Liberia

Nutrition Situation Analysis

October 2019

Scaling Up NUTRITION

UN Network

REACH

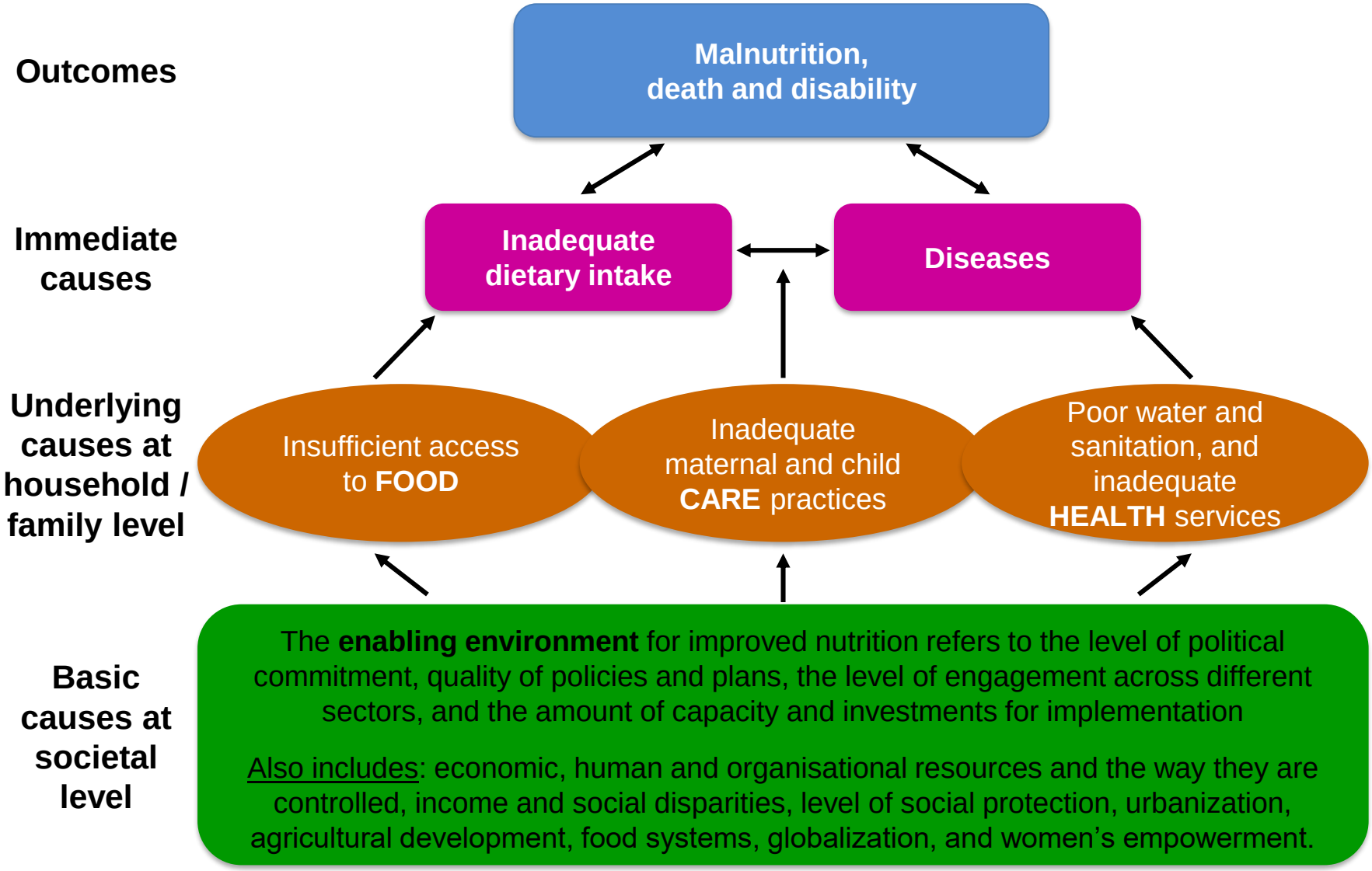
ACCELERATING THE SCALE-UP OF FOOD AND NUTRITION ACTIONS

World Food Programme · Food and Agriculture Organization of the United Nations · unicef · World Health Organization

Table of contents

Conceptual framework for the Nutrition Situation Analysis

The Conceptual Framework highlights three levels of causes of malnutrition - illustrating the need for a multi-sectoral approach



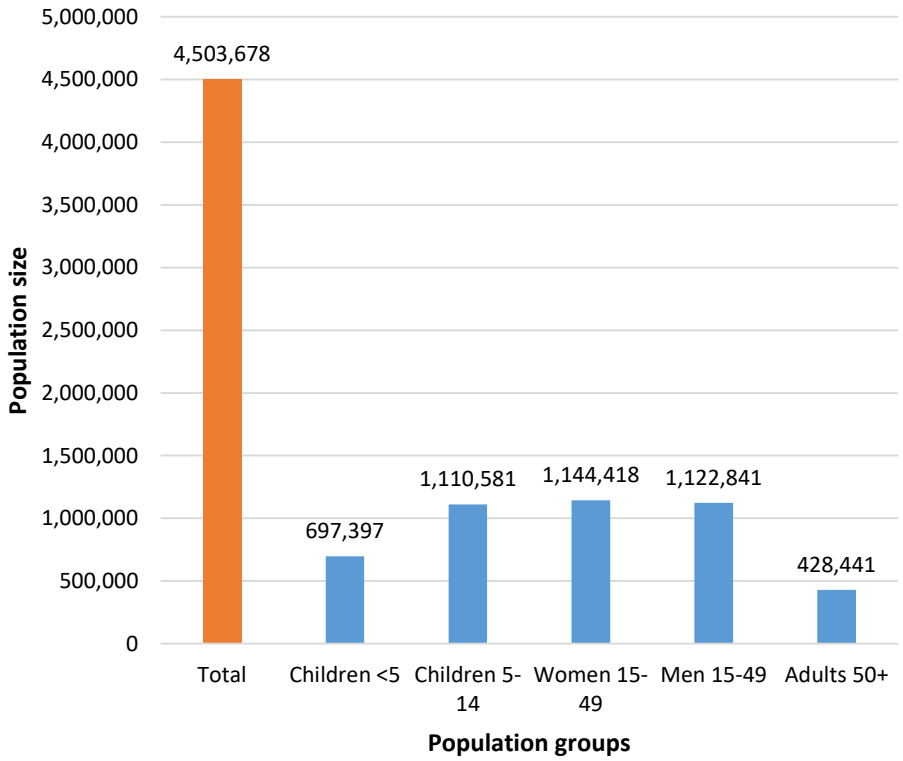
Source: Adapted from UNICEF and Global Nutrition Report 2016

The nutrition situation in Liberia

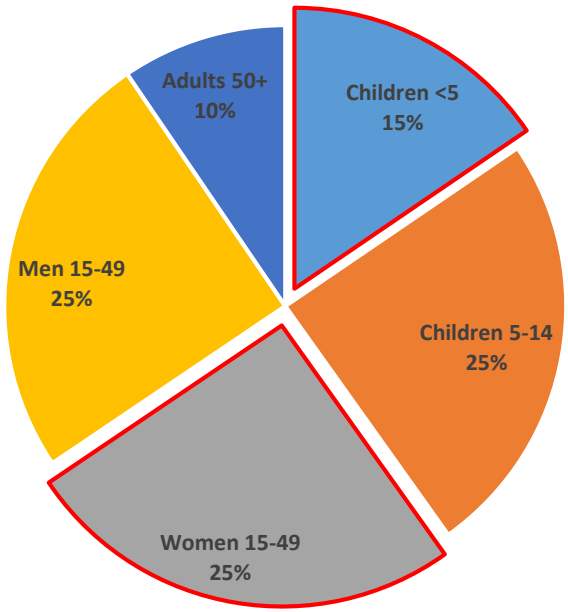
Demographic statistics

Total population of Liberia and the composition of the main target groups for addressing malnutrition

The estimated population in 2019 is over 4.5 million people



Children under 5 and women of reproductive age comprise 40% of the population



According to LISGIS, Liberia's population is growing at an average rate of 2.1 percent - one of the fastest growing populations in the world. Around 40 percent is under the age of 15, whilst the median age is around 18 years old. With a life expectancy of around 64 years on average, only 3 percent of the population is 65 years old or above.

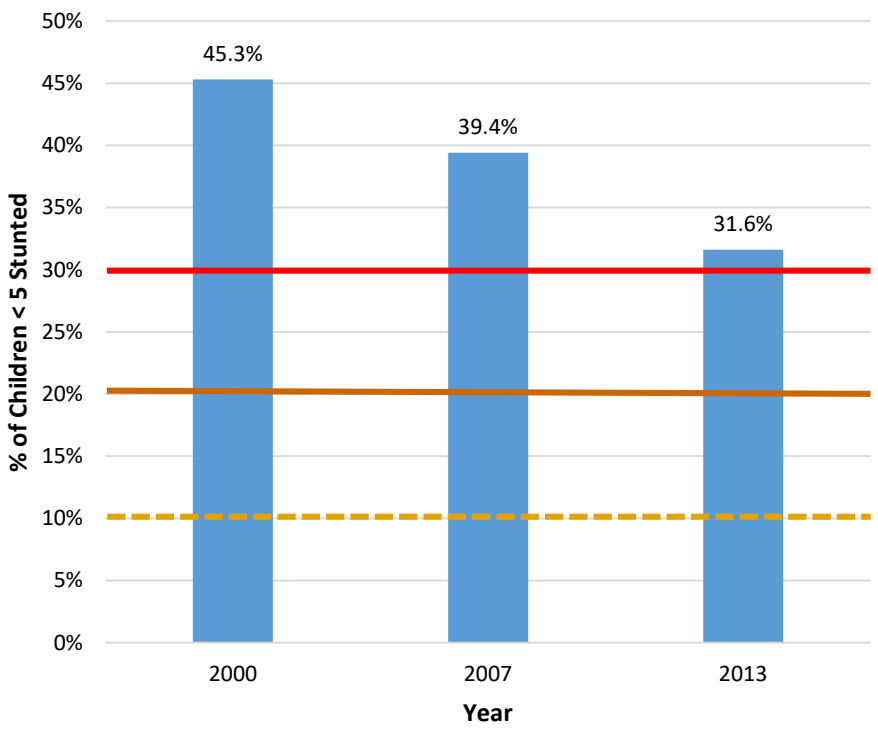
Source: 2008 Population and Housing Census Analytical Report on Population Projections – LISGIS / Population growth rate - LISGIS

Anthropometric indicators for malnutrition

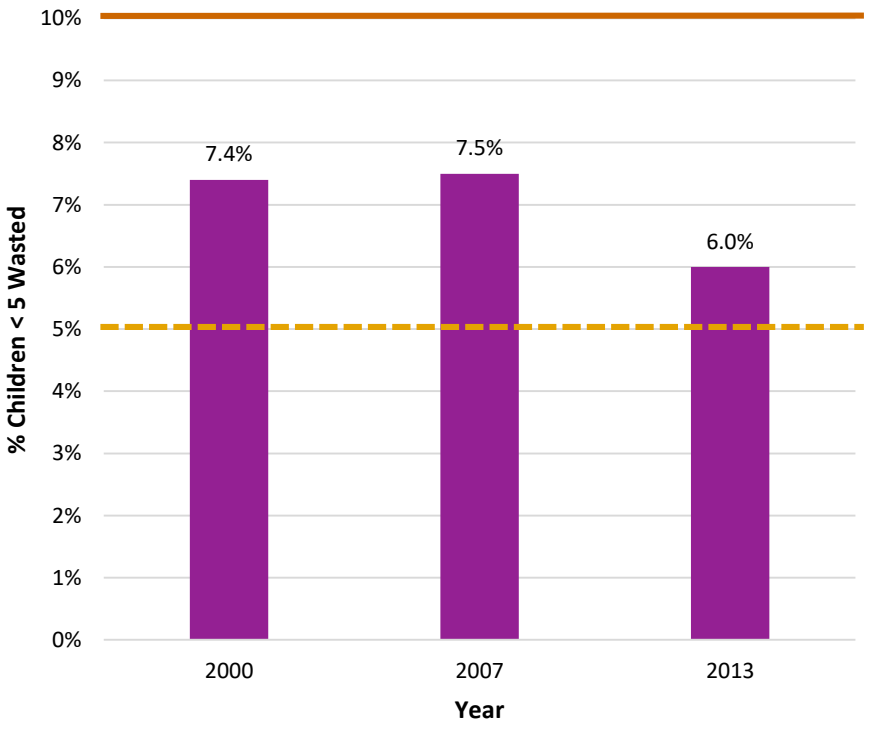
Focus on childhood stunting and wasting

While the prevalence of chronic malnutrition (stunting) and acute malnutrition (wasting) have declined, both remain at high levels

Stunting in children <5 years old has shown a steady decline since the year 2000*



Prevalence of wasting in children <5 years old has only declined marginally since 2000



*CFSNS in 2012 & 2018 show stunting rates in children under 5 of around 36%

Stunting is the impaired growth and development that children experience from poor nutrition, repeated infection, and inadequate psychosocial stimulation. Children are defined as stunted if their height-for-age is more than two standard deviations below the WHO Child Growth Standards median.

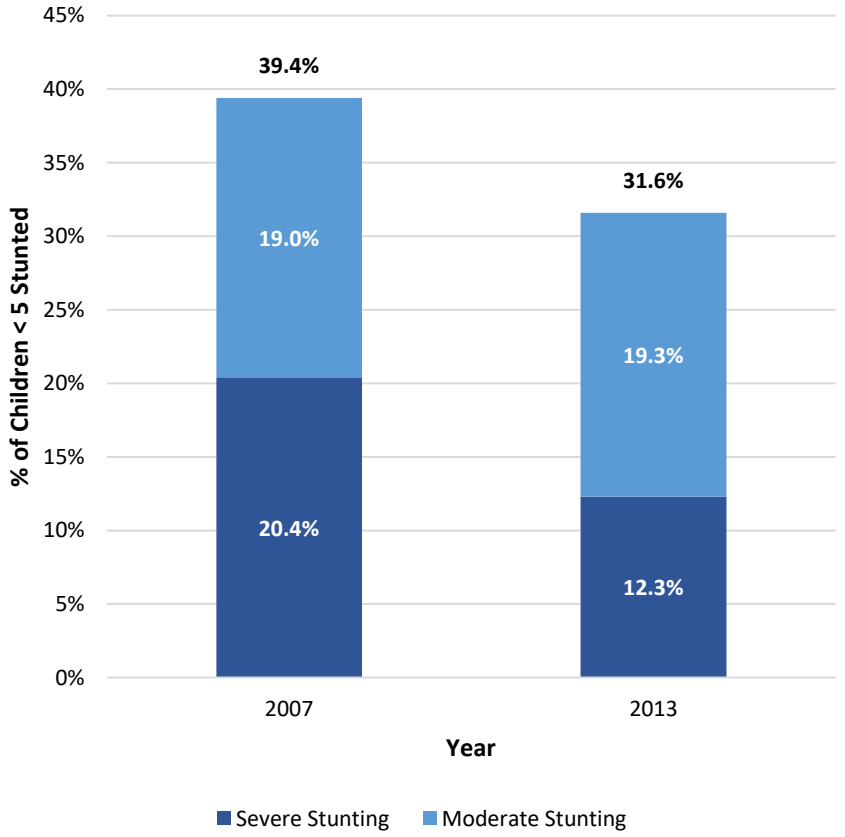
WHO thresholds for assessing severity of malnutrition:

- very high
- high
- medium

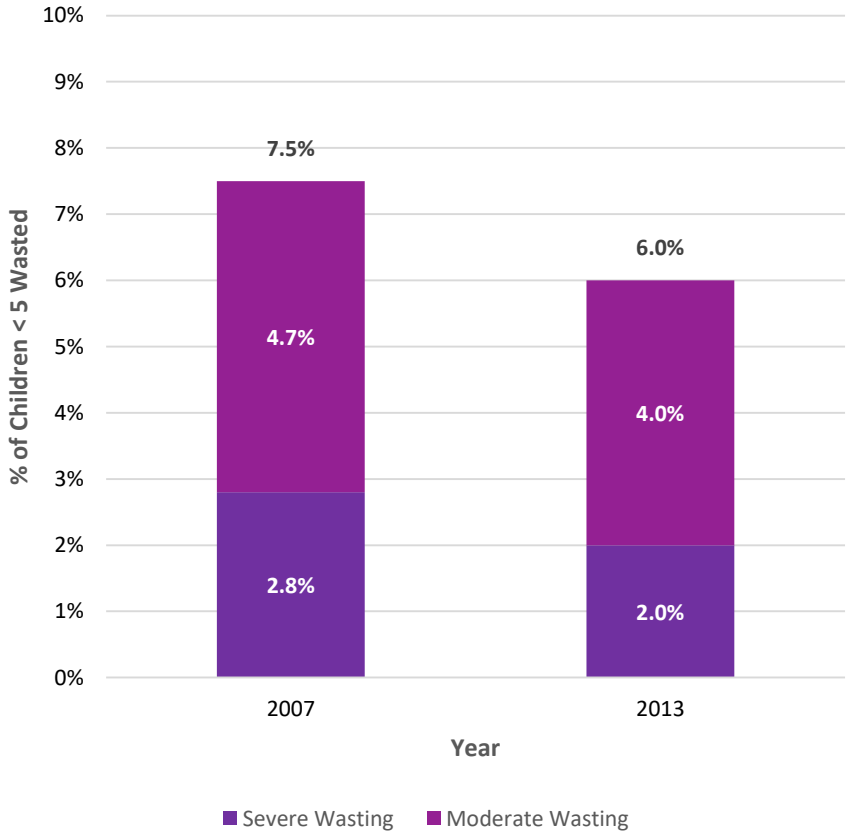
Source: Liberia NNS 2000, LDHS 2007, LDHS 2013, WHO

Since 2007, despite the falls in stunting and wasting overall, the prevalence of moderate stunting in particular has remained stagnant

Severe stunting has shown a significant decline whilst moderate stunting has remained static



In recent years, both severe and moderate wasting have decreased at a similar rate

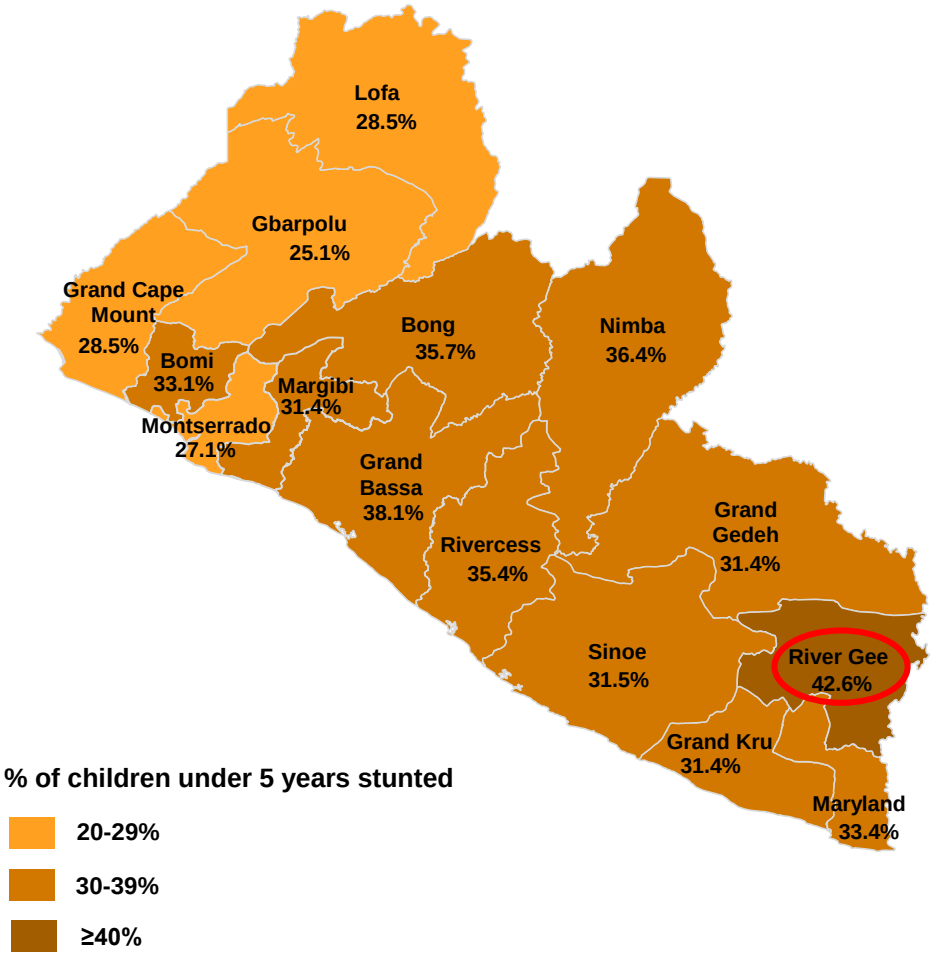


Wasting represents the recent failure to receive adequate nutrition. It may result from inadequate food intake or a recent episode of illness causing loss of weight and the onset of malnutrition. Children are defined as wasted if their weight-for-height is more than two standard deviations below the WHO Child Growth Standards median.

Source: LDHS 2007, 2013, WHO

The prevalence of stunting shows wide variance but is very high in a majority of counties, with the highest percentage in River Gee County

Prevalence of stunting in children <5 years old varies significantly by county



The prevalence of stunting in 11 out of the 15 counties in Liberia is above the 30 percent threshold for very high chronic malnutrition set by the WHO. River Gee has the highest level of stunting at 42.6 percent. The remaining 4 counties, including Montserrado, have stunting levels between 20-30 percent (high chronic malnutrition).

This means that up to 2 in 5 children under 5 years old in each county will have poorer health, impaired mental and physical development and will never reach their full potential or contribute as much as they potentially could have to society unless urgent action is taken.

Source: LDHS 2013

The prevalence of wasting is relatively high in a majority of counties with the highest percentage in Bomi County

Prevalence of wasting in children <5 years old shows wide disparities across counties

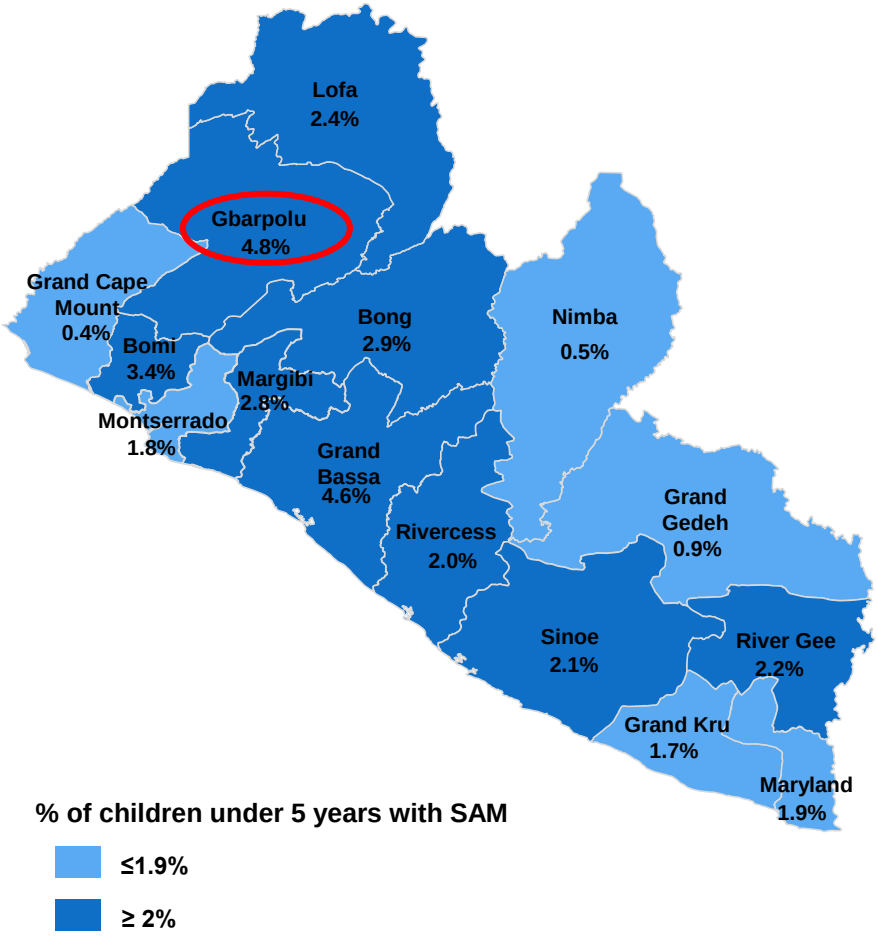
The prevalence of wasting is considered of medium public health significance in 11 out of 15 counties in Liberia according to the WHO classification (between 5-10 percent prevalence). Bomi county has the highest level of wasting at 8.8 percent. In 4 counties, including Montserrado, the level of wasting is at a low level of public health significance (less than 5 percent).

This means that up to almost 1 in 10 children in each county are suffering from short term nutritional deficiency and steps need to be taken to increase prevention and treatment of both moderate and severe forms to improve child survival and development prospects.

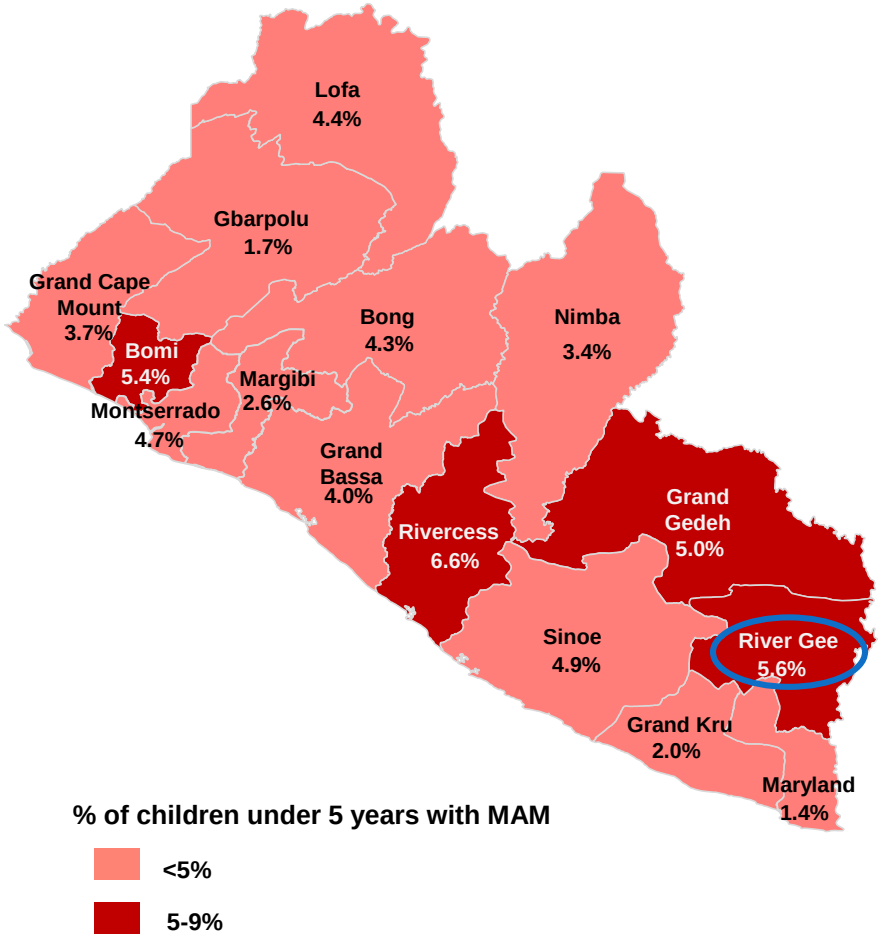
Source: LDHS 2013

Counties with high rates of moderate acute malnutrition (MAM) are not necessarily the same ones with high rates of severe acute malnutrition (SAM)

Prevalence of severe acute malnutrition in children <5 years old by county



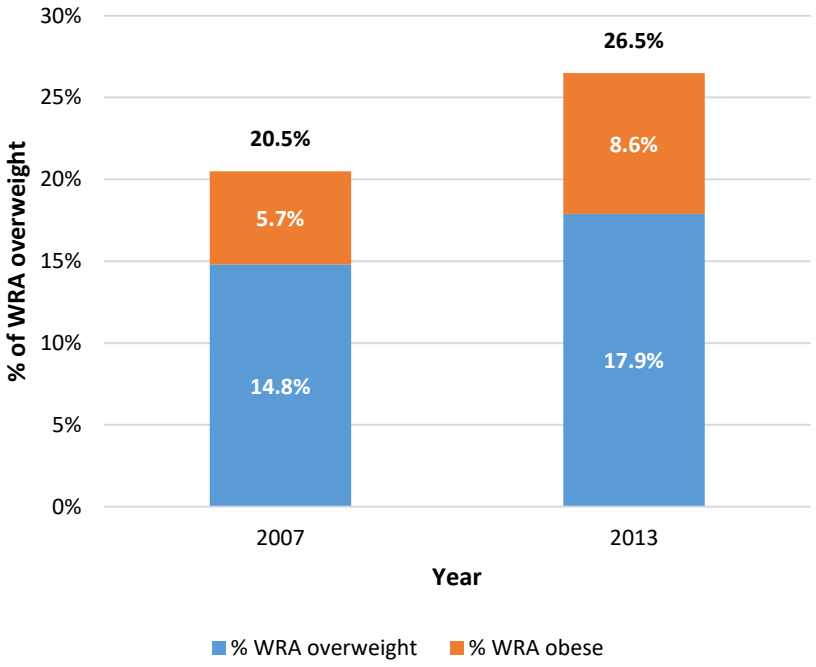
Prevalence of moderate acute malnutrition in children <5 years old by county



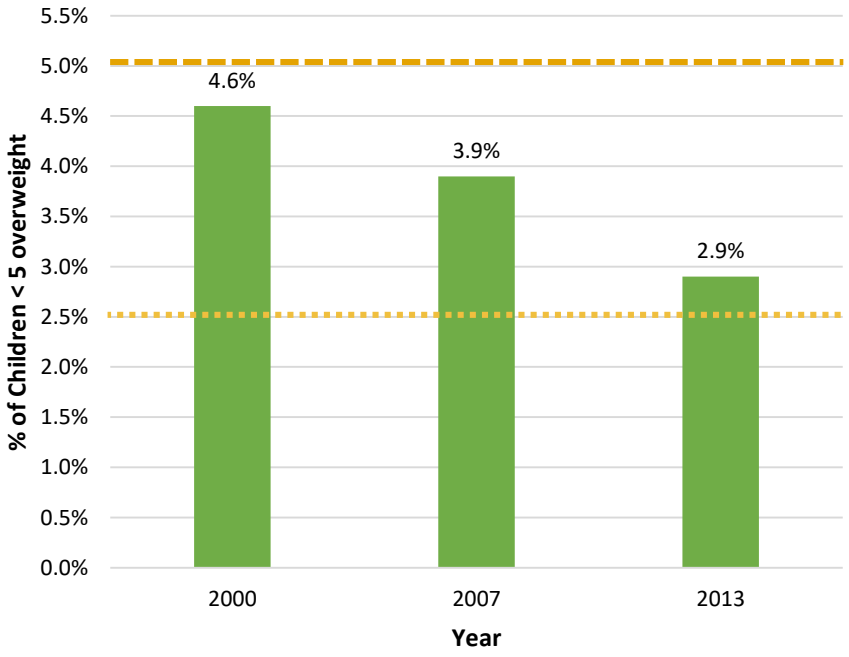
Source: LDHS 2013

Over a quarter of adult women are overweight or obese, however, only a small and declining number of children under 5 are overweight

Over a quarter of adult women are overweight or obese and the level is rising rapidly



A small and declining percentage of children under 5 years old are overweight



Women who enter pregnancy overweight are more likely to develop gestational diabetes, deliver large for gestational age or premature newborns, and less likely to breastfeed.

Children born to overweight women are more likely to become overweight or obese, continuing the cycle, and are at a higher risk of developing serious health problems, including diabetes, high blood pressure and liver disease later in life.

WHO thresholds for assessing severity of malnutrition:

medium

low

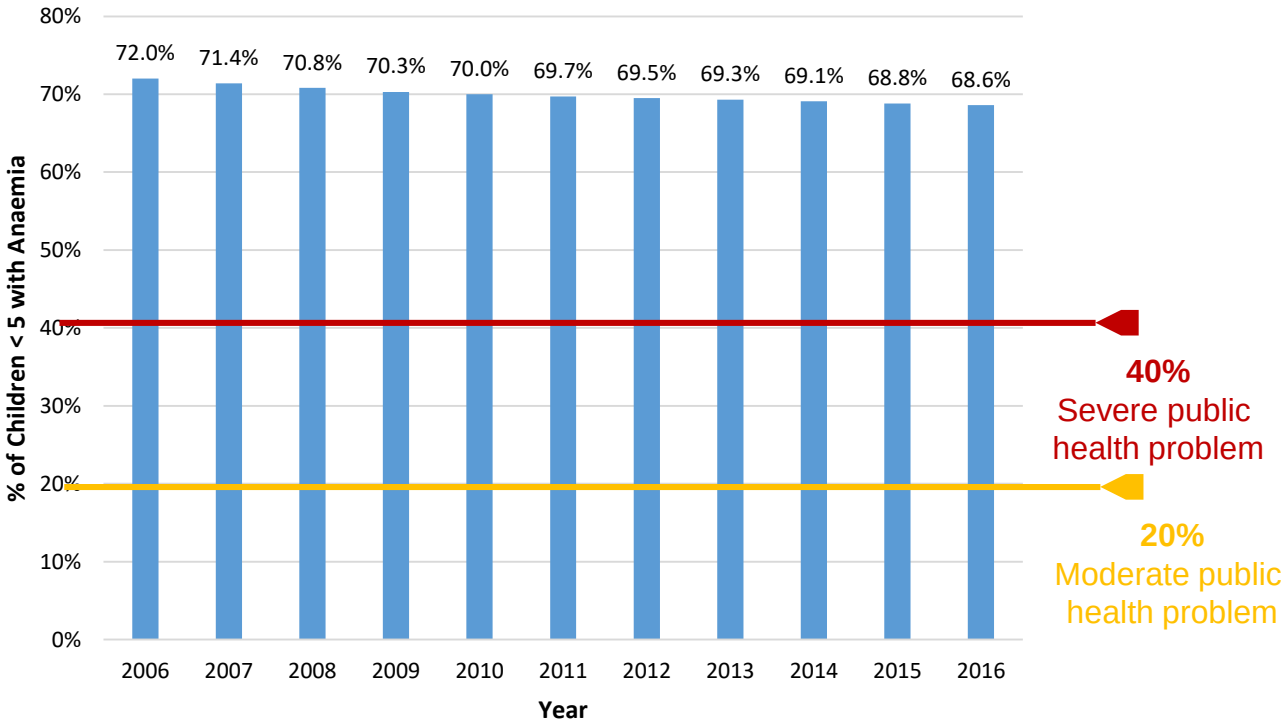
Source: Source: Liberia NNS 2000, LDHS 2007, LDHS 2013, WHO

Micronutrient deficiencies:

Anaemia, Vitamin A Deficiency and Iodine Deficiency Disorders

Anaemia levels among children under 5 are extremely high, impacting on children's health and development

Over 2 in 3 children under 5 years old have anaemia, despite estimated improvements over the last decade



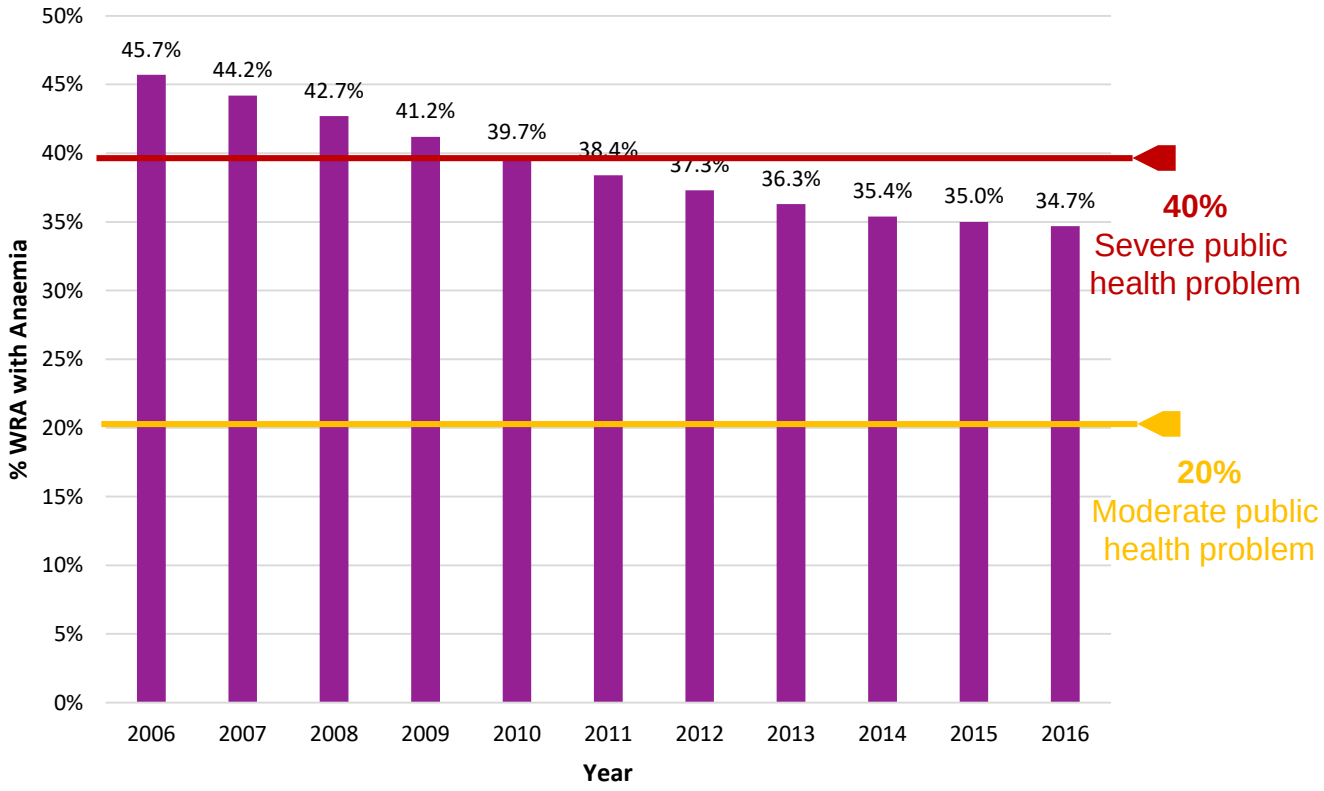
Anaemia Consequences for children under 5:

- Reduced immunity
- Reduced cognitive and psychomotor development
- Reduced ability to concentrate / scholastic performance
- Fatigue, reduced physical capacity / activity

WHO - Global Health Observatory (GHO) data
The WHO classifies country level prevalence of anaemia into levels of public health significance (2001). Prevalence of <4.9%, 5 – 19.9%, 20 – 39.9%, and =>40% are classified respectively as no, low, moderate, and severe public health problems.

Over 1 in 3 women of reproductive age have anaemia, posing health risks to mother and baby

Over one third of Women of Reproductive Age have anaemia, although the rate has been declining over the last decade



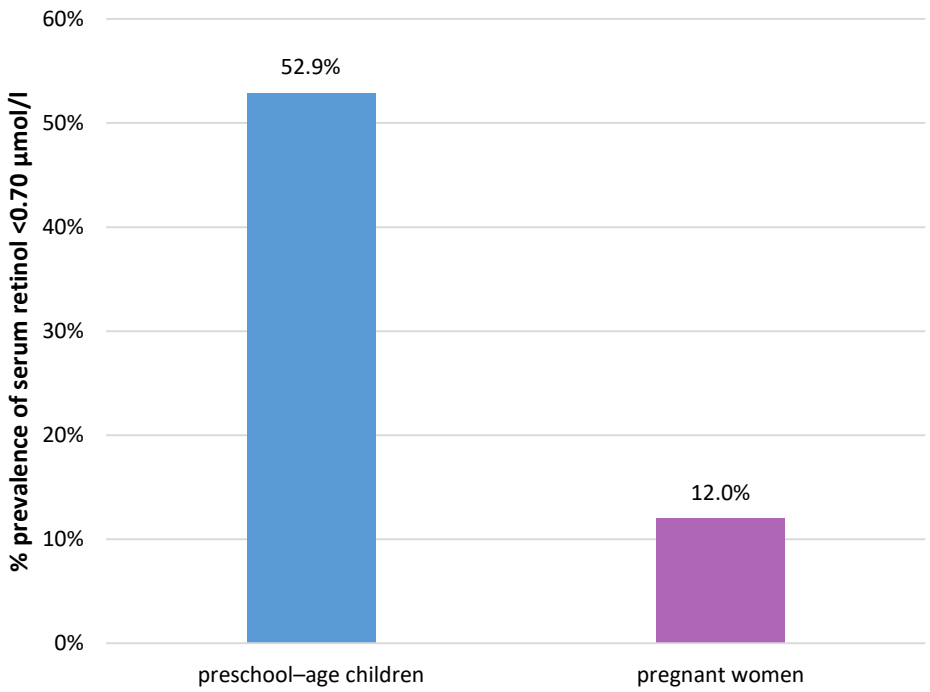
Anaemia Consequences for women of reproductive age:

- Reduced immunity
- Increased risk of maternal / perinatal mortality
- Intrauterine growth retardation
- Premature births
- Fatigue, reduced physical capacity / activity

WHO - Global Health Observatory (GHO) data
The WHO classifies country level prevalence of anaemia into levels of public health significance (2001). Prevalence of <4.9%, 5 – 19.9%, 20 – 39.9%, and =>40% are classified respectively as no, low, moderate, and severe public health problems.

Over half of pre-school children and 1 in 10 pregnant women suffer from a Vitamin A deficiency, negatively impacting on their health and development and risk of mortality

Rates of Vitamin A deficiency are particularly high among pre-school age children but data is from 1999



Consequences for pre-school children:

- Can compromise immunity
- Increased risk of morbidity and mortality
- Reciprocal relationship with measles, a leading cause of death among young children

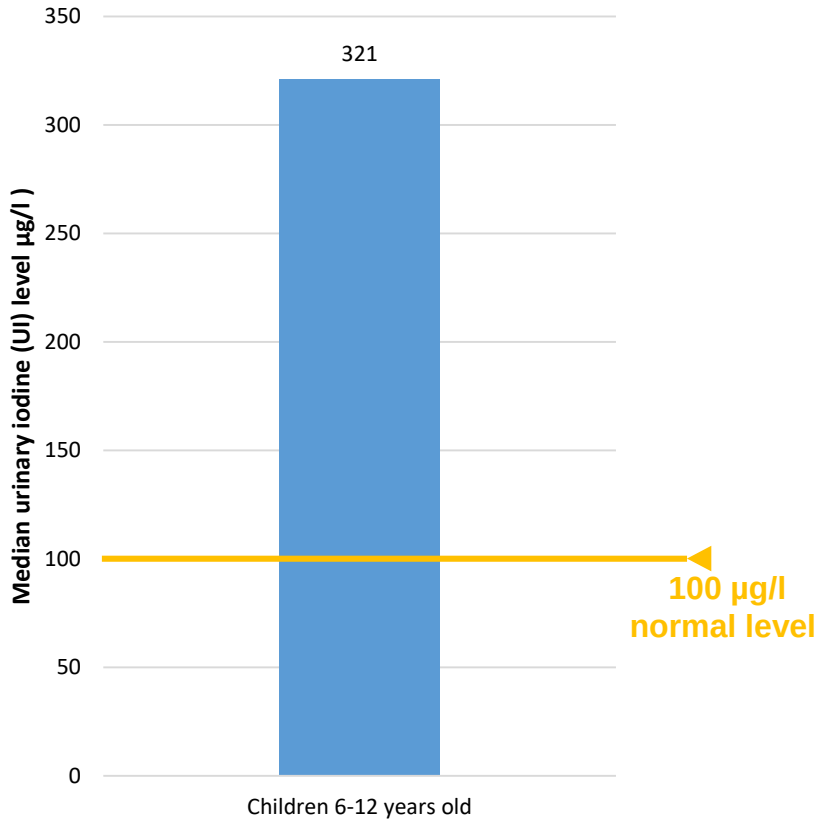
Consequences for pregnant women:

- Can compromise immunity
- Increased maternal and infant morbidity and mortality
- Increased anaemia risk
- Slower foetal growth and development
- Night blindness

Source: WHO - Global Prevalence of Vitamin A Deficiency in Populations at Risk 1995–2005

Iodine Deficiency Disorders (IDD), when present, jeopardize children's cognitive development and function, productivity in later life, and their health

Median urinary iodine level of children 6-11 years old is above the normal range but data is from 1999



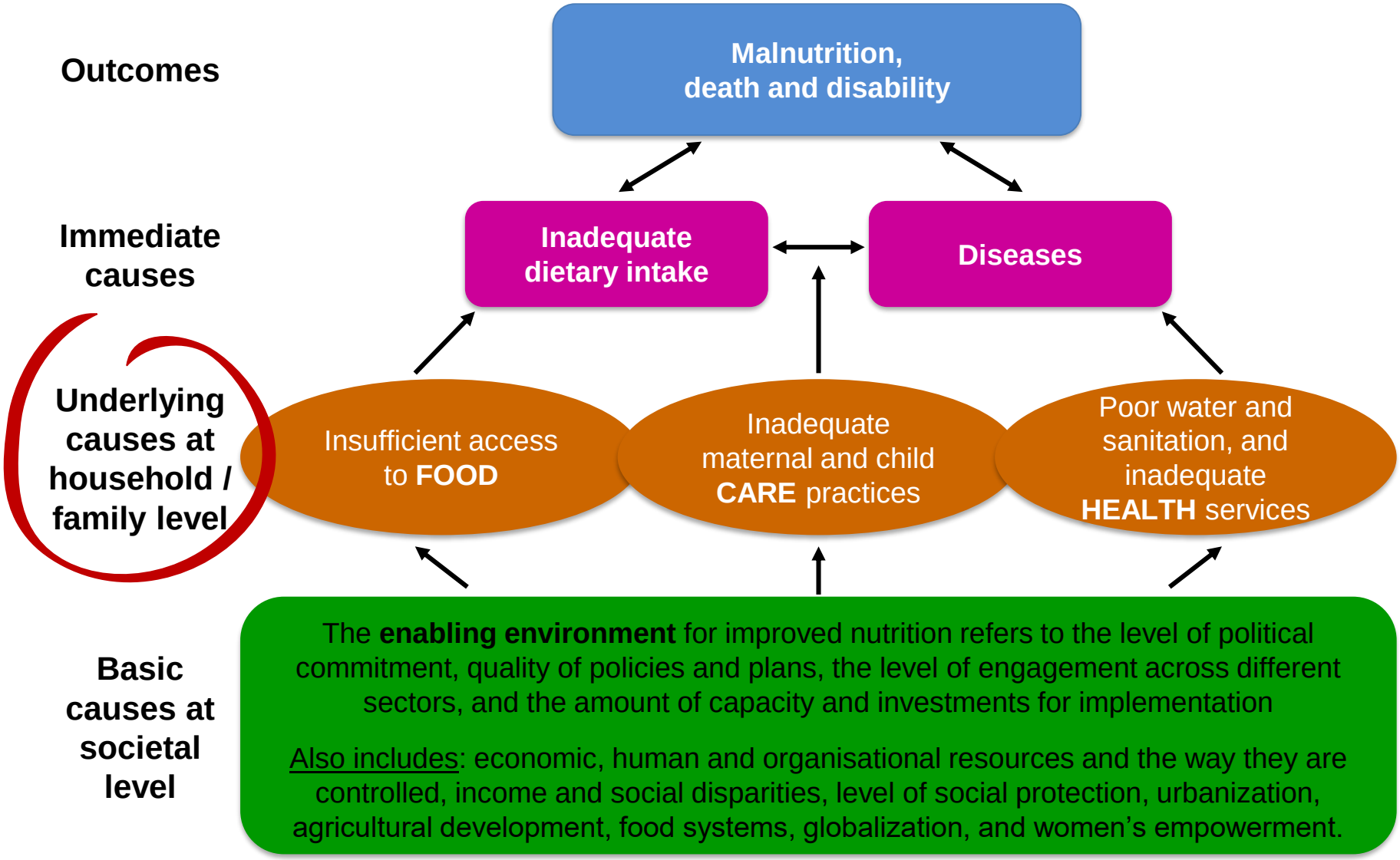
Consequences:

- Irreversible impaired cognitive development and capacity, leading to mental retardation. In severe cases this includes cretinism and deaf-mutism
- Impaired cognitive function: affects productivity in adults and learning capacity in children
- Goitre (swelling of thyroid gland) is a visible marker of IDD in an endemic area

Source: WHO Global Database on Iodine Deficiency

Underlying causes

The conceptual framework highlights the main underlying causes that determine whether adequate nutrition is obtained - food, care practices and health



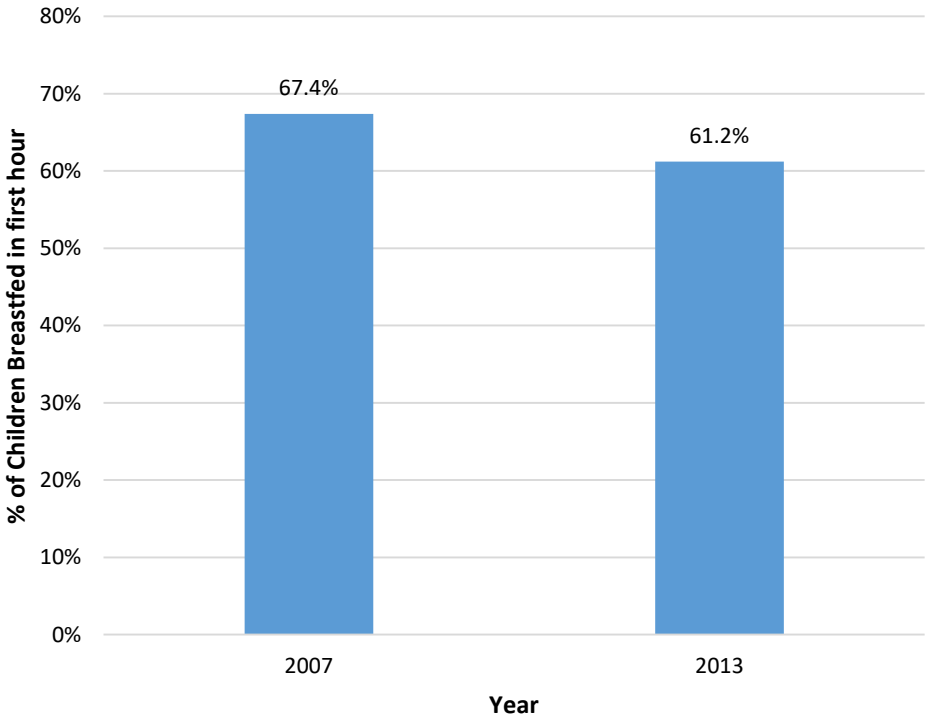
Source: Adapted from UNICEF and Global Nutrition Report 2016

Care Practices

Looking at dimensions, trends and causes

Over 3 in 5 newborns are breastfed within the first hour of birth, providing health/nutrition benefits and increasing the likelihood of continued breastfeeding, but the rate is decreasing

Early initiation of breastfeeding* decreased between 2007 and 2013 to 61.2 percent



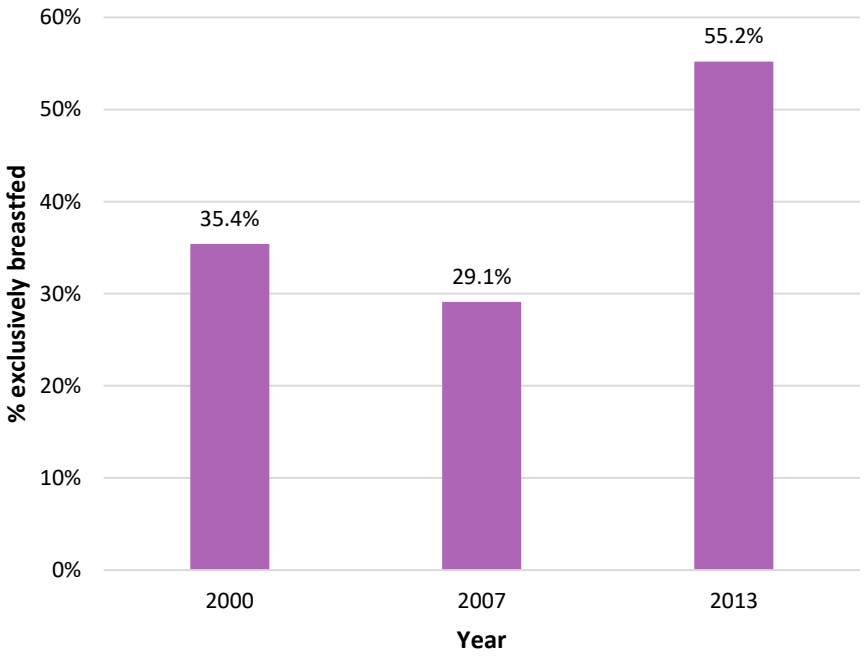
Colostrum is the mother's first milk, just after birth. It contributes to the prevention of infections and is extremely rich in nutrients and antibodies. It also provides a number of health benefits for post-partum mothers. Early initiation of breastfeeding promotes good lactation and feeding colostrum in the first hour increases the likelihood babies will continue to be breastfed.

Source: LDHS 2007, 2013, "Essential Nutrition Actions: Improving maternal, newborn, infant and young child health and nutrition." Geneva; WHO. (Early Initiation of Breastfeeding). e-Library of Evidence for Nutrition Actions (eLENA). Available at http://www.who.int/elena/titles/early_breastfeeding/en/.

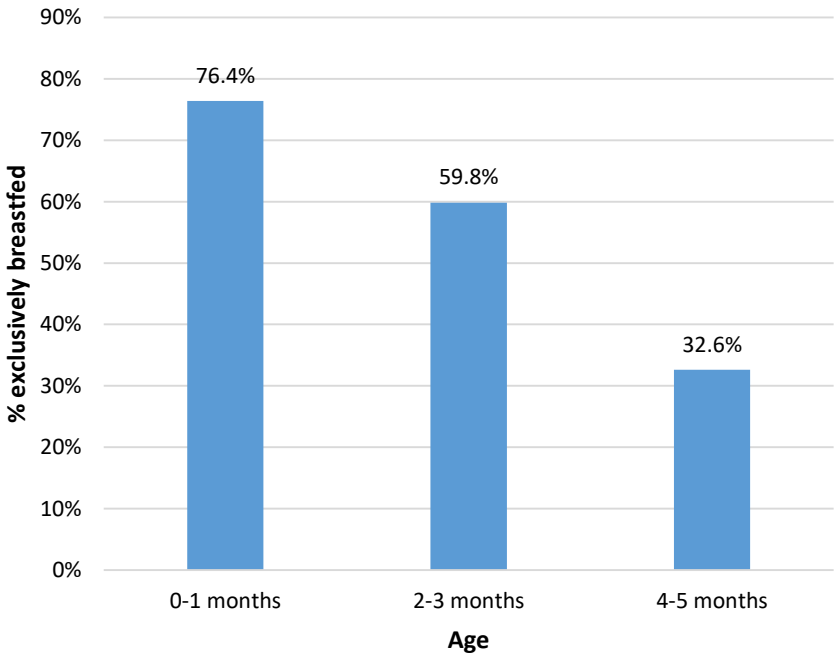
* Percentage of women with a live birth in the last 2 years who put their last new-born to the breast within one hour of birth

More than half of all children under 6 months are exclusively breastfed, as per global recommendations, with breast milk providing all the energy and nutrients that the infant needs

Exclusive breastfeeding* has increased rapidly since 2007 to reach over 50 percent



However, the rate of exclusive breastfeeding decreases as children reach 6 months old



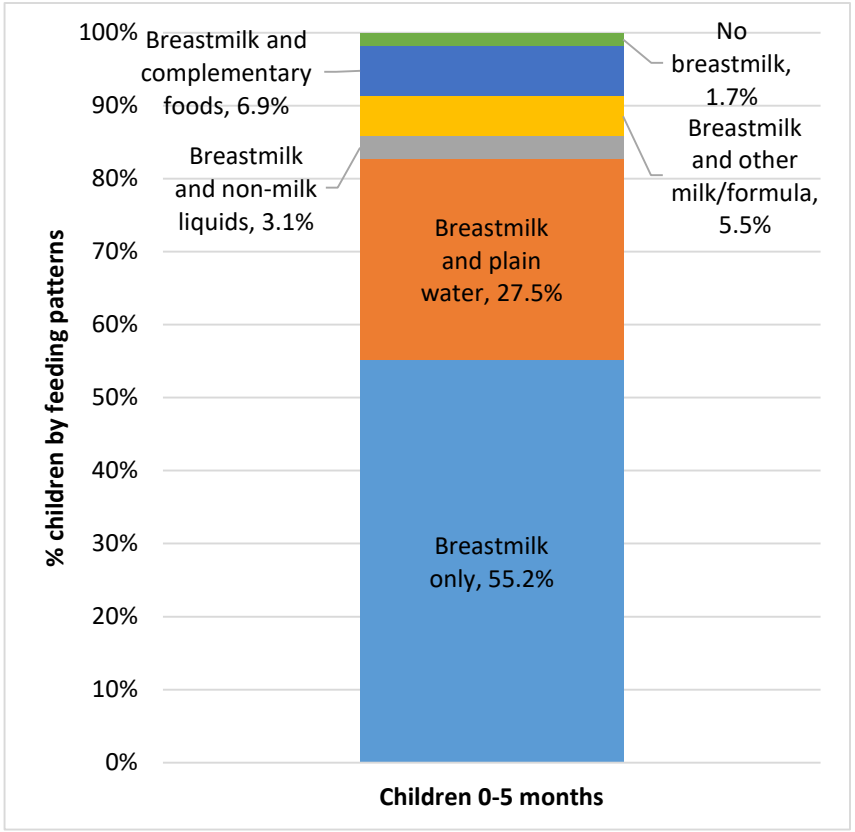
Breast milk provides all the energy and nutrients that the infant needs for the first 6 months. It also promotes sensory and cognitive development and protects the infant against infectious and chronic diseases. Exclusive breastfeeding reduces infant mortality due to common childhood illnesses, such as diarrhoea and pneumonia, and leads to quicker recovery from illness.

Source: Liberia NNS 2000, LDHS 2007, LDHS 2013

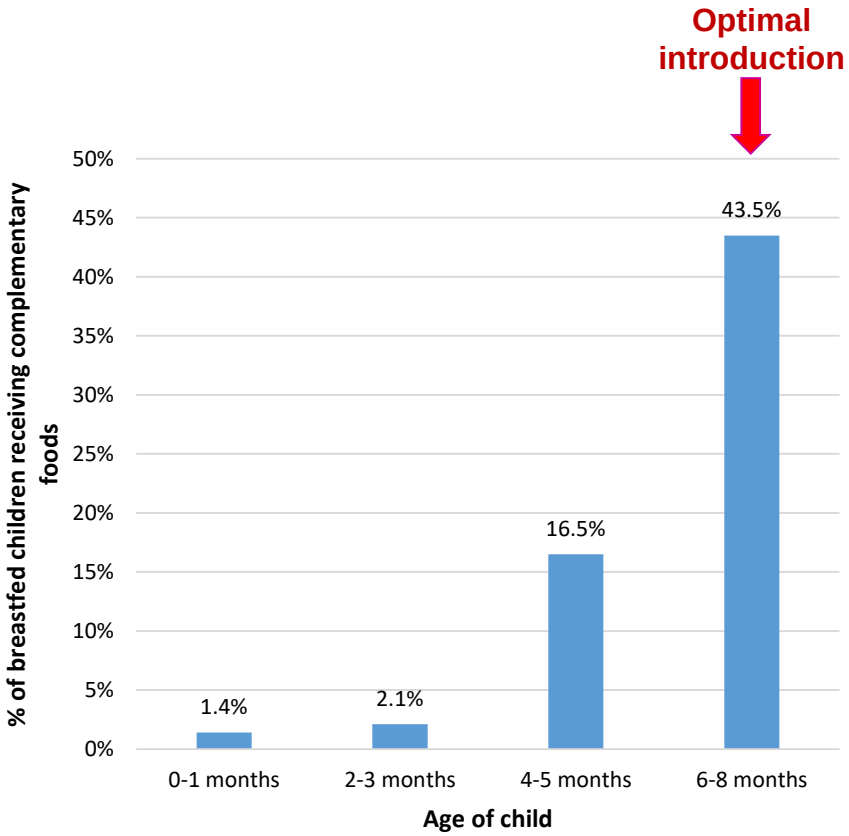
* Percentage of infants under 6 months of age who are exclusively breastfed (taking only breast milk and no additional food, water, or other fluids)

Almost half of children <6 months also receive other liquids and/or complementary foods apart from breastmilk, exposing these children to infections and a greater risk of malnutrition

While the majority of children <6 months are breastfed, almost half receive other liquids and/or foods in addition to breastmilk



Close to a fifth of breastfed children start to receive complementary foods too early



Early introduction to complimentary foods exposes children to pathogens and increases their risk of disease, especially diarrhoea and the risk of malnutrition. Feeding less nutrient dense alternatives to breast milk may reduce intake of important nutrients such as iron and zinc, affecting growth and development.

Source: LDHS 2013

Few children 6-23 months receive adequate infant and young child feeding (IYCF) practices – essential for optimum growth and development

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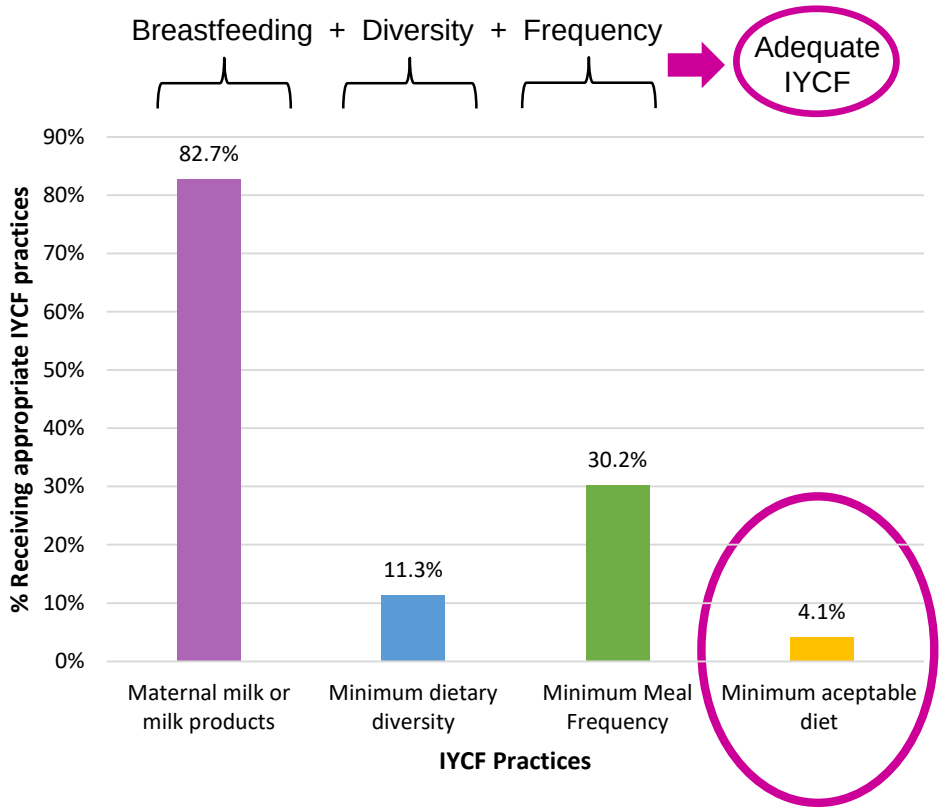
Less than 1 in 20 children 6-23 months receive a minimum acceptable diet



- The majority (82.7%) of all children 6-23 months of age receive breastmilk, breastmilk substitutes, or milk products at least twice per day.
- Just over 1 in 10 (11.3%) of children 6-23 months of age received a diverse diet of 4 or more different food groups.
- Less than a third (30.2%) of children 6-23 months of age were fed the minimum recommended number of times per day according to their age.
- **Overall, only 4.1% of children 6-23 months of age received an adequately diverse diet in line with the three IYCF feeding practices.**

A minimum acceptable diet is essential to ensure appropriate growth and development for children aged 6–23 months. Without adequate diversity and meal frequency, infants and young children are vulnerable to malnutrition, especially stunting and micronutrient deficiencies, and to increased morbidity and mortality.

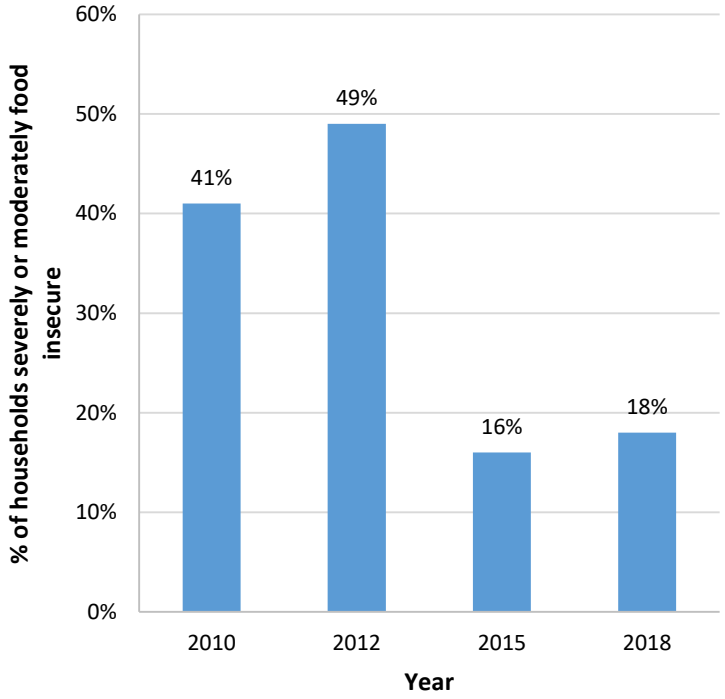
Source: LDHS 2013

Food Security

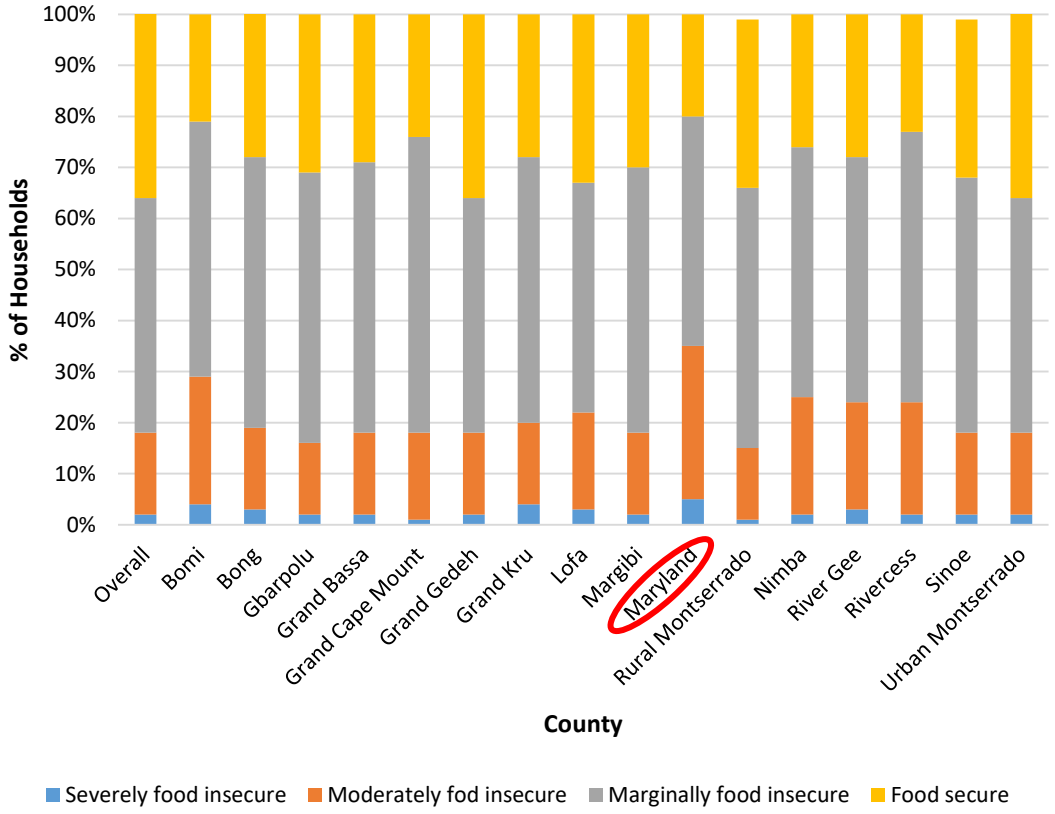
Looking at dimensions, trends and causes

The majority of households in Liberia suffer from some form of food insecurity which can potentially lead to malnutrition

Less than 20 percent of households in Liberia are severely or moderately food insecure



The majority of households in each county suffer from some form of food insecurity

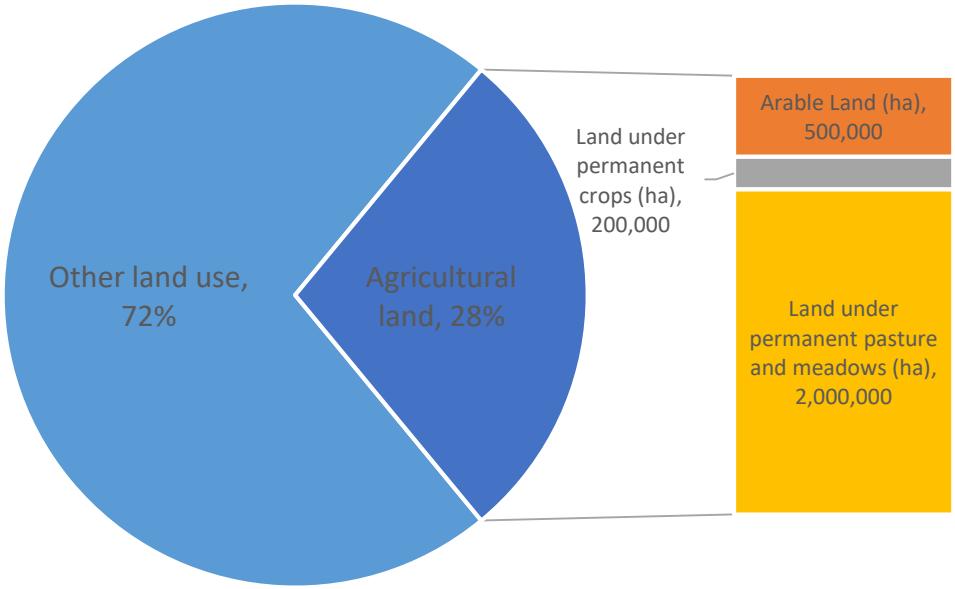


The nutritional consequences of food insecurity and persistent hunger include adversely affected diet quality (such as a lack of micronutrients) and weight status which may result in malnutrition, particularly when the individual and/or household is severely food insecure.

Source: Liberia Comprehensive Food Security and Nutrition Survey 2012, 2018; The State of Food and Nutrition Insecurity in Liberia 2010; Liberia Food Security Assessment 2015

Agricultural land is relatively scarce, constituting just over a quarter of the total land area – limited by forest cover and land degradation

The amount of agricultural land is just over 28 percent of the total land area (2,700,000 Ha)

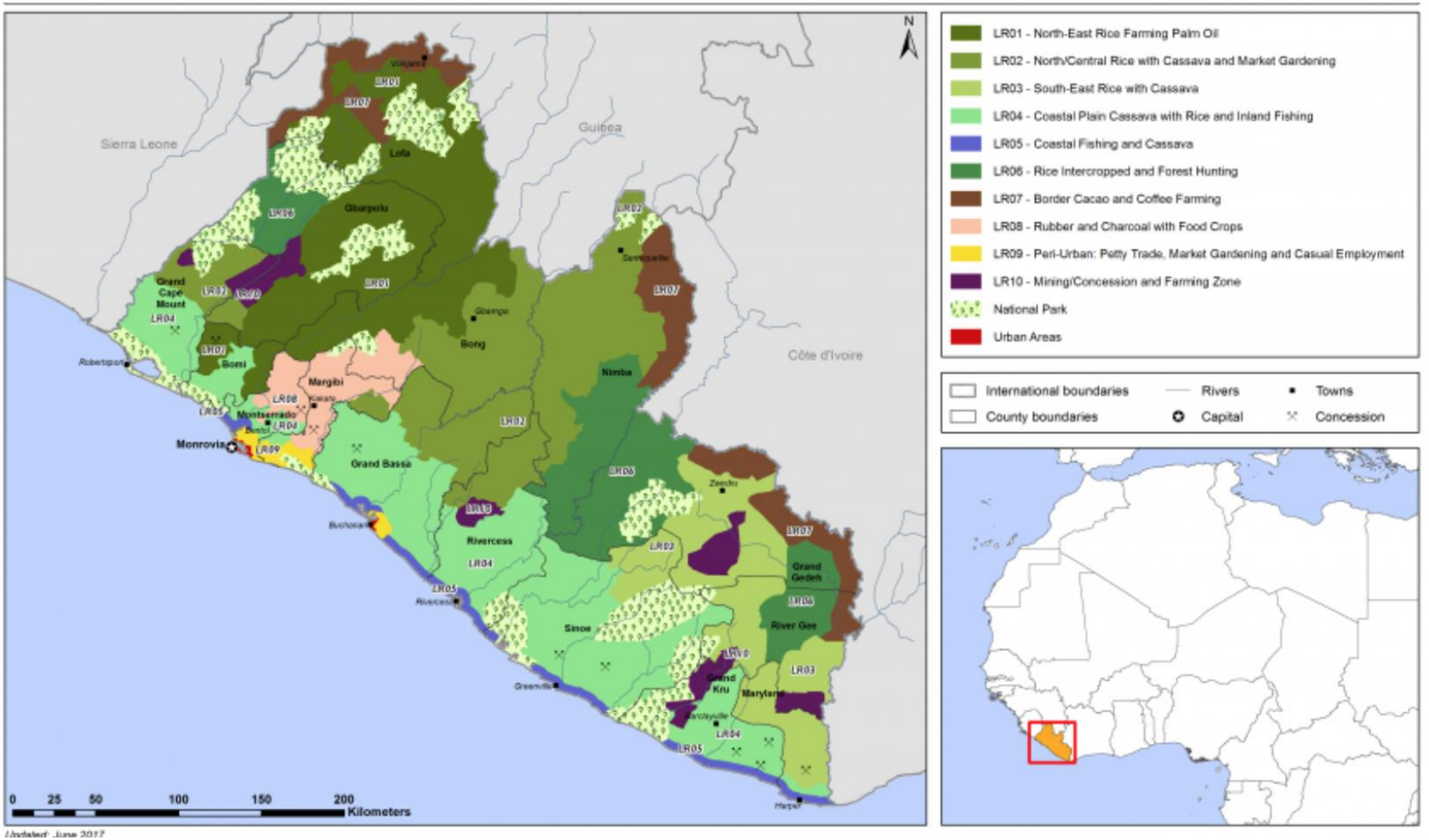


The major environmental constraints include severe land degradation and low soil suitability

Almost half of Liberia is forested, although almost 600,000 ha was lost between 1990-2010, mainly for agriculture. Although three quarters of the country's land is made up of latosol, a reddish, mineral-rich soil, it quickly loses its fertility once forest cover and leaf litter is removed.

Source: FAOSTAT / FAO Country Profiles

Cassava, rice, and vegetables are widely grown in Liberia and serve as primary livelihoods, but yields are low

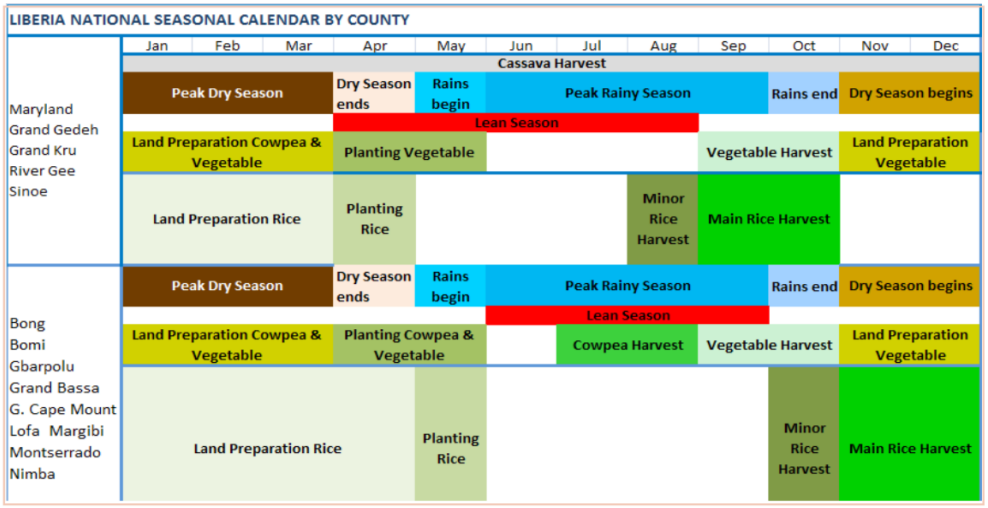


Reasons for low yields include low agricultural production and productivity, due to the widespread use of slash-and-burn and subsistence farming practices.

Source: FEWSNET 2017

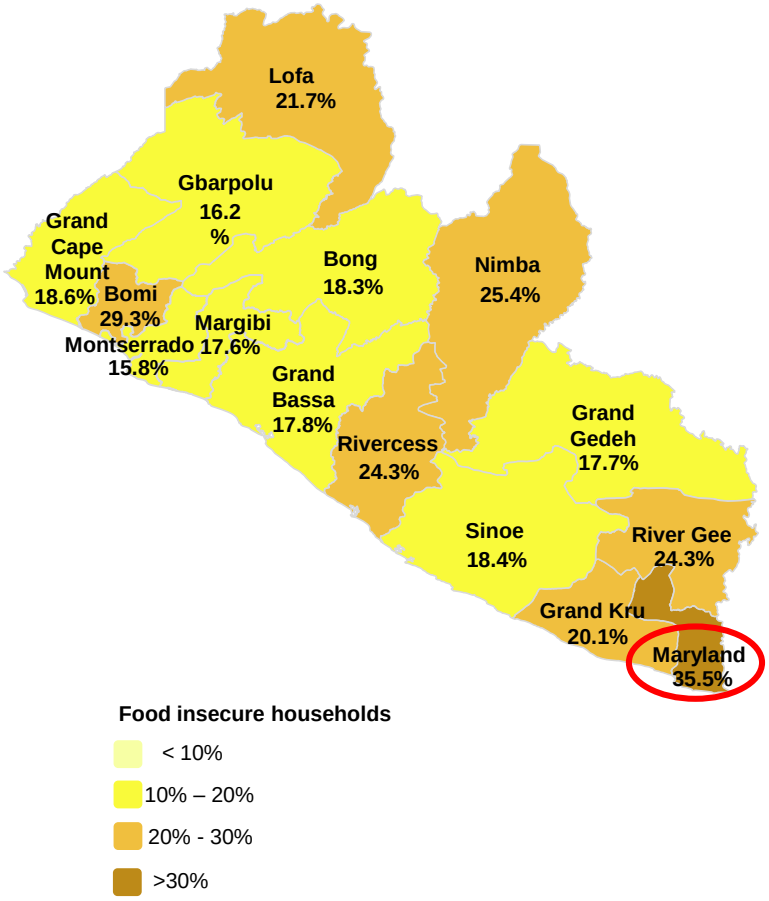
Liberian households experience seasonal food deficits for two to four months per year during the lean season

During the "lean season" availability of food at the household level decreases while market prices increase



The rainy season in Liberia runs from mid April to mid October, with the heaviest rainfall experienced in June to September. This coincides with the lean season when there are few crops to harvest and stocks from the previous harvests start to run out. Rainfall can be excessive during this period, exacerbating the impact of the lean season as food markets can be inaccessible.

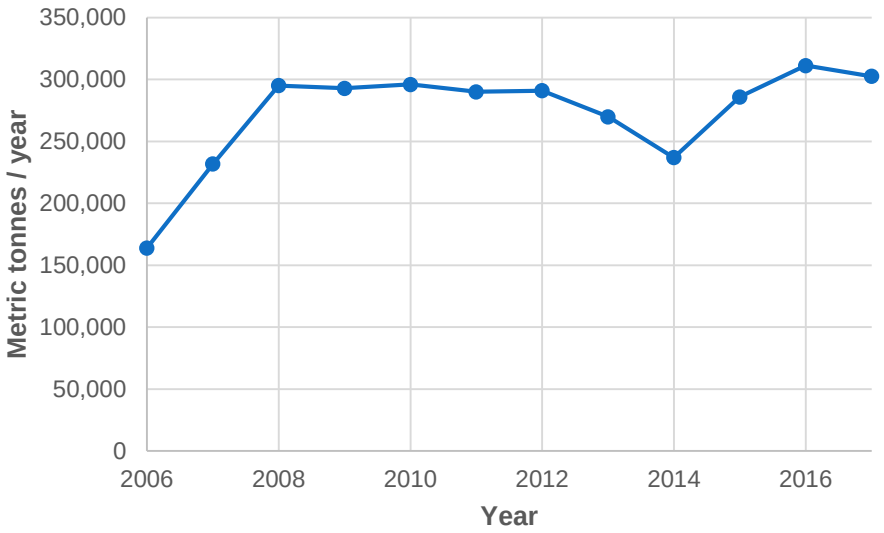
During this period the level of food insecurity among households rises



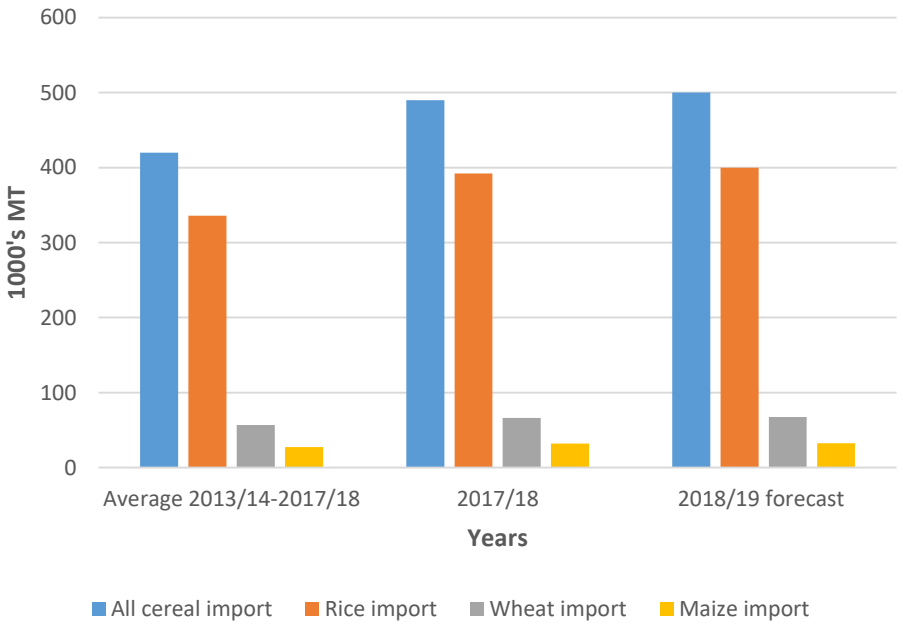
Source: Liberia CFSNS 2018

Liberia is not able to produce a sufficient amount of consumed staple foods, particularly rice, with a reliance on imports

Production of major crops (mainly rice) has stagnated over recent years



Liberia is a net importer of stable foods including rice, wheat and maize

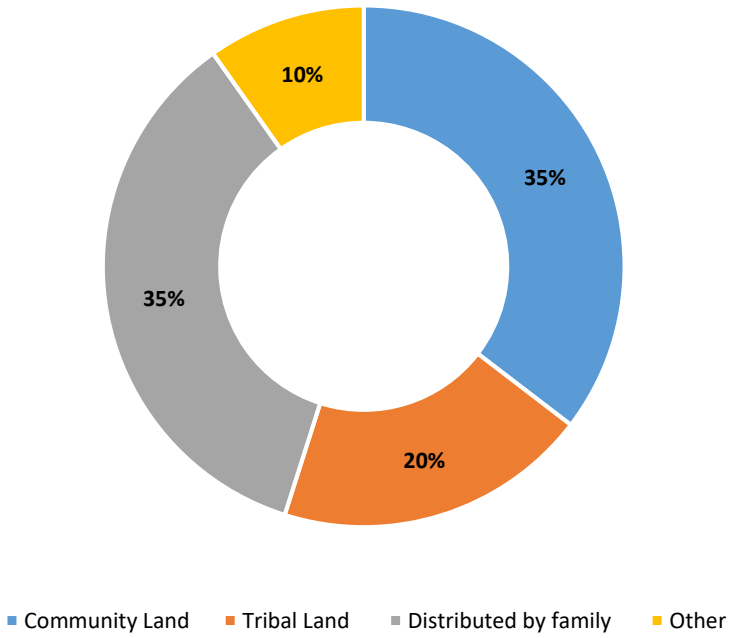


Rice is a main staple food in the country, but over half the demand needs to be imported each year. Rice for human consumption accounts for over 80 percent of imports, while wheat and maize account for about 13 percent and 6 percent, respectively. This makes the population vulnerable to food insecurity and malnutrition in times of price increase and fluctuations on the world market.

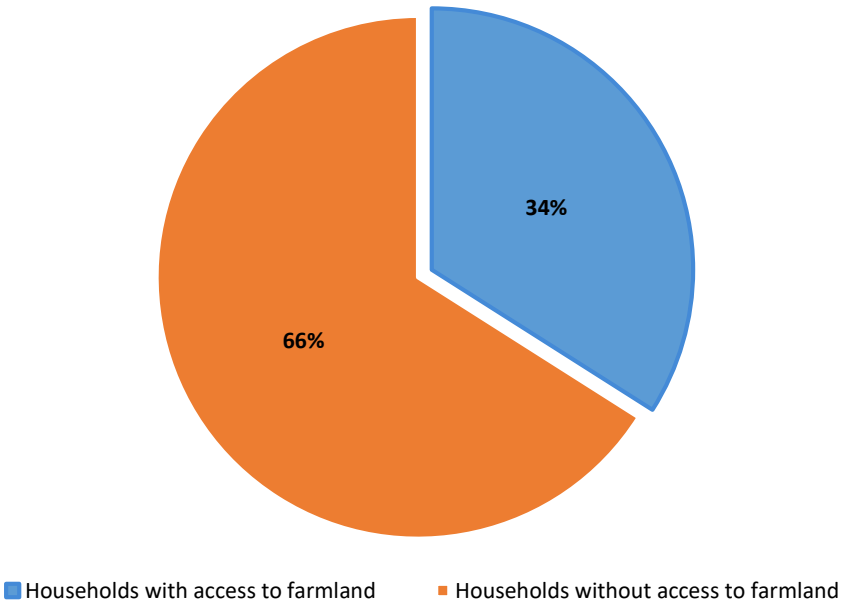
Source: FAO, Liberia CFSNS 2018

The majority of Liberian households do not have access to farmland and those that do have little land tenure security

Land tenure security is a challenge for Liberian farmers – central to agricultural growth potential



Land constraints are also an issue with 2 out of 3 households lacking access to farmland

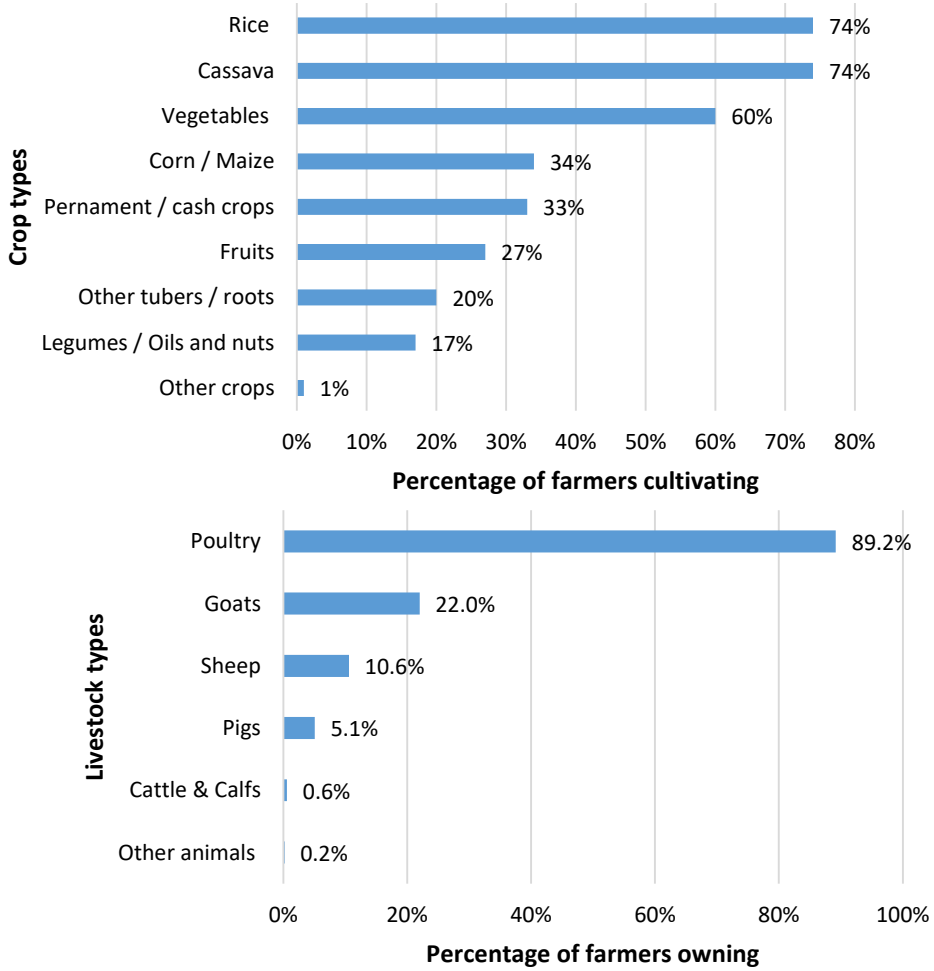


Tenure security is central to agricultural growth and there is a large body of empirical literature in Africa showing the positive impact of tenure security on investment and productivity. The vast majority of farmers who have access to land in Liberia are smallholders with the average size of land cultivated per household very small at 1.6 hectares.

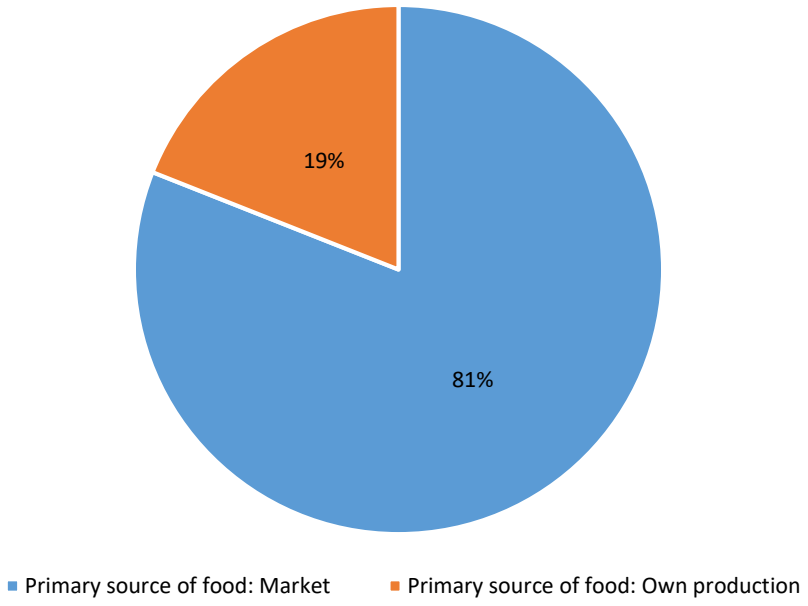
Source: LIBERIA POVERTY ASSESSMENT- STATISTICAL ABSTRACT AGRICULTURE RECALL SURVEY 2016

The vast majority food consumed by households is dependent on access to and affordability of markets

Majority of farming HH producing mainly rice, cassava and vegetables and poultry



Most households rely on market purchases as the main source of food

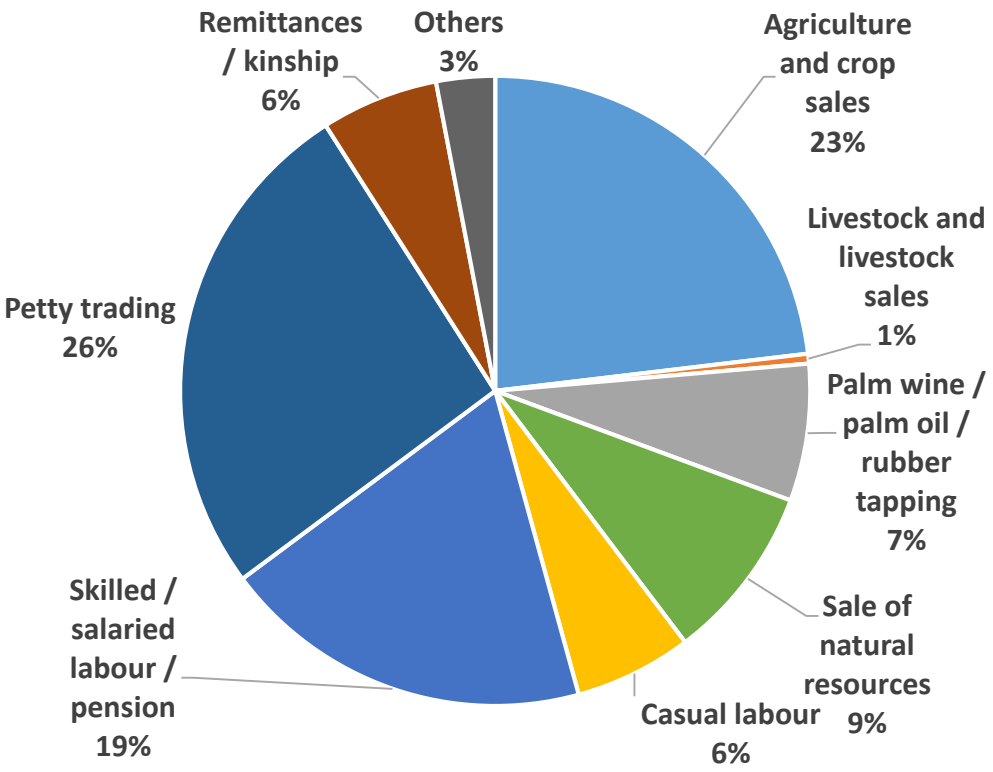


Farming is dominated by smallholders with limited use of modern technology or inputs and little access to extension services. Nearly 3 out of 4 faming households sell a portion of their crops – however this adds up to only 26% of production.

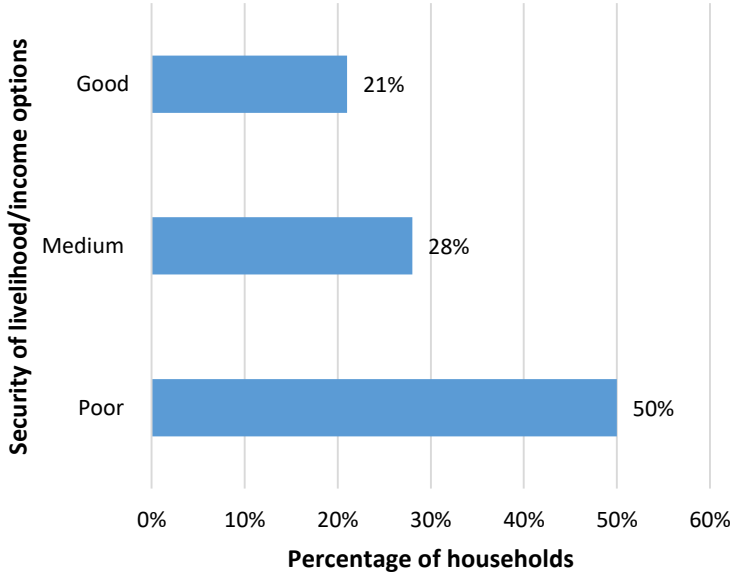
Source: Liberia CFSNS 2018, LIBERIA POVERTY ASSESSMENT- STATISTICAL ABSTRACT AGRICULTURE RECALL SURVEY 2016

A minority of households have a reliable and sustainable source of household income - a key factor in determining access to food

A minority of workers have reliable and sustainable jobs and income



Households with "Good" livelihood security / income options comprise 21 percent of HH

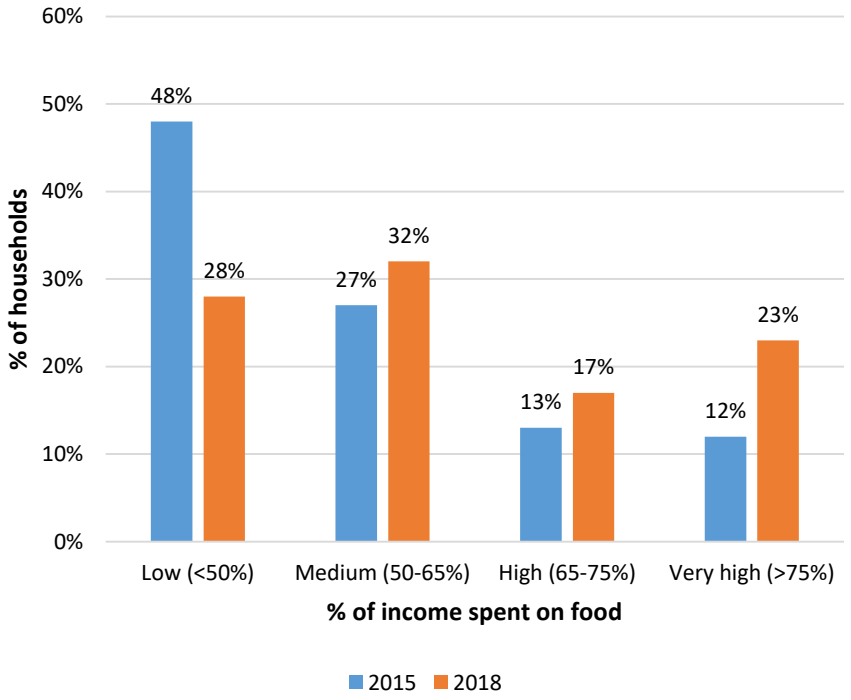


Households with poor and unreliable income sources are likely to continue to have low purchasing power and food security, especially households that rely heavily on markets as their main source of food. Such households are likely characterized by high usage of coping mechanisms including asset stripping.

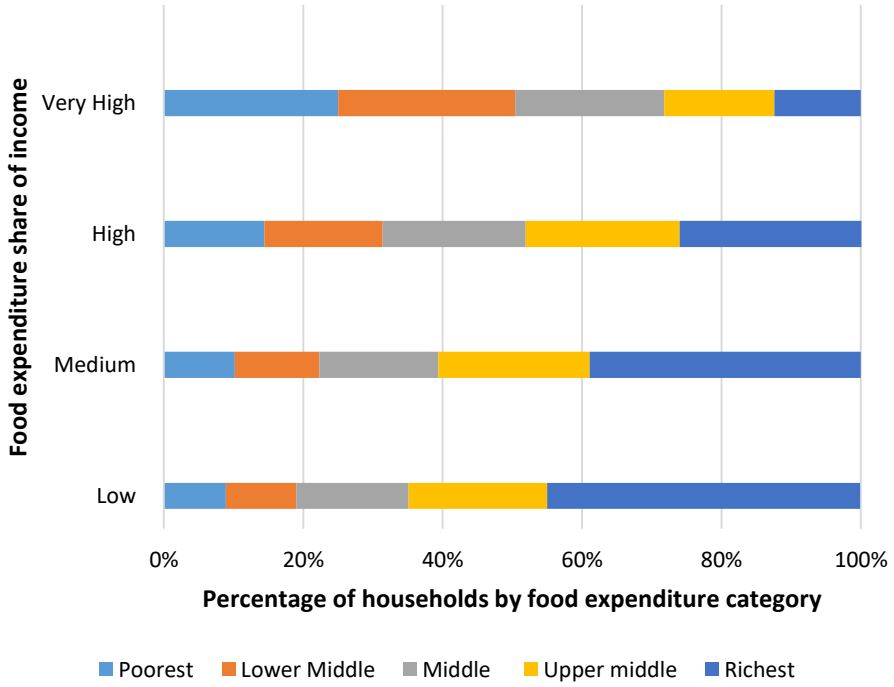
Source: Liberia CFSNS 2018

Households with less stable and secure income are more likely to spend a higher proportion of their income on food

The percentage of households spending a greater proportion of income on food is rising



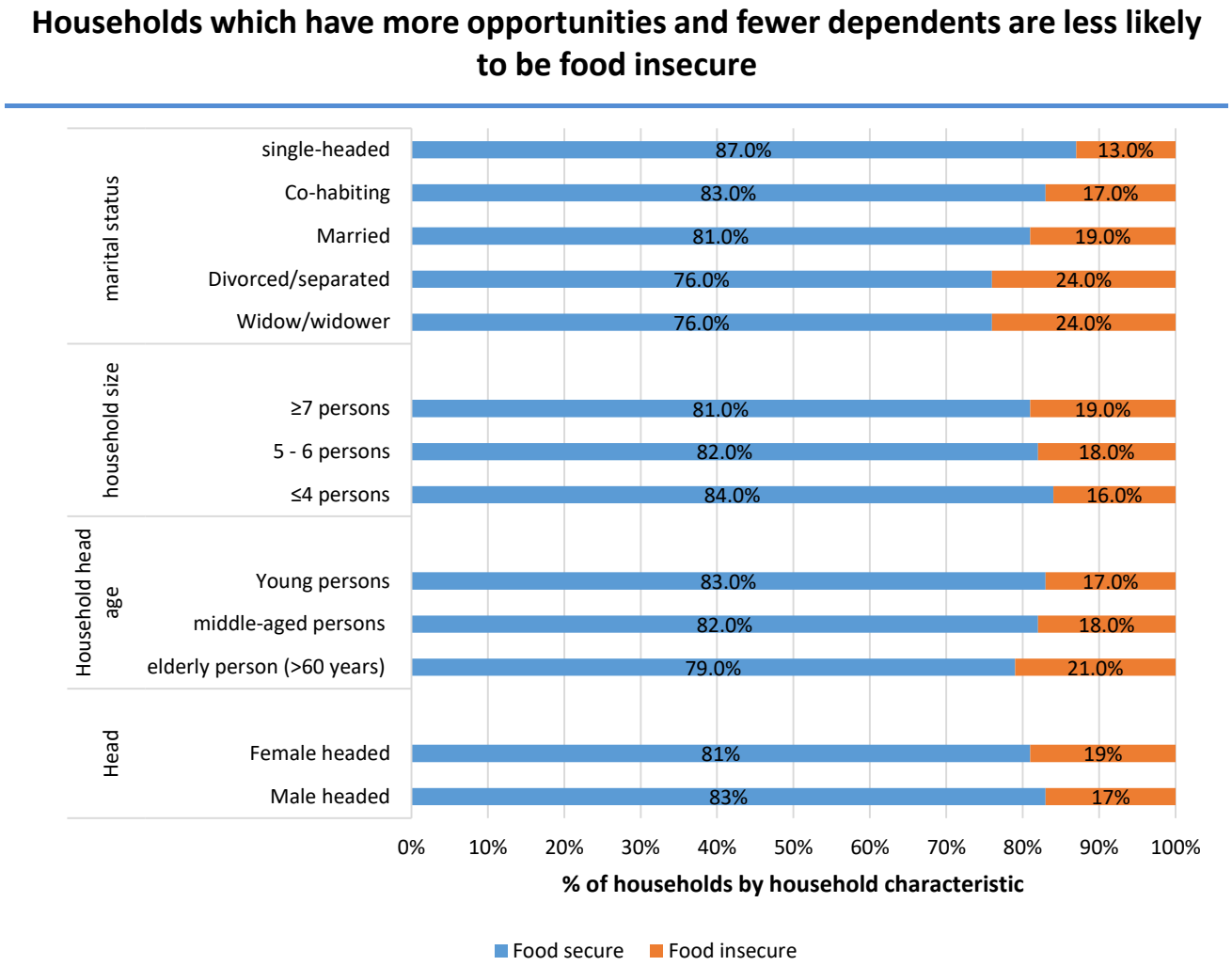
Households in poorer wealth quintiles more likely to spend a higher proportion of income on food



The households within the poorest wealth quintiles are already resources constrained thus an increase in the prices of food commodities is likely to increase their share on food items or see them resort to coping strategies such as buying less preferred food, limiting portion sizes or reducing the number of meals a day

Source: Liberia CFSNS 2018

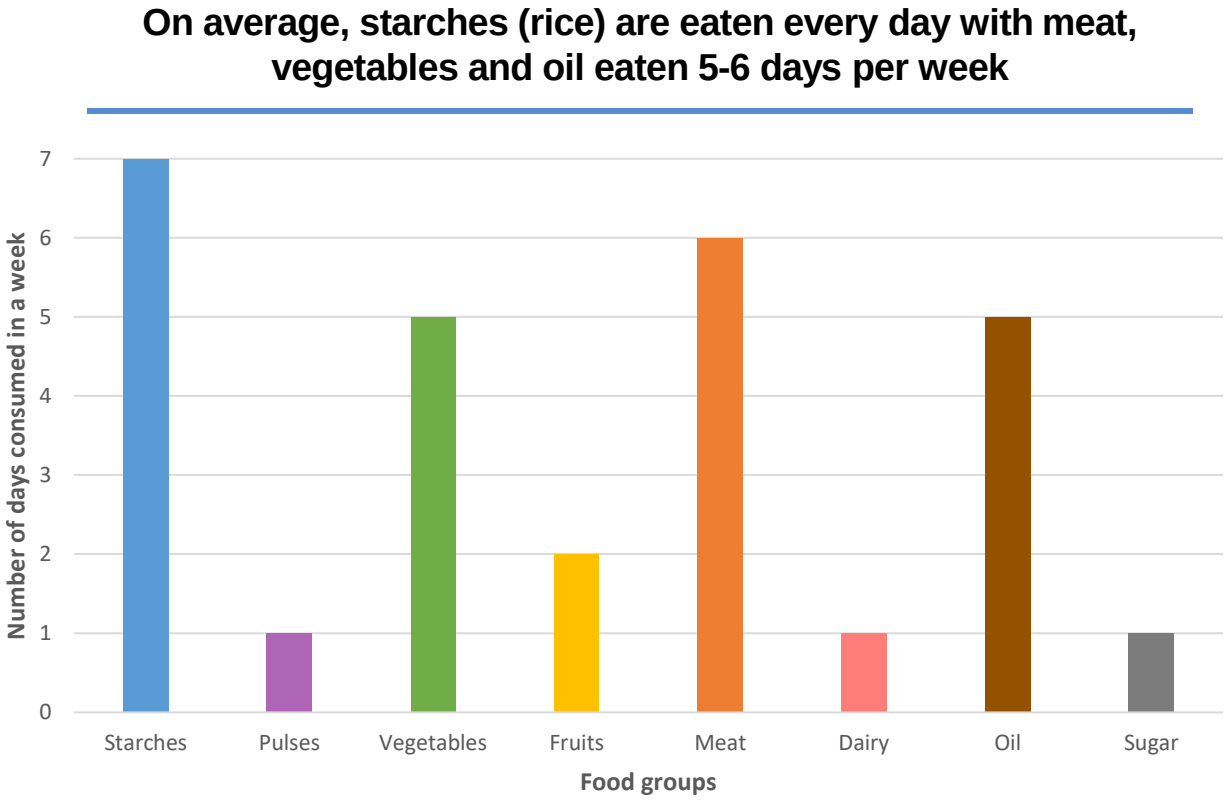
Some key characteristics of households can determine vulnerability to food insecurity such as household size and household head



Households headed by females, by elderly persons, or by a widow/widower or divorced/separated person, and those households with a high number of dependents are more likely to be food insecure.

Source: Liberia CFSNS 2018

The typical household diet is comprised of starches (mainly rice), vegetables, meat and oil, with a lack of dairy, pulses and fruits

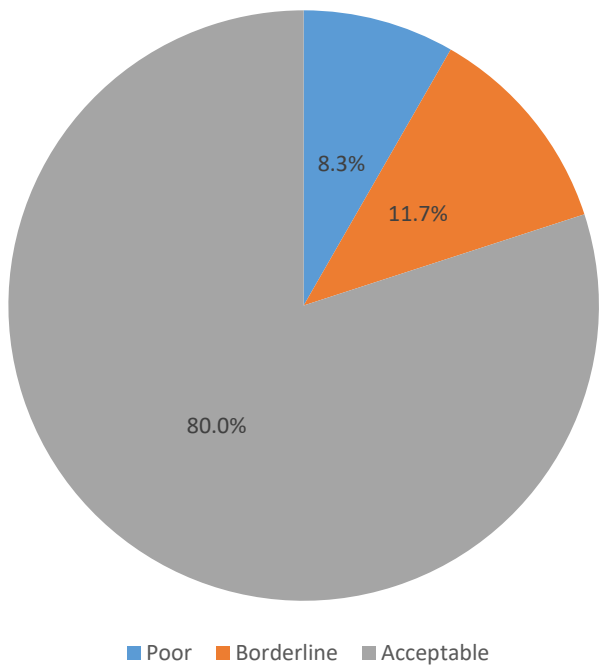


Different foods and food groups are good sources for various macro- and micronutrients, so a diverse diet best ensures nutrient adequacy. In Liberia consumption of dairy and pulses was found to be very low, with the average household consuming each food type on just one day in the past week. The lack of dairy products in the diet is likely a consequence of very low ownership of cows.

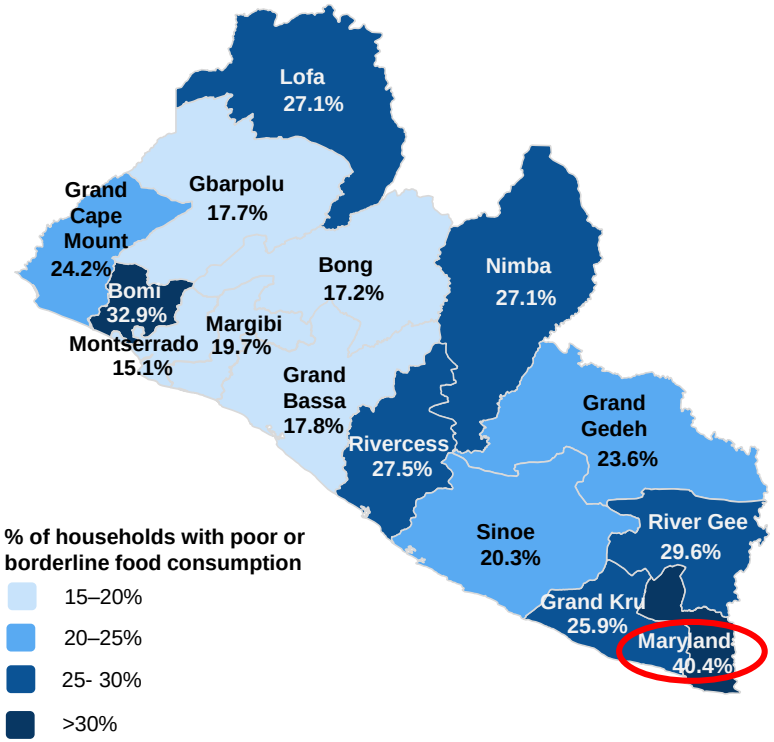
Source: Liberia CFSNS 2018

Overall, a large majority of households have acceptable food consumption in terms of diversity, frequency and nutritional importance

80% of households have an acceptable Food Consumption Score



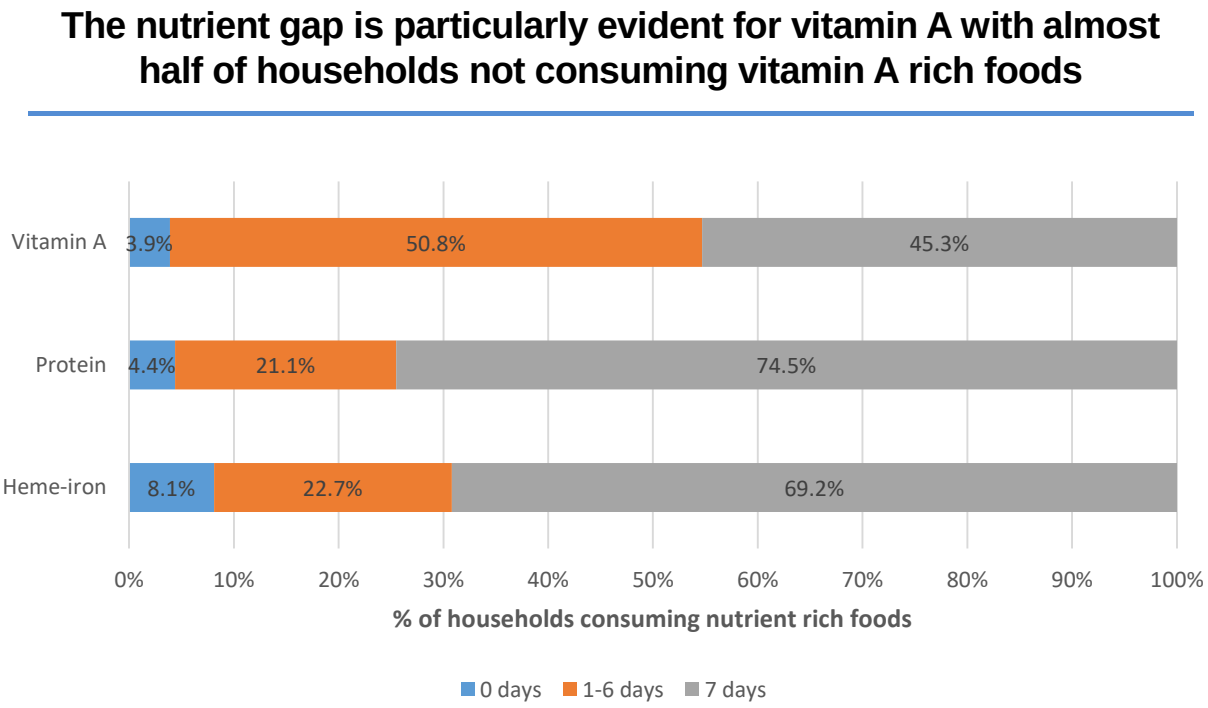
However the % of households with poor or borderline food consumption varies by county



The Food Consumption Score is a composite score based on dietary diversity, food frequency, and relative nutritional importance of different food groups consumed in the last 7 days. Households with poor or borderline food consumption ate meat only 3 days and 1 day respectively in the past week, tended to eat no pulses or dairy, and on average ate vegetables only 4 days and fruits on just 1 day in the past week

Source: Liberia CFSNS 2018

Although a majority of households have acceptable food consumption overall, many do not consume a high enough proportion of key macro- and micro-nutrients



A high proportion of households (75%) consume foods rich in proteins, not surprising since the average Liberian household reported eating meat 6 out of the past 7 days. Consumption of foods containing iron is also relatively high - attributed to the fact that most households especially in the rural areas consume large quantities of “bush meat” due to the lack of livestock. About 45% of the assessed households have a low daily consumption of foods rich in Vitamin A. Despite the availability of green leafy vegetables most households are not consuming them frequently enough.

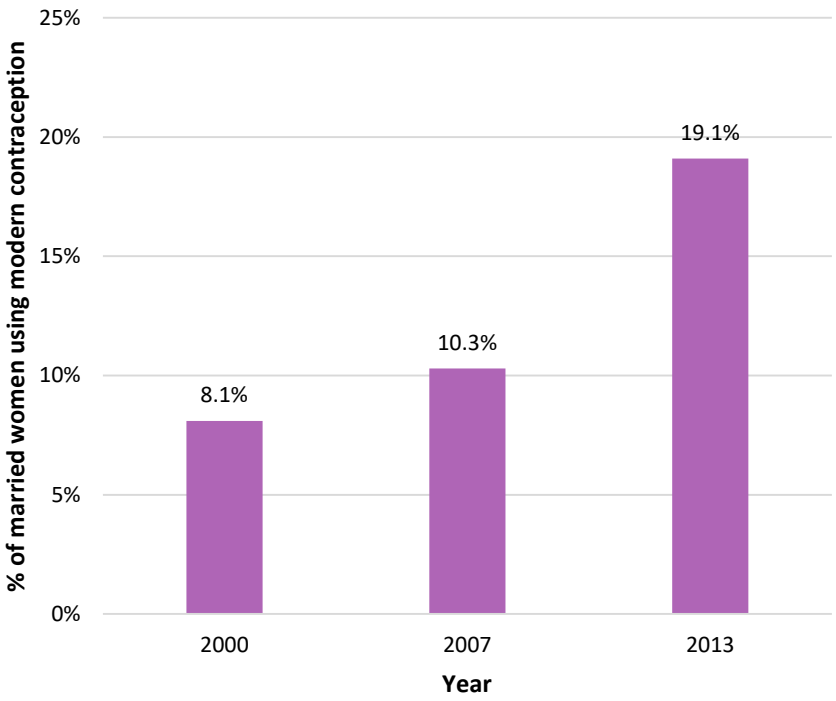
Source: Liberia CFSNS 2018

Health Services and Environment

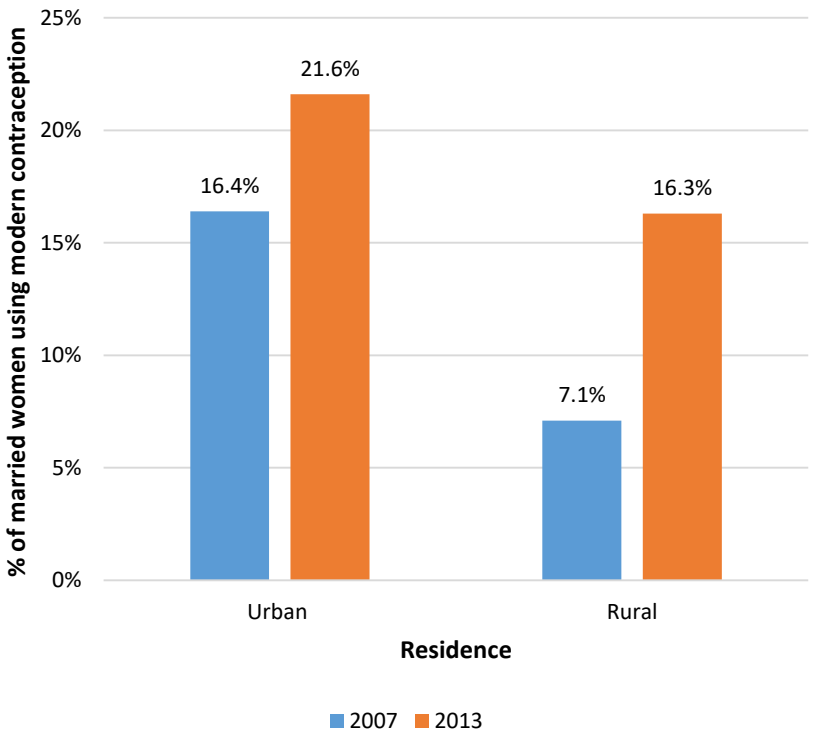
Looking at dimensions, trends and causes

The use of contraceptive methods for family planning - critical for optimum birth spacing and preventing pregnancies too early or late in life - is very low

The use of contraceptives has increased since the year 2000 but is still very low



Use of contraceptive methods is consistently higher in urban than rural settings

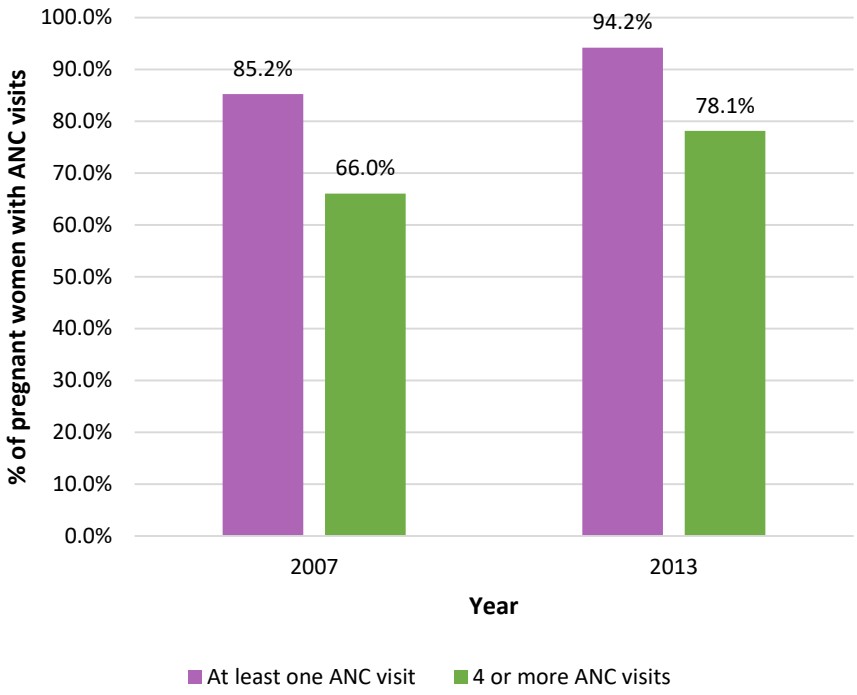


Appropriate family planning is important to the health and nutritional status of women and children by preventing pregnancies that occur too early or too late in life. It also allows for adequate birth spacing which has a positive impact on maternal, infant and child nutrition.

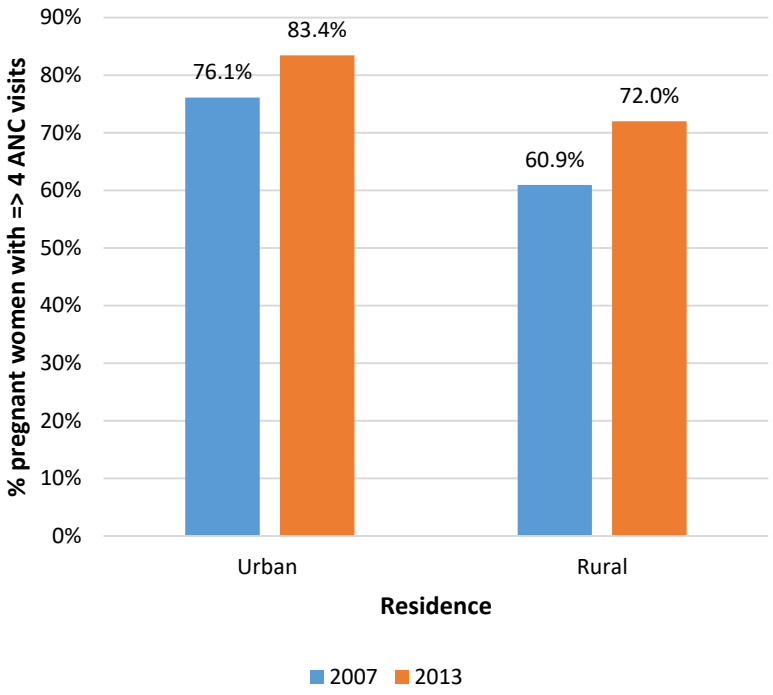
Source: LDHS 2013

Although the vast majority of pregnant women have at least 1 antenatal visit, only 4 in 5 receive the recommended four visits – vital for their health and their baby's survival/health

About a fifth of pregnant women do not have the recommended 4+ antenatal care visits and over 5 percent have no ANC visits



Women in urban areas are more likely to have 4+ antenatal visits during pregnancy than women in rural areas

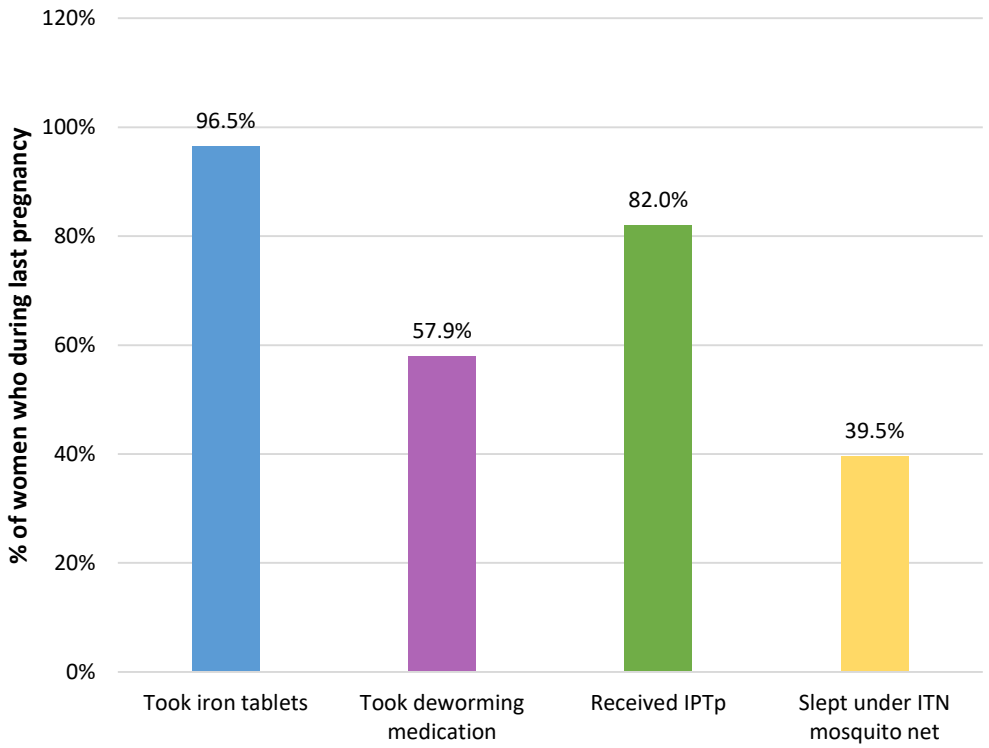


The antenatal period is an important window for reaching pregnant women with interventions vital to their health and the health/survival of their infants. These include micronutrient supplementation (including iron-folic acid), infection control, and obstetric-related interventions.

Source: LDHS 2013

A majority of women took multiple measures to reduce the likelihood of anaemia during their last pregnancy – vital to support the growth of their baby

Women were most likely to take iron tablets and receive IPTp as methods to prevent anaemia during their last pregnancy



Iron tablets help to boost the level of iron in the body, essential to support increased production of haemoglobin and support the growing baby during pregnancy

Deworming helps to reduce helminth infections which can lead to loss of blood and reduce absorption of nutrients – leading to anaemia.

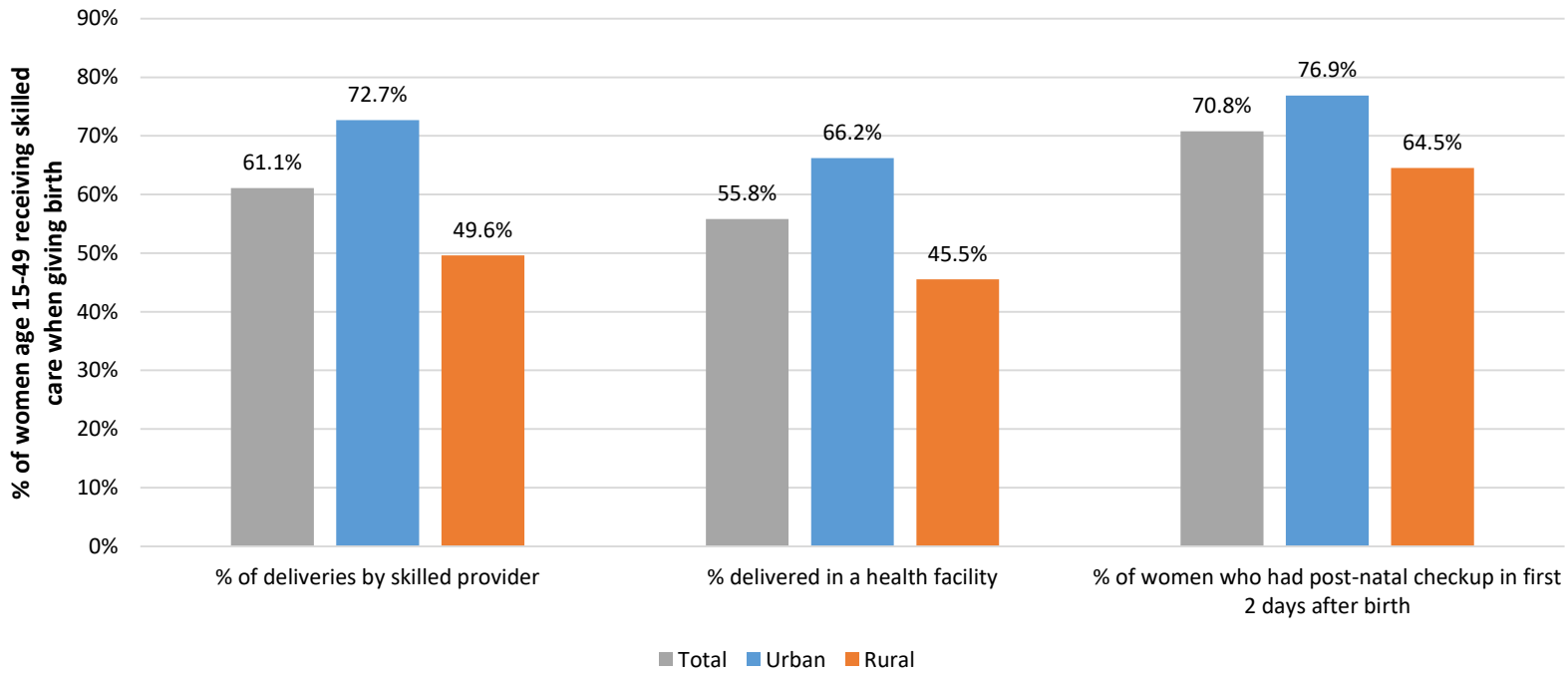
Intermittent preventive treatment (IPTp) helps prevent maternal malaria episodes, maternal and foetal anaemia, placental parasitaemia, low birth weight, and neonatal mortality.

When properly used, ITNs protect from malaria. Malaria in pregnancy is frequently associated with the development of anaemia, which interferes with the maternal-foetus exchange and can lead to low-birth-weight infants, stillbirth, and prematurity among others.

Source: LDHS 2013, LMIS 2016

Up to 2 in 5 women do not receive skilled care when giving birth and/or post-partum – important to reduce the health risks for mother and baby

Pregnant women in urban areas are more likely to have their babies delivered by skilled providers, deliver in health facilities, and have post-natal check-ups

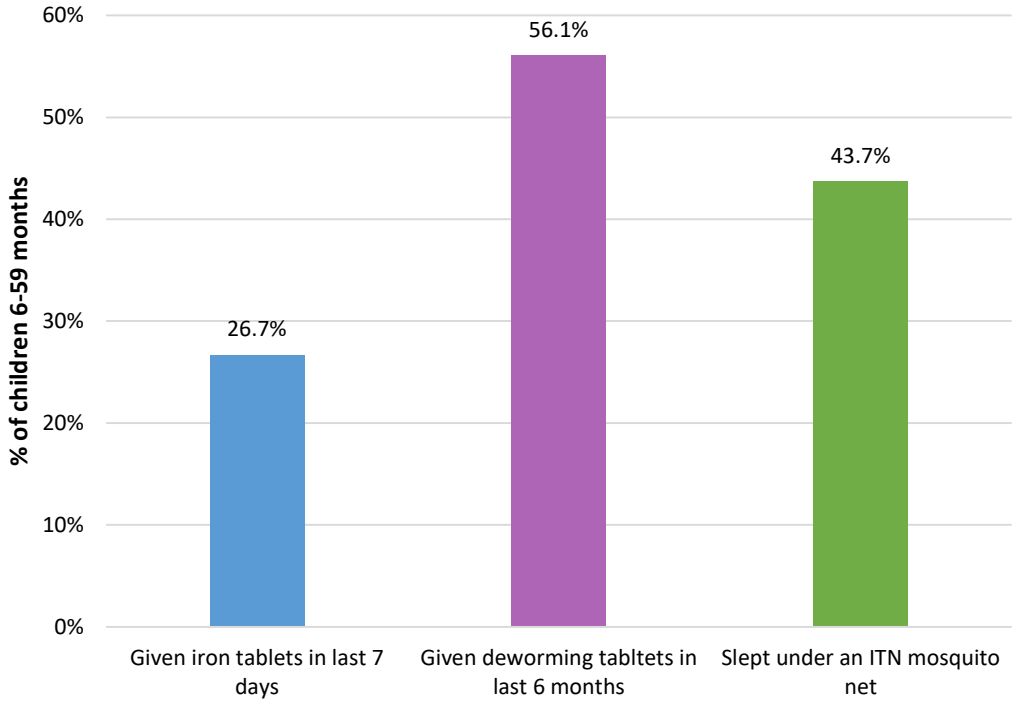


The single most critical intervention for safe motherhood is to ensure that a competent health care provider with midwifery skills is present at every birth. Delivery in health facilities help to reduce the health risks to both mother and baby. The immediate period after birth is a critical window of opportunity to deliver lifesaving interventions for mother and baby.

Source: LDHS 2013

A minority of children 6-59 months receive multiple preventative measures to reduce the likelihood of anaemia with iron being an essential nutrient for development

Out of the 3 actions, only deworming was received by a majority of children 6-59 months in the recent past



Iron tablets help to limit iron deficiency and anaemia with Iron being an essential nutrient for development and cell growth in the immune and neural systems.

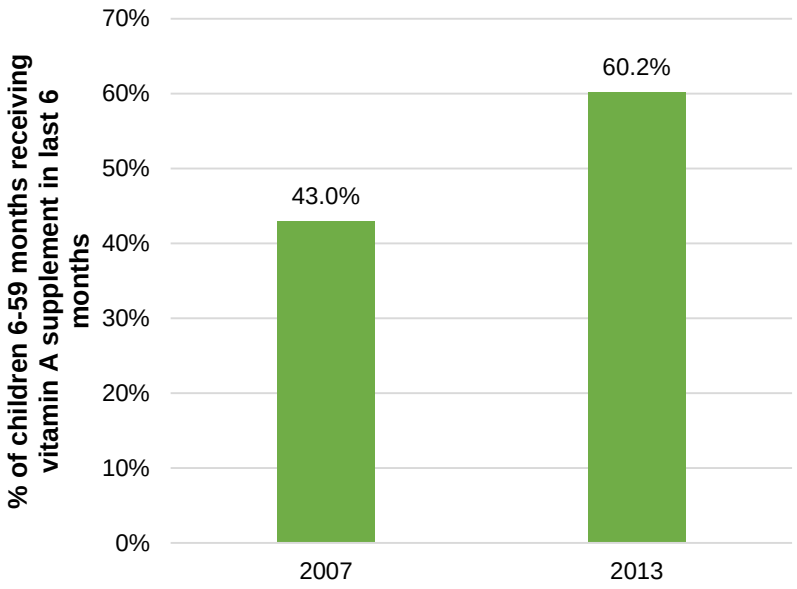
Deworming helps to reduce helminth infections which can lead to loss of blood and reduce absorption of nutrients – leading to anaemia.

When properly used, ITNs protect from malaria. Children under 5 are prone to severe infection due to a lack of acquired immunity and therefore more susceptible as a result to becoming anaemic.

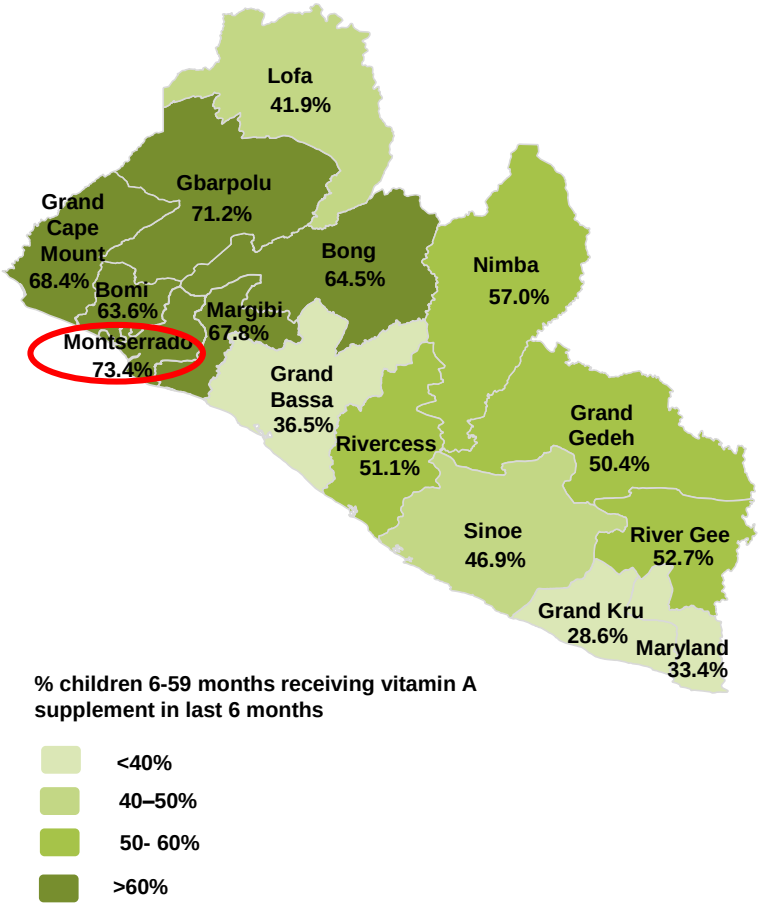
Source: LDHS 2013, LMIS 2016, WHO 2016

Although vitamin A supplementation has been increasing, 2 in 5 children 6-59 months still do not receive this essential micronutrient supplement which supports development

Vitamin A supplementation has increased with 3 in 5 children 6-59 months receiving it



Vitamin A supplementation among children 6-59 months varies widely across each county

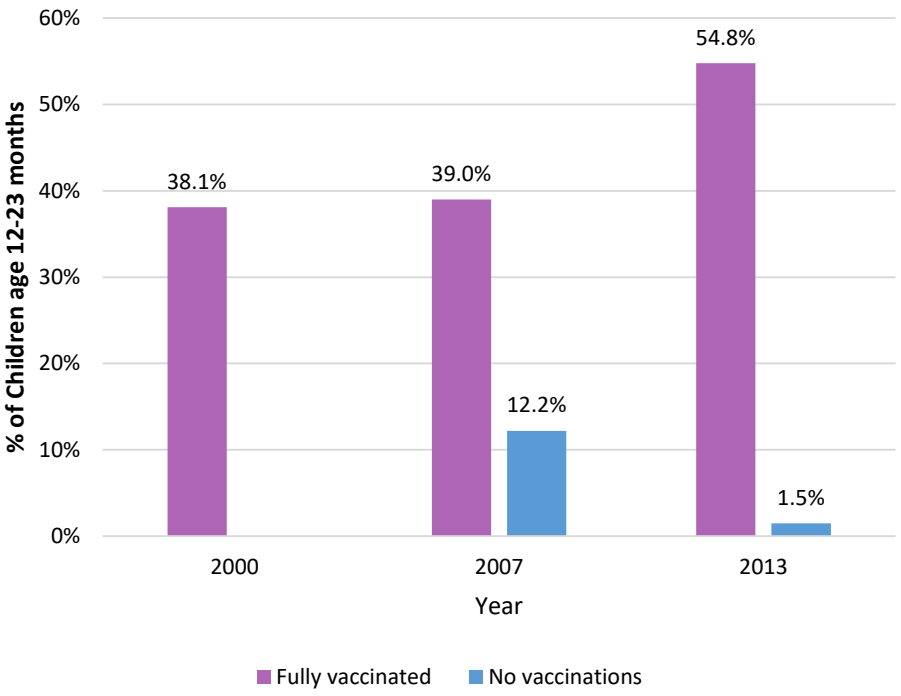


Vitamin A is essential for vision and proper functioning of the immune system, especially in children and pregnant and lactating women. Supplements can help children who do not have a balanced diet to receive the vitamins they need.

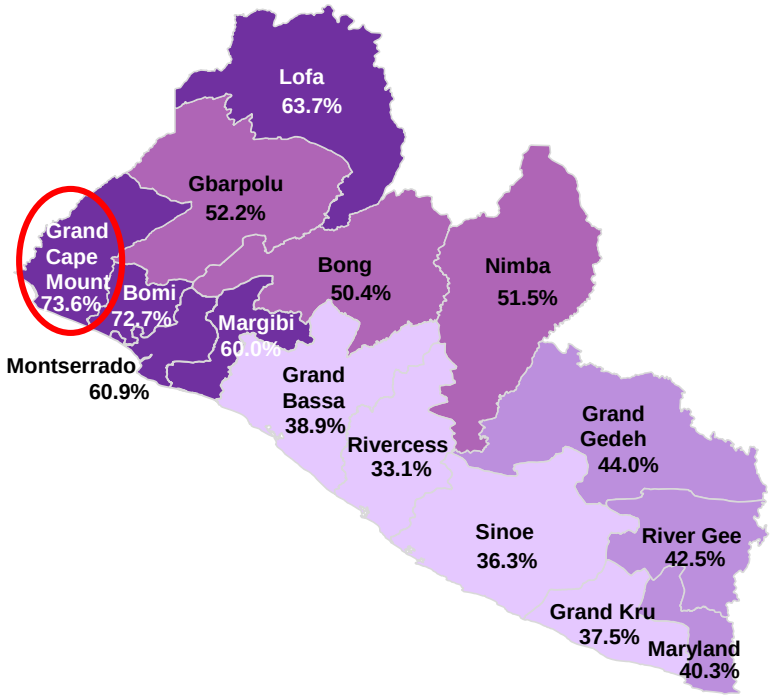
Source: LDHS 2007, 2013

Almost half of all children 12-23 months do not receive all basic vaccinations, essential to reduce under-five mortality and morbidity

Just over half of children 12-23 months receive all recommended vaccinations



Children 12-23 months who have received all basic vaccinations varies widely by county

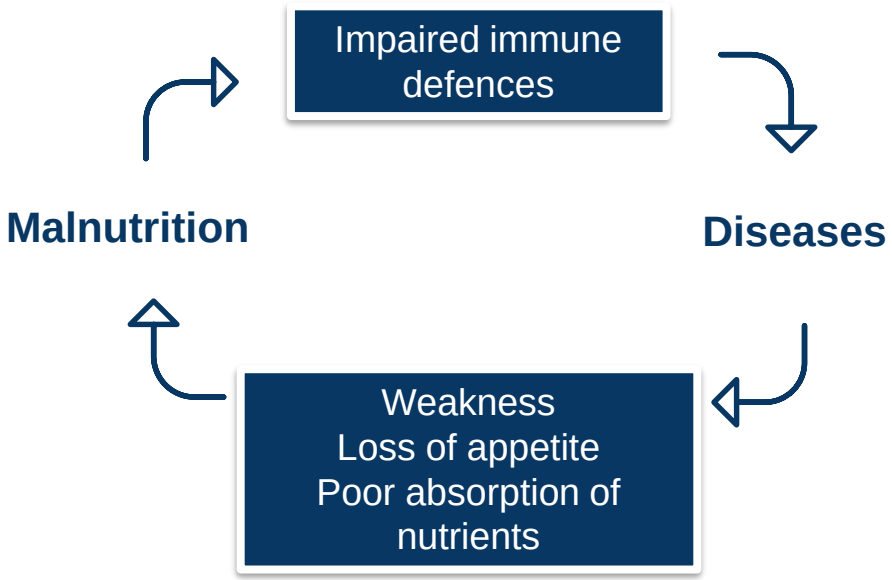


Avoiding child deaths due to preventable diseases are critical to reduce under-five mortality rates. Disease, particularly infections such as measles, can contribute to acute malnutrition in the short term and long-term growth retardation

Source: LDHS 2013, LDHS 2007, Liberia NNS 2000

Infectious diseases increase the risk of malnutrition, and vice versa

The vicious cycle of malnutrition-infection



Malnutrition can make a child more susceptible to disease, particularly infection, and infection also contributes to malnutrition, which causes a vicious cycle.

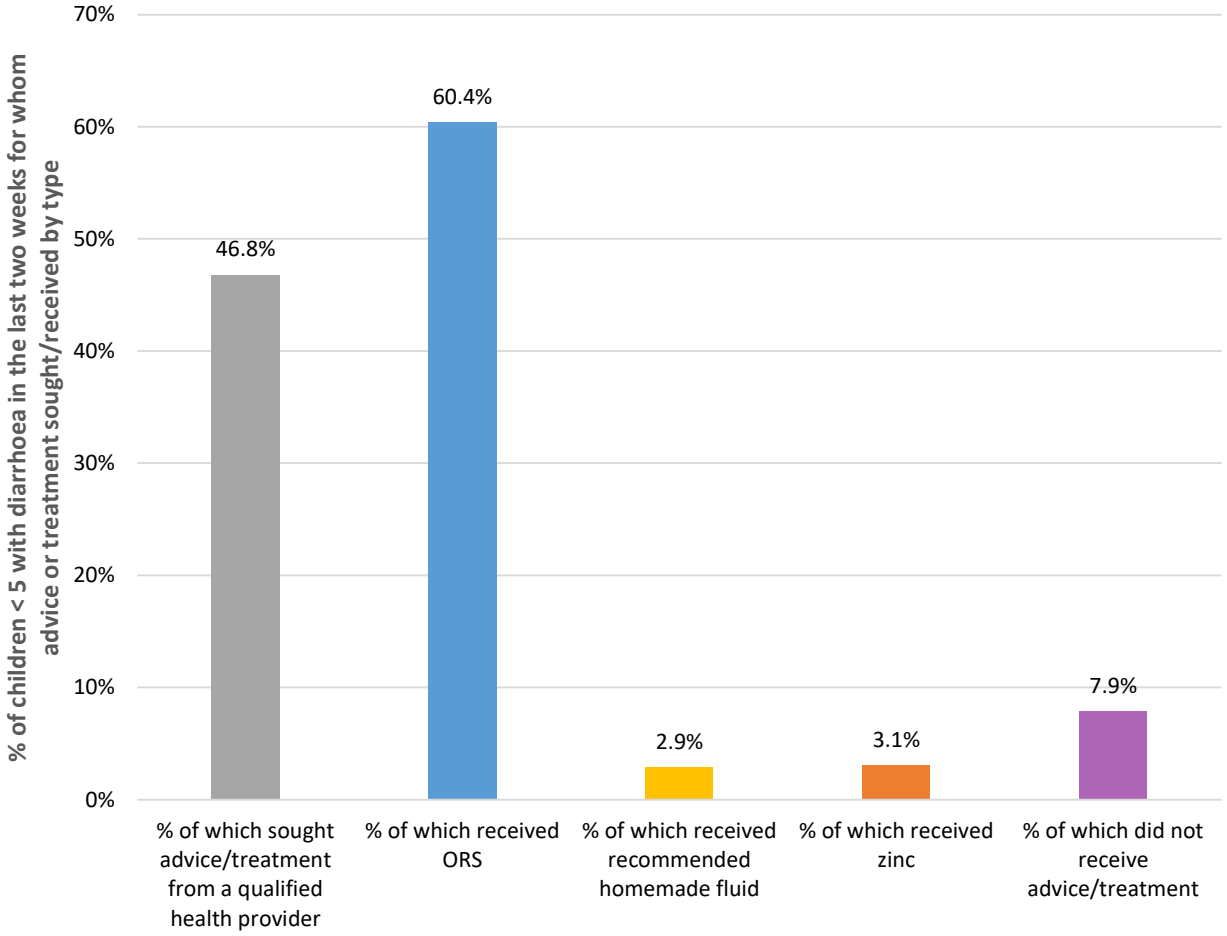
Malnutrition, reduces the function of the immune system, making it more likely to succumb to disease.

On the other hand, infectious diseases in young children can lead to moderate acute malnutrition in the short term and contribute to long-term growth retardation due to the additional nutritional requirements needed to fight infections or reduced nutrient uptake

Chronic malnutrition, acute malnutrition and underweight contribute to a high risk of infant mortality due to infectious diseases

Less than half of all children under 5 with diarrhoea tend to seek advice and/or treatment – essential to reduce the likelihood of malnutrition and even death

Of the 22 percent of children under 5 who had diarrhoea in the 2 weeks preceding the survey, less than half sought advice and/or treatment from a qualified health provider



Most diarrhoea-related deaths in children are due to dehydration from loss of large quantities of water and electrolytes from the body in liquid stools

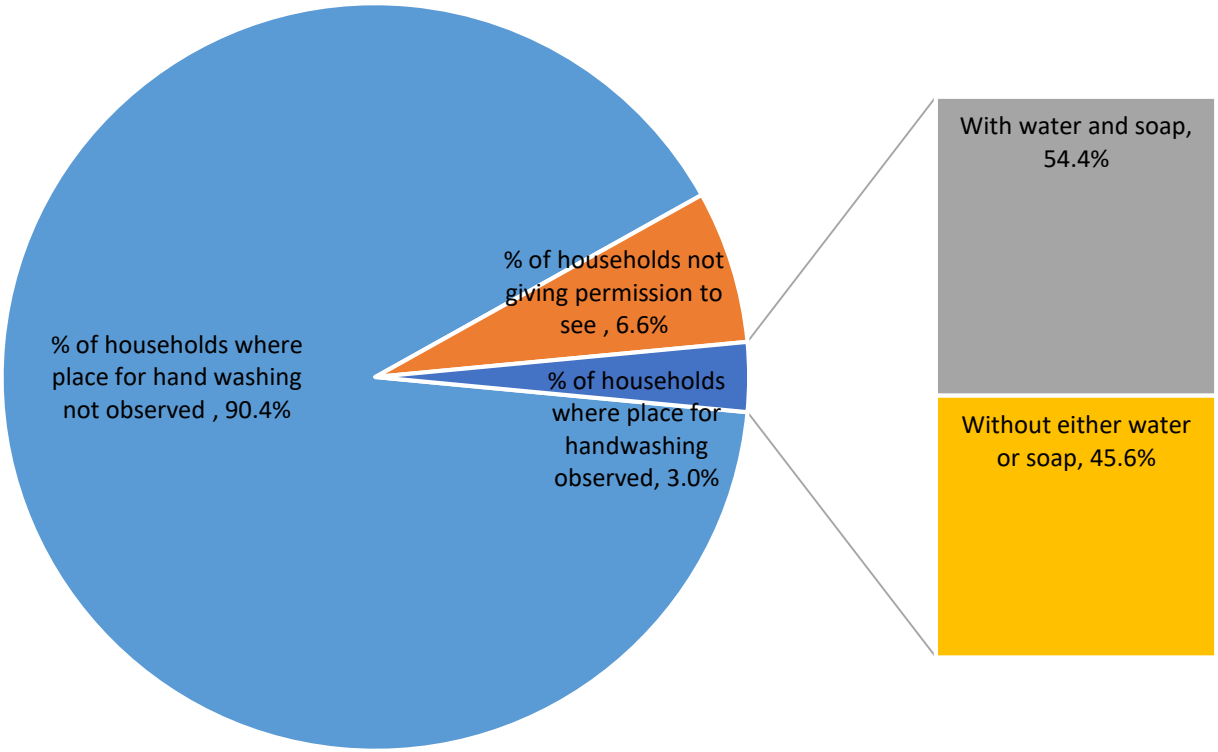
Diarrhoea can interfere with the absorption of nutrients by the body, making children more vulnerable to undernutrition

Living in urban areas and mothers with higher levels of education are associated with an increased likelihood for the child to be taken to a health facility or provider to seek advice or treatment

Source: LDHS 2013

The vast majority of households do not have a place for handwashing, and even fewer use soap – essential to reduce the incidence of infections

Out of those households with hand washing stations, a small majority have both soap and water

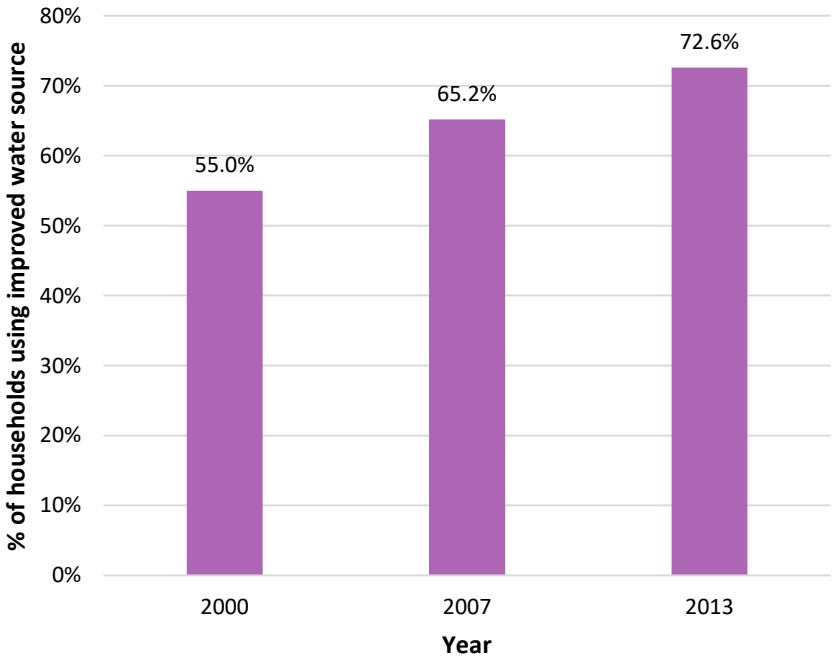


The promotion of good hygiene practices, including handwashing with soap, can contribute to the prevention of infections, including diarrhoea.

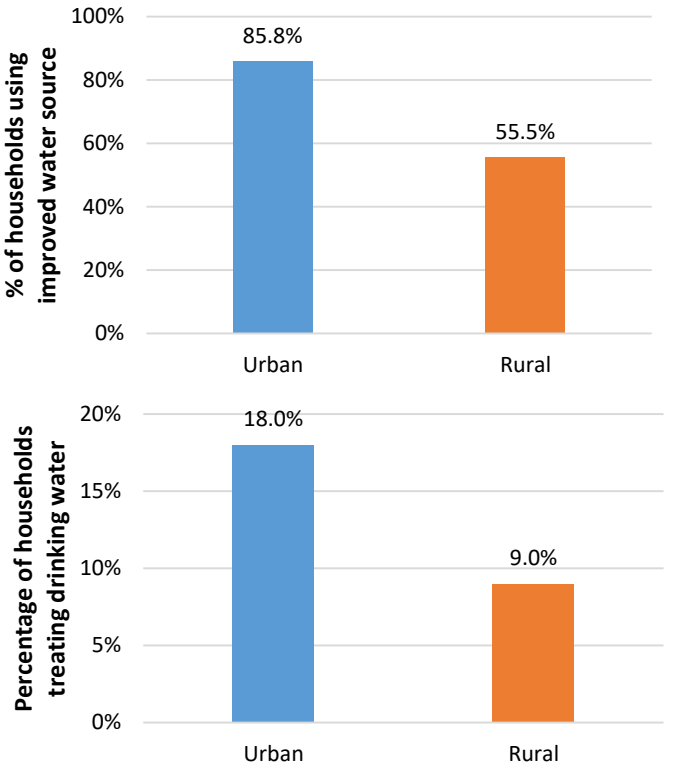
Source: LDHS 2013

The percentage of households with access to improved water sources has been increasing but almost 30 percent still use unsafe sources, potentially exposing them to disease

Access to improved water sources has steadily increased to over two thirds of households



The use of improved sources for drinking water is higher in urban areas, and urban households are more likely to treat drinking water

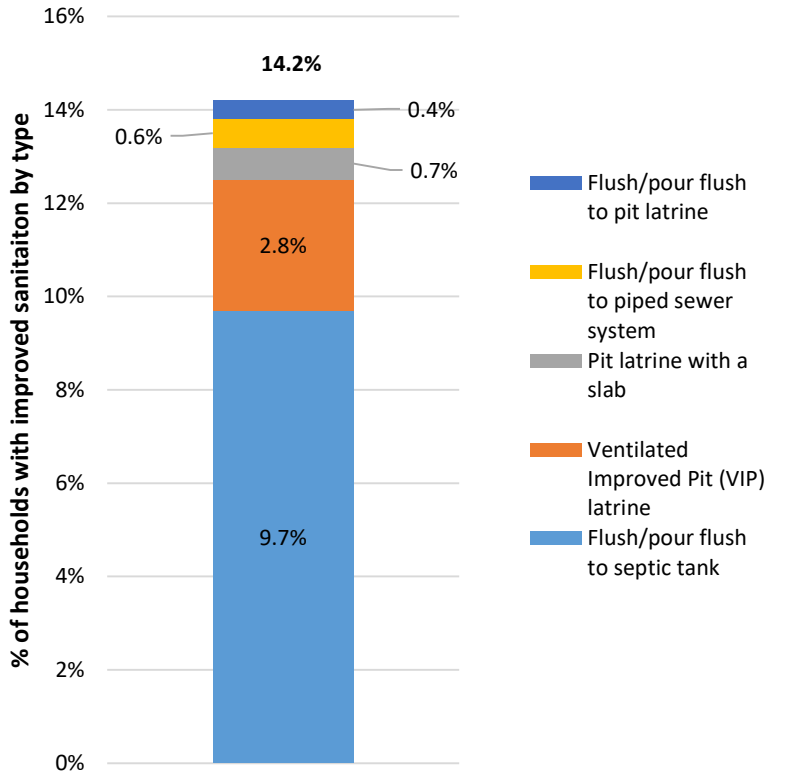


The consumption of unsafe water can cause water-borne diseases and affect the body's ability to absorb nutrients. Unsafe drinking water can be a significant determinant of diseases such as cholera, typhoid, and schistosomiasis. Drinking water can also be contaminated with chemical and physical contaminants with harmful effects on human health.

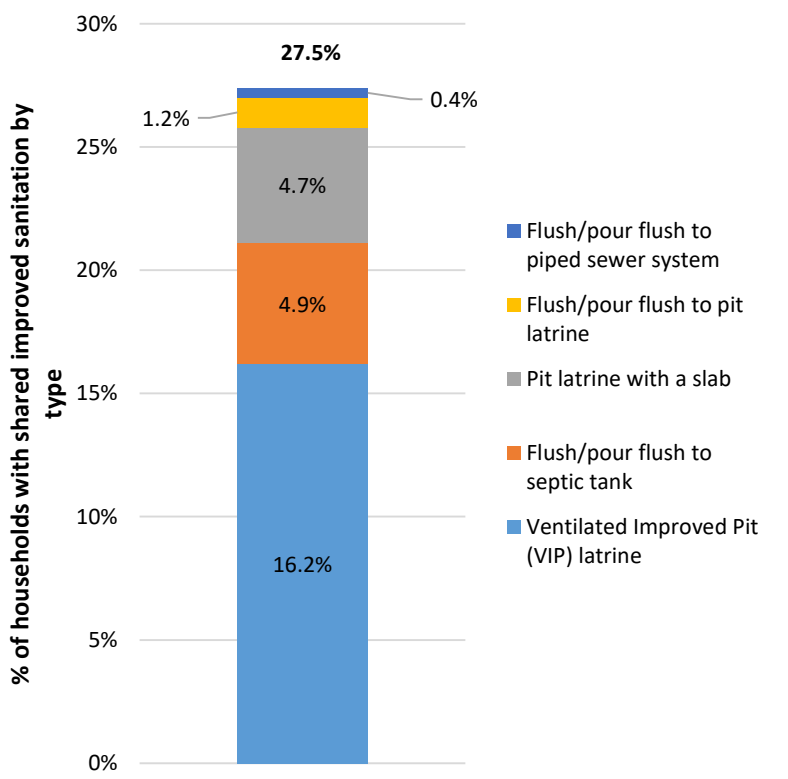
Source: LDHS 2013, LDHS 2007, Liberia NNS 2000

Only 42 percent of households have access to sanitary means of excretal disposal, including those with shared facilities, essential to reducing the incidence of infections

Only 14 percent of households use improved toilet facilities



A further 28 percent use facilities that would be considered improved if not shared

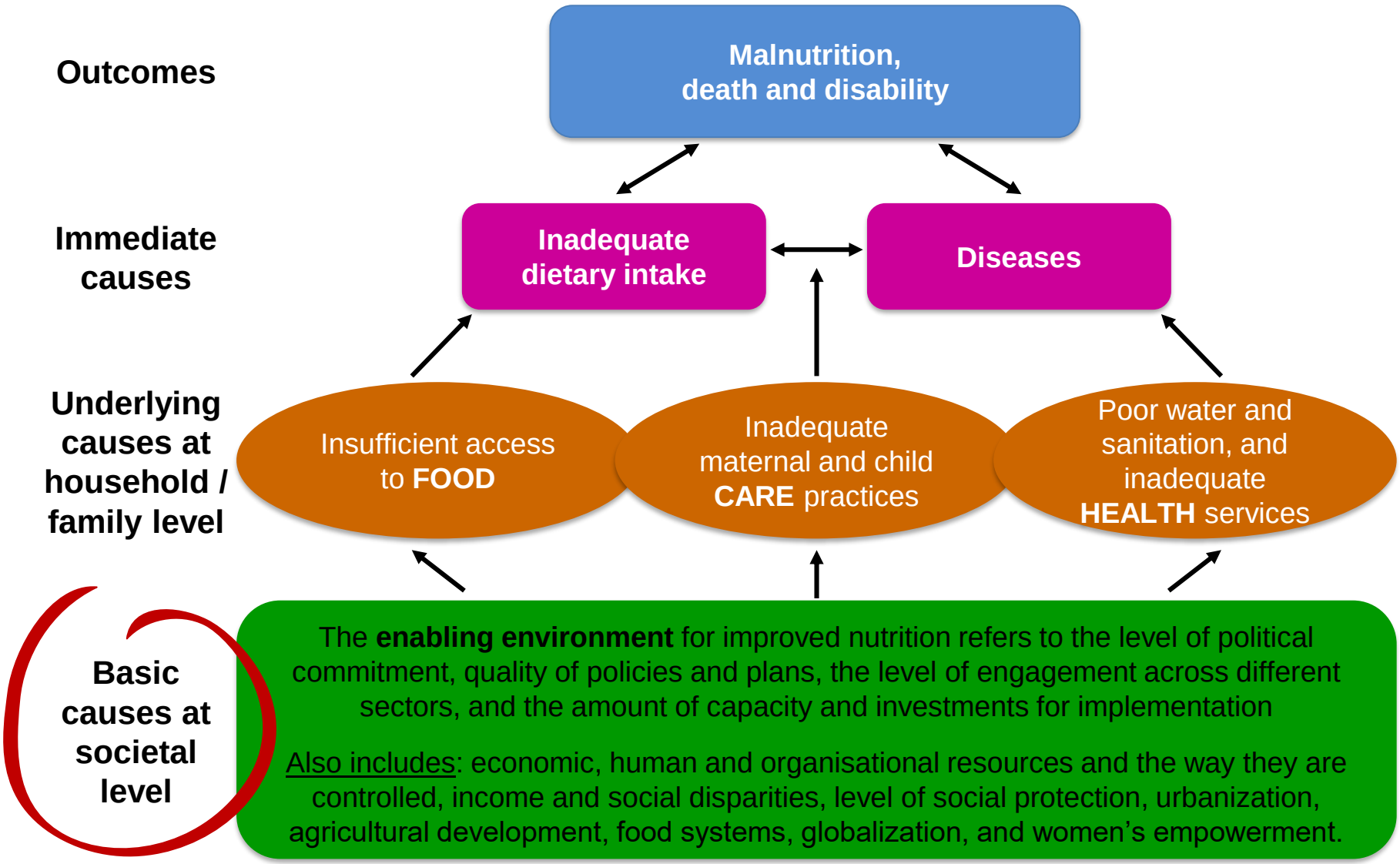


Safe disposal of faeces, beginning with household access to hygienic sanitation facilities, helps in reducing contamination of the environment which in turn can reduce malabsorption of nutrients through diarrhoea, environmental enteropathy and soil-transmitted helminth. This malabsorption of nutrients can lead to chronic malnutrition and may lead to stunting.

Source: LDHS 2013

Basic causes and the enabling environment

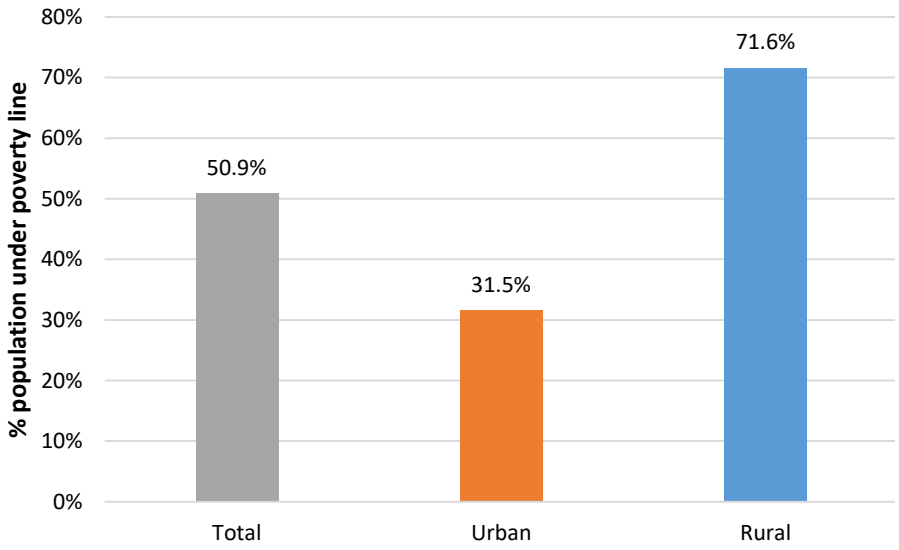
The conceptual framework highlights basic causes of malnutrition whereby political, cultural, environmental and social factors affect the availability and utilization of resources at the underlying level



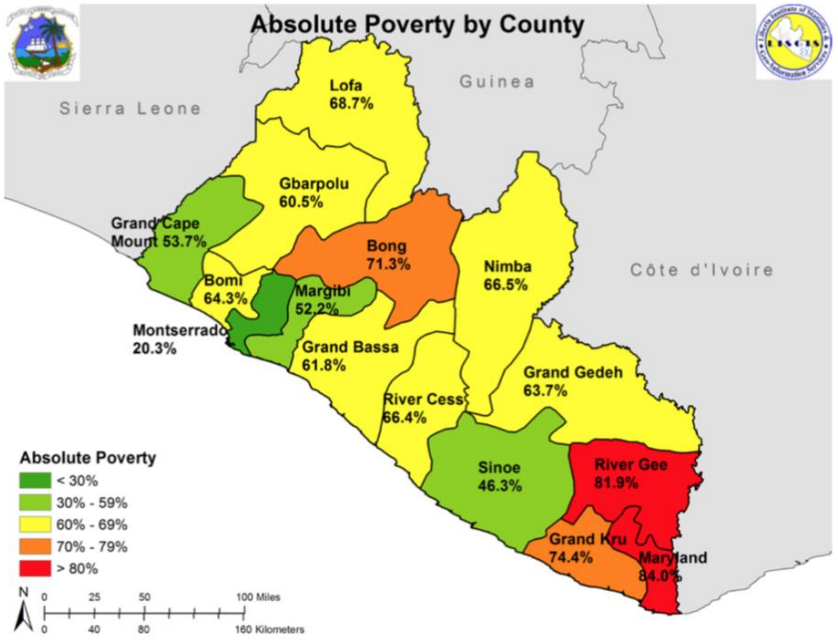
Source: Adapted from UNICEF and Global Nutrition Report 2016

Just over half of the population is living below the poverty line with poverty both a cause and a consequence of poor nutrition

Half of the population live below the poverty line with large rural-urban differences



Poverty by county

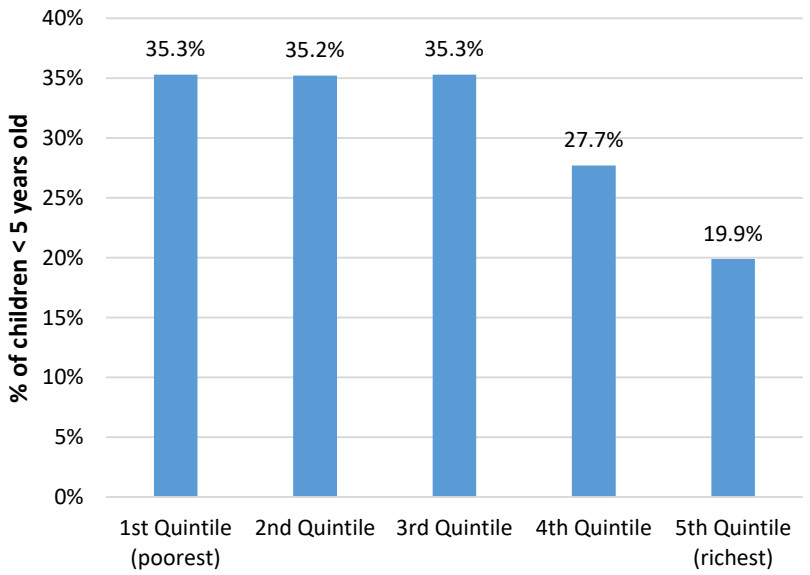


Poverty and poor nutrition are inextricably linked. Poverty is both a cause and a consequence of poor nutrition. Poverty reduces access to and affordability of nutritious foods, healthcare and a clean environment among others contributory factors. On the other hand, malnutrition contributes to poverty through reducing cognitive development, years of schooling and lifetime earnings potential, creating a vicious cycle.

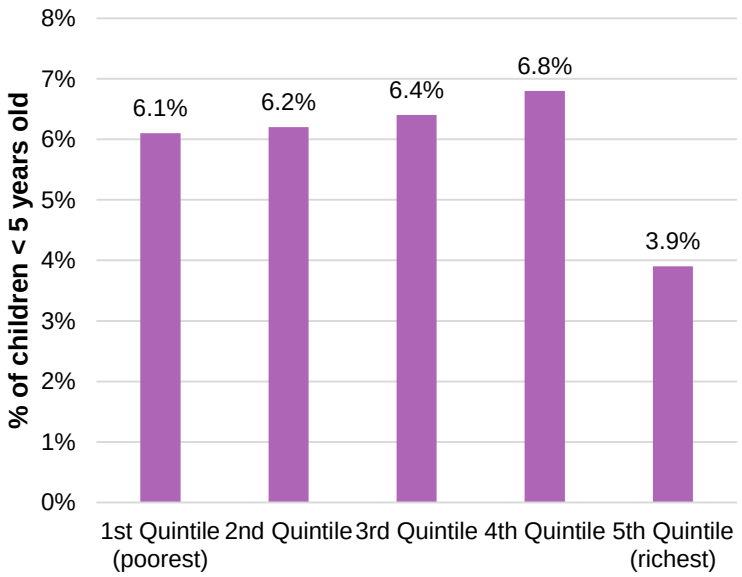
Source: Liberia HIES 2016

Household poverty is one of the determinants of the nutritional status of children, especially wasting and stunting

Wealthier households tend to have a lower likelihood that their children are stunted



Wasting rates are considerably lower for the richest households

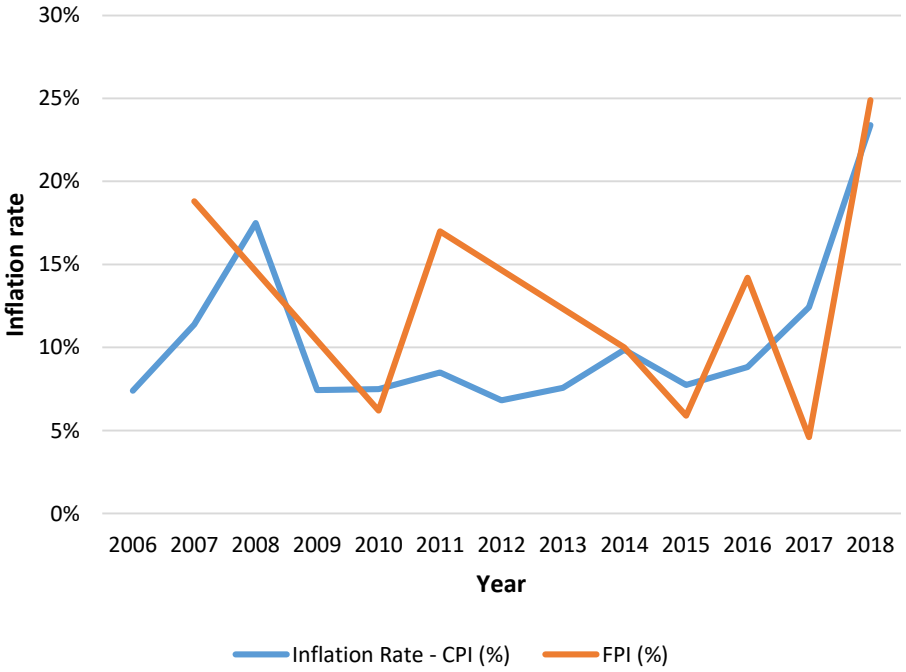


Poverty is one of the key factors that cumulatively can lead to wasting in the short term and stunting in the long term, reflecting economic and social deprivation and whether children's basic needs (including nutritional) have been adequately met in their early years. However stunting and wasting is present even in the richest households – addressing poverty alone is therefore not sufficient to eliminate undernutrition.

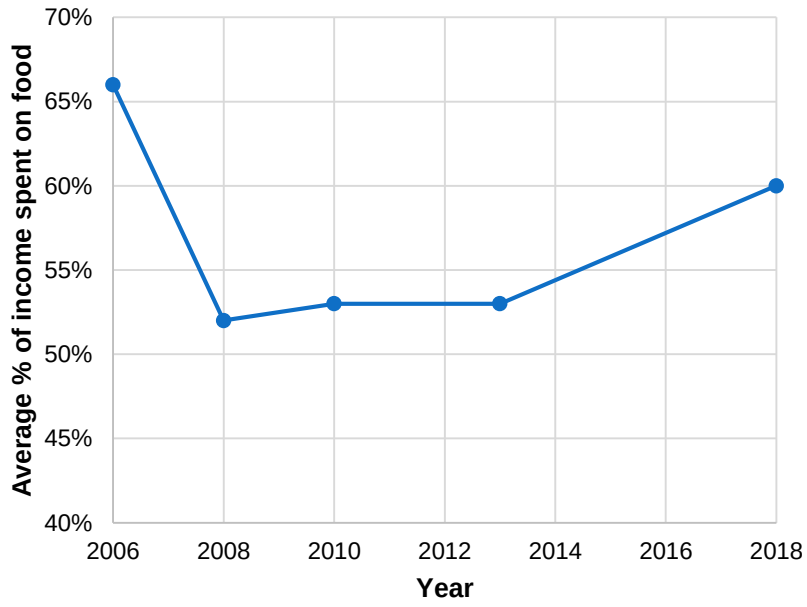
Source: LDHS 2013

Poverty is exacerbated by inflation, with increasing prices of food commodities a key risk factor of household food insecurity in Liberia, and potentially nutritional status

Liberia suffers from a high rate of inflation with food price inflation often running at a higher rate



Monthly household food expenditure increases due to inflation

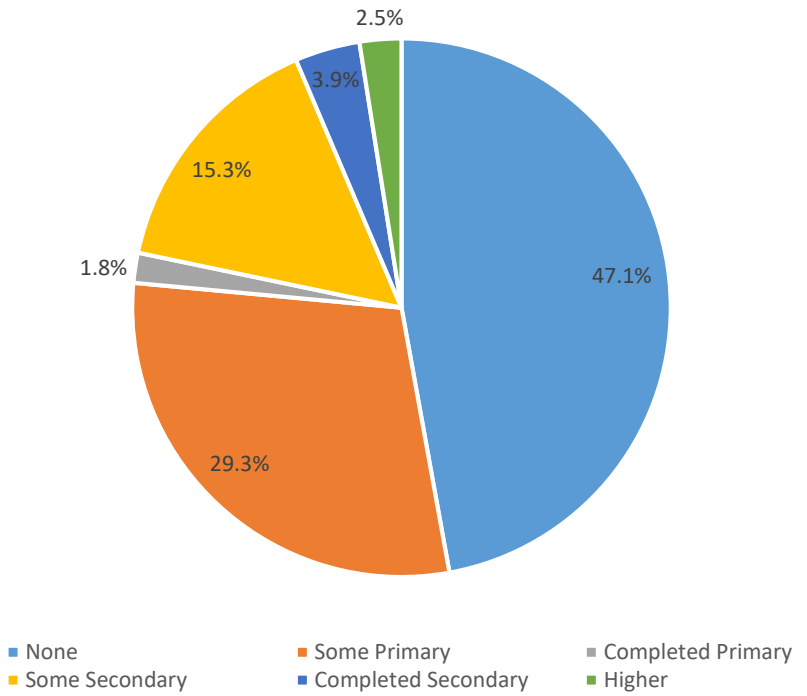


The value of Liberian imports, including food products, is commonly more than twice that of its exports value which affects a number of economic variables including exchange rates and the inflation rate among others. Inflation, particularly increasing food prices, may result in negative coping strategies being employed, particularly by poor families, including reverting to cheaper calorie dense foods to attempt to negate the effects of the price rises, impacting on nutritional status.

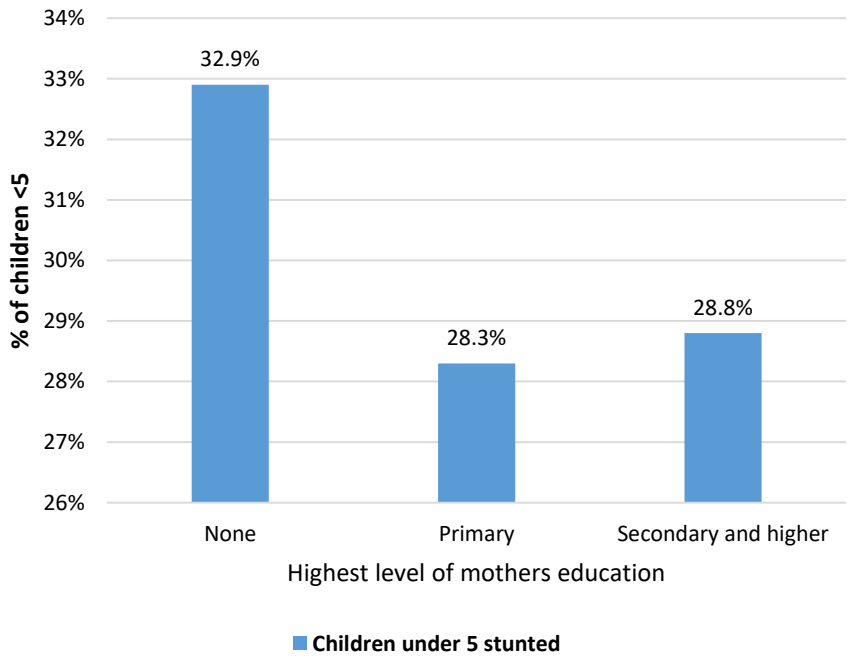
Source: Central Bank of Liberia, Comprehensive Food Security and Nutrition Survey 2018

Education of mothers is a determinant of nutritional outcomes – but only a quarter of women aged 15-49 have completed primary education or higher

Only 23.5 percent of women have completed at least primary education



Prevalence of stunting shows a considerable drop for mothers with at least primary level education

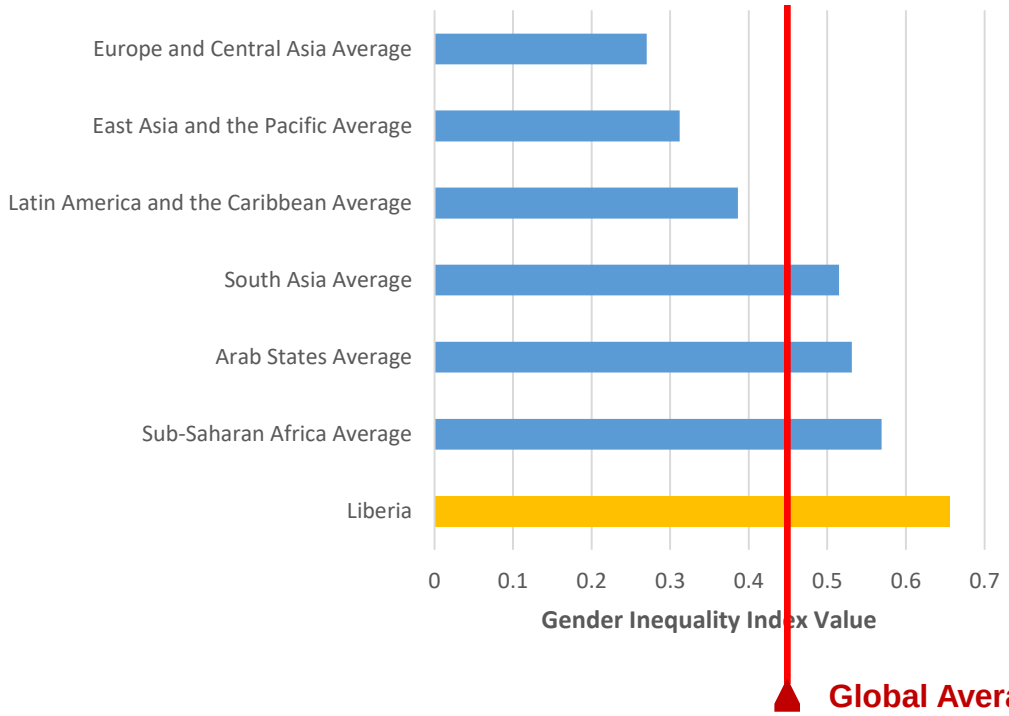


Higher education level of mothers is associated with improved nutrition outcomes among children and lower stunting prevalence, therefore increasing the retention rate of girls in school should be a priority action.

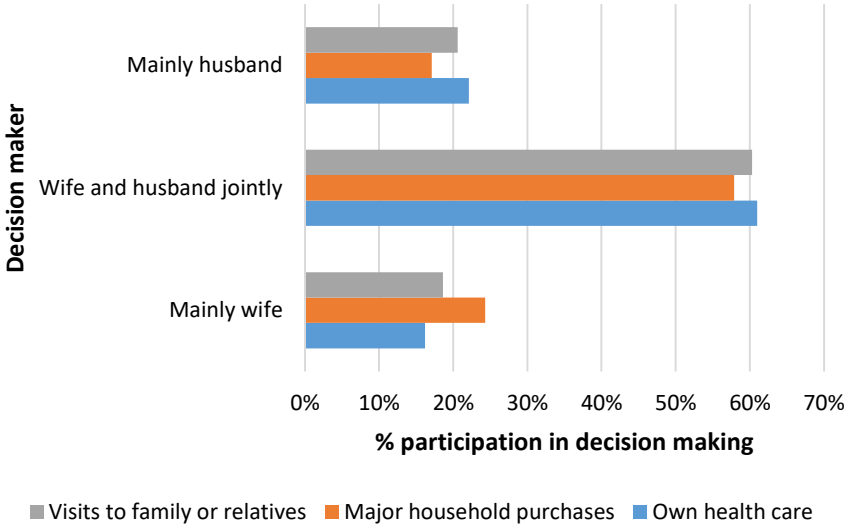
Source: LDHS 2013

Empowered mothers have better nourished families: but Liberia's Gender Inequality Index (GII) value (based on inequalities in reproductive health, empowerment and economic activity) is low

Liberia has a GII value of 0.656, ranking it 154 out of 160 countries in the 2017 Gender Inequality Index



However women have a reasonably equal role in decision making as men



Empowered mothers in particular have better nourished families: In families where women are key decision-makers, the proportion of resources devoted to children, including on nutrition, education and health, is far greater than those in which women have a less decisive role.

Source: http://hdr.undp.org/en/countries/profiles/LBR, LDHS 2013

Key Messages

Key Messages (1/2)

Chronic and Acute Malnutrition in Children:

- While the prevalence of chronic malnutrition (stunting) and acute malnutrition (wasting) in children under 5 years have declined since the year 2000, both remain at high levels (31.6% & 6%).
- The prevalence of stunting shows wide variance but is very high in a majority of counties, with the highest percentage in River Gee County (42.6%).
- The prevalence of acute malnutrition also varies - counties with high rates of moderate acute malnutrition (MAM) are not always the same as those with high rates of severe acute malnutrition (SAM). Highest SAM: Gbarpolu - 4.6% Highest MAM: River Gee – 5.6%.

Overweight and Obesity:

- Over a quarter of adult women are overweight or obese (26.5%), with an increasing trend. However, only a small and declining number of children under 5 are overweight (2.9%).

Micronutrient Deficiencies:

- Micronutrient deficiencies are widespread, particularly anaemia and vitamin A among children under five (68.6%, 52.9%) and women of reproductive age/pregnant women (34.7%, 12%; however, more recent data is required.
- A majority of women took multiple measures to reduce the likelihood of anaemia during their last pregnancy – vital to support the growth of their baby.
- A minority of children 6-59 months receive multiple preventative measures to reduce the likelihood of anaemia and although vitamin A supplementation has been increasing, 2 in 5 children 6-59 months still do not receive it.

Infant & Young Child Feeding (IYCF) Practices:

- Over 3 in 5 new-borns are breastfed within the first hour of birth (61.2%), but the rate is falling. Exclusive breastfeeding of children <6 months has increased rapidly to 55.2%.
- Few children 6-23 months receive adequate IYCF practices (4.1%) - essential for optimum growth and development.

Key Messages (2/2)

Food Insecurity:

- The majority of households in Liberia suffer from some form of food insecurity with reasons including lack of (access to) agricultural land, low yields, and lack of reliable income.
- The typical household does not consume enough key macro- and micro-nutrients, with the diet comprised of starches, vegetables, meat and oil, and lacking dairy, pulses and fruits.

Health Services and the Environment:

- Pregnancy and the post-partum period are key times to reach women with interventions vital to their health and the health/survival of their infants. 4 in 5 women receive 4 ANC visits but only 2 in 5 received skilled care when giving birth and during post-partum.
- To break the cycle of malnutrition-infection prevention and treatment are key – However, almost half of all children 12-23 months do not receive all basic vaccinations (45.2%) and less than half of all children under 5 with diarrhoea tend to seek advice and/or treatment (46.8%).
- Hygiene is also important and although a majority (72.6%) of households have access to improved water sources, only 14% use improved toilet facilities and fewer still have water and soap to wash hands.

Basic Causes and the Enabling Environment:

- Poverty is both a cause and a consequence of poor nutrition with just over half of the population (50.9%) living below the poverty line. Household poverty is one of the determinants of the nutritional status of children, especially wasting and stunting.
- Education of mothers is an important determinant of nutritional outcomes for their children – but only about a quarter of women (23.5%) aged 15-49 have completed primary education or higher.
- Empowered mothers have better nourished families: but Liberia’s Gender Inequality Index (GII) value (based on inequalities in reproductive health, empowerment and economic activity) is low.

Situation Analysis Dashboard

National Level

Situation Analysis Dashboard

National level

- Not currently a serious problem
- Requiring action
- Serious problem requiring urgent action
- Threshold not determined

- Improving; positive trends
- No change
- Getting worse; negative trend
- **n.a.** Data not available

		Indicator	Status	Source	Year	Severity	Trend
Nutritional Impact	**Stunting**	Prevalence of stunting among children <5 years old	31.6%	LDHS	2013	🔴	↗
	Wasting	GAM prevalence among children <5 years old	6.0%	LDHS	2013	🟡	↗
		SAM prevalence among children <5 years old	2.0%	LDHS	2013	🔴	↗
	VAD	Children <5 years old with vitamin A deficiency	52.9%	WHO	1999	🔴	**n.a.**
	Iron deficiency	Children 6-59 months old with anaemia	68.6%	WHO	2016	🔴	↗
		Women ages 15-49 years old with anaemia	34.7%	WHO	2016	🟡	↗
	IDD	Children 6-11 years old with iodine deficiency (median UI)	321 µg/L	WHO	1999	🟢	**n.a.**
Underlying Causes	**Food Security**	Households with poor or borderline food consumption	18%	Liberia CFSNS	2018	○	↗
		Prevalence of undernourishment	37.2%	FAO	2017	🔴	↗
	Health & Sanitation	Under 5 mortality rate (deaths per 1000 live births)	94	LDHS	2013	🔴	↗
		Low birthweight	9.7%	LDHS	2013	○	↗
		HIV Prevalence	1.9%	LDHS	2013	○	↘
		Women 15-49 years old with problems accessing health care	62.3%	LDHS	2013	○	↗
		Household access to improved water source	72.6%	LDHS	2013	🟡	↗
		Household access to improved sanitation facilities	14%	LDHS	2013	○	↗
	Care	Timely initiation of breastfeeding	61.2%	LDHS	2013	○	↘
		Infants 0-5 months old exclusively breastfed	55.2%	LDHS	2013	○	↗
		Children 6-23 months old with adequate complementary feeding	4.1%	LDHS	2013	○	↗
		Time to fetch water (households that take ≥30 min)	18%	LDHS	2013	○	↘
Basic Causes	**Education**	Females that completed at least primary school	23.5%	LDHS	2013	○	↗
		Female literacy rate	47.9%	LDHS	2013	○	↗
	Population	Total fertility rate per woman	4.7	LDHS	2013	○	↗
	Gender	Women ages 20-49 years old, with first birth at 15 years	7.8%	LDHS	2013	○	↘
		Women's intra-household decision-making power	65.9%	LDHS	2013	○	↗
	Poverty	Population living under national poverty line	50.9%	Liberia HIES	2016	○	↗

Situation Analysis Dashboard

County Level

Situation Analysis Dashboard

Bomi county

- Not currently a serious problem
- Requiring action
- Serious problem requiring urgent action
- Threshold not determined

		Indicator	County	Severity	National	Source	Year
Nutritional Impact	Stunting	Prevalence of stunting among children <5 years old	33.1%		31.6%	LDHS	2013
	Wasting	GAM prevalence among children <5 years old	8.8%		6.0%	LDHS	2013
		SAM prevalence among children <5 years old	3.4%		2.0%	LDHS	2013
	VAD	Children <5 years old with vitamin A deficiency			52.9%	WHO	1999
	Iron deficiency	Children 6-59 months old with anaemia			68.6%	WHO	2016
		Women ages 15-49 years old with anaemia			34.7%	WHO	2016
	IDD	Children 6-11 years old with iodine deficiency (median UI)			321 µg/L	WHO	1999
Underlying Causes	Food Security	Households with poor or borderline food consumption	32.9%		18%	LCFSNS	2018
		Prevalence of undernourishment			37.2%	FAO	2017
	Health & Sanitation	Under 5 mortality rate (deaths per 1000 live births)	141*		94	LDHS	2013
		Low birthweight	13.8%		9.7%	LDHS	2013
		HIV Prevalence	0.9%*		1.9%	LDHS	2013
		Women 15-49 years old with problems accessing health care	64.2%		62.3%	LDHS	2013
		Household access to improved water source			72.6%	LDHS	2013
		Household access to improved sanitation facilities			14%	LDHS	2013
	Care	Timely initiation of breastfeeding	72.2%		61.2%	LDHS	2013
		Infants 0-5 months old exclusively breastfed			55.2%	LDHS	2013
		Children 6-23 months old with adequate complementary feeding	0.0%		4.1%	LDHS	2013
		Time to fetch water (households that take ≥30 min)			18%	LDHS	2013
Basic Causes	Education	Females that completed at least primary school	19.1%		23.5%	LDHS	2013
		Female literacy rate	42.4%		47.9%	LDHS	2013
	Population	Total fertility rate per woman	5.8*		4.7	LDHS	2013
	Gender	Women ages 20-49 years old, with first birth at 15 years			7.8%	LDHS	2013
		Women's intra-household decision-making power	70.2%		65.9%	LDHS	2013
	Poverty	Population living under national poverty line	64.3%		50.9%	LHIES	2016

*No Country level data available – Figures are for DHS regions

Situation Analysis Dashboard

Bong county

- Not currently a serious problem
- Requiring action
- Serious problem requiring urgent action
- Threshold not determined

		Indicator	County	Severity	National	Source	Year
Nutritional Impact	Stunting	Prevalence of stunting among children <5 years old	34.7%		31.6%	LDHS	2013
	Wasting	GAM prevalence among children <5 years old	7.2%		6.0%	LDHS	2013
		SAM prevalence among children <5 years old	2.9%		2.0%	LDHS	2013
	VAD	Children <5 years old with vitamin A deficiency			52.9%	WHO	1999
	Iron deficiency	Children 6-59 months old with anaemia			68.6%	WHO	2016
		Women ages 15-49 years old with anaemia			34.7%	WHO	2016
	IDD	Children 6-11 years old with iodine deficiency (median UI)			321 µg/L	WHO	1999
Underlying Causes	Food Security	Households with poor or borderline food consumption	17.2%		18%	LCFSNS	2018
		Prevalence of undernourishment			37.2%	FAO	2017
	Health & Sanitation	Under 5 mortality rate (deaths per 1000 live births)	97*		94	LDHS	2013
		Low birthweight	6.3%		9.7%	LDHS	2013
		HIV Prevalence	0.7%*		1.9%	LDHS	2013
		Women 15-49 years old with problems accessing health care	73.6%		62.3%	LDHS	2013
		Household access to improved water source			72.6%	LDHS	2013
		Household access to improved sanitation facilities			14%	LDHS	2013
	Care	Timely initiation of breastfeeding	79.8%		61.2%	LDHS	2013
		Infants 0-5 months old exclusively breastfed			55.2%	LDHS	2013
		Children 6-23 months old with adequate complementary feeding	1.7%		4.1%	LDHS	2013
		Time to fetch water (households that take ≥30 min)			18%	LDHS	2013
Basic Causes	Education	Females that completed at least primary school	8.5%		23.5%	LDHS	2013
		Female literacy rate	20.0%		47.9%	LDHS	2013
	Population	Total fertility rate per woman	5.6*		4.7	LDHS	2013
	Gender	Women ages 20-49 years old, with first birth at 15 years			7.8%	LDHS	2013
		Women's intra-household decision-making power	69.3%		65.9%	LDHS	2013
	Poverty	Population living under national poverty line	71.3%		50.9%	LHIES	2016

*No Country level data available – Figures are for DHS regions

Situation Analysis Dashboard

Gbarpolu county

- Not currently a serious problem
- Requiring action
- Serious problem requiring urgent action
- Threshold not determined

		Indicator	County	Severity	National	Source	Year
Nutritional Impact	Stunting	Prevalence of stunting among children <5 years old	25.1%		31.6%	LDHS	2013
	Wasting	GAM prevalence among children <5 years old	6.5%		6.0%	LDHS	2013
		SAM prevalence among children <5 years old	4.8%		2.0%	LDHS	2013
	VAD	Children <5 years old with vitamin A deficiency			52.9%	WHO	1999
	Iron deficiency	Children 6-59 months old with anaemia			68.6%	WHO	2016
		Women ages 15-49 years old with anaemia			34.7%	WHO	2016
	IDD	Children 6-11 years old with iodine deficiency (median UI)			321 µg/L	WHO	1999
Underlying Causes	Food Security	Households with poor or borderline food consumption	17.7%		18%	LCFSNS	2018
		Prevalence of undernourishment			37.2%	FAO	2017
	Health & Sanitation	Under 5 mortality rate (deaths per 1000 live births)	141*		94	LDHS	2013
		Low birthweight	6.3%		9.7%	LDHS	2013
		HIV Prevalence	0.9%*		1.9%	LDHS	2013
		Women 15-49 years old with problems accessing health care	54.8%		62.3%	LDHS	2013
		Household access to improved water source			72.6%	LDHS	2013
		Household access to improved sanitation facilities			14%	LDHS	2013
	Care	Timely initiation of breastfeeding	67.6%		61.2%	LDHS	2013
		Infants 0-5 months old exclusively breastfed			55.2%	LDHS	2013
		Children 6-23 months old with adequate complementary feeding	4.2%		4.1%	LDHS	2013
		Time to fetch water (households that take ≥30 min)			18%	LDHS	2013
Basic Causes	Education	Females that completed at least primary school	8.2%		23.5%	LDHS	2013
		Female literacy rate	28.1%		47.9%	LDHS	2013
	Population	Total fertility rate per woman	5.8*		4.7	LDHS	2013
	Gender	Women ages 20-49 years old, with first birth at 15 years			7.8%	LDHS	2013
		Women's intra-household decision-making power	52.8%		65.9%	LDHS	2013
	Poverty	Population living under national poverty line	60.5%		50.9%	LHIES	2016

*No Country level data available – Figures are for DHS regions

Situation Analysis Dashboard

Grand Bassa county

- Not currently a serious problem
- Requiring action
- Serious problem requiring urgent action
- Threshold not determined

		Indicator	County	Severity	National	Source	Year
Nutritional Impact	Stunting	Prevalence of stunting among children <5 years old	38.1%		31.6%	LDHS	2013
	Wasting	GAM prevalence among children <5 years old	8.6%		6.0%	LDHS	2013
		SAM prevalence among children <5 years old	4.6%		2.0%	LDHS	2013
	VAD	Children <5 years old with vitamin A deficiency			52.9%	WHO	1999
	Iron deficiency	Children 6-59 months old with anaemia			68.6%	WHO	2016
		Women ages 15-49 years old with anaemia			34.7%	WHO	2016
	IDD	Children 6-11 years old with iodine deficiency (median UI)			321 µg/L	WHO	1999
Underlying Causes	Food Security	Households with poor or borderline food consumption	17.8%		18%	LCFSNS	2018
		Prevalence of undernourishment			37.2%	FAO	2017
	Health & Sanitation	Under 5 mortality rate (deaths per 1000 live births)	112*		94	LDHS	2013
		Low birthweight	14.2%		9.7%	LDHS	2013
		HIV Prevalence	2.7%*		1.9%	LDHS	2013
		Women 15-49 years old with problems accessing health care	73.0%		62.3%	LDHS	2013
		Household access to improved water source			72.6%	LDHS	2013
		Household access to improved sanitation facilities			14%	LDHS	2013
	Care	Timely initiation of breastfeeding	61.1%		61.2%	LDHS	2013
		Infants 0-5 months old exclusively breastfed			55.2%	LDHS	2013
		Children 6-23 months old with adequate complementary feeding	0.0%		4.1%	LDHS	2013
		Time to fetch water (households that take ≥30 min)			18%	LDHS	2013
Basic Causes	Education	Females that completed at least primary school	11.3%		23.5%	LDHS	2013
		Female literacy rate	29.7%		47.9%	LDHS	2013
	Population	Total fertility rate per woman	3.8*		4.7	LDHS	2013
	Gender	Women ages 20-49 years old, with first birth at 15 years			7.8%	LDHS	2013
		Women's intra-household decision-making power	74.4%		65.9%	LDHS	2013
	Poverty	Population living under national poverty line	61.8%		50.9%	LHIES	2016

*No Country level data available – Figures are for DHS regions

Situation Analysis Dashboard

Grand Cape Mount county

- Not currently a serious problem
- Requiring action
- Serious problem requiring urgent action
- Threshold not determined

		Indicator	County	Severity	National	Source	Year
Nutritional Impact	Stunting	Prevalence of stunting among children <5 years old	28.5%		31.6%	LDHS	2013
	Wasting	GAM prevalence among children <5 years old	4.1%		6.0%	LDHS	2013
		SAM prevalence among children <5 years old	0.4%		2.0%	LDHS	2013
	VAD	Children <5 years old with vitamin A deficiency			52.9%	WHO	1999
	Iron deficiency	Children 6-59 months old with anaemia			68.6%	WHO	2016
		Women ages 15-49 years old with anaemia			34.7%	WHO	2016
	IDD	Children 6-11 years old with iodine deficiency (median UI)			321 µg/L	WHO	1999
Underlying Causes	Food Security	Households with poor or borderline food consumption	24.2%		18%	LCFSNS	2018
		Prevalence of undernourishment			37.2%	FAO	2017
	Health & Sanitation	Under 5 mortality rate (deaths per 1000 live births)	141*		94	LDHS	2013
		Low birthweight	5.4%		9.7%	LDHS	2013
		HIV Prevalence	0.9%*		1.9%	LDHS	2013
		Women 15-49 years old with problems accessing health care	75.0%		62.3%	LDHS	2013
		Household access to improved water source			72.6%	LDHS	2013
		Household access to improved sanitation facilities			14%	LDHS	2013
	Care	Timely initiation of breastfeeding	51.5%		61.2%	LDHS	2013
		Infants 0-5 months old exclusively breastfed			55.2%	LDHS	2013
		Children 6-23 months old with adequate complementary feeding	4.7%		4.1%	LDHS	2013
		Time to fetch water (households that take ≥30 min)			18%	LDHS	2013
Basic Causes	Education	Females that completed at least primary school	7.8%		23.5%	LDHS	2013
		Female literacy rate	22.8%		47.9%	LDHS	2013
	Population	Total fertility rate per woman	5.8*		4.7	LDHS	2013
	Gender	Women ages 20-49 years old, with first birth at 15 years			7.8%	LDHS	2013
		Women's intra-household decision-making power	67.4%		65.9%	LDHS	2013
	Poverty	Population living under national poverty line	53.7%		50.9%	LHIES	2016

*No Country level data available – Figures are for DHS regions

Situation Analysis Dashboard

Grand Gedeh county

- Not currently a serious problem
- Requiring action
- Serious problem requiring urgent action
- Threshold not determined

		Indicator	County	Severity	National	Source	Year
Nutritional Impact	Stunting	Prevalence of stunting among children <5 years old	31.4%		31.6%	LDHS	2013
	Wasting	GAM prevalence among children <5 years old	5.9%		6.0%	LDHS	2013
		SAM prevalence among children <5 years old	0.9%		2.0%	LDHS	2013
	VAD	Children <5 years old with vitamin A deficiency			52.9%	WHO	1999
	Iron deficiency	Children 6-59 months old with anaemia			68.6%	WHO	2016
		Women ages 15-49 years old with anaemia			34.7%	WHO	2016
	IDD	Children 6-11 years old with iodine deficiency (median UI)			321 µg/L	WHO	1999
Underlying Causes	Food Security	Households with poor or borderline food consumption	23.6%		18%	LCFSNS	2018
		Prevalence of undernourishment			37.2%	FAO	2017
	Health & Sanitation	Under 5 mortality rate (deaths per 1000 live births)	113*		94	LDHS	2013
		Low birthweight	7.5%		9.7%	LDHS	2013
		HIV Prevalence	1.3%*		1.9%	LDHS	2013
		Women 15-49 years old with problems accessing health care	59.2%		62.3%	LDHS	2013
		Household access to improved water source			72.6%	LDHS	2013
		Household access to improved sanitation facilities			14%	LDHS	2013
	Care	Timely initiation of breastfeeding	42.2%		61.2%	LDHS	2013
		Infants 0-5 months old exclusively breastfed			55.2%	LDHS	2013
		Children 6-23 months old with adequate complementary feeding	4.0%		4.1%	LDHS	2013
		Time to fetch water (households that take ≥30 min)			18%	LDHS	2013
Basic Causes	Education	Females that completed at least primary school	17.9%		23.5%	LDHS	2013
		Female literacy rate	44.5%		47.9%	LDHS	2013
	Population	Total fertility rate per woman	6.5*		4.7	LDHS	2013
	Gender	Women ages 20-49 years old, with first birth at 15 years			7.8%	LDHS	2013
		Women's intra-household decision-making power	65.5%		65.9%	LDHS	2013
	Poverty	Population living under national poverty line	63.7%		50.9%	LHIES	2016

*No Country level data available – Figures are for DHS regions

Situation Analysis Dashboard

Grand Kruh county

- Not currently a serious problem
- Requiring action
- Serious problem requiring urgent action
- Threshold not determined

		Indicator	County	Severity	National	Source	Year
Nutritional Impact	Stunting	Prevalence of stunting among children <5 years old	31.4%		31.6%	LDHS	2013
	Wasting	GAM prevalence among children <5 years old	3.7%		6.0%	LDHS	2013
		SAM prevalence among children <5 years old	1.7%		2.0%	LDHS	2013
	VAD	Children <5 years old with vitamin A deficiency			52.9%	WHO	1999
	Iron deficiency	Children 6-59 months old with anaemia			68.6%	WHO	2016
		Women ages 15-49 years old with anaemia			34.7%	WHO	2016
	IDD	Children 6-11 years old with iodine deficiency (median UI)			321 µg/L	WHO	1999
Underlying Causes	Food Security	Households with poor or borderline food consumption	25.9%		18%	LCFSNS	2018
		Prevalence of undernourishment			37.2%	FAO	2017
	Health & Sanitation	Under 5 mortality rate (deaths per 1000 live births)	143*		94	LDHS	2013
		Low birthweight	9.6%		9.7%	LDHS	2013
		HIV Prevalence	1.8%*		1.9%	LDHS	2013
		Women 15-49 years old with problems accessing health care	70.1%		62.3%	LDHS	2013
		Household access to improved water source			72.6%	LDHS	2013
		Household access to improved sanitation facilities			14%	LDHS	2013
	Care	Timely initiation of breastfeeding	23.6%		61.2%	LDHS	2013
		Infants 0-5 months old exclusively breastfed			55.2%	LDHS	2013
		Children 6-23 months old with adequate complementary feeding	6.2%		4.1%	LDHS	2013
		Time to fetch water (households that take ≥30 min)			18%	LDHS	2013
Basic Causes	Education	Females that completed at least primary school	10.9%		23.5%	LDHS	2013
		Female literacy rate	33.3%		47.9%	LDHS	2013
	Population	Total fertility rate per woman	5.9*		4.7	LDHS	2013
	Gender	Women ages 20-49 years old, with first birth at 15 years			7.8%	LDHS	2013
		Women's intra-household decision-making power	41.9%		65.9%	LDHS	2013
	Poverty	Population living under national poverty line	74.4%		50.9%	LHIES	2016

*No Country level data available – Figures are for DHS regions

Situation Analysis Dashboard

Lofa county

- Not currently a serious problem
- Requiring action
- Serious problem requiring urgent action
- Threshold not determined

		Indicator	County	Severity	National	Source	Year
Nutritional Impact	Stunting	Prevalence of stunting among children <5 years old	28.5%		31.6%	LDHS	2013
	Wasting	GAM prevalence among children <5 years old	6.8%		6.0%	LDHS	2013
		SAM prevalence among children <5 years old	2.4%		2.0%	LDHS	2013
	VAD	Children <5 years old with vitamin A deficiency			52.9%	WHO	1999
	Iron deficiency	Children 6-59 months old with anaemia			68.6%	WHO	2016
		Women ages 15-49 years old with anaemia			34.7%	WHO	2016
	IDD	Children 6-11 years old with iodine deficiency (median UI)			321 µg/L	WHO	1999
Underlying Causes	Food Security	Households with poor or borderline food consumption	27.1%		18%	LCFSNS	2018
		Prevalence of undernourishment			37.2%	FAO	2017
	Health & Sanitation	Under 5 mortality rate (deaths per 1000 live births)	97*		94	LDHS	2013
		Low birthweight	12.2%		9.7%	LDHS	2013
		HIV Prevalence	0.7%*		1.9%	LDHS	2013
		Women 15-49 years old with problems accessing health care	80.0%		62.3%	LDHS	2013
		Household access to improved water source			72.6%	LDHS	2013
		Household access to improved sanitation facilities			14%	LDHS	2013
	Care	Timely initiation of breastfeeding	74.7%		61.2%	LDHS	2013
		Infants 0-5 months old exclusively breastfed			55.2%	LDHS	2013
		Children 6-23 months old with adequate complementary feeding	3.7%		4.1%	LDHS	2013
		Time to fetch water (households that take ≥30 min)			18%	LDHS	2013
Basic Causes	Education	Females that completed at least primary school	10.5%		23.5%	LDHS	2013
		Female literacy rate	25.5%		47.9%	LDHS	2013
	Population	Total fertility rate per woman	5.6*		4.7	LDHS	2013
	Gender	Women ages 20-49 years old, with first birth at 15 years			7.8%	LDHS	2013
		Women's intra-household decision-making power	62.8%		65.9%	LDHS	2013
	Poverty	Population living under national poverty line	68.7%		50.9%	LHIES	2016

*No Country level data available – Figures are for DHS regions

Situation Analysis Dashboard

Margibi county

- Not currently a serious problem
- Requiring action
- Serious problem requiring urgent action
- Threshold not determined

		Indicator	County	Severity	National	Source	Year
Nutritional Impact	Stunting	Prevalence of stunting among children <5 years old	31.4%		31.6%	LDHS	2013
	Wasting	GAM prevalence among children <5 years old	5.4%		6.0%	LDHS	2013
		SAM prevalence among children <5 years old	2.8%		2.0%	LDHS	2013
	VAD	Children <5 years old with vitamin A deficiency			52.9%	WHO	1999
	Iron deficiency	Children 6-59 months old with anaemia			68.6%	WHO	2016
		Women ages 15-49 years old with anaemia			34.7%	WHO	2016
	IDD	Children 6-11 years old with iodine deficiency (median UI)			321 µg/L	WHO	1999
Underlying Causes	Food Security	Households with poor or borderline food consumption	19.7%		18%	LCFSNS	2018
		Prevalence of undernourishment			37.2%	FAO	2017
	Health & Sanitation	Under 5 mortality rate (deaths per 1000 live births)	112*		94	LDHS	2013
		Low birthweight	9.1%		9.7%	LDHS	2013
		HIV Prevalence	2.7%*		1.9%	LDHS	2013
		Women 15-49 years old with problems accessing health care	59.3%		62.3%	LDHS	2013
		Household access to improved water source			72.6%	LDHS	2013
		Household access to improved sanitation facilities			14%	LDHS	2013
	Care	Timely initiation of breastfeeding	57.8%		61.2%	LDHS	2013
		Infants 0-5 months old exclusively breastfed			55.2%	LDHS	2013
		Children 6-23 months old with adequate complementary feeding	2.4%		4.1%	LDHS	2013
		Time to fetch water (households that take ≥30 min)			18%	LDHS	2013
Basic Causes	Education	Females that completed at least primary school	17%		23.5%	LDHS	2013
		Female literacy rate	40.0%		47.9%	LDHS	2013
	Population	Total fertility rate per woman	3.8*		4.7	LDHS	2013
	Gender	Women ages 20-49 years old, with first birth at 15 years			7.8%	LDHS	2013
		Women's intra-household decision-making power	77.8%		65.9%	LDHS	2013
	Poverty	Population living under national poverty line	52.2%		50.9%	LHIES	2016

*No Country level data available – Figures are for DHS regions

Situation Analysis Dashboard

Maryland county

- Not currently a serious problem
- Requiring action
- Serious problem requiring urgent action
- Threshold not determined

		Indicator	County	Severity	National	Source	Year
Nutritional Impact	Stunting	Prevalence of stunting among children <5 years old	33.4%		31.6%	LDHS	2013
	Wasting	GAM prevalence among children <5 years old	3.3%		6.0%	LDHS	2013
		SAM prevalence among children <5 years old	1.9%		2.0%	LDHS	2013
	VAD	Children <5 years old with vitamin A deficiency			52.9%	WHO	1999
	Iron deficiency	Children 6-59 months old with anaemia			68.6%	WHO	2016
		Women ages 15-49 years old with anaemia			34.7%	WHO	2016
	IDD	Children 6-11 years old with iodine deficiency (median UI)			321 µg/L	WHO	1999
Underlying Causes	Food Security	Households with poor or borderline food consumption	40.4%		18%	LCFSNS	2018
		Prevalence of undernourishment			37.2%	FAO	2017
	Health & Sanitation	Under 5 mortality rate (deaths per 1000 live births)	143*		94	LDHS	2013
		Low birthweight	9.0%		9.7%	LDHS	2013
		HIV Prevalence	1.8%*		1.9%	LDHS	2013
		Women 15-49 years old with problems accessing health care	66.3%		62.3%	LDHS	2013
		Household access to improved water source			72.6%	LDHS	2013
		Household access to improved sanitation facilities			14%	LDHS	2013
	Care	Timely initiation of breastfeeding	56.2%		61.2%	LDHS	2013
		Infants 0-5 months old exclusively breastfed			55.2%	LDHS	2013
		Children 6-23 months old with adequate complementary feeding	1.0%		4.1%	LDHS	2013
		Time to fetch water (households that take ≥30 min)			18%	LDHS	2013
Basic Causes	Education	Females that completed at least primary school	21.9%		23.5%	LDHS	2013
		Female literacy rate	46.8%		47.9%	LDHS	2013
	Population	Total fertility rate per woman	5.9*		4.7	LDHS	2013
	Gender	Women ages 20-49 years old, with first birth at 15 years			7.8%	LDHS	2013
		Women's intra-household decision-making power	63.4%		65.9%	LDHS	2013
	Poverty	Population living under national poverty line	84.0%		50.9%	LHIES	2016

*No Country level data available – Figures are for DHS regions

Situation Analysis Dashboard

Montserrado county

- Not currently a serious problem
- Requiring action
- Serious problem requiring urgent action
- Threshold not determined

		Indicator	County	Severity	National	Source	Year
Nutritional Impact	Stunting	Prevalence of stunting among children <5 years old	27.1%		31.6%	LDHS	2013
	Wasting	GAM prevalence among children <5 years old	6.5%		6.0%	LDHS	2013
		SAM prevalence among children <5 years old	1.8%		2.0%	LDHS	2013
	VAD	Children <5 years old with vitamin A deficiency			52.9%	WHO	1999
	Iron deficiency	Children 6-59 months old with anaemia			68.6%	WHO	2016
		Women ages 15-49 years old with anaemia			34.7%	WHO	2016
	IDD	Children 6-11 years old with iodine deficiency (median UI)			321 µg/L	WHO	1999
Underlying Causes	Food Security	Households with poor or borderline food consumption	15.1/9.5%**		18%	LCFSNS	2018
		Prevalence of undernourishment			37.2%	FAO	2017
	Health & Sanitation	Under 5 mortality rate (deaths per 1000 live births)	112*		94	LDHS	2013
		Low birthweight	10.0%		9.7%	LDHS	2013
		HIV Prevalence	2.7%*		1.9%	LDHS	2013
		Women 15-49 years old with problems accessing health care	49.9%		62.3%	LDHS	2013
		Household access to improved water source			72.6%	LDHS	2013
		Household access to improved sanitation facilities			14%	LDHS	2013
	Care	Timely initiation of breastfeeding	62.4%		61.2%	LDHS	2013
		Infants 0-5 months old exclusively breastfed			55.2%	LDHS	2013
		Children 6-23 months old with adequate complementary feeding	7.6%		4.1%	LDHS	2013
		Time to fetch water (households that take ≥30 min)			18%	LDHS	2013
Basic Causes	Education	Females that completed at least primary school	39.5%		23.5%	LDHS	2013
		Female literacy rate	71.3%		47.9%	LDHS	2013
	Population	Total fertility rate per woman	3.8*		4.7	LDHS	2013
	Gender	Women ages 20-49 years old, with first birth at 15 years			7.8%	LDHS	2013
		Women's intra-household decision-making power	68.1%		65.9%	LDHS	2013
	Poverty	Population living under national poverty line	20.3%		50.9%	LHIES	2016

*No Country level data available – Figures are for DHS regions. **Refers to rural Montserrado and urban Montserrado

Situation Analysis Dashboard

Nimba county

- Not currently a serious problem
- Requiring action
- Serious problem requiring urgent action
- Threshold not determined

		Indicator	County	Severity	National	Source	Year
Nutritional Impact	Stunting	Prevalence of stunting among children <5 years old	36.4%		31.6%	LDHS	2013
	Wasting	GAM prevalence among children <5 years old	3.9%		6.0%	LDHS	2013
		SAM prevalence among children <5 years old	0.5%		2.0%	LDHS	2013
	VAD	Children <5 years old with vitamin A deficiency			52.9%	WHO	1999
	Iron deficiency	Children 6-59 months old with anaemia			68.6%	WHO	2016
		Women ages 15-49 years old with anaemia			34.7%	WHO	2016
	IDD	Children 6-11 years old with iodine deficiency (median UI)			321 µg/L	WHO	1999
Underlying Causes	Food Security	Households with poor or borderline food consumption	27.1%		18%	LCFSNS	2018
		Prevalence of undernourishment			37.2%	FAO	2017
	Health & Sanitation	Under 5 mortality rate (deaths per 1000 live births)	97*		94	LDHS	2013
		Low birthweight	8.4%		9.7%	LDHS	2013
		HIV Prevalence	0.7%*		1.9%	LDHS	2013
		Women 15-49 years old with problems accessing health care	77.7%		62.3%	LDHS	2013
		Household access to improved water source			72.6%	LDHS	2013
		Household access to improved sanitation facilities			14%	LDHS	2013
	Care	Timely initiation of breastfeeding	58.9%		61.2%	LDHS	2013
		Infants 0-5 months old exclusively breastfed			55.2%	LDHS	2013
		Children 6-23 months old with adequate complementary feeding	4.0%		4.1%	LDHS	2013
		Time to fetch water (households that take ≥30 min)			18%	LDHS	2013
Basic Causes	Education	Females that completed at least primary school	20.8%		23.5%	LDHS	2013
		Female literacy rate	39.7%		47.9%	LDHS	2013
	Population	Total fertility rate per woman	5.6*		4.7	LDHS	2013
	Gender	Women ages 20-49 years old, with first birth at 15 years			7.8%	LDHS	2013
		Women's intra-household decision-making power	53.9%		65.9%	LDHS	2013
	Poverty	Population living under national poverty line	66.5%		50.9%	LHIES	2016

*No Country level data available – Figures are for DHS regions

Situation Analysis Dashboard

River Cess county

- Not currently a serious problem
- Requiring action
- Serious problem requiring urgent action
- Threshold not determined

		Indicator	County	Severity	National	Source	Year
Nutritional Impact	Stunting	Prevalence of stunting among children <5 years old	35.4%		31.6%	LDHS	2013
	Wasting	GAM prevalence among children <5 years old	8.6%		6.0%	LDHS	2013
		SAM prevalence among children <5 years old	2.0%		2.0%	LDHS	2013
	VAD	Children <5 years old with vitamin A deficiency			52.9%	WHO	1999
	Iron deficiency	Children 6-59 months old with anaemia			68.6%	WHO	2016
		Women ages 15-49 years old with anaemia			34.7%	WHO	2016
	IDD	Children 6-11 years old with iodine deficiency (median UI)			321 µg/L	WHO	1999
Underlying Causes	Food Security	Households with poor or borderline food consumption	27.5%		18%	LCFSNS	2018
		Prevalence of undernourishment			37.2%	FAO	2017
	Health & Sanitation	Under 5 mortality rate (deaths per 1000 live births)	113*		94	LDHS	2013
		Low birthweight	8.7%		9.7%	LDHS	2013
		HIV Prevalence	1.3%*		1.9%	LDHS	2013
		Women 15-49 years old with problems accessing health care	78.7%		62.3%	LDHS	2013
		Household access to improved water source			72.6%	LDHS	2013
		Household access to improved sanitation facilities			14%	LDHS	2013
	Care	Timely initiation of breastfeeding	50.5%		61.2%	LDHS	2013
		Infants 0-5 months old exclusively breastfed			55.2%	LDHS	2013
		Children 6-23 months old with adequate complementary feeding	0.7%		4.1%	LDHS	2013
		Time to fetch water (households that take ≥30 min)			18%	LDHS	2013
Basic Causes	Education	Females that completed at least primary school	6.1%		23.5%	LDHS	2013
		Female literacy rate	23.6%		47.9%	LDHS	2013
	Population	Total fertility rate per woman	6.5*		4.7	LDHS	2013
	Gender	Women ages 20-49 years old, with first birth at 15 years			7.8%	LDHS	2013
		Women's intra-household decision-making power	78.4%		65.9%	LDHS	2013
	Poverty	Population living under national poverty line	66.4%		50.9%	LHIES	2016

*No Country level data available – Figures are for DHS regions

Situation Analysis Dashboard

River Gee county

- Not currently a serious problem
- Requiring action
- Serious problem requiring urgent action
- Threshold not determined

		Indicator	County	Severity	National	Source	Year
Nutritional Impact	Stunting	Prevalence of stunting among children <5 years old	42.6%		31.6%	LDHS	2013
	Wasting	GAM prevalence among children <5 years old	7.8%		6.0%	LDHS	2013
		SAM prevalence among children <5 years old	2.2%		2.0%	LDHS	2013
	VAD	Children <5 years old with vitamin A deficiency			52.9%	WHO	1999
	Iron deficiency	Children 6-59 months old with anaemia			68.6%	WHO	2016
		Women ages 15-49 years old with anaemia			34.7%	WHO	2016
	IDD	Children 6-11 years old with iodine deficiency (median UI)			321 µg/L	WHO	1999
Underlying Causes	Food Security	Households with poor or borderline food consumption	29.6%		18%	LCFSNS	2018
		Prevalence of undernourishment			37.2%	FAO	2017
	Health & Sanitation	Under 5 mortality rate (deaths per 1000 live births)	143*		94	LDHS	2013
		Low birthweight	14.8%		9.7%	LDHS	2013
		HIV Prevalence	1.8%*		1.9%	LDHS	2013
		Women 15-49 years old with problems accessing health care	70.3%		62.3%	LDHS	2013
		Household access to improved water source			72.6%	LDHS	2013
		Household access to improved sanitation facilities			14%	LDHS	2013
	Care	Timely initiation of breastfeeding	45.4%		61.2%	LDHS	2013
		Infants 0-5 months old exclusively breastfed			55.2%	LDHS	2013
		Children 6-23 months old with adequate complementary feeding	1.8%		4.1%	LDHS	2013
		Time to fetch water (households that take ≥30 min)			18%	LDHS	2013
Basic Causes	Education	Females that completed at least primary school	13.1%		23.5%	LDHS	2013
		Female literacy rate	32.8%		47.9%	LDHS	2013
	Population	Total fertility rate per woman	5.9*		4.7	LDHS	2013
	Gender	Women ages 20-49 years old, with first birth at 15 years			7.8%	LDHS	2013
		Women's intra-household decision-making power	72.8%		65.9%	LDHS	2013
	Poverty	Population living under national poverty line	81.9%		50.9%	LHIES	2016

*No Country level data available – Figures are for DHS regions

Situation Analysis Dashboard

Sinoe county

- Not currently a serious problem
- Requiring action
- Serious problem requiring urgent action
- Threshold not determined

		Indicator	County	Severity	National	Source	Year
Nutritional Impact	Stunting	Prevalence of stunting among children <5 years old	31.5%		31.6%	LDHS	2013
	Wasting	GAM prevalence among children <5 years old	7.0%		6.0%	LDHS	2013
		SAM prevalence among children <5 years old	2.1%		2.0%	LDHS	2013
	VAD	Children <5 years old with vitamin A deficiency			52.9%	WHO	1999
	Iron deficiency	Children 6-59 months old with anaemia			68.6%	WHO	2016
		Women ages 15-49 years old with anaemia			34.7%	WHO	2016
	IDD	Children 6-11 years old with iodine deficiency (median UI)			321 µg/L	WHO	1999
Underlying Causes	Food Security	Households with poor or borderline food consumption	20.3%		18%	LCFSNS	2018
		Prevalence of undernourishment			37.2%	FAO	2017
	Health & Sanitation	Under 5 mortality rate (deaths per 1000 live births)	113*		94	LDHS	2013
		Low birthweight	2.7%		9.7%	LDHS	2013
		HIV Prevalence	1.3%*		1.9%	LDHS	2013
		Women 15-49 years old with problems accessing health care	52.7%		62.3%	LDHS	2013
		Household access to improved water source			72.6%	LDHS	2013
		Household access to improved sanitation facilities			14%	LDHS	2013
	Care	Timely initiation of breastfeeding	50.7%		61.2%	LDHS	2013
		Infants 0-5 months old exclusively breastfed			55.2%	LDHS	2013
		Children 6-23 months old with adequate complementary feeding	3.4%		4.1%	LDHS	2013
		Time to fetch water (households that take ≥30 min)			18%	LDHS	2013
Basic Causes	Education	Females that completed at least primary school	11.1%		23.5%	LDHS	2013
		Female literacy rate	27.6%		47.9%	LDHS	2013
	Population	Total fertility rate per woman	6.5*		4.7	LDHS	2013
	Gender	Women ages 20-49 years old, with first birth at 15 years			7.8%	LDHS	2013
		Women's intra-household decision-making power	53.8%		65.9%	LDHS	2013
	Poverty	Population living under national poverty line	46.3%		50.9%	LHIES	2016

*No Country level data available – Figures are for DHS regions

Situation Analysis Dashboard

Back-up slides

Back-up

Indicator definitions (1 of 2)

		Indicator	Definition
Nutritional Impact	Stunting	Prevalence of stunting among children <5 years old	Prevalence of stunting among children ages 0-59 months old (HAZ <-2SD)
	Wasting	GAM prevalence among children <5 years old	Prevalence of wasting among children ages 0-59 months old (WHZ <-2 SD) and/or bilateral oedema
		SAM prevalence among children <5 years old	Prevalence of severe acute malnutrition (severe wasting) among children ages 0-59 months old (WHZ <-3SD) and/or bilateral oedema.
	Overweight	Prevalence of overweight among children <5 years old	Prevalence of overweight among children ages 0-59 months old (WHZ >+ 2 SD)
	VAD	Children <5 years old with vitamin A deficiency	% children 6-59 months old with serum retinol values of vitamin A ≤ 0.7 µmol/L (≤ 20 µg/L)
	Iron deficiency	Children 6-59 months old with anaemia	% children 6-59 months old with mild, moderate or severe anaemia (haemoglobin <11 g/dL)
		Women ages 15-49 years old with anaemia	% women 15-49 years old with mild, moderate or severe anaemia (haemoglobin <12 g/dL in nonpregnant women, <11 g/dL in pregnant women)
	IDD	Children 6-11 years old with iodine deficiency (median UI)	Median urinary iodine (UI) level µg/l among school-age children (6-11 years old)
Underlying Causes	Food Security	Prevalence of undernourishment (inadequate caloric intake)	% population with caloric intake < minimum dietary energy requirement (average 1800 kcal per person per day)
		Households with poor or borderline food consumption	% households with poor or borderline food consumption as measured by the WFP VAM Food Consumption Score (FCS), whereby FCS is ≤35
	Health & Sanitation	Under 5 mortality rate (deaths per 1000 live births)	Under 5 mortality rate (deaths per 1,000 live births)
		Low birthweight	% newborns weighing less than < 2.5 kg
		Women 15-49 years old with problems accessing health care	% women 15-49 years old who reported at least one serious problem accessing health care for themselves when sick
		Household access to improved water source	% households with an improved water sources (e.g. household pipe, borehole, protected dug well, protected spring or rainwater collection)
		Household access to improved sanitation facilities	% households with access to improved sanitation facilities (e.g. traditional pit latrines, VIP latrines, flush latrines or toilet with water)

Note: for further information on the indicators, rationale for inclusion and trend data, please see the full Nutrition Situation Analysis Dashboard Excel file

Back-up

Indicator definitions (2 of 2)

		Indicator	Definition
Underlying Causes (cont.)	Care	Timely initiation of breastfeeding	% children born in last 24 months who were put to the breast within one hour of birth
		Infants 0-5 months old exclusively breastfed	% infants age 0–5 months old who were fed exclusively with breast milk during the 24 hours preceding the survey
		Children 6-23 months old with adequate complementary feeding	% children 6–23 months old who receive a minimum acceptable diet (apart from breast milk)
		Time to fetch water (households that take ≥30 min)	% households for which it takes 30 minutes or longer to go to the water source, get the water and return
		Handwashing with soap and water	% households with a handwashing facility with soap and water
Basic Causes	Education	Females that completed at least primary school	Combined % of females age 15-49 years old that: (a) completed primary; (b) attended some secondary; (c) completed secondary; (d) more than secondary schooling
		Female literacy rate	% females age 15- 59 years who attended secondary school or higher and women who can read a whole sentence or part of a sentence
	Population	Total fertility rate per woman	Total fertility rate, expressed per woman
	Gender	Women ages 20-49 years old, with first birth at 15 years	% women age 20-49 years old who gave birth for the first time at 15 years
		Women's intra-household decision-making power	% currently married women age 15-49 years old who usually participate in all 3 types of decisions: (a) own health care; (b) making major household purchases; and (c) visits to her family or relatives
	Poverty	Population living under national poverty line	% population living under national poverty line

Note: for further information on the indicators, rationale for inclusion and trend data, please see the full Nutrition Situation Analysis Dashboard Excel file

Back-up

Not currently a serious problem
Requiring action
Serious problem requiring urgent action
Threshold not determined

Threshold definitions (1 of 2)

		Indicator	Red	Yellow	Green	White
Nutritional Impact	Stunting	Prevalence of stunting among children <5 years old	Critical: ≥ 40% stunting Serious: 30-39% stunting	Poor: 20-29% stunting	Acceptable: < 20% stunting	n/a
	Wasting	GAM prevalence among children <5 years old	Critical: ≥ 15% GAM Serious: 10-14% GAM	Poor: 5-9% GAM	Acceptable: < 5% GAM	n/a
		SAM prevalence among children <5 years old	Emergency: ≥ 2% SAM	0.1-1.9% SAM	n/a	n/a
	Overweight	Prevalence of overweight among children <5 years old	Very high: ≥ 15% High: 10- <15%	Medium: 5-<10%	Low: 2.5-<5% Very low: <2.5%	n/a
	VAD	Children <5 years old with vitamin A deficiency	Severe: ≥ 20% vitamin A deficient	Moderate: >10 to <20% vitamin A deficient Mild: ≥ 2-10% vitamin A deficient	Normal: <2% vitamin A deficient	n/a
	Iron deficiency	Children 6-59 months old with anaemia	Severe: ≥ 40% anaemic	Moderate: 20.0-39.9% anaemic Mild: 5.0-19.9% anaemic	Normal: ≤ 4.9% anaemic	n/a
		Women ages 15-49 years old with anaemia				
	IDD	Children 6-11 years old with iodine deficiency (median UI)	Severe: <20 median UI	Moderate: 20.0-49.9 median UI Mild: 50.0-99.9 median UI	Normal: ≥ 100 median UI	n/a
Underlying Causes	Food Security	Prevalence of undernourishment (inadequate caloric intake)	Very high: ≥ 35% undernourished High: 20-34% undernourished	Moderately high: 10-19% undernourished Moderately low: 5-9% undernourished	Very low: < 5% undernourished	n/a
		Food Consumption Score	Poor: 0-21	Borderline:21.5-35	Acceptable: > 35	n/a
	Health & Sanitation	Under 5 mortality rate (deaths per 1000 live births)	Emergency U5MR: ≥ 2.3	Emergency U5MR: > 1.14 to < 2.3	Emergency U5MR: ≤ 1.14	n/a
		Low birthweight	n/a	n/a	n/a	All values
		Women 15-49 years old with problems accessing health care	n/a	n/a	n/a	All values
		Household access to improved water source	<50% use of improved drinking-water sources	50-75% use of improved drinking-water sources 76-90% use of improved drinking-water sources	97-100% use of improved drinking-water sources	n/a
		Household access to improved sanitation facilities	n/a	n/a	n/a	All values

Note: for further information on the indicators, rationale for inclusion and trend data, please see the full Nutrition Situation Analysis Dashboard Excel file

Back-up

Not currently a serious problem
Requiring action
Serious problem requiring urgent action
Threshold not determined

Threshold definitions (2 of 2)

		Indicator	Red	Yellow	Green	White
Underlying Causes (cont.)	Care	Timely initiation of breastfeeding	n/a	n/a	n/a	All values
		Infants 0-5 months old exclusively breastfed	n/a	n/a	n/a	All values
		Children 6-23 months old with adequate complementary feeding	n/a	n/a	n/a	All values
		Time to fetch water (households that take ≥30 min)	n/a	n/a	n/a	All values
		Handwashing with soap and water	n/a	n/a	n/a	All values
Basic Causes	Education	Females that completed at least primary school	n/a	n/a	n/a	All values
		Female literacy rate	n/a	n/a	n/a	All values
	Population	Total fertility rate per woman	n/a	n/a	n/a	All values
	Gender	Women ages 20-49 years old, with first birth at 15 years	n/a	n/a	n/a	All values
		Women's intra-household decision-making power	n/a	n/a	n/a	All values
	Poverty	Population living under national poverty line	n/a	n/a	n/a	All values

Note: for further information on the indicators, rationale for inclusion and trend data, please see the full Nutrition Situation Analysis Dashboard Excel file

Back-up

- Not currently a serious problem
- Requiring action
- Serious problem requiring urgent action
- Threshold not determined

Threshold definition notes (1 of 2)

		Indicator	Notes
Nutritional Impact	Stunting	Prevalence of stunting among children <5 years old	The WHO standard classification for stunting on public health significance was condensed into the REACH 3-point, stoplight system to indicate public health severity.
	Wasting	GAM prevalence among children <5 years old	WHO's public health thresholds for global acute malnutrition (GAM) informed the REACH 3-point, stoplight system in an effort to build upon the global consensus.
		SAM prevalence among children <5 years old	An emergency threshold exists only. Due to the very low percentage of the emergency threshold (2%), it is difficult to establish thresholds for less severe public health significance with statistical robustness. The REACH Secretariat therefore recommends classifying levels of 0.1 to 1.9% as requiring action (yellow light).
	Overweight	Prevalence of overweight among children <5 years old	To our knowledge, there are no established public health significance categories for the overweight indicator.
	VAD	Children <5 years old with vitamin A deficiency	The existing public health thresholds were applied to the REACH 3-point, stoplight system.
	Iron deficiency	Children 6-59 months old with anaemia	The REACH stoplight system for these anaemia indicators uses the current global consensus regarding public health thresholds for anaemia, whereby the existing four public health significance categories are consolidated into the REACH 3-point rating system.
		Women ages 15-49 years old with anaemia	
	IDD	Children 6-11 years old with iodine deficiency (median UI)	There are established public health significance categories for median urinary iodine level in school children µg/L (%), which have been incorporated into the REACH stoplight system.
Underlying Causes	Food Security	Prevalence of undernourishment (inadequate caloric intake)	The REACH stoplight classification utilises the five established categories for 'Prevalence of Undernourishment', condensing them into the three-point rating system. The ranges of the % population undernourished which define these five categories were taken from the joint-FAO and WFP 'The State of Food Insecurity in the World.'
		Food Consumption Score	The FCS is a composite score based on dietary diversity, food frequency, and relative nutritional importance of different food groups consumed in the last 7 days.
	Health & Sanitation	Under 5 mortality rate (deaths per 1000 live births)	In absence of evident public health significance categories for U5MR reported in terms of deaths per 1,000 live births, the applicable guidelines for U5MR per 10,000 per day were tentatively used to inform the REACH stoplight system.
		Low birthweight	To our knowledge, there are no established public health significance categories for the low birthweight indicator.
		Women 15-49 years old with problems accessing health care	To our knowledge, there are no established public health significance categories for the problems accessing health care indicator.

Note: for further information on the indicators, rationale for inclusion and trend data, please see the full Nutrition Situation Analysis Dashboard Excel file

Back-up

Not currently a serious problem
Requiring action
Serious problem requiring urgent action
Threshold not determined

Threshold definition notes (2 of 2)

		Indicator	Notes
Underlying Causes (cont.)	Health & Sanitation (cont.)	Household access to improved water source	REACH Secretariat consulted a Water Specialist from FAO regarding the existence of public health significance categories for 'household access to an improved water source'. While there are no known categories for this indicator, the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation presented intervals for 'Use of improved drinking-water sources.' These categories have been used to inform the REACH stoplight classification system despite the subtle distinction between the two indicators.
		Household access to improved sanitation facilities	To our knowledge, there are no established public health significance categories for this indicator.
	Care	Timely initiation of breastfeeding	There have been extensive efforts to review infant and young child feeding indicators in recent years which have culminated in a joint-publication (by USAID, WHO, AED Fanta, University of California at Davis, IFPRI, UNICEF and WHO) on core and recommended indicators for infant and young child feeding. These have addressed the selection/use of specific indicators, though they have not encompassed the formulation of population thresholds/public health significance categories.
		Infants 0-5 months old exclusively breastfed	To our knowledge, there are no established public health significance categories for these indicators.
		Children 6-23 months old with adequate complementary feeding	
		Time to fetch water (households that take ≥30 min)	
		Handwashing with soap and water	
Basic Causes	Education	Females that completed at least primary school	
		Female literacy rate	
	Population	Total fertility rate per woman	
	Gender	Women ages 20-49 years old, with first birth at 15 years	
		Women's intra-household decision-making power	
	Poverty	Population living under national poverty line	

Note: for further information on the indicators, rationale for inclusion and trend data, please see the full Nutrition Situation Analysis Dashboard Excel file