

COMMUNICATION BRIEF

KENYA NUTRITION SITUATION ARID AND SEMI-ARID AREAS LONG RAINS ASSESSMENT, AUGUST 2018

1.0. KEY FINDINGS

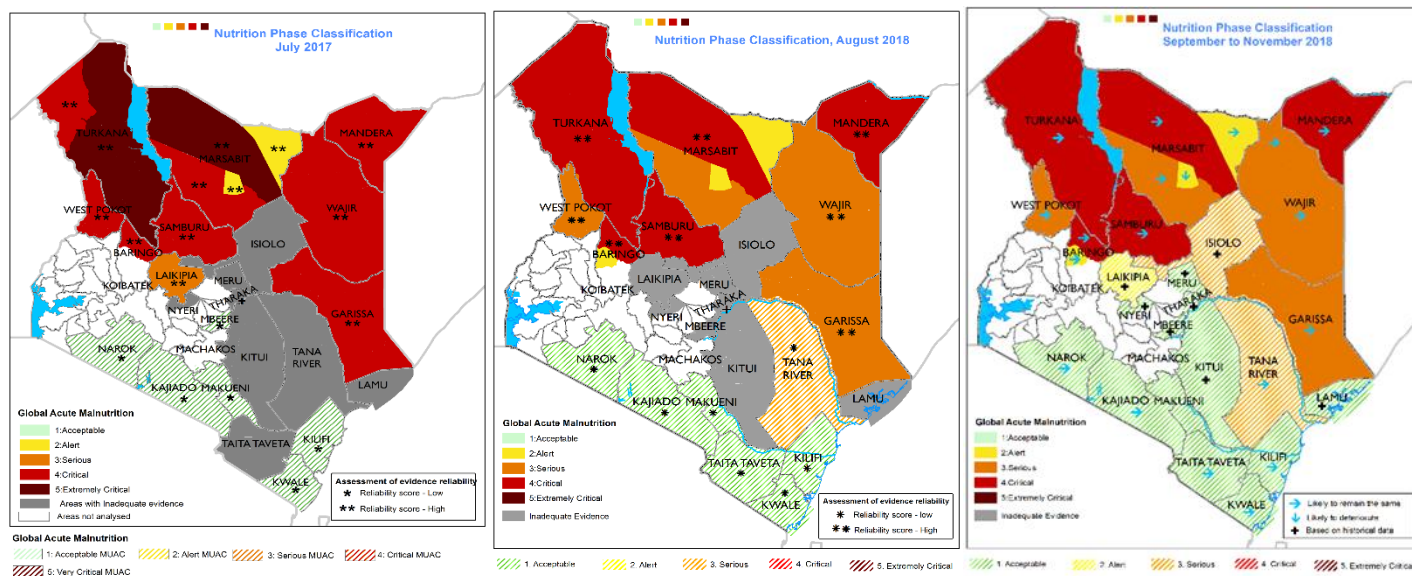


Figure 1. LRA 2017 Map

Figure 2. Current Nutrition Situation Map

Figure 3. Projected Nutrition Situation Map

The nutrition situation has improved across the areas analyzed using Integrated Phase Classification (IPC) for acute malnutrition as part of the August 2018 Long Rains assessment compared to same season last year (Figures 1 and 2). The overall nutrition situation has significantly improved in Turkana South, North sub-counties, and Central, as well as North Horr from a *Very Critical* (Phase 5; GAM WHZ ≥ 30 percent) to a *Critical* (Phase 4; GAM WHZ 15.0 - 29.9 percent) nutrition situation. This is mainly attributed to an improvement in overall rainfall performance, which led to a subsequent improvement in food security. The findings show that the acute malnutrition levels in several of these counties remain above emergency thresholds of Global Acute Malnutrition (GAM) above 15% despite the improvements. The prevalence of Acute malnutrition remains at *Critical* levels in Turkana, Samburu, Mandera, East Pokot in Baringo, and North Horr in Marsabit. *Serious* levels (Phase 3; GAM WHZ 10.0 - 14.9 percent, MUAC 6.0 to 10.9 percent) are reported in West Pokot, Tana River, Garissa, and Wajir; while Moyale and Saku in Marsabit County, and Baringo North/Marigat reported *Alert* levels (Phase 2; GAM WHZ ≥ 5 to 9.9 percent). *Acceptable* levels (Phase 1; GAM WHZ $< 5\%$, MUAC $< 6\%$) are reported in Narok, Kajiado, Makueni, Taita Taveta, Kwale, and Kilifi counties. The overall nutrition situation is thus projected to remain stable in most areas (Figure 3). However, past trends indicate a potential for fast deterioration in the nutrition situation in highly vulnerable counties such as Turkana following a dry spell is likely as households have not yet recovered fully. In addition, poor child care practices, high morbidities, low literacy, limited access to health care services, and poverty are key challenges. Building the resilience of these communities through increased engagement with nutrition sensitive sectors therefore remains a priority for improvements in nutrition to be sustained.

Despite an overall improvement in the nutrition situation, the estimated number of children requiring treatment for acute malnutrition has increased compared to the same time last year. This is due to an updated caseload calculation methodology, which has been informed by global guidance, lessons from the 2017/2018 response, and coverage assessments conducted in 2017. The total caseload of children 6 to 59 months requiring treatment for acute malnutrition in ASAL and urban areas is 510,593 (MAM- 425,488; SAM- 85,105) while a total of 31,354 pregnant and lactating women require treatment in these areas (Table 1).

Table 1: Estimated Caseloads of Children 6-59 months and PLW requiring treatment for Acute Malnutrition - ASAL and Urban counties, August 2018

Area	Global Acute Malnutrition 6 to 59 m	Severe Acute Malnutrition 6 to 59 m	Moderate Acute Malnutrition 6 to 59 m	Pregnant and Lactating Women (PLW)
ASAL	439,463	62,321	377,142	28,392
Urban	71,130	22,784	48,346	2,962
Total Caseload	510,593	85,105	425,488	31,354

2.0. METHODS, PROCESS AND KEY ISSUES

The analysis applied the global protocols for Integrated Phase Classification for Acute Malnutrition (November 2016). The IPC for Acute Malnutrition classified the severity of acute malnutrition into five Phases which was done based on either the prevalence of GAM by WHZ or GAM by MUAC as shown in the reference (Table 2).

Table 2: Reference Table for IPC Acute Malnutrition

Phase Name and Description	PHASE 1 Acceptable	PHASE 2 Alert	PHASE 3 Serious	PHASE 4 Critical	PHASE 5 Extreme critical
	Less than 5% of children are acutely malnourished by GAM by WHZ measure or Less than 6% of children are acutely malnourished by GAM by MUAC measure	Even with any humanitarian assistance, about 5-10% of children are acutely malnourished by GAM by WHZ measure or about 6-11% of children are acutely malnourished by GAM by MUAC measure.	Even with any humanitarian assistance, about 10-15% of children are acutely malnourished by GAM by WHZ measure or about 6-11% of children are acutely malnourished by GAM by MUAC measure.	Even with any humanitarian assistance, 15-30% of children are acutely malnourished by GAM by WHZ measure or 11-17% of children are acutely malnourished by GAM by MUAC measure, showing conditions for excess mortality ³ .	Even with any humanitarian assistance, >30% of children are acutely malnourished by GAM by WHZ measure or >17% of children are acutely malnourished by GAM by MUAC measure, showing conditions for widespread death ³ .
Priority Response Objective to decrease Acute Malnutrition ⁴	Maintain the low prevalence of acute malnutrition	Strengthen existing response capacity and resilience. Address contributing factors to malnutrition. Monitor conditions and plan response as required.	Urgently reduce acute malnutrition levels through →		
			Scaling up of existing capacity and response as well as addressing contributing factors to malnutrition	Significant scale up with external help, if needed, of nutrition response and addressing of contributing factors to malnutrition in close co-ordination with other sectors	Addressing widespread acute malnutrition and death by all means. Also address all causes of malnutrition through greater scaling up of all public health programme interventions in close co-ordination with all other sectors.
GAM by WHZ) <-2 standard deviation and/or Oedema	< 5%	5.0 to 9.9%	10.0 to 14.9%	15.0 to 29.9%	≥30%
GAM by MUAC < 125 mm and/or Oedema	<6%	6.0 to 10.9%		11.0 to 16.9%	≥17%

3.0. CURRENT ACUTE MALNUTRITION PREVALENCE (GAM BY WHZ)

Table 3: Prevalence of Acute Malnutrition (GAM by WHZ)

Survey Area	Survey date	GAM WHZ CHILDREN 6 TO 59 MONTHS (% , 95% CI)	SAM WHZ CHILDREN 6 TO 59 MONTHS (% , 95% CI)	GAM MUAC CHILDREN 6 TO 59 MONTHS (% , 95% CI)	SAM MUAC CHILDREN 6 TO 59 MONTHS (% , 95% CI)	PLW (%)	Plausibility Score
Turkana Central	Jun-18	17.5 (14.1-21.5)	4.7 (3.1-7.0)	3.9 (2.5 - 6.1)	1.1 (0.5-2.4)	6.3	7%
Turkana North	Jun-18	15.9 (12.1-20.6)	3.3 (2.0-5.4)	5.2 (2.6-8.7)	0.3 (0.1-1.4)	9.2	3%
Turkana South	Jun-18	19.5 (15.8-23.8)	2.7 (1.6-4.4)	4.7 (3.2-6.8)	0.7 (0.2-1.8)	4.8	7%
Turkana West	Jun-18	19.1 (15.3-23.7)	5.5 (3.8-8.1)	8.0 (6.1-10.4)	1.2 (0.5-2.5)	6.1	13%
Marsabit - Laisamis	Jul-18	13.2 (9.2-18.6)	2.4 (1.0- 5.4)	2.8 (1.5- 5.4)	0.5 (0.1- 2.2)	15.3	4%
Marsabit North Horr	Jul-18	23.5 (19.2-28.3)	3.5 (2.2- 5.5)	4.6 (2.9- 7.2)	0.6 (0.1- 2.3)	13.4	1%
Marsabit - Moyale	Jul-18	7.8 (4.7-12.5)	1.0 (0.4- 2.6)	3.0% (1.5- 5.7)	0.7 (0.2- 2.3)	5.3	5%
Marsabit - Saku	Jul-18	5.7 (3.5- 9.1)	0.3 (0.0- 2.1)	2.0% (1.0- 3.7)	0.6 (0.1- 2.2)	6.9	5%
Wajir pastoral	Jul-18	12.6 (10.2 - 15.5)	1.8 (1.1 - 3.0)	4.5 (2.6 - 7.7)	1.5 (0.6 - 3.4)	5	6%
Wajir agropastoral	Jul-18	10.6 (7.9 - 14.1)	1.8 (1.0 - 3.4)	2.7 (1.6 - 4.3)	0.7 (0.3 - 1.7)	1.3	9%
Baringo (East Pokot)	Jul-18	16.8 (13.9 - 20.2)	4.0 (2.8 - 5.9)	3.4 (2.0 - 5.7)	0.9 (0.4 - 2.0)	6.3	2%
Baringo(North & Marigat)	Jul-18	7.8 (5.2 - 11.5)	0.2 (0.0 - 1.4)	2.6 (1.5 - 4.3)	0.3 (0.1 - 1.4)	1.9	5%
Samburu	Jul-18	15.7 (12.4 - 19.8)	4.1 (2.6 - 6.5)	4.7 (2.9 - 7.5)	1.2 (0.5 -2.8)	10.2	7%
West Pokot	Jun-18	11.0 (8.9 - 13.5)	0.9 (0.4 - 2.0)	4.0 (2.5 - 6.3)	0.5 (0.2 - 1.4).	2	7%
Garissa	Jun-18	13.7 (11.1 - 16.8)	2.1 (1.3 - 3.2)	4.0 (2.6 - 6.2)	0.3 (0.1 - 1.0)	2.1	0%
Mandera	Jul-18	16.6 (13.3-20.4)	2.8 (1.6-4.7)	7.7 (5.5 - 10.7)	1.9 (1.0 - 3.6)	6	6%

4.0. ESTIMATED CASELOADS BY COUNTY

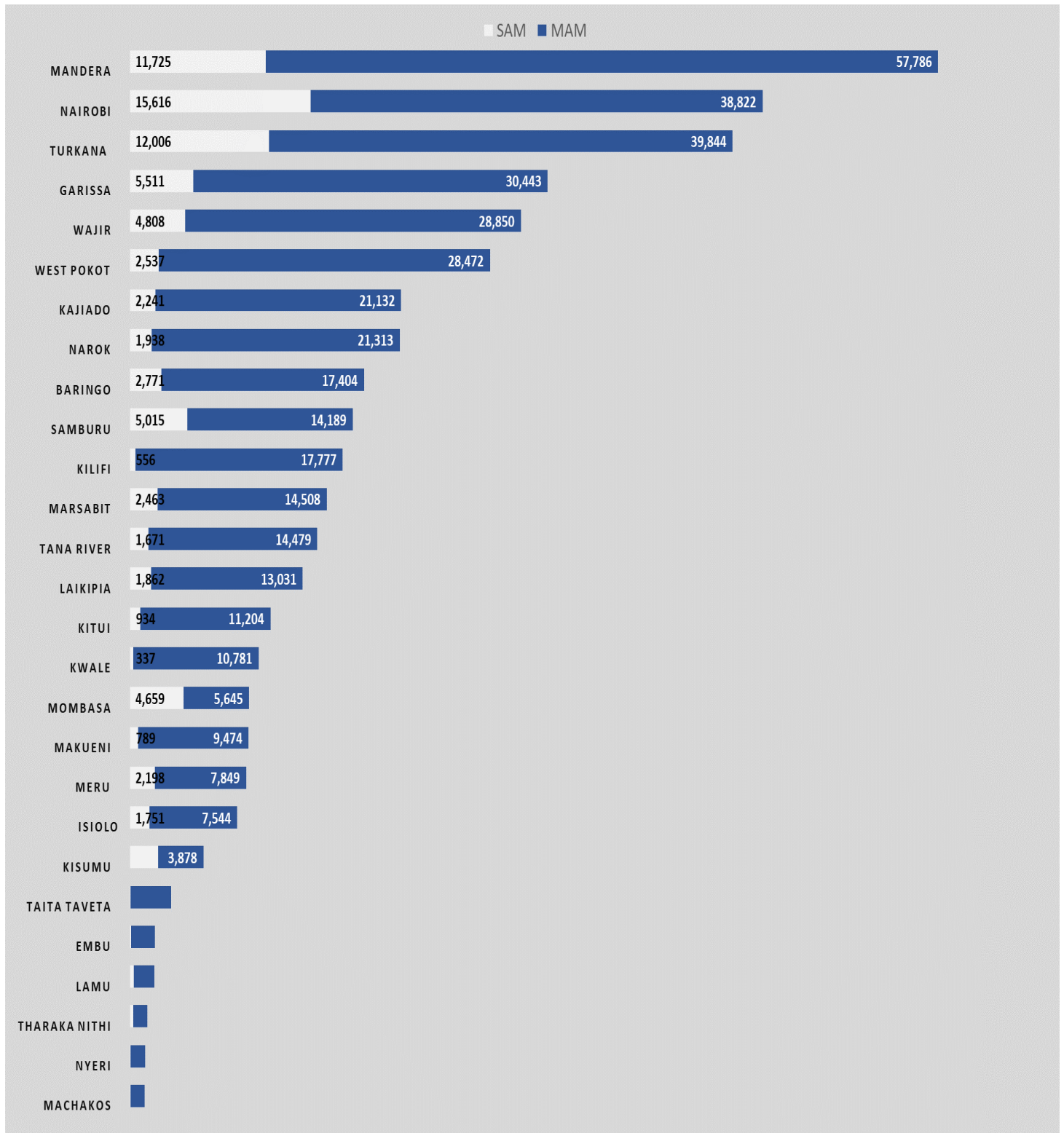


Figure 1: Estimated Caseloads for GAM and SAM

Table 4: Estimated Caseloads for GAM and SAM

County	Global Acute Malnutrition children 6 to 59 months		Severe Acute Malnutrition, Children 6 to 59 Months		Moderate Acute Malnutrition, Children 6 to 59 Months		GAM	
	Total Caseload	Target	Total caseload	Target	Total caseload	Target	Total caseload	Target
Baringo	20,175	10,780	2,771	2,078	17,404	8,702	859	859
Embu	2,214	1,207	148	111	2,067	1,033	162	162
Garissa	35,954	19,355	5,511	4,133	30,443	15,221	1,026	1,026
Isiolo	9,296	5,086	1,751	1,314	7,544	3,772	713	713
Kajiado	23,373	12,247	2,241	1,681	21,132	10,566	3,702	3,702
Kilifi	18,333	9,305	556	417	17,777	8,889	1,651	1,651
Kitui	12,138	6,302	934	700	11,204	5,602	566	566
Kwale	11,118	5,643	337	253	10,781	5,391	954	954
Laikipia	14,892	7,912	1,862	1,396	13,031	6,515	1,503	1,503
Lamu	2,181	1,193	409	307	1,772	886	152	152
Machakos	1,313	682	101	76	1,212	606	80	80
Makueni	10,263	5,329	789	592	9,474	4,737	515	515
Mandera	69,511	37,687	11,725	8,794	57,786	28,893	4,846	4,846
Marsabit	16,971	9,101	2,463	1,847	14,508	7,254	2,099	2,099
Meru	10,047	5,573	2,198	1,648	7,849	3,924	909	909
Narok	23,251	12,110	1,938	1,453	21,313	10,657	474	474
Nyeri	1,389	6,534	99	74	1,289	645	112	112
Samburu	19,203	10,855	5,015	3,761	14,189	7,094	1,585	1,585
Taita Taveta	3,604	1,829	109	82	3,495	1,747	405	405
Tana River	16,149	8,492	1,671	1,253	14,479	7,239	819	819
Tharaka Nithi	1,570	871	343	258	1,226	613	134	134
Turkana	51,850	28,927	12,006	9,004	39,844	19,922	3,237	3,237
Wajir	33,659	18,032	4,808	3,606	28,850	14,425	1,127	1,127
West Pokot	31,009	16,139	2,537	1,903	28,472	14,236	762	762
ASAL	439,463	241,190	62,321	46,741	377,142	188,571	28,392	28,392
Kisumu	6,387	3,821	2,509	1,882	3,878	1,939	552	552
Mombasa	10,304	6,317	4,659	3,494	5,645	2,822	688	688
Nairobi	54,438	31,123	15,616	11,712	38,822	19,411	1,722	1,722
Urban	71,130	41,261	22,784	17,088	48,346	24,173	2,962	2,962
GRAND TOTAL	510,593	282,450	85,105	63,829	425,488	212,744	31,354	31,354


5.0 SUMMARY OF CONTRIBUTING FACTORS

Pastoral North East Cluster (Tana River, Garissa, Wajir, Mandera and Isiolo Counties)

4.0. SUMMARY CONTRIBUTING FACTORS BY AREA		MANDER A	WAJIR EAST (PASTORAL)	WAJIR NORTH (AGRO-PASTORAL)	TANA RIVER	GARIS SA	ISIOL O
5.0. Major contributing factor							
Minor contributing factor							
6.0. Not a contributing factor							
Inadequate dietary intake	Minimum Dietary Diversity (MDD)						
	Minimum Meal Frequency (MMF)						
	Minimum Acceptable Diet (MAD)						
	Minimum Dietary Diversity – Women (MDD-W)						
	Others						
Diseases	Diarrhoea						
	Dysentery						
	Malaria						
	HIV/AIDS prevalence						
	Acute Respiratory Infection						
	Disease outbreak						
	Others						
Inadequate access to food	Outcome of the IPC for Acute Food Insecurity analysis						
Inadequate care for children	Exclusive breastfeeding under 6 months						
	Continued breastfeeding at 1 year						
	Continued breastfeeding at 2 years						
	Introduction of solid, semi-solid or soft foods						
	Others						
Insufficient health services & unhealthy environment	Measles vaccination						
	Polo vaccination						
	Vitamin A supplementation						
	Skilled birth attendance						
	Health seeking behaviour						
	Coverage of outreach programmes – CMAM programme coverage (SAM, MAM, or both)						
	Access to a sufficient quantity of water						
	Access to sanitation facilities						
	Access to a source of safe drinking water						
	Others						
Basic causes	Human capital						
	Physical capital						
	Financial capital						
	Natural capital						
	Social capital						
	Policies, Institutions and Processes						
	Usual/Normal Shocks						
	Recurrent Crises due to Unusual Shocks						


	Other basic causes						
Other nutrition issues	Anaemia among children 6-59 months						
	Anaemia among pregnant women						
	Anaemia among non-pregnant women						
	Vitamin A deficiency among children 6-59 months						
	Low birth weight						
	Fertility rate						
	Others						

Pastoral North West (Marsabit, Turkana and Samburu Counties)

SUMMARY CONTRIBUTING FACTORS BY AREA		LAISAM IS	MOYALE	NORTH H HERR	SAKU	SAMBUR U	TURKANA CENTRAL	TURKANA NORTH	TURKANA SOUTH	TURKANA WEST
										
Inadequate dietary intake	Minimum Dietary Diversity (MDD)	Major	Major	Major	Major	Major	Major	Major	Major	Major
	Minimum Meal Frequency (MMF)	Major	Major	Major	Major	Major	Major	Major	Major	Major
	Minimum Acceptable Diet (MAD)	Major	Major	Major	Major	Major	Major	Major	Major	Major
	Minimum Dietary Diversity – Women (MDD-W)	Minor	Minor	Major	Minor	Major	Major	Major	Minor	Major
	Others	White	White	White	Yellow	Yellow	White	White	White	White
Diseases	Diarrhoea	Minor	Minor	White	Major	Yellow	Major	Major	Major	Minor
	Dysentery	White	White	Yellow	White	White	White	Major	Major	Minor
	Malaria	Major	Minor	Major	Major	Major	Major	Major	Minor	Major
	HIV/AIDS prevalence	White	White	White	White	White	White	White	White	Minor
	Acute Respiratory Infection	Major	Minor	Major	Major	Major	Major	Major	Minor	Major
	Disease outbreak	Minor	Minor	Minor	White	White	Yellow	Yellow	White	Minor
	Others	White	White	White	White	White	White	White	White	White
Inadequate access to food	Outcome of the IPC for Acute Food Insecurity analysis	Minor	Major	Major	Major	Major	White	White	Minor	Minor
Inadequate care for children	Exclusive breastfeeding under 6 months	Minor	White	Minor	White	Yellow	Yellow	Major	Minor	Minor
	Continued breastfeeding at 1 year	Minor	White	Minor	White	Yellow	Yellow	Major	Minor	Minor
	Continued breastfeeding at 2 years	Minor	White	Minor	White	Yellow	Yellow	Major	Minor	Minor
	Introduction of solid, semi-solid or soft foods	Major	White	Minor	White	Yellow	Major	Major	Major	Minor
	Others	White	White	White	White	White	White	White	White	White
Insufficient health services & unhealthy environment	Measles vaccination	White	White	Yellow	White	White	White	Yellow	White	White
	Polo vaccination	White	White	Yellow	White	White	White	Yellow	White	White
	Vitamin A supplementation	White	White	Yellow	White	Yellow	Yellow	Major	Minor	White
	Skilled birth attendance	White	White	Major	White	Yellow	Yellow	Major	White	Major
	Health seeking behaviour	White	White	Yellow	Major	White	White	White	White	White
	Coverage of outreach programmes – CMAM programme coverage (SAM, MAM, or both)	Minor	Major	Minor	Major	Major	Yellow	Yellow	Major	Major
	Access to a sufficient quantity of water	Major	White	Major	Major	Major	White	Yellow	Major	Major
	Access to sanitation facilities	Major	White	Major	Yellow	Major	Yellow	Major	Major	Major
	Access to a source of safe drinking water	Major	White	Major	Major	Major	Major	Major	Major	Major
	Others	White	White	White	White	White	White	White	White	White
Basic causes	Human capital	Major	Minor	Major	Minor	Major	Major	Major	Major	Major
	Physical capital	Major	Minor	Major	Major	Major	Major	Major	Major	Major
	Financial capital	Minor	Minor	Major	Major	Yellow	Major	Major	Minor	Major
	Natural capital	Major	Major	Major	Major	Major	Major	Major	Major	Minor
	Social capital	White	Minor	Major	White	Yellow	Yellow	Major	Major	Minor
	Policies, Institutions and Processes	White	White	Yellow	White	Yellow	Yellow	White	White	Minor
	Usual/Normal Shocks	White	Minor	White	White	White	White	Major	Major	White







	Recurrent Crises due to Unusual Shocks									
	Other basic causes									
Other nutrition issues	Anaemia among children 6-59 months									
	Anaemia among pregnant women									
	Anaemia among non-pregnant women									
	Vitamin A deficiency among children 6-59 months									
	Low birth weight									
	Fertility rate									
	Others									

Agro Pastoral Cluster (Kieni, West Pokot, Baringo, Laikipia, Narok and Kajiado Counties)

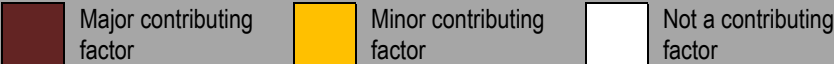
SUMMARY CONTRIBUTING FACTORS BY AREA		KAJIAD O	NAROK	TIATY	BARINGO NORTH	LAIKIPI A	KIENI	WEST POKOT
								
Inadequate dietary intake	Minimum Dietary Diversity (MDD)							
	Minimum Meal Frequency (MMF)							
	Minimum Acceptable Diet (MAD)							
	Minimum Dietary Diversity – Women (MDD-W)							
	Others							
Diseases	Diarrhea							
	Dysentery							
	Malaria							
	HIV/AIDS prevalence							
	Acute Respiratory Infection							
	Disease outbreak							
	Others							
Inadequate access to food	Outcome of the IPC for Acute Food Insecurity analysis							
Inadequate care for children	Exclusive breastfeeding under 6 months							
	Continued breastfeeding at 1 year							
	Continued breastfeeding at 2 years							
	Introduction of solid, semi-solid or soft foods							
	Others							
Insufficient health services & unhealthy environment	Measles vaccination							
	Polo vaccination							
	Vitamin A supplementation							
	Skilled birth attendance							
	Health seeking behavior							
	Coverage of outreach programmes – CMAM programme coverage (SAM, MAM, or both)							

	Access to a sufficient quantity of water	Red	Red	Red	Red	Yellow	Yellow	Yellow
	Access to sanitation facilities	Red	Red	Red	Red	Yellow	Yellow	Yellow
	Access to a source of safe drinking water	Red	Red	Red	Red	Red	Yellow	Yellow
	Others	White	White	White	Yellow	White	White	White
Basic causes	Human capital	Red	Yellow	Red	White	Red	Red	Red
	Physical capital	Red	Red	Yellow	White	Yellow	White	Yellow
	Financial capital	Red	Red	Red	White	Yellow	White	Red
	Natural capital	White	Red	White	White	Yellow	White	Yellow
	Social capital	Red	Red	White	Red	Yellow	White	Yellow
	Policies, Institutions and Processes	Red	Red	White	White	Red	Yellow	Red
	Usual/Normal Shocks	White	Red	Red	Red	Red	White	Yellow
	Recurrent Crises due to Unusual Shocks	White	Red	Red	White	Yellow	White	White
	Other basic causes	White	White	White	White	White	White	White
Other nutrition issues	Anaemia among children 6-59 months	Yellow	Red	Red	Red	Red	Yellow	Red
	Anaemia among pregnant women	Yellow	Red	Red	Red	Red	Yellow	Red
	Anaemia among non-pregnant women	Yellow	Red	Yellow	Yellow	Yellow	Yellow	Yellow
	Vitamin A deficiency among children 6-59 months	Yellow	Red	Yellow	Yellow	Yellow	Yellow	Yellow
	Low birth weight	White	Red	Yellow	White	White	White	White
	Fertility rate	White	Yellow	Yellow	White	Yellow	White	Yellow
	Others	White	White	White	White	White	White	White

South East Marginal Agricultural Cluster (Meru North, Tharaka, Mbeere, Kitui and Makueni Counties)

SUMMARY CONTRIBUTING FACTORS BY AREA		MBEERE	THARAKA	KITUI	MAKUENI	MERU/N
	Major contributing factor					
	Minor contributing factor					
	Not a contributing factor					
Inadequate dietary intake	Minimum Dietary Diversity (MDD)					
	Minimum Meal Frequency (MMF)					
	Minimum Acceptable Diet (MAD)					
	Minimum Dietary Diversity – Women (MDD-W)					
	Others					
Diseases	Diarrhoea					
	Dysentery					
	Malaria					
	HIV/AIDS prevalence					
	Acute Respiratory Infection					
	Disease outbreak					
	Others					
Inadequate access to food	Outcome of the IPC for Acute Food Insecurity analysis					
Inadequate care for children	Exclusive breastfeeding under 6 months					
	Continued breastfeeding at 1 year					
	Continued breastfeeding at 2 years					
	Introduction of solid, semi-solid or soft foods					
	Others					
Insufficient health services & unhealthy environment	Measles vaccination					
	Polo vaccination					
	Vitamin A supplementation					
	Skilled birth attendance					
	Health seeking behaviour					
	Coverage of outreach programmes – CMAM programme coverage (SAM, MAM, or both)					
	Access to a sufficient quantity of water					
	Access to sanitation facilities					
	Access to a source of safe drinking water					
	Others					
	Basic causes	Human capital				
Physical capital						
Financial capital						
Natural capital						
Social capital						

	Policies, Institutions and Processes					
	Usual/Normal Shocks					
	Recurrent Crises due to Unusual Shocks					
	Other basic causes					
Other nutrition issues	Anaemia among children 6-59 months					
	Anaemia among pregnant women					
	Anaemia among non-pregnant women					
	Vitamin A deficiency among children 6-59 months					
	Low birth weight					
	Fertility rate					
	Others					

SUMMARY CONTRIBUTING FACTORS BY AREA (COASTAL MARGINAL LZ)		KILIFI	KWALE	LAMU	TAITA TAVETA
					
Inadequate dietary intake	Minimum Dietary Diversity (MDD)	Major	Major	Major	Major
	Minimum Meal Frequency (MMF)	Major	Major	Major	Major
	Minimum Acceptable Diet (MAD)	Major	Major	Major	Major
	Minimum Dietary Diversity – Women (MDD-W)	Major	Major	Major	Major
	Others	Not	Not	Not	Not
Diseases	Diarrhoea	Minor	Minor	Minor	Minor
	Dysentery	Not	Not	Not	Not
	Malaria	Not	Major	Minor	Minor
	HIV/AIDS prevalence	Not	Not	Minor	Minor
	Acute Respiratory Infection	Minor	Minor	Major	Minor
	Disease outbreak	Not	Not	Not	Not
	Others	Not	Not	Not	Not
Inadequate access to food	Outcome of the IPC for Acute Food Insecurity analysis	Major	Not	Not	Minor
Inadequate care for children	Exclusive breastfeeding under 6 months	Major	Not	Minor	Major
	Continued breastfeeding at 1 year	Major	Not	Minor	Major
	Continued breastfeeding at 2 years	Major	Not	Minor	Major
	Introduction of solid, semi-solid or soft foods	Major	Not	Minor	Major
	Others	Not	Not	Not	Not
Insufficient health services & unhealthy environment	Measles vaccination	Minor	Minor	Minor	Major
	Polo vaccination	Minor	Not	Not	Major
	Vitamin A supplementation	Minor	Minor	Minor	Major
	Skilled birth attendance	Minor	Not	Not	Minor
	Health seeking behaviour	Minor	Not	Minor	Major
	Coverage of outreach programmes – CMAM programme coverage (SAM, MAM, or both)	Not	Not	Not	Major
	Access to a sufficient quantity of water	Minor	Minor	Minor	Major
	Access to sanitation facilities	Minor	Not	Minor	Major
	Access to a source of safe drinking water	Minor	Not	Minor	Major
	Others	Minor	Not	Not	Not
Basic causes	Human capital	Minor	Minor	Major	Minor
	Physical capital	Minor	Not	Not	Minor
	Financial capital	Minor	Minor	Minor	Major
	Natural capital	Minor	Not	Major	Major
	Social capital	Minor	Minor	Minor	Major
	Policies, Institutions and Processes	Not	Not	Minor	Major
	Usual/Normal Shocks	Minor	Not	Not	Minor
	Recurrent Crises due to Unusual Shocks	Minor	Not	Major	Minor
	Other basic causes	Not	Not	Not	Not
Other nutrition issues	Anaemia among children 6-59 months	Minor	Not	Minor	Major
	Anaemia among pregnant women	Minor	Not	Minor	Major
	Anaemia among non-pregnant women	Minor	Not	Minor	Major
	Vitamin A deficiency among children 6-59 months	Minor	Not	Minor	Major
	Low birth weight	Minor	Not	Minor	Not
	Fertility rate	Minor	Not	Major	Not
	Others	Not	Not	Not	Not

