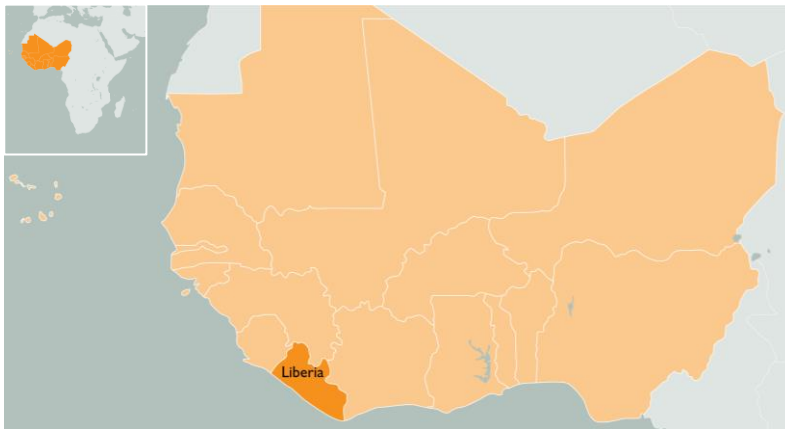


Nutrition Policy in Liberia



What does this brief tell you?

This brief summarizes nutrition-relevant policies in Liberia.

We examine i) nutrition context, policy objectives, indicators, budget, and activities, ii) key beneficiaries, actors and coordination, iii) monitoring, evaluation, and accountability, and iv) whether current policies are aligned with the World Health Assembly (WHA) global targets.

Key messages

Why was this brief developed?

- To strengthen understanding of the current direction of nutrition-relevant policy in Liberia and its implications. It was developed in response to partners' request and priorities.

What are the key findings?

- Nutrition is featured most prominently within policies in the nutrition, health, agriculture/food security, WASH, economic and social policy areas
- Vulnerable groups, children and women are the most frequently mentioned groups and targeted beneficiaries.
- Of the six WHA targets and their indicators, policies' content focuses mostly on U5 stunting, followed by U5 wasting and WRA anemia.
- Most of the policies point to the importance of multisectoral coordination.

What are the policy recommendations?

- Address gaps and incoherence in nutrition-relevant policies, clearly aligning nutrition targets, objectives, activities and indicators.
- Prioritize nutrition across policy areas, including education/research, environment, climate and resource management, and other cross-cutting policies (e.g. gender/family, governance).
- Build and sustain strong vertical and horizontal coordination mechanisms to tackle mutually reinforcing issues which call for multi-stakeholder engagement.
- Mainstream nutrition in policies and strategies that are now being drafted to overcome shortcomings identified in current policy documents.

The state of nutrition in Liberia

Liberia is on track to meet some but not all of the World Health Assembly (WHA) 2025 targets. Liberia has already met two of the WHA targets for children under five years of age (U5), namely U5 wasting (3.4% in 2019ⁱ) and U5 overweight (4.4% in 2019ⁱⁱ). There is no recent data on exclusive breastfeeding (EBF). However, by 2013 the 2025 target had already been met (54.6% in 2013ⁱⁱⁱ). Liberia is not on-track to achieve the WHA 2025 target on anaemia in women of reproductive age (WRA) (43.6% in 2012 and 42.6% in 2019^{iv}) nor on U5 stunting (39% in 2010 and 29.8% in 2019^v). Data is insufficient to assess Liberia's progress towards achieving the WHA target on Low Birth Weight (LBW).

Current nutrition policy landscape in Liberia

Seven nutrition-relevant policies currently in use or in the advanced drafting stage are included in this brief (see **Table 1**). They are in the areas of nutrition ($n=1$), health ($n=2$), agriculture/food security ($n=2$), water, sanitation, and hygiene (WASH) ($n=1$) and economic/social ($n=1$). No nutrition-relevant policies identified in the areas of education/research, environment/climate/resource management, or other cross-cutting policies (e.g. gender/family, governance, etc.) were found to be sufficiently nutrition-oriented following their assessment based on the policy review's inclusion criteria and were therefore excluded from this brief.

Table 1: List of nutrition-relevant national policies

NR	Area	Policy Name	Acronym	Start	End
1	Nutrition	National Nutrition Policy	NNP	2008	2024
2	Health	National Health and Social Welfare Policy	NHSWP	2011	2021
3		National Sexual and Reproductive Health Policy	NSRHP	2010	2021
4	Agriculture/Food security	Food and Agriculture Policy and Strategy	FAPS	2008	2011
5		Liberia Agriculture Sector Investment Program	LASIP II	2018	2022
6	WASH	WASH Sector Strategic Plan	WASHSSP	2011	2017
7	Economic/Social	National Social Protection Policy and Strategy	NSPPS	2013	2018

Methods

All nutrition-relevant national policies, strategies, and action plans currently in use or in the advanced drafting stage as of September 2020 were included in this brief. Inclusion criteria were the presence of a nutrition objective, a budget for nutrition, and/or a nutrition indicator. Policies were not included in our analysis when i) we did not have access to the policy documents; ii) they were released or updated after expert consultation (September 2020).

We obtained potentially relevant documents from a systematic search that included pre-identified websites (e.g., relevant national government ministries, United Nations agencies and nongovernmental organizations), a Google search, a reference search, and country expert consultation. Targeted consultations with regional and in-country experts were used to access documents not available online and for validation. We screened identified documents (see Annex 1) against our eligibility criteria. Seven documents met our inclusion criteria. Coding, data extraction, and content analysis for these documents was carried out with NVivo qualitative analysis software and Excel.



What is the focus of policies' presentations of the nutrition context and what problems are highlighted?

All policies except one (NSRHP) provide some contextual information on nutrition. Across the policies identified, analyses of the nutrition situation focus predominantly on the national level. More than half of the policies (across all areas except for health) report on the regional or global context, including reference to the 2004 “Kampala Vision 2020 Summit”, the MDGs, the Convention on the Right of the Child and the Regional Agricultural Investment Program (RAIP). Two policy (NNP), in the nutrition area, also reports on the subnational context, and is one of two policies (alongside the LASIP II), which acknowledge rural/urban and regional disparities in the Liberian nutrition context. The NNP also mentions age and gender disparities, but none of the policies present any sex-disaggregated data by age group.

Across policy areas, the focus is starkly on undernutrition, particularly stunting. Only one policy (NNP) presents contextual information on micronutrient deficiencies, namely vitamin A and iron deficiency, while none of the policies present data on overweight/obesity or diet-related factors that contribute to non-communicable diseases (NCDs). Whilst the NNP, a nutrition-specific policy, presents a more holistic picture of nutrition problems than policies from nutrition-sensitive policy areas, the data available is generally either missing or outdated.

Most of the policies across all sectors outline causes and/or consequences of nutrition problems. Causes include environmental/WASH factors, population growth, changes in diets and lifestyles, poor dietary breastfeeding and complementary feeding practices, food and nutrition insecurity, changes in rainfall patterns, low crop yields, depletion of natural resources (e.g. through tree cutting for firewood and charcoal), shift to rubber and planting of new trees on disputed land, lack of equitable land tenure system and access to water and pasture resources, lack of policy on land acquisition for agricultural purposes, sea level rise affecting livelihoods along coastal areas where the majority of Liberians live, low agricultural production due to weak and inappropriate technologies and resulting food insecurity, poor road networks leading to poor market integration and high commodity prices, poor access to nutritious food, poor access to health services, limited and difficult access to financial schemes for improving farmers' agricultural capacities, limited access to and control over natural resources (particularly land), disease burden, weak coverage of social protection (which can sustain the livelihoods of poor households and increase their capacities for resilience to crisis), loss of agricultural production, low dietary diversity, low educational, entrepreneurial and technical skills, poverty and negative coping strategies in response to even small shocks (resulting in low school attendance, poor health and nutrition, asset sale and increase in child labor). Consequences include morbidity, mortality, vulnerability to and risk of death from infections such as diarrhoeal diseases, malaria, pneumonia, measles and HIV/AIDS, lowered physical and mental capacities, cognitive disabilities, adverse outcomes in productivity and asset accumulation,

hindered social, economic and human development and, finally, poverty, which is acknowledged as both a cause and a consequence of nutrition problems. The NNP presents information on the estimated cost of malnutrition, but the data presented is outdated and is therefore inadequate to inform a reassessment of the situation in present day Liberia.

Table 2 highlights policies that include contextual information on the WHA nutrition indicators. U5 stunting is most frequently included, featuring in six policies. U5 wasting and WRA anemia are each mentioned in three policies, while Exclusive Breastfeeding (EBF) is mentioned only in one policy. U5 overweight and Low Birth Weight (LBW) are not mentioned in any of the policies. Overall, WHA indicators are more comprehensively covered in nutrition and WASH policies, with few (or none in the case of the NHRSP) being address in other policy areas.

Is the nutrition context evidence-based?

Overall, the nutrition context is generally not evidence-based and adequately referenced. The NNP mentions several references but the data presented is outdated (as the policy started to be used in 2008, most of the data refers to surveys implemented between 2000 and 2008). Across all policy areas where references are reported, these refer to statistics as well as textual information. Cited data sources for evidence on nutrition disparities, causes and consequences of nutrition problems include the Demographic and Health Survey (DHS) 2013, Liberia Demographic and Health Survey (LDHS) 2007, FAOSTAT 2018, DFID 2011 and Comprehensive Food Security and National Survey 2010.



What is included in the relevant policies to address the highlighted problems?

As shown in **Table 2**, five of the seven policies, across almost all policy areas, include nutrition in their general and/or specific **objectives**. These objectives contain nutrition-specific (e.g., improving the nutritional status of the population) and nutrition-sensitive content (e.g., reinforcing nutrition-sensitive food security interventions). Only one policy (LASIP II) features **nutrition indicators**, specifically outcome indicators (e.g. U5 stunting and wasting), and one input indicator related to the set-up of surveillance systems (Early Warning System and Food and Nutrition Security Surveillance System), while none of the policies include output indicators. In terms of nutrition problems, the indicators identified all focus on undernutrition, and in particular WHA indicators on U5 stunting and U5 wasting. None of the policies include disaggregated nutrition indicators. **Planned nutrition activities** are detailed in all of the policies. The NNP and LASIP II present a more comprehensive range of nutrition activities, although these utilize different targeting strategies for their activities, respectively with clear target groups across the lifecycle, and through targeting at population/vulnerable group level. Most policies include a wide range of nutrition-specific and -sensitive activities, albeit within the scope of a limited range of malnutrition issues addressed by the policies. Overall, within policies from different sectors there is a clear acknowledgement of the multisectorality of the issues

at hand and of the resulting interdependence of activities. The NNP and LASIP II are the only policies which contain a **budget for nutrition**. Content on **scaling up** is detailed in the table below. The cited mechanisms focus primarily on guiding principles, governance, institutional capacity, coordination and plans for the implementation of services at scale.

How do policies' targets align with the WHA 2025 Global Targets?










Table 2 shows one policy with nutrition indicators that coincide with WHA indicators (LASIP II), namely U5 stunting and wasting. The policy sets 2022 as its target date. If met, these would expectedly put Liberia on track to achieve, or even surpass, the WHA key nutrition targets by 2025. None of the policies include U5 overweight/obesity in their indicators, reflecting a tendency across policies to focus on undernutrition, often in general terms, without further data disaggregation for key target groups.

Is there coherence within policies?

Policies with nutrition objectives would be expected to include both planned nutrition activities and nutrition indicators, while policies without nutrition objectives would be expected to include neither. Yet there are several instances (see Table 2) where this is not the case. Generally, this is not necessarily due to a lack of coherence within policies but because a) policies' objectives are broad and do not explicitly link to nutrition (while their indicators or planned activities are specific enough to make this link explicit), or b) indicators and/or planned activities are to be addressed in a separate programmatic document (which is

sometimes noted in the main policy document). There are, however, some cases where there is incoherence within different parts of the same policy. For instance, only two of the policies include indicators. Namely the WASHSSP, includes coverage indicators clearly linked with the listed activities, although there are no objectives that align with the challenges identified in the nutrition context, which is however covered through the inclusion of relevant planned activities. The LASIP II, includes nutrition indicators, as well as activities that are clearly aligned with the stated objectives of the policy, although the challenges identified, and the objectives, are very broad, and thus weaken the overall coherence of the policy. Both the NHSWP, in the health area, and the NSPPS, in the social protection area, show strong coherence of planned nutrition activities with the policy's objectives. The latter, however, are very broad in both policies, making alignment with the nutrition context, in itself not sufficiently detailed, less straightforward. In addition, these two policies do not provide any detailed nutrition or coverage indicators. Two policies, namely the NNP and the FAPS, respectively in the nutrition and agriculture/food security areas, show some degree of coherence between nutrition objectives and activities, as well as partial coherence with the nutrition context in the case of the FAPS, and stronger coherence in the NNP. However, neither of the policies link activities with nutrition or coverage indicators, impacting negatively on overall internal coherence. Finally, the NSRHP, in the health policy area, scores poorly in internal coherence across all process steps, with no clear alignment between the nutrition context and policy objectives, activities and indicators.





Table 2: Inclusion of nutrition and WHA indicators in policies' context, objectives, indicators, activities, and budget; key scaling-up mechanisms

NR	Area	Acronym	Nutrition context on WHA indicators ¹	Nutrition objective	Nutrition indicators	Nutrition indicators on WHA indicators ²	Planned nutrition activities	Budget for nutrition ³	Key scaling-up mechanisms
1	Nutrition	NNP	 	✓	✗	✗	✓	✓	Integration of nutrition into policies for economic growth, development and poverty reduction, mechanisms to promote effective inter-sectoral cooperation and coordination, reinforcement of existing national intersectoral coordination mechanisms, capacity development, capacity building, upgrade of institutional capacity in line with sectoral reforms to give greater visibility for nutrition, evidence-based approach to planning, 'essential nutrition actions' approach.
2	Health	NHSWP	 	✓	✗	✗	✓	✗	Wide array of guiding principles for implementation: equity-sensitive approach with a gender and poverty focus; sustainable quality, accountability and transparency; decentralization; legislation; law enforcement; institutional capacity development; focus on risks and challenges; community empowerment and partnership; development of local and systemic capacity; optimization of the allocation of resources; large-scale training programs to upgrade the skills of active, professional workers; coordination of ongoing, vertical in-service training activities integrated into comprehensive, institutionalized in-service training programs; use of evidence-based research; multi-sectoral and multi-disciplinary approach to health promotion development and implementation.
3		NSRHP	✗	✗	✗	✗	✓	✗	Guiding principles for implementation at scale: equity and accessibility; community participation; complementarity; coordination; stewardship; appropriateness; transparency and accountability; sustainability; scaling-up of SRH services
4	Agriculture/ Food security	FAPS		✓	✗	✗	✓	✗	Macro-economic stability; pluralism and clarity of roles; enhanced private sector involvement and competition; self-reliance; maximization of comparative advantages; value addition; sustainable development management; education and training; research; mobilization of resources; appropriate regulations; enhanced human and institutional capacities; decentralization of key support services; strengthened capacities of public sector; mechanisms for intro-sectoral and inter-ministerial harmonization; scaling-up and replication of training programs and initiatives
5		LASIP II	 	✓	✓	 	✓	✓	Improved government capacity; building a strong coalition among public and private industry players through shared vision; alignment of public and private sector investments; focus on tangible results; public/private sectors partnership; capacity development; innovations; research, knowledge and skills transfer; scaling up through funding strategies; focus on challenges

¹ U5 stunting is indicated for policies with nutrition context on chronic malnutrition. U5 wasting is indicated for policies with nutrition context on acute malnutrition.

² U5 stunting is indicated for policies with nutrition indicators on chronic malnutrition. U5 wasting is indicated for policies with nutrition indicators on acute malnutrition.

³ Not applicable (NA) indicates policies that do not have sufficiently detailed budget information to assess whether nutrition is included, while ± is used for policies that provide sufficient budget information but with no mention of nutrition.

NR	Area	Acronym	Nutrition context on WHA indicators ¹	Nutrition objective	Nutrition indicators	Nutrition indicators on WHA indicators ²	Planned nutrition activities	Budget for nutrition ³	Key scaling-up mechanisms
6	WASH	WASHSSP	  	X	X	X	✓	±	Applying common fiduciary/safeguard standards throughout implementation; scaling up of hygiene promotion; communication and advocacy framework for hygiene promotion; funding, equipment and capacity building; social marketing; community ownership; scaling up of financial support and budgetary allocation at training institutions; policy making frameworks; ownership, service provision, and governance frameworks; coordination; institutional capacity development; sector communication and advocacy; Sector Wide Approach (SWAp)
7	Economic/Social	NSPPS		✓	X	X	✓	X	Scaling up of interventions with emphasis on family preservation, social cohesion and protection for groups such as the elderly, children and people with disabilities; rights and responsibilities-based implementation; equality in access to benefits and services; social inclusion; complementarity; integration; leadership; needs- and evidence-based actions; coordination; participation; accountable and transparent; sustainable & long-term funding; evidence-based expansion of school feeding programs.

 US STUNTING
  WRA ANEMIA
  LOW BIRTH WEIGHT
  US OVERWEIGHT
  EXCLUSIVE BREASTFEEDING
  US WASTING



Who are the key people and organizations targeted by and responsible for these policies?

Which target groups are the focus of nutrition context?

Children, particularly under five years of age (with subgroups 0-6 months, 6-9 months and 6-35 months in the NNP) feature most often in the policies' nutrition context (n=5), followed by women (including WRA and adolescent girls) (n=2). Elderly people are mentioned in one nutrition policy, namely the NNP. Men are not specifically mentioned in any of the policies' analyses on the nutrition status of the population. Additional groups targeted by the NNP are people living with HIV and tuberculosis. Apart from the NNP and the LASIP II, which highlight regional and urban/rural disparities, no policies detail geographic disaggregation. In addition, the NNP is the only policy that reports data on nutrition status disparities with relation to socioeconomic, gender and age sub-groups, making the nutrition situation analysis of this policy comparatively more holistic.

Who are the beneficiaries?

As shown in **Table 3**, primary beneficiaries of policies vary by area. Overall, the most frequently targeted primary beneficiaries are vulnerable groups, followed by children and women (particularly pregnant and lactating women (PLW)). Nutrition and health policies

target specifically for these two groups, who feature as either primary or secondary beneficiaries in these policies. Beneficiaries of policies in the agriculture/food security area cover farmers (with particular attention to sub-groups such as youth and women involved in agriculture), as well as small to large scale farmers. Vulnerable groups are a key group targeted by agriculture/food security, WASH and economic/social policies, including sub-groups which span across age groups, from children and adolescents to adults, and the elderly (see Table 3).

Who are the actors?

As shown in **Table 3**, the national government is the primary actor, featuring in all of the policies (n=7), and involved in policy development, management and coordination, financing, implementation, monitoring and evaluation. Extensive roles also assigned to civil society, NGOs, technical and financial partners (n=7), followed by communities, (n=6), the private sector (n=5) and local government (n=1). The actors involved in coordination and management are the national government (n=6) and civil society, NGOs, technical and financial partners (n=6), with minor involvement of the private sector (n=2) and communities (n=2). Implementation roles are distributed between the government (n=7), communities (n=6), private sector (n=5), NGOs, civil society, technical and financial partners (n=5). Beyond national governmental bodies, M&E roles also see the participation of civil society, NGOs, technical and financial partners (n=5) and communities (n=2), with no involvement of the private sector. which covers financing roles (n=4).

Is there multisectoral coordination mentioned in the policy?

The importance of multisectoral coordination is highlighted across most of the policies and policy areas (namely, in all policies except the NHSWP). Coordination mechanisms include guiding principles, multi-actor and multi-sector steering and technical committees and groups, documents and tools, a joint collaborative implementing framework for capacity building at all government levels for the implementation of focused interventions, provision of facilities and workshops, experience and information sharing, consultations and collaboration with relevant public and private institutions, awareness raising activities for the mainstreaming of nutrition, inter-ministerial partnerships, horizontal linkages for fostering alignment, cooperation between government and international agencies, government leadership to ensure coherent action, resource mobilization and resource sharing, guards against sub-standard interventions/wasted investments/duplicate efforts, and dissemination of progress reports. Although the specific challenges and strengths associated with multisectoral coordination are not always specified, commitment to establishing and sustaining effective coordination mechanisms is emphasized across most policies.

Table 3: Summary of beneficiaries, actors, and multisectoral coordination mechanisms

NR	Area	Acronym	Primary beneficiaries	Other key beneficiaries	Actors' roles					Primary actors	Multisectoral coordination mechanisms
					National government	Local government	Communities	Private sector	Civil society NGOs technical and financial partners		
1	Nutrition	NNP	Infants, young children, adolescents, PLW	Elderly and people PLHIV, victims of man-made and natural disasters, women and girls	1,2,3,4	X	1,2,3	X	3	National government, national nutrition coordinating committee (NCC) led by the Ministry of Health and Social Welfare	✓
2	Health	NHSWP	U2, PLW	U5, women	1,2,4	X	1,4	X	4	National government	✓
3		NSRHP	Women, their partners and offspring	Women, youth, and rural populations, PLW, infants and U5, adolescents, women and men of reproductive age	1,2,3,4	X	1,2	I	1,2,3,4	National government	X
4	Food security /Agriculture	FAPS	Farmers, youth, vulnerable groups, women	Rural people (particularly women, youth and returnees), smallholders, commercial farmers, processors, and agribusiness operators, internally displaced persons, refugees and ex-combatants; and households headed by elderly members, chronically ill or disabled persons and widows; children born out of wedlock or from sexually based violence, orphans and those residing with family members, and young women who are single parents	1,2,3	1,2,3	X	1,3,4	1,2,3,4	National government	✓

NR	Area	Acronym	Primary beneficiaries	Other key beneficiaries	Actors' roles					Primary actors	Multisectoral coordination mechanisms
					National government	Local government	Communities	Private sector	Civil society NGOs technical and financial partners		
5		LASIP II	Smallholder farmers, medium to relatively large-scale agribusinesses	✗	1,2,3,4	✗	1,3	1,3,4	1,2,3,4	National government (Ministry of Agriculture)	✓
6	WASH	WASHSSP	Vulnerable population	Poorest rural and urban households/areas, elderly, people with disabilities and long term illness (including people living with HIV/AIDS), widows, child- and elderly-headed households and other groups of people who face particular vulnerabilities, children, infants, adult women and men	1,2,3,4	✗	I	1,4	1,2,3,4	National government (Ministry of Health and Social Welfare)	✓
7	Economic/Social	NSPPS	Poorest and most vulnerable	Vulnerable women, youth and children, people with disabilities, the elderly and households affected by HIV/AIDS, urban and rural poor	1,2,3,4	✗	I	1,4	1,2,3,4	Local government (Ministry of Gender, Children and Social Protection)	✓

* Roles: 1 = Implementation; 2 = Monitoring and evaluation; 3 = Management/coordination; 4 = Financing



What are the monitoring, evaluation, and accountability mechanisms?

All of the policies mention **monitoring and evaluation (M&E)**. The activities detailed across policies in their M&E sections include: the establishment of Management Information System (MIS), incorporation of additional indicators into existing M&E systems, strengthening, integrating and streamlining of M&E mechanisms, defining sets of indicators (for measuring coverage, utilization, quality, resources, output and impact), institutionalization of harmonized format and SMART indicators for reporting, regular supervision, adoption of standard national definitions, development of new questions for national surveys, guidance for surveyors, creation of baseline data, framework for multisector survey-generated data, capacity building package with regular training in data management, training of users at all levels to support in data collection and reporting, complementing of national surveys with new infrastructure data, national and decentralized databases, financial tracking and reporting, periodic participatory evaluations, real time access to data and documents (e.g. data collection sheets, indicators for measurement, means of verifications, timelines, responsible individuals or teams), provision of equipment and facilities for M&E delivery, analysis of routine information, surveillance data, reviews and periodic survey results, costing of financial contributions to sector and expenditure for annual financial reports, monitoring of financial management data, integrated results framework, audits to build the capacity of the financial, procurement and appeal systems, study of unintended as well as intended

effects of policy measures, process monitoring, performance monitoring, quarterly sector performance assessment, annual and biennial evaluations and reports, dissemination of findings, tools to inform revision or development of new policies, support for operational research to inform policy development and decision making.

Accountability mechanisms are also mentioned in all of the policies except one, namely the FAPS. These mechanisms pertain mainly to institutional and mutual accountability between involved actors, and to some extent to social accountability. They include: guiding principles, promotion of good governance, regular consultation and prioritization at central, district and county levels, establishment of appropriate venues for discussion, equipment of county authorities to assume responsibility for delivery of nutrition services, clear lines of accountability, timelines, indicators for performance tracking, joint annual sector reviews, strengthening the coordination mechanism for mutual accountability, transparent use of resources, accurate and timely dissemination of information, publicity of instances involving abuse of the system, disclosure of the contract terms and unit costs of agencies selected to administer interventions, multi-stakeholder consultations (beneficiaries, civil society organizations, local and international NGOs, private sector), inclusive and constant communication, collective responsibility and inclusive participation, conflict resolution mechanisms, transparency in targeting approaches, publishing lists of selected recipients, creating an independent appeal process, undertaking random spot checks, independent audits for improving transparency and reducing inclusion and exclusion targeting errors, communication of emerging evidence on best practice, mechanisms for redress.

Gaps and recommendations

This policy note is intended to inform national decisions makers, policymakers and a wider audience including implementing partners across all relevant nutrition sectors. Its analysis can help to better understand gaps and incoherence within existing policies. Furthermore, the recommendations emanating from this analysis can inform revisions of existing or the development of new nutrition-relevant policies to improve impact on nutrition in their country.

Recommendation 1: Address gaps and incoherence in nutrition-relevant policy.

The analysis above highlights a number of gaps and incoherencies in current nutrition-relevant policy in Liberia. Future policies or revisions could:

- Ensure that nutrition context, objectives, indicators, and /or planned activities align, in terms of nutrition problems and targeting of populations (e.g., nutrition objectives target several different groups but nutrition indicators only measure progress for some of these groups). This would allow to achieve better coherence within policies, introduce well-aligned impact pathways, from broad objectives to specific indicator measures, and enable identification of gaps and challenges, leading to more effective targeting.
- Improve the evidence base (including SMART data to address gaps of missing and outdated statistics), and better define nutrition concepts and indicators to allow for common understanding across actors and policy areas, as well as coherence in measurement of indicators. Only few policies highlight nutrition

disparities across regions, gender, urban/rural and socioeconomic status; even if some policies targeting vulnerable populations focus on specific beneficiary groups, disaggregated nutrition indicators and targets are not clearly defined. Ideally, indicators are also disaggregated by gender, geographic area and between urban and rural settings, to capture the disparities identified in a policy's context analysis, and to ensure effective progress tracking.

- Invest more in inclusion of marginalized and/or underrepresented population groups. The policies we assessed provided limited nutrition context information on adolescents, men and the elderly. The policies can benefit from more inclusive consideration of these groups, as they play an important role in contributing to a child's growth, development and life chances, calling for their involvement in activities addressing children's nutrition
- Invest in fighting malnutrition in all its forms in Liberia by capitalizing on shared drivers, entry points and delivery platforms. In order to curb current trends in malnutrition, namely the coexistence of multiple forms, a holistic lifecycle approach is essential to address causes and consequences of malnutrition and disease burden in the country. A rising burden of overweight/obesity and diet-related NCDs across the region calls for targeting not only key groups through interventions that will impact on a child's life course, but also on the lifecycle in terms of different age groups currently being affected by different and often coexisting burdens of malnutrition, including within the same households and communities

- Ensure clear budget allocation plans for nutrition across nutrition-relevant policies and sectors. Most of the policies we assessed lacked clearly defined nutrition budgets, although budgetary information may be provided in some form in additional documents. Overcoming this limitation is crucial for meeting the WHA targets, or at least for narrowing the gap between these and the current situation.

Recommendation 2: Continue to invest in strong multisectoral coordination.

Strengthening multisectoral coordination and actions across sectors, ministries, and departments will be essential for achieving the WHA targets in Liberia. Multisectoral and multi-actor coordination is the basic guiding principle of governance for most of the nutrition policies included in this note. Despite the presence and the importance of multisectoral coordination highlighted in most of these policies, significant challenges for its functionality were mentioned. Leadership can be strengthened by clearly defining the roles of all actors at a higher hierarchical level with an authority over all of the contributing sectors. The application of strong vertical and horizontal coordination mechanisms would buttress the country's potential to achieve the WHA targets.

Recommendation 3: Mainstream nutrition into future documents across diverse policy areas.

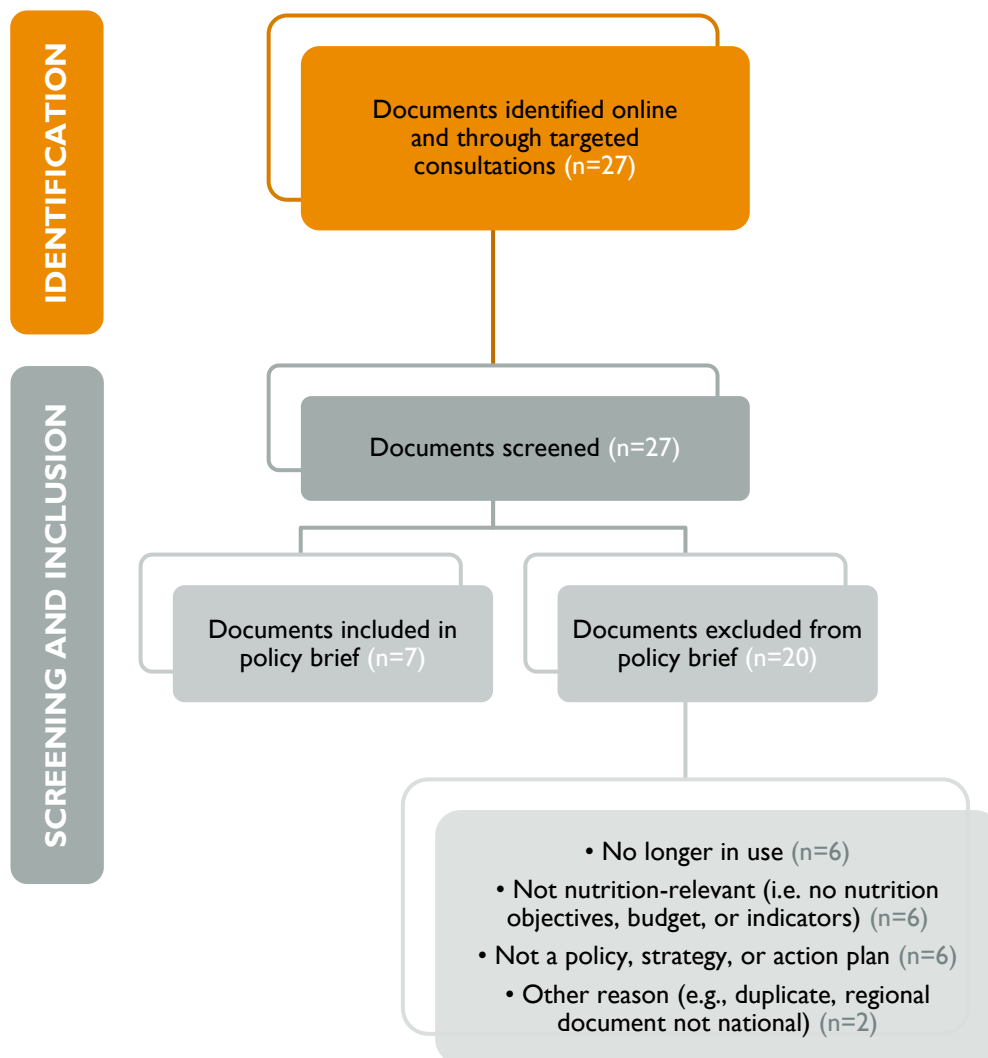
Only some policies adequately cover nutrition by including nutrition-oriented objectives and actions. The remaining policies could improve the integration of nutrition into their nutrition context, objectives, planned activities, indicators, and budgets. To begin mainstreaming nutrition into future policies and

operational documents into diverse policy areas, policymakers could refer to the gaps identified throughout this policy review. This includes missed opportunities in sectors excluded from this synthesis because the policies identified were not sufficiently nutrition-oriented (namely education/research, environment/climate/resource management, or other cross-cutting policies (e.g. gender/family, governance, etc.)). Strong multi-stakeholder engagement across the policy landscape is essential for ensuring that nutrition is integrated across sectors to create and sustain an enabling environment for tackling malnutrition.

Recommendation 4: Recognize nutrition as a cross-cutting area in ongoing policy drafts/revisions.

The revision of existing policies and the drafting of new ones provides an opportunity for better integration of nutrition through the alignment of activities and indicators with the nutrition issues, objectives and target groups indicated in the policies. By incorporating the above recommendations, any new or revised policy could contribute to advancing nutrition at national level.

Annex I: Flow diagram of documents included in the policy brief



Endnotes

ⁱ UNICEF/WHO/World Bank Joint Child Malnutrition Estimates Database, April 2021,

ⁱⁱ Ibid.

ⁱⁱⁱ Liberia Institute of Statistics and Geo-Information Services - LISGIS, Ministry of Health and Social Welfare/Liberia, National AIDS Control Program/Liberia, and ICF International. 2014. Liberia Demographic and Health Survey 2013. Monrovia, Liberia: LISGIS and ICF International.

^{iv} World Health Organization, Global Health Observatory Data Repository/World Health Statistics (apps.who.int/gho/data/node.main.1?lang=en).

^v Ibid, i.

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