

ANNEX I: CVA USE/ATTRIBUTION IN UNDERLYING CAUSES

Determinants of malnutrition could be directly or indirectly linked to poverty depending on the 5 sub-levels: access, availability, quality, awareness and utilization. Each sector (Food security and livelihood, Access to Wash and Health Services and Appropriate Care Practices) can be disaggregated using the 5 sub-levels as shown in the table below. In **red** are highlighted likely entry points for CVA (providing nutrition-specific design), in **purple** possible entry points, to be explored further through local assessments.

	Household Food security	Inadequate care and feeding practices	Inadequate Health Services	Unhealthy household environment (Wash)
Access	<ul style="list-style-type: none"> - Power purchase: nutritious food not affordable - Food prices instability - Markets physically not accessible - Cost of transport to access markets 	<ul style="list-style-type: none"> - Lack of services and support for adequate care (IYCF) 	<ul style="list-style-type: none"> - Quality health services not available - Quality Health services not affordable - Quality Health services physically not accessible - Quality Health services not accessible due to secondary costs (eg: transport) 	<ul style="list-style-type: none"> - Safe water not affordable
Availability	<ul style="list-style-type: none"> - Availability of commodities (food supplies) - Insufficient availability of nutritious food in local markets due to low demand - Insufficient nutritious food production and importation 	<ul style="list-style-type: none"> - Lack of time for care taking (economic pressure) - Inadequate physical and mental well being of care taker 	<ul style="list-style-type: none"> - Available Quality medicine - Available quality Health Care Services - Unavailability of therapeutic foods, medication or vaccination through local services / markets 	<ul style="list-style-type: none"> - Produit d'hygiène disponible - Installations sanitaires disponibles - Disponibilité et qualité inadéquates de l'eau - Infrastructures d'eau et d'assainissement inadéquates
Quality	<ul style="list-style-type: none"> - Insufficient quality of food (nutritious) 		<ul style="list-style-type: none"> - Health service not of sufficient quality 	
Awareness	<ul style="list-style-type: none"> - Appropriate care practices (hygiene, health, feeding) - Insufficient awareness regarding the importance and preparation of nutritious diet 		<ul style="list-style-type: none"> - Malnutrition not perceived as disease 	
Utilization	<ul style="list-style-type: none"> - Inadequate storage and preparation - Food inadequately shared within HH, not child centered - Inadequate storage of fresh foods 	<ul style="list-style-type: none"> - Appropriate care practices (hygiene, health, feeding) 	<ul style="list-style-type: none"> - Appropriate care practices (hygiene, health, feeding) 	<ul style="list-style-type: none"> - Appropriate care practices (hygiene, health, feeding)

Quality and awareness: CVA will not address quality and awareness issues. Nutrition will need to consider other options for those sub-levels, however CVA could be combined to speed up / deepen impact or impact other sub-levels.