Tracking aid for the WHA nutrition targets

METHODS OVERVIEW

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Appendix 1: Step-by-step data extraction, screening, and disbursement estimation methods

1) **Download the full OECD Creditor Reporting System dataset when released.** 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 the data year of interest. 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.).

    "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 case, one project/program is split across several transactions with individual sector and purpose codes. The method described below considers these transactions as a "bundle" because together they represent one project/program.

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

    Avoiding double counting: Within the CRS, double counting between bilateral and multilateral flows is avoided as follows:

    - <u>Bilateral flows</u> 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.

    - <u>Multilateral flows</u> 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. The donor/financing source is listed as the multilateral donor in the CRS dataset.

2) **Compile data.** We aim to identify all transactions that potentially include investments toward the WHA targets. The catchment of transactions within the whole CRS database includes:

    - All transactions coded under the basic nutrition purpose code (12240).

    - All transactions captured by a keyword search screening across all other purpose codes. The keyword search is run against project title, short description, and long description variables to identify the subset of aid that could potentially be relevant to nutrition. Table A1.1 (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) and updated based on internal consultation. This list of keywords is deliberately restricted to words/phrases that represent nutrition activities, indicators,

and/or outcomes to explicitly select for nutrition investments toward the WHA nutrition targets and not overcount. Keywords were translated into French and Spanish.

- All transactions that are deemed part of a "bundle" (that is, part of the same project/program because they shared the same donor, recipient, channel code, and project title) that contain a basic nutrition purpose code or keyword. Bundling transactions together in this way is necessary because several donors split single projects across multiple purpose codes; this allows screeners to consider all information available for each transaction within a project or bundle.

3) **Filter out certain categories of transactions unlikely to include nutrition.**

- Several types of transactions are removed in an automated way:

    i. *Loan repayments are removed.* In any given year, negative disbursement values represent loan repayments. Any negative disbursement values are 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).

    ii. *Within bundles with basic nutrition transactions, transactions with non-basic nutrition purpose codes are removed.* If a bundle has multiple transactions and one or more transactions has a basic nutrition purpose code, we assume this is the complete nutrition component of the bundle. Accordingly, the transactions in the project/bundle that are *not* basic nutrition are filtered out of the dataset.

    iii. *Transactions in the general budget support purpose code (51010) are removed.* While it is possible that these transactions include some support to nutrition, it is not possible to determine with any certainty what proportion, if any, of each disbursement was relevant.

    iv. *Transactions with purpose codes highly likely to contain false positives are removed.* (Note that this step is listed here for clarity, but actually occurs once screening is nearly complete.) These are purpose codes that were included in the nutrition dataset via the keyword search, but for which no nutrition disbursement had been identified during the screening process.

4) **Train screening team.** A team of researchers ("screeners") is brought together and trained on the methods to ensure consistent screening processes and decisions across all individuals. A master screening codebook is used to provide common definitions and exclusions for each intervention category and guidance on what keywords or descriptions to look for in project documentation. This helps ensure consistency across individual screeners, donors with different project documentation styles, and analysis years.

5) **Qualitatively screen transactions.** The research team screens 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 of 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:

- **Benchmark setting and prioritization:** Donors with transactions that make up the top 70% of all disbursements within the nutrition dataset are screened by the research

team. Additional donors that fall outside of the top 70% of disbursements may also be included for consistency with previous analysis years or other political importance. Screeners are assigned full donor workbooks with that donor's transactions (organized into projects/bundles) to enhance coding reliability and consistency within donor profiles. There may be some exceptions in which multiple screeners complete a donor workbook, depending on the composition of the screening team and size of donor workbooks.

A qualitative screening benchmark is set at 70% of donor disbursements, meaning the aim is to review transactions that represent at least 70% of donor disbursements, *for each of the top donors identified in the step above*. 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 during previous analyses. Furthermore, because there are many transactions with small dollar amounts, returns to screening additional projects decline substantially as more projects are screened. Transactions are prioritized by size of disbursement to ensure the largest projects are reviewed.

- **Remove false positives and quantify the nutrition *component* within projects:** All transactions in the basic nutrition purpose code are included in the dataset at 100%. For any purpose code *outside* basic nutrition, reviewers screen whether the transaction is in fact a nutrition investment. Then, they estimate how much of the disbursement should count toward nutrition. External project documents are used to estimate the share of the transaction counted as nutrition. Based on the findings, screeners report an upper and lower estimate for the nutrition component based on the following rubric:

    - 1-25%: nutrition interventions represent a small component of the project/programs

    - 26-50%: nutrition interventions represent a moderate component of the project/programs

    - 51-75%: nutrition interventions represent a large component of the project/programs

    - 76-100%: nutrition interventions represent most of the project/program.

Because this is subjective without the actual financial breakdown of projects, reviewers provided a range of what to count toward nutrition.

- **Identify interventions:** Screeners use short and long descriptions and external document review to identify which interventions are delivered through each transaction. (See Table A2.2 in Appendix 2 for a complete list of Level 3 interventions, which are those the screeners tag if an intervention is present.)

General instructions for screeners:

> **CASE A.** The nutrition component is 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 RnD and vitamin A are identified and two intervention codes are applied.

CASE B. The nutrition component is 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—is applied. This is done so that transactions are not artificially split in a way that doesn't make sense programmatically. If one of the two activities is above-service delivery (e.g., research, capacity building), the above-service delivery code is applied. That is, research on vitamin A supplementation would be coded as research.

6) **Validate and reconcile findings.** To check consistency of data coding between screeners, 10% of projects within each donor workbook are screened by a second screener. The 10% of projects are selected by overall disbursement size so the coding of the largest projects with the most influence on the final numbers is verified. While re-coding the 10% of previously screened projects, second screeners are blind to the first screener's work. The two sets of codes are then compared, with disagreements between screeners reconciled through discussion. In cases in which screeners cannot agree, a third team member breaks the tie. This secondary screening and reconciliation occurs throughout the screening process as each donor workbook is completed.

At the end of screening, we also reconcile coding decisions across years for projects that span multiple analysis years. To do so, we review all transactions that match project titles and descriptions from previous years and compare coding decisions made by the previous year's screeners and this year's. If they are different, we reconcile the decisions based on new information available (potentially signaling changes to the project that impact coding decisions) and ensure we are as consistent as possible with previous coding decisions for continuing projects.

7) **Apply assumptions to remaining projects that are not screened.** For the remaining disbursements in the nutrition dataset that are not screened, assumptions are applied to a) remove an expected proportion of disbursements derived from 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 are included in these disbursements.

- An analysis is conducted of screened projects to calculate the average percentage of the total project disbursement that is assigned to the nutrition component. This is done on a donor-by-donor basis. For unscreened transactions, this average percentage is used as the nutrition component.

- Intervention codes (i.e., codes used to tell when a transaction includes a particular intervention) are applied on average across all unscreened transactions only if the interventions have been identified within the donor's screened transactions.

8) **Apply assumptions for intervention-level breakdown.** Once the interventions present within each transaction have been identified, the next task is allocating the nutrition disbursement across them. This applies to both screened and unscreened transactions.

Intervention weights are based on the estimate of cost drivers observed: the average value of intervention disbursements, 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. The underlying assumption of this approach is that interventions that appear predominantly in transactions with large

disbursements relative to the number of interventions are more costly than other interventions, and likely require a larger share of disbursement within a given transaction.

Refer to Appendix 3 for a complete discussion of the approach.

9) **Deflate to 2015 USD.** All disbursements in the report are shown in 2015 USD. The conversion is made using the DAC deflators provided by the OECD. The DAC total deflator is used for all donors and multilaterals which lack a specific indicator.

Once deflated to 2015 USD, the disbursement amounts to each intervention are then rolled up to the appropriate WHA target category for reporting, as detailed in Appendix 2, Table A2.2.

Steps one through nine are summarized in Figure A1.1, below.

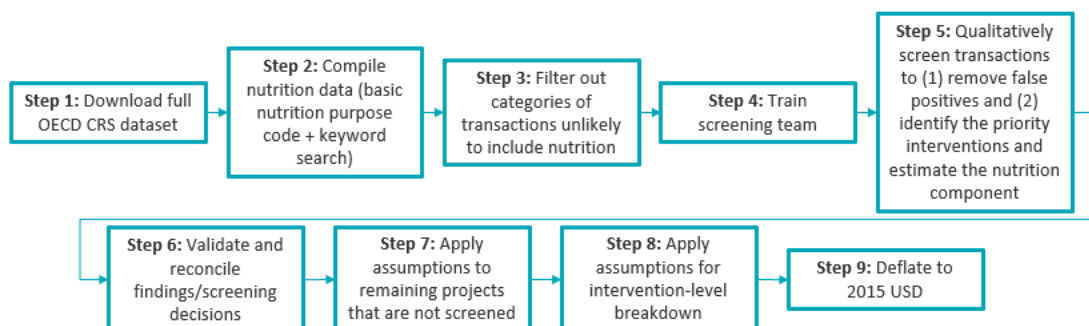## Figure A1.1: Steps in the data extraction, screening, and estimation process

Table A1.1: 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 maternal	
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 infantíl	
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, micronutriment, 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 precesada	
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 azucar	
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

Appendix 2: Categorization of nutrition disbursement by WHA target

This analysis follows the 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. The overweight and low birthweight targets were not included in the global Investment Framework for Nutrition (GIFN), thus there is no reference package of interventions for these targets.

Table A2.1: Ten-year 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			6705		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**

Most GIFN intervention costs are targeted to a specific population or beneficiary group, but the data does not allow for this level of alignment. As indicated in **Appendix 1**, this analysis uses disbursement data from the Creditor Reporting System and relies 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. Because the CRS dataset is not reported at the beneficiary level but most cost categories in the GIFN 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. Instead, this analysis captures total project/program disbursements. This was discussed during initial stakeholder consultation of 2016 data 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 screen transactions to identify when nutrition-specific interventions are present and code them using the list shown as "nutrition intervention (level 3)" in Table A2.2. Transaction disbursements are then allocated across the indicated 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	Exclusive Breastfeeding (EBF)	Above-service Delivery (ASD)
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		
	Nutrition counseling	Nutrition counseling	X				

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Category	Subcategory	Activity					
Behavior change communication for nutrition	Breastfeeding promotion	Breastfeeding promotion	X			X	
Diet-related non-communicable disease (NCD) prevention	Diet-related NCD prevention	Diet-related NCD prevention					
Above-service delivery	Coordination, governance, and advocacy for nutrition	Advocacy for nutrition					X
		Workshops and conferences					X
		Nutrition policy making and priority setting					X
	Capacity building	Nutrition trainings and capacity building					X
	Research and data *(including for monitoring and evaluation, staple and biofortification, severe acute malnutrition, balanced energy protein supplementation, micronutrient supplementation, and all other RnD)*	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					
	School feeding	School feeding					
	Biofortification	Biofortification					
	Salt iodization	Salt iodization					
	Food safety	Food safety					
	Income generation	Income generation					
		Deworming					

	Nutrition delivered through infectious disease control programs	All else					
	Social protection	Nutrition and cash transfer					
	Women's empowerment & nutrition	Women's empowerment & nutrition					

NOTES:

Stunting:

- The global Investment Framework includes costs for the "public provision of complementary foods for children," and while we can capture the disbursements to direct feeding programs coded in the basic nutrition code, we are unable to determine how much goes to children to align with costs. Because direct feeding disbursements represent large sums of disbursements, they are categorized as "other" and not rolled up to the WHA targets, **except** when they explicitly mention targeting acute malnutrition (see wasting, below).

- Transactions that mention community-level nutrition education and social behavior change communication are included under nutrition counseling.

Wasting:

- Food aid projects that explicitly mention targeting of acute malnutrition or therapeutic foods are included under the wasting target.

- While community-based management of acute malnutrition (CMAM) programs often include other things (e.g., components of nutrition counseling, micronutrient supplementation, or other nutrition-specific interventions to treat malnourished children), these are not split across the targets unless the additional interventions are explicitly mentioned.

- Disbursements that explicitly mention screening for acute malnutrition status or wasting are included under the wasting treatment target, as screening to identify children with acute malnutrition is often accompanied by treatment referrals. Disbursements that only mention generic "nutrition screening" are not included in this target, as that often indicates routine growth monitoring or health screening that is not directly related to the wasting intervention.

Anemia:

- MNPs were considered for inclusion in the anemia intervention package because they have similar effects as those of multiple micronutrient supplementation. However, they were not costed because at the time of the Investment Framework for Nutrition publication, they were not yet recommended by the World Health Organization (WHO) for full scale-up. WHO guidelines have since been

established (WHO 2016). We have thus counted funding for MNPs toward costs of scaling up multiple micronutrient supplementation under the anemia target, as shown in Table A2.2.

Exclusive breastfeeding:

- Transactions are coded as a breastfeeding intervention when there is explicit mention of breastfeeding; transactions may also be coded as nutrition counseling.

Above-service delivery (ASD):

- There are two types of ASD investments:

  i. **Standalone ASD investments** (reported as ASD). These are ASD investments that are not delivered in conjunction with programmatic delivery and are truly "standalone." For example, many research projects are standalone investments where if interventions are delivered, it's for the purpose of researching them and not to scale up coverage. These disbursements are reported directly as ASD.

  ii. **ASD investments as part of programmatic delivery** (captured within program categories and not double counted in ASD). These are ASD investments that *are* included as part of programmatic delivery and are thus integrated with intervention scale-up. For example, many intervention programs include a monitoring and evaluation (M&E) arm. Here, we did not find reliable data to estimate the percent of total disbursement going to above-service delivery cost versus program costs, so we did not attempt to disaggregate the ASD component given data limitations; these disbursements are nested within their respective programmatic categories. Further research is needed to determine the share of overall projects going to above-service delivery costs.

- The 'research and data' (RnD) category currently includes all research on nutrition. If these disbursements are included in the basic nutrition code in the CRS, we do not discriminate between RnD on interventions included in the global Investment Framework or not included, in line with the Catalyzing Progress Ideology that suggests that investments in RnD/implementation science in general are important for the WHA targets (Shekar, Kakietek, et al., 2017).

- 2020 is the first data year for which we disaggregated RnD into multiple categories, namely: monitoring and evaluation, staple or biofortification, severe acute malnutrition, balanced-energy protein supplementation, micronutrient supplementation, and all other RnD investments.

'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

After the screening step (Step 5 detailed in Appendix 1), the research team has identified which transactions include a nutrition component and which interventions are included in those transactions (binary yes/no), but there is no data on *how much* of that transaction is spent on any given intervention. In some simple cases, transactions only have one intervention identified (i.e., 100% of the nutrition component disbursement is allocated toward that intervention). However, most transactions have several interventions identified, in which case it is necessary to apply assumptions to calculate an estimated intervention-level disbursement. As previously reported, multiple approaches to approximate how much funding is disbursed to nutrition interventions were reviewed and the best approach was selected through consultation and internal review (D'Alimonte, Thacher, et al., 2018).

The approach uses a set of intervention weights that are calculated using the screened dataset. Weights aim to represent the relative cost of interventions based on whether they tend to be associated with larger disbursements. The 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 the disbursement within a given transaction.

To calculate and apply the weights among screened transactions, a series of steps are followed:

1. First, a temporary "naïve" intervention disbursement split is calculated for each transaction by dividing the nutrition component disbursement by the number of interventions present in the transaction. This calculation splits the nutrition disbursement equally across all identified interventions. *Note that micronutrient interventions are clustered as one group and for purposes of this calculation are considered one intervention.*

2. Next, for each intervention, the average naïve intervention disbursement split is calculated *excluding* transactions in the top 5% and bottom 5% of disbursements, as these high or low value transactions tend to skew the results. The average naïve intervention disbursement is the intervention weight. The weights are ranked in descending order to represent the relationship between interventions (i.e., interventions that receive a larger versus smaller weight). *Note that micronutrient interventions are split back out at this step so that they each receive a separate weight.*

3. Next, for each transaction, the intervention weights are converted to a relative percentage breakdown based on how many and which interventions are present in a transaction.

4. Finally, this relative percentage breakdown is applied to the nutrition component disbursement to estimate the intervention-level disbursement.

For example, if given the intervention weights in the table below:

Intervention	Intervention weight (average naïve intervention disbursement)
A	5.6
B	4.1
C	3.2
D	2.2
E	0.1

The corresponding relative percentage breakdown and intervention-level disbursement for a transaction that includes interventions A, C, and E and has a nutrition component value of $10 million is shown in the table below:

Intervention	Intervention weight (average naïve intervention disbursement)	Relative Percentage breakdown	Intervention-level disbursement for a $10M nutrition disbursement transaction
A	5.6	63%	$6.3M
C	3.2	36%	$3.6M
E	0.1	1%	$0.1M
Total	8.9	100%	$10M

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