

**Table of Indicators for the Analysis of Contributing Factors and Other Issues**

**USAGE:** Help identify factors that may be contributing to acute malnutrition in an area; it also helps identify other key issues related to malnutrition such as anaemia that may be of concern in the area of analysis. For definition and sources of these indicators, see table 3 below.

**PURPOSE:** To be used to facilitate analyses of contributing factors to support design and focus of response planning.

<b>IMMEDIATE CAUSES</b>	Minimum Dietary Diversity (MDD)
	Minimum Meal Frequency (MMF)
	Minimum Acceptable Diet (MAD)
	Minimum Dietary Diversity – Women (MDD-W) <sup>1</sup>
	Diarrhoea
	Dysentery
	Malaria/fever
	Acute Respiratory Infection (ARI)
	HIV/AIDS prevalence
	Cholera or Acute Watery Diarrhoea (AWD)
	Measles
<b>UNDERLYING CAUSES</b>	The outcome of the IPC for Acute Food Insecurity analysis should be used in the analysis of food security as a contributing factor to acute malnutrition in the analysis
	Exclusive breastfeeding under 6 months
	Continued breastfeeding at 1 year
	Continued breastfeeding at 2 years
	Introduction of solid, semi-solid or soft foods by 6 months of age
	Routine measles vaccination coverage
	Routine polio vaccination coverage
	Routine vitamin A supplementation coverage
	Campaign measles vaccination coverage
	Campaign polio vaccination coverage
	Campaign vitamin A supplementation
	Measles vaccination coverage from surveys
	Polio vaccination coverage from surveys
	Vitamin A supplementation coverage from surveys
	Coverage of all basic vaccinations from surveys
	Skilled attendant at delivery
	Health seeking behaviour
	Coverage of outreach programmes – community management of acute malnutrition (CMAM) programme coverage (SAM, MAM, or both) <sup>2</sup>
	Access to a sufficient quantity of water <sup>3</sup>
	Access to improved sanitation facilities
Access to an improved source of drinking water	
<b>OTHER ISSUES</b>	Anaemia among children 6-59 months <sup>4</sup>
	Anaemia among pregnant women <sup>5</sup>
	Anaemia among non-pregnant women <sup>6</sup>
	Vitamin A deficiency among pre-school children (6 – 71 months) <sup>7</sup>
	Vitamin A deficiency among non-pregnant women (15 – 49 years) <sup>8</sup>
	Low birth weight
	Fertility rate
	Crude Death Rate (CDR) <sup>9</sup>
	Under Five Death Rate (U5DR) <sup>10</sup>
	Maternal Malnutrition
Stunting	

<sup>1</sup> Women consuming foods from ≥5 food groups out of a standardized list of 10 food groups have a greater likelihood of meeting their micronutrient needs than women consuming foods from fewer food groups. Indicator developed by FAO [Women's Dietary Diversity Follow-up Project (WDDP-II)]

<sup>2</sup> Rural areas: >50% | urban areas: >70% | camp situation: >90%. Sphere standard

<sup>3</sup> Phase 1: usually adequate (> 15 litres ppp day), stable | Phase 2: borderline adequate (15 litres ppp day); unstable | Phase 3: 7.5-15 litres ppp day, accessed via asset stripping | Phase 4: < 7.5 litres ppp day (human usage only) Phase 5: I. < 4 litres ppp day (human usage only). IPC for Acute Food Insecurity Reference Table.

<sup>4</sup> Normal: ≤ 4.9% | Mild: 5 – 19.9% | Moderate: 20 – 39.9% | Severe: ≥ 40%

<sup>5</sup> Normal: ≤ 4.9% | Mild: 5 – 19.9% | Moderate: 20 – 39.9% | Severe: ≥ 40%

<sup>6</sup> Normal: ≤ 4.9% | Mild: 5 – 19.9% | Moderate: 20 – 39.9% | Severe: ≥ 40%

<sup>7</sup> Mild: ≥2 – 10% | Moderate: ≥10 – <20% | Severe: ≥20%

<sup>8</sup> Mild: ≥2 – 10% | Moderate: ≥10 – <20% | Severe: ≥20%

<sup>9</sup> Minimal/stressed: <0.5 | Crisis: 0.5 to <1 | Emergency: 1 to <2 | Famine : >2. CDR>2 (excluding trauma and conflict related deaths) must be highlighted in the map. IPC for Acute Food Insecurity

<sup>10</sup> Minimal/stressed: <1 | Crisis: 1 to <2 | Emergency: 2 to <4 | Famine : >4. IPC for Acute Food Insecurity