purpose code. This project meets the minimum eligibility criteria defined by the SUN methodology:

- ✓ Because the project/programme's documentation includes an explicit nutrition objective or indicator
- ✓ And The project/programme contributes to a nutrition-sensitive outcome

We assume that the following relevant targets are identified to track this investment:

1.3 Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable; with 100% of the financial disbursement distributed to 1.3. Therefore, using the SDG reporting system, 100% of the project could be considered as nutrition relevant. According to the SUN methodology, only 25% of this social protection project will be counted as nutrition-sensitive investments.

Example of a social protection project, which is not nutrition relevant:

The research project aims to contribute to social protection literature in the Arab region and to provide a critical overview of social protection policies and strategies in five North African Arab countries. Researchers will map out the existing social insurance and social assistance schemes in each country. They will highlight the situation for key segments of society, including the poorest and the middle classes, who will likely benefit from universal subsidies or contribution-based social security schemes (i.e., employment-based health and sickness protection).

This project is not reported under the 12240 purpose code.

According to the SUN methodology, this project does not meet the minimum eligibility criteria:

- ✗ The project/programme's documentation includes an explicit nutrition objective or indicator: NO
- ✗ The project/programme contributes a nutrition-sensitive outcome: NO

While some social protection projects may contain a nutrition component, this project does not. Using the SDG field, 100% of the project will be counted as nutrition relevant. Using the SUN methodology, 0% of the project will be counted as nutrition relevant.

- Example 2: Nutrition and WASH (SDG targets 6.1 and 6.2)

Example of a “WASH Programme whose goal is to improve the living conditions of the targeted population through better access to safe drinking water and adequate sanitation facilities. This project is not reported under the 12240 purpose code. This project meets the minimum eligibility criteria defined by the SUN methodology:

- ✓ Because the project/programme’s documentation includes an explicit nutrition objective or indicator
- ✓ And The project/programme contributes to a nutrition-sensitive outcome

We assume that the following relevant targets are identified to track this investment:

6.1 By 2030, achieve universal and equitable access to safe and affordable drinking water for all ; with 50% of the financial disbursement distributed to 6.1

6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations; with 50% of the financial disbursement distributed to 6.1

While the principal purpose of this programme is to improve water and sanitation, the project does include an explicit nutrition objective. According to the SUN methodology, the project can be considered nutrition-sensitive. However, not all financial disbursements distributed to 6.1 and 6.2 will be considered nutrition investments. Using the SUN methodology, only 25% of this WASH project will be counted as nutrition-sensitive investments. Using the SDG reporting system, 100% of the project will be counted as nutrition-sensitive investments, thus resulting in an overestimation of the nutrition relevant disbursements.